NHS
North Central London
Integrated Care Board

NHS North Central London ICB
Board of Members Meeting
Tuesday, 20 May 2025
1.30pm – 3.20pm
Clerkenwell Room
Laycock Professional Development Centre
Laycock Street
London N1 1TH

AGENDA
Part 1

Item	Title	Lead	Action	Page	Time
1.	**INTRODUCTION**				
1.1	Welcome and Apologies	Paul Najsarek	Note	Oral	1.30pm
1.2	Declarations of Interest (not otherwise stated)	Paul Najsarek	Note	3	
1.3	Draft Minutes of the NCL ICB Board of Members Meeting on 25 March 2025	Paul Najsarek	Approve	10	
1.4	Matters Arising	Paul Najsarek	Note	25	1.35pm
1.5	Report from the Chief Executive Officer	Frances O'Callaghan	Note	27	1.40pm
2.	**STRATEGY AND BUSINESS**				
2.1	Population Health and Integrated Care Delivery Plan Refresh 2025-26	Sarah Mansuralli	Approve	31	1.55pm
2.2	Work and Health Strategy	Sarah Morgan	Approve	92	2.10pm
3.	**OVERVIEW REPORTS**				
3.1	Performance Report	Richard Dale	Note	144	2.25pm
3.2	Quality Report	Jenny Goodridge	Note	163	2.35pm
3.3	2025/26 Financial Planning Update	Stephen Bloomer	Note	181	2.45pm
3.4	Board Assurance Framework	Ian Porter	Note	192	2.55pm
4.	**GOVERNANCE**				

4.1	Governance Update	Ian Porter	Approve	197	3.10pm
5.	**ITEMS FOR INFORMATION AND ASSURANCE**				
5.1	Minutes of the Audit Committee Meeting on 28 January 2025	Kay Boycott	Note		3.15pm
5.2	Minutes of the Finance Committee Meeting on 28 January 2025	Paul Najsarek	Note		
5.3	Minutes of the Integrated Medicines Optimisation Committee Meetings on 21 January and 11 March 2025	Jonathan Levy	Note		
5.4	Minutes of the People Board Meeting on 24 February 2025	Liz Sayce	Note		
5.5	Minutes of the Procurement Oversight Group Meetings on 29 January, 26 March and 11 April 2025	Stephen Bloomer	Note		
5.6	Minutes of the Quality and Safety Committee Meeting on 29 October 2024	Liz Sayce	Note		
5.7	Minutes of the Strategy and Development Committee Meeting on 5 February 2025	Paul Najsarek	Note		
6.	**ANY OTHER BUSINESS**				
7.	**DATE OF NEXT MEETING**				
7.1	22 July 2025				
8.	**PART 2 MEETING**				
8.1	To resolve that as publicity on items contained in Part 2 of the agenda would be prejudicial to public interest by reason of their confidential nature, representatives of the press and members of the public should be excluded from the remainder of the meeting. Section 1 (2) Public Bodies (Admission to meetings) Act 1960.				

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Board of Members Meeting
20 May 2025

Report Title	Declaration of Interests Register – NCL ICB Board of Members	**Date of report**	8 May 2025	**Agenda Item**	1.2
Integrated Care Board Sponsor	Paul Najsarek Chair, NCL ICB	**Email / Tel**		Paul.najsarek1@nhs.net	
Lead Director / Manager	Frances O'Callaghan Chief Executive, NCL ICB	**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 - May 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 Paul **Najsarek**	Chair of North Central London Integrated Care System	South East London ICB	yes	yes	no	direct	Non Executive Member	01/07/2022	current	02/02/2025	17/04/2025	
Mr Paul **Najsarek**	Chair of ICB Board	The Health Foundation Company number 01714937 and charity no 286967 (company limited by guarantee)	no	yes	no	direct	Trustee / Director	01/04/2023	current	02/02/2025	17/04/2025	
Mr Paul **Najsarek**	Member of ICB Finance Committee	Waythrough (formerly known as Humankind) Charity Company number 01820492	yes	no	no	direct	Trustee / Director	01/06/2024	current	02/02/2025	17/04/2025	Services commissioned by the NHS. I am not involved in procurement in the ICB nor involved in my capacity as a Trustee
Mr Paul **Najsarek**	Chair of ICB Strategy and Development Committee	Paul Policy Practice Ltd Company number 13817053	yes	yes	yes	direct	Director	24/12/2021	current	02/02/2025	17/04/2025	
Mr Paul **Najsarek**	Chair of ICS Community Partnership Forum	DA Languages Ltd which works with the NHS Company number 06207784	yes	yes	no	direct	Advisor	01/07/2024	current	02/02/2025	17/04/2025	Services commissioned by the NHS. I am not involved in procurement in the ICB nor involved in my capacity as a Advisor
Mr Paul **Najsarek**	Chair of Integrated Care Partnership	Care Quality Commission	yes	yes	no	direct	Advisor on LA assessment	01/04/2022	current	02/02/2025	17/04/2025	
Mr Paul **Najsarek**	Attend other committees as and when required	Warrington Council	yes	yes	no	direct	Lead Inspector on a Best Value Inspection	01/05/2024	31/01/2025	02/02/2025	17/04/2025	
Mr Paul **Najsarek**		Haringey Council	no	no	no	direct	wife is an employee		current	02/02/2025	17/04/2025	
Mr Paul **Najsarek**		Christ the King Primary School in Islington	no	yes	no	direct	School Governor and Vice Chair	01/09/2021	31/08/2025	02/02/2025	17/04/2025	
Mr Paul **Najsarek**		Society of Local Authority Chief Executives and Senior Managers (Solace Group)	no	no	no	direct	member		current	24/04/2025		
Ms Frances **O'Callaghan**	Chief Executive of North 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 Strategy and Development 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**	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 Phill **Wells**	Chief Finance Officer							01/12/2023	31/07/2024	06/12/2023	27/01/2025	on secondment to NHS England from 07/04/2025 for 6 months
Mr Phill **Wells**	Member of ICB Finance Committee									10/07/2023	27/01/2025	
Mr Phill **Wells**	Member of Strategy and Development Committee									10/07/2023	27/01/2025	
Mr Phill **Wells**	Member of ICB Executive Management Team									10/07/2023	27/01/2025	
Mr Phill **Wells**	Member of ICB Community Partnership Forum	The Air Ambulance Service	no	yes	no	direct	Trustee and Chair of Audit and Risk Committee	27/02/2022	current	23/06/2022	27/01/2025	Where decisions to be taken by the ICB contain a potential or perceived conflict, I will recuse myself from the decision making process and a suitable deputy will act in my place
Mr Phill **Wells**	Attend Audit Committee	Labour Party	no	no	yes	direct	Member of the Labour Party		current	22/12/2023	27/01/2025	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.
Mr Phill **Wells**	Attend other ICB Committees as necessary	Advantage Mentoring CIC	no	no	no	direct	Advisory Board member – Advantage Mentoring work with the NHS and the professional football Club Community Organisations to provide mentoring programmes for children and young people	16/12/2024	current	06/12/2024	27/01/2025	Where decisions to be taken by the ICB contain a potential or perceived conflict, I will recuse myself from the decision making process and a suitable deputy will act in my place
Mr Phill **Wells**	Member of ICS System Management Board									06/12/2023	27/01/2025	

Mr Phill **Wells**	Chair of Procurement Oversight Group									10/07/2023	27/01/2025	
Dr Jo **Sauvage**	Chief Medical Officer		yes	yes	no	direct		01/07/2022	current	10/07/2022	01/02/2025	
Dr Jo **Sauvage**	Member of ICB Board		no	yes	no	direct			current	10/07/2022	01/02/2025	
Dr Jo **Sauvage**	Executive of CMO and Place Directorate	London Clinical Executive Group	no	yes	no	direct	NCL Clinical Representative		current	10/07/2022	01/02/2025	
Dr Jo **Sauvage**	Member of ICS Community Partnership Forum	London Primary Care School Board	no	yes	no	direct	ICS Representative		current	10/07/2022	01/02/2025	
Dr Jo **Sauvage**	Member of Primary Care Committee	London Primary Care Board	no	yes	no	direct	ICS Representative		current	10/07/2022	01/02/2025	
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	01/02/2025	
Dr Jo **Sauvage**	Member of the Strategy and Development Committee	Greener NHS England, London	no	yes	no	direct	Clinical Director		current	10/07/2022	01/02/2025	
Dr Jo **Sauvage**	Member of ICB Executive Management Team	NCL ICB Sustainability Clinical Network	no	yes	no	direct	Clinical Lead		current	10/07/2022	01/02/2025	
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	01/02/2025	
Dr Jo **Sauvage**	Member of Population Health Improvement Committee		no	yes	no	direct	Member		current	06/07/2023	01/02/2025	
Dr Jo **Sauvage**	attend sub committees of the Board as and when required		no	yes	no	direct	Clinical Director		current	06/07/2023	01/02/2025	
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	01/02/2025	
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	01/02/2025	excluded from discussions involving City Road Medical Centre
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	01/02/2025	
Mrs Kay **Boycott**	Non Executive Member, Member of the ICB Board,		yes	yes	No	Direct		01/07/2022	current	11/07/2022	28/01/2025	
Mrs Kay **Boycott**	Chair of ICB Audit Committee	Eakin Healthcare Group	yes	yes	No	Direct	Director	01/09/2021	current	11/07/2022	28/01/2025	
Mrs Kay **Boycott**	Member of ICB Finance Committee	London Fire Brigade	yes	yes	No	Direct	Independent Audit Committee Member	30/10/2020	current	11/07/2022	28/01/2025	
Mrs Kay **Boycott**	Member of ICB Quality and Safety Committee	English Heritage Trust and English Heritage Trading Ltd	yes	yes	No	Direct	Director	01/01/2022	current	11/07/2022	28/01/2025	
Mrs Kay **Boycott**	Member of ICB Strategy and Development Committee	Isle of Wight Youth Trust	no	yes	no	Direct	Chair	12/07/2023	current	12/07/2023	28/01/2025	They are commissioned by the Hampshire and Isle of Wight ICB to provide counselling services, not involved in any NCLICB work
Mrs Kay **Boycott**	Member of ICB Remuneration Committee	UK Research and Innovation	yes	yes	no	Direct	Senior Independent Member	31/03/2024	current	27/03/2024	28/01/2025	
Mrs Kay **Boycott**		Diigitalhealth.London	no	yes	no	Direct	Assessor, Mentor		current	17/06/2024	28/01/2025	
Mrs Kay **Boycott**		NHS Innovation Accelerator	no	yes	no	Direct	Mentor		current	17/06/2024	28/01/2025	
Mrs Kay **Boycott**		Ashlar Advisory Ltd	yes	no	no	Direct	Director	24/01/2025	current	24/01/2025	28/01/2025	
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	
	Chair of ICB Population Health and Inequalities Committee									23/11/2023	27/01/2025	
Professor Ibrahim Ibrahim **Abubakar**		University College London	yes	yes	no	direct	Pro-Provost (Health)	2023	current	23/11/2023	27/01/2025	
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	
Professor Ibrahim Ibrahim **Abubakar**		Fotude Ltd, Company number 13479358	yes	yes	yes	direct	Director	Jun-21	current	23/11/2023	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**		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	
Jenny **Goodridge**	Chief Nursing Officer		no	no	no	n/a				13/02/2018	07/09/2024	
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	
Dr Usman **Khan**	Board Member ICB		no	yes	no	Direct	Member		current	07/09/2022	30/01/2025	Usman Khan stepped down 28/02/2025, retain details on register for 6 months in line with NHS England guidance
Dr Usman **Khan**	Chair of ICB Primary Care Committee	ModusEurope	yes	yes	yes	Direct	director	29/11/2012	current	07/09/2022	30/01/2025	
Dr Usman **Khan**	Chair of ICB Finance Committee	Motor Neurone Disease (Sales) Ltd	no	yes	yes	Direct	director	27/06/2022	current	07/09/2022	30/01/2025	
Dr Usman **Khan**	Member of ICB Audit Committee	London Metropolitan University	yes	yes	yes	Direct	Vice Chair of Governors and Chair of Finance & Audit Committee	01/08/2022	current	07/09/2022	30/01/2025	
Dr Usman **Khan**	Member of ICB Remuneration Committee	Motor Neurone Disease Association	no	yes	yes	Direct	Chair of Trustees / director	01/07/2021	current	07/09/2022	30/01/2025	
Dr Usman **Khan**		KU Leuven University, Belgium	yes	yes	yes	Direct	Visiting Professor in Health Management and Policy		current	07/09/2022	30/01/2025	
Dr Usman **Khan**		South East Coast Ambulance Service	yes	no	no	Direct	Chair	15/04/2024	31/05/2027	16/04/2024	30/01/2025	
Dr Usman **Khan**		New York University (London)	yes	no	no	Direct	Global Lecturer		current	20/03/2024	30/01/2025	
Dr Usman **Khan**		Bevan Commission	no	no	yes	Direct	member		current	20/03/2024	30/01/2025	
Dr Usman **Khan**		European Health Forum Gastein	no	no	yes	Direct	Advisory Committee member		current	20/03/2024	30/01/2025	
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		
Baroness Julia **Neuberger DBE**		UCLH	yes	yes	no	direct	Chair	25/02/2019	current	07/07/2022	31/01/2025	
Baroness Julia **Neuberger DBE**		Whittington Health Trust	yes	yes	no	direct	Chair	01/04/2020	current	07/07/2022	31/01/2025	
Baroness Julia **Neuberger DBE**		Walter and Liesel Schwab Charitable Trust	no	yes	no	direct	Trustee	06/12/2001	current	07/07/2022	31/01/2025	
Baroness Julia **Neuberger DBE**		Rayne Foundation	no	yes	no	direct	Trustee	09/09/2018	current	07/07/2022	31/01/2025	
Baroness Julia **Neuberger DBE**		The Lyons Learning Trust	no	yes	no	direct	Trustee	13/04/2016	current	07/07/2022	31/01/2025	
Baroness Julia **Neuberger DBE**		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		
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	
Mr David **Probert**	Member of ICB Finance Committee		no	yes	no	Direct	Member		current	21/06/2023	27/01/2025	
Mr David **Probert** (represents Julia Neuberger in her absence)		UCLH	yes	yes	yes	direct	Chief Executive	31/08/2021	current	21/06/2023	27/01/2025	
Mr David **Probert** (represents Julia Neuberger in her absence)		UCL Global Business School for Health	no	yes	yes	direct	Honorary professor	22/12/2022	current	21/06/2023	27/01/2025	
Mr David **Probert** (represents Julia Neuberger in her absence)		UCL Partners	no	yes	yes	direct	Board Member	31/10/2017	current	21/06/2023	21/05/2024	
Mr David **Probert** (represents Julia Neuberger in her absence)		St Dunstan's College	no	yes	no	direct	School governor	09/12/2022	current	21/06/2023	27/01/2025	
Mr David **Probert** (represents Julia Neuberger in her absence)		Audio Books for Dad (Bedside Books 1195094)	no	yes	no	direct	Trustee	07/08/2021	current	21/06/2023	27/01/2025	
Mr David **Probert** (represents Julia Neuberger in her absence)		Homerton NHSFT	no	yes	no	indirect	spouse is Chief Nurse and Director of Clinical Governance	01/12/2021	current	21/06/2023	27/01/2025	
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 Clinical Director	06/07/2020	current	06/07/2020	28/01/2025		
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	This company does not contract with NCLICB / any part of the NHS	
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		
Dr Jonathan **Levy**		James Wigg Practice Ltd	Yes	Yes	No	Direct	Director and Shareholder	01/09/2015	current	13/06/2024	28/01/2025	THE company has never traded and has been dormant since its creation	
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 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	15/02/2025		
		Enfield GP Federation Training Hub Ltd (1505731)	Yes	Yes	No	direct	Director	16/08/2023	current	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		
Dr Alpesh **Patel**		Enfield Healthcare Alliance	Yes	Yes	No	direct	Shareholder less than 5% (as Dr A Patel) Shareholder less than 5% (as White Lodge Practice)	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	this entity does not currently contract directly with the NHS.	
Dr Alpesh **Patel**		Northiam Associates Ltd (10099504)	Yes	Yes	Yes	direct	director	04/04/2016	current	09/05/2024	15/02/2025	this entity does not currently contract directly with the NHS.	
Dr Alpesh **Patel**		UCL Health Alliance (14534913)	Yes	Yes	Yes	direct	director	03/04/2023	15/10/2024	04/10/2024	15/02/2025	company dissolved 15/10/2024	
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.	
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	07/02/2025	
Sarah **McDonnell-Davies**	Member of Executive Management Team										07/02/2025	
Sarah **McDonnell-Davies**	Attend ICB Board of Members										07/02/2025	
Sarah **McDonnell-Davies**	Attend Strategy and Development Committee										07/02/2025	
Sarah **McDonnell-Davies**	Exec Lead for Primary Care Committee										07/02/2025	
Sarah **McDonnell-Davies**	Exec Lead for Integrated Medicines Optimisation Commmittee										07/02/2025	
Sarah **McDonnell-Davies**	Member of ICS Digital Board										07/02/2025	
Sarah **McDonnell-Davies**	Member of System Management Board										07/02/2025	
Sarah **McDonnell-Davies**	attend other NCL / Borough related meetings as required										07/02/2025	
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	
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	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**		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 any contractual arrangements through procurement team
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 contributions in line with ICB guidance
Sarah **Morgan**		Southern Housing Group	no	yes	no	Direct	Independent Member	01/06/2024	current	16/06/2024	27/01/2025	Manage any contractual arrangements through procurement team

North Central London
Integrated Care Board

Draft Minutes
Meeting of NHS North Central London ICB Board of Members

25 March 2025 between 2pm and 3.45pm
Greenwood Centre, 37 Greenwood Place, London NW5 1LB

Present:	
Paul Najsarek	Chair, NCL Integrated Care Board
Frances O'Callaghan	Chief Executive Officer
Phill Wells	Chief Finance Officer
Ibrahim Abubakar	Non-Executive Member
Cllr Peray Ahmet	Leader, Haringey Council
Kay Boycott	Non-Executive Member
Dr Simon Caplan	GP - Provider of Primary Medical Services
Richard Dale*	Executive Director of Performance and Transformation
Jenny Goodridge	Interim Acting Chief Nurse Officer
Mark Lam*	Chair, Royal Free London NHS Foundation Trust
Victoria Lawson*	Chief Executive, Islington Council
Dr Jonathan Levy	GP - Provider of Primary Medical Services
Sarah Mansuralli*	Chief Strategy and Population Health Officer
Sarah McDonnell-Davies*	Executive Director of Place
Sarah Morgan*	Chief People Officer
Dr Alpesh Patel*	Acting Chair, GP Provider Alliance
Ian Porter*	Executive Director of Corporate Affairs
David Probert	Chief Executive, UCLH NHS Foundation Trust
Dr Jo Sauvage	Chief Medical Officer
Liz Sayce	Non-Executive Member
In Attendance:	
Karen Bonner	Regional Chief Nurse for London, NHS England
David Connor	Co-chair of the Local Maternity and Neonatal System and Director of Midwifery, Royal Free London
Grenville Fox	Clinical Director for Children's Services, Guy's and St. Thomas',
Alice O'Brien	Head of Programmes
Liz O'Hara	Chief People Officer, UCLH and Whittington Health
Will Huxter	Regional Director of Commissioning for London, NHS England
Giles Kendall	Co-chair of the Local Maternity and Neonatal System and Consultant in Neonatal Medicine, UCLH
Anna Stewart	Director of Service Development: CYP, CAMHS, Maternity and Neonates
Terry Whittle	Chief Finance Officer, Whittington Health
Ruwan Wimalasundera	Senior Consultant Obstetrician, UCLH and London Obstetric Lead
Andrew Tillbrook	Board Secretary
Apologies:	
Jinjer Kandola	Chief Executive Officer, North London NHS Foundation Trust
Minutes:	
Steve Beeho	Senior Board Secretary

* Standing Participant

1.	**INTRODUCTION**
1.1	**Welcome & Apologies**
1.1.1	Paul Najsarek welcomed attendees to the meeting. Apologies had been received from Jinjer Kandola.
1.2	**Declarations of Interest relating to the items on the Agenda**
1.2.1 1.2.2	Paul Najsarek invited Members to declare any interests relating to items on the agenda. Simon Caplan declared an interest as he had sat on the Start Well Clinical Reference Group. There were no additional declarations. The Board of Members: • **NOTED** the requirement to declare any interests relating to the agenda; • **NOTED** the Declaration of Interests Register and the requirement to inspect their entry and advise the Board Secretary of any changes; • **NOTED** the requirement to record any relevant gifts and hospitality on the ICB Gifts and Hospitality Register.
1.3	**Draft Minutes of the NCL ICB Board of Members Meetings on 12 November 2024 and 11 February 2025**
1.3.1	The Board of Members **APPROVED** the two sets of minutes as accurate records.
1.4	**Matters Arising**
1.4.1	Paul Najsarek observed that the actions on the Action Log had either been discharged (including Action 28 which had not been discharged at the time that the meeting papers were published) or were not yet due for completion.
1.4.2	The Board of Members **NOTED** the Action Log.
2.	**STRATEGY AND BUSINESS**
2.1	**Start Well Programme**
2.1.1	Paul Najsarek noted that the Board was being asked to take an important and sensitive decision regarding the Start Well item. The meeting paper and the decision confronting the Board were the culmination of a long, thorough and collaborative piece of work that the team had carried out with partners, colleagues at NHS England, neighbouring systems and members of the public including an extensive public consultation. The Board would be hearing from the various stakeholders during the meeting. The Board had previously discussed Start Well at earlier meetings as the programme developed and the consultation process unfolded. Notwithstanding this, it was important for Board members to take their duties extremely seriously, look at the material in the round and consider the different aspects in order to satisfy themselves that the decision they are being asked to support will lead to outcomes that are in the best interests of all of the communities in NCL. There are a number of statutory duties that would need to be considered as part of the decision, including those under the Equalities Act and the Triple Aim duty which NHS organisations are required to be mindful of when making important decisions. The ICB recognises that Maternity and Neonatal services are crucial services and make a significant contribution to the health and wellbeing of local communities. It heard loudly through the consultation the passion that staff and the community feel for these services and it is vital that the ICB gets this decision right. When the ICB went to consultation, there was a proposal around Children's Surgery that was part of the proposals and scope of the programme. However, the Board was not being asked at this meeting to make a decision about paediatric surgery: this would instead be brought to a future Board meeting in public.

	In addition to the NCL ICB Board members, a number of NHS partners were also sitting around the table, including Will Huxter and Karen Bonner from NHS England and members of the wider programme team. NHS England will be making a separate decision about the services being discussed and are doing so alongside the ICB to ensure full transparency of decision-making. NHS England would formally confirm their decision in writing to the ICB after the meeting.

2.1.2	Sarah Mansuralli, as the SRO for the programme, thanked clinical colleagues and expert leads, as well as partners in NHS England, for their collaborative work with the Start Well team on developing these proposals. She then introduced the paper, highlighting the following points:
	
	• The ambition to improve quality, access and experience in Maternity and Neonatal services has been at the core of the Start Well programme and it is this ambition that has led to the recommendations that the Board was being asked to consider.
	• The Board would receive a brief presentation setting out the process that was followed, an overview of the extensive resident and service user involvement which has helped to inform the proposals, an overview of the wide-ranging public consultation and how the feedback has informed the Integrated Impact Assessment (IIA) as well as the mitigations, and how this rich evidence has informed the decisions that the Board is being asked to take.
	• The Start Well programme began in November 2021. Over the past three and a half years, NCL has come together as a system with a shared purpose to create the best possible maternity and neonatal services in NCL to ensure that every pregnant woman or person and their baby are able to access the highest-quality maternity and neonatal care.
	• A clear and compelling case for change has been articulated which gained strong clinical consensus and set the foundations for everything which has ensued. Through that case for change the programme identified an opportunity to do things differently to improve access, experience, and outcomes for families across NCL.
	• In response, care models were developed, to be embedded across all maternity and neonatal services in NCL, grounded in national best practice and clinical standards. The programme went on to carefully explore different options, engaging widely, to understand which options could deliver the best practice care model.
	• From that, two key proposals were put forward: consolidating services into four units rather than five, and the potential closure of the birthing suites at the Edgware Birth Centre.
	• The public consultation was a vital part of the journey, engaging over 3,000 people in NCL and further afield. The proposals were then refined in response to feedback. The programme was committed to understanding the impact of the proposals and the IIA has carefully considered the needs of NCL's diverse communities, especially those facing inequalities.
	• This has been a long and considered journey. The work has been open and transparent, and built on engagement with service users, as well as clinical and professional communities. The programme recommendations, which have been developed in partnership with NHS England, will shape the future of maternity and neonatal services in NCL, ensuring safer, sustainable, and more equitable services for generations to come.
	• The decision making business case and the addendum put forward two recommendations:
	  ○ to consolidate maternity services and neonatal services across four sites, closing the level 1 neonatal unit at Royal Free Hospital, supported by capital investment to upgrade the infrastructure on remaining sites
	  ○ to close the birthing suites at Edgware Birth Centre while expanding the provision of antenatal and postnatal care at this site.
	• The Board would want to consider carefully these recommendations. The presentation would demonstrate the extent of the evidence that had informed them.

2.1.3	Dr Jo Sauvage then provided an overview of the case for change: • The programme work has shown that the current configuration of services in NCL is not fit for purpose and does not support staff in providing the highest quality outcomes. • The NCL population is changing, including a decreasing birth rate and increasing birth complexity. • Pregnant women and people face health inequalities. For example, babies born to black women are more likely to need admission to a neonatal unit. • Current services are not meeting the needs of those that use them and access is not equitable. The level 1 neonatal unit at the Royal Free Hospital is not equipped to provide higher levels of care. This means that families can be separated at a critical time, affecting both clinical outcomes and emotional wellbeing. It is also difficult for staff to maintain their skills and competencies. Although there are mitigations in place to support staff to maintain their skills and competencies, these cannot continue in the long term. • Staff are spread thinly across five units, and this not only negatively impacts their ability to maintain core skills but also means that they are not always able to provide the high-quality care that every patient deserves. • It is recognised that the quality of the estates for maternity and neonates impacts on patient experience. This was particularly clear from the consultation feedback. • The programme is extremely grateful to the clinicians and service users who have contributed throughout this journey and helped to shape the best practice care model which underpins the proposals. • The care model has been developed through reviewing best practice, evidence and guidance and is underpinned by quality. This would be put in place across all sites if the changes were agreed. • The voices of clinicians have been central to this process, from shaping the case for change to the subsequent engagement workshops that have taken place as part of the rigorous evaluation of the various clinical components and options in cross-site and multi-professional meetings. Clinicians' expertise and commitment have driven this work forward. • The Patient and Public Engagement Group (PPEG) played a crucial role in the various stages of the process. • Through extensive public consultation, the programme heard from both clinicians and service users, allowing it to refine and strengthen the proposals outlined in the decision-making business case and IIA.

2.1.4	Anna Stewart then provided a more detailed overview of the consultation which ran between December 2023 and March 2024:
	• The programme engaged extensively with a broad range of people during the 14-week consultation period, with the programme team attending almost 200 meetings and reaching around 3400 people through the various engagement events.
	• Targeted engagement events were held with health inclusion groups such as people experiencing homelessness and the Gypsy, Roma, traveller communities, as well as potentially impacted populations, including the Orthodox Jewish community and Harlesden and Willesden residents.
	• The valuable feedback was synthesised into comprehensive feedback reports which captured the nuance of the engagement. Some of the key themes included:
	  ○ A substantial majority of questionnaire respondents agreed that changes are needed to address current challenges facing services.
	  ○ Overall agreement that all neonatal units in NCL should be at least level 2, with nearly three quarters of questionnaire respondents either strongly agreeing or tending to agree with this proposal.
	  ○ Less support for the proposal to address challenges by consolidating the maternity and neonatal provision from four sites rather than five (including only approximately a quarter of service users/parents/carers in agreement).

	• There was also feedback about areas where further work is needed to refine the proposals. The decision-making business case (DMBC) sets out in detail how this feedback has been responded to. • A considerable amount of work has taken place to respond to consultation feedback and update the proposals. • There has been additional work to address specific areas raised in consultation. The refreshed modelling continues to show that there is insufficient activity to comfortably maintain five neonatal units. It has also been used to update the building requirements to deliver the new model of care. • The IIA has been updated with more recent travel time information and a large amount of time has been spent on considering the impact from an equalities perspective, particularly on impacted communities such as the Orthodox Jewish Community and the population in Harlesden and Willesden. • The programme has also taken time to understand the impact of potential changes on maternal medicine pathways following strong clinical feedback about option A in the consultation. The ICB is confident that both options can be safely delivered from a maternal medicine perspective. • The feedback showed how much women value choice, and the proposal describes how co-located midwifery-led units will be enhanced and ensure that choices are more consistently honoured. • The IIA, which has been updated since the consultation, is extremely thorough, and means that there is a strong understanding of how communities may be impacted by changes. The updated IIA has been developed in collaboration with public health colleagues across North London. • The IIA assesses changes through an inequalities lens, identifying affected groups, setting out an ambition to co-develop mitigations and aligning with the NHS Triple Aim. • Average travel times will increase for those closest to Royal Free Hospital by 5.4 minutes (car) and 4.5 minutes (public transport). Taxi costs may rise by an average of approximately £5.50. This could impact vulnerable residents, so mitigations include raising awareness of travel cost support and providing care closer to home, where possible. • The Royal Free Hospital has strong ties with the Orthodox Jewish community, and while other NCL sites provide maternity care to that community, the engagement process and consultation suggests that improvements are required to meet community needs. The IIA sets out how 'as is' services will be reviewed across all Trusts and a tailored action plan created at each Trust to ensure that community needs are met under a new model of care. • Harlesden and Willesden residents face shorter travel times to alternative hospitals by public transport under Option A but it is recognised that they are a vulnerable community in terms of their underlying health needs and that they fall within the current catchment area for the Royal Free Hospital. The IIA sets out an ambition and commitment to work with North West London (NWL) partners to ensure clear, accessible communications to that group. • From the start of the programme, expert groups have come together to provide input and guidance that shaped the best practice care models, supported the options appraisal process and responded carefully to the consultation feedback. • The programme governance and decision-making has been underpinned by assurance processes, including the London Clinical Senate, NHS England and the London Mayor's Office. • This has been a genuinely system-wide piece of work with coordinated communications activities supporting residents and staff and input from local authorities' public health colleagues in shaping the IIA. • The Programme Board has carefully considered all of the additional evidence, data, input from expert groups and work done to respond to consultation feedback, and concluded that Option A, which would mean the closure of maternity services at the Royal Free Hospital, would be recommended for final decision-making.

2.1.5	Sarah Mansuralli acknowledged as Senior Responsible Officer (SRO) for the Start Well programme that the Board was being asked to make some difficult decisions. She then went on to make the following points:
	
	• Residents and communities have made it clear that these services are highly valued by the local population. It is clear from the work done to date that both options would deliver high-quality care in the new care model, but the recommendation for Option A (closing services at the Royal Free Hospital) was being made for two main reasons:
	  o All the remaining units already have co-located level 2 neonatal units delivering a higher level intensity of care which minimises the disruption for staff. The Start Well Clinical Reference Group (CRG) through the options appraisal concluded that it would be more difficult to establish a new level 2 unit, given the volume of staff movements required to implement this.
	  o Patient flows can be better managed under Option A, and there are potential benefits for North West London (NWL) service users as over 80% of patients expected to 'flow back' to NWL are NWL residents. This would lead to better integration of care which is proven to have better outcomes, particularly for more vulnerable populations when antenatal and postnatal care can be integrated.
	• Although no change is without impact, the Board has responsibility to ensure that the ICB carries out the due diligence to mitigate and manage any negative impacts where it reasonably can.
	• The proposals are designed to create fairer, safer, and more responsive services that will deliver high-quality care standards and address the key factors that contribute to health inequalities.
	• The proposals will produce a more resilient workforce through stronger and more experienced teams.
	• A more resilient workforce will mean that more personalised care is delivered in settings that are fit for purpose, with an emphasis on keeping care close to home wherever possible and better neonatal care that reduces the separation of mothers and babies after birth, ensuring that all hospitals deliver level 2 intensity of care, so that fewer babies need to be transferred after birth, reducing stress and improving outcomes for parents and babies.
	• It is recognised that the experience and outcomes of Black and Asian pregnant women and people need to be improved. The programme heard powerful feedback from these residents about their experiences with the maternity and neonatal services. Through better staffing levels, midwives and doctors can take the time to provide more personalised and culturally competent care to support individual needs.
	• Alongside midwifery-led units will be kept open more consistently, thereby supporting the choices that pregnant women have made.
	• Delivering improvements that the ICB committed to in its Equity and Equality Action Plan, led by the local maternity service, will improve particular communities' access to mental health support, more personalised care and on demand interpretation services.
	• If a decision is made, there is a clear plan in place for implementation which is clinically-led and with a focus on the service user experience. Implementation will be system-led, building on the relationships and the approach established so far. The programme will continue to draw on expert reference groups and ensure partnership working between organisations, as well as senior ownership of the implementation within the individual organisations.
	• Planning for and implementing mitigations within the IIA will also form a core part of the implementation and risk phase.
	• However, it is important to note that if a decision is made, there will not be any immediate changes, and full implementation of the changes to hospital based maternity and neonatal services will take several years.

	• In conclusion, after more than three years' of intense work, the ICB Board and NHS England were being asked to make a decision on the recommended changes to maternity and neonatal services.
2.1.6 2.1.7	The Chair invited NHS England colleagues to share their perspectives at this point as commissioners of neonatal services and co-sponsors of this work, and decision-makers in their own right. Will Huxter confirmed that NHS England are the commissioners of neonatal services in NCL and therefore have a responsibility to ensure that the best needs of the population are served by them now and in the future. This has been a strong piece of partnership work and NHS England have been closely involved with the programme team from the outset, as well as members of the Programme Board. NHS England have been impressed by the robust piece of work, the extensive engagement and focus on best practice. A recent critical care review has demonstrated the challenges being faced and NHS England have been clear for some time that the level 1 unit at the Royal Free is not part of the optimum way forward for NCL.
2.1.8	Karen Bonner acknowledged the scale of the work that had taken place, particularly the extensive review and public consultation. The DMBC clearly outlined the long-term benefits for pregnant women and people and the wider community, as well as benefits for staffing levels, including retention and recruitment, which will in turn deliver high quality care. It will be important to consider these points when making what will be a difficult decision. She concluded by stating that NHS England in its role as the commissioner of specialised services supports these recommendations.
2.1.9	Greville Fox observed that it is clear from national specifications for neonatal care that there is little place for level 1 units in urban areas based on evidence around outcomes, the sustainability of staffing levels, and risks around emergency transfer and the separation of mothers and babies. There has been a lot of successful consolidation of neonatal care across London which has enhanced access to higher level neonatal services, reduced lengths of stay and reduced the need for admissions, while also maintaining sustainable levels of staffing across neonatal services. Level 2 services are likely to be further enhanced where minimum activity levels are above approximately 1000 intensive care and high dependency days per year. The proposed consolidation in NCL would be an advantage to the local population across the whole system as other services will have a greater ability to maintain the minimal critical level of activity which is better for clinical outcomes and family experience. There are now only two other remaining level 1 units in London. One is in the process of being 'upgraded' because of very high birth rates and the other is being proposed for merger with another Trust. Level 1 units present a particular workforce challenge as it becomes almost impossible to maintain safe levels of staffing and ensure a sufficient number of experienced staff to deal with critical incidents. From a London neonatal deliveries perspective the proposal was strongly supported.
2.1.10	The Chair then invited Ian Porter to share with the meeting the questions which had been submitted in advance by members of the public. Ian Porter noted that written responses would be provided to the questioners after the meeting and also published on the ICB website. However, it was important that the questions were addressed today. The questions could be divided into four themes. Three questions had been submitted relating to workforce and what would happen to staff working at the Royal Free Hospital in the event of the proposed changes being agreed. These questions were:

	• What would be the impact for staff currently working in maternity and neonatal services? • Are there likely to be redundancies? • If staff are going to be redeployed, what arrangements are being made to ensure a smooth redeployment with incentives to ensure that they don't leave the NHS entirely? The second theme was around the ICB being asked to clarify why the term 'pregnant women and people' has been used by the programme to describe those that use maternity services. The third theme concerned the ICB's response to a Channel 4 News report about the experiences of disabled mothers including highlighting discriminatory treatment and lack of care in maternity services, including when people are first pregnant and seeking support. The fourth theme queried the possible impact of the proposal on black and minority ethnic communities.
2.1.11	The Chair thanked members of the public for submitting the questions, which were then answered in turn.
2.1.12	Liz O'Hara responded to the workforce questions: • Supporting staff is a key issue considered within the DMBC. No changes are expected for several years as a result of these proposals, so there will be time to work through the implications with staff and trade unions. There is a commitment in the system to work together collectively across all Trusts on the workforce priorities. Supporting and retaining staff is a key priority for everybody involved. Through the Workforce Group and the Clinical Reference Group the programme will ensure that there is collaboration around different areas, such as managing vacancies and sharing workforce data across organisations, doing what can be done to ensure that people are retained and can develop careers in NCL, while recognising that there are national workforce shortages. • It is too early to confirm whether there will be any redundancies but Trusts will do everything that they can to minimise this. They are also committed to working collaboratively to support staff through any redeployments to ensure that the transition is as smooth as possible.
2.1.13	Anna Stewart then addressed the question about the terminology used in the report. A decision had been taken early in the Start Well programme to use the term "pregnant women and people', based on a review of naming conventions used across other NHS organisations. The programme wanted materials to be as inclusive as possible in terms of people's experiences of health and care and therefore the term 'pregnant women and people' includes both women and individuals whose gender identity does not align with their sex at birth.
2.1.14	Sarah Mansuralli responded to the questions about the experience of disabled women and the impact of the proposals on black and Asian ethnic groups: • When staff are stretched due to staff shortages and also trying to cope with multiple needs, the amount of time available to spend with patients and learn about their care and support needs and cultural requirements is compromised. The programme ambition is to ensure that staff in the four remaining units have sufficient time to spend with women, families and parents to ensure that people's physical, emotional and cultural needs are fully considered when accessing maternity and neonatal care.
2.1.15	David Connor noted that the recent Channel 4 documentary had highlighted the challenges faced by specific groups in accessing maternity care. The Local Maternity and Neonatal System (LMNS) recognises that more work is needed in this area around equity, diversity and inclusion (EDI). A piece of work is underway around personalised care planning which will

	address individuals' specific needs. This question will be taken back to the LMNS for further consideration as part of its Equity and Equality Plan.
2.1.16	Anna Stewart further highlighted that the LMNS has published on its website a comprehensive Equity and Equality Plan which contains various key actions that are being progressed. There has been a particular focus on translation services and considerable time has been spent on working with Maternity and Neonatal Voices Partnerships (MNVPs) to support them in working at Trust level around the needs of service users. NCL is one of the few ICS systems to have been accepted as part of the Race and Health Observatory Learning Action Network, taking a particular look at maternal mental health through an equality lens.
2.1.17	The Chair thanked everybody for their contributions so far. Before opening up the meeting for discussion, he asked for clarification about why the proposals did not include an option to upgrade a unit so that there would be five level 2 neonatal units in NCL.
2.1.18	Sarah Mansuralli noted that a combination of the activity levels of babies requiring level 2 intensity of support, combined with staffing numbers required to operate that number units means that it is not feasible to operate five level two units in NCL.
2.1.19	Giles Kendall added that there are clear guidelines and specifications around neonatal and maternity care which is a complex specialty. It is imperative to maintain skills in order to provide a high quality service and a certain level of activity has to be undertaken to achieve this. There is a limit to the amount of neonatal care required in NCL and if the system attempts to spread this across five providers there is a risk of the activity in each unit falling below the level needed to maintain the skills of staff and there would therefore be a risk of the quality of care provided being below the level that NCL aspires to provide.
2.1.20	The Chair then invited Non Executive Members to comment on the paper.
2.1.21	Kay Boycott observed that the impact on maternity services could be far-reaching and she therefore commended the focus on the quality of services throughout the process and the scale of the consultation. While supporting the recommendation, she sought assurance around the following mitigations concerning the consolidation and closure of services: • Sufficient resources and planning would be put in place around the new model of specialty input, (particularly using Royal Free clinical expertise) and high risk cases • The planned capital investment will happen.
2.1.22	Sarah Mansuralli gave assurance that there had been considerable focus on the clinical pathways that will be required in response to the consultation feedback.
2.1.23	Anna Stewart then provided further detail. She noted that the need for resources to be in place had been a clear theme in the numerous staff consultations. Maternal medicine is a networked model of care and UCLH is the maternal medicine centre for NCL. A large amount of work has taken place with clinicians in light of the feedback. A Task and Finish Group was set up with the maternal medicine lead from every NCL unit, as well as the lead members of the Maternal Medicine Network. That group looked at each area of specialism on a pathway by pathway basis at both the Royal Free and Whittington Health. In a typical setting there would be a maternal medicine physician, an obstetrician and a specialty lead, such as rheumatology or haematology, managing a patient's care. The programme will need to work with the Maternal Medicine Network over the implementation period to retain the level of specialty input from non-maternity clinicians so that they can continue to contribute. The programme will also want to continue to work with the Maternal Medicine Network to detail clear standard operating procedures for every clinical pathway. The Task and Finish Group was very clear that Options A and B were both safe to implement and with the additional work over the implementation planning period the ICB believes that the

	vast majority of the speciality pathways at the Royal Free can be either picked up through the involvement of existing specialty leads or are already provided at UCLH.
2.1.24	Ruwan Wimalasundera observed that he had been impressed by the extensive collaboration between the programme and the Maternal Medicine Network in addressing concerns around obstetrics. It was clear that both options would deliver the safe provision of maternal medicine. More specifically, there has been detailed work looking at the individual pathways for each separate maternal medicine condition currently looked after at the Royal Free to ensure that safe pathways will continue with the input of specialist services at the Royal Free and the continuation of UCLH as the 'hub' of the four remaining units. There will be very little maternal medicine which will need to go outside NCL and it is likely that these cases will be dealt with at Imperial College Healthcare NHS Trust.
2.1.25	Terry Whittle then addressed the query around future capital investment. He expressed confidence that this would happen as planned, thanks to the extensive modelling work that had been undertaken by the different organisations and partners, which contains consistent judgements around contingencies and design and cost estimations. The issue of how the total sum of £67m will be accommodated within the system has been subject to considerable scrutiny by partners' Chief Executives and leadership teams, as well as the system finance community. Subject to today's decision, the next stage will be to progressing the detail for year one.
2.1.26	Phill Wells noted from a system perspective that the capital requirement for the Start Well programme across the various sites will be regarded as a priority within the financial capital allocation each year for the length of the programme. This will represent a proportion of the approximately £200m annual CDEL (Capital Departmental Expenditure Limit) funding that the system currently receives.
2.1.27	Liz Sayce observed that the evidence which has been presented both at the meeting and during the course of the programme demonstrated that there should be an increase in the quality of maternity care as a result of all of the units being at level 2 for neonatal provision and the greater integration of specialist provision. However, it would be helpful to have a clearer idea of who is expected to benefit from these changes, given that there are significant health inequalities in NCL. The IIA has a lot to say about mitigations when there could be inadvertent adverse impacts, such as increased travel times, but it would be helpful to hear about the anticipated positive impacts for those people who currently face higher risks.
2.1.28	Sarah Mansuralli welcomed the highlighting of the factors that will drive the quality improvements. The work on the options appraisal has looked closely at who might be negatively impacted, as well as the populations which stand to benefit. It was clear that these proposals would significantly improve quality, safety, experience and access to maternity and neonatal services. Retaining the status quo would not be advantageous to NCL residents. A number of 'workarounds' have been put in place to ensure that services remain safe but given the fact that one neonatal unit only has a 51% occupancy rate and staff are stretched across five units, the proposal being recommended would improve services for the vast majority of service users. Communities which are experiencing inequalities would particularly benefit because of the improved time, attention and care that staff will be able to provide. It is recognised that a resilient workforce is a happy workforce and this in turn improves the quality of care because doing the right amount of activity in a given year allows staff to maintain their clinical competencies while also facilitating their professional development. This will benefit NCL residents and families, as well as residents living outside NCL, as the work on the IIA highlighted different communities that experience inequalities, two of which are based in NWL,

	so the continuity of care and the improvement these changes will help to drive in NWL hospitals will also be a significant benefit.
2.1.29	The Chair then invited partner members to comment on the proposals.
2.1.30	Simon Caplan reflected that he had been involved with the Start Well programme for a number of years and was hugely impressed by how far it had progressed through working together. However, given that the NHS will be facing a challenging future and based on personal experience of large projects where investment has been promised but not delivered appropriately, he sought assurance that Start Well will be treated as a priority by estates colleagues to ensure that it is up and running in the next few years.
2.1.31	Jonathan Levy observed that the clinical case was extremely clear. Although the paper was clear about the case for closing the Edgware Birthing Centre and describes the standards that would be expected to be seen in midwifery-led units, more detail would be welcomed about the impact on choice and the mitigations in place for women who would like to give birth in a less medicalised environment.
2.1.32	Victoria Lawson noted that the paper referenced the diverse communities in NCL and the IIA outlined some of the impacts and mitigations. The paper and the slides specifically reference the Orthodox Jewish community and she sought further assurances on the proposed mitigations and the funds that were referenced to mitigate the impact on this community. She also queried how the action plans would be reviewed to ensure that the mitigations are working as intended.
2.1.33	Phill Wells acknowledged that NCL's capital settlement for the duration of the Start Well programme is unknown. However, he was confident that NCL will receive a fair share of the national allocation and the NCL system is committed to allocating funding to the programme as a priority with an overall capital envelope. Within the figures, the commitment to Start Well is no more than 10% of the allocation in any given year for the length of the programme. It was also acknowledged that the ultimate cost of the programme is also currently unknown. Good estimates have been made thanks to the work that has taken place across the system but these will need to be regularly refined as during its implementation.
2.1.34	David Connor noted with regards to the closure of the Edgware Birth Centre that women will continue to have the choice of co-located birth centres available at each of the hospital sites, as well as the provision of the home birth service. Improving staffing levels is one of the main drivers of the Start Well programme and this closure will have a positive impact by avoiding midwifery staff being pulled from the co-located birth centres onto the labour ward, thereby enhancing midwifery care there. The LMNS is taking part in the London-wide review of birth centres to ensure that they are all consistently meeting the required standards.
2.1.35	Anna Stewart confirmed that there had been targeted engagement with the Orthodox Jewish community through the consultation period. As part of this during the public consultation, two round table consultations had been held with community leaders, as well as a series of one to one interviews with women from the community who use maternity services. Particular attention was paid to the way that material was printed and circulated to ensure that members of the community were aware of the consultation and had an opportunity to contribute. This engagement activity was supported by VCSE partners. All sites in NCL provide maternity services to the Orthodox Jewish community, so there is already provision in place which is culturally and religiously sensitive. However, the IIA explicitly acknowledges that the community has a strong affinity with the services provided at the Royal Free Hospital built up over time and a deep sense that the Royal Free understands their needs.

