



**NHS NC London and NHS NW London**

**Board Meeting in Common**

**24 March 2026**

<b>Report Title</b>	NC London Population Health Strategic Commissioning Committee and NW London Strategic Commissioning Committee Assurance Report	<b>Date of report</b>	9 March 2026	<b>Agenda Item</b>	3.2
<b>Lead Director / Manager</b>	Richard Dale, Chief Strategy Officer	<b>Email / Tel</b>		<a href="mailto:richard.dale@nhs.net">richard.dale@nhs.net</a>	
<b>Board Member Sponsors</b>	Anita Charlesworth, Non Executive Member and Chair, NC London Population Health Strategic Commissioning Committee Akta Raja, Non Executive Member and Chair, NW London Strategic Commissioning Committee				
<b>ICB</b>	This paper applies to NC London ICB and NW London ICB.				
<b>Report Author</b>	Steve Beeho, Senior Board Secretary, NC London ICB	<b>Email / Tel</b>		<a href="mailto:s.beeho@nhs.net">s.beeho@nhs.net</a>	
<b>Name of Authorising Finance Lead</b>	Not applicable.	<b>Summary of Financial Implications</b> Not applicable.			
<b>Recommendation</b>	The NC London and NW London ICB Boards are asked to <b>NOTE</b> the NC London Population Health Strategic Commissioning Committee and NW London Strategic Commissioning Committee Assurance Report.				
<b>Report summary</b>	<p>The Chair's Assurance Report provides a summary of the key outcomes from the meeting in common of the NC London Population Health Strategic Commissioning Committee and the NW London Strategic Commissioning Committee on 12 January 2026.</p> <p>It captures items that were approved or noted by the Committee, and highlights priority actions and areas requiring further attention. The report serves to support the Board's assurance processes and offers a clear record of governance oversight and decision-making.</p>				
<b>Identified risks and risk management actions</b>	The NC London Population Health Strategic Commissioning Committee and the NW London Strategic Commissioning Committee review the risks assigned to them for oversight at each Committee meeting.				
<b>Conflicts of interest</b>	Conflicts of interest are managed at NC London Population Health Strategic Commissioning Committee and NW London Strategic Commissioning Committee meetings in accordance with each ICB's Conflict of Interest Policy.				



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<b>Resource implications</b>	Where applicable, potential resource implications are considered for each item presented to both Committees.
<b>Engagement</b>	Where applicable, engagement implications are considered for each item presented to both Committees.
<b>Equality impact analysis</b>	Where applicable, an Equality Impact Analysis is undertaken for each item presented to both Committees.
<b>Report history and key decisions</b>	This report summarises the discussion at the meeting in common of the NC London Population Health Strategic Commissioning Committee and the NW London Strategic Commissioning Committee on 12 January 2026.
<b>Next steps</b>	The final meeting in common of the NC London Population Health Strategic Commissioning Committee and the NW London Strategic Commissioning Committee will be held on 19 March 2026, followed by a joint seminar focusing on the Committees' closedown.
<b>Appendices</b>	<ul style="list-style-type: none"><li>• Summary of the meeting in common of the NC London Population Health Strategic Commissioning Committee and the NW London Strategic Commissioning Committee on 12 January 2026.</li></ul>



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**North West London**

NC London Population  
Health Strategic  
Commissioning  
Committee and NW  
London Strategic  
Commissioning  
Committee Chairs'  
Assurance Report

**Chair: Anita  
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(NC London  
Population Health  
Strategic  
Commissioning  
Committee)**

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Charlesworth  
(NW London  
Strategic  
Commissioning  
Committee)**

12 January 2026

Item	Draft Strategic Narrative
<b>Summary of item</b>	<p>Members were invited to comment on the draft strategic narrative which had been developed for the future West and North London ICB. The draft document set out the case for change, the future ICB’s mission and its strategic approach, including 8 strategic priorities. It also described a multi-year financial trajectory to drive value, with an explicit shift of funding from the acute hospital sector to neighbourhoods.</p> <p>Members highlighted the need for clearer strategic focus, including distinguishing the core aims (“what”) from the delivery approach (“how”) and identifying the top priorities for the coming year. The importance of primary care funding, patient access and leveraging local strengths in research, innovation and community relationships was also noted. Members called for clearer expectations of primary care, recognition of mental health transitions, and a realistic, locally tailored compact with the public.</p>
<b>Committee assured/decision</b>	The NCL ICB Population Health Strategic Commissioning Committee and the NWL ICB Strategic Commissioning Committee <b>noted</b> the draft strategic narrative.
<b>Follow-on work</b>	A further update would be taken to the January Board Meeting in Common. In addition, the various System Programme Boards will be discussing this document over the next few weeks. The ICBs are required to make a form of submission in February, at which point the key test will be whether it aligns with the Financial Plan that is currently being developed. The Strategy will then be finalised in the summer, following the



NC London Population Health Strategic Commissioning Committee and NW London Strategic Commissioning Committee Chairs' Assurance Report

**Chair: Anita Charlesworth (NC London Population Health Strategic Commissioning Committee)**

**Chair: Akta Raja Charlesworth (NW London Strategic Commissioning Committee)**

12 January 2026

	engagement. The Committee would be kept informed on progress between meetings because of the rapid timeline.
<b>Recommendation to Board</b>	To note.

