MINUTES OF THE North Central London Joint Health Overview and Scrutiny Committee HELD ON Monday, 9th March, 2026, 10.00am

PRESENT:

Councillors: Pippa Connor (Chair), Cllr Revah (Vice-Chair), Cllr Edwards and Matt White

ALSO ATTENDING:

- Jo Baty, Director of Adult Social Care, Haringey Council
- Natasha Benn, Chair, Joint Partnership Board
- Richard Dale, Chief Strategy Officer, NWL & NCL ICB
- Fola Irikefe, Principal Scrutiny Officer
- Chloe Morales Oyarce, Head of Communications and Engagement
- Sarah Morgan, Chief People Officer
- Alan Morten, Haringey Keep our NHS Public
- Sara Suttun, Corporate Director for Adults, Housing and Health, Haringey Council
- Rod Wells, Haringey Keep our NHS Public

Attendance Online

- Councillors Kemi Atolagbe and Tricia Clark

1. FILMING AT MEETINGS

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

2. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Philip Cohen, Chris James and Andy Milne.

3. URGENT BUSINESS

None,

4. 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.

5. DEPUTATIONS / PETITIONS / PRESENTATIONS / QUESTIONS

The Committee received a deputation from Alan Morten of Haringey Keep Our NHS Public (KONP) that focussed on the Governments 10 Year Plan, NLC ICB staffing and funding costs and the future of NCL JHOSC. The deputation emphasised that the ideas within the 10-Year Plan were great but there was very little detail to go with the aspirations put forward. Alan Morten expressed that there was common knowledge that there is no new funding available and that the ICB would be becoming more of a growing a strategic commissioner and therefor removed from the problems for each locality.

The deputation also covered the issue of digitisation, acknowledging that there are benefits but questioned the aspirations of the Federated Data Platform (FDP) and Secure Data Environment (SDE) and what will be done with the publics data. A Financial Times article highlighting the links between NWL ICS and links to Global Council was also a concern given that NCL was in the process of merging with them.

Alan Morten highlighted that big data companies were buying ups small data start up and creating a monopoly and this is against the interests of the general public. The ask from Haringey KONP is for the JHOSC to seek assurance that data is used for the benefit of residents and not for large data companies. Haringey KONP is further exasperated by the fact that the Integrated Care System will be dealing with a larger population once merged.

Richard Dale, Chief Strategy Officer, NWL & NCL ICB explained that they will come back regarding digital and data as part of the overall strategy piece (**Follow Up**). The Chief Strategy Officer briefed that the London Care Record has been in place for up to 5 years, lots of use clinicians use it to read peoples care records, held securely in the NHS environment. Amazon web services and Google cloud is also use by a number of Trusts and there are clauses in place to ensure that the data can't be used outside of NHS environment.

It was explained further that FDP is a nationally procured platform and available for Trusts to use and it's up to each Trust to take a judgment about choosing to use it. The Chair acknowledged the difference between where this sits with the providers as opposed to the ICB. **Recommendation:** The committee to ask hospitals within the JHOSC area if they are using Palantir to run their data sourcing for them and if not, what was the reason behind their choice not to use them.

Councillor Connor asserted that the JHOSC can ask for information around data protection and information governance policies with the ICB as part of their role in managing their data responsibilities and carrying our risk assessments related to the data platforms, so they are not completely removed from the process. In essence, Councillors on the JHOSC can scrutinise how the ICB is managing its data responsibilities and not whether Trusts are/are not utilising the system to which the Chief Strategy Officer, ICB confirmed.

Councillor White expressed relief over the information provided regarding who would have to access the system and the data, however, on reflection of the post office scandal the provider was able to access information that they weren't supposed to.

Councillor White enquired over how we get assurance in view of the fact the data platform is provided by a large company not based in the UK. The Chief Strategy Officer responded and expressed that there is extensive due diligence, and the platform is bound by the laws in the UK and each Trust utilising the services should also be carrying out their own due diligence. Councillor White said ultimately, he was not re-assured that our data would be protected. **Follow Up**: The Chair concluded that once the information is retrieved by various Trusts on if they are using the platform, the next stage would be to contact NHS England and express concerns and seek re-assurances that our resident's data was being protected.

Concillor Connor put a question to Haringey KONP about when Palantir Technology is mentioned whether the concern is that the data will be taken form from a secure data service. The Chair enquired about what evidence is being drawn on to highlight the concerns. Alan Norton expressed that there is concern but it isn't based on any individual information but is based on the owners of these companies. Europe is trying to set up their own alternative – Eurostack. Mr Norton also reported that Palantir also acquired a contract from the Ministry of Defence without any competition and herein lies the problem.

Councillor Revah agreed with Councillor White's comments and sought clarity around digital inclusion as not everyone has a smart phone, and this could lead to a significant number of people falling through the gap. The Chief Strategy Officer confirmed that face-to-face and letter communication was still in place and also needs to be improved alongside the development of neighbourhood working.

Councillor Edwards enquired about what kind of information companies may wish to access and what could be the penalties they could possibly face. The Chief Strategy Officer explained through cloud service data is stored and stays within the UK for the Trusts, there are specific controls and UK law and the ICB has a data access committee which provides oversight.

The Chair thanked the deputation.