	The engagement provided a clear picture of the impact of the changes and the IIA sets out how this will be taken forward. In the event of a decision being made today, the programme would like to work with the Orthodox Jewish community to review the 'as is' position at every Trust site in NCL. Following that assessment, an action plan will be co-developed for each site. It is nevertheless important to acknowledge that there are some areas which cannot be fully mitigated. One issue that was highlighted during the consultation was the walking distance for the Jewish community living predominantly in Hendon and Golders Green to the Royal Free Hospital on Shabbat or religious festivals. It is important to acknowledge that there will be a longer walk to other sites in NCL as a result of the proposed changes. The Royal Free Hospital is also within an Eruv which allows for some relaxation of religious requirements on Shabbat. The programme therefore seeks to work with each Trust to consider how a partner who accompanies a woman about to give birth on Shabbat can remain comfortably on site in the hospital if they need to stay there because it is too far to travel home. The programme is also strongly committed to working in partnership with the Orthodox Jewish community on this and there is provision for staff training in the action plan.
2.1.36	The Chair invited provider colleagues to comment on the paper.
2.1.37	Mark Lam highlighted that the Royal Free London Group is significantly impacted by the proposals. He thanked the programme team for a very well-led consultation. Even though a number of them might not like the recommended option, Royal Free colleagues felt they had been listened to and engaged with, along with the Orthodox Jewish community. The Trust Board of Directors agreed that doing nothing was not an option, given the decline in births and several of the options which the programme had considered were simply not viable, so the final choice was essentially between the Whittington or the Royal Free Hospital. The Royal Free respected the reasoning behind the choice of the Whittington but it continues to assert that it runs an excellent maternity and neonatal service and the Royal Free was a viable option. The Trust had three remaining concerns which it asked the ICB Board to take into account after making its decision and to return to in due course: • Although there has been a decline in the number of births, there has also been an increase in complexity. This has been particularly signalled in respect of maternal medicine and complex care and it is encouraging to hear that the clinical networks are addressing this. The 'devil will be in the details' when it comes to the new pathway work, so the Board should commit to seeking assurance at a later date. • The decision will require many years of intense capital investment in the Whittington site at a time when the NHS is under enormous financial strain. Although it is good to hear that the system will be prioritising this investment, it would be helpful to hear what this means in terms of other things having to be given up to ensure that this is funded. It will clearly be difficult to provide an immediate answer to this question but the Board should periodically return to this issue to ensure that the system can continue to support the right areas, including necessary upgrades and refreshing of other maternity services, including at Barnet Hospital. • Any estate reconfiguration will take several years to deliver and these projects often run late. Royal Free staff are understandably feeling anxious, so the Trust needs an assurance that the ICB will adhere to the planned timeline, otherwise there is a risk that this will accelerate the departure of staff which will in turn impact on the safety of services.
2.1.38	David Probert agreed with the preceding comments and formally confirmed that UCLH support the proposal. He noted that his main concern was around staffing. Having listened to the discussion he felt assured that there is a recognition of staff being the strongest asset. The midwifery community is difficult to recruit and retain to, due to the pressures associated

	with such an important profession. UCLH is committed to doing everything it can as part of the system to support the expansion of the workforce and try to make this an exciting opportunity for staff to grow and develop their careers, while also supporting the Royal Free.
2.1.39	The Chair then invited Sarah Mansuralli to speak about the approach to risk management and provide an update on the Greater London Authority tests that will need to be met.
2.1.40	Sarah Mansuralli thanked members for their insightful comments and questions. She noted the programme risks would be addressed in a range of ways. Maintaining the status quo poses a risk in itself and this is not an option in this context. There are a number of risks relating to complexity, staffing and clinical and operational risks that will need to be managed in the interim prior to implementation and as part of business as usual. The mitigations currently in place around services will continue for the foreseeable future. Challenges around maternal medicine and the growing complexity of births will need to remain under review. There has been a lot of detailed work on each specialist pathway that will be required to be re-provided and thought of differently and there is a real opportunity going forward to monitor and understand the capacity and demand for those pathways and ensure that there is sufficient capacity across NCL. There are a number of workforce risks, including the retention and recruitment of staff to ensure that the current units are operational, while also keeping staff involved and engaged in the change process during the implementation period. This will be critical in ensuring that staff are content in their future roles and in supporting the retention of high quality staff who are doing a tremendous job of maintaining services across five sites at present. The implementation governance arrangements will be used to mitigate risks around timelines, capital and prioritisation, as well as operational risks. The programme will work closely with partner organisations and their communications teams following the decision to reassure the public that there will be no immediate changes and people should continue to go to their preferred location. This will be a key factor in achieving a managed transition to the new model of care across the four sites. Activity levels at the different sites will also be monitored to ensure that any unintended consequences are managed and mitigated. Communications with staff as well as the public will be an important factor. The implementation phase will need to be managed tightly to ensure that various indicators are closely aligned to the operational and clinical risks of a programme of this nature. The programme has been working with the Nuffield Trust since the beginning of the consultation. The Trust was commissioned by the Mayor's Office to undertake an assessment of the proposals against what is commonly known as the Mayor's Six Tests. The assessment was done in two parts – pre-consultation and post-consultation on the DMBC itself. The programme has received feedback on several points for consideration as part of the implementation planning. The Mayor's Office has written to the ICB to confirm that the Mayor is satisfied with the proposals and there are a number of things that he would like to be done as part of the thinking about the implementation phase. This includes working with colleagues in NWL local authorities and the ICS to ensure that the programme is trying to achieve some of the aforementioned benefits for the population, such as continuity of care, improved integration of care and a strong focus on inequalities.
2.1.41	The Chair thanked everybody for the quality of their contributions to the discussion. He reminded members that approval was being sought for the DMBC and the Edgware Birth Centre addendum, which would mean the consolidation of maternity and neonatal services across four NCL sites as opposed to the current five, with the recommendation to close the maternity and neonatal services at the Royal Free Hospital, and services being retained at Barnet Hospital, NMUH, UCLH and Whittington Hospital. This would also mean the closure of

	the birthing suite at the Edgware Birth Centre, while retaining ante-natal and post-natal care at the site. The recommendations will also mean significant capital investment in the maternity and neonatal estate, as set out in the DMBC. Although NHS England colleagues present would be asked to set out their position, it should be noted that they are not formally part of today's formal decision-making process and will confirm their decision in writing as separate decision makers in their own right. He also reminded the Board that there are legal considerations to be mindful of, including the Equality Act and the NHS's Triple Aim Duty. The discussion had also highlighted various planned mitigations to manage the transition to the new arrangements and a number of areas which require a continuing focus, including complexity of births, the timeline and workforce. The Board will need to give these due attention going forward.
2.1.42	A member of the public observed at this point that equity should mean that everybody is treated the same. Further to the question which had been submitted about the impact on black women, although there should be a personalised care plan for every individual, there is nothing holistic. The paper refers to mitigations for people who will incur additional travel costs and capital spend has a high contingency, but there is nothing about revenue spend to mitigate the approaching headwinds and this poses a risk when the future level of NHS funding is unclear.
,2.1.43	Sarah Mansuralli observed that the programme had considered the staffing numbers underpinning the proposals in detail. There will undoubtedly be revenue implications that will need to be thought through in the context of the implementation plans. Further work is needed regarding some of the mitigations and their associated costs.
2.1.44	Terry Whittle noted that the DMBC looked carefully at the costs and benefits of the preferred option and the conclusion was favourable, meaning that it is advantageous to make the change because of the relative diseconomies of the current configuration of services and it is therefore affordable in revenue terms. There will be challenges around the exceptional implementation and 'stranded' costs but these have been modelled carefully and there is a clear plan for how these items will be overseen during the programme.
2.1.45	The Board of Members: • **APPROVED** the Start Well programme decision-making business case: maternity and neonatal services proposals • **APPROVED** the addendum to the Start Well programme decision-making business case relating to Edgware Birth Centre. Will Huxter confirmed on behalf of NHS England, as the commissioner of neonatal services, that they supported the recommendations set out in the DMBC. They would be writing separately to confirm their formal approval.
2.1.46	The Chair observed that in agreeing the changes, the Board would expect to see the mitigations set out alongside the changes, as well as assurances around the long-term issues highlighted in the discussion and those raised by the questioners. He thanked everybody for participating in these consequential decisions about vital services and the wider collaboration which has gone into reaching this point. As part of the next steps there will be a focus on communicating the decision and the reasons behind it to staff, the local community and service users. The decision will not mean any immediate changes to services, as these will continue to operate as at present for the time being.
3.	**ITEMS FOR INFORMATION AND ASSURANCE**
3.1	**Report from the Chief Executive Officer**
3.1.1	The Board of Members **NOTED** the Report.

3.2	**Performance Report**
3.2.1	The Board of Members **NOTED** the Report.
3.3	**Quality Report**
3.3.1	The Board of Members **NOTED** the Report.
3.4	**Finance Report**
3.4.1	The Board of Members **NOTED** the Report.
3.5	**Board Assurance Framework**
3.5.1	The Board of Members **NOTED** the Board Assurance Framework.
3.6	**Minutes of the Audit Committee Meetings on 17 September and 11 November 2024**
3.6.1	The Board of Members **NOTED** the minutes of the Audit Committee.
3.7	**Minutes of the Finance Committee Meetings on 10 September, 8 October and 13 December 2024**
3.7.1	The Board of Members **NOTED** the minutes of the Finance Committee.
3.8	**Minutes of the Integrated Medicines Optimisation Committee Meeting on 24 September 2024**
3.8.1	The Board of Members **NOTED** the minutes of the Integrated Medicines Optimisation Committee.
3.9	**Minutes of the People Board Meetings on 12 August and 18 November 2024**
3.9.1	The Board of Members **NOTED** the minutes of the People Board.
3.10	**Minutes of the Procurement Oversight Group Meetings on 18 September, 20 November and 10 December 2024**
3.10.1	The Board of Members **NOTED** the minutes of the Procurement Oversight Group.
3.11	**Minutes of the Strategy and Development Committee Meetings on 16 October and 11 December 2024**
3.11.1	The Board of Members **NOTED** the minutes of the Strategy and Development Committee.
4.	**ANY OTHER BUSINESS**
4.1	There was no other business.
5.	**DATE OF NEXT MEETING**
5.1	20 May 2025.
6.	**PART 2 MEETING**
6.1	The Board of Members **RESOLVED** that as publicity on items contained in Part 2 of the agenda would be prejudicial to public interest by reason of their confidential nature, representatives of the press and members of the public should be excluded from the remainder of the meeting.

NHS
North Central London
Integrated Care Board

North Central London ICB
Board of Members Meeting
20 May 2025 - Action Log

On Agenda	
Needs Urgent Update	
In Progress	
Completed	

Meeting Date	Action Number	Action	Lead	Deadline	Update
7 November 2023	19	**Mental Health Update Paragraph 2.1.5** To lead a discussion on Mental Health at a future Board Seminar, building on the discussion at today's meeting.	Jinjer Kandola Sarah Mansuralli	June 2025	An item on national actions required on Assertive and Intensive Outreach will be brought to a future Board of Members meeting after final national guidance is released on the operating model in the autumn.
26 March 2024	23	**Primary Care Access Recovery Plan Paragraph 2.3.4** To arrange for the Board to review the Primary Care infrastructure position (estates and digital) at a future Board Seminar.	Sarah McDonnell-Davies	June 2025	A discussion around primary care infrastructure is due to take place at the Board Seminar on 24 June 2025.

12 November 2024	28	**Report from the Chief Executive Officer Paragraph 1.6.5** To provide a future update on the take-up of the 111 Press 2 service to date.	Sarah Mansuralli	March 2025	A briefing was circulated to Members on 11 March 2025. .

North Central London
Integrated Care Board

North Central London ICB
Board of Members Meeting
20 May 2025

Report Title	Chief Executive's Report	**Date of report**	6 May 2025	**Agenda Item**	1.5
Lead Director / Manager	Not applicable.	**Email / Tel**		Not applicable.	
Board Member Sponsor	Frances O'Callaghan Chief Executive, NCL ICB				
Report Author	Frances O'Callaghan Chief Executive, NCL ICB	**Email / Tel**		Frances.o'callaghan@nhs.net	
Name of Authorising Finance Lead	Not applicable.	**Summary of Financial Implications** Not applicable.			
Report Summary	The Chief Executive's Report shares highlights from the work of the ICB and its partners and key issues for the Board of Members' consideration that are not covered elsewhere on the agenda.				
Recommendation	The Board of Members is asked to **NOTE** the Report.				
Identified Risks and Risk Management Actions	Where applicable, any risks are identified within the report.				
Conflicts of Interest	There are no conflicts of interest arising from this report.				
Resource Implications	There are no direct resource implications arising from this report, although areas described have resource implications for the ICB.				
Engagement	Engagement activities are highlighted as appropriate.				
Equality Impact Analysis	There are no equality impacts arising from this report.				
Report History and Key Decisions	This report is a standing item on the agenda of Board of Members meetings.				
Next Steps	None.				
Appendices	None.				

1. Introduction

1.1 This report presents key updates from the work of the North Central London (NCL) Integrated Care Board (ICB) and our partners. It covers issues for the Board's consideration not addressed elsewhere on the agenda and highlights our progress across urgent and elective care, mental health, community services, and strategic programmes that underpin our commitment to delivering high-quality, sustainable healthcare.

2. National Policy Update: Model ICB Blueprint

2.1 The recently published Model Integrated Care Board (ICB) Blueprint sets out a nationally co-produced vision for the future role and functions of ICBs, developed in discussion with ICB leaders from across England. It reaffirms ICBs' core purpose as strategic commissioners with responsibility for improving the health of their populations and ensuring equitable access to consistently high-quality care. The blueprint highlights three key strategic shifts underpinning the NHS's transformation agenda: a move from treatment to prevention, from hospital-based to community-based care, and from analogue to digital systems. These shifts aim to maximise value for populations through more proactive, integrated, and data-driven approaches to health and care.

2.2 The blueprint also signals changes to the way some current ICB functions are delivered, with a focus on clarity of purpose and the redistribution of responsibilities across the wider system. Some functions—such as emergency preparedness, digital leadership, and elements of workforce development—may be transitioned to other system partners, including providers and regional teams. At the same time, core commissioning and strategic capabilities, including population health management, pathway redesign, and contracting, are expected to be strengthened. As we await further guidance on implementation, NHS North Central London ICB remains committed to working in partnership with our local authorities and communities to shape what this future model looks like for our area and to ensure a smooth and inclusive transition.

3. System Updates

3.1 **Primary Care: Rt Hon Wes Streeting MP, Secretary of State for Health, and Care visit to James Wigg Practice on Tuesday 8 April**

The work we do in North Central London is being recognised by the Secretary of State for Health and Social Care, the Rt Hon Wes Streeting MP.

On Tuesday 8 April, our Chief Medical Officer, Dr Josephine Sauvage, and our communications team supported his visit to the James Wigg Practice in Kentish Town, with an announcement about the Additional Roles Reimbursement Scheme funding, which enables additional GPs to be employed in local practices. We made the most of the visit to showcase the outstanding work of the East Camden integrated neighbourhood team and the Secretary of State was introduced to staff and partners including social care, community health, primary care, and housing, to see how working together in one space is transforming care delivery and improving outcomes for local people.

This was widely covered including in Pulse, BBC, The Express and as well as wider commentary from Ruth Rankine, Director of Primary care networks at the NHS Confederation.

3.2 **Urgent and Emergency Care (UEC)**

A&E four-hour performance improved in March 2025 but remained c.4% below plan. ED attendances rose while ambulance conveyances declined. 12-hour breaches, particularly at the Whittington Hospital (WH), halved across Q4.

The Integrated Care Coordination Centre (ICC) hub has driven an improvement in response times—cutting Category 2 from 01:05:13 to 00:25:15 and Category 3 from 02:49:13 to 01:09:02—significantly boosting system-wide performance.

Handover delays over 60 minutes reduced notably at North Middlesex University Hospital (NMUH). Pressures from mental health presentations persist, affecting patient flow. Providers continue to deliver improvement plans, supported by the ICC and Directory of Services enhancements.

3.3 **Mental Health, Learning Disabilities and Autism**

Perinatal access remains below plan, though dementia diagnosis rates exceed national standards. The new North London Foundation Trust (NLFT) is progressing data integration. Recovery plans are underway for Talking Therapies, acute flow improvements, and Children's and Young People (CYP) services. Children's and Adolescent Mental Health Servies (CAMHS) is benefiting from targeted investment to reduce waiting times and increase access, with additional support provided through the Mental Health Investment Standard.

3.4 **Community Services**

Adult and CYP waiting times remain above target, though investments in diagnostic pathways and therapy services are underway. Virtual ward capacity continues to support acute flow despite slight utilisation drops. Discharge pathway performance remains strong, and UCR referrals have increased following the expansion of the NCL Community Coordination Hub.

3.5 **Elective Activity and Productivity**

The 65-week backlog fell to 222 patients (pre-validated), with 78-week waits down to 36. Risks persist in complex cases at Great Ormond Street Hospital (GOSH) and UCLH. Recovery efforts continue through maximised capacity use, mutual aid, and targeted service improvements.

3.6 **Cancer**

All Trusts met the 2024/25 Faster Diagnosis Standard (77.2%), with University College London Hospitals (UCLH) and Royal National Orthopaedic Hospital (RNOH) achieving the March ambition. 62-day performance was 63.0%, 7.5% below target. Risks remain in lung, breast, and urology pathways. Mitigations include equipment investment at WH and workforce expansion at Royal Free London (NMUH).

4. Roy Shaw House Purchase

4.1 ICB teams – including estates, primary care, service development, finance, and the Camden borough integration unit – have worked with the Royal Free London, Marie Curie, Hampstead Group Practice and Camden Council to purchase Roy Shaw House in north Camden.

While this was a complex and time-intensive transaction, securing this building provides:

- a sustainable home for Marie Curie's hospice at home services after their previous accommodation was found to be unsafe;
- a future-proof location for Hampstead Group Practice's 20,000 registered list (subject to formal ICB approval); and
- flexible space for RFL transformation staff now, and other partners ongoing.

4.2 At the same time, it presents a transformational opportunity for health and care over the medium term. It will provide a base for a north Camden integrated neighbourhood team (to be confirmed through health and care partner commitments). At the same time, it opens the prospect of innovative palliative care services, including better integration with primary care, an expanded hospice at home service, and a hospital in-reach model. The Camden BIU and borough partnership is now scoping and overseeing more intensive and connected planning conversations to realise current and future ambitions.

5. Primary Care Utilisation and Modernisation Fund

5.1 This summer, more than 1,000 GP surgeries across England are set to benefit from a £102 million government investment to modernize facilities and boost capacity. Originally earmarked to refurbish just 200 sites, the funding has now been spread more widely following extensive consultation with the sector—ensuring that primary care can respond more nimbly to patient demand. Health Secretary Wes Streeting has emphasised that these upgrades will play a vital role in reducing long waits and putting an end to the notorious "08:00 scramble" for appointments, delivering a smoother, more reliable service for our communities.

5.2 In NCL, nine practices will share in this transformative programme: Bridge House Medical Practice; Brondesbury Medical Centre; Eagle House Surgery; Fernlea Surgery; Latymer Road Surgery; Oakwood Medical Centre; Parliament Hill Surgery; St Andrews Medical Practice; and The Ordnance Unity Centre for Health. While exact allocations of capital and timing are still being finalised, each of these practices can now look forward to enhanced waiting areas, improved consulting rooms and, ultimately, the ability to see more patients more quickly. These targeted upgrades will underpin our ambition to deliver outstanding, accessible primary care right across our region.

Frances O'Callaghan
Chief Executive

6 May 2025

North Central London
Integrated Care Board

North Central London ICB
Board of Members Meeting
20 May 2025

Report Title	Population Health and Integrated Care Delivery Plan Refresh 2025/2026	**Date of report**	23 April 2025	**Agenda Item**	2.1
Lead Director / Manager	Ruth Donaldson and Sarah D'Souza, Directors of Strategy, Communities and Inequalities	**Email / Tel**		sarahd'souza@nhs.net ruth.donaldson1@nhs.net	
Board Member Sponsor	Sarah Mansuralli – Chief Strategy and Population Health Officer				
Report Authors	Vlada Shevelkova, Strategic Delivery Senior Manager Claire McGinley, Strategic Delivery Senior Manager	**Email / Tel**		v.shevelkova@nhs.net Claire.mcginley1@nhs.net	
Name of Authorising Finance Lead	Omran Abdul-Hussein, Head of Finance Financial Strategy	**Summary of Financial Implications** There are no direct financial implications. Joint Forward Plan (JFP) guidance for 2024/2025 required ICBs to demonstrate how they met NHS Financial Framework rules within the JFP. As new JFP guidance has not been released the section has not been included in the refresh 2025/2026 to avoid confusion. Omran Abdul-Hussein, Head of Finance – Financial Strategy, has been engaged and has provided contributions related to the Framework rules.			
Report Summary	ICBs are required to publish an annual joint forward plan that sets out how the ICB and its partner trusts propose to exercise their functions. NCL ICB's Delivery Plan for the Population Health and Integrated Care Strategy also acts as its joint forward plan. When originally published in June 2024 it set out a medium term 18-month plan for the Strategy. No guidance has been published on the content of the JFP for 25/26. The Delivery Plan will need to be fully revised once the 10 Year Plan is published (which is anticipated in summer 2025) and reflecting changes to ICB functions and priorities and wider context – particularly the 3 pillars – knowing our population, delivering neighbourhoods and deploying a strategic commissioning				

	approach. As such and following NHSE London guidance, a light touch refresh of the current plan has been undertaken.
	
	In the main, the refresh has made some minor refinements/clarifications to how the priorities are described and provided additional detail on how progress will be measured. The document also incorporates updates on the priorities, setting out progress made on the delivery plan since June 2024.
	
	Progress since June 2024 includes:
	• Systematic tracking of progress across the Delivery Plan, measurement of impact of programmes against a set of **Core Metrics** and deploying **benefits realisation** to extend impact of work across the system. The Core Metrics quarterly reporting has set a baseline this year and shows some measurable progress to date on health checks for people experiencing serious mental illness and smoking quit rates which we expect to be further enhanced through the benefits realisation work.
	• Progressing **Start Well** priorities by:
	  ○ Introducing the **prescription charges exemption** programme for Care Experienced children.
	  ○ Agreeing **significant recurrent investment** for community Child and Adolescent Mental Health Services.
	  ○ **Closer partnership working** across North Central London on Special Educational Needs and Disabilities.
	  ○ Agreeing **recurrent investment** for neurodevelopmental diagnosis pathway to increase capacity.
	• Progressing **Live Well** priorities by:
	  ○ Establishing the **Out of Hospital Care Model** in acute trusts – which is forecasted to have supported 700 patients during 24/25 with 90% moving on from homelessness.
	  ○ Improving **access to diagnostic tests** through Community Diagnostic Centres, with 75% of referrals to the centres coming from 40% most deprived areas nationally.
	  ○ Launching the **WorkWell programme** in October 2024 – in the first six months, the programme has supported 900 people.
	  ○ Mobilising the **Longer Lives programme** in September 2024, to transform care for adults living with severe mental illness.
	  ○ Advancing earlier cancer diagnosis by continuing the full rollout of the **lung cancer screening programme**.
	• Progressing **Age Well** priorities by:
	  ○ Continuing to implement the **Long Term Conditions Locally Commissioned Service** to manage long-term conditions through a multi-morbidity approach.
	  ○ Improving care for older adults and reducing catheter-associated infections by ≤80% by creating a **bespoke training programme** for adult social care nurses.
	  ○ Embedding **Urgent Community Response** services across NCL, which are supporting 7 patient cases per day via the single point of access triage.
	  ○ Increasing capacity of the **NCL Virtual Ward/Hospital at Home** programme from 185 to 223 beds.
	
	The delivery plan also sets out the next steps, including a more extensive revision to priorities upon the publication of the 10 Year Health Plan. Aligning to the policy direction from national government and NHS England, the 10 year plan is expected to provide additional detail on ICB's role as strategic commissioners. This will also dovetail with plans for the London neighbourhood model that were released on 13 May and have been circulated to the Board.
	
	This work has been co-produced across London and focuses on delivery of neighbourhood-based, integrated, person-centred care. It builds on the assets

	and strengths already in place across London, especially here in North Central London. In response to existing developments and guidance, the NCL ICB has set three objectives that will support its strategic commissioning approach and allow it to meet the mission of the Population Health and Integrated Care Strategy. The priorities within the Delivery Plan will support and reinforce focus on the ICB's three organisational pillars: 1. Knowing our population 2. Strategic commissioning 3. Neighbourhood delivery
Recommendation	The Board of Members is asked to: • **APPROVE** the refreshed Delivery Plan, acknowledging that this will be fully revised upon the publication of the 10 Year Health Plan (Appendix 1 – Delivery Plan document). • **NOTE** the progress made on the Delivery Plan priorities since June 2024 (Appendix 2 – PowerPoint presentation on progress).
Identified Risks and Risk Management Actions	Changes (and the associated change process) to ICB functions and capacity poses a risk to progressing current Delivery Plan. Development of Q1/2 team priorities and the full revision of the Delivery Plan later in the year will mitigate some of this risk.
Conflicts of Interest	Not applicable.
Resource Implications	The Delivery Plan is predicated on a number of levers for change with aligning resource to need remaining key to population health and inequalities enabling shift left and a focus on prevention and early intervention.
Engagement	Relevant stakeholders across the Integrated Care System – including within the NCL ICB, local authorities, and the voluntary sector – have been engaged to support the Delivery Plan refresh.
Equality Impact Analysis	No changes have been made to the key populations identified in the Population Health and Integrated Care Strategy.
Report History and Key Decisions	The previous version of the Delivery Plan was presented to and approved by the ICB Board on the 26 March 2024. Minutes available here: https://nclhealthandcare.org.uk/wp-content/uploads/2024/05/ICB-Board-of-Members-minutes-26.3.24-FINAL.pdf
Next Steps	Following the publication of the 10 Year Health Plan, the Delivery Plan will be fully revised and taken to the Board for approval. In the meantime, the current version will be designed and made publicly available on the ICB website. The progress and impact of the Delivery Plan priorities will continue to be monitored, through the Population Health and Health Inequalities Steering Group.
Appendices	**Appendix 1** – refreshed Delivery Plan for 2025/26. **Appendix 2** – presentation on progress to date since the publication of the previous Delivery Plan in June 2024.

North Central London
Health and Care
Integrated Care System

NHS

North Central London Delivery Plan

Implementing the North Central London Population Health and Integrated Care Strategy

June 2025

This plan will be subject to further changes and updates following the publication of the 10 Year Health Plan, expected in Summer 2025

Contents

Introduction

Introduction to the Population Health and Integrated Care Delivery Plan

Since the publication of the Population Health and Integrated Care Strategy (April 2023) and the previous iteration of the Delivery Plan (June 2024), there have been many developments within the national and local policy contexts.

The July 2024 general election saw a change in administration with a clear focus on being a 'mission-driven government' with ambitious, measurable, long-term objectives. The five missions that will shape the government's approach going forward include:

1. **Kickstart economic growth** – to drive growth, rebuild Britain, support good jobs, unlock investment, and improve living standards across the country.

2. **Make Britain a clean energy superpower** through delivering clean power by 2030 and accelerating to net zero.

3. **Take back our streets** by halving serious violent crime and raising confidence in the police and criminal justice system to its highest levels.

4. **Break down barriers to opportunity** by reforming our childcare and education systems, to make sure there is no class ceiling on the ambitions of young people.

5. **Build an NHS fit for the future** that is there when people need it, where everyone lives well for longer.

One of the first mission-led actions by the new Secretary of State for Health and Social

Care was to commission an independent investigation into the national health service in England. The investigation, led by Professor Lord Darzi, wanted to understand NHS performance and provide a diagnosis of the issues that exist in the system. It sets the baseline for the upcoming NHS 10-year plan and provides the rationale for the three key shifts that are likely to be its key feature:

- **From hospital to community** – creating health centres closer to homes and communities.
- **From analogue to digital** – using technology to centralise patient health records and achieve efficiencies.
- **From sickness to prevention** – focusing on preventing illness and shortening the time people spend in ill health.

Additionally, there has been a renewed focus on delivering care closer to people's home, with the new government putting forward the idea of a 'neighbourhood health service' at the centre of its vision for the NHS. Neighbourhood health aims to create healthier communities and increase people's agency in managing their own care. It also emphasises the importance of integration between NHS, local government, and social care services. The 10 Year Health Plan (expected in summer 2025) will detail the administration's ambitions for the health system, with proposals on how to make neighbourhood health a reality. In the meantime, NHS England has published guidelines to help Integrated Care Boards, local authorities, and other partners progress their neighbourhood health models by standardising existing practices, integrating service offers, and scaling models to enable adoption.

Local policies have also begun to mirror the narrative from central government. For example, London Borough of Camden have adopted a 'mission-led' approach, refocusing the council's efforts on fostering partnerships and empowering innovation to deliver long-term goals on diversity, youth, food, and estates. Similarly, Haringey Council's Borough Vision outlines six 'calls to action', which hope to galvanise action that shifts outcomes for residents and reduces inequalities over a ten-year period.

The rapidly-changing national political and policy landscape will influence the work of local government and NHS organisations on population health, equality and equity, and integrated care – including via the publication of the 10-year plan.

Our Delivery Plan will need to be fully revised once the 10 Year Health Plan has been published. Whilst we wait for its publication, we have undertaken a light touch refresh of our current plan. In the main these are refinements in how we describe our priorities and measure impact, learning from our work to date. We have fully updated the section setting out the progress we have made at this point in jointly delivering on our population health ambitions – to showcase our progress since the previous iteration of the Delivery Plan, which was finalised in June 2024.

Delivery Plan Overview

Delivery Plan: overview and progress tracking

Our ambition is to work with residents of all ages so they can have the best start in life, live more years in good physical and mental health in a sustainable environment, age within a connected and supportive community and have a dignified death. We want to achieve this ambition for everyone.

About this document

The North Central London (NCL) Population Health and Integrated Care Strategy was endorsed by system partners in April 2023 following a significant programme of engagement and co-production.

Following the publication of the strategy in 2023, extensive work was undertaken to engage and socialise its ambitions, build plans for programmes, and map local priorities. Alongside this, the North Central London Integrated Care System (ICS) developed the NCL Outcomes Framework and launched the associated online dashboard to shape the priorities in the strategy and as a way of measuring our impact on population health over the course of the strategy.

The Health and Care Act 2022 requires that all Integrated Care Boards (ICB) and their partner trusts prepare a 'joint forward plan' setting out how they will arrange and/or provide NHS services to meet the physical and mental health needs of the local population over the next five years. There is an expectation that this plan will be refreshed every year.

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NCL ICBs joint forward plan incorporates the Delivery Plan for the Population Health and Integrated Care Strategy. The production of the first Delivery Plan (published in June 2024) was a joint endeavour, with significant engagement across system partners, including:

- Integrated Care Partnership Board
- Health and Wellbeing Boards
- Borough Partnership Boards
- Provider Boards
- Voluntary, Community, Social and Enterprise (VCSE) Alliance
- Primary Care (General Practice Provider Alliance)
- Programme leads across NCL (e.g., Cancer Alliance, Inequalities Fund, Start Well)
- Healthwatch and wider VCSE organisations

The Delivery Plan embodies the spirit of system ownership in the Population Health and Integrated Care Strategy and reflects the commitments of partners including the ICB, local authorities, providers, VCSE and our communities. It is a live document that will change over time as we refine our ambitions, especially once the 10 Year Health Plan is published.

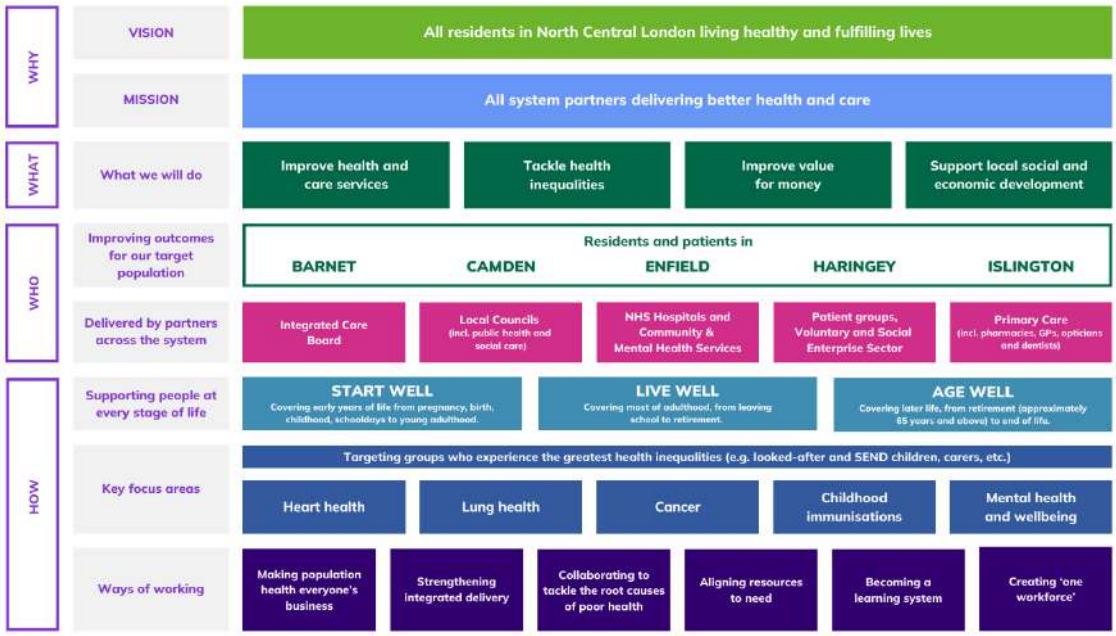
This iteration of the Delivery Plan constitutes the first refresh: it describes the progress made on priorities since June 2024 and looks ahead to the next medium-term period with regular on-going reviews.

The plans throughout this document will all carefully consider the triple aim of:

- Health and wellbeing of people (including reducing inequalities).
- Quality of healthcare services for the purposes of the NHS.
- Sustainable and efficient use of resources by NHS bodies.

The diagram below provides an overview of the Strategy and the focus areas for delivery.

Figure 1 Overview of Population Health and Integrated Care Strategy and Delivery Plan



Tracking progress on Delivery Plan priorities

Within the previous version of the Delivery Plan, we committed to setting targets and measures to focus on, introducing monitoring arrangements, and refreshing the population health governance to demonstrate tangible improvements on population health and health inequalities.

The monitoring and oversight of the Delivery Plan is led by the Population Health and Health Inequalities Steering Group and Committee. These groups also oversee the yearly refresh of the Delivery Plan and the five-year update to the Population Health and Integrated Care Strategy.

The Steering Group and Committee bring together senior leaders from NHS provider organisations, academic partners, Directors of Public Health in councils, and a multi-disciplinary ICB team to focus on delivering the ambitions within the Population Health and Integrated Care Strategy and ensuring coherence between the work of the Integrated Care Partnership and the wider system (place-based governance, ICB Board of Members, and System Management Board).

To monitor the progress of Delivery Plan priorities, the NCL ICB has introduced a tracking framework. This involves regular conversations with stakeholders leading the priority areas about the plans and governance processes in place to progress the priorities. The conversations also focus on understanding whether health inequalities are adequately considered during service design and delivery. Following a logic model approach, outputs and outcomes related to the priorities are discussed.

The progress on the priorities is reported to the Population Health and Health Inequalities Steering Group via regular updates on life course areas (Start Well, Live Well, and Age Well) and Levers for Change.

The Delivery Plan below:

- Outlines the **progress to date (since June 2024)** on our priorities.
- Describes **our priorities and plans** for the first 18-months to deliver against our key focus areas across the life course.
- Describes the **Levers for Change** which describe our ways of working to support implementation of the delivery plan.
- Sets out **our next steps and how we will measure the impact** of our work.

Progress & priorities

Year ahead: our priorities, plans, and progress to date

The previous iteration of the Delivery Plan detailed the progress made on key programmes from the publication of the Population Health and Integrated Care Strategy (in April 2023). Since the Delivery Plan was approved, system partners have been progressing the 18-month priorities, with March 2025 marking the mid-way point in the current timeline. This section describes the progress made since June 2024, according to the areas within the Delivery Plan (Start Well, Live Well, Age Well, and Levers for Change) and our priorities and plans for the year ahead.

Start Well

Progress since June 2024

- The Start Well consultation decision-making business case was published on the 18th of March, with the proposals related to maternity and neonatal services agreed by NHS England and the ICB Board on the 25th of March 2025. The changes mean that eventually maternity and neonatal services will close at the Royal Free Hospital, and Edgware Birth Centre birthing suites will close while expanding antenatal capacity. Now that a decision has been made, more detailed implementation planning will commence with providers.
- The delivery on the 37 projects related to the LMNS Equity and Equality Action Plan – an NCL-wide programme of work – is ongoing, with feedback from the Start Well programme being imbedded into this work to reduce inequalities. Key achievements from 24/25 include:
    - Enhanced support for Maternity and Neonatal Voices Partnerships, patient-led groups based in NHS Trusts that gather feedback from people who use maternity and neonatal services so they can help to shape them. There has been a particular focus on ensuring the voices of people using neonatal services and those from seldom-heard groups are heard more often.
    - An externally commissioned maternity digital review was completed, which has helped drive forward plans to improve data quality. Higher quality data enables the system to identify inequalities and target areas for improvement.
- NCL ICB has also remained part of the London region Care Leavers Compact Health agenda, including scoping of transition services for Children Looked After in NCL and leading the scoping of dental services for Children Looked After and Care Experienced across London. The latter has led to discussions with NHS England Dental to assess opportunities for improving access and treatment for the population cohorts. To further improve outcomes for Care Experienced children, the prescription charges exemption programme was introduced in July 2024.

- There is closer partnership working on Special Educational Needs and Disabilities (SEND) within boroughs and pan-NCL. The Partnerships in Neurodiversity in Schools (PINS) programme has been successfully delivered across four boroughs and alongside the Change Programme Partnership has provided the foundations for forming a network between health, education, and social care and sharing learning and ideas.
- In Haringey, the Borough Partnership have led a transformation programme in speech, language and communication needs for children and young people. This has implemented evidence-based interventions in early years and primary settings, which have shown positive impact on children's outcomes and a reduced need for referrals into therapy services, helping to bring down waiting times overall.
- As part of the Community and Mental Health 'Core Offers', significant recurrent investment has been agreed for the children and young people's neurodevelopmental disorder (NDD) diagnosis pathway to increase capacity; partners are working together to implement a standardised assessment pathway for 0-18 year olds and increase pre and post diagnostic support to parents / carers through psychoeducational programmes.
- Multiple programmes of work are in place at both local and system levels to increase uptake of childhood immunisations. Programmes are driven by primary care, in collaboration with the local authority teams, and are focused on populations with the lowest uptake. Some examples of targeted interventions to reduce inequalities include:
    - Community Champions – supporting borough public health colleagues to train and build capacity for local community champions who engage, signpost and provide information regarding vaccines to their communities.
    - Community Connectors – through this programme, NCL ICB funds and oversees four voluntary organisations with good reach, trust, acceptance and strong community ties across the most deprived areas of north Haringey and south Enfield to explore vaccination issues and develop potential means to address these.
- Implementation of the THRIVE Framework for system change (Wolpert et al., 2019) (for children and young people's mental health services) and the Serious Youth Vanguard is ongoing across NCL. Significant recurrent investment has been agreed for community Child and Adolescent Mental Health Services to increase capacity, reduce waiting times, and improve experiences for children and young people.

Start Well – next steps

Area of focus: Start Well

Starting position – June 2024

- Challenges associated with outcomes for deprived populations, location, declining birth-rate and increasing complexity and specialist staffing in maternity and neonatal care.

First 18 month priorities

- Finalising the proposals for maternity and neonatal services, and children's surgical services following public consultation.
- Delivery of maternity and neonatal equity and equality plan via Local Maternity and Neonatal System (LMNS) and key focus on service use experience.

Where we are aiming to get to

- Ensure equity in access and outcomes from hospital-based maternity, neonatal and children and young people care

Area of focus: Children Looked After and care leavers

Starting position – June 2024

- Care leavers experience poorer health outcomes than other young people.
- The homeless population has significant levels of people with experience of care.

First 18-month priorities

- Understanding delivery of key areas identified through the London Care Leavers Compact.
- Work with NCL Directors of Children's services to improve access to effective emotional, psychological, and physical health and wellbeing support for care leavers.

