

**Minutes**  
**Meeting of NHS North Central London ICB Board of Members**  
5 December 2023 between 2.20pm and 3.05pm  
Clerkenwell Room

<b>Present:</b>	
Mike Cooke	Chair, NCL Integrated Care Board
Phill Wells	Interim Chief Executive Officer
Ibrahim Abubakar	Non-Executive Member
Kay Boycott	Non-Executive Member
Dr Chris Caldwell	Chief Nursing Officer
Dr Simon Caplan	GP - Provider of Primary Medical Services
Cllr Kaya Comer-Schwartz	Leader, Islington Council
Richard Dale*	Executive Director of Performance and Transformation
John Hooton	Chief Executive, Barnet Council
Jinjer Kandola	Chief Executive Officer, Camden and Islington NHS Foundation Trust and Barnet, Enfield and Haringey Mental Health NHS Trust
Usman Khan	Non-Executive Member
Mark Lam*	Chair, Royal Free Hospitals and NNUH
Dr Jonathan Levy	GP - Provider of Primary Medical Services
Sarah Mansuralli*	Chief Strategy and Population Health Officer/Interim Deputy CEO
Sarah McDonnell-Davies*	Executive Director of Place
Sarah Morgan*	Chief People Officer
Liz Sayce	Non-Executive Member
Gary Sired	Interim Chief Finance Officer
<b>In Attendance:</b>	
Michelle Johnson	Clinical Lead, Start Well Programme
Anna Stewart	Start Well Programme Director
<b>Apologies:</b>	
Dr Alpesh Patel*	Acting Chair, GP Provider Alliance
Ian Porter*	Executive Director of Corporate Affairs
Baroness Julia Neuberger	Chair, UCLH and Whittington Health
Dr Jo Sauvage	Chief Medical Officer
<b>Minutes:</b>	
Steve Beeho	Senior Board Secretary

<b>1.</b>	<b>INTRODUCTION</b>
<b>1.1</b>	<b>Welcome &amp; Apologies</b>
1.1.1	Mike Cooke welcomed attendees to the Meeting. Apologies had been received from Dr Alpesh Patel, Julia Neuberger, Ian Porter and Jo Sauvage.
<b>1.2</b>	<b>Declarations of Interest relating to the items on the Agenda</b>

1.2.1	Mike Cooke invited Members to declare any interests relating to items on the agenda. Simon Caplan noted in the interests of transparency that he is a member of the Start Well Clinical Review Group.
1.2.2	<p>The Board of Members:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the requirement to declare any interests relating to the agenda;</li> <li>• <b>NOTED</b> the Declaration of Interests Register and the requirement to inspect their entry and advise the Board Secretary of any changes;</li> <li>• <b>NOTED</b> the requirement to record any relevant gifts and hospitality on the ICB Gifts and Hospitality Register.</li> </ul>
2.	<b>STRATEGY AND BUSINESS</b>
2.1	<b>Start Well Pre-Consultation Business Case</b>
2.1.1	<p>Mike Cooke noted that the Board was being asked to approve an approach to a public consultation, rather than take a decision at this stage about the future of services. Sarah Mansuralli then introduced the paper, highlighting the following points:</p> <ul style="list-style-type: none"> <li>• The Board has received a number of updates on the Start Well programme since it began in 2021. The ICB has benefitted from extensive clinical and resident involvement in developing the proposals which are before the Board today, seeking a decision about testing these proposals with the public through a consultation exercise.</li> <li>• This piece of work is rooted in the NCL Population Health and Integrated Care Strategy which has identified Start Well as a clear priority, recognising the huge impact it will have on improving children and young people’s life-chances</li> <li>• Although the consultation will be around a number of reconfiguration proposals, the Case for Change also highlighted some improvement opportunities that did not require any changes to the way that services are organised and work on these improvement initiatives has already commenced across NCL</li> <li>• There has been a focus on the drivers identified in the Case for Change which pointed to the need to review the way that services are organised. These include a declining birthrate yet an increasing complexity of both babies and the women and people giving birth; high vacancy rates, often leading to an inability to recruit across the current five delivery units; an imbalance between demand and capacity across certain units; the fabric of NCL estates often not being in accordance with best practice building standards and the number of deliveries at the Edgware Birthing Centre declining year on year, largely due to the growing complexity of births meaning that women do not meet the criteria for delivering at this site.</li> <li>• The new care models set out in the paper address the clinical drivers for change. Approval was being sought to consult with the public on reducing the number of units providing maternity and neo-natal care from five to four. This would mean having three Level Two units plus the specialist Neo-natal Intensive Care Unit at ULCH, while also no longer having a Level One neonatal unit or a stand-alone birthing centre.</li> <li>• The two options described in the paper are both considered deliverable, subject to the outcome of the public consultation <ul style="list-style-type: none"> <li>○ Option A will develop the services at the Whittington to offer additional Level Two capacity, as well as improving the physical environment and infrastructure of the services</li> <li>○ Option B will result in the Level One service currently provided at the Royal Free ceasing and the establishment of a Level Two unit in its place</li> <li>○ Either option will require significant capital and revenue investment</li> </ul> </li> <li>• The ICB is proposing to go to public consultation with Option A as its preferred option, The Start Well Clinical Reference Group has recommended this option as being much stronger clinically due to it necessitating far fewer workforce moves and would only require the expansion of two sites, compared to four under Option B</li> </ul>

