



North Central London
Integrated Care Board



North West London

NHS North Central London and NHS NW London

March Meeting in Common

24 March 2026

Report Title	North Central London Start Well programme: maternity and neonates update	Date of report	10 March 2026	Agenda Item	2.2
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Board Member Sponsor	Sarah McDonnell-Davies, Chief Transformation Officer				
ICB	North Central London ICB				
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Name of Authorising Finance Lead	Gary Sired: Director of Financial Strategy, Planning and Performance	Summary of Financial Implications No additional financial implications. The programme continues within the financial parameters agreed in the March 2025 DMBC.			
Recommendation	The Board of Members is asked to: <ul style="list-style-type: none"> NOTE the progress since the decision made in March 2025 to reconfigure maternity and neonatal services in North Central London NOTE the work on implementation and likely timeline for completion NOTE the key next steps 				
Report summary	<p>In March 2025 the North Central London (NCL) ICB Board and the NHS England Specialised Services team made a strategic commissioning decision to reconfigure maternity and neonatal services in NCL. This transformation has already taken place in maternity and neonatal services in North West London (NWL) and is set in the context of the reducing birthrate across most of London and increasing complexity seen across maternity and neonatal services.</p> <p>This paper provides a brief background and context to the <i>Start Well Programme</i> and the journey to the commissioning decision in March 2025. The paper then outlines governance arrangements, phasing and progress since the decision, including the transition of leadership for implementation from the ICB to Chief</p>				



	<p>Executive of Whittington Health who has taken on the role of Senior Responsible Officer (SRO) for the programme. Finally, it outlines next steps as we move into 2026/27.</p> <p>Since the approval of the future service configuration, there has been extensive work by providers across NCL to confirm plans for capital funding and progress the supporting capital business cases, alongside critical enabling infrastructure works (buildings, power) that will support transition to the new service offer and care model. Work has commenced on the enabling works at Whittington Health.</p> <p>There is very strong engagement from all partner organisations with distributed leadership across providers and robust and refreshed governance to support this new phase of the programme. This governance will help manage risks and interdependencies across all parties.</p> <p>This update outlines the proposed implementation timeline, phasing and key steps, which include the closure of midwifery-led birthing suites at Edgware Birth Centre during 2026/27 in preparation for expansion of antenatal activity at the centre, and the maternity and neonatal changes which will be implemented at the earliest from 2030.</p> <p>Whittington Health will lead implementation and the ICB will retain several core and statutory duties essential to successful delivery. These include strategic commissioning, contract management, assurance processes, capital allocation coordination, the need to ensure service quality and safety across the system over the course of implementation and the statutory obligation to reduce inequalities. This is a joint endeavour, with Whittington Health leading delivery on behalf of the system while the ICB oversees implementation, enables and shapes the broader environment in which the programme sits.</p> <p>The ICB Board has a key role in system level oversight including benefits realisation, risk management, delivery against statutory equalities duties and overall assurance across the programme. It is proposed to bring an annual Start Well update to ICB Committee and/or Board (unless matters require earlier escalation).</p>
<p>Identified risks and risk management actions</p>	<p>Clinical and operational risks and mitigations in relation to the proposals are covered in full in Section 11.11 of the DMBC. Following the Board’s decision these overarching system risks have been included as a single combined risk to the ICB corporate risk register. Individual trust level risks will be held on their own risk register.</p>
<p>Conflicts of interest</p>	<p>None to note. A comprehensive conflict of interest register for all members of the Programme Board is in place and forms part of each agenda as a standing item to ensure full transparency.</p>
<p>Resource implications</p>	<p>The DMBC identified a quantum of funding that would be required over the course of the programme to support implementation. In light of the changing role of the ICB and the need for provider leadership for the implementation phase, it was agreed that the funding be delegated to the provider CEO SRO, underpinned by a Memorandum of Understanding (MoU) that sets out the requirements to be delivered on behalf of the ICB and system providers.</p>
<p>Engagement</p>	<p>The programme has been informed by a comprehensive approach to engagement with residents, service users and staff. This has included:</p> <ul style="list-style-type: none"> • Engagement on our case for change in the summer of 2022