6. MINUTES

Health Inequalities

The Chair explained that in relation to the Health Inequalities item she had enquired about the Rise Project as it was based in Haringey and the website didn't have up to date information which was key for those wishing to access the service and on reviewing the site again this week, the last event for 'sister circle' was still showing as 2019.

Royal Free & North Mid merger

In relation to the item on the Royal Free merger with North Mid, clarity about savings plans in its entirety and what makes up the deficit and is causing it and should form an action when considering finances in 2026/27.

Work programme 2026/27

In terms of the new mental health unit at Chase Farm and maternity service at the North Mid, the action should be considered on the future work programme as not enough information was provided at the time.

Terms of reference

In relation to the committee's terms of reference, these were accepted and agreed the current approach to administering the meetings with officers rotating so it could go through due to the challenges of agreeing to funding support arrangements, However, the Committee also agreed that the approach was not sustainable as the officer may at times be from a different borough to the Chair. It was decided that a letter from all the NCL JHOSC members should go out in future with all members signing it.

7. NHS 10 YEAR HEALTH PLAN AND NEIGHBOURHOOD HEALTH DELIVERY

Richard Dale, Chief Strategy Officer, NWL & NCL ICB briefed the committee that the presentation provided a summary of current progress and that they would Richard Dale, Chief Strategy Officer, NWL & NCL ICB briefed the committee that the presentation provided a summary of current progress and that they would be finalising broader plans over the summer. There have been ongoing conversations about moving care from hospitals to communities, whilst ensuring that diverse needs are met. The neighbourhood health approach focusses on the involvement of carers and families as part of the process all whilst considering the concerns about recruitment and retaining community-based staff.

The objective is for technology to enhance and support care whilst also retaining the offline option. Key for digital services is to use data to better understand those with greater needs and inequalities and in view of this, tailor services This will be delivered through Neighbourhood Health focussing on adults with complexities and long-term conditions. Data will be used for early diagnosis and proactive treatment. The shared patient record is important and key to seamless care. In terms of preventing ill heath, this is the priority and working better with the voluntary and community sector will support this. The conversations with the public will continue throughout.

Richard Dale also highlighted the changing role of the ICB, as part of the merger of NCL and NWL ICB which is driven by the need to deliver a 50% reduction in running costs. At the centre of the Neighbourhood Health model is multi-disciplinary teams that work alongside existing health services and to move into this space they are now working with Integrators in each borough building on the work on the Inequalities Fund and how it can be scaled up.

The Chair expressed the importance of a joined-up conversation with regards to this and hence the importance of having Jo Baty, Director of Adult Social Care, Haringey Council and Sara Suttun, Corporate Director for Adults, Housing and Health, Haringey Council involved in the discussions relating to the10 Year Plan. The Chair enquired about the neighbourhood offer which residents reported as being confused by what was on offer and who was doing what. She further sought to know what will change in the light of the merger and how will local focus be retained. The Chief Strategy Officer, NWL & NCL ICB expressed the need to have a clear road map and working with Integrators to understand all the community assets, primary care has specialist social

prescribers will help with some of the navigation. Corporate Director for Adults, Housing and Health, Haringey Council explained that we are in the process of developing the Neighbourhood Plan which would be signed off by the Health and Wellbeing Board and as part of this work the voluntary and community sector is already integrated into the planning work.

The Chief Strategy Officer explained that a communication subgroup had been set up where all the organisations are represented in order to be able to pick up how we ensure consistent communication, knowing who is taking the lead and how the information gets out to the community. In Haringey, the capacity building a strong offer through the voluntary and community sector organisations. There is a need to strengthen the direct communication with residents and using other organisations to facilitate it.

The plan is to develop alongside ICB infographics exploring ‘what are neighbourhoods and what changes will be seen on the ground. In Haringey there is already a Multi-Agency Care Coordination Team (MAC) who are working on identifying target cohorts and how to work and co-produce with residents. There is also a community prevention strand to the work to co-produce priorities and the communications sub-group is ultimately working closely with the workforce who will deliver.

Councillor Connor enquired that if the right messaging is going to the workforce, from strategic position what will be done to ensure the information is seamless across all the boroughs to ensure everyone is getting the correct information. The Chief Strategy Officer explained that each borough has a communications programme and they are now reviewing their commissioning processes and developing a shared understanding of who is the most vulnerable in the community through partners and neighbourhood working.

Councillor Revah enquired over how they will we ensure that some people don’t get left behind as they were during covid and it was explained that the gaps in the data have been closed and so there is a better understanding of the more isolated members of the community. Work was also carried out with the London Care Record regarding the definition of a care team. Councillor Revah expressed scepticism about whether people would really be reached.

The Chief Strategy Officer emphasised that as things come together well Neighbourhood Health Plans will actually be better at reaching people who are harder to reach. On enquiry about how information will be shared with social care within the new model, the Director of Adult Social Care, Haringey Council explained we come together in different forums already and this will be more efficient way of doing this e.g. MARAC, opportunity to work better with community activists who work with the most vulnerable community members. The new way of working has come together due to depleted resources, but it means that all agencies will now be working more efficiently.

