

Paul Najsarek
Chair, North Central London Integrated Care Board

NHS England
London Region
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BY EMAIL

28 July 2025

Dear Paul

2024/25 North Central London Integrated Care Board annual assessment

NHS England is required to conduct a performance assessment of each Integrated Care Board (ICB) with respect to each financial year. This assessment is in line with the Section 14Z59 of the NHS Act 2006 (hereafter referred to as "*the Act*"), as amended by the Health and Care Act 2022.

In making the assessment we have considered evidence from your annual report and accounts, and available data; as well as feedback from stakeholders, alongside the discussions that we have had with you and your colleagues throughout the year. This letter sets out the 2024/25 assessment (see Annex A) of the ICB's performance against the objectives set by NHS England and the Secretary of State for Health and Social Care, the statutory duties (as defined in the Act) and its wider role within your Integrated Care System (ICS) across the 2024/25 financial year.

We have structured the assessment to consider your role in providing leadership and good governance within your system as well as how you have contributed to each of the four fundamental purposes of an ICS. For each section of the assessment, we have summarised those areas in which we believe your ICB is displaying good or outstanding practice and could act as a peer or an exemplar to others. We have also included any areas in which we feel further progress is required and any support or assistance being supplied by NHS England to facilitate improvement.

This has been a challenging year in many respects and in making the assessment of your performance we have sought to fairly balance the evaluation of how successfully you have delivered against the complex operating landscape in which we are working.



We are keen to continue to see progress towards a maturing system of integrated care structured around placing health and care decisions as close as possible to those people impacted by them.

I ask that you share the assessment with your leadership team and consider publishing this alongside your annual report at a public meeting. NHS England will also publish a summary of the outcomes of all ICB performance assessments in line with our statutory obligation.

I would like to take this opportunity to thank you and your team for all your work over this financial year in what remain challenging times for the health and care sector. My team and I look forward to continuing to work with the ICB in the year ahead.

Please let me know if there is anything in this letter that you would like to follow up on.

Yours sincerely

A handwritten signature in dark ink, appearing to read 'Caroline Clarke', with a stylized flourish at the end.

Dame Caroline Clarke DBE

Regional Director – NHS England London Region

Copy:

Frances O'Callaghan, Chief Executive, North Central London Integrated Care Board

SYSTEM LEADERSHIP AND MANAGEMENT

We note how the North Central London (“NCL”) Integrated Care Board (“the ICB”) has led the local system with a collaborative, data-driven, and community-focused approach. The ICB’s Population Health and Integrated Care Strategy, endorsed in April 2023, integrates population health improvement with proactive care, focusing on prevention and early intervention. This strategy is supported by a Delivery Plan and an Outcomes Framework, which track progress and impact through core metrics. The strategy was co-produced via strong partnership working with NHS trusts, local authorities, GPs, and the voluntary sector. We welcome the continued focus on partnership including working closely with borough partnerships on local health priorities, collaborating with Healthwatch and VCSE organisations, and delivering joint programmes like “Start Well” and WorkWell to improve outcomes and tackle inequalities.

We have greatly appreciated the ICB’s engagement with, and support to, the work to secure the effective mergers between the Royal Free NHS Foundation Trust and North Middlesex NHS Trust, and between Camden and Islington NHS Foundation Trust and Barnet, Enfield and Haringey NHS Trust, establishing two new trusts to better meet the needs of the local populations.

We welcome the ICB’s role in leading and supporting system-wide transformation, with a focus on major service transformation programmes, such as the Start Well programme to reform maternity and neonatal care, piloting the WorkWell employment initiative and introducing the Integrated Care Coordination Hub to improve urgent care.

Feedback from one Health and Wellbeing Board (HWB) has highlighted the positive and active role of senior ICB colleagues on the Board, including contributing to the renewal of the Joint Local Health and Wellbeing Strategy, and has noted how the ICB has supported the delivery of a number of programmes to deliver the strategy. The HWB is keen that, noting the significant system changes that are taking place, ICB investment in place-based working continues, and that the needs of diverse and often hidden communities, including those with complex disabilities, remain a focus.

