



NOTICE OF MEETING

NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Contact: Fola Irikefe, Principal Scrutiny
Officer

Friday 12 September 2025, 10:00 a.m.
Islington Council, Committee Room 5,
Islington Town Hall, Upper Street, N1 2UD

E-mail: fol.iri.ikefe@haringey.gov.uk

Councillors: Philip Cohen and Paul Edwards (Barnet Council), Lorraine Revah **(Vice-Chair)** and Kemi Atolagbe (Camden Council), Chris James and Andy Milne **(Vice-Chair)** (Enfield Council), Pippa Connor **(Chair)** and Matt White (Haringey Council), Tricia Clarke and Joseph Croft (Islington Council).

Quorum: 4 (with 1 member from at least 4 of the 5 boroughs)

AGENDA

1. FILMING AT MEETINGS

Please note this meeting may be filmed or recorded by the Council for live or subsequent broadcast via the Council's internet site or by anyone attending the meeting using any communication method. Members of the public participating in the meeting (e.g. making deputations, asking questions, making oral protests) should be aware that they are likely to be filmed, recorded or reported on. By entering the 'meeting room', you are consenting to being filmed and to the possible use of those images and sound recordings.

The Chair of the meeting has the discretion to terminate or suspend filming or recording, if in his or her opinion continuation of the filming, recording or reporting would disrupt or prejudice the proceedings, infringe the rights of any individual, or may lead to the breach of a legal obligation by the Council.

2. APOLOGIES FOR ABSENCE

To receive any apologies for absence.

3. URGENT BUSINESS

The Chair will consider the admission of any late items of Urgent Business. (Late items will be considered under the agenda item where they appear.

4. DECLARATIONS OF INTEREST

A member with a disclosable pecuniary interest or a prejudicial interest in a matter who attends a meeting of the authority at which the matter is considered:

- (i) must disclose the interest at the start of the meeting or when the interest becomes apparent, and
- (ii) may not participate in any discussion or vote on the matter and must withdraw from the meeting room.

A member who discloses at a meeting a disclosable pecuniary interest which is not registered in the Register of Members' Interests or the subject of a pending notification must notify the Monitoring Officer of the interest within 28 days of the disclosure.

Disclosable pecuniary interests, personal interests and prejudicial interests are defined at Paragraphs 5-7 and Appendix A of the Members' Code of Conduct

5. DEPUTATIONS / PETITIONS / PRESENTATIONS / QUESTIONS

To consider any requests received in accordance with Part 4, Section B, paragraph 29 of the Council's constitution.

6. MINUTES (PAGES 1 - 10)

To confirm and sign the minutes of the North Central London Joint Health Overview and Scrutiny Committee meeting on 11 July 2025 as a correct record.

7. NLCS JHOSC ACTION TRACKER 2025/2026

8. ST PANCRAS HOSPITAL TRANSFORMATION PROGRAMME: AN UPDATE ON THE NHS'S ENGAGEMENT AND INVOLVEMENT APPROACH (PAGES 11 - 36)

9. NCL ICS FINANCE UPDATE

To provide a finance update for the NCL including the overall strategic direction of travel, 2025/26 figures for the NCL ICB and for NHS Trusts that provide services to NCL patients.

10. NCL ICB RECONFIGURATION

11. WORK PROGRAMME (PAGES 37 - 40)

To consider and discuss the items scheduled on the 2025-26 work programme for the North Central London Joint Health Overview and Scrutiny Committee.

12. NEW ITEMS OF URGENT BUSINESS

13. DATES OF FUTURE MEETINGS

To note the dates of future meetings:

- 21 November 2025
- 30 January 2026
- 9 March 2026

Fola Irikefe, Principal Scrutiny Officer
Email: fola.irikeye@haringey.gov.uk

Fiona Alderman
Head of Legal & Governance (Monitoring Officer)
George Meehan House, 294 High Road, Wood Green, N22 8JZ

Thursday, 04 September 2025

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**MINUTES OF MEETING NORTH CENTRAL LONDON JOINT HEALTH
OVERVIEW AND SCRUTINY COMMITTEE HELD ON Friday 11th July 2025,
10.00am – 12.30pm**

IN ATTENDANCE:

Councillors Pippa Connor (Chair), Councillor Lorraine Revah, Councillor Tricia Clarke, Councillor Andy Milne, Councillor Matt White (Chair of Overview & Scrutiny – Haringey), Councillor Chris James and Councillor Paul Edwards.

ALSO IN ATTENDANCE:

- Kristina Petrou, Community Pharmacy Lead, NCL ICB
- Nicola Theron, Director of Estate, NCL ICS
- Duncan Jenner, Deputy Head of Communications & Campaigns, NCL
- Tracy Scollin, Principal Scrutiny Officer, London Borough of Barnet
- Fola Irikefe, Principal Scrutiny Officer, Haringey Council

Attendance Online

- Councillor Kemi Atolagbe

FILMING AT MEETINGS

Members present were referred to agenda Item 1 as shown on the agenda in respect of filming at this meeting, and Members noted the information contained therein'.

APOLOGIES FOR ABSENCE

Apologies for absence were received from:

- Sarah Mansuralli, Chief Development and Population Health Officer, NCL ICB
- Selina Chughtai, Business Manager, NCL ICB

URGENT BUSINESS

None.

NOMINATION OF CHAIR & VICE-CHAIR

The Scrutiny Officer opened the meeting requesting for nominations for the Chair of the committee from amongst the councillors present. Councillor Clarke nominated Councillor Connor to be the Chair of the committee, Councillor Edwards and Councillor Milne seconded the nomination Councillor Connor.

Councillor Connor called for nominations for the vice chair/s position. Councillor Clarke informed the committee that she would step down as vice-chair but would remain on the committee. Councillor Revah expressed that she would continue as a vice-chair and Councillor Milne also put himself forward to be a vice-chair.

DECLARATIONS OF INTEREST

The Chair declared an interest in that she was a member of the Royal College of Nursing and also that her sister was a GP in Tottenham.

DEPUTATIONS / PETITIONS / PRESENTATIONS / QUESTIONS

None.

MINUTES

That the minutes of the NCL JHOSC meeting on 28th April 2025 was agreed as an accurate record.

ACTION TRACKER

The Chair expressed that the follow up on number 45 under the Mental Health Pathways should be an update to the committee rather than an addition to the work programme as an urgent conversation needs to take place in respect of information on people accessing mental health support. It was felt that more clarity was required around responsibility for people in the community that may no longer be accessing mental health support and there are no clear lines of who holds responsibility for them.

In respect of item 22 on the action tracker, it was pointed out that this update was still pending and an update had been expected since September 2024.

There are several appendices, that are in the tracker (appendix F) which are related to the estates item and in particular, the Work Well project - information on the stakeholder communication is helpful but an update explaining how Work Well is actually working in practice with information on the pilots would be helpful.

In relation to Appendix G2, Healthy Neighbourhoods an update on all boroughs in strategy would be helpful, not just on Haringey. The committee would like an update on the strategic approach that was presented at a previous meeting along with information on how they are working with the voluntary, community and social enterprise sector.

COMMUNITY PHARMACY UPDATE

Kristina Petrou, Community Pharmacy Lead, NCL ICB, explained that the presentation was an update from the report that was presented in March 2023. The presentation provided details of progress to date and the impact it has had on patients thus far. Some headline data over the past twelve months on progress was presented including, 136,000 completed consultations in community pharmacy ranging from minor illnesses to more urgent ailments. A third of all flu vaccine and 60% of all the covid vaccines were delivered in the community pharmacy setting. Community pharmacies have saved twenty thousand hours of GP time and has had an impact on reducing pressure on urgent care and walk in centres. The increased

offer from pharmacies has also reduced hours of consultations for GPs and so things seem to be moving in the right direction of taking pressure off the system.

The Community Pharmacy lead gave the example where blood pressure is checked in a pharmacy and whilst there isn't patient identifiable data to track each patient, assuming these 5,275 patients that were identified in the past twelve months as having high blood pressure were followed up and treated and took their medications for five years - this intervention could potentially prevent 42 deaths, 78 strokes and 50 heart attacks. At present, it was reported that there is 60% awareness of the Pharmacy First scheme and a lot of work has been done by the communications team as well as national campaigns to promote it but more needs to be done to further increase awareness.

Councillor Revah commented that the chart showing completed pharmacy first consultations by month would be useful to have been presented by borough. The officer agreed that a snapshot over the last six months broken down by the percentage of activity in each borough could be provided. **ACTION**

Councillor Clarke enquired about what was being done about patients unable to afford their medication and how would you find a pharmacy that offers Pharmacy First services? The officer reported that around 90 to 95% of items are exempt from being paid for, for people that are either over 60, under 16 and those on some type of benefit and so they wouldn't pay for their prescriptions.

The officer directed councillors to a slide with a list of the medications and the conditions that can be treated free of charge for people who don't pay for their prescriptions. Side 46 also provided details of the eligibility criteria for people that can access the Pharmacy First scheme. Once people access the service it would then be paired with a little bit of patient education about how to self-care.

In terms of Pharmacy First and its publicity, it was explained that there is both a public facing website with a list of the pharmacies that provide all the services which is updated quarterly. The NHS website also provides details of Pharmacy First pharmacies, 95% of pharmacies offer Pharmacy First services. The Councillor enquired further about the people that are outside the eligibility criteria, the 25% of people who are required to pay but can't afford to. The Officer explained that they don't have the data to triangulate and ascertain who the 25% of the people who answered the survey and stated that at times they've had difficulty paying for their medications. There is no data about those people's financial status and whether they are the same people who are eligible for the healthcare medication scheme.

