



North Central London
Integrated Care Board



North West London

Minutes

**NHS North Central London ICB and NHS North West London ICB
Board Meeting in Common
4 December 2025 between 2.30pm and 3.30pm
Greenwood Centre, 37 Greenwood Place, London NW5 1LB**

NHS North Central London ICB Board	
Present:	
Mike Bell	Chair, NCL and NWL Integrated Care Boards
Frances O'Callaghan	Chief Executive Officer, NCL and NWL Integrated Care Boards
Stephen Bloomer	Chief Finance Officer, NCL and NWL Integrated Care Boards
Dr Simon Caplan	GP - Provider of Primary Medical Services
Richard Dale*	Chief Strategy Officer, NCL and NWL Integrated Care Boards
Iain Eaves	Chief Strategy and Neighbourhood Officer, North London NHS Foundation Trust
Mark Lam*	Chair, Royal Free London NHS Foundation Trust
Dr Jonathan Levy	GP - Provider of Primary Medical Services
Sarah McDonnell-Davies*	Chief Transformation Officer, NCL and NWL Integrated Care Boards
Sarah Morgan*	Chief People Officer, NCL and NWL Integrated Care Boards
Dr Alpesh Patel*	Co-Chair, NCL GP Provider Alliance
Simon Perry	Non-Executive Member, NCL and NWL Integrated Care Boards
Ian Porter*	Executive Director of Transition, NCL and NWL Integrated Care Boards
Jennifer Roye	Chief Nurse Officer, NCL and NWL Integrated Care Boards
Dr Jo Sauvage	Chief Medical Officer, NCL and NWL Integrated Care Boards
Liz Sayce	Non-Executive Member, NCL Integrated Care Board
Apologies:	
Cllr Peray Ahmet	Leader, Haringey Council
Anita Charlesworth	Non-Executive Member, NCL and NWL Integrated Care Boards
Jinjer Kandola	Chief Executive Officer, North London NHS Foundation Trust
Victoria Lawson*	Chief Executive, Islington Council
Julia Neuberger	Chair, UCLH and Whittington Health
Dr William Zermansky*	Co-Chair, GP Provider Alliance
Minutes:	
Steve Beeho	Senior Board Secretary, NCL Integrated Care Board
NHS North West London ICB Board	
Present:	
Mike Bell	Chair, NCL and NWL Integrated Care Boards
Frances O'Callaghan	Chief Executive Officer, NCL and NWL Integrated Care Boards
Stephen Bloomer	Chief Finance Officer, NCL and NWL Integrated Care Boards
Richard Dale*	Chief Strategy Officer, NCL and NWL Integrated Care Boards
Caroline Farrar*	Hammersmith and Fulham Borough Based Partnership
Fiona Hill*	Managing Director, 3ST NW London
Sarah McDonnell-Davies*	Chief Transformation Officer, NCL and NWL Integrated Care Boards
Sarah Morgan*	Chief People Officer, NCL and NWL Integrated Care Boards

* Standing Participant

Claire Murdoch	Chief Executive Officer, Central & North West London NHS Foundation Trust
Kunal Patel	Non-Executive Member, NWL Integrated Care Board
Simon Perry	Non-Executive Member, NCL and NWL Integrated Care Boards
Ian Porter*	Executive Director of Transition, NCL and NWL Integrated Care Boards
Akta Raja	Non-Executive Member, NWL Integrated Care Board
Jennifer Roye	Chief Nurse Officer, NCL and NWL Integrated Care Boards
Dr Jo Sauvage	Chief Medical Officer, NCL and NWL Integrated Care Boards
Tom Shakespeare*	Brent Borough Based Partnership
Dr Genevieve Small	Medical Director, Primary Care, NWL Integrated Care Board
Rita Thakaria*	Bi-Borough Partnership
Mark Thursz*	Director, Imperial College Academic Health Science Centre
Neha Unadkat*	Ealing Borough Based Partnership
Lesley Watts	Chief Executive, Chelsea & Westminster Hospital NHS Foundation Trust and The Hillingdon Hospitals NHS Foundation Trust
In Attendance:	
Martyn Schofield	Company Secretary, NWL Integrated Care Board
Apologies:	
Dr Dominique Allwood*	Chief Executive Officer, Imperial College Health Partners
James Benson*	Chief Executive Officer, Central London Community Healthcare NHS Trust
Anita Charlesworth	Non-Executive Member, NCL and NWL Integrated Care Boards
Rory Hegarty*	Director of Communications and Engagement, NWL Integrated Care Board
Cllr Neil Nerva	Brent Council
Cllr Jane Palmer	Hillingdon Council
Minutes:	
Steve Beeho	Senior Board Secretary, NCL Integrated Care Board