The Chair commented that Baroness Casey is currently looking into the independent commissioning of adult social care where she is concerned about the separate health and social care services and funding and impact on equalities. The Chair enquired if work was underway exploring adult social care and NHS funding and how they could

be funded together. The Chair enquired over what would be done once Barness Casey's report proposes and aligns with joint commissioning. The Chief Strategy Officer expressed that interface between social care and health is critical including the Better Care Funding and there is already joint support and that more joined up work was something that they were looking into. The committee heard that as part of the joint review process, conversations will take place with all the local authorities about how to increase joint work in advance of the publication of the outcomes.

The Chair explained the governance structure needed clarity in terms of where the Adult Social Care Directors amongst the boroughs would sit on the board and whether it would be one borough representing all the 13 boroughs amongst NCL and NWL. Richard Dale explained that one of the Leaders and a Chief Executive is on the board presently and discussions are ongoing about how things will work.

The Corporate Director for Adults, Housing and Health explained that the Haringey Team is Better Care Funded (BCF) already so this will now be expanded into Neighbourhood teams. The committee heard that in2027/28 there will be a piece on borough partnerships and there may need to change the local decision routes and Health and Wellbeing boards will be strengthened as where Neighbourhood Plans and decisions on funding will take place with then. **Action:** The Chair expressed that a follow up piece on the strengthened role of the Health and Wellbeing Board and pooled budgets would be helpful.

Councillor Seargent informed the committee about a neighbourhood approach in Graham Park in Barnet where residents were unaware of social prescribing and the benefits and lacked clarity regarding if they should go to GPs or hospitals at any given time Councillor Sergeant also asked about Integrators. The Chief Strategy Officer explained that Integrators are existing organisations in each borough taking on additional responsibilities to draw people together. There will be funding invested in the neighbourhood delivery process but not directly to the organisations. **Recommendation:** Given that there is no further funding, further information on how they are progressing and how they are delivering more for less though Integrators will be something that the Committee needs to consider in more detail as they progress.

The Corporate Director for Adults, Housing and Health explained that there aren't additional contracts but there are memorandums of understanding to formalise and strengthen the way of working. It was also highlighted that not all authorities are taking the lead. **Action**: What is the impact on the developing relationship where there are authorities not taking the lead? The chair expressed that this could be explored with two authorities with opposing approaches, one which is heavily involved and one with a more hands off approach.

Councillor Atolagbe enquired which other ICBs they were working with due to data concerns and GDPR and what was being done for hard-to-reach groups. The Chief Strategy Officer responded that extensive work across all the London ICB's takes place in terms of data sharing and hence why the London Care Record was put in place and there is a data sharing agreement as Londoners are mobile and may need to access services away from home etc. In terms of working with communities that don't always access services and the approach, the are no longer saying the individuals are 'hard to reach' but that some services are not designed appropriately.

Neighbourhood health will be looking at how we provide better tailored services and do things differently in future. For example, the longest waiters in terms of elective care are those from deprived communities on zero hours contracts so this is something that needs to be addressed.

The Chair of the Joint Partnership Board responded that in terms of bringing local communities and the voluntary sector is brilliant at supporting the interests of people, however she raised concerns in respect of training and particularly when looking at things from an intersectional perspective. It was enquired over what was being done in respect of unconscious bias so that the voluntary and community sector and the Integrators have a sense of how to see things from another person's perspective and this is particularly key for the Integrators. The Chief Strategy Officer explained that some work had been carried out with the voluntary and community sector about viewing people as individuals and health equity is at the core of the strategy and it needs to be further refined into polices and in turn training and development. **Action:** ICB colleagues to seek advice about how to include the expertise of the Joint Partnership Board.

The Chair expressed her concerns about the idea of virtual wards and ultimately the impact on the carer and explained that an audit was requested to look at how they are coping in this role as they are unpaid careers, picking up the burden. The Chief Strategy Officer explained that work is currently underway monitoring the impact on carers and explained that the terminology 'virtual wards' is also unhelpful as it enraptures acute care being delivered by professionals in people's homes. **Action:** work carried out to come back on virtual wards.

The Chair asked colleagues in social care if they were aware of an additional ask to carers in a rehabilitation route. The Director of Adult Social Care, Haringey Council explained the Carers Strategy was being implemented aware of concerns with discharge and big ask to do more. The Chair of the Joint Partnership Board explained that they were trying to make sure carers were actively involved and in the room in terms of developing governance around strategy. Involving various sectors of the local authority and linking in with unpaid carers, GPs, social care, housing and other key services to ensure a holistic approach was also important.

Councillor Revah expressed that disabilities haven't been mentioned in the paper and it is important. Councillor Revah further emphasised that given carers don't have formal training and enquired how it was being monitored. Sarah Morgan, Chief People Officer, NCL & NWL ICB as part of the People Strategy for NCL, they had identified one hundred thousand unpaid carers and work was done through the five councils looking at supporting unpaid carers and in NWL they are currently looking at unpaid workers packages. **Action:** Look at where this work has now got to from the Peoples Strategy and pick up on the work undertaken in NWL and whether it can be implemented in NCL.

Councillor Sergeant raised the point that although there are unpaid carers, there are also people who don't have unpaid carers as well, socially isolated people and enquired whether there was any work being carried out for identifying people who may fall through the net before they are left with caring role. Richard Dale agreed and that neighbourhood teams will address these first in terms of the neighbourhood work. The

Chair expressed that there seemed to have been some excellent work from the MAC and it would be useful to know if it was sustainable financially and could be rolled out across the five boroughs.