The Chair enquired about the self-care medication scheme and that she had yet to have seen it publicised in pharmacies and how is it ensured that the pharmacies are promoting it. The officer explained that it's a new service and only a year into practice. There has been comprehensive uptake in Camden and Islington and about half of the Haringey pharmacies have also signed up. There have not been many pharmacies in Barnet or Enfield. The officer put the question back to the committee enquiring how they could further tap into the communities to get the message out? It has been publicised with posters, leaflets, in the top ten community languages and they've got information on public facing websites. There has also been attendance

at a lot of Healthwatch meetings. The Chair pointed out that a number of GPs have close working relationships with pharmacies so it may be worthwhile making contact with the GP Federation and asking that they request that their members put up posters etc. **RECCOMENDATION**

Kristina Petrou briefed that there are two engagement pharmacists working on the ground within the community going to every GP practice and every pharmacy to promote the services and to develop relationships, manage training issues and tap into where there is less awareness. One engagement pharmacist covers Barnet, Enfield and Haringey and the other covers Camden and Islington. Members expressed concerns that dedicated engagement pharmacists had been employed but yet there hasn't been a significant impact.

Councillor White enquired if the lack of uptake in the self-care medication scheme was reflected in the update - so the data shows pharmacies that have signed up, but they're not actually running the scheme, the officer agreed. On an anecdotal level he enquired about his personal experience of getting invitations from both GP's and pharmacies for e.g. flu jab and hence duplication of administration. It was explained that prompts for vaccinations are meant to be from multiple organisations when people have a health condition and they will ultimately be recorded in GP records and the only risk of duplication of vaccine is if you present on the same day.

Councillor Edwards enquired over what was leading to the blockages in take up in Barnet of the self-care medication scheme. The Community Pharmacy Lead expressed that it may be due to less deprivation in Barnet although she acknowledged that there are pockets of deprivation. Getting the message out that if you are unable to afford medication, there are services you can tap into is their key priority. Members suggested working with local community groups and voluntary sector outreach to raise the awareness. **RECOMMENDATION**

Councillor Milne gave an observation from slides the slides that where they've prevented deaths, strokes and heart attacks through interventions when it's been picked up that blood pressure is high, to sell the efficiency of the service the financial benefits and savings should also be highlighted. The impact of reduced costs to the health economy will be welcomed. **RECOMMENDATION**

Following further enquiry about what could be done about those on low income who can't afford to pay for medication the officer explained that there is work currently underway mapping community pharmacies and GP's to Integrated Neighbourhood teams who will be able to reach low-income families not on benefits. They will be provided with a prepayment certificate which helps to cap the price of medication – people are able to pay upfront 12 prescription items. Some work needs to be done to promote it as it's a new service. The new Integrated Neighbourhood Teams will provide a link with social care, housing and other services.

Councillor Revah commented that more information around the pre-payment certificate needs to be publicised and enquired about what was done in terms of care leavers. The Community Pharmacy Lead expressed that working at an integrated Neighbourhood Team level was the right start and so the main focus now was to

raise the awareness of the prepayment certificate. There has been an effort to ensure that certificates are arranged for care leavers and young people.

The committee expressed that they required more information to fully understand the self-care medication scheme and how this is being promoted. It is recognised that there are challenges in take up in Enfield and Barnet and there are dedicated engagement staff, but this isn't making a difference. Information on how the engagement pharmacists are actually targeting any particular groups of people should be included in the progress report in future **ACTION**. Further information on the new Neighbourhood Teams and how they will work with local authorities in the new hubs should also be provided. **ACTION**

The committee recommended that the Community Pharmacy Lead also liaise with the GP Federation about increasing engagement and take up in Enfield and Barnet. **RECOMMENDATION**

Following on a point Councillor Milne raised on blood pressure monitoring, the Chair enquired over how many of the patients then go back to their GP in order to put in measures to manage their BP. It was reported that every clinical consultation that takes place in a pharmacy is followed by a post event message that goes straight to the GP practice notes. There is a risk that the patient could decide they don't want to go to the GP practice, but there's isn't a risk the GP would not know about it. It was also added that there is currently work being done with digital integration, the data controller of all the information currently sits with the GP practice and the pharmacy themselves cannot follow a patient through the system.

The chair thanked Community Pharmacy Lead for the report.

NCL ESTATES & INFRASTRUCTURE STRATEGY

Nicola Theron, Director of Estate, NCL ICS provided the committee with an update on the estates with a focus this year on the local care element, the objective is to create a better primary care baseline developing strong GP leadership and also are working on other smaller GP projects. The challenges include building the case for 5% and progressing the 10-year plan.

The Director of Estates expressed that there is momentum building around estates delivery in local care including the delivery of two major projects every year since 2021 and currently 24 smaller projects are underway creating a balance between investing in new estates and existing estates in order build the wider system transformation and enable more patients to be managed in a better setting.

There is recognition that 200 practices are not fit for purpose. The capital envelope has enabled the development of more complicated projects - the larger projects that require multi-year funding. It was reported that getting local care projects underway is really complicated because of the number of local stakeholders that they need to work with. 100 million pounds has been allocated into what's called a utilisation and modernisation fund and they had secured funds for eight projects nationally.

The Chair opened the questions and sought clarity where the report mentions 5% and the need to get back 5%. In view of the unfunded 23% for local care infrastructure, she enquired if there was a way of managing the unfunded section? It was explained that 5% has been allocated for this year 2025/26 but the challenge is that it's not been allocated next year so work is underway exploring projects that can be delivered in-year. They are working with local authorities on a shared agenda to deliver their priorities. A particular example of this is in Islington's former council building, which is partly becoming a GP practice, developed through close working to make funding work for both partners.

Nicola Theron explained that they currently don't have the same ability to pre-allocate the 5% in the way that they've done in the past and rather than planning for funding for a certain amount, the challenges now mean funding can't be assumed and there needs to a new way of managing finances and to constantly lobby.

The Chair also enquired about previous years when we were looking at estates through hospital disposals she wanted to know if this was still the approach. The committee heard that across the local care infrastructure because there is a now a new ethos with the 10-year plan and the focus is on the community way of working, so is if there are any disposals they will look at how many capital receipts could be used within the community care infrastructure. Nicola Theron explained that Barnet and Enfield had a higher number of estates, with GPs in old semidetached houses and the plan is to move them to more modern facilities to meet the demands and healthcare needs of the community they have been exploring how to invest better in Barnet and Enfield projects.

In terms of working with local authorities, it was mentioned that Enfield had disposable assets and this has been fed back into Edgware Hospital, Barnet. The committee heard that in Edgware there are discussion in place with housing developers and 50% of the net of that is going to be invested back into local care, so they trying to ensure it is used expeditiously. The providers ultimately have a say in where the investment goes so the ability to secure any investment out of that wide provider estate is limited. The officer clarified that the 5% funding was going to the Foundation Trust, so Royal Free Hospital, Whittington etc and it's unlikely that it would be allocated to local care because it will go to the providers.

Following some discussion the chair requested for further clarity regarding how the Foundation Trust will use the funding that isn't going to local infrastructure. The committee would like an insight and further detail into how it works in terms of reinvestment. **ACTION**

Nicola Theron explained that there is a gap in funding and so they will utilise public/private partnership to secure longer term leases. Bringing private sector money into NHS estates is part of the 10-year plan. The committee heard that there are a number of leases that are coming to an end over the next five to six years and they are currently looking at how they use the existing public/private partnerships arrangements in place to secure as much value out of them as possible and re-negotiate terms for a longer time frame.

The Chair expressed less confidence in the public/private partnership arrangements and recalled similar arrangements around ten years ago where the cost of the public/private partnership left public sector organisations with exorbitant oncosts and a great deal of debt from the interest. The Director of Estates explained that the dept sits in a SPV and it will be key to re-negotiate the terms. The Committee decided that with the next iteration of the estates update, more detailed information regarding these arrangements are required along with information regarding the possible financial risks. **ACTION**

Councillor White echoed the reservations in terms of financial support from private providers and expressed that the risks need to be considered thoroughly and contract monitoring should be robust. The officer explained that many of the partners are established and they are focusing on existing relationships due to revenue and capital pressure.

Councillor Clarke enquired about primary care estates and how far down the line they were with the plans. The committee were informed that they plan was for them to be a one stop shop and there are active discussions about certain services being delivered in the community. They are working with primary care to invest in the east of Haringey and Enfield. Councillor James expressed concerns as an Enfield councillor to see that Enfield's has got a very high number of estate and that are at significant risks to the sustainability of primary care and so would like to consider how this can be

flagged up as an issue to provide further support the plans. In response, Nicola Theron explained that they were working very hard to bring more practices moving into Meridian Water and to incentivize the more reluctant practices.

A councillor enquired if due consideration is given to continuity of care for residents who built up a relationship over years with their GP practice. A new building still retains continuity of service as essentially they will be taking a practice from an old building and simply relocated into a new building the committee were informed. There are a few exceptions where that's not been the case where caretaking has been put in place because the relationship has fallen away. A series of engagement is also required to take place when a relocation is being discussed.

A councillor enquired about more information on void estates, where they are and what plans were in place for them. The committee heard that this amounted to 6% of their overall local care portfolio. The perception is that there are more as they are in key buildings. It was explained that work is underway looking at how to bring up some of the older assets such as the Whittington to ensure that they are fit for purpose. There is always a void because you always have services moving in and out of buildings, but work is underway to look at what we can be done to use revenue as efficiently as possible and to dispose where it is appropriate and reinvest back.

Following an enquiry about primary care estates and the challenges, the panel heard that with primary care projects, one of the challenges with primary care is the specification means that quite a lot of money is spent on mechanical and electrical services so 40% of any budget goes into making sure that there us the right

ventilation. It is quite difficult taking that model into a local authority hub because you don't have the same clinical specification that primary care does.

