

Board Meeting in common in public

Green Room, 1st floor, Soho Centre for Health, 1 Frith Street, London W1D 3HZ

24 March 2026

13.30-15.45

Agenda

Chair

Mike Bell

Apologies

/

Item	Lead	Purpose	Paper	Time
1	Opening items			
1.1	Welcome and apologies	Mike Bell	To note	/
1.2	Declarations of interest (<i>not otherwise stated</i>) (NCL ICB and NWL ICB)	Mike Bell	To note	/
1.3	Minutes of the previous meeting in common 28 January 2026	Mike Bell	To approve	1.3
1.4	Matters arising and action log	Mike Bell	To note	1.4
2	Strategy and Business			
2.1	Transition update	Ian Porter	To note	2.1
2.2	North Central London Start Well programme: maternity and neonates update	Sarah McDonnell-Davies	To note	2.2
2.3	Final 2026/27 West & North London Financial Plan	Stephen Bloomer	To note	2.3
	Short break			14.15
3	Overview Reports			
3.1	NW London Performance and Finance Committee and NC London Finance Committee Assurance Report	Kunal Patel	To note	3.1
	<ul style="list-style-type: none"> Joint Performance Report summary 	Stephen Bloomer	To note	3.1.a
3.2	NC London Population Health Strategic Commissioning Committee and NW London Strategic Commissioning Committee Assurance Report	Anita Charlesworth	To note	3.2

Board Meeting in common in public

24 March 2026
13.30-15.45

Green Room, 1st floor, Soho Centre for Health, 1 Frith Street, London W1D 3HZ

3.3	NC London Quality & Safety Committee	Liz Sayce	To note	3.3	14.35
3.4	Audit & Risk Committee (NW London)	Simon Perry	To note	3.4	14.40
3.5	Audit Committee (NC London)	Simon Perry	To note	3.5	14.45
3.6	NC London/ NW London Remuneration Committee in Common	Liz Sayce	To note	3.6	14.50
3.7	NC London ICS People Board Committee Assurance Report	Liz Sayce	To note	3.7	14.55
3.8	North Central London ICB Procurement Oversight Group	Stephen Bloomer	To note	3.8	15.00
3.9	Combined Board Assurance Framework Report	Sarah Morgan	To note	3.9	15.05
3.10	Chief Executive's Report	Katie Fisher	To note		15.15
4	Closing items				
4.1	Any other business	Mike Bell	/	Verbal	15.25

Questions from members of the public

<p><i>Please send your questions to one of the following by 10.00am Friday 20 March 2026:</i></p> <p>NW London: nhsnw.communications.nwl@nhs.net</p> <p>NC London: nclib.meetingsquestions@nhs.net</p>	Mike Bell	To discuss		15.30
---	-----------	------------	--	-------

Presenters

Mike Bell, Chair

Katie Fisher, Chief Executive Officer

Stephen Bloomer, Chief Finance Officer and Deputy Chief Executive Officer

Anita Charlesworth, Non-Executive Member

Richard Dale, Chief Strategy Officer

Sarah Morgan, Chief People Officer

Kunal Patel, Non-Executive Member (NHS NW London)

Simon Perry, Non-Executive Member

Ian Porter, Executive Director of Transition

Liz Sayce, Non-Executive Member (NHS NC London)



North Central London
Integrated Care Board

Board Meeting in common in public

Green Room, 1st floor, Soho Centre for Health, 1 Frith Street, London W1D 3HZ

Sarah McDonnell-Davies, Chief Transformation Officer



North West London

24 March 2026

13.30-15.45

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

Board Meeting in common

28 January 2026

Euston Room, 5th floor

14.00-15.45

Royal College of General Practitioners

30 Euston Square, London NW1 2FB

Item	
	<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>

Board Meeting in common

28 January 2026

Euston Room, 5th floor

14.00-15.45

Royal College of General Practitioners

30 Euston Square, London NW1 2FB

Item	
	<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.

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

Item	
	<p style="text-align: right;">Action/s</p> <p>To take the strategy to provider Trusts in the new ICB (Richard Dale)</p>
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.

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

Item	
	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

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

Item	
	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>

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

Item	
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

Board Meeting in common

28 January 2026

Euston Room, 5th floor

14.00-15.45

Royal College of General Practitioners

30 Euston Square, London NW1 2FB

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
------	--------------------



North Central London
Integrated Care Board

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



North West London

28 January 2026
14.00-15.45

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

DRAFT

Action log for: **Board meeting in common in public**

Action delayed or critical issue identified

Action underway and progressing

Action closed



Last updated: **17-Mar-26**

Ref	Date Raised	Currently with	Agenda item	Action	Owner	Date Due	Current RAG	Comments/progress
Integrated Care Board 2026-01	28/01/2026	ICB Board meeting in common in public	2.2	To take the strategy to provider Trusts in the new ICB	Richard Dale	Q1		12/03/2026: in development (RD)
Integrated Care Board 2026-02	28/01/2026	ICB Board meeting in common in public	2.3	To review the terminology relating to Local Authority posts	Ian Porter	24/03/2026	CLOSED	
Integrated Care Board 2026-03	28/01/2026	ICB Board meeting in common in public	3.1	To send performance information on perinatal mental health services to Cllr Sanderson	Stephen Bloomer/ Jennifer Roye	tbc		17/03/2026: in progress (KD)



North Central London
Integrated Care Board



North West London

**North Central London ICB and North West London ICB
Board of Members Meeting in Common
24th March 2026**

Report Title	Transition Update	Date of report	24 th March 2026	Agenda Item	2.1
Lead Director / Manager	Ian Porter, Executive Director of Transition	Email / Tel		ian.porter3@nhs.net	
Board Member Sponsor	Katie Fisher, Chief Executive				
Report Author	Ian Porter	Email / Tel		ian.porter3@nhs.net	
Name of Authorising Finance Lead	Stephen Bloomer, Chief Finance Officer	Summary of Financial Implications The West and North London (WNL) ICB will need to meet the £19 per head cost requirement from 1 April 2026. The timely and successful delivery of the transition programme is a critical enabler of this requirement and will result in significant reductions to the future capacity of the newly merged organisation.			
Report Summary	Following the update to the North Central London (NCL) ICB and North West London (NWL) ICB Board of Members in-common in January 2026, this paper provides the Boards with a further update on the transition programme and the merger of NCL and NWL ICBs on 1 April 2026. This paper includes updates on the final stages of merger preparation and associated assurance on readiness. The report also outlines next steps for the subsequent phase of transition for WNL.				
Recommendation	The Boards are asked to NOTE the progress made and next steps for the transition programme.				
Identified Risks and Risk Management Actions	The significant reductions to ICBs, continue to present a number of key risks – including: <ul style="list-style-type: none"> Financial risk in achieving cost reduction requirements – with merger and the new organisational design being key to mitigation. Staff and partner organisation uncertainties – part mitigated through robust communications and engagement plans. Future organisational capacity – with clear prioritisation of key activity, including in the context of the nationally set Model ICB, being an important factor in mitigation. 				
Conflicts of Interest	Not applicable.				

Resource Implications	<p>Significant financial, HR, IT, Communications & Engagement, senior leadership and wider staffing resources are continuing to be utilised to deliver all aspects of the transition programme.</p> <p>Capacity continues to be utilised to deliver the final stages of the rationalisation of corporate office estates across the two ICBs.</p>
Engagement	<p>Extensive engagement with staff, trade unions, and stakeholders through briefings, FAQs, and joint intranet content.</p>
Equality Impact Analysis	<p>An updated equality impact assessment has been undertaken as part of the outcome of the current staff consultation on future organisational design. A further and final update will be completed once the voluntary redundancy agreements have been signed.</p>
Report History and Key Decisions	<ul style="list-style-type: none"> • July 2025: Boards agreed to merge. • September / October 2025: update to Boards • November 2025: National approval for voluntary redundancy scheme. • December 2025: update report to NCL and NWL Boards in-common • January 2026: update to Boards • March 2026: update to joint Transition Committee
Next Steps	<p>In nearing the 1 April merger, focus will shift towards the next phase of transition – with key activity including:</p> <ul style="list-style-type: none"> • Recruitment into the new organisational design • Board development • Embedding new corporate governance arrangements • Setting of vision, strategies, priorities and values • Continuation of stakeholder and partnership engagement/development • Further preparations for the transfer of services
Appendices	<p>Not applicable.</p>

Transition Update – Creation of West and North London Integrated Care Board (ICB)

1. Introduction and Overview

Further to the updates provided to the Boards in-Common on 04 December 2025 and 28 January 2026, this report provides a further update on progress in delivering the transition to the West and North London Integrated Care Board (WNL ICB). The report also follows a strategic update provided to the ICBs' Joint Transition Committee at its meeting on 2 March 2026.

The merger element of the transition programme continues to focus on organisational readiness for 1 April 2026. Delivery remains structured around the transition workstreams, with assurance provided through internal governance arrangements and the NHS England (NHSE) merger assurance process.

2. Overall Programme Status and Merger Assurance

The latest full merger assurance submission was provided to NHSE on 23 February 2026 and confirms that the programme remains in a strong position, with close and constructive engagement continuing with the NHSE London regional team. On 02 March, the ICBs' Chief Executive submitted an assurance letter to NHSE Regional Director, on behalf of both North Central London (NCL) and North West London (NWL) ICBs. The letter affirmed compliance regarding the due diligence required to allow for the disestablishment of the ICBs and the safe and timely establishment of the new West and North London ICB on 1 April. A response has since been received confirming that the Regional Team views that the action taken to date, and that is planned for the future, is robust and appropriate and in line with relevant NHS E guidance, including the due diligence requirements which the ICBs have used proactively and constructively to prepare for and deliver the change.

The final phase of merger approval is the formal issuing by the NHS Executive of the orders to dissolve North Central London and North West London ICBs and establish the new West and North London ICB. We are expecting, at the time of writing this report, these orders to be issued around the 17 March 2026.

To further support merger preparations, an independent internal audit review has been undertaken by RSM, North West London ICB's internal auditors. This review has concluded with the issuing of a "Substantial Assurance" classification, providing further confidence in programme governance and controls. The outcome of this review has been presented to North West London ICB's Audit Committee.

As the programme enters its final pre-merger phase, attention is increasingly turning to planning for the next stage of transition beyond 1 April, including retention of corporate memory, staff support through organisational change, and establishing a strong foundation to progress the new ICB's vision, priorities, values and ways of working.

3. Organisational Redesign, Consultation and Workforce

The formal staff consultation on future organisational design and transfer of employer concluded on 25 January 2026. Consultation outcomes were communicated to staff on 23 February 2026, following an agreed short extension to accommodate changes to roles and structures, appeals activity and half-term timing. Final consultation materials set out the

agreed organisational structures, impacts, updated Equality Impact Assessment and next steps.

Voluntary Redundancy (VR) applications were approved on 12 February, with outcomes issued to staff on 24 February 2026. The majority of VR exits are planned for 30 April 2026, allowing for appropriate handover arrangements and continuity of business-critical activity. Executive oversight is in place to ensure that exits are managed sensitively and safely, with Organisational Development (OD) support available to staff.

Inclusive selection processes are scheduled to take place between April and June 2026. Trained managers and Recruitment Inclusion Advisors will support selection panels to minimise bias and ensure fair and transparent decision-making.

Key workforce risks continue to be actively managed. Work is progressing to ensure a safe payroll transfer from NWL's current payroll provider, Civica to NCL's payroll provider, North of England CSU. Wellbeing and career transition support capacity is under review and being strengthened. prioritised review of key HR and OD policies is underway to ensure those required for 1 April are in place, with transitional arrangements anticipated where capacity constraints exist.

4. Corporate Governance and Board Arrangements

As part of the Corporate and Governance workstream, the draft Constitution for the WNL ICB has been submitted to the NHSE regional team and is awaiting formal sign-off. Recruitment to the Board of Members is in the final stages and remains on track for completion in time for 1 April 2026.

Due to forthcoming local elections, Local Authority Partner Members will initially be appointed on a short-term basis, in line with the provisions of the Constitution. Board and Committee meeting schedules for 2026/27 are currently being finalised. The initial 'set-up' meeting for the new Board of Members will take place on 1 April, with the first full Board meeting scheduled for 22 July.

A broader governance review is being undertaken, including arrangements below Committee level, Standing Financial Instructions (SFIs) and the Scheme of Reservation and Delegation (SoRD), and remain on track for approval on 1 April 2026. In total, 78 organisational policies have been prioritised for alignment ahead of go-live, with further policy alignment planned during early 2026/27. The new Board of Members will be asked to approve the policies that have been aligned through both current ICBs' recognised governance arrangements.

5. Information Technology and Information Governance

The IT workstream continues to make good progress in preparing systems and infrastructure for the new organisation. Marylebone Road is being established as the new ICB's headquarters, with fit-for-purpose ICT capability to enable staff within West and North London ICB to work effectively. A single Service Desk is being established to ensure users' queries are addressed on a timely basis.

Work has continued to unify the identified business-critical systems ahead of 1 April merger. These are in relation to HR, Payroll, Finance, IT and corporate operations, with a wider set of systems scheduled for post-merger alignment. A single IT service desk solution and a single telephony provider have been agreed, with transition plans in place to provide a single point of access for corporate users from 1 April 2026.

Migration plans are being developed with departments to enable the shared data and personal data to be moved to N365 (national cloud tenancy). Finalisation of the national ODS code remains a dependency impacting SharePoint tenant consolidation and the move to a single data warehouse; this continues to be closely monitored.

Information Governance arrangements for the new organisation are well-developed. Senior Information Risk Owner, Caldicott Guardian and Data Protection Officer roles have been confirmed, and Data Security and Protection Toolkit submissions remain on track with no significant issues identified. West and North London ICB registration with the Information Commissioner's Office (ICO) has been completed, and priority Information Governance policies have been consolidated and merged.

6. Finance and Contracting

The Finance and Contracting workstream continues to progress both technical merger activity and financial year-end requirements. All required merger templates have been submitted to NHS Shared Business Services within deadlines.

Key elements of readiness include payroll, VAT and HMRC notifications, banking arrangements transferring to the new organisation on 1 April, and progress towards a single general ledger. Procurement for new external auditors is complete. Arrangements are also in place to ensure continued internal audit and counter fraud specialist support.

The principal financial risk remains the compressed timetable for technical merger activity, compounded by the early adoption of the ISFE2 system. This risk is being actively managed through close engagement with national teams and targeted escalation where required. Additionally, internal capacity to help mitigate this risk is in place. Plans are in place to notify suppliers of upcoming changes.

7. Communications, Engagement and Corporate Accommodation

Work continues to prepare for the closure of the existing organisations and the establishment of WNL ICB. A comprehensive communications plan is in place to support staff, partners, stakeholders and the public through the transition period, maintaining proactive communication with our key audiences throughout transition.

A new corporate website has also been developed, as well as a SharePoint intranet for staff and both will go live on 1 April 2026.

New ICB branding has been finalised and will be reflected in the refurbishment of the Marylebone Road headquarters. The refurbishment work, to put in place a fit-for-purpose modern working environment for WNL ICB staff, is nearing completion to time. The Euston Road headquarters site has now been closed, and the work continues, as planned, to exit the Laycock Street site in early April. A plan is in place to enable all WNL staff to access the Marylebone Road offices, shared across the working week. These changes to the office headquarters arrangements will make a significant financial contribution to the ICB's requirement to reduce running costs by 50%.

8. Complex Care / Continuing Healthcare

In line with the ICBs' discussions and agreements since December 2025, the work on the future delivery of Complex Care responsibilities progresses well to ensure the services are unaffected by the national changes to ICBs' roles for 2026/27. Firm proposals are ready for

the Boards' consideration and, following that, likely in April, a comprehensive communications plan will be implemented to ensure our service users and other key stakeholders are engaged and assured.

9. Next Steps

While work is nearing completion to successfully deliver the technical merger – Quarter 1 and 2 of 2026/27 will be an equally important next phase of the transition work. A plan is currently being developed for this phase with content including:

- **Organisational Design & Development:** Progressing full implementation of the WNL ICB organisational design, including recruitment, staff guidance and exits, directorate planning, and embedding values, learning and development opportunities, staff networks, wellbeing initiatives, team development and utilisation of the Marylebone Road office.
- **Corporate Governance & Strategy:** Advancing corporate vision and agreed Year 1 priorities, supporting the new Board and ICB committees / sub-committees, forward planning, risk management, audit planning, operational governance arrangements, further policy alignment, and developing the strategic commissioner role with a focus on neighbourhoods.
- **Partnerships, Stakeholder Engagement:** Clarifying and strengthening stakeholder and partnership arrangements, and developing the future patient and public engagement strategy
- **Ensuring the safe transfer of services, including the Complex Care / Continuing Healthcare service –** also ensuring safe transition for any residual service areas being provided through the CSU.
- **Further alignment and development of key systems, organisations processes and protocols.**

With this being the last transition report to the Boards of North Central London and North West London ICBs – it is timely to recognise and thank all of the staff, Board Members and our partners, who have been involved in the delivery of the transition programme to date. For our staff, this remains an uncertain and anxious time and despite this, the commitment, robustness and dedication that staff working on the programme have all shown is to be commended.

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
Lead Director / Manager	Sarah McDonnell-Davies, Chief Transformation Officer Selina Douglas, Chief Executive Officer, Whittington Health and Implementation SRO	Email / Tel		sarah.mcdonnell1@nhs.net	
Board Member Sponsor	Sarah McDonnell-Davies, Chief Transformation Officer				
ICB	North Central London ICB				
Report Author	Anna Stewart, Director of Service Development: CYP, CAMHS, Maternity and Neonates (NCL ICB) Sarah Mansuralli: Start Well Programme Director (Whittington Health)	Email / Tel		anna.stewart3@nhs.net	
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
<p>Equality impact analysis</p>	<p>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.</p>
<p>Report history and key decisions</p>	<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.
<p>Next steps</p>	<p>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)</p>
<p>Appendices</p>	<p>North Central London Start Well programme: Maternity and Neonates update</p>



North Central London
Health and Care
Integrated Care System



Whittington Health
NHS Trust

North Central London Start Well programme: Maternity and Neonates

March 2026

Contents

1. EXECUTIVE SUMMARY	2
2. BACKGROUND AND CONTEXT	2
3. NCL ICB BOARD DECISION	4
4. GOVERNANCE	5
5. INDICATIVE PROGRAMME PHASING	6
6. PROGRESS TO DATE	7
7. NEXT STEPS	9

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.

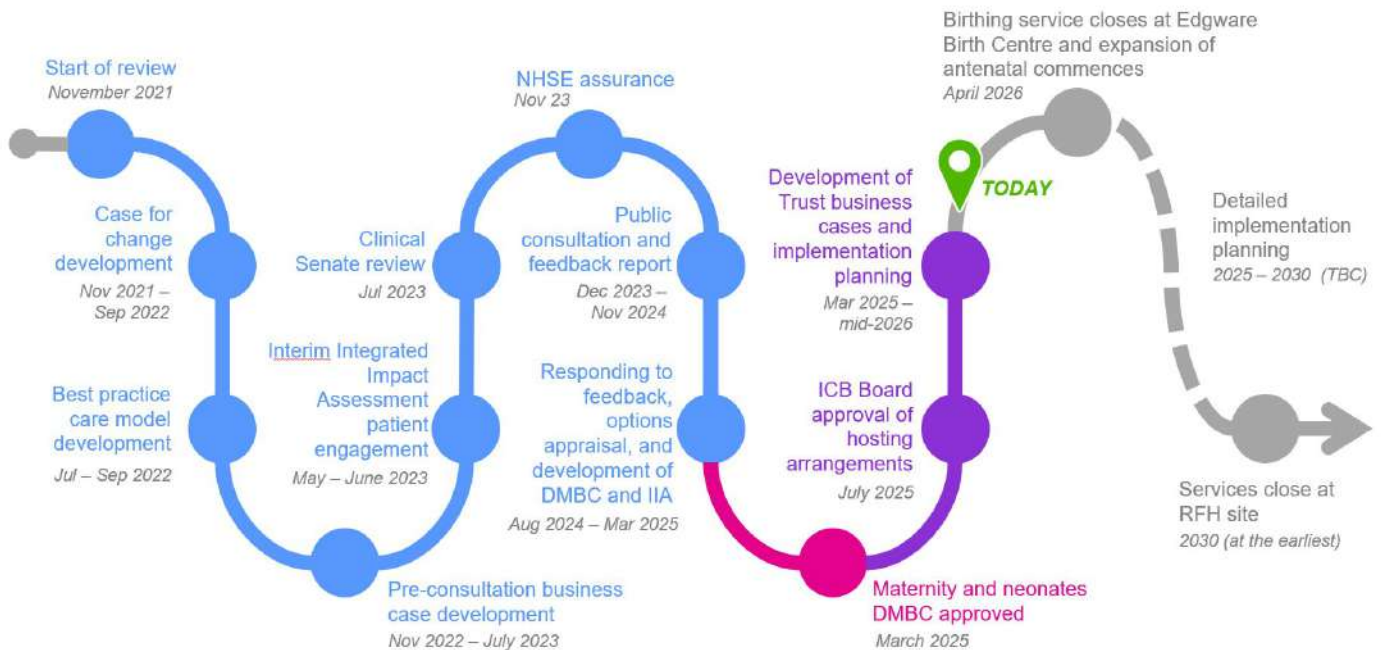


Diagram A: The Start Well Maternity and Neonates journey so far

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.

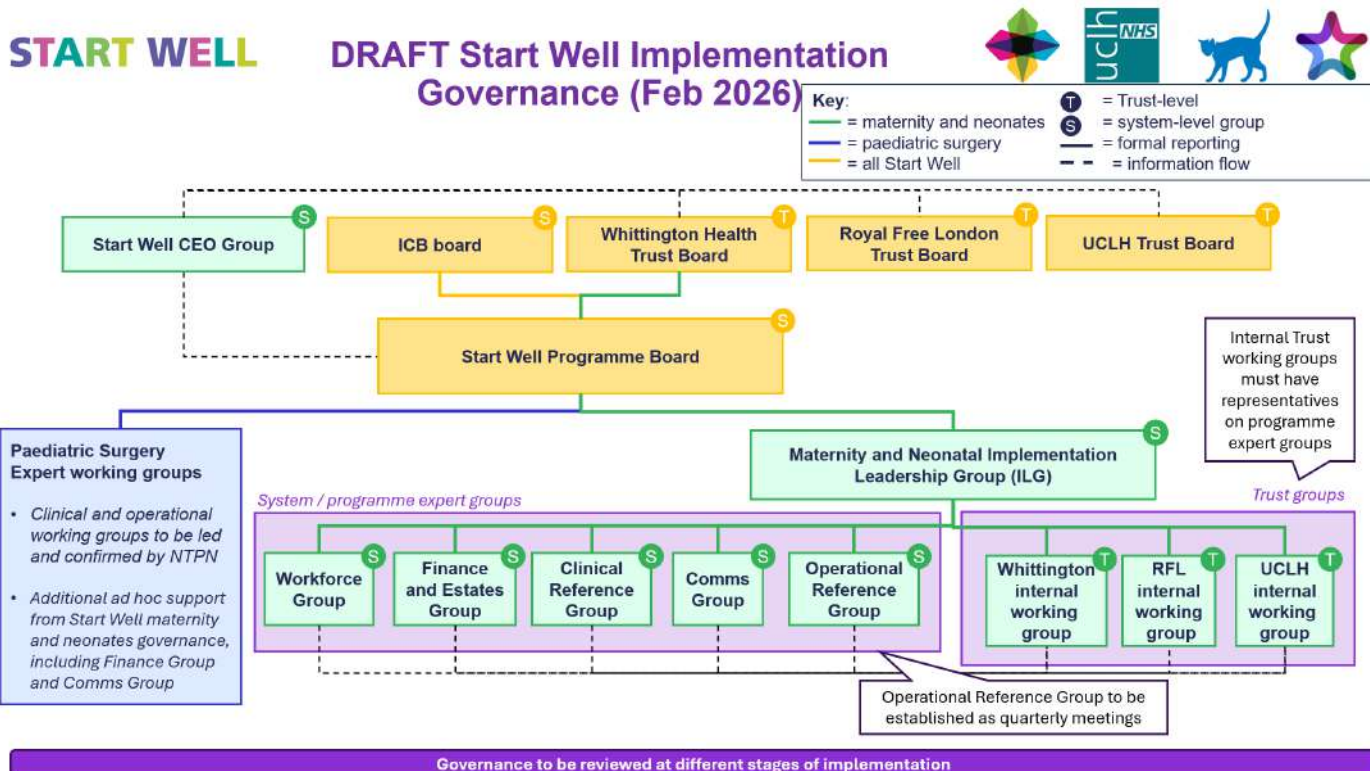


Diagram B: Revised (Draft) Start Well Implementation Governance

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.

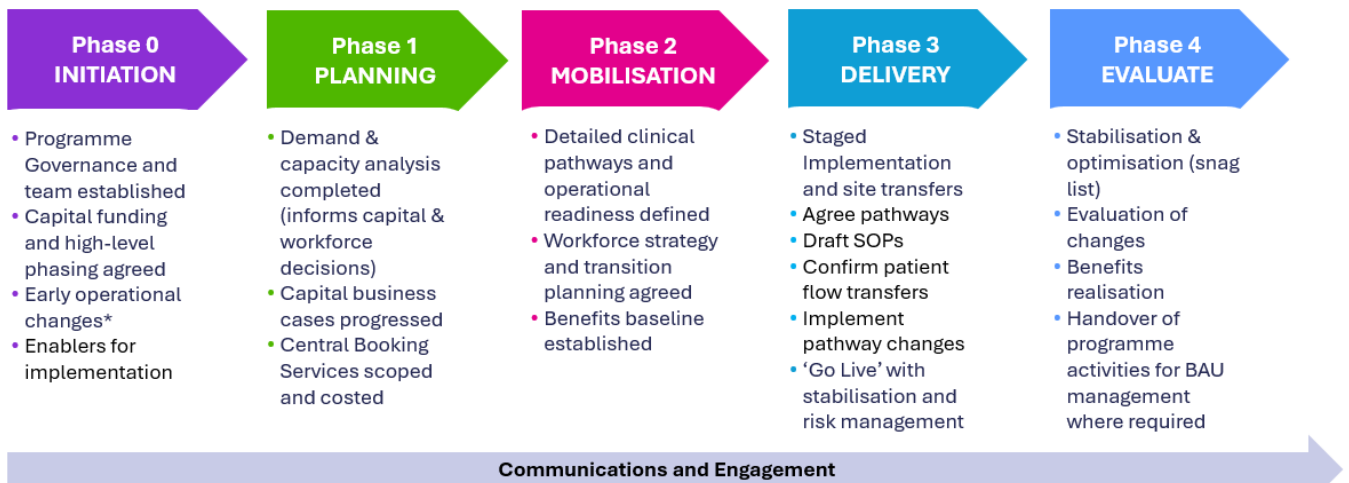
Start Well Implementation Road Map: 2026 - 2031



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.

North Central London ICB and North West London ICB

Board Meeting in common

24th March 2026

Report Title	Final 2026/27 West & North London Financial Plan	Date of report	16/03/2026	Agenda Item	2.3
Lead Director / Manager	Stephen Bloomer - CFO	Email / Tel		stephen.bloomer@nhs.net	
Board Member Sponsor	Not applicable				
ICB	W&NL ICB				
Report Author	Gary Sired	Email / Tel		g.sired@nhs.net	
Name of Authorising Finance Lead	Not applicable	Summary of Financial Implications 26/27 W&NL Financial Plan			
Recommendation	To NOTE – The 26/27 W&NL ICB plan that has been submitted to NHSE.				
Report summary	<p>Investing in our strategic priorities</p> <ul style="list-style-type: none"> The plan shifts investment from secondary care to neighbourhood, community, and mental health services to improve sustainability, reduce acute demand, and address inequalities without destabilising providers. A 2.44% (£207.3m) funding increase supports this shift, alongside productivity gains across £11.7bn of spend through reduced unearned income, stronger metrics, and enhanced contract management. 1% (£120m) is ringfenced for neighbourhood investment (50% deployed in 2026/27), with a focus on expanding community mental health support and standardising provision across all 13 boroughs. Overall, the aim is to improve patient flow, reduce reliance on acute services, and lower activity levels in secondary care. <p>26/27 Plan Overview</p> <ul style="list-style-type: none"> The expenditure plan of £11.9bn was set following the merger of North Central London ICB (NCL) and North West London ICB (NWL) and the further delegation of specialist commissioning services. Contract values have been agreed with all providers. Based on this income, all are expected to submit breakeven plans for 2026/27 in the final March submission. At the time of writing, all providers consider this achievable except RNOH. Although there is no system control total, we remain committed to the financial sustainability of hosted providers. Despite a 1% commitment to increase out-of-hospital spend, the overall share has not shifted due to 1.5% funding for constitutional standards (around half offset by reduced unearned income). We are also meeting 				

mental health investment standards. Running costs have been cut by 50%, reducing them to 0.5% of expenditure.