The Chair of the Joint Partnership Board briefed that there were also isolated people without carers and whether any work has been done in terms of people with unfit and abusive careers? The Chief Strategy Officer expressed that if the work with partners comes together well then this will give greater insight into the more complex type of relationships. The closest model is the MAC team although its presently more clinical than what they envisage, it is the closest thing to the neighbourhood model that they plan for. The plan over the summer is looking at how to scale the model across all the boroughs. **Action.**
Richard Dale, Chief Strategy Officer, NWL & NCL ICB briefed the committee that the presentation provided a summary of current progress and that they would be finalising broader plans over the summer. There have been ongoing conversations about moving care from hospitals to communities, whilst ensuring that diverse needs are met. The neighbourhood health approach focusses on the involvement of carers and families as part of the process all whilst considering the concerns about recruitment and retaining community-based staff.

The objective is for technology to enhance and support care whilst also retaining the offline option. Key for digital services is to use data to better understand those with greater needs and inequalities and in view of this, tailor services This will be delivered through Neighbourhood Health focussing on adults with complexities and long-term conditions. Data will be used for early diagnosis and proactive treatment. The shared patient record is important and key to seamless care. In terms of preventing ill heath, this is the priority and working better with the voluntary and community sector will support this. The conversations with the public will continue throughout.

Richard Dale also highlighted the changing role of the ICB, as part of the merger of NCL and NWL ICB which is driven by the need to deliver a 50% reduction in running costs. At the centre of the Neighbourhood Health model is multi-disciplinary teams that work alongside existing health services and to move into this space they are now working with Integrators in each borough building on the work on the Inequalities Fund and how it can be scaled up.

The Chair expressed the importance of a joined-up conversation with regards to this and hence the importance of having Jo Baty, Director of Adult Social Care, Haringey Council and Sara Suttun, Corporate Director for Adults, Housing and Health, Haringey Council involved in the discussions relating to the10 Year Plan. The Chair enquired about the neighbourhood offer which residents reported as being confused by what was on offer and who was doing what. She further sought to know what will change in the light of the merger and how will local focus be retained. The Chief Strategy Officer, NWL & NCL ICB expressed the need to have a clear road map and working with Integrators to understand all the community assets, primary care has specialist social prescribers will help with some of the navigation. Corporate Director for Adults, Housing and Health, Haringey Council explained that we are in the process of developing the Neighbourhood Plan which would be signed off by the Health and Wellbeing Board and as part of this work the voluntary and community sector is already integrated into the planning work.

The Chief Strategy Officer explained that a communication subgroup had been set up where all the organisations are represented in order to be able to pick up how we ensure consistent communication, knowing who is taking the lead and how the information gets out to the community. In Haringey, the capacity building a strong offer through the voluntary and community sector organisations. There is a need to strengthen the direct communication with residents and using other organisations to facilitate it.

The plan is to develop alongside ICB infographics exploring ‘what are neighbourhoods and what changes will be seen on the ground. In Haringey there is already a Multi-Agency Care Coordination Team (MAC) who are working on identifying target cohorts and how to work and co-produce with residents. There is also a community prevention strand to the work to co-produce priorities and the communications sub-group is ultimately working closely with the workforce who will deliver.

Councillor Connor enquired that if the right messaging is going to the workforce, from strategic position what will be done to ensure the information is seamless across all the boroughs to ensure everyone is getting the correct information. The Chief Strategy Officer explained that each borough has a communications programme and they are now reviewing their commissioning processes and developing a shared understanding of who is the most vulnerable in the community through partners and neighbourhood working.

Councillor Revah enquired over how they will we ensure that some people don’t get left behind as they were during covid and it was explained that the gaps in the data have been closed and so there is a better understanding of the more isolated members of the community. Work was also carried out with the London Care Record regarding the definition of a care team. Councillor Revah expressed scepticism about whether people would really be reached.

The Chief Strategy Officer emphasised that as things come together well Neighbourhood Health Plans will actually be better at reaching people who are harder to reach. On enquiry about how information will be shared with social care within the new model, the Director of Adult Social Care, Haringey Council explained we come together in different forums already and this will be more efficient way of doing this e.g. MARAC, opportunity to work better with community activists who work with the most vulnerable community members. The new way of working has come together due to depleted resources, but it means that all agencies will now be working more efficiently.

The Chair commented that Baroness Casey is currently looking into the independent commissioning of adult social care where she is concerned about the separate health and social care services and funding and impact on equalities. The Chair enquired if work was underway exploring adult social care and NHS funding and how they could be funded together. The Chair enquired over what would be done once Barness Casey’s report proposes and aligns with joint commissioning. The Chief Strategy Officer expressed that interface between social care and health is critical including the Better Care Funding and there is already joint support and that more joined up work was something that they were looking into. The committee heard that as part of the

joint review process, conversations will take place with all the local authorities about how to increase joint work in advance of the publication of the outcomes.

The Chair explained the governance structure needed clarity in terms of where the Adult Social Care Directors amongst the boroughs would sit on the board and whether it would be one borough representing all the 13 boroughs amongst NCL and NWL. Richard Dale explained that one of the Leaders and a Chief Executive is on the board presently and discussions are ongoing about how things will work.

