

**MINUTES OF MEETING NORTH CENTRAL LONDON JOINT HEALTH
OVERVIEW AND SCRUTINY COMMITTEE HELD ON Monday 28th April 2025,
10.00am – 1.00pm**

IN ATTENDANCE:

Councillors Pippa Connor (Chair), Councillor Lorraine Revah, Councillor Tricia Clarke, Councillor Rishikesh Chakraborty, Councillor Andy Milne, Councillor Matt White (Chair of Overview & Scrutiny – Haringey), Councillor Anna Burrage (substitute for Councillor Kemi Atolagbe)

ALSO IN ATTENDANCE:

- Natalie Fox, Deputy Chief Executive, North London Foundation Trust (NLFT)
- Alexander Smith, Director of Service Development – Community Services, Mental Health, Learning Disabilities and Autism, NCL ICB
- Debra Holt, Assistant Director of Service Development – Mental Health, Learning Disabilities and Autism, NCL ICB
- Penny Mitchell, Assistant Director of Service Development – CYP and CAMHS, NCL ICB
- Parmjit Rai, Deputy Chief Operating Officer for CAMHS, NLFT
- Rana Rashed, Director of Psychological Therapies, NLFT
- Chloe Morales Oyarce – Head of Communications & Engagement – NCL ICB
- Dominic O'Brian – Principal Scrutiny Officer, Haringey Council
- Fola Irikefe - Principal Scrutiny Officer, Haringey Council

Attendance Online

- Dr Philip Taylor – GP Lead (Clinical Lead for Live Well in Camden)

Voluntary and Community Sector

- Michelle Morais (The Network - Barnet)
- Alex Tambourides (MIND – Barnet & Enfield)
- Paul Addae (Healthwatch Haringey)
- Stefanie Schidlowski (Healthwatch Enfield)
- Jo Ikhelef (Enfield Voluntary Action)
- Ruth Glover (Open Doors, Haringey)
- Maria Azzouzi (Age UK Islington)
- Catherine Pymar (Hillside Clubhouse)
- Fiona Rae (Barnet Council)
- Rod Wells – Haringey KONP (Keep Our NHS Public)

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'.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Kemi Atolagbe (substitute – Cllr Anna Burgess), Councillor Philip Cohen, Councillor Chris James and Councillor Jilani Chowdhury.

URGENT BUSINESS

None.

DECLARATIONS OF INTEREST

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

DEPUTATIONS / PETITIONS / PRESENTATIONS / QUESTIONS

Rod Wells – Haringey KONP (Keep Our NHS Public)
Vivien Giladi

MINUTES

That the minutes of the NCL JHOSC meetings on 3rd February 2025 were agreed as an accurate record.

ACTION TRACKER

The Chair expressed the importance of getting feedback on time and requested that information for the action tracker should be provided to the committee at least five days in advance of the meeting. The Principal Scrutiny Officer explained there were some challenges attaching parts of the action tracker and that it would be circulated again following the meeting to committee members. **ACTION**

MENTAL HEALTH PATHWAYS

The chair welcomed everyone to the meeting explaining that the meeting was the annual community event and thanked all those in attendance. Councillor Connor expressed that the committee were keen to hear about mental health pathways including transitions from Children and Young People Services to Adult Mental Health Services. The particular focus was to address how information is shared across organisations and what we can be done to ensure it is better co-ordinated. A clearer understanding of how a person is tracked and how the information is fed back to GP and/or mental health trust, should a person come into mental health services (regardless of the pathway) is something that the committee was also keen to know about. The views of voluntary and community sector groups and where they felt improvements could be made was also what the committee wished to hear about.

The Deputy Chief Executive, North London Foundation Trust (NLFT) explained that the presentation provided details of mental health adult pathways and transition from children into adult services that over the past few years have been in development

and implementing the core offer for mental health services and the focus of this work has been on reducing the variation across the five boroughs.