- Additionally, North East London (NEL) ICB/ICS has advised that it will be challenging to accommodate the inflow of births to the Homerton associated with Option A but NCL will work with NEL on the implications of how they would smooth demand and capacity across the system if this is the outcome of the consultation. In contrast, North West London ICB/ICS has confirmed that they will be able to accommodate the additional inflows into their system within existing capacity. This would also help their units to become more sustainable, improve continuity of care and strengthen integration with other local services
- The ICB is proposing to streamline pathways for children (predominantly very young children under the age of 3) requiring paediatric surgical care by creating centres of expertise through consolidating some daycase activity for very young children at UCLH and consolidating some emergency and inpatient surgical care for very young children at Great Ormond Street Hospital (GOSH), recognising that there is specialist paediatric surgical and anesthetic provision at these sites that can accommodate the relatively small amount of activity transfers that this would result in.
- Maintaining the status quo is not an option – the current models of care are not sustainable and compromise the ability to achieve the ICB's ambitions to deliver high quality and accessible care which meets the needs of the population and improves outcomes.

2.1.2 Michelle Johnson noted that the programme had been clinically-led from the outset. Clinicians across all the professions and organisations have regularly attended meetings of the Start Well Clinical Reference Group (CRG), demonstrating their commitment to the programme. This commitment reflects the compelling nature of the Case for Change as the inequitable access to services is something the clinicians witness daily. The CRG has developed the model of care, working through what would be the most sustainable way for maternity, neonatal and paediatric services to be delivered across NCL. The proposal will also improve maternity and neonatal outcomes by eliminating the existing disparities. The clinical workforce is dedicated but they are also extremely stretched. This proposal will enable the workforce across NCL to be used as 'one workforce', delivering quality maternity and neonatal care across the patch.

2.1.3 The Board then discussed the paper, making the following comments:

- The amount of work of work that had taken place in response to a complex challenge and the health inequalities drivers was commended, as was the thoroughness of the CRG's work and the commitment of the participants
- It was acknowledged that there will be public concern about perceived service cuts and poor services and therefore the narrative should be strengthened to allay these concerns, while also ensuring that partners are providing a consistent message around the importance of sustainability. It was questioned whether there might be a role for the Non- Executive Members to support any stakeholder engagement
- The ICB was urged to begin the consultation as soon as possible to avoid potential future delay, bearing in mind the upcoming Mayoral election and the possibility of a General Election in the coming months
- The background provided on the clinical leadership and engagement with service users and the wider public was welcomed, as was the link with national good practice to enhance quality and address health inequalities across the five Boroughs
- The detailed interim Integrated Impact Assessment was welcomed. It will be helpful to hear more about the mitigations during the consultation, especially around travel times and costs
- It was noted that the Royal Free Board supports the need for consultation and the urgency around this as the current configuration is unsustainable in the longer term. However, it is important not to underestimate how impactful this will be on the local population and the staff affected, which will be amplified by the local communities if it is agreed to go to consultation. If this does go ahead, it will be imperative to keep listening and engage respectfully, ensuring we go into the consultation with an open mind