The Corporate Director for Adults, Housing and Health explained that the Haringey Team is Better Care Funded (BCF) already so this will now be expanded into Neighbourhood teams. The committee heard that in2027/28 there will be a piece on borough partnerships and there may need to change the local decision routes and Health and Wellbeing boards will be strengthened as where Neighbourhood Plans and decisions on funding will take place with then. **Action:** The Chair expressed that a follow up piece on the strengthened role of the Health and Wellbeing Board and pooled budgets would be helpful.

Councillor Seargent informed the committee about a neighbourhood approach in Graham Park in Barnet where residents were unaware of social prescribing and the benefits and lacked clarity regarding if they should go to GPs or hospitals at any given time Councillor Sergeant also asked about Integrators. The Chief Strategy Officer explained that Integrators are existing organisations in each borough taking on additional responsibilities to draw people together. There will be funding invested in the neighbourhood delivery process but not directly to the organisations.
Recommendation: Given that there is no further funding, further information on how they are progressing and how they are delivering more for less though Integrators will be something that the Committee needs to consider in more detail as they progress.

The Corporate Director for Adults, Housing and Health explained that there aren't additional contracts but there are memorandums of understanding to formalise and strengthen the way of working. It was also highlighted that not all authorities are taking the lead. **Action**: What is the impact on the developing relationship where there are authorities not taking the lead? The chair expressed that this could be explored with two authorities with opposing approaches, one which is heavily involved and one with a more hands off approach.

Councillor Atolagbe enquired which other ICBs they were working with due to data concerns and GDPR and what was being done for hard-to-reach groups. The Chief Strategy Officer responded that extensive work across all the London ICB's takes place in terms of data sharing and hence why the London Care Record was put in place and there is a data sharing agreement as Londoners are mobile and may need to access services away from home etc. In terms of working with communities that don't always access services and the approach, the are no longer saying the individuals are 'hard to reach' but that some services are not designed appropriately. Neighbourhood health will be looking at how we provide better tailored services and do things differently in future. For example, the longest waiters in terms of elective care are those from deprived communities on zero hours contracts so this is something that needs to be addressed.

The Chair of the Joint Partnership Board responded that in terms of bringing local communities and the voluntary sector is brilliant at supporting the interests of people, however she raised concerns in respect of training and particularly when looking at things from an intersectional perspective. It was enquired over what was being done in respect of unconscious bias so that the voluntary and community sector and the Integrators have a sense of how to see things from another person's perspective and this is particularly key for the Integrators. The Chief Strategy Officer explained that some work had been carried out with the voluntary and community sector about viewing people as individuals and health equity is at the core of the strategy and it needs to be further refined into polices and in turn training and development. **Action:** ICB colleagues to seek advice about how to include the expertise of the Joint Partnership Board.

The Chair expressed her concerns about the idea of virtual wards and ultimately the impact on the carer and explained that an audit was requested to look at how they are coping in this role as they are unpaid careers, picking up the burden. The Chief Strategy Officer explained that work is currently underway monitoring the impact on carers and explained that the terminology 'virtual wards' is also unhelpful as it enraptures acute care being delivered by professionals in people's homes. **Action:** work carried out to come back on virtual wards.

The Chair asked colleagues in social care if they were aware of an additional ask to carers in a rehabilitation route. The Director of Adult Social Care, Haringey Council explained the Carers Strategy was being implemented aware of concerns with discharge and big ask to do more. The Chair of the Joint Partnership Board explained that they were trying to make sure carers were actively involved and in the room in terms of developing governance around strategy. Involving various sectors of the local authority and linking in with unpaid carers, GPs, social care, housing and other key services to ensure a holistic approach was also important.

Councillor Revah expressed that disabilities haven't been mentioned in the paper and it is important. Councillor Revah further emphasised that given carers don't have formal training and enquired how it was being monitored. Sarah Morgan, Chief People Officer, NCL & NWL ICB as part of the People Strategy for NCL, they had identified one hundred thousand unpaid carers and work was done through the five councils looking at supporting unpaid carers and in NWL they are currently looking at unpaid workers packages. **Action:** Look at where this work has now got to from the Peoples Strategy and pick up on the work undertaken in NWL and whether it can be implemented in NCL.

Councillor Sergeant raised the point that although there are unpaid carers, there are also people who don't have unpaid carers as well, socially isolated people and enquired whether there was any work being carried out for identifying people who may fall through the net before they are left with caring role. Richard Dale agreed and that neighbourhood teams will address these first in terms of the neighbourhood work. The Chair expressed that there seemed to have been some excellent work from the MAC and it would be useful to know if it was sustainable financially and could be rolled out across the five boroughs.

The Chair of the Joint Partnership Board briefed that there were also isolated people without carers and whether any work has been done in terms of people with unfit and abusive careers? The Chief Strategy Officer expressed that if the work with partners comes together well then this will give greater insight into the more complex type of relationships. The closest model is the MAC team although its presently more clinical than what they envisage, it is the closest thing to the neighbourhood model that they plan for. The plan over the summer is looking at how to scale the model across all the boroughs. **Action.**
e finalising broader plans over the summer. There have been ongoing conversations about moving care from hospitals to communities, whilst ensuring that diverse needs are met. The neighbourhood health approach focusses on the involvement of carers and families as part of the process all whilst considering the concerns about recruitment and retaining community-based staff.