Allocating Neighbourhood Funds

- 1% of the 2026/27 W&NL ICB budget (£60m; £120m full-year effect) is ringfenced for neighbourhood/left-shift investment, with plans to increase this by 1% annually up to 5%.
- Funding is provisionally split between Community (£40m) and Mental Health (£20m), subject to business cases.
- Investment priorities:
 - £15m to pilot Integrated Neighbourhood Teams (INTs) for the top 5% highest-risk adults (25% coverage), with potential scale-up in 2027/28.
 - £20m for enabling infrastructure (virtual wards, core service gaps, analytics, care coordination, mobilisation).
 - £25m for other left-shift initiatives, prioritising CYP, MHIS, and planned care transformation.
- All schemes require business cases with clear outcomes and cost-benefit analysis; initiatives will be reviewed and continued, adapted, or stopped based on performance.
- A Neighbourhood Group will oversee development, performance, and investment recommendations to committees.

Capital planning

- From 26/27, the ICB's role will shift from having responsibility for managing the systems capital to that of a strategic commissioner working with the region to deploy national capital to support schemes that drive the left shift of care as part of the new NHS 10-year plan.
- From 26/27, provider operational capital totalling c.£430m will flow directly to individual providers and not through the ICB.
- The Total ICB capital for 26/27 is £61.6m, including National Programme Funding the allocation for 26/27 is £65.6m

NCL Strategic commitments

- NCL has maintained a long-standing commitment to funding strategic system priorities on a collective basis. The current portfolio of approved strategic commitments totals £94m across the four-year period to 2029/30, with £45m planned in 2026/27

Capital Risks and Mitigations.

- W&NL ICS has the largest NHS backlog maintenance, driven by poor acute estate in NWL, risking strategic delivery. The system is supporting Hillingdon Hospitals and Imperial College Healthcare Trust on new hospital plans.
- Primary care estate is safe but not fit for left-shift ambitions. A neighbourhood programme is underway to improve digital capability, estate productivity, and refurbishment, supported by national and system funding.
- Cash constraints limit some organisations' ability to use available capital; they are working with national teams for support.

	<ul style="list-style-type: none"> Capital remains insufficient for full digital, equipment, and estate needs, though system balance has secured additional capital bonuses, which we aim to continue.
Identified risks and risk management actions	<p>Revenue Risk and Mitigations</p> <ul style="list-style-type: none"> Increased contract trading in 2026/27 raises ICB financial risk. To mitigate this, we have commissioned activity to meet constitutional standards (maximum realistic in year one) and established a 0.5% (£60m) trading fund, to be deployed later if unused. The removal of a system control total increases risks of overtrading, under-commissioning, and income inflation. W&NL continues to plan as a system, with a counting and coding workstream and a constitutional standards group to drive consistency, productivity, and shared approaches. The shift to the ICB as a strategic commissioner may weaken system working, but W&NL will continue collaborating across systems on financial sustainability, productivity, and consistency. Reduced regional oversight may limit performance insight. In response, we are reinstating tiered in-year contractual performance meetings, supported by detailed data to inform commissioning and financial decisions.
Conflicts of interest	Not applicable.
Resource implications	Not applicable.
Engagement	Not applicable.
Equality impact analysis	Not applicable.
Report history and key decisions	Not applicable.
Next steps	<ul style="list-style-type: none"> The ICB's immediate priorities are to finalise 26/27 contracts, including terms, conditions and Indicative Activity Plans; embed productivity, activity and income rules consistently; establish neighbourhood governance arrangements; and progress 27/28 and 28/29 planning in line with the medium-term financial strategy and the continued shift towards neighbourhood-based care.



North Central London
Integrated Care Board



North West London

	<ul style="list-style-type: none">We will also bring the system together in a number of groups to look at ways of working including Constitutional Standards, Neighbourhoods and Counting and Coding
Appendices	Not applicable.

Final 26/27 W&NL Financial Plan

NCL ICB and NWL ICB - Board Meeting in common

24/03/2026

26/27 Planning aims and assumptions

Investing in our strategic priorities

- The plan creates the financial environment to deliver the strategic intent to reduce reliance on secondary care and to increase investment in neighbourhood, community and mental health services. This left shift of care is central to improving long-term sustainability, reducing demand on acute services and addressing health inequalities. The approach ensures that investment decisions align with the system's strategic aims while avoiding financial destabilisation of providers.
- Core recurrent allocation growth of 2.44% (£207.3m) in 2026/27 has been prioritised to support strategic change. We are targeting an increase in productivity for the remaining £11.7bn of expenditure and will achieve this by reducing unearned income using the guiderails and reinvesting this into patient access, by increasing productivity metrics and monitoring in our core offer and in all contracts. We will also increase in-year contract management and information flows to support strategic commissioning.
- Of this growth, 1% £120m full year effect is ringfenced for neighbourhood investment. In 26/27 we expect to spend 50% of that. Our financial strategy remains to commit resources to need and this investment support this. To that end, we expect to increase the support to patients with mental health issues in community settings as this is our largest area of under investment. We also expect to see the core offering extended across all 13 Boroughs and some areas increased. The funding has the key aim of improving flow and reducing the amount of care presenting in secondary settings (planned and unplanned) so that reduce the percentage of W&NL care spent in acute services whilst reducing activity levels.

Delivery of Constitutional Standards and Productivity

- The financial plan commissions enough activity to deliver constitutional standards, including RTT and A&E performance, through consistent commissioning approaches and contractual mechanisms. A 1% productivity requirement has been applied to acute providers, alongside improvements in first-to-follow-up ratios and a consistent approach to earned and unearned income. The Mental Health Investment Standard is fully met, ensuring continued growth in mental health investment.
- Delivering constitutional standards in years two and three of the plan require material improvement on year one and this cannot be achieved by working in our current way, we will need to look at pathways, the appropriateness of referrals and provider productivity.

Next steps

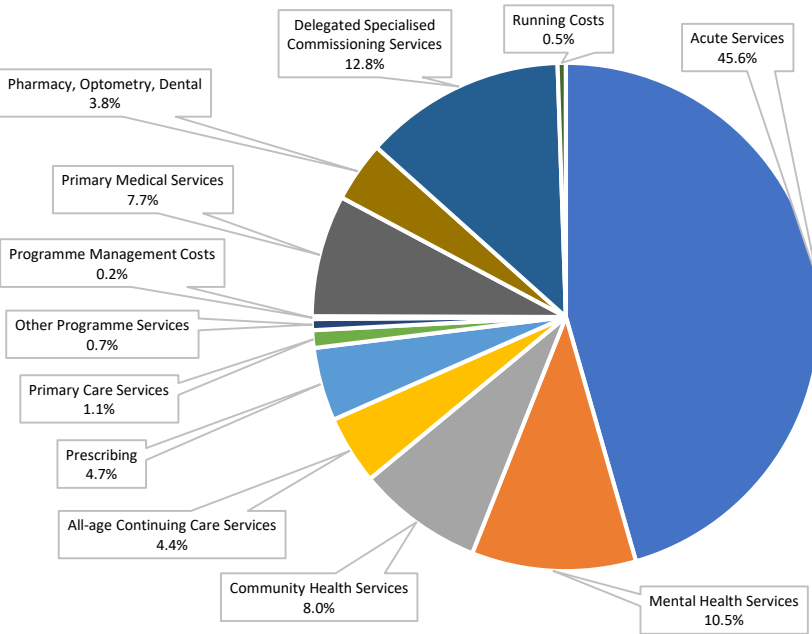
- The ICB's immediate priorities are to finalise 26/27 contracts, including terms, conditions and Indicative Activity Plans; embed productivity, activity and income rules consistently; establish neighbourhood governance arrangements; and progress 27/28 and 28/29 planning in line with the medium-term financial strategy and the continued shift towards neighbourhood-based care.
- We will also bring the system together in a number of groups to look at ways of working including Constitutional Standards, Neighbourhoods and Counting and Coding

26/27 Financial Plan Overview

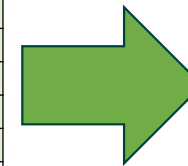
26/27 Financial Plan Overview

- The expenditure plan of £11.9bn was set following the merger of North Central London ICB (NCL) and North West London ICB (NWL) and the further delegation of specialist commissioning services.
- Contract values are agreed with all providers. Using this income all providers are now expecting to submit breakeven plans in 2026/27 in the final March submission. At the point of writing all providers have indicated that this achievable with the exception of RNOH. While there is no system control total we remain committed to the financial sustainability of hosted providers.
- Despite commitment to increase out of hospital expenditure by 1%, overall the percentages have not shifted as we are funding constitutional standards which cost 1.5% although circa half of this is funded by reducing unearned income. We are also ensuring that the mental health investment standards are met. Running costs are reduced by 50% thus reducing the percentage to 0.5% of expenditure.

26/27 Expenditure overview



Annual Plan 2026/27 - February Submission	Annual Plan 2026/27 (March submission)
£'000	
Total allocation	11,930,155
Expenditure	
Acute Services	5,434,924
Mental Health Services	1,246,818
Community Health Services	954,573
Pharmacy, Optometry, Dental	458,161
Delegated Specialised Commissioning Services	1,531,962
All-age Continuing Care Services	521,808
Prescribing	556,650
Primary Care Services	133,831
Other Programme Services	83,537
Programme Management Costs	21,585
Primary Medical Services	923,327
Running Costs	62,978
Total Expenditure	11,930,155
Surplus / (Deficit)	0



£7.9bn of spend for these services are incurred against the following sixteen in-sector NHS providers

Spend with in-sector providers	Annual Plan 2026/27
£'000	
Chelsea And Westminster Hospital	600,121
Imperial College Healthcare	1,187,989
London Ambulance Service	339,762
London North West University Healthcare	892,584
The Hillingdon Hospitals	370,803
Great Ormond Street Hospital for Children	134,949
Moorfields Eye Hospital	97,203
Royal Free London	1,394,766
Royal National Orthopaedic Hospital	67,123
University College London Hospitals	760,612
Whittington Health	419,162
Central And North West London	491,250
West London	355,820
North London	506,451
Tavistock and Portman	16,890
Central London Community Healthcare	249,646
W&NL PROVIDERS	7,885,130

Neighbourhood Funds and Risk Mitigation

Allocating Neighbourhood Funds

- In 2026/27 1% of the W&NL ICB budget has been ringfenced for Neighbourhood and left shift investment. In the coming years W&NL ICB will invest 1% incrementally year-on-year (up to 5%) in ambitious 'left shift' initiatives. In 2026/27, this amounts to £60m (£120m full year effect).
- The £60m was provisionally allocated to Community (£40m) and Mental Health (£20m) providers during planning, with final allocations to be agreed on the basis of business cases.
- The ICB expects to develop business cases for schemes within the following three areas:
 1. £15m to test Integrated Neighbourhood Teams (INTs) for the top 5% of highest-risk adults across 25% of patch, with the aim to rapidly scale the model across W&NL in 27/28 if successful (~£65M in total / ~250k patients)
 2. £20m in enabling infrastructure for Integrated Neighbourhood Teams: proactive virtual ward capacity, addressing foundational gaps in core services, technical platforms for advanced analytics and care coordination, and year 1 joint mobilisation team
 3. £25m on other 'left shift' areas, prioritising Children and Young People (CYP) & MHIS investments, as well as planned care transformation
- All investments will go through our normal business case process which will set out the required outcome, cost benefit analysis and assumptions that are required to ensure success.
- Once agreed and implemented every initiative will be assessed against its business case and where if successful made recurrent and if not, it will be amended or stopped.
- To oversee the development of neighbourhood, to recommend investment cases to the Performance Committee and Strategic Commissioning Committee, oversee in-year performance and engage the system a Neighbourhood Group will be set up.

Revenue Risk and Mitigations

- 2026/27 financial year sees an increase in the proportion of contracts traded increasing the risk of ICB financial failure and to mitigate this we have commissioned the level of activity required to hit constitutional standards which we believe is realistically the maximum level providers can achieve in year one and have set up a trading fund against all contracts of 0.5% (£60m). If this is not needed it will be committed later in the year.
- There is no longer a system control total which could signal the end of financial system working thus increasing the risk of overtrading by providers, under commissioning and an increase in counting and coding to increase income levels. W&NL continued to plan as a system, is setting up a counting and coding workstream to work towards consistency of approach and our ways of working and we are setting up a constitutional standards group to oversee system work on commissioning the standards at speciality level, consistency, commissioning for productivity and a shared understanding of the process.
- The move for the ICB to a strategic commissioner moving away from system convenor could reduce system working but the W&NL is continuing to work across the systems on financial issues such as financial sustainability, productivity and consistency of approach.
- The move of system oversight to regions will reduce the amount of oversight on system or provider performance and reduce the information from which to make commissioning and financial decisions. We are restating in-year tiered contractual performance meetings with our provider base which will include activity levels and outcomes. This will be supported detailed information and will in turn support strategic commissioning decisions.

Capital planning

Role of ICBs in the new capital regime

- From 26/27, the ICB's role will shift from having responsibility for managing the systems capital to that of a strategic commissioner working with the region to deploy national capital to support schemes that drive the left shift of care as part of the new NHS 10-year plan.
- From 26/27, provider operational capital totalling c.£430m will flow directly to individual providers and not through the ICB.
- However, the ICB is responsible for identifying appropriate system schemes funded from national capital to support the achievement of constitutional standards.

W&NL ICB Capital Programme for 26/27

- The Total ICB capital for 26/27 is £61.6m, including National Programme Funding the allocation for 26/27 is £65.6m
- There are 4 pots of primary care capital allocation:
- **ICB core allocation (£8.7m)** covers funding for Business As Usual (BAU) Capital programmes such as GP IT, Improvement Grants and IFRS 16 leases
- **ICB Strategic Reserve (£13.9m)** . This is new allocation for 26/27 and represents a 5% top sliced by NHSE of Provider capital to support capital schemes that move services from secondary care to primary care and the community. This is a central pillar of the new NHS 10-year strategy, and this funding is to help accelerate the shift.
- **Extra capital for high performing systems (£39.1m)** - Extra capital funding given to NWL and NCL as high performing systems.
- **Utilisation and Modernisation Fund (£4m)** - National Primary Care funding to support improvements in primary care. The fund is to enhance the use of existing infrastructure; create additional capacity for GP practices and enable additional patient appointments.

NCL Strategic commitments

- NCL has maintained a long-standing commitment to funding strategic system priorities on a collective basis. The current portfolio of approved strategic commitments totals £94m across the four-year period to 2029/30, with £45m planned in 2026/27.
- The £94m supports mainly
 - EPR projects at Moorfields, Royal National Orthopaedic Hospital and North London Foundation Trust
 - Start Well at the Royal Free, Whittington and UCLH
 - the St Pancras programme at North London Foundation Trust
- The expected funding approach for these legacy commitments comprises of mainly a 5% CDEL top slice reserve. All NCL Trusts have agreed to include a 5% reserve within their capital plans from 2026/27 to 2029/30. This will be supplemented by capital bonuses brought forward from 25/26.

Capital Risks and Mitigations

- W&NL ICS has the largest backlog maintenance in the NHS and this is driven by the poor quality of the acute estate in NWL. This poses a risk to the delivery of our strategic ambitions and the system is actively supporting Hillingdon Hospitals and Imperial College Healthcare Trust in their new hospital ambitions.
- W&NL ICS does not have appropriate primary care estate to deliver its strategic left shift ambition. Whilst the estate is safe from an estates perspective it is not suitable for the change in healthcare required. We are therefore working on a programme for neighbourhoods that will improve digital enablement, productivity of estate and refurbishment. We are looking at national NHS and other system funding sources to fund the pipeline of schemes.
- Cash remains an issue for a number of organisations which means that those organisations cannot take advantage of the capital resource available. They are working with the national teams on cash support.
- Capital resource is not sufficient to deliver the digital, equipment and estate requirements but by achieving system balance we have received a number of capital bonuses and continue to target this.

NHS NC London and NHS NW London

Board Meeting in Common

24 March 2026

Report Title	NW London Performance and Finance Committee and NC London Finance Committee Assurance Report	Date of report		Agenda Item	3.1
Lead Director / Manager	Stephen Bloomer, Chief Finance Officer	Email / Tel		stephen.bloomer@nhs.net	
Board Member Sponsors	Kunal Patel, Non-Executive Member and Chair, NW London Performance and Finance Committee and NC Finance Committee				
ICB	This paper applies to NC London ICB and NW London ICB.				
Report Author	Andrew Tillbrook Board Secretary, NC London ICB	Email / Tel		andrew.tillbrook@nhs.net	
Name of Authorising Finance Lead	Not applicable.	Summary of Financial Implications Not applicable.			
Recommendation	The NCL and NWL ICB Boards are asked to NOTE the NW London Performance and Finance Committee and NC Finance Committee Assurance Report				
Report summary	<p>The Chair's Assurance Report provides a summary of the key outcomes from the meeting of NW London Performance and Finance Committee and NC Finance Committee Assurance Report on 22 January 2026.</p> <p>It captures items that were approved, noted, or assured 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> <p>The Committee is split into two parts:</p> <p>Part A</p> <ul style="list-style-type: none"> • Performance (NCL and NWL) • Financial Planning (NCL and NWL) • Finance, at ICB and system level (NCL and NWL) • Quality Escalations (NWL) • Population Health (NWL) • How the NHS supports broader social and economic development (NWL) • Risk (NCL and NWL). <p>Part B</p> <ul style="list-style-type: none"> • Business Cases (NWL). 				

	The variation of business covering both ICBs or NWL ICB only reflects the different approaches the ICBs have in their committee structures.
Identified risks and risk management actions	NW London Performance and Finance Committee and NC Finance Committee Assurance Report review the risks assigned to them for oversight at each Committee meeting.
Conflicts of interest	Conflicts of interest are managed at NW London Performance and Finance Committee and NC Finance Committee Assurance Report meetings in accordance with each ICB's Conflict of Interest Policy.
Resource implications	Where applicable, potential resource implications are considered for each item presented to both Committees.
Engagement	Where applicable, engagement implications are considered for each item presented to both Committees.
Equality impact analysis	Where applicable, an Equality Impact Analysis is undertaken for each item presented to both Committees.
Report history and key decisions	This report summarises the discussions at the meeting of the NW London Performance and Finance Committee and NC Finance Committee Assurance Report Committee on 22 January 2026.
Next steps	The final meeting in common of the NW London Performance and Finance Committee and NC Finance Committee Assurance Report will be held on 10 March 2026
Appendices	

Item 6	Performance Report – December 2025 - Joint West North London ICB Performance Report
Summary of item	<p>The joint performance report brought together North West London (NWL) and North Central London (NCL) data into a combined system view, setting out the monitoring against key performance indicators. The report outlined the performance against the seven key constitutional standards, noting that overall, system performance was broadly in line with those plans which were set at the start of this financial year, in particular, improvements in A&E, Referral to Treatment, cancer and Family and Friends Test. In addition to the combined report, separate ICB reports were also provided to reflect each organisation’s operation perspectives. Note was also made of the latest National Oversight Framework iteration which showed that most providers had improved their relative positions between Q1 and Q2, indicating strengthening organisational delivery.</p> <p>It was recognised that there would be a significant forward risk for 2026/27 delivery, particularly achieving the 92% RTT standard, requiring productivity gains, new commissioning models and pathway redesign.</p>
Committee assured/decision	Noted the report and performance against key indicators, with scrutiny provided
Follow-on work	There would be a continued focus required on reducing waiting lists, >52-week waits, productivity improvements and commissioning models for 2026/27
Recommendation to Board	To note

Item 7	North West London ICS Finance Report Month 8 2025/26
Summary of item	<p>The Committee noted the position reflected a provider deficit of £6.8m (which would have been covered by the ICB), to a surplus position at month 9 of £1.7m. This represented a major positive shift, due to:</p> <ul style="list-style-type: none"> • Additional efficiencies identified by providers • The allocation of centrally funded industrial action support • Strengthened CIP performance, with only 1% unidentified • Capital has moved from a £4.7m underspend in Month 8 to an overspend in Month 9, but expenditure

	remained on track to break even by year end, reflecting a positive position.
Committee assured/decision	Noted the Month 8 NWL ICS finance position and risks.
Follow-on work	Further efficiency requirements anticipated for 2026/27 to absorb recurrent cost pressures.
Recommendation to Board	To note

Item 8	North Central London ICS Finance Report Month 8 2025/26
Summary of item	<ul style="list-style-type: none"> • NCL was reporting a £47m deficit year-to-date versus a £29m planned deficit, noting that a recovery plan had been put in place • Despite the financial slippage in Month 9, the system maintained a trajectory toward year end to achieve a break-even position by year end • Key financial pressures included: <ul style="list-style-type: none"> ○ staffing overspends in some Trusts ○ reduced private patient income in some Trusts that been historically dependent on this source of income, (this pressure was reflected in the number of hospitals across London post Covid) ○ income gaps and cost control issues at Tavistock & Portman. <p>The Committee reviewed NCL system financial pressures, including a higher-than-planned deficit offset by recovery actions, and noted structural risks linked to provider deficits, income volatility and post-merger changes to system roles.</p>
Committee assured/decision	Noted the Month 8 NCL ICS finance position.
Follow-on work	Early engagement with providers on future contracting arrangements were highlighted as important.
Recommendation to Board	

Item 9	North Central London ICB Finance Report Month 8 2025/26
Summary of item	<p>The Committee reviewed the ICB's delivery of a planned surplus position £27m underpinned by:</p> <ul style="list-style-type: none"> • £44m of non-recurrent measures • A challenging £37m Cost Improvement Plan (CIP) • Full mitigation of emerging cost pressures.

	Risks were noted around high-cost prescribing, Elective Recovery Fund exposure and non-recurrent savings creating pressures for 2026/27.
Committee assured/decision	Noted the Month 8 NCL ICB finance position
Follow-on work	Continued management of ERF risk and preparation for reduced exposure post-1 April 2026
Recommendation to Board	To Note

Item 10	North West London ICB Finance Report Month 8 2025/26
Summary of item	The Committee reviewed a forecast-on-plan surplus position for NWL ICB, while noting volatility in medicines costs and mitigation actions, including enhanced controls following IFSE2 ledger issues.
Committee assured/decision	Noted the Month 8 NWL ICB finance position
Follow-on work	Ongoing horizon scanning and medicines cost risk management was required.
Recommendation to Board	To note.

Item 11	Quality Escalations (Performance Report and NWL ICS Quality Group)
Summary of item	The Committee reviewed significant quality risks, including paediatric audiology recall delays and wheelchair service quality concerns, set against broader improvements in safety indicators. Assurance was provided on surveillance and escalation processes.
Committee assured/decision	Reviewed and Endorsed the Quality Escalation Report.
Follow-on work	Continued monitoring of audiology and wheelchair service risks; refresh of quality and contract management approaches
Recommendation to Board	To note

Item 12	Population Health Update
Summary of item	The Committee received an oral update on inequalities metrics and progress, noting improvement but recognising the need to embed equity metrics as business-as-usual measures

Committee assured/decision	Noted the oral update.
Follow-on work	Action: Deep-dive population health metrics to be brought to the March Committee meeting.
Recommendation to Board	To note the progress

Item 13	How the NHS supports broader social economic development – update
Summary of item	The Committee reviewed progress on the WorkWell programme, noting strong employment outcomes for deprived communities, while identifying the need for better integration with primary care and alignment across NWL/NCL commissioning models.
Committee assured/decision	Noted the oral update.
Follow-on work	Further work required on aligning voluntary sector contracting and developing long-term outcome metrics.
Recommendation to Board	To note

Item 14	Planning 2026/27 – Financial Planning – Revenue and Capital and Budget Setting Update
Summary of item	The Committee scrutinised the transition to a multi-year planning regime, significant provider deficits, neighbourhood investment ambitions, and the strategic shift in the ICB’s post-merger role. Capital constraints and estates backlogs were flagged as material risks.
Committee assured/decision	Noted the system finance position and planning update
Follow-on work	Development of a formal investment strategy; continued scrutiny of neighbourhood investment and productivity assumptions. A planning update would be presented to the March Committee meeting
Recommendation to Board	To note

Item 15	Risk Register NCL ICB
Summary of item	The Committee reviewed current financial and delivery risks, noting closure of prior capital and IFSE2 risks and continued monitoring of CIP and plan-delivery risks.
Committee assured/decision	Noted the NCL ICB Risk Register

Follow-on work	Ongoing monitoring of open risks.
Recommendation to Board	To note, and that an update will be presented to the March Board

Item 16	NWL ICB Board Assurance Framework
Summary of item	The Committee reviewed assigned strategic risks and agreed that operational risks identified through committee scrutiny should be better aligned into the BAF to strengthen Board assurance.
Committee assured/decision	Noted the five strategic risks and provided assurance to the Board.
Follow-on work	Alignment of emerging operational risks into the BAF; year-end BAF summary to be presented to a future meeting
Recommendation to Board	To note, and that an update will be presented to the March Board

Part A - Performance

Present – Members

Name	Role/ organisation
Kunal Patel	Non-Executive Member and Chair of Performance and Finance Committee, NWL ICB and Finance Committee NCL ICB
Anita Charlesworth	Non-Executive Member, NHS North West London and NCL ICB
Akta Raja	Non-Executive Member, NHS North West London
Dr Jo Sauvage	Chief Medical Officer, NCL and NWL ICBs
Stephen Bloomer	Chief Finance Officer and Deputy Chief Executive, NWL and NCL ICBs
James Benson	Community Provider Collaborative, NHS NW London
Frances O'Callaghan	Chief Executive Officer, NCL and NWL ICBs
Margaret Monkton	Chief Finance Officer, Great Ormond Street Hospital
Maria O'Brien	Mental Health Provider Collaborative, NHS NW London
Jennifer Roye	Chief Nurse, NCL and NWL ICBs
Richard Dale	Chief Strategy Officer, NHS North West London and NCL ICB
Bimal Patel	Chief Finance Officer, London North West University Healthcare NHS Trust

22 January 2026

Attendees

Name	Role/ organisation
Martyn Schofield	Company Secretary, NHS NW London
Manpareet Hothi	Deputy Chief Finance Officer, NHS NW London
Darren Jones	Director of Nursing, NHS NW London
James Mackenzie	Assistant Director of Performance and Planning, NHS NW London
Becky Booker	Director of Financial Management, NCL ICB
Alex Cox	Director of Performance Improvement, Planning Delivery & System Oversight, NCL ICB
Ben Okoye	Assistant Director of Performance, NCL ICB
Alex Stiles	Director of Finance, NHS NW London
Josephine Onianwa	Governance Manager, NHS NW London
Andrew Tillbrook	Board Secretary, NCL ICB (minute taker)

Apologies

Name	Role/ organisation
Gary Sired	Director of Financial Strategy, Planning and Performance, NCL ICB
Mike Bell	Chair of NHS NW London and NCL ICB
Sarah McDonnell-Davies	Chief Transformation Officer, NHS NW London and NCL ICB
Geneviève Small	Associate Medical Director, Primary Care, NHS NW London
Nicola Kay	Director of Partnerships, Population Health and Reducing Inequality, NHS NW London
Kerry Doyle	Head of Corporate Governance, NHS NW London

PART B

Item 2	Neurodevelopmental Waiting List Schemes – Business Case (BCRG202)
Summary of item	The Committee considered a >£5m ICB finance business case aimed at materially reducing neurodevelopmental (ND) assessment waiting times. Key features recorded: the business case (BCRG202) was previously considered by the NWL ICB