In terms of the new neighbourhood boundaries, the committee heard that they will not match with pre-existing boundaries or wards, they will be more localised. Duncan Jenner further added that the new neighbourhood boundaries were smaller and more localised in order to refine services that will be provided through the hubs. Officers to provide details of NCL Neighbourhood hubs and details of the vision and objectives, how they will work in joint partnership arrangements and include details of boundaries. **ACTION**

The chair expressed that the future report required more detail with headlines and timeframes in order to support proper scrutiny. To assist with this a meeting can be held offline to decipher the best way it can be considered more effectively. **ACTION**

DRAFT TERMS OF REFERENCE

The chair asked members to consider the details of the draft terms of reference and highlighted some changes that have been added on because of the need to address the challenges in relation to financing and supporting the committee going forward.

Councillor White proposed that the committee would not agree the terms of reference today because it was important for the committee to be free to decide who chairs the committee. He also added that at the same time the authority that Chairs shouldn't bear the full administrative burden. He further highlighted that if the terms of reference were to be agreed, it would mean mandating that Barnet resource the committee for the next year without any contributions from the other boroughs, this can't be done without discussion and agreement with the relevant officers in Barnet.

Councillor James, agreed with the comments made thus far and that the JHOSC could not agree to the terms of reference without having the authorisation from the respective governance departments and Chief Executives in relation to financial contribution to the JHOSC. Councillor James enquired about what the financial contribution would cost and if it's a few thousand pounds potentially from each council, this should be something that each council should be able to agree to supporting. She expressed that she was disappointed that the issue had yet to be resolved. It was re-iterated that the key would be getting the right team of officers who are able to make decisions about finances together round a table.

Councillor Milne agreed that the decision around who chairs the committee should also be up to the committee and should not be dictated and that the terms of reference should be amended. The Scrutiny Officer explained that the revised terms of reference had been drawn up as there have been previous conversations amongst JHOSC members around support arrangements had yet to have been agreed on.

The Chair of the panel asserted that the committee felt the chairs should be selected on the basis of the vote from members and whether that that chair is elected for one year or three years is entirely up to the members and appointment is carried out through the usual democratic process.

Councillor Edwards expressed that he was not convinced about having an annual rotating chair as the meetings are not that regular and there is a need for continuity. In respect of Barnet, which was named first in the report to chair, this would not be a priority as it's their first term in office and the focus is on ensuring a second term. In terms of shared finance, this is a reasonable approach but currently in Barnet there is a need to put forward about 10% savings this year. Councillor Weaver agreed that changing the chair annually wouldn't work as there will be no continuity.

The Chair suggested that a further discussion takes place involving member and officers to assert the committee's right to choose the right person from amongst the committee to chair and to find an equitable way of resourcing the JHOSC. Councillor Clark expressed that a joint meeting was the way forward and it was important to have some idea of the amount of money that's involved in order to have a constructive conversation.

The chair concluded the discussion summarising that the JHOSC was unanimous in their decision that they retain the ability to elect the chair within the JHOSC and at their own discretion. The committee decided that paragraph 2.6 should be removed. The committee will continue with the annual nomination whereby they will elect the chair and the vice-chair/s. The chair also emphasised that the discussion around resourcing the JHOSC should be considered separately and as a matter of urgency. It was agreed that the committee will not agree the terms of reference. It was agreed that discussions are arranged with the chair and vice-chair of the committee in conjunction with lead officers from all the councils. **ACTION**

The committee also felt that they would like to continue with not having the chair and the vice-chair/s from the same borough as has always been the case. The committee felt it would be good to have it formally written as part of the terms of reference that this is the preferred option.

WORK PROGRAMME 2025/26

The Committee considered the upcoming items on the work programme, including:
12 September 202

- Saint Pancras Hospital Update
- NCL ICS Finance update
- ICB Reconfiguration - NCL – NWL Case for Change and Options Appraisal for Merger - The committee briefly discussed the implications of the prospective merger which was shortly to be presented at the ICB board. The committee also considered the possible impact of the merger on the structure of the JHOSC. Members felt that it will be important to keep the two separate JHOSC's and then occasionally merge for a special meeting as and when.

21 November 2025

- NHS 10 Year plan - This will be a significant item so a meeting should be organised with the colleagues offline to see how this can be covered. The focus will be on what is specifically going to change

- Winter Planning update - The committee requested last time that they look at high impact interventions and bringing down patient discharges to A&E from ambulances

30 January 2026

- Startwell
- Paediatric Services Review - What has been achieved since the last update
- Workforces update – The Chair invited views from the committee if they still wanted to retain a focus on workforce and expressed that it could possibly come to the committee in January 2026 (tbc)

9 March 2026

- Quality Accounts
- Mental Health

Also to be added/ considered for the work programme:

- NCL structure and neighbourhood working
- Strategic role of GP federations
- Developing technology
- Paediatric Services Review - What has been achieved since the last update?

The meeting ended at 12.35

Report for:	North Central London Joint Health Overview and Scrutiny Committee 12 September 2025
Item number:	7
Title:	St Pancras Hospital Transformation Programme: an update on the NHS's engagement and involvement approach
Report authorised by:	Sarah Mansuralli, Chief Strategy and Population Health Officer, NHS North Central London Integrated Care Board, sarah.mansuralli@nhs.net
Lead Officer:	Sarah Mansuralli, Chief Strategy and Population Health Officer, NHS North Central London Integrated Care Board, sarah.mansuralli@nhs.net
Ward(s) affected:	All
Report for decision:	<p>This paper sets out the NHS's approach to the involvement of, and engagement with, patients, service users, their carers, and wider stakeholders around the St Pancras Hospital Transformation Programme.</p> <p>There are several NHS organisations that run services which are proposed to move off the St Pancras Hospital site as part of the programme. The services are commissioned by NHS North Central London Integrated Care Board (NCL ICB), which is also a partner in the programme.</p> <p>The paper describes the services run by each organisation, the engagement and involvement activity that they have conducted to date, and next steps. It sets out how the insights from this work are having tangible and meaningful impacts on decision-making.</p> <p>Collectively, NCL ICB and the NHS providers delivering services, seek NCL JHOSC's support for the engagement and involvement approach described.</p> <p>Please see the recommendations on page 24.</p>



North Central London
Integrated Care Board

St Pancras Hospital Transformation Programme:

An update on our engagement and involvement approach

North Central London Joint Health Overview and Scrutiny Committee

12 September 2025

Background and context to the programme

Purpose

The purpose of this paper is to set out the NHS's approach to the involvement of, and engagement with, patients, service users, their carers, and wider stakeholders around the St Pancras Hospital Transformation Programme.

There are several NHS organisations that run services which are proposed to move off the St Pancras Hospital site as part of the programme. The services are commissioned by NHS North Central London Integrated Care Board (NCL ICB), which is also a partner in the programme.

This paper describes the services run by each organisation, the engagement and involvement activity that they have conducted to date, and next steps. It sets out how the insights from this work are having tangible and meaningful impacts on decision-making.

Collectively, NCL ICB and the NHS providers delivering services, seek NCL JHOSC's support for the engagement and involvement approach described.

Background

St Pancras Hospital was built in 1848, and councillors will be aware that proposals have been underway for several years to redevelop the site. The primary aim of the programme is to transform and improve the mental and physical healthcare services that patients in North Central London receive. The proceeds from land sales have already started to deliver brand new healthcare facilities for patients across Camden and Islington.

For example, North London NHS Foundation Trust has already invested over £100 million in mental health facilities because of the St Pancras Hospital Transformation Programme.

These facilities are at Highgate East – an award-winning facility providing inpatient care for older adults and rehabilitation care; and a community 'hub' at Lowther Road. These have been specially designed for the healthcare services provided from them. They mean we can provide better care for some of the most vulnerable people in our communities, including those with severe and enduring mental health problems.

As well retaining some NHS services in a refurbished South Wing at St Pancras Hospital (see below), the site will also be the home for Oriel – a new centre for Moorfields Eye Hospital that will bring the best in eye care services and clinical research together under one roof. This exciting development is already under construction and is planned to open in 2027.

Together, the St Pancras Hospital Transformation Programme, the development of Oriel, and the redevelopment of the St Pancras Hospital site by the NHS's development partner, will transform what was a selection of poor and outdated NHS facilities. It will create a site that combines vital NHS services for local people, world-leading eye health and research, and substantial new housing in the heart of Kings Cross.

As well as NHS services, the site will include new public spaces, including a variety of play and wellbeing areas, new workspaces, and about 200 new homes, including those for social and affordable rent. The site was designated for development in this way in the Draft New Camden Local Plan, which was published for consultation between 1 May and 27 June 2025.

This is not only the best and most efficient use of public money, it also enables us to deliver the highest quality physical and mental health services to those who need them.

The St Pancras capital development is significant for North Central London. It will deliver improved mental health and community services delivered in fit-for-purpose environments, as well as realise other improvements in the delivery of care for our residents and patients. The programme will help enable population health improvement in line with our health and care system strategy.

Context

The St Pancras Hospital Transformation Programme builds on the former Camden and Islington NHS Clinical Commissioning Groups' 2018 consultation on the future of mental health services provided by Camden and Islington NHS Foundation Trust (a predecessor of North London NHS Foundation Trust). Some of the changes that were consulted on in 2018 have already been delivered, such as the relocation of services to new facilities at Highgate East and Lowther Road. However, seven years on from the consultation, some of the original aspirations have been re-prioritised to keep in step with available funding and new ways of delivering care.