	<ul style="list-style-type: none"> • Engagement to support the development of the interim IIA • A comprehensive 14-week consultation which reached thousands of people • An active patient and public engagement group that has been involved throughout and involved in the options evaluation prior to decision-making
Equality impact analysis	A thorough integrated impact assessment (IIA) was carried out and published alongside the decision-making business case which includes looking at population groups with protected characteristics. It identifies a range of mitigations that will need to be put in place to mitigate the impact on impacted communities. This builds on the interim IIA that was developed to support the pre-consultation business case and draws on the feedback that we heard during the consultation period. This will continue to be iterated and reviewed during implementation.
Report history and key decisions	<ul style="list-style-type: none"> • September 2022 – next steps for the programme, governance and a report on the 10-week engagement period were presented at the NCL ICB Board meeting. • November 2022 – board approval sought for the recommendation to move to an options appraisal around the implementation of the maternity, neonatal and children and young people’s surgery care models. • March 2023 – an update on the options appraisal as well as an amendment to the previously agreed paediatric surgery care model and recommendation. • July 2023 – update presented to the Board on the actions arising from the case for change and outside of the options appraisal. • December 2023 – request to the NCL ICB Board for approval of the two pre-consultation business cases and to commence a 14-week consultation around proposed changes. • July 2024 – an update to the NCL ICB Board outlining the interim findings from the public consultation, the promotion and reach of the consultation and next steps being taken forward in response to the interim feedback themes. • November 2024 – review and discussion of the consultation feedback report at the NCL ICB Strategy and Development Committee Meeting. • 25 March 2025 – NCL ICB Board, alongside NHS England Specialised Commissioning, approved a DMBC in relation to the configuration of maternity and neonatal services. • 22 July 2025 – short update on implementation planning following Board decision in March 2025 and agreement of CEO of WH to be SRO for maternity and neonatal implementation.
Next steps	Next steps to be taken forward via the Start Well Programme Board with period updates to the WNL ICB Board (once constituted after 1 April 2026)
Appendices	North Central London Start Well programme: Maternity and Neonates update



North Central London
Health and Care
Integrated Care System



Whittington Health
NHS Trust

North Central London Start Well programme: Maternity and Neonates

March 2026

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1. Executive Summary

In March 2025, NCL ICB and NHS England Specialised Services, took a strategic commissioning decision about the future configuration of maternity and neonatal services in North Central London. Following that decision the focus of the programme has shifted to system implementation planning and delivery, and with this new phase the leadership for the Start Well Maternity and Neonatal Programme has transitioned to providers with Whittington Health becoming the lead provider on behalf of the system. These arrangements were set out in a paper to the NCL ICB Board in summer 2025 and this paper sets out an update on progress with the programme over the intervening period.

Until the programme team at Whittington Health is fully established there is a transition period, as responsibility for day-to-day programme delivery progressively shifts to Whittington Health. This phased handover is designed to ensure continuity, maintain risk control, and embed the governance and capacity required as Whittington Health assumes full leadership of implementation activities.

Although implementation leadership is moving to Whittington Health, the ICB will retain several core statutory duties that remain essential to successful delivery. These include strategic commissioning, contract management, assurance processes, capital allocation oversight, and the statutory obligation to reduce inequalities and ensure service quality and safety across the system. As a result, the implementation model must operate as a joint endeavour, with Whittington Health leading delivery on behalf of the system while the ICB maintains core functions that shape and regulate the broader environment in which the programme sits.

Fundamentally, successful implementation of Start Well is dependent on three critical enablers:

1. Capital affordability and alignment with system-wide strategic priorities is essential, given the scale of estate redevelopment required across multiple Trusts.
2. Sustained organisational focus and capacity across all providers—and within both the ICB and Whittington Health—is vital to ensure that planning, assurance, workforce redesign, and operational readiness activities can progress at pace without destabilising current services while considering Business As Usual (BAU) factors impacting demand and capacity at all sites.
3. Delivery will rely on a well-sequenced, integrated programme plan that clearly sets out scope, timelines, and quality expectations, while managing interdependencies across clinical pathways, digital transformation, workforce planning, as well as development and implementation of both the central booking service and out of hospital model underpinning antenatal and postnatal care services.

