



North Central London
Integrated Care Board



North West London

NHS NC Central London and NHS NW London

24 March 2026 Meeting in Common

Report Title	Chief Executive's Report	Date of report	17 March 2026	Agenda Item	3.10
Lead Director / Manager	Katie Fisher, Chief Executive	Email / Tel		n/a	
Board Member Sponsor	Katie Fisher, Chief Executive				
ICB	NCL and NWL				
Report Author	Katie Fisher, Chief Executive	Email / Tel		n/a	
Name of Authorising Finance Lead	Not applicable.	Summary of Financial Implications n/a			
Recommendation	For noting/information.				
Report summary	<p>The report highlights key developments and achievements across NCL and NWL, including major progress on SEND reforms, the establishment of a new community CYPMH provider collaborative, innovative neighbourhood-based models such as the Roger Sylvester Centre and Harrow's Cardio-Renal-Metabolic hub, and strong outcomes from clinical effectiveness work on hypertension.</p> <p>System partners have continued to respond to public health needs; including measles outbreaks, winter vaccination campaigns, and culturally informed end-of-life engagement, while strengthening neighbourhood health models across 13 boroughs.</p> <p>As both ICBs prepare to merge on 1 April 2026, the report also reflects on notable organisational achievements, including improvements in access, performance, cancer pathways, infrastructure, and community-led service design.</p>				
Identified risks and risk management actions	Not applicable.				
Conflicts of interest	Not applicable.				
Resource implications	Not applicable.				
Engagement	Not applicable.				



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Equality impact analysis	Not applicable.
Report history and key decisions	Not applicable.
Next steps	Not applicable.
Appendices	None

CHIEF EXECUTIVE'S REPORT

This is my first Board meeting as Interim Chief Executive for North Central London (NCL) and North West London (NWL) ICBs, and I want to thank colleagues for the warm welcome. I have joined during a period of significant change and uncertainty, and I want to take this opportunity to recognise the professionalism and steady commitment colleagues continue to show in serving our residents and communities.

We are entering an important phase of the transition programme, and today marks the final Board meeting for both ICBs before the formation of West and North London ICB on 1 April 2026. A dedicated agenda item later in this meeting provides an update on transition activity, including progress and next steps.

I would also like to express my sincere appreciation to all Board members, stakeholders and partners for their contributions throughout the lifetime of both ICBs. Your collective dedication, teamwork and continued focus on improving outcomes for our communities have shaped what we have achieved and strengthened our ability to meet the challenges ahead.

1. Transformation Directorate

Special Educational Needs and Disabilities (SEND) – all boroughs

Transforming services for Children and Young People (CYP) with Special Educational Needs and Disabilities (SEND) remains a high priority for NWL ICB, even more so in the context of the Government's proposals for SEND reforms as part of the Schools White Paper. These set out the direction of travel for local authorities, schools, NHS and other partners to support the increasing number of CYP with additional needs and the increased complexity of these needs.

The ICB continues to work with Local Authority Partners to support CYP with SEND, including the recent Islington and Hammersmith and Fulham statutory SEND Inspections (Ofsted and CQC) and participation in other partnership activities to meet statutory duties.

Autism, as well as speech and communication needs, continue to be identified as the primary needs for a significant proportion of children and young people with Education, Health & Care Plans (EHCPs) and SEN (Special Educational Needs). The ICB is involved in a significant programme of work to increase capacity, improve pathways (including dual diagnosis of autism and ADHD where possible) and bolster pre and post diagnostic support for CYP and parents / families.

The ICB is also undertaking a detailed review of North Central London CYP therapy services – with opportunity for transferable learning as we become West and North London ICB – to make recommendations for the long-term sustainable provision of high quality and consistent therapy services in all boroughs, aligned with SEND reform proposals.

Community CYPMH Provider Collaborative – North Central London

From April 2026, partners in North Central London will establish a provider collaborative with a single lead provider for community children and young people's mental health services. North London NHS Foundation Trust will act as the lead provider, bringing together Royal Free London, Tavistock and Portman, and Whittington Health to plan and deliver services in a more coordinated way across the five boroughs.