- The Royal Free has three specific concerns for consideration:
  - While acknowledging that following the clinically-led process Option A is the preferred option, it is important to highlight that Option B (i.e. retaining and growing services at the Royal Free) is both viable and attractive in its own right and it is therefore imperative that the ICB is seen to reach an objective and fair decision.
  - Irrespective of the final decision that is taken, the Royal Free is concerned about the length of the predicted timescale for the transition of services. Taking into account potential slippage, the full delivery of the programme could eventually take the best part of a decade. This is a long period to sustain services when the very act of going to consultation and making a decision could exacerbate a staff exodus to find greater job security
  - It is therefore recommended that the timeframes for both options are revisited during the consultation period and we challenge ourselves to reduce them or alternatively look at phased delivery. Either option will require significant reconfiguration capital at a time of capital constraints, so there will need to be transparency about trade-offs and ensure that capital goes where need is greatest.
- It was acknowledged that these points were entirely reasonable and it is vital that the ICB keeps listening, with an open-minded evaluation at the end of the process. The consultation process provides the opportunity for new evidence and information to emerge which might alter the balance of the argument but it would be disingenuous to proceed at present without a preferred option, given the existing weight of evidence. The need to challenge the long timeframe was supported. It is also hoped that the 'one workforce' proposal would provide assurance to whichever staff groups are ultimately affected
- The careful, thoughtful and collaborative construction of the proposals across a range of professions was welcomed. The clear focus on quality comes through strongly in the pre-consultation business case document and shows the system working together at its best. Nevertheless there are some difficult trade-offs to work through and choosing one option over another will not be straightforward. Work has begun with the Chief Finance Officer community to work through the capital expenditure pipeline to start to build these proposals into it and begin to show the trade-offs.
- It will be important to ensure that conversations take place with staff about redeployment and other practical mitigations, while also ensuring that everybody is clear on the narrative and the key messages. Going forward, it will be helpful to have more detail about what form the consultation will take, as well as issues such as the impact on adjoining boroughs.
- It was noted that this represents one of the first significant tests for the ICB around how it takes decisions forward. Sarah Mansuralli and the team were to be commended for the way that they have developed this case
- It was suggested that a co-ordinated change management approach across providers will be needed once the consultation commences to ensure that staff feel supported. To this end, it will be beneficial to brief trade union colleagues about the consultation
- The CQC is in the process of reviewing all maternity services nationwide and to date 60% have been found wanting. NCL is not an outlier in this respect, so it will need to think about the implications of this for staff and service users as it moves into a more sustainable future. The excellent work to date on Start Well has generated a wealth of information about the current position which might potentially unsettle people, so it is important to be clear that NCL is on a journey of improvement but this cannot be done by merely patching up what is already in place.
- Real changes are needed to get to a better future for this generation of staff and service users, which will in turn enable things to be made even better for the next generation, so a narrative is needed around short-term pain leading to long-term gain
- It was confirmed that UCLH is supportive of the proposal and the Royal Free's position. UCLH recognises that it will have a substantial leadership role from the moment that a decision is made all the way to full implementation to work with and support colleagues systemwide and will engage positively with the consultation.

2.1.4	<p>In response to Board members' comments, Sarah Mansuralli made the following points:</p> <ul style="list-style-type: none"> <li>• The ICB is acutely aware of the anxiety that the proposed changes are likely to provoke, so the Programme Team and Carnall Farrar have been actively involving staff at every step of the journey. In addition, they have been working closely with Communications leads in each trust and also holding discussions with Chief People Officers, looking at putting mitigations in place to provide comfort and assurance. It is vital not to lose any staff during this process – on the contrary, it is anticipated that moving to four units will strengthen workforce resilience and sustain critical skills and competencies</li> <li>• The ICB will be reviewing the intelligence and feedback gathered during the consultation to see how issues can be mitigated. Where appropriate this will be done in collaboration with other ICBs. This will also enable NCL to offer more meaningful patient choice</li> <li>• Residents are often not aware of the existing forms of transport support and it is anticipated that the consultation will help to promote support which is already available</li> <li>• The appetite among Board Members to accelerate the process was acknowledged.</li> </ul>
2.1.5	<p>The Board of Members:</p> <ul style="list-style-type: none"> <li>• <b>APPROVED</b> the pre-consultation business cases</li> <li>• <b>AGREED</b> to launch a consultation on the proposed options for consultation contained within the pre consultation business cases on 11 December 2023 for 14 weeks, noting the consultation plan within the pre-consultation business cases.</li> </ul>
<b>3.</b>	<b>ANY OTHER BUSINESS</b>
3.1	There was no other business.
<b>4.</b>	<b>DATE OF NEXT MEETING</b>
4.1	26 March 2024.