We have noted evidence of a robust governance approach with a clear and strong committee structure reporting to the Board. We note the use of Equality Impact Assessments in decision-making. The ICB has embedded quality and safety oversight within the overall internal governance model. Whilst there have been reductions in capacity across the ICB quality team, we welcome how the ICB has acted to ensure that the System Quality Group supports system learning, bringing together partners to share intelligence and information on quality and patient safety issues, to identify quality improvement priorities, and to identify joint action needed.

We note the approach that the ICB employs to secure that clinical input routinely informs strategic decisions and service developments through the senior clinical membership on the Board and key committees, and by co-producing major strategies with clinical leaders. Clinical working and advisory groups and quality committees, such as the Integrated Medicines Optimisation Committee (IMOC), have a key role in reviewing and shaping service changes and ensuring patient safety.

We welcome the ICB’s use of a wide variety of routes to promote involvement. The ICB has focused on enhancing patient engagement through the Community Voices Panel, which

includes over 1,000 local residents reflecting the diversity of the population. This panel provides valuable insights into patient experiences and opinions, helping shape services and address challenges. The very thorough approach that was taken to the Start Well engagement programme, to ensure that all key audiences were reached, is an exemplar for how to do this well.

We welcome that the ICB is developing a patient experience framework that will support improvements in patient experience initiatives in the future. The ICB has promoted patient choice and personalisation by co-producing strategies with community input, such as the “Start Well” maternity programme, supporting personalised care plans for people with complex needs, and launching the Community Voices Panel to ensure services reflect diverse preferences and experiences. The ICB’s Research Engagement Network supports communities to frame health and care issues from a community perspective, with the aim of developing community-based solutions, and we note the launch of the “Your Local Health Team” campaign to raise awareness about accessing care and staying well.

IMPROVING POPULATION HEALTH AND HEALTHCARE

The ICB was challenged across access and performance for a number of services, and there will need to be sustained focus on working with system partners to address these challenges and deliver improvement to service users and the local population.

The ICB narrowly missed the urgent and emergency care (UEC) 4-hour target, achieving 76.0% against a 78% minimum target. Cancer performance was mixed: performance against the headline 62-day standard fell just short of the 70% target at 69.6%, but we welcome that the 28-day Faster Diagnosis Standard exceeded the 2024-25 objective of 77% at 78.8% (and is showing good progress towards the 80% ambition for March 2026). It was encouraging that elective care showed some improvement in 18-week performance at 62.1%, but we are concerned at the failure to achieve the elimination of 65-week waits, ending March with 177 such cases. Similarly, we welcome the increase in elective activity, up 8.1% over the previous year and finishing at 2.4% above plan; with outpatient activity increasing by 8.6%; and remaining above plan across the whole year. However, the PTL of the ICB's providers increased in size over the year by 7%, finishing the year at over 302k and above plan by 14.9%. Sustainable delivery of the RTT metric going forward is only achievable if the overall wait list is reduced, so it is critical that this trend is reversed. We are also disappointed that the ICB missed the diagnostics 6-week performance, with performance at 9.8% against the 5% target; and that the diagnostics PTL increased by 13.9%.

We welcome the ICB investment in enhancing access to general practice, closely aligning with the NHS Delivery Plan for recovering access to primary care. This has included the implementation of high-quality digital telephony, online consultations, messaging systems, appointment booking, and demand and capacity management tools. These digital advancements have resulted in a notable increase in available GP appointments in 2024/25, with NCL offering one of the highest rates of same or next-day appointments nationally. Collaborative initiatives across primary, secondary, and tertiary care have improved working culture, reduced unnecessary contacts and delays, and enhanced patient safety and experience.

We note how the ICB continued to lead improvements in maternity services through strategic commissioning. Key actions included commissioning a perinatal pelvic health service, publishing a five-year Equity and Equality Action Plan, and supporting 7-day bereavement care across all trusts. Progress has been made on implementing the Saving Babies’ Lives Care Bundle version 3 though full compliance is still pending. Despite variations in digital capability, national clinical tools are being adopted. Maternity and Neonatal Voices

Partnerships (MNVPs) received increased funding, and workforce oversight has been strengthened. The StartWell project has led to an agreed new model of care for maternity and neonatal services, aiming to improve quality and family experience.