The presentation detailed the types of service available, how people can access the services and provided information on where there are known gaps in services and the plans to level out the service provision between the north and the south and improve the offer in the north and in particular Barnet and Haringey. Community services are now delivering holistic care and directly commissioning the voluntary sector with a focus on support with other services and needs such as housing etc. Officers expressed that there is always more that can be done and there is a deficit in funding to deliver the ambitious plans for services users and so close partnership working is required to standardise the offer.

The Director of Psychological Therapies, NLFT explained further about the Single Point of Access (SPA) and that there are both planned and unplanned entries to the care pathway. Entry points could range from calling 111 and being signposted, to self-referral or a GP referral and the plan is to roll this out to all five boroughs. The committee were informed that Barnet went live a few weeks ago with full digital support. Enfield will follow and the plan is to learn and improve as rollout proceeds across the five boroughs. By 2026, all five boroughs will be up and running. The community adult mental health offer will provide a holistic offer at start and then specialise in terms of interventions once there is awareness of the person's needs.

Councillor Connor opened the questions and directly enquired with Dr Taylor if a person who is on acute medication is not collecting their medication, would this information be flagged up to other bodies involved with the care of that individual for example the Mental Health Trust? Dr Taylor responded that it was difficult to respond with a one size fits all response as there are a range of different types of people with different type of needs e.g. people with brief common episodes and therefore, they need brief intervention and then there are others requiring consistent long-term support and accessing support from various organisations. Information sharing with professionals in the mental health services is also affected by the variety of systems used, e.g. RiO is the system used by North Central London GP's, EMIS is another system used and CERNER is an information exchange facility that allows for the viewing case notes within RiO and this is particularly useful. Dr Taylor added that continuity is important and there is often a conflict between not having to repeat your story but also not having very personal information accessible to all. Maintaining a positive relationship with the GP for people with complex needs is pivotal.

Councillor Burrage made the point that in terms of transitioning to adult's services, there is an expectation for children and young people to develop the skills to advocate for themselves and it is critical that they have someone that they can rely on to support them in relation to this.

Councillor Connor enquired whether GPs were able to provide that level of care required within their normal GP schedule, she was aware double sessions could be booked at times but even this amount of time can be a challenge to meet needs. She further enquired how it would be noted if a person hasn't had their medication or seen the community nurse and whether Dr Taylor felt GPs should be more cited when someone falls off the system or whether it should sit with mental health. Dr

Taylor reminded the committee that some of the questions regarding who should be responsible should someone fall through the cracks was not something within his remit to respond to. There are several variances that could impact how this could be picked up and it depends on the services people are known to and the diagnostic framework of those in care. People with a Care Co-ordinator in secondary mental healthcare will be monitored and will have access to multidisciplinary teams and so it should be picked up. He explained further that a particular challenge for London is that it is a very mobile population and so it is difficult to always know when people have dropped off the radar. Whilst GPs like the idea of continuity, it isn't always possible.

Councillor Chakraborty said that she understood that the aim of new pathway is to streamline access, If the learning shows it does not work – what can be done to resolve it? Dr Taylor said that access has various dimensions, getting access to waiting list first and then the length of the actual waiting list. There are always waiting lists in the NHS to rationalise access, progress has been made through the IAPT service for psychological support. It was reiterated again that there are different needs within the umbrella of need and services for mental health.

Councillor Clarke welcomed the focus on early intervention and the integrated approach due to the growing need and increasing intensity of need for support for other services such as housing, employment etc as mental health challenges are quite often linked to the situation people find themselves in. Dr Taylor agreed that prevention was a very big part of the debate, in Camden they have a good working relationship with statutory organisations and the voluntary sector organisations such as Likewise and Camden has an offer called '*reaching out*' in particular with non-medical solutions such as one-to-one counselling and peer counselling and engagement with the voluntary sector is integrated in the offer.