1.	INTRODUCTION
1.1	Welcome & Apologies
1.1.1	<p>Mike Bell welcomed attendees to the first meeting in common of the NHS North Central London (NCL) ICB and NHS North West London (NWL) ICB Boards.</p> <p>Apologies had been received from Cllr Peray Ahmet, Dr Dominique Allwood, James Benosn, Anita Charlesworth, Rory Hegarty, Jinjer Kandola, Victoria Lawson, Cllr Neil Nerva, Julia Neuberger, Cllr Jane Palmer and William Zermansky.</p> <p>Mike Bell noted the recent announcement that Frances O'Callaghan will be leaving the two ICBs to take up a new role as Chief Executive of NHS Blood and Transplant from 1 February 2026. He congratulated Frances and confirmed that NHS NCL ICB and NHS NWL will be looking at interim arrangements before the appointment of a new Chief Executive. Any appointment will ultimately need to be approved by NHS England. The substantive appointment will involve a full and open process, including stakeholder engagement across NCL and NWL. Precise timelines will be confirmed in due course.</p>
1.2	Declarations of Interest relating to the items on the Agenda
1.2.1	Mike Bell invited Members to declare any interests relating to items on the agenda. There were no additional declarations.
1.3	Minutes of the NHS NCL ICB Board Meetings on 22 July and 30 September 2025
1.3.1	The NHS NCL ICB Board APPROVED the minutes as an accurate record, subject to Simon Perry being added to the list of members present on 30 September 2025.

1.4	Minutes of the NHS NWL Board Meetings on 29 October 2025
1.4.1	The NHS NWL Board APPROVED the minutes as an accurate record.
1.5	Minutes of the NCL ICB Annual General Meeting on 30 September 2025
1.5.1	The NHS NCL ICB Board APPROVED the minutes as an accurate record.
1.6	Actions and Matters Arising
1.6.1	The NHS NCL ICB Board NOTED the Action Log.
2.	OVERVIEW REPORTS
2.1	Transition Update
2.1.1	<p>Ian Porter introduced the report which provided an overview of the transition programme. This is a complex programme which is being worked through at pace. The report highlighted the robust governance arrangements in place, including weekly meetings of the executive team. NCL and NWL ICBs are on track with the due diligence arrangements required by NHS England as part of the merger.</p> <p>Key programmes include IT systems and assets; reviewing over 200 policies across the ICBs; moving towards having a single financial ledger in place for April 2026 and establishing Ferguson House at Marylebone Road as the future ICB headquarters. As part of this, the two NCL ICB headquarters in Islington and Camden will be exited, which will generate substantial financial savings in respect of non-pay costs.</p> <p>Recruitment to the new Board of Members will begin in early 2026, including Non-Executive and Partner Members. There will also be a discussion of the future corporate governance landscape at the next meeting of the Transition Committee.</p> <p>The staff consultation for the new ICB structure will be launched on 8 December 2025. Approval has now been received from NHS England to simultaneously launch a Voluntary Redundancy scheme.</p> <p>It will be important to embed a new positive organisational culture as part of this programme and operating from a single headquarters will provide a strong platform to do this.</p> <p>There are now 80 working days until the merger comes into effect, so there will be a significant programme of work to deliver in the last quarter of the financial year. The executive team is mindful of the fact that there are various key areas that will need to be worked through alongside the more technical deliverables, such as partnership working and strategic planning.</p> <p>The Board will be asked to endorse the new Constitution at its next meeting in January, prior to it being submitted to NHS England for approval.</p> <p>Ian ended by thanking colleagues across the ICBs for embracing this important work, despite its complexity and the challenging circumstances.</p>
2.1.2	<p>The Boards of both ICBs discussed the report, making the following comments:</p> <ul style="list-style-type: none"> Concern was expressed about whether the ICBs are progressing to a consultation driven by the need to meet a financial target without it being clear what the future ICB is being expected to do and what teams will be required to deliver this, and there is therefore a risk of the new ICB meeting its target but not having the right people to deliver what is required. Assurance was given in respect of the future strategy and vision that the two Boards had previously discussed, with NCL and NWL ICBs recognising as strategic commissioners that there is work to be done in the Boroughs, with both local authorities and providers and the proposed structure will facilitate this. One of the tests