Ensuring these enablers remain in place is essential to achieving safe, coordinated, and timely implementation ahead of the proposed go-live date, which is anticipated to be by 2030 at the earliest. The aim is to ensure all capital development work and transition arrangements are concluded in this timescale.

2. Background and context

The Start Well Programme was initiated in November 2021 to ensure that hospital-based maternity, neonatal and children and young people's services were best set up to meet the needs of the local population. The Start Well Programme commenced as part of a wider strategic plan for health and care across the NCL Integrated Care System, that aims to improve population health outcomes and reduce inequalities of access to high quality care, experience and outcomes for our residents.

The case for change examined in depth a range of babies, children and young people's services to identify areas for improvement and two primary opportunities for reconfiguration were identified that included maternity and neonatal services and paediatric surgical care for young children. The update for this Board meeting only relates to the elements of the programme around maternity and neonatal services.

From 2021 to 2022, a case for change was developed. This case for change showed that there were opportunities to improve the quality of services and health outcomes for local people, address health inequalities, and provide a better experience for patients, their families, carers, and staff.

Some of the opportunities for improvement for both maternity and neonatal services include:

- Ensuring equality in maternity service provision and experience
- Better utilisation of maternity capacity in NCL
- Supporting maternity workforce sustainability
- Matching neonatal care capacity and demand
- Considering the sustainability of the Royal Free Hospital level 1 Special Care Unit
- Minimising avoidable admissions to neonatal units
- Addressing workforce vacancies and variation in the provision and access to AHPs across neonatal units

Based on the case for change, best practice clinical care models were developed using national clinical guidance and standards (e.g., Ockenden Maternity Review findings, BAPM standards). The guiding principles that underpinned the care model design included placing those using the services and their families at the centre, ensuring equity and consistent standards of care and making best use of resources, people, places and money. The care models were designed to meet the needs of the NCL population, and those that choose to use services in NCL, and deliver the vision to offer personalised care in the right setting, in modern, high-quality facilities.

Development of the care models was overseen by the maternity and neonates Clinical Reference Group (CRG), which had membership from NHS provider organisations across NCL, as well as significant input from local and system partners. Over a five-month period from July 2022 to November 2022, the programme team engaged with over 100 individuals through clinical workshops and task and finish groups, and feedback from these groups informed the care model development. Three models were developed – maternity, neonatal, and paediatric surgery. These best practice care models were used to inform an options appraisal on the configuration of care.

At its meeting held in November 2022, NCL ICB Board agreed to commence an options appraisal which would set out all possible site-specific options for having four obstetric led birthing units co-located with four neonatal units (three of which will be level 2, and one will be level 3), instead of the current five (excluding the specialist level 3 at GOSH). Additionally, it set out the option of no longer having a standalone midwifery-led birthing unit.

At their meeting held in December 2023, the North Central London Integrated Care Board (NCL ICB) agreed to commence public consultation on the proposed Start Well service changes. Proposals around the future configuration of maternity and neonatal services, and the standalone midwifery-led birthing unit, were included in the public consultation, which ran for a 14-week period, between 11 December 2023 and 17 March 2024.

The consultation resulted in a large amount of feedback on the proposals which was shared with the Board and published as final consultation reports in 2024:

- [Report on the reach and methodology of public consultation](#)
- [Maternity and neonates public consultation report](#)

Through the public consultation it was clear that a substantial majority of respondents supported the case for change as part of the feedback from the public consultation in 2023/24, which had been reviewed and assured by the London Clinical Senate prior to public consultation.

The Start Well Programme Board reviewed the outputs of the refreshed evaluation in the context of the consultation feedback at a Programme Board meeting. There was extensive discussion of the feedback received and how the Programme had addressed these. This included mobilising a time limited working group to work through in more detail the feedback related to maternal medicine and the responses to these.

The Programme Board considered the consultation feedback responses, how these had been addressed and the refreshed evaluation of the options within the Decision Making Business Case that was brought to the ICB Board on 25 March 2025, with NHS England Specialised Services also in attendance.

Diagram A summarises the Start Well Maternity and Neonates journey with the key activities to date.