The Director of Psychological Therapies added that support can also vary in terms of the professional's knowledge of the system. The Community Mental Health team is integrated with the voluntary sector, and they have daily interface which helps when navigating a complex landscape. The Deputy Chief Operating Officer for CAMHS, NLFT explained that the aim of the SPA is to support service users and simplify the pathway. Engagement events are currently taking place with the voluntary sector, local authority and GPs to develop a digital solution for people to self-refer and tell their story once and not multiple times. The pilot is underway with Barnet and they will be looking at learning over the next three months from there to start phasing it in to other boroughs.

Ruth Glover from Open Doors, Haringey agreed with the point made by Dr Taylor regarding the complexity of the landscape of care. NLFT includes the five boroughs for adult mental health services but only Barnet, Enfield and Haringey for the child mental health service. Additionally, there are a variety of systems used including Care Notes, RiO, System 1. In terms of Care Notes, the voluntary sector isn't on this system. Councillor Connor enquired about the issue of case notes and where they are held and how is it being addressed under the new system?

Alex Tambourides from MIND, Barnet & Enfield stated that in his view complexity can at times mean that progress is affected. The voluntary sector is involved in every

area of need from early intervention and basic need to more complex interventions for people who may be psychotic/ suicidal. The VCS support at least twenty-five thousand people a year. There is significant work being done across the boroughs by Hestia but the system is not integrated. He further added that it's good to see early intervention and prevention mentioned but funding for early intervention is far from ideal – caseloads are on the increase and so adequate funding should be a priority. To improve access, the SPA is a step in the right direction, but capacity isn't sustainable and the only way to manage this is through prevention.

Dr Taylor briefed the committee about social prescribing which is happening within general practice and is an important way to navigate complex and different pathways. Social prescribing is a way of putting the person closer to the centre. The Director of Psychological Therapies said, historically commissioning has been restricted by boundaries such as talking therapies, but the introduction of the SPA will hopefully help with navigating some of these problems with information sharing. The SPA will be staffed by people familiar with the landscape and this should help towards bridging the gaps. IT integration has a long way to go but it is work in progress. The Deputy Chief Operating Officer for CAMHS, NLFT explained that they are learning from the South West London Trust about the electronic referral service and this is an area they are trying to push for because of the benefits of shared access of information, particularly for the SPA. Mental health professionals can add information and GPs can see it in real time.

RECOMMENDATION – The committee would like to recommend to further understand how the information held by voluntary sector organisations is shared at the SPA and fits in with health pathways. To consider the outcome of the Barnet pilot once the results are out in June 2025. The committee would also like to consider the outcomes and the learning from South West London pilot.

Jo Ikhelef from Enfield Voluntary Action stressed the benefits and effectiveness of the voluntary sector in providing mental health services and that even organisations that don't class themselves as mental health providers are still effective in this field. He also made the point that there isn't enough investment in the voluntary sector and that there are occasional funding opportunities but these tend to be quite short term and it's a missed opportunity to bring in resources to support preventative work. There is a directory of help in Enfield but not everyone is aware of the services available. On the directory of VCS, there are over 1,000 organisations on their database which if it was better joined up and invested in has immense potential. A particularly good service was the Health Champions who were trained in mental health, but the funding has ceased.

It was suggested that it would be helpful to develop a young people's mental health guide to develop awareness as some people within the system (even GP's) are unaware of the breadth of services available. There is also mistrust of the NHS amongst certain communities and so hesitance to enter the system, even with GP referral and so more awareness of VCS organisations would be beneficial. Alex Tambourides from MIND, expressed that it would cost £10, 000 to link in with SPA systems for each borough and social prescribing is great, but the organisations providing it are not mental health specialists.

Councillor Connor summarised the key points which have been raised thus far including valuing voluntary organisations and especially for groups that are more reluctant to approach statutory organisations. There is a need to look at how to get long term funding for staff to have the security to be able to deliver services more long term. The idea of a voluntary and community sector SPA is a great idea and needs to be explored.

