NOTICE OF MEETING

NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Friday 21 November 2025, 10:00 a.m.
Camden Council, Committee Room 1
Town Hall, Judd Street, London
WC1H 9JE

Contact: Fola Irikefe, Principal Scrutiny Officer

E-mail: fola.irikefe@haringey.gov.uk

Councillors: Philip Cohen and Paul Edwards (Barnet Council), Larraine 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. New items will be dealt with under item 10 below).

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 12th September 2025 as a correct record.

7. ACTION TRACKER

To follow.

8. NHS 10 YEAR HEALTH PLAN AND NEIGHBOURHOOD HEALTH (PAGES 11 - 32)

To consider and discuss the detais of the NHS 10 Year Plan and Neighbourhood Health.

9. WINTER PLANNIG 2025/26 (PAGES 33 - 64)

To consider the NCL Winter Plan and North London Foundation Trust (NLFT) Winter Plan for 2025/26.

10. LONDON AMBULANCE SERVICE UPDATE (PAGES 65 - 82)

To consider the performance update and achievements for London Ambulance Service for 2025/2024.

11. NWL JHOSC TERMS OF REFERENCE

To follow.

12. WORK PROGRAMME (PAGES 83 - 86)

13. NEW ITEMS OF URGENT BUSINESS

14. DATES OF FUTURE MEETINGS

To note the dates of future meetings:

30 January 2026
9 March 2026

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

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

Thursday, 13 November 2025

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Agenda Item 6

MINUTES OF MEETING NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE HELD ON Friday 12th September 2025, 10.00am – 12.30pm

IN ATTENDANCE:

Councillors Pippa Connor (Chair), Larraine Revah (Vice-Chair), Kemi Atolagbe, Tricia Clarke, Philip Cohen, Joseph Croft and Matt White (Chair of Overview & Scrutiny – Haringey)

ALSO IN ATTENDANCE:

- Phil Britt, St Pancras Head of Programme
- Anthony Browne, Director of Finance Business Partnering, NCL ICB
- Sarah Hulme, Service Director CNWL
- Dylan Jones, Project Finance Analyst, Royal Free Hospital
- Sarah Mansuralli, Chief Development and Population Health Officer, NCL ICB
- Chloe Morales Oyarce, Head of Communications and Engagement
- Gary Sired, Director of Financial Strategy, Planning and Performance
- Alex Smith, Director of Service Development, NCL ICB
- Fola Irikefe, Principal Scrutiny Officer, Haringey Council

Attendance Online
None

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'.

The Chair informed those present that the meeting was being recorded for the purpose of accuracy.

APOLOGIES FOR ABSENCE

Apologies for absence were received from:
Councillor Paul Edwards

URGENT BUSINESS

None.

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

QUESTION
A member of the public raised the following question directed to the ICB:

'A constituent familiar with Continuing Health Care has raised concerns due to a series of incidents where it appears rigorous financial controls have not been applied and the ICB have implied that this was because of organisational change. ICB staff from two departments have stated that organisational change is the reason why we have experienced service failure linked to lax financial controls. How are the ICBs ensuring proper financial controls are adhered to at this time of organisational change?'

The Chief Development and Population Health Officer expressed that during period of organisational change is when financial controls are strengthened as the purpose of organisational change is a reduction in costs. It was reported that the constituent had raised their concerns as a formal complaint and so a response will be provided through the formal process. The Chair enquired what the process would be for a formal complaint. Chair to be provided with link for formal complaints process. **FOLLOW UP**. The Chair noted that an individual response would be sent regarding that particular complaint.

DEPUTATION
The panel received a deputation from Alan Norton and Natasha Benn Haringey Keep Our NHS Public (HKONP)

HKONP raised their concerns in advance of the committee's consideration of the NHS 10 Year Plan at the JHOSC November meeting. They raised a number of concerns amongst which included the planned merger of NCL and NWL ICBs with the 50% reduction in staffing numbers, the impact of the mergers on community care, the lacy of additional funding to be provided, the limited engagement over the mergers, the lack of discussion with regards to the impact and implications on Social Care budgets.

The Chief Development and Population Health Officer expressed that the 10 Year Plan has been developed by the NHS and the government and they will be responding with an update on how they will be implementing it. She shared many of the same concerns raised. The NCL ICB merger with NWL ICB has been developed as a way to maintain some connectivity with locality and visibility with communities and patients. The NCL and NWL ICB are both working together to develop a plan going forward, ensuring they are mindful of staff going through reorganisations and in this context, she felt it was not appropriate to discuss the restructure. Neighbourhood health will be covered in the November 10 Year Plan discussion.

The Chair opened the committee to raise any questions and comments. Councillor White expressed his political view that, HKONP is clearly pointing out a move of public services into the global private sector, and he would like to see the committee taking a stand against the move. There are significant effects on adult social care, children's and essentially, he felt it would lead to a reduction in quality of life. The Chair expressed that the decisions and changes will be considered from a scrutiny perspective.

Councillor Clarke thanked HKONP for raising the concerns about the merger and that it was very timely, she was very concerned with the proposed 50% cuts to staff with no redundancy payment. Councillor Cohen also thanked HKONP and said the

test of any reform will be on patient and whether not the changes will be beneficial. He felt health inequalities may increase and although there may be some efficiencies with an increased digital approach this in the context of the mergers is also a concern.

Councillor Revah felt that some of the concerns were the unknown implications of how the merger will affect JHOSC and what will be the impact be on patients, once further details are provided, the JHOSC can respond accordingly. The Chief Development and Population Health Officer reiterated that the NCL ICB are only able to address what they have been told to do at a local level and presently can't comment on central government policy direction. **ACTION** – To pay regard to the deputation and the comments raised by the HKONP at the meeting in November when considering the 10 Year Plan.

MINUTES

That the minutes of the NCL JHOSC meeting on 11th July 2025 were agreed as an accurate record.

ACTION TRACKER

The Chair noted an outstanding response from the Mental Health Trust. In respect of the Committee's terms of reference she briefed that a letter had been sent to all the Chief Executives of the JHOSC with regards to resourcing the JHOSC. The terms of reference will now be considered at the next meeting. **ACTION.** terms of reference to be considered in November meeting regardless of the financial considerations.

ST PANCRAS HOSPITAL TRANSFORMATION PROGRAMME: AN UPDATE ON THE NHS'S ENGAGEMENT AND INVOLVEMENT APPROACH

The Chief Development and Population Health Officer gave an overview explaining that the transformation programme had been a long-standing item and the paper deals with the relocation of services and the level of engagement for the relocation proposals. The exercise has been very much based on relocation with no change to clinical service model or staff for a small range of services ranging from COPD through to mental health support and so it has been a bespoke engagement exercise based on the particular groups.

The St Pancras Head of Programme informed the committee that certain services for autism and ADHD will be relocated to the Peckwater Centre and various engagement sessions have taken place with users and stakeholders and overall, there has been a positive response. Psychodynamic psychotherapy service will be relocated to the Arts Building in Finsbury Park which provides therapeutic service for around 100 people with depression, anxiety etc. A similar engagement approach was employed with service users visiting the location and they received very positive about the therapeutic environment and facilities. Some challenges were identified for some in terms of the commute and they will be working with people regarding this. River Crisis House supports around 150 patients annually and will be moving to Camden and as a result of this they will go from 6 beds to12. Targeted engagement was also employed here and people were positive about the residential setting.

Travel and access for those with a disability because of a change and mixed sex site were some of the concerns raised.

The Chief Development and Population Health Officer explained some services had moved at the end of the August bank holiday and following these 44 patients and carers were consulted and the feedback has been mainly positive with the main concern being bus routes.

Project Finance Analyst, Royal Free Hospital explained that there are 250 patients receiving dialysis and the chosen site was identified after engagement. Location, accessibility and parking were the top three concerns that were identified as part of the engagement exercise. A site at Finchley Road was secured where there are good transport links and work is currently underway with a partner to provide infrastructure to support the move by August 2027.

The Chair of the panel expressed that she was impressed by Patient and Carer Panel involvement in the design of the dialysis service. The St Pancras Head of Programme explained that the engagement started with existing channels of engagement and then other methods included telephone surveys and bespoke event were used and going forward more targeted engagement will be implemented for e.g. women and people with disabilities over the next few months. They will also be looking to develop a Patient Involvement Carers Forum.

The Chair inquired about what safeguards were built-in, in terms of finances coming from the Kings Cross Central Partners Limited should there be any changes as the years progress. The St Pancras Head of Programme responded that the funding is guaranteed, and they were working with Kings Cross Central to ensure proposals are deliverable they have been to Department of Health and Social Care with the details of the plan. The Chief Development and Population Health Officer also added that everything had been costed and is deliverable in St Pancras Programme budget and stressed that the engagement is ongoing.

The Service Director, CNWL informed the committee that they capture feedback through comments, complaints, the views of careers and all services moving to Peckwater are aligned with a Community Carer Champion. There is also a Peckwater Advisory Group, and they have engaged in specific work with the Bengali community for diabetes services. Opportunities to work more with voluntary sector is also central in terms of the engagement. There is Peckwater Advisory Groups includes representatives from each of the advisory groups and has been instrumental in shaping the design of how services are relocated. The Chair of the committee explained that information on the advisory groups should be included within the detail of the reports for future papers to show how they are affecting changes. **ACTION.**

Councillor Revah commended the positive change from limited conversation initially to service users designing the service after having been informed of the planned changes at her Adults Committee in Camden and she was pleased it’s changed the way they are working. It showed the positive impact that Scrutiny can bring about. Councillor Revah further enquired about the communication of the change and how it

will be put in place. The Chief Development and Population Health Officer reiterated that the communications going forward was for continued bespoke engagement for all the services.

Councillor Clarke enquired about the finances from the perspective of the NHS selling off a number of buildings and now renting buildings to deliver services. The Chief Development and Population Health Officer responded that NHS care was being transformed and needs to be fit for purpose. There are also benefits to letting go of empty unusable property as the cost of re-furbishing old properties is often not cost effective.

Councillor Atolagbe, asked about transportation and what will be put in place and what has been done in terms of staff engagement to ensure that they are being taken along on the journey. Chief Development and Population Health Officer explained that staff engagement has been an active part of the work. The St Pancras Head of Programme explained that all the projects were being clinically led by teams who are also leading patient engagement and service design and some specific staff travel arrangements have also been developed. Staff visits to the sites have also taken place.

Councillor Cohen enquired over how many people attended the stakeholder workshop, to which the Project Finance Analyst, Royal Free Hospital informed the committee that 30 people attended the workshop. In respect of equalities written documentation about the site at Finchley Road was also sent as well as regular events with patients and carers and the Kidney Patients' Association was part of the group that selected the preferred site.

Councillor White agreed with the point Councillor Clarke raised in respect of ownership of buildings as opposed to letting buildings, it also speaks to what the deputation raised with regards to the 10 Year Plan. The councillor felt there the JHOSC needed to look at the wider and long-term impact of the approach, NHS ownership moving to the private sector and the global private sector would have a long-term effect on health outcomes eventually.

The Chair concluded the discussions and requested from a JHOSC scrutiny perspective, if an overall cost around the leasing of the services from Kings Cross Central Limited be provided in order to consider the financial impact and viability. **ACTION.**

A future paper should also include additional information on:

- Details of the staff engagement
- The ongoing communications to residents, carers, voluntary sector and GP's
- Joined up service
- Patient Carer Panel Group - how are their views taken forward.

FOLLOW UP TO BE SCHEDULED

NCL ICS FINANCE UPDATE

The Director of Financial Strategy, Planning and Performance explained that they have managed to achieve a financial balance. The committee were informed that they submitted an overall financial balance for 2025/26 was submitted as the ICB had a surplus of £27 million and deficit of £27 million. In terms of Trusts, North Mid and Royal Free had merged so they did hit their combined financial target last year. They have a deficit plan of £42.7 million which is the highest deficit in the group. The Whittington also have a deficit plan of £1.4 million whilst North London Foundation Trust are £4.49 million in surplus and UCLH £12 million with a surplus plan.

Councillor Cohen enquired about how efficiency savings would be made and the Director of Financial Strategy, Planning and Performance explained the main approach to reduce expenses would be through the reduction and spending on agency staff with a 30% cut on allowance on agency and 10% cut on bank rather than cuts in services.
The Chair emphasised that the Cost Improvement Programme with the SIP aims for cuts in agency and bank have consistently been put forward but the pressure means often it never happens e.g. Whittington care in corridors and she enquired how confident colleagues were that this objective could be achieved?

The Chief Development and Population Health Officer explained that the focus is now on long term planning through substantive recruitment. She added that the issue with agency staff was also the verifying rates and it was important to manage the markets by also using agency with a lower rate.

The Chair of the panel asserted that workforce has been considered in the past e.g. incentivising nursing students at North Mid to stay on but in reality it has never been achieved and so there are concerns that the savings are linked to staff in the Cost Improvement Programme and she was not convinced about how viable the savings target can be achieved. The Director of Financial Strategy, Planning and Performance reported that some success had been achieved by all Trusts in terms of agency staff and in UCLH in particular nearly had all permanent staff.

Councillor Revah enquired over why Royal Free were in deficit of £40 million, and they have remained consistently so, despite the merger. Officers advised a full response relating to Royal Free was required. **ACTION** – Update from Royal Free on their finances and it impacts as they are constantly in deficit.

The Director of Financial Strategy, Planning and Performance reported on the year to date position an that month four is behind in terms of balance as they plan to be in deficit the first few months and then recover and break even. A recovery trajectory has been requested from each of the Trusts to recover the position. GOSH, Whittington, Mental Health Trust, UCLH and Tavistock all have varying issues but it also comes down to pay. Royal Free is not on list as they are on track to deliver their deficit plan.

The Chair enquired if they will be able to deliver on the year-to-date plan if more staff are needed to deliver service and how will the gap be met? She further emphasised the impact on service provision as people are being asked to do more with less staff and that people will only do so much in the long run. The Director of Financial Strategy, Planning and Performance explained that savings schemes and Trusts

have been though impact assessments and the savings will not have an adverse impact on service delivery.

Councillor Connor highlighted that the Mental Health Trust was unable to make the £4.1 million savings the year before and a number of measures were put in place but they are yet to have had an impact. The Director of Finance Business Partnering, NCL ICB explained that we are only on month 3 months and the trajectory should be going in the right direction by November to hit the figure.

The Chair further enquired about the proposed substantive cuts to the ICB and staff asked to do the same work and less people – how confident were they that there are enough staff in place to understand the processes and systems? The Chair emphasised that any organisation with a 50% cut will be loose expertise and exhausting those still in place. Director of Service Development explained they had not made cuts as of yet but they were managing it with a freeze on vacancies. They were also constantly in conversation regarding areas of clinical and commissioning risks. Restructures are really difficult for the workforce, so they are focussing on supporting staff.

