

Board Meeting in common
 Euston Room, 5th floor
 Royal College of General Practitioners
 30 Euston Square, London NW1 2FB

28 January 2026
 14.00-15.45

Minutes

Item	
1	Opening items
1.1	<p><u>Welcome and apologies</u></p> <p>The Chair welcomed members, attendees and members of the public to the meeting.</p> <p>It was noted that Cllr Peray Ahmet, Local Authority Partner Member on the NHS NC London Board, had sent apologies for the meeting.</p> <p>The Boards were reminded that this was a meeting held in public.</p>
1.2	<p><u>Declarations of interest</u></p> <p>The Boards were advised that registers of interests were available via each ICB's website.</p>
1.3	<p><u>Minutes of the previous meeting in common 04 December 2025</u></p> <p>The minutes were agreed to be an accurate record of the meeting.</p>
1.4	<p><u>Matters arising and action log</u></p> <p>It was noted that there were no outstanding actions.</p>
2	Strategy and Business
2.1	<p><u>Transition update</u></p> <p>Ian Porter, Executive Director of Transition, presented the update, which outlined progress with transition programme and the merger of NCL and NWL ICBs on 01 April 2026:</p> <ul style="list-style-type: none"> • Completion of 'checkpoint 2' assurance submission to NHS England in December • While there was work to complete in quarter 4, the assurance submission did not identify any significant concerns. Further checkpoint and data submissions will be required in February and March

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	<ul style="list-style-type: none"> • Work had been undertaken to draft the new constitution, which drew closely on the NHS England model and the existing constitutions in NW London and NC London • Work to align key policies across the two ICBs, both clinical and non-clinical. Clinical policies requiring patient / stakeholder engagement will be undertaken post 1st April • Work continued to move to a single headquarters (Ferguson House, Marylebone Road) and exiting the two current NC London offices • New branding had been developed, which reflected the 13 boroughs in West & North London • Some aspects of the ledger merger were slightly behind schedule, and the programme had escalated this to NHS Shared Business Services (SBS) • Staff consultation on proposed changes to establish a new operating model for WNL ICB commenced 08 December 2025 and concluded 25 January 2026. The consultation outcome and filling posts in the new structure would be managed in accordance with the ICBs' Change Management Policy • Stakeholder engagement continued, including responding to staff questions and providing as much supporting information as possible. An updated Equalities Impact Assessment would also be produced, and Individual Impact Assessments would be refreshed <p>The Boards discussed the update, and thanked staff for their feedback about the consultation, and for their continued hard work during a time of change. It was noted that work on neighbourhoods was continuing, and that Local Authorities were also experiencing change.</p> <p>The Boards noted the progress made, and noted next steps for the transition programme.</p>
2.2	<p><u>Strategy Development: update</u></p> <p>Richard Dale, Chief Strategy Officer, presented the update, which outlined progress with the five year strategy.</p> <p>The Boards noted that the strategy's development drew on feedback from partners and committees, and that its themes included:</p>

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<ul style="list-style-type: none"> • Addressing health inequalities, including increased mortality rates in deprived neighbourhoods, ethnic minority communities, and people with serious mental illness • Prevention, and reducing the number of people developing poor health earlier in life • Strengthening palliative care to enable more people to die in their preferred place • Shifting the ICB's focus to neighbourhoods, with the right skills and processes in place to support this <p>The following points were discussed:</p> <ul style="list-style-type: none"> • Equalities and end of life care, particularly in relation to older women and the support they required • Development of neighbourhoods, and the role non-NHS services will have, including the voluntary sector • The role of Primary Care in patient participation groups • The diversity of the new ICB's population, and how this could be supported – including working with research and development partners • Focus on serious mental illness was welcomed, as well as focus on health outcomes for the most vulnerable people • The ICB's role as part of the wider NHS in London, and how ICBs' strategies will align • Patient and resident engagement in the new structure • Engagement with Trusts and stakeholders in the ICB footprint, and how the plans would be included in Trusts' own strategies <p>The Boards:</p> <ul style="list-style-type: none"> • Thanked teams for their hard work during a time of significant change • Noted the progress to date, and the future work to develop the full five year strategy; and • Discussed the strategic themes and shape the next phase of work.

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	Action/s To take the strategy to provider Trusts in the new ICB (Richard Dale)
2.3	<p><u>NHS West and North London Integrated Care Board ('WNL ICB') Constitution</u></p> <p>Ian Porter, Executive Director of Transition, presented the draft constitution for the new organisation:</p> <ul style="list-style-type: none"> • The existing constitutions in NHS NW London and NHS NC London were already aligned with the NHS England model, therefore the new constitution presented would not present significant changes • Final approval of the Constitution would rest with NHS England (London) • The new Board would include three Local Authority Partner Members • The Chair would have the final decision in appointing new Board members • Once new legislation was in place, the Constitution would be updated to reflect any corresponding changes <p>The following points were considered:</p> <ul style="list-style-type: none"> • The importance of how Board members work outside Board meetings as critical to the ICB's success • How the two former ICB footprints will be visible during the time of transition • How the Board's membership reflected the ICB's role as a partnership organisation • Local Authority terminology – with 'executive officers' being more suitable than 'executives' <p>The Boards:</p> <ul style="list-style-type: none"> • Noted the report; • Endorsed the proposed NHS West and North London Integrated Care Board Constitution prior to submission to NHS England for approval.