The Deputy Chief Executive, NLFT agreed that funding needs to be recognition that mental health service have been underfunded for many years. The NHS ten-year plan focusses on treatment out of the hospital and into the community to reduce the spend on illness and more on prevention, the plan is to use digital tools to help with all the work. They are currently carrying out a piece of work looking at all the voluntary and community sector funding across the five boroughs to reduce variation. They are also addressing where they are investing and what is the output of the investment. There is not always the opportunity to invest in long term contracts, but they are hoping to try and give better continuity to providers.

Prior to departing the meeting, Dr Taylor advised that it may be useful to hear from Public Health in terms of the role of population management within all the planning of health services. Additionally, if a person is on a register your case will be discussed at an MDT and even if a person has not been able to pick up e.g. medication or they turn up to A&E it is noted. The system is working on that level to monitor the most vulnerable. Dr Taylor agreed with the point made by the voluntary sector regarding the importance of continuity and contracts that lasts when running services as when there isn't continuity it's harder to signpost people.

ACTION - The committee would like to recommend an update to understand the outcome of the piece of work underway looking at contracts and funding for the VCS. It will also be useful to know how information is garnered from the voluntary sector following the SPA.

Deputy Chief Operating Officer for CAMHS explained that in terms of SPA there is a huge variation, they started the pilot in June in Barnet and ultimately they are keen to have a model that includes the voluntary sector as it presents an opportunity to streamline and shape services.

ACTION - The committee would like to recommend to receive an update on the outcomes of the pilot and see how the work with the NODE and SPA progresses. Ruth Glover highlighted that the objective of the discussion was to look at the transition of children to adults, but all the discussions have been on adults with very limited representation of child mental health services in this meeting. Deputy Chief Operating Officer for CAMHS said that the CAMHS division set up two years ago and previously North London Foundation Trust provided CAMHS services for Barnet, Enfield and Haringey and was managed separately by each of the boroughs and now all the services have been brought together allowing more focus and a better use of resources. It was reported that the work has been in development over the course of the last 18 months for the SPA and once a digital provider for adult services has been found, this will also be extended to children and young people for all the boroughs.

It was explained by Penny Mitchell, Assistant Director of Service Development – CYP and CAMHS, NCL ICB that so much of what was discussed about adults is also applicable with children's, but the committee may wish to consider whether they wanted to take a deeper look at children's services. They are trying to accelerate the provider collaborative through the community CAMHS service. Very much aware that we can also contract better with VCS partners involvement.

Councillor Revah raised the point that there can sometimes be a challenge in terms of communication with carers for people with mental health and they are not always included in the conversation and additionally people with mental health also are sometimes not keen on using digital means of communication. Councillor Revah also highlighted that there was an increasing number of people diagnosed with autism, it was enquired over what was being done about it?

Alexander Smith, Director of Service Development, Community Services, Mental Health, Learning Disabilities and Autism, NCL ICB agreed that there was an increase in neuro divergence and the demand for assessments has increased. He explained that there is work currently underway to look at pathways as they are aware that existing services can't meet demand and the involvement of the VCS in this sector is key. It was felt that the lack of integration with GP's and primary care is one of the pitfalls as many people are being assessed but not necessarily linked back to primary care. The need for greater and joined up support for autism is a nationwide concern that they are trying to address.

Natalie Fox explained that it is a key focus for the next three years as there are huge gaps for people with autism in all the boroughs. There is currently a pilot underway with UCS looking at how people are screened and they are also looking at a valuations app. Community Key Worker services for autistic people will be invested in over the next 12-18 months to ensure that the Key Worker services for autistic people are robust and there is a reduction in variation across all five boroughs.

The Chair enquired over where things stood in terms of the direct link to GPs and the Director of Service Development – Community Services, Mental Health, Learning Disabilities and Autism explained that within the remit of assessments for ADHD, for example some of the private sector assessments do not link direct back to GP about medication. They are working across London with pharmacy leads to improve this link and develop safeguards. There are several challenges with private assessments as often people go back to their GP to seek privately recommended medication that the GP/ NHS may not be able to support. There is a need to work with both regional and national partners on this and NHS England have set up a working group to address the challenge along with the issue of demand.