The Director of Service Development explained conversations with NHS England and Department for Health and Social Care were taking place about the cuts that need to be made and asking them what they'd like them to focus on. Director of Finance Business Partnering explained that the control environment hasn't changed in respect of delivery, and NWL has also consistently met this so this is positive as they merge. The Chief Development and Population Health Officer also explained that NWL ICB is viewed as being underfunded whilst NCL ICB is considered as overfunded and with a merged footprint they could potentially receive £20 million less but all these conversations are still taking place and nothing has been decided as of yet.

The Chief Development and Population Health Officer briefed on the capital planning for 25/26, with GOSH developing a children's charity cancer centre, Moorfields will be updating electronic records and St Pancras transformation project. With Royal Free there is a Barnet redevelopment including the construction of hybrid theatres and generator replacement, RNOH procurement of electronic record system in partnership with UCLH. UCLH opening a neuroscience centre and the Whittington will be updating the site. Some of these projects will be charity funded.

The Chair explained that when the committee looked at estates, they heard that Barnet had a number of GP premises that were not fit for purpose and so she was keen to know once the Torrington Park Health Centre was up and running, how many of the inadequate GP's it could accommodate. The Director of Finance Business Partnering said he will come back to the committee with the information. **FOLLOW UP**.

The Chair enquired about Community Care allocation and whether the funding was separated at the ICB level? The Director of Finance Business Partnering explained each of the Trusts gets an allocation and it's up to the Trust to decide how it's used.

The following recommendations/ Follow Up actions were made:

- St Pancras case study re leasing estate new as opposed to renovation.
- Understand the Royal Free £42.6 million deficit with the north Mid financial position
- Huge amount of savings are on SIP, assurance given that a reduction in staff won't impact on service provision, but the JHOSC will be keen to get a view of the staff perspective with them being asked to do more with less resources. How will the impact on staff and patients be measured going forward?
- £29 million of risk, cost pressure being reduced but how will it impact the councils adult social care budget?
- Allocation of capital funding to GP practices in Barnet and how many of the not fit for purpose building will benefit from the Torrington Park Health Centre?

NCL ICB RECONFIRGURATION

The Chief Development and Population Health Officer reported earlier in the week that Karen Smith Minister of State for health announced ICB mergers and that NWL/ NCL would be merged by April 2026, expediting the merger and the plans the NWL/ NCL ICB's had been working towards. HKNOP rightfully highlighted issues with no redundancy payments and there are lots of questions they themselves have so they have been focussed on the 10 Year Plan and how they are responding to it. They are currently in a phase of working out what activities transfer to the regions, providers and what the ICB will retain. The merger is to mitigate some of the scale of the reductions and the potential impact on the community.

The Chief Development and Population Health Officer explained that both boards meet as a joint transition committee and they will feedback developments as they take place. **ACTION.**

Councillor Clarke expressed she had not seen and details regarding how the JHOSC will work in this arena. The Chair clarified again that the JHOSC itself will need to decide how it will operate in this new environment as opposed to having anything prescribed.

Councillor Cohen pointed out that the merger feels inevitable, but he wasn't convinced it's the right option as it will lead to the ICB to be more remote. The Chief Development and Population Health Officer pointed out that there may be some benefits including consolidating back-office services e.g. HR, data, finance whilst communications and engagement still remaining visible to residents. Another positive is that NWL and NCL are not too far from on another.

The Chair of the committee enquired over what role councillors would have in the new world in terms of governance especially with the move towards neighbourhood/ community led approach. **FOLLOW UP.** The Chief Development and Population Health Officer responded that ultimately it will all depend on what the guidance says. Members of the joint ICB's have had meetings with Chief Executives. NWL and NCL has nominated a lead Chief Executive so they will be spreading good practice both ways and along with formal governance arrangements, the informal working relationships will really be key.

Alan Morton from HKONP informed the committee that elements of the Neighbourhood Health Centres are already starting to be implemented but likewise are at risks with the 10 Year Plan**. ACTION**

WORK PROGAMME

The committee discussed items coming up in their next committee which includes:

- 10 Year plan, locality working and locality hubs.
  (Invite HKONP, Voluntary Sector, Healthwatch, Adult Social Care, Islington Healthwatch). **ACTION**
- Winter Planning update
- Terms of reference

The meeting ended at 1.00pm

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North Central London Health and Care
Integrated Care System

NHS

JHOSC

NHS 10 Year Health Plan and Neighbourhood Health

21 November 2025

North Central London Health and Care
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NHS

Background and context to national NHS 10 Year Health Plan

- The Government have said the health and care system needs to modernise and evolve to better meet people's needs.
- We have an ageing population, and a population that is living more years in poor health.
- We also have significant demand for unmet social need, and we don't always have the right services to support people.

North Central London Health and Care
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The NHS 10 Year Health Plan - The ‘three shifts’

- **From hospital to community**; better care, closer to home, including neighbourhood health, better dental care, quicker specialist referrals, convenient prescriptions, improved community mental health support.

- **From analogue to digital;** creating a better experience through digital innovation, with a unified patient record eliminating repetition, self-referrals via the NHS App, and improved online booking for equitable NHS access.

- **From sickness to prevention;** shifting to preventative healthcare by making healthy choices easier and supporting people before they get sick.

North Central London Health and Care Integrated Care System

What people said – London

NHS

GETTING THE CARE YOU NEED

People told us:
- Access to GP and dental care is a struggle.
- Waits for ambulances, A&E and essential treatment are too long.

The 10 Year Health Plan sets out how we will deliver:
- An end to the 8am phone queue - with thousands more GPs and a transformed NHS app.
- Better dental access – with new dentists to serve NHS patients first.
- Faster emergency care - allowing pre-booking through the NHS App or 111.
- Care closer to home - through a new Neighbourhood Health Service.

SEAMLESS HEALTHCARE

People told us:
- They have to repeat their medical history too often and travel extensively between appointments.
- NHS departments operate in isolation rather than as a coordinated service.

The 10 Year Health Plan sets out how we will deliver:
- A single patient record - giving people control while ensuring every healthcare professional has their complete information.
- Care built around people via integrated healthcare teams working together in communities.

FIXING THE BASICS

People told us:
NHS systems are outdated, inefficient and time consuming.

The 10 Year Health Plan sets out how we will:
- Upgrade IT so staff spend more time with patients.
- Enable appointment booking and health management on the NHS App.
- Ensure systems talk to each other.

SICKNESS TO PREVENTION

People told us:
The NHS should focus more on preventing illness and addressing the causes of poor health. More support is needed for mental health and healthy lifestyles.

The 10 Year Health Plan sets out how we will:
- Invest in local health services with personalised care.
- Expand school mental health support.
- Increase access to free and healthier school meals.
- Create the first smoke-free generation.
- Improve the healthiness of food sales.
- Use scientific breakthroughs to develop gene-tailored preventative treatments.
- Invest in life-saving vaccine research.

GREAT PLACE TO WORK

People told us:
NHS staff are overworked, undervalued, and burdened by bureaucracy.

The 10 Year Health Plan sets out how we will:
- Set new standards for flexible, modern NHS employment.
- Expand training with 2,000 more nursing apprenticeships and 1,000 postgraduate posts.
- Cut unnecessary mandatory training.
- Empower local leadership and reduce top-down micromanagement.
- Digitise records and use AI to reduce admin burden.

North Central London Health and Care Integrated Care System

What people said – NCL

Change NHS was a national consultation launched by the government in October 2024 to help inform the development of the NHS 10-Year Plan. Between **January and February 2025,** we held five engagement (two online sessions and three in-person), bringing together over **150** residents from across North Central London.

Online Event	British Sign Language Users	Online Event	Public Health Haringey	City and Islington College
23 January	5 February	6 February	11 February	12 February

Headline findings

Care from hospitals to communities

- Moving care closer to home can be beneficial but must meet diverse needs.
- Residents need clear points of contact for any issues.
- Services must be well-supported, staffed, visible, inclusive, and responsive.
- Carers and families should be informed and involved.
- Recruiting and retaining community-based staff remains a key concern.

Making better use of technology

- Technology can enhance care but shouldn't replace human interaction.
- Offline options must always be available.
- AI can support some tasks but should be used wisely.
- A shared patient record with easy patient access is essential.
- E-consult systems need to be more user-friendly.

Focusing on preventing ill health

- Prevention should be a priority over cure.
- Health education is vital across all age groups.
- The NHS must provide timely support when needed.
- Collaboration with families and communities is essential.

North Central London Health and Care Integrated Care System

NHS

ICB changes

- In March 2025, ICBs were asked to reduce running costs by around 50% (an operating budget now set at £19.00 per head of population) and shift to a **new role as strategic commissioner**.
- For NCL this means a budget change from £68m to £33m – **a 52% reduction.**
- NHS England worked with ICBs leaders to **co-produce a draft 'Model ICB Blueprint**' that clarifies role and purpose of ICBs, recognises need to build strong strategic commissioning skills to improve population health and reduce inequalities, and focus on the delivery of the **three strategic shifts** – sickness to prevention, hospital to community, analogue to digital.
- Reducing costs of our ICB by around 50% will be a **challenge**, but it's important we move quickly, as ICBs have a critical role in the delivery of the forthcoming **10 Year Health Plan**.
- To meet this demand, we have agreed to **merge with North West London ICB** – covered later in the slides.
- **National health landscape** to change too – merger NHS England and DHSC, regional oversight and performance management of providers and ICBs and some regional at scale functions - detail of future merged national centre and **regional model still to be designed.**

North Central London Health and Care
Integrated Care System

NHS

The ‘Model ICB’

Purpose

- Reinforcing the role of ICBs as strategic commissioners
- Moving away from clinical delivery and provider management

Core functions and activities

1. Understanding local context

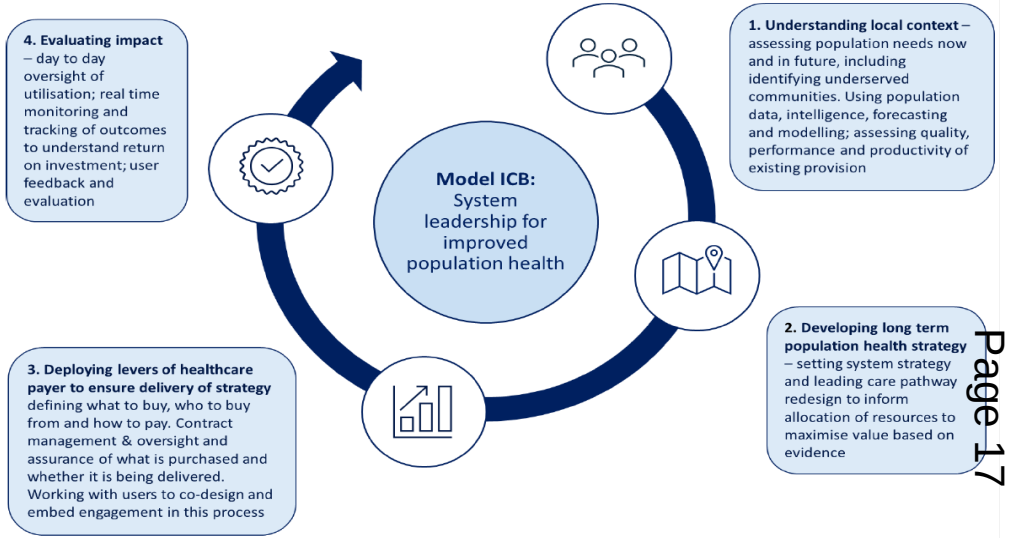
2. Developing population health strategy

3. Delivering the strategy through payer and commissioning functions and resource allocation

4. Evaluating impact

5. Governance and core statutory functions

6. The model also presumes each ICB will also continue to need a set of enabling functions



North Central London Health and Care
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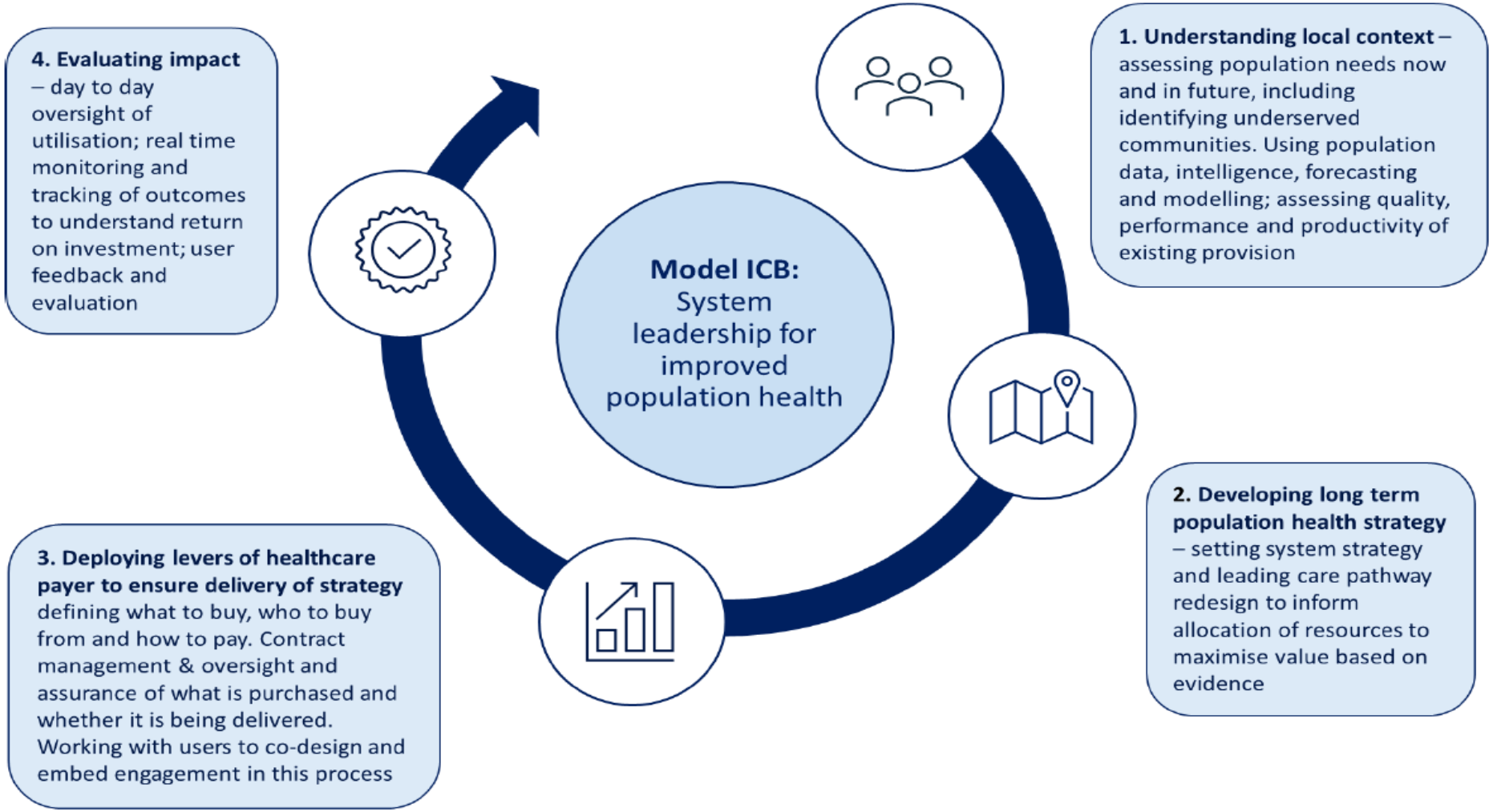
The ‘Model ICB’



North Central London Health and Care
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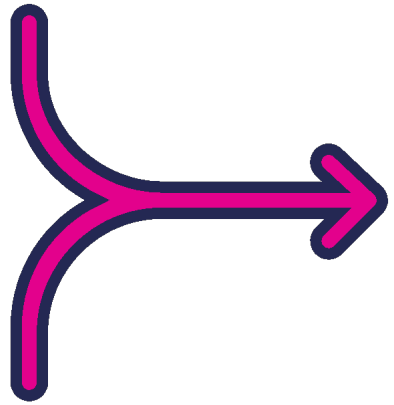
Merger

Both NCL and NWL Boards have made independent decisions to **merge together into a new single integrated care board.**

NCL ICB



NWL ICB

Why

- Achieving 50% reduction as two independent organisations would make continuing to deliver across neighbourhoods, large acute Trusts and all our population requirements within the cost envelope very challenging
- By bringing together the best of both organisations, the increased scale gives us the best chance for excellence as strategic commissioners
- It will create a resilient and ambitious ICB that can continue to focus on improving access to health, reducing inequalities, moving services closer to the community through neighbourhood delivery, and ensuring the health system works better than it does today

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How NCL is implementing Neighbourhood Health

- Neighbourhood Health is how we are delivering key elements of the NHS 10-Year Health Plan. It is an approach that will help us **shift to proactive, preventative care, that is driven by data and communities,** that focuses our resources at those most at **risk of ill health. Tackling inequalities will be at the heart of this approach.**

- We will continue to work on opportunities for shared estates, especially with councils, but neighbourhood health is not limited to this work, and much of this will be relationship based.

