NOTICE OF MEETING

NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Friday 9th March 2026, 10:00 a.m.
George Meehan House, 294 High Road, Wood Green, N22 8JZ

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

To confirm and sign the minutes of the North Central London Joint Health Overview and Scrutiny Committee meeting on 30 January 2026 as a correct record.

7. NHS 10 YEAR HEALTH PLAN AND NEIGHBOURHOOD HEALTH DELIVERY (PAGES 1 - 24)

The committee is required to consider and comment on the NHS 10 Year Plan and Neighbourhood Health Delivery and the impact on future service provision.

8. NCL & NWL ICB MERGER & CHANGE UPDATE (PAGES 25 - 40)

To provide committee members with an update on the reconfiguration of the NCL and NWL ICB merger.

9. WORK PROGRAMME

This paper provides an outline of the 2021-22 work programme for the North Central London Joint Health Overview and Scrutiny Committee.

10. NEW ITEMS OF URGENT BUSINESS

11. DATES OF FUTURE MEETINGS

Future meeting dates will be published in the new municipal year.

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

Friday, 27 February 2026

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North Central London
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NHS 10 Year Health Plan and Neighbourhood Health Delivery

March 2026

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National NHS 10 Year Health Plan: context

- 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.

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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.

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What local people said

CHANGE NHS

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.

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
- Health education is vital across all age groups.
- The NHS must provide timely support when needed.
- Collaboration with families and communities is essential.

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Community conversations

- Following the Change NHS conversations in 2024/25 we wanted to keep talking to local people about the 10 Year Plan and neighbourhood health.
- We've reached out to groups who may find it harder to influence us, from specific age groups, ethnic groups, orientations etc.
- We partnered with local VCSE to deliver conversations where residents are.
- Feedback to date has included:
- **Ensuring resources genuinely follow need, including prevention and VCSE:** Residents repeatedly worried that shifting care to communities would not be matched with funding, leaving VCSE groups asked to do more without support
- **Supporting staff across health, social care, VCSE and recognising unpaid carers:** Migrant, neurodivergent, LGBTQ+, and older adult groups all highlighted gaps in GP, mental health, and social care training and warned that without proper staffing and skills, carers (mostly women) would absorb the extra burden.
- **Clear, consistent communication so residents understand what neighbourhood care offers:** Across nearly every group, people said they were confused about who provides what and had often not seen local communication campaigns.
- **Using data intelligently while not losing nuance or lived experience:** Neurodivergent residents stressed that data-led pathways often overlook the reality of fluctuating needs, sensory barriers, and communication differences that never show in datasets.