Where we are aiming to get to

- Continue implementation of free prescriptions programme.
- Scoping further support to address health needs such as dental care.
- Internship opportunities.

Area of focus: Special Educational Needs and Disabilities (SEND)*

Starting position – June 2024

- High levels of need and delays on assessments.

**Integrated Care Partnership priority area*

- Children and young people wait much longer than National Institute of Health and Care Excellence guidance for autism diagnosis.

First 18-month priorities

- Develop a network of learning across Special Educational Needs and Disability and Alternative Provision programme.
- Improvement of care pathways for children and young people with neurodevelopmental needs.

Where we are aiming to get to

- Significant reduction in waiting times for therapy and neurodevelopmental delay (NDD) assessment.

Area of focus: Childhood immunisations*

Starting position – June 2024

- Entrenched health inequalities, and impact of post-pandemic on immunisation rates in NCL. Particular challenges regarding MMR uptake.

First 18 month priorities

- Increase routine childhood immunisation vaccine uptake with a focus on most deprived communities and communities with lowest uptake.

Where we are aiming to get to

- Target 3-5% increase in childhood vaccination by focusing on areas of greatest disparity.

Area of focus: Family help in early years*

Starting position – June 2024

- Differential outcomes for 0-5 year old children across NCL.

First 18 month priorities

- Integrated Care Partnership consideration of priorities in June 2024 which include:
    - Developing a partnership learning plan
    - Establishing joint governance to monitor outcomes as part of a refresh of the overall ICB governance for children, young people, maternity and neonates
    - Identifying evidence-based approaches and investment opportunities to support improved outcomes.

**Integrated Care Partnership priority area*

Where we are aiming to get to

- Development of a common language and training approach across the ICS.
- For outcomes to improve at age five and for reduction in need for crisis services.

Area of focus: Children's Mental Health

Starting position – June 2024

- Significant differences in early help and prevention in NCL for children and young people's mental health.
- High levels of need and delays in assessments.

First 18 month priorities

- Serious Youth Violence Vanguard.
- Implementing the THRIVE Framework for System Change (Wolpert et al., 2019).
- Enhancing support for children and young people by developing our online Child and Adolescent Mental Health Services waiting room.

Where we are aiming to get to

- Reduction in variation of provision between boroughs.
- Improvements in waiting times for assessment.

**Integrated Care Partnership priority area*

Live Well

Progress since June 2024

- The NCL Homeless Health and Care Community of Practice has been established for staff working with homeless and inclusion health groups to connect with each other and share learning. This has enabled a number of cross-sector partnerships to improve access to mainstream healthcare services, such as improving access to pulmonary rehabilitation, cancer screening, and low vision screening clinics for people experiencing multiple disadvantage or who have a learning disability or autism.
    - Other work on health care provision has included improving access to primary and dental care for people sleeping on the streets or experiencing homelessness. For example, a dental care pilot was undertaken in Haringey in 2024, which ran for 1 day a week over 14 weeks and delivered 96 dental interventions to 55 people who would otherwise not have received dental treatment.

- The Out of Hospital Care Model is firmly established in acute trusts. NCL's model (which is aligned to the Discharge to Assess approach with a specialist intermediate housing and health care teams) continued to mature in year, with housing staff part of the discharge services to help hospital flow, extension to North London Foundation Trust, and legal and immigration support procured to support patients with No Recourse to Public Funds with their move on from homelessness. The service is forecast to have supported 700 patients from acute hospitals during 2024/25 with 90% moving on from homelessness.

- The NCL Community Transformation Programme is improving access to care and tackling health inequalities through its system-wide 'core offer' of community services. This initiative, backed by a £57 million investment over five years, ensures more people receive the right care closer to home by enhancing early intervention, integrating physical and mental health services, and expanding community-based care. In 2024/25:
    - NCL was recognised nationally as a best practice example and featured in NHS England's guidance on neighbourhood working and community service standardisation
    - The programme increased community nursing capacity in Haringey.
    - The programme expanded weekend physiotherapy and occupational therapy to reduce hospital stays.
    - It boosted productivity, through introduction of innovative digital solutions, such as the Doc Abode, leading to a 71% increase in patient contacts and preventing unnecessary hospital admissions.

- The Community Diagnostic Centres (CDCs) continue to improve people's access to diagnostic tests:
    - Six diagnostic pathways are now available in the Wood Green CDC, including progress on the liver disease pathway and targeted lung health checks.

    - Across Wood Green and Finchley Memorial Hospital CDCs, 350,000 tests were delivered as of May 2024 – which includes 11-14% of North Central London core imaging capacity.
    - 75% of referrals to CDCs now come from the 40% most deprived areas nationally, having a notable effect on addressing inequalities in access.
    - The CDCs has also been actively engaging with local ethnic minority communities through established community groups, and by featuring in the 4U2 Black Caribbean Community Newsletter and participating in events like Healthy Hearts.

- The prevention workstreams have been focused on developing weight management pathways for tier 3 and pharmacotherapy services in line with National Institute of Health and Care Excellence guidance and reviewing tier 3 and 4 pathways to address health inequalities.

- Work is also progressing on tobacco ambitions within the NHS Long Term Plan. In 24/25:
    - All four maternity trusts have established in-house tobacco dependence services which means 100% of pregnant people who smoke will be offered in-house tobacco dependence services, in accordance with the NHS Long Term Plan recommendations. Additionally, these trusts are participating in the National Smoke-free Pregnancy Incentive Scheme, aimed at supporting more pregnant people to stop smoking and tackle health inequalities. All acute and mental health trusts conducted quality improvement projects to ensure their services meet the local population needs.
    - A comprehensive analysis of smoke-free pregnancy demographic data has been conducted to enhance our understanding of diverse communities in NCL and inform future strategic commissioning.
    - Local Stop Services were implemented in all boroughs.

- The WorkWell programme was officially launched in October 2024. It is being delivered by the Shaw Trust on behalf of NCL ICB across all five boroughs in partnership with local authorities, primary care, and voluntary sector partners, supporting individuals back into work and employers to create the right environment so that people with long-term conditions and mental health needs can stay well in work.

    - In the first six months of the programme, WorkWell supported 900 people on programme (100% of the target), offering work and health coaching alongside specialist advice and support to stay in work or to seek work.

- Within the first year of the NCL ICS's Heart Health programme, the focus has been on engaging system partners across the hypertension pathway, mapping existing work programmes to understand the offer across NCL, and consolidating available data to identify current challenges and opportunities on improving detection and treatment of hypertension, while reducing health inequalities. In 24/25, the programme has:

- Established new NCL Heart Health Delivery Group in May 2024 to provide governance and oversight for the programme. It includes representation from across the ICS including local authority Public Health, community pharmacy, primary care, community and secondary care, as well as academic research and VCSE partners.
- Held a Heart Health event with more than 50 attendees from across more than 15 NCL partner organisations. Outputs from the event included sharing information across ICS partners to inform broader thinking on next steps and priorities for the programme.
- Supported regional work through the London Million Hearts and Minds Programme that aims to build awareness and improvement cardiovascular outcomes for Londoners.

- The Longer Lives programme, which aims to transform care for adults living with severe mental illness (SMI), was mobilised in September 2024. Some recent outcomes of the programme include:
  - SMI patients now have higher rates of “treatment to target” for high blood pressure than the general population.
  - Physical activities being embedded in acute care and led by therapy groups.
  - Closer working between SMI Physical Health teams and social prescribers and care navigators in GP practices

- Significant progress has been made in advancing earlier cancer diagnosis, including continuing the full rollout of the lung cancer screening programme and ongoing improvements in screening participation; targeted efforts are increasing uptake among underrepresented groups. Next steps include optimising primary care referrals, expanding access to diagnostic services, and ensuring long-term commissioning for the Lynch Surveillance Hub.

- NCL ICB has conducted a review of community musculoskeletal (MSK) services. In 2024/25, the ICB developed a business case to put in place key interventions that aim to help address inequalities in access, treatment, and outcomes. These include:
  - Establishing a new overarching ‘NCL MSK’ service to focus on addressing unwarranted variation and ensuring greater consistency; establish a new central access hub that will serve as a single ‘front door’ for all MSK referrals
  - ‘Levelling up’ community MSK services in Barnet through strengthening the existing services and enabling access to community pain services for Barnet residents
  - Supporting a shift towards a greater emphasis on prevention and self-management (where appropriate) of MSK conditions.
  - *The business case is currently going through ICB Governance, and we hope to begin implementation in 2025/26.*

Live Well – next steps

Area of focus: Inclusion Health

Starting position – June 2024

- Differential community health services, lack of integration with wider services, and lack of skills in mainstream.

First 18 month priorities

- Develop an equitable integrated multi-disciplinary team physical and mental health community offer for people experiencing homelessness in all boroughs in line with needs.
- Improve offer to be trauma informed.

Where we are aiming to get to

- Improve healthcare equity, access, experience, and outcomes for people in inclusion health groups across boroughs.

Area of focus: Community Services

Starting position – June 2024

- Limited access to diagnostics in some geographies and for some conditions.
- Inequitable community service offer across boroughs.

First 18 month priorities

- Community Services Review implementation 2025/26.
- Reduce growth of liver disease diagnosis through Community Diagnostics Centres.
- Increased capacity of diagnostics at Wood Green.

Where we are aiming to get to

- Increased investment according to need.
- Increased diagnostic capacity while tackling health inequalities including through rapid cancer diagnostics and new fibroscan.

Area of focus: Prevention and wider determinants

Starting position – June 2024

- Differential prevention offer across NCL.
- Lack of employment impacting health.

**Integrated Care Partnership priority area*

First 18 month priorities

- Develop sustainable and equitable core offer across smoking cessation, alcohol, and weight management services.
- Implement Work Well programme.

Where we are aiming to get to

- Long Term Plan tobacco offer fully implemented.
- Enhanced employment opportunities.

Area of focus: Heart Health*

Starting position – June 2024

- Challenges in case-finding, treatment, and management of lifestyle risk factors for high blood pressure, but also from an inequalities lens when looking across communities.

First 18 month priorities

- Improve identification and management of high blood pressure through partnership work across NCL.

Where we are aiming to get to

- Close our high blood pressure prevalence gap and to treat people with high blood pressure to target, while tackling inequalities in NCL.

Area of focus: Mental Health*

Starting position – June 2024

- Residents who have a Serious Mental Illness (SMI) die on average 14.9 years earlier if they are female, 18.4 years if they are male.
- Inequitable community mental health service offer.

First 18 month priorities

- Longer Lives – supporting better physical health for residents with SMI.
- Improving home treatment for people in crisis and strengthening proactive community support at home in collaboration with North Central London Foundation Trust.

Where we are aiming to get to

- Reduce premature death of NCL residents with SMI due to preventable conditions.
- Ensure there is an equitable, consistent and high-quality service offer available to all NCL residents.

**Integrated Care Partnership priority area*

- Increase the number of people living with a severe mental illness who are provided and supported into employment opportunities
- Reduce number of inpatient admissions
- Reduce length of stay in mental health beds.

Area of focus: Cancer

Starting position – June 2024

- Participation in screening, case finding, and surveillance programmes varies across boroughs and communities.

First 18 month priorities

- Promote and enable engagement with primary care, screening services and secondary care, focussing on actions that support the earlier diagnosis plan.

Where we are aiming to get to

- Contribute towards achieving the diagnosis of 75% of cancers at stage 1 and 2.

Area of focus: Learning Disability and Autism*

Starting position – June 2024

- People with a learning disability and autistic people experience very significant health inequalities. National data has highlighted that:
    - 49% of the deaths of people with a learning disability in 2021 were avoidable compared to 22% in the general population.
    - The median age of death for people with a learning disability was 61 compared to 82 in the general population.

First 18 month priorities

- Support services for residents with learning disability and autism.

Where we are aiming to get to

- Further reduce reliance on inpatient care for people living with learning disability and autism.
- Reduce number of people with learning disabilities and autism admitted to a mental health ward.
- Improve community-based services to support people to stay well at home in the community.
- Improve intelligence about the local population with autism.

**Integrated Care Partnership priority area*

Area of focus: Musculoskeletal (MSK) Live Well Review

Starting position – June 2024

- Rising demand that outstrips current capacity alongside increasingly complex patient needs and inequity in funding across our services.

First 18 month priorities

- Rising demand that outstrips current capacity alongside increasingly complex patient needs and inequity in funding across our services.

Where we are aiming to get to

- Ensure quality MSK care for all, best possible MSK outcomes for all, and sustainable, continuously improving care.

**Integrated Care Partnership priority area*

Age Well

Progress since June 2024

- The Long Term Conditions Locally Commissioned Service (LTCLCS) process focuses on managing long-term conditions through a multi-morbidity approach, with GP surgeries offering a year of care that includes initial checks, care planning, and follow-ups. The model of care involves a Primary Care Network working with a link consultant, clinical coordinator, and administrator to improve the management of patients with complex long-term conditions. Teams use data from the LTCLCS and Healthy Intent dashboard to identify patients who require more intensive care. Expansion plans include AI-driven risk stratification tools, aimed at identifying those most likely to benefit from intervention.

    - Case 1: A 50-year-old lady with severe COPD who became isolated during the pandemic, leading to worsened health conditions. The team re-engaged her with previous support services, identified the need for a universal care plan, and connected her with the stop smoking team and falls assessment.

    - Case 2: A 45-50-year-old person with multiple health issues, including obesity and pain, who had numerous hospital appointments. The team provided social prescribing, linked her with community diagnostics, and cancelled unnecessary orthopaedic appointments, improving her care and reducing hospital visits.

- Work to support older adults with care and support needs is progressing, with the seven elements of the Enhanced Health in Care Homes framework being implemented. Multidisciplinary teams are a key delivery vehicle for this work and are present in all five boroughs.

- Additionally, the NCL ICB won the 2025 Transformation in Health and Social Care award for their use of simulated learning approaches with adult social care nurses. Working with Middlesex University, the ICB co-produced bespoke training programmes that mirrored adult social care settings. Lived experience ambassadors (residents) were also involved in the development of the training, adding to its success. The results have been transformative – adult social care nurses gained increased confidence, residents benefitted from improved care, and catheter-associated infections have significantly reduced by up to 80%.

- Urgent Community Response services are now embedded across NCL, with a ‘single point of access’ triage available across local authorities since November 2024. 795 patient cases have been managed via the single point of access since its inception –supporting 7 patient cases per day.

- NCL Virtual Ward/Hospital at Home programme is being successfully implemented. In 24/25 capacity increased from 185 to 233 beds supporting both step-up from urgent community response (4/5 boroughs) and same day emergency care (in hospitals). The trajectory for 25/26 is to expand to 285 beds by March 2026, with the key focus on benefits realisation of all virtual ward capacity on acute flow (in line with NCL Bed Productivity bed saving plans) and ensuring full delivery of the NHS England Virtual Ward Operational Framework (August 2024). Step-up admission avoidance pathways to virtual wards are in place in most boroughs, with utilisation of the service being 74% in March.

- An Integrated Coordination Centre was established in January 2025 to enhance local authority clinical decision-making by phone and on scene and maximise use of Alternative Care Pathways as appropriate

- A non-elective dashboard has been developed with details on non-elective admissions and trends to support prioritisation; additionally, a health inequalities population segmentation paper has been developed for consideration.

Age Well – next steps

Area of focus: Long Term Conditions

Starting position – June 2024

- Launched with 100% of GP practices signed up.

First 18 month priorities

- Embedding outcomes incentivisation and case finding to reduce prevalence gap.

Where we are aiming to get to

- A single Locally Commissioned Service for Long Term Conditions focussed on proactive and personalised care.

Area of focus: Proactive Care

Starting position – June 2024

- Commitment to developing the ICB's approach to and functionality around Proactive Care and long term conditions.

First 18 month priorities

- Develop the vision, aims and case for a proactive care function and design an approach to this function that optimises resources, skills and assets in NCL.

Where we are aiming to get to

- Patients and residents diagnosed earlier, treated to target in a way that considers the broad range of biological and social factors that link to health and wellbeing, with coordination, continuity, and digital support to be more empowered and active in their care.

Area of focus: Carers

Starting position – June 2024

- Family carers have poorer health and wellbeing outcomes and are disproportionately impacted by the cost of living crisis.

First 18 month priorities

- Borough based development and delivery of carer strategies and enabling NCL actions.

Where we are aiming to get to

- Ensure carers receive proportional support required to improve outcomes.

**Integrated Care Partnership priority area*

Area of focus: Older adults with care and support needs

Starting position – June 2024

- Reducing numbers of care providers, variations in care and the need to support digital and tech infrastructure.

First 18 month priorities

- Continue to implement Enhanced Health in Care Homes framework programme with particular focus on the refreshed additions.
- Implement digital and tech solutions in learning disability and mental health settings.
- Upskill adult social care staff – utilise simulation and virtual training tools to enhance workforce skillsets.
- Deliver education and training to support delivery of good quality care in bedded and non-bedded settings.
- Progress joint market management arrangements for care homes, drawing on the particular strengths the NHS and councils can bring.

Where we are aiming to get to

- Equitable offer across care provision.
- Joint working to stabilise and develop care market offer in NCL.
- Workforce sustainability.
- Improved quality of care and improved system flow: supporting unplanned attendances and discharges from an acute setting.

Area of focus: Supporting residents at risk of hospital admission*

Starting position – June 2024

- Significant challenges on hospital flow with focus on downstream activities.
- Our communities who live in the 20% most deprived areas nationally experience increased admission levels of 20-30% higher than the general population

First 18 month priorities

- Further develop the admissions avoidance approach and utilise it as a tool to develop system and place plans.
- Build admission avoidance approaches across key programmes.

Where we are aiming to get to

- Improve join up and effectiveness of downstream activities while shifting focus upstream and on prevention.

**Integrated Care Partnership priority area*

Area of focus: Supporting residents to recover following hospital admissions

Starting position – June 2024

- Broad range of services in NCL ICS which help people to recover from hospital admission.
- Opportunities for further integration and consistency across the ICS.

First 18 month priorities

- Embedding a shared core offer of discharge services and pathways between partners.
- Improved understanding of outcomes (post hospital discharge), with a particular focus on population health.
- Focus on ‘home first’ – helping people recover at home.

Where we are aiming to get to

- Proactive, recovery-oriented services between partners, aligned to need.
- Shared evidence of improving long term outcomes.
- Helping more people get ‘home first’.

**Integrated Care Partnership priority area*

Levers for Change

There are six 'Levers for Change'[1] that constitute the ways of working that will drive the population health agenda. They focus on system-wide changes needed to deliver population health outcomes.

Progress since June 2024

- The ICB is looking to set up training sessions around population health for existing staff and new starters. This is likely to take the form of overarching, introductory sessions as well as some bespoke, topic-specific ones. To help us design the sessions, we conducted a training needs assessment in March 2025; the findings from this work will inform the development of modules-based training as part of wider ambition to become a learning system.
- A vision for integrated neighbourhood teams in NCL is developing, building on excellent examples of existing initiatives across boroughs. The work is focused on determining the scope of the pillars of care, building an intelligence framework, and creating a working model, which considers geographic boundaries and constituent parts of the system.
- The Inequalities Fund was introduced in June 2021 to develop new approaches to addressing entrenched health inequalities across NCL. Since then, the ICB has invested £5m per annum in 50+ projects across NCL's five boroughs targeted at underserved communities, particularly those living in the 20% most deprived (and often most diverse) neighbourhoods in England. The 2024/25 evaluation of the Inequalities Fund programme suggested it had been largely successful in delivering its objectives, including improving preventative and planned care to support people to live as healthily as possible in the community and avoid hospitalisation. Key findings include:
    - Projects have worked with 26,000+ people annually, equating to 10% of the NCL population living in the 20% most deprived areas in England.
    - Overall, 75% of project objectives, including those relating to participant outcomes, were achieved.
    - More than 10,000+ participants were supported across 22 projects that focused on preventing ill health or managing physical and/or mental health long term conditions.
- Expanding on the learnings of the Inequalities Fund, a concept of a 'Thriving Communities Zone' is being developed. This initiative will promote concentrated levels of investment into a defined geographical area of higher need to support our most deprived communities to live healthier lives, and will be developed in conjunction with a neighbourhood approach.

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[1] *The Population Health and Integrated Care Strategy (pg. 36) sets out six 'Levers for Change' that constitute the enablers that will drive the population health agenda.*

- The ICB, its NHS Trust partners, and councils worked together to strengthen relationships with the VCSE sector, including via the NCL-wide VCSE Alliance of organisations representing the sector across our five boroughs. As part of the ICB's VCSE Sector Strategy, we established a VCSE Investment Group with councils and the VCSE Alliance in 2024/25. This group is considering how VCSE investment and infrastructure can best be coordinated, supported and sustained between partners, and how the sector can be supported to play a central role in planning and delivering health and well-being solutions in local communities. Initial priorities and investment opportunities will be rolled out in 2024/25 building on existing ICB investment in the sector, e.g. via the ICB's Inequalities Fund.
- For 24/25, the NCL ICS made significant progress on the NHS Green Plan ambitions, including:
    - 90% of our local NHS Trusts now purchasing all their electricity from renewable sources, higher than any other ICS in London.
    - Aligning the NCL ICB Estates and Infrastructure Plan with the Green Plan ambitions.
    - The ICB working with NCL primary care and London estates to offer social investment opportunities to improve individual practices' carbon footprints
    - Significantly reducing emissions across NCL Trusts associated with the utilisation of anaesthetic gases and management of inhalers – Trusts were able to meet the national target of reducing gases in 2024/25 and Great Ormond Street Hospital developed integrated air quality alerts based on a patient's home postcode and provided guidance to staff to support proactive conversations with patients.
- Through the Research Engagement Network, the ICB have continued to deliver a community empowerment and champion programme involving grassroots VCSE partners, local communities and our academic partners. Year 2 has focused on raising awareness of research and connecting local underrepresented communities into research studies. Additionally, wider health and wellbeing support such as provision of blood pressure and other health checks, as well as health information and advice from health and care professionals, community leaders and champions, has been incorporated into engagement activities.
- In terms of research and innovation, the ICB is becoming a research-active grant host and is now hosting its first National Institute for Health and Care Research (NIHR) award on behalf of a local university. Additionally, we have developed a standardised evaluation framework to use as a vehicle for research partner engagement and strengthened key relationships with NIHR Applied Research Collaboration North Thames, including them hosting a part-time fellow from the ICB to support knowledge mobilisation between our organisations.
- Signification progress has been made during the second year of the People Strategy (running until March 2025), bringing partners across the system to drive

innovation in workforce supply, development, and transformation programmes. Key achievements include:

- Apprentice starts across NCL trusts grew by 26% during 2024, across a wide range of clinical and non-clinical apprentice roles.
- Since 2023, NCL ICB been one of 10 pilot Covenant sites for the NHS Universal Family programme to develop a ‘Care Leaver’s Offer’. This initiative aligns with the government’s ‘Keep on Caring’ plan, aiming to provide meaningful support for young people from care experienced backgrounds. To date, we have collaborated with local authorities, the voluntary sector, primary care, and social care partners to create pathways into good jobs, apprenticeships, and work opportunities for over 50 Care Experienced young people. As a result, 11 individuals have successfully secured employment.
- By March 2025, over 300 staff, including 23 trainers, had completed Restorative and Just Culture training. This has ensured that the skills needed to enhance employee wellbeing and increase psychological safety are embedded throughout NCL in a sustainable way.
- 119 leaders from across the NCL system completed bespoke System Leadership and Nursing Fellows programmes, with 72 more learners starting.

Levers for Change – next steps

Lever 1: Making population health everyone's business

First 18 month priorities

- Incorporate Delivery Plan priorities into ICB business planning and governance processes and those of wider system partners to focus on the delivery phase, so this is a golden thread running throughout everything we do.
- Develop and implement a population health and health inequalities training programme, building on training already delivered and hold system-wide Equity Summit.

Where we are aiming to get to

- Alignment between the Population Health and Integrated Care Strategy, Delivery Plan, organisational and system plans.
- Increased awareness and understanding of health equity and the population health approach.

Lever 2: Strengthening integrated delivery

First 18 month priorities

- Develop Neighbourhood Teams as core integrated population health management delivery vehicles.
- Strong and ongoing engagement of Borough Partnerships in the identification of local gaps against the Community and Mental Health Services core offer. Design and prioritisation of investment recommendations to address these.

Where we are aiming to get to

- Agree with system partners a model of Neighbourhood working and the required resources and ways of working for successful delivery.

Lever 3: Collaborating to tackle the root causes of poor health

First 18 month priorities

- Build on the Inequalities Fund Programme approach to develop an enhanced neighbourhood initiative to attract shared investment into our most deprived NCL communities
- Implement our VCSE Strategy developing a shared strategic approach to investment in this sector across Council and ICB commissioning, supporting prevention agenda.

Where we are aiming to get to

- Improved outcomes, including wider determinants, for people living in deprived communities.
- A coordinated ICS investment framework that ensures a strong, sustainable VCSE sector.
- Enable greater proportion of inequalities funding to be directed into local VCSE sector

Lever 4: Aligning resources to need

First 18 month priorities

- Embed approach to aligning resource to need in system financial and investment planning processes and decision making.

Where we are aiming to get to

- Better align resources to need across NCL and in boroughs and system to support ‘shift left’ across all our priorities.

Lever 5: Becoming a learning system

First 18 month priorities

- Continue and evaluate our Research Engagement Network (REN).
- Develop an NCL Research & Innovation Strategy with the aim of increasing quality, quantity, and depth of research undertaken across NCL and enable adoption of innovation to support our population health outcomes.

Where we are aiming to get to

- Closer working with our academic partners in NCL, including our local Academic Health Science Network and National Institute for Health and Care Research partners and provider research and development leads.
- Improved understanding of how applied research initiatives can support development of our local evidence base regarding how we align resource to need by measuring impact and return on investment from our initiatives.
- Increase in identified research studies’ participation from REN communities.

Lever 6: Creating ‘one workforce

First 18 month priorities

- Take forward our People Strategy.
- Publish our Work and Health Strategy in 2025/26.

Where we are aiming to get to

- Improve employment opportunities for people across NCL.

Next steps

Summary and next steps

Going forward, we will continue to drive delivery across our priorities, ensuring to track progress and impact. The section below sets out how we will measure the impact on population health outcomes, through the Core Metrics and the NCL Outcomes Framework.

As mentioned in the introduction, we anticipate that the Delivery Plan will need to be fully revised once the 10 Year Health Plan has been published. Aligning to the policy direction from national government and NHS England, the plan is expected to provide additional detail on ICB's role as strategic commissioners. In response to existing developments and guidance, the NCL ICB has set three objectives that will support its strategic commissioning approach and allow it to meet the mission of the Population Health and Integrated Care Strategy.

The priorities within the Delivery Plan will support and reinforce focus on the ICB's **three organisational pillars**:

1. Knowing our population – better understanding of the lives of our residents through data, insight and dialogue. Working with residents to coproduce and deliver solutions

2. Strategic commissioning – planning, investing and contracting coherently to drive out value, support integration, reduce inequalities & improve lives now and in the future

3. Neighbourhood delivery – better support those with multiple and complex needs, supporting teams to work in a proactive way via a social model of health and wellbeing, that optimises new partnerships with individuals and communities

How we will measure impact

Within the previous version of the Delivery Plan, we committed to setting targets and measures to focus on, introducing monitoring arrangements, and refreshing the population health governance to demonstrate tangible improvements on population health and health inequalities.

The monitoring and oversight of the Delivery Plan is led by the Population Health and Health Inequalities Steering Group and Committee. These groups also oversee the yearly refresh of the Delivery Plan and the five-year update to the Population Health and Integrated Care Strategy.

The Steering Group and Committee bring together senior leaders from NHS provider organisations, academic partners, Directors of Public Health in councils, and a multi-disciplinary ICB team to focus on delivering the ambitions within the Population Health and Integrated Care Strategy and ensuring coherence between the work of the Integrated Care Partnership and the wider system (place-based governance, ICB Board of Members, and System Management Board).

Progress against our ambitions will be measured through:

- The North Central London Outcomes Framework
- The Population Health Core Metrics
- Delivery Plan tracking

NCL Outcomes Framework

Further development of the NCL Outcomes Framework[2] planned for the next 18 months:

- Review and refresh the full data across all indicators in the Outcomes Framework on an annual basis and produce an insight report to go alongside this
- Update data in the dashboard at more regular intervals (where available)
- Work with Borough Partnerships to design and develop borough-level outcome and performance dashboards
- Embed awareness and use of the framework across teams within the ICB, and the wider system, through training and communications
- Continue to review the range of indicators to ensure it remains relevant and aligned to emerging priorities
- Ensure improving equity remains at the heart of everything we do

Core metrics

A small subset of the Outcomes Framework metrics known as the Population Health 'Core Metrics' (Table 1) have been co-designed with system partners, to focus on demonstrating tangible improvements in population health over the first 18 months of the Population Health and Integrated Care Strategy. We have purposefully chosen metrics across the life course, with the aim to build on the initial seven metrics below. The core metrics are associated with the Delivery Plan priorities.

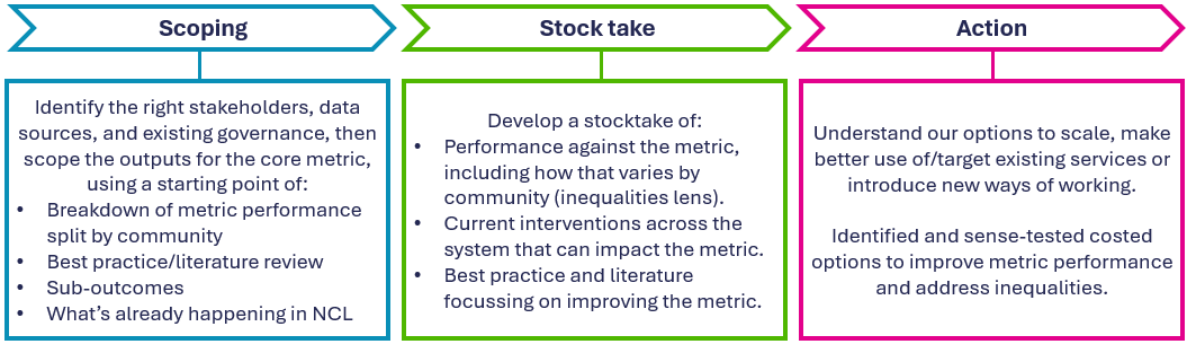
[2] *The Population Health and Integrated Care Strategy (pg. 16) outlines that we have developed a population health outcomes framework that reflects where we have significant local disparities across the life course.*

Table 1 – North Central London 'core metrics'

Metric	Description
Childhood immunisations	% of children fully vaccinated by age 5
Heart health	% of people with high blood pressure treated to target
Cancer	% of cancers diagnosed at stage 1 and 2
Mental health	% of people with SMI having annual physical health check
Avoidable admissions	Indirectly Standardised Rate of unplanned hospitalisation for chronic ambulatory care sensitive conditions* per 100,000 population
Employment	Proportion of working-age 16+ people reporting long-term (12+ months) health conditions in employment
Tobacco dependence	Number of four week quits

Working across ICS partners, a benefits realisation deep-dive (Figure 2) will be undertaken for each metric to explore inequalities in access, experience or outcomes across NCL, understand opportunities for cross-learning, as well as to identify any best practice or opportunities to address these.

Figure 2 – Benefits realisation deep-dive process.



Additionally, the core metrics are regularly monitored using existing data and reported to the Population Health and Health Inequalities Steering Group.

The 2024/25 core metrics monitoring demonstrated some progress such as:

- Increasing the proportion of cancers diagnosed early
- Increasing the proportion of our population with severe mental illness having an annual health check
- Increasing the number of smokers quitting at 4 weeks

Going forward, the Delivery Plan will incorporate the core metrics and learnings from the deep dives, so that we can assess impact of our planned delivery programmes.

North Central London Health and Care
Integrated Care System

ICB Board: Delivering the Population Health and Integrated Care Strategy

Strategy, Research, and Communities team

June 2025

Key messages

North Central London Health and Care
Integrated Care System

- ICBs are required to publish an **annual joint forward plan** that sets out how the ICB and its partner trusts propose to exercise their functions.
- NCL ICB's Delivery Plan for the Population Health and Integrated Care Strategy also acts as its joint forward plan.
- The Delivery Plan will need to be **fully revised** once the 10 Year Plan is published (which is anticipated in summer 2025) and taking into account the significant contextual changes both within ICB – in particular the focus on the 3 pillars – knowing your population, delivering neighbourhoods and taking a strategic commissioning approach. As such and following NHSE London guidance, a light touch refresh of the current plan has been undertaken in advance of the more detailed revision needed later in the year.
- The refresh has made some **minor refinements/clarifications** to how the priorities are described and provided additional **detail on how progress and impact will be measured**.
- The refreshed document also detailed the **progress** made on the Delivery Plan priorities since June 2024.
- We will continue driving the delivery of priorities whilst we wait for the publication of the 10 Year Health Plan.

Ask for the ICB Board:

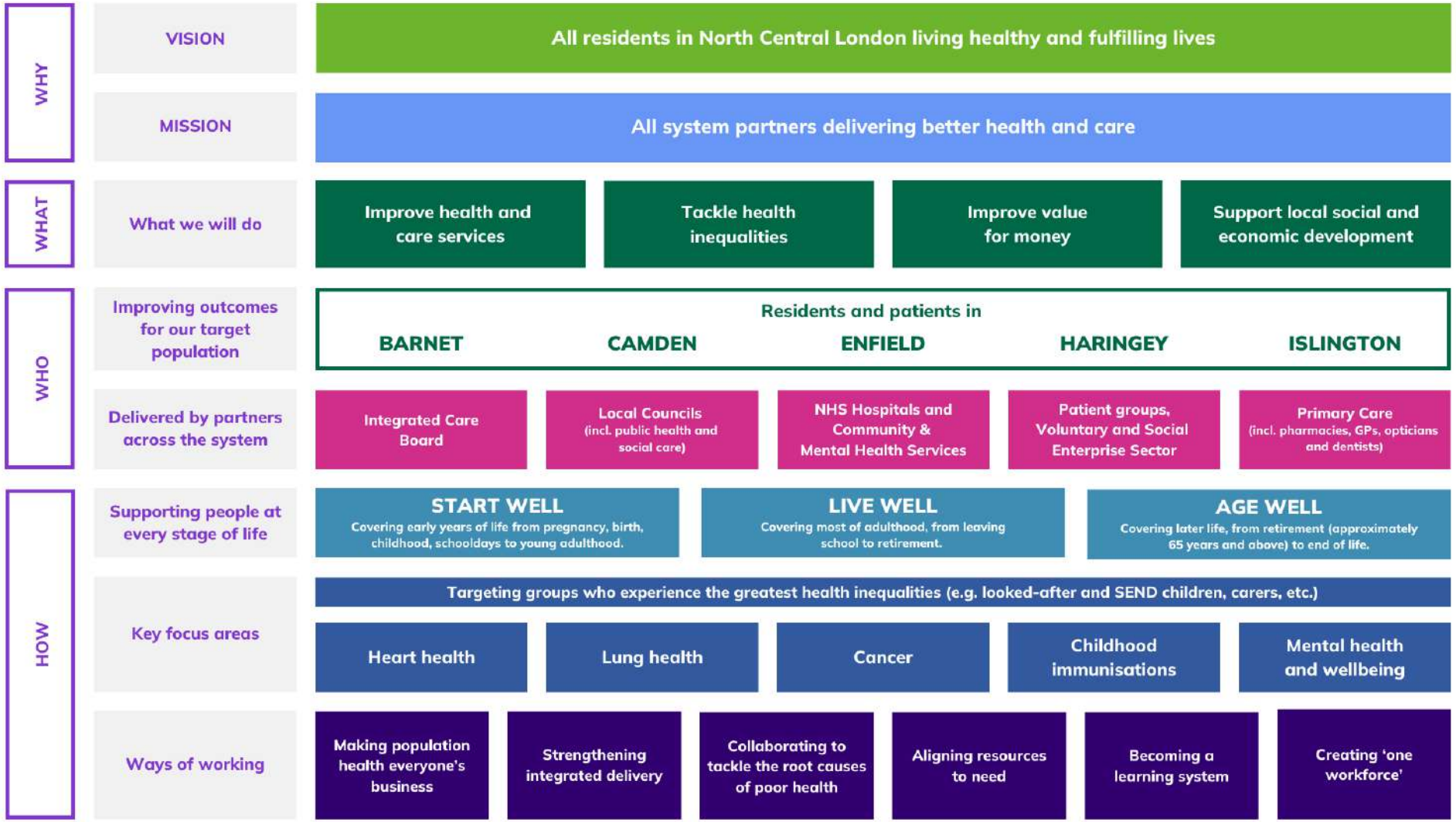
- To **approve** the refreshed Delivery Plan, acknowledging that this will by fully revised upon the publication of the 10 Year Health Plan
- To **note** the progress made on the Delivery Plan priorities since June 2024.

North Central London Health and Care
Integrated Care System

Introduction

NCL Population Health and Integrated Care Strategy & Delivery Plan overview

North Central London Health and Care
Integrated Care System



Source: https://nclhealthandcare.org.uk/our-working-areas/population-health/

Aims for the Delivery Plan refresh

North Central London Health and Care
Integrated Care System

The Health and Care Act 2022 requires ICBs and their partner trusts to prepare a Joint Forward Plan (JFP) setting out how they propose to exercise their functions. **There is a statutory expectation the JFP is refreshed every year**.

NHSE encouraged systems to use the JFP to set out a shared delivery plan for the ICP PH&IC Strategy. The ICB used this flexibility to ensure its PH&IC Delivery Plan also functioned as the JFP.

March 2025 will be the **mid-point for the existing Delivery Plan** (as it was published in June 2024). **The 2025/26 refresh is a refinement**, rather than a significant update, as the key priority topics and life course framework will remain unchanged.

Objectives of the refresh:

1. To align the Delivery Plan with the wider policy context e.g., Darzi investigation, government 'mission' approaches, Health and Wellbeing Strategies
2. To refine and tighten the Start Well, Age Well, Live Well, and Levers for Change priorities, creating a plan-on-a-page for each priority area, with timelines for delivery
3. To continue to socialise the Delivery Plan and impact tracking arrangements across the ICB and partners
4. To celebrate the progress on the Delivery Plan priorities from 2024/25 and use the learnings going forward

Aligning with NHSE guidance, this was a light touch refresh, in anticipation of a more extensive update following the publication of the 10 Year Health Plan

Tracking progress and impact

North Central London Health and Care
Integrated Care System

Population Health & Integrated Care Strategy

Our 5-year strategy for how we will improve population health and reduce inequalities working together as a system

Delivery Plan

Our plan for what we intend to deliver over the next 18 months to meet the ambitions of the Strategy Progress is tracked via **quarterly reporting** to the Population Health & Health Inequalities Steering Group

Core metrics

A set of 7-15 metrics to show the impact of the strategy over the short to medium term – with quarterly monitoring and "deep dives" to support improvement

NCL Outcomes Framework – longer term monitoring of achieving our ambitions supported by an online dashboard and annual insights report

Aligned to and supporting borough-level **Joint Health and Wellbeing Strategies**

Alignment to the Strategic Commissioning principles:

- **Partnership** – working with stakeholders x-ICS through the Delivery Plan to drive population health priorities
- **Learning** – delivering improvement through the core metrics deep dives and benefits realisation process
- **Information** – using the Outcomes Framework and core metrics tracking (& programme-specific datasets aligned to the Delivery Plan priorities) to support decision-making

North Central London Health and Care
Integrated Care System

Year ahead: our priorities for 25/26 and progress in 24/25

Overview of key changes to Delivery Plan for 25/26

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Summary of key Delivery Plan changes

The **context sections have been revised** to clarify how the Delivery Plan sections align to the key communities and population health risks within the Population Health and Integrated Care Strategy.

- A ***'national context'* section has been added** to the introduction – setting out political, policy, and planning contexts which the Delivery Plan and the ICS operate within.
- The **progress section has been fully updated** with an outline of the progress made on priorities within 2024/2025. The updates are set out according to Start Well, Live Well, and Age Well to align with the structure of the Delivery Plan.
- The **monitoring and oversight section has been extended**, to include additional detail on governance arrangements, the progress tracking approach, and core metrics.
- **Minor changes have been made to the priorities** within Start Well, Live Well, and Age Well sections (summarised within the appendix).
- The **Levers for Change section has been restructured** in line with the life course sections.

Learning and reflections

Since the publication of the Delivery Plan significant time and planning were required to embed it into existing and newly forming programmes.

While the **refreshed plan retains the core ambitions and priorities**, it offered a valuable opportunity to re-engage with key leads and stakeholders, reorient focus, and assess real progress, enabling

- honest reflection on what's been achieved and where challenges remain
- Alignment across people, programmes, and structures post-reorganisation
- A clearer sense of direction and shared understanding of population health priorities
- Transparency around ongoing work and progress
- A stronger platform for aligning future plans, ensuring sustainability

It also reinforced the importance of tackling inequalities through a population health lens. This work now provides a solid foundation to build from, especially as we prepare to align with the forthcoming NHS 10-year plan.

Progress summary: Life Course priorities

Start Well

- **Start Well proposals approved** (March 2025); Maternity and neonatal services to close at Royal Free; Edgware Birth Centre to expand antenatal services
- **Prescription charges removed** for Looked After Children & Care Leavers
- Regional leadership on scoping improved dental and transition services across London
- **Increased capacity** in Looked After Children health teams
- **Stronger SEND partnerships** via Change Programme. **PINS** delivered in four boroughs; working with the **Change Programme Partnership** to build integrated education-health-social care networks
- **Recurrent investment** in neurodevelopmental pathways. Co-designing standardised assessment pathways for 0-18 year olds.
- Ongoing implementation of The **THRIVE** Framework for system change (Wolpert et al., 2019) and **Serious Youth Vanguard.**
- **Substantial investment** in **community CAMHS** – boosting capacity and experience, reducing waits
- **Targeted immunisation campaigns** underway, focusing on low-uptake groups. Examples include:
  - **Community Champions** – engaging communities through trained local leaders
  - **Community Connectors** – voluntary sector-led outreach in high-deprivation areas
- **37 Equity & Equality projects** in maternity & neonatal care progressing
- **Improved engagement** through Maternity Voices Partnerships and community outreach.

Live Well

- Launch of the **NCL Homeless Health and Care Community of Practice**.
- **Dental care pilot** in Haringey delivered 96 dental interventions to 55 people experiencing homelessness.
- **Out of Hospital Care Model** for people experiencing homelessness forecast to have supported 700 patients during 24/25, with 90% moving on from homelessness.
- The NCL **Community Transformation Programme** increased nursing capacity, expanded physiotherapy and occupational therapy, and boosted productivity.
- **Six diagnostic pathways** now available in the Wood Green CDCs. 75% of referrals now come from the 40% most deprived areas nationally.
- Implementation of **Local Stop Services** for tobacco use in all boroughs.
- All four maternity trusts have established in-house tobacco dependence services which means **100% of pregnant people** who smoke will be offered in-house tobacco dependence services.
- Mobilisation of the **Longer Lives programme** in September 2024, to transform care for adults with severe mental illness
- **Full rollout of the lung cancer screening programme** and improvements in screening participation; targeted efforts have increased uptake in underrepresented groups
- **Review of community MSK services** and development of a business case to put in place three interventions to address inequalities in access, treatment, and outcomes.