	Business Case Review Group (September 2025) and supported for recommendation; it proposed the re-routing of a one-off underspend (from community acute flow schemes 2025/26) to reduce ND assessment waits. There had been a significant increase in referrals since the Covid pandemic; capacity impact is described as supporting assessments of c.4,900 children and some adults; the ICB is evaluating a digital tool with Imperial—an innovation pilot called BrainGaze, being assessed by West London Trust—to improve referral information and speed assessment processes; target outcome is reducing waits from 104 weeks to zero weeks by end of March 2027, while also identifying opportunities to support corresponding services/patients in NCL.
Committee assured/decision	Approved: the recommendation in the business case — funding of £6,734,888 to clear the backlog of patients waiting for ND assessments across eight local authority boroughs within North West London ICB, including £200,000 for a pilot to evaluate the digital tool Braingaze.
Follow-on work	Jacqui Sarakbi to provide a progress report to the Performance and Finance Committee in January / February 2027. Next steps (recorded as governance expectations / delivery focus): roll out the mobilisation plan and closely monitor backlog reduction impact; assess innovation pilot investment and whether digital assessment tools are appropriate to roll out across North West London and potentially North Central London; feedback on BrainGaze from West London Trust expected by end of March 2026 (and subject to rigorous evaluation before wider roll-out); longer-term intent noted that assessments are currently costed via outsourcing (Healios Healthcare) due to backlog, with an aim to bring assessments back into the NHS when waiting lists reduce; Committee discussion highlighted the need to review pathways/thresholds/models of care/triage and consider commissioning models and the context of mooted SEND reforms.
Recommendation to Board	To Note the decision

Part B – ICB Finance

Present - Members

Name	Role/ organisation
Kunal Patel	Chair of Performance and ICB Finance Committee, NHS NW London

NWL Performance and
Finance Committee & NCL
Finance Committee
meeting in common
assurance report

22 January 2026

Chair: Kunal
Patel



Anita Charlesworth	Non-Executive Member, NHS NW and NC London
Akta Raja	Non-Executive Member, NHS NW London
Stephen Bloomer	Chief Finance Officer and Deputy Chief Executive, NHS NW and NC London ICBs
Frances O'Callaghan	Chief Executive Officer, NHS NW and NC London ICBs
Jennifer Roye	Chief Nursing Officer, NHS NW and NC London ICBs
Dr Jo Sauvage	Chief Medical Officer, NHS NW and NC London ICBs
Richard Dale	Chief Strategy Officer, NHS NW and NC London ICBs

Attendees

Name	Role/ organisation
Manpareet Hothi	Deputy Chief Finance Officer, NHS NW London
Josephine Onianwa	Governance Manager, NHS NW London
Jacqui Sarakbi	Associate Director – Mental Health, Learning Disabilities and Autism, NHS NW London
Andrew Tillbrook	Board Secretary, NCL ICB

Apologies

Name	Role/ organisation
Frances O'Callaghan	Chief Executive Officer, NHS NW and NC London ICBs
Michael Bell	Chair, NHS NW and NC London ICBs
Sarah McDonnell-Davies	Chief Transformation Officer, NHS NW and NC London ICBs
Kerry Doyle	Head of Corporate Governance, NHS NW London



North Central London
Integrated Care Board



North West London

**North Central London ICB and North West London ICB
Meeting in Common
24th March 2026**

Report Title	February 2026 - Joint WNL Performance Report Summary	Date of report	10/03/2026	Agenda Item	3.1.a
Lead Director / Manager	Steve Bloomer – Chief Finance Officer and Deputy CEO	Email / Tel		Stephen.bloomer@nhs.net	
Board Member Sponsor	Kunal Patel – Performance Committee Chair				
Report Author	Ben Okoye (NCL), George Absi (NWL) and James Mackenzie (NWL)	Email / Tel		James.mackenzie3@nhs.net	
Name of Authorising Finance Lead	Not applicable.	Summary of Financial Implications			
		Not applicable.			
Report Summary	<p>The joint North Central London and North West London Integrated Care System Performance Report Summary outlines the latest themes and key messages for system key performance indicators for the combined West and North London system and within the two systems.</p> <p>The updates are sourced from the existing performance report formats across the respective systems (which are included as appendices to the joint summary report and combined West and North London slides).</p> <p>The report was presented to the joint NCL and NWL Performance Committee on 10th March 2026.</p>				
Recommendation	Members are asked to note the performance against the key indicators outlined in the report and discuss any areas where additional scrutiny or clarification are required.				
Identified Risks and Risk Management Actions	<ul style="list-style-type: none"> As winter pressures increase there is a risk that UEC services, particularly in sites which have historically struggled with demand, may be required to deliver non-optimal care (e.g. corridor care) with the associated clinical and dignity risks. This is being mitigated through a structured set of agreed escalation thresholds and accompanying whole system management plans. The reduction of the Total Waiting List size across West and North London is off plan. There is a funded quarter 4 'sprint' underway to reduce the waiting list, with a particular focus on treating those who have been waiting the longest. 				
Conflicts of Interest	Not applicable.				

Resource Implications	Not applicable.
Engagement	Not applicable.
Equality Impact Analysis	Not applicable.
Report History and Key Decisions	NCL and NWL Performance Committee on 10 th March 2026 – Reviewed and assured.
Next Steps	Not applicable (standing report).
Appendices	<ul style="list-style-type: none"> • North Central London ICS Operational Performance Report. • North West London ICS Operational Performance Report.

March 2026 - Joint West and North London Performance Report Summary

Introduction

The joint North Central London and North West London Integrated Care System Performance Report Summary outlines the latest themes and key messages for system key performance indicators across the two systems.

The updates are sourced from the existing performance report formats across the respective systems (see appendices). Work is taking place to determine a fit for purpose performance report for the merged system.

There was a second joint ICB Operating Plan submission to NHSE on the 12th February 2026. Plans have taken into account national ambitions and feedback from NHSE on the first submission. The ICB teams worked together to ensure a consistent approach was taken.

Performance Headlines

Access: In primary care, WNL continues to provide a high percentage of same day appointments above the national average and also performs well against the national expectation that 90% of primary care appointments are booked within two weeks.

In terms of Community Service Access, 52 week waits remain above plan in Q3 in NCL (mainly in autism, and speech and language therapies for CYP and rehabilitation and pain management for adults). 52 week waits remain below plan in NWL (with 37 patients across waiting for treatment from 507 patients in August).

Economic and Social Development: ICBs are expected to demonstrate measurable contribution to reducing economic inactivity and improving population-level social and economic outcomes. There is already significant activity happening in relation to this priority area:

- **WorkWell:** This intervention is performing at 111% of target with 93% participant satisfaction.
- **Anchor institutions:** Anchor Institution commitments are embedded across NWL, with Living Wage accreditation fully achieved and social value clauses in place across ICB procurement.
- **Voluntary Sector:** VCSE partnerships, supported by 3ST, have enabled additional investment into the sector and developed shared infrastructure, including an Impact Framework and Contract Portal that enables effective and efficient management of multiple small contracts.

The ICB merger provides both opportunities and risks. The opportunities lie in the economies of scale on offer as a single ICB as well as the opportunity to share best practice. The main foreseeable risks are funding arrangements, contract extensions and decision-making authority which are all in a period of uncertainty ahead of April 2026.

Urgent and Emergency care: Winter pressures continue to impact the 4 hour ED performance and ambulance handover times. This a combination of front-door demand with high volumes of conveyances and back-door flow with challenges to pathway 1 and 3 discharges.

In January, 76.4% of people attending emergency departments in West and North London spent less than 4 hours in the department compared to the 77.7% target.

The daily average for the number of patients remaining in hospital who no longer meet the criteria to reside increased in January to 844 (compared to 791 in December and 788 in November). Mitigating actions include funded 'bridging' interventions to allow people to be discharged whilst care needs are assessed.

Key winter actions being taken by providers to improve performance includes redirection of patients to pharmacy first and GP enhanced access services for suitable conditions. The Integrated Care Coordination (ICC) hubs are supporting appropriate patients being conveyed to EDs therefore helping to reduce ED demand.

It is anticipated that the Operating Plan 4 hour A&E targets will be met in March 2026.

Diagnostic 6-week performance: The national ambition is for no more than 5% of patients should wait six weeks or more for a diagnostics test.

- In NCL, performance moved adversely to 21.7% (December 2025). There has been an increase in backlog volumes for some modalities during 2025/26, and a reduction in waiting list initiatives resulting from financial constraints among providers. The most challenged modalities remain as NOUS, MRI and neurophysiology.
- In NWL, performance moved adversely to 25% (December 2025), primarily due to additional winter pressures and workforce shortages. Ongoing vacancies for specialised staff (e.g. for Paediatric Audiology, Sleep studies, Neurophysiology) make it difficult to implement the recovery plan, even with mutual aid. Additional activity is in place, aiming for a performance improvement by 5% at the end of Q4. Trusts provided an updated year end forecast: ICHT - 5%, CWHFT – 20%, THHT - 22%, LNWUHT - 30%, by the end of March 2026.

In December, the London average was 25.8%. There is variation across London with NCL and SWL performing around 21%, whereas SEL are at 35%. The national average is 25.5%.

Elective Recovery: The elective performance (52 week waiters and overall waiting list size) risks flagged last month remain with Provider colleagues continuing to focus on delivering the Quarter 4 sprint to improve the starting point for 2026/27.

Alongside capacity, productivity and transformation mitigations, the ICBs are leading a joint collaborative system-wide programme of work to assess elective referral demand and demand management across West & North London. This has been undertaken in partnership with Acute Trusts and primary care to understand referral growth, analyse variation, and agree mitigating steps to ensure equitable and sustainable pathways across the system.

The longer term ambition is to reduce the proportion of outpatient activity delivered in hospitals, with a gradual shift towards delivery in neighbourhood settings over time.

The overall West and North London Elective recovery remains broadly on track (52 week and 65 week targets expected to be met in March 2026), although the target for a reduction in the overall Patient Tracking list size will most likely not be met.

NHS Oversight Framework - NCL & NWL Q3 Segmentation: The key changes between the Q2 position (reported in the slide pack) and the Q3 position are:

- London North West from Segment 3 to Segment 1 as they are no longer subject to the financial override.
- Hillingdon have improved in a number of areas and are no longer subject to the financial override and so have moved from Segment 3 to Segment 2.
- LAS have returned to Segment 3 because of their Cat 2 response time moved back above 30 minutes.
- Whittington, GOSH and Royal Free are restricted to Segment 3 because of the financial override, as in Q1 (they would be in segment 2).

Finance: In January, the NCL system reported a £46.1m deficit which is a £27.3m variance to the submitted deficit plan. The NWL system reported a favourable variance of £1.5m on the breakeven plan.

Additional Supporting Information:

Managing the primary physical and mental health needs of residents

Operational indicators that are used to understand the care and experience of patients with on-going or non-urgent health and care needs.

NCL:

- NCL GP appointments were 724,910 for December 2025 and have averaged over 725,000 a month during 2025/26. NCL continues to provide a high percentage of same day appointments above the national average. NCL also performs well against the national expectation that 90.0% of primary care appointments are booked within two weeks. This is the case now for 11 of the last 12 months.
- Performance for Children and Young People requiring treatment for mental health conditions within 4 weeks improved to 100% in November 5% above target.
- Performance for Talking Therapies 2+ contacts and discharge remains challenged in NCL, along with reliable improvement and reliable recovery.
- Engagement with digital providers is underway to see how a digital front door option will improve access, signposting and increase efficiency and productivity and a targeted DNA reduction strategy is in place.

NWL:

- The number of GP appointments delivered monthly remains above plan, as well as the percentage of appointments delivered same/next day and within 14 days. Approximately 66% of appointments are delivered face-to-face. The 2025/26 Operating Plan target of delivering 17 million appointments is likely to be met.
- In January, 33.3% of people requiring mental health support experienced waits of over 12 hours in NW London emergency departments (the stretch target is 20%).
- The reliable recovery rate for Improving Access to Psychological Therapies (IAPT) services was 47.8% (48% plan), meaning patients have moved from a clinical level of anxiety or depression to a non-clinical level of anxiety or depression. 68% (67% target) of patients showed a reliable improvement, which is a significant but not complete recovery. NWL are forecasting the plan for both of these indicators will be met in March 2026.

System Flow

Operational indicators that are used to understand the care and experience of patients with unplanned healthcare needs and how well the unplanned care system is coping with demand.

The NCL and NWL systems are under increasing pressure on key system flow indicators with the performance direction deteriorating as we continue through the winter months, with a particular focus on discharge delays, ICC discharge hub staffing and increases in patients being conveyed to hospital by ambulance.

NCL:

- In January 2026, A&E performance (all type) was 75.0% (5.0% off target). This was down from 76.6% in December 2025. The percentage of patients waiting 12 hours or more had been on target throughout 2025/26 but has remained above plan since September 2025. Current performance was reported 1.8% off target at 10.9%.
- Primary care winter schemes are focussed on proactive care for those with long term conditions, delivering vaccinations and increasing capacity for paediatrics.

- Virtual ward (VW) occupancy rates performance has been below plan for the last 5 months, with current performance reported 2.1% off target at 78.0%. NCL VW repatriation pathways for Islington and Haringey residents (WH VW) from RFH and BGH launched in November 2025, building on existing VW repatriation pathways to NCUH (Enfield), Barnet (Barnet) and Camden Hospital at Home services. These will all work towards reducing variation and supporting equity in NCL.

NWL:

- In January, the percentage of people being treated within 4 hours of attending emergency departments (all types) improved to 77.8% from 75.3% in December. However, performance for type 1 decreased from 59.4% in December to 58.1% (plan for the month 59.4%). The percentage of patients waiting 12 hours or more has been stable however increased in January 2026 to 12.4%, in part due to changes in the NHSE reporting now including type 2 as well as type 1.
- It is anticipated that the 4 hour and 12 hour A&E Operating Plan targets will be met in March 2026.
- Virtual ward occupancy rates have improved and the target has been met or exceeded since October. Providers have increased their utilisation, as well as de-commissioning / re-purposing some underutilised pathways. Virtual Ward pathways have been used to provide an alternative pathway to admission for flu patients who did not require oxygen. Work is underway to link virtual wards to the ICC and support admissions avoidance.

The key mitigation across both systems remains the continued implementation of the NCL and NWL winter plan interventions. Monitoring arrangements against a set of defined escalation triggers for key indicators have been established. Individual partners have their own organisation governance monitoring, with system wide monitoring undertaken via the respective System Coordination Centres (daily system monitoring), weekly gold meetings (from mid-November) and additional scrutiny through A&E Delivery Boards and System Flow oversight arrangements.

Planned Care and Waiting Times

Operational indicators that are used to understand the care and experience of patients with planned healthcare needs and how well the planned care system is delivering agreed expectations on access, demand management and performance.

NCL and NWL patients are still waiting longer than we would like for planned treatments, diagnostic assessments and cancer treatment. However improvements in reducing the number of patients who have been waiting the longest are continuing.

Cancer 62 day treatment and Faster Diagnosis Standards:

- The West and North London ambition to treat patients within 62 days of a confirmed diagnosis continue to see improvement, albeit we are currently 4.3% below our plan. In December 2025, NCL performance was 79.3% (plan 80.6%) and NWL performance was 77.8% (plan 84%).
- The Faster Diagnosis standard is currently on plan.

NCL:

- Elective performance is showing an upward trend during 2025/26. NCL Trusts have maximised use of validation and RTT rules to aid RTT recovery, and compliance with the 2025/26 RTT performance objectives. The validation sprints through Q1-Q3 have

provided additional funding for reducing the PTL size, either through validation or activity above baseline.

- The NCL system total Patient Tracking List (PTL) decreased month on month during April – October 2025. It rose slightly in November and December 2025 but remains lower than planned levels. Primary care colleagues are incentivised to use Advice & Guidance to reduce the need for referrals.
- NCL diagnostic 6 week waits remain challenged. Backlog performance moved adversely to 21.7% in December 2025. 2025/26 has seen an increase in backlog volumes for some modalities, and a reduction in waiting list initiatives resulting from financial constraints among providers. The most challenged modalities remain as NOUS, MRI and neurophysiology.
- Eating Disorders: Urgent treatment referral times for CYP eating disorders remains at 100% in November 2025. For routine referrals, performance improved to 100% in November 2025.
- Mental health Children & Young People (CYP) waiting times: Performance for CYP treated within 4 weeks improved to 100% in November 5% above target.
- Performance for CYP treated within 4 weeks has been steady and remains above target.
- Community 52 week waits remain above plan in Q3. In December there were 1112 patients waiting for CYP services (mainly in autism, and also speech and language therapies), and 160 patients waiting for adult services (mainly in rehabilitation and pain management).

NWL:

- In December the plan for patients waiting 18 weeks or more for treatment was met. NWL are predicting the Operating Plan target will be achieved in March 2026. 52ww volume continues to reduce and is within local target (2%) but exceeds the national 1% goal. The 65 ww cohort reduced to 49 in December and is expected to clear by March 2026.
- The total Patient Tracking List (PTL) decreased to 280,131 from 284,299 in November, and 287,438 in October. There was a decrease in list sizes across all four acute providers. It is unlikely that the Operating Plan target will be met in March 2026, with a predicted end of year position around 284,000 patients.
- Diagnostics performance (although improved in October) remains a concern, whilst 62 day cancer performance although improving is not meeting the target.
- Community 52 week waits remain well ahead of plan. There are now 38 patients across NW London waiting for treatment from 507 patients in August.
- Cancer Waiting Times: The Faster Diagnosis performance target requiring patients with suspected cancer to receive a definitive diagnosis or ruling out of cancer within 28 days of an urgent referral has been met since September. Royal Marsden Partners (RMP) key areas of focus for 2026/27 include digital rollout (breast, urology & GI) and pathway redesign for gynae, breast, dermatology, lung and head & neck.

West and North London Integrated Care System

Performance Report February 2026

A

Improve outcomes in population health and health care

- **Urgent and Emergency Care:** Winter pressures are impacting on system flow indicators in January, with 76.4% of people attending emergency departments in West and North London spent less than 4 hours in the department compared to 77.7% target. It is anticipated that the Operating Plan 4 hour A&E targets will be met in March 2026.
- **Elective Recovery:** The overall West and North London Elective recovery remains broadly on track. Nationally supported sprints continue focusing on validation, long waiter clearance and improvement of 18ww RTT performance; additional funds have been supplied by NHSE to support the delivery of additional activity to reduce long waiters and improve RTT position by 31st March.
- **Mental health:** Performance for Talking Therapies 2+ contacts and discharge remains challenged in NCL, along with reliable improvement and reliable recovery. In NWL, the reliable recovery rate for Improving Access to Psychological Therapies (IAPT) services was 47.8% (48% plan), meaning patients have moved from a clinical level of anxiety or depression to a non-clinical level of anxiety or depression.
- **Cancer:** The West and North London ambition to treat patients within 62 days of a confirmed diagnosis continues to see improvement, albeit still below plan. In December 2025 NCL performance was 79.3.4% (plan 80.6%) and NWL performance was 77.8% (plan 84%). The Faster Diagnosis standard was met in November and December.

C

Enhance productivity and value for money

- **Finance:** In January, the NCL system reported a £46.1m deficit which is a £27.3m variance to the submitted deficit plan. The NWL system reported a favourable variance of £1.5m.
- **Productivity:** In October 2025, productivity has grown across WNL, with NWL at 3.8% year to date growth and NCL at 3.4% compared to 2024. Against the pre-pandemic baseline, NWL is 3.6% above 2019/20 levels, while NCL remains 3.8% below.
- **Discharge:** The daily average for the number of patients remaining in hospital who no longer meet the criteria to reside increased in January to 844 (compared to 791 in December and 788 in November). Mitigating actions include 'Winter Gold' operational meetings and funded 'bridging' interventions.
- **Waiting List Reduction:** There has been an improvement in the size of the West and North London Patient Tracking List (PTL) with the total elective waiting list size reducing from 489,335 in October to 482,992 in December. However this remains 12,745 above plan.

B

Prevent ill health and tackle inequalities in outcomes, experience and access

- **Mental health:** In January, 33.3% of people requiring mental health support experienced waits of over 12 hours in NW London emergency departments (the stretch target is 20%) compared to only 15% in NCL.
- **Primary Care:** WNL continues to provide a high percentage of same day appointments above the national average and also performs well against the national expectation that 90% of primary care appointments are booked within two weeks.
- **Community Services Access:** In NCL, Community 52 week waits remain above plan in Q3 (mainly in autism, and speech and language therapies for CYP and rehabilitation and pain management for adults). 52 week waits remain well below plan in NWL (with 37 patients across waiting for treatment from 507 patients in August).
- **CYP:** IN NCL, children requiring treatment for mental health conditions within 4 weeks improved to 100% in November (5% above target).
- **Patient Experience:** Friends and Family test data, albeit only one lens into patient experience remains generally positive across the West and North London system.
- **Inequalities:** Vaccinations: Residents of Asian heritage have some of the highest rates of flu vaccinations in NWL (43.8%) compared to the Black community with the lowest at 21.3%. The greatest disparity for COVID vaccinations suggest a gap of almost 28% for those in lowest deciles/quintiles when compared against those in the highest. Targeted work is underway to understand drivers and supportive interventions.

D

Support broader economic and social development

- ICBs are expected to demonstrate measurable contribution to reducing economic inactivity and improving population-level social and economic outcomes.
- **WorkWell:** This intervention is performing at 111% of target with 93% participant satisfaction.
- **Anchor institutions:** Anchor Institution commitments are embedded across NWL, with Living Wage accreditation fully achieved and social value clauses in place across ICB procurement.
- **Voluntary Sector:** VCSE partnerships, supported by 3ST, have enabled additional investment into the sector and developed shared infrastructure, including an Impact Framework and Contract Portal that enables effective and efficient management of multiple small contracts.

RAG	Direction	KPI ID	KPI name	Latest Value	Target or plan	Variance to target	Unit		Health score (0-100)	Latest data	Goal
A	↘	UE078	% of ED (all types) attendances seen within 4 hours of arrival to ED	76.4	77.7	(1.3)	%		62	Jan 25/26	↕
A	↘	UE079	% of ED (type 1) attendances seen within 4 hours of arrival to ED	62.4	65.6	(3.2)	%		73	Jan 25/26	↕
A	↗	EL112	% RTT incomplete pathways less than 18 weeks	61.0	61.6	(0.6)	%		81	Jan 25/26	↕
A	↘	EL069	RTT total incomplete waiting list	482,992.0	470,247.0	12,745.0	People		54	Dec 25/26	↓
G	↘	EL024	RTT incomplete Pathways > 52 Weeks	1.4	1.6	(0.2)	%		77	Dec 25/26	↓
A	↗	CA008	62-day Standard Attainment	78.4	82.7	(4.3)	%		54	Dec 25/26	↕
G	↗	CA010	Cancer - 28 day faster diagnosis standard (FDS) Attainment	81.8	80.3	1.5	%		88	Dec 25/26	↕

- Winter pressures are impacting on system flow indicators in January, with 76.4% of people attending emergency departments in West and North London spent less than 4 hours in the department compared to 77.7% target.
- Performance for type 1 attendances dropped from 65.2% in November to 62.4% in January. Both NCL and NWL performance dropped in January. Performance is expected to increase in February and March.
- Key winter actions being taken by providers to improve performance includes redirection of patients to pharmacy first and GP enhanced access services for suitable conditions. The ICC is also supporting appropriate patients being conveyed to EDs therefore helping to reduce ED demand.
- It is anticipated that the Operating Plan 4 hour A&E targets will be met in March 2026.

Referral to Treatment Time (RTT) 18 week standard:

- The overall West and North London Elective recovery remains broadly on track (52 week and 65 week targets expected to be met in March 2026), although the target for a reduction in the overall Patient Tracking list size will most likely not be met.
- There is a risk to the delivery of the 2025/26 RTT 18 weeks plan, with the percentage of patients waiting under 18 weeks in NCL reported as 61% against a plan of 62% based on validated published data for December 2025. The NW London position in December 2025 was reported as 61% against a plan of 60% and providers are currently forecasting delivery of the 2025/26 plan by March 2026.
- Nationally supported sprints continue focusing on validation, long waiter clearance and improvement of 18ww RTT performance; additional funds have been supplied by NHSE to support the delivery of additional activity to reduce long waiters and improve RTT position by 31st March. The ambition is to reach 1% of the entire PTL is 52 week waiters – there is a risk that West and North London may not reach 1% by end of March.

Cancer 62 day treatment and Faster Diagnosis Standards (FDS):

- The West and North London ambition to treat patients within 62 days of a confirmed diagnosis continues to see improvement, albeit still below plan. In December 2025 NCL performance was 79.3.4% (plan 80.6%) and NWL performance was 77.8% (plan 84%). The Faster Diagnosis standard was met in November and December.

Indicators	Acute trusts									
	Great Ormond Street Children Hospital	Moorfields Eye Hospital	Royal Free London	The Royal National Orthopaedic Hospital	University College London Hospitals	The Whittington Hospital	Chelsea and Westminster Hospital	Imperial College Healthcare	London NorthWest Healthcare	The Hillington Hospital
Average score	3 (Below average and/or financial deficit)	1 (High performing)	3 (Below average and/or financial deficit)	1 (High performing)	1 (High performing)	3 (Below average and/or financial deficit)	1 (High performing)	1 (High performing)	3 (Below average and/or financial deficit)	3 (Below average and/or financial deficit)
Current financial deficit	Yes	No	Yes	No	No	Yes	No	No	Yes	Yes
Rank (Q1 ranking shown in the brackets)	50 (40)	3 (1)	62 (95)	2 (2)	13 (10)	42 (41)	13 (28)	11 (11)	36 (23)	75 (105)
Performance domains										
Access to Services	Below average	High performing	Above average	Above average	Above average	Above average	Above average	High performing	High performing	Above average
Finance and productivity	Below average	Above average	Low performing	High performing	High performing	Below average	High performing	Above average	High performing	Above average
Effectiveness and experience	High performing	High performing	Above average	High performing	High performing	Below average	High performing	Above average	Above average	Above average
Patient safety	Below average	High performing	Below average	High performing	Above average	Above average	Above average	Above average	Below average	Low performing
People and workforce	High performing	High performing	High performing	Below average	High performing	High performing	High performing	High performing	High performing	Below average

- **At the time of writing, Q3 detailed data has yet to be published – albeit a summary of the Q3 changes are included in the Joint WNL Performance Report Summary.**
- NOF meetings between NHSE and each provider took place during Quarter 4. The frequency of meetings with each provider will depend on their segmentation rating. ICB representatives attended the meetings with providers. . A provider who is in financial deficit automatically is placed in segmentation 3.
- The 'low performing' rating for Royal Free relates to the indicator: Finance and productivity - planned surplus / deficit and variance year to date to financial plan
- The 'low performing' rating for THHT relates to the indicator: Patient safety - E.Coli bacteremia and C.Difficile rates.
- In Q2, ICHT CWHFT, CNWL and WLT remain top performing trusts. Due to financial deficit, LNWUHT dropped into segmentation 3. Some indicators have improved at THHT (financial deficit remains), which has resulted in a move into segmentation 3.

Indicators	London Ambulance Service	Central London Community Healthcare	Central North West London	North London NHS Foundation Trust	West London NHS Trust	The Tavistock and Portman
Average score	Above average	1 (High performing)	1 (High performing)	3 (Below average and/or financial deficit)	1 (High performing)	4 (Low performing)
Current financial deficit	No	No	No	Yes	No	Yes
Rank (Q1 ranking shown in the brackets)	5 (7)	2nd highest community services	7 (14)	42 (61)	4 (10)	61 (43)
Performance domains						
Access to Services	High performing	High performing	High performing	Not shown	High performing	Low performing
Finance and productivity	Above average	Above average	High performing	Above average	High performing	Low performing
Effectiveness and experience	Low performing	High performing	High performing	Below average	High performing	Not rated at time of review
Patient safety	High performing	High performing	Above average	Low performing	Above average	Low performing
People and workforce	Low performing	High performing	High performing	Below average	Above average	Above average

- All the West and North London Trusts improved their ranking between Q1 and Q2.
- The 'low performing' rating for LAS relates to the indicators:
 - LAS - Effectiveness & experience - % of ambulance patients conveyed to emergency department
 - LAS - People and workforce - Sickness absence rate
- The 'low performing' rating for NLFT relates to the indicator: Patient Safety - NHS staff survey - raising concerns (2024 survey).