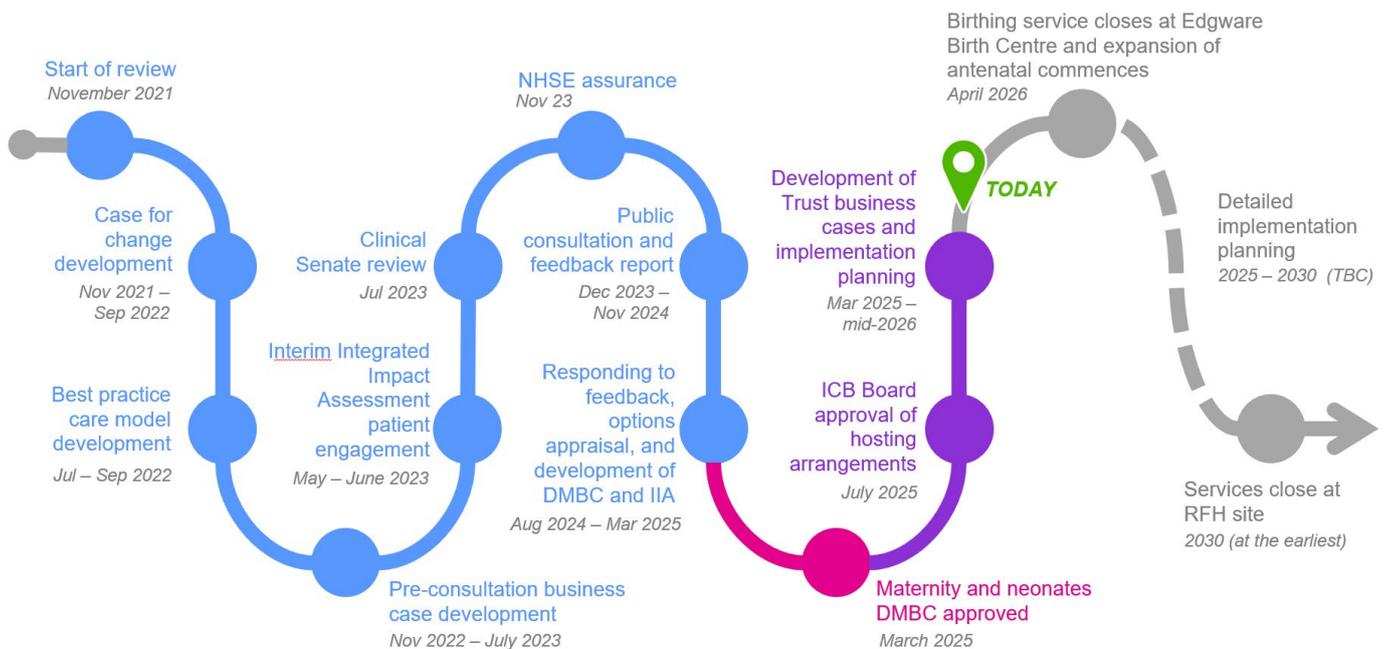


Diagram A: The Start Well Maternity and Neonates journey so far

3. NCL ICB Board Decision

On 25 March 2025, recommendations for the future of maternity and neonatal services in North Central London were agreed at a formal meeting of NCL ICB, where they were joined by NHS England Specialised Commissioning, as co-commissioners.

The recommendations agreed, included:

- **Additional investment in maternity and neonatal services**, with care in the future to be delivered at University College London Hospitals (UCLH), Barnet Hospital, North Middlesex University Hospital, and Whittington Hospital.

- Eventual **closure of maternity and neonatal services at the Royal Free Hospital**. This will not be for several years.
- **Closure of the birthing suites at Edgware Birth Centre**, with enhanced and expanded antenatal and postnatal care available at the site.

The rationale for the recommendations agreed were that:

- It would be significantly less complex to implement the Decision Making Business Case recommendations from a workforce perspective because the Royal Free Hospital currently has a Special Care Unit (level 1) neonatal unit whilst the Whittington Hospital already has a Local Neonatal Unit (level 2).
- The projected patient flow to NWL in the Decision Making Business Case recommendations would be possible rather than the projected flows to NEL.

Following the strategic commissioning decision on the future configuration of services, on 22 July 2025 NCL ICB Board Meeting agreed the proposal that the CEO of Whittington takes on the role of implementation Senior Responsible Officer (SRO). In this role Whittington Health would lead and coordinate, on behalf of the system, the implementation activities and that funding be delegated for the implementation of Start Well to the provider CEO SRO, underpinned by a Memorandum of Understanding (MoU) with the ICB.