We welcome that the ICB met its end-of-year inpatient targets, with strong performance for children and young people (CYP), though we note that adult targets lagged, during a time of significant team changes. Annual health checks for people with learning disabilities performed well and while a backlog in LeDeR reviews remains, we understand that improvements are expected following recruitment and contract renewals. Investment continues in reducing autism diagnostic wait times, with some local progress, and support for those awaiting assessment.

Mental health access improved and saw a 27% increase in access to transformed community services in 2024/25. Although targets for CYP and perinatal mental health were not fully met, we are encouraged that both areas saw significant growth (26% and 40%, respectively). Annual health checks were completed for 68% of patients with severe mental illness. Talking Therapies fell slightly short of targets for reliable improvement (62%) and recovery (46%). Data quality improved during the NLFT merger. We note that the ICB plans to publish a three-year inpatient quality transformation plan and remains committed to the London Mental Health Strategy.

Governance and decision-making in Children and Young People's Continuing Care (CYPCC) have been reviewed to improve outcomes and funding equity and a single panel with clinical and local authority representation now allocates provision across all five boroughs. We welcome that the ICB is also working with a Pan-London group to identify and share best practice, for people under CYPCC and the Chronically Sick and Disabled Persons Act; and that the ICB has also contributed to developing guidance for supporting CYP with complex needs in educational settings.

We would welcome more clarity on governance for SEND, though we note that projects are underway to address neurodiversity pathways and therapy waits and we welcome the ICB's leadership role in the Early Language Support for Every Child programme. Over the next period we would like to understand more about how the ICB plans to address some of Long Term Plan ambitions such as elective waits and paediatric bed occupancy and how the ICB is progressing work on the CYP Checklist and Family Support Work Pilots.

Safeguarding arrangements are robust, with clear leadership and governance. The ICB meets all NHSE Safeguarding Accountability and Assurance Framework requirements and demonstrates strong local partnerships and subject matter expertise through designated leads.

TACKLING UNEQUAL OUTCOMES, ACCESS AND EXPERIENCE

We note the continued progress of the ICB's work to address health inequalities, aligning its efforts with NHS England's statement on health inequalities and encouraging partner trusts to do the same. We appreciate the work the ICB has taken with Healthwatch locally, and its strong engagement with VCSE, to drive up understanding of, and enable greater focus on, addressing inequalities. We can see how this approach has led to programmes like Community Connectors and to focusing engagement on hypertension.

We welcome each Borough's focus on supporting its at risk and marginalised groups through innovative programmes like Art Against Knives, Parent champion-led coproduction programme, and the Complete Care Communities project.

The Inequalities Fund programme has had meaningful and measurable impact: quantifiably reducing healthcare activity, including hospitalisation, for participants in the target populations and those living in 20% most deprived neighbourhoods nationally. The robust

approach the ICB has taken to measuring preventative interventions is important to improving sustainability.

We note the ICB's focus on securing equitable access to care. The detail and insights offered by your PHM work is impressive; knowing, for example, that children in NCL living in the 20% most deprived areas nationally have at least twice the rates of emergency hospital admission as children living in the least deprived areas, gives you a real advantage in addressing the issue proportionately. We note that the ICB has worked on improving elective care pathways and expanding diagnostic capacity through Community Diagnostic Centres, ensuring that services are accessible to all.

We note a number of initiatives the ICB has led and supported to improve preventative health services, including investing in digital tools for primary care, supporting targeted immunisation campaigns (notably for childhood vaccinations), and implementing the Long Term Conditions Locally Commissioned Service to improve early detection and management of cardiovascular disease. With all GP practices in NCL participating, the LTC LCS offers a single, consistent approach to LTC management across all five boroughs.

We are glad you have managed to invest further into your tobacco dependence teams, and that all NCL acute inpatient, maternity, and mental health settings have these resources available to support smokers. And we welcome your deep dives into the data to unpick the inequalities within that group of patients, resisting the easy assumption that smoking cessation de facto improves health inequalities.

ENHANCING PRODUCTIVITY AND VALUE FOR MONEY

NCL Integrated Care System (ICS) reported a surplus of £0.3m for 2024-25, with an ICB surplus of £14.6m, offsetting net aggregated provider deficits of £14.3m. The total NCL ICB allocation for 2024-25 was £4.0bn.