Age Well

- **Long Term Conditions Locally Commissioned Service** continues to improve care coordination of long-term conditions, through an MDT led and multi-morbidity approach which can reduced acute hospital use.
- Seven elements of the **Enhanced Health in Care Homes framework** implemented; multidisciplinary teams are present in all five boroughs.
- Introduction of bespoke **simulated training approaches,** co-produced with Middlesex University, for adult social care nurses reduced risk of infections by up to 80%.
- **Urgent Community Response** services embedded across NCL, with a 'single point of access' triage available across local authorities since Nov. 2024.
- Successful implementation of the **NCL Virtual Ward/Hospital at Home programme**.
  - In 24/25 capacity increased from 185 to 233 beds supporting both step-up from urgent community response (4/5 boroughs) and same day emergency care (in hospitals).
- Established the **Integrated Coordination Centre** in January 2025 to enhance local authority clinical decision-making by phone and on scene and maximise use of Alternative Care Pathways as appropriate
- A **non-elective dashboard** has been developed with details on non-elective admissions and trends to support prioritisation

Progress summary: Levers for Change

North Central London

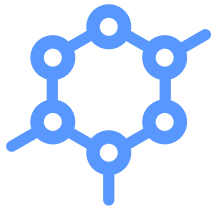
There are six 'Levers for Change' that act as **enablers for the population health agenda**. They focus less on population health outcomes and more on system-wide changes needed to deliver those outcomes and embed population health improvement into everyday service delivery.

Lever 1: Making population health everyone's business

A **training needs assessment** has been delivered to inform development of **modular training** on population health for ICB staff and new starters.

Lever 2: Strengthening integrated delivery

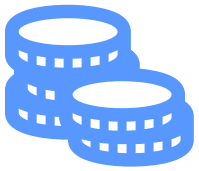
A vision for **neighbourhoods** is developing. Work is focused on determining the scope, building an intelligence framework, and creating a working model. The approach will be piloted in Haringey before further roll-out.



Lever 5: Becoming a learning system

The ICB has continued to drive community empowerment through the **Research Engagement Network**, involving grassroots VCSE orgs., local communities and our academic partners. Year 2 is focused on awareness raising and connecting underrepresented communities with studies.

To support research and innovation, the ICB is becoming a **research-active grant host** and is now hosting a first NIHR award on behalf of a local university. Additionally, we have developed a standardised **evaluation framework** to use as a vehicle for partner engagement



Lever 3: Collaborating to tackle the root causes of poor health

Since 2021, the ICB has invested £5m/y in 50+ **Inequalities Fund programme** projects targeted at under-served communities.

The 24/25 evaluation suggested the Inequalities Fund programme had been largely successful in delivering its objectives, improving preventative and planned care to support people to live health lives and avoid hospitalisations

Lever 6: Creating 'one workforce

Signification progress has been made during the second year of the People Strategy. Key achievements include:

- Apprentice starts across NCL trusts grew by 26% in 2024.
- By March 2025, over 300 staff, including 23 trainers, had completed Restorative and Just Culture training.
- 119 leaders from across the NCL system completed bespoke System Leadership and Nursing Fellows programmes, with 72 more learners starting their programme in 2024/25.

Progress to date: core metrics

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The 'core metrics' are a subset of the Outcomes Framework metrics which are associated with the Delivery Plan priorities. They are focused on demonstrating tangible improvements in population health over the next 18 months. Since June 2024 the metrics have been developed with engagement across system and we have started to report on these – providing a baseline as our delivery work matures and accelerates.

The core metrics have two key functions:

- **Regular monitoring** of core metrics – via a quarterly dashboard
- **Benefits realisation approach** – to explore inequalities, identify any best practice and opportunities for system to extend impact in these areas

Benefits Realisation deep-dive approach

Scoping

Identify the right stakeholders, data sources, and existing governance, then scope the outputs for the core metric, using a starting point of:

- Breakdown of metric performance split by community
- Best practice/literature review
- Sub-outcomes
- What's already happening in NCL

Stock take

Develop a stocktake of:

- Performance against the metric, including how that varies by community (inequalities lens).
- Current interventions across the system that can impact the metric.
- Best practice and literature focussing on improving the metric.

Action

Understand our options to scale, make better use of/target existing services or introduce new ways of working.

Identified and sense-tested costed options to improve metric performance and address inequalities.

11

Core Metrics: summary report (Q4 FYE 24/25)

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Key messages

- **New data –** the report shows new data for 5 / 7 Core Metrics – data is on different reporting cycles and there is no new data for hypertension or employment since February
- **Positives:**
  - **SMI health checks –** The % population having SMI health checks in Q3 is 2% higher than the same quarter last year across NCL, although there is variation across boroughs
  - **Tobacco –** There were nearly 300 more people quitting smoking across NCL in Q2, compared with the same quarter last year.
- **Challenges:**
  - **Childhood immunisations -** Data on completion of immunisations by age 5 is being affected by the delays in the Diphtheria, Tetanus and Pertussis (DTaP) vaccine coverage for children aged between 2yrs 5 months and 3yrs 3 months at the time of the 2022 Polio vaccine campaign.
- **Data issues:**
  - **Cancer –** there have been issues with data submitted by UCLH which is causing a likely under-recording of early diagnosis data. This is being rectified and should be reflected in revised quarterly estimates next quarter
  - **Hypertension** – there was a change in the methodology used by CVD Prevent for this metric in June 2024 which makes it problematic to compare data between years.
- **Report still iterating:**
  - We are still getting a feel for the data and patterns over the course of a year and the process of identifying, and involving, programme leads in reporting on performance
  - We are still at the start with many of the metrics in the benefits realisation process and galvanising action around the metrics
  - For now the trend arrows are based on a crude comparison of the data in the current quarter with the same quarter in the previous year, taking into account how much variability there is in general in the metric between quarters. In time we want to do this more robustly using confidence intervals, if available.

Core Metrics performance summary (Q4, FYE 24/25)

Metrics	Latest reporting period	Target	Barnet	Camden	Enfield	Haringey	Islington	NCL	London	England	NCL trend line	Direction of travel	Notes
Childhood immunisations - % of children fully vaccinated by age 5	Q4 24/25	Higher = better	70.9%	64.3%	63.3%	68.1%	63.4%	66.6%	N/a	N/a	To follow in future quarters - only have 2 quarters data in this format		Since May 2024, NCL has seen a notable decline in DTaP (4-in-1 Booster) uptake at age 5. This unusual given stable MMR2 uptake and suggests an underlying issue. In response, GP practices have been asked to conduct systematic vaccination record checks, improve patient registration processes, and proactively recall children to ensure they receive all age-appropriate immunisations. The reasons for this decline are being investigated in collaboration with NHSE London (responsible commissioner of the routine vaccination programme).
Heart health - % of people with high blood pressure treated to target	Q2 24/25	80%	64.8%	64.5%	64.1%	62.2%	63.4%	64.0%	66.3%	66.8%			The methodology used by CVD Prevent to calculate this metric changed in June 2024 which is impacting the performance shown in the data, when comparing 24/25 with earlier data periods
Cancer - % of cancers diagnosed at stage 1 and 2	Q2 24/25	75%	N/a	N/a	N/a	N/a	N/a	59.7%	59.4%	59.8%			Q2 data has been likely impacted by a case ascertainment issue at UCLH in June/July, particularly concerning Breast and Prostate cases (which are tumours with high rates of early diagnosis) which we think is resulting in under-reporting of early diagnosis. This should be rectified when Q2 rapid registration data is refreshed in Q3 – M6 data indicates a slight performance recovery. The Cancer Alliance is working on an early diagnosis strategy, closely aligned with the Core Metrics deep dive work to drive improved performance in early diagnosis
Mental health - % of people with SMI having annual physical health check	Q3 24/25	69%	62.0%	59.1%	64.3%	58.4%	55.9%	60.1%	N/a	N/a			
Avoidable admissions - ISR of unplanned hospitalisation for chronic ambulatory care sensitive conditions* per 100,000 population	Q3 24/25	Lower = Better	132.6	126.7	159.3	162.9	178.5	152.0	123.1	163.6			
Employment - Proportion of working-age 16+ people reporting long-term (12+ mth) health conditions in employment	Oct-23–Sept-24	Higher = better	49.4%	41.6%	43.2%	59.8%	55.9%	49.4%	54.5%	49.2%			
Tobacco dependence - Number of four week quits	Apr-Sept 24	Higher = Better	271	345	n/a	320	435	1,371	N/a	N/a			Enfield's new smoking cessation service started delivery in January 2025. Activity should be reflected in Q4 data.

*These include, for example diabetes, convulsions and epilepsy, COPD and asthma and high blood pressure

Note the sparkline (graphs) show the trend in data points across time. They use a consistent format across different metrics irrespective of the size of the difference between points across different metrics. This results in an exaggeration of the difference over time for some metrics so it is meant to be indicative. The last 4 data points may include a Q4 value for some metrics, where there is an normal trend to be higher at end of year and lower at start of year, building over time

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Next steps

Next steps

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- We will continue to drive delivery across our priorities, ensuring to track progress and impact via quarterly reporting to the Population Health and Health Inequalities Steering Group, the NCL Outcomes Framework, and the core metrics.
- The Delivery Plan will need to be fully revised once the 10 Year Health Plan has been published; aligning to the policy direction from national government and NHS England, the 10 year plan is expected to provide additional detail on ICB's role as strategic commissioners.
- In response to existing developments and guidance, the NCL ICB has set three objectives that will support its strategic commissioning approach and allow it to meet the mission of the Population Health and Integrated Care Strategy.

The priorities within the Delivery Plan will support and reinforce focus on the ICB's **three organisational pillars**:

1. Knowing our population – better understanding of the lives of our residents through data, insight and dialogue. Working with residents to coproduce and deliver solutions

2. Strategic commissioning – planning, investing and contracting coherently to drive out value, support integration, reduce inequalities & improve lives now and in the future

3. Neighbourhood delivery – better support those with multiple and complex needs, supporting teams to work in a proactive way via a social model of health and wellbeing, that optimises new partnerships with individuals and communities

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Case studies of progress

Start Well case study: addressing inequalities in maternity care

What the Lavender Team does

- The Lavender Team provides community midwifery support to women and pregnant people during pregnancy, birth and beyond.
- Based at the Triangle Children's Centre and Family Hub, they provide support for people booked in through North Middlesex University Hospital living in the N15 and N17 postcodes.
- The team of 10 midwives, most of whom are racialised as Black, is led by Felicia Thompson.
- The N15 and N17 postcodes have high levels of deprivation. Many women and pregnant people in these areas are racialised as Black.
- Patients presenting to the Lavender Team with mental health challenges are referred on to a specialist mental health service - the Magnolia Team.

The issues they were facing

- Some midwives in the team had little awareness of the challenges faced specifically by Black women, particularly mental health challenges.
- Midwives found it challenging to have meaningful conversations about mental health within the time constraints of a standard appointment.
- Midwives weren't always sure how and when to start conversations about mental health, and at what point in the appointment to ask specific questions.
- Women and pregnant people don't always disclose their mental health challenges – there are numerous barriers including language and whether or not a partner is present.

What we have done

- Embedded team leader Felicia in the Learning and Action Network, an innovative peer-to-peer programme focused on addressing inequalities in maternity care for people from Black, Asian and other ethnic minority backgrounds. Felicia also attended a dedicated learning event in Manchester.
- Visited the Lavender Team on-site to talk to them about the project.
- Developed information about the project to be shared with Black patients when asking them to be involved.
- Observed a clinic to understand how conversations about mental health were taking place.
- Worked with specialists from perinatal mental health services to develop a crib sheet to support conversations about mental health during appointments.
- Signposted non-English speaking women and pregnant people to parent education classes in their native language.

The impact to date

Involvement in the project has led to increased awareness within the Lavender Team.

"It was a big eye opener for me. I realised I needed to look into this more and dig a little deeper."

Staff are enthusiastic about the project and using the crib sheet.
It has become part of their booking tools and particularly helpful in supporting the development of newly qualified midwives. Student midwives and healthcare support workers ask questions before patients come into an appointment – making the best use of time available.

A survey of six members of the Lavender Team indicated the crib sheet:
- Increased midwives' confidence asking about mental health.
- May increase the confidence of women and pregnant people discussing their mental health.
- Helped midwives identify mental health issues.
- Helped to make sure referrals were more appropriate. 100% of staff surveyed would recommend the crib sheet to others.

Talking to patients about the project has opened up wider conversations about the issues impacting Black women and their mental health.
Patients have been interested and engaged. Conversations highlighted the impact of social and cultural issues on mental health - such as immigration status, religion and perceived stigma around mental health challenges.

Additional support and choice have been provided for patients.
Increased staff awareness means they take more time to focus on what patients need, and the options available. Women feel valued and listened to. Those with language barriers are supported to access parent education classes in their first language.

You would never see a woman and not test her urine sample. So why would you miss an opportunity to ask her how she's doing emotionally and mentally?"
Felicia Thompson, Lavender Team Leader

Next steps

- Test a simplified crib sheet that takes less time to complete.
- Test using the crib sheet:
  - as a training aid for newly qualified midwives.
  - with other teams, including outside of N15 and N17 postcodes.
- Consider testing a form women can self-complete about their mental health ahead of their appointment.
- Consider testing longer appointments for Black women to allow more time to talk about mental health.
- Signpost women and pregnant women across NCL to parent education classes in their first language.

Live Well case study: Universal Care Plan (UCP) for people experiencing homelessness

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People experiencing homelessness have a traumatic journey to and through their homelessness journey; a story one often doesn't want to repeat. The London Universal Care Plan (UCP) is a **dynamic, integrated, digital** care planning tool, **accessible to all health and care professionals across London including voluntary care sectors** who directly care or provide a service for someone.

The UCP personal care and support plan was launched in January 2025, with all NCL local authority and NHS providers having data compliance agreements in place. Colleagues from across London working in homelessness services were members of the design development team for the new UCP support plan. Use includes ability for the individual to record "what matters to me", end of life wishes, key professionals such as housing officer contact details and symptom management plans.

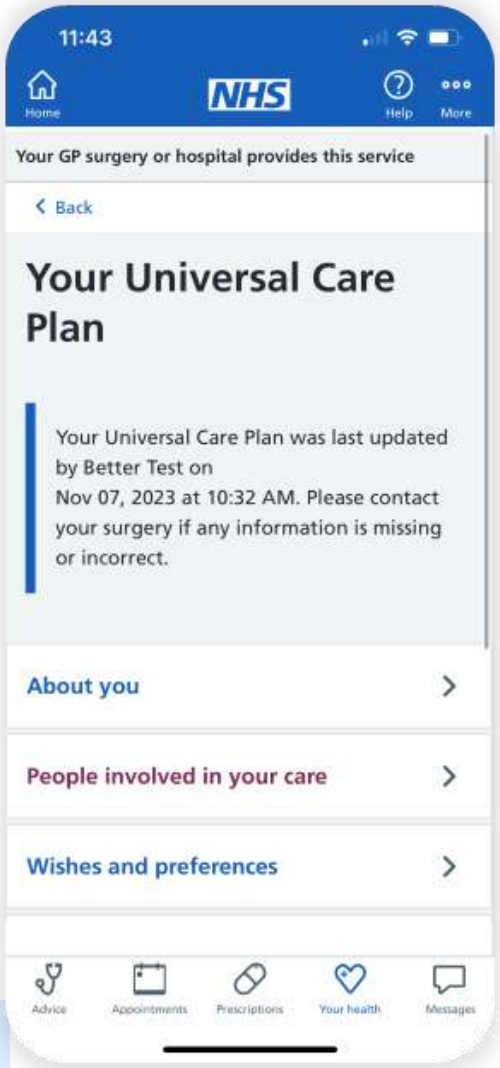
Benefits of a UCP:

- The individual themself also has access to their UCP.
- Decreases the need for the person repeating their story to multiple individuals/organisations.
- Has the potential to decrease trauma triggering and distressing questions.
- Allows the individual to have an opportunity to speak for themselves, having control and choice for their care and support.
- Provides a mechanism to create a single version of the truth across health, social care and VCS organisations.
- The recorded information creates an insights-driven approach through increased communication.

Impact:

- People experiencing homeless can be pan-London transient. The tool allows for organisations across geographical boundaries to flag key asks, and link services e.g. Find n Treat regional services can alert if client is found to contact their service for hep c positive treatment.
- Increased interoperability and joint coordinated care between organisations across all care settings and geographical locations.
- Improved access to patient information across the NHS to ensure health staff are informed of what matters to the person (including preference for care, personal network and support).
- UCP supports finding and linking a person to existing health and care services. E.g.,

Case X conveyed by London Ambulance Service to a hospital emergency department (ED). Upon reading the UCP the paramedic contacted the community homeless outreach nurse. The health and care community team were able to support the client away from ED back to hostel and continue with health and care treatment. The client had been missing and was due to be reported as a missing person which was no longer required.



Age Well case study: Simulation training for adult social care staff

North Central London Health and Care
Integrated Care System

Identified challenge:

- Rate of catheter associated infections
- Existing training was not tailored to meet the increasing complex care needs of residents

Outputs:

- North Central London Integrated Care Board worked with Middlesex University and adult social care to co-produce bespoke training programmes, using the university's simulation centre. This allowed the learning environment to mirror ASC settings.
- To further enhance the realism of the learning experiences, lived ambassadors (residents) were involved in the development of the training and professional actors used in the facilitation.

Outcomes

- The results have been transformative – adult social care nurses gained increased confidence, residents benefitted from improved care, and catheter-associated infections have significantly reduced by up to 80%.

ICB's role:

- It would have been difficult to develop the specific training without the ICB. The team was instrumental in identifying the need and co-producing the tailored solution (liaising with providers, care recipients and carers) and following up with the care providers to ensure adoption.

iese Awards GOLD Winner 2025
The Public Sector Transformation Awards

Levers for Change case study: Mental Health Arts and Sports

Project to support school age children & young people (CYP) with significant MH and wellbeing issues via arts & sports

Aims

- **VCSE project** working with Haringey schools & MH services to support children with significant mental health issues to::
  - Engage with & mentor children & young people to provide opportunities for sports, arts & other community services
  - Improve engagement with statutory services
  - Improve their mental health and well-being
  - Improve short-term & longer-term life chances, e.g. school attendance, educational attainments & self-actualisation

Who's Uses the Service, its Community Reach & Its Costs

Characteristic	Number
No. Project Participants to end Oct-23	532 CYP+95 Adts
- % on SEND	30%
- % a) depression; b) High emotional difficulty	a) 77%; b) 57%
- % in 20% Most Deprived Areas	73%
- % non-White British	74%
IF Annual Spend / Unit Cost Per CYP	£250k / £270 pp
Community 'Reach': Participants as Est. % of Relevant CYP Popn with MH issues. in 20% Deprived Areas	**c. 20%** of all children 5-16 with MH issues in area

- Partners include LBH, primary care, MH services, schools & VCSE

* Based on calculations of compendium of healthcare costs from and updated to 2023 from: Suhrcke, M., Pillas, D., & Selai, C. (2008). Economic aspects of mental health in children and adolescents, WHO and Clark, AF et al (2005) Children with Complex MH Problems, Needs, Costs & Predictors over Year.

Results and Impact

- **82% participants** with made progress v. outcome goals
- **77%** had moderate/severe depression & **86%** improved
- **70%** had improved education/training attendance

- Focus to ensure children & young people can help themselves:
  - **81%** had improved self-care
  - **71%** had improved their independence
  - **63%** reduced risky behaviours, including substance misuse

- **Est. NHS mitigation = £428k +** LBH mitigation* based on conservative estimate of 25% CYP diverted from statutory sector
- If so, **Positive net benefit (+£178k)** from investment in project

What Next?

- **Continue investment in project in 2024/25 –** potential to mainstream learning to MH services
- Further improve reach into community and increase number of participants engaged with projects

I was listened to. Before I felt alone, anxious and like I was in a dream world. Now things feel easier. I know now that what happened, was not my fault. I would recommend Open Door [VCSE lead] to other people highly. It has been a great help to me especially

I went from being suicidal to doing A-levels

Levers for Change case study: Research and Innovation

North Central London Health and Care

The Research & Innovation function has been building on the legal duties on ICBs around facilitation and promotion of research and the use of evidence to design, deliver and evaluate services.

The **ICB is in a unique position** to support research participation and delivery, especially in community settings, given its strategic commissioning role and close partnerships with communities. As such, the ICB has a crucial role to play in **working across our system partners** to ensure the benefits of research are felt across all our diverse communities.

Developed a **standardised evaluation framework** to use as a vehicle for research partner engagement, enabling the ICB to support wider evaluation activities across the region by acting as a 'pen-holder' in externally commissioned evaluations

Strengthened key relationships with academic partners including Applied Research Collaboration-North Thames who are hosting a part-time Fellow from the ICB and London School of Economics who are hosting an honorary Visiting Senior Fellow

Co-developed grant applications with research partners, including:

- Application for the NIHR Work & Health award. If successful, this will return £550k in Research Capacity Funding from NIHR.
- Working with ARC North Thames to apply for NIHR funding to support the evaluation of our Thriving Communities Zone & neighbourhood model
- Collaboration with London School of Economics Inequalities Institute to support a £5 million Wellcome Trust bid on using data science to develop qualitative insights into the experience of health & illness.

Partnering with UCL Partners Health Innovation Network to support a **commercial pilot study** of a weight loss app that will bring direct benefit to NCL population

Begun scoping conversations with colleagues to **leverage the London Secure Data Environment** to enable easier intersection with researchers and support for ICB-driven research

North Central London
Integrated Care Board

North Central London ICB
Board of Members Meeting
20 May 2025

Report Title	NCL Work and Health Strategy	**Date of report**	17 April 2025	**Agenda Item**	2.2
Lead Director / Manager	Sarah Morgan	**Email / Tel**		sarahlouise.morgan@nhs.net	
Board Member Sponsor	Sarah Morgan, Chief People Officer, NCL ICB				
Report Author	Dave Simmonds, Institute for Employment Studies Catherine Sills, Work Well Learning and Change Manager, NCL ICB	**Email / Tel**		Catherine.Sills2@nhs.net	
Name of Authorising Finance Lead	Not applicable.	**Summary of Financial Implications** Not applicable.			
Report Summary	This Work and Health Strategy aims to reduce economic inactivityby integrating work, skills and health services. This is a live document and will be updated as the Get London Working Strategy and the London Inclusive Talent Strategy are published. The intention is to develop system-wide approaches and services to help people with health conditions to either stay in employment or find a new job and/or work skills. The focus of the strategy will be to: • contribute to reducing economic inactivity due to disability and ill health by returning to pre-COVID levels • strive to help employees stay in employment • provide a seamless pathway to return to health and return to work • support individuals' goals to find a better job, improve skills and increase their income and well-being • reduce disadvantage in our communities and reduce health inequalities. To deliver real change we will focus our actions on three themes: • Helping a **return to work**: careers, jobs, and skills; and **keeping a job** • **Supporting Employers**: recruit, retain and train • **Accelerating Improvement**: information, integration and training.				

	The strategy provides a summary of: • comprehensive data confirming the rise in economic inactivity due to ill health. • the health, work and skills policy context • our ambitions for change • priorities and outcomes • a detailed action plan. We wish to thank the Institute of Employment Studies who led on the co-creation of the strategy with our partners across Local Authorities, VCSE, Primary Care, residents and employers.
Recommendation	The Work and Health Strategy was approved by the People Board as directionally correct on 28 April. The Greater London Authority has recently released guidance on requirements for a Get London Working Action Plan. The expectation is that we will need to align our draft work and health strategy with the action plan. The Board of Members is asked to **APPROVE** this strategy with the expectation that it will be a live document that will be refined as the Get London Working action plans are developed.
Identified Risks and Risk Management Actions	Not applicable.
Conflicts of Interest	Not applicable.
Resource Implications	Not applicable.
Engagement	Extensive Engagement with system partners through: • Over 25 Individual interviews with partner organisations • Partnership Workshops held on 4 March and 26 March 2025 to review and gather feedback on the draft strategy.
Equality Impact Analysis	EDI remains a key theme across all elements of the Work and Health Strategy
Report History and Key Decisions	The Work and Health Strategy was presented to the People Board on 28 April 2025 and approved as directionally correct.
Next Steps	We will make further amendments to the action plan as the role of ICBs crystallises and the Government Growth Mission and accompanying London Growth Plan are also published. The final version will be graphic designed and translated into an accessible format ahead of publication.
Appendices	Not applicable.

North Central London Health and Care
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Final Draft

NCL Work & Health Strategy 2025-28

Return to health
Return to work

May 2025

Executive Summary

North Central London Health and Care
Integrated Care System

This Work & Health Strategy aims to reduce economic inactivity by integrating work, skills and health services. The intention is to develop system-wide approaches and services to help people with health conditions to either stay in employment or find a new job and/or work skills.

People with health conditions who are out of work have complex and diverse needs. Joining-up services has been difficult because of the lack of integration between the work and health systems. So listening to the voices of people with disabilities and health conditions will be a priority in delivering all the actions of this strategy.

People not looking for work (the 'economic inactive') who have a disability or health condition have increased in the North Central London (NCL) area by 30% since 2019. The COVID pandemic will be one reason for this increase but there is a range of inter-connected reasons which need tackling at all levels of the health and work systems.

A new approach

This is the first NCL Work & Health strategy, as such it is the start of a journey. NCL ICB is one of fifteen vanguard areas in England that are leading the way, and we are doing this together with our local partners.

The challenge is to encourage the employability and health systems to work better together. The 'employability system' is multi-faceted and there is a complex range of work and skills provision that can help people improve their employability. However, this complexity often means people need help to find the best pathway back to work and increased well-being.

Our ambition

"**…**to integrate work, skills and health services in our communities to help people return to health, keep their jobs and find new jobs. Together with our partners we will reduce the numbers of people who are out of work because of long-term health conditions."

To achieve this our aims will be to:

- contribute to reducing economic inactivity due to disability and ill health by returning to pre-COVID levels
- strive to help employees stay in employment
- provide a seamless pathway to return to health and return to work
- support individuals' goals to find a better job, improve skills and increase their income and well-being
- reduce disadvantage in our communities and reduce health inequalities.

To deliver real change we will focus our actions on three themes:

- Helping a return to work: careers, jobs, and skills; and keeping a job
- Supporting Employers: recruit, retain and train
- Accelerating Improvement: information, integration and training

Executive Summary (2)

North Central London Health and Care
Integrated Care System

To help people **stay in or return to work**:

- we want health professionals to 'ask the work question' in the right way and at the right time
- develop a comprehensive advice and support offer with a single referral route for those with a long-term health condition who are out of work
- encourage high quality and effective support for ill-health prevention, workplace adjustments and job searching, also focused on reducing health and employment inequalities.

Supporting all local employers will involve:

- exploring how we integrating services into a cohesive Healthy Employer offer
- increasing the take-up by employers of existing services and improve their impact
- encourage employers to recruit and employ people with disabilities and health conditions, particularly young people

How we improve will mean:

- improving our understanding of the capacity in both systems to help people back to work
- encouraging a system-wide approach to upskilling staff
- improving the logistics of recording and analysing employment status data within both systems.

Our focus will be on actions that will have the most impact in the short-term. Other actions will require more consideration and feasibility testing. The proposed priorities for action are:

- **People priorities:** 1) young people 16-24 and those over 50 years old with any health condition; 2) people in employment with a health condition at risk of losing their job.
- **Service priorities:** provision mapping for referrals; enhanced pathways in the high demand services of MSK and MH
- **Employer priorities:** action a pilot Disability Confident Plus model; expand the number of opportunities available to young people
- **Area priorities:** pilot a focus on employability in selected neighbourhoods with high levels of economic inactivity as part of developing the NCL Neighbourhood Model
- **Feasibility:** outline business cases for an advice and support offer to individuals and the Healthy Employer offer.

Next steps with partners

Reducing economic inactivity due to long-term health conditions will involve a wide range of changes over the coming years in the health, employment and welfare systems. Our next steps will be to commence a programme of listening to users and to agree with our partners a phased action plan for 2025-28. We will evaluate our progress and renew the Work & Health Strategy in 2028 in line with the NCL Population Health and Integrated Care Strategy.

North Central London Health and Care
Integrated Care System

Our context

“WorkWell will be part of our mission to help people live healthy, fulfilling lives and having rewarding careers, because prevention is better than cure.”

Wes Streeting MP, Secretary of State Health and Social Care, November 2024

“Our plan to Get Britain Working sets us on a path to bring down economic inactivity levels and takes the first steps to delivering our long-term ambition to achieve an 80% employment rate.”

Joint Ministerial Forward to Get Britain Working White Paper, November 2024

The rise in economic inactivity due to ill health

North Central London Health and Care Integrated Care System

Ill health has been the **biggest factor in the rise of economic inactivity** since the start of the pandemic, and it has become the most **common reason for economic inactivity.**

In England, between 2019 to 2023, the number of people with a health condition and economically inactive increased by 546,000 people, an increase of 27%. **In NCL the increase was 42,000 people or 29%,** slightly more than the England average.

Research has shown that good work has a **positive effect on physical and mental health**, while unemployment and long-term sickness often have a harmful impact. This is why we need **an ambition to help people live healthy working lives** and have rewarding jobs and careers.

To reduce economic inactivity we need to bring together the support individuals need – we need an **integrated systems approach** between health and employment systems.

How NCL and partners are helping:

- delivering **WorkWell,** early-intervention to help disabled people and people with health conditions to stay in or return to work. (with 17 other ICBs)
- from 2025, delivering the new **Connect to Work** to help people with health conditions and people with complex barriers to employment, to find sustainable work
- developing local **Get Britain Working Plans**
- trialling innovative ways to **treat MSK conditions** (with other 17 ICBs)
- expanding access to **Individual Placement and Support** (IPS) for severe mental illness (all areas)

See Annex 1 for NCL data on economic inactivity.

Our policy context

At the local level our Work & Health Strategy will need to be consistent with:

- NCL Population Health and Integrated Care Strategy 2023-2028
- NCL Population Health Outcomes Framework
- working with our Voluntary, Community and Social Enterprise Sector Strategy
- relevant local authority strategies and plans.

At the national level we will take into account:

- Get Britain Working White Paper, DWP & DHSC, November 2024
- An NHS Fit for the Future, especially the shift to prevention
- Pathways to Work Green Paper, DWP, March 2025
- Keep Britain Working Review, DWP, March 2025
- The DWP/DfE Youth Guarantee of jobs or training

There is an increased recognition of the issues by the health professions in the **2025 Healthcare Professionals' Consensus Statement for action on health and work**

North Central London Health and Care Integrated Care System

Royal College of Nursing The voice of nursing

Academy of Medical Royal Colleges

ahpf

The statement says:

"In addition to asking patients what they do for work, and how they are managing it, healthcare professionals may support people in their work as an integral part of patient care pathways." (see Annex 3 for full statement)

Shaping the strategy: users, employers and stakeholders

The lived experiences of people using advice, support and rehabilitation services need to be heard when designing or reforming services. Listening to employers will provide insights on retaining and recruiting staff with a health condition. Similarly, hearing the experiences of stakeholders in the health (especially in primary care) and the employability systems will be necessary.

In the development of this strategy **we will listen to the voices of users, employers, stakeholders and voluntary and community organisations.** We will engage users in the co-design of new initiatives and ensure the NCL community panel are asked their views on employment support.

What can data tell us?

There are a number of data sources that can inform the strategy (see Note below) and Annex 1 includes detailed charts and data tables. NB. dates for data vary but are the most recent available up to January 2025.

The key facts to highlight are:

- in NCL, the employment rate for **non-disabled people aged 16-64 is 79%**, compared to **50% for people with disabilities –** a gap of 28.7 percentage points
- in NCL in 2024 there were around **63,100 economically inactive people with long-term health conditions,** compared to 54,600 in 2019
- if economic inactivity in NCL reduced to its previous March 2020 low this could mean **6,834 more people with health conditions in work**
- around **35,000 people** (22%) who are economically inactive **say they want work;** this is slightly higher than London and England rates; there are significant differences in the rate between Boroughs
- together **mental health and MSK account for around 50%;** in NCL there will be around 15,000 with mental health conditions and 14,000 with MSK

Notes:
- **Data reliability and usage**: there are complexities due to definitions and time-periods; in addition, recent Labour Force Survey (LFS) estimates have been volatile, resulting from smaller achieved sample sizes, meaning that estimates of change should be treated with additional caution
- All figures for economic inactivity have **excluded students**, unless otherwise stated; all are **working age 16-64** unless otherwise stated
- Percentages are rounded to nearest whole number

- economic inactivity is more common in the south and east of NCL; disadvantages *within* Council areas are greater than those *between* them
- of those with ill-health and economically inactive, one-third are **aged 50-64**; however, **young people** have seen significant increases since the pandemic
- **women have significantly higher** rates of economic inactivity compared to men;
- for **ethnic groups** both 'Black and Black British' and 'mixed or multiple ethnic groups' are significantly higher than the NCL average
- **Talking Therapies**: 54.5% are employed, 14.5% are unemployed and 17% are not seeking work.
- there are significant differences for users of **Mental Health Service:** only 31% are employed, 21.5% are unemployed and 42% are not seeking work
- in NCL **75,413 people are claiming Universal Credit** and have no (or limited) requirements to search for work; this is 39% of all those claiming UC
- applying DWP estimates to NCL, there will be around **20,800 people on waiting lists** who are economic inactive with health conditions

Key lessons from the data

There are five key lessons:

1. in the NCL area it should be **feasible to return to the pre-covid low** for the numbers of economically inactive people with health conditions, which would mean **around 7,000 more people in work**
2. the data shows this is an **extremely diverse group** with many combinations of health conditions, personal circumstances and levels of employability
3. the different **age groups** will need distinct policies and interventions
4. to reduce disadvantage and inequalities the strategy will need to work effectively in **neighbourhoods** with high numbers of economic inactive people
5. to narrow the **employment rate gap** with non-disabled people the strategy needs to help people retain employment

These imply we need to build a **system capable of personalising a seamless journey** for both health care and employability support.

In this strategy we want to take steps towards this system and **target our available resources** where we can have the most impact. At the same time, we will include priorities at the Borough and neighbourhood levels.

The **Office for Budget Responsibility (2023)** highlights the post-pandemic rise has been pronounced among those who:

- are **relatively low skilled**, those with either no qualifications or qualifications at A-level and below accounting for three-quarters of the total long-term sick inactive population
- have **previously worked in lower-paid**, customer-facing service industries and occupations,
- are **older, with those aged 50 to 64** accounting for around half of the post-pandemic increase in health-related inactivity,
- are suffering from **mental health problems** or other unspecified conditions, which together account for around half of the total rise in health-related inactivity since the pandemic

We know that priorities will change in response to economic conditions and health events, such as pandemics. We will need to **review and agree NCL-level priorities** on a regular basis.

Charting provision across partners

North Central London Health and Care
Integrated Care System

By 'provision' we mean any staff capacity in either the health or work and skills systems which help people with a health condition to stay in work or find a job. Staff may work in: NHS teams across the ICS; Jobcentres; DWP contractors; Further and Higher Education; and voluntary and community organisations.

Key aspects of the provision infra-structure are:

- they are funded by multiple organisations in both the health and employability systems
- services operate at different and often overlapping geographical levels
- eligibility is varied and can be difficult to navigate
- funded and commissioned in different ways and for different lengths of time
- Public, VCSE and private sectors operate in both systems.

There have been initiatives at the national and local levels to chart the supply of provision e.g. DWP District Provision Tool. Most have suffered from: 1) a lack of consistent resources to be up-to-date; 2) insufficient detail to be useful for referrals.

However, a comprehensive understanding of support is needed so that:

- individuals can view information on-line and self-refer (where possible)
- all health professionals, Advisors and Work Coaches can make referrals
- commissioners can understand the dynamics of supply and demand for services
- there are clear channels for referrals to provision within the neighbourhood
- the Voluntary and Community Sector are fully included as providers of support

A starting point will be a **detailed audit of provision** in NCL, initially with a pilot at neighbourhood level. Collaboration across partners will be essential and lessons can be learned from existing provision databases. Digital and AI solutions should also be explored.

"There is no single point of contact (as exists in countries such as the Netherlands) to help a benefit claimant overcome obstacles, both in terms of health and employment, so they might return to work. Consequently, claimants can **find themselves lost in a maze of government initiatives** and processes."
'

Economic inactivity: welfare and long-term sickness', House of Lords Economic Affairs Committee, January 2025

The following chart illustrates the range of health and employability services and programmes in the NCL area – in both the health and employability systems. Service users need support to navigate this complexity.

Which way back to work ...?

North Central London Health and Care
Integrated Care System

Work Well

Voluntary and charitable sector projects

Access to Work

Youth Hubs

GP Work & Health Coaches

Access to Work for Mental Health Support

Learning Support Apprentices

Musculoskeletal (MSK) Community Delivery Programme

Connect to Work

Shared Prosperity Fund projects

Occupational Therapy

Health & Wellbeing Coaches

SWAPS: Health & Social Care Academy

DWP Disability employment adviser

DWP Flexible Support Fund

Peer Support Workers

Vocational Rehabilitation

Occupational Health

Volunteers

DWP Restart

National Careers Advice

DWP Work Coaches

Self-employment Start up

Autism Work experience

Propel learning disabilities

Individual Placement & Support (IPS)

Social Prescribers

Supported Internships

Neuro Navigators

SEND support and advice

Citizens Advice

MSK Employment Advisors

Talking Therapies Employment Advisors

Youth Guarantee

Council support Eg. Good Work Camden; Haringey Works

North Central London Health and Care
Integrated Care System

Our Work & Health Ambitions

May 2025

Our Ambitions

North Central London Health and Care Integrated Care System

NCL Population Health and Integrated Care Strategy 2023-28

"As an integrated care partnership of health, care and voluntary sector services, our ambition is to work with residents of all ages in North Central London so they can have the best start in life, live more years in good physical and mental health in a sustainable environment, to age within a connected and supportive community and to have a dignified death. We want to achieve this ambition for everyone."

NCL ICS Improving Population Health in North Central London

"We want to reduce the impacts of wider social, economic and environmental factors on people's health and wellbeing. *Reduce unemployment and increase the number of people working in fulfilling employment.* Ensure people live in stable and healthy accommodation and are safer within the communities they live in."

Our Work & Health Strategy Ambition 2025-28

Our ambition is to help people live healthy, fulfilling working lives and have rewarding jobs and careers. We will integrate work, skills and health services in our communities to help people return to health, keep their jobs and find new jobs. Together with our partners we will reduce the numbers of people who are out of work because of long-term health conditions.

Our Work & Health aims for 2025 to 2028

North Central London Health and Care
Integrated Care System

We will:

1. help **reduce economic inactivity** due to disability and ill health and return to pre-covid levels of economic inactivity
2. strive to help **employees stay in employment** by providing improved and timely support for them and their employers
3. provide **a seamless pathway** to return to health and stay in or return to work, by collaborating and coordinating as partners
4. **support individuals' goals** at every step to find a better job, improve skills and increase their income and well-being
5. we will strive to **reduce disadvantage** in our communities and reduce health inequalities

Our objectives

North Central London Health and Care
Integrated Care System

1. For those who are **out of work** we will:
    1. strive to identify people out of work due to ill-health at the earliest opportunity and inform them of the support available to find a job, skills and other opportunities
    2. promote the value of good employment for people's health and well-being, and communicate this at all appropriate times in people's health journeys
    3. encourage the take-up of advice and employability support, and ensure people receive appropriate and personalised provision through a simple and accessible referral route
    4. co-ordinate with partners to ensure all work and health initiatives become a successful part of a seamless pathway of support
2. For those who are **in work** we will:
    1. promote good health in and outside the workplace as a preventative measure
    2. increase the number of people with health conditions who have a successful return to their previous job
    3. at the earliest opportunity, understand the impact an employee's health condition will have on their employment
    4. if appropriate, and with permission, communicate with their employer to plan the return to work
    5. offer support to employers to enable job adjustments and a workplace culture where people can thrive
    6. improve access to independent advice and Occupational Health to both the employee and employer; and improved advice and support for line managers.
3. We will develop our 'Live Well' **outcome indicators** to show how people's labour market status will improve
4. We will focus resources on **reducing health inequalities** by supporting those who are the most disadvantaged
5. We will **improve access to meaningful employment** and see this as a population health intervention
6. Our actions will be **informed by the voice of users** at all stages of the development and delivery of the strategy

Our principles

North Central London Health and Care
Integrated Care System

As a local partnership we are collectively signed up to and have a commitment to work to a common set of principles:

Personalise

- Services will be person centred – supporting people to address health, employment, skills and wider needs in a co-ordinated way.
- We will actively consult and engage with residents, especially those who are economically inactive and living with long term health conditions.

Partnership

- We will collaborate in the design of work and health services and ensure users are involved in co-design.
- Services will be accessible, place-based and engage all relevant partners.
- We will work together to reduce the complexity of work and health provision so that it's easier for users to navigate – we will share information between agencies by default.

Doing what works

- We will scale up and build on what is already working well.
- We will use and share data to inform our decisions.
- We will encourage a collaborative approach to research and evaluation, engaging partners and users.

Consistent

- We will bring a consistent approach across partners by linking to partners strategies, priorities and plans.
- The strategy will support the delivery of the NCL Population Health Outcomes Framework.
- We will bring a planned and phased approach to implementing our ambitions.

Outputs and outcomes

- Where possible we will be focused on measurable outcomes.
- We will focus provision to deliver outputs which will demonstrably reduce health inequalities and disadvantage.

‘I’ statements: saying what our services need to feel like

North Central London Health and Care Integrated Care System

A whole person

- I am treated as a whole person and you recognise how disempowering being ill is
- I am listened to and respected

Feeling empowered

- I have the support that I need to stay healthy, both physically and mentally, and to live as independently as possible
- I am supported by people who see me as a unique person with strengths, abilities and aspirations

Information on services, communication and navigation

- I have the information and advice that I need, when I need it and in a form that I can understand

Integrated care

- I tell my story once
- My care is coordinated across services
- When I move between services, settings or areas, there is a clear plan and the transition feels seamless

Your journey to health and well-being

“We’re with you”

We will apply the ‘I’ statements from the *NCL Population and Health Strategy*, especially recognising the impact on those individuals who are living on a low income and may not have a satisfying job. We will:

- engage with residents with health conditions on the support they need to continue working, find a job or training
- ensure service users can give their views on services and ideas for improvement
- ensure employment support is fully embedded in our personalised care system
- improve access to services and appointments by co-locating services in accessible places

Our three themes are…

North Central London Health and Care
Integrated Care System

Helping a return to work

Careers, jobs and skills

Keeping a job

Supporting Employers

Recruit, retain and train

Accelerating improvement

Information, integration and training

Focus on priorities

North Central London Health and Care
Integrated Care System

Helping a return to work

1. Messages about work, skills and well-being

2. An advice and support offer

3. Quality support for everyone

1. Messages about work, skills and well-being

North Central London Health and Care Integrated Care System

"Ask the work question – what do you do for work, how are you managing in work, and what may help you get back to work?"

2025 Healthcare Professionals' Consensus Statement for action on health and work

- We want to **'ask the work question' in the right way and at the right time**
- We want to show it is possible to **find work and new skills** and **improve health and well-being.**

We will plan to:

- explore how we embed conversations on careers, work and skills into the **Making Every Contact Count** (MECC) model
- ensure employment support is offered as an option for people attending **NCL Long Term Conditions** 'check and test' appointments
- explore how to embed employment support models **into integrated neighbourhood teams**, piloting approaches initially in two Boroughs
- **better understand** the characteristics, views and circumstances of different groups of economically inactive, such as young people and people over-50
- over time develop more **shared communications** with partners on information and advice for users.

What we can do now …

Co-design: between health users and health professionals produce guidelines and a toolkit on the most effective way to introduce and ask questions on career, skills and employment

Contact points: for work and skills conversations identify the key contact points for the Make Every Contact Count model

Clinical Pathways: develop guidelines to inform the design of Pathways to include careers, work, skills and well-being

Research: develop the use of available data, including on Fit Notes, and encourage research to inform the most effective messaging and channels.

