MINUTES OF MEETING NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE HELD ON Friday 21st November 2025, 10.00am – 13.00pm

IN ATTENDANCE:

Councillors Pippa Connor (Chair), Andy Milne (Vice-Chair), Larraine Revah (Vice-Chair), Kemi Atolagbe, Tricia Clarke, Philip Cohen, Chris James

ALSO IN ATTENDANCE:

- Lizzy Dobres, Deputy Head of Communications and Engagement, NCL ICB
- Clare Hendesron, Director of Place, NCL ICB
- Fola Irikefe, Principal Scrutiny Officer, Haringey Council
- James Johnson, Associate Director of Operations for North Central London
- Jess Lievesley, Chief Operating Officer, North London NHS Foundation Trust
- Elizabeth Ogunoye, Director of System Operations & Assurance, NCL ICB
- Mita Joshi, Head of Operations and Assurance

Attendance Online

- Stephen Heard, Director, Healthwatch Camden
- Dan Rogers, CEO, Public Voice
- Sophie Woodhead, Chair, Haringey Healthwatch

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 Councillors Joseph Croft and Matt White.

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

The committee received a deputation from Haringey Keep Our NHS Public, Brenda Allen, Alan Morton and Rod Well were in attendance in respect of concerns over the

NHS 10 Year Plan. Haringey Keep Our NHS Public raised points in relation to the 52% reduction in ICB staff without redundancy payment expressing that the cuts will come either from cuts to services or other economies they can make. The concession from the Treasury is they will be this this will be spread over 2 financial years rather than one but feel this is a very false economy.

Concerns over loosing trained staff and the potential use of external private companies being brought in to meet the gap to meet the economic challenges ahead was also highlighted. Along with this, HKONP raised concerns over the democratic oversight detailed in the 10 Year Plan, they felt having Healhwatch move into and internal NHS body will weaken democratic oversight. This effectively means that the NHS will be marking its own homework.

Haringey KONHP expressed that the document from the ICB mentions community advisory groups of 25 plus residents and that borough partnerships have to be strengthened to allow leadership, accountability but this will be compromised when it's all internal. Haringey KONHP stressed that the JHOSC needs to pay a lot of attention to the impending developments.

The impact on social care, and the big risks in the future due to reductions to council budgets and private sector influence was another concern raised. Haringey KONHP expressed that the reduced social care budgets will mean to needs being met through the private sector and especially important because social care budgets are a very big part of council activity and council budgets.

The move to a thirteen borough ICB is likely to also mean further distance will be added to relations between the ICB and local authorities leading to a more powerful and more top-down organisation which mitigates against any effective democracy and more localised care. HKONP lastly raise the issue around health data and the need for caution as there are risks in terms of working with big tech and big pharma, so safeguards need to be implemented to protect public data.

The Chair opened the committee to some questions; Councillor Clarke made the point that she shared the concerns regarding the need to ensure that Healthwatch retain its autonomy. Councillor Clarke expressed it was good to have Healthwatch present and echoed the concerns for the NHS in terms of the privatisation of services. Councillor Clarke asserted that a lot of the concerns raised should be directed at lobbying the government.

The Chair expressed that having Healthwatch colleagues online was helpful as there are concerns around the procurement processes, what been done in terms of the private partnership and data collection how it's being used who has oversight and responsibility. The Chair explained that key points and questions should be raised when we the 10 Year Plan is considered.

NHS 10 YEAR HEALTH PLAN AND NEIGHBOURHOOD HEALTH

Clare Hendesron, Director of Place, NCL ICB gave an overview of the 10 Year Plan explaining that it detailed high-level thinking for the NHS for the next ten years and had been developed with significant engagement, London wide engagement and engagement in individuals' boroughs within North Central London. Concerns raised included people having to repeat their medical history, NHS department's operating in silos, systems being outdated, workforce being undervalued etc. The Director of Place explained that the plan sought to address some of these issues, including introducing a single patient record allowing people to book appointments by bringing teams together and investing in workforce. From NCL residents it was also heard during consultation that carers and family should be involved when a patient is discharged from hospital and there have been numerous conversations on the digital plans.