- **There will be Integrated Neighbourhood Teams (INT) who do some of this work, and some of this work will be done by the existing local health and care networks.**

- Across our five boroughs, we have consensus on the ‘core model’ of care – there are four pillars to this.

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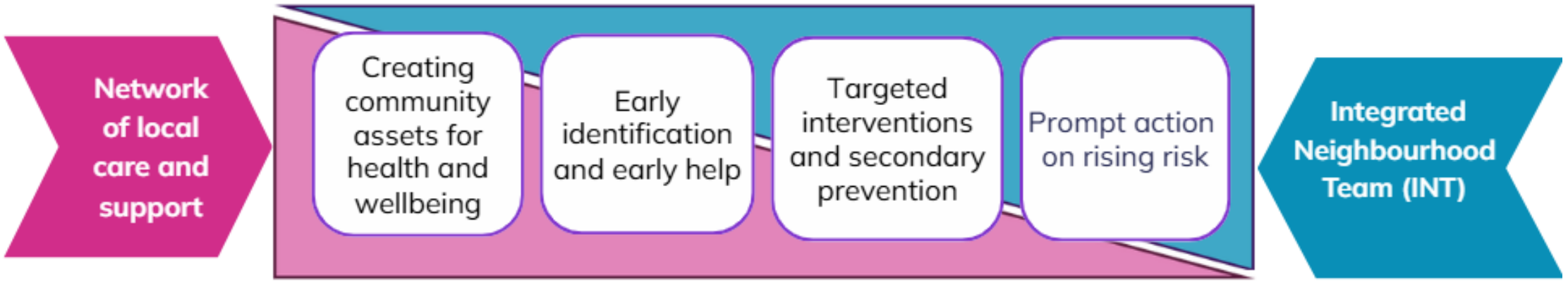
Our vision for how this will work in practice



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The impact of neighbourhoods for residents

"Health is your right as well as your responsibility. People need to be empowered and supported more to take control of their own health and have the confidence to access the right services for them"

"My husband was picked up by their GP practice as being pre-Diabetic. They then went to a community venue where there was peer support, people could learn from each other and clinical people about diet and exercise and how to reduce the risk of Diabetes. We know it worked because his blood test results improved and risk went down."

"My wife had a gym referral and then discounted membership. We knew it worked because she got fitter. She could walk into the high street without getting out of breath, which was important to her"

"Establishing and building relationships is key to meaningfully engaging with communities. Needs to be organic and takes time."

"The way local health centres work is really improving. The opening hours are more flexible and they can refer you to other larger, local centres so you don't need to go to hospital and into voluntary sector organisations so you get a wider range of support."

Thoughts on Neighbourhood Health from our Community Advisory Group, October 2025

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Wider determinants are key to a Neighbourhood Health approach

- Identifying unmet social need
- Creating community assets for health and wellbeing
- Early identification and early help – partnership working will be key to this
- Will have an impact on demand for social care
- Will also have an impact on acute and hospital capacity – as part of the shift to the community

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Example outcomes

NHS

Proactive identification and prevention

↑ Early community diagnoses
↑ Community diagnostic capacity
↑ Vaccination and screening
↓ Late-stage acute diagnoses
↓ Preventable disease progression

Coordinated care

↑ People with named care coordinator
↑ Single holistic assessments completed
↑ Shared care plans
↓ Fragmentation / duplication
↓ DNAs / cancelled appointments

Long Term Conditions management

↑ Patient / resident involvement
↑ Confidence in self-management
↑ Clinical target achievement
↓ Condition-specific complications
↓ Unnecessary outpatient appt.

Sustainable and effective workforce

↑ Staff satisfaction and wellbeing
↑ Time on direct patient care
↑ Workforce retention
↓ Staff burnout and sickness absence
↓ Vacancies

Preventing crises

↑ Community-based crisis response
↓ Non-elective admissions (NEL)
↓ A&E attendances
↓ Care home admission

Equity, access and community connection

↑ Inclusion health group engagement
↑ VCSE referrals and community asset use
↑ Economic outcomes for working age
↓ Health inequalities/unwarranted variation
↓ Social isolation and loneliness

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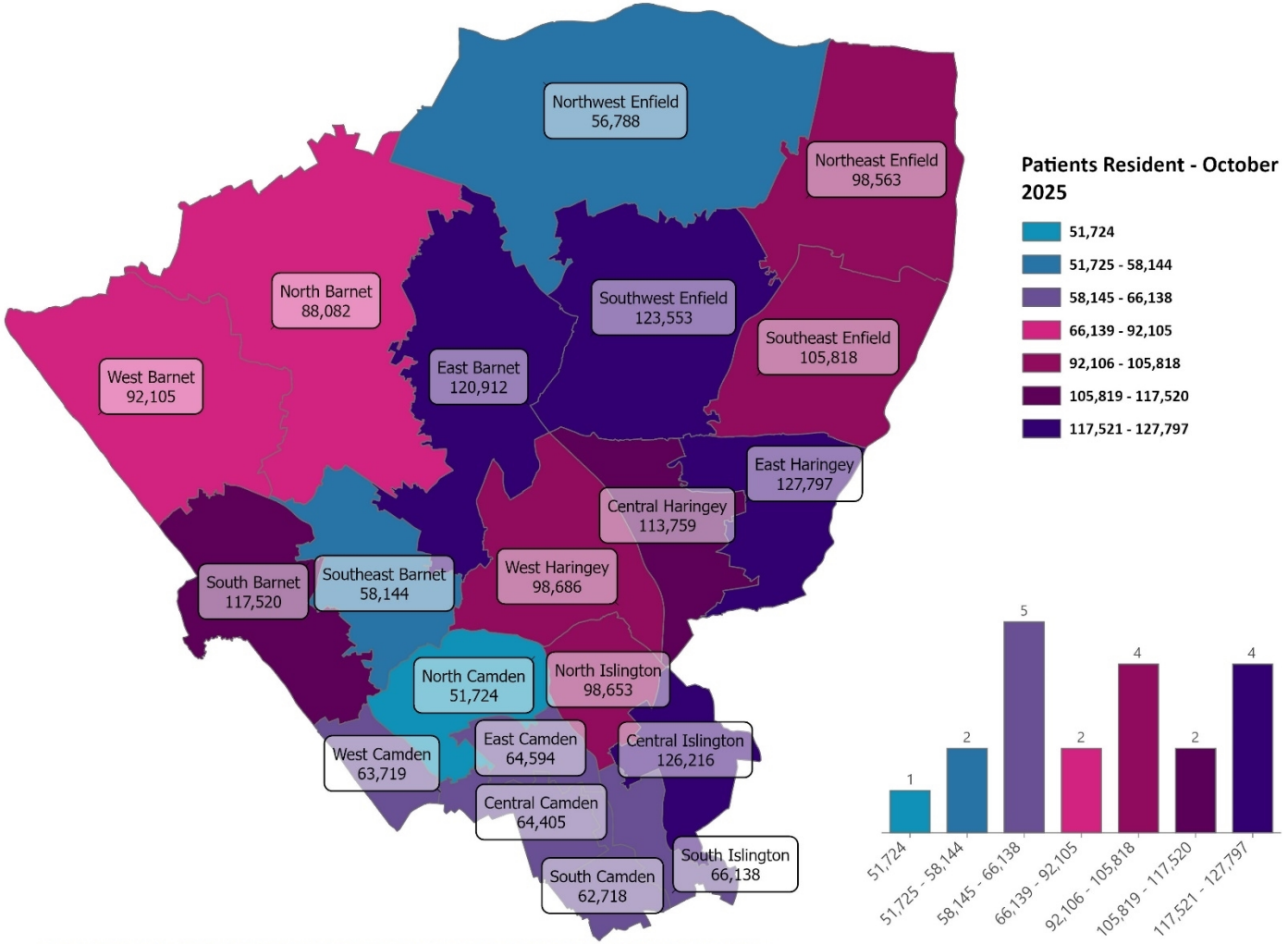
Neighbourhood Health map – registered population



Source :- https://digital.nhs.uk/data-and-information/publications/statistical/patients-registered-at-a-gp-practice

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Integrator arrangements

- Integrators are a key part driving Neighbourhood Health forward as recommended by the London Operating Model on Neighbourhoods. **They are not replacements for existing Borough Partnerships.**
- Instead, they will work with Borough Partnerships and provide the leadership, infrastructure and coordination needed to support integrated neighbourhood teams as they develop, use a data-driven population health approach and they will develop how we work seamlessly across organisational boundaries.
- In particular, the integrators will play an important role in working closely with the voluntary sector and with local communities.

Borough	Integrator partners
Camden	Camden GP Fed and UCLH
Islington	Islington Council, Whittington Health, UCLH and Islington GP Federation
Barnet	CLCH and Barnet GP Federation
Haringey	Haringey Council, Haringey GP Federation and Whittington Health
Enfield	Royal Free Trust and North Mid and Enfield GP Federation

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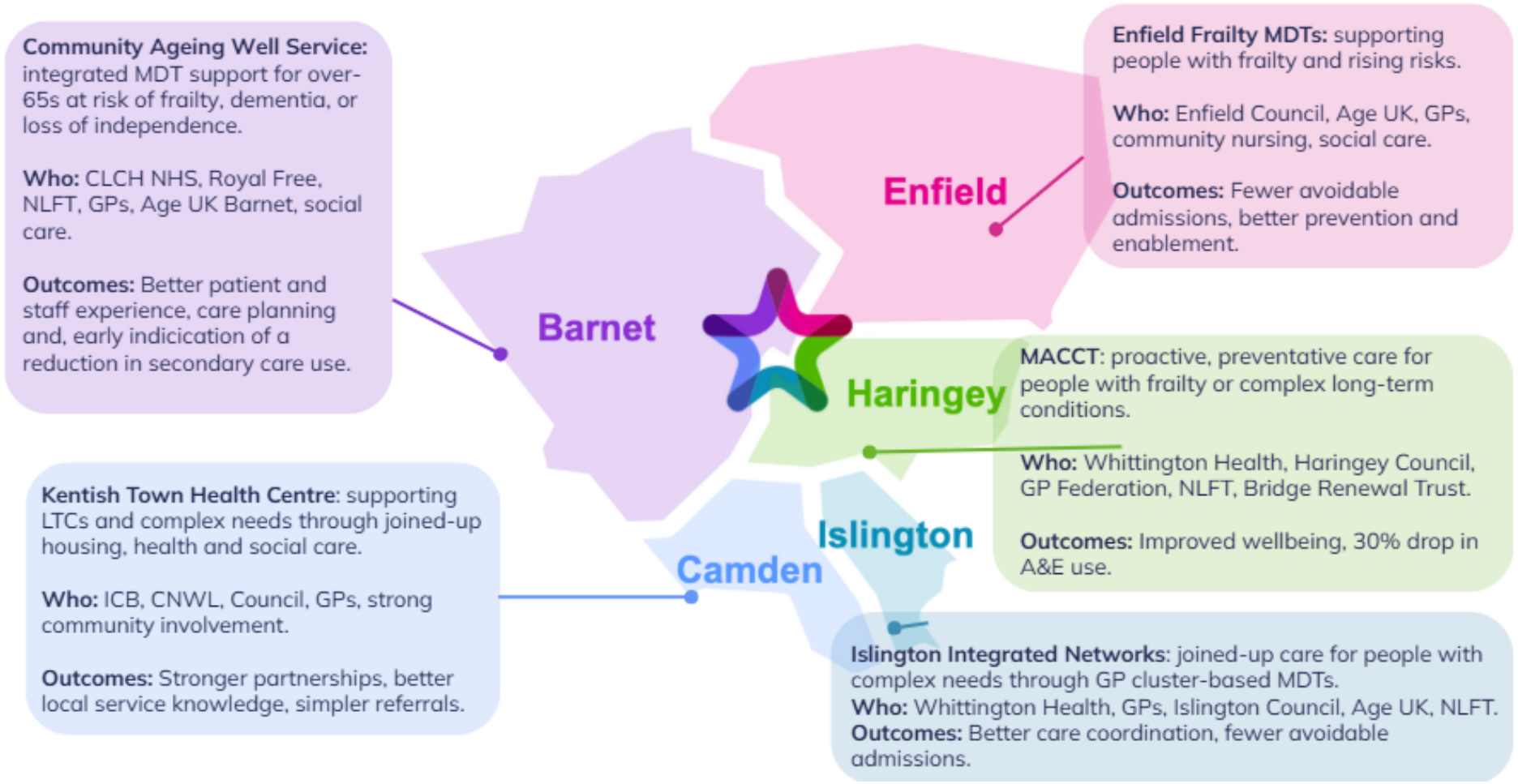
Early examples across NCL



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How we're working in partnership