Committee members will be aware that NHS providers and commissioners have a statutory duty, under the National Health Service Act 2006 (amended by the Health and Care Act 2022), to involve patients and the public in decision-making around services. We believe the approach we have taken so far, and the valuable feedback that has been yielded as a result (as described below), demonstrate our commitment to that duty.

North London NHS Foundation Trust, which owns the St Pancras Hospital site, is working with its development partner, Kings Cross Central Limited Partnership, to undertake and oversee the site's regeneration.

Importantly, some key elements are not changing because of this transformation programme. For example:

- The NHS is committed to keeping services such as intermediate care rehabilitation beds located on the St Pancras Hospital site.

We are looking to bring these together in South Wing, which will be sensitively refurbished and repaired, while retaining the heritage and history of the original Victorian estate.

- The services which are proposed to move from the site are not changing. They will continue to care for the same patients and service users, receive referrals in the same way, and treat the same numbers of people – just in vastly improved and more modern environments.

Over time, we anticipate significant benefits will come from the relocations envisioned as part of this programme.

Our approach to engagement and involvement for the programme

The programme is characterised by a number of proposed service moves across differing clinical areas, planned to take place at different times until August 2027. These services are currently commissioned by North Central London ICB and provided on the St Pancras Hospital site by three different providers:

- North London NHS Foundation Trust (NLFT)
- Central and North West London NHS Foundation Trust (CNWL)
- Royal Free London NHS Foundation Trust (RFL)

Most of the services are relatively small and local. As described above, **the proposals are to relocate services 'as is'**, with no changes to the way services are provided, to whom, or their capacity.

The moves would result in us embracing the opportunities provided by new locations, for example, by ensuring modern, fit-for-purpose buildings that would provide improved clinical and therapeutic environments. There are no material changes proposed to the service models or pathways.

As a result, we are taking an approach of focused, targeted engagement with affected patients, service users, carers, and groups. Equality impact assessments and quality impact assessments have been carried out to identify any cohorts of patients, service users and local people who would be affected by the proposed service moves. We are using these to understand the impacts of the service moves on patients and staff, both positive and negative. Our involvement approach is also focused on engaging and listening to these additionally identified groups to help better understand and then mitigate any negative impacts where possible.

We believe this is the most effective way of reaching – and ensuring we are listening to – the bespoke populations affected across multiple small services. It is also a proportionate, targeted use of public resources.

While this paper sets out the engagement we are undertaking with those groups, it is also important to note that each NHS organisation involved is carrying out internal engagement with their affected staff, including face-to-face and online sessions, regular communication and information shared through 'frequently asked questions' and briefings, and formal HR consultations where the locations of people's workplaces are proposed to change.

We are building on the engagement and involvement work we have conducted to date, including that focused on the services we propose to move to the Peckwater Centre. We are committed to making sure we fully consider and appropriately act on what we hear.

Our principles for engagement and involvement

Our proposals closely align with the 2018 public consultation, although, seven years on, some original aspirations have been re-prioritised

Underpinning our approach is our collective ambition to involve those who use our services, our staff, and local people in our planning. We want to keep conversations going and continue to seek, listen to and incorporate the views and needs of patients, staff, local communities and our partners and stakeholders in our emerging proposals. We are committed to:

- Involving, as appropriate, patients, service users and staff in designing criteria for evaluating potential site locations for services that need to move from their current location
- Undertaking robust equality and quality impact assessments, including once potential future locations for services are identified, to understand the extent of the possible impact a change of location would mean for people who use those services and to inform specific engagement plans
- Engaging with impacted audiences and other service stakeholders proportionately, to inform and refine proposals and to provide insights to help mitigate any potential negative impacts
- Making sure we particularly reach out to those who may be disproportionately impacted by a proposed change

- Ensuring continued dialogue with all key audiences throughout the programme, making sure feedback is considered, with evidence that this informs decisions as they are made
- Providing regular 'you said, we did' feedback so that people can see and understand how their views and feedback have been considered by the programme teams

Central and North West London NHS Foundation Trust – long term conditions

What services are moving?

CNWL currently runs the following services at the St Pancras Hospital site which have recently moved, or are in the process of moving, to the Peckwater Centre in Camden:

In August 2025

- Camden community heart failure service (c.185 referrals a year)
- Camden COPD (chronic obstructive pulmonary disease) and home oxygen service (c.800 new referrals and c.4,000 patient contacts in the last 12 months)
- Camden podiatry service and surgical procedures (surgery: average c.900 referrals and c.2,000 patient contacts a year; specialist podiatry: average c.240 referrals and c.1,400 patient contacts a year)

In October 2025

- Camden community diabetes service (c.1750 referrals in 2024)

The North Central London Clinical Advisory Group discussed and supported the proposed moves of the CNWL services to the Peckwater Centre in March 2025. This was part of a series of updates on the St Pancras Hospital Programme that has been provided to the clinical group. Clinicians gave their support to the proposal based on the rationale that services could become more integrated within a community-based setting.

Who is affected by the move?

The CNWL team is mindful of the impact of the move on its patients, carers, and staff, particularly those with longer or more difficult journeys to the new location. In carrying out equality impact assessments, CNWL data shows no statistically significant variance relating to ethnicity for the cohort of patients that will have to travel longer distances to Peckwater. CNWL did, however, identify that there was a slight over representation of patients of Bangladeshi ethnicity negatively impacted by the move to Peckwater, in terms of travel times, and for this reason a specific engagement event took place to ensure their views were heard, with the support of a local advocacy group. As detailed below, reassuring feedback was received from this group regarding the proposed move as long as Bengali language information continues to be in place regarding the new location.

Independent travel analysis has been conducted which shows that, overall, the Peckwater Centre offers better connectivity for public transport users, with comparable walking and driving times. There is a slight reduction in cycle catchment (people living within 15 minutes' cycling time).

Engagement and involvement to date

Through a mixture of one-to-one discussions and focus group meetings, CNWL has engaged with more than 40 patients and five carers who use the services that are proposed to move.

The trust was also a key contributor to discussions at the Peckwater patient, carer, and stakeholder event convened by North Central London ICB in January 2025, and a small group of its patients attended that event.

As above, a separate, specific engagement event was also held with people of Bangladeshi ethnicity to better understand the potential impacts of the CNWL service moves on them and listen to their views.

Engagement outcomes and next steps

Throughout the engagement that CNWL and NCL ICB conducted, there were no major concerns voiced by patients or carers regarding the moves – and many fed back that they welcomed it.

This is also in the context of previous feedback from the Peckwater stakeholder community, which made clear their preference to keep the Peckwater Centre as a hub for community services, rather than acute services such as dialysis, which had previously been mooted.

Feedback in relation to CNWL's proposals to move long term condition services to Peckwater included that:

- Peckwater has a more frequent bus service
- People would support the services being provided from a newer building
- The walk from the bus stop would be longer, so some may require patient transport
- A map and public transport information should be provided
- The current facilities on the St Pancras Hospital site are poor

At a specific listening event for people of Bangladeshi ethnicity, people fed back that they generally had no concerns about the change in location as long as Bengali language information continued to be available, which CNWL has committed to.

Beyond effective communication (for which plans are already in place for service users, carers, stakeholders and referrers) and the provision of patient information about the change and travel information in multiple languages, including Bengali, no further mitigations are felt to be required at this time.

This is in addition to the Peckwater event in January 2025, where we (NCL ICB, CNWL and NLFT) heard that, for example:

Feedback and insights gathered	Action taken or to be taken
A long-term strategy – informed by ongoing community involvement – for the Peckwater Centre is needed.	<ul style="list-style-type: none"> • An advisory group - comprised of Peckwater tenants and service providers, patients, service users, carers and community representatives - has been established to help ensure the centre remains a sustainable, well-integrated hub for health and community services and for local people

The co-location of services should provide an opportunity for physical and mental health services to work more closely together	<ul style="list-style-type: none"> We are exploring the establishment of a joint service user and carer group with community health and mental health service colleagues All providers are committed to enhancing collaboration between services in line with emerging work on neighbourhood care in North Central London
We should make it easy for people to access services at the Peckwater Centre via different modes of transport	<ul style="list-style-type: none"> Hard copy and digital travel information will be developed for patients, service users and carers. It will also be available on request in alternative formats and languages
We should provide clear communication and enough notice about the moves to service users and carers	<ul style="list-style-type: none"> New patients and service users will receive 6-8 weeks' notice along with relevant travel information The move will be discussed with existing patients and service users when they attend for an appointment and accompanying information will be provided. Relevant travel information will be provided with appointment letters
Clear signage and wayfinding is important to help people easily navigate the building and understand where services are located	<ul style="list-style-type: none"> NLFT and CNWL are working with their estates team to ensure there is clear signage to enable people to locate the services and their consultation rooms with ease

Ongoing engagement will continue once the services have moved, to ensure that any unforeseen impacts can continue to be mitigated where possible. Plans for this include:

- Through a newly established Peckwater Advisory Group (which includes all tenants of the Peckwater Centre alongside stakeholders and patient representatives), which held its first meeting in early September 2025
- Proactive conversations with patients when they attend for appointments in the centre
- Further conversations with patients and carers who have taken part in engagement exercises already and who are happy to be contacted in future
- Regular NHS Friends and Family Tests

The CNWL services are also using the 'Triangle of Care' scheme, which advocates a collaborative approach between patients, carers, and professionals. Each service has a 'carer champion', and assessments are conducted specifically around how staff are recognising and supporting the needs of carers in the provision of services.

North London NHS Foundation Trust services

What services are proposed to move?