4. Governance

With the appointment of a new NCL Start Well Programme Director (hosted by Whittington Health and working on behalf of the system), the Start Well Programme is moving into the Implementation Phase and the Start Well governance has been refreshed to support effective implementation that is well coordinated and continues the collaborative approach that has been a key cornerstone of the programme's success to date.

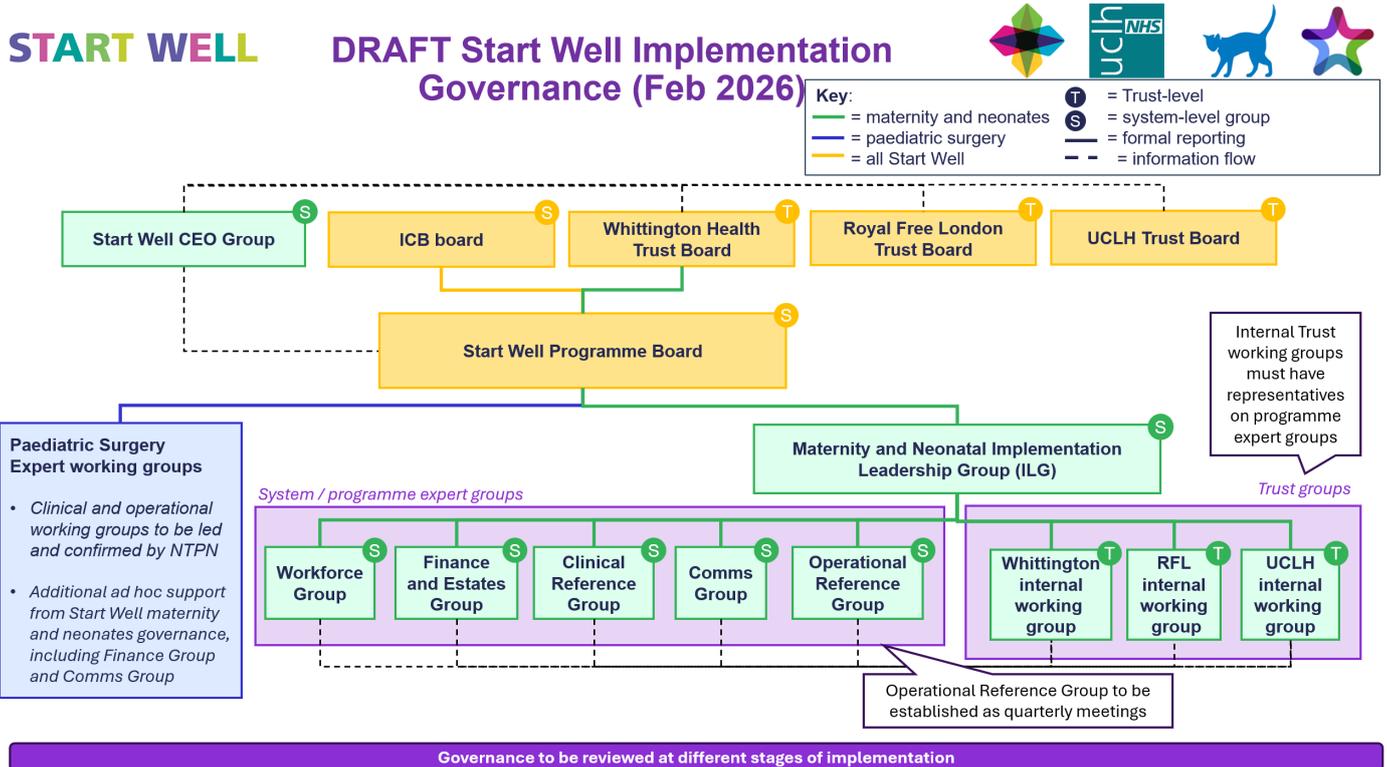


Diagram B: Revised (Draft) Start Well Implementation Governance

The governance model supporting the programme is structured to ensure robust oversight, clear accountability, and effective system-wide coordination. At the highest level, the **ICB Board** provides system-level oversight of implementation, focussing on benefits realisation, risk management and overall assurance across the programme. This Board operates at executive level, ensuring that decisions are aligned to wider system priorities.