- Community Conversations with residents in your boroughs across Barnet, Enfield, Haringey, Islington and Camden on the 'three shifts'
- VCSE Alliance offering feedback and challenge
- Council voice strong in Borough Partnerships
- Community Advisory Group made up of 25+ residents and VCSE who are involved in helping shape outcomes for neighbourhoods
- Health and Wellbeing Board updates

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Neighbourhoods and Borough Partnerships

- Community Conversations with residents in your boroughs across Barnet, Enfield, Haringey, Islington and Camden on the ‘three shifts’
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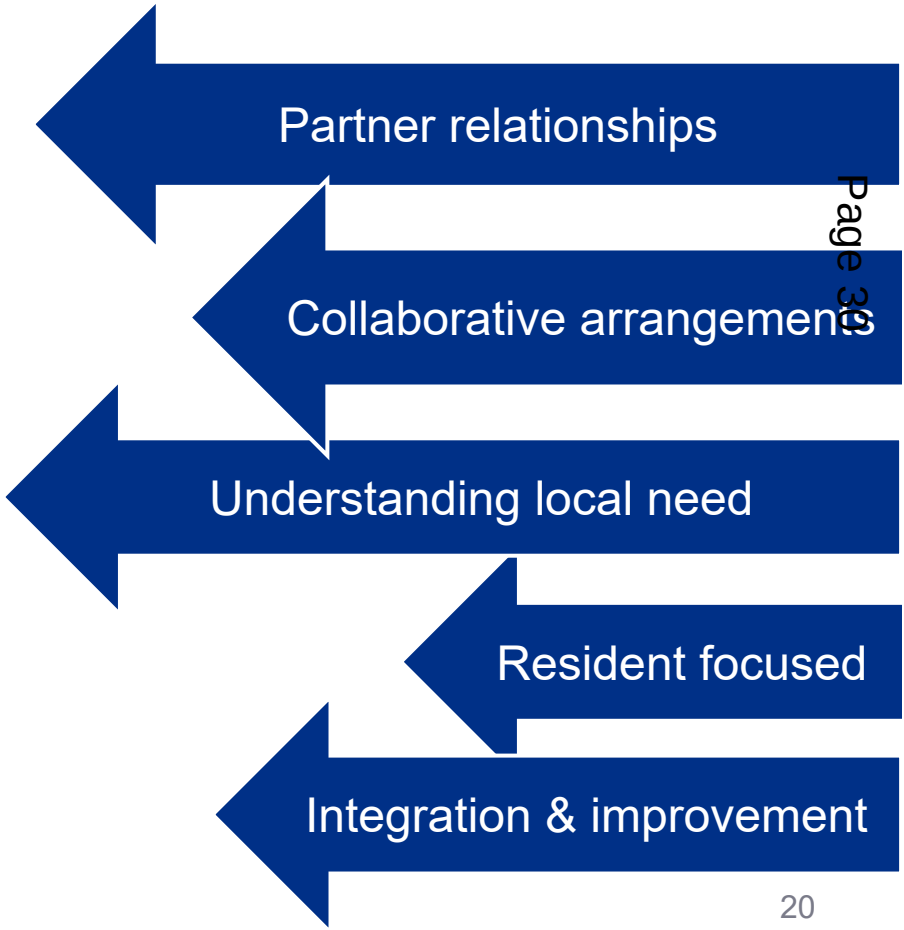
Neighbourhoods and Borough Partnerships

- Established in 2021, the NCL borough partnerships are **non-statutory, collaborative arrangements**, that strengthen relationships and integration across **health, care and social care partner organisations**. They are a key component of the NCL ICS architecture.
- As neighbourhood development continues to progress across NCL, the **role of borough partnerships** is becoming increasingly important as the apex of co-designing, delivering and holding accountability for place-based neighbourhood models.
- A truly integrated neighbourhood model will have **positive impacts for all partners**, reducing system pressures, supporting retention of staff in fulfilling integrated roles and ultimately providing better care and outcomes for residents and communities.
- All boroughs have elements of **integrated teams and ways of working**. Alongside the established local provider relationships, these provide a solid **foundation** for both the design and delivery of the wider neighbourhood model and ambition.
- However, successfully delivering the significant left shift challenge of truly **community-focused care** will require substantial changes to borough partnerships in terms of governance, leadership, accountability and delegation.



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Thank you

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JHOSC NCL Winter Plan 2025/26

21 November 2025

Planning for Winter 2025/26

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Our approach to planning is underpinned by a **commitment to collectively developing and testing the winter plan as a system** and prioritising how NCL will :

- Improve vaccination rates
- Increase the number of patients receiving care in primary, community and mental health settings
- Meet the maximum 45-minute ambulance handover time standard
- Improve flow through hospitals with a particular focus on patients waiting over 12 hours and eliminating corridor care
- Set local performance targets by pathway to improve patient discharge times, and eliminate internal discharge delays of more than 48 hours in all settings

An outline plan summarising this approach is set out on slide 4. This builds on learning from winter 24/25 (slide 3) and our existing system commitment to effectively manage demand, address issues on the admitted pathway and support people home.

As such, we continue to enhance services to ensure that during this winter the NCL system is improving access to primary and community care; driving improvement to prevent avoidable admissions and discharge rates whilst making more effective use of community beds and care home facilities and using technology to support people to stay well at home.

To strengthen our position the **ICS and London Ambulance Service (LAS) have worked closely** to develop the NCL and LAS winter actions as part of the effective collaboration experienced to date. This emphasis is consistent with the national approach described at the recent regional winter workshop we attended as a system.

The **NCL Provider Chief Operating Officers and Local Authority Director's group** continue to oversee implementation of these plans, with further oversight from the NCL Flow Board. System and provider level plans have been signed off via the Board Assurance templates and plans shared across the system.

Learning from Winter 2024/25 – Key Trends

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Winter 2024/25 was characterised by **lower ED attendances** than the long-term average and **fewer ambulance conveyances per day** compared to last winter. This likely reflects the impact of **proactive demand management measures** at both system and provider levels. Despite some sustained pressures, multiple providers delivered **notable improvements in key performance metrics**, offering valuable learning for next winter.

What worked well:

1. Several sites saw a reduction in 12-hour breaches, even during the core winter period (Barnet Hospital, Royal Free Hospital, and in late winter, Whittington Hospital), demonstrating improved internal flow and optimised use of capacity
2. Improved ambulance handover performance, in the latter part of winter, particularly for the 45 minute and 60 minute thresholds
3. Some improvements in discharge timeliness at University College London Hospital and North Middlesex University Hospital, with significant improvements at both for discharges by 5pm and UCLH as an outlier with improvements in discharge by midday
4. BH and WH were both able to successfully reduce beds occupied by No Criteria to Reside (NCTR) patients during peak periods
5. Category 2 ambulance response times improved significantly post-January, correlating with the launch of the Integrated Care Coordination (ICC) Hub and improved handover times at acute sites
6. Virtual ward and Pathway 2 bed utilisation showed significant growth over winter.

Challenges/Areas requiring focus

1. 4-hour performance remains unpredictable across sites; BH and RFH showed improvements whilst other sites continued to face volatility and declining trends during peak winter.
2. Sustained pressures for admitted and non admitted pathways with most sites seeing an increase in mean time spent in ED, particularly from December to February
3. Ambulance handovers within 30 minutes remains challenged across NCL
4. Discharge processes remain inconsistent. With the exception of UCLH, midday discharge rates remained flat or declined, limiting flow in the morning.

Outline Winter 2025/26 Plan

APPROACH TO MANAGING WINTER

Learning from last winter  > Stress-test winter plan with scenarios  > Early identification of risk via monitoring of real time data (RAIDR)  > Monitoring of leading indicators via Winter Dashboard  > Workforce Resilience 

PRIORITIES TO SUPPORT UEC RECOVERY AND WINTER RESILIENCE

Prevention and Proactive Care

- Increasing vaccination uptake for high-risk patient cohorts.
- Identifying and coordinating proactive care for vulnerable patients.
- Empowering the public to use appropriate services.

Managing Demand

- Boosting Primary Care capacity and community care offers
- Expanding MH crisis alternatives to the north
- Enhancing ICC Hub model
- Digital Front Door and alternatives to ED including Pharmacy First.

Addressing issues on admitted pathway

- Strengthening processes to Improving flow and ambulance handover time.
- Embedding ‘Criteria to Reside’.
- Realising the Bed Productivity benefits for flow.

Supporting people home

- BCF Transformation Programme incorporating “Home First” and “Shift Left”
- Place based admission avoidance including improved discharge processes.

GOVERNANCE AND SYSTEM PROCESSES TO SUPPORT DELIVERY

UEC governance structure linking to place and region

System wide OPEL frameworks to support coordination and rapid escalation

Clinically-led IPC forum to support management of risk and capacity closure

Essential requirements for NCL this winter

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NCL has developed several initiatives to support the pathways in UEC. However, it is important to **refine services at pace to support sustained Urgent and Emergency Care (UEC) recovery and resilience against winter pressures**. As such, a system we are working on these areas:

1. Implementing our targeting approach to increasing vaccination uptake for staff and vulnerable patients, including children
2. Primary care planing to undertake case review of vulnerable patients and mitigate the risks of unplanned admissions alongside targeted support to specific groups such as paediatrics.
3. Enhancement of the ICC Hub including implementation of the call before convey principle
4. Expanding the Mental Health Clinical Assessment Service (MHCAS) offer to north of NCL
5. Progessing the work recently started with Metropolitan Police to embed the principle of using community crisis centres for mental health patients not requiring physical health intervention.
6. The Mental Health Crisis Pathway Improvement Programme to support reducing long mental health inpatient stays, out of area placements and <24 hours wait in Emergency Departments for mental health patients requiring admission.
7. Develop a set of principles and 'in extremis' actions to support sites in flow distress
8. Realise outlined benefits from the NCL Non-Elective Bed Productivity Programme
9. Refine existing policies and procedures to reduce impact of Infection Prevention and Control in ED and to maintain G&A bed capacity
10. Optimise processes to support flow, such as criteria to admit methodology
11. Define how the System Coordination Centre will work through this year during transition

Progress will be tracked and reported in the weekly Chief Executive Officer (CEO) level system pressures report and **implementation overseen by the Chief Operating Officer level NCL Flow Operational Group, with accountability to the CEO level NCL Flow Board.**

25/26 Seasonal Vaccination - High Level Approach

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	Eligible Populations (focus)	Delivery Settings	Initiatives to Improve Uptake	Areas Scoped for Delivery
COVID-19	• 75+ • Residents in a care home (older adults) • Immunosupressed	• PCN Hubs • General Practices (satellite sites) • Community Pharmacies • Hospitals • Care Homes / Peoples houses • Outreach clinics	• Expansion of number of sites • National call/recall programme • Locally funded call/recall programme • Targeted communications campaign • Outreach clinics within communities • In-reach capacity in hospitals • Inequalities projects in partnership with vaccination steering groups (VSGs) • Flexible approach to managing vaccine supply	• Targeted vaccination capacity in the event of local outbreaks • In season communications and engagement (subject to lower uptake) • Surge capacity (in the event of widespread outbreaks) • Seasonal vaccination locally commissioned service
Influenza	• 65+ • <65 (in clinical risk group) • Pregnant women • 2 & 3 year olds • School aged children (4-18 year olds) • Residents in a care home (older adults) • Frontline NHS and social care workers	• General Practices • PCN Hubs • Community Pharmacies • Hospitals • Care Homes / Peoples houses • Outreach clinics • Schools • Homeless shelters & hotels	• National call/recall programme • Locally funded call/recall programme • Targeted communications campaign • Outreach clinics within communities • In-reach capacity in hospitals • Inequalities projects in partnership with vaccination steering groups (VSGs) • Working with VCSE to target clinically vulnerable • Working in partnership with education to improve access and uptake in schools	• Targeted vaccination capacity in the event of local outbreaks • In season communications and engagement (subject to lower uptake) • Surge capacity (in the event of widespread outbreaks) • Seasonal vaccination locally commissioned service
RSV	• Pregnant women • 75+ (prewinter)	• Maternity Units • Hospital (vaccination clinics) • General Practices • PCN Hubs	• Locally funded call/recall programme • Targeted communications campaign • Commissioned support to maternity units • Capacity within General Practice to vaccinate pregnant women (proactive and opportunistic) • Webinars with partners / communities	• Outreach delivery of vaccination • In-reach delivery within hospitals (75+) • In season communications and engagement (subject to lower uptake)

NCL COVID-19 Vaccination Coverage

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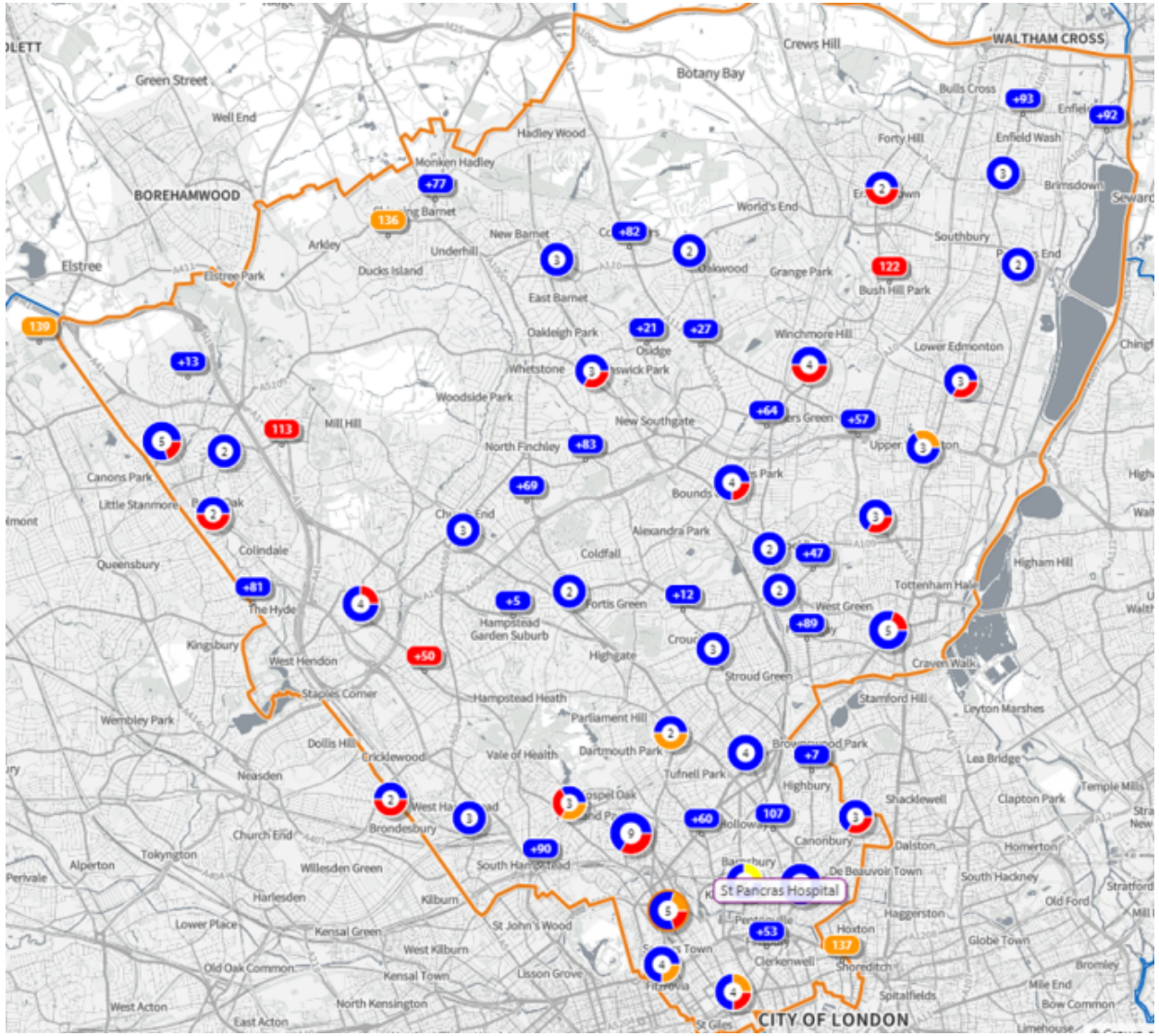
Integrated Care Board