NLFT currently runs the following services at the St Pancras Hospital site which are proposed to move as part of the transformation programme:

- Neurodevelopmental disorders
- Psychodynamic psychotherapy
- Rivers Crisis House

NLFT – Neurodevelopmental disorders service

The neurodevelopmental disorders service is proposed to move to the Peckwater Centre in Camden in October 2025.

The neurodevelopmental disorders service includes two sub-specialty specific services:

- The adult autism diagnostic and consultation service
- The adult ADHD clinic

The service receives c.2,800 referrals per year and has an active caseload of c.900 service users. Service users are mainly drawn from Camden and Islington; however, the autism assessment service supports patients from across North Central London.

Who is affected by the move?

The NLFT team is mindful of the impact of the proposed move on its patients, carers, and staff, particularly those with longer or more difficult journeys to the new location. An independent travel analysis was undertaken, and it showed Peckwater offers better connectivity for public transport and private vehicle users, with comparable walking and cycling catchments compared to now. To note, the travel time is less or the same across all metrics measured.

In carrying out equality impact assessments, the NLFT team identified the small number of people from Barnet, Enfield, and Haringey accessing the autism diagnostic and consultation service as potentially being more impacted. With that in mind, in addition to the travel analysis referenced above, further analysis was conducted to reflect patients who live in these boroughs who attend St Pancras Hospital. The analysis did not show a significant change in journey times for those service users. Moreover, they typically attend a single assessment appointment, meaning the relocation has minimal impact in terms of travel.

The trust recognises that the new location must be accessible for those with physical disabilities and/or mobility issues. The Peckwater Centre is fully equipped with disability access, including lifts to support wheelchair users and individuals with mobility challenges. There are no physical barriers to entering the building for appointments. In addition, the service remains committed to supporting people with patient transport services where eligible.

Engagement and involvement to date

NLFT has offered several opportunities for engagement in the proposals for the neurodevelopmental disorders service throughout the programme. These include the event for Peckwater stakeholders in January 2025 (see page 6), and service specific listening events in May and June 2025 for service users and carers. The latter were not well attended; however, an additional event was held in July 2025 for service users, carers, and stakeholders when 20 people attended.

A facilitated questionnaire has also been conducted with service users and carers attending appointments, generating c20 responses over a three-day period.

Engagement outcomes and next steps

Feedback included themes around:

- **Improved facilities and capacity** – a larger, purpose-designed space was seen as a significant opportunity to increase service capacity, improve access, and improve the overall experience for patients and staff. There was enthusiasm about the possibility of closer working between the autism and ADHD teams, including around the benefits of potential combined assessments.
- **Transport and accessibility** – some raised concerns around accessibility and getting to the Peckwater Centre, particularly for those travelling by car. People highlighted the importance of the NHS providing accurate, up-to-date, and accessible travel information, and having it shared before appointments, in formats that are easy to understand and navigate.
- **Service design and integration** – having other physical and mental health services at the Peckwater Centre was seen as a key strength. People were keen to explore future increased collaboration with voluntary and community sector (VCSE) partners, including organisations such as Mencap and local autism hubs, to help shape a more inclusive and holistic model of care. Participants emphasised the value of creating a seamless experience for service users, particularly those with complex or co-occurring needs.

There were also some concerns about the potential for care to remain fragmented across different services, even though they would be provided in the same location, unless there was a concerted focus on addressing this. Participants stressed the importance of clear referral routes, and a joined-up approach to continuity of care.

- **Wayfinding and travel support** – NLFT heard how navigating unfamiliar environments can cause anxiety for some neurodivergent people. This underlined the need for user-friendly, co-produced signage, clear directions and accessible travel information, and visual travel guides and maps.
- **Support for service users** – several suggestions were made to reduce anxiety and improve the experience of attending appointments, such as a buddying system to support service users for first appointments, sensory-friendly waiting areas, being clear with people when they arrive around how long they may have to wait, and a buzzer or text system to allow people to leave the waiting area and be alerted when their clinician is ready.

Some service users are unclear on what to expect from the service and how it relates to their needs. Participants recommended creating introductory videos, co-produced with people who use the service, to introduce the space and the team, and NLFT has committed to producing these.

- **A willingness among attendees to continue to be involved** – continue to contribute feedback and to work with the service team to identify and resolve any early issues following the proposed move. Further engagement following the move is planned to gather feedback from service users and stakeholders. This will help to identify any emerging barriers following the relocation and inform the development of appropriate mitigations to maintain and improve accessibility, quality and the service

user and carer experience.

Ensuring information and updates are shared consistently across all boroughs was also seen as vital.

NLFT are incorporating all the valuable feedback they received into their implementation work and the work of the advisory group, which will look at improving joint working between different services using Peckwater. The trust will also take forward the recommended actions on signage and communication.

The trust will also continue to make sure that service users and carers have opportunities to carry on sharing their views once the service has moved, for example to address any early teething problems at the new location.

NLFT – Psychodynamic psychotherapy

What is being proposed?

NLFT's psychodynamic psychotherapy service is a cross-borough service for residents of both Camden and Islington. NLFT is proposing to move the service to a new location from the summer of 2026.

Individual psychodynamic psychotherapy is typically for one year with some variability. The service sees approximately 110 service users a week in either individual or group sessions.

Currently delivered from the St Pancras Hospital site, the NLFT team has been exploring potential new locations for the service.

NLFT viewed 15 possible sites for the future location of the service:

- 11 in Camden
- 2 in Islington
- 2 on the border between Camden and Islington

From these, two viable potential locations were identified for the future:

- The Centro Buildings, in Camden, NW1
- The Arts Building, in Islington, N4

The others were discounted on factors such as whether they had enough suitable space, whether transport links were good enough, if they were Disability Discrimination Act (DDA) compliant for accessibility, affordability and value for money, and so on.

The Arts Building has subsequently been identified as the preferred option for the new location. Compared with the Centro Buildings, The Arts Building offers:

- A calmer, less clinical feel with potential for soft lighting, plants, and ventilation
- A more welcoming reception area and natural light
- A spacious lift and easier wheelchair access
- A dedicated floor with a single space for psychotherapy – more privacy, better toilet access, single reception area
- A better layout for staff areas, including kitchen and outdoor access

- More clinic rooms and more rooms for group sessions
- Additional space and a location which potentially opens up possibilities of managing any future growth in demand

Who is affected by the move?

The NLFT team is mindful of the impact of the proposed move on its service users, carers, and staff, particularly those with longer or more difficult journeys to the new location. In carrying out equality impact assessments, they also identified that those who are physically disabled and / or pregnant could be disproportionately affected by the move.

An independent travel analysis found that The Centro Buildings offer better public transport journey times while maintaining similar travel times for walking, cycling and driving. The analysis also found The Arts Building is more accessible than St Pancras by public transport but has longer journey times for walking, cycling, and driving.

Engagement and involvement to date

Three service user experts by experience visited both shortlisted sites in March 2025. As well as a site visit, NLFT also held an online and telephone survey and a focus group, gathering additional insights from c12 more people using the service.

The trust also held an engagement event in July 2025, and the 17 attendees included service users and carers, as well as representatives from Mind.

We recognise a need to ensure that Camden service users, stakeholders and communities are engaged specifically and NLFT is exploring a follow-up event to engage Camden residents and GPs, including through the Camden Borough GP Forum and the GP newsletter.

Some of those who participated in the engagement identified that they had a physical disability. In relation to pregnancy: if a service user is pregnant at the time of referral, treatment is paused until the service user has had their baby. If someone was to become pregnant over the course of treatment, the service would discuss this one-to-one with the service user and consider reasonable adjustments.

Engagement outcomes and next steps

The preference of those service users visiting both sites was for the Arts Building, based on:

- Proximity to Finsbury Park underground and train station, and bus station
- Pavement level access and a more spacious lift
- The amount of natural light and views over London
- That toilets are available within the proposed NHS space, rather than being shared with other tenants
- A layout which was more welcoming, calming, and easily negotiated

They also felt that the Centro Buildings:

- Had a reception area which risked feeling 'dark' and 'oppressive'
- Did not have comparable windows, with views of brick walls or nearby buildings
- Would be more difficult to ventilate and achieve soft lighting in clinic rooms

The key themes of feedback from the focus group, survey, and July engagement event included:

- **Travel, access, and feeling safe:** while the service from the proposed new location would be convenient in terms of public transport, some service users from Camden (especially South Camden) may face longer journeys. It was also acknowledged that the journey by public transport would be busy and so clear travel guidance was requested and will be provided.

Some described worry about extending their usual routes, especially where journeys feel chaotic or unsafe and some cited possible disruption around football matches, which will be considered when booking appointments. There was feedback that accessibility in terms of facilities (e.g. toilets) and transport was more important than travelling time to get to the service, and that the reception should be staffed during clinical hours.

- **Therapeutic environment and clinical considerations:** familiarity of spaces, including therapy rooms and waiting areas, was highlighted as central to service users' comfort and progress. Using similar decoration or furnishing to the current location could help with the transition.

NLFT heard that all rooms needed good ventilation, that rugs and soft furnishings should be used where possible to avoid a sterile feel, and that service users wanted to be involved further in the detailed design.

Neurodivergent individuals, those with trauma histories, or who experience sensory overwhelm may require tailored approaches. People felt the space should have a welcoming clinical atmosphere (e.g. daylight, views, and fresh air while ensuring soundproofing). They also felt a self-contained space is preferable as it limits the risk of bumping into members of the public.

- **Transition support strategies:** including around buddying systems and gradual introductions to the new location, as well as visual aids (such as video walk-throughs and photos), and bringing comforting items from the existing site – such as the book exchange, waiting room scent, and even the same plants – can help reduce disruption.

Importantly, service users said they preferred to hear about the move from their therapist, ideally during appointments. Transition needs careful staging rather than being abrupt, and poster-based messaging alone would be seen as ineffective. The trust is building this feedback into their next steps.