<b>Item</b>	<b>Neighbourhood Health in West &amp; North London</b>
<b>Summary of item</b>	<p>The paper provided an update on aligning the work in NC London and NW London teams around the Left Shift and Neighbourhood agenda. It outlined how the work has matured, bringing together local priorities and pilots, with system opportunities, to generate a formative system framework and coherent investment proposition. It also covered the emerging commissioning approach that underpins this, couched in the dynamic national and regional context, as well as the next steps as the future ICB moves into system-wide delivery.</p> <p>Members observed that patients need clear, simple explanations of what neighbourhood models will deliver without adding complexity, and concerns were raised about whether small, dispersed investments can meaningfully support effective pilots. The weak national policy space on prevention created an opportunity for strategic local action, and a strong health-creation narrative could shift the system away from paternalism. Reducing fragmentation across services is essential, requiring both new ways of working and evidence-based innovation from professionals. Social care pressures heavily shape primary care workload, signalling the</p>



NC London Population  
Health Strategic  
Commissioning  
Committee and NW  
London Strategic  
Commissioning  
Committee Chairs'  
Assurance Report

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Population Health  
Strategic  
Commissioning  
Committee)**

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Charlesworth  
(NW London  
Strategic  
Commissioning  
Committee)**

12 January 2026

	need for resource shifts and changed attitudes across the system.
<b>Committee assured/decision</b>	The NCL ICB Population Health Strategic Commissioning Committee and the NWL ICB Strategic Commissioning Committee <b>noted</b> the work to date, including the overall commissioning approach and <b>endorsed</b> the proposed year 1 investment priorities.
<b>Follow-on work</b>	Discussions will take place with the Integrator leads about how best to mobilise around this agenda in a phased way that delivers impact without leaving places behind and widening inequalities. Based on this, more definitive Commissioning Intentions need to be set in order to get into the next level of conversation about how this is pulled together, particularly with local government, so that what the ICB is stimulating is linked to what local government is planning to do
<b>Recommendation to Board</b>	To note.

<b>Item</b>	<b>Community Dental Service Contract Renewal for NCL &amp; NWL</b>
<b>Summary of item</b>	<p>The paper proposed renewing the separate contracts for NCL and NWL for a period of 3+2 years. Other options considered were to “do nothing” and run a competitive process.</p> <p>Assurance was given that signing a five-year contract now, before the development of a dentistry strategy for the new ICB, would not inhibit the ICB from thinking seriously about creative solutions to make dentistry more needs-based or prevent the future strategy from being implemented because of the long-term contracts.</p>



NC London Population  
Health Strategic  
Commissioning  
Committee and NW  
London Strategic  
Commissioning  
Committee Chairs'  
Assurance Report

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Population Health  
Strategic  
Commissioning  
Committee)**

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Charlesworth  
(NW London  
Strategic  
Commissioning  
Committee)**

12 January 2026

<b>Committee assured/decision</b>	The NCL ICB Population Health Strategic Commissioning Committee and the NWL ICB Strategic Commissioning Committee <b>approved</b> the renewal of the Community Dental Service contracts for NWL and NCL for 3+2 Years; <b>noted</b> the use of Direct Award C to renew the contracts has been approved by the Procurement Oversight Group and <b>noted</b> that the finances had been agreed at the Business Case Review Group.
<b>Follow-on work</b>	NCL ICB would provide written confirmation of the decision to the London Dental, Optometry and Pharmacy (DOP) team on behalf of both ICBs, with a request to agree service specification changes prior to contract renewal.  Evaluation of community dental services will be completed in January 2026, after which the London DOP team will provide recommendations to incumbent providers.  A standstill period will then run during quarter four 2025/26 and the contract renewal will be awarded by 31 March 2026.
<b>Recommendation to Board</b>	To note.