- Have got approx. 154 sites across NCL
  - 125 Community pharmacies
  - 25 PCNs
  - 4* NHS trusts
- We have ensured that there is a good geographical spread of sites across NCL
- There will be a capacity of approx. 90k* vaccinations per week (subject to demand and vaccination supply)
- On top of this, PCNs are working through local models which will include satellite clinics (practice-based delivery)
- UCLH will continue to delivery outreach vaccinations through the NCL Roving Team

Max Capacity (weekly)

Borough	CP capacit	PCN capac	NHS Trust	Total capacity
Barnet	22,350	3,700	0	26,050
Camden	16,560	16,480	10,200	33,040
Enfield	9,400	35,152	100	44,552
Haringey	8,830	3,600	0	12,430
Islington	10,350	1,000	334	11,350
Total	**67,490**	**59,932**	**10,634**	**127,422**

Likely Capacity (weekly)

Borough	CP capacit	PCN capac	NHS Trust	Total capacity
Barnet	20,400	3,700	0	24,100
Camden	14,510	15,850	1,700	30,360
Enfield	8,250	6,652	100	14,902
Haringey	8,630	3,600	0	12,230
Islington	9,250	150	334	9,400
Total	**61,040**	**29,952**	**2,134**	**90,992**

** Exact capacity to be confirmed in October 25*

Vaccination Delivery

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NCL has worked in partnership across system and place levels to increase access and reduce inequalities.
NCL is planning the following approach to deliver systematic and continuous engagement to improve confidence to people who are vaccine hesitant and marginalised groups through a 3 step approach.

1. Learning and Evaluation from HI approaches to date.

NCL will review the learning from the Spring 2025 campaign, including:

- **Face-to-face teaching** of pre-registered adult nursing, mental health & midwifery students at Middlesex University on the value of vaccination and NMC responsibilities in relation to patient vaccination
- Vaccination at **short stay inpatient units** where uptake was low.
- Opportunistic vaccination to the **immunosuppressed** cohort at UCLH's Macmillan Cancer Centre.

NCL will also review learning from a communications perspective. NCL ICB sent information from its Medical Director, including:

- **A poster** outlining eligible cohorts. Patients could scan a QR code and book a vaccination appointment via the National Booking System.
- **A letter** from the NCL ICB Medical Director about the Spring 2025 campaign
- A letter **template** which could be customised and sent to eligible patients

2. Identification of ongoing health inequalities

Data and Health Analytics

Local intelligence

NCL continues to experience variation between groups in terms of vaccination uptake.

The immunosuppressed cohort has particularly low vaccination uptake rates.

At the end of the Spring 2025 campaign, the immunosuppressed uptake was 15.6% in NCL against a London uptake of 15.4% and an England uptake of 25%.

HSCW uptake is also low, with a frontline HCW flu uptake of 34.9% across London. Nursing & midwifery is 33.9% and student uptake is 19.2%

3. Future planning Autumn 2025

Sustaining
Spreading
Scaling

NCL has a wealth of experience and expertise in delivering vaccinations to **underserved communities.** Building on the previous learning and depending on resources available, NCL is planning to:

- use **data based approach** to retain vaccination sites across NCL to ensure equity of access
- retain a central **outreach team** through the lead provider model to enable flexibility to target groups of lower uptake
- continue **place based/borough level immunisation and vaccination groups**. These groups will develop and implement hyperlocal plans for Autumn/Winter Covid vaccinations.
- Primary Care Networks will deliver a **call and recall** approach for vaccinations including immunosuppressed and marginalised groups.
- Actively contribute to the **London Vaccination Steering Groups** to learn from others and realise benefits pan-London.
- **Share learning from Middlesex University teaching** pan London to improve uptake in nurses, midwives and healthcare students.
- UCLH and the Whittington will work with UCL Partners to **evaluate the cost effectiveness of vaccinating in a hospital setting.**

- Programme Team has worked in partnership across system and place levels to increase access and reduce inequalities
- Key Factors that underpin the outreach approach include:
  - The clinic location and community targeted is data driven
  - Flex delivery dates and times to ensure equity of access (i.e. school holidays and religious festivals)
  - A local booking system facilitates appointment planning. Advertised 'walk-in' access targets those facing digital exclusion.
  - Tailoring of communication to ensure the service is accessible (working with London Vaccination Steering Groups)
  - Translated digital leaflets are provided via the UKHSA website and hard-copy leaflets in the top twelve NCL spoken languages.
  - Collaboration with stakeholders at local level, innovating to expand the offer and advertising of additional health and non-health services (such as cost of living advice) at outreach clinics to incentivise attendance amongst the intended population.
- UCLH delivers influenza vaccination, blood pressure checks, smoking cessation advice, loneliness checks, BMI checks and diabetes risk assessments

Workstreams to support proactive care & demand management

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Neighbourhood Health – Focus will be on implementing the 6 core components of the “Neighbourhood Health Guidelines” to provide joined up, proactive care for complex health needs, including outreach to several frail, housebound and over 75s. NCL will also be Re-enforcing the “Your local Health” campaign to empower our population to access the right care.

Mental Health Crisis Assessment Service - Building upon the MHCAS in the south, which has seen a reduction in MH patients being assessed in EDs and fewer MH admissions to Acute beds, NCL aims to expand MHCAS offer to north of NCL. Additionally, work is focussed on making MHCAS the default pathway for police and paramedics

Directory of Services Review - Work is underway to review the DoS, to ensure that it is fit for purpose and to identify gaps in service provision at each Acute site. Phase 1 and 2 of the review is now complete, highlighting good progress across NCL, with greater access to alternate care pathways. Phase 3 involves working with our Acutes to understand variation and gaps in alternatives to ED and alternatives to admission

Demand Management: Integrated Care Coordination Hub

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The Integrated Care Coordination Hub (ICC Hub) is a single hub operating at system level, working across boundaries to coordinate Urgent and Emergency Care. It provides rapid access to a clinical consultation from an MDT of senior clinical decision makers, delivering expert advice or direct referral to alternative care pathways, to ensure patients are being seen in the most appropriate setting and decompress Emergency Departments (EDs).

The ICC hub is important for this winter to support LAS decision-making at pre-dispatch and pre-conveyance stages to reduce conveyances to EDs. Since inception on 6th January (on a test & learn basis) **it has contributed to significant reduction in LAS CAT 2 wait times from avg of 60 mins to 30mins across NCL.**

Similarly, **there has been notable increase in the numbers of NCL patients seen and treated by LAS paramedics resulting in less conveyances** to emergency departments. This will be a **crucial element of demand management** during winter; therefore, **planned key service delivery changes are as follows**:

1. Improving integration of the ICC with current services such as Same Day Emergency Care (SDEC) and Mental Health Crisis Assessment Service (MHCAS), including alignment with Urgent Community Response Single Point of Access (UCR SPoA).
2. Expanding capacity to include community alternatives such as Hospital @Home.
3. ICC digitalisation as part of future-proofing against seasonal and systemic pressures.

Workstreams to support flow at the Front Door

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Digital Front Door (DFD) pilot: NHSE funding received to establish an **e-triage pilot at RFH & BH sites to support improved flow at the ED front door** with. Anticipated benefits include a 7minute reduction in patient check-in times, 0.5% 4hr performance improvement and a 14% reduction in nurse triage assessment duration. Go-live is planned for September 2025 to support winter surge..

NHSE Acuity Programme: The introduction of a **standardised national triage acuity measurement has showed great benefit at the RFH moving from 35% to 85%+ triage within 15mins**. The objective of this programme is to improve patient safety in the waiting room through earliest identification of the most unwell patients. The national and regional teams are keen to roll this out further with interest from all NCL sites.

999 Transfer of Care (ToC) pilot: The solution will **automate the transfer of clinical data between the LAS patient record and Trust Electronic Patient Record (EPR)** with a view to reducing hospital handover times and increased clinical data quality. RFH & BH will be first to go live in NCL in parallel with the DFD pilot.

Pharmacy First Front Door Redirection pilot: The National Pharmacy First Programme provides **an opportunity for front door redirection for lower acuity attenders with an opportunity of 137 patients per day across NCL ED/UTC/WiCs** based upon 7 identified clinical conditions and minor ailments. The greatest benefit have been identified at NMUH site who are testing proof of concept with. The infrastructure and patient communications material is in place with go-live expected in July 2025 following provider internal information governance approval. WH & RFH site discussions have also commenced with a view to go-live ahead of winter.

GP Front of House: Additional **GP capacity in place to support streaming of low acuity primary care presentations at NMUH front door**. 28 appts are available each day and utilisation is consistently above 80% with positive patient experience feedback and a very low reattendance rate. Work has started to move towards a sustainable population health neighbourhood model for 2026/27.

111 Pathways: Work continues to improve access to primary care appointments by **increasing the number of direct bookings from NHS 111 through GP Connect**. This will help prevent patients with urgent needs from being directed to unscheduled care services. Urgent care and the primary care development team are working closely to increase appointment availability as practices adopt modern general practice principles. Utilisation has increase by 15-20% and is now in line with London peers.

Approach to improving flow in hospitals

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Improving flow through hospitals – All providers have local UEC improvement plans, which focus on strengthening processes to improve ambulance handover performance and embedding criteria to admit methodology.

Plans will be refined to give a renewed focus to eliminating corridor care and reduce waits of <12 hours in emergency departments.

Bed Productivity Programme – aims to mitigate expected growth in demand for bedded capacity, by **reducing length of stay** and **reducing the number of admissions.** The programme is supported by the Better Care Fund (BCF) transformation programme, which has five workstreams, focussing on **placed based admission avoidance and discharge (shift left), mental health, discharge, market management, improved operational process and a financial review.**

Test Infection Prevention and Control plans – NCL is working to undertake a clinically-led review of existing IPC policies and procedures, refining as necessary, to reduce impact of IPC in ED and maintain G&A bed capacity.

Mental Health Flow Improvement Programme – The programme began in 2024/25 and continues to be implemented, focussing on reducing long MH inpatient stays and reducing out of area patients, adopting the 10 high impact actions for MH discharges. NCL has already seen an improvement in out of area patients and the plans this year are to build on this progress.

Mitigating Corridor Care (Temporary Escalation Space)

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The use of temporary escalation spaces (TES) within Emergency Departments (corridor care) can occur when EDs become overcrowded, for example if there are no ward beds available or there is a surge in patients. Patients are then cared for in corridors or other temporary area. Once seen as an ‘ in extremis’ use, it is becoming more common, across England, to use TES.

NHS England says TES should **not** be seen as normal practice. When used, strict safety measures must be followed. NCL has adopted these principles:

- **Rapid assessment:** All patients in TES are checked quickly for any urgent needs.
- **Escalation:** Each use of TES is reported immediately to senior leaders so action can be taken.
- **Quality of care:** Patients must still receive treatment, have dedicated staff support, and access to food and drink.
- **Raising concerns:** Staff are encouraged to speak up and report any safety concerns.
- **Monitoring and reporting:** TES use is tracked daily to monitor risk and harm.
- **De-escalation:** Plans must be in place to stop using TES as soon as possible.

The NCL COO and CEO groups are committed to reducing TES use in NCL. Some initiatives that have been implemented to improve patient flow and mitigate use of corridor care, include:

- Expansion of virtual ward and Same Day Emergency Care (SDEC) - Creating more capacity for residents to be seen away from the ED
- Continuous flow models – these ensure that patients can move from departments to wards early each morning and reduce crowding and use of TES
- Expansion of primary care additional access providing more appointments over 7 days including pharmacy first, enabling patients to be seen in pharmacies
- Ensuring each provider has robust winter plans which are tested, board approved and linked to other providers

Virtual Ward (VW)/Hospital at Home (HaH) Winter Plans

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Virtual wards, increasingly known as Hospital at Home, allow patients of all ages to safely and conveniently receive acute care at their usual place of residence, including care homes.

1. Increasing HaH capacity and referrals / utilisation

Capacity:

- Hospital at Home capacity has increased from 233 beds in April to 263 beds as of October 2025, including expansion of North Mid Virtual Ward (now 49 beds).
- Further expansion planned for Q3 in Barnet Hospital at Home (from 24 to 50+ beds).

Utilisation:

- 78% of capacity utilised so far in 25/26 (target: 80%) – continued engagement with Acute Hospital teams to further increase referrals.

2. 'Step-up' community admission avoidance pathway

- Admission avoidance 'step-up' pathways from community to Hospital at Home are already in place in 4/5 boroughs of North Central London.
- This pathway will launch in the remaining borough, Enfield, in November 2025, supporting increased safe hospital admission avoidance.

3. Pan-NCL HaH 'repatriation' for faster discharge from any NCL acute hospital

- Pan-NCL 'repatriation', i.e. faster hospital discharge, from any NCL Acute Hospital to the Hospital at Home service linked to the resident's borough of residence, is already in place in 3/5 boroughs of North Central London.
- This pathway will launch in Haringey and Islington in November 2025, safely reducing time patient spent in hospital and ensuring consistent access.

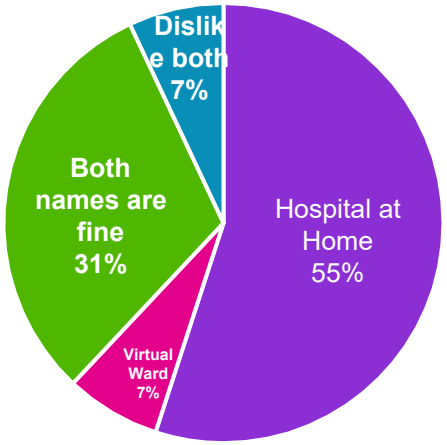
4. Consistent service names and simplifying service provision

- Based on NCL Community Panel Survey feedback, the NCL Virtual Ward Steering Group agreed in September 2025 that all VW services should transition to consistent adoption of 'Hospital at Home' – *see following slide*
- Service provision is also being simplified through integration so that all NCL hospitals will have a single adult Hospital at Home service operating at scale and delivering care in line with national best practice.