In terms of the Neighbourhood work, the ICB will reduce running costs by 50% from April 2026. The National Health landscape is also changing with NHS England and the Department of Social Care merging. The committee heard that the ICB will be working on understanding our local populations in terms of needs and context and the nuances in the boroughs in terms of the long-term population health strategy and there will be a strong focus on measuring impact.

The committee heard that following the merger in April 2026, they will be called West and North London ICB with a new executive team that's presently being appointed for the new merged organisation. The Merger Implementation plan currently in development was overseen by a joint Executive Programme Board looking at how to reduce running costs and explored what the new organisation needs to look like in order to carry out the commissioning function. Consultation with staff is planned to begin in December 2025 and a voluntary redundancy scheme is also going to be put in place.

The committee were briefed that neighbourhood health was a core component of how the 10 Year Plan would be implemented and the emphasis of a neighbourhood health approach is to shift to proactive care rather than preventive care driven by data and insight of the communities. There are significant health inequalities across North Central London and forming relationships is key to the neighbourhood approach working closely local authorities and the voluntary sector.

The Chair enquired about the ICB Model in terms of the 52% reduction in staffing budget and expressed she was sceptical about how the ICB will be able to deliver and commission services and where the oversight would come from in terms of the new model. She enquired over how things will work with a reduced budget and covering an increased number of boroughs, from five to thirteen.

The panel heard from the Deputy Head of Communications and Engagement that as a strategic commissioner the ICB will try to develop better understanding of each borough's population health and approach things with a more proactive model of care. There will also be closer working with Public Health colleagues. In terms of understanding the local context, there will be a board and close working will still take place with local authority colleagues. In terms of evaluation and impact, there is

recognition that the skills to really look at evaluation and impact could be improved and in the detail in the 10 Year Plan on a national level there is recognition that Health Economists are required.

Healthwatch

The Chair invited Healthwatch colleagues to put forward their views on the points raised in respect of the deputation and the 10 Year Plan. Sophie Woodhead from Healthwatch Haringey shared her reflections from a Healthwatch perspective explaining that they have been engaging in several conversations about the transformation process and are really supportive of the, the patient experience directorate but were keen to stress the necessity for independence, of patient and resident voice. The Chair of Healthwatch Haringey added that patients speak openly when their voice is separate from that of providers and this is at the core of Healthwatch. The Chair of Healthwatch Haringey also emphasises that there will be more of a focus on health where as Healthwatch had an integrated approach looking at health and social care. Healthwatch's really strong links in with community and are presence on various boards and committees whilst also supporting individual residents helping navigate services was pivotal.

Stephen Heard, Director, Healthwatch Camden re-iterated that he felt one of the most important factors is the issue of the independence of patient voice and resident voice. He explained Healthwatch provided a safe space and objective space for patients and residents to express themselves whether it's for local authority, hospital provider or the ICB. The Director of Healthwatch, Camden stressed the good practise that Healthwatch had provided for years and urged local authorities and ICB's to consult with them as much as possible in order to influence how the next phase of patient representation looks. The Director of Healthwatch, Camden also expressed that the focus on the patient is limited in the 10 Year Plan and it is more about organisational restructure and organisation and this was a concern.

Dan Rogers, CEO, Public Voice echoed everything that was said and asserted that the move to neighbourhood working is more important than ever and they have links to local populations and especially those whose voices are seldom heard, experiencing health inequalities. The CEO, Public Voice emphasised that Healthwatch has offered the independent voice for a significant period so close working on the planning going forward is even more important. The need for the JHOSC to continue acting as an independent voice and critical friend is also crucial.

Councillor Clarke enquired about the harvesting of data with huge international corporate bodies having control of data and expressed that the committee should be lobbying the government about it. Councillor Clarke also raised concerns about the increased use of technology and the likelihood to replace human interaction and enquired about what offline options would be available.

The Director of Place, NCL ICB explained that technology is used to support in primary care, e.g. online booking will continue to be the main way people book appointments but there will still be access for people to phone and walk in. For all services, they are

looking at where technology can make things more efficient for the workforce, for example using technology to task notes during a consultation means the doctor doesn't have to type their notes, freeing up more of their time.