	<p>for all ICBs will be the ability to recruit a flexible workforce and respond to changing contexts. It is imperative to remain focused on this as this is an area which is continuing to evolve, including the expectations from NHSE.</p> <ul style="list-style-type: none"> • Partner members were encouraged to consider the key risks articulated in the paper. • It was noted in response that there was a strong push to ensure that there was a clear implementation plan and the current position is as good as it could be at this point in the merger implementation, as it was always acknowledged that the timetable is extremely challenging. Staff are understandably most concerned about the future organisational structure element of the consultation but they are still doing a phenomenal job of keeping the show on the road. There is inevitably still more to be done but the strategy which needs to underpin the enormity of what the ICBs are trying to enact should be coming to the Boards in the new year. • Assurance was given that the consultation will include the target operating model, which sets out what the ICB is here to do and the rationale for the operational design. A redacted version of the consultation will also be sent to partner members and stakeholder groups. The ICBs are in a comparatively good position at this stage, thanks in no small part to the preparation carried out by the executive team. • Despite the two ICBs being set an exacting process and a challenging timeline, both sets of staff have come together in a collaborative and collegiate way to get the job done in order to reach the end point, which is to deliver better services for local people through strategic commissioning.
2.1.3	<p>Mike Bell thanked Ian Porter for the update and noted that he had also provided a helpful briefing to Non Executive Members. Mike reaffirmed the importance of getting the culture right for the new organisation, bringing together teams from differently-run organisations. This will be a key part of the recruitment criteria for both the interim and the substantive Chief Executive appointment.</p>
2.1.4	<p>The NHS NCL ICB and NHS NWL ICB Boards NOTED the progress made and next steps for the transition programme.</p>
2.2	<p>Performance Report</p>
2.2.1	<p>Steve Bloomer introduced the report, noting that teams from both ICBs had worked together to produce a joint overview of performance in NCL and NWL. At this stage the report still consisted of separate sections to avoid losing the thread mid-year with respect to the two statutory bodies but the content will be brought increasingly closer together before April. He highlighted the following points:</p> <ul style="list-style-type: none"> • NWL has an ‘amber’ rating with regards to system flow as a result of ongoing challenges, including ED attendances and pressures around beds, as well as increases around the Patient Tracking List (PTL) and discharge pressures. Winter plans are now being implemented and are beginning to balance this to a degree. However, the operating environment is still more challenging than the previous quarter. • NWL is rated ‘green’ overall in terms of its planned delivery – it is on track with finance and staffing areas, as well as some of the main performance targets. • NCL is also rated ‘amber’ for system flow, with similar pressure around PTL, referrals and 12 hour waits in Urgent and Emergency Care, as well as smaller pressures around finances. Plans are in place to address these areas and good progress is being made. NCL is also seeing particularly strong performance in primary care.
2.2.2	<p>The Boards of both ICBs discussed the report, making the following comments:</p> <ul style="list-style-type: none"> • Although the trajectories in the reports were welcomed, it was acknowledged that acute Trusts are dealing with challenging backlogs. • It was noted that the ICBs will be losing their system co-ordination roles as part of the changes coming into effect in April and it will be important not to lose sight of this responsibility over the next few months. • It was queried whether something can be done at London level around advocacy to encourage vaccination take-up as the rates for patients and staff are significantly lower