Complementing this, the **Start Well CEO Group** brings together executive-level leaders to maintain system alignment and transparency. This group acts as a key forum for addressing risks, removing barriers, and ensuring an appropriate pace of delivery across partner organisations.

At provider-level, the **Trust Boards** hold responsibility for key implementation decisions. These Boards focus on capital planning, quality, patient safety, and risk mitigation at the organisational level, ensuring that delivery is safe, coordinated, and compliant with statutory and regulatory responsibilities.

The **Start Well Programme Board** provides executive and director level oversight of programme delivery. It ensures that implementation activity remains aligned to the agreed Decision Making Business Cases (DMBCs) for Maternity, Neonates, and Paediatric Surgery. The Board also acts as the coordination point for cross organisational activities, addressing operational interdependencies and monitoring progress against programme milestones.

Supporting operational delivery, the **Implementation Leadership Group** oversees day-to-day programme planning, timelines, and risk mitigation. Comprising executive and director level membership, this group ensures that operational plans are achievable and that implementation challenges are proactively managed.

Finally, a range of **Expert Groups** provide specialist input and subject matter expertise. These groups advise on both strategic and operational matters, ensuring that decisions are informed by clinical, operational, and technical knowledge from across the system.

5. Indicative Programme Phasing

The implementation phase of the Start Well Maternity and Neonatal Programme is entering a period of heightened complexity, with multiple interdependent workstreams required to progress at pace while ensuring services remain safe, resilient, and sustainable. Planning for implementation has commenced with a focus on minimising disruption to service users and supporting staff throughout transition.

Delivery of the agreed model of care involves significant capital programmes across three Trusts, the establishment of a Central Booking Service to provide more standardised and equitable access to care, and the alignment of several clinical pathway developments, a revised out of hospital care model that considers new patient flows for antenatal and postnatal care, digital, and workforce programmes to ensure safe transfer of care.

Given the scale and interdependencies of this work, the full set of changes is not anticipated to take place before 2030 at the earliest.

An indicative high level Implementation Roadmap has been structured into the following phases.

Start Well Implementation Road Map: 2026 - 2031



Key activities to be delivered within each phase are set out below:

Start Well Implementation: Phases and Milestones

- Next phase increases in complexity, with multiple interdependent workstreams progressing alongside safe, sustainable service delivery.
- Key dependencies include capital builds (3 Trusts), Central Booking Service, and clinical & workforce alignment.



6. Progress to date

Since the March 2025 ICB decision, the programme has moved from planning into mobilisation, establishing leadership, governance, capital readiness and early implementation activity across the system.

Leadership and Governance

- Whittington Health confirmed as system lead for maternity and neonatal reconfiguration, providing single-provider accountability, operational ownership and alignment with the approved Decision-Making Business Case.
- New SRO and Programme Director appointed (Selina Douglas and Sarah Mansuralli), strengthening strategic direction, senior sponsorship and day-to-day oversight.
- System and Trust-level governance structures established, ensuring clear decision-making pathways, escalation routes and coordinated oversight of implementation activities across all organisations.

Capital and Estates Readiness

- Trusts have collaborated to identify potential capital funding sources, align applications and progress scheme designs, strengthening confidence in financial and operational deliverability.
- Early enabling works approved at Whittington Health for 2026/27, marking the transition from planning to physical delivery and preparing the estate for future reconfiguration.
- Active engagement with NHS England has supported national funding streams (e.g., Estates Safety Fund) being considered for prioritisation to support accelerated implementation and reducing capital risk.

Clinical, Operational and Workforce Planning

- Integrated implementation plan expanded to include compliance reviews against approved care models, ensuring delivery is grounded in clinical and operational requirements.
- Expert working groups progressing detailed planning across finance, estates, workforce transition, clinical pathways and communications, with clear deliverables and escalation routes.
- Structured conversations process developed to support staff potentially affected by future changes.

Equity, Experience and Community Engagement

- Baseline self-assessment underway to deliver commitments in the Integrated Impact Assessment (IIA) for the Orthodox Jewish community.
- Task and finish group to be convened with community representatives to test findings and co-design an action plan for improvements.
- Approach to be extended to other global majority communities, ensuring experience of care improves alongside service reconfiguration and that equity commitments are embedded from the outset.