Councillor Milne asked further about whether technology was helping the professionals or patients as presently even getting through to GPs on the phone is a challenge. The Deputy Head of Communications and Engagement expressed that a lot of people in consultation have expressed that they feel the NHS needs to improve in terms of technology whilst ensuring that other means of working still remain. The committee heard that in a survey of people in North Central London showed that 80 to 90% of people get all of their health information online on a phone or on their tablet. In terms of accessibility by phone, there is currently ongoing work with general practise to understand both how they can be better supported with better technology for their phone systems.

It was enquired over how much engagement was done face-to-face by Councillor Milne. The Director of Place, NCL ICB explained that the NHS engagement involved face-to-face workshops and they employed a partnership charity in the local area to go out and hold community conversations in community centres all lead by a dedicated engagement team.

The Chair asked Director of Place, NCL ICB to address some of the points raised by Healthwatch colleagues, she responded and explained that there is a commitment from the ICB to continue working with the local Healthwatch's and to use this to think through how the new organisation and patient engagement will be carried out whilst also awaiting further guidance.

Recommendation: The chair summarised that it will be important for the JHOSC to better understand the implications of having a significant number of staff cut from the ICB as it going to impact on services for residents, so it will be key to understand that process.

In terms of oversight, the Chair expressed it will be important to continue working as JHOSC in the format that we currently have as a 13 boroughs JHOSC will not work but at the same time there will need to be collaboration with the NWL JHOSC. The Chair acknowledged and agreed with the concerns raised by Healthwatch colleagues in terms of retaining the independent voice of the residents. Assurance that the new patient voice will also link in with social care and not just health was also pointed out.

The chair would also like clarity on the governance arrangements and how information will be brought forward to the various JHOSC's.

It was also emphasised that service provision and changes in services will need to be clear with data and evidence from the Heath Economists to be brought in to show the rationale behind any changes.

Neighbourhood Health

Councillor Cohen sought clarity about what has been proposed for neighbourhood health and integrated teams whilst at the same time merging the two ICB's. It was heard that the neighbourhood approach was key to ensure the view from the neighbourhoods including residents from each of our five boroughs, the ICB, voluntary sector members from each of our five boroughs are currently represented. Similarly, Northwest London also have their own kind of engagement exercise underway and how the two organisations come together will be considered in the new year.

Councillor Cohen expressed that some of the objectives of neighbourhood health is already being done by existing local health and care networks, borough partnerships and already well-established so it feels like duplication. He expressed he understood the approach to neighbourhood health especially when trying to deal with inequality but there are already structures in place. The ICB explained that rather than reinventing the wheel, the hope is that working relationships will become more integrated with multidisciplinary teams and Neighbourhood Team also including social workers, GPs, district nurses, etc. The aim is to try to bring more connectivity with the resources we currently have. At present Haringey has the most advanced multi-agency model. All the boroughs have elements of multidisciplinary working, but the objective is to scale up.

The committee were briefed that the Neighbourhood Teams will be looking at how they can support people differently as there is a recognition that the population is ageing and ageing less well, so they will be looking at how to cope with the demand and how take more preventative measures.

Councillor Atolagbe enquired over how the Neighbourhood Teams will work with Health and Wellbeing Boards which are also statutory boards. The Chair commented that she noted the integrator arrangements, and it says instead they'll work with borough partnerships and the integrators will provide the leadership infrastructure and coordination needed to support so. ICB colleagues agreed the Integrators will play a leading role in collaborative working.

Councillor Clarke commented that having sat on Islington's health committee for a number of years and the focus has been on prevention, she felt for the NHS prevention shouldn't be a priority over cure. Officers agreed that the role of the NHS was to cure but prevention was also key for Neighbourhood Teams.

Councillor Revah enquired over how they will ensure that the patient and resident involvement is up to task as it was following local authority intervention that the Peckwater Centre engagement in Camden was then carried out more thoroughly. Councillor Revah also emphasised that although quality is key for engagement, it is also important that we are consulting with a reasonable amount of people. The plans for closer working and improved links with social care was also enquired about.

ICB explained that the plan is to work even closer with local authority colleagues in adult social care and borough partnerships. They will be very much involved in

integrated neighbourhood teams whilst also being conscious and mindful of the pressures that adult social care is under.