The Collaborative has been developed in response to rising demand for mental health support and the need to make it easier for children, young people and families to access timely, consistent care. By working through a single partnership, providers will improve how services connect and coordinate, helping more children and young people receive the right support at the right time.

In its first year, the collaborative will focus on four priority areas where earlier intervention and faster access to support can have the greatest impact. These are:

- early intervention through a single point of access
- community mental health services
- crisis support and
- neuro-developmental pathways

Improving these pathways will help reduce fragmentation and strengthen joint working across health, education, social care and voluntary sector partners, reflecting the wider national shift towards earlier intervention and integrated community-based care.

Over time, this approach will improve access, outcomes and experience for children and young people, support more equitable outcomes and make better use of resources across the system.

Roger Sylvester Centre opening – Haringey

It was a very positive milestone to recently officially open The Roger Sylvester Centre. The centre is a newly redeveloped, 24/7 mental health hub in Haringey. It provides NHS short-stay crisis care for adults needing intensive support, an evening and weekends 'crisis café' run by Mind in Haringey, and the Council's Recovery College which runs training and courses delivered by and for people with mental health needs and those who support them.

The co-located and integrated model breaks down silos, enabling professionals to work collaboratively with individuals seeking support. It strongly aligns with the emerging national 24/7 neighbourhood mental health centre model, providing an opportunity to learn across West and North London.

Cardio-Renal-Metabolic (CRM) – Harrow

Harrow has implemented a Cardio-Renal-Metabolic (CRM) hub - bringing together staff from primary, community and hospital care settings, alongside voluntary sector organisations, to deliver a more integrated pathway for people with (or at risk of) cardio-metabolic conditions. This aligns with work on a Cardio-Renal-Metabolic and Respiratory primary care model in NCL and supporting people with complex long-term conditions is expected to be a major priority for the new ICB.

Around 3,000 patients have been reviewed, with an average age of 61 years, with evidence of chronic kidney disease present in 75% of the cohort. The model provides extended appointments - enabling patients to spend more time with their care provider to assess cardiovascular, renal and metabolic risks and personalised care planning, medication optimisation and structured discussions about individual health goals.

The integrated team model has led to statistically significant improvements across blood pressure, weight and HbA1c (an important indicator for patients living with diabetes) - with 81% of patients showing improvement in all three measures. The model has also strengthened access to social prescribing and facilitated earlier identification of additional clinical needs.

Clinicians report that the programme has improved coordination and communication with patients. Patients also describe a positive shift in their understanding and engagement. One said, "*I think the*

biggest change out of this consultation was that it changed my perspective and made me feel confident that there are things I can integrate daily which can play a big role in my health.”

We are seeking to implement the model across NWL in 2026 - demonstrating how joined-up care at neighbourhood level can improve outcomes, enhance patient participation and support a more proactive, holistic model of care.

Clinical Effectiveness Group (CEG) approach to Hypertension – NWL

Our clinical effectiveness model uses data to drive improved clinical management. Using this approach, NWL ICB has become the best ICB in the country for blood pressure treatment control.

Hounslow, where clinical effectiveness facilitation has been the most intensive, has seen significant gains in blood pressure treatment – especially so in practices engaging with the model. Key outcomes have been improved for priority populations including people from more deprived communities, people living with long-term conditions and people in working-age groups where ethnic disparities are concentrated. Entrenched inequalities are being addressed while simultaneously raising performance.

The team drew data from the Whole Systems Integrated Care (WSIC) database and facilitators built trusted, face-to-face relationships with practices on the ground. Data was fed back to individual practices in a supportive way.

Facilitators worked with practice teams and community pharmacies, alongside community outreach teams, and aligned incentives to optimise delivery.