We asked NCL residents their views on the naming of VW/HaH services

Through the NCL Community Voices Panel, we used a systematic approach to gather feedback from a representative sample of the resident population between 10th July to 22nd August 2025.

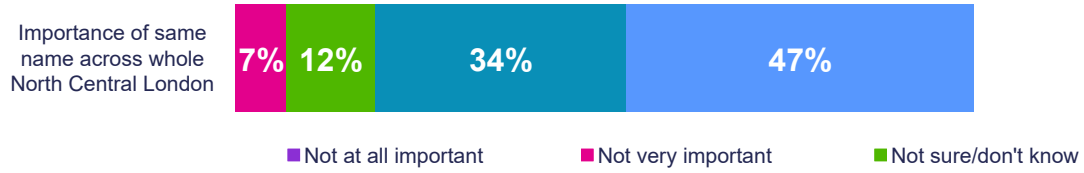
Terminology: Panellists were asked to read a description to say which name best described their understanding of the service



- **86% felt that Hospital at Home described the service well**, compared to **38% saying the same of Virtual Ward.** Only 7% panellists disliked both names.
- Nearly **three quarters** (73%) of panellists who chose Hospital at Home had a **'very strong' or 'quite strong' preference** for the name, compared to 19% who 'quite strongly' preferred the name Virtual Ward

Consistency: Importance of the same name across the whole of North Central London

- Of 189 residents surveyed, there was clarity that **the name selected should be consistent across all five boroughs** in North Central London – **81% felt it very or quite important**



NCL Virtual Ward Steering Group agreed in September 2025 that all VW services should transition to consistent adoption of 'Hospital at Home'

Next steps: Each affected service (NMUH Virtual Ward, Whittington/Islington Virtual Ward and Camden Virtual Ward) to work with colleagues/partners **to develop a transition timetable** and **bring this back to the October NCL VW Steering Group** for an update.

NCL Core UEC and Winter Metrics to Monitor System Risks (Snapshot)

North Central London Health and Care
Integrated Care System

Core UEC Metrics

						Acute Providers					
Metric Description	**Units**	**Data Frequency**	**Week Ending**	**Target**	**NCL**	RFL	NMUH	RFH	BGH	UCLH	WH
A&E 4-hour Performance	%	Daily	02/11/2025	78%	**78.4%**	78.5%	76.3%	76.1%	76.0%	76.3%	67.7%
A&E 4-hour Performance (Paeds)	%	Daily	26/10/2025	Improve	**83.8%**	85.2%	87.0%	90.8%	71.1%	79.9%	77.3%
A&E (Type1) 12-hour Breach %	%	Daily	26/10/2025	<10%	**10.1%**	14.2%	15.7%	13.0%	13.9%	2.8%	9.1%
MH Patients waiting >24 hours in ED for admission	%	Daily	26/10/2025	Reduce	**39%**	47%	60%	0%	0%	17%	38%
MH Patients waiting >24 hours in ED (all)	%	Daily	26/10/2025	Reduce	**8%**	11%	15%	6%	7%	3%	9%
Ambulance Handover (>45mins)	Total	Daily	02/11/2025	0	**227**	186	95	51	40	11	30
Ambulance Handover (<30mins)	%	Daily	02/11/2025	95%	**60.8%**	49.7%	53.3%	44.6%	49.8%	85.0%	66.6%
Average Length of Discharge Delay	Days	Weekly	26/10/2025	n/a	**3.7**	3.8	N/A	1.9	4.7	2.8	5.9
Ambulance Cat2 Response Time	hh:mm	Daily	02/11/2025	00:30	**00:41**						

Winter Metrics

						Acute Providers					
Metric Description	**Units**	**Data Frequency**	**Week Ending**	**Target**	**NCL**	RFL	NMUH	RFH	BGH	UCLH	WH
Non-Elective LoS (>0 days)	Days	Weekly	26/10/2025	0.4 decrease	**8.3**	8.2	8.5	8.4	7.8	8.8	7.0
Flu & Covid admissions (>0 days)	Total	Weekly	19/10/2025	n/a	**5**	4	0	3	1	0	1
Temporary Escalation Space (TES) Usage (ED)	Total	Daily	02/11/2025	Reduce	**389**	246	151	53	42	0	143
TES (non-ED) - daily census	Total	Daily	02/11/2025	Reduce	**36**	36	10	14	12	0	0
UCR 2-hour Response	%	Monthly	28/09/2025	70%	**91.2%**						
UCR Referrals	Total	Monthly	28/09/2025	Increase	**228**						
Virtual Wards Utilisation	%	Daily	02/11/2025	80%	**78.1%**						

North Central London Health and Care
Integrated Care System

NCL Winter campaign

Audiences

North Central London Health and Care
Integrated Care System

NCL Winter Priority: Prevention and Proactive Care

Primary audience:

People under 65 with long-term conditions including:

Diabetes, chronic respiratory disease, chronic heart disease, kidney disease, liver disease and people who are immunosuppressed

Parents with a focus on children aged 2 – 16 years old

Secondary audience:

- Pregnant people (TBC)
- People 65+ served through national call/recall
- Health care workers

NCL Winter Priority: Managing Demand Local care that works for you

Primary audiences:

High users of A&E with low acuity conditions (as detailed in section 3)

Parents of under 16s

Frequent primary care attenders (adults with respiratory symptoms and children with asthma)

Campaign focus areas

North Central London Health and Care
Integrated Care System

Keeping well this winter

Disease impact and prevention with a focus on seasonal flu vaccinations

Attending screenings and health checks

Managing health through the NHS app

Self-care/patient education

Local care that works for you

Empowering residents to use a range of local services:

- Pharmacy expertise
- GP and Nurse extended hours
- NHS 111

Supporting parents to help children and young people

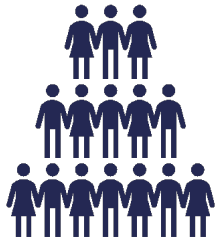
What have we learnt from system data?

North Central London Health and Care
Integrated Care System

Wide-spanning range of conditions presenting in GP services

The top five conditions presenting are MSK, respiratory, skin, mental health and digestion

These are typically worse in winter



Of the **875k** visits to A&E services across NCL**, 28%** of capacity is taken up **by 5% individuals**

19% of top 5% attenders present with a **minor complaint** which likely could've been treated elsewhere

24% A&E attendances children and young people (0 – 19)

Of all visits to A&E last winter, **24%** of those were by children and young people under 19 years old

37% increase in unvaccinated clinically at-risk patients for flu*

Flu vaccine uptake is declining in those **65+**, under 65 and clinically at risk and **in children** in NCL

120% increase in mid acuity flu cases in A&E in under 17s

431 cases in 23/24 and **1,057** in 24/25.

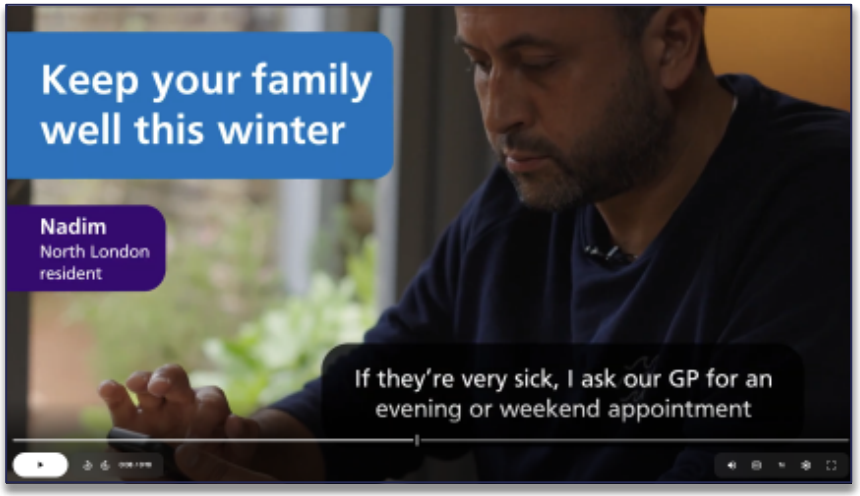
This age group are also overrepresented in low acuity presentation

- Winter 24/25 A&E attendance data
- Weekly Flu + NEL IP Activity

Campaign live

North Central London Health and Care
Integrated Care System

- Campaign launched on **Wednesday 24 September**
- **Extending vaccination phase** in line with national **Big Vaccination Week**
- **Live across a range of paid and organic channels** including pharmacy bags, bus shelters, social media and advertising with Mumsnet in North London
- Running **community outreach workshops** in November with Bridge Renewal Trust
- **Vaccine pop-ups** in local mosques, foodbanks and churches



Impact so far…

North Central London Health and Care
Integrated Care System

- We've partnered with Mumsnet, launched Google Display advertising, and targeted specific cohorts through social media. The London Winter Wellness microsite is performing strongly, with the parents and families page receiving **12k+ visits** – with a total of **27k clicks** to the national flu booking site and microsite.

- Dr Oge Ilozue, Barnet GP and vaccination lead, featured in our Mumsnet article addressing parents' common flu concerns, which has attracted **5,000+ visits** so far – it's targeted specifically to parents in North London

- Our engagement colleagues have been working closely with **VCSE partners**, supported by clinicians, to share practical winter wellness advice. In November, we'll extend this work through **three vaccine pop-ups** (in local mosques and a foodbank) and **five multi-lingual** workshops in delivered by the Bridge Renewal Trust.

Winter Plan 2025/2026

North London NHS Foundation Trust
Winter Plan
2025/2026

1. Introduction

This document outlines the North London Foundation Trust (NLFT) plans for managing winter pressures during the winter of 2025/2026.

The plan is a 'live document' and will be updated to reflect risk and trust activity throughout the period from 1st December 2025 to 28th February 2026.

Much of the documentation included in this plan draws on existing plans that have been used successfully in previous years, and which are available on the Trust intranet or in the public domain. The plan also takes into account feedback from debriefs of previous plans.

The plan is intended to outline how NLFT is mitigating and minimising winter pressures efficiently and effectively for mental health, and the wider health and social care system.

The plan is an evolving document and will adapt to meet the ever-changing needs of managing a mental health trust through the winter. To ensure you are using the most up to date version go to LINK

2. Context

All NHS provider organisations are required to plan for the additional pressures they are likely to experience during the winter months. These pressures can be brought about by the high acuity of patients due to infectious diseases more prevalent during the colder months, often requiring longer stays than at other times of year, such as respiratory syncytial virus (RSV) or because of illness and injury brought about by extremely cold weather having an impact on NHS admissions and attendances at emergency departments.

To combat these pressures NHSE has historically provided additional winter funding, often linked to schemes to ease pressures on NHS trusts. Whilst these have focussed primarily on acute trusts, there has also been significant additional winter investment in mental health trusts. In 2024/2025 no specific winter funding was made available and none is anticipated for this winter, with trusts expected to use the Mental Health Investment standard funds to manage additional pressures through the winter period.

This year all NHS providers have been requested to submit plans much earlier than normal. To effectively plan the earlier submission of the plan has required us to look back on the experience of previous years to plan for all eventualities during the forthcoming winter. This early submission has also increased the need for this plan to be flexible and to adapt as circumstances change during the autumn and into winter.

3. Board Assurance Statement for Winter 2025/2026

All NHS trusts have been required to submit a Board Assurance Statement for Winter Planning and to confirm their position by completing a checklist of 12 actions, which support the NHSE Urgent and Emergency Care (UEC) Plan for 2025/26 NHS England » Urgent and emergency care plan 2025/26 In the absence of a winter specific national plan, we have taken this as a template for our winter planning and the Board Assurance Statement (BAS), and checklist have been completed and will be submitted to the ICB following sign-off by the Trust Board. The completed BAS is included at Appendix A to this plan.

3.1 NLFT Winter Operational Planning

The Chief Operating Officer is the executive responsible for the winter period and will manage the plan through the Operational Management Group and will report to the Board via Executive Management Committee.

In winter 2024/25 NLFT vaccinated 1150 staff, which is only 24.8% of all staff. NLFT will deploy peer vaccinators within all Clinical Care Groups as well as utilising the skills of the Physical Health Team (PHT) and Infection Prevention and Control (IPC) Team, to proactively vaccinate staff across the Trust, in particular among groups where there has been an historic hesitancy among staff to be vaccinated. This is anticipated to increase the take-up by at least 5%. This will be reported monthly throughout the autumn and winter. Sections 4,5,6 and 7 below have all been developed following extensive input from the Deputy Director of Nursing responsible for infection control and physical health and the team. This engagement will continue throughout the lifespan of the plan.

NLFT has extensive modelling information which enables us to forecast periods of surges in demand and to develop plans to prevent these surges where possible.

The adoption of seven-day discharge processes and the move to a seven-day operational management model will support the prevention of surge and effective management of flow pressures as business as usual. The move to a seven-day operational and discharge model is already having a significant positive impact on patient flow across the week. This model has been developed in collaboration with local authority colleagues. Additionally, a process is in place to ensure early identification of ‘known’ patients presenting to A&E to identify, and to have tailored crisis plans in place, to prevent admissions where possible.

Fit testers are in place across all Clinical Care Groups. Ongoing work is in place to increase the current number of Fit testers (currently numbering 60) so that more staff can be routinely fit tested across the trust.

All Clinical Care Groups have stocks of sufficient PPE and plans are in place for fast-time procurement and storage in periods of high demand. There is also central reserve storage of PPE in case of outbreaks.

A cohorting plan is in place which complies with national guidance for the management of patients with acute respiratory infections. This plan is to be tested in Exercise Pollock on 4th September 2025.

NLFT has established senior on call and medical on call systems. These are tested in a series of annual exercises and specifically will be tested in Exercise Gavaskar (see below).

NLFT has an effective OPEL system which includes flow meetings at 1200 and 2030 each day attended by senior managers and on call leaders.

Sections 4,5,6 and 7 below have been developed following extensive input from the Deputy Director of Nursing responsible for infection control and physical health and the team. This engagement will continue throughout the lifespan of the plan

Arrangements are in place across NLFT in respect of effective helplines, via NHS111 (Option 2). We are improving urgent care services by establishing a 24-hour Mental Health Crisis Assessment Service (MHCAS) for the northern boroughs, based at the Chase Farm site from January 2025. This plan meets the requirements of the 2025/26 UEC Plan. Also, a new 24/7 crisis response has been set up which aims to divert young people from ED, seeing them in the community instead.

4. NLFT Priorities

NLFT, will continue to demonstrate how we are able to work across borough and clinical care group boundaries to deliver effective, safe, and high-quality mental health provision to service users. To do this, we have set four key priorities to support the requirements of the Board Assurance Framework requirements.