North Central London

System Flow



Waiting Times



Patient Experience



Finance, Activity, W/F



North West London

System Flow



Waiting Times



Patient Experience



Finance, Activity, W/F



System Flow:

- In January 2026, A&E performance was 75.0% (5.0% off target). This was down from 76.6% in December 2025.
- AE attendance activity continues to be above the forecasted level of demand, across almost all NCL sites. Notably, there was a significant increase in ambulance conveyances in Q3 and Q4 of 2025/26, demonstrating the higher acuity of patient attendances. This has contributed to an increase in admitted patient flow and subsequently impacted breaches.
- NHS 111 direct to GP bookings continues to improve access to primary care appointments.
- Primary care winter schemes are focussed on proactive care for those with long term conditions, delivering vaccinations and increasing capacity for paediatrics.

Waiting Times:

- Across all NCL providers there has been a general uplift in referral demand which is impacting the delivery of RTT indicators. This has resulted in the need for increased activity levels to meet performance, while managing the availability of workforce and financial constraints.

Patient Experience:

- Friends and Family test data, albeit only one lens into patient experience remains generally positive.
- There has been improvement in the maternity unit score from 88.5% to 94.4%.

Finance & Operating Plan Delivery:

- In January, the NCL system reported a £46.1m deficit which is a £27.3m variance to the submitted deficit plan. This is the primary driver of the Finance, Activity and Workforce score.

System Flow:

- Winter pressures are impacting on system flow indicators in January, with reduced performance for ambulance handovers, A&E 4 hour (type 1) and percentage of patients presenting with mental health waiting in ED 12 hours or more.
- Actions being taken to improve UEC performance includes redirection of patients to pharmacy first and GP enhanced access services for suitable conditions, with a notable increase in the number of Same Day Emergency Care (SDEC) reported in December.
- Performance for discharge from hospital (pathways 1 and 3) remains challenging. Urgent rapid response, virtual wards and community rehabilitation beds occupancy rates remains strong.
- It is anticipated that key Operating Plan targets for 4 hour and 12 hour A&E, ambulance CAT 2 time and urgent rapid response will be met in March 2026.

Waiting Times:

- Elective recovery remains broadly on track (52 week and 65 week targets expected to be met in March 2026), although the target for the overall Patient Tracking list size will not be met
- Diagnostics performance remains a concern, as it decreased slightly in November and continues to decline in December by 3%. Additional activity is in place, aiming for a performance improvement by 5% at the end of Q4.
- Community 52 week waits remain well below plan. There are now 37 patients across NW London waiting for treatment (with plans in-place) from 507 patients in August.

Finance & Operating Plan Delivery:

- In January, the NWL system reported a favourable variance of £1.5m (M9: 1.7m), comprising providers £1.5m surplus and ICB break even variance.

North Central London Integrated Care System

Operational Performance Report

February 2026

North Central London ICB and North West London ICB Finance
Committee and Performance and Finance Committee Meeting in
Common – 10th March 2026

Steve Bloomer, Chief Financial Officer

1.1	Contents	Slide 2
1.2	ICS Overview - Assessment of ICS Position	Slide 3
2.1	System Flow	Slide 4
2.2	Waiting Lists	Slide 5
2.3	Patient Experience	Slide 6
3.1	Plan Triangulation - Finance, Workforce and Activity	Slide 7

System Flow



Waiting Times



Patient Experience



Finance, Activity, W/F



System Flow:

- In January 2026, A&E performance was 75.0% (5.0% off target). This was down from 76.6% in December 2025.
- AE attendance activity continues to be above the forecasted level of demand, across almost all NCL sites. Notably, there was a significant increase in ambulance conveyances in Q3 and Q4 of 2025/26, demonstrating the higher acuity of patient attendances. This has contributed to an increase in admitted patient flow and subsequently impacted breaches.
- NHS 111 direct to GP bookings continues to improve access to primary care appointments.
- Primary care winter schemes are focussed on proactive care for those with long term conditions, delivering vaccinations and increasing capacity for paediatrics.

Waiting Times:

- Across all NCL providers there has been a general uplift in referral demand which is impacting the delivery of RTT indicators. This has resulted in the need for increased activity levels to meet performance, while managing the availability of workforce and financial constraints.

IPC and Patient Experience:

- Friends and Family test data, albeit only one lens into patient experience remains generally positive.
- There has been improvement in the maternity unit score from 88.5% to 94.4%.

Finance & Operating Plan Delivery:

- In January, the NCL system reported a £46.1m deficit which is a £27.3m variance to the submitted deficit plan. This is the primary driver of the Finance, Activity and Workforce score.

RAG	Direction	KPI ID	KPI name	Latest Value	Target or plan	Variance to target	Unit	○ Validated ◇ Not validated F M A M J J A S O N D J	Health score (0-100)	Latest data	Goal
R	↘	UE050	% of ambulance hospital handovers within 15 minutes	15.2	65.0	(49.8)	%		0	Jan 25/26	↕
R	↘	UE122	% of ambulance Handovers within 45 minutes	79.2	100.0	(20.8)	%		0	Jan 25/26	↕
R	↗	UE096	Ambulance handover times (Mean)	31.7	25.6	6.1	Minutes		27	Jan 25/26	↘
R	↗	UE031	LAS Category 2 – mean response time	38.6	28.9	9.7	Minutes		23	Jan 25/26	↘
A	↘	UE078	% of ED (all types) attendances seen within 4 hours of arrival to ED	75.0	80.0	(5.0)	%		46	Jan 25/26	↕
R	↘	UE079	% of ED (type 1) attendances seen within 4 hours of arrival to ED	66.8	74.1	(7.3)	%		27	Jan 25/26	↕
G	↗	ME074	Patients presenting with a Mental Health crisis waiting in ED for more than 12 hours	15.0	20.0	(5.0)	%		92	Nov 25/26	↘
A	↗	UE056	Patients waiting over 12 hours in ED	10.9	9.1	1.8	%		46	Jan 25/26	↘
G	↘	UE024	Overnight general and acute beds occupied rate	89.9	91.6	(1.7)	%		88	Jan 25/26	↘
A	→	LO065	Virtual Wards occupancy rate	78.0	80.1	(2.1)	%		46	Dec 25/26	↕
A	↘	LO024	Urgent rapid response referrals seen within 2 hours.	83.0	85.0	(2.0)	%		73	Dec 25/26	↕

- Urgent and Emergency Care:** In January 2026, A&E performance was 75.0% (5.0% off target). This was down from 76.6% in December 2025. The percentage of patients waiting 12 hours or more had been on target throughout 2025/26 but has remained above plan since September 2025. Current performance was reported 1.8% off target at 10.9%. All NCL providers have mobilised their local winter plans, whilst system-level demand management initiatives and schemes supporting flow at the front door are also in progress.
- Ambulance Services:** For January 2025, performance for handovers within 15 and 45 minutes both worsened from the previous month. The Integrated Care Coordination (ICC) Hub is progressing with integrating the urgent community response service and ICC based learnings from Hertfordshire. The ICC moved to 7-day working in December 2025, to support winter pressures.
- G&A Bed Occupancy:** Average adult bed occupancy has been equal to or within the optimal threshold of 92.0% across NWL sites during all of 2025/26.
- Mental Health:** In November 2025, 15.0% of people requiring mental health support experienced waits of over 12 hours at NCL provider sites. The Mental Health Crisis Assessment Service continues to divert patients with mental health only needs to more appropriate settings. The GP front of house initiative at the NMUH site of RFL is fully operational, offering 28 appointments per day, with a 90% utilisation rate.
- Virtual Ward (VW) Occupancy Rates:** Performance has been below plan for the last 5 months, with current performance reported 2.1% off target at 78.0%. NCL VW repatriation pathways for Islington and Haringey residents (WH VW) from RFH and BGH launched in November 2025, building on existing VW repatriation pathways to NMUH (Enfield), Barnet (Barnet) and Camden Hospital at Home services. These will all work towards reducing variation and supporting equity in NCL.
- Urgent Rapid Response < 2 Hours:** Performance has slowed in recent months and has fallen to 2% below target in the latest month. Actions in place across NCL include (1) improving the accuracy of CSDS recording and submission; (2) ensuring the capture all qualifying urgent responses per national guidance; (3) a drive on productivity gains e.g., Doc Abode; (4) utilising increased referrals via SPOA and LAS pathways.

RAG	Direction	KPI ID	KPI name	Latest Value	Target or plan	Variance to target	Unit	Legend		Health score (0-100)	Latest data	Goal
								○ Validated	■ Target / plan			
G	↗	EL069	RTT total incomplete waiting list	202,861.0	207,217.0	(4,356.0)	People	○ Validated	■ Target / plan	92	Dec 25/26	↓
A	↗	EL112	% RTT incomplete pathways less than 18 weeks	61.0	62.0	(1.0)	%	○ Not validated	■ Range / mean	54	Dec 25/26	↑
R	↘	EL089	Number of RTT incomplete Pathways > 65 Weeks	27.0	0.0	27.0	Number			8	Dec 25/26	↓
R	↘	EL024	RTT incomplete Pathways > 52 Weeks	1.6	1.2	0.4	%			8	Dec 25/26	↓
R	↗	DI011	Patients waiting over 6 weeks for a diagnostic test	21.7	5.0	16.7	%			0	Dec 25/26	↓
G	↗	CA010	Cancer - 28 day faster diagnosis standard (FDS) Attainment	81.4	80.8	0.6	%			73	Dec 25/26	↑
A	↗	CA008	62-day Standard Attainment	79.3	80.6	(1.3)	%			81	Dec 25/26	↑
G	↗	ME082	% MH CYP 1st seen within 4 weeks	94.0	58.3	35.7	%			100	Nov 25/26	↑
G	→	ME031	Urgent Referral to Treatment Waiting Times for CYP with an eating disorder	100.0	95.0	5.0	%			100	Nov 25/26	↑
G	↗	ME033	Routine Cases : 95% of CYP with eating disorders accessing treatment within 4 weeks	100.0	95.0	5.0	%			62	Nov 25/26	↑
G	↗	PC022	% of Primary Care Appointments within 14 days	91.9	90.0	1.9	%			88	Dec 25/26	↑

- **Elective performance:** NCL provider performance continues to be monitored through the Planned Care Deliver Group, with oversight from the Operational Implementation Group.
- **Elective Waiting List:** The NCL system total Patient Tracking List (PTL) decreased month on month during April – October 2025. It rose slightly in November and December 2025 but remains lower than planned levels. Primary care colleagues are incentivised to use Advice & Guidance to reduce the need for referrals.
- **Referral to Treatment (RTT) performance:** Performance is showing an upward trend during 2025/26. NCL Trusts have maximised use of validation and RTT rules to aid RTT recovery, and compliance with the 2025/26 RTT performance objectives. The validation sprints through Q1-Q3 have provided additional funding for reducing the PTL size, either through validation or activity above baseline.
- **Diagnostic 6-week performance:** Backlog performance moved adversely to 21.7% in December 2025. 2025/26 has seen an increase in backlog volumes for some modalities, and a reduction in waiting list initiatives resulting from financial constraints among providers. The most challenged modalities remain as NOUS, MRI and neurophysiology.
- **Cancer Waiting Times:** Faster Diagnosis Standard attainment has been close to or on plan all year. 62-day achievement fell 1.3% below plan in December 2025. Challenges remain for skin pathways at WH, although the NCL Cancer Alliance have committed to fund 4 WLIs. The service using the outsourcing facilities for reporting and Heart and Lung Health Group (HLH) for specially reporting the MRI prostate. Diagnostic MDT was stood down on 02/12/2025 and MRI will be assessed by consultant or registrar in the designated MRI clinical review slots, which will speed up the pathway
- **Eating Disorders:** Urgent treatment referral times for CYP eating disorders remains at 100% in November 2025. For routine referrals, performance improved to 100% in November 2025.
- **Mental health Children & Young People (CYP) waiting times:** Performance for CYP treated within 4 weeks improved to 100% in November 5% above target.
- **Primary care:** NCL GP appointments were 724,910 for December 2025 and have averaged over 725,000 a month during 2025/26. NCL continues to provide a high percentage of same day appointments above the national average. NCL also performs well against the national expectation that 90.0% of primary care appointments are booked within two weeks. This is the case now for 11 of the last 12 months.

RAG	Direction	KPI ID	KPI name	Latest Value	Target or plan	Variance to target	Unit	○ Validated □ Target / plan ◇ Not validated ▬ Range / mean												Health score (0-100)	Latest data	Goal
								F	M	A	M	J	J	A	S	O	N	D	J			
G	↗	QU049	Friends and Family Test- Inpatients	96.0	91.0	5.0	%													100	Dec 25/26	↑
G	↘	QU029	Friends and Family Test - Outpatients	93.9	93.0	0.9	%													92	Dec 25/26	↑
A	↘	QU028	Friends and Family Test - A&E	79.9	80.0	(0.1)	%													58	Dec 25/26	↑
G	↗	QU032	Friends and Family Test - Maternity antenatal	94.1	90.0	4.1	%													100	Dec 25/26	↑
G	↗	QU046	Friends and Family Test - Maternity units	94.4	94.0	0.4	%													58	Dec 25/26	↑
G	↘	QU047	Friends and Family Test- Postnatal Ward setting	93.5	92.0	1.5	%													92	Dec 25/26	↑
A	↘	PC024	FFT % positive responses - Primary Care	89.3	90.0	(0.7)	%													58	Dec 25/26	↑
A	↘	QU030	Friends and Family Test - Community Health	93.2	94.0	(0.8)	%													73	Dec 25/26	↑
G	↘	QU031	Friends and Family Test - Mental Health	89.2	85.0	4.2	%													92	Dec 25/26	↑

- Friends and Family test data, albeit only one lens into patient experience remains generally positive.
- There has been an improvement in the maternity unit score from 88.5% to 94.4% in December 2025. Prior to this improvement patient experience performance had been below the 94.0% target across every month since July 2025.
- Maternity ante-natal patient experience performance was on or above target each patient experience performance has been above the 90.0% target across every month except August and September 2025.
- Primary care patient experience performance has been at least 89.0% in every month of 2025/26, which is just 1.0% below the target of 90.0%.
- Community health patient experience performance has been above target in seven months out of the past nine. Current performance at 93.2% was just 0.8% below target.

RAG	Direction	KPI ID	KPI name	Latest Value	Target or plan	Variance to target	Unit	Legend		Health score (0-100)	Latest data	Trend										
								○ Validated	□ Target / plan													
								◇ Not validated	▬ Range / mean													
								F	M	A	M	J	J	A	S	O	N	D	J			
R	↗	FI001	Total System reported YTD position (variance against plan) £'m	(46,115.0)	(18,811.8)	(27,303.3)	£'M			8	Jan 25/26	↗										
R	↗	FI010	System reported efficiency YTD (CIP)	263,372.7	280,998.0	(17,625.3)	%			8	Jan 25/26	↗										
A		FI021	YTD Productivity compared with 19/20	(3.8)	0.0	(3.8)	%			50	Sep 25/26	↗										
G	↘	WO019	Total Staffing WTE(Staff in post+bank+Agency)	53,227.0	53,612.9	(385.9)	Number			100	Dec 25/26	↘										
A	↗	EL112	% RTT incomplete pathways less than 18 weeks	61.0	62.0	(1.0)	%			54	Dec 25/26	↗										
R	↘	EL059	Elective daycase compared to Ops Plan	105.3	100.0	5.3	%			38	Dec 25/26	↕										
R	↘	EL060	Elective ordinary compared to Ops Plan	90.9	100.0	(9.1)	%			0	Dec 25/26	↕										
A	↘	UE103	A&E Attendances (All Types)	72,295.0	69,794.0	2,501.0	Number			69	Jan 25/26	↘										

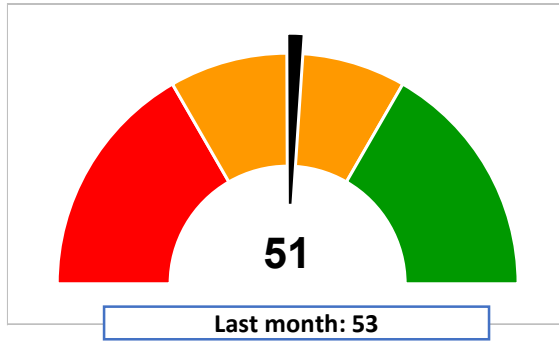
- In Month 10, the NCL system reported a £46.1m deficit which is a £27.3m variance to the submitted deficit plan.
- Current RTT performance for the percentage of patients waiting under 18 weeks is off target based on validated published data for December 2025.
- Based on weekly unvalidated data flows, the NCL expectation is that during January 2025, it is unlikely that there will be a material change in the reported position. This is likely to be the case up to March 2026.
- 18ww performance has been detrimentally affected by the recent focus on reducing the longest waiting patients, specifically to eradicate 65ww and further reduce beyond plan 52ww patients to and below 1.0% of the PTL size.

NW London Integrated Care System

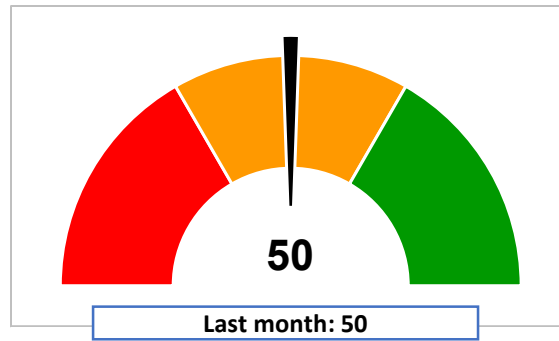
Operational Performance Report February 2026

1.1	Contents	Slide 2
1.2	ICS Overview - Assessment of ICS Position	Slide 3
2.1	System Flow	Slide 4
2.2	Waiting Lists	Slide 5
2.3	Patient Experience	Slide 6
3.1	Plan Triangulation - Finance, Workforce and Activity	Slide 7

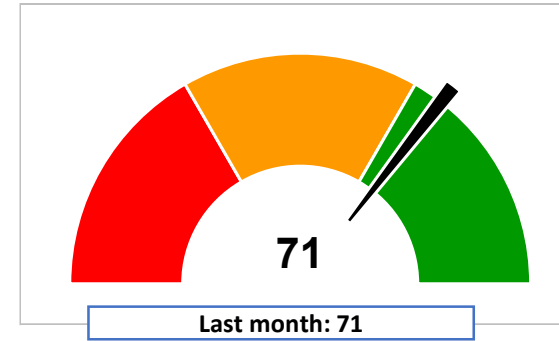
System Flow



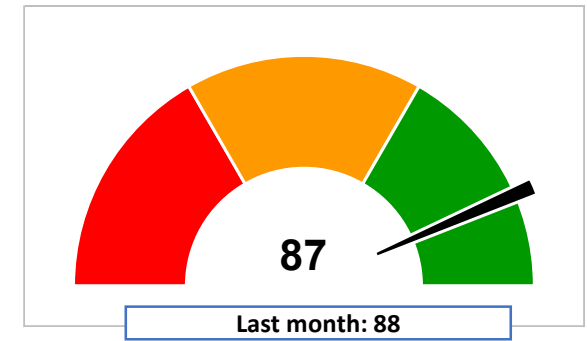
Waiting Times



Patient Experience



Finance, Activity, W/F



System Flow:

- Winter pressures are impacting on system flow indicators in January, with reduced performance for ambulance handovers, A&E 4 hour (type 1) and percentage of patients presenting with mental health waiting in ED 12 hours or more.
- Actions being taken to improve UEC performance includes redirection of patients to pharmacy first and GP enhanced access services for suitable conditions, with a notable increase in the number of Same Day Emergency Care (SDEC) reported in December.
- Performance for discharge from hospital (pathways 1 and 3) remains challenging. Urgent rapid response, virtual wards and community rehabilitation beds occupancy rates remains strong.
- It is anticipated that key Operating Plan targets for 4 hour and 12 hour A&E, ambulance CAT 2 time and urgent rapid response will be met in March 2026.

Waiting Times:

- Elective recovery remains broadly on track (52 week and 65 week targets expected to be met in March 2026), although the target for the overall Patient Tracking list size will not be met
- Diagnostics performance remains a concern, as it decreased slightly in November and continues to decline in December by 3%. Additional activity is in place, aiming for a performance improvement by 5% at the end of Q4.
- Community 52 week waits remain well below plan. There are now 37 patients across NW London waiting for treatment (with plans in-place) from 507 patients in August.

Finance & Operating Plan Delivery:

- In January, the NWL system reported a favourable variance of £1.5m (M9: 1.7m), comprising providers £1.5m surplus and ICB break even variance.
- Approximately sixty percent of the Operating Plan metrics are either green (exceeding target) or amber (just below target) rated. Half of the red rated metrics are diagnostics modality related. For 2025/26 we want diagnostic activity to be on plan so significant over performance is assessed as red, as is significant under-performance.

National Oversight Framework (NOF):

- At the time of writing, Q3 data has yet to be published.

RAG	Direction	KPI ID	KPI name	Latest Value	Target or plan	Variance to target	Unit	○ Validated ◇ Not validated F M A M J J A S O N D J	Health score (0-100)	Latest data	Goal
R	↘	UE050	% of ambulance hospital handovers within 15 minutes	40.3	65.0	(24.7)	%		0	Jan 25/26	↕
R	↘	UE122	% of ambulance Handovers within 45 minutes	92.5	100.0	(7.5)	%		12	Jan 25/26	↕
A	↗	UE096	Ambulance handover times (Mean)	19.7	18.3	1.4	Minutes		46	Dec 25/26	↕
G	↗	UE031	LAS Category 2 – mean response time	32.8	38.4	(5.6)	Minutes		77	Dec 25/26	↕
A	↗	UE078	% of ED (all types) attendances seen within 4 hours of arrival to ED	77.8	78.0	(0.2)	%		54	Jan 25/26	↕
A	↘	UE079	% of ED (type 1) attendances seen within 4 hours of arrival to ED	58.1	59.7	(1.6)	%		73	Jan 25/26	↕
R	↗	ME074	Patients presenting with a Mental Health crisis waiting in ED for more than 12 hours	33.3	20.0	13.3	%		0	Jan 25/26	↕
A	↗	UE056	Patients waiting over 12 hours in ED	12.4	9.1	3.3	%		62	Jan 25/26	↕
A	↘	UE024	Overnight general and acute beds occupied rate	94.3	92.0	2.3	%		54	Jan 25/26	↕
G	↗	LO023	Occupancy rate in rehab beds	93.7	85.0	8.7	%		100	Jan 25/26	↕
G	↗	LO065	Virtual Wards occupancy rate	90.3	85.0	5.3	%		100	Dec 25/26	↕
G	↗	UE115	Discharge: Average Delay Days (P0) in Optica	0.3	1.0	(0.7)	Days		92	Jan 25/26	↕
R	↗	UE108	Discharge: Average Delay Days (P1) in Optica	3.0	2.0	1.0	Days		0	Jan 25/26	↕
G	↘	UE109	Discharge: Average Delay Days (P2) in Optica	4.1	5.0	(0.9)	Days		62	Jan 25/26	↕
R	↗	UE110	Discharge: Average Delay Days (P3) in Optica	9.0	7.0	2.0	Days		12	Jan 25/26	↕
G	↗	LO024	Urgent rapid response referrals seen within 2 hours.	94.6	90.0	4.6	%		73	Dec 25/26	↕

- **System Flow** continues to be monitored through the System Flow Oversight Board and Winter Gold meetings.
- **Urgent and Emergency Care:** In January, the percentage of people being treated within 4 hours of attending emergency departments (all types) improved to 77.8% from 75.3% in December. However, performance for type 1 decreased from 59.4% in December to 58.1% (plan for the month 59.4%). The percentage of patients waiting 12 hours or more has been stable however increased in January 2026 to 12.4%, in part due to changes in the NHSE reporting now including type 2 as well as type 1. Actions being taken by providers to improve performance includes redirection of patients to pharmacy first and GP enhanced access services for suitable conditions has started to take effect, with an increased number of Same Day Emergency Care (SDEC) reported in December. It is anticipated that the Operating Plan A&E 4 and 12 hour targets will be met in March 2026.
- **Ambulance Services:** Ambulance conveyances to EDs increased in December and January, with over 16,000 conveyances to ED sites in both months. This has repercussions on the handover of patients in a timely manner. The average handover time across NW London was at 19:39 against a plan of 18:42. This is primarily driven by ambulance handover times at LNWUHT. Mitigations include the NW London Integrated Care Coordination (ICC) Hub, optimising referrals into alternative pathways to ED and targeted work with Health Care Professionals and care home calls to 999.
- **Mental Health:** In January, 33.3% of people requiring mental health support experienced waits of over 12 hours in NW London emergency departments (the stretch target is 20%).
- **Hospital Discharges:** In January, discharge performance improved in pathways 2 and 3. Delay days are being tracked at borough and pathway level on a monthly basis, reporting into System Flow Oversight Board. Particular areas of focus include pathway1 discharge within the Bi-borough and Hammersmith & Fulham, following a cyber attack causing delays in social care capacity and decision making. Equipment provider delays began to stabilise during this period.
- **Virtual ward occupancy rates** has improved and has been meeting or exceeding the target since October. Providers have increased their utilisation, as well as de-commissioning / re-purposing some under utilised pathways. Virtual Ward pathways have been used to provide an alternative pathway to admission for flu patients who did not require oxygen. Work is underway to link virtual wards to the ICC and support admissions avoidance.

RAG	Direction	KPI ID	KPI name	Latest Value	Target or plan	Variance to target	Unit	Health score (0-100)												Latest data	Goal	
								F	M	A	M	J	J	A	S	O	N	D	J			
R	↘	EL069	RTT total incomplete waiting list	280,131.0	264,823.0	15,308.0	People													8	Dec 25/26	↘
G	↗	EL112	% RTT incomplete pathways less than 18 weeks	61.0	60.0	1.0	%													100	Dec 25/26	↗
R	↘	EL089	Number of RTT incomplete Pathways > 65 Weeks	49.0	0.0	49.0	Number													8	Dec 25/26	↘
G	↘	EL024	RTT incomplete Pathways > 52 Weeks	1.3	2.0	(0.7)	%													100	Dec 25/26	↘
R	↗	DI011	Patients waiting over 6 weeks for a diagnostic test	25.4	5.0	20.4	%													0	Dec 25/26	↘
G	↗	CA010	Cancer - 28 day faster diagnosis standard (FDS) Attainment	82.1	80.0	2.1	%													100	Dec 25/26	↗
R	↗	CA008	62-day Standard Attainment	77.8	84.0	(6.2)	%													8	Dec 25/26	↗
R	↗	CA004	Cancer - two weeks waits	84.5	93.0	(8.5)	%													8	Dec 25/26	↗
A	↗	ME081	% MH CYP Treated within 18 weeks	84.6	89.0	(4.4)	%													27	Dec 25/26	↗
G	↘	ME082	% MH CYP 1st seen within 4 weeks	72.6	58.3	14.3	%													92	Dec 25/26	↗
G	↗	ME031	Urgent Referral to Treatment Waiting Times for CYP with an eating disorder	100.0	95.0	5.0	%													77	Oct 25/26	↗
R	↘	ME033	Routine Cases : 95% of CYP with eating disorders accessing treatment within 4 weeks	79.2	95.0	(15.8)	%													23	Dec 25/26	↗
G	↗	PC022	% of Primary Care Appointments within 14 days	88.7	85.0	3.7	%													100	Nov 25/26	↗

- **Elective performance** continues to be monitored through the Planned Care Board with winter plans in place to add resilience during the winter period.
- **Elective Waiting List:** In December, the total Patient Tracking List (PTL) decreased to 280,131 from 284,299 in November, and 287,438 in October. There was a decrease in list sizes across all four acute providers. It is unlikely that the Operating Plan target will be met in March 2026.
- **Referral to Treatment (RTT) performance:** Nationally supported sprints continue focusing on validation, long waiter clearance and improvement of 18ww RTT performance; additional funds have been supplied by NHSE to support the delivery of additional activity to reduce long waiters and improve RTT position by 31st March.
- In December the plan for patients waiting 18 weeks or more for treatment was met. NWL are predicting the Operating Plan target will be achieved in March 2026. 52ww volume continues to reduce and is within local target (2%) but exceeds the national 1% goal. The 65 ww cohort reduced to 49 in December and is expected to clear by March 2026.
- Detailed review of expected end of year positions for RTT and long waiters to take place in early March, with progress reported to NHSE with planned mitigations where metrics are off trajectory.
- **Diagnostic 6 week performance:** In December, performance deteriorates - 25% of patients waiting longer than 6 weeks, mainly due to the winter season and workforce shortage. Ongoing vacancies for specialised staff, such as Paediatric Audiology, Sleep studies, Neurophys, make it difficult to implement the recovery plan, even with mutual aid. Continuous challenges for ultrasound staffing recruitment. Ongoing use of WLIs and insourcing by all Trusts to improve performance by the end of Q4
- **Cancer Waiting Times:** The Faster Diagnosis performance target requiring patients with suspected cancer to receive a definitive diagnosis or ruling out of cancer within 28 days of an urgent referral has been met since September. Royal Marsden Partners (RMP) key areas of focus for 2026/27 include digital rollout (breast, urology & GI) and pathway redesign for gynae, breast, dermatology, lung and head & neck.
- **Primary care:** the number of GP appointments delivered monthly remains above plan, as well as the percentage of appointments delivered same/next day and within 14 days. Approximately 66% of appointments are delivered face-to-face. The 2025/26 Operating Plan target of delivering 17 million appointments is likely to be met.