- **Staff experience and impact:** The current environment was described as physically uncomfortable whereas the proposed new site offers light, space, rest areas, and a terrace. Many staff are honorary clinicians and trainees expressed motivation to relocate with the service.
- **Communication and outreach:** people also highlighted the importance of early engagement with referrers (GPs, Age UK, Mind), expressed a desire for an event at the new site to orient stakeholders and referrers, and for the service to use varied communication methods beyond standard letters.

Some participants noted that current service users may not be directly impacted yet acknowledged the importance of planning for future users. People said that the process we were following felt collaborative rather than imposed, which was seen as a positive step.

Furthermore, while NLFT acknowledges the difference in travel times and the importance of travel time to services for a lot of people generically, it is felt the difference is not material enough to sway the decision on the preferred new site location, especially considering the feedback from service users outlined above. It is felt that any disadvantage is offset by the other benefits of the proposed new location outlined above.

Insights from the engagement will guide service design, such as tailoring communication, improving accessibility, and ensuring the therapeutic environment meets the needs of all service users.

Early engagement with GPs and community groups is also underway. An open day and varied communication formats will support users, including those with literacy challenges.

Ahead of the proposed move in 2026, NLFT will now take this feedback on board as it continues to develop ongoing plans to involve its staff, service users, carers, partners, and stakeholders in the proposed move.

NLFT – Rivers Crisis House

What is being proposed?

Rivers Crisis House (sometimes also referred to as South Camden Crisis House) is located on the St Pancras Hospital site and supports people in a mental health crisis. It provides service users with an 'alternative to admission' to a mental health inpatient bed, and a 'step down' from an inpatient stay on a mental health ward if people are not yet clinically ready to return home.

Across the geography that NLFT serves, there is one crisis house (or crisis prevention house) in each borough. This is except for Camden, which currently has two:

- Rivers Crisis House at St Pancras Hospital, in the south of the borough
- North Camden Crisis House at Daleham Gardens, in the north of the borough

Rivers Crisis House and North Camden Crisis House have six beds each. This capacity of 12 beds is broadly similar to the crisis house capacity elsewhere. In the year up to July 2025, 157 service users accessed Rivers Crisis House (and 142 accessed North Camden Crisis House).

Following engagement and an options evaluation process conducted with service user experts by experience, carers, partners, stakeholders and staff, it is proposed that the six beds at Rivers Crisis House will be brought together with the existing six beds in the North Camden Crisis House at Daleham Gardens to make a 12-bedded facility.

The alternative shortlisted option was to move the Rivers Crisis House beds to a property in Early Mews, Camden, and this was discounted following feedback (see below).

The proposed move will create one crisis house for Camden, bring it into line with the other boroughs, and make the service more efficient to run.

However, it does require building work so that Daleham Gardens can accommodate the 12 beds needed for the combined crisis house. This building work will mean that new admissions to Daleham Gardens will have to be temporarily suspended for a period of approximately eight months from October 2025.

To mitigate this temporary impact, we have assessed demand and capacity for crisis beds across North Central London and plan to put in place the following measures during the building works:

- **Optimise the use of crisis beds resilience across NCL** – a review of data from August 2023 to August 2025 confirms that there has been an average of six vacant beds daily across NCL's 67 crisis prevention beds.
- **Reserve vacant beds at Highbury Grove Crisis House for male Camden service users** – male service users would be cared for at close-by Highbury Grove just across the border in Islington.
- **Prioritise female admissions at Rivers Crisis House** – which aligns with other mitigations to ensure gender equity and effective management of patient flows during the short-term works.

NLFT will work closely with community teams, partners, and service users to ensure a smooth and safe transition.

Who is affected by the move?

The NLFT team is mindful of the impact of the proposed move on its patients, carers, and staff, particularly those with longer or more difficult journeys to the new location. In carrying out equality impact assessments, they also identified women, people with disabilities including wheelchair users, and people who live outside of Camden as potentially being disproportionately impacted by the move.

Some of these groups were identified following engagement with service users and the insights gained from that work, and some through insights into crisis house operations elsewhere. NLFT is holding dedicated engagement sessions with these groups to better understand any feedback and mitigate / make improvements at the proposed new location where possible.

Independent travel analysis found that while there is a difference in travel times between the two potential sites, in the main, the difference in journey times for Daleham Gardens compared to Early Mews is one of a few minutes longer. The greatest difference is seen across maximum journey times by public transport in peak times – Daleham Gardens would take five minutes longer on average than getting to St Pancras, whereas Early Mews would take seven minutes less.

Just looking at the sites in terms of accessibility, Early Mews offers the best public transport accessibility, with reduced journey times compared to St Pancras. It also provides good accessibility for walking, cycling, and driving. Daleham Gardens is less accessible to residents of Camden and Islington across all modes, particularly for public transport and driving, due to its less central location within the boroughs.

However, engagement with service users has highlighted that there are disbenefits of being 'too central' (in terms of noise, volume of other people around and overwhelm, etc) and there is a general sense that the benefits of co-locating the crisis houses at Daleham Gardens, and the environment we are able to provide there, far outweigh the marginal differences in travel times.

Engagement and involvement to date

In May 2025, NLFT discussed the proposed move with its Service User Alliance and hosted site visits for four service users and one carer.

Across May and June 2025, the trust also held two options appraisal events to involve service users and those with lived experience of the crisis houses, as well as carers, staff and other stakeholders in Camden, in evaluating and assessing both site options. Their input helped to shape and agree the final evaluation criteria used in the process.

During August 2025, NLFT held:

- Two 'look and feel' design workshops with five service users and five members of staff, bringing them together with the architects and design team to review updated designs and focus on specific features such as layout, lighting, colours, materials, and accessibility, allowing attendees to provide further input before final designs are confirmed.
- An engagement session on accessibility with four people with disabilities or long-term health conditions and experience of using crisis houses. The focus was to identify accessibility requirements and adjustments to ensure the service is safe, welcoming, and easy to use for people with physical, sensory, cognitive, or mental health-related access needs.
- An engagement session with six women with lived experience to share their views and/or any concerns about the new Rivers Crisis House proposed at Daleham Gardens. The focus was on ensuring the environment supports women's safety, dignity, and wellbeing during a mental health crisis.

The proposals have also been discussed in a range of one-to-one conversations with stakeholders, such as Healthwatch and Hopscotch Women's Centre in Camden.

Engagement outcomes and next steps

The feedback from service users, carers, and stakeholders included reflections on comparisons between the two shortlisted options:

Daleham Gardens	Early Mews
Some distance from public transport but not too isolated	Access through heavy metal gate that some found intimidating
Tucked away in quiet area, so shouldn't be loud at night	Camden gets very busy at weekends and at night: getting there through crowds could feel overwhelming
Garden difficult to access in a wheelchair and reported issues with reliability of existing lift	Ramp available, although some concerns around cobbles surrounding gate and entrance
Lots of natural light and large, bright rooms	Concerns about some rooms being overlooked from adjacent property
Spacious rooms with potential for communal areas	Rooms on plan look close together (possibility to overhear each other)
Most rooms have views out onto greenery	Space outside for some tables and chairs, with some greenery
Feels clinical / ward-like	Roof top garden could be a positive
Lack of one-to-one space for consultations	Little one-to-one space for consultations

Feedback was also given on Daleham Gardens as the preferred new site location:

Feedback received	NLFT consideration and response
<p>There is some concern about the approximately eight-month period where the existing six beds at Daleham Gardens would be temporarily suspended to allow for refurbishment works to accommodate all 12 beds on the site.</p>	<p>Modelling has shown that there is sufficient capacity within the other crisis houses across North Central London to accommodate the temporary closure of Daleham Gardens and several additional measures are also being enacted to strengthen provision during this time:</p> <ul style="list-style-type: none"> • NLFT and NCL ICB have agreed priority access for six male service users at Highbury Grove Crisis House in Islington. • It is also agreed that clear communication and messaging around any disruption, its duration, and mitigations would be required for service users, their carers, and families.
<p>Concerns were raised about the perceived longer walking distance from the nearest underground station and bus stop to Daleham Gardens.</p> <p>Others felt that this distance, and the equivalent for Early Mews, would likely be closer than the current Rivers Crisis House is from King's Cross St Pancras underground station.</p>	<p>The NLFT team are obtaining a more detailed understanding so we can consider any further mitigations we can practically apply.</p>
<p>Attendees noted that Daleham Gardens currently only has a reception that is open from 9am – 5pm.</p>	<p>Out of hours the crisis house has a video and keycard entry system. NLFT are also looking at signage and also how they induct new service users into accessing the building.</p>
<p>It was noted that, while Rivers Crisis House is predominantly a local service, people from outside Camden and Islington do use it.</p>	<p>The potential impact of the proposed move on people outside Camden and Islington will be considered as part of our work to consider any further mitigations we can practically apply</p>
<p>A need was identified for continued engagement with service users, particularly those who use Rivers Crisis House and / or Daleham Gardens more frequently.</p> <p>This was felt to be especially important due to the need for a temporary suspension of beds for refurbishment work to take place.</p>	<p>A period of ongoing engagement on the impact of the proposed move – once the site option for implementation has been agreed and approved – is planned.</p>

Suggestions were made to support service users travelling to and from the site, such as providing transport, taxi, or ride hailing services for those who may find the journey difficult.	When service users first go to the crisis house, they are provided with transport by NLFT. The trust then assesses their travel needs and supports them in accessing additional travel funds if required.
<p>Questions were raised about staff presence and visibility at Daleham Gardens. It was felt this was a risk because the crisis house service would be split over more than one floor.</p> <p>There were also queries about how it would be laid out internally, with some seeking assurance there would be staff located close to people's rooms.</p>	<p>This concern has been largely resolved in the current design as all bedrooms are now proposed to be located on the second floor.</p> <p>However, appropriate operational and staffing plans will be needed to ensure staff are accessible and provide a consistent level of support for all service users.</p>
Kitchen space would need re-thinking to accommodate 12 people	This has been considered in the planning.