	<p>than usual. It was confirmed in response that this point would be fed back to NHS England (London).</p> <ul style="list-style-type: none"> • It was noted that the weekly GOLD meetings have been stood up in NWL and NCL to look at being more directive about what is being done to optimise the management of winter flow. There are particular Boroughs where there are delayed discharges are more frequently manifest. Bespoke conversations will be ongoing throughout the winter months to expedite flow. • It was suggested that it would be helpful if future versions of the report could include like-for-like comparisons between NCL and NWL, rather than presenting information separately.
2.2.3	The NHS NCL ICB and NHS NWL Boards NOTED the performance against the key indicators outlined in the report.
2.2.4	Action: Jo Sauvage to discuss with the ICB Prevention and Vaccination Team what additional action can be taken to encourage staff to have the flu vaccine.
2.3	Quality Report
2.3.1	<p>Jennifer Roye provided an overview of the joint Report, highlighting the following points:</p> <ul style="list-style-type: none"> • NMUH is continuing to work through its action plan following a CQC inspection almost 12 months ago. The Trust was rated as “requires improvement” and is making good progress. This will continue to be monitored through the Local Maternity and Neonatal System (LMNS). • Following the liquidation earlier in the year of Nottingham Rehab Ltd, trading as NRS Healthcare, which provided Community Equipment to 23 London Boroughs, a large amount of work has taken place across the system to ensure that patients receive the right equipment. • The action plan of North London NHS Foundation Trust continues to be monitored following a CQC inspection of its mental health wards for adults of working age and Psychiatric Intensive Care Units rated its services as “requires improvement” overall. • As part of the Kingdon review into Paediatric Audiology services in England, Ealing Community Services were rated ‘red’. NWL ICB has been working closely with NHS England on the response to this. Various improvements have been made but a number of children may need to be recalled and the ICB is working with the teams on this. <p>Jennifer also updated the Boards on the case of a nurse at a Camden nursery who had recently pleaded guilty to charges of sexual abuse against young children. The NCL Safeguarding team is working closely with the local authority, the local community, the police and the NSPCC, as there is still an ongoing police investigation. Support is being offered to families across the system.</p> <p>It was also confirmed that the commitment to Maternity Investment Standards remains in place.</p>
2.3.2	The NHS NCL ICB and NHS NWL Boards NOTED the report.
2.4	Board Assurance Framework (BAF)
2.4.1	<p>Sarah Morgan provided an overview of the paper, noting that although this was a joint report, the BAFs were being presented separately for the two statutory organisations. She highlighted the following points:</p> <ul style="list-style-type: none"> • There are currently four risks on the NCL BAF, three system risks and one ICB-only risk concerning the merger which had been discussed earlier in the meeting. • The risk pertaining to insufficient ICS capital allocation had been closed since the last NCL ICB Board meeting because it had now been resolved. • The score for the risk regarding increased and undifferentiated demand and variation in general practice access models had also been reduced thanks to the work which had been done to mitigate this. • Although they are below the NCL BAF threshold, the report drew the Board’s attention to the risks around failing to provide adequate Child and Adolescent Mental Health

