

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

IN ATTENDANCE:

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

ALSO IN ATTENDANCE:

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

Attendance Online

None

FILMING AT MEETINGS

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

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

APOLOGIES FOR ABSENCE

Apologies for absence were received from:
Councillor Paul Edwards

URGENT BUSINESS

None.

DECLARATIONS OF INTEREST

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

DEPUTATIONS / PETITIONS / PRESENTATIONS / QUESTIONS

QUESTION

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

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

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

FOLLOW UP. The Chair noted that an individual response would be sent regarding that particular complaint.

DEPUTATION

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

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

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

Neighbourhood health will be covered in the November 10 Year Plan discussion.

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

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

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

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

MINUTES

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

ACTION TRACKER

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

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

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

The St Pancras Head of Programme informed the committee that certain services for autism and ADHD will be relocated to the Peckwater Centre and various engagement sessions have taken place with users and stakeholders and overall, there has been a positive response. Psychodynamic psychotherapy service will be relocated to the Arts Building in Finsbury Park which provides therapeutic service for around 100 people with depression, anxiety etc. A similar engagement approach was employed with service users visiting the location and they received very positive about the therapeutic environment and facilities. Some challenges were identified for some in terms of the commute and they will be working with people regarding this. River Crisis House supports around 150 patients annually and will be moving to Camden and as a result of this they will go from 6 beds to 12. Targeted engagement was also employed here and people were positive about the residential setting.

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

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

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

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

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

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

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

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

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

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

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

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

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

ACTION.

A future paper should also include additional information on:

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

FOLLOW UP TO BE SCHEDULED

NCL ICS FINANCE UPDATE

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

Councillor Cohen enquired about how efficiency savings would be made and the Director of Financial Strategy, Planning and Performance explained the main approach to reduce expenses would be through the reduction and spending on agency staff with a 30% cut on allowance on agency and 10% cut on bank rather than cuts in services.

The Chair emphasised that the Cost Improvement Programme with the SIP aims for cuts in agency and bank have consistently been put forward but the pressure means often it never happens e.g. Whittington care in corridors and she enquired how confident colleagues were that this objective could be achieved?

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

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

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

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

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

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

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

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

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

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

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

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

The following recommendations/ Follow Up actions were made:

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

NCL ICB RECONFIRGURATION

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

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

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

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

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

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

WORK PROGRAMME

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

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

The meeting ended at 1.00pm