The chair enquired if the conversation regarding prescribed medication takes place around discharge planning with the persons carer and it was confirmed that the carer should be involved in discharge planning. There is an awareness that not everyone is able to access support digitally and nor do they necessarily want to but, in most cases, prior agreement and communication regarding consent should be agreed. It was agreed by Deputy Chief Executive, North London Foundation Trust that discharge planning needs to improve on recording consent. She further added that sometimes consent can be used as a shield, but it should be considered in a

more nuanced way to ensure the needs of the individual are met. The Chair stressed that co-design around carers, staff and local communities was key and it would be helpful to have site of how this is being taken forward. Councillor Revah emphasised that information about consent has been requested by the committee on previous occasions to see how this is being progressed, but it has yet to be provided.

ACTION – The Chair concluded that the committee would like to recommend receiving an update on how information is shared with other health practitioners that are in contact with the individuals in a clients' network to support that person in the right way.

TRANSITION FROM CHILDREN AND YOUNG PEOPLE'S SERVICES TO ADULT MENTAL HEALTH SERVICES

The Deputy Chief Operating Officer for CAMHS briefed the committee on the transition services for young people between 18-25 and that the recent merger provided the opportunity to look at the transition services across North Central London as there were different services in the north to the south.

Improvements that have been made include a streamlined pathway, identifying young people from the age of seventeen onwards to follow and track them and having someone from the transitions service to work with the CAMHS team. There is a recognition that some people will be discharged and others will be supported into adults' services and some through the voluntary and community sector. They are currently assessing what is working well and co-production with young people who have been through the process is helping with the design of the service to ensure the transition process is as smooth as possible.

The Director of Psychological Therapies, NLFT explained that Haringey will follow with Camden's transition panel. Working with transitions teams across the five boroughs, Camden was ahead with the transition panel model and the model will help to signpost more efficiently and the hope is that all five transition teams will learn from each other. The plan is for a bespoke approach for each individual, appreciating some young people are more mature and others may need more support.

Michelle Moralis from The Network, Barnet expressed that if they don't have the transition opportunity then they fall through the cracks. The chair explained that the main focus of the meeting was to understand who takes ownership of care as young people change through different services and that the right person has oversight of their care so they don't fall through the cracks and are signposted to the right service/ organisation.

The Director of Psychological Therapies, NLFT explained that 18-25 is the age cohort but tracking begins from age seventeen so that the process is gradual. In the last six months there has been an improvement in how the service is designed, assisted by the expert views and opinions of those that have been through the service and the Youth Board. The aim is to minimise variation across the boroughs.

Ruth Glover, Open Doors expressed that in Haringey the NHS transition team was very good and has been making a difference. Nevertheless, it's a very small team and so she is unsure of their reach. They currently accept referrals from them and self-referrals. In terms of ADHD and autism assessments there is a gap for young people, there is a gap for young people when referred into CAHMS service with ADHD or autism and they may not be seen on time.

Deputy Chief Executive, NLFT reported that young people transitioning needing ADHD or autism assessment are prioritised at the adult neuro development pathway as their referral date from when they entered children's service is what is considered, so the date of the referral moves with them into adults. They are currently working on developing the best way to have a consistent offer and standardise things across the five boroughs.

Alex Tambourides from MIND communicated that when ADHD and autism assessment is considered through a health inequality perspective, people of a certain demographic are more likely to access assessment privately and in turn can get better support. It was heard that the plan is to unlock the assessment pathway with the aim of ensuring that those who have less access gain access and the long-term objective is to get the voluntary and community sector also involved in assessments. It was also explained by Deputy Chief Executive, NLFT that having assessed the waiting list, in terms of looking at assessments from an equalities lens, the majority of those on the waiting list are white and so work needs to look further back than waiting lists in terms of access.