	<p>Services (CAMHS) and failing to deliver compliance with national operational standards across elective, urgent, and mental health care pathways.</p> <ul style="list-style-type: none"> • There are nine risks on the NWL BAF, three system risks and six ICB-only risks. A risk relating to the merger is currently being developed. • NCL and NWL colleagues have begun work on developing the approach to risk appetite and risk tolerance for the new organisation. • Merger and organisational design and CAMHS are being closely tracked as strategic risks. NWL ICB is working up a three-year strategy around Children and Young People (CYP), mental health services, learning disability and autism. NCL ICB has already been doing a lot of work in this area.
2.4.2	Simon Perry confirmed in his capacity as Chair of the NCL and NWL ICB Audit Committees that work is taking place to develop a more aligned approach to risk for the merged organisation, building on the positive aspects of both ICBs' approach to risk management.
2.4.3	The Boards of both ICBs then discussed the report. It was suggested that further consideration should be given to whether the paediatrics and IHO issue should be considered as a risk or an opportunity. It was also suggested, further to the letter that Frances O'Callaghan wrote to NHS England (London) about the Royal Brompton Hospital and the Guy's and St Thomas's NHS Foundation Trust and the respiratory services, thought needs to be given to a central risk for NWL, and possibly NCL as well.
2.4.4	The NHS NCL ICB and NHS NWL Boards NOTED the Report.
2.5	Report from the Chief Executive Officer
2.5.1	<p>Frances O'Callaghan provided an overview of the paper, highlighting the following points:</p> <ul style="list-style-type: none"> • The two ICBs are entering a volatile period of change but they will nevertheless come out the other side and establish the merged ICB as the strategic commissioner in accordance with the expectations of NHS England. It is crucial to remain focused on the wider picture while going through this challenging process as robustly and sensitively as possible. • The work of the Trusts to mitigate the impact of the recent industrial action was acknowledged. This is placing huge pressure on systems and planning is currently underway for a further five days of strikes in the run-up to Christmas to ensure that patients are looked after as well as possible during a period of unprecedented pressure. • The launch of Health Data for London represents a major milestone in the scale-up of the London Secure Data Environment (SDE) across the capital. NCL and NWL ICBs have been extremely active in this work, particularly Richard Dale and Kavitha Saravanakumar. This will have a significant impact on patient care, the availability of information, research and the longitudinal arrangement to commission for population health. The commitment secured from the general public to understand the benefits of the SDE was welcomed. • NWL ICB has been confirmed as fully compliant with all NHS Core Standards for Emergency Preparedness, Resilience and Response (EPRR) following its formal annual assurance review. NCL ICB is undergoing the same annual assurance process and anticipating a similar positive outcome. • The hard work of staff who had been recognised in two recent national awards was commended.
2.5.2	<p>The Boards of both ICBs then discussed the report, making the following comments:</p> <ul style="list-style-type: none"> • It was queried whether it is possible to quantify the impact of the industrial action, as it appears to be heterogeneous. • It was acknowledged in response that the number of resident doctors going on strike appeared to be lower than in previous industrial action. All Trusts reported a 95% activity balance during the last industrial action in terms of what was expected but it is hard to predict these things.

	<ul style="list-style-type: none"> It was further noted that paradoxically there can be productivity gains due to teaching and other activity not taking place but this takes a toll on colleagues and is not sustainable in the long term. It is also important to recognise that this has a huge financial impact on providers which is unfunded.
2.5.3	The NHS NCL ICB and NHS NWL Boards NOTED the Report.
3.	ITEMS FOR INFORMATION AND ASSURANCE
3.1	Minutes of the NCL ICB Audit Committee Meetings on 10 June and 16 September 2025
3.1.1	The NHS NCL ICB Board NOTED the minutes of the Audit Committee.
3.2	Minutes of the NCL ICB Finance Committee Meetings on 1 April and 29 July 2025
3.2.1	The NHS NCL ICB Board NOTED the minutes of the Finance Committee.
3.3	Minutes of the NCL ICB Integrated Medicines Optimisation Committee Meeting on 6 May 2025
3.3.1	The NHS NCL ICB Board NOTED the minutes of the Integrated Medicines Optimisation Committee.
3.4	Minutes of the NCL ICB People Board Meeting on 28 April 2025
3.4.1	The NHS NCL ICB Board NOTED the minutes of the People Board.
3.5	Minutes of the NCL ICB Procurement Oversight Group Meeting on 7 May 2025
3.5.1	The NHS NCL ICB Board NOTED the minutes of the Procurement Oversight Group.
3.6	Minutes of the NCL ICB Quality and Safety Committee Meeting on 1 July 2025
3.6.1	The NHS NCL ICB Board NOTED the minutes of the Quality and Safety Committee.
3.7	Minutes of the NCL ICB Strategy and Development Committee Meeting on 18 June 2025
3.7.1	The NHS NCL ICB Board NOTED the minutes of the Strategy and Development Committee.
5.	ANY OTHER BUSINESS
5.1	<p>Mike Bell noted that he had received a question from Ben Coleman, MP for Chelsea and Fulham, who had asked for the issue of the very low proportion of children and young people across west London who are accessing the MMR vaccine to be discussed at Board level. Mike asked Jo Sauvage to consider when this would be appropriate and to also respond to Ben Coleman outside the meeting in the meantime.</p> <p>There was no other business.</p>
5.2	ACTION: Jo Sauvage to consider when the NCL and NWL Boards could discuss MMR uptake.
5.3	ACTION: Jo Sauvage to provide a written update to Ben Coleman MP on MMR uptake and what is being done to address this.
6.	DATES OF NEXT MEETINGS
6.1	28 January and 24 March 2026.