The Chair stressed concerns over how the borough partnership and the integrator arrangements will work and they needed to be understood better. The chair suggested more detail around how they have the charity, voluntary sector and all the relevant the bodies including Healthwatch and adults social care feeding in. **Follow up:** The chair felt it was necessary to have this as a rolling agenda item coming to the JHOSC. Along with this, a future item on community advisory groups across the whole merged ICB.

WINTER PLANNING 2025/26

NCL ICB

Elizabeth Ogunoye, Director of System Operations & Assurance, NCL ICB and Mita Joshi, Head of Operations and Assurance briefed that in developing the Winter Plan, they develop the plan involving the providers who work in that landscape and local authorities of all the five boroughs. They held an event in September bringing everyone together and developed a dashboard that will be used to monitor impact.

Councillor James enquired about the COVID vaccine rollout and the number of people over 65 who had been invited arriving at surgeries having booked and then being turned away. Councillor James also expressed her concerns over the low take up of the flu jab from NHS staff and welcomed the fact that research to find out why was being carried out. The committee heard about the measures taken to try and get more take up of the flu vaccine including weekly analysis and tracking. In terms of staff, the Director of System Operations & Assurance explained that staff take up the vaccination is low as there is vaccine scepticism and hesitancy and a lot of our energy and attention is taken up dispelling myths around vaccines. The hesitancy is reflective of the population and demographic of many carers. **Follow up:** The Chair agreed that it would be good to be updated on the research and see what the learning is from the research especially as the take up rate seems to be dropping annually.

The Head of Operations and Assurance agreed that they will follow up especially as it very much fits with the focus on prevention as discussed with the 10 Year Plan and so they are trying to increase the uptake of the COVID and flu vaccine, especially amongst the vulnerable groups.

Councillor Clarke enquired about the maximum 45-minute ambulance handover time objective, improve patient discharge time and eliminate internal discharge delays plans and sought assurance over how this be done with no extra funding. In response the committee heard that the plan is to implement measures to improve the flow through hospitals to reduce assessment times and so reducing waste.

Councillor Cohen enquired about corridor care as it should not be seen as a normal practise and that treating patients in the corridor should be a temporary measure and in extreme circumstance, he sought figures on how many patients are treated in corridors.

The committee heard from the Director of System Operations & Assurance that corridor care was not ideal but if there is a surge in patients attending A&E, then at times people are cared for in a corridor setting and they are trying to set up team to manage during those times. The Chair further enquired over the capacity in the system to support the care for people in corridors and what risk assessment has been completed for patients? **Follow up**: details around corridor care.

Councillor Connor enquired about 'virtual wards' which are now called 'hospital at home', she raised concerns that the person who is doing the caring in the home setting and how they are being looked after. She felt some analysis of this needs to be carried out because if there is burnout of carers then the patient is going to come back into hospital. The Director of System Operations & Assurance explained that there is an assessment of the suitability for the 'hospital at home' care carried out by social services in the same way it's carried out when patients are discharged. There is yet to have been an assessment of the impact on carers and the success as these things are currently done on an individual basis.

Mental Health

The chair enquired about the liaison and crisis pathway with high rates of acuity crisis and presentation in the winter planning and without receipt of extra funding, and how this is this managed? Jess Lievesley, Chief Operating Officer, North London NHS Foundation Trust explained that there were no additional funds so they have restructured Trust to meet the challenges of increased demand. As demand is never uniform, they now have the ability to move the resources to where the demand is. In the event that they have a particular surge in North Middlesex for example, they would then align resources for Barnet or with the Whittington. Resources are now more reactive to pressures that might occur within real time.

The Chief Operating Officer, North London NHS Foundation Trust briefed the committee that the mental health challenge in winter is later, so in mental health the surge in demand comes at the end of February and into March, so they plan for that period. From a health science point of view, there is yet to be a full explanation as to why that is but demand peaks at the end of February. At times it can go all the way through March and April, so that is where the balance is necessary for the North London NHS Foundation Trust. The committee heard that one of their big challenges is managing people who are identified as clinically ready for discharge who need to move on into care packages.