The objective is for technology to enhance and support care whilst also retaining the offline option. Key for digital services is to use data to better understand those with greater needs and inequalities and in view of this, tailor services This will be delivered through Neighbourhood Health focussing on adults with complexities and long-term conditions. Data will be used for early diagnosis and proactive treatment. The shared patient record is important and key to seamless care. In terms of preventing ill heath, this is the priority and working better with the voluntary and community sector will support this. The conversations with the public will continue throughout.

Richard Dale also highlighted the changing role of the ICB, as part of the merger of NCL and NWL ICB which is driven by the need to deliver a 50% reduction in running costs. At the centre of the Neighbourhood Health model is multi-disciplinary teams that work alongside existing health services and to move into this space they are now working with Integrators in each borough building on the work on the Inequalities Fund and how it can be scaled up.

The Chair expressed the importance of a joined-up conversation with regards to this and hence the importance of having Jo Baty, Director of Adult Social Care, Haringey Council and Sara Suttun, Corporate Director for Adults, Housing and Health, Haringey Council involved in the discussions relating to the10 Year Plan. The Chair enquired about the neighbourhood offer which residents reported as being confused by what was on offer and who was doing what. She further sought to know what will change in the light of the merger and how will local focus be retained. The Chief Strategy Officer, NWL & NCL ICB expressed the need to have a clear road map and working with Integrators to understand all the community assets, primary care has specialist social prescribers will help with some of the navigation. Corporate Director for Adults, Housing and Health, Haringey Council explained that we are in the process of developing the Neighbourhood Plan which would be signed off by the Health and Wellbeing Board and as part of this work the voluntary and community sector is already integrated into the planning work.

The Chief Strategy Officer explained that a communication subgroup had been set up where all the organisations are represented in order to be able to pick up how we ensure consistent communication, knowing who is taking the lead and how the information gets out to the community. In Haringey, the capacity building a strong offer through the voluntary and community sector organisations. There is a need to

strengthen the direct communication with residents and using other organisations to facilitate it.

The plan is to develop alongside ICB infographics exploring ‘what are neighbourhoods and what changes will be seen on the ground. In Haringey there is already a Multi-Agency Care Coordination Team (MAC) who are working on identifying target cohorts and how to work and co-produce with residents. There is also a community prevention strand to the work to co-produce priorities and the communications sub-group is ultimately working closely with the workforce who will deliver.

Councillor Connor enquired that if the right messaging is going to the workforce, from strategic position what will be done to ensure the information is seamless across all the boroughs to ensure everyone is getting the correct information. The Chief Strategy Officer explained that each borough has a communications programme and they are now reviewing their commissioning processes and developing a shared understanding of who is the most vulnerable in the community through partners and neighbourhood working.

Councillor Revah enquired over how they will we ensure that some people don’t get left behind as they were during covid and it was explained that the gaps in the data have been closed and so there is a better understanding of the more isolated members of the community. Work was also carried out with the London Care Record regarding the definition of a care team. Councillor Revah expressed scepticism about whether people would really be reached.

The Chief Strategy Officer emphasised that as things come together well Neighbourhood Health Plans will actually be better at reaching people who are harder to reach. On enquiry about how information will be shared with social care within the new model, the Director of Adult Social Care, Haringey Council explained we come together in different forums already and this will be more efficient way of doing this e.g. MARAC, opportunity to work better with community activists who work with the most vulnerable community members. The new way of working has come together due to depleted resources, but it means that all agencies will now be working more efficiently.

The Chair commented that Baroness Casey is currently looking into the independent commissioning of adult social care where she is concerned about the separate health and social care services and funding and impact on equalities. The Chair enquired if work was underway exploring adult social care and NHS funding and how they could be funded together. The Chair enquired over what would be done once Barness Casey’s report proposes and aligns with joint commissioning. The Chief Strategy Officer expressed that interface between social care and health is critical including the Better Care Funding and there is already joint support and that more joined up work was something that they were looking into. The committee heard that as part of the joint review process, conversations will take place with all the local authorities about how to increase joint work in advance of the publication of the outcomes.

The Chair explained the governance structure needed clarity in terms of where the Adult Social Care Directors amongst the boroughs would sit on the board and whether it would be one borough representing all the 13 boroughs amongst NCL and NWL.

Richard Dale explained that one of the Leaders and a Chief Executive is on the board presently and discussions are ongoing about how things will work.

The Corporate Director for Adults, Housing and Health explained that the Haringey Team is Better Care Funded (BCF) already so this will now be expanded into Neighbourhood teams. The committee heard that in2027/28 there will be a piece on borough partnerships and there may need to change the local decision routes and Health and Wellbeing boards will be strengthened as where Neighbourhood Plans and decisions on funding will take place with then. **Action:** The Chair expressed that a follow up piece on the strengthened role of the Health and Wellbeing Board and pooled budgets would be helpful.