A period of ongoing engagement on the impact of the proposed move is planned so that we can understand any further steps the service needs to take to mitigate issues and concerns.

Service users have talked about the importance of soft lighting, and the trust will ensure that all lights will be dimmable. Some have requested sensory equipment for people with neurodiversity and NLFT will ensure that this supplied.

Feedback from the workshops described on page 16 included, for example, that women felt that any blind spots should be designed out, panic buttons should be available in bedrooms, and secure keypad access should be in place. CCTV in communal areas was supported by some but should not replace staff presence and that female staff must always be available, particularly at night.

Those with disabilities described, for example, the benefit of automatic doors that open away from the user to avoid obstacles, lighter-weight manual doors and round handrails to aid movement and clear visibility of handles and accessible positioning for wheelchair users.

NLFT will continue working with service users, carers, staff, and community partners to shape the proposed new crisis house. This includes input into operational policies and staffing models, and focused engagement with people who may be disproportionately affected, including women and people with disabilities.

The Royal Free London NHS Foundation Trust

RFL – dialysis and renal outpatient services

What is being proposed?

The St Pancras Kidney and Diabetes Centre at St Pancras Hospital (formerly known as the Mary Rankin Dialysis Unit) delivers a range of services including dialysis, and renal outpatient services. This service is provided by the Royal Free London NHS Foundation Trust (RFL). Dialysis and renal outpatient services are expected to move off the St Pancras Hospital site in 2027.

The service provides 120 renal outpatient clinics a month. It currently cares for about 250 patients receiving dialysis (most of whom visit three times a week). A further c250 patients with a severe decline in kidney function currently receive specialist care. In addition to caring for this acute cohort of patients, the service also runs community chronic kidney disease clinics for those with chronic kidney disease who are less acutely unwell.

Following an extensive search process, including a review of seven potential new premises, the trust has identified 125 Finchley Road in Camden as its preferred location for the new dialysis unit.

Of the original seven premises, three had been shortlisted for further exploration. Of these, one is no longer available, due diligence on another revealed that extensive work would be needed to make it fit for purpose, and due diligence on 125 Finchley Road confirmed it is viable for providing dialysis services.

As JHOSC may be aware, this process follows significant concern about an original, earlier proposal to move dialysis to the Peckwater Centre. Having heard those concerns from the Peckwater community, we revisited our approach for the relocation of this service.

The finalisation of this proposed location in Finchley Road is subject to:

- the outcome of a tender process that RFL is undertaking to identify a 'managed service' partner. This is a partner to provide building, equipment and infrastructure and facilities management for its dialysis and outpatient services. The use of a managed service agreement is increasingly common for dialysis services, and they are already used successfully by several large NHS providers in London such as Guy's and St Thomas' NHS Foundation Trust and St George's University Hospitals NHS Foundation Trust. Importantly, the service will still be staffed by – and the clinical service provided by – the same NHS clinicians who provide the service now
- other required NHS governance approvals

This means that, at this stage, the preferred location is still provisional. We expect to complete our internal processes and confirm the final location by summer 2026.

To move diabetes services to Peckwater and enable more integrated care in the community for long-term conditions and mental health, it is proposed that the current diabetes and renal outpatient services should be 'decoupled.'

As described earlier in this paper, the diabetes service, run by CNWL, is moving to the Peckwater Centre and therefore will no longer be provided alongside renal dialysis. This proposal emerged from the discussions between the NHS and local community at the July 2024 Peckwater stakeholder engagement event.

The number of patients affected by the proposed decoupling of services is small and the impact of this has been reviewed by clinical leaders across North Central London. On average, four patients a week who are receiving dialysis also currently access a specialist diabetes podiatry review while they are on site.

The agreed clinical pathways for any kidney patient needing specialist diabetic care describe how, in future, these reviews will be offered to patients in their homes or in a local Camden health centre.

The proposed service moves are supported by senior clinicians from across NCL, including senior primary care clinicians in Camden and senior clinical staff at CNWL, including the CNWL Chief Medical Officer. The North Central London ICB Chief Medical Officer jointly chaired the Peckwater engagement event on the proposals in January 2025. As mentioned earlier in this paper, the North Central London Clinical Advisory Group supports the proposed moves.

Who is affected by the move?

As well as those patients and carers who will have a longer/more difficult journey to the new location compared to the current one, RFL has identified older people who are less likely to be able to use public transport and patients with a mental health condition (and their carers) as potentially disproportionately affected by the move. This includes those who are neurodiverse and those with a learning disability, as the proposed move could cause confusion or anxiety about changes in their healthcare.

However, the RFL team have identified mitigations to the potentially negative impacts, such as improved parking, signposting those who are eligible to the non-emergency patient transport service, and continuity of care from the clinical and administrative teams to reduce anxiety and confusion.

Any drawbacks are also balanced by the advantages of what will be an improved clinical environment in a modern centre, expanded capacity (with 60 dialysis stations compared to the current 42), and a unit tailored to people's needs with enhanced infection control, privacy and dignity, and anticipated better patient experience as a result. Further improvements, such as improved temperature control and acoustics compared to the current location, will be of particular benefit for older patients.

Independent travel analysis based on the current patient cohort has found that 125 Finchley Road is marginally further than St Pancras Hospital for both dialysis patients and renal outpatients. For example:

- The average vehicle time compared to St Pancras Hospital is three to four minutes longer for dialysis patients and five minutes longer for outpatients
- The average journey time by public transport is about six minutes longer for dialysis patients and seven to eight minutes longer for outpatients

However, to counter this marginal impact, there would be an ambulance drop-off point and an improved disabled and non-disabled parking area at the new location compared to what is currently available at the St Pancras site.

North Central London's population is ethnically diverse, with around 20% Asian and 20% Black ethnicities. People who are of non-white ethnicity have a much higher likelihood of developing kidney disease and develop kidney failure at a younger age. Diabetes is particularly common in people of Black and Asian ethnicities and is a common cause of kidney disease. So people of Black or Asian origin will be affected by the move.

Engagement and involvement to date

Engagement activity carried out in 2024 and 2025 has focused on patients and carers being able to contribute to the site selection process for the new unit, including the criteria that the sites would be assessed against. This has included:

- A survey of dialysis patients and renal outpatients to find out what is important to patients, with 178 responses
- Involving the RFL Kidney Patients' Association in site visits and setting site search criteria, of the process for confirming the final shortlist, and selecting 125 Finchley Road as the preferred site
- An expert panel meeting to review the criteria for site selection, which included expert patient input from the Chair of the Royal Free Hospital Kidney Patient Association
- A stakeholder workshop, including patient and carer participants, Camden residents and representatives from the community, such as Camden Patient and Public Engagement Group and Camden Disability Action, local advocacy groups, local

councillors and representative from partner services such as the patient transport provider

- RFL Kidney Patients' Association involvement in contributing to the patient experience component of the tender evaluation process – including agreeing relevant evaluation questions – for the procurement of a managed service supplier that is aligned with the proposed service move

While neither RFL, nor the RFL Kidney Patient's Association, have received any negative feedback to date about the move, from patients, stakeholders or staff, there is a healthy interest in what the new unit will be like and how their experience will change.

Engagement outcomes and next steps

As the proposed move for dialysis services is not until 2027, engagement to date has been on enabling patients, carers, and stakeholders to influence the site selection process and ensuring our staff and patients are kept informed of progress. Regular written updates and face-to-face engagement with patients by clinical staff involved in delivering the relocation are in place.

While engagement and involvement of patients, carers and other stakeholders will be ongoing, some initial insights from activity to date is described below:

Feedback and insights gathered	Action taken or to be taken
The location of the unit and distance from home is very important for this patient cohort, who will travel there frequently, as well as proximity to local amenities such as shops, cafes and restaurants	The RFL team acknowledges the change in location of the unit to the preferred site will improve the journey to the unit for some, but for others their journey will be longer. However, access to parking may improve the logistics of visiting the clinic considerably compared to now. Patients travelling by tube will have a shorter journey to the unit from the nearest tube station (Swiss Cottage) compared to now. The preferred location is also closer to local amenities like shops, which feedback tells us will be of benefit to patients and carers attending the clinic.
Accessibility of the proposed site by public transport is seen as important. Although many patients require patient transport, a significant proportion travel by public transport	Travel and access were criteria factored into the site evaluation process alongside criteria such as costs and suitability for developing and fitting out the building into a fit for purpose clinical space.
Improving parking if possible is cited as important	Significant additional parking space, including disabled parking, better access to public transport and designing the new facility in line with accessibility assessment criteria is integral to the planning of the service move.