2. An advice and support offer on work & skills

North Central London Health and Care
Integrated Care System

As partners we will **aim to develop a comprehensive advice and support offer with a single referral route** for those who have a long-term health condition and are out of work or at risk of losing their job.

There is a wide range of general and specialist provision to help people into work, and a key challenge is how we match people's health and their work and training needs. The current DWP funds for WorkWell end in June 2026, but Connect to Work is expected to start in all Boroughs by the end of 2025. As partners we will:

1. deliver and learn from **WorkWell** and use the lessons to inform Connect to Work and future initiatives
2. work together to make **Connect to Work** a valued and successful service
3. explore how we **improve referral processes** to provision for individuals across the systems
4. ensure Borough partnerships and our neighbourhood model will be core to **the delivery of any offer**
5. consider trialling the offer in work, skills and career conversations in the NCL long-term conditions model

With partners we want to:

- ensure people with long-term health conditions **can be offered support on work, skills and careers,** if they wish
- **Improve the referral process** between the systems
- **increase** the number of people who **retain their employment** – in their current job or a different one
- **reduce the number of economically inactive residents** due to long-term health conditions.
- recognise that **self-employment** can be a valued path for some people.

5. increase the knowledge and confidence of **health professionals in the referral process** to employability support
6. for people on low incomes, especially if claiming Universal Credit, recognise their **financial position** by enabling access to advice.

Our next step will be to work with stakeholders to agree a **sustainable referral pathway model** to employment support in each Borough. This needs to include as a minimum, engagement with users, local authorities, commissioners, job centres and clinicians.

3. Quality support for everyone and reducing inequalities

North Central London Health and Care
Integrated Care System

We want to encourage high quality and effective support, which will contribute to **reducing health and employment inequalities**.

To do this we will assess the adequacy of provision at all levels of need and whether provision is sufficiently targeted to reduce inequalities and take steps to address gaps. We will ensure **the resident voice** continues to inform the delivery of the strategy and action plan.

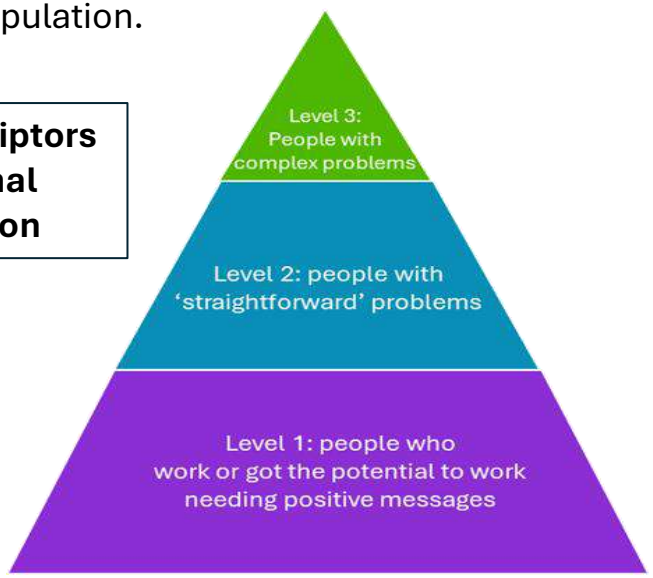
The current nature and volume of provision is decided by national, regional and local commissioners. However, there are common steps that partners can take to improve quality and effectiveness:

1. take note of evidence-based NICE Guidance on long-term sickness absence and capability to work
2. develop **common quality standards** for provision, including user satisfaction
3. consider whether a **shared-service approach** across the NCL area is appropriate for any work and health services (especially specialist provision)
4. Consider opportunities for **joint training across work and health** operational staff
5. review whether there is a **sufficient supply** of 'condition management' provision, especially in mental health and MSK provision
6. Develop **flexibility for service users** so that appointments and treatment fit with work hours and household responsibilities.

A focus for this strategy is the reduction of inequalities for people who are out of work and are disabled or have long-term health conditions. We will undertake an **Equality Impact Assessment** on the work and health provision identified as part of the referral pathway in each Borough, to explore the impact in terms of inclusivity and reducing key inequalities. The key inequalities that services and provision should address are:

- low levels of employment by people with disabilities
- the high levels of women who are economically inactive
- the ethnic groups 'Black and Black British' and 'mixed or multiple ethnic groups' who have high rates compared to NCL average
- neighbourhoods with high concentrations of the economically inactive population.

Level Descriptors for Vocational Rehabilitation



Source: Vocational Rehabilitation: BSRM brief guidance, British Society of Rehabilitation Medicine, 2021

Condition Management: healthcare interventions "that do not treat the underlying condition, but that focus on improving the likelihood of people being able to return to, or stay in, work." NICE 2019

North Central London Health and Care
Integrated Care System

Supporting employers

1. Services for employers

2. Best practice in recruiting and employing

1.1 Services for employers

North Central London Health and Care
Integrated Care System

As partners we want to encourage employers in the NCL area to **recruit and retain** people with disabilities and health conditions. To do this we want to:

- increase employers' access to advice
- improve the use of support services for employees
- encourage routeways to recruit people with disabilities, health conditions and complex needs
- focus on the benefits to employers.

We will work together as partners to plan and deliver relevant services to employers. Specifically, we will explore how to integrate services into an NCL ***Healthy Employer*** offer which would aim to:

1. increase the number of people who retain their employment – in their current job or a different one
2. Improve recruitment and reduce the employment gap for people with disabilities
3. be a comprehensive information hub and a centre of expertise for all employers
4. provide services which can directly support employees and employers.

What ***Healthy Employer*** could offer:

1. an improved Access to Work service planned jointly between DWP and NCL
2. a single point of contact for all line managers needing health-related advice and an information hub for employers of all sizes
3. access to Occupational Health services, especially for SMEs
4. employee support for mental health and well-being
5. employer support to enable job adjustments, flexible working and a positive workplace culture
6. a referral gateway for access to personalised support

Our next step will be to explore the feasibility and value of a ***Healthy Employer*** offer with our partners, in the context of London and national government policies. To do this we will: consult with employers and service users; listen to employers' views and concerns when promoting healthy working; use learning from WorkWell and DWP's Keep Britain Working review.

1.2 Services for employers: developing support

North Central London Health and Care Integrated Care System

We want to build on existing services for employers so that we can **increase take-up** and **improve impact**.

Nationally, the Government is consulting on the future of Access to Work in the **'Pathways to Work' Green Paper** and '**Keep Britain Working'** is an independent review for the Government of the role of employers in tackling health-based economic inactivity.

With our partners we will focus on services that are currently used or offered to employers, and which could form the building blocks of the *Healthy Employer* offer. The services are:

- Access to Work
- Occupational Health
- information and advice, including job adjustments
- Mental Health and Well-being
- recruitment and retention, specifically in the ICS.

To develop our plans we will work with employers, their representative bodies and with networks such as Camden's Inclusive Business Network.

Access to Work (AtW)
(both aids & adaptions and mental health)

Access to Work is DWP funding which can help you get or stay in work if you have a physical or mental health condition.
Partners believe that AtW is an important resource to help people stay in work, however AtW should be more responsive in delivering timely support. As part of planned DWP reforms, we will consider **options for involvement in national trials for revised Access to Work models, in line with Get Britain Working and Pathways to Work proposals.**
The aim is an improved service which would more directly involve disabled people and employers.

Access to Occupational Health services, especially for SMEs

The NHS, Councils and other large employers provide Occupational Health and Employee Assistance Programmes (EAPs). Improving OH delivery within the NCL ICS has been the subject of a review that sets out an ambitious transformation programme. **In discussion with small to medium sized employers**, explore methods of better supporting those employers so that they in turn can better support employees or future employees with a health condition or disability.

1.3 Services for employers: developing support

North Central London Health and Care Integrated Care System

Mental Health and Well-being

The 2022 **NICE guidelines on mental well-being at work** set out nine recommendations for local and regional plans. We will further explore examples of advice and interventions that employers, employment support programmes and NHS services are offering individuals around mental health and wellbeing, working across work and health to ensure a common understanding of the advice and interventions that are available for people. Ensure any identified gaps are strategically discussed to agree relevant actions.

Information and advice

There are organisations that already offer general advice to employers – there should be a rapid review of the best channels to reach employers.

The NCL OH review recognised "the need for greater support and tools for line managers" and this will be the case in most employers. We will work with local authorities, Federation of Small Businesses and other employer forums to **inform an agreed way of working with employers** across NCL.

Recruitment and retention in the ICS

Consider **current recruitment and retention practices** in health and social care roles across NCL, working with NLPSS, NHS trusts and health and care providers to examine what providers could do more on:

- providing support and flexibility to enable staff with disabilities and health conditions to remain in employment in the sector
- access and routeways to recruit people with disabilities, health conditions and complex needs
- improving the experience of staff with long-term conditions.

We will **explore areas of improvement** to better support recruitment and retention for people with a health condition and/or disability with the involvement of Trade Unions and professional bodies; and learning from other ICS's. Examples of issues that could be addressed are: 1. Recruitment processes; 2. Apprenticeship entry routes; 3. Outreach to jobs fairs and specialist recruitment pathways; 4. Increased use of supported employment and work experience; 5. job redesign and flexible working.

2. Best practice in recruiting and employing

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Our aim is to support and encourage employers to follow best practice in recruiting and employing people with disabilities and health conditions. This focus can contribute to the prevention of economic inactivity. The context for this over the coming period will also be affected by new employment rights legislation.

To support best practice we will:

1. **Increase the take-up of Disability Confident and the Disability Employment Charter**

- we will aim to increase the number of employers on each of the Disability Confident Levels
- using information from DWP, we will understand the number of employers in the NCL area who are Disability Confident registered (and at which Level) and ensure the NCL area has a leading proportion of employers who are signed-up
- we will commence the process to sign the Disability Employment Charter and promote it to other ICS employers

2. **Disability Confident Plus model**

- NCL will explore how we can test new ways to increase the impact and effectiveness of Disability Confident.
- working with partners, employers, expert advisors and DWP we will develop and pilot an enhanced scheme.

3. **Recruiting young people with disabilities and health conditions**

- for those in the Youth Guarantee (18-21 year olds), work with partners to expand the number of opportunities available to young people, such as supported internships and accessible apprenticeships
- In general promote to employers the benefits and pathways to recruit young people with disabilities and health conditions

4. **Leadership employers**

- co-ordinate a group of local employers who are strong and positive case studies of employing people with disabilities and long-term health conditions
- work with the Chambers of Commerce and other employer trade bodies to promote positive case studies.

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Accelerating improvement

1. Information and training

2. Focus on priorities and outcomes

1.1 Improving information

Employability support has evolved in separate service silos and is consequently complex both for users and service providers to understand and navigate. Develop **a shared understanding within each Borough of the key referral pathways** into employment support programmes and the experts within the Borough who can support signposting of individuals Digital and AI solutions can assist in simplifying the collation and dissemination of information, as well as in the advice and referral process.

The first steps to develop a more integrated and coherent system will be to:

- **understand the system** by identifying the type of existing provision and how it aligns with the employability needs of people with health problems
- build the **provision database** which will be the basic building block to an integrated system – both for referrals and to inform decisions on future initiatives
- organise an **NCL ICS Health & Work Summit** in 2026 as a vehicle to bring partners together from all levels of the systems
- establish effective **ways of working between frontline staff** in the work and health workforces; building on existing employment and health providers forums at Borough level and agreeing whether an NCL forum could add value and support
- develop **Work & Health Data Insights and Tools** in collaboration with Boroughs. Neighbourhood-level data will be important for informing local interventions.

Digital and AI

In this strategy the use of digital and AI needs to be a **cross-cutting theme**. For all actions the question will need to be asked:

“How can digital/AI help us deliver more timely personalised services and deliver increased productivity?”

For example, one study has estimated that applying AI tools to DWP processes can give a productivity gain of almost £1 billion a year. This includes introducing a ‘digital employment assistant’.

These issues will be included in the considerations of the planned London/NCL AI community of practice and the implementation of the NCL Digital Workforce Plan.

1.2 Improving training

Across the range of employability support there is a wide variation in the qualifications and training required by staff who are delivering employability services to the public. These are determined by professional bodies, contractual requirements and government standards.

Often this has been for good reason but with evolving health employability services it is the right time to explore how we can develop a workforce with more hybrid skills and knowledge.

Consequently we:

- are committed to encouraging a system-wide approach to **valuing and upskilling staff** providing rehabilitation, careers and jobseeking advice, and employability support in general
- **co-design a training programme** for employment support practitioners with local authorities, commissioners, job centres, clinicians and local providers to enable practitioners to increase confidence in holding work and health conversations
- NCL will work with relevant trade associations to encourage them to **pilot training programmes** for the workforce we will need in the future. Examples of associations are: Health Coaching Association; Institute for Employability Professionals; and Vocational Rehabilitation Association.

1.3 Improving integration

Local Get Britain Working (GBW) Plans

"The plans will be delivered … in partnership with the NHS, employers and the voluntary sector"

Alison McGovern MP, Minister for Employment, February 2025

ICB's will be required to approve local GBW Plans drawn up by local authorities. The plans that will cover the NCL area are an opportunity to set out **how this strategy can contribute** to each plan in reducing worklessness and boosting employment. We will:

- co-ordinate with local authority partners, the Greater London Authority and its subregional partnerships to ensure our **ambitions, services and initiatives are integrated** into Get North Central London Working plans.

Co-location

"… our borough partnerships will have permission to act to shape local services within the framework of our system."

NCL Population Health and Integrated Care Strategy

Building on previous work to share resources we shall:

- work closely with employment support providers in each Borough to explore feasible co-location options within health and/or integrated neighbourhood team settings.

1.4 Improving evidence

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Key problems

1. No consistent collection of employment status in health system.
2. Inconsistent completion of Fit Notes.
3. There is no tracking of who successfully maintains their job or returns to work.
4. We don't ask out-of-work people if they want to work.
5. There is insufficient sharing of data between systems.

> "Policy makers are having to operate in a fog of data"
>
> "…the DWP and the NHS must share and analyse health and benefits data in order to establish whether and how targeted intervention to cut NHS waiting lists could have a material impact in reducing labour market inactivity."
>
> *Economic inactivity: welfare and long-term sickness',* House of Lords Economic Affairs Committee, January 2025

Proposals

1. **Improved collection:** understanding and building the logistics for recording and analysing confidential employment status data
2. **Long-term conditions reviews:** in future reviews capture employment status and wider social and economic needs
3. **Improving analysis, the evidence base, and core metrics:** More access to primary care data in 2025 will allow linkages to other health datasets. Planned work to develop the **NCL core metric on employment** will give insights on the relationship between long term conditions and worklessness, and the population groups most affected in NCL.
4. **Work with local authority partners** to better understand how Borough-level and NCL-level **Work & Health Data Insights and Tools** can be regularly and consistently shared to support an evidence base
5. **Fit Notes: w**ork with the national Fit Note Policy team and local primary care colleagues to pilot work on supporting a more consistent and effective approach to the use of the Fit Note for supporting people back into work.

2025 Healthcare Professionals' Consensus Statement for action on health and work:
"Derive most value from the 'Fit Note' in primary care, hospitals and in the community, through training for health professionals, and utilising updated easy to use guidance."

2. Focus on priorities and outcomes

North Central London Health and Care
Integrated Care System

Priorities

We will agree with partners **a phased action plan for 2025-28.** We will prioritise groups and actions that will have the most short-term impact and fit with local Get Britain Working plans. Other actions that have financial implications, or are subject to wider reforms, will require more consideration and feasibility testing. The suggested priorities are:

- **People priorities:** 1) young people 16-24 and those over 50 years old with any health condition; 2) people in employment with a health condition at risk of losing their job.
- **Service priorities:** provision mapping for referrals; enhanced pathways in the high demand services of MSK and MH
- **Employer priorities:** action a pilot Disability Confident Plus model; expand the number of opportunities available to young people
- **Area priorities:** pilot a focus on employability in selected neighbourhoods with high levels of economic inactivity as part of developing the NCL Neighbourhood Model
- **Feasibility:** outline business cases for an advice and support offer to individuals and the Healthy Employer offer.

In all these actions, **listening to the voices of people with disabilities and health conditions** will be a priority.

Outcomes

We will develop and **agree common outcome measures** for this strategy. The aim will be to have SMART outcome measures (Specific, Measurable, Achievable, Relevant, Time-Bound) but recognise this may be constrained by data and the changing policy and financial context.

The outcomes need to align or be consistent with:

- NCL outcomes framework
- Public Health Outcomes Framework

The outcomes measures will be transparent using the public reporting mechanisms of each partner.

To ensure any contracted provision is outcome focused we shall encourage, across our partners, a common 'health and work' commissioning framework which will be outcome-driven and based on the principles of:

1. value both health and labour market outcomes
2. demonstrate progression by individuals, disadvantage groups and neighbourhoods
3. bringing wider social value.

See Annex 1 for examples of data points to report on regularly.

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Integrated Care System

Action Plan

May 2025

North Central London Health and Care
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Action Plan: Return to Work	Commence & Completion	Lead Partner
Messages about work and well-being		
• Explore the possibility of including employment in the Making Every Contact Count (MECC) model and ensuring employment support is offered as an option for people attending NCL Long Term Conditions 'check and test' appointments		
• Work with stakeholders to raise awareness of work as a health outcome and agree effective models of discussing career, skills and employment with residents, both in clinical and non-clinical settings		
• Explore how to embed employment support models into integrated neighbourhood teams, piloting approaches initially in 2 Boroughs		
An advice and support offer		
• Referral Pathways: work with stakeholders to agree a sustainable referral pathway model to employment support in each Borough, to enable residents to access the support that best meets their needs. This needs to include as a minimum, engagement with local authorities, commissioners, job centres and clinicians		
Quality support for everyone		
• Work with residents to better understand what people feel they need in terms of support to stay in and get into work, utilising this to shape the ongoing strategy action plan. Ensure the resident voice continues to inform the delivery of the strategy and action plan.		
• Consider opportunities for joint training across work and health operational staff		
• Undertake an Equality Impact Assessment on the work and health provision identified as part of the key referral pathway in each Borough, to explore the likelihood of impact in terms of inclusivity and reducing key inequalities		

Action Plan: Support employers	Commence & Completion	Lead Partner
Healthy Employer		
• Develop an NCL approach to working with employers, exploring options for the feasibility of joint ways of working across employment support programmes with employers and the potential development of a Healthy Employer Charter. This will need to include engagement with employers and residents.		
Access to Work:		
• Consider options for involvement in national trials for revised Access to Work models, in line with Get Britain Working and Pathways to Work proposals		
Occupational Health:		
• In discussion with small to medium sized employers, explore methods of better supporting those employers so that they in turn can better support employees or future employees with a health condition or disability		
Mental Health & Wellbeing		
• Further explore examples of advice and interventions that employers, employment support programmes and NHS services are offering individuals around mental health and wellbeing, working across work and health to ensure a common understanding of the advice and interventions that are available for people. Ensure any identified gaps are strategically discussed to agree relevant actions.		
Information and advice for employers		
• Work through local authorities, Federation of Small Businesses and other known local employer forums to inform an agreed way of working with employers across NCL.		
Retention and recruitment in the ICS		
• Consider current recruitment and retention practices into health and social care roles across NCL, working with NLPSS, NHS trusts and health and care providers. Explore areas of improvement to better support recruitment and retention for people with a health condition and/or disability.		
Best practice in recruiting and employing		
• Ensure the take-up of Disability Confident and local signatories to the Disability Employment Charter is incorporated within the development of any Health Employer Charter, to encourage an increase in commitment alongside discussing and agreeing what a Disability Confident Plus model could look like.		
• Identify methods of best supporting the emerging Youth Guarantee for young people with a health condition and/or disability.		

North Central London Health and Care
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Action Plan: Accelerating improvement	Commence & Completion	Lead Partner
Information		
• Develop a shared understanding within each Borough of the key referral pathways into employment support programmes and the experts within the Borough who can support signposting of individuals to local services to ensure biopsychosocial support into and in work.		
• Deliver an NCL ICS Health & Work Summit in 2026 to further engage partners across the system, reflect on progress and refresh the strategy and action plan accordingly		
• Encourage effective ways of working between frontline staff, building on existing employment and health providers forums at Borough level and agreeing whether an NCL forum could add value and support		
Training		
• Co-design a training programme for employment support practitioners with local authorities, commissioners, job centres, clinicians and local providers to enable practitioners to increase confidence in holding work and health conversations.		
Integration		
• Co-ordinate with local authority partners, the Greater London Authority and its subregional partnerships to ensure our ambitions, services and initiatives are integrated into Get North Central London Working plans		
• Work closely with employment support providers in each Borough to explore feasible co-location options within health and/or integrated neighbourhood team settings, alongside involvement in specific neighbourhood level training programmes to support integration.		
Improving Evidence		
• Work with local authority partners to better understand how Borough-level and NCL-level Work & Health Data Insights and Tools can be regularly and consistently shared to support an evidence base		
• Consider avenues of supporting the NHS to segment and target particular patient groups as appropriate to offer specific support – for example, invitations to Community Appointment Days		
• Work with the national Fit Note Policy team and local primary care colleagues to pilot work on supporting a more consistent and effective approach to the use of the Fit Note for supporting people back into work		
Focus on priorities and outcomes		
• agree with our partners a phased action plan for 2025-28.		

North Central London Health and Care
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Annex 1
Data Insight: labour market profile of NCL

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Integrated Care System

If someone is out of work, they may be ….

Unemployed

People who have been actively seeking work in the past four weeks and are available to start work in the next two weeks

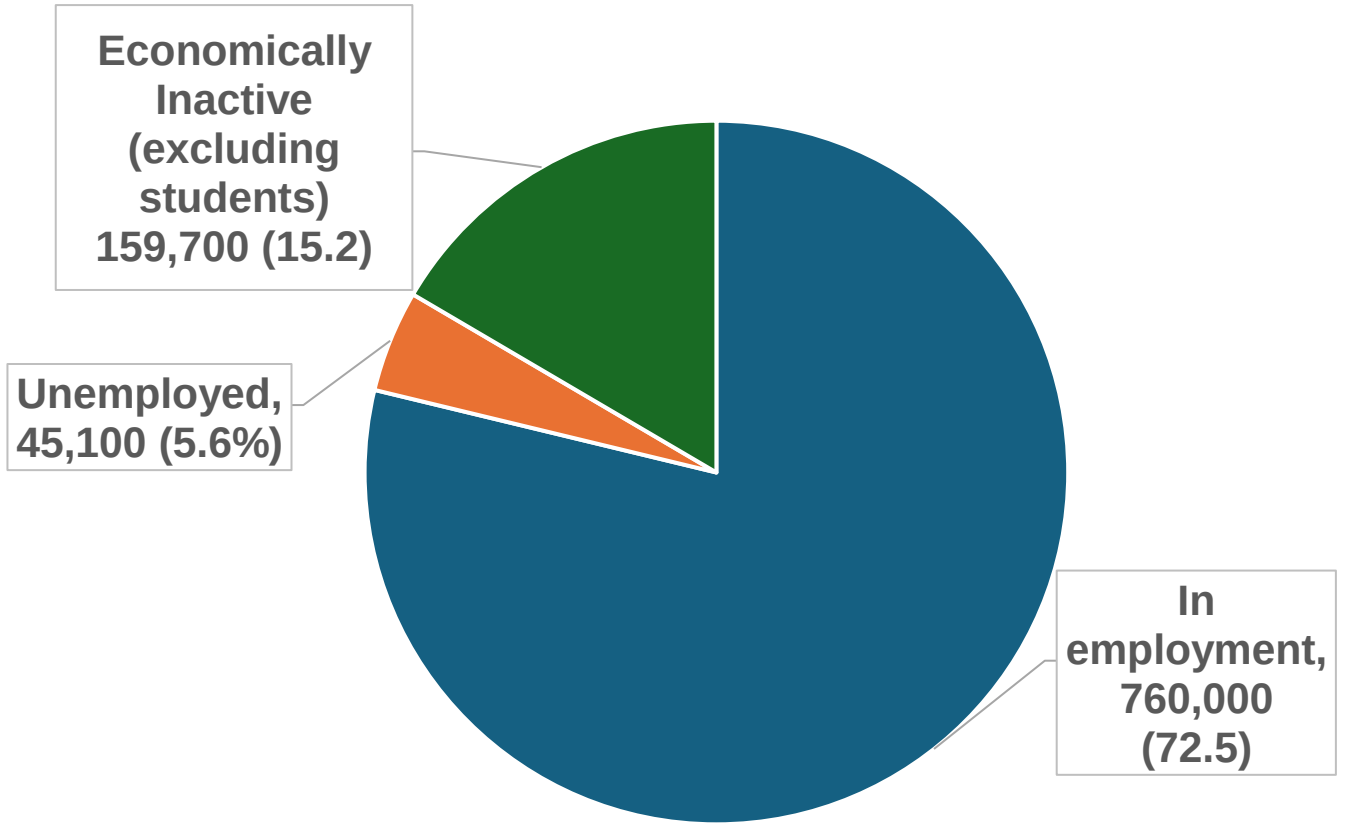
OR

Economically inactive

People not in employment who have not been seeking work within the last 4 weeks and/or are unable to start work within the next 2 weeks.

They may or may not be claiming welfare benefits

The composition of the NCL labour market



NB. All economic inactive data excludes students unless otherwise stated

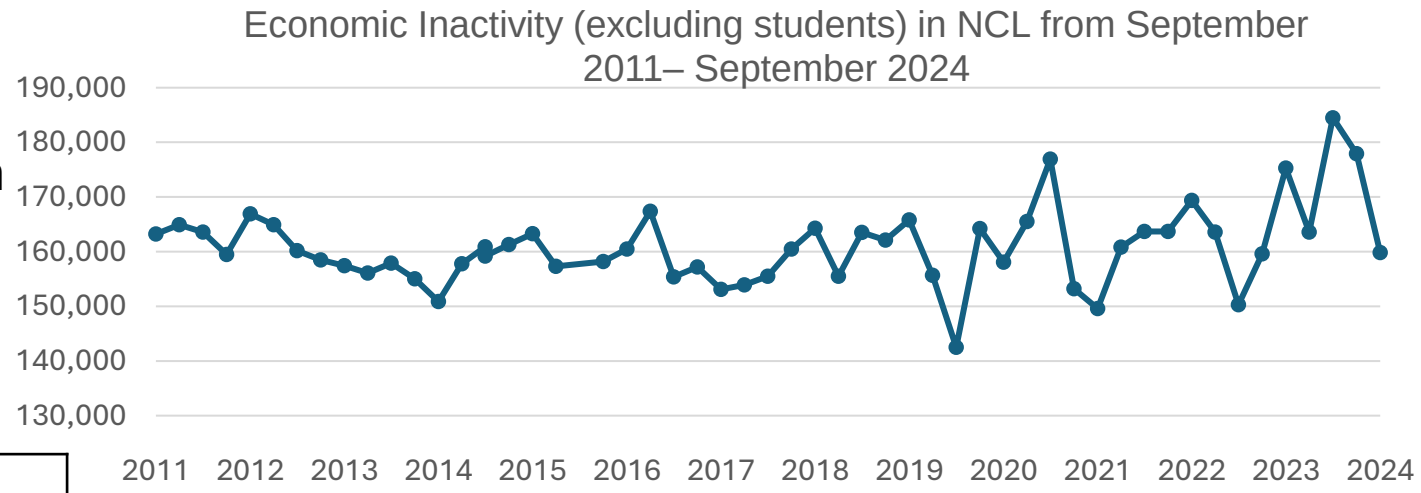
Focus on Economic Inactivity

(September 2024)

North Central London Health and Care Integrated Care System

In **NCL** the total number of working age (16-64) people who are economically inactive is **159,700** and in London the equivalent number is **819,500.**

NCL has **20%** of London's economic inactive population



Economic Inactivity (excluding students) – September 2024			
	Number	**% (excluding students)**	**Difference to NCL % (-/+)**
Barnet	45,500	17.5	+2.3
Camden	26,100	14.1	-1.1
Enfield	39,300	17.4	+2.2
Haringey	30,000	15.6	+0.4
Islington	18,800	10.1	-5.1
NCL	159,800	15.2	0
London	819,500	13.2	-2
England	5,436,900	15.4	+0.2

Source: APS, NOMIS, Date: September 2024

Area	**More in work if return to NCL lowest point (March 2020 – 142,500)**
Barnet	+11,700
Camden	+500
Enfield	+7,400
Haringey	+3,500
Islington	-6000
NCL	+17,300

- If economic inactivity in NCL reduced to its previous March 2020 low of 142,500, then there would be **17,300 more people active in the labour market**
- This could mean **6,834 more people with health conditions** active in the labour market

Reasons for Economic Inactivity

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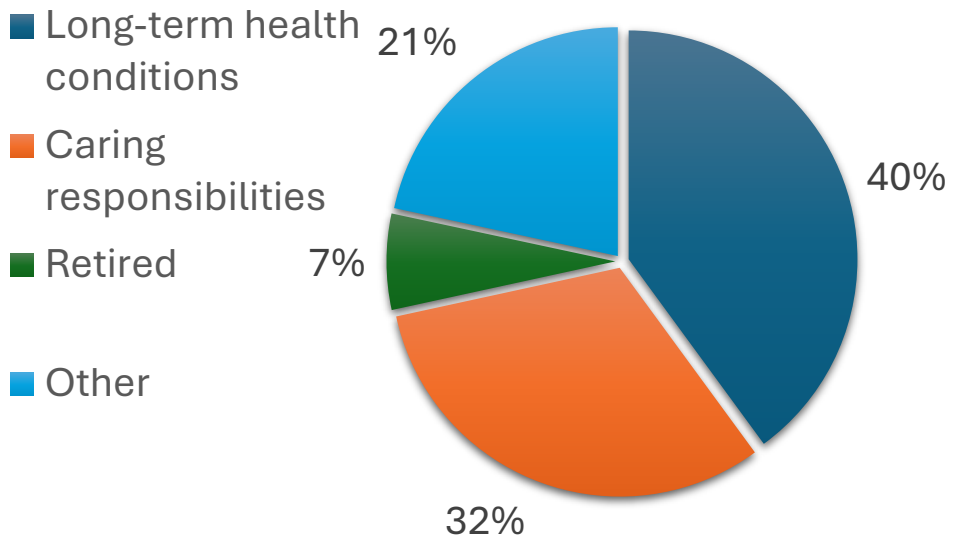
Other than being a student, people can be economically inactive for the following reasons:

- Long-term sick or disabled
- Caring responsibilities: looking after family/home
- Retired
- Other and discouraged workers



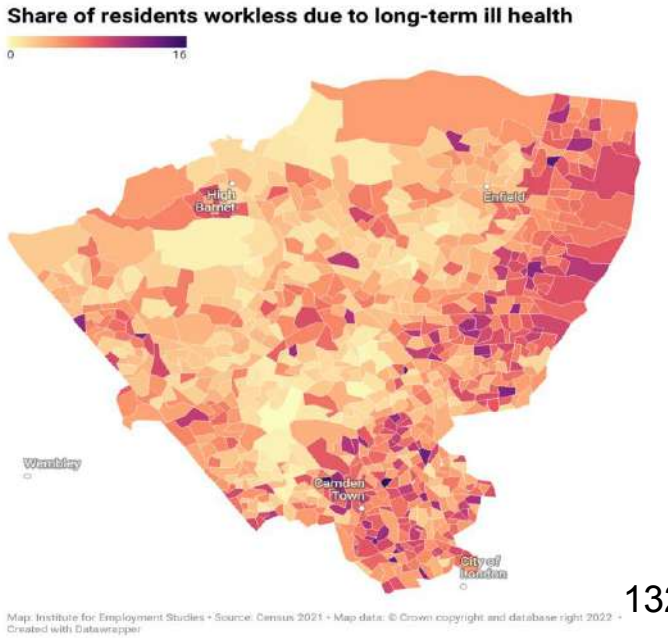
In NCL in 2024 there were around **63,100 people** who were economic inactive and had health conditions compared to **54,600** in 2019

September 2024 Reason for Economic Inactivity	NCL		London		England	
	Number	% of inactive (ex students)	Number	% of inactive (ex students)	Number	% of inactive (ex students)
Long-term health conditions	63,100	39.5	260,200	31.8	2,036,700	37.4
Caring responsibilities	50,000	31.3	277,600	33.9	1,419,000	26.1
Retired	10,800	6.7	93,600	11.4	947,000	17.4
Other	34,100	21.4	168,900	20.6	885,000	16.2
Total EI (ex students)	159,700	100	819,500	100	5,436,900	100

Source: APS, NOMIS, Date: September 2024

Significant spatial disadvantages within NCL

- Economic inactivity is more common in the south and east of the NCL area
- As many as one in six residents in parts of Camden, Islington and Enfield – among highest in London
- Significant areas of disadvantage in Barnet too
- Disadvantages within Council areas are greater than those between



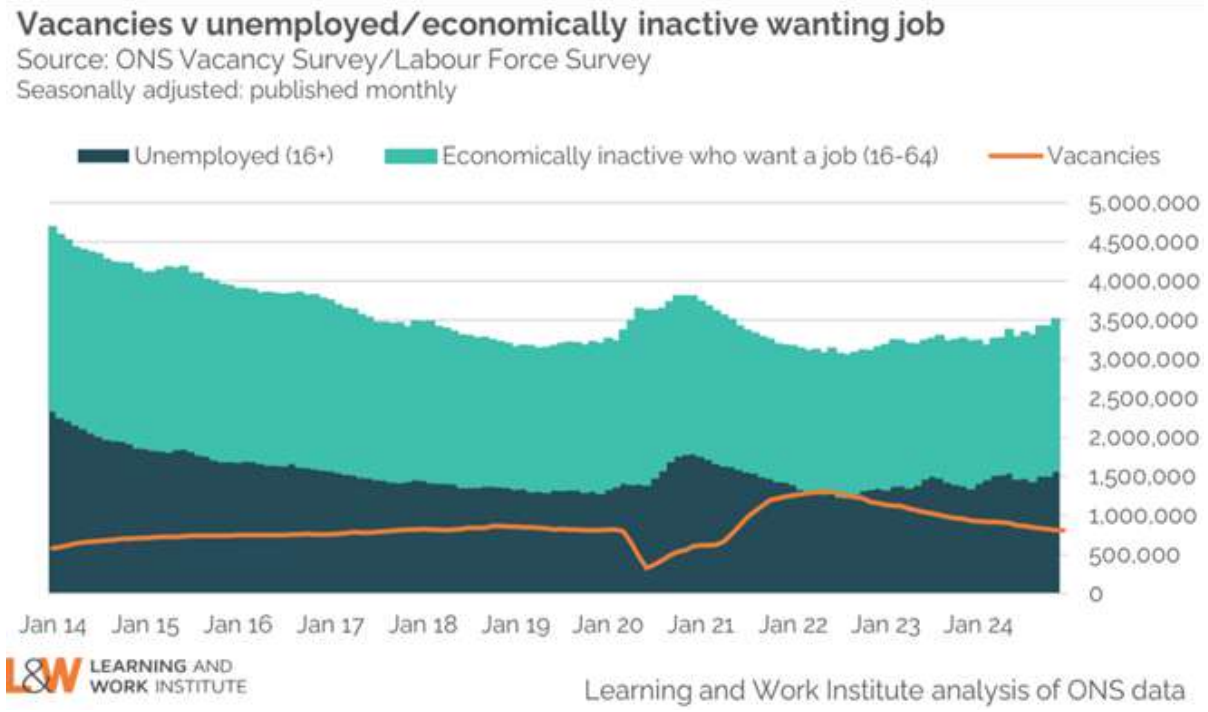
Some want to work ….

- In NCL **34,815** people who are economically inactive say they want work, as of September 2024.
- This group will be more motivated and open to ideas about next steps and more likely to lead to progressions
- Identifying who wants work can be difficult and more consideration will be needed on how to reach this group

When **filling vacancies** the ‘want work’ group can be comparable to the numbers of unemployed.

Area	Economically Inactive (excluding students) – want to work	Economically Inactive (excluding students)	Economically Inactive (excluding students) – want to work (%)
Barnet	16,471	45,500	36.2
Camden	6,160	26,100	23.6
Enfield	5,895	39,300	15
Haringey	3,210	30,000	10.7
Islington	3,008	18,800	16
NCL ICB	34,815	159,700	21.8
London	171,276	819,500	20.9
England	1,005,827	5,436,900	18.5

Source: APS, NOMIS
Date: September 2024



- There are significant differences in the ‘want to work’ rate between Boroughs which requires further investigation
- The highest rate is Barnet with 36.2%
- The lowest rate is Haringey with 10.7%
- **Overall, the NCL rate of 21.8% compares to London at 20.9% and England at 18.5%**

Inactivity by health conditions

North Central London Health and Care
Integrated Care System

UK Grouped main health condition	Jan-Mar 2019 (thousands)	Jan-Mar 2023 (thousands)	Jan-Mar 2019 (%)	Jan-Mar 2023 (%)	Increase 2019-23 (thousands)	Percentage increase between 2019-23
Mental health	546	635	27	25	90	16%
Musculoskeletal	467	593	23	23	125	27%
Cardiovascular and digestive	268	365	13	14	97	36%
Other problems or conditions	714	948	36	37	234	33%
Total	1,994	2,540	100	100	546	27%

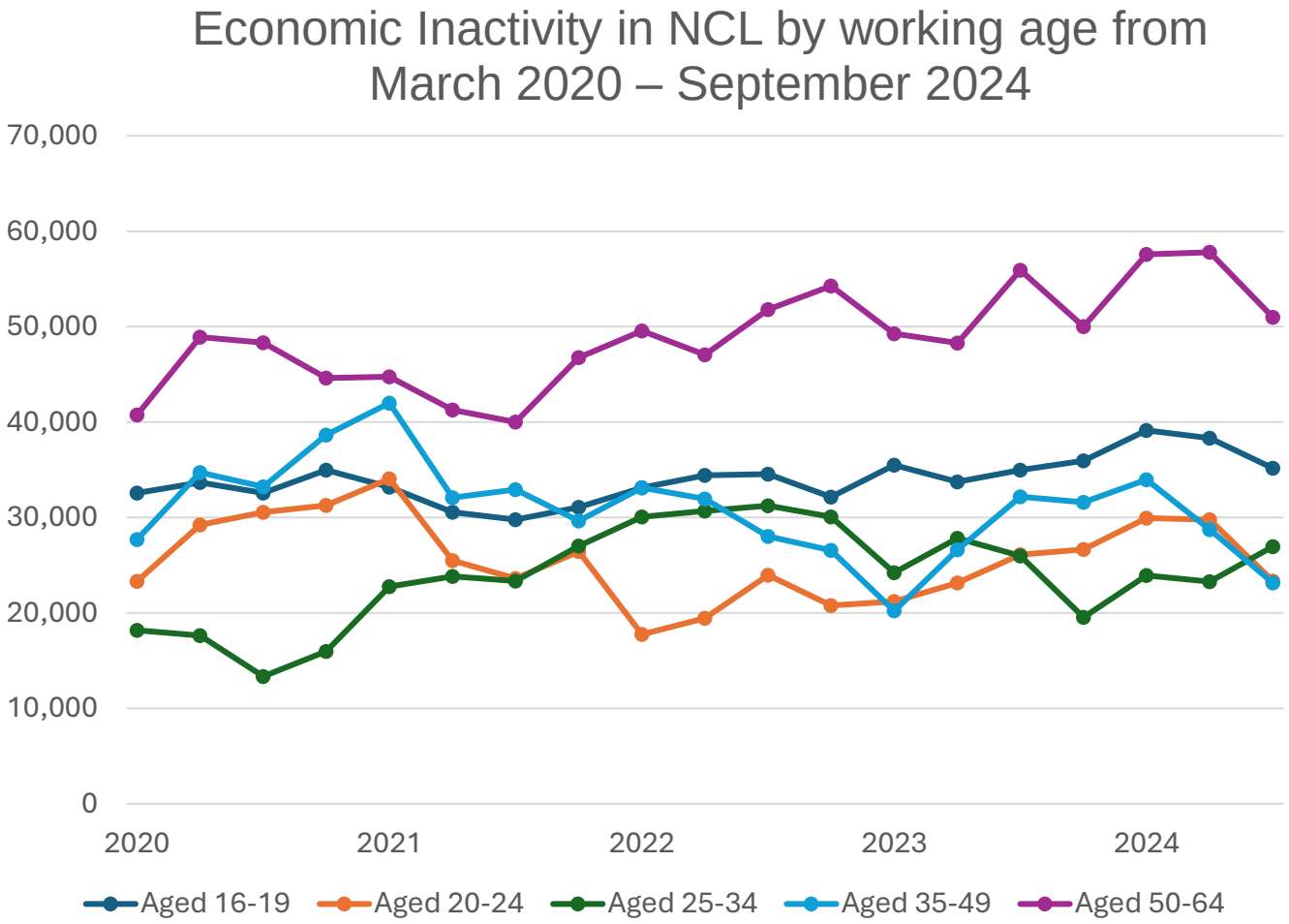
NCL Grouped main health condition	% of England economic inactive (March 2023)	Applying UK shares to NCL total number (63,100)
Mental health	25%	15,775
Musculoskeletal	23%	14,513
Cardiovascular and digestive	14%	8,834
Other problems or conditions	37%	23,347

- Together **mental health and MSK** account for around **50%** of people
- If applied to NCL then there are over **15,000 with mental health conditions and over 14,000 with MSK**

'Other problems or conditions' includes progressive illness not included elsewhere (for example, cancer, multiple sclerosis, symptomatic HIV, Parkinson's disease, muscular dystrophy); autism (including Autism Spectrum Condition, Asperger syndrome); difficulty in seeing (while wearing spectacles or contact lenses); difficulty in hearing; epilepsy; severe or specific learning difficulties; speech impediment; severe disfigurement, skin condition, allergies; severe disfigurement, skin condition, allergies; and people who did not disclose their health problem.