Councillor Seargent informed the committee about a neighbourhood approach in Graham Park in Barnet where residents were unaware of social prescribing and the benefits and lacked clarity regarding if they should go to GPs or hospitals at any given time Councillor Sergeant also asked about Integrators. The Chief Strategy Officer explained that Integrators are existing organisations in each borough taking on additional responsibilities to draw people together. There will be funding invested in the neighbourhood delivery process but not directly to the organisations.
Recommendation: Given that there is no further funding, further information on how they are progressing and how they are delivering more for less though Integrators will be something that the Committee needs to consider in more detail as they progress.

The Corporate Director for Adults, Housing and Health explained that there aren't additional contracts but there are memorandums of understanding to formalise and strengthen the way of working. It was also highlighted that not all authorities are taking the lead. **Action**: What is the impact on the developing relationship where there are authorities not taking the lead? The chair expressed that this could be explored with two authorities with opposing approaches, one which is heavily involved and one with a more hands off approach.

Councillor Atolagbe enquired which other ICBs they were working with due to data concerns and GDPR and what was being done for hard-to-reach groups. The Chief Strategy Officer responded that extensive work across all the London ICB's takes place in terms of data sharing and hence why the London Care Record was put in place and there is a data sharing agreement as Londoners are mobile and may need to access services away from home etc. In terms of working with communities that don't always access services and the approach, the are no longer saying the individuals are 'hard to reach' but that some services are not designed appropriately. Neighbourhood health will be looking at how we provide better tailored services and do things differently in future. For example, the longest waiters in terms of elective care are those from deprived communities on zero hours contracts so this is something that needs to be addressed.

The Chair of the Joint Partnership Board responded that in terms of bringing local communities and the voluntary sector is brilliant at supporting the interests of people, however she raised concerns in respect of training and particularly when looking at things from an intersectional perspective. It was enquired over what was being done in respect of unconscious bias so that the voluntary and community sector and the Integrators have a sense of how to see things from another person's perspective and

this is particularly key for the Integrators. The Chief Strategy Officer explained that some work had been carried out with the voluntary and community sector about viewing people as individuals and health equity is at the core of the strategy and it needs to be further refined into polices and in turn training and development. **Action:** ICB colleagues to seek advice about how to include the expertise of the Joint Partnership Board.

The Chair expressed her concerns about the idea of virtual wards and ultimately the impact on the carer and explained that an audit was requested to look at how they are coping in this role as they are unpaid careers, picking up the burden. The Chief Strategy Officer explained that work is currently underway monitoring the impact on carers and explained that the terminology 'virtual wards' is also unhelpful as it enraptures acute care being delivered by professionals in people's homes. **Action:** work carried out to come back on virtual wards.

The Chair asked colleagues in social care if they were aware of an additional ask to carers in a rehabilitation route. The Director of Adult Social Care, Haringey Council explained the Carers Strategy was being implemented aware of concerns with discharge and big ask to do more. The Chair of the Joint Partnership Board explained that they were trying to make sure carers were actively involved and in the room in terms of developing governance around strategy. Involving various sectors of the local authority and linking in with unpaid carers, GPs, social care, housing and other key services to ensure a holistic approach was also important.

Councillor Revah expressed that disabilities haven't been mentioned in the paper and it is important. Councillor Revah further emphasised that given carers don't have formal training and enquired how it was being monitored. Sarah Morgan, Chief People Officer, NCL & NWL ICB as part of the People Strategy for NCL, they had identified one hundred thousand unpaid carers and work was done through the five councils looking at supporting unpaid carers and in NWL they are currently looking at unpaid workers packages. **Action:** Look at where this work has now got to from the Peoples Strategy and pick up on the work undertaken in NWL and whether it can be implemented in NCL.

Councillor Sergeant raised the point that although there are unpaid carers, there are also people who don't have unpaid carers as well, socially isolated people and enquired whether there was any work being carried out for identifying people who may fall through the net before they are left with caring role. Richard Dale agreed and that neighbourhood teams will address these first in terms of the neighbourhood work. The Chair expressed that there seemed to have been some excellent work from the MAC and it would be useful to know if it was sustainable financially and could be rolled out across the five boroughs.

The Chair of the Joint Partnership Board briefed that there were also isolated people without carers and whether any work has been done in terms of people with unfit and abusive careers? The Chief Strategy Officer expressed that if the work with partners comes together well then this will give greater insight into the more complex type of relationships. The closest model is the MAC team although its presently more clinical than what they envisage, it is the closest thing to the neighbourhood model that they

plan for. The plan over the summer is looking at how to scale the model across all the boroughs. **Action.**

8. NCL & NWL ICB MERGER & CHANGE UPDATE

Sarah Morgan, Chief People Officer opened the item explaining that it was this time a year ago the process began for reducing costs of the ICB by fifty percent and process to merge NWL and NCL as a strategic commissioner. The merger will take place by 1 April 2026 subject to approval by NHS England to create West and North London Integrated Care Board and a £12 billion commissioning budget and 48% of London's population.
The model ICB blueprint will include continued commissioning for outcomes around strategic commissioning from the workforce perspective and the development of the Neighbourhood Workforce Strategy and work in health. Operating model relationship, need greater caution around this and no gaps within the transition process. The ICB's role is to commission services for the population and ensure there is strategic direction and this has been an important role. Relationship with providers will be changing especially in terms of holding to account. The Close down board meeting will be on 24 March with the merged inaugural meeting on 1 April. The public board meetings in July will cover their Engagement Strategy to shape where they are as an organisation to move forward.