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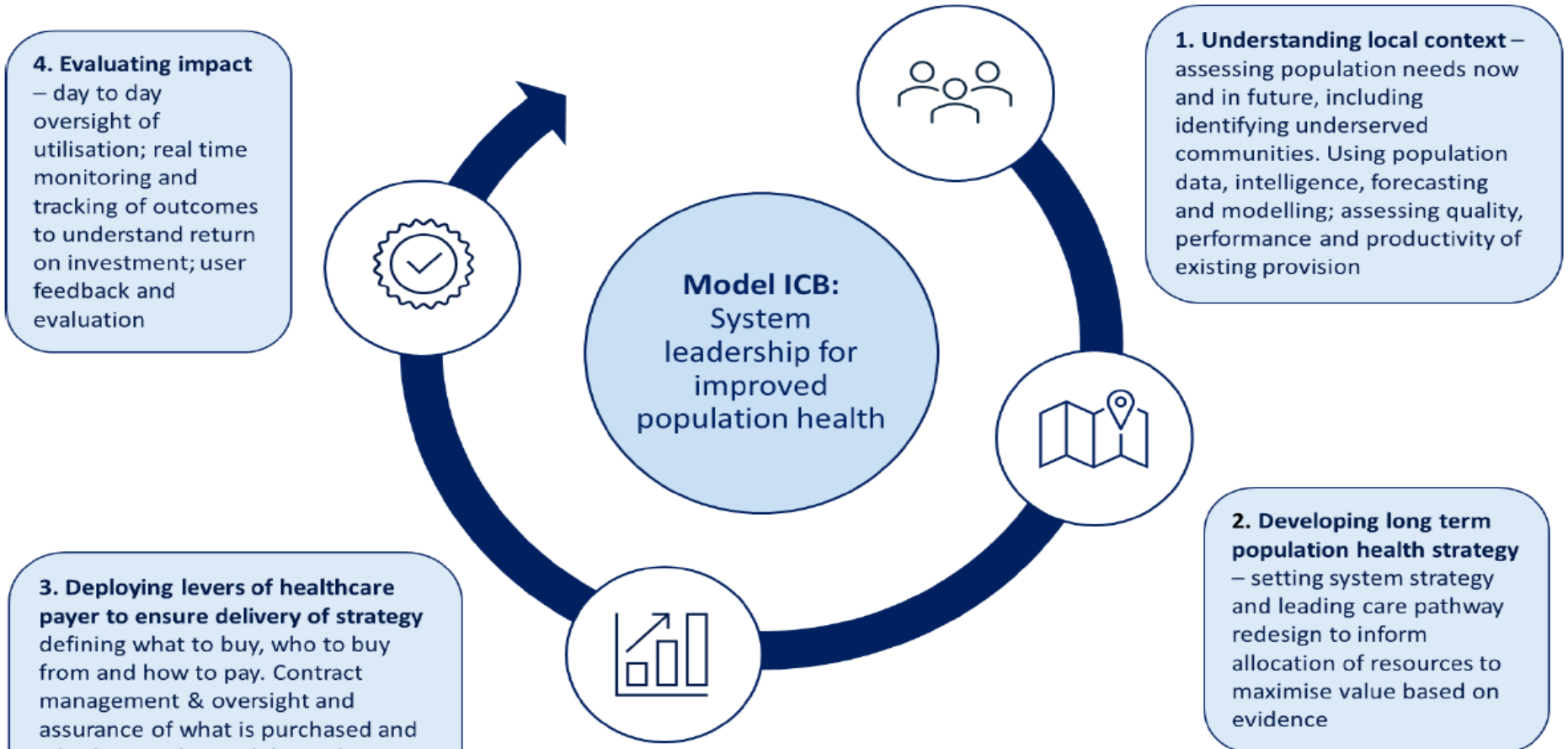
The ‘Model ICB’



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How we're implementing the 10 Year Plan

- From digital to analogue – data improvements
- From sickness to prevention – neighbourhood health
- From hospital to community – virtual wards and self management

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From digital to analogue: Digital improvements

We are working with other ICS areas across London to make improvements to our use of digital technology and to bring health and care information together for better patient care, planning and research to help communities stay healthy.

London Care Record

- The London Care Record is a secure view of a patient's health and care information over time across different parts of the NHS and social care.
- It lets health and care professionals involved in patient care see important health information at the point of care wherever they are in London and some neighbouring areas.
- This helps patients get the best possible joined-up care as safely and quickly as possible, instead of having to tell their story over and over again.

London Secure Data Environment

- In London we have a new Secure Data Environment which securely bringing Londoners' health and care information together. London Secure Data Environment
- The SDE keeps patient data safe, using the highest safety standards. Data is encrypted, meeting NHS and social care standards. to ensure information is protected and more secure than ever.
- You also have the right to choose how your information is used to benefit you and others. You can find out more about how your data is protected and your rights

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Using data to improve the health of residents

- We will use data to **better understand who in our communities are at the greatest risk**, and have the greatest health needs. This will feed into neighbourhood model, identifying who needs to be helped by Integrated Neighbourhood Teams (INTs) at any given moment.
- **Data will be enable us to help us to diagnose people earlier** and offer proactive treatment, rather than treating people at crisis point
- **We can reduce health inequalities** by better understanding why some communities experience poorer health outcomes than others, and direct resources and investment to those areas
- **Better and more efficient insights through the London Secure Data Environment (SDE) will allow us to track access, experience and outcomes** in a more consistent way, using what we learn to adapt our approaches.