Source: ONS, Labour Force Survey, Economic inactivity due to long-term sickness by health conditions, UK: 2019 to 2023

Working Age and inactivity in NCL



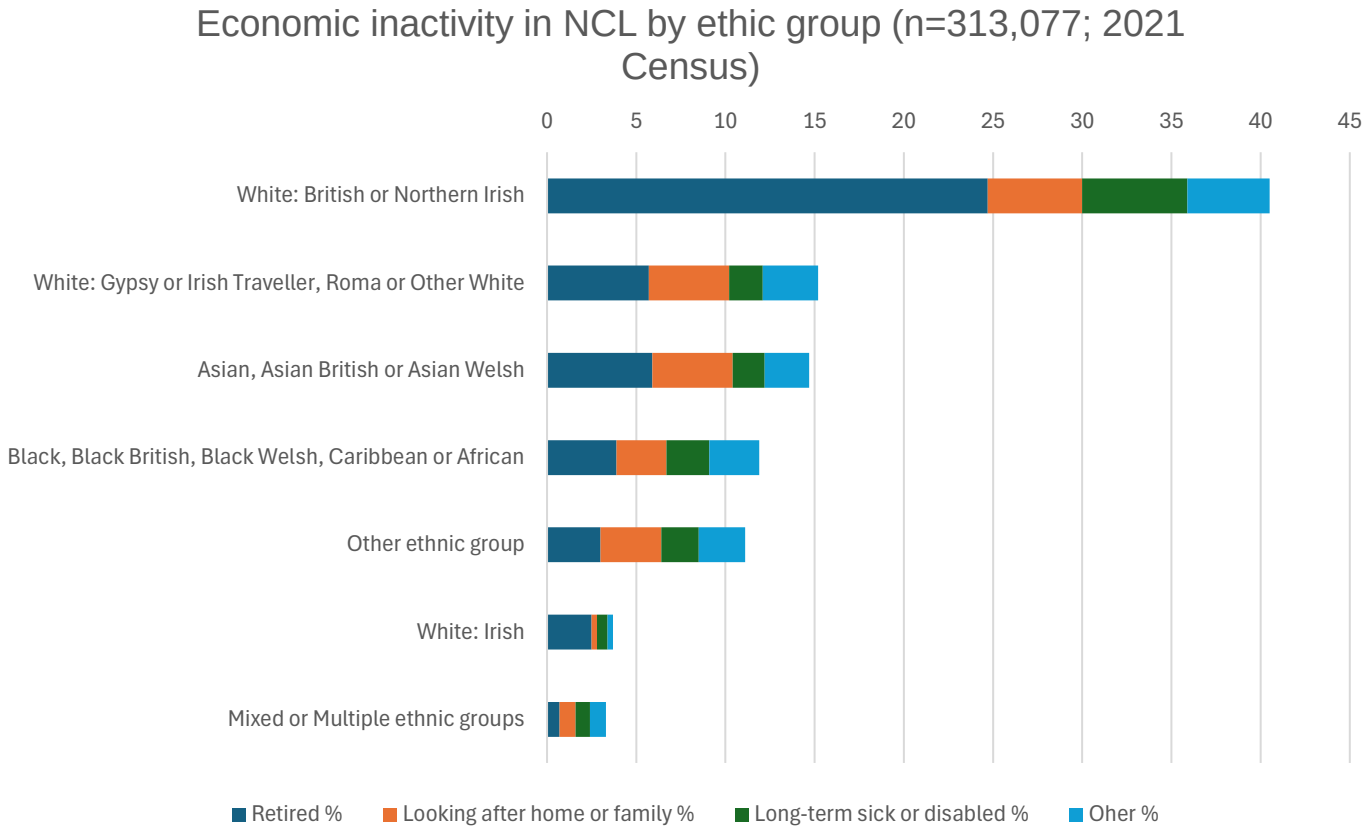
- The 50-64 age group is the largest, accounting for around 50,000 or 33%
- Since 2020 the 50-64 age group has shown the largest increase, yet the Learning & Work Institute estimate that only 1 in 10 get employment support each year
- 16-19 year olds are the second highest group and numbers have increased but relatively stable
- Numbers for 20-24 year olds are volatile and are currently back to 2020 levels
- 25-34 year olds have increased but 35-49 year olds have reduced

Source: APS, NOMIS
Date: March 2020 – September 2024

Gender and ethnicity inactivity rates

North Central London Health and Care Integrated Care System

Economic Inactivity (excluding students) – aged 16-64				
Area	**% of males who are economically inactive**	**Number of males who are economically inactive**	**% of females who are economically inactive**	**Number of females who are economically inactive**
Barnet	12.7	15,303	21.8	30,197
Camden	9.6	9,822	19.6	16,278
Enfield	14.7	16,690	20.1	22,604
Haringey	10.8	10,086	20	19,914
Islington	9.7	8,719	10.6	10,081
NCL	11.7	60,686	18.7	99,014
England	12.8	2,248,880	18.1	3,188,020



- women are more likely to be economically inactive than men: a difference of 7 percentage points across NCL. Islington is an outlier, with a difference of just 1 percentage point.
- of the economically inactive long-term sick the ethnic groups of: Mixed or multiple (23%); Black and Black British (20%); and 'other ethnic groups' (19%) all have significantly higher rates compared to the NCL average (15%); White British is the largest single group accounting for 38% of the total economically inactive long-term sick

Source: APS, NOMIS Date: September 2024

Source: ONS Census 2021

People using mental health services

North Central London Health and Care
Integrated Care System

More is known about the employment status of people with mental health conditions. For **Talking Therapies** NCL analysis shows 54.5% are employed, 14.5% are unemployed and 16.6% are in groups not seeking work.

% of individuals in contact with NCL Talking Therapies services between July-Nov 2024 with their employment status:

Employed	54.6%
Unemployed and seeking work	14.5%
Long-term sick or disabled, receiving benefits	11.2%
A student and not working or actively seeking work	7.2%
Retired	3.9%
Not Stated	3.2%
Looking after the family or home	3.2%
Not receiving benefits and not actively seeking work	1.8%
Voluntary work who are not actively seeking work	0.4%

Sources: Local analysis of NHS Talking Therapy and Mental Health Services datasets, NHS England

For **Mental Health Services** the employed group is significantly less: 30.8% are employed, 21.5% are unemployed and 42.4% are in groups not seeking work

% of individuals in contact with NCL Mental Health Services between July-Nov 2024 with their employment status:

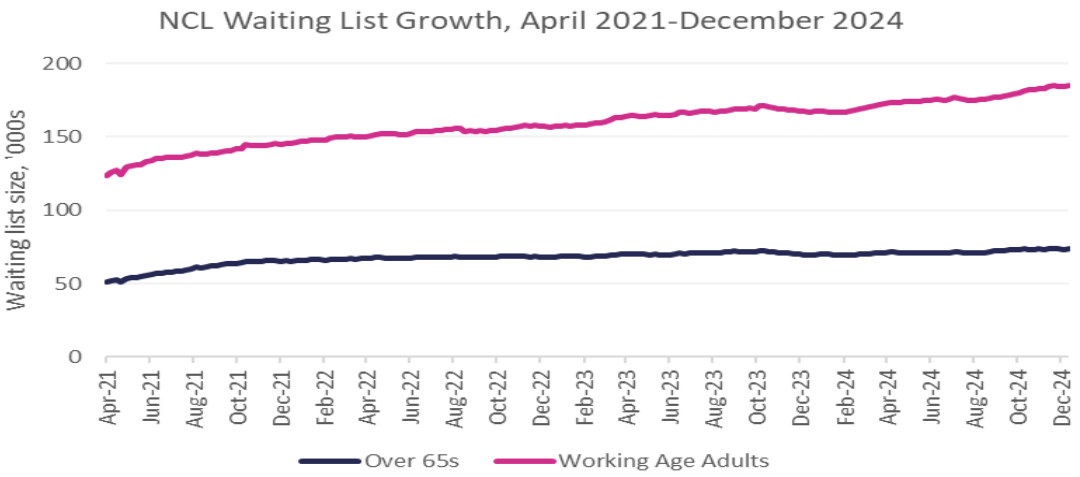
Employed	17.4%
Unemployed and seeking work	21.5%
Long-term sick or disabled, receiving benefits	30.8%
A student and not working or actively seeking work	7.7%
Retired	8.3%
Not Stated	10.4%
Looking after the family or home	1.4%
Not receiving benefits and not actively seeking work	1.8%
Voluntary work who are not actively seeking work	0.7%

Multiple conditions in NCL

Since 2020 the proportion of working age people with multiple conditions has been increasing: Employed from 4.6% to 6.2%; unemployed from 0.1% to 1.2%; inactive from 4.3% to 6.1%.

Source: ONS – APS, Date: April 2019 – March 2024

Waiting lists



- Working age adults comprise 62% of NCL's overall waiting list
- The 16-64 age group has seen the highest growth rate over the last 3 years - 8% annual growth rate compared to 4% for over 65s
- Using DWP estimate of around 33% of working age inactive population (63,100 in NCL) will be on waiting lists then there will be **around 20,800 on NCL waiting lists**

"33% of those who are of working age and economically inactive are waiting for NHS treatment, compared to 19% of those in employment" *Alison McGovern MP, Minister for Employment*. Evidence to the House of Lords.

Claiming Universal Credit

	Searching for work	Working - with requirements	No work requirements	Working - no requirements	Planning for work	Preparing for work	**Total**
Barnet	12,711	6,813	14,293	7,746	684	1,587	43,837
Camden	7,330	2,577	9,157	3,126	290	978	23,456
Enfield	15,459	9,746	18,024	7,560	815	1,906	53,514
Haringey	13,966	7,206	12,833	6,650	621	1,524	42,797
Islington	9,433	2,842	11,044	3,989	399	1,256	28,961
NCL	**58,907**	**29,176**	**65,356**	**29,062**	**2,802**	**7,255**	**192,564**
London	336,942	158.868	359,817	190,834	16,984	43,498	1,106,999
England	1,467,415	785,821	2,387,835	1,097,279	96,204	314,198	6,149,035

- There are **75,413** people in NCL who have no or limited requirements to search for work (No requirements + Planning + Preparing)
- This is 39% of all those claiming Universal Credit in the NCL area

North Central London Health and Care
Integrated Care System

Annex 2
Summary of issues from consultations

List of main consultations:

ICB/ICS Groups
Chief Personnel Officers Group
Multi-Agency Group
NCL ICS Place-based Meeting
NCL AHP Faculty Meeting
VCSE Alliance (special meeting)
Chief Nurses' (CNO) Group
NCL ICB Staff Network: REACH
Occupational Health Shared Service
NCL Peoples Board
NCL ICB Strategy and Development Committee
Directors of Place
Workforce Supply Board
NW London ICB
UCLH Vocational Rehab Team
NCL Workforce Transformation Board

London government
Barnet
Camden
Islington
Haringey
Enfield
Central London Forward
Local London
West London Alliance
London Councils
OHID (London)
Michael Wood, NHS Confed

Others
Jobcentre Plus (North London District)
WorkWell Delivery partners: Shaw Trust
FE colleges: Capital City Group

North Central London Health and Care
Integrated Care System

… about a Work & Health Strategy

- Strong support for a strategy and an Action Plan
- Exciting opportunity to address the wider health determinants
- Integrate with other strategies, not standalone
- It should address the needs of local employers
- Set out the role of partners (incl the VCSE)
- A neighbourhood dimension to the strategy is crucial
- Need for a partnership governance to implement the strategy

… about WorkWell

- Wide support for the intent and design of WorkWell
- WorkWell “can be transformational” and “a step in the right direction”
- Recognition it was early days but there is a clear potential; strengthen referral mechanisms and changes to eligibility needed
- Potential of the GP pop-up screen
- Partners recognised the value of a referral/triage route

… about individuals who need support

- a focus on workless people was needed and right
- Many thought young people with mental health problems should be a priority
- Diversity and inclusion issues must be addressed
- Principles of personalised care should apply to employability support
- Carers should not be excluded from support
- Focus on social housing tenants
- Extend eligibility to workforce population
- Should, and can, waiting times for working age people be reduced?

North Central London Health and Care Integrated Care System

… about employers

- Strong recognition that employers need support for recruiting and retaining; but this is a big challenge
- Engage more SME's and VCSE employers
- Positive about Access to Work but perception it is not working effectively
- Disability Confident should be strengthened; NCL Anchor institutions should be exemplars
- Encourage investment in rehab for staff, and flexibility for fluctuating conditions
- What is the role of Occupational Health? How to increase access to OH for SMEs?
- A better understanding of health conditions within workforces, including NHS
- Consider full range of HR considerations for a healthy workforce; build on a well-being passport for employers (Camden)

… about supply of provision

- There is a complex web of services, programmes and projects, many with short-term funding
- Lack of overview of relevant services in both systems
- Sustainable funding to enable consistent services and planning of integration
- User journey focus is needed; from clinical Pathways to employability support
- What is link between Connect to Work (starting in 2025) and WorkWell?
- The support of GPs is critical
- Is a triage service needed for employability?

… about communications

- A recognised need to connect projects across the NCL area
- Need to reinforce work message in NHS
- Use contact points with residents for main messages
- Engaging GPs and Practice Managers
- Trust and understanding what each partner can do
- Awareness raising across health providers
- ICB needs to be the navigator between health and employability systems

North Central London Health and Care
Integrated Care System

… about capacity and capability

- Are there sufficient trained staff to have health and work conversation? What training should there be?
- Do we need more? Use existing capacity
- Do we need a hybrid workforce?
- Need for training to increase awareness of how can work together
- Informed by Health Intelligence
- access routes into Apprenticeships and career paths
- digital recommendations for strategy
- Need stronger data and evidence base for interventions
- Integration Hubs in each Borough?

… about NHS as an employer

- How do we recruit from the target groups and communities?
- Difficulty of recruitment process
- Data on profile of employees and health problems

Other issues

- Employment status is not generally collected in NHS
- Need for more analysis and evidence base
- Trial a ‘passport’ for long-term health problems
- Fit Notes – concerns about how GPs complete them; how to increase their value in the system

Annex 3: Statement for Action

North Central London Health and Care Integrated Care System

2025 Healthcare Professionals' Consensus Statement for action on health and work

"The role of health professionals in keeping people well in work and enabling return to work. In addition to asking patients what they do for work, and how they are managing it, healthcare professionals may support people in their work as an integral part of patient care pathways."

Signed by:

Royal College of Nursing
The voice of nursing

ahpf

Academy of Medical Royal Colleges

1. Ask the work question – what do you do for work, how are you managing in work, and what may help you get back to work?
2. Understand through training the importance of work as a health outcome, how health may be promoted through good work, and where to signpost their patients who need further support.
3. Be able to advise their patients through easy access to up to date guidance from Government, professional bodies, and work and health professionals on the impact of health conditions and treatment on their work, and on adjustments to assist those with disabilities.
4. Derive most value from the 'Fit Note' in primary care, hospitals and in the community, through training for health professionals, and utilising updated easy to use guidance.
5. Recognise their own role to support healthy and safe working environments, looking after their own health and wellbeing, and promoting the health and wellbeing of their colleagues within the organisations in which they work.

North Central London
Integrated Care Board

North Central London ICB
Board of Members Meeting
20 May 2025

Report Title	NCL ICB Performance Report	**Date of report**	8 May 2025	**Agenda Item**	3.1
Lead Director / Manager	Richard Dale, Executive Director of Performance and Transformation	**Email / Tel**		richard.dale@nhs.net	
Board Member Sponsor	Frances O'Callaghan, Chief Executive				
Report Author	Alex Cox, Director of Performance	**Email / Tel**		alex.cox2@nhs.net	
Name of Authorising Finance Lead	Not applicable.	**Summary of Financial Implications** The report does not set out specific financial requests, but some of the improvement programmes do have financial implications. Within the System Oversight Framework, finance is a key aspect of oversight. The detail of this is contained in the separate finance report.			
Report Summary	The NCL ICB Performance Report presents the latest updates on key system operational performance indicators against national and locally agreed targets relating to primary care, mental health, and acute services. Primary Care: • NCL GP appointments were 687,635 for February 2025 and have averaged over 700,000 a month for the year. NCL continued to see increases in demand in primary care throughout 2024/25 with volumes 6.4% up on 2023/24 values as of February 2025. UEC: • A&E 4-hour performance improved in March 2025, though remained c4% below plan. • Average ED attendances per day increased, whilst ambulance conveyances were on a downward trend at most sites.				

	RTT: • The RTT focus for the last quarter of 2024/25 was 65ww clearance. • The number of patients waiting over 65w has steadily reduced during 2024/25, with 447 remaining at the end of February 2025. Diagnostics: • The NCL providers' aggregate backlog achievement for March 2025 was 9.6%, a 0.7% increase from the previous month. • Neurophysiology accounts for 28.8% of the total NCL diagnostic backlog, with imaging modalities responsible for 27.5%. Cancer: • The NCL Faster Diagnosis Standard (FDS) performance in February 2025 was 77.2%. All Trusts met the 2024/25 operational standard of 75.0%. • NCL's 62-day performance in February 2025 was 7.5% below the March 2025 target, at 63.0%. Mental Health – Talking Therapies (TT): • Performance for TT remains challenged with completed courses of treatment (2+contacts and discharge), reliable recovery and reliable improvement all currently below plan. • Focus continues on the step 3 waiting list with a review of pre-screening and triage outcome processes. System Oversight Framework (SOF) – Segment 3 Providers • Following the merger on January 1st, 2025, between RFL and NMUH, the future System Oversight Framework (SOF) arrangements in NCL will see the monthly meetings consolidated to cover the RFL Group, with discussions inclusive of NMUH site performance. The SOF and wider performance governance structure is now being worked through for 2025/26. • For Tavistock and Portman, the SOF process in place is focussed on the progress of areas aligned to revised exit criteria and agreed milestones based on Gender Identity Development Service (GIDS) transition, long-term strategic planning, estates, leadership and governance, quality improvement and assurance, and the Gender Identity Clinic (GIC). Operating Plan and Risk Assessment 2025/26 An overview of our operating plan for the year ahead is included in the appendices. Our system plan is broadly compliant with all major performance metrics. In light of recent national guidance, and the evolving role of the ICB set out in NHS England's model ICB publication, NCL ICB will now track risk at the level of overall operating plan compliance, rather than focusing on individual areas of performance.
Recommendation	The Board of Members is asked to **NOTE** the key issues set out in the paper for escalation and the actions in place to support improvement.
Identified Risks and Risk	Key risks identified are detailed in the BAF and listed below: • PERF5: Failure to deliver Cancer 62-day waiting time standard (Threat).

Management Actions	• PERF8: Failure to Deliver Referral-To-Treatment ('RTT') Waiting Time Standard (Threat). • PERF29: Failure to deliver timely urgent and emergency care for the residents of NCL (Threat).
Conflicts of Interest	Not applicable.
Resource Implications	The report does not set out specific resource requests, but some of the improvement programmes do have resourcing implications.
Engagement	Not applicable.
Equality Impact Analysis	Not applicable – although quality processes do take account of equity when reviewing specific incidents.
Report History and Key Decisions	This report provides an update on issues and headlines detailed in previous versions presented to the NCL ICB Board of Members. It is underpinned by regular periodic performance reporting on individual workstreams, shared across the organisation and system.
Next Steps	The report will continue to iterate based on board and stakeholder feedback, as well as develop alongside the NCL Outcomes Framework.
Appendices	Full dashboards for measures are set out in the appendix for reference.

North Central London
Integrated Care Board

NCL ICB Performance Report

May 2025

Author: NCL ICB Performance Team

NCL ICB Performance Report Overview

North Central London
Integrated Care Board

Introduction

The NCL ICB Performance Report presents the latest analyses of key system operational performance indicators against national and locally agreed targets relating to primary care, mental health, and acute services.

The report focusses on the following key areas:

- Primary care and urgent and emergency care (slide 4)
- RTT and diagnostics (slide 5)
- Cancer and mental health talking therapies (slide 6)
- NCL 2025/26 Operating Plan submission (slides 11 and 12)

Progress updates are also provided for the following organisations in Segment 3 of the national System Oversight Framework (SOF), where improvement support is mandated by the regulator:

- Royal Free London (slide 8)
- Tavistock and Portman (slide 9)

This report includes a high-level overview of performance and associated metrics – NCL ICB has systems and processes in place to ensure all performance measures across different frameworks are closely monitored, prioritised and escalated where appropriate. This includes the SOF, Operational Plans, the Long-Term Plan and NHS Constitutional Standards.

The report incorporates aspects of the 2024/25 NHS Priorities and Operational Plan. NCL ICB is monitoring activity against trajectories taking into account all known risks. This includes the further collaborative work with providers to work towards elective activity targets, improve bed capacity to enhance A&E performance trajectories, and the efficient use of mental health beds to reduce the reliance on out of area placements.

Dashboards for performance are included in the appendix for reference, and these are used alongside regular performance reports to track and support improvement through ICB committees and system forums.

The ICB's approach to performance management is designed to complement the NCL ICS Population Health Strategy, which focuses on improving the health of our population by improving outcomes and reducing health inequalities. The operational and process measures set out in the report are therefore aligned and underpin the delivery of the outcome measures set out in the NHS ICS Population Health Strategy.

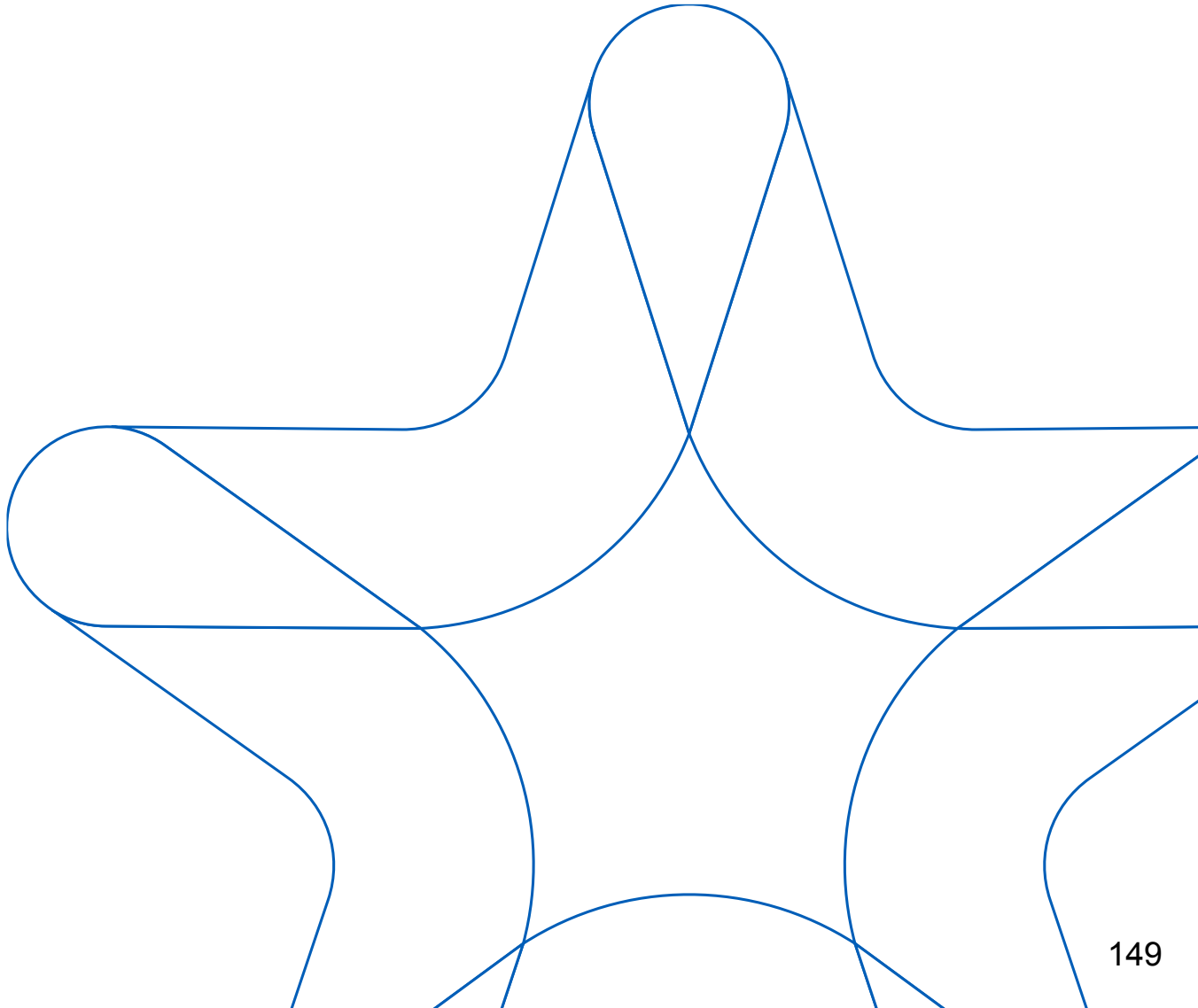
This report will continue to evolve as we develop measures and metrics in line with our population health and integration delivery plan, and a future focus on inequalities in care.

Operating Plan and Risk Assessment 2025/26

An overview of our operating plan for the year ahead is included in the appendices. Our system plan is broadly compliant with all major performance metrics. In light of recent national guidance, and the evolving role of the ICB set out in NHS England's model ICB publication, NCL ICB will now track risk at the level of overall operating plan compliance, rather than focusing on individual areas of performance.

North Central London
Integrated Care Board

Key Performance Headlines

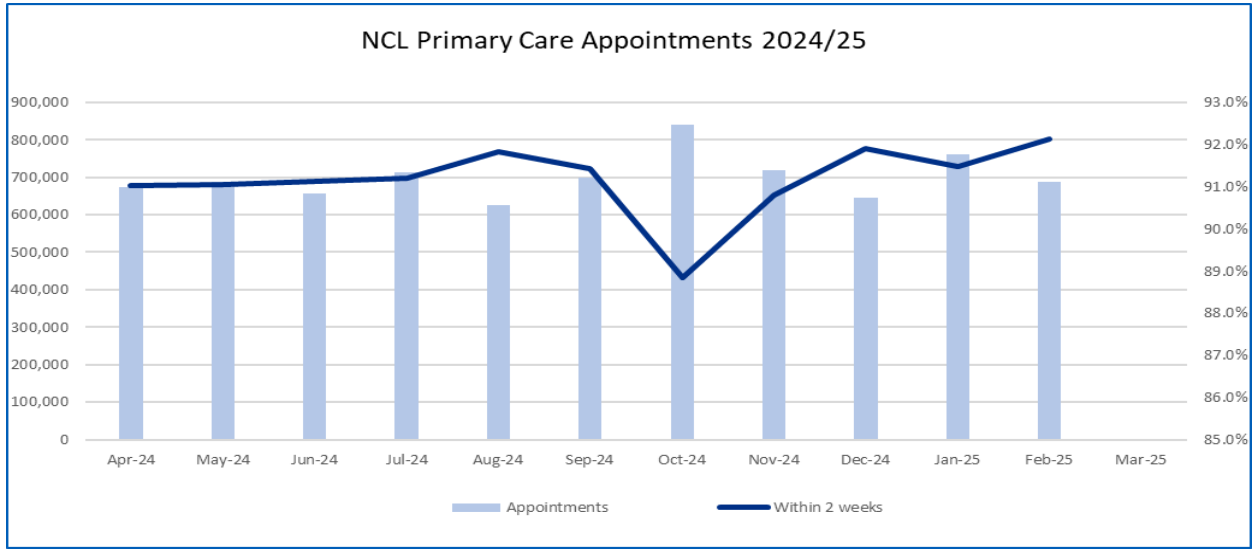


Key Performance Headlines (1/3)

North Central London
Integrated Care Board

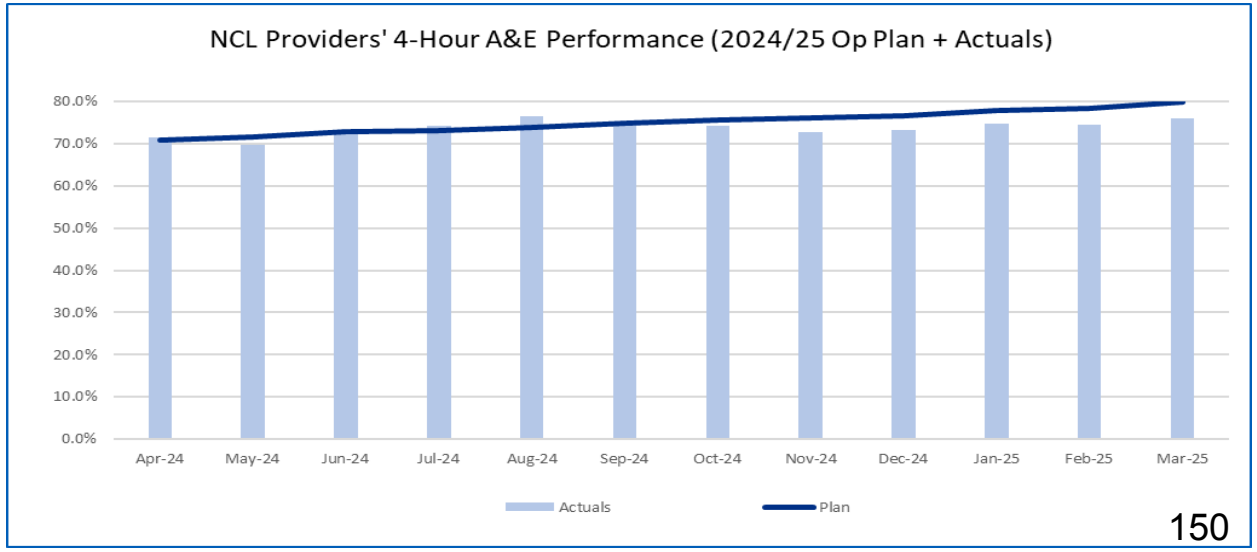
Primary Care

- NCL GP appointments were 687,635 for February 2025 and have averaged over 700,000 a month during 2024/25.
- NCL has seen increases in demand for primary care throughout 2024/25 with volumes 6.4% up on 2023/24 values as of February 2025.
- Even with this increase, NCL has managed to provide a high percentage of same day appointments above the national average for each month of the year up to February 2025.
- NCL also met the national expectation that 90.0% of primary care appointments are booked within two weeks for 10 out of the 11 months, during that same period.



UEC

- A&E 4-hour performance improved in March 2025, though remained c4% below plan.
- Average ED attendances per day increased, whilst ambulance conveyances were on a downward trend at most sites.
- The downward trend in 12-hour breaches was sustained, particularly at WH, where long waits over 12 hours dropped from 865 to 430 in Q4.
- While pockets of ambulance handover delays remain, there has been a notable reduction in those over 60 minutes, particularly at the NMUH site of the RF Group, where despite more conveyances, breaches reduced by 21.0% from February 2025.

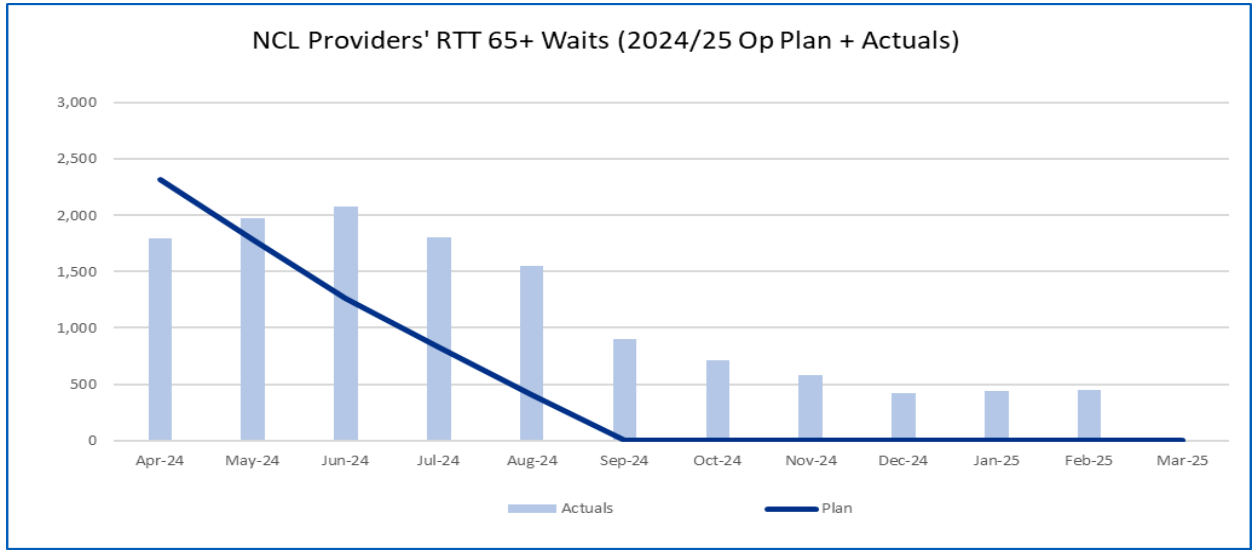


Key Performance Headlines (2/3)

North Central London
Integrated Care Board

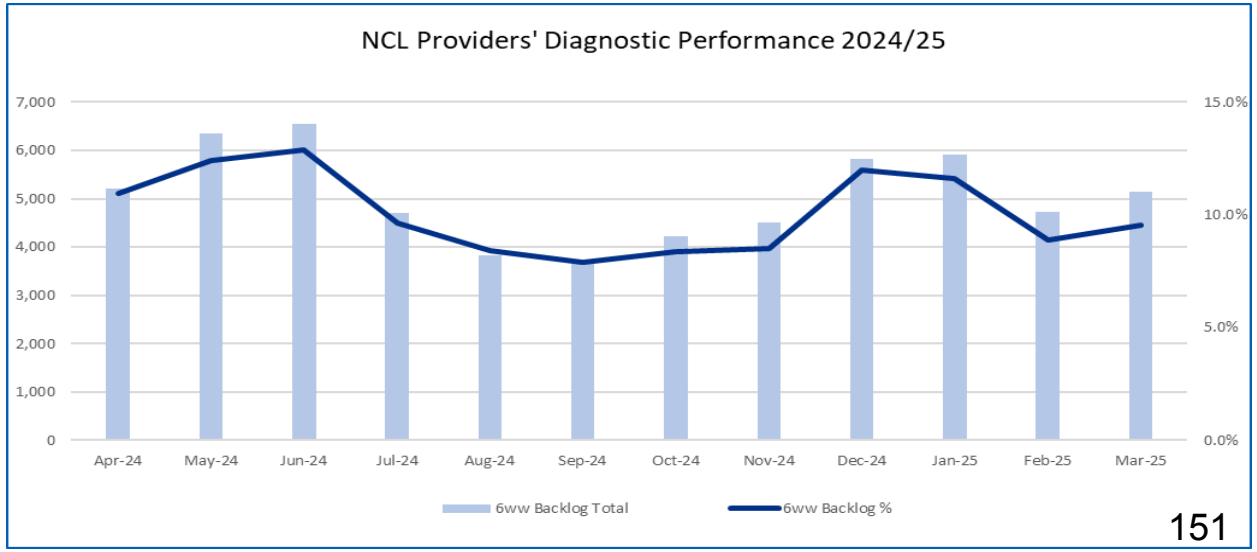
RTT

- The RTT focus for the last quarter of 2024/25 was 65ww clearance.
- The number of patients waiting over 65w has steadily reduced during 2024/25, with 447 remaining at the end of February 2025. Cases remain at RFL (261), UCLH (79), GOSH (63), WH (37), RNOH (4), and MEH (3).
- RFL 65w volumes continue to be a risk, although RFL have been removed from National Tier 2 status.
- The total number of patients waiting over 78w has reduced to 40, with most of the cases at RFL (22).



Diagnostics

- The NCL providers' aggregate backlog achievement for March 2025 was 9.6%, a 0.7% increase from the previous month.
- Neurophysiology accounts for 28.8% of the total NCL diagnostic backlog, with imaging modalities responsible for 27.5%.
- NCL providers have worked toward the NHSE ambition of 13ww clearance by March 2025. Work continues on this area into Q1 of 2025/26, with the main areas related to neurophysiology at RFL (322 patients), MRI scans at GOSH (383) and endoscopies at RFL (149).

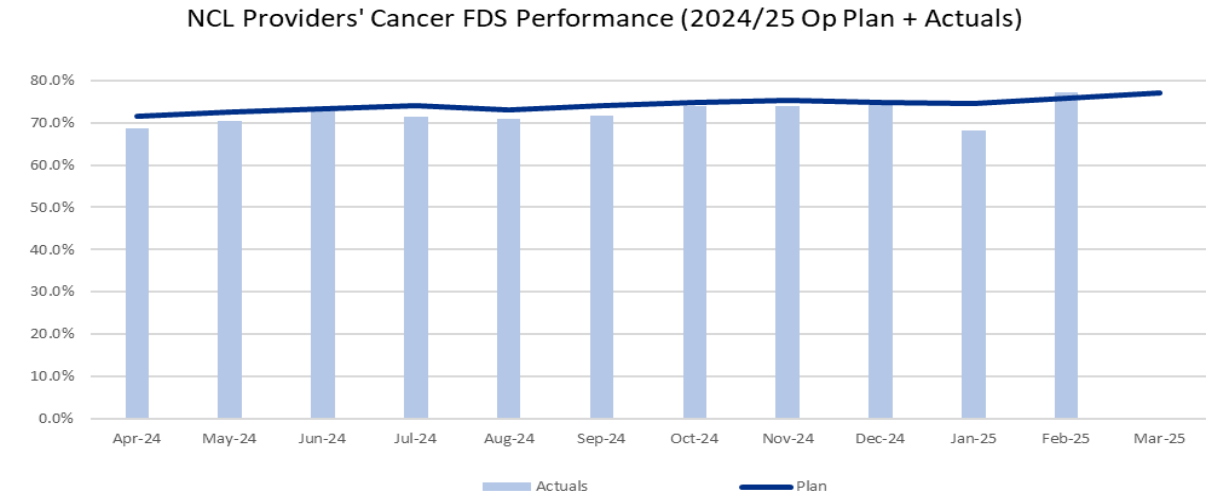


Key Performance Headlines (3/3)

North Central London
Integrated Care Board

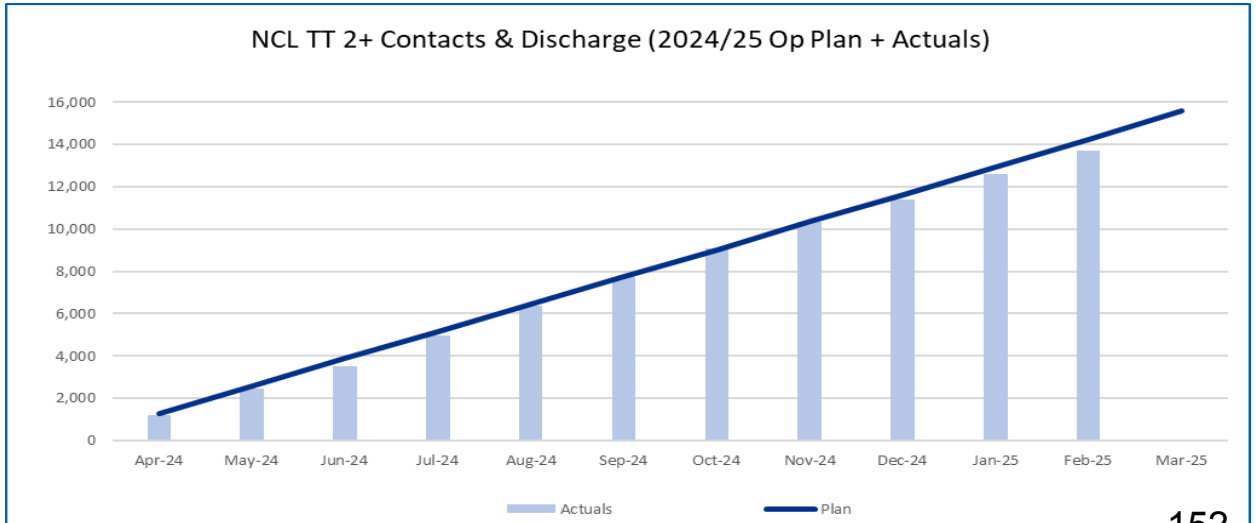
Cancer

- The NCL Faster Diagnosis Standard (FDS) performance in February 2025 was 77.2%. All Trusts met the 2024/25 operational standard of 75.0%. Two Trusts (UCLH and RNOH) met the March 2025 ambition of 77.0% in February 2025.
- NCL's 62-day performance in February 2025 was 7.5% below the March 2025 target, at 63.0%. UCLH and RNOH met the March 2025 recovery target of 70.0%. RNOH met the operational standard target of 85.0%.
- To have met the 85.0% operational standard, RFL (inclusive of NMUH), UCLH and WH needed to have recorded an additional 124, 20 and 12 treatments respectively, within 62-days.



Mental Health – Talking Therapies (TT)

- Performance for TT remains challenged with completed courses of treatment (2+contacts and discharge), reliable recovery and reliable improvement all currently below plan.
- Focus continues on the step 3 waiting list with a review of pre-screening and triage outcome processes. Work also includes a review of how the stepped care model can be used more effectively to ensure step 2 capacity utilisation, alongside monitoring of initial assessment slots put up weekly, as part of the demand and capacity modelling.
- In addition, increased attendance at GP Forums and GP webinars to promote NCL services is being sought.



North Central London
Integrated Care Board

2024/25 System Oversight Framework – NCL Segment 3 Providers

System Oversight Framework (1/4)

NHS North Central London Integrated Care Board

Royal Free London Group (RFH, BH, CF and NMUH)

- Following the merger on January 1st, 2025, between RFL and NMUH, the future System Oversight Framework (SOF) arrangements in NCL will see the monthly meetings consolidated to cover the RFL Group, with discussions inclusive of NMUH site performance. The SOF and wider performance governance structure is now being worked through for 2025/26.
- The combined RFL Group achievement for cancer 62-day performance has been challenged in year. As of February 2025, performance was reported at 54.2% and is not expected to achieve the 70.2% March 2025 target.
- For the Faster Diagnosis Standard, achievement for February 2025 was reported at 75.1%, the highest value of 2024/25. The March 2025 ambition is for 77.0% compliance.
- Regarding UEC, there has been continued focus on the modelling of capacity and flow across sites, exploring front door alternatives to ED, and how Same Day Emergency Care pathways and virtual ward utilisation can be maximised. Q4 achievement of the 4-hour performance target has been stable but finished the year at 74.8% for March 2025, short of the 78.0% target.
- Ambulance handovers within 30 minutes for the RFH and NMUH sites dipped towards the end of Q3 during the Christmas and New Year period (48.0% combined for December 2024) but showed a level of recovery by the end of Q4. As of March 2025, handovers within 30 minutes across the RFL Group were recorded at 58.3%

Royal Free London			Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
UEC	A&E 4-Hour Wait	*Trajectory*	*67.9%*	*67.5%*	*69.1%*	*68.7%*	*69.0%*	*70.4%*	*72.3%*	*73.5%*	*75.3%*	*76.1%*	*77.2%*	*78.0%*
		Actual	71.2%	69.8%	74.0%	73.5%	76.6%	75.0%	74.6%	75.0%	78.0%	n/a	n/a	n/a
	12 Hours in ED	*Trajectory*	*10.2%*	*10.8%*	*9.6%*	*9.3%*	*9.0%*	*8.3%*	*7.3%*	*6.9%*	*6.6%*	*6.5%*	*6.0%*	*5.4%*
		Actual	10.2%	10.8%	8.0%	8.6%	6.2%	7.3%	8.1%	8.2%	9.1%	n/a	n/a	n/a
	Ambulance Handovers %<30 Minutes	*Trajectory*	*60.4%*	*61.1%*	*61.9%*	*63.0%*	*63.0%*	*64.0%*	*64.7%*	*65.4%*	*67.4%*	*69.1%*	*76.0%*	*79.7%*
		Actual	60.3%	60.2%	66.7%	65.6%	66.6%	67.6%	58.5%	58.2%	48.0%	n/a	n/a	n/a
CANCER	Faster Diagnosis Standard	*Trajectory*	*69.8%*	*71.1%*	*72.1%*	*73.5%*	*71.8%*	*73.4%*	*75.0%*	*75.1%*	*73.7%*	*74.2%*	*74.7%*	*77.1%*
		Actual	64.2%	67.3%	70.8%	68.9%	68.1%	69.4%	72.0%	73.0%	73.4%	n/a	n/a	n/a
	Cancer 62-Day Performance	*Trajectory*	*57.4%*	*59.9%*	*62.6%*	*63.9%*	*57.4%*	*64.6%*	*65.8%*	*67.3%*	*66.8%*	*64.6%*	*67.9%*	*70.2%*
		Actual	52.0%	52.1%	52.0%	52.3%	56.9%	52.1%	59.5%	61.3%	58.8%	n/a	n/a	n/a

North Middlesex Hospital			Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
UEC	A&E 4-Hour Wait	*Trajectory*	*65.0%*	*66.0%*	*67.0%*	*68.0%*	*69.0%*	*71.0%*	*72.0%*	*73.0%*	*74.0%*	*75.0%*	*76.0%*	*78.0%*
		Actual	65.0%	63.9%	64.8%	68.4%	69.4%	70.1%	66.4%	63.6%	63.6%	n/a	n/a	n/a
	12 Hours in ED	*Trajectory*	*n/a*	*n/a*	*n/a*	*n/a*	*n/a*	*n/a*	*n/a*	*n/a*	*n/a*	*n/a*	*n/a*	*n/a*
		Actual	9.0%	8.8%	8.8%	8.8%	9.4%	8.6%	8.9%	9.6%	9.3%	n/a	n/a	n/a
	Ambulance Handovers %<30 Minutes	*Trajectory*	*n/a*	*n/a*	*n/a*	*n/a*	*n/a*	*n/a*	*n/a*	*n/a*	*n/a*	*n/a*	*n/a*	*n/a*
		Actual	40.5%	43.6%	51.6%	53.5%	54.1%	58.0%	59.5%	52.1%	47.9%	n/a	n/a	n/a
CANCER	Faster Diagnosis Standard	*Trajectory*	*70.1%*	*70.3%*	*71.1%*	*69.1%*	*69.0%*	*71.1%*	*70.1%*	*73.0%*	*73.0%*	*73.1%*	*76.1%*	*77.1%*
		Actual	66.7%	63.6%	64.2%	65.4%	63.0%	63.1%	65.7%	62.4%	60.4%	n/a	n/a	n/a
	Cancer 62-Day Performance	*Trajectory*	*57.9%*	*56.4%*	*60.6%*	*60.2%*	*63.8%*	*63.6%*	*66.4%*	*67.5%*	*67.3%*	*69.4%*	*67.4%*	*70.3%*
		Actual	54.5%	51.6%	56.8%	59.3%	55.5%	57.3%	59.1%	60.0%	75.3%	n/a	n/a	n/a

System Oversight Framework (2/4)

North Central London
Integrated Care Board

Tavistock and Portman

Throughout 2024/25, NCL ICB and NHS England (NHSE) have worked in close collaboration with Tavistock and Portman NHS Foundation Trust (T&P) to support delivery of improvement priorities under the System Oversight Framework (SOF).