Michelle Moralis briefed the committee that in terms of the service they provide, they are unable to fully assess people but are potentially able to support people waiting for diagnosis. The Deputy Chief Executive explained that they had not given enough thought to how to support people waiting to be assessed. They are currently looking at model pathway, asking people for their views on what they feel would help them and how different groups and organisations can help.

RECOMMENDATION- The committee would like to recommend an update on how the work being done to look at access to neuro divergent assessments progresses and for there to be clarity around the offer and how different groups and organisations can support that offer and how it fits in with the SPA.

The Chair concluded that the committee sought to find out who has responsibility for a person within the system as a whole and clarity has been provided in the sense that it is very complex depending on need and where a person is in the system. The chair felt there was a need to re-frame the question to '*where does all the information for a person in care go to?*'. Cllr Milne summarised that, should we be in the position of a serious case review – where would we be and who will take ownership?

The Director of Service Development, Community Services, Mental Health expressed that they would be happy to come back and discuss their Care Records in the next six months. The aspiration is to be in a position of confidence and they are currently carrying out a piece of work as an outcome of the Nottingham Review. They are reviewing all their practices, policies and whether there is the capacity within the community teams and addressing learning from CQC. They are re-

assured in terms of policies in place. To be scheduled onto the committee's work programme for six months' time.

The chair said that she was not so re-assured as in the case of Community Mental Health teams, should they knock on doors and there is no response there are no follow up actions afterwards. The Deputy Chief Executive, NLFT explained that each professional seeing a particular client will have access to information through the London Community Care Record. There isn't a fully integrated care record at the moment, but this is something they are working on to ensure it's an enabler of the Neighbourhood Teams. Additionally, if a person's care sits within the Community Health Team, that person will have a Key Worker and Care Co-ordinator - connecting them to housing, social care, the police and other professionals that may be involved in discussions about the individual. Should they not be compliant they will be recalled back into inpatient care. There is a high usage across London for Community Treatment orders and they also have the power to ask for individual to have a Mental Health Assessment Act in hospital and may be brought into hospital to receive treatment following assessment. She also felt it would be helpful to look at how voluntary sector agencies could become part of the London Care Record.

The chair of the committee re-iterated that when things go wrong, often it comes down to communication. It was explained by the Deputy Chief Executive, NLFT that across the five boroughs there is a management system that allows everyone to see every patient and other team members caseload and people are then categorised in terms of complexity, they are risk assessed and RAG rated and colleagues can take on the work of others should they be away. Previously under the Care Programme Approach everyone had a Care Co-ordinator, and this person was the main link but now as part of the Community Transformation the approach is with a Key Worker approach and it's their responsibility to communicate with other people.

The chair enquired further with colleagues if they were confident that transfer of information from the Key Worker to any other body is seamless and if there was anything else that can be done to support the process to ensure the Key Worker is able to communicate challenges. The committee were informed that it is the Key Worker's role to identify risks and communicate it to the GP, voluntary sector or any other body the individual is receiving care from.

The chair explained that she was provided details of a case where the GP was left dealing with a patient that nobody was taking responsibility for and she was fully aware that what happens in reality isn't seamless. This is one case but clearly there must be others. The Deputy Chief Executive, NLFT informed the chair that she is happy to get the details of that individual case to try and understand what went wrong. As an outcome of the Nottingham investigation, they have produced an Action Plan going to NCL and their board. The scenario that Councillor Connor described was not isolated, as expressed by Michelle Moralis from The Network in Barnet, she further highlighted that people in the voluntary sector are being left holding cases because of lack of support. The VCS are capable, but they need the statutory sector to work when things are flagged up to them.