<p>Many patients have mobility problems, use a wheelchair or become short of breath or tire quickly when they walk. For many patients it is important the patient transport vehicles can park close to the building, so there is only a short distance to reach it, especially in winter. This aspect of parking is seen as key to accessibility for many patients, and an essential for the service</p>	<p>In addition to the parking space considerations, the team will explore how the service can learn from, implement and be supported by the wider chronic kidney disease service and trust-wide initiatives on improving reasonable adjustments for disabled patients.</p> <p>The design team will be expected to produce an Accessibility Statement to confirm and detail the specific ways that the new unit design will be accessible to disabled people, and those with reduced mobility.</p>
<p>Single level floors are also important to patients, many of whom find steps difficult due to mobility or visual disabilities</p>	<p>The preferred new location will have two passenger lifts able to accommodate a bed. This will significantly improve access around the building compared to the current unit.</p> <p>The design team will be expected to produce an Accessibility Statement to confirm and detail the specific ways that the new unit design will be accessible to disabled people and those with reduced mobility.</p>
<p>The opportunity to improve accessibility and patients' mobility throughout the unit.</p>	<p>The preferred new location will have two passenger lifts able to accommodate a bed. This will significantly improve access around the building compared to the current unit.</p> <p>The design team will be expected to produce an Accessibility Statement to confirm and detail the specific ways that the new unit design will be accessible to disabled people and those with reduced mobility.</p>
<p>Continuity of care, in other words keeping the same team of nurses and other staff, has also been identified as important to patients.</p>	<p>Current staff (who are positive about the move to the preferred 125 Finchley Road site) will transfer from the existing unit, so there will be continuity of relationships between patients and clinical and administrative staff.</p> <p>In addition, the team is committed to providing excellent communication and information for all patients, and particularly for those with learning disability, neurodiversity or a mental health condition. This will be part of an approach to ensure</p>

	that people have confidence that this continuity of care will be in place.
Those with a mental health condition, those who are neurodiverse and those with a learning disability could experience confusion or anxiety about changes in their healthcare and changes to their usual routine.	<p>The RFL team are aware this is an important reassuring factor and continuous care from nursing and administrative staff will be provided. In addition, the team is committed to providing excellent communication and information for all patients, and particularly for those with learning disability, neurodiversity or a mental health condition. This will be part of an approach to ensure that people have confidence that this continuity of care will be in place.</p> <p>The team will explore how the service can learn from, implement and be supported by the wider chronic kidney disease service and trust-wide initiatives on improving reasonable adjustments for disabled patients.</p> <p>Potential options include facilitating visits to the new unit so patients can familiarise themselves with the journey and what the unit looks like before they need to go there for treatment.</p>

A patient information leaflet was circulated in July 2025 providing information on Finchley Road as the preferred site with an email address for any queries. No negative feedback has been received. The RFL Kidney Patients' Association has confirmed it has no queries or concerns at this stage.

Senior service leaders are planning a walk-around the current unit across two days in September / October 2025 to discuss the position directly with patients to ensure no feedback or concerns are being missed.

A period of focused further engagement is planned once internal processes have completed and we are able to confirm the new location of the service.

This will enable patients, carers and others to share further views on the impacts of the proposed move and help RFL to design mitigations for any negative impacts over and above the mitigations already identified. Activity for patients and carers will include information displayed at the current unit, targeted focus groups with key cohorts identified in the EQIA process, a suggestions box and take-away leaflets about the project. Provisional activity in this regard has already begun with staff having ongoing dialogue with patients at the unit to raise awareness of the plans, answer any queries and collect feedback.

The engagement will continue to be with all patients currently using the service and local community groups. There will be a particular focus on engaging with those who have physical disabilities, those with dementia, learning disability and other mental health challenges, and those with language barriers in the BAME community. In addition to focus

group activity, RFL will seek representatives from these groups to join their patient and carer panel.

At the appropriate time both patients and staff will be involved in the design of the new centre, ensuring it reflects patient priorities and requirements. A patient and carer panel is being developed so that regular patient involvement can continue as the project progresses over the next few years. The panel will be directly involved in the design and accessibility of the building (for example looking at drawings of layouts and advising on appropriateness from a patient and carer perspective). Recruitment to the panel will be encouraged via internal advertising at the dialysis units and through the RFL Kidney Patients' Association.

There is a requirement in the tender for a commercial partner for them to detail their plans for patient engagement and involvement in the design of the new unit. In addition, as part of the tender evaluation, potential partners will be asked to detail how they will ensure excellent patient experience in the new centre. Patients who are interested in participating in the evaluation of responses to this question have also been identified.

While outside the detail of this report, staff from the renal service are embedded in the team working on the relocation of the service, and staff from the kidney care centre itself will contribute to the design of the new centre.

RFL – ophthalmology

What is being proposed?

The ophthalmology outpatient service (two clinics each week) is also due to move from the St Pancras Hospital site in 2027. The service currently cares for c380 patients, though this number – as with other services – flexes over time.

Discussions are currently ongoing between providers to ensure the impact on patients will be minimised, including the transfer of some patients to Moorfields NHS Foundation Trust, given the new Oriel building that will open on the St Pancras Hospital site. We will share further detail on the output of this planning work and the engagement and involvement activity we plan to undertake with affected patients, carers and other stakeholders in future progress updates to JHOSC.

Conclusion

We believe the approach described in this paper is a targeted, effective and proportionate way to engage and involve those who use our services, their carers, community representatives and other stakeholders, in the future location and design of those services.

We are working together as NHS partners and with our local communities to reach, hear from, and make meaningful improvements to:

- how we involve people in an ongoing way around the services which are moving from the St Pancras Hospital site
- how we communicate the moves more widely to all our patients and service users, their carers, our partners and other stakeholders
- how we design the new locations for services to be as inclusive and helpful as possible, with improvements in patient experience, for the people who use them

- how we can make improvements to services over the longer term.

NHS North Central London Integrated Care Board and all the NHS providers involved in the St Pancras Hospital Transformation Programme, are committed to meaningful and ongoing engagement and involvement in advance of the proposed moves and afterwards to ensure that any early challenges are resolved swiftly and with patient and service user input.

The future engagement activity planned and outlined in this paper will iterate over time, and the NHS partners within the St Pancras Transformation Programme are committed to respond to any new or additional needs identified over the next period in an appropriate and proportionate way.

We welcome any suggestions from JHOSC which may strengthen our approach further and would be pleased to return at a future date to update you on our progress.

Recommendations

North Central London JHOSC members are asked to:

- Review and discuss the NHS's outlined approach to ongoing patient, carer and community engagement and involvement in a series of planned service relocations over the next two years, as part of the St Pancras Hospital Transformation Programme
- Support the targeted and focused service-based involvement approach outlined
- Provide any feedback or additional suggestions to help shape the future engagement and involvement activity described
- Confirm if and when members would like to receive a future update on our progress.

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Appendix A – 2025/26 NCL JHOSC work programme

Friday 11 July 2025 – LB Barnet, Hendon Town Hall

Item	Purpose	Lead Organisation
TBC	Community Pharmacy Update	NCL - ICB
TBC	NCL Estates & Infrastructure strategy	NCL - ICB
TBC	JHOSC ToR	JHOSC

Friday 12 September 2025 – Islington Council

Item	Purpose	Lead Organisation
TBC	St Pancras Hospital Programme Update	NCL - ICB
TBC	NCL Finance Update	NCL - ICB
TBC	ICB Restructure	NCL - ICB

Friday 21 November 2025 – Camden Council

Item	Purpose	Lead Organisation
TBC	Winter Planning Update	NCL - ICB
TBC	NHS 10 Year Plan	NCL - ICB
TBC		

Friday 30 January 2026 – Enfield Council

Item	Purpose	Lead Organisation
TBC	Paediatric Services Review	
TBC		

TBC		
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Monday 9 March 2026 – Haringey Council

Item	Purpose	Lead Organisation
Community-based meeting	TBC	

Usual standing items each year:

- **Estates Strategy Update**
- **Workforce Update**
- **Finance Update** - The Committee requested that the next financial report should include:
 - Details on acute care and community services and on overview of any associated pressures and risks.
 - Details on the distribution of funds to voluntary sector organisations.
 - Details of the lines of communication between Departments and how financial decisions are reached.
- **Winter Planning Update.** The Committee requested that the next winter planning report should include details on progress relating to:
 - High Impact Interventions.
 - Bringing down waiting times for patient discharges to A&E from ambulances.

Possible items for inclusion in future meetings

- Terms of Reference – revised version for JHOSC ToR to be discussed/approved by Committee – July 2025
- St Pancras Hospital update – July 2025
- Health Inequalities Fund – Last item heard in Feb 2025. It was suggested that the community groups involved in delivering local projects could provide an update to the Committee in a year or two. To be reviewed in Feb 2026.
- NMUH/Royal Free merger – Last item heard in Sep 2024. Possible follow-up areas: a) For the Committee to examine a case study into a less prominent area of care to ascertain how it was monitored before and after changes to the service, what the local priorities were and their impact on how clinical decisions were made. b) For further discussion on financial risk and, including how the debts of the Royal Free Group when be held within the merged Trust.
- Smoking cessation & vaping.

- The efficacy of online GP consultations (including how the disconnect between the public and the medical profession could be addressed, how the public could be reassured that outcomes would be equally as high as face-to-face consultations and how capacity can be improved in this way.)
- Developing technology and its role in the management of long-term chronic conditions.
- Strategic role of GP Federations.
- Vaccination initiatives tailored to specific local needs in each NCL Borough including outreach work with community pharmacies.
- Paediatric service review.
- Primary care commissioning and the monitoring of private corporations operating in this area.
- Increases in number of people being charged for services that they were previously able to access free of charge through the NHS (e.g. dentistry/ear wax syringing).
- Mental Health & Community/Voluntary Sector – In August 2024, the ICB/Mental Health Trusts provided an update on Community & Voluntary Sector contract terms. In the meeting of April 2025 it was requested that a further update should be provided to the Committee on how the contracts with the voluntary and community sector fits in with the SPA
- Whittington Hospital merger

2025/26 Meeting Dates and Venues

- 11 July 2025 – LB Barnet
- 12 September 2025 – Islington Council
- 21 November 2025 – Camden Council
- 30 January 2026 – Enfield Council
- 9 March 2026 – Haringey Council

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