<b>Item</b>	<b>NCL Community Diagnostic Service - Contract Renewal</b>
<b>Summary of item</b>	The NCL <i>Diagnostic Risk Mitigation Programme</i> identified key areas where commissioners need to manage demand growth and mitigate current and future cost pressures. The paper proposed the renewal of the GP Direct Access Diagnostic Service contract held by InHealth for 3 years from 1 April 2026 and the extension of the Camden MSK service run by UCLH for 2 years from 1 April 2026. The Camden MSK Service is a



NC London Population  
Health Strategic  
Commissioning  
Committee and NW  
London Strategic  
Commissioning  
Committee Chairs'  
Assurance Report

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Population Health  
Strategic  
Commissioning  
Committee)**

**Chair: Akta Raja  
Charlesworth  
(NW London  
Strategic  
Commissioning  
Committee)**

12 January 2026

	<p>collaboration between UCLH, the Royal Free and some private providers and shows significant benefits in terms of spend per head on MSK MRI activity and MSK Services compared to the rest of NCL. It was noted that the service requires new KPIs and a review of the baseline values but this did not preclude the renewal.</p> <p>Concern was expressed that the extension of the Camden MSK service would be inequitable as the service is superior to the one available in other NCL Boroughs. Assurance was given that the ICB is exploring whether this model can be replicated elsewhere and further work is required to agree a new MSK model for West &amp; North London when the new structure is set up.</p> <p>The Committee noted a suggestion to create an overall diagnostic strategy for West &amp; North London, including the use of independent sector providers such as InHealth (NCL) and Cora (NWL), the use of CDCs and the need to improve data quality around diagnostics, all of which was noted and welcomed.</p>
<b>Committee assured/decision</b>	<p>The NCL ICB Population Health Strategic Commissioning Committee <b>approved</b> the recommended option to renew the GP Direct Access Diagnostic Service contract currently held with InHealth for three years commencing April 2026 and <b>approved</b> the renewal of the Camden Integrated MSK Service for 2 years from April 2026 to allow time for new KPIs to be agreed, the issue of increasing non-contract activity to be addressed and baseline discussions to be finalised, as well as develop a new model for West &amp; North London.</p>



NC London Population  
Health Strategic  
Commissioning  
Committee and NW  
London Strategic  
Commissioning  
Committee Chairs'  
Assurance Report

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Population Health  
Strategic  
Commissioning  
Committee)**

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Charlesworth  
(NW London  
Strategic  
Commissioning  
Committee)**

12 January 2026

<b>Follow-on work</b>	<p>As part of the next steps, NCL ICB would provide recommendations to InHealth, including revising the InHealth tariffs, and engage with the Procurement team for delivery of PSR Direct Award C process. The new contract would then be approved and signed in order for the service to go live under new contract on 1 April 2026.</p> <p>NCL ICB would also notify the Camden MSK service provider, UCLH, of the decision and finalise agreements on new KPIs and the ICB's approach to reducing non-contract activity spend, as well as adjusting the baseline.</p>
<b>Recommendation to Board</b>	To note.

<b>Item</b>	<b>NCL ICB Population Health Strategic Commissioning Committee Risk Register</b>
<b>Summary of item</b>	<p>The report provided an overview of material risks falling within the Committee's remit. There were 9 risks on the Committee Risk Register. The score for one risk (<i>Failure to manage contracts effectively, creating unaffordable agreements that prevent investments being made into other ICB priorities</i>) had increased since the last meeting. The risk rating of the remaining 8 risks was unchanged.</p> <p>In response to a query about why the above risk rating had increased, it was noted that additional work had been undertaken on some contracts where there were variances and as a result a number of processes are being reviewed to determine if they are working as they should. Work has also continued on what 'good' looks like for a strategic</p>

NC London Population  
 Health Strategic  
 Commissioning  
 Committee and NW  
 London Strategic  
 Commissioning  
 Committee Chairs'  
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 Population Health  
 Strategic  
 Commissioning  
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 Strategic  
 Commissioning  
 Committee)**

12 January 2026

	commissioner. This drive reflects the fact that this is seen as a more important area and consequently a higher risk.
<b>Committee assured/decision</b>	The NCL ICB Population Health Strategic Commissioning Committee <b>noted</b> the report.
<b>Follow-on work</b>	It was agreed that a joint seminar of the two Committees would be held in March 2026 where there could be a 'wash-up' of what needs to happen in 2026/27, noting that the successor Committee will be re-formed in due course.
<b>Recommendation to Board</b>	To note.

<b>Item</b>	<b>NWL Board Assurance Framework – Extracts for NWL ICB Strategic Commissioning Committee</b>
<b>Summary of item</b>	The report updated the NWL Strategic Commissioning on the work to manage the two BAF risks assigned to it for oversight.
<b>Committee assured/decision</b>	The NWL ICB Strategic Commissioning Committee <b>noted</b> the strategic risks assigned to the Committee and provided assurance to the Board that significant strategic commissioning risks are being properly managed.
<b>Follow-on work</b>	It was recommended that a session on risk ought to be prioritised after the Committee has been reconstituted.
<b>Recommendation to Board</b>	To note.