The ICB delivered £77.7m of efficiencies in 2024-25, £2.7m below plan of £80.4m (of which £39.3m impacted on NCL providers). NCL providers delivered £198.1m representing over 97% of their planned £204.8m. 37% of total provider efficiencies were achieved non-recurrently.

The achievement of its revenue plan in 2024-25 resulted in the system receiving additional allocations of £22.2m of capital and £22.2m of revenue for 2025-26.

Implied acute productivity growth increased by 2.2% on 2023/24 as cost weighted activity growth of 5.1% exceeded expenditure growth of 2.8% (adjusted for inflation).

The system's closing underlying position is £267.4m deficit as set out in the system's April 2025 final plan submission.

Per M12 reporting, the system spent £291.5m CDEL an additional spend of £3.3m on its £288.3m capital allocation. This overspend was agreed in advance with NHSE London Region and managed within a compliant regional capital spend.

The ICB met the requirements of the Mental Health Investment Standard, reporting £405.7m spend for 2024/5 (an increase in spend of 7.1% from 2023/24 outturn of 378.7m).

System aggregated provider WTEs grew by 4.8% compared to M12 2023-24, compared to a planned 2.2% reduction in WTEs. This represents a variance to plan of 7.1% in 2024/25.

We welcome that the ICB has established a robust research and innovation function to oversee new legal duties around research facilitation and promotion. The Research Engagement Network (REN) programme exemplifies this, bringing together the ICB, voluntary, community, and social enterprise (VCSE) sector, communities, and academic partners.

The programme focuses on tying health research to broader themes of community health and wellbeing, particularly targeting underserved communities. We note that in 2024/25, the programme engaged over 3,271 people across 32 roadshow events and outreach sessions, promoting key health messages and linking local communities to health and wellbeing support. The programme has also trained researchers and community champions to foster inclusive research practices.

We welcome the ICB's achievement in being a research-active grant host, securing a National Institute for Health and Care Research (NIHR) award and supporting multiple research bids aligned with population health objectives.

HELPING THE NHS SUPPORT BROADER SOCIAL AND ECONOMIC DEVELOPMENT

We welcome that the ICB, as an anchor institution, has played an important role in supporting the local community and economy. The ICB has met the 2024/25 London target for 71% of NHS organisations to become London Living Wage employers (and within NCL only the two merged trusts are not currently accredited and there are plans for this to be delivered). Additionally, the ICB has worked with the NCL Training Hub to promote recruitment and retention in health and care services, improving employment opportunities for local residents. The ICB has also been a national pilot for the WorkWell initiative, supporting people with long-standing illnesses or disabilities to remain in, or return to, work. The ICB has also included social value and sustainability clauses in its procurement processes, ensuring that contracted providers contribute to local communities and consider environmental sustainability.

We note the progress the ICB has made to delivering Greener NHS objectives. The ICB has aligned its Estates and Infrastructure Plan with the Green Plan ambitions, promoting the use of renewable energy sources and improving the sustainability of healthcare facilities. We note, for example that 90% of local NHS trusts now purchase all their electricity from renewable sources. The ICB has also supported greener transport schemes, with two-thirds of trusts offering facilities for bicycles and charging stations. Additionally, the ICB has implemented measures to reduce emissions from medicines and equipment, such as reducing the use of anaesthetic gases and managing inhalers more sustainably.

The ICB has made progress in improving diversity, equality, and inclusion. It is positive to see that approval of race and disability workforce equality standards reporting has been built into the ICB's governance arrangements. The ICB has developed and implemented various equality, diversity, and inclusion (EDI) reports and action plans, including the Workforce Race Equality Standard report, Workforce Disability Equality Standard report, Gender Pay Gap report, and Equality Delivery System Grading report. The ICB has also focused on improving the representation and inclusion of underserved communities in its decision-making processes. For example, the Community Voices Panel includes over 1,000 local residents reflecting the diversity of the population. The ICB has also supported the development of the NCL VCSE Alliance, which represents the voluntary, community, and social enterprise sector across the five boroughs.