Councillor Revah enquired if change would mean a named relationships with key people for the borough will change? The Councillor expressed concerns about how things will work locally and in response it was explained that it was dependant on the issue for example some issues will be relevant for the ICB whilst others will be the Integrator etc. Councillor Revah requested a list of who would be the key people are once things are established and it was confirmed it could be done. **Action**.

Councillor White made the comment that if the Integrators will work differently in different boroughs in terms of contacts and the reality will be that some things work better in different boroughs depending on the area. The Chief People Officer concurred that NCL and likewise NWL will have strengths and weaknesses in the way things are done, and the next steps will be to learn from the merged organisation.

Rod Wells, Haringey KONP expressed that from both a patients and governance point of view there needs to be a list of the different responsibilities from April 2026 with the significant changes. Some clarity on responsibility of ICB, Integrators would also be helpful. Rod Wells also enquired if the two JHOSC's would remain separate to which the Chair confirmed they would be.

Councillor Atolagbe enquired about what work and areas will be compromised as described in the paper. The councillor asked if they had a rough figure of how many would go for voluntary redundancy and would the saving make an impact and then this will be followed by recruitment and what impact would that then have? The Chief People Officer explained that focus will be on statutory requirements but there have been cuts in other areas and recruitment will be from for internal staff from a ringed pool of people. It was explained work was still underway and so they didn't know where the gaps were. Councillor Connor expressed that Trusts will now essentially be marking their own homework and the Chief People Officer explained that this was

already happening. **Action**: A future paper marking out who has responsibility for various elements between the Trusts, ICB and NHS England will be useful.

Councillor Clarke expressed that's she was surprised given the meeting of the merged board is to be held on 1 April, knowledge of who will sit on the board is still unavailable. The Chief People Officer explained that there are conversations with the local authorities taking place regarding who will sit on the Board amongst the thirteen boroughs.

Councillor Connor enquired about continuing healthcare funding and different boroughs allocated different amounts and whether the ICB will be allocating all the boroughs the same amount with a one size fits all approach? Sarah Morngan explained that this was an ongoing piece of work looking across the 13 boroughs and how to split it as lead by the Chief Nurse. The Committee heard that they had not worked out the impact of Fair Funding Deal.

The Chair summarised that the JHOSC had an overview but the detail with regards to how the Integrators will work with the Health and Wellbeing Board, how information is fed to the top level to influence the strategic commissioning are amongst the areas the JHOSC will seek further assurance on going forward. Understanding the operational model in more detail will also be key. From the perspective of the JHOSC another key consideration is how we ensure we get the right people into meetings in order to ensure accountability and where the JHOSC sits with the governance structure.

The Chair of the Joint Partnership Board enquired over when budget is being considered for service, if guidelines are used for levelling up or is it a different approach. The Chief Strategy Officer explained that this is the area to come back to, nationally the funding formula is based on deprivation and the core offer for services such a mental health and community services is across the board for all authorities. Following the core offer they will then look at what else can be done for specific communities and hence working with the VCS. Additional funds have also been allocated for hitting waiting lists and A&E targets.

9. WORK PROGRAMME

The Chair of the Joint Partnership Board explain the work of the Joint Strategic Board as a co-production group that helps to review issues in the borough, represent various groups including the older people's reference group, dementia, physical disabilities, autism to name a few and address intersectionality. The Chair expressed the desire for formal recommendation to attend all future meetings as chair of the Joint Partnership Board.

The Chair expressed that Healthwatch used to attend and she agreed that something that is important for the boroughs to think about will be how experts in the room can add the extra level of expertise to discussions. Councillor Connor enquired if Councillors were happy for this from the perspective of key VCS organisations in their boroughs as well. Councillor Edwards expressed that he was not opposed to the idea and e.g. Age UK Barnet may be helpful to the Committee and felt it was important to have the relevant people from the relevant organisations.

Councillor White clarified that whether someone should actually be co-opted to the meetings. The Chair clarified that it wasn't to co-opt the various organisations but to just be kept informed about the meetings and then to take a decision on whether they choose to attend or not. Councillor Clarke expressed that people are always able to come and be invited as non-voting guests. Councillor Revah suggested that the other members of the committee should also invite members of their Joint Partnership Board (should they also be active within their given authority). **Action**: Councillors to consider and provide feedback on people and organisations they feel would be helpful to be invited to the meetings to contribute.

Councillor Clark informed the Committee it would be her last meeting and that she had enjoyed working with colleagues over the past eight years. Councillor Connor thanked Councillor Clark for her contribution and hard work. Councillor Seargent also added it would be Councillor Edwards last meeting and his work on Adult Health. Councillor White also extended his thanks to Councillor Pippa Connor for chairing the JHOSC so well for such a long time. Councillor Clark concurred the excellent role Councillor Connor has played as Chair. Councillor Revah also commended Councillor Connor and wished all the Councillors stepping down the best.

10. NEW ITEMS OF URGENT BUSINESS

None.

11. DATES OF FUTURE MEETINGS

This is the last meeting of the municipal year.

CHAIR: Councillor Pippa Connor

Signed by Chair ……..

Date ……