NLFT priorities for winter 2025/26 are;

- Keeping Staff Fit for Winter
- Keeping Service Users Safe from Winter Respiratory Illnesses
- Consistent and effective patient flow
- Planning for, and utilising, schemes, or winter funding effectively to meet NLFT objectives

4.1 Keeping Staff Fit for Winter

An extensive staff health and wellbeing plan is underway across NLFT, including pop-up wellbeing sessions and wellbeing webinars for staff, as follows

29th October	smoking cessation
6th November	mindfulness
28th November	green nutrition
3rd December	winter health
18th December	shift working and healthy living

Staff are also being offered the opportunity to participate in the vaccination programme. A trust-wide awareness programme will commence in October, using the national ‘Get Winter Strong’ campaign, using posters and banners on staff laptops and desktops.

4.2 Keeping Service Users Safe from Winter Respiratory Illnesses

The clinical team supported by the Physical Health Team will lead on delivering vaccinations to all eligible service users across NLFT including the process for data collection and management. To improve uptake amongst patient groups, the teams will work with the EDI team to identify strategies to encourage patient engagement and support them to consent for vaccination.

The process for inpatient vaccination delivery will be led by each Clinical Care Group to ensure the plan is suitable for their respective services and patient groups. Clinical Care Groups will be supported by the clinical team and Physical Health team who will feedback to the operational group to ensure a robust plan is in place for timely provisions of flu and Covid-19 booster vaccinations to all eligible service users.

In March 2025, the Advisory Committee on Dangerous Pathogens (ACDP) advised that clade I mpox no longer meets the criteria for a high consequence infectious disease (HCID) and recommended derogation. However, NLFT will retain its local Mpox plan, including the central storage and distribution of PPE, should that be required for mpox and any new or surge in HCID.

As of 22nd August 2025, NLFT has 60 staffed trained to FIT train staff in using PPF3 masks. Each of the current Divisions will be asked to identify 10% of operational staff to be FIT trained by the start of the winter. Also, the EPRR Team will conduct surveys throughout September, October, and November in wards at all sites, to ascertain the understanding of PPE rollout, storage and usage and outbreak management and will feed back concerns to the IPC Team and senior nursing team.

4.3 Consistent and Effective Patient Flow

NLFT's single Flow Team provision is included in the plan as a key plank in delivering effective patient flow to support the system in delivering effective services throughout winter and maximising the crisis prevention pathway.

4.3.1 Operation Neva

To ensure NLFT maintains a strong position through winter, Operation Neva will take place from 1st with twice weekly Gold Groups to manage the operation.

The objectives for Operation Neva are as follows;

- Work across NLFT to maximise opportunities for improving patient flow through effective discharge,
- Fully embed and oversee the principal of seven-day discharge and seven-day operational management.
- Work with partners to remove obstacles to discharge, where they are present,
- Review all patients who are clinically ready for discharge and take effective action to discharge those patients wherever possible, especially older adults discharge
- Manage escalations to support discharge
- Communicate principals of effective flow management across the organisation.

Gold for Operation Neva will be the Unplanned Care Director.

4.3.2 Operation Equinox 2

The duration of the Winter Plan 2024/25 was extended to the end of March with Operation Equinox set up to ensure that quarter 4 pressures, highlighted by demand modelling, were managed effectively. This focussed primarily on staffing levels in a period where staff traditionally use up outstanding leave.

Operation Equinox 2 will run from 2nd February to 5th April 2026 to ensure leave balances are managed effectively in the final quarter of the 2025/26 leave year and that effective caseload handover practices are adhered to.

4.4 Planning for, and Utilising, Schemes or Winter Funding Effectively to Meet NLFT Objectives

Whilst there is no expectation of central funding or winter schemes, Clinical Care Groups have been asked to identify their priorities for the use of any funding which might become available.

The principal priorities submitted should any funding become available are;

- Bolstering Liaison & Crisis Pathways, with additional staff across those areas, as normally experience high rate of acuity/crisis presentation
- 24h CRHTT presence in ED 7 days a week to undertake join assessment
- Partnering with a provider to offer step-down beds (e.g. Look Ahead) for a period during the winter months. This would potentially be cheaper than spot purchase.
- Greater access to emergency accommodation for social care related delays

Should funding become available, the Chief Operating Officer shall prioritise the above requests based upon any relevant circumstances at the time.

In the meantime, existing resources shall be deployed to these initiatives as part of business of usual activity and in response to operational requirements to ensure business continuity during winter pressures.

5. Seasonal Influenza Vaccination Programme

On 6th August 2025, the NLFT Executive Management Committee approved the trust Winter Vaccination Plan. This plan (see Appendix B) includes; the provision of the flu vaccine to all front-line staff (clinical and non-clinical) and the provision of the flu and Covid-19 vaccine to all eligible inpatients across NLFT.

Improving NHS staff flu vaccine uptake has been shown to reduce staff sickness, support health and wellbeing and promotes the reduction and risk of infection transmission. However, NHSE vaccination data has shown that the proportion of patient-facing NHS staff getting the seasonal flu vaccinations declined dramatically in the 2024/25 season; this included NLFT. NLFT uptake for 2024/25 was 24.8%.

Annually, a flu vaccination programme is planned and implemented as a key strategy to support staff and service users to be protected against flu during the winter period by making the vaccine available. The expectation is that NLFT will be able to exceed previous years vaccine uptake by 5%, by having a robust campaign plan with sufficient resource and senior leadership engagement.

For effective local delivery in making the vaccines accessible to staff and service users, the 2025/2026 campaign is to be Clinical Care Group led and supported by the Trust Vaccination Lead, infection prevention and control and physical health teams.

The key points identified to improve uptake across NLFT are:

- **Timely commencement of planning meetings:** The vaccination working group started a monthly planning meeting in May 2025 to ensure plans are in place to support the mobilisation of the campaign by September 2025. This meeting now occurs fortnightly, and the frequency will be reviewed as required. Key participating stakeholders are Trust Vaccination Lead, Divisional Leads (Senior Management Team members, Matrons), Clinical Leads (Clinical team representative or Clinical Directors), Physical Health leads, Infection Prevention Control Team, Pharmacy, Workforce Informatics, Communications Team, Occupational Health and Equality, Diversity & Inclusion (EDI) team representative. Early engagement will support effective implementation of necessary actions to mobilise the programme.

- **Divisional Involvement:** The campaign is led by the Trust Vaccination Lead. Nominated divisional vaccination leads will be supported by the IPC and physical health leads. This has enabled divisional senior management teams to develop plans to improve uptake. This involves senior leader involvement in walk arounds and vaccine promotion, communication to staff, identification of regular divisional clinics and roving schedules and mobilisation of peer vaccinators. The divisional plans and activities are reported and discussed at the Trust vaccination working group meetings.
- **Equality, Diversity, and Inclusion (EDI):** Studies and statistics nationally identified ethnicity as a factor affecting uptake, with highest in White British (51%) and Chinese groups (50.3%) and lowest in Black Caribbean (19.7%).
- **Peer Vaccinators:** NLFT has engaged peer vaccinators across clinical services as these are well placed to engage colleagues and increase uptake**.**
- **Vaccination delivery model:** Over the years roving models have proven to be more effective in making the vaccine easily accessible to staff. This model will be utilised, facilitated by divisional leads, and supported by the IPC and physical health leads. The roving model will be supplemented by pop up clinics, as well as ensuring accessibility for night staff.
- **Occupational Health:** Engaging with occupational health during the winter vaccination campaign supports staff health and wellbeing promotion and can also help improve uptake by targeting new starters. They will continue to support the vaccination programme through disseminating information and encouraging uptake.
- **Inpatient Vaccinations:** The health and wellbeing of our patients are of utmost importance as they are more at risk, and some are identified as clinically vulnerable. The clinical staff (nurses and medics) supported by the Physical Health leads will lead on delivering vaccinations to all eligible patients across the NLFT. To improve uptake amongst patient groups, the teams will work with the EDI team to identify strategies to encourage patient engagement and support them to consent for vaccination.
- **Pharmacy:** The pharmacy team will continue to support the programme to ensure plans are in place regarding vaccine stock management and logistics. The team will provide information on relevant vaccine updates in addition to timely approval of relevant legal documents.
- **Communications Strategy:** A robust communication plan in line with national messaging will support the 2025/26 winter vaccination programme in NLFT. This will include having a dedicated and accessible vaccination page on the intranet, regular newsletters promoting personal stories from staff, highlighting support from senior management, and utilising social media.
- A launch webinar will be facilitated from 6th October 2025 focusing on staff and patient vaccinations including key speakers such as Chief Nursing Officer, Director of Nursing, Deputy Director of Nursing, Clinical Directors, Microbiologists, EDI team members. A follow up webinar will take place between November to December 2025 to further promote the programme.
- **Uptake and Data Collection:** The Workforce Informatics team will develop a trajectory plan to monitor the cumulative number of vaccinations administered each week.

- All vaccinations will be documented using the Record a Vaccination Service (RAVS) at the point of care. A UKHSA data submission is also mandatory monthly via Import and the Workforce Informatics team will support by pulling the required information from NHS Foundry
- NLFT have developed a bespoke app, using the company DigPacks, which will create a dashboard for reporting update of vaccinations across the organisation, including staff who chose to opt out or to receive the vaccine elsewhere e.g. GP, or community provider.
- **Provision of COVID-19 booster vaccinations:** Staff will be directed to the national booking system for the COVID-19 vaccine. NLFT will not be providing COVID-19 vaccines to staff but will provide to patients when indicated.

- **Understanding staff views around vaccine:** The IPC team have developed an online, anonymised **Staff Flu Vaccination Survey** to explore staff understanding and opinions around vaccine.

6. Infection Prevention and Control

Standard Infection Prevention and Control (IPC) practices are relevant for minimising transmission of respiratory viruses and training in infection control is mandatory for all staff.

NLFT continues to follow the national guidance for managing respiratory infections including Covid-19 in healthcare settings. Local policies and standard Operational procedures (SOP) have been updated in accordance with this, and other national guidance. All cases of respiratory infections will be reviewed and managed as per these policies or procedures. These are accessible as follows;

- Guidance for the management of patients with acute respiratory infection - download.cfm
- Guidance for the management of staff with acute respiratory infection, including Covid-19 - staff-with-respiratory-infections
- Proposal to admit/transfer a patient to an outbreak (infectious) ward - proposal-to-admit-or-transfer-to-outbreak-ward

All other IPC guidance, including management of outbreaks and management of suspected/confirmed cases remain in place. A trust wide IPC policy manual, incorporating all IPC policies and procedures has been finalised for use across the trust for consistency and is available at - ipc-policy-manual.pdf

IPC precautions are in place in relation to adherence to appropriate use of PPE including face mask where indicated, respiratory hygiene, hand hygiene and cleaning and disinfection of the environment.

Plans are in place to maintain compliance of staff regarding fit testing for the use of FFP3 masks for all inpatient wards - led by the divisional leads. FIT testers are in place across most Clinical Care Groups and a plan is in place to improve the numbers of FIT tested staff where the numbers are currently low.

We have local stocks of sufficient PPE and plans are in place for fast-time procurement and storage in periods of high demand.

In case of emergence of any new variance of Covid-19 or other infections that impact service provision, the trust will follow guidance from UKHSA and NHSE as appropriate.

7. Adverse Weather

The trust has an Adverse Weather plan in place, which can be found at nlft-adverse-weather-plan-v13pdf.pdf

8. Industrial Action

At the time of writing there is ongoing industrial action by Resident Doctors. This is likely to be an ongoing dispute. There are also currently indicative ballots in progress for senior doctors and a likelihood of similar ballots for nurses. NLFT has a well-established Industrial action Planning Framework and associated structures in place for managing and recording the impact of industrial action and will use those arrangements during any industrial action.

9. External Disruption

In order to ensure NLFT is prepared to manage the impact of any external disruption to service, NLFT has developed an External Disruption Plan which is available at external-disruption-plan

10. Emergency Planning

There will be a trust wide staff resilience plan in place from Monday 15th December 2025 to Sunday 4th January 2026 to ensure sufficient staffing and management oversite during the Christmas holiday period.

The trust has an extensive training and exercise programme at trust, Clinical Care Group, and service level. Specifically for winter planning these include:

15th October 2025 (TBC)	Exercise Pollock – PPE/IPC
21st October 2025	Exercise Gavaskar – General winter pressures
20th November 202	Exercise Lara – High staff absence

The lessons learned and actions from these exercises will be managed using the NLFT EPRR work programme, managed by the EPRR Strategic Lead and overseen by Trust Resilience Committee.

12. Communications

There is an effective communications plan for informing staff, service users and the system about this plan. This includes a ‘plan on two pages’ which will be displayed on the trust intranet and associated posters across NLFT from 24th November 2025.

13. Ongoing Plan Development

Winter pressures are influenced by a number of external and internal factors, so it is anticipated that this plan will evolve and develop in the months leading up to, and during, winter.

Therefore, this plan will continue to develop and be amended during its lifespan.

All versions of this plan will be strictly version controlled and the latest version available on each trust intranet EPRR page. It will also be available on the Strategic and Tactical On Call shared folder.

14. Debriefing and Learning

In March 2026, an after-action review of winter 2025/26 will take place and learning used to inform the Winter Plan 2026/27.

An ‘In Action Review’ process throughout winter, including feedback sessions with the Trust Operational Management Group, will take place to ensure ongoing and timely learning and implementation of good practice across the trust. The learning will be fed into the ICB via the SCC.

15. Equality, Diversity, and Inclusion (EDI)

Studies and statistics nationally reflected on the factors affecting vaccine uptake and recognised that uptake is highest in White British (51%) and Chinese groups (50.3%) and lowest in Black Caribbean staff (19.7%) and is low across all Black ethnic groups as well as Bangladeshi and Pakistani staff.

Another factor identified contributing to vaccine hesitancy is mistrust amongst staff after the implementation of VCOD during the pandemic. The involvement of the EDI team is being sought in respect of the inpatient and staff vaccination programmes.

All NLFT plans established by the EPMRR Team are reviewed by Experts by Experience service users and staff network representatives. This plan was presented for such review on 6th August 2025 and observations taken into account. Both EBE and staff networks are represented in Trust Resilience Committee where senior managers will oversee this plan.

London Ambulance Service
NHS Trust

North Central London Joint Health Overview and Scrutiny Committee London Ambulance Service

21 November 2025

Agenda Item 10

About us

We are the capital's emergency and urgent care responders. We aim to deliver outstanding emergency and urgent care whenever and wherever needed for everyone in London, 24/7, 365 days a year.