RAG	Direction	KPI ID	KPI name	Latest Value	Target or plan	Variance to target	Unit	○ Validated ◇ Not validated F M A M J J A S O N D J	Health score (0-100)	Latest data	Goal
G	→	QU049	Friends and Family Test- Inpatients	95.0	95.0	0.0	%		100	Dec 25/26	↑
G	→	QU029	Friends and Family Test - Outpatients	94.0	93.0	1.0	%		100	Dec 25/26	↑
A	↗	QU028	Friends and Family Test - A&E	79.0	80.0	(1.0)	%		54	Dec 25/26	↑
A	↘	QU032	Friends and Family Test - Maternity antenatal	88.0	90.0	(2.0)	%		73	Dec 25/26	↑
A	↘	QU046	Friends and Family Test - Maternity units	91.0	94.0	(3.0)	%		42	Dec 25/26	↑
G	→	QU047	Friends and Family Test- Postnatal Ward setting	94.0	92.0	2.0	%		85	Dec 25/26	↑
A	↘	PC024	FFT % positive responses - Primary Care	89.0	90.0	(1.0)	%		73	Dec 25/26	↑
G	↗	QU030	Friends and Family Test - Community Health	95.0	94.0	1.0	%		73	Dec 25/26	↑
A	↗	QU031	Friends and Family Test - Mental Health	84.0	85.0	(1.0)	%		38	Dec 25/26	↑

Patient Experience – Friends and Family Test:

- In December, NW London performed the same as or better than the London than target for inpatients, outpatients, community health and maternity postnatal ward settings. Performance was amber (just below plan) for A&E, maternity units and antenatal, primary care and mental health.

Comparison to London and national averages:

- A&E FFT score (79%) was higher than both London (76%) and national average (78%).
- Primary care FFT score (89%) was slightly lower the London average (90%) and national average (92%). The senior primary care team feel that the ONS health insight survey is a more accurate indicator. NWL generally performs well in this survey.
- Mental health FFT score (84%) is higher than the London average (81%) however below the national average (88%). Scores have dipped slightly for some of London's mental health providers during the winter period.

Finance

RAG	Direction	KPI ID	KPI name	Latest Value	Target or plan	Variance to target	Unit	Health score (0-100)	Latest data	Goal
G	↗	FI001	Total System reported YTD position (variance against plan) £'m	1.5	0.0	1.5	£'M	100	Jan 25/26	↑
A	↗	FI010	System reported efficiency YTD (CIP)	99.0	100.0	(1.0)	%	42	Jan 25/26	↑
G	↗	FI021	YTD Productivity compared with 19/20	3.7	0.0	3.7	%	100	Jul 25/26	↑

Finance Key messages:

- Year to date: The £1.5m YTD favourable variance is due to ERF over performance £8.7m, higher than expected clinical other income, non-recurrent benefits/income, reduced bank and agency costs and increased vacancies totalling £6m. These are partly offset by unmitigated NI cost pressure £5.9m, inflationary increases above funded levels £0.9m, CIP under performance £1.4m and NWL Pathology overspends £5m..
- The ICS is forecasting breakeven overall position in M10 .
- The key risk to the achievement of the ICS break even FOT is the £9m income for land sale included in the forecast outturn of LNWHT. The timing of the sale and value of the proceeds is under discussion and review. However, it is expected that the risk will be fully mitigated from support within the Acute Provider Collaborative.

Workforce

RAG	Direction	KPI ID	KPI name	Latest Value	Target or plan	Variance to target	Unit	Health score (0-100)	Latest data	Goal
G	↗	WO019	Total Staffing WTE(Staff in post+bank+Agency)	66,529.0	66,948.0	(419.0)	Number	92	Dec 25/26	↓
G	→	WO013	Agency spend as % of total Paybill	0.9	2.0	(1.1)	%	100	Jan 25/26	↓

Workforce Key messages:

- Total staffing wte in post remains under plan. NHSE are monitoring year end positions.
- Agency spend as a % of the total pay bill remains stable and well below plan.
- There are currently no escalations.

Activity

RAG	Direction	KPI ID	KPI name	Latest Value	Target or plan	Variance to target	Unit	Health score (0-100)	Latest data	Goal
G	↗	EL112	% RTT incomplete pathways less than 18 weeks	61.0	60.0	1.0	%	100	Dec 25/26	↑
G	↗	EL059	Elective daycase compared to Ops Plan	103.2	100.0	3.2	%	92	Dec 25/26	↔
G	↗	EL060	Elective ordinary compared to Ops Plan	103.3	100.0	3.3	%	92	Dec 25/26	↔
G	↗	UE103	A&E Attendances (All Types)	105,631.0	107,318.0	(1,687.0)	Number	92	Jan 25/26	↓
A	↘	UE034	Total SDEC activity	7,147.0	8,909.0	(1,762.0)	Number	62	Jan 25/26	↑

Activity Key messages:

- RTT activity was over plan in December. In 2025/26 we want activity to be on plan.
- All type A&E attendances have been below plan since September. Four-hour performance has generally remained consistent during this time.

NHS NC London and NHS NW London

Board Meeting in Common

24 March 2026

Report Title	NC London Population Health Strategic Commissioning Committee and NW London Strategic Commissioning Committee Assurance Report	Date of report	9 March 2026	Agenda Item	3.2
Lead Director / Manager	Richard Dale, Chief Strategy Officer	Email / Tel		richard.dale@nhs.net	
Board Member Sponsors	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				
ICB	This paper applies to NC London ICB and NW London ICB.				
Report Author	Steve Beeho, Senior Board Secretary, NC London ICB	Email / Tel		s.beeho@nhs.net	
Name of Authorising Finance Lead	Not applicable.	Summary of Financial Implications Not applicable.			
Recommendation	The NC London and NW London ICB Boards are asked to NOTE the NC London Population Health Strategic Commissioning Committee and NW London Strategic Commissioning Committee Assurance Report.				
Report summary	<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>				
Identified risks and risk management actions	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.				
Conflicts of interest	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.				



Resource implications	Where applicable, potential resource implications are considered for each item presented to both Committees.
Engagement	Where applicable, engagement implications are considered for each item presented to both Committees.
Equality impact analysis	Where applicable, an Equality Impact Analysis is undertaken for each item presented to both Committees.
Report history and key decisions	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.
Next steps	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.
Appendices	<ul style="list-style-type: none"> 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.

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

Item	Draft Strategic Narrative
Summary of item	<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>
Committee assured/decision	<p>The NCL ICB Population Health Strategic Commissioning Committee and the NWL ICB Strategic Commissioning Committee noted the draft strategic narrative.</p>
Follow-on work	<p>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</p>

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.
Recommendation to Board	To note.

Item	Neighbourhood Health in West & North London
Summary of item	<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

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

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

12 January 2026

	need for resource shifts and changed attitudes across the system.
Committee assured/decision	The NCL ICB Population Health Strategic Commissioning Committee and the NWL ICB Strategic Commissioning Committee noted the work to date, including the overall commissioning approach and endorsed the proposed year 1 investment priorities.
Follow-on work	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
Recommendation to Board	To note.

Item	Community Dental Service Contract Renewal for NCL & NWL
Summary of item	<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

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

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

12 January 2026

Committee assured/decision	The NCL ICB Population Health Strategic Commissioning Committee and the NWL ICB Strategic Commissioning Committee approved the renewal of the Community Dental Service contracts for NWL and NCL for 3+2 Years; noted the use of Direct Award C to renew the contracts has been approved by the Procurement Oversight Group and noted that the finances had been agreed at the Business Case Review Group.
Follow-on work	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.
Recommendation to Board	To note.

Item	NCL Community Diagnostic Service - Contract Renewal
Summary of item	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

**Chair: Anita
 Charlesworth
 (NC London
 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 & North London when the new structure is set up.</p> <p>The Committee noted a suggestion to create an overall diagnostic strategy for West & 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>
<p>Committee assured/decision</p>	<p>The NCL ICB Population Health Strategic Commissioning Committee approved the recommended option to renew the GP Direct Access Diagnostic Service contract currently held with InHealth for three years commencing April 2026 and approved 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 & North London.</p>

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

Follow-on work	<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>
Recommendation to Board	To note.

Item	NCL ICB Population Health Strategic Commissioning Committee Risk Register
Summary of item	<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’
 Assurance Report

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

**Chair: Akta Raja
 Charlesworth
 (NW London
 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.
Committee assured/decision	The NCL ICB Population Health Strategic Commissioning Committee noted the report.
Follow-on work	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.
Recommendation to Board	To note.

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

Item	Minutes of the NCL ICB Primary Care Committee Meetings on 24 June and 12 August 2025
-------------	---

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

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

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

Present – Members (NC London ICB Population Health 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
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

**Chair: Anita
Charlesworth
(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

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

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

12 January 2026

Jennifer Roye	Chief Nurse Officer, NCL and NWL ICBs
---------------	---------------------------------------

Present – Attendees (NW London ICB Strategic Commissioning Committee)

Name	Role/organisation
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)

NHS NC London and NHS NW London

Board Meeting in Common

24 March 2026

Report Title	NC London Quality and Safety Committee Assurance Report	Date of report	12 March 2026	Agenda Item	3.3
Lead Director / Manager	Jennifer Roye, Chief Nursing Officer	Email / Tel		richard.dale@nhs.net	
Board Member Sponsors	Liz Sayce, Non Executive Member and Chair, NC London Quality and Safety Committee				
ICB	This paper applies to NC London ICB.				
Report Author	Kate McFadden-Lewis, Governance and Risk Lead, NC London ICB	Email / Tel		katemcfadden-lewis@nhs.net	
Name of Authorising Finance Lead	Not applicable.	Summary of Financial Implications Not applicable.			
Recommendation	The NCL ICB Board is asked to NOTE the NC London Quality and Safety Committee Assurance Report.				
Report summary	The Chair's Assurance Report provides a summary of the key outcomes from the meeting of the NC London Quality and Safety Committee on 14 October 2025 and 24 February 2026. 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.				
Identified risks and risk management actions	The NC London Quality and Safety Committee review the risks assigned to the Committee for oversight at each meeting.				
Conflicts of interest	Conflicts of interest are managed at NC London Quality and Safety Committee meetings in accordance with the ICB's Conflict of Interest Policy.				
Resource implications	Where applicable, potential resource implications are considered for each item presented to the Committee.				
Engagement	Where applicable, engagement implications are considered for each item presented to the Committee.				
Equality impact analysis	Where applicable, an Equality Impact Analysis is undertaken for each item presented to the Committee.				



Report history and key decisions	This report summarises the discussions at the meeting of the NC London Quality and Safety Committee on 14 October 2025 and 24 February 2026.
Next steps	N/A - the final meeting of the NC London Quality and Safety Committee was held 24 February 2026.
Appendices	<ul style="list-style-type: none">• Summary of the meeting of the NC London Quality and Safety Committee on 14 October 2025• Summary of the meeting of the NC London Quality and Safety Committee on 24 February 2026

NCL ICB Quality and Safety Committee
Chair's Assurance Report

14 October 2025

Chair: Liz Sayce



Item	Chief Nurse's highlight report
Summary of item	<p>Updates on:</p> <ul style="list-style-type: none"> the Lower Limb service at Great Ormond Street Hospital NHS England's Independent Investigation into a Homicide Model Region Blueprint the transition to the model ICB and merger with NHS North West London ICB Jess's rule: Three strikes and we rethink <p>The Committee discussed fragmented patient records and potential for AI to support continuity of care.</p>
Committee assured/decision	Discussion.
Follow-on work	None.
Recommendation to Board	To note.

Item	Quality report
Summary of item	<p>Updates on:</p> <ul style="list-style-type: none"> Maternity Incentive Scheme Year 7 - NCL progress Independent investigation into NHS maternity and neonatal care Community Equipment Contract update CQC inspection report into services at North London NHS Foundation Trust <p>Discussion on maternity workforce/training, user engagement, scrutiny beyond targets, and improving complex care plans including sensory impairment needs.</p>
Committee assured/decision	Discussion.
Follow-on work	None.
Recommendation to Board	To note.

Item	Independent review into patient safety across the health and care landscape and proposal for quality governance in the ICB
------	---

NCL ICB Quality and Safety Committee
Chair's Assurance Report

Chair: Liz Sayce



North Central London
Integrated Care Board

14 October 2025

Summary of item	Independent review led by Dr Penny Dash: need streamlined governance, better data/tech use and learning from patient/staff feedback. Committee expressed broad agreement.
Committee assured/decision	Discussion.
Follow-on work	None.
Recommendation to Board	To note.

Item	NCL Local Maternity and Neonatal System Equity and Equality Action Plan - update
Summary of item	Progress on digital inclusion, health literacy, early booking, continuity of care, community partnerships, outcome tracking, and data standardisation challenges.
Committee assured/decision	Discussion.
Follow-on work	Report on progress on the Equity and Equality Action Plan at the next meeting.
Recommendation to Board	To note.

Item	Risk report
Summary of item	Risks falling within the remit of the Committee were reviewed.
Committee assured/decision	Approved.
Follow-on work	None.
Recommendation to Board	Approve.

Item	Internal Audit of Quality Arrangements
Summary of item	PwC audit findings presented: strengthening alignment between Population Health Strategy and quality priorities, improving data analytics and system learning was recognised.
Committee assured/decision	Discussion.
Follow-on work	None.
Recommendation to Board	To note.

NCL ICB Quality and
Safety Committee
Chair's Assurance
Report

Chair: Liz Sayce



North Central London
Integrated Care Board

14 October 2025

Item	Choice and Equity Policy for All Age Continuing Care Policy
Summary of item	Policy presented for approval.
Committee assured/decision	Approved.
Follow-on work	None.
Recommendation to Board	Approve.

Present – Members

Name	Role/organisation
Paul Addae	Healthwatch Haringey
Richard Dale	Executive Director of Performance and Transformation
Jenny Goodridge	Acting Chief Nursing Officer, NCL ICB
Dr Jonathan Levy	NCL ICB Board Member, Partner Member
Deirdre Malone	Acting Director of Quality and Clinical Standards
David Pennington	Director of Safeguarding
Dr Jo Sauvage	Chief Medical Officer, NCL ICB
Liz Sayce [Chair]	Non-Executive Member, NCL ICB
Martha Wiseman	Community Participant

NCL ICB Quality and Safety Committee
Chair's Assurance Report

24 February 2026

Chair: Liz Sayce



Item	Chief Nurse's Report
Summary of item	Key updates included: <ul style="list-style-type: none"> • Great Ormond Street Hospital Lower Limb Reconstruction Service: Publication of the patient recall report • Ofsted and Care Quality Commission joint Area Special Educational Needs and/or Disabilities inspection for the Islington Local Area Partnership • Operation Lanark (Safeguarding) – and the system learning
Committee assured/decision	Noted.
Follow-on work	Learning to be embedded via existing programmes.
Recommendation to Board	Note.

Item	Quality Report
Summary of item	Key updates included: <ul style="list-style-type: none"> • North Middlesex Hospital Unit (NMHU) maternity unit support visit • New regional governance arrangements for maternity and neonatal services • St Andrew's Healthcare Northampton
Committee assured/decision	Noted.
Follow-on work	Monitoring continues via Local Maternity and Neonatal System and Quality Oversight Group.
Recommendation to Board	Note.

Item	Committee structure and quality going forward
Summary of item	Discussion around quality within the new WNL ICB committee structure, highlighting the need for the new structures to reflect the ICB's strategic commissioning role as well as the need to ensure quality remains visible within the combined Performance and Quality Committee.
Committee assured/decision	Noted.
Follow-on work	None.
Recommendation to Board	Note.

NCL ICB Quality and
Safety Committee
Chair's Assurance
Report

24 February 2026

Chair: Liz Sayce



Item	Reflections and learning from the Committee
Summary of item	Discussion on what worked well, what could be strengthened and what should continue into the new organisation. Recognition, through internal audit report, of the good system working and learning,
Committee assured/decision	Noted.
Follow-on work	None.
Recommendation to Board	Note.

Item	Maternity Incentive Scheme Year 7 NCL position
Summary of item	Three providers compliant; Whittington Safety Action 4 (Clinical workforce planning) non-compliance.
Committee assured/decision	Noted.
Follow-on work	CNO & interim CEO to sign submission.
Recommendation to Board	Note.

Item	Risk Report
Summary of item	Risks falling within the remit of the Committee were reviewed.
Committee assured/decision	Noted.
Follow-on work	Risk handover to WNL ICB.
Recommendation to Board	Note.

Item	Committee Closedown
Summary of item	Delegation of minute approval agreed.
Committee assured/decision	Approved.
Follow-on work	Chair & Executive Lead to approve minutes.
Recommendation to Board	Note.

NCL ICB Quality and
Safety Committee
Chair's Assurance
Report

24 February 2026

Chair: Liz Sayce



Present – Members

Name	Role/organisation
Paul Addae	Healthwatch Haringey
Richard Dale	Chief Strategy Officer
Jenny Goodridge	Director of Quality and Clinical Standards NCL ICB
Dr Jonathan Levy	NCL ICB Board Member, Partner Member
Tracy Lockett	Chief Nurse, Great Ormond Street Hospital, Trust provider member
Deirdre Malone	Deputy Director of Quality and Clinical Standards
David Pennington	Director of Safeguarding and Children Looked After
Jennifer Roye	Chief Nurse Officer
Dr Jo Sauvage	Chief Medical Officer, NCL ICB
Liz Sayce [Chair]	Non-Executive Member, NCL ICB
Martha Wiseman	Community Participant



NHS NC Central London and NHS NW London

ICB Board Meeting in Common

24 March 2026

Report Title	NW London Audit & Risk Committee Chair's Assurance Report	Date of report	06/03/2026	Agenda Item	3.4
Lead Director / Manager	Stephen Bloomer, Chief Financial Officer	Email / Tel		stephen.bloomer@nhs.net	
Board Member Sponsor	Simon Perry, Chair of Audit & Risk Committee NW London, Non-Executive Member				
ICB	NHS NW London				
Report Author	Josie Onianwa Corporate Governance Manager	Email / Tel		j.onianwa1@nhs.net	
Name of Authorising Finance Lead	Stephen Bloomer, Chief Financial Officer. Approved 09/03/2026	Summary of Financial Implications Not applicable.			
Recommendation	Note the Chair's Assurance report.				
Report summary	<p>This report summarises discussion at the most recent Audit & Risk Committee meetings on 13 January and 10 March 2026.</p> <p>The Chair's Audit and Risk Assurance Report provides a summary of the key outcomes from the Audit and Risk Committee meeting held on 13 January and 10 March 2026.</p> <p>It captures all items that were approved, noted, or assured 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>				
Identified risks and risk management actions	The NHS NW London Annual Report and Accounts for 2025/2026 to be submitted to NHS England by 19 June 2026.				
Conflicts of interest	Conflicts of interests are managed at NW London Audit and Risk Committee meetings in accordance with NW London Conflicts of Interest Policy.				
Resource implications	Where applicable, potential resource implications is undertaken for each item.				
Engagement	Where applicable, Engagement Implications is undertaken for each item.				
Equality impact analysis	Where applicable, an equality impact analysis is undertaken for each item.				
Report history and key decisions	This report summarises discussion at the most recent Audit & Risk Committee meetings on 13 January and 10 March 2026.				
Next steps	The final meeting of this Committee took place on 10 March 2026. Future meetings to manage audit and risk will be overseen by a new committee, post-merger from 1 April 2026.				



North Central London
Integrated Care Board



North West London

Appendices	Not applicable.
-------------------	-----------------

Audit & Risk Committee 13 January 2026

Item	Planning and Accounts Update
Summary of item	<p>The Deloitte team assured the Committee that despite the challenges the external audit process is on track. They outlined the external audit plan, including materiality levels, the impact of the new ISFE 2 finance system, and the increasing use of advanced analytics and AI in audit processes.</p> <p>It was noted that for the audit timeline planning completed in November; interim audit currently underway (risk assessment, controls testing, substantive testing, value-for-money work). Year-end fieldwork scheduled for May; submission deadline would be 19 June 2026 (similar to last year).</p>
Committee assured/ decision	The Committee were assured by the Planning and Accounts Update.
Follow-on work	Submit Annual Accounts and Report 2025/2026 June 2026.
Recommendation to Board	To note

Item	Internal Audit Progress Report 2025/2026
Summary of item	<p>The Head of Internal Audit presented findings on reports completed being substantial assurance on balance transfers and partial assurance on IT asset management.</p> <p>It was emphasised that management need to prioritise follow-up on outstanding actions, as there remained a number of outstanding actions including some that are critical for the new organisation and have been outstanding for a period.</p>
Committee assured/ decision	The Committee was assured by the progress against the 2025/26 Internal Audit Plan.
Follow-on work	<ul style="list-style-type: none"> • IT and HR to cross-check the refreshed staff establishment with the IT asset register post-transition • Management to ensure follow up actions are completed
Recommendation to Board	To note

Item	Draft Local Counter Fraud Progress Report 2025/26
Summary of item	<p>The inclusion of a new fraud risk in the register was reported, reflecting increased risk of fraud and asset loss during organisational change, and confirmed that this encompassed risks related to staff working elsewhere or taking assets during transition.</p> <p>The Committee received positive assurance on the completion of procurement actions, Single Tender Waiver Benchmarking and noted the HR-related actions were under review to determine their ongoing relevance in light of the merger.</p>

Committee assured/ decision	The Committee noted and were assured by the draft local Counter Fraud Progress Report 2025/26.
Follow-on work	N/A
Recommendation to Board	To note

Item	West and North London ICB Draft Constitution
Summary of item	<p>The draft constitution for the new ICB was presented, noting that statutory duties remained unchanged until new legislation would be enacted.</p> <p>The Committee reviewed the draft constitution ahead of submission to the January 2026 ICB board. The document currently mirrored the existing ICB's purpose and background whilst new legislation is pending, with the expectation that NHS England will lead future revisions once statutory duties are revised.</p>
Committee assured/ decision	The Committee noted the West and North London ICB Draft Constitution and supported a document going to the Board.
Follow-on work	To submit to the Board (completed)
Recommendation to Board	Superseded.

Item	Resilience/ Emergency planning
Summary of item	Full compliance was reported for the ICB and substantial compliance for the ICS, highlighting effective incident response despite staff turnover, and identified cyber security, supply chain, and infection control as top risks.
Committee assured/ decision	The Committee were assured of the Resilience/ Emergency planning process.
Follow-on work	N/A
Recommendation to Board	To note

Item	Freedom to Speak Up (FTSU)
Summary of item	The Committee were advised that there had been no new FTSU cases since the May 2025 Audit and Risk Committee but three ongoing cases continued to require additional support.
Committee assured/ decision	The Committee noted and were assured of the Freedom to Speak Up report.
Follow-on work	To continue supporting the existing FTSU cases.
Recommendation to Board	To note

Item	Review of losses and special payments (incl. Single Tender Waivers)
Summary of item	Seven breaches were detailed, covering areas including primary care, continuing healthcare and legal challenges and a downward trend in breach incidents was noted.
Committee assured/ decision	The Committee were assured of the review of losses and special payments process.
Follow-on work	Review HR processes to ensure they were fit for purpose in the context of ongoing changes and confirm recovery status with relevant departments.
Recommendation to Board	To note

Present – Members

Name	Role/ organisation
Simon Perry	Chair and Non-Executive Member, NHS NW London
Anita Charlesworth	Non-Executive Member

Present - Attendees

Name	Role/ organisation
Mike Bell (MB)	Chair, NHS NW London and NC London
Frances O’Callaghan (FO)	Chief Executive, NHS NW London and NC London
Steve Bloomer (SBlo)	Chief Finance Officer, NHS NW London and NC London
SarahLouise Morgan (SLM)	Chief People Officer, NHS NW London and NC London
Alex Stiles (AS)	Director of Finance – Reporting, NHS NW London
Mandip Riyat (MR)	Head of Financial Control NHS NW London
Nick Atkinson (NA)	Internal Auditor, RSM
Matt Wilson (MW)	LCFS, RSM
Jonathan Gooding (JG)	Deloitte
Nick Jepps (NJ)	Deloitte
Martyn Schofield (MS)	Company Secretary, NHS NW London
Josie Onianwa (JO)	Governance Manager, NHS NW London
Nathan Welch (NW)	EPRR Lead NHS NC London and NW London
David Thomas (DT)	Deputy Director of ICT Operations NWL London

Audit & Risk Committee 10 March 2026

Item	Board Assurance Framework 2025/26 including Corporate Risk Register
Summary of item	<p>It was reported that normally in February/March an end of year assessment was undertaken of each strategic risk by the relevant Executive Director. This forms the basis for the creation of a Board Assurance Framework (BAF) against the strategic objectives for the year ahead along with a refresh of the board risk appetite statement.</p> <p>It was noted that there would be a new Board Assurance Framework for West and North London as well as risk management sessions with the Board once appointed. This would be post 1 April 2026 and therefore this report was a formal closure of the NWL BAF along with a summary of how the risks have been managed during 25/26.</p>
Committee assured/ decision	The Committee approved the Board Assurance Framework 2025/26 including BAF 6 – ICB Governance (which was assigned to the committee) and reviewed and noted the closure of the 25/26 Board Assurance Framework (BAF); and noted the Corporate Risk Register (CRR) which details the escalated operational risks from across NWL.
Follow-on work	To review and update the BAF with the Executive team.
Recommendation to Board	To note the Board Assurance Framework and Corporate Risk Register for 25/26 and that there would be a new Board Assurance Framework for West and North London as well as risk management sessions with the Board once appointed.