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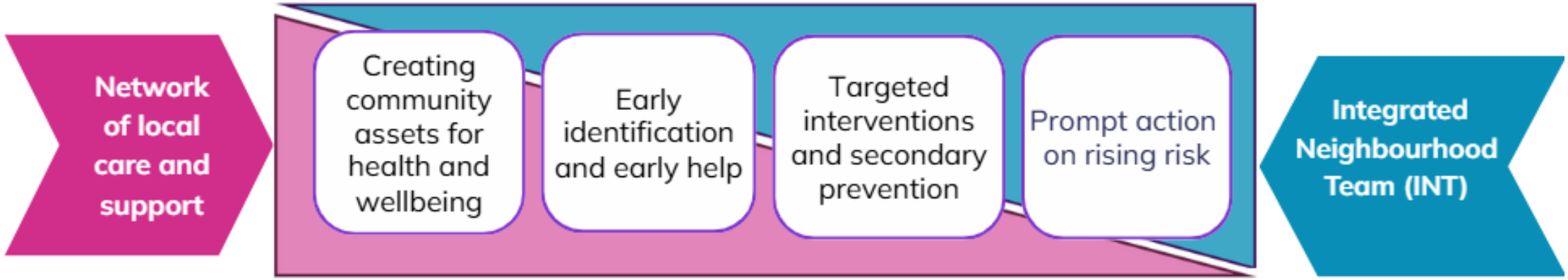
From sickness to prevention: neighbourhood health

- Organising care at neighbourhood level will enable more coordinated, proactive support and better outcomes.
- Dedicated multidisciplinary Integrated Neighbourhood Teams (INTs) will work alongside existing local health and care services to improve access, experience and outcomes for people and families with the most complex needs, particularly those who can otherwise become stuck navigating gaps between services.
- These teams will not replace the role of a person's GP, but will strengthen continuity and coordination around individuals and communities.



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From sickness to prevention: long-term conditions focus

- **The new role of strategic commissioner allows us better support those who have long-term conditions.**
- **Support available for long-term conditions:** We will strengthen the support available to people with long-term conditions, and identify people earlier and provide proactive, ongoing support before problems escalate. This includes better routine monitoring, earlier intervention when someone's health starts to deteriorate, and more consistent follow-up to prevent avoidable crises and hospital admissions.
- **Better self management will be a core part of long-term conditions services:** including education, health coaching, peer support and community-based approaches. This will help people understand their condition, recognise early warning signs, and access the right support at the right time, preventing deterioration and loss of independence.

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Example prevention outcomes

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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
↓ 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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From hospital to empowering communities

"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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Empowering people to take be involved in their health and wellbeing

- Evidence shows that **people who are more involved in their care have 18% fewer GP contacts and 38% fewer emergency admissions** than those with the lowest levels of engagement (North West London).
- Empowering people to take control of their care is about building confidence, trust and understanding, not just using digital tools. Many **people want to manage their health better but need the right support, information and relationships to do so**.

We will support people to take action earlier by:

- Running clear, accessible campaigns about **how residents can look after their health**
- Offering **better practical self-management support** for people living with long-term conditions.
- **Working with community organisations**, and empowering them to build community assets to better support residents
- Encouraging **face to face outreach, community settings and local networks** to reach people who may not engage with traditional services.

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Integrators

- Integrators are a key part driving Neighbourhood Health forward.
- As part of the Integrator criteria, they have been asked to create plans to engage with residents and the voluntary sector. The VCSE alliance in North Central London recently met with integrators in all NCL boroughs to discuss how to better involve the VCSE at the earliest stage.
- **Integrators are not replacements for existing Borough Partnerships, and report into Borough Partnerships.**

Borough	Integrators
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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Community Advisory Group engagement

Last year we formed a Community Advisory Group (a group made up of residents and VCSE orgs from NCL's five boroughs) to engage residents and community groups on NCL's approach to neighbourhood health.

As a result of engagement and feedback from the Community Advisory Group:

- The Model Outcomes Framework is more focused on community and resident experience
- We developed videos to show local examples of neighbourhood health (see slide 18).
- We have strengthened pillars '1 and 2' in our neighbourhood approach, to better incorporate more holistic support e.g. gyms, youth clubs, social prescribing and more.
- We are refreshing our VCSE commissioning approach to prepare for neighbourhood health commissioning.