Service Access and Pathway Transformation

- Scoping work for a central Booking Service workstream launched, led by NCL LMNS, to support safe implementation and more equitable access to care.
- Early work to develop a detailed design and business case to support this has included mapping current booking processes across providers, identifying variation and inefficiencies and establishing design principles for a unified, standardised model

Analytics, Modelling and Assurance

- Comprehensive demand and capacity modelling completed for maternity and neonatal pathways, informing operational planning, capital design and workforce modelling.
- Detailed caesarean section and theatre analysis undertaken to identify current pressures, future demand and required mitigations during transition.
- Interventional radiology review completed, providing a baseline for resilience planning and alignment with commitments in the Decision-Making Business Case.

System Coordination and Engagement

- Weekly and monthly dashboards launched, providing near real-time visibility of progress, risks and operational pressures, enabling proactive mitigation.
- Two cross-system implementation workshops delivered, strengthening shared understanding, clarifying interdependencies and aligning priorities across providers.
- Ongoing staff and patient communications, including briefings, targeted materials and insights gathering, ensuring consistent messaging and maintaining engagement across the system.

7. Next steps

The next stage of work will focus on finalising the fully integrated programme implementation plan, setting out milestones, dependencies and critical paths across all workstreams. This will include clear commissioning interfaces, particularly with the future work to scope the out-of-hospital model and neighbourhood-level provision, ensuring community services remain aligned with changes to acute patient flow.

The plan will be refined to ensure all interdependencies across capital, workforce, clinical pathways, estates and digital are fully mapped and coordinated. This will include scenario-testing sequencing options, modelling risks and assessing operational impacts to ensure the preferred approach is robust and deliverable. The timeline will be stress-tested against known capacity constraints—such as workforce availability, theatre capacity and maternity bed numbers—with mitigations developed and agreed. These may include temporary capacity measures, phased moves or targeted workforce redeployment to ensure the final plan is realistic, resilient and operationally achievable. Cross-provider coordination and collaboration mechanisms will be needed to maintain alignment as sequencing decisions are finalised.

Implementation planning will have a strong focus on safeguarding service continuity and workforce stability throughout the transition. Critical operational pinch points will be identified early, with contingency plans and temporary operating arrangements developed to minimise disruption. Engagement with clinical and operational teams will deepen to ensure staff have the clarity, support and tools required to maintain safe capacity during change.

The next phase will also involve converting the agreed capital sources and applications into a phased, costed investment schedule across all affected sites. This will include finalising cash-flow profiles, sequencing capital drawdown and aligning activity with programme milestones. Preparatory work will begin on assurance and approval documentation to ensure a clear audit trail and alignment with Trust and system capital strategies, including the DMBC. The programme team composition will be reviewed to consider the skills and competencies required to deliver the implementation activities with recruitment to the team to follow.

Communication with pregnant women and people, and families, will continue to ensure clarity that services at the Royal Free Hospital remain fully available. The programme will maintain regular contact with Royal Free operational teams to monitor activity, capacity and patient flow while planning progresses. This approach is designed to support stability for service users and maintains public confidence during the transition period.

Long-term planning with the Royal Free Hospital will continue to ensure a safe, phased transition well ahead of the anticipated transfer timescale. This includes developing timelines for workforce transition, estate changes and service remodelling, ensuring no major operational shifts occur without sufficient notice and preparation. Communications planning will reinforce the long lead-in time and the commitment to maintaining safe services throughout.

Preparations are well underway for the safe and orderly cessation of births at Edgware in early 2026/27 in line with the DMBC recommendation, workforce planning and pathway transition. In parallel, work will begin to define the scope, design and phasing of the expanded antenatal and postnatal offer at Edgware, including estates assessments, activity modelling and engagement with local communities to ensure the service meets population needs.

The risk-management approach will be further strengthened through allocation of key programme risks to expert and programme governance groups for proactive mitigations and ownership of these actions. Additionally, the phased implementation of a Central Booking Service, will also be a key element of managing the risk of demand and capacity across sites, recognising its role as a critical enabler for safe implementation.