A positive step going forward that the committee were briefed on was the establishment of the second mental health A&E. Whittington Hospital has a 24-hour mental health A&E, the first in the country and it's now being rolled out across the whole of the UK. The second one under the Trust will be at Chase Farm Hospital with building works concluding in February and services opening soon after. The Chief Operating Officer explained that the most resilient aspect of the current emergency and urgent care pathway is the mental health A&E as it frees up a significant amount of capacity into the

system. **Follow up**: the committee to receive an update on the progress of the two mental health A&E departments.

London Ambulance Service

James Johnson, Associate Director of Operations for North Central London briefed the committee on the progress that London Ambulance Service had made, explaining that this time last year category two performance was just over 50 minutes and it is now in the low 30s. In relation to corridor care, the committee were informed that have been working closely with hospital colleagues and the ICB to support corridor. The Associate Director of Operations for North Central London also explained that a significant amount of work had been done to try and improve ambulance turn around to make sure the right pathways are employed and reduce some of the burden on A&E. North Central has some of the most challenged hospitals in London for turn around.

The Associate Director of Operations for North Central London then explained that there is a significant strain on staff and a huge incidence of burnout amongst staff and they are currently in the process of addressing these concerns further through a staff survey. It was reported that through recognition of the burnout measures are being taken to resolve the work/life balance and the number of staff off sick was starting to fall.

The Chair acknowledge that everything is looking like it's moving in the right direction, and steps are being actively taken to address the challenges of work/life balance and staff well-being. In respect of the proposed well-being initiatives that were discussed, the chair enquired if the finances were available for it to be sustained. In response, it was heard that some of the measures are very simple, employing process changes and ensuring that people feel valuable. The Associate Director of Operations for North Central London explained that paying sick pay is expensive, so any resources spent on well-being initiatives are offset by the cost of having somebody off and non-productive. There aren't additional resources, but the service is now better at identifying value.

Councillor Cohen enquired why the mental health figured in London were so high and the Associate Director of Operations for North Central London expressed the figures were hight but stressed that we have the benefits of the mental health A&E unit at the Whittington as briefed about by Jess Lievesley of North London NHS Foundation Trust. Councillor James enquired over why in December 2024 they saw the highest number of 999 calls. It was explained perhaps because people were no longer worried about going to hospital anymore following apprehension during and after the pandemic.

The Chair enquired further about the Southern Ambulance service collaboration. It was explained that it is a memorandum between the Southern ambulance services. It was explained that procurement is currently carried out separately across the ambulance services, ranging from equipment to even software and it has now been recognised that there is an opportunity to join together to have common policies, mutual understanding, common governance and processes. There is an economy of scale and to join together procurement and to share best practise. **Follow up**: the next update

from London Ambulance Service to provide details/ an update on the collaborative work.

NWL JHOSC TERMS OF REFERENCE

The Scrutiny Officer briefed on progress to date in trying to settle on the terms of reference and support arrangements for the NWL JHOSC going forward explaining that some meetings with Heads of Democratic services in other authorities had taken place and that equally, the Chair of the committee had written a letter to other Chief Executives on the JHOSC.

The Chair of the committee emphasised that having resolved to retain the autonomy to appoint the Chair of the panel, the issue of resourcing and supporting the JHOSC still remained. It was acknowledged that all local authorities were under financial constrain but only Camden had responded with a clear agreement to contribute to supporting the NCL JHOSC.

The committee agreed that the JHOSC was even more necessary with all the changes taking place with the ICB and even more important, ensuring the critical friend role with the changes planned for Healthwatch to be internalised in the NHS. Councillor Cohen re-iterated that Barnet was in a difficult financial position. On discussion in terms of the amount to contribute, Councillor James expressed that the figure to contribute individually was not significant to which all members of the committee acknowledged.

The Chair concluded the discussion that the panel was happy to agree the terms of reference, with the caveat and understanding that the finances still needed to be resolved and ideally by the end of this municipal year.

Recommendation: that the finance is split equally by the members of JOSC, including any prospective future increase or decrease in view of the need to have some link with the NWL JHOSC.

WORK PROGRAMME

The committee discussed the work programme for the remaining two meetings in brief including:
<u>30th January 2026</u>
Paediatric service
Royal Free and North Middlesex update

<u>9 March 2026</u>
10 Year Plan
ICB Merger and Reconfiguration update
Including social care and how they will work.