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Test bed site for neighbourhood health

- Haringey is being used as a test borough to accelerate the pace of delivery of neighbourhood health services.
- This means they will trial new approaches to local healthcare, so that we can quickly learn what works well (and what doesn't) before other boroughs adopt similar methods. This work will begin during Q1 and move at pace.
- Haringey is in a strong position to take on this work. It has a mix of strong relationships, structures and community assets in its neighbourhoods programme already so can accelerate this approach at pace. In particular, the well-established MACC team already brings together partners across health, council and the voluntary sector, with several years of positive outcomes.
- **Every borough will continue progressing its own neighbourhood plans in parallel.** Our role as a strategic commissioner will be to share learning across all 13 boroughs, to ensure everyone benefits from work happening in different areas across different cohorts.

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Local delivery: What's happening in each borough

We have produced a video in each of the boroughs across North Central London to highlight what fantastic work is already underway. As we move forwards, we

See the links to these here:

- **Enfield's Health Hearts Service:** https://www.youtube.com/watch?v=myKlumg2BZI
- **Enfield's Ageing Well Service:** https://www.youtube.com/watch?v=QzFkBi_36JA
- **Haringey's MACCT service** https://www.youtube.com/watch?v=jmBOryIRxe0
- **Islington's Integrated Care Teams:** https://www.youtube.com/watch?v=O4t2NQpHnow&pp=**ygUbY2FtZGVuIG5laWdoYm91cmhvb2QgaGVhbHRo**
- **Camden's Kentish Town centre:** https://nclhealthandcare.org.uk/news/health-secretary-visits-james-wigg-practice-to-see-neighbourhood-working-in-action-2/

Enfield's Healthy Hearts service – Neighbourhood Health in action (medium edit)

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Local delivery: mental health integrated working

- In Haringey, we have just launched a pioneering **multi-purpose neighbourhood mental health centre** named in honour of Roger Sylvester - who tragically lost his life in 1999.
- The disused building has been transformed into a **hub for integrated mental health support, bringing together vital services from the council, NHS, and voluntary sector under one roof**.
- The co-located model reduces fragmentation and improves access to care by enabling professionals to work collaboratively around the needs of individuals.

Watch more here: https://www.youtube.com/watch?v=af4zw7E2Dfk

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West and North London approach

- We will be moving into a newly merged Integrated Care Board on the 1 April and as part of this we are operating in a changing health and care context.
- We spend around £12 billion a year on health and care across West and North London (WNL), for a population of approximately 4.5m people
- Most of this money is currently used when people are already unwell, in hospitals and crisis services. While this has helped manage short-term pressures over the years, it is not delivering fair outcomes and is unsustainable, with rising acute spend and increasing demand. We have an opportunity to change this.
- At our core, NHS West and North London will have a focus on reducing health inequalities. This is both a moral imperative and a practical necessity, and it is also the way we create the capacity for everyone.
- We have already been working with colleagues in North West London to work together to align our approach to neighbourhood health, learning from the experiences and approaches of both systems.

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Appendices

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National Federated Data Platform

The national NHS Federated Data Platform connects vital health information across the NHS, helping staff deliver better care for patients and work more efficiently. A connected NHS will allow teams to deliver their services seamlessly with patients at the heart.

The NHS Federated Data Platform safely connects information across the NHS, making it easier for staff and clinicians to do their jobs. Already funded and established it's designed to turn insight to action.

Benefits will be:

- Quicker access to critical insights
- More coordinated care
- Enhanced productivity
- Improved patient outcomes

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National Federated Data Platform

Find out more...

- An animation which simply explains NHS FDP and the impact on patients.
- This animation describes the benefits being realised by NHS Trusts in England that are currently using the NHS Federated Data Platform.
- This Privacy and Security animation that explains how the NHS FDP keeps information safe and secure.