Key areas of focus included clinical risk management, service transformation, leadership development, estates planning, and implementation of sustainable strategic models.

Progress was measured against a defined set of exit criteria, with milestones and interventions jointly agreed between the Trust, ICB, and NHSE as follows;

1. Gender Identity Development Service (GIDS) Transition
2. Long-Term Strategic Planning
3. Estates Strategy
4. Leadership and Governance Strengthening
5. Organisation-Wide Governance
6. Quality Improvement and Assurance
7. Gender Identity Clinic (GIC) – Productivity and Clinical Risk

Oversight was maintained through two key mechanisms:

- A quarterly Executive Performance and Improvement Group, chaired by the ICB Executive Director of Performance and Transformation, which provided system-level challenge and support.
- A joint Oversight Board, chaired by NHS England (NHSE), which ensured cross-organisational alignment and accountability throughout the year.

Exit Criteria – Improvement & Progress

1. Gender Identity Development Service (GIDS) Transition

T&P maintained clinical and operational oversight of the GIDS service while supporting the ongoing transition of services to the national model. By the end of 2024/25:

- An active programme was underway to transfer the open caseload, supported by information governance solutions for records transfer and a financial plan to manage stranded costs.
- The Trust continued regular engagement with NHSE Specialised Commissioning on clinical risk mitigation.
- T&P collaborated with NCL on the development of a primary care pilot for CYP on the GIDS waiting list.
- National and regional teams, including NHSE London and NCL ICB, provided programme-level support for transition planning and implementation.

System Oversight Framework (3/2)

North Central London Integrated Care Board

Exit Criteria – Improvement & Progress Continued

T2. Long-Term Strategic Planning

In 2024/25, T&P initiated and developed a long-term strategy to ensure future clinical, operational, and financial sustainability:

- The Trust held its first Board-level discussion on strategic direction in March 2024, with an ambition to confirm a future partner by mid-2024.
- An improvement strategy was developed across the first half of the year to inform the medium-term financial plan (MTFP) and future business case development.
- NCL ICB funded an independent financial viability review led by PwC.
- Additional support was provided to define the scope of market analysis and options appraisal.
- A joint strategic board involving NHSE, ICB, and Trust leadership was established to oversee and steer development.
- Programme Directors from both NHSE and the ICB were actively engaged in supporting the work.

3. Estates Strategy

Progress was made in aligning T&P's estate requirements with wider system planning:

- The Trust agreed its estates needs and a proposed approach to service locations, formally signed off as part of the NCL system estates strategy.
- An implementation plan was subsequently developed and approved by both the Trust Board and NCL ICB, aligning with system timelines.
- ICB and system partners provided targeted support during the first half of the year to ensure alignment and viability.

4. Leadership and Governance Strengthening

T&P demonstrated notable progress in strengthening leadership and governance arrangements at both Board and organisational levels:

- A stable Board was established with increased capacity and capability to lead and sustain improvements.
- New governance structures were implemented, including revised Integrated Quality and Performance Reporting (IQPR), a strengthened audit committee, and adoption of A3 improvement methodology across service lines.
- Executive responsibilities were clearly defined and underpinned by a leadership development plan.
- The Trust Board received regular updates on organisational risks, supported by formal escalation processes.
- NHSE and the ICB contributed to recruitment processes and provided interim capacity to support leadership continuity.
- A new external auditor, Grant Thornton, was appointed and engaged.

5. Organisation-Wide Governance

The Trust enhanced its internal governance framework to promote openness, staff engagement, and compliance:

- A revised Freedom to Speak Up (FTSU) policy was implemented, alongside updated Raising Concerns and Whistleblowing procedures.
- The Trust's People Plan was finalised, approved by the Board, and reviewed by the ICB. Evidence of its implementation and impact was shared throughout the year.

System Oversight Framework (2/2)

North Central London Integrated Care Board

6. Quality Improvement and Assurance

During 2024/25, the Trust introduced a refreshed Quality Framework:

- The framework clarified roles, responsibilities, and escalation pathways, including engagement with NHSE and the ICB where required.
- New Quality Improvement (QI) methodology was embedded across services, with improvement weeks undertaken and A3s implemented.
- IQPR and Board Assurance Frameworks (BAFs) were introduced to strengthen oversight
- The Trust demonstrated that incident and risk reporting systems were actively used to support learning and drive improvements. Assurance was provided through quarterly SOF governance meetings.

list was completed, with specific focus on cases where patient harm or death had occurred while waiting. This was overseen and supported by the regional commissioning team.

7. Gender Identity Clinic (GIC) – Productivity and Clinical Risk

The Trust undertook targeted work to improve GIC service productivity and clinical risk oversight:

- A pathway redesign was implemented following a Kaizen improvement week, with an accompanying action plan and A3s to support productivity improvement towards national benchmarks.
- While a formal trajectory for improvement remains outstanding, this is being addressed through further review activity planned for Q1 2025/26.
- NHSE and ICB are currently developing terms of reference for an external review to commence in the new financial year.
- Regional Specialist Commissioning provided ongoing support and oversight throughout the redesign process.

In parallel:

- The Trust strengthened its grip on clinical risk management within the GIC service.
- A review of risks associated with the GIC waiting list was completed, with specific focus on cases where patient harm or death had occurred while waiting. This was overseen and supported by the regional commissioning team.

Conclusion

The 2024/25 financial year marked a period of focused improvement and strengthened collaboration between Tavistock and Portman NHS Foundation Trust, NHSE, and NCL ICB. Across strategy, estates, governance, and clinical services, the Trust has demonstrated meaningful progress against the SOF exit criteria.

Continued support and oversight will be maintained into 2025/26 to ensure the Trust consolidates these improvements and successfully transitions services in line with national priorities.

North Central London
Integrated Care Board

Appendices

NCL 2025/26 Operating Plan
NCL Mental Health & LD&A
Acute Performance

NCL 2025/26 Operating Plan (1/2)

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The NHSE Operating Plan guidance identified several national priorities to improve patient outcomes in 2025/26, including (1) reducing the time people wait for elective care, (2) improving A&E waiting times and ambulance response times, (3) improving patients' access to general practice and urgent dental care, (4) improving patient flow through mental health crisis and acute pathways and improving access to children and young people's mental health services, (5) driving the reform that will support delivery of immediate priorities and ensure the NHS is fit for the future, (6) living within the budget allocated, reducing waste and improving productivity, and (7) maintaining collective focus on the overall quality and safety of services.

NCL ICB led the management and collation of the NCL System response, with the full submission across activity, performance, finance and workforce made at the end of March 2025. NHSE feedback on the NCL plans, allocated the NCL System into the top category #1 of *"plans accepted – minor changes needed"*. A further iteration was submitted at the end of April 2025.

Urgent & Emergency Care	Target	ICB	NCL Providers	RFL	UCLH	WH	MEH
AE Attendances <4 Hours	78%	n/a	81%	80%	79%	78%	100%
March 2026 Ambulance Handovers	n/a	n/a	00:17:14	00:25:00	00:15:00	00:28:57	n/a

Cancer	Target	ICB	NCL Providers	RFL	UCLH	WH	GOSH	MEH	RNOH
Number of patients waiting >62 days	75%	n/a	83%	85%	76%	77%	100%	100%	75%
Cancer 28-day faster diagnosis standard	80%	n/a	81%	81%	81%	81%	n/a	100%	81%
Cancer 31-day performance	n/a	n/a	96%	96%	97%	96%	100%	100%	100%

Elective Performance	Target	ICB	NCL Providers	RFL	UCLH	WH	GOSH	MEH	RNOH
Incomplete RTT pathways >52 weeks	1%	n/a	1%	1%	1%	1%	1%	0%	2%
Incomplete RTT pathways >18 weeks	60% or 5% Improvement	n/a	67%	64%	65%	70%	74%	85%	62%
Patients waiting <18 weeks for FA	72% or 5% Improvement	n/a	73%	72%	72%	73%	78%	87%	57%
Endoscopy - March 2026 Performance	n/a	6%	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Imaging - March 2026 Performance	n/a	5%	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Echoes - March 2026 Performance	n/a	3%	n/a	n/a	n/a	n/a	n/a	n/a	n/a

NCL 2025/26 Operating Plan (2/2)

North Central London Integrated Care Board

Mental Health	Target	NCL ICB	NLFT	T&P
Active inappropriate adult acute mental health out of areas placements	0	0	0	n/a
Average length of stay in adult acute mental health beds	25/26 reduction	52.8	40.6	n/a
NHS talking therapies - reliable recovery	reasonable expansion	47.9%	n/a	n/a
NHS talking therapies - reliable improvement	reasonable expansion	67.4%	n/a	n/a
NHS talking therapies - 2+ contacts and discharge	reasonable expansion	16,716	n/a	n/a
Perinatal mental health services	2,002	2,010	n/a	n/a
Access to children and young people mental health services	24,989	24,989	n/a	n/a
Individual placement support access	reasonable expansion	1,322	n/a	n/a

Learning Disability & Autism	Target	NCL ICB
Learning disability registers and annual health checks delivered by GPs	1	75.0%
Reliance on mental health inpatient care for adults with a learning disability	30 per million	17
Reliance on mental health inpatient care for autistic adults	30 per million	17
Reliance on inpatient care for CYP with a learning disability and/or autism	15 per million	5

Community Services	Target	NCL ICB
Virtual ward occupancy	n/a	80.0%
Community care contacts	n/a	141,449
CYP waiting list over 52 weeks	25/26 reduction	615
Adults waiting list over 52 weeks	25/26 reduction	0
Urgent community response (UCR) referrals	180 per 100k	2,552
Average length of stay - community trusts	n/a	21.0

Appendix 1 – NCL Mental Health + LD&A Dashboard

NHS North Central London Integrated Care Board

North Central London ICS - Mental Health and LD&A Operating Plan Measures		Plan 24/25	TARGET 24/25 - Q1	2024/25			TARGET 24/25 - Q2	2024/25			TARGET 24/25 - Q3	2024/25			TARGET 24/25 - Q4	2024/25		
				April	May	June		July	August	September		October	November	December		January	February	March
CYP - MH	CYP Access 1 Contact (Incl MHST)	24,989	20,821	20,824	21,222	21,395	22,030	21,112	20,869	22,090	23,418	22,003	22,377	22,653	24,989	23,140	24,111	TBC
Adult - MH	Talking Therapies 2+ Contacts & Discharge	15,586	3,870	1,225	2,455	3,535	7,745	4,985	6,380	7,730	11,630	9,065	10,353	11,407	15,586	12,576	13,717	TBC
	Talking Therapies - Reliable Recovery	48.2%	47.1%	44.7%	44.0%	46.7%	47.2%	48.4%	46.4%	46.5%	48.7%	43.5%	46.3%	43.7%	48.2%	45.2%	47.2%	TBC
	Talking Therapies - Reliable Improvement	68.1%	67.7%	64.9%	64.6%	64.4%	67.8%	69.0%	67.0%	68.5%	67.7%	67.0%	66.7%	64.0%	68.1%	64.4%	67.1%	TBC
	Perinatal	2,010	1,517	1,519	1,537	1,544	1,678	1,565	1,607	1,654	1,840	1,587	1,662	1,581	2,010	1,816	1,821	TBC
	Adult Community Access- 2 Contacts	23,823	21,350	21,324	TBC	20,924	21,721	21,030	21,075	20,212	22,772	20,094	20,148	20,307	23,823	20,483	20,769	TBC
	SMI - Physical Health Checks	71.0%	65.2%	56.9%			67.1%	56.9%			69.1%	60.1%			71.0%	TBC		
	Number of Inappropriate Active OAPs	0	12	20	17	n/a	8	8	5	8	4	6	1	5	0	3	5	TBC
	Dementia Diagnosis Rate 65+	69.0%	68.9%	67.0%	67.3%	67.8%	68.9%	67.4%	67.3%	67.4%	68.9%	67.3%	67.4%	67.2%	69.0%	67.1%	67.2%	TBC
LD&A	Annual Health Checks	75.0%	14.7%	3.4%	12.0%	17.8%	33.3%	24.1%	30.3%	36.9%	53.9%	44.2%	51.0%	57.3%	75.0%	66.7%	75.0%	85.9%
	Adult inpatients (ICS Commissioned)	18	18	n/a	n/a	14	18	n/a	12	14	18	16	16	15	18	19	19	25
	Adult inpatients (NHSE Commissioned)	21	22	n/a	n/a	21	22	n/a	21	18	21	19	19	18	21	18	17	17
	CYP inpatients	9	11	10	6	10	11	7	8	7	10	9	9	9	9	7	8	6

Appendix 2 – Acute Dashboard

NHS
North Central London
Integrated Care Board

NCL - Selected Acute Services		2024/25											
		April	May	June	July	August	September	October	November	December	January	February	March
UEC	*4-Hour AE performance target*	*71.0%*	*71.5%*	*72.7%*	*73.1%*	*73.8%*	*74.8%*	*75.7%*	*76.1%*	*76.7%*	*77.8%*	*78.4%*	*79.8%*
	4-Hour AE performance	71.4%	69.8%	72.8%	74.3%	76.4%	75.0%	74.2%	72.7%	73.4%	74.8%	74.6%	76.0%
	12 hour waits from arrival	5,325	5,965	4,700	4,695	3,080	3,475	4,855	4,820	5,505	5,300	4,650	4,345
	LAS handovers	8,007	8,545	8,143	8,534	8,388	7,888	8,403	8,332	8,426	8,785	7,954	8,785
	Ambulance handovers 30 min+	2,878	2,963	2,580	2,678	2,389	2,220	2,553	2,816	3,152	3,395	2,805	2,704
	Ambulance handovers 60 min+	495	459	283	288	254	300	295	408	569	720	388	287
RTT	RTT admitted pathways %	59%	60%	61%	60%	61%	60%	62%	63%	64%	61%	61%	*TBC*
	RTT non-admitted pathways %	66.5%	68.7%	68.1%	68.1%	68.8%	66.7%	66.3%	66.0%	67.4%	65.3%	64.7%	*TBC*
	RTT incompletes plan	*269,621*	*268,823*	*268,502*	*267,803*	*267,091*	*266,066*	*265,096*	*264,416*	*264,454*	*262,747*	*262,753*	*263,175*
	RTT incompletes	273,453	276,454	278,513	276,040	280,602	283,378	287,321	289,204	292,001	292,706	294,419	*TBC*
	52+ waits plan	*8,598*	*8,130*	*7,658*	*7,181*	*6,853*	*6,385*	*6,003*	*5,609*	*5,365*	*4,998*	*4,656*	*4,337*
	52+ waits	8,219	8,267	8,391	7,701	7,289	6,379	5,944	5,941	5,257	5,299	5,417	*TBC*
	65+ waits plan	*2,316*	*1,785*	*1,268*	*831*	*404*	*n/a*	*n/a*	*n/a*	*n/a*	*n/a*	*n/a*	*n/a*
	65+ waits	1,798	1,978	2,076	1,802	1,546	902	714	581	421	437	447	*TBC*
Diagnostics	*Imaging plan*	*61,229*	*63,404*	*63,885*	*65,209*	*62,616*	*62,513*	*66,619*	*65,063*	*58,933*	*64,434*	*59,438*	*63,866*
	Imaging activity	63,389	65,633	65,760	70,341	64,630	65,814	71,834	68,796	65,279	72,352	65,860	*TBC*
	Endoscopy plan	*4,153*	*4,273*	*4,375*	*4,576*	*4,250*	*4,489*	*4,692*	*4,480*	*4,186*	*4,480*	*4,206*	*4,617*
	Endoscopy activity	4,493	4,755	4,709	5,189	4,866	4,882	4,838	5,019	4,298	4,792	4,924	*TBC*
	Total diagnostic 6+ weeks	5,220	6,348	6,553	4,713	3,834	3,646	4,231	4,503	5,821	5,902	4,716	*TBC*
	Total diagnostic 6+ weeks %	89.1%	87.6%	87.1%	90.4%	91.6%	92.1%	91.6%	91.5%	88.0%	88.4%	91.1%	*TBC*
Cancer	31 day cancer treatments	1,609	1,462	1,528	1,729	1,411	1,533	1,705	1,630	1,510	1,710	1,512	*TBC*
	Cancer 31-day decision to treat %	91.1%	89.9%	87.8%	92.8%	90.7%	91.7%	92.0%	89.3%	91.6%	89.0%	93.9%	*TBC*
	62+ backlog	710	733	713	667	763	696	639	586	631	674	563	477
	62 day cancer treatments	699	659	729	753	667	721	719	687	654	698	653	*TBC*
	Cancer 62 days plan	*62.6%*	*63.6%*	*65.6%*	*66.3%*	*64.0%*	*67.4%*	*69.2%*	*69.8%*	*69.6%*	*68.9%*	*70.5%*	*72.4%*
	Cancer 62 days achievement	63.0%	62.6%	63.3%	63.2%	64.3%	62.2%	65.6%	67.5%	69.9%	63.2%	63.0%	*TBC*
	28-day Faster Diagnosis Standard plan	*71.6%*	*72.5%*	*73.2%*	*74.0%*	*73.0%*	*74.1%*	*74.9%*	*75.3%*	*74.8%*	*74.6%*	*75.8%*	*77.1%*
	28-day Faster Diagnosis Standard %	68.7%	70.4%	73.0%	71.3%	70.8%	71.8%	73.9%	74.0%	74.1%	68.1%	77.2%	*TBC*
Beds	*Average G&A beds occupancy plan*	*92.3%*	*91.9%*	*92.1%*	*90.6%*	*91.3%*	*91.4%*	*91.5%*	*92.7%*	*91.2%*	*92.3%*	*92.9%*	*91.9%*
	Average adult G&A beds occupancy	92.2%	91.8%	91.6%	91.0%	88.8%	90.3%	91.2%	92.4%	90.3%	91.6%	93.1%	92.1%
	Average adult CC beds occupancy plan	*85.1%*	*84.6%*	*84.6%*	*84.8%*	*85.7%*	*84.7%*	*84.3%*	*84.4%*	*86.3%*	*86.4%*	*86.6%*	*86.3%*
	Average adult CC beds occupancy	81.3%	83.1%	82.0%	79.2%	81.3%	80.4%	82.9%	84.5%	80.1%	85.9%	83.9%	81.6%
	Length of stay 21+ plan	*515*	*557*	*544*	*520*	*512*	*514*	*518*	*544*	*529*	*527*	*500*	*516*
	Length of stay 21+	627	644	619	607	598	620	606	612	636	663	626	581
	Criteria to reside plan	*12.5%*	*11.9%*	*11.6%*	*11.4%*	*10.9%*	*10.5%*	*10.4%*	*10.3%*	*11.6%*	*12.1%*	*11.6%*	*11.6%*
	Criteria to reside	12.1%	11.1%	13.1%	13.5%	13.6%	13.5%	12.4%	10.4%	9.7%	13.6%	13.1%	12.2%

North Central London
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North Central London ICB
Board of Members Meeting
20 May 2025

Report Title	Quality Report	**Date of report**	30 April 2025	**Agenda Item**	3.2
Lead Director / Manager	Jenny Goodridge, Acting Chief Nurse	**Email / Tel**		Jenny.goodridge2@nhs.net	
Board Member Sponsor	Jenny Goodridge, Acting Chief Nurse.				
Report Author	Jenny Goodridge, Acting Chief Nurse.	**Email / Tel**		Deirdre.malone@nhs.net	
Name of Authorising Finance Lead	Not applicable.	**Summary of Financial Implications**			
Report Summary	The Quality and Safety Committee (QSC) has not met since the previous Board on met on 25 March 2025, therefore, there are no items of escalation from to Board from QSC. The areas that have been included in this report to the Board are intended to provide an overview of key actions being taken to address risks and challenges within the system in relation to quality and safety and provide information on system learning, including: **An update on maternity services -** The North Middlesex University Hospital (NMUH) maternity unit declared non-compliance in four out of ten safety actions (as reported at the March Board). The RFH group has taken action to enhance leadership support. The NCL Local Maternity and Neonatal System (LMNS) and NHSE through the regional Maternity Intensive Support Team continue to support the NMUH (through the Royal Free Hospitals group) with their improvement plan. **An overview of the Never Events deep dive that was presented to the System Quality Group on 8 April 2025 –** On 8 April 2025, a deep dive into Never events that have occurred within NCL from 1 Jan 2023 – Jan 2025 was presented to the NCL System Quality Group. To note: • NCL is **not** an outlier in relation to the national findings regarding the number of Never Events reported. • NCL is **not** an outlier in relation to the number of Never Events reported by London ICBs. • The main categories of Never Events reported by NCL are: ○ **Wrong Site Surgery** ○ **Wrong Implants** ○ **Retained Foreign Objects**				

	A Never Event learning summit is being planned for Q2, hosted by the Royal Free Hospital group. • **Q4 Complaints and MP inquiries –** There has been a steady increase in the number of formal complaints received throughout 2024/25. The development of InPhase (IT system to manage complaints) will support the team to undertake in depth analysis of themes and support system learning. • **A brief introduction to the North Central London Suicide Prevention Programme –** The Board is advised of the launch of the NCL Suicide Prevention Programme. The aim of the programme is to reduce the suicide rate across NCL. • There are several actions/initiatives identified to support this work, and progress will be reported to a future Board meeting. Oversight and assurance of the above items will continue to be overseen through the QSC, delegated from the ICB Board, and are being presented here for information and update. **PLEASE NOTE THAT ITEMS WITHIN THE QAULITY REPORT MAY BE DISTRESSING FOR THE READER, PARTICULARLY THE SUICIDE PREVENTION PROGRAMME.**
Recommendation	The Board of Members is asked to **NOTE** the content of the report. Items contained within the report are monitored at the ICB Quality and Safety Committee and any items that require Board involvement will be formally escalated.
Identified Risks and Risk Management Actions	The risks associated with the items set out in the Quality report are addressed locally by providers on their individual risk registers, or on the relevant Directorate risk register within the ICB.
Conflicts of Interest	Not applicable.
Resource Implications	Not applicable.
Engagement	Not applicable.
Equality Impact Analysis	Not applicable.
Report History and Key Decisions	This is the second Quality report presented to the ICB Board.
Next Steps	Items within the report will be monitored through the ICB Quality and Safety Committee, with escalations/updates provided to the ICB Board.
Appendices	Not applicable.

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Quality report to the ICB Board

May 2025

Quality update

North Central London
Integrated Care Board

The Quality and Safety Committee (QSC) met on 18 March 2025 and considered the items that were then presented to the ICB Board on 25 March 2025. The QSC has not met prior to the May Board, therefore, there are no items for escalation from this committee.

This report has a focus on some of the areas of system learning, to inform the Board, where quality improvement has been targeted to improve the safety and experience of our population in NCL.

The following Quality report includes:
- Maternity services update.
- An overview of the Never Events deep dive that was presented to the System Quality Group on 8 April 2025.
- Q4 Complaints and MP inquiries.
- A brief introduction to the North Central London Suicide Prevention Programme.

Oversight and assurance of the above items continue to be through the QSC, delegated from the ICB Board, and are being presented here for information and update.

In 2024/25, the ICB's quality priorities focused on moving towards a new way of system working, centered around quality improvement and system learning. A quality governance framework was developed to reflect the new ways of working and this had been presented to the QSC in March 2025. Following the QSC approval of the framework, the government announced plans for significant NHS reforms, which includes how ICBs will be changing. As a result of these announcements, it is becoming clear that the role of the ICB in relation to quality will change.

Next steps:
- Understanding the role of quality in the model ICB and linking this to the ICB's quality priorities
- Identify the ICB's statutory functions in relation to quality
- Consider what information will be needed (e.g. the development of quality indicators/data/dashboards) to ensure the future strategic commissioning framework, neighbourhood model and population health strategy have a focus on quality
- Identify key quality risks for transition and future model ICB
- Ensure there is a robust E/QIA process for transition

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Maternity services update

NCL compliance against Maternity Incentive Scheme (MIS) year 6 compared to the year 5 position

North Central London
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At the March Board, a full update on the position of NCL trusts' Maternity Incentive Scheme (MIS) was provided, showing that all trusts could demonstrate compliance with the required safety actions, apart from the North Middlesex University Hospital (NMUH). As the table below shows, NMUH submitted a declaration of non-compliance against four of the ten safety actions, which is a decline in position from the previous year (non-compliant in two safety actions).

Trust	Royal Free London		UCLH		Whittington Health		North Middlesex	
Safety Actions (SA)	MIS yr 5	MIS yr 6	MIS yr 5	MIS yr 6	MIS yr 5	MIS yr 6	MIS yr 5	MIS yr 6
SA1								
SA2								
SA3								
SA4								
SA5								
SA6								
SA7								
SA8								
SA9								
SA10								

NMUH updates

- NHS Resolution have confirmed that there is no risk to the Royal Free Hospital group contribution rebate following the merger with the North Middlesex in January.
- The RFH group and the NCL Local Maternity and Neonatal System (LMNS) will continue to support the NMUH with their improvement plan.
- The NMUH matenity unit is currently receiving support from the regional Maternity Intensive Support team at NHSE and meets regularly with the ICB to provide updates and discuss areas of support.
- RFH is co-ordinating a trust and stakeholder session to discuss actions to support improvement in the areas of non-compliance – date has been set forJune 2025.
- The LMNS leadership has discussed how the system can further support the RFH in relation to the NMUH, and will continue to monitor through the LMNS Board.
- Recruitment to key leadership posts in maternity at the NMUH has beem completed with good success.
- The RFL group has directed additional leadership, governance and oversight of NMUH maternity services.

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Never Events

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On 8 April 2025, a deep dive into Never events that have occurred within NCL from 01 Jan 2023 – Jan 2025 was presented to the NCL System Quality Group. The following slides provide an overview of some of the themes, trends and learning from the presentation.

To note:

- NCL is **not** an outlier in relation to the **national** findings regarding the number of Never Events reported.
- NCL is **not** an outlier in relation to the number of Never Events reported by **London ICBs.**
- The main categories of Never Events reported by NCL are:
    - **Wrong Site Surgery**
    - **Wrong Implants**
    - **Retained Foreign Objects**
- A Never Event learning summit is being planned for Q2, hosted by the Royal Free Hospitals group.

Never Events (NEs) are defined by NHSE as serious, largely preventable patient safety incidents that should not occur if healthcare providers have implemented existing national guidance or safety recommendations.

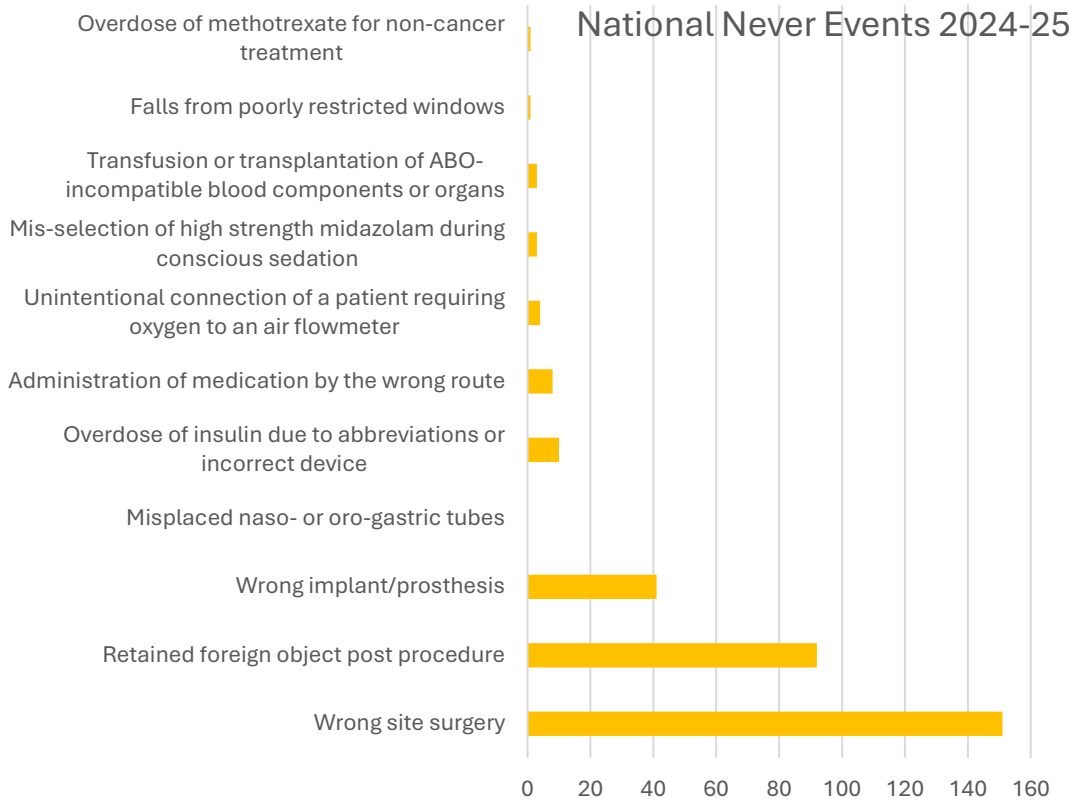
They are underpinned by the concept that Never Events highlight potential weaknesses in how an organisation manages fundamental safety processes, and it is through this lens that Never Events are viewed in most providers; as a significant failing. Prior to 2018, commissioners were allowed to impose financial sanctions when Never Events were reported, but this was removed when a cultural shift away from blame was implemented.

The current NE 'list' dates from 2018 when amendments were last made to the Never Events framework. A consultation on the framework was launched in 2024 after focus groups and reports from the CQC and HSIB highlighted for several types of Never Events the barriers are not strong enough to make an incident wholly preventable. This builds on earlier work where NE such as wrong tooth extraction and undetected oesophageal intubation were removed in 2021 and 2018.

Surgical	**Wrong site surgery**
	Wrong implant/prosthesis
	Retained foreign object post procedure
Medication	Mis-selection of a strong potassium solution
	Administration of medicine by the wrong route
	Overdose of insulin due to abbreviations or incorrect device
	Overdose of methotrexate for non-cancer treatment
	Mis-selection of high strength midazolam during conscious sedation
Mental health	Failure to install functional collapsible shower or curtain rails
General	Falls from poorly restricted windows
	Chest or neck entrapment in bed rails
	Transfusion or transplantation of ABO-incompatible blood components or organs
	Misplaced naso- or oro-gastric tubes
	Scalding of patients
	Unintentional connection of a patient requiring oxygen to an air flow meter
	Undetected oesophagal intubation (temporarily suspended as a Never Event)

National and Local themes

North Central London
Integrated Care Board

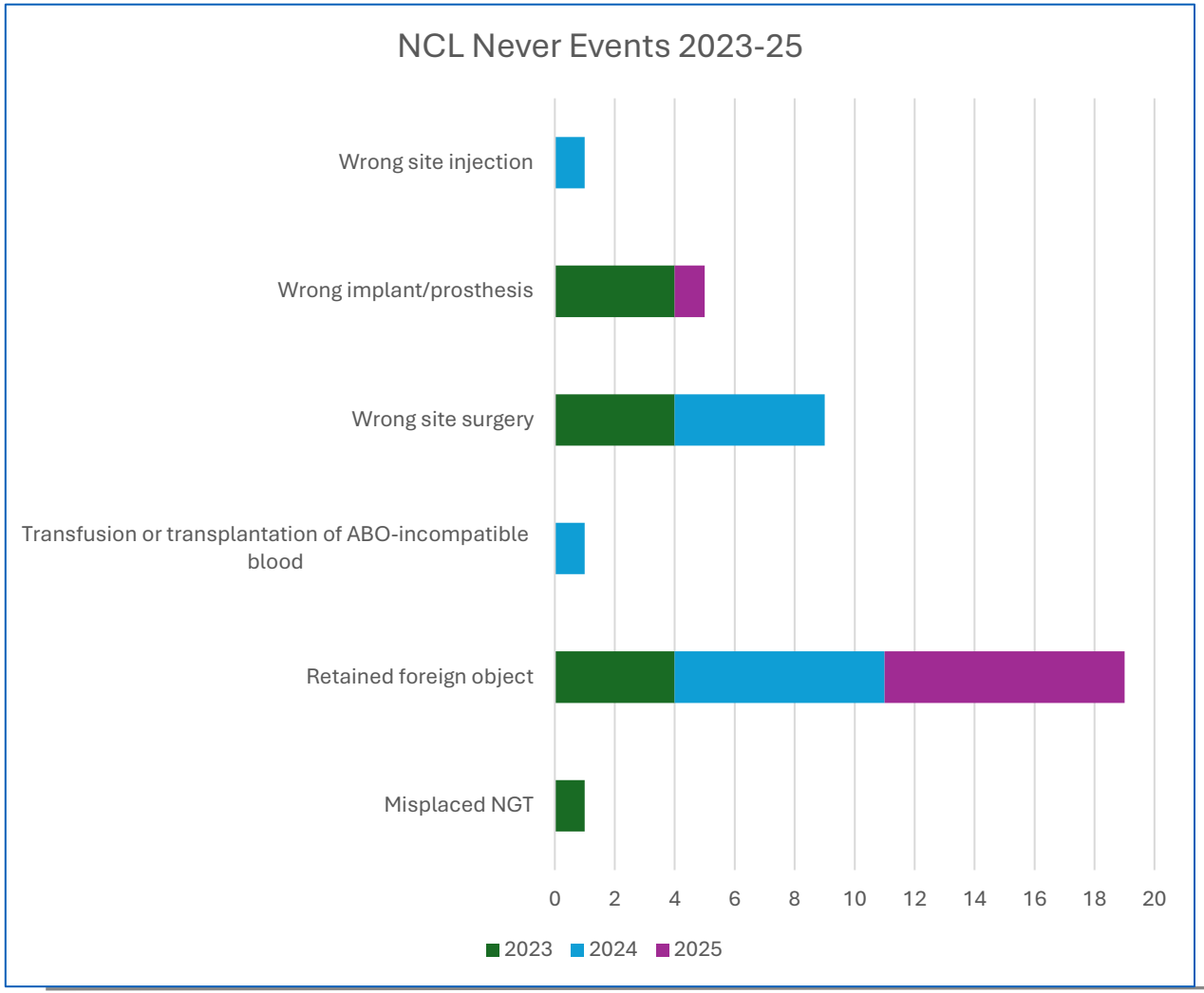


Nationally, the most common Never Event is wrong site surgery. In NCL, we had more Retained Foreign Objects Never Events (8) than Wrong site surgery (5) in the same period- April 2024-January 2025.

The subcategories of Retained Foreign Objects Never Events were, however, very similar with 3 retained surgical instruments, 3 retained surgical swabs and 2 retained guidewires. There were no vaginal swab retentions in the time period.

Never Events by category

North Central London
Integrated Care Board



36 Patient safety incidents meeting the Never Events criteria were reported on StEIS (national Serious Incident reporting system) during 2023-2025.

52 % of these were Retention of Foreign Objects (RFO, the majority of which were in theatres, however 30% of RFOs occurred in non-theatre settings which is an increasing trend in 2024 and 2025.

There has been a sharp increase in RFOs reported in 2025, with more reported in Q1 of 2025 (8), compared to the total numbers reported in 2023 and 2024.

23 Never Events were reported by Acute Trusts, and 7 by Specialist providers.

System Learning

North Central London
Integrated Care Board

Wrong Site Surgery

Wrong site surgery NEs in both 2023 and 2024 occurred across specialities, with 5 involving wrong site injections/blocks, 2 involving stents inserted to the wrong site and 1 insertion of Central Venous Catheter (CVC) into the artery rather than vein.

Improvement work has been undertaken on understanding how World Health Organisation (WHO) and local injection checklist processes (LocSSIP) are implemented and used by staff, and on reinforcing the use of 'stop before you block' reminders using Systems Engineering Initiative for Patient Safety (SEIPs) methodology.

Wrong Implant insertion

There were five wrong implant insertions, two within ophthalmology surgery, one within orthopaedic surgery and two within general surgery.

Four Never Events occurred in 2023, there were no Never Events reported across NCL in 2024, suggesting that actions taken because of those that had occurred previously, were effective, such as:

- Reviewing the storage and organisation of implants within theatre storage rooms, adding visual cues (posters) of implants and labelling shelves.
- Implement Scan4safety approach.

There has been one Never Event reported 2025 related to insertion of the wrong type of contraceptive. This is under investigation.

Retained Foreign Objects

During 2023 and 2024 all Never Events regarding the retention of Retained Foreign Objects occurred within the operating theatre environment. While in 2025, of the eight reported incidents reported, five of these occurred outside of the operating theatre environment - ITU, radiology, outpatients and a maternity ward.

Improvement work in progress includes;
- Reviewing the Procedural Counts Policy in non-theatre environments.
- Reviewing checklists and processes relating to high-risk retention procedures to include recording the integrity of devices.

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Complaints Q4 2024/25

Q4: Complaints and MP Enquiries

North Central London
Integrated Care Board

Complaints Performance Matrix	2024/5 Q1	2024/5 Q2	2024/5 Q3	2024/5 Q4
No. Formal Complaintss Received	106	121	142	153
No. Concerns Received	85	89	84	74
Acknol within 3 Working Days	101 (95%)	117 (96.7%)	119 (83.8%)	142 (92.8%)
Detailed Acknol	71 (67%)	101 (83.5%)	94 (66.2%)	120 (78.4%)
TOTAL	191	210	226	227

During Q4 the complaints team handled 227 new cases, of which 153 were complaints and 74 were concerns (28 of these cases originated via MPs).

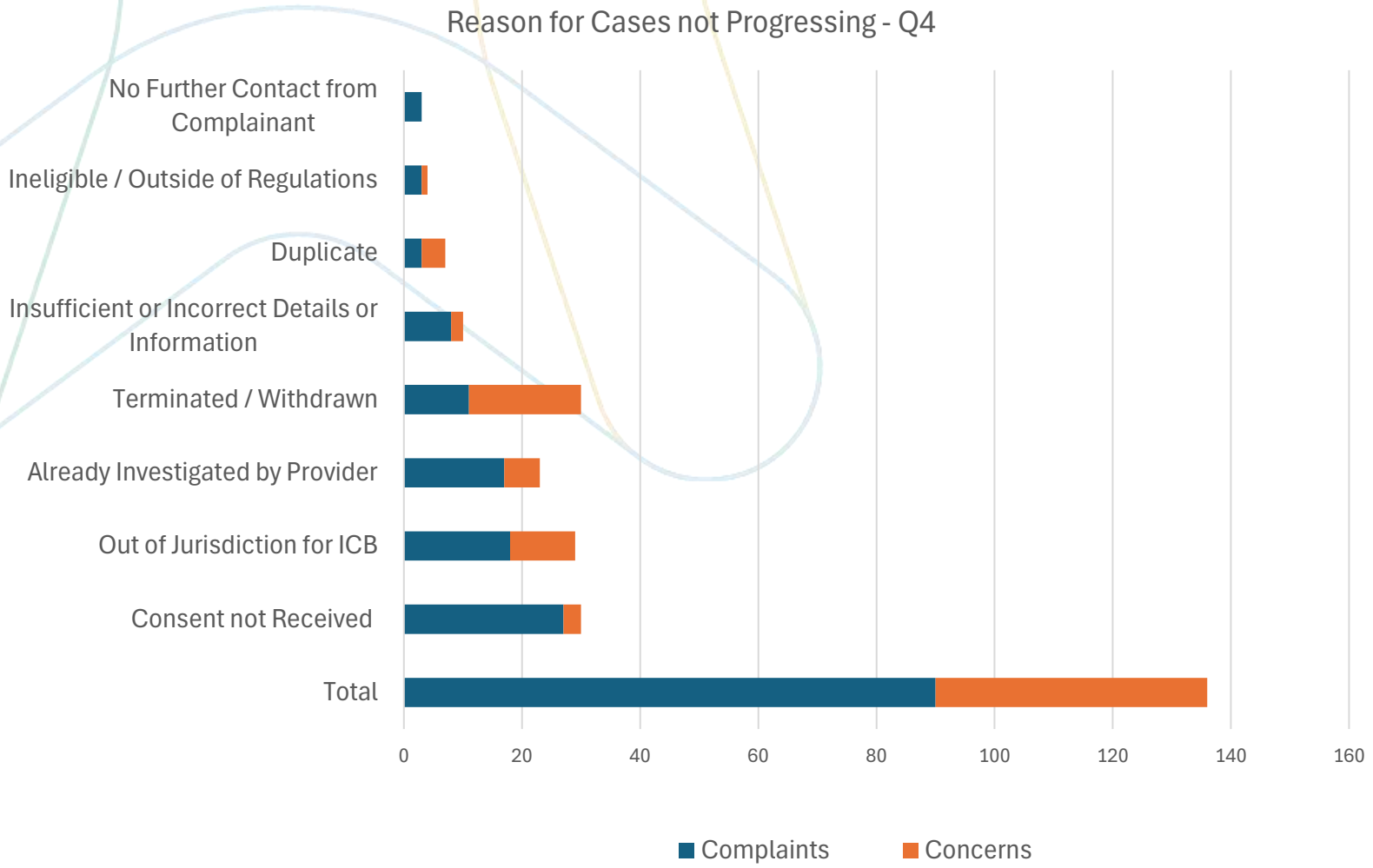
142 complaints were received via email, so received an automatic and immediate acknowledgement. Full acknowledgements were issued within three working days for 78.4% of complaints.

Of those complaints that did not receive a detailed acknowledgement, 22 were cases that did not progress, 1 was raising further concerns, and the reason for delay in the other 10 cases was due to admin or capacity issues being experienced.

The overall number of cases received and logged was consistent across Q3 and Q4.