Item	Internal Audit Progress Report 2025/2026
Summary of item	<p>Internal audit findings were presented, including progress against the plan 25/26 plan and the need for prioritised follow-up on outstanding actions, with discussions about ongoing improvements and process automation.</p> <p>It was noted that the Merger Due Diligence Review set out an independent assessment of the process the ICB was undergoing alongside NC London ICB in preparing to merge as the new ICB from 1 April 2026 and a substantial assurance was provided.</p> <p>It was reported that a Draft Head of Audit Opinion was provided that NWL ICB has an adequate and effective framework for risk management, governance and internal control. This was consistent with the opinion provided last year.</p>
Committee assured/ decision	The Committee noted the final reports on Risk Management (Reasonable Assurance) and Contract management (Partial Assurance), Progress was reported against the 2025/26 internal audit plan; Merger due diligence review, the draft Head of Internal Audit opinion for 2025/26, the Planning priorities for

	2026/27 and Progress in implementing actions and proposal for reassessing actions for the new WNL ICB.
Follow-on work	<ul style="list-style-type: none"> IT and HR to cross-check the refreshed staff establishment with the IT asset register post-transition Internal Audit to continue to follow up actions with the relevant executives and teams
Recommendation to Board	To note

Item	External Audit Update 2025/2026
Summary of item	<p>The External Auditors presented the interim audit update report to the Audit and Risk Committee, reflecting on the progress of our 2025/26 audit for North West London ICB. It was noted that the work continues to be informed by the environment of the ICB, particularly as it navigates significant strategic and operational changes.</p> <p>These included the recent implementation of the ISFE 2 accounting system, the merger with NCL ICB on 1 April 2026, and the ongoing management of complex financial pressures. This report provided an overview of Deloitte interim procedures, key observations, and an update on their risk assessment. Deloitte thanked Finance and Management for their ongoing engagement during their interim procedures.</p> <p>The auditors remain on track to commence the final audit visit on 27 April 2026, with the aim of completing the year-end audit by the national deadline of 19 June 2026.</p>
Committee assured/ decision	The committee noted and were assured of the External Audit Update 2025/2026.
Follow-on work	To continue to work on and complete the final audit report.
Recommendation to Board	To note

Item	NWL ICB 2025/2026 Year End Preparation
Summary of item	<p>It was stated that the preparation for the 2025/26 year-end had started and this paper covered the ICB's process and approach for the completion of the 2025/26 Statutory Accounts and Annual Report.</p> <p>It was reported that this year represented the first "normal" year-end for North West London ICB in several years. However, the process was significantly influenced by the ongoing staff consultation, and the associated risks and mitigations as outlined within the report.</p> <p>In contrast to previous audit cycles, the interim audit was completed on schedule, and no issues were identified. Over the past two years, the ICB Finance team and the Deloitte audit team have established a strong and collaborative working</p>

	relationship. With effective planning in place, the final audit process was expected to progress smoothly
Committee assured/ decision	The committee noted and were assured of the year end preparation 2025-26
Follow-on work	To continue to work on and complete the NWL ICB 2025/26 Statutory Accounts and Annual Report.
Recommendation to Board	To note

Item	NWL ICB Local Counter Fraud Progress Report 2025/26
Summary of item	<p>An update on Local Counter Fraud Specialist (LCFS) activity was provided since the last Audit and Risk Committee meeting. It confirmed notable progress against the 2025/26 work plan.</p> <p>Key messages included continued improvement in controls over Personal Health Budgets, resulting in significant savings since April 2025, delivery of targeted fraud awareness activity, and ongoing management of fraud risks and investigations.</p> <p>Overall compliance with the Counter Fraud Functional Standards remains Green, and priority areas for the 2026/27 work plan were outlined for committee consideration.</p>
Committee assured/ decision	The committee were assured of the NWL ICB local Counter Fraud Progress Report 2025/26.
Follow-on work	
Recommendation to Board	To note

Item	WNL Policies:
Summary of item	<p>A number of key policies were required to be in place by 'day one' of West and North London ICB to safely and effectively operate. Conflicts of Interest; Fraud & Bribery and Freedom to Speak Up are prioritised policies that require approval by the Audit & Risk Committee of both NWL and NCL ICBs.</p> <p>These policies have been created using a 'best of both' approach from the existing policies in place for NWL and NCL ICBs. The Fraud & Bribery Policy has been reviewed by the RSM fraud team. Advance approval of these key policies mitigates the risk associated with West and North London operating without robust guidance and processes in place.</p> <p>There are two other West and North London policies that are due to be submitted to the Committee for approval but are not yet ready:</p> <ul style="list-style-type: none"> • Sponsorship and Joint Working with the Pharmaceutical Industry • IG Incident Management Policy

	These will be circulated for approval via e-governance mid-March 2026.
Committee assured/ decision	The Committee approved the following policies that will be adopted on 1 April 2026 by West and North London ICB Board: <ul style="list-style-type: none"> • Conflicts of Interest • Fraud & Bribery • Freedom to Speak Up
Follow-on work	Sponsorship and Joint Working with the Pharmaceutical Industry and IG Incident Management Policies would be circulated for approval via e-governance mid-March 2026.
Recommendation to Board	To adopt and endorse

Item	Review of losses and special payments (incl. Single Tender Waivers)
Summary of item	One loss was report in relation to a historical NHS block service and five breaches of the ICB procurement policy noted in the report since the last Audit & Risk Committee and details were given in the report.
Committee assured/ decision	The Committee were assured of the review of losses and special payments process.
Follow-on work	
Recommendation to Board	To note

Item	Data Security & Protection Toolkit (Corporate) Update and Data Protection Policies
Summary of item	The NWL ICB Audit & Risk Committee were updated on progress for the Data Security & Protection Toolkit (DSPT) 25/26: <ul style="list-style-type: none"> • Fieldwork has commenced as of W/C 16/02/2026. • Stakeholders have submitted all evidence items for all audited contributing outcomes. • DSPT submission is due end of March 2026. <p>The intention was to achieve 'Standards Met', as per all other previous years. It was noted that monthly reports were presented at the monthly NWL ICB IG Committee (chaired by the Caldicott Guardian and Chief Clinical Information Officer).</p> <p>Subject Access Request Policy and IG and IT Security Incident Data Protection Policies were tabled for alignment across NWL and NCL</p>

Committee assured/ decision	The Committee were assured of the Data Security & Protection Toolkit (Corporate) Update and the Two Data Protection Policies.
Follow-on work	Continue to work on the Data Security & Protection Toolkit (Corporate).
Recommendation to Board	To note

Present – Members

Name	Role/ organisation
Simon Perry	Chair and Non-Executive Member, NHS NW London
Anita Charlesworth	Non-Executive Member

Present - Attendees

Name	Role/ organisation
Mike Bell (MB)	Chair, NHS NW London and NC London
Katie Fisher (KF)	Chief Executive, NHS NW London and NC London
Steve Bloomer (SBlo)	Chief Finance Officer, NHS NW London and NC London
SarahLouise Morgan (SLM)	Chief People Officer, NHS NW London and NC London
Manpareet Hothi (MH)	Deputy Chief Finance Officer, NHS NW London
Alex Stiles (AS)	Director of Finance – Reporting, NHS NW London
Mandip Riyat (MR)	Head of Financial Control NHS NW London
Nick Atkinson (NA)	Internal Auditor, RSM
Matt Wilson (MW)	LCFS, RSM
Jonathan Gooding (JG)	Deloitte
Nick Jepps (NJ)	Deloitte
Martyn Schofield (MS)	Company Secretary, NHS NW London
Josie Onianwa (JO)	Governance Manager, NHS NW London
Mansour Faez (MF)	Head of Data Protection and Data Protection Officer

Apologies

Name	Role/ organisation
Mike Bell (MB)	Chair, NHS NW London and NC London

NHS NC London and NHS NW London

Board Meeting in Common

24 March 2026

Report Title	NC London Audit Committee Assurance Report	Date of report	04 March 2026	Agenda Item	3.5
Lead Director / Manager	Stephen Bloomer, Chief Finance Officer / Sarah Morgan, Chief People Officer	Email / Tel		stephen.bloomer@nhs.net sarahlouise.morgan@nhs.net	
Board Member Sponsors	Simon Perry, Non-Executive Member and Chair, NC London Audit Committee and NW London Audit Committee				
ICB	This paper applies to NC London ICB				
Report Author	Andrew Tillbrook Board Secretary, NC London ICB	Email / Tel		andrew.tillbrook@nhs.net	
Name of Authorising Finance Lead	Not applicable.	Summary of Financial Implications Not applicable.			
Recommendation	The NCL and NWL ICB Boards are asked to NOTE the NC London Audit Committee Assurance Report				
Report summary	<p>The Chair's Assurance Report provides a summary of the key outcomes from the meeting of the NC London Audit Committee on 27 January 2026.</p> <p>It captures items that were approved, noted, or assured 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>				
Identified risks and risk management actions	NC London Audit Committee Assurance Report reviews the risks assigned to them for oversight at each Committee meeting.				
Conflicts of interest	Conflicts of interest are managed at NC London Audit Committee meetings in accordance with NC London ICB's Conflict of Interest Policy.				
Resource implications	Where applicable, potential resource implications are considered for each item.				
Engagement	Where applicable, engagement implications are considered for each item.				
Equality impact analysis	Where applicable, an Equality Impact Analysis is undertaken for each item.				



North Central London
Integrated Care Board



North West London

Report history and key decisions	This assurance report summarises the discussions at the meeting of the NC London Audit Committee on 27 January 2026.
Next steps	The final meeting of this Committee took place on 24 March 2026. Future meetings to manage audit and risk will be overseen by a new committee, post-merger from 1 April 2026
Appendices	

Audit Committee
Chair's Assurance
Report

27 January 2026

Chair: Simon
Perry



North Central London
Integrated Care Board

Item 2	Risk Management Update
Summary of item	<p>The risk report presented set out a series of elements:</p> <ul style="list-style-type: none"> • Development of Risk Management – for the new ICB; • Horizon Scanning - which focussed on emerging risks; • Risk Assurance, highlighting key risk movements on the risk registers of the Board of Members and its committees since the last Audit Committee meeting; • Key Risk Snapshot, which provided a high-level overview of the ICB's key risks that are overseen by the ICB's Board of Members and its committees; • Highest Strategic Risks. This section set out the BAF report that went to the previous Board of Member meeting. <p>The Committee considered the above matters, noting the completion of the first combined Board Assurance Framework (NCL and NWL), the transfer of risks to new Executive Leads, and development of a single approach for the merged ICB. The area of horizon scanning was discussed in depth, emphasising emerging strategic risks, notably weight loss drugs and youth unemployment, with implications for commissioning, CAMHS demand, and system leadership. The Committee stressed the need for forward looking strategic risk oversight as the ICB's responsibilities evolve, especially with the expected role for the ICB to manage the reduce economic inactivity across its patch.</p>
Committee assured/decision	Noted: the report and the assurance taken from management of the current and emerging risks, including those identified through horizon scanning.
Follow-on work	None recorded.
Recommendation to Board	To Note and to note the BAF report.

Item 3	External Audit - Audit plan and strategy for the year ending 31 March 2026
Summary of item	<p>The Committee was apprised of the auditors planning and risk assessment, with regard to the 2025/26 Statutory Audit setting out the approach to:</p> <ul style="list-style-type: none"> • Materiality (noting increased materiality thresholds and revised NAO misstatement thresholds) • Audit risks which included fraud, override of controls, migration and system implementation to the new finance system ISFE2, the ICB as a going concern as part of the merger of two ICBs and delegation of specialised commissioning from NHS England to ICBs • Value for Money assessment

Audit Committee
Chair's Assurance
Report

27 January 2026

Chair: Simon
Perry



North Central London
Integrated Care Board

	<p>In addition, the Committee noted the:</p> <ul style="list-style-type: none"> • Internal compliance process over the mental health investment standard expenditure for the year to 31 March 2025 would be completed before the deadline of 17 April 2026 • Planning activities for our 2025/26 financial statements audit work • Auditors' independence and Audit fees. <p>The Committee discussed and agreed that whilst there were potential risks in merging two organisations (as would be the case in any sector), this exercise was largely orchestrated by NHS England.</p> <p>Timelines for submission and approval of the Annual Report and Accounts were highlighted, reinforcing the importance of audit committee oversight during transition.</p>
Committee assured/decision	Noted: the audit plan, criteria, and auditor rationale, with scrutiny of how these applied to NCL ICB
Follow-on work	None recorded
Recommendation to Board	To note

Item 4.1	Internal Audit - Progress Report
Summary of item	<p>The Committee received assurance on internal audit delivery, about remaining audit areas prior to year end, namely:</p> <ul style="list-style-type: none"> • Key financial systems, • Prescribing, • Digital maturity, • Data protection and security toolkit and • Governance. <p>These reports were expected to be presented to the next meeting of this Committee in March which would complete the internal audit plan for the year.</p>
Committee assured/decision	Assurance that work would be completed before 31 March 2026.
Follow-on work	None
Recommendation to Board	To note

Item 4.1a	Internal Audit - Continuing Health Care and Complex Care
------------------	--

Audit Committee
Chair's Assurance
Report

27 January 2026

Chair: Simon
Perry



North Central London
Integrated Care Board

Summary of item	<p>Overall, the ICB has made vast progress since the prior audit completed by the predecessor internal auditor which concluded Nil Assurance. A CHC Improvement Plan was implemented to streamline processes and address the root causes behind delays to the assessment process and significant steps have been taken to improve the design of controls in place. Detailed Cost Improvements Plans have been established against which the delivery of savings and efficiencies are monitored. Governance is established with thorough documentation in place relating to the oversight of CHC activities.</p> <p>While significant progress was acknowledged (with a new operating model, better documented processes, improved governance), material concerns remained regarding delays against the 28-day assessment target, reliance on manual processes, variable local authority performance, and weaknesses in historic contracting arrangements. Digitisation and streamlining processes were being adopted to increase service efficiencies. The Committee emphasised the importance of embedding learning to inform merger-related decisions and future outsourcing, while recognising that the ICB would have continuing accountability until legislative change, likely to be October 2027.</p>
Committee assured/decision	Noted: The Internal Audit Progress Report and the CHC and Complex Care Report. Assurance was provided with the continuing drive to improve targets residual risks and variable challenges across boroughs.
Follow-on work	Governance, Risk and Legal Services Team to support the CHC Team (training and peer support) to strengthen risk descriptions and actions in relevant risk registers
Recommendation to Board	To note

Item 4.2	Internal Audit - Local Counter Fraud Specialist (LCFS): progress report.
Summary of item	The Committee reviewed the counter fraud update, noting the evolving fraud risk environment during organisational merger, completion of the fraud and bribery framework review, resolution of most overdue actions, and steady progress in referral cases set out in the summary report.
Committee assured/decision	Noted: the contents of the report and assurance regarding fraud and bribery controls in support of the merger. This provided assurance that fraud risks were being actively managed during a period of structural change.
Follow-on work	None recorded.

Audit Committee
Chair's Assurance
Report

27 January 2026

Chair: Simon
Perry



North Central London
Integrated Care Board

Recommendation to Board	To note
--------------------------------	---------

Item 5.1	Internal and External Controls – Draft NHS West and North London ICB Constitution
Summary of item	The Committee reviewed the draft Constitution ahead of the Board meeting, noting its alignment with the national model, incorporating the best practice from both ICBs, whilst anticipating future revisions after expected changes to the legislation in October 2027. The discussion focused on public involvement, conflicts of interest, and clarity of system roles in the new operating model, underscoring the Committee's role in strengthening constitutional governance ahead of merger.
Committee assured/decision	Noted: The Draft Constitution and endorsed it to the Board meeting on 28 January 2026.
Follow-on work	Action AUD145: Matt Elmer / Sarah Morgan to ensure the PWC Governance Advisory Review addresses management of conflicts of interest at Board and Committee level in the new ICB.
Recommendation to Board	

Item 5.2	Internal and External Controls – IFSE2 implementation progress on roll out 01/10/25
Summary of item	The Committee received an oral update on the implementation of the new financial system, noting the continuing challenges of achieving financial reconciliations, ongoing reliance on manual controls and unresolved system issues, as well as managing capacity pressures associated with the ICB's own reorganisation and merger with NWL ICB.
Committee assured/decision	Noted: the update and assurances on maintaining financial system integrity during transition. The Committee acknowledged the heightened year end risk, but assurance was provided that mitigations were in place to ensure financial integrity.
Follow-on work	None recorded
Recommendation to Board	

Item 5.3	Internal and External Controls – Emergency Planning Assurance – Annual Report
Summary of item	The Committee reviewed the annual assurance EPRR, noting full compliance for the first time, strong trust level compliance, key system risks (cyber, infectious disease, extreme weather,

Audit Committee Chair's Assurance Report

27 January 2026

**Chair: Simon
Perry**



North Central London
Integrated Care Board

	industrial action), and preparedness for expanded responsibilities post-merger. The Committee commended the team and took assurance from the robustness of arrangements
Committee assured/decision	Noted: The Annual Report and assured by the full compliance rating and cross-ICB support arrangements
Follow-on work	None recorded
Recommendation to Board	To Note

Attendance

Simon Perry	NWL / NCL ICB Board Member, Non-Executive Member (and Committee Chair)
Liz Sayce	NCL ICB Board Member, Non-Executive Member
Dr Simon Caplan	NCL ICB Board Member, Primary Care Representative
Stephen Bloomer	NCL / NWL ICB Board Member, Chief Finance Officer
Sarah Morgan	NCL / NWL ICB Chief People Officer
Becky Booker	NCL ICB Director of Financial Management
Richard Dale	NCL / NWL ICB, Chief Strategy Officer
Helena Ndlovu	NCL ICB Deputy Director of Financial Management
Andrew Spicer	NCL ICB Assistant Director of Governance, Risk and Legal Services
Lynsey Robertson	NCL ICB Deputy Director Complex Care – Strategic Commissioning
Claudia Hobden	NCL ICB Assistant Director of Complex Care - Professional Lead CHC
Karl Thompson	NCL ICB Director of Business Services
Nathan Welch	NCL ICB Head of EPRR
Christopher Hanson	NCL ICB Deputy Head of Governance, Risk and Legal Services
Jessica Hargreaves	Director and Engagement Lead (KPMG)
Susan McNally	Director, Internal Audit (PWC)
Matthew Elmer	Senior Internal Audit Manager (PWC)
Matt Wilson	Associate Director (RSM)
Kirsty Clarke	Assistant Manager (RSM)
Andrew Tillbrook	NCL ICB Board Secretary



NHS NC London and NHS NW London

Board Meeting in Common

24 March 2026

Report Title	NCL/NWL Remuneration Committee in Common assurance report	Date of report	19 Feb 2026	Agenda Item	3.6
Lead Director / Manager	Sarah Morgan, Chief People Officer, NCL ICB and NWL ICB	Email / Tel		sarahlouise.morgan@nhs.net	
Board Member Sponsor	Liz Sayce, Non-Executive Member and Chair of NCL/NWL Remuneration Committee in Common Anita Charlesworth, Non-Executive Member and Chair of NWL People & Remuneration Committee				
ICB	Both				
Report Author	Martyn Schofield Company Secretary NW London ICB	Email / Tel		martyn.schofield1@nhs.net	
Name of Authorising Finance Lead	Not applicable.	Summary of Financial Implications Voluntary redundancy costs were included in the report to the Committee.			
Recommendation	The NCL and NWL ICB Boards are asked to NOTE the NCL/NWL Remuneration Committee in Common report.				
Report summary	The Chair's Assurance Report provides a summary of the key outcomes from the meetings held on 20 October 2025, 31 October 2025, 1 December 2025 and 19 February 2026.				
Identified risks and risk management actions	As identified in the report.				
Conflicts of interest	The conflicts of interest were managed in accordance with both NCL and NWL ICBs Conflict of Interest Policies. No staff member with a direct pecuniary interest in VSM pay was in attendance for discussion on those items.				
Resource implications	Where applicable, potential resource implications were considered for each item presented. The Deputy Chief Finance Officer was in attendance for discussion on the potential costs of voluntary redundancies.				
Engagement	Where applicable, engagement implications were considered for each item presented.				
Equality impact analysis	Where applicable, an Equality Impact Analysis was undertaken for each item presented.				



North Central London
Integrated Care Board



North West London

Report history and key decisions	As detailed in the report.
Next steps	Next steps and follow on work are set out in the report.
Appendices	N/A

NCL/NWL
Remuneration
Committee in
Common Assurance
Report

Chair:
Liz Sayce

20 October 2025 – NWL People & Remuneration Committee only

20 October 2025 – NWL People & Remuneration Committee only	
Item	Compulsory Redundancy Cases
Summary of item	Outline of how the Executive Director consultation was undertaken and the outcome of the recruitment for a Joint Executive Team for NCL/NWL ICBs who will become the WNL Executive Team.
Committee decision	Approval of compulsory redundancy cases for submission to NHS England.
Follow-on work	Submit the redundancy cases to NHS England.
Recommendation to Board	To note.

31 October 2025 – NWL People & Remuneration Committee only

31 October 2025 – NWL People & Remuneration Committee only	
Item	VSM Pay Framework/VSM Pay Governance/VSM Pay Increase 2025/26
Summary of items	Overview of the VSM pay framework and the pay award process and the need to address legacy contractual issues. The purpose of the report was to ensure compliance, transparency and consistency across the executive pay arrangements.
Committee decision	Agreed the VSM pay framework and pay uplift for the eligible staff.
Follow-on work	N/A
Recommendation to Board	To note.

31 October 2025

31 October 2025	
Item	Joint Executive Management Team Remuneration
Summary of item	Detailed the proposed remuneration structure for the newly merged Executive Team, the rationale for the salary uplifts and the application of the NHS England VSM Pay Framework.
Committee decision	Endorsed the proposed remuneration of the appointed Executive Directors for submission to NHS England for approval.
Follow-on work	Submit the business cases to NHS England.
Recommendation to Board	To note.

NCL/NWL
Remuneration
Committee in
Common Assurance
Report

Chair:
Liz Sayce

1 December 2025	
Item	On-call policy and remuneration Pay protection policy
Summary of items	Harmonisation of the on-call and pay protection policies to ensure both NCL and NWL ICBs were following the same processes and agreements.
Committee decision	Approved the policies.
Follow-on work	The costs associated with both policies to be monitored and the pay protection policy to be reviewed within the first year of West and North London ICB.
Recommendation to Board	To note.

Item	Accommodation and high cost supplement
Summary of item	Recommendation to follow the NHS England stipulation of two days a week on site. The accommodation at Marylebone Road was being reconfigured and there was not enough desk space to accommodate all current staff. The 'end state' structures and staff numbers were anticipated to be finalised Q3 2026.
Committee decision	Noted the approach to work bases and the application of the high cost supplements to roles in the new structure.
Follow-on work	To review the hybrid working arrangements at the earliest opportunity in the new ICB with an emphasis that on-site working promoted team cohesion and a move towards 3 days a week on site.
Recommendation to Board	To note.

Item	Voluntary Redundancy Scheme Overview of proposed staffing impact and redundancy financial implications
Summary of item	Overview on the changes to the mandated policy and an outline on the funding available for the required redundancies.
Committee decision	Approved the implementation of a voluntary redundancy scheme to run alongside the formal consultation with staff. Approved the high-level potential redundancy financial implications.
Follow-on work	To report to Transition Committee detailed financial plans on how WNL would meet its £19.41 target.

NCL/NWL
Remuneration
Committee in
Common Assurance
Report

Chair:
Liz Sayce

Recommendation to Board	To note.
--------------------------------	----------

19 February 2026	
Item	Voluntary Redundancy Costs
Summary of item	Overview of the process that had allowed staff to make an informed decision on whether to apply for voluntary redundancy. Details on the process for approving or rejecting redundancy requests and costs of the approved redundancies. Assurance sought on the equality impact outcomes.
Committee decision	Approved the redundancy costs.
Follow-on work	Final exit payments to be submitted to a future Remuneration Committee for approval before submission to NHS England.
Recommendation to Board	To note.

Members

Name	Role/ organisation
Liz Sayce	Chair of NCL/NWL Remuneration Committee in Common Non-executive member NHS NCL
Anita Charlesworth	Non-executive member NHS NWL and NCL
Simon Perry	Non-executive member NHS NWL and NCL

In attendance (as required and dependent upon the conflicts of interest for each meeting)

Name	Role/ organisation
Katie Fisher	Interim Joint Chief Executive
Sarah Morgan	Joint Chief People Officer
Manpareet Hothi	Deputy Chief Finance Officer NWL
Darshna Pankhani	Director of People, NCL
Martyn Schofield	Company Secretary, NWL



NHS NC London and NHS NW London

Board Meeting in Common

24 March 2026

Report Title	NCL ICS People Board Committee Assurance Report	Date of report	9 March 2026	Agenda Item	3.7
Lead Director / Manager	Sarah Morgan, Chief People Officer, NCL ICB and NWL ICB	Email / Tel		sarahlouise.morgan@nhs.net	
Board Member Sponsor	Liz Sayce, Non-Executive Member and Chair of NCL ICS People Board				
ICB	NC London ICB				
Report Author	Vivienne Ahmad Board Secretary, NCL ICB	Email / Tel		v.ahmad@nhs.net	
Name of Authorising Finance Lead	Not applicable.	Summary of Financial Implications Not applicable.			
Recommendation	The NCL and NWL ICB Boards are asked to NOTE the NCL ICS People Board Committee Assurance Report.				
Report summary	<p>The Chair’s Assurance Report provides a summary of the key outcomes from the NCL ICB People Board meetings held on 17 November 2025 and 23 February 2026.</p> <p>It captures items that were approved or noted by the People Board 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>				
Identified risks and risk management actions	The NCL ICB People Board review the risks assigned to them for oversight at each meeting.				
Conflicts of interest	Conflicts of interest are managed in accordance with NCL ICB’s Conflict of Interest Policy.				
Resource implications	Where applicable, potential resource implications are considered for each item presented to the People Board.				
Engagement	Where applicable, engagement implications are considered for each item presented to the People Board.				
Equality impact analysis	Where applicable, an Equality Impact Analysis is undertaken for each item presented to the People Board.				



Report history and key decisions	This report summarises the discussions at the meetings of the NCL ICB People Board on 17 November 2025 and 23 February 2026.
Next steps	Not applicable.
Appendices	<ul style="list-style-type: none">• Summary of the meeting of the NCL ICS People Board meeting on 17 November 2025• Summary of the meeting of the NCL ICS People Board meeting on 23 February 2026

Item	Chief People Officer's (CPO) Report
Summary of item	<p>The People Board was provided with an overview of the following:</p> <ul style="list-style-type: none"> • Navigating Change – national reform and local impact. • Key achievements against the objectives within the People Strategy with updates on (i) Workforce Supply (ii) Workforce Development and (iii) Workforce Transformation.
Committee assured/decision	The People Board noted report.
Follow-on work	The CPO report is presented at each People Board meeting to support tracking of progress and to highlight learning.
Recommendation to Board	To note.

Item	System Workforce Risk Register
Summary of item	<p>The original risk, regarding not having sufficient workforce to maintain sustainable health and care delivery started as for mental health and community staff but was expanded to all staff. This was mitigated through the development and execution of the NCL People Strategy, which focussed on the identified shortfall of 17,000 staff by 2028 should the care model stay the same and focussed on the pillars of workforce supply, development and transformation.</p> <p>It was agreed that as the role of the ICB pivots to becoming a strategic commissioner, this risk was no longer the ICS risk but would move to individual Trusts to manage within their own risk registers.</p> <p>The risk of the potential of losing the ICB's strategic workforce function was discussed, acknowledging that the NCL workforce team had provided essential system-wide coordination, oversight, and relationships with chief people officers. It was noted that losing this capability could weaken NCL's strong culture of collaboration.</p>
Committee assured/decision	The People Board noted the report.
Follow-on work	<ul style="list-style-type: none"> • To continue to manage risks in a robust way. • To continue the development of the ICB's approach to system risk management.
Recommendation to Board	To note.

Item	Adult Social Care
Summary of item	The paper outlined policy updates, presented the key outcomes of the Skills for Care data set launched in October 2025, and provided an overview of the academy's achievements. It also described the work that had been delivered in the Adult Social Care leadership space through the My Home Life programme.
Committee assured/decision	The People Board noted the paper.
Follow-on work	Not applicable.
Recommendation to Board	To note.

Item	NCL ICS EDI Workforce Framework 2025 - 2028
Summary of item	The EDI Workforce Framework, previously agreed by the Board, was developed through an NCL- wide EDI network with system partners, identifying five core themes: inclusive employment, workforce equity through commissioning, workforce wellbeing, inclusive leadership, and a shared NCL culture. It is adaptable for providers of all sizes, aligns with national and system priorities, supports commissioning and procurement. Risks from system changes were noted, and ongoing cross-system collaboration is required.
Committee assured/decision	The People Board approved the NCL ICS EDI Workforce Framework (2025–2028) for system-wide adoption and endorsed shared governance and monitoring arrangements, with delivery and impact to be tracked through the NCL People Board or any future agreed 'People' governance structure via the KPIs Dashboard.
Follow-on work	Following the People Board approval: <ul style="list-style-type: none"> • Launch the Framework across system partners and publish an accessible summary version. • Maintain governance and performance monitoring through the People Board and EDI Network. • Integrate Framework metrics within the Workforce KPI Dashboard and annual People Strategy reporting cycle.
Recommendation to Board	To note.

Item	Workforce Metrics Dashboard
Summary of item	<p>The paper provided a mid-year update on the NCL Workforce KPI Dashboard, showing progress against Year 2–3 priorities. It reported falling vacancy and turnover rates, continued high sickness absence, modest NEET improvements, and ongoing but uneven WRES/WDES progress. It emphasised shared measurement for system-wide accountability and noted continued engagement through system boards and the joint NCL–NWL People Board session.</p> <p>As NCL prepares to merge with NWL ICB, it highlights the need for refreshed assurance measures, while confirming the KPI framework remains essential for alignment and evidence-based decision-making.</p>
Committee assured/decision	The People Board noted the paper.
Follow-on work	The next phase focuses on sustaining momentum, strengthening data maturity, and embedding the Workforce KPI Dashboard as a core assurance tool. Planned actions include continuing KPI monitoring until the post-merger framework is implemented, strengthening alignment with the EDI Framework to address inequalities, and refreshing metrics in early 2026 following the publication of new data.
Recommendation to Board	To note.