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Thank you

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North West London Integrated Care System

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ICB Change Update

JHOSC 2026

Agenda Item 8

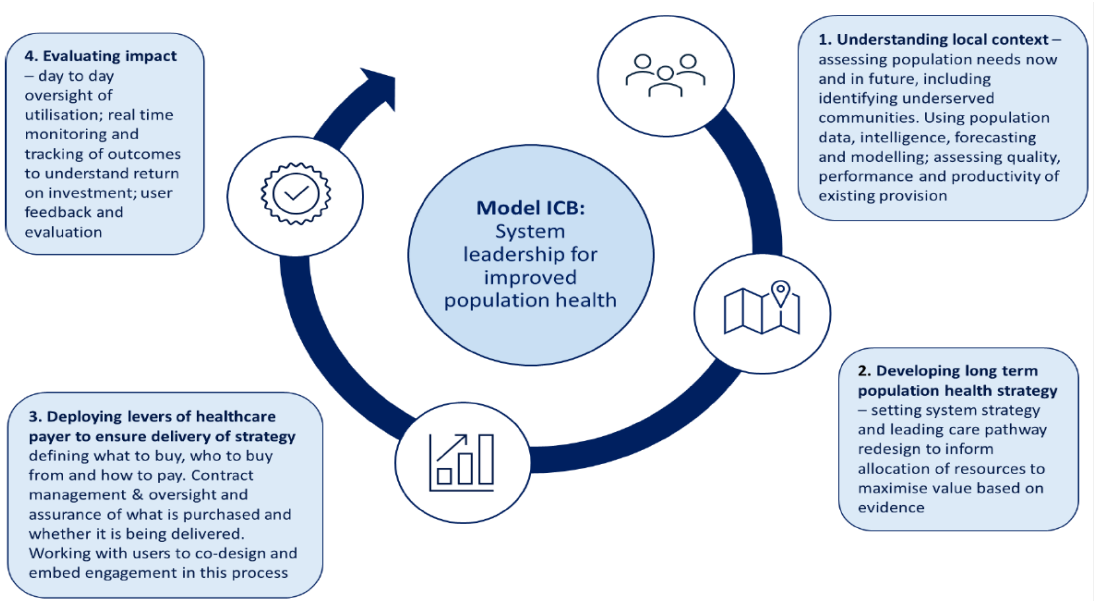
A recap of the changes to ICBs

- 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**.
- In July, the Boards of NCL and NWL ICBs agreed that the two organisations should merge. This process is now underway and we will **legally merge** on 1 April 2026, forming a new organisation, **West and North London ICB.**
- It is important to note that to meet these nationally set cost reductions, we will have to make substantial changes to how we operate and how we work with partners, as we reset relationships and priorities in the new organisation.
- We are committed to **keeping our partners informed** and communicating as far as possible as we develop our new operating model.

‘Model ICB’ blueprint

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

The challenge and the opportunity

- Across West and North London, **we spend around £12 billion a year** on health and care for a population of approximately 4.5m people.

- **Most of this money is currently used in hospitals and crisis services**. This has been important to manage hospital demand, and short-term pressures over the years, but it is not delivering fair outcomes. It is unsustainable, with rising acute spend and increasing demand.

- **Life chances across West and North London are not equal**. **There is a 17 year variation in healthy life expectancy across neighbourhoods**, with people in our most deprived communities experiencing significantly poorer outcomes.

- **As a newly formed ICB we have the opportunity to truly reshape where investment goes.** By proactively looking after those with greater need, we can make it easier for everyone to access urgent care when they need it.

Setting up a new organisation

- **Katie Fisher has now joined as our interim CEO for nine months** with a focus on supporting the two ICBs through merger and the launch of the new organisation.
- There is still a lot of work to do before merger, including extensive NHS England assurance and starting the process to recruit a permanent CEO.
- There is huge complexity in the practicalities of bringing two organisations, with distinct cultures and ways of doing things, together and we want to make sure we are designing ways of working that sets WNL ICB up for success.
- On 1 April we will ensure that the foundations are in place to support our staff, and meet our statutory obligations, with clear points of contact for key services.

Our priorities and future strategy

As we move into being West and North London ICB across 13 boroughs, we will be shaping our future strategy to focus our priorities for the new organisation. We aim to have this process complete by Summer and will be involving stakeholders at key points.