RECOMMENDATION: The committee would like to recommend and gain further understanding of the risks and if there are sufficient systems in place to mitigate the

risks? The committee understands the action plan is going to the board, NCL, ICB but the committee needs further clarity on the new processes in place and what learning has come from the Nottingham case. Councillor Connor felt a more granular level of understanding of how things are working on the ground is still not understood and so recommended details of the process, to come back again once it has been through the board.

Paul Addae from Healthwatch Haringey enquired if there were any other innovative approaches besides Key Workers in terms of the outreach such as the Assertive Outreach Team which wasn't available in Haringey. Michelle Moralis said that in terms of sharing information between health and local authorities most referrals come from health and they used to have access to RiO but they currently do not have a single RiO computer and so they get referrals but are unable to check the clinical background and this is a huge gap. Ruth Glover from open doors agreed that having access to London Care Records is a huge cost for the voluntary sector and this is something that would make a huge difference in terms of joining up and commissioning services.

It was explained that in terms of NCLT, there are two boroughs with assertive outreach teams and part of the review work underway is to look at how we support all five boroughs. On a nationwide level, everyone has been required to review how the service is delivered, where the gaps in service lie and to highlight where the gaps are financially. Feedback would be given to the ICB to investigate how the VCS can get access to the London Care Record as this provides a more holistic view of what is happening for an individual.

RECOMMENDATION - Once the report has been to the board, the committee would like to hear about the outcomes to give them the confidence that when things don't go well there are people, processes and systems in place to support clients.

It was also recommended that a more detailed look into Children mental health should be considered for the work programme.

The Chair of the committee thanked all those in attendance.

DEPUTATION

The committee received a deputation from Rod Wells of Haringey Keep Our NHS Public (KONP) explaining that the deputation he was putting forward was because of patients and residents' concerns due to the possible mergers of ICS with the proposed 50% cuts and abolition of NHS England. Patients and residents were worried about how it would affect the governance arrangements in terms of the JHOSC's ability to represent the interests of the public rather than five boroughs in communication with one another, it could potentially be up to ten. There was a concern that the democratic process would be lost. Rod Wells was keen to know how they will work, and he explained that he would like the JHOSC to enquire over what the scale of cuts would mean and whether there are plans for any ICS mergers in the future? The deputation is to stress the need to retain local JHOSC's as they are.

Councillor Connor agreed that the JHOSC would ask ICB colleagues to brief them at a future meeting about what the possible impact of the cuts on services? The committee would also seek to know how they will be able to monitor contracts and services, whilst maintaining the right level of support for hospitals. The Chair Connor explained that the existence and structure of the JHOSC was not based on the ICB but was set up to mirror the former CCG covering the five boroughs. ICB changes do not mean the JHOSC has to change as well.

The Head of Communications & Engagement – NCL ICB explained that she was currently unaware of if there are to be any mergers and they may have more details regarding the cuts by the end of autumn and the best option would be to place an update on the committees forward plan and she would advise colleagues when it will be available. Rod Wells stressed that for democratic oversight, it was important to maintain a five borough JHOSC as there will be challenges with more authorities.

WORK PROGRAMME 2025/26

Councillor Revah briefed the committee that Councillor Burrage had done some very important work on cancer screening that would be worth adding to the work programme.

It was agreed that the next committee would consider the committees terms of reference and finances. Councillor White, advised JHOSC members that it was not feasible to agree the committees' terms of reference without a conversation about finances. He asserted that a full discussion regarding how the JHOSC will be chaired and supported in future needs to take place. The responsibility needs to be shared. Councillor Connor recommended that a letter should go to the Chief Executive Officers of all the five boroughs to get some resolution regarding the resourcing of the JHOSC. Councillor Revah recommended that the letter should also include the leaders of each of the councils.

Also to be scheduled on to the work programme includes the following:

- St Pancreas Hospital update
- Health Inequalities fund update – April 2026
- Royal Free merger
- Whittington Hospital merger

It was agreed that the draft work programme will be circulated in advance of the next meeting for members to provide their feedback on.

The meeting closed at 1.00pm