This is an important and cost effective local care health intervention that really makes a difference. Across NWL, if we can reach goal of 80% of people having good BP control we can prevent 329 heart attacks, 492 strokes and 142 deaths per year.

Neighbourhood Development for Children and Young People

We are making progress developing and embedding local care models and neighbourhood-based approaches for children and young people. Child Health Hubs in NWL provide a clear, practical multidisciplinary model, bringing together general practice, paediatrics, community services, mental health and local authority partners to support children and families earlier and closer to home.

Hub sessions are operating regularly across multiple boroughs and are being used to address a wide range of physical health, mental health, developmental and social needs. Currently each month around 20 Child Health Hub clinics and multidisciplinary discussions are held enabling timely advice, shared decision-making and coordinated support around children and families.

This work is making an important contribution to reducing inequalities in access and outcomes for children and young people - particularly in communities with higher levels of deprivation and unmet need - by bringing specialist input into neighbourhood settings familiar to families, children and young people.

2. Communications and Engagement

Responding to a measles outbreak

NCL has continued to respond to a significant measles outbreak centred in Enfield and extending into Haringey, with nearly 100 people (mainly children) now confirmed as having had measles.

My thanks go to ICB colleagues and our partners in Enfield Council, Haringey Council, the UK Health Security Agency (UKHSA) and NHS England, who are supporting GPs and system partners to manage and minimise the impact of the outbreak. This includes additional vaccination appointments, driving awareness and vaccine uptake through communications and engagement, clinical and public health advice with residents and schools, and handling media interest.

It has been deeply concerning to see children so severely affected, with a number requiring hospital care, and case numbers continuing to rise, particularly given that measles is a preventable illness.

The outbreak is in the context of our rates of vaccination, which are just too low. In this case, only two thirds of the populations in Enfield and Haringey have received their full course of two doses.

Our outbreak response has seen a significant increase in vaccinations over February, and we are continuing to find different ways to engage communities to seek a longer-term increase in vaccination uptake.

Winter campaign

Both ICBs have delivered campaigns to support people to stay well throughout the winter period.

In NWL 20 community organisations across eight boroughs, helped us deliver targeted engagement to nearly 10,000 residents in-person. This was across more than 120 sessions, and through their connections and outreach, information was shared with a further 21,000 contacts. This represents a combined reach of 31,094 people. Sessions were all held and targeted to areas of the lowest or reduced uptake of the flu vaccination in 2024/25.

This included work with communities spanning more than ten languages and cultural backgrounds, including Eastern European, South Asian, East African (Eritrean, Sudanese, Somali, Ethiopian), Iranian, Afghani, Bangladeshi, Arabic-speaking, and other diverse general populations. An increase of 1.8% in flu vaccinations was achieved for the vaccination programme compared to the 2024/25 season.

Similarly, in NCL the Winter Campaign was a blend of communications with engagement activity working in low uptake communities, including Somali, Black Caribbean, Turkish/Cypriot and Eastern European, to address persistent inequalities in flu vaccine uptake. Running 15 multi-lingual workshops with clinicians from similar backgrounds to our target audiences and delivering 10 additional pop-up vaccine clinics with Voluntary, Community and Social Enterprise Alliance in cultural and religious community locations.

This activity led to a 2.5% increase in NHS App registrations and a 3.88% increase in flu vaccine uptake in NCL.

Palliative and end of life care co-design work

Our North West London involvement team led an exercise to co-design guidance materials on end of life and palliative care services with core community partners. Interviews were conducted with 18 community and faith leaders, ranging from middle-eastern, eastern European, black heritage and south Asian communities.

From this, culturally specific guidance materials were created based on this feedback, tested with the same community leaders, and will include community approval for final versions due for publication and distribution across the system in April 2026.

North Central London has also been engaging with local communities on the topic, to help us develop a model of care which maximises having a culturally competent and dignified death. During

the engagement we spoke to over 600 people, held 24 meetings with 326 people, and received 283 responses to the survey.