We will be considering key areas as part of our strategy, including:

1. Reducing inequalities
2. Investing strategically to prevent ill health
3. Better supporting people with the greatest needs, so everyone stays well
4. Make care more local and easier to access
5. Empowered local people that feel more confident about their health and wellbeing

Why we are here

To strategically commission healthcare services that improve the health and lives of West and North London residents, both now and in the future

How we add value

Understand the needs of our population

- Using data and engagement to understand population need and preferences
- Population segmentation and risk stratification
- Identification of health inequalities

Make decisions on how to best meet their needs with the money we have

- Resource allocation
- Deciding what services to commission
- Commissioning for health equity
- Evaluating impact and value

Shape the provision of healthcare services

- Driving transformation and innovation in healthcare delivery
- Shaping the provider market and encouraging supply
- Holding providers to account for the delivery of high-quality services

Where we fit

ICB

- Commission local and delegated healthcare services for our population
- Convene the system to ensure aligned strategic direction and an integrated plan
- Shape the provider market
- Ensure providers deliver high-quality services in line with their contracts
- Work with partners to address the wider determinants of health and to secure innovation

Providers

- Deliver high-quality healthcare services to the population – including hospitals, GPs, community providers, and mental health services
- Working closely in partnership with each other to ensure services are integrated and to address operational challenges
- Drive innovation and transformation to improve quality, access and productivity

NHS England

- Set policy and direction
- Determine funding allocation
- Regulate providers and ICBs
- Directly commission some highly specialised services

Defining our changing role

What the ICB continues to hold 'tightly'
Essential for system leadership, assurance and statutory duties

- **Strategy and priorities –** System wide commissioning strategy, outcomes and population health priorities
- **Resources and frameworks -** Funding envelopes, commissioning frameworks, contracting and assurance
- **Governance and assurance -** Quality, safety, finance, decision-making and statutory accountability
- **System enablers -** data, analytics, digital, capital and estates strategy

What the ICB might hold more 'loosely'
Stops or moves to new arrangements across partners

- **Operational work -** clinical delivery, flow, escalation, discharge and winter
- **Detailed service design and tailoring -** Pathways, models and local adaptation
- **Delivery of Partnership work programmes –** local programmes and projects, delivery of system programmes, neighbourhood models and integration
- **Day to day oversight of provision -** Oversight of delivery, budget utilisation, issue resolution and operational forums
- **Convening within place** – e.g. Borough Partnerships, local forums, local operational issues

WNL ICB Governance

- West and North London ICB Board of Members is proposed to comprise 20 voting members: the Chair, Non-Executive Members, Partner Members (local authority, Trusts/Foundation Trusts and Primary Care) and ICB Executives. Role profiles have been developed for Non-Executive and Partner Members – and the recruitment will take place in February and early March.

- A top-level committee structure has been developed – with the objective of ensuring a robust governance framework that reflects the new purpose and operating landscape for ICBs.

- Detailed work will continue to develop the full corporate governance arrangements. The new Board of Members, at its meeting on 1st April 2026, will be asked to approve the Terms of Reference of the committees that are directly accountable to the Board.

Statutory duties

- The ICB will still retain our statutory responsibility post-transfer.
- We will work to ensure we continue to work effectively with partners to maintain quality for residents
- There will need to be a reduction of ICB staff, but we have put risk assessments in place for each function and LAs will be engaged in workshops to develop services and integration with partners in the coming months

Approach to Neighbourhood Health

- Across West and North London we will have approximately **50 neighbourhoods and be serving over 4.5 million people.** These exact boundaries will be shared when they are agreed.

- **Across WNL we have now established an integrator in each of the 13 boroughs**, these are a mix of primary care organisations, councils, acute organisations and community trusts. Their role is to work in partnership with the local place to deliver neighbourhood health, whilst reporting into the Borough Partnerships.

- **To accelerate this ambition, there are some services that are moving further faster towards neighbourhood health.** These services have the foundations in place already to deliver integrated working to those with long-term conditions. These places are: Haringey, Hillingdon and the Bi-Boroughs (largely Kensington, Chelsea and Westminster). They will have a responsibility to share learning across the system to help others deliver neighbourhood health too.

- **The forming of the new organisation coupled with the commitments of the wider system provide a major opportunity to accelerate the development of the neighbourhood work** and a shift towards a providing equitable, proactive, integrated and person-centred care.