Item	Skills and Apprenticeship Levy Policy Changes
Summary of item	<p>Recent government policy changes are shaping apprenticeship planning across the Trusts, with funding for five priority clinical and public health roles secured until 2029 while several other pathways face defunding.</p> <p>These shifts raise concerns about reduced access to leadership apprenticeships for minority groups, though increased focus on entry-level routes may broaden opportunities system-wide.</p> <p>To support workforce development, system initiatives continue to expand, including incentives for foundation apprenticeships, growth in T-level placements supported by the new NCL Industry Placement Coordinator role, and greater use of short-term courses and levelling programmes to strengthen progression pathways</p>
Committee assured/decision	The People Board noted the paper.
Follow-on work	Not applicable.
Recommendation to Board	To note.

Item	NCL Training Hub – Strategic Priorities
Summary of item	<p>The Training Hub, now in year four of its five-year contract, operates as a single NCL team across the five boroughs with a clear strategic focus on workforce development, general practice transformation, cross-sector partnership working and local innovation.</p> <p>Funding priorities centre on strengthening general practice, expanding skills training, building practice management capacity, supporting non-professional leadership development and enabling innovation.</p> <p>The Hub is increasingly aligned with wider workforce planning and the London neighbourhood model, with opportunities over the next 3–18 months to support neighbourhood teams through organisational development, shared learning, collaboration and immersive activities.</p>
Committee assured/decision	The People Board noted the paper.
Follow-on work	Ongoing alignment via monthly review meetings with ICB People & Culture and CMO & Place representatives alongside quarterly People Board & 6-weekly London Primary Care School Board.
Recommendation to Board	To note.

Item	Exploring the impacts of ICB commissioning on VCSE Workforce
Summary of item	<p>The VCSE sector continues to face pressures from short-term contracts, inconsistent funding and limited ability to match NHS pay, alongside challenges evidencing social value and managing variable infrastructure. Despite this, strong foundations are in place through established alliances, programmes and innovative commissioning models that support workforce development and collaboration. Opportunities now centre on streamlining commissioning, improving transparency, creating sustainable costing models and embedding VCSE roles within emerging neighbourhood and strategic frameworks. Continued engagement through the VCSE alliance is planned, with People Board endorsement sought to maintain momentum amid expected multi-year delivery.</p>
Committee assured/decision	The People Board approved the paper.
Follow-on work	Next steps will need to be carefully phased to align with the organisational change process, while maintaining flexibility to

	adapt as neighbourhoods, integrators and wider NHS reforms evolve. It is recommended that progress be reviewed in 18–24 months to assess improvements and identify further development opportunities.
Recommendation to Board	To note.

Item	Accelerating the Change: People Strategy Annual Progress Review 2024/25
Summary of item	Last year's annual review was finalised in a graphic-designed format and was ready for publication. Contributors were encouraged to share it as appropriate.
Committee assured/decision	The People Board noted the paper.
Follow-on work	Not applicable.
Recommendation to Board	To note.

Item	Joint People Board seminar papers on Health and Work with NWL and NCL held on 26 September 2025
Summary of item	<p>The joint People Board seminar on 26 September 2025 reaffirmed the importance of focusing on young people who are not in education, employment, or training (NEET).</p> <p>The proposal presented aligns with government priorities, including concerns about increasing autism and ADHD diagnoses and long waiting times, and will be further developed for NWL/NCL consideration.</p> <p>Members expressed broad support and recognised the long-term value of early intervention, while emphasising the need to define priorities carefully given competing demands across age groups. Further detailed work will be brought back for review</p>
Committee assured/decision	The People Board noted the paper and agreed the commitment to the NEET priority as part of the next steps for the work and health agenda.
Follow-on work	Following consideration by NCL and NWL People Boards and if approved, the recommendations will be shaped into a work programme.
Recommendation to Board	To note.

People Board Chair's Assurance Report

17 November 2025

Chair: Liz Sayce



North Central London
Integrated Care Board

Present – Members

Name	Role/organisation
Liz Sayce	Non - Executive Member & Committee Chair, NCL ICB
Sarah Louise Morgan	Chief People Officer & Executive Lead for the Committee, NCL ICB
Jenny Goodridge	Interim Chief Nursing Officer, NCL ICB
Laura Bevan	Chief People Officer at the Royal National Orthopaedic Hospital
Julie Hamilton	Chief Nurse, Royal Free London
Louise Coughlan	Chief Pharmacist, NCL ICB
Dr Sinead Mehigan	Interim Dean of Faculty – HSCE, Middlesex University
Michael Fox	Executive Lead, NCL Training Hubs
Chris Lehmann	Director of Adult Social Care Strategy & Commissioning, Camden Council
Sue Ann Nnamani	Co-Chair of NCL Care Leaders Forum
Marion Phillips	Service Manager - Universal Employment support, Islington Council
Kate Gibbs	Head of Inclusive Economy, Camden Council
Geoffrey Ocen	Chief Executive, Bridge Renewal Trust and representative of the VCSE Alliance
Ben Coleman	Locality Manager (London and South East) Skills for Care
Silvio Giannotta	Head of Workforce Planning, Transformation and Insights, NHS England (deputised for Ruth Barton – Anderson)
Fiona Yung	Divisional Manager, UCLH and co-chair of the AHP Council
Natoya Mamby	Head of System Workforce Supply
Catherine Sills	Workwell Learning & Change Manager, NCL

Item	Chief People Officer's (CPO) Report
Summary of item	The report provided a final three-year overview of delivery against the NCL People Strategy ahead of the transition to the West and North London ICB, highlighting key achievements, governance strengths, merger-related risks and opportunities, and the proposed future priority focus on young people and those Not in Education, Employment or Training (NEET).
Committee assured/decision	<p>The People Board noted:</p> <ul style="list-style-type: none"> the report including progress against the NCL ICS People Strategy and key transition considerations ahead of the merger into the West and North London ICB on 1 April 2026. the submission of the 2026–2029 Medium-Term Workforce Planning return, completed through internal governance and signed off by the Chair and Executive Leads.
Follow-on work	<p>The CPO report is presented at each People Board meeting to support tracking of progress and to highlight learning.</p> <p>It was agreed the priority of supporting young people not in education, employment or training (NEET) would be taken forward into the WNL ICB people priorities.</p>
Recommendation to Board	To note.

Item	System Workforce Risk Register
Summary of item	<p>The People Board reviewed the System Workforce Risk Register, focusing on the open risk linked to the transition to the new ICB.</p> <p>The original community and mental health workforce risk has expanded into a wider system concern about capacity to meet rising demand. Although interventions are in place, the People Board agreed the current risk should close ahead of the transition, with future risks reframed to reflect the new strategic commissioning role.</p> <p>As risk appetite work has not yet been completed, the risk will transfer into the wider ICB process for the new organisation to determine updated workforce risks.</p>
Committee assured/decision	The People Board agreed to close the risk and noted the report.

Follow-on work	<ul style="list-style-type: none"> To continue to manage risks in a robust way. To continue the development of the ICB's approach to system risk management.
Recommendation to Board	Agreed to close the risk and noted.

Item	Accelerating the Change & Transforming our Workforce: People Strategy Annual Review 2025/26
Summary of item	<p>The report provided a final Year 3 overview of delivery against the NCL People Strategy across the phases of Accelerating the Change and Transforming our Workforce. It also confirmed the early closure of the Strategy as preparations began for the transition to the new West and North London Integrated Care System.</p> <p>This version served as the final draft for the February 2026 People Board, offering stakeholders an opportunity to review progress over the previous three years and provide feedback or reflections.</p>
Committee assured/decision	The People Board approved the publication subject to the feedback and comments.
Follow-on work	Closure of the NCL People Strategy with achievements and learning carried forwards into the West and North London ICB.
Recommendation to Board	To note.

Item	Looking ahead to West and North London ICB – Future of System Workforce
Summary of item	<p>The paper looked ahead to the transition to the West and North London ICB and set out the implications for the future system-wide workforce.</p> <p>The proposal of the new priorities regarding:</p> <p>People Partnership and Prosperity</p> <p>Were considered and discussed by the People Board members. The initial areas of focus of strategic commissioning,</p>

	neighbourhood workforce development; work and health and young people were agreed. It was noted the same proposal was to be considered by the NWL People Board on 9 March 2026
Committee assured/decision	The People Board agreed the priorities and noted the paper.
Follow-on work	Not applicable.
Recommendation to Board	To note.

Item	Work and Health Update <ul style="list-style-type: none"> • WorkWell Partnership Programme • Work and Health Strategy • Fit Note Pilot • Careers Hub
Summary of item	The paper looked ahead to the West and North London ICB and what this meant for the future system-wide workforce.
Committee assured/decision	The People Board noted the paper.
Follow-on work	Not applicable.
Recommendation to Board	To note.

Item	System Partner Updates <ul style="list-style-type: none"> • Education • Secondary Care • Social Care • VCSE • Primary Care
Summary of item	System partners provided brief verbal updates on the first four areas above. In addition, an update paper on primary care outlined the following:

People Board Chair's Assurance Report

23 February 2026

Chair: Liz Sayce



North Central London
Integrated Care Board

	<ul style="list-style-type: none"> • 2025/26 NCL primary care workforce position, noting modest growth supported by improved GP recruitment, lower leaver rates and continued ARRS expansion. • System Development Funding supported training and leadership development. • Survey findings were mixed, highlighting both positive engagement and concerns about inequality. • Ongoing focus is needed to strengthen neighbourhood-based models and improve workforce data. • Overall, the workforce showed adaptability and steady progress, providing a solid foundation for future neighbourhood health delivery.
Committee assured/decision	The People Board noted the verbal updates and paper.
Follow-on work	Not applicable.
Recommendation to Board	To note.

Present – Members

Name	Role/organisation
Liz Sayce	Non - Executive Member & Committee Chair, NCL ICB
Sarah Louise Morgan	Chief People Officer & Executive Lead for the Committee, NCL ICB and NWL ICB
Jennifer Roye	Chief Nurse Officer, NCL ICB & NWL ICB
Laura Bevan	Chief People Officer at the Royal National Orthopaedic Hospital
Dr Sinead Mehigan	Interim Dean of Faculty – HSCE, Middlesex University
Michael Fox	Executive Lead, NCL Training Hubs
Chris Lehmann	Director of Adult Social Care Strategy & Commissioning, Camden Council
Marion Phillips	Service Manager - Universal Employment Support, Islington Council
Kate Gibbs	Head of Inclusive Economy, Camden Council
Geoffrey Ocen	Chief Executive, Bridge Renewal Trust and representative for the VCSE Alliance

People Board Chair's Assurance Report

23 February 2026

Chair: Liz Sayce



North Central London
Integrated Care Board

Ben Coleman	Locality Manager (London and South East) Skills for Care
Ruth Barton-Anderson	Deputy Head of Workforce Transformation, NHS England – London
Fiona Yung	Divisional Manager, UCLH and co-chair of the AHP Council
Jess Partington	Head of System Workforce Transformation, NCL ICB
Natoya Mamby	Head of System Workforce Supply, NCL ICB
Catherine Sills	Workwell Learning & Change Manager, NCL ICB
Helen Rudanec	NCL Workforce Management Service Lead, UCLH

NHS NC London and NHS NW London

Board Meeting in Common

24 March 2026

Report Title	North Central London ICB Procurement Oversight Group Assurance Report	Date of report	27 February 2026	Agenda Item	3.8
Lead Director / Manager	Stephen Bloomer, Chief Finance Officer	Email / Tel		stephen.bloomer@nhs.net	
Board Member Sponsors	Stephen Bloomer, Chief Finance Officer				
ICB	This paper applies to North Central London ICB.				
Report Author	Christopher Hanson, Deputy Head of Governance, Risk and Legal Services, North Central London ICB	Email / Tel		christopher.hanson1@nhs.net	
Name of Authorising Finance Lead	Not applicable.	Summary of Financial Implications Not applicable.			
Recommendation	The NCL and NWL ICB Boards are asked to NOTE the North Central London ICB Procurement Oversight Group Assurance Report.				
Report summary	<p>The Chair's Assurance Report provides a summary of the key outcomes from the meetings of the North Central London ICB Procurement Oversight Group on 17 July 2025, 26 November 2025, and 23 February 2026.</p> <p>It captures items that were approved or noted by the Procurement Oversight Group, 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>				
Identified risks and risk management actions	The North Central London ICB Procurement Oversight Group reviews the risks assigned to them for oversight at each Committee meeting.				
Conflicts of interest	Conflicts of interest are managed at North Central London ICB Procurement Oversight Group meetings in accordance with the ICB's Conflict of Interest Policy.				
Resource implications	Where applicable, potential resource implications are considered for each item presented to the North Central London ICB Procurement Oversight Group.				

Engagement	Where applicable, engagement implications are considered for each item presented to North Central London ICB Procurement Oversight Group.
Equality impact analysis	Where applicable, an Equality Impact Analysis is undertaken for each item presented to North Central London ICB Procurement Oversight Group.
Report history and key decisions	This report summarises the discussions at the meetings of the North Central London ICB Procurement Oversight Group on 17 July 2025, 26 November 2025, and 23 February 2026.
Next steps	The final meeting of the North Central London ICB Procurement Oversight Group will be held on 17 March 2026.
Appendices	<ul style="list-style-type: none">• Summary of the meeting of the North Central London ICB Procurement Oversight Group on 17 July 2025• Summary of the meeting of the North Central London ICB Procurement Oversight Group on 17 November 2025• Summary of the meeting of the North Central London ICB Procurement Oversight Group on 23 February 2026

Procurement Oversight
Group Chair's
Assurance Report

Chair: Stephen
Bloomer



North Central London
Integrated Care Board

Procurement Oversight Group 17
July 2025

Item	Risk Register
Summary of item	The Risk Register had only 1 low-rated risk on it, associated with preparation for Provider Selection Regime ('PSR') and Procurement Act 2023 implementation. Work was underway to reframe the risk as an 'implications' risk reflecting future operational and legal exposure.
Committee assured/decision	Procurement Oversight Group ('POG') noted the risk register.
Follow-on work	None
Recommendation to Board	To note

Item	Procurement & Contracting update
Summary of item	<p>The paper contained two principal requests:</p> <p><u>PSR Representation</u></p> <p>The ICB had received PSR representations regarding the commissioning of Audiology Service for a period of 1 year in order to provide sufficient time to undertake a Competitive procurement of the service. In order to maintain the service whilst addressing the representation a contract modification was required to extend the existing contract of 1 year with a 3 months break clause.</p> <p><u>Provider Accreditation Policy</u></p> <p>Updates to strengthened accreditation tests required POG approval.</p>
Committee assured/decision	POG approved the use of urgent contract modification and approved Provider Accreditation Policy amendments.
Follow-on work	Assurances were requested to be provided to the CFO regarding legal confirmation of PSR modification route. These were subsequently provided.
Recommendation to Board	To note

Item	Training Hub procurement
Summary of item	Procurement Act 2023 Direct Award route was proposed for the procurement of a 1 year Non-clinical Training Hub contract.
Committee assured/decision	POG approved the use of Direct Award to procure the contract.

Procurement Oversight
Group Chair's
Assurance Report

Chair: Stephen
Bloomer



North Central London
Integrated Care Board

Procurement Oversight Group 17
July 2025

Follow-on work	None
Recommendation to Board	To note

Item	Camden Bridging Access Service
Summary of item	A PSR representation prevented the progressing of a Competitive procurement for the Bridging Access Service in 4 North Central London Boroughs. To ensure continuity whilst the ICB addressed the representation the current contract was to be modified to provide a 3 month extension with an option for a further 3 months.
Committee assured/decision	POG reviewed the PSR route proposed and approved its use and noted representation.
Follow-on work	None
Recommendation to Board	To note

Item	Audiology procurement plan
Summary of item	A PSR Competitive procurement of the adult Audiological services across Barnet, Camden, Enfield was proposed. The procurement of services for Haringey and Islington would have to follow disaggregation in relation to the existing provision.
Committee assured/decision	POG approved the use of the PSR Competitive procurement route for the service in Barnet, Camden, Enfield.
Follow-on work	None
Recommendation to Board	To note

Present – Members

Name	Role/organisation
Mr. Stephen Bloomer	Interim Chief Finance Officer, NCL ICB (Chair) (attending and Chair from item 2.1 onwards)
Ms. Sarah Mansuralli	Chief Strategy and Population Health Officer, NCL ICB (Chair for items 1.1 to 1.4)
Mr. Andrew Spicer	Assistant Director of Governance, Risk and Legal Services, NCL ICB (deputising for Mr. Ian Porter, Executive Director of Corporate Affairs, NCL ICB) (items 1.1 and 1.2 only)

Procurement Oversight
Group Chair's
Assurance Report

Procurement Oversight Group 17
July 2025

Chair: Stephen
Bloomer



North Central London
Integrated Care Board

Mr. Ian Porter	Executive Director of Corporate Affairs, NCL ICB (from item 1.3 onwards)
Ms. Deirdre Malone	Interim Director of Quality, NCL ICB (from item 1.3 onwards)

Item	Risk Register
Summary of item	The Risk Register had only 1 low-rated risk on it, associated with preparation for Provider Selection Regime ('PSR') and Procurement Act 2023 implementation. Work was underway to reframe the risk as an 'implications' risk reflecting future operational and legal exposure.
Committee assured/decision	The Procurement Oversight Group noted the Risk Register, but suggested the likelihood score should increase.
Follow-on work	The Risk Owner/Risk Manager should discuss with the Governance, Risk and Legal Services team to consider including raising the Current Risk Score, or adding a risk regarding successful challenges under PSR, and/or risk to maximising procurement opportunities.
Recommendation to Board	To note

Item	Procurement & Contract Renewals pipeline update
Summary of item	POG was asked to approve the renewal routes for 13 non-NHS contracts for 25/26 and 63 for 26/27. Strategic commissioning reviews were reported as largely completed (3 of the original 50 are expected to be finalised by Quarter 2), demonstrating value-for-money approach and reducing contract volume. POG received a report on the Audiology PSR representation outcome which confirmed the ICB was entitled to proceed as it had.
Committee assured/decision	POG approved the renewal routes for 2025/26 and 2026/27 contracts, and noted the remaining Strategic Commissioning Programme reviews, the Audiological service PSR representation, the transparency notices published since January 2024, and the procurement pipeline update.
Follow-on work	None
Recommendation to Board	To note

Item	Right to Chose Accreditation update
Summary of item	Proposed amendments refine the existing assessment process, including the use of HRG definitions where service specifications are absent. The paper noted the increasing Non-Contract Activity risk, and cross-system alignment work being

	conducted with NWL ICB. The rigorousness of the policy has prevented unsuitable provider entry.
Committee assured/decision	POG approved the changes to the Provider Accreditation Policy and Questionnaire, and associated guidance.
Follow-on work	None
Recommendation to Board	To note

Item	Audiology procurement – revised timeline
Summary of item	<p>Feedback from market engagement suggested mobilisation extension from 1 April to 1 July. This necessitated a 3-month extension of existing contracts.</p> <p>In addition, a new aftercare tariff was proposed to prevent a competitive distortion from historical ‘bundled’ arrangements that would unfairly favour the incumbent provider.</p>
Committee assured/decision	POG approved the updated procurement timetable, the use of an extension of 3 months to the existing contracts, and the revised aftercare tariff approach. POG also noted the National Panel outcome for the previous Audiology procurement.
Follow-on work	None
Recommendation to Board	To note

Item	Lloyd George notes digitisation procurement
Summary of item	Procurement of the final phase of digitising remaining third of practices’ ‘Lloyd George’ notes. The incumbent provider demonstrates a cost-efficient model including direct NHS England integration. A direct award was permissible under the relevant framework and capital funding was already secured.
Committee assured/decision	POG approved the procurement route for the direct award.
Follow-on work	None
Recommendation to Board	To note

Item	Pan-London Any Qualified Provider (‘AQP’) framework including a Complex Care procurement approach summary
-------------	--

Summary of item	<p>A decision on whether NCL should continue participating in the Pan-London AQP framework, with the current contract due to expire in March 2026, was required.</p> <p>Domiciliary care competitive pricing was demonstrated as delivering substantial savings, whilst the newly launched nursing home pilot showed early benefits. It would remain possible to withdraw from the nursing home pilot if results were not satisfactory.</p>
Committee assured/decision	POG approved the adoption of the AQP framework, subject to assurance given to the Chief Finance Officer ('CFO') regarding the precise details of the procurement route.
Follow-on work	Assurances were requested to be provided to the CFO regarding details of the procurement route. These were subsequently provided.
Recommendation to Board	To note

Item	Bridging Access Service revised timeline and contract extension
Summary of item	<p>A PSR representation caused a re-scoring of a Competitive procurement. Possible extensions under the existing contract had been exhausted. POG was asked to approve the use of an urgent extension needed via PSR Reg.14. An extension of 4 months was requested to facilitate the re-scoring and the progression of the matter through the ICB's Governance Framework</p>
Committee assured/decision	<p>POG noted the PSR representation, and that the proposed contract extension can be funded from within existing budgets, and agreed the use of the PSR Urgent Modification for an extension of 2 months to the existing contract.</p> <p>POG did not agree the requested 4 months' extension on the basis that the need was not entirely unforeseeable, and noted the need to permit only minimal extensions in order to defend the ICB from further challenge.</p>
Follow-on work	A previously cancelled Primary Care Committee meeting was to be re-arranged to facilitate the paper passing through the ICB's Governance Framework. This was subsequently completed.
Recommendation to Board	To note

Item	Community Dental Service ('CDS') Contract
-------------	--

Procurement Oversight
Group Chair's
Assurance Report

26 November 2025

Chair: Stephen
Bloomer



North Central London
Integrated Care Board

Summary of item	A London-wide commissioned CDS service was due to expire 2027. POG was asked for permission to utilise PSR Direct Award C for a 3+2-year contract. This arrangement would offer good value, continuity, and alignment with NWL ICB, while avoiding competitive procurement trigger.
Committee assured/decision	POG approved the use of PSR Direct Award C route for a 3+2 years contract and noted the intention to align the NWL and NCL contracts in one contract via a permitted contract variation, once awarded.
Follow-on work	None
Recommendation to Board	To note

Present – Members

Name	Role/organisation
Mr. Stephen Bloomer	Chief Finance Officer, NCL ICB (Chair)
Mr. Mark Eaton	Director of Strategic & Delegated Commissioning, NCL ICB (deputising for Ms. Sarah McDonnell-Davies Chief Transformation Officer, NCL ICB)
Ms. Sarah Morgan	Chief People Officer
Ms. Deirdre Malone	Interim Director of Quality, NCL ICB

Item	Diagnostic Capacity/Mitigation Strategy
Summary of item	<p>The use of Provider Selection Regime ('PSR') Direct Award route C was proposed for the GP Direct Access Diagnostic service contract, to begin 1 Apr 2027. Direct Award C enables continuity while maintaining flexibility via 6-month termination option.</p> <p>Camden MSK extension under the original contract was brought to the Procurement Oversight Group for noting. The contract provides a strong performance model, but KPIs, transparency and Non-Contract Activity issues require further work before possible expansion across a broader footprint. Nonetheless, £3-4 million efficiencies per borough are available through this model.</p>
Committee assured/decision	<p>POG approved the use of PSR Direct Award route C for the 3 year GP Diagnostic service contract commencing 1 April 2027.</p> <p>POG noted the renewal of the Camden Integrated MSK service for a 1+1 year contract.</p>
Follow-on work	None
Recommendation to Board	To note

Item	Community Audiology Procurement outcome
Summary of item	<p>After a full PSR Competitive procurement having been completed, a successful bidder has been identified. POG was asked to note that a contingency 3-month contract renewal for incumbents may be required if PSR Representations are received post-award.</p>
Committee assured/decision	<p>POG noted the outcome of the PSR Competitive procurement, and the proposal to use PSR Direct Award C to award a 3 months contract to the incumbent provider, should a PSR Representation be received in order to give time to address the representation.</p>
Follow-on work	None
Recommendation to Board	To note

Item	Enfield Community Services
Summary of item	<p>POG was asked to approve the use of PSR Direct Award route A for a 12 months contract to Royal Free, London due to vertical integration, its footprint, and and strong performance</p>

Procurement Oversight
Group Chair's
Assurance Report

23 February 2026

Chair: Stephen
Bloomer



North Central London
Integrated Care Board

	against its existing contract metrics. The longer-term commissioning options would be revisited in summer 2026.
Committee assured/decision	POG approved the use of PSR Direct Award A for the proposed 12 month contract with the Royal Free, London.
Follow-on work	None
Recommendation to Board	To note

Present – Members

Name	Role/organisation
Ms. Manpareet Hothi	Deputy Chief Finance Officer, North West London ICB (Chair) (deputising for Mr. Stephen Bloomer, Chief Finance Officer, NCL ICB)
Ms. Sarah McDonnell-Davies	Chief Transformation Officer, NCL ICB
Ms. Sarah Morgan	Chief People Officer, NCL ICB
Ms. Deirdre Malone	Deputy Director of Quality & Clinical Standards, NCL ICB (deputising for Ms. Jenny Goodridge, Director of Quality, NCL ICB)



North Central London
Integrated Care Board



North West London

**North Central London ICB and North West London ICB
Board of Members Meeting in Common
24th March 2026**

Report Title	Combined Board Assurance Framework ('BAF') Report	Date of report	16 th March 2026	Agenda Item	3.9
Lead Director / Manager	Sarah Morgan, Chief People Officer- NCL and NWL ICBs.	Email / Tel		Sarahlouise.morgan@nhs.net	
Board Member Sponsor	Katie Fisher, Chief Executive Officer- NCL and NWL ICBs.				
Report Author	Andrew Spicer, Assistant Director of Governance, Risk and Legal Services- NCL ICB Martyn Schofield, Company Secretary- NWL ICB	Email / Tel		andrew.spicer1@nhs.net martyn.schofield1@nhs.net	
Name of Authorising Finance Lead	Not applicable.	Summary of Financial Implications Each BAF assists the respective ICBs to manage their most significant financial risks.			
Report Summary	<p>NHS North Central London Integrated Care Board (NCL ICB) and NHS North West London Integrated Care Board (NWL ICB) are scheduled to merge and form a new organisation on 1 April 2026. Until then, they work closely together but remain separate statutory bodies and individually accountable for their respective functions.</p> <p>To support this, the following combined report presents the Board Assurance Framework ('BAF') for each ICB's Board of Members. Each BAF captures the most serious risks that have been identified as threatening the achievement of the respective ICB's strategic objectives. This is the final BAF report for each organisation prior to merger- with the next steps on organisation close down set out below.</p> <p>This report contains the following sections:</p> <ul style="list-style-type: none"> • Risk Overview. This sets out the movement of the BAF risks together with key highlights to bring to each Board's attention; • BAF Risk Overview Report. This is a strategic snapshot of each BAF risk including risk scores, strategic updates and movement over the previous four Board reports: <ul style="list-style-type: none"> ○ North Central London ('NCL') ICB's report is at Appendix 1; ○ North West London ('NWL') ICB's report is at Appendix 2; • BAF Register. This is the full BAF risk register should Board members require further detail on each risk and the risk plans to control the risks 				

(including controls, evidence of controls/assurances, gaps in controls and actions);

- The full version of the NCL ICB BAF risk register is here:
<https://nclhealthandcare.org.uk/wp-content/uploads/2026/03/Appendix-3-NCL-ICB-BAF-risks-March-2026-v0.1.xlsx>
- The full version of the NWL ICB BAF risk register is here:
<https://nclhealthandcare.org.uk/wp-content/uploads/2026/03/Appendix-4-NWL-BAF-March-2026-v0.2.docx>

North Central London ICB Risk Overview

There are 4 risks on the BAF:

- 3 are system risks (COMM32, PERF34 and COMM22);
- 1 is an ICB only risks (CS26)
- All of the risks are below the BAF threshold but included for information.

One risk has decreased:

- COMM32- Failure to provide adequate Child and Adolescent Mental Health Services ('CAMHS') (Threat): This risk has reduced from 16 to 12 due to the work being undertaken to establish a Community Children and Young People's Mental Health ('CYPMH') provider collaborative in North Central London and the completion of the strategic commissioning programme on the VCSE CAMHS contracts held by the ICB.