We wanted to have these important conversations to increase trust and gain the confidence of our communities that we have the workforce, skills, and competencies to care for them and their loved ones in alternative settings at the end of their lives. The findings from the engagement report will be incorporated into the North Central London End of Life Expert Group work-plan and inform future strategy.

Neighbourhood health

North Central and North West London are bringing together their approaches on neighbourhood health. Much of what we have learnt, scaled, and proved is effective, has come from learning and innovation from one another.

All 13 boroughs in West and North London have agreed their 'integrator arrangements', the delivery mechanism for neighbourhoods, and they are in the process of creating local mobilisation plans. We have significant areas of synergy already and are working towards a shared model of care.

Every borough will continue progressing its own neighbourhood plans in parallel. As a strategic commissioner, the ICB will support all 13 boroughs to develop neighbourhood health approaches and ensure everyone benefits from work happening in different areas across different cohorts.

There are a number of test sites to develop the work at pace so we can quickly learn what works well (and what doesn't) before other boroughs adopt similar methods. This includes Haringey for neighbourhood health services, Hillingdon and the bi-borough arrangement which are part of the National Neighbourhood Improvement Programme and will be receiving support and guidance to accelerate their work, and adopt a test, learn and grow approach. All of this learning will be used and shared across all 13 boroughs.

Reflecting on the achievements of North West and North Central London ICBs

As referenced at the beginning of this report, our two organisations will formally merge on 1 April to create the new West and North London Integrated Care Board.

It would be impossible to list everything that colleagues at these two high-performing organisations have achieved since their establishment in July 2022. As a case in point, the recent news that our two Cancer Alliances are performing brilliantly in meeting the referral for treatment 62 day deadline requirements (taking the top two spots for achieving this in the country) shows how that list continues to grow.

While there remains much still to do, as the final work takes place to formally close down the current ICBs, I, on behalf of colleagues across both organisations, wanted to share just some of the things we are most proud of.

In North West London, some highlights include:

- Effectively managed an annual budget of over £5.3 billion to support 2.1 million residents and 2.7 million registered patients.
- Delivered an estimated 40+ million GP appointments since becoming an ICB.
- Adopted the Core20PLUS5 framework to improve outcomes for people in the most deprived communities and groups experiencing the poorest health outcomes.
- Worked with thousands of residents to design services and ensure local voices shape decisions, for example through the Citizens Panel and the Co-Design Delivery Group.

- Tackled waiting lists and recovered services after the pandemic – the waiting list reduced by nearly 20,000 patients in 2024/2025.
- Surpassed national targets in key areas including A&E waiting times and faster cancer diagnosis.
- Created borough-based partnerships and neighbourhood health teams to bring health and care services together around our communities.

In North Central London, some highlights include:

- Delivering above the national average for same day GP appointments.
- Significant investment in improving primary care estate, supporting our drive to achieve a left shift investment into primary care, including the opening of new state of the art health centres. Other key infrastructure projects have included the new Oriol Eye Health Centre in St Pancras and the new Highgate East mental health hospital.
- Deploying innovative approaches to manage A&E demand and improve patient experience including launching a LAS-hosted Unscheduled Care Coordination Hub to reduce avoidable admissions through alternative community-based care pathways, as well as launching a new Adult Assessment Unit, allowing eligible frail/elderly patients to bypass A&E for same-day assessment and treatment.
- Achieving the best one-year cancer survival rate in England for six consecutive years and the highest five-year survival rate nationally.
- Significantly reducing out-of-area continuing health care placements, meaning more patients are now able to stay locally for acute mental health inpatient care.
- Delivering a flagship public consultation and business case for Start Well, to improve maternity and neonatal surgery services. Start Well is now in the delivery phase.
- Being selected for several national pilots and programmes including the Work Well pilot (Department of Work and Pensions and Department of Health and Social Care) where we met the target to support people to find, stay in or return to work. We were also selected as one of seven ICBs for the Primary Care Network Test Site programme, trialling new models to close general practice capacity gaps.