Q4: Complaints and MP Enquiries

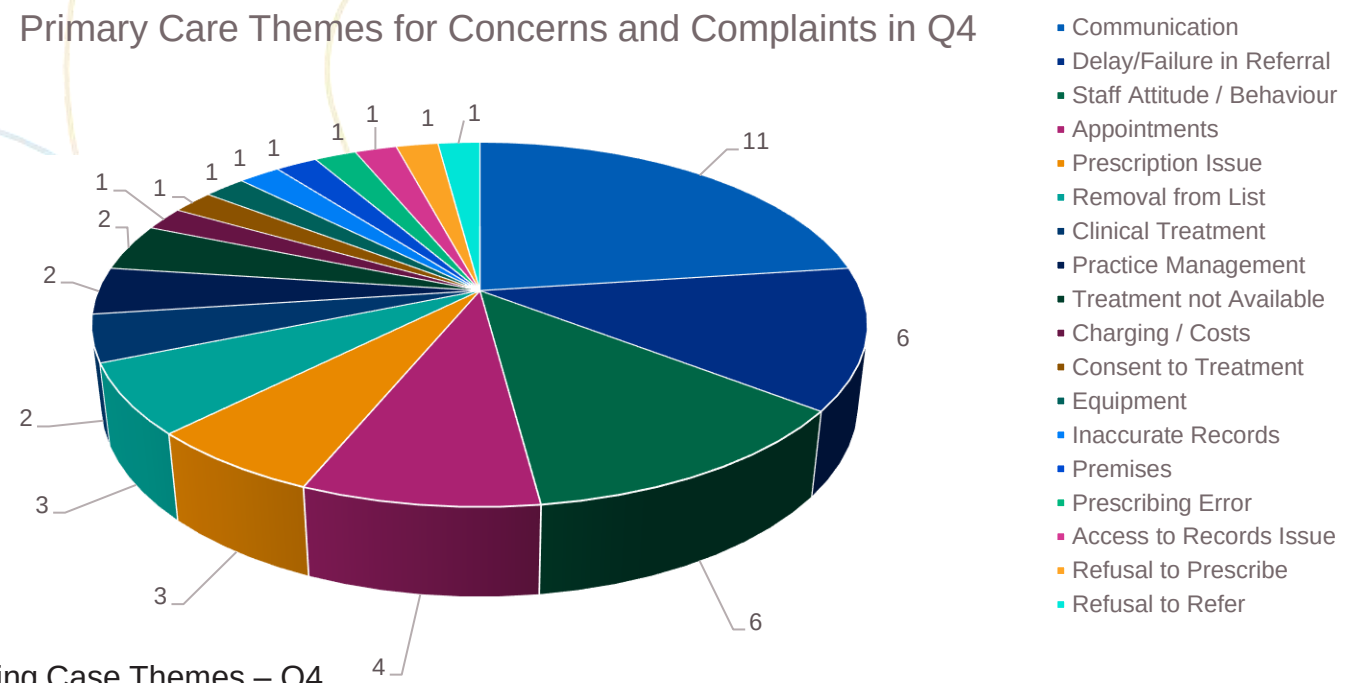
North Central London
Integrated Care Board



- The main reason for cases not progressing is that consent is not provided to allow the case to proceed or that NCL is not the correct ICB to handle the case.
- We also see a significant number of cases that have already been handled by providers or that are withdrawn.
- Of the 136 cases that did not progress, comprising of Complaints and Concerns, 95 were relating to Primary Care, and 31 to Commissioning and other (e.g. secondary) provider services.

Q4: Complaints and MP Enquiries

North Central London
Integrated Care Board



Secondary and Commissioning Case Themes – Q4

Access to Treatment or Drugs	4
Commissioning Services	3
Facilities	2
Appointment Issues	1
Care Planning	1
Clinical Treatment	1
Communication	1
Prescription Issues	1
Staff Attitude / Behaviour	1
Treatment not Available	1
Integrated Care (MH)	1
Other	1

Of the 153 Complaints logged in Q4, 45 remain active and 18 have been resolved at the time of reporting. 90 did not progress.

Of the 74 Concerns logged in Q4, 11 remain active and 17 have been resolved at the time of reporting. 46 did not progress.

Thematic information is only available on 66 of these cases. The development of InPhase will allow for deeper analysis of themes and a breakdown to sub-subjects to offer more specific information on types of issue being raised.

NHS
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North Central London Suicide Prevention Community Launch Event

North Central London (NCL) Suicide Prevention Community Launch Event

North Central London
Integrated Care Board

In 2023, 6,069 suicides were registered in England and Wales

England has a suicide rate of 11.4 per 100,000 people

Suicide is the main cause of death for people under the age of 35 in the UK

It is estimated that up to 135 people are impacted by every suicide

Each suicide costs the economy £1.46 million

An average of 93 people die by suicide in NCL every year (6.2 per 100,000)

On 27 March 2025, the NCL Suicide Prevention Community launched the NCL Suicide Prevention Programme that is supported by:

- Barnet, Camden, Enfield, Haringey and Islington Councils
- NCL ICB
- North London NHS Foundation Trust
- Members of the public with lived experience of suicide

The overall aim is to reduce the suicide rate across the NCL geography through population-based suicide prevention measures as well as programmes targeted to those at highest risk, through improved support to those who have self-harmed and improved support for people bereaved by suicide.

There are two phases to the programme:

- **Phase 1 – Making Suicide Prevention Everyone's Business** – Raise the profile of the programme with a focus on upskilling frontline professionals and promoting readily available suicide prevention resources
- **Phase 2 – Provide Tailored Support to those at Greatest Risk** – Fund larger scale initiatives to significantly reduce suicide risk within key cohorts identified through Real-Time Suicide Surveillance

There are a number of detailed actions/initiatives within each of the phases aimed at reducing the suicide rate across NCL. Progress will be reported at a future Board.

North Central London
Integrated Care Board

North Central London ICB
Board of Members Meeting
20 May 2025

Report Title	2025/26 Financial Planning Update	**Date of report**	30 April 2025	**Agenda Item**	3.3
Lead Director / Manager	Gary Sired, Chief Finance Officer	**Email / Tel**		g.sired@nhs.net	
Board Member Sponsor	Paul Najsraek, Chair, NCL ICB				
Report Author	Becky Booker, Director of Financial Management	**Email / Tel**		r.booker@nhs.net	
Name of Authorising Finance Lead	Gary Sired, Chief Finance Officer	**Summary of Financial Implications** The System has submitted a **breakeven plan** to NHS England. With Providers planning to achieve a planned deficit of £27.2m and the ICB planning to achieve a surplus of £27.2m.			
Report Summary	**System Financial Plan** Following the receipt of planning returns from Trusts on 27 March, the NCL system's 2025/26 plan is a breakeven position, which is underpinned by c.£318m of efficiency savings. The System has identified c£0.25bn of gross risks, of which around half relates to CIP delivery risk. **ICB Financial Plan** The 2025/26 financial plan requires the ICB to achieve a surplus of £27.2m. This surplus contributes to the broader System-wide financial position of breakeven. The plan includes a number of targets that will need to be carefully managed throughout the year. These include; • Use of non-recurrent benefits - **£43.6m** • Full achievement of CIP (efficiency) targets - **£29.2m** • ICB Cost pressures - **£1.4m** • System Cost pressures - **£5.8m** **It is important to note that the latest government announcements about reducing ICB costs have not yet been factored into this plan.**				

Recommendation	The Board of Members is asked to **NOTE** the contents of this report.
Identified Risks and Risk Management Actions	NCL have identified c.£0.25bn of gross risks in the 2025/26 plans submitted at the end of March. Although it is likely Trusts have taken different views of risks within their plan, it is clear there is a substantial element of risk that will require in-year management.
Conflicts of Interest	This paper was written in accordance with the Conflicts of Interest Policy.
Resource Implications	The report highlights the allocations for the ICB.
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 planning update has been presented to Part 1 of the Board.
Next Steps	This report is to be reviewed and noted in the Part 1 Board meeting.
Appendices	None.

North Central London Health and Care
Integrated Care System

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2025/26 Financial Planning Update

May 2025

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May 2025

2025/26 Planning Overview

System Financial Bottom Line

- Following the receipt of planning returns from trusts on 27th March, the NCL system's 25/26 plan is a balanced position. NCL is planning to move from an exit underlying deficit of £247m in 24/25 to an exit underlying deficit of £185m in 25/26, an improvement of £62m.
- The system is heavily reliant on non-recurrent measures to achieve financial break-even. There are c.£185m of non-recurrent measures in the 25/26 plan and this compares to the c.£247m in the 24/25 forecast outturn position. This represents a planned improvement in the underlying position of £63m.

System Cost Improvement Plans

- 25/26 plans are underpinned by c.£318m of efficiency savings to be delivered. Based on influenceable income which is the typical NCL metric to measure savings, this represents c.5.7%. This is an increase of £89m (39%) on the total system savings delivered in 24/25.

Agency and bank spend caps

- For 25/26, NCL were set an agency spend cap of c.£71m and a bank spend cap of c.£244m. For agency spend, providers have been set a target representing between 15% and 40% decrease in 24/25 agency spend whilst a uniform 10% reduction on 24/25 spend has been applied for bank spend.

System Risk Review

- NCL have identified c.£0.25bn of gross risks in the 25/26 plans submitted at the end of March. Although it is likely trusts have taken different views of risks within their plan, it is clear there is a substantial element of risk.
- Almost 50% (c.£119m) of the risk relates to the delivery of the CIP plans. The next highest risk relates to contract income (c.£50m) which is a specific issue for many trusts in NCL who have a significant proportion of their income base from outside of NCL ICB.
- The ICB has identified c.£29m of risks relating to Prescribing & CHC, for which there have been significant cost pressures in recent financial years.

Upcoming submissions

- There is further national submission of the 25/26 Financial Plan on Wednesday 30th April where organisations have been asked for an update on the maturity of their Cost Improvement programmes.

	Movements in Bottom line position between planning returns				Memo	
Org	25/26 Plan - January Submission	25/26 Plan - Feb Submission	25/26 Plan – 27th March	Movement between March & Feb	24/25 plan	24/25 FOT (M11)*
	£'000	£'000	£'000	£'000	£'000	£'000
Providers	(224,969)	(244,416)	(27,192)	217,224	(14,552)	(14,552)
ICB	0	0	27,193	27,193	14,552	14,552
System Total	**(224,969)**	**(244,416)**	**1**	**244,417**	**0**	**1**

*At the time of writing this report, organisations had not yet confirmed the final 24/25 financial position.

2025/26 NCL ICS Capital Programme

NCL ICS System Capital Programme

- The 25/26 Core Capital allocation for NCL ICS is £249.4m.
- The national formula provides £227.2m to NCL ICS to allocate to providers. The system is expected to receive £22.2m for achieving financial balance in 2024-25 which the ICS is currently on track to deliver. We have used this capital bonus, along with the 10% top slice to cover the commitments on strategic priorities.
- This has been distributed to providers as per the table below. There is a small overcommitment on 25/26 Capital that we believe we can manage in-year.

ICS 2025-26 National Capital Funding Allocation	
Description	**£'000**
Depreciation	172,928
Gross Assets	38,790
Backlog Maintenance	15,454
2025/26 Fair Share Allocation	**227,172**
24/25 Revenue Fair Share Allocation Adjustment	22,225
2025/26 Total Capital Allocation	**249,397**

	Fair Share allocations (excl. IFRS16)	Strategic Schemes top-slice (10% on Fair Shares)	Strategic Schemes allocations	System Shortfall to be managed in year	Core capital allocations	IFRS 16 lease allocations	Total allocations (Core + IFRS 16)
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
NCL Total	**183,131**	**(18,314)**	**43,051**	**(2,513)**	**205,355**	**44,041**	**249,396**

25/26 Capital Freedom & Flexibilities

- In addition to £22.2m received for delivery of break-even in 24/25 the system will also receive further funding which we have a choice on how this funding will be phased.
- We have opted to phase these further funds in 26/27 to meet the strategic priorities and contractual lease commitments we have in that financial year.

North Central London Health and Care
Integrated Care System

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2025/26 ICB Financial Plan Update

May 2025

2025/26 ICB Financial Plan

North Central London Integrated Care Board

2025/26 ICB Financial Plan

On 30th January 2025, the ICB received financial planning guidance from NHS England detailing how it should allocate annual funding. The plan includes a set of planning assumptions outlining the expected increases for specific types of expenditure. The standard uplift is 2.15%, which assumes a price increase of 4.15% and an efficiency measure of 2.00%

There have been two submissions of the ICBs financial plan to NHS England, with the final plan submitted on 30th April 2025. The plan requires the ICB to achieve a **surplus of £27.2m**. This surplus will contribute to the broader System-wide financial position.

The plan includes a number of targets that will need to be carefully managed throughout the year. These include;

- Use of non-recurrent benefits - **£43.6m**
- Full achievement of CIP (efficiency) targets - **£29.2m**
- ICB Cost pressures - **£1.4m**
- System Cost pressures - **£5.8m**
- The assumption that all risks will be mitigated in year. These currently stand at **£69.4m**, mitigated to **£57.0m.** These address risks related to rising costs in Complex Care, High-Cost Drugs and Devices, Prescribing, as well as risks associated with CIP delivery.

It's important to note that the latest government announcements about reducing ICB costs have not yet been factored into this plan.

2025/26 ICB Draft Plan

North Central London Integrated Care Board

	March 25 submission £000
24/25 Re-forecast	**14,552**
Non Recurrent Items	(49,390)
24/25 Exit underlying position	**(34,838)**
Full Year Effects	(4,475)
25/26 Opening underlying position	**(39,313)**
CIP (Recurrent)	18,631
Unallocated Funding	833
ICB Cost Pressures	(1,359)
System Cost Pressures	(5,800)
25/26 Closing underlying position	**(27,009)**
CIP (Non-Recurrent)	10,559
N/R Measures	43,642
25/26 Plan	**27,193**

2025/26 Draft Plan

The table to the left details the financial bridge from the ICBs 2024/25 surplus plan (£14.6m) to the modelled 2025/26 plan based on NHS England's Planning Guidance issued on 30th January 2025.

The ICB is currently showing a surplus plan of £27.2m, on the assumption that £1.4m and £5.8m is earmarked for ICB and System Cost Pressures.

The plan assumes full delivery of the 2025/26 efficiency (CIP) targets, totalling **£29.2m**. In addition, the ICB will need to identify **£43.6m** in one-off (non-recurrent) benefits to achieve the planned financial position.

2025/26 ICB Recurrent Allocations

North Central London Integrated Care Board

NCL ICB Recurrent Allocations 24/25 to 25/26

Service Area	Recurrent Allocations		Increase	
	2024/25 (M12) £m	2025/26 £m	2025/26 £m	2025/26 %
Programme	3,054	3,180	125.7	4.1%
Primary Care Delegated Commissioning	316	358	42.0	13.3%
Primary Care Dental, Ophthalmic & Pharmacy	163	170	6.2	3.8%
Running Costs	27	25	(1.7)	(6.3%)
Total	**3,561**	**3,733**	**172.1**	**4.8%**

The table above details the expected recurrent allocations from NHS England for 2025/26. This is an increase of £172m from what was received recurrently in 2024/25. However, there has been some movements between the categorisation of non-recurrent and recurrent allocations, resulting in a like for like comparison that **equates to an overall increase of £149m.**

In addition, the ICB has been notified of £332m of non-recurrent allocations for 2025/26 these include:

- *Additional Elective Recovery funding*
- *SDF funding*
- *Community Diagnostic Centres*
- *Overseas Visitors funding*
- *Covid Testing funding*
- *Business Revenue Bonus*

North Central London
Integrated Care Board

North Central London ICB
Board of Members Meeting
Tuesday 20 May 2025

Report Title	Board Assurance Framework ('BAF') Report	**Date of report**	7 May 2025	**Agenda Item**	3.4
Lead Director / Manager	Ian Porter, Executive Director of Corporate Affairs	**Email / Tel**		Ian.porter3@nhs.net	
Board Member Sponsor	Frances O'Callaghan, Chief Executive Officer				
Report Author	Kate McFadden-Lewis, Governance and Risk Lead	**Email / Tel**		Katemcfadden-lewis@nhs.net	
Name of Authorising Finance Lead	Not applicable.	**Summary of Financial Implications** The BAF report assists the ICB in managing its most significant financial risks.			

Report Summary

This report is the NCL ICB Board of Members Board Assurance Framework ('BAF'). It captures the most serious risks that have been identified as threatening the achievement of the ICB's strategic objectives.

This report contains the following sections:

- Risk Overview. This sets out the movement of the BAF risks together with key highlights to bring to the Board's attention. This section also focusses on the key interrelationships between the risks and on emerging areas of risks to draw the Board's attention to;
- BAF Risk Overview Report. This report is at Appendix 1. It is a strategic snapshot of each BAF risk including risk scores, strategic updates and movement over the previous four Board reports;
- BAF Register. This is the full BAF risk register should Board members require further detail on each risk and the risk plans to control the risks (including controls, gaps in controls and actions). The full version of the BAF risk register is here.

Risk Overview

There are 7 risks in total on the BAF:

- 5 are system risks (PERF34, COMM22, COMM32, FIN36, FIN39);
- 1 is an ICB risk generated from risks or issues in other organisations (PERF28);
- 1 is an ICB only risk (PC7);
- 3 of the 7 risks are below the BAF threshold but included for information (see below).

	2 new risks have been added to the BAF: • PERF34 - Failure to deliver compliance with national operational standards across elective, urgent, and mental health care pathways (Threat). This is This is a new risk which combines the previous emergency care (PERF29), Cancer (PERF5) and Referral to Treatment (PERF8) risks into a single risk aligned to the core operating plan performance standards for 2025/26. This risk is scored at 12. • PC7 - ICB Transition (Threat). This risk is scored at 16. One risk has closed: • PERF29 - Failure to ensure timely access to emergency care (Threat). This risk, along with risks PERF5 and PERF8 (both currently below the BAF threshold) have been closed and consolidated into a new risk PERF34, as per above. 3 risks are below the BAF threshold but are included on the BAF for oversight: • PERF28 - Increased and undifferentiated demand, and variation in general practice access models (Threat). • PERF34 - Failure to deliver compliance with national operational standards across elective, urgent, and mental health care pathways (Threat). • COMM22 - Failure of the Integrated Care Board to effectively and safely manage the specialist services devolution, impacting on the delivery of population health improvements (Threat). The risks together with their strategic narratives are contained in the BAF Risks Overview Report in Appendix 1. Key highlights to bring to the Board's attention are: <u>Performance</u> There remains a significant risk that the ICB will not consistently meet national standards across urgent and emergency care, elective, cancer, and mental health pathways. This reflects ongoing pressures including increased demand, workforce constraints, winter pressures, inter-provider inefficiencies, and sustained challenges across mental health, children's and young people and learning disability and autism services. The ICB and system partners are working to address these challenges through a range of actions, including the submission of 2025/26 delivery plans, enhanced oversight via performance review forums, targeted recovery plans in cancer and elective care, and strengthened mental health service commissioning. In cancer, Referral to Treatment, and urgent care, regular system-wide meetings and NHS England engagement are supporting improved trajectory management and mutual aid. A new risk around meeting the national operational standards has been developed (PERF34) and is included in the appendices to this report. *Emerging developments and considerations for 2025/26* The UK government has announced the abolition of NHS England, with the management of the NHS being taken on by the Department of Health and Social Care (DHSC). The transition period is expected to be two years. The impact on the ICB is not yet clear, and we will continue to ensure that any changes in relation to the above are reflected within the BAF as appropriate.

	ICB 50% Operating Cost Reduction NHS England have announced that ICBs are required to reduce their operating costs by 50%, to be implemented in Quarter 3 of 2025/26. NHS England has now published its Model ICB guidance, and the Executive Management Team is considering the implications and impact of the changes. The risks facing the ICB and the wider system will be carefully considered and monitored over the coming weeks and months. We will ensure that any changes in relation to the above are reflected within the Corporate Risk Register as appropriate. A new risk around the ICB's transition has been developed (PC7) and is included in the appendices to this report. **Looking Forward** The ICB's approach to risk management continues to evolve with oversight by the Audit Committee.
Recommendation	The Board of Members is asked to: • **NOTE** the report and provide feedback on the risks; and • **IDENTIFY** any strategic gaps within the Board's remit and propose any areas where further investigative work may support further risk mitigation.
Identified Risks and Risk Management Actions	The BAF is a risk management document which highlights the most significant risks to the achievement of the ICB's strategic objectives.
Conflicts of Interest	Conflicts of interest are managed robustly and in accordance with the ICB's Conflict of Interest Policy.
Resource Implications	Updating of the BAF is the responsibility of each risk owner and their respective directorates. The Governance and Risk Team helps to support this by providing monitoring, guidance and advice.
Engagement	The BAF report is presented to each Board of Members meeting. Risk discussions continue at h the Executive Management Team and the Audit Committee.
Equality Impact Analysis	This report has been written in accordance with the provisions of the Equality Act 2010.
Report History and Key Decisions	The Board Assurance Framework report is presented to each Board of Members meeting. Risks are kept under review by the risk owners and by the committees of the Board of Members.

Next Steps	The next steps are as follows:
	• To continue to manage risks in a robust way;
	• To continue the development of the ICB's approach to system risk management. This includes:
	  ○ Increased independent scrutiny and oversight of our key risks and our developing approach through the Audit Committee;
	  ○ Further identification and development of system risks;
	  ○ Consideration of the ICB's role in system risk management;
	  ○ Consideration of the ICB's approach to risk appetite.

Appendices	The following documents are included: • Appendix 1- BAF Risks Overview Report; • BAF Register • Risk Scoring Key.

North Central London ICB BAF Risks - Oversight Report

Risk ID	Risk Title	Risk Owner	Committee	Risk description	Strategic update	2024 - 2025 Current Risk Score JULY	NOV	MAR	MAY	Movement From Last Report	Target Risk Score
System Risks											
COMM32	Failure to provide adequate Child and Adolescent Mental Health Services ('CAMHS') (Threat).	Sarah Mansuralli - Chief Strategy and Population Health Officer	Strategy and Development Committee	**CAUSE:** If the ICB fails to respond to the significantly increased need for Child and Adolescent Mental Health Services (CAMHS) services, **EFFECT:** There is a risk that local children and young people ('CYP') with mental health conditions do not access the timely, good quality mental health care they need. **IMPACT:** This may result in the deterioration of CYP's' mental health and national targets not being met by the ICB and create a long term population health impact.	In April 2024 the Strategy and Development Committee asked that commissioning options to improve cohesion and reduce fragmentation within Child and Adolescent Mental Health Services ('CAMHS') provision to increase the pace of improvement on outcomes and better meet rising need are considered. Following discussions with the NHS CAMHS providers all parties have agreed with the proposal to establish a community CAMHS provider collaborative in NCL. 2025/26 will be a year of preparatory work to enable formal Board approval in the autumn/winter for the proposal that North London Foundation Trust ('NLFT') become the lead provider within this proposed arrangement (with the agreement of all NHS CAMHS providers). The ICB is now working with NLFT and the partners who will form the Community CAMHS Provider Collaborative to enable mobilisation of the arrangements from 2026/27, working through areas such as governance, contracts and service development. An assurance methodology is being confirmed to set up regular check ins through 2025/26 to monitor progress, deal with issues as they arise and support transition to the new arrangements, using 2025/26 as a year of shadow operation. It is anticipated that once the Community CAMHS provider collaborative is fully established it will reduce variation in services across the NCL footprint, and this would deliver improvements in access, experience and outcomes for children and young people (and their families / carers). This is also anticipated to increase the level of the controls sufficiently that the risk rating is lowered from 16 to 12. Work is also now progressing to undertake a strategic commissioning programme on the Voluntary, Community and Social Enterprise CAMHS contracts held by the ICB. Any proposals will need to align with the Thrive model that underpins the strategic direction of travel for Children and Young People Mental Health ('MH') services in NCL as well as provide alignment with the operational arrangements established as part of the NCL Community CAMHS Provider Collaborative. In addition to this, MH Joint Service Performance Group meetings have been established, providing a bi-Monthly forum for providers and the ICB to meet. The focus is understanding drivers of challenge for CAMHS and to jointly develop and monitor delivery of improvement plans. This is particularly focussed on the Neuro Developmental Diagnostic pathway as well as the waiting times for access to CAMHS Services.	16	16	16	16	→	12
FIN36	St Pancras Hospital Transformation Programme Funding (Threat).	Steve Bloomer - Interim Chief Finance Officer	Finance Committee	**CAUSE:** If there is insufficient funding to deliver the complete St. Pancras transformation programme, **EFFECT:** There is a risk that the system will need to significantly re-evaluate and reprioritise it use of its Capital Departmental Expenditure Limits allocation to ensure the transformation programme has sufficient funds to complete. **IMPACT:** This may result in a number of other capital schemes being cancelled, delayed or reprioritised, having a negative impact across the system, patients and services affected, reputation damage and relationships.	There is currently a financial shortfall in the St Pancras Hospital ('SPH') Transformation Programme ('Programme'). The Chief Finance Officer ('CFO') at North London NHS Foundation Trust ('NLFT') is currently investigating the size of the financial shortfall. If the ICB wants the Programme to complete in full, the ICS may be required to reprioritise and reallocate it's Capital Departmental Expenditure Limits ('CDEL'). This in turn may have an impact on other North Central London capital programmes. However, the size and scale of the potential impact will not be known until the exact size of the financial shortfall is confirmed. As the size of the financial shortfall is refined, options will be explored in order to propose mitigations where possible. One of the mitigations, a recommendation to pause work on the proposed Greenland Road development (phase 4 of the original redevelopment programme), was approved by the Programme's governance (which includes representation from NHS England) however it may also require formal NHS England/Department of Health and Social Care approval. If approved, this will relieve the pressure on the programme finances in the short/medium-term by approximately £20m. Other options to further reduce the pressure on the programme finances continue to be explored. The Programme Team are currently in discussions with the developer to evaluate options for a mutually acceptable and financially viable programme. The Master Development Framework Agreement ('MDFA') has been paused to allow this work to progress without adversely affecting the agreement. After an initial 6-month pause that elapsed in mid-February 2025, a further 4-month extension to the pause has been agreed and this ends in mid-June 2025. Programme workstreams have been tasked with identifying solutions to achieve vacant possession of the site for (a) Royal Free London Trust services, (b) Central and North West London Trust services, and (c) North London Foundation Trust services. Commissioners have been engaged to work collaboratively with each Trust to determine potential solutions for affected services.	20	20	20	20	→	9
FIN39	Insufficient ICS Capital Allocation to Deliver ICS Strategic Priorities and Address Issues with Key Infrastructure (Threat).	Steve Bloomer - Interim Chief Finance Officer	Finance Committee	**CAUSE:** If the ICS does not have sufficient capital allocation and the ICB does not effectively allocate the capital allocation, **EFFECT:** There is a risk that the ICS will not be able to deliver its strategic priorities whilst also addressing issues with key infrastructure. **IMPACT:** This may result in under delivery of ICS strategic priorities, some key estates becoming unusable or sub-par, a negative impact on population health and patient care and reputation damage.	2024/25: The total NCL ICS Capital programme allocation for 2024/25 was £238.2m comprising of Core Capital Departmental Expenditure Limit ('CDEL') allocation of £233.6m, IFRS16 allocation of £44m (devolved to NCL in-year) and further allocations of £3.5m from the national capital and cash teams and £1.1m from London region through allowable overspends. Against this, providers reported £282.3 of capital spend, representing full utilisation of the ICS allocation and allowable overspends as agreed with NHS England. Final 24/25 figures are subject to audit. 2025/26: In the March submission of the 2025/26 plan, the 2025/26 Core Capital allocation for NCL ICS was £249.4m. This consisted of a base allocation of £227.2m to NCL to allocate to providers and a bonus of £22.2m for achieving financial balance in 2024/25 and a further bonus of £20m for submitting a balanced plan in 2025/26. The capital bonuses and a 10% top slice has been used to cover the commitments on strategic priorities. Overall, all known pressures would give us a c5% over commitment in 2025/26 which we intend to manage in year. Furthermore, we have additional capital bonuses to be phased over 2025/26 and 26/27, c£25m for the system and £ for £ capital bonuses for trusts that delivered surpluses in 2024/25. We intend to signal that these will be phased into 2026/27 where we have the largest commitments/pressures. NCL has received an indicative allocation of £19m for estates safety projects. We have submitted bids based upon the highest priority schemes that trust informed us of. These are to go a national panel early May 2025. There are also indicative allocations for schemes to deliver Constitutional Standards. Those schemes that meet the criteria will be subject to a further business case approval stage. 2026/27 The 2026/27 budget is currently significantly over-committed (even after applying the additional bonuses referred to above) driven mostly due to a historic committed lease arrangement signed by University College London Hospital Trust before the NHS implementation of IFRS 16. A further update will be communicated at the finance committee on this and the mitigations we can take.	20	20	20	20	→	15
New System Risk - below BAF threshold, but included for oversight											
PERF34	Failure to deliver compliance with national operational standards across elective, urgent, and mental health care pathways (Threat).	Richard Dale - Executive Director of Performance and Transformation	Strategy and Development Committee	**CAUSE:** If the ICB and system partners fail to ensure adequate capacity and resilience across urgent, elective, cancer, and mental health pathways, **EFFECT:** there is a risk that patients may face treatment delays, breaching national standards. **IMPACT:** This could harm patient outcomes and experience, increase system backlogs, and affect the ICB's performance and oversight rating.	This is a new risk which combines the previous cancer (PERF5) Referral to Treatment ('RTT') (PERF8) and emergency care (PERF29) risks into a single risk aligned to the core operating plan performance standards for 2025/26. The System Operating Plan has now been submitted to NHS England. There remains a significant risk that North Central London ICB will not consistently meet national standards across urgent and emergency care, elective, cancer, and mental health pathways. This reflects ongoing pressures including increased demand, workforce constraints, winter pressures, inter-provider inefficiencies, and sustained challenges across mental health, children's and young people and learning disability and autism services ('LDA'). The ICB and system partners are working to address these challenges through a range of actions, including the submission of 2025/26 delivery plans, enhanced oversight via performance review forums, targeted recovery plans in cancer and elective care, and strengthened mental health service commissioning. In cancer, RTT, and urgent care, regular system-wide meetings and NHS England engagement are supporting improved trajectory management and mutual aid. Mental health pressures are being tackled through inpatient flow improvement plans, out-of-area placement reduction efforts, and pathway redesign to reduce delays in discharge. Targeted service improvement plans are also in place for Talking Therapies, children and young people's mental health services and LDA pathways to improve access and sustainability. Despite these mitigating actions, sustained system-wide pressures continue to pose a risk to national standards delivery and may impact the ICB's System Oversight Framework segmentation and overall reputation.				12	→	12
Continuing System Risk - below BAF threshold, but included for oversight											
COMM22	Failure of the Integrated Care Board to effectively and safely manage the specialist services devolution, impacting on the delivery of population health improvements (Threat).	Sarah Mansuralli - Chief Strategy and Population Health Officer	Strategy and Development Committee	**CAUSE:** If the ICB fails to effectively manage the devolution of many specialist services to the ICB, and the opportunity to integrate pathways and tackle the underlying population health issues that are causing the growth in specialist activity and spend is lost, **EFFECT:** There is a risk that the expected improved health outcomes are lost and that provider services are destabilised and expertise is lost. There is also a risk that services are lost, particularly fragile services including Highly Specialised Services which, whilst not being devolved, could be destabilised if other related services experience issues. Changes to services and changes to the funding formula for specialised services could also lead to further provider and/or individual service pressures and resulting impacts on outcomes and performance. **IMPACT:** This may result in a negative impact on quality and equity of access, as well as, loss of workforce, increasing waiting times, significant cost pressures and the lost opportunity to improve outcomes.	The delegation of specialised services occurred on 1 April 2025 following the signing of the Delegation Agreement (the legal transfer of services to the ICB from NHSE) in March. We continue to engage with providers on this work and will be running a Provider Q&A Session on 15 April 2025. There remains some key issues to be managed within the overall delegation process such as the need to invest in Dialysis to expand capacity and the wider Renal Pathway to reduce demand growth, issues around Liver Disease demand growth management and early detection and the work we are doing to address Sickle Cell Disease outcomes. These form the basis of our emerging Clinical Strategy alongside other priorities for the ICB. The transition of the Specialised Services Shared Commissioning Team has been paused temporarily in light of the announcements about the future operating model for ICBs and therefore we are uncertain of whether the transfer of the staff to the ICB will go ahead as planned in July 2025. In the meantime we are working on agreeing specific ways of working around such things as Transformation, Indicative Activity Plans and the residual discussions around the distribution of £40m of Recurrent Funding from NHSE to ICBs to fund specific priorities which we hope to resolve in April 2025.	12	12	12	12	→	9
ICB Risk arising from risks or issues in other organisations - below BAF threshold, but included for oversight											
PERF28	Increased and undifferentiated demand, and variation in general practice access models (Threat).	Sarah McDonnell-Davies - Executive Director of Place	Primary Care Committee	**CAUSE:** If the ICB fails to support a targeted approach to managing general practice demand, and to address patient and stakeholder concerns around timely and appropriate access to general practice, **EFFECT:** There is a risk of inability to appropriately prioritise clinical need, exacerbating patient perception that they cannot see a GP and so either do not present to services when they need to, or do not present to the right place at the right time. There is a risk to the reputation of provision and commissioning and to the ICB ability to deliver a population-based approach. There is a risk to NHS staff of negativity and abuse. **IMPACT:** This may result in delays to patients accessing care or pressures elsewhere in the system. There may be a negative impact on the workforce and providers.	Access to Primary Care remains a key challenge and risk. Demand increased significantly during the COVID-19 pandemic and continues to increase, exacerbating access challenges. There is a need to be able to differentiate demand so that different levels of need are met in the most effective way. This is under regular discussion at the London Primary Care Board with NCL input. The ICB developed and published a system capacity and access plan, as part of ensuring delivery of the Access Recovery Plan, which highlighted specific areas of more challenged delivery which are common to those experienced by other ICBs. An update on delivery of this plan was presented to the ICB Board of Members meeting in November 2024. Year 2 of a 2 year programme completes in March 2025 and a number of initiatives are taking effect. PCNs have delivered Capacity and Access Improvement Plans, all practices are now on cloud-based telephony, a number of practices have moved to a Modern General Practice Access Model, and a number of practices are receiving hands on change support. This programme ends in March 2025, however we have described in the reports to the Board that it is likely to take a further year for the impact of operational changes in practices to be embedded and to result in improved patient experience. Change support has been extended to September 2025 and we are seeking approval to procure a larger change support model from October 2025. Further work is required to address access to Primary Care, including: • a stratified approach to responding to demand; • improving patient experience; • ease of access (including digital inclusion / exclusion); and, • contributing factors including interface, workforce and patient needs and expectations. On average practices have provided a 15 to 30% increase in appointments compared to before COVID-19. This outstrips population growth and is indicative of practices meeting increased demand. With such a significant rise in activity in general practice work is also needed on understanding the nature of the increased demand and how this is best met. This will be overseen by the Primary Care Committee. The ICB is participating in a national pilot to evidence and quantify the gap between resource and need in general practice, which will help inform future policy, and may have the opportunity to focus on identification of need in GP. The estimated date of Target Risk Score Achievement has been extended from 30 June to 30 September 2025 as work has been paused due to the ICB cost reduction programme.	12	12	9	9	→	6
New ICB Only Risk											
PC7	ICB Transition (Threat).	Frances O'Callaghan - Chief Executive Officer	Executive Management Team Meeting	**CAUSE:** If the ICB does not establish an effective new operating model within the specified timeframes, due to the reliance on the delivery of National and Regional frameworks and guidance, the complexity and scale of the organisational change being required including at a regional level and the timeframes for implementation, **EFFECT:** there is a risk that areas of work will face significant disruption or will fall between the gaps, staff will become disenfranchised, particularly given the recently completed change programme, and the ICB will not be able to fulfil its purpose or meet its statutory duties. **IMPACT:** This may result in a negative impact on the organisation, including critical skills and organisational knowledge being lost, wasted times and costs and a negative impact on providers and patients.	This is a new risk. NHS England have announced that ICBs are required to reduce their operating costs by 50%, with implementation of this to start 1 October 2025. NHS England has now published its Model ICB guidance, and the Executive Management Team are considering the implications and impact of the changes. An all staff away day is taking place on 19 May 2025 and planning is underway, with input from staff.				16	→	9

Risk Key

Risk Improving ↓

Risk Worsening ↑

Risk neither improving nor worsening but working towards target →

Risk Scoring Key

Risk Scoring
This is separated into Consequence and Likelihood.

Consequence Scale:

Level of Impact on the Objective	Descriptor of Level of Impact on the Objective	Consequence for the Objective	Consequence Score
0 - 5%	Very low impact	Very Low	1
6 - 25%	Low impact	Low	2
26-50%	Moderate impact	Medium	3
51 – 75%	High impact	High	4
76%+	Very high impact	Very High	5

Likelihood Scale:

Level of Likelihood the Risk will Occur	Descriptor of Level of Likelihood the Risk will Occur	Likelihood the Risk will Occur	Likelihood Score
0 - 5%	Highly unlikely to occur	Very Low	1
6 - 25%	Unlikely to occur	Low	2
26-50%	Fairly likely to occur	Medium	3
51 – 75%	More likely to occur than not	High	4
76%+	Almost certainly will occur	Very High	5

Level of Risk and Priority Chart
This chart shows the level of risk a risk represents and sets out the priority which should be given to each risk:

LIKELIHOOD	CONSEQUENCE				
	Very Low (1)	Low (2)	Medium (3)	High (4)	Very High (5)
Very Low (1)	1	2	3	4	5
Low (2)	2	4	6	8	10
Medium (3)	3	6	9	12	15
High (4)	4	8	12	16	20
Very High (5)	5	10	15	20	25

1-3 Low Priority	4-6 Moderate Priority	8-12 High Priority	15-25 Very High Priority

North Central London
Integrated Care Board

North Central London ICB
Board of Members Meeting
20 May 2025

Report Title	Governance Update	**Date of report**	7 May 2025	**Agenda Item**	4.1
Lead Director / Manager	Ian Porter, Executive Director of Corporate Affairs	**Email / Tel**		Ian.porter3@nhs.net	
Board Member Sponsor	Paul Najsarek, ICB Chair.				
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	On 12 March 2025 NHS England announced that all ICB's nationally will be required to transition to new, leaner, operating models with organisational focus on strategic commissioning. The new operating models are expected to reduce ICB operational costs by 50% and transfer the delivery of some functions to other organisations. In addition, NHS England is being disestablished and merged with the Department of Health and Social Care. Consequently, the NHS is currently undergoing a period of major national transition. On 2 May 2025 NHS England released its guidance on the Model ICB to support the ICB transition and, following this, a review and redesign of the ICB will need to take place. This includes the ICB's governance structure. As a first step in the transition to a new operating model and governance structure it is proposed that the current Strategy and Development Committee and the Population Health and Health Inequalities Committee are disestablished with the key parts of their functions transferring to a new Population Health Strategic Commissioning Committee. The benefits of this are: • Strengthened oversight and greater focus on strategic population health commissioning, inequalities and achieving the ICB's strategic objectives; • Rationalisation and releasing key capacity at a time of major change. The proposed Terms of Reference for the Population Health Strategic Commissioning Committee are contained in Appendix 1. The Board will be aware that following the publication of the Model ICB Guidance the Individual Funding Requests ('IFR') function is expected to be built into new commissioner/payer functions operating at ICB and pan-ICB levels. Consequently, over time the oversight and decision making for IFRs is expected				

to transfer away from the ICB. However, until the transition takes place oversight of IFR decision making is proposed to transfer from Strategy and Development Committee to the new Population Health Strategic Commissioning Committee.

The new committee will also strategically link in with the Integrated Care Partnership through its membership and shared Chair.

The Board of Members is asked to **APPROVE** the establishment of the Population Health Strategic Commissioning Committee and its proposed Terms of Reference.

<u>Strategy and Development Committee</u>
Due to the above the Strategy and Development Committee and the Population Health and Health Inequalities Committee will need to be disestablished. The Strategy and Development Committee is a Board committee and requires formal Board approval to be disestablished. The Population Health and Health Inequalities Committee is not a Board Committee and does not require Board approval for disestablishment.

Given that the ICB is in a period of transition the date of the last meeting of the Strategy and Development Committee is to be decided. Therefore, the timing of the disestablishment of the Strategy and Development Committee will be subject to confirmation from the ICB Chair.

The Board of Members is asked to **APPROVE** the disestablishment of the Strategy and Development Committee. The Board is also asked to **NOTE** the disestablishment of the Population Health and Health Inequalities Committee.

In addition, following ongoing review there are some amendments to our committees and accompanying governance documentation that are requested:

<u>Primary Care Committee</u>
The proposed amendment to the Terms of Reference is:

- The membership listed in section 4.1 be updated as a result of the 24/25 Change Programme so that the roles listed in 4.1(f) reads as 'Director of Finance role or Deputy Director of Finance.'

The Board of Members is asked to **APPROVE** the amendment to section 4.1(f) of the Primary Care Committee's Terms of Reference.

<u>Procurement Oversight Group</u>
The proposed amendment to the Terms of Reference is:

- The membership listed in section 4.1 be expanded to include the Executive Director of Place. This is to strengthen procurement oversight of non-clinical primary care contracts.

The Board of Members is asked to **APPROVE** the amendment to section 4.1 of the Procurement Oversight Group's Terms of Reference.

<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.

In addition, following a review of the System Management Board's Terms of Reference the wording in the Functions and Decisions Map will need to be updated accordingly. The proposed revised wording is as follows:

'System Management Board is responsible to collaboratively drive the ICS's strategic, system-wide priorities. This will be achieved through:

	• Shared understanding of progress across the system; • Collective steer for priority programmes of work; • System collaboration to resolve escalations and issues.' 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 establishment of the Population Health Strategic Commissioning Committee and its proposed Terms of Reference. • **APPROVE** the disestablishment of the Strategy and Development Committee; • **NOTE** the disestablishment of the Population Health and Health Inequalities Committee; • **APPROVE** the amendment to section 4.1(f) of the Primary Care Committee's Terms of Reference; • **APPROVE** the amendment to section 4.1 of the Procurement Oversight Group's Terms of Reference; • **APPROVE** the amendments 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	Key stakeholders have been engaged in the development of Terms of Reference.
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.
Next Steps	If the ICB Board approve the recommendations the next step is to implement them. As the future model for the NCL ICB emerges further governance review work will be undertaken. This will ensure that the ICB's corporate governance arrangements going forward support the new model, are robust and ensure that the organisation operates safely.

Appendices	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 Population Health and Integrated Care Strategy ('Population Health Strategy');
b) 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;
c) Approve the commissioning of health services that deliver the Population Health Strategy and the ICB's wider strategic objectives;
d) 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;
e) Provide assurance to the Board of Members that the ICB is discharging its statutory duties relating to strategic commissioning functions effectively;
f) Ensure that all of the ICB's strategic commissioning priorities and plans are congruent and aligned across North Central London.
g) Oversee the Primary Care Committee, the Individual Funding Request ('IFR') Panel, the IFR Appeals Panel and the Local Care Infrastructure Delivery Board;
h) Oversee the development of service improvement strategies across the range of health services commissioned by the ICB.

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 Population Health Strategy and corresponding strategic commissioning framework which supports 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) Oversight of key population health and health inequality metrics and associated links to strategies and priorities;
h) Oversee the development of collaborative, joint and/or delegated commissioning arrangements to support population health and inequalities improvements across North Central London;
i) 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;
j) Approve business cases, service specifications and authorise investment expenditure from within the Committee's delegated authority limits;
k) Identify and ensure the delivery of strategic redesign work streams, including clinical input to these;
l) Monitor and review the effectiveness and the implementation of development or service improvement strategies, plans and redesign work streams;
m) Oversight of the annual contracting round;
n) Ensure that investments are affordable, value for money, sustainable and are underpinned by a robust and deliverable efficiency plans, where appropriate;
o) Make decisions on behalf of the ICB on recommendations from the System Management Board as appropriate;
p) Ensure place alignment with system-wide priorities and objectives;
q) Ensure that service development decisions reflect the ICB's patient and public and equality and diversity strategies;
r) 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;
s) 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;
t) 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);
u) Provide assurance to the Board of Members that significant service development and improvement risks are being properly managed and agree remedial actions where necessary;
v) Make recommendations to the Board of Members and/or any of its committees as appropriate;
w) 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);
x) Consider any matter referred from the Primary Care Committee;
y) Consider any matter referred from the Local Care Infrastructure Delivery Board;
z) 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 These Terms of Reference will be formally reviewed 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:

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	