North West London ICB Risk Overview

There are 9 risks on the BAF:

- 3 are system risks (BAF4, BAF5 and BAF7)
- 6 are ICB only risks (BAF1, BAF2, BAF3, BAF6, BAF8 and BAF9);

Four risks have decreased- with all other current risk scores remaining the same:

- BAF5: This risk has reduced from 20 to 15 as the ICB reached a breakeven position at year end. However, the risk has now shifted to Financial Year 26-27- where a breakeven position is forecast but with risk;
- BAF7: This risk has reduced from 12 to 8 due to strengthened working with providers and embedding quality impact and equality health impact assessment processes;
- BAF1: This risk has reduced from 16 to 12 due to additional work undertaken to ensure staff are supported and that the final staff structures are appropriate;
- BAF6: This risk has reduced from 12 to 8 due to extensive work being undertaken to ensure appropriate corporate governance and risk managements are in place for the new ICB from 1st April 2026 to effect a 'safe landing'.

Key Highlight

The key highlight to bring to each Board's attention is:

Organisation Close Down

The BAF reports for both ICBs include the key risks to the delivery of each organisation's strategic objectives. However, as both organisations will cease to exist the current ICB BAFs are being closed down.

Due to the nature of the risks those on the NWL ICB BAF will be closed. For NCL, there are currently no risks that reach the BAF threshold but those that are presented in this report will be reviewed and transferred to the new West and North London ICB ('WNL ICB') as appropriate. Those risks that transfer will

	<p>continue to be overseen at the level below the BAF by the relevant Executive Directors.</p> <p>Moving forward work has started to develop the new ICB's approach to its Board Assurance Framework, to support the transition to being a strategic commissioner and using risk to inform its work. In due course the Board of WNL ICB will agree its strategic objectives, identify its BAF risks and set its risk appetite.</p> <p>In addition, all of the key risks below the BAF level in both current ICBs are being reviewed to ensure the right risks are transferred to the new organisation. This supports business continuity, helps ensure robust risk management and a 'safe landing' into the new ICB.</p>
Recommendation	<p>The Boards of Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the report and the treatment of the current BAF risks.
Identified Risks and Risk Management Actions	<p>Each BAF is a risk management document which highlights the most significant risks to the achievement of the ICB's strategic objectives.</p>
Conflicts of Interest	<p>Conflicts of interest are managed robustly and in accordance with each ICB's Conflict of Interest Policy.</p>
Resource Implications	<p>Updating of the BAF is the responsibility of each risk owner and their respective directorates. The Governance and Risk Team in each ICB helps to support this by providing monitoring, guidance and advice.</p>
Engagement	<p>The BAF report is presented to each Board of Members meeting. Risk discussions continue at the Executive Management Team and the Audit Committee.</p>
Equality Impact Analysis	<p>The BAF report is presented to each Board of Members meeting. Risk discussions continue at the Executive Management Team and the Audit Committee.</p>
Report History and Key Decisions	<p>The Board Assurance Framework report is presented to each ICB's Board of Members meeting.</p> <p>Risks are kept under review by the risk owners and by the relevant committees of the Board of Members.</p>
Next Steps	<p>The next steps are as follows:</p> <ul style="list-style-type: none"> • To continue to manage risks in a robust way; • To continue robust oversight of each ICB's key risks and new emerging issues; • To continue the development of the new ICB's approach to risk with the relevant Non-Executive Members and Executive Directors; • To review and transfer the appropriate risks to the new ICB.
Appendices	<p>The following documents are included:</p> <ul style="list-style-type: none"> • Appendix 1- NCL BAF Risks Overview Report • Appendix 2- NWL BAF Risks Overview Report • Appendix 3- NCL BAF Register: https://nclhealthandcare.org.uk/wp-content/uploads/2026/03/Appendix-3-NCL-ICB-BAF-risks-March-2026-v0.1.xlsx • Appendix 4- NWL BAF Register: https://nclhealthandcare.org.uk/wp-content/uploads/2026/03/Appendix-4-NWL-BAF-March-2026-v0.2.docx

North Central London ICB BAF Risks - Oversight Report						2025 - 2026				Movement From Last Report	Target Risk Score	
						Current Risk Score						
Risk ID	Risk Title	Risk Owner	Committee	Risk description	Strategic update	MAY	JUL	NOV	MAR			
System Risk - reducing to below BAF threshold												
COMM32	Failure to provide adequate Child and Adolescent Mental Health Services (CAMHS) (Threat).	Sarah McDonnell-Davies - Chief Transformation Officer	Population Health Strategic Commissioning Committee	<p>CAUSE: If the ICB fails to respond to the significantly increased need for Child and Adolescent Mental Health Services (CAMHS) services.</p> <p>EFFECT: There is a risk that local children and young people (CYP) with mental health conditions do not access the timely, good quality mental health care they need.</p> <p>IMPACT: This may result in the deterioration of CYP's mental health and national targets not being met by the ICB and create a long term population health impact.</p>	<p>Following discussions with the NHS Child and Adolescent Mental Health Services (CAMHS) providers, all parties have agreed with the proposal to establish a Community Children and Young People's Mental Health (CYPMH) provider collaborative in NCL in order to reduce fragmentation, improve outcomes and better meet rising need. Preparatory work was undertaken during 2025/26 to enable formal Board approval for North London Foundation Trust (NLFT) to become the lead provider.</p> <p>The ICB has worked with NLFT and the partners who will form the Community CYP MHS Provider Collaborative to enable mobilisation of the arrangements from 2026/27. This has culminated in the production of a Business Case which sets out the needs of CYP with MH difficulties, the challenges facing the current provision and the ambition for community CYP MHS across NCL. The Business Case also describes the proposed clinical model for the Provider Collaborative, the priority service development areas and their year 1 goals / milestones, alongside other key enablers and ways of working that will support delivery, including the development of a pan NCL CYPMHS Waiting List Dashboard. The business case also outlines the governance, contractual and financial arrangements required to support mobilisation and operation of the Provider Collaborative.</p> <p>The Business Case will form part of the suite of contractual documentation, alongside Key Performance Indicators, quality improvement plans and data quality improvement plans. Robust reporting and monitoring arrangements have been agreed between the ICB and the Lead Provider, which will then be mirrored through the Provider Collaborative between the Lead Provider and its provider sub-contractors. The importance of the relationship at a local level between the providers, the Provider Collaborative and local authorities is also recognised and will be supported.</p> <p>Through 2025/26 the ICB and its partners have observed a shift change in the way providers have come together to not only prepare for the establishment of the NCL Community CYP MHS Provider Collaborative, but also deal with ongoing operational and strategic challenges facing services. This provides for a strong foundation as a genuine partnership to reduce fragmentation and improve the outcomes and experience for CYP and their families / carers. The Provider Collaborative has worked strongly with local authority partners, the North Central and East London Provider Collaborative (for intensive & inpatient CYP MH services) and local Voluntary, Community and Social Enterprise (VCSE) partners throughout this development phase and the ongoing involvement of partners is recognised throughout the governance and operational structures of the Provider Collaborative.</p> <p>Given this significant step for the commissioning and provision of community CYP the current risk rating has reduced from 16 to 12. From April 2026, the risk will be further updated to reflect that the Controls In Place include the established NCL Community CYP MHS Provider Collaborative.</p> <p>Alongside the establishment of the NCL Community CYP MHS Provider Collaborative, the strategic commissioning programme on the VCSE CAMHS contracts held by the ICB has now been completed. Recommendations for renewal/termination of these contracts were shared with the Executive Management Team in November and December 2025 as part of the 2026/27 contracting process. All proposals align with the Thrive model that underpins the strategic direction of travel for CYP MH services in NCL as well as provide alignment with the operational arrangements established as part of the NCL Community CAMHS Provider Collaborative. Contracts for 2026/27 onwards are now being finalised and agreed with providers.</p>	16	16	16	12		↓	12
System Risks - below BAF threshold, but included for oversight												
PERF34	Failure to deliver compliance with national operational standards across elective, urgent, and mental health care pathways (Threat).	Stephen Bloomer - Chief Finance Officer and Deputy CEO	Population Health Strategic Commissioning Committee	<p>CAUSE: If the ICB and system partners fail to ensure adequate capacity and resilience across urgent, elective, cancer, and mental health pathways.</p> <p>EFFECT: there is a risk that patients may face treatment delays, breaching national standards.</p> <p>IMPACT: This may result in a negative impact on patient outcomes and experience, increased system backlogs, and adversely affect the ICB's performance and oversight rating.</p>	<p>There remains a significant risk that North Central London ICB and its providers will not consistently meet national standards across urgent and emergency care (UEC), elective, cancer, and mental health pathways. This reflects ongoing pressures including increased demand, workforce constraints, winter pressures, the potential breakdown in provider collaboration and sustained challenges across mental health, children's and young people, and learning disability and autism services (LDA).</p> <p>The ICB and system partners are working to address these challenges through a range of actions, including the submission of 2025/26 delivery plans, enhanced oversight via performance review forums, targeted recovery plans in cancer and elective care, and strengthened mental health service commissioning. In cancer, Referral to Treatment, and urgent care, regular system-wide meetings and NHS England engagement are supporting improved trajectory management and mutual aid. Mental health pressures are being tackled through inpatient flow improvement plans, out-of-area placement reduction efforts, and pathway redesign to reduce delays in discharge. Targeted service improvement plans are also in place for Talking Therapies, children and young people's mental health services and LDA pathways to improve access and sustainability.</p> <p>Despite these mitigating actions, sustained system-wide pressures continue to pose a risk to national standards delivery and may impact the ICB's System Oversight Framework segmentation and overall reputation.</p> <p>Mental Health waits in Emergency Departments (ED) continue to be a challenge, though improvements were made in reducing the number of mental health patients waiting for a medical bed. Additionally, NHS England recently published the 'model ED' guidance, which sets out to address the ongoing challenges faced in acute settings. It emphasises that ED flow is a whole-hospital responsibility, clarifies the expected internal ED pathways and defines what is in the control of ED. Acute providers are currently undertaking a self-assessment against the model ED guidance, which will be brought to the Flow Operational Group for agreement of system-level priorities.</p> <p>In cancer, NCL ranked first nationally against the 62-day standard. The NCL providers' aggregated 62-day Performance (from all referral routes to first treatment, across all modalities and cancer types) improved by 1% to 80.8% in December 2025. Compared to this time last year NCL was 14th out of 21 alliances. NCL was one of nine systems to exceed the 2025/26 annual target for the 62-day standard (75%) in December 2025.</p>	12	12	12	12		→	12
COMM22	Failure of the Integrated Care Board to effectively and safely manage the specialist services devolution, impacting on the delivery of population health improvements (Threat).	Stephen Bloomer - Chief Finance Officer and Deputy CEO	Population Health Strategic Commissioning Committee	<p>CAUSE: If the ICB fails to effectively manage the devolution of many specialist services to the ICB, and the opportunity to integrate pathways and tackle the underlying population health issues that are causing the growth in specialist activity and spend is lost.</p> <p>EFFECT: There is a risk that the expected improved health outcomes are lost and that provider services are destabilised and expertise is lost. There is also a risk that services are lost, particularly fragile services including Highly Specialised Services which, whilst not being devolved, could be destabilised if other related services experience issues. Changes to services and changes to the funding formula for specialised services could also lead to further provider and/or individual service pressures and resulting impacts on outcomes and performance.</p> <p>IMPACT: This may result in a negative impact on quality and equity of access, as well as, loss of workforce, increasing waiting times, significant cost pressures and the lost opportunity to improve outcomes.</p>	<p>The residual issues associated with this risk are related to the future structure of the NHS England (London) Team supporting delegated services and whether the responsibilities will transition to the ICB unexpectedly. We do expect further delegation of Directly Commissioned services to occur and this is likely to pick up pace during 2026/27. The main financial risk arising from Specialised Commissioning around Elective Recovery Fund (ERF) has to some degree been mitigated as Host Commissioners are now only responsible for ERF payments related to their own registered patients, something that had a major impact on NCL during 2025/26 as a significant importer of care.</p>	12	12	12	12		→	9
ICB Only Risk - below BAF threshold, but included for oversight												
CS26	ICB Merger (Threat).	Ian Porter - Executive Director of Transition	Joint Transition Committee	<p>CAUSE: If the ICBs fail to put the necessary arrangements in place to: a) ensure the new West and North London ICB can effectively operate and discharge its functions from 1 April 2026, and b) provide NHSE with the appropriate assurance of this;</p> <p>EFFECT: There is a risk that either a) NHSE will not approve the Establishment Order so delaying the creation of the new ICB by a year, or b) the new ICB will not have a 'safe landing', its operations are significantly disrupted and/or it does not have appropriate oversight of its functions;</p> <p>IMPACT: This may result in the 25/26 merger consultation being invalidated, delays to the ICB's business, wasted time, energy and effort, a negative impact on staff morale and partnership reputation, a lack of organisational assurance and an increased risk of legal challenges.</p>	<p>With the new executive structure now in place including the Executive Director Of Transition (EDOT), full focus is now on delivering the extensive programme that has been designed to successfully and safely deliver the merger of NCL and NWL ICBs, and maximising all opportunities to contribute to the £19 per head national target. Regular assurance checks and reports are being provided through multiple forums including to the Board of Members in Common.</p> <p>Workstreams are in place across multiple disciplines and are reporting into the programme working group (chaired by EDOT) on a weekly basis. We will continue to ensure the provision of regular and timely updates to staff, board members and key external stakeholders.</p>			8	8		→	4

Risk Key
 Risk Improving ↓
 Risk Worsening ↑
 Risk neither improving nor worsening but working towards target →

Risk Scoring Key

Risk Scoring

This is separated into Consequence and Likelihood.

Consequence Scale:

Level of Impact on the Objective	Descriptor of Level of Impact on the Objective	Consequence for the Objective	Consequence Score
0 - 5%	Very low impact	Very Low	1
6 - 25%	Low impact	Low	2
26-50%	Moderate impact	Medium	3
51 – 75%	High impact	High	4
76%+	Very high impact	Very High	5

Likelihood Scale:

Level of Likelihood the Risk will Occur	Descriptor of Level of Likelihood the Risk will Occur	Likelihood the Risk will Occur	Likelihood Score
0 - 5%	Highly unlikely to occur	Very Low	1
6 - 25%	Unlikely to occur	Low	2
26-50%	Fairly likely to occur	Medium	3
51 – 75%	More likely to occur than not	High	4
76%+	Almost certainly will occur	Very High	5

Level of Risk and Priority Chart

This chart shows the level of risk a risk represents and sets out the priority which should be given to each risk:

LIKELIHOOD	CONSEQUENCE				
	Very Low (1)	Low (2)	Medium (3)	High (4)	Very High (5)
Very Low (1)	1	2	3	4	5
Low (2)	2	4	6	8	10
Medium (3)	3	6	9	12	15
High (4)	4	8	12	16	20
Very High (5)	5	10	15	20	25

1-3 Low Priority	4-6 Moderate Priority	8-12 High Priority	15-25 Very High Priority
----------------------------	---------------------------------	------------------------------	------------------------------------

North West London ICB BAF Risks - Oversight Report					2025 - 2026				Movement From Last Report	Target Risk Score	
Risk ID	Risk Title	Risk Owner	Committee	Risk description	Strategic update						
Reducing System Risks					JUN	AUG	NOV	MAR			
BAF 5 - ICB Finance	We are unable to deliver the required levels of activity and quality within a recurrent cost base that ensure the long-term financial viability of the ICB. ICB operations to allow for the delivery of the ICB strategy and associated plans	Stephen Bloomer - Chief Finance Officer and Deputy CEO	Performance & ICB Finance Committee	CAUSE: <ul style="list-style-type: none"> Lower funding level per head of population in NWL compared to other ICBs nationally Failure to deliver recurrent cost reduction and productivity event delivered the overall national target and/or over budget over the period of the ICB Failure of the national capital budget to allow for adequate resource levels to be invested in NWL Failure to create investment revenue through for funding maintenance and reducing the ability to transform services Failure to have appropriate city and central access the system to deliver the levels of productivity and value for longevity funding Increase in the level of patients with no criteria to ensure achieving efficiency in bed usage and poor patient experience Poor productivity in provider organisations with the continuation of a growing workforce without trading higher level of patients EFFECT: <ul style="list-style-type: none"> Reduction in capital resource levels and cash balances available to invest in capital transformation to deliver the ICB Strategy Reduction in resource levels to invest in wider ICB programme areas e.g. new services, technology, and resource requirements Ongoing funding challenges in Social Care increasing the level of patients waiting on-going care and admissions Continued unmet need across wider population of NWL and potential increase in health inequalities and differential health outcomes 	Looking ahead to 2026/27 - a breakeven financial plan has been submitted as part of the final national planning submission on 12 February 2025. The 2025/27 plan sits at a breakeven position however it is a challenging plan.	20	20	20	15	↓	15
BAF 7 - ICB Performance and Quality	Failure to meet the statutory duty of the ICB to improve quality of services	Dr Jo Savage - Chief Medical Officer Jennifer Roper - Chief Nurse Officer	Performance & ICB Finance Committee	CAUSE: <ul style="list-style-type: none"> Failure to use the data provided for System Oversight Meetings EFFECT: <ul style="list-style-type: none"> statutory duty of the ICB to improve quality of services not met statutory duty of the ICB to have regard to the wider ethical of decisions not met 	The NWL system quality group continues to have good engagement from providers where quality improvement and lessons learnt from patient safety events are shared. The Chief Nurse, with the quality team, met with the SRO to discuss provider collaborative monthly to discuss emerging quality concerns and share local quality intelligence regarding quality improvement actions, being taken. The quality team has now embedded the ICB quality improvement process with commissioning and procurement teams in NWL, to coordinate with the equality health impact assessment process. This process ensures that quality risks and mitigation are clearly articulated when commissioning/provider changes are made to local services. Therefore the likelihood of the risk occurring has reduced from a 2 to a 2.	12	12	12	8	↓	8
Continuing System Risk											
BAF 4 - ICB and ICB Resilience	Failure to ensure we have the ability to respond to a major incident and effectively to manage major risks, events and potential disruptions (e.g. cyber/pandemic)	Sarah Morgan - Chief People Officer	Performance & ICB Finance Committee	CAUSE: <ul style="list-style-type: none"> Multiple training exercises on what to do, where to go Procedural scenarios testing resilience with partners Physical security arrangements not robust EFFECT: <ul style="list-style-type: none"> Disruption to or complete failure of business as usual / communities affected Loss of systems / data Reputational and brand damage Unprotected costs i.e. fines, the replacement of infrastructure etc. High on track of the - significant impact on all involved (patients, staff) 	The current risk score remains at 16. A target score of 12 was always an ambitious target as the risks relating to resilience depend on how much the time we are for managing on average and the effectiveness of the backup and restoration. It takes time to plan to be a proactive collaborative which takes incremental backups from infrastructure and uses a cloud based approach to restore with only a few hours loss of data. Community, mental health and primary care have different IT funding models and none of a reliance upon third party providers. Supporting NCL for the NWL. SCC team after staff negotiations has helped stabilise the team but risks will always remain.	16	16	16	16	→	12
Reducing ICB Only Risks											
BAF 6 - Organisation Re-charge	Failure to effectively engage with the multiple risks associated with the requirement to reduce running and programme costs by 25% as well as the requirement to merge with North Central London by 1 April 2026. Failure to develop a sustainable operating model that complies with national funding envelopes and enables delivery of the revised role and responsibilities of ICBs ensuring effective strategic commissioning for the population of North West London.	Ian Porter - Executive Director of Transition	People & Remuneration Committee Transition Committee	CAUSE: <ul style="list-style-type: none"> Multiple changes to the landscape of the NHS within a very short time frame (6-12 months) EFFECT: <ul style="list-style-type: none"> Increased anxiety for staff due to the uncertainty over their future purpose in the merged NCL/NWL ICB and job prospects within the wider NHS Difficulties maintaining the current legal requirements of the ICB statutory duties due to staff uncertainty over their role and purpose, less engagement from providers and other stakeholders due to a lack of clarity over the role of the ICB Failure to maintain the current legal requirements of the ICB and forward momentum of the ICB work to date (strategy development, programme transformation, integrated neighbourhood team preparation) 	Significant reduction in risk score due to alignment with NCL, transition risk and the work achieved to date on becoming a strategic commissioner. A dedicated Executive Director of Transition in post to lead transition programme throughout 2025/27. The pace of the transition means the detail of the mitigations and risks are reported directly to the joint Transition Executive and Transition Committee.	20	20	12	12	→	8
BAF 1 - ICB People	Failure to recruit, retain and develop the right people with the right skills	Sarah Morgan - Chief People Officer	People & Remuneration Committee	CAUSE: <ul style="list-style-type: none"> Low workforce morale and wellbeing - change fatigue - multiple restructuring, significant resource reductions, post pandemic health and care pressures on workforce National and local recruitment challenges and availability of appropriate skills EFFECT: <ul style="list-style-type: none"> An adverse effect on creating a fit for purpose ICB within the ICB, delivery of organisational objectives, statutory duties and functional operating model 	The current risk score was set at 20 in April 2025 due to the announcement in March 2025 of the new ICB operating model. In November 2025 the Chief People Officer reduced the current score to 15 due to additional HR team investment and a coordinated approach across NCL and NWL for the consolidation. Proposed NWL staff structure reviewed and revised by Executive Team following significant feedback and shared with staff on 23 February 2025. The detailed review has focused upon the need to create a fit for purpose ICB within the new model ICB framework. The final year risk score has been further reduced to a 12 to reflect the focused work in place to support staff and ensure that the right people with the right skills are recruited to NWL.	20	20	16	12	↓	12
BAF 8 - ICB Governance	Failure to ensure that the governance arrangements in place are fit for purpose and provide line of sight across the operating model	Sarah Morgan - Chief People Officer	Audit & Risk Committee	CAUSE: <ul style="list-style-type: none"> Inconsistent policies, procedures, terms of reference Ineffective work on policy, SOPs and risk management on track to be completed by 31 March 2026. NHS England due diligence requirements to corporate governance journals for completion Composition of Board and Committees (experience, skills, numbers) EFFECT: <ul style="list-style-type: none"> Decision based on inaccurate / outdated information Confidence in ICB leadership questioned Long term vision and strategy are underdeveloped Ineffective oversight or lack of visibility of key issues/risks/concerns meaning the ICB are ill-equipped 	Stable and cohesive transition governance preparation underway including use of 15 content Board and committees where possible. Significant work on policy, SOPs and risk management on track to be completed by 31 March 2026. NHS England due diligence requirements to corporate governance journals for completion. Risk over non-compliance with some Subject Access Requests that have not been completed within required time limits however detailed mitigation plan in place to address immediately.	12	12	12	8	↓	8
Continuing ICB Only Risks											
BAF 2 - Collaboration and Engagement	Failure of the ICB to have from our major stakeholders (including public, staff, and LA, NHS and third sector partners)	Sarah Morgan - Chief People Officer	Strategic Commissioning Committee Performance & ICB Finance Committee	CAUSE: <ul style="list-style-type: none"> Lack of involvement strategy Poor visibility of who requires to be engaged with, and who will take responsibility for that Activity of mandate EFFECT: <ul style="list-style-type: none"> Loss of confidence in the ICB Commissioned services do not match local needs Informal strategy / decision making 	The engagement and involvement BAF current risk score was set at 12 in April 2025 due to a number of examples where there the risk of being engaged with stakeholders was not fully mitigated. This included the public response to a campaign for primary care access and Greater. For the majority of 2025/26 management of the risk has been steady and the joined up work by the NCL and NWL, communications teams further mitigated the effect of the risk being raised. However in recent months, the risk has increased again due to external factors, with NHS England not undertaking the relevant formal engagement for a service change to a neighbouring provider who had engagement in a S&S. This has led to additional collaboration and involvement work required for the NWL, Communications team to step in to address to mitigate the possible consequences. Therefore, this risk rating remains the same at the end of the year with a further plan to reduce.	12	12	12	12	→	8
BAF 3 - ICB Strategic Delivery	Failure to deliver a prioritised, financially robust and deliverable ICB strategy and associated delivery plans that improve the health and wellbeing of NWL's residents and deliver our statutory duties to commission and deliver our operating plan. ICBs are being reviewed and the structure of the NHS is undergoing significant upheaval.	Richard Dale - Chief Strategic Officer	Strategic Commissioning Committee	CAUSE: <ul style="list-style-type: none"> Limited capability & capacity with leadership team (short term pressures) Balance of resources between longer term planning and near term delivery Availability of supporting guidance and tools Increasing complexity of the system and resulting ambiguity of roles Constraints on resources available to the ICB Loss of trust in appropriate deployment of evidence, modelling and/or assumptions Lack of good business intelligence and financial and workforce realities Ability to recruit and retain workforce (primary care) to ensure sufficient levels of capacity Misunderstanding and dissatisfaction with the new model of care amongst patients (primary care) EFFECT: <ul style="list-style-type: none"> Loss of confidence in ICB Failure to commission appropriate services for users Failure to transform services to deliver longer term improvement and sustainability Chances to provide consistent high quality services for the registered population across NW London (primary care) Failure to achieve intended outcomes for equity of access (primary care) Increased pressure upon other areas of the system where patients are accessing other services (especially primary care) 	Risk score was raised a 20 at the start of 2025/26 due to the slow progress in developing robust strategies and implementation plans which were due to capacity and capability across both the ICB and partners. Strategic narrative and three year financial and activity plan submitted to NHSE 9 Feb 2026. The plan reflects the strategic intent to reduce reliance on secondary care and to increase investment in neighbourhood, community and mental health services in line with the NHS 10 Year Health Plan (Fit for the Future). The focus for 2026/27 will be implementation.	16	16	16	16	→	12
BAF 9 - Contract Management	Failure to effectively manage contracts	Stephen Bloomer - Chief Finance Officer and Deputy CEO	Performance & ICB Finance Committee	CAUSE: <ul style="list-style-type: none"> Change in procurement legislation (Provider Selection Regime) Failure to follow the operating model to ensure that contracts are managed by programmes and strengths Failure to complete the annual contract review Failure to complete the Better Care Fund and provide budget review Failure to assess quality and activity within sub-side and small contracts EFFECT: <ul style="list-style-type: none"> Increase in contract breaches Increase in need for short-term contracting waivers Lack of oversight on the quality of smaller contracts (see BAF 7 ICB Performance) Repeated poor performance in sub-side contracts Increase in legal cases about how procurement is managed Decreased productivity and increased cost 	Comprehensive implementation of the Business Case Review Group has improved efficiencies in the contract process. However breaches of contract management continue to be reported to the Audit & Risk Committee. Mitigation includes further scrutiny and working with contract teams to appropriately plan ahead. A contract management framework will be developed to mitigate the risk of breaches over 2026/27.	12	12	12	12	→	6

Risk Key
 Risk Improving ↑
 Risk Worsening ↓
 Risk neither improving nor worsening but working towards target →

Risk Scoring Key

Risk Scoring

This is separated into Consequence and Likelihood.

Consequence Scale:

Level of Impact on the Objective	Descriptor of Level of Impact on the Objective	Consequence for the Objective	Consequence Score
0 - 5%	Very low impact	Very Low	1
6 - 25%	Low impact	Low	2
26-50%	Moderate impact	Medium	3
51 – 75%	High impact	High	4
76%+	Very high impact	Very High	5

Likelihood Scale:

Level of Likelihood the Risk will Occur	Descriptor of Level of Likelihood the Risk will Occur	Likelihood the Risk will Occur	Likelihood Score
0 - 5%	Highly unlikely to occur	Very Low	1
6 - 25%	Unlikely to occur	Low	2
26-50%	Fairly likely to occur	Medium	3
51 – 75%	More likely to occur than not	High	4
76%+	Almost certainly will occur	Very High	5

Level of Risk and Priority Chart

This chart shows the level of risk a risk represents and sets out the priority which should be given to each risk:

LIKELIHOOD	CONSEQUENCE				
	Very Low (1)	Low (2)	Medium (3)	High (4)	Very High (5)
Very Low (1)	1	2	3	4	5
Low (2)	2	4	6	8	10
Medium (3)	3	6	9	12	15
High (4)	4	8	12	16	20
Very High (5)	5	10	15	20	25

1-3 Low Priority	4-6 Moderate Priority	8-12 High Priority	15-25 Very High Priority
----------------------------	---------------------------------	------------------------------	------------------------------------

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.				



North Central London
Integrated Care Board



North West London

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.