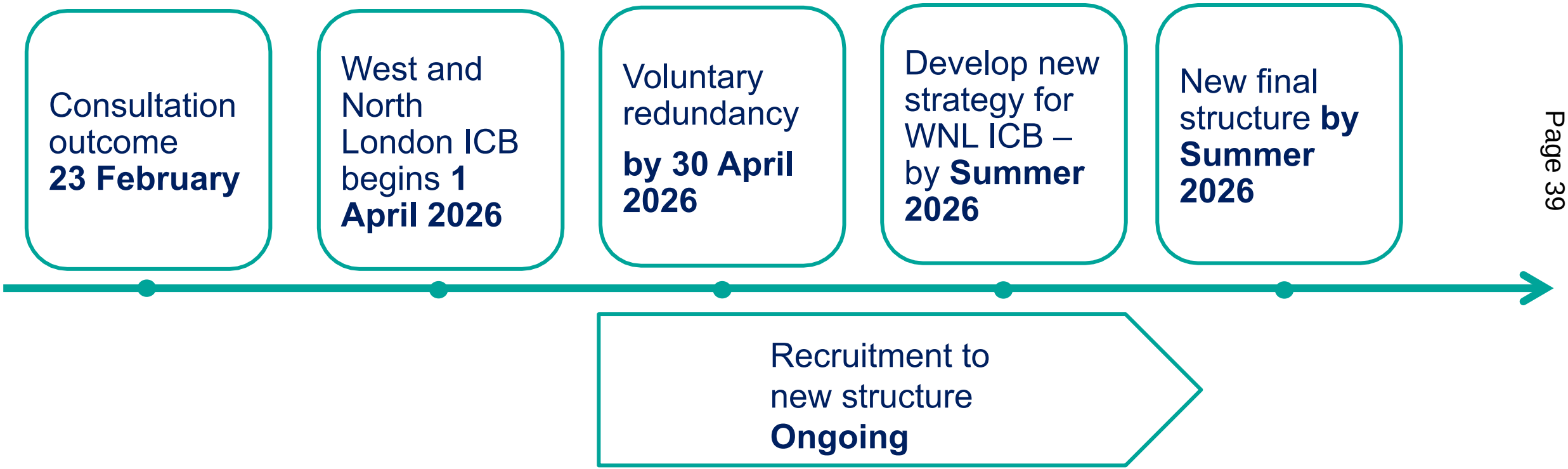
What we heard from stakeholders

Question area	What we know currently
How will place based work be reflected in the new organisation?	We remain committed to working with our local authority partners – individually and collectively – to commission, deliver against statutory duties, set local priorities via Health and Wellbeing Boards and engage with elected members. Each ICB Directorate has a role to play here. Given the job of strategic commissioning, the scale of reductions in capacity and the further delegation of duties to ICBs from national and regional teams – we have had to compromise on some of the work we have done historically. In particular, operational support. The NHS 'face of place' will be increasingly provider-led. Our new Neighbourhood Commissioning and Transformation Unit (NCTU) will connect with borough partnerships but also work across boroughs & closely with the 'integrator' functions.
How will clinical leadership change?	The new medical and nursing directorates will provide clinical leadership to support strategic commissioning and the government's three shifts. Clinical leadership will support innovation and transformation while ensuring we fulfil our statutory responsibilities and business priorities.
What will happen to the statutory duties?	We will retain our statutory responsibility even post-transfer. We are transferring individualised commissioning teams to a delegated provider. There will be no immediate or noticeable change for service users when these services have been delegated. The same staff will provide the service.

What we heard from stakeholders

Question area	What we know currently
Will you still be focused on reducing inequalities?	Reducing inequalities remains a strategic priority for the new organisation. We are currently shaping a strategy for the new organisation and this will remain a key priority area.
Could decentralisation increase inequalities and variation across boroughs?	We will continue to work with partners on our approach to neighbourhood health and delivery of the government's three shifts towards providing equitable, proactive, integrated and person-centred care. We'll share learning and approaches across West and North London.

Indicative timeline



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North West London Integrated Care System

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