<b>Item</b>	<b>Minutes of the NCL ICB Primary Care Committee Meetings on 24 June and 12 August 2025</b>
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NC London Population  
 Health Strategic  
 Commissioning  
 Committee and NW  
 London Strategic  
 Commissioning  
 Committee Chairs'  
 Assurance Report

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 Population Health  
 Strategic  
 Commissioning  
 Committee)**

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 Charlesworth  
 (NW London  
 Strategic  
 Commissioning  
 Committee)**

12 January 2026

<b>Summary of item</b>	Agreed minutes of the above meetings. The Committee is a sub-committee of the NCL ICB Population Health Strategic Commissioning Committee.
<b>Committee assured/decision</b>	The NCL ICB Population Health Strategic Commissioning Committee <b>noted</b> the minutes.
<b>Follow-on work</b>	None.
<b>Recommendation to Board</b>	To note.

<b>Item</b>	<b>Minutes of the NCL ICB Local Care Infrastructure Delivery Board Meetings on 4 June and 3 September 2025</b>
<b>Summary of item</b>	Agreed minutes of the above meetings. The Committee is a sub-committee of the NCL ICB Population Health Strategic Commissioning Committee.
<b>Committee assured/decision</b>	The NCL ICB Population Health Strategic Commissioning Committee <b>noted</b> the minutes.
<b>Follow-on work</b>	None.
<b>Recommendation to Board</b>	To note.

**Present – Members (NC London ICB Population Health Strategic Commissioning Committee)**

<b>Name</b>	<b>Role/organisation</b>
Anita Charlesworth	Non-Executive Member, NCL and NWL ICBs
Frances O'Callaghan	Chief Executive Officer, NCL and NWL ICBs
Stephen Bloomer	Chief Finance Officer, NCL and NWL ICBs
Dr Simon Caplan	GP - Provider of Primary Medical Services

NC London Population  
 Health Strategic  
 Commissioning  
 Committee and NW  
 London Strategic  
 Commissioning  
 Committee Chairs'  
 Assurance Report

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 (NC London  
 Population Health  
 Strategic  
 Commissioning  
 Committee)**

**Chair: Akta Raja  
 Charlesworth  
 (NW London  
 Strategic  
 Commissioning  
 Committee)**

12 January 2026

Richard Dale	Chief Strategy Officer, NCL and NWL ICBs
Sarah McDonnell-Davies	Chief Transformation Officer, NCL and NWL ICBs
Julia Neuberger	Chair, UCLH and Whittington Health
Jennifer Roye	Chief Nurse Officer, NCL and NWL ICBs

**Present – Attendees (NC London ICB Population Health Strategic Commissioning Committee)**

Name	Role/organisation
Malcolm Cohen*	Community Participant
Sarah Morgan*	Chief People Officer, NCL and NWL ICBs
Mark Eaton	Director of Strategic & Delegated Commissioning, NCL ICB

**Present – Members (NW London ICB Strategic Commissioning Committee)**

Name	Role/organisation
Anita Charlesworth	Non-Executive Member, NCL and NWL ICBs
Frances O'Callaghan	Chief Executive Officer, NCL and NWL ICBs
Stephen Bloomer	Chief Finance Officer, NCL and NWL ICBs
Richard Dale	Chief Strategy Officer, NCL and NWL ICBs
Kunal Patel	Non-Executive Member, NWL ICB

NC London Population  
 Health Strategic  
 Commissioning  
 Committee and NW  
 London Strategic  
 Commissioning  
 Committee Chairs'  
 Assurance Report

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 Charlesworth  
 (NC London  
 Population Health  
 Strategic  
 Commissioning  
 Committee)**

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 (NW London  
 Strategic  
 Commissioning  
 Committee)**

12 January 2026

Jennifer Roye	Chief Nurse Officer, NCL and NWL ICBs
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**Present – Attendees (NW London ICB Strategic Commissioning Committee)**

<b>Name</b>	<b>Role/organisation</b>
Dominique Allwood	Chief Executive, Imperial College Health Partners
Bob Klaber	Imperial College Healthcare NHS Trust
Tim Orchard	Chief Executive Officer, Imperial College Healthcare NHS Trust
Genevieve Small	Medical Director of Primary Care, NWL Integrated Care Board
Paul Stefanofski	Chief Finance Officer & Deputy CEO, NHS West London Trust
Lesley Watts	Chief Executive Officer, Chelsea & Westminster Hospital NHS Foundation Trust and The Hillingdon Hospitals NHS Foundation Trust
Kerry Doyle	Head of Corporate Governance, NWL Integrated Care Board
Amy Mitchell	Governance Manager, NWL Integrated Care Board
Julie Sands	Assistant Director, Primary Care Contracting and Transformation, NWL Integrated Care Board (Item 2.3)