A day in the life of London Ambulance Service

We treat **3,000** patients on scene or over the phone

999

We answer **5,700** calls in 999

111

We answer **6,000** calls in 111

Workforce

Over **10,000** people working, studying and volunteering with us

2,600+ operational support and corporate staff

7,400+ operational staff

21% from an ethnic minority background

32% of new starters recruited in 2022/23 were from an ethnic minority background

Our clinicians typically go to:

240 fallers

230 patients with breathing problems

200 patients reporting chest pain

Delivery of **4** babies

28 confirmed cardiac arrests

42 suspected strokes

33 suspected heart attacks

Patient-facing staff

1,300 call handlers in 999 and 111

1,550 Emergency medical technicians, assistant ambulance practitioners and Non-Emergency Transport Service (NETS) crews

3,200 paramedics, including 100 advanced paramedic practitioners

380 nursing and medical staff

Support staff

400 make ready staff, restocking and refuelling ambulances

80 cleaning staff

60 repair workshop staff

Teaching and apprentices

130 staff in clinical education & standards

1,130 students

680 apprentices

The year in numbers 2024/25

999 contacts
2,097,150

111 calls answered
2,006,609

People have been recruited and appointed
(since 1 April 2024)
1,077

Patients treated over the phone
273,139

New recruits from BAME* background
35%

New, more environmentally friendly ambulances and new cars joined our fleet, bringing our total to
1,151 vehicles

Number of patients seen
1,084,922

*Black and minority ethnic

LAS in North Central London

- Population of 1.4 million
- Barnet has the second-highest number of emergency attendances among boroughs
- Camden and Islington have some of the highest shares of under-35s among London boroughs
- Higher need in mental health services - the prevalence of mental illness in under-18s is almost double the London average
- 30% of children grow up living in poverty
- Around 200,000 people are living with a disability

We are the only pan-London NHS Trust

9m Londoners, 1.4m living in North Central London

Around 131,989 patients received face-to-face care across North Central London in 2025 to date.

Of which:
78,567 were conveyed to A&E
46,813 were treated and discharged on scene
6,609 were conveyed to alternative locations or service providers

Almost 700 people **working for LAS in North Central London** including support staff

Three ambulance groups and 10 ambulance stations in North Central London

Key achievements from 2024/25 – Mission One: *Delivering outstanding emergency and urgent care whenever and wherever needed*

- 999 call answering average was 5 seconds
- 999 hear and treat rate of 20.1%
- We now hold NHS 111 contracts in all five London ICBs including North Central
- Trained over 17,000 London Lifesavers to increase the chance of cardiac arrest survival, identified ‘Defibrillator Deserts’ including two areas in Islington and set up LAS Community First Responder Team
- Co-designed first Integrated Care Coordination Hub, which is located in North Central London
- Electronic controlled drugs register procured
- Bespoke care provided to vulnerable groups of patients
- Integrated the NHS Resilience Emergency Capabilities Unit

Performance - September 2024 and 2025

September 2024

Category of call	LAS mean response time	NCL mean response time	National mean	National target
CAT 1	00:07:37	00:07:48	00:08:25	7 minutes
CAT 2	00:42:27	00:51:46	00:36:03	30 minutes
CAT 3	01:42:12	02:14:38	2:12:57	2 hours
CAT 4	02:58:39	03:42:18	2:32:53	3 hours

September 2025

Category of call	LAS mean response time	NCL mean response time	National mean	National target
CAT 1	00:07:08	00:07:18	00:08:01	7 minutes
CAT 2	00:31:36	00:37:48	00:30:46	30 minutes
CAT 3	01:37:41	02:07:28	01:56:52	2 hours
CAT 4	02:37:45	03:21:04	02:33:58	3 hours

Key achievements from 2024/25 – Mission Two: *Being an increasingly inclusive, well-led and highly skilled organisation people are proud to work for*

- Enrolled 323 leaders on leadership courses.
- 72% response rate to NHS staff survey, even higher at 79.3% across North Central London
- 25% increase in the number of staff involved in staff networks
- Improved gender and ethnicity diversity
- Nationally recognised for focus on sexual safety
- Implemented the national Control Room Solution
- Launch of the Southern Ambulance Services Collaboration

Key achievements from 2024/25 – Mission Three: *Using our unique pan-London position to contribute to improving the health of the Capital*

- Promoting and delivering individualised care for patients – sickle cell, maternity, cardiovascular risk management, substance addiction, housing and health
- Implemented electronic safeguarding referrals
- Commenced use of digital solutions to improve seamless transfer of care
- Improved the sustainability of our estate – LED lighting, installed electric charging points at 42 sites, planted 60 trees at 20 sites, improved waste management
- Commissioned 159 new vehicles – fully electric, hybrid or low emission.

Local engagement

- LAS team delivers London Lifesavers events across North Central London where our people equip residents with CPR skills and teach them how to use a defibrillator. These took place at locations including: King's Cross Station, a Women's Institute Group in N20, De Beauvoir Women's Institute in N1 as well as four schools where we trained 309 pupils in 2025 to date.
- We continue to collaborate with a wide range of partners in North Central London.
  - In October 2025, local crews and officers from the London Fire Bridge held joint training to further improve our preparedness for multi-agency responses.
  - In September 2025, local crews worked with Transport for London to carry out training aimed at enhancing LAS skills in treating patients within the London Underground network.
  - In September 2025, LAS welcomed University College London Hospital's maternity team to Islington Ambulance Station to improve crews' clinical skills in maternity care.
- LAS's Public Education team is active across North Central London. In 2025, the team delivered 30 engagement events in the area, welcoming almost 4,000 attendees of all age. The team carries out a wide range of activities in North Central London, from Junior Citizenship Scheme which equips year 6 pupils with first aid skills to a Choose Well Programme which aims to support residents in how to navigate the NHS urgent care system.

Working with our system partners

- In the last few of years, LAS has worked with our system partners such as North Central London Integrated Care Board (NCL ICB) and senior leadership teams at hospitals to implement **the 45-minute patient handover process** which see ambulance clinicians leave the patient in the care of the hospital staff after 45 minutes of arriving at the hospital. The aim is to allow ambulance clinicians to attend patients who are waiting in the community and need us most more quickly. Since the introduction in 2023, LAS, NCL ICB and hospital leaders are continuing to work together to manage the overall system, through regular meetings, promoting escalation processes and building relationships with local managers.
- In recent months, a series of **workshops** have been held to discuss **winter pressures and planning** as a whole system across London. As well as LAS and NHS England, key system leaders across the capital participated in this important discussion including senior figures from NCL ICB and Whittington Health NHS Trust. Islington crews are also working closely with local emergency departments to meet increased demand.
- We launched four **Integrated Care Coordination Hubs (also known as Single Point of Access)** across London. A site in North Central London has been one of the two early adopters, having been launched in January 2025. The scheme has supported ambulance crews' decision making both at the point of the 999 call and when an ambulance is on scene with the patient. This has been achieved by bringing together ambulance clinicians and nurses with locally based senior doctors such as GPs and A&E consultants who are available to discuss with our ambulance crews the best pathway for individual patients.

LAS in pictures

London-wide winter planning workshop in July 2025

North Central London's Integrated Care Coordination Hubs (also known as Single Point of Access)

LAS crews and Transport for London at a joint training session at Charing Cross

Local crews training with the London Fire Brigade

LAS at a Junior Citizenship Scheme held at Sobel Leisure Centre

University College London Hospital's maternity team at Islington Ambulance Station

LAS Winter Plan 2025/26

Each year, we see a sustained high level of demand on our services and we know that we need to plan and prepare to keep patients safe, and to support our staff. We know that at the same time, pressure is seen across the whole system.

Last winter, LAS and the whole system experienced unprecedented high numbers of flu, respiratory syncytialvirus (RSV), COVID-19 and norovirus.

We know December 2024 saw the highest number of 999 calls for the most serious, life-threatening conditions than in any other month in our history. Our IUC teams received over 230,000 calls to 111, avoided 21,000 ambulance referrals and supported crews to avoid conveyance in collaboration with the wider system using alternative care pathways

For LAS Winter demand is historically seen before Christmas whereas acute hospitals, dependent on viral outbreaks, have seen it January and February. For this reason, we need to be planning to work together from late November until February to keep our patients safe.

Our predictive analysis shows that we must plan for this again. Building on lessons learned from previous winters, LAS will draw upon our year-round escalation processes, investing in higher capacity to manage the sustained pressure we see over winter.

Following winter 2024-2025 we conducted a comprehensive evaluation which underpins our plans for this year and we have engaged with system partners during summer 2025 in our planning for the forthcoming winter.

The LAS winter plan is built on our year-round escalation planning which is focused on keeping patients safe, and supporting our staff to deliver high quality emergency and urgent care. Building on feedback, we will utilise escalation and communication systems and continue to work with NHSE London and partners.

Key principles

A key underlying principle is that we plan for escalation all year round and will use our established processes and mechanisms to keep patients safe throughout winter.

LAS have emergency and urgent care Clinical Safety Plans (CSP) aligned to support an integrated response to pan London demand.

We know that the whole system sees a sustained level of pressure throughout the winter period and we will enhance these processes through increased staffing, planning and engagement.

We are committed to working together as a system to protect patients this winter and welcome feedback.

Key deliverables

- Improve ambulance response times for sickest patients
- Reduce handover delays
- Reduce avoidable ED conveyance by increasing 999 and IUC utilisation of Alternative Care Pathways (ACPs)
- Improve staff vaccination rate by 5 %

Key actions LAS will take to support system

Conveyance to Emergency Departments
- Patient Flow Framework will continue to oversee hospital conveyances, routine and blue calls and the patient flow app
- Blue calls for capacity and internal flow issues will not be able to be supported – where a high volume of blue calls have been placed action will be taken by LAS
- Continue to work with hospitals on handovers to aim for national target of 15 minutes with no handovers beyond 45 minutes
- A decision to not off load a patient from an ambulance should be a local never event and should be treated as such by all parties
- IUC system partner coordination to maximise capacity

Ongoing planning through escalation cell 7 days a week
- Share predictive analysis of demand week by week
- Share data about types of incoming 999 calls weekly
- Continue escalation and communication via SCCs - building on BAU processes, teams chats with the SCC to reduce need for adhoc calls
- Providing seamless access to senior decision-making support
- Internally LAS will be reviewing capacity, demand and rota management on daily basis across all service areas

Increase efficiency by maximising use of digital and data
- MiDoS integration to promote use of Alternative Care Pathways (ACPs)
- Continued introduction of AI for clinical record keeping to aid productivity
- Continue roll-out of My Clinical Feedback App across London to provide feedback on clinical decisions being made by LAS clinicians and reinforce use of ACPs

Supporting staff wellbeing and increasing vaccination rates
- Support London wide focus to increase vaccination rate by 5%
- Work collaboratively across providers to ensure access to vaccination clinics for LAS clinicians
- Targeted winter communications about mental health support

Reduce avoidable conveyance to ED / maximise use of alternative care pathways (ACP)
- Continue the support of the role out of SPoA/ICC to each ICB
- Support access to 999 stack by UCR teams via co-location with SPoA/ICC
- Continue LAS focus on Category 2 streaming to refer clinically suitable patients to alternative pathways before dispatch of an emergency ambulance
- Continue focus by 111/ IUC on Category 3 & 4 validation to reduce ambulance referral
- Continue focus, via LAS Clinical Hub & SPoA/ICC, on pre dispatch alternatives
- Increase use of SDEC including through extension of trusted assessor
- Support increase of Urgent Care Plans (UCP) to support individualised care
- Review of Directory Of Services (DoS) profiles with ICB to improve ACP access

Support Londoners impacted by health inequalities
- Targeted communication, including translated leaflets, on when & how to access 999 or 111
- Promotion of UCPs to support individualised response to vulnerable patients
- Work with Neighbourhood teams to support our most vulnerable patients
- Work with ICBs to ensure communication with care homes, mental health teams and other vulnerable patients

LAS will maximise resource to meet demand
- Increased levels of staffing across 999 and ambulance operations
- Deployment of clinical managers to frontline to support at times of pressure

999/ IUC LAS Clinical Safety Plan (CSP) and Patient Flow Framework
- LAS have emergency and urgent care CSPs (aka OPEL) with associated actions aligned to support an integrated response to pan London demand
- CSP level display in ePCR to increase operational awareness of pressures

Join us for Together in Song

- The London Ambulance Charity presents a night of carols, candles and communities at the iconic St Bride's Church.
- Every year, LAS provides care to millions of people across the capital, dedicating our working lives to helping others in the most difficult and frightening moments. And in winter the challenge only gets harder. To show our appreciation to our life-saving staff and raise funds for life-saving equipment across the capital, please join our charity carol service, Together in Song.
- Event details
  - Location: St Bride's Church, Fleet Street, EC4Y 8AU
  - Date: Tuesday 16 December
  - Time: 6.30pm (doors open at 6pm)
- Please book your tickets here and help us spread the words by sharing with your residents and communities.

Support our work: London Heart Starters

- The London Heart Starters campaign fundraises to ensure there are an additional 150 public-access defibrillators in unlocked cabinets where they are needed most. Our campaign uses a data-driven approach to identify ‘defib deserts’: small communities across the capital that have little to no defibrillators available to help save the life of someone having a cardiac arrest.
- We pledge to work with communities to identify defibrillator guardians, install public-access defibrillators, and ensure community members are trained in life-saving CPR skills and feel confident to use a defibrillator.
- Ways to support:
  - Make a gift or fundraise
  - Serve as a defibrillator guardian or sponsor a defibrillator
  - Help us find a suitable location to place a defibrillator or a local businesses where we could run a pop-up event
  - Spread the word. Please share our campaign website and contact details with your residents: londamb.heartstarters@nhs.net

Support our work: London Lifesavers

- London Ambulance Service is aiming to make London a city of lifesavers, by organising **life-saving CPR and defibrillator training** for communities, organisations and schools.
- The **London Lifesavers schools programme** – launched in September 2023 – sees our paramedics teach life-saving skills to Year 8 children in every borough over the course of the campaign.
- Support the campaign by**:**
  - Encouraging community groups, businesses and not-for-profit organisations to **sign up for training with our experts**.
  - Promoting London Lifesavers to **secondary schools** and encouraging them to express an interest on our website.

Resources and useful contacts

- **London Lifesavers campaign** – Sign up for training with our experts and promote the campaign to your community and secondary schools. Contact londamb.londonlifesaver@nhs.net or visit our website for more information.

- **London Heart Starters campaign** – contact londamb.Defib.Defib@nhs.net to become a guardian of a publicly accessible defibrillator.

- Hear more from our teams in your local stations and sector. Contact londamb.StakeholderEngagement@nhs.net.

- Work, volunteer or study with us. Contact londamb.999recruitment@nhs.net or londamb.graduaterecruitment@nhs.net to contact our recruitment department.

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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
	Winter Planning Update	NCL - ICB
	NHS 10 Year Plan	NCL - ICB
	London Ambulance Service Update	NHS LAS
	JHOSC ToR	JHOSC

Friday 30 January 2026 – Enfield Council

Item	Purpose	Lead Organisation
TBC	Paediatric Services Review	

TBC		
TBC		

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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