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	Action/s
	To review the terminology relating to Local Authority posts (Ian Porter)
3	Overview Reports
3.1	<p><u>Performance report</u></p> <p>Stephen Bloomer, Chief Finance Officer, presented the report, which outlined performance in NW London and NC London in December 2025:</p> <ul style="list-style-type: none"> • Reduction of the total waiting list was off plan by 12,500 incomplete pathways; sprints were planned in Quarter 4 to offset this • Achievements in reducing waiting lists had been due to a combination of non-recurrent NHSE funding, increased productivity and teams focussing on waiting lists • Both systems were in the top five for productivity levels • A significant number of people were in hospital beds who had no medical reason to be (no criteria to reside) <p>The Boards discussed the following:</p> <ul style="list-style-type: none"> • Impact of incomplete pathways in waiting lists, including any equalities impact • Cancer waiting times and how investment in digital services can help speed up access to diagnostics • Access to mental health services for perinatal patients • Waiting times for people with ADHD and/ or who were neurodiverse <p>The Boards noted the performance against the key indicators outlined in the report and discussed any areas where additional scrutiny or clarification are required.</p>
	Action/s

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	To send performance information on perinatal mental health services to Cllr Sanderson (Stephen Bloomer)
3.2	<p><u>Chief Executive's Report</u></p> <p>Frances O'Callaghan, Chief Executive Officer, presented her report, and thanked staff in NC London and NW London for their hard work and feedback during the time of change in the NHS.</p> <p>The Boards were advised that the staff consultation had closed, and that a joint Equality Impact Assessment had been completed for the consultation and voluntary redundancy scheme. It was confirmed that a further assessment was planned once the consultation's outcomes were known.</p> <p>The Chief Executive Officer outlined achievements in NC London and NW London, including:</p> <ul style="list-style-type: none"> • Winter Wellness communications focussed on helping residents to stay well, protect themselves through vaccination, and use the right services first time • Support for dental services had continued, with Mayor of London writing to the Dental Clinical Lead, Dr Rakhee Patel, in recognition of the work to reduce inequalities in access • Following local pilot schemes, the WorkWell service, supported people to get into, and stay in, work, would be launched nationally • A recent visit to Bacon Lane Surgery in honour of its 75 years of service to the community in Edgware <p>Finally, the Chief Executive Officer thanked staff and the Boards for their support during her time with them.</p> <p>On behalf of both ICBs, the Chair thanked Frances for her leadership, and advised that the interim Chief Executive Officer would be announced later that week.</p>
4	Closing items
4.1	<p><u>Any other business</u></p> <p>There was no other business, and the Chair closed the meeting.</p>



North Central London
Integrated Care Board



North West London

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4.2	<u>Date of next meeting</u> 24 March 2026

Present – members

Name	Role/ organisation
Mike Bell	Chair, NHS NC London and NHS NW London
Frances O'Callaghan	Chief Executive Officer, NHS NC London and NHS NW London
Stephen Bloomer	Chief Finance Officer and Deputy Chief Executive Officer, NHS NC London and NHS NW London
Dr Simon Caplan	Partner Member, Primary Care, NHS NC London
Anita Charlesworth	Non-Executive Member, NHS NC London and NHS NW London
Jinjer Kandola	Partner Member, NHS Trusts, NC London
Dr Jonathan Levy	Partner Member, Primary Care, NC London
Claire Murdoch	Partner Member, Mental Health, NW London
Cllr Neil Nerva	Partner Member, Local Authorities, NW London
Baroness Julia Neuberger	Partner Member, NHS Trusts, NC London
Cllr Jane Palmer	Partner Member, Local Authorities, NW London
Kunal Patel	Non-Executive Member, NW London
Simon Perry	Non-Executive Member, NHS NC London and NHS NW London
Akta Raja	Non-Executive Member, NHS NW London
Jennifer Roye	Chief Nursing Officer, NHS NC London and NHS NW London
Cllr Alexandra Sanderson	Partner Member, Local Authorities, NW London
Dr Jo Sauvage	Chief Medical Officer, NHS NC London and NHS NW London



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Liz Sayce	Non-Executive Member, NHS NC London
Dr Geneviève Small	Partner Member, Primary Care, NW London
Lesley Watts	Partner Member, NHS Trusts, NW London

Present – Named/ Standing Participants

Name	Role/ organisation
Dr Dominique Allwood	Research & Innovation, NW London
Richard Dale	Chief Strategy Officer, NHS NC London and NHS NW London
Sarah McDonnell-Davies	Chief Transformation Officer, NHS NC London and NHS NW London
Sarah Morgan	Chief People Officer, NHS NC London and NHS NW London
Ian Porter	Executive Director of Transition, NHS NC London and NHS NW London
Keith Spencer	Hillingdon Borough-Based Partnership

In attendance

Name	Role/ organisation
Kerry Doyle	Head of Corporate Governance, NHS NW London (minutes)
Martyn Schofield	Company Secretary, NHS NW London

Apologies - Members

Name	Role/ organisation
Cllr Peray Ahmet	Partner Member, Local Authorities, NC London

Apologies – Named/ Standing Participants

Name	Role/ organisation
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Caroline Farrar	Hammersmith & Fulham Borough Partnership, NW London
Clive Grimshaw	Harrow Borough Partnership, NW London
Mark Lam	Royal Free London NHS Foundation Trust, NC London
Victoria Lawson	Islington Council, NC London
Tom Shakespeare	Brent Borough Partnership, NW London
Neha Unadkat	Ealing Borough Partnership, NW London
Martin Waddington	Hounslow Borough Partnership, NW London

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