**MINUTES OF MEETING NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE HELD ON FRIDAY 17TH JULY 2026, 10.00am - 13.00pm**

**IN ATTENDANCE:**

Councillors Larrain Revah (Chair), Zahra Beg, Lucia das Neves (Vice-Chair), Arun Kumar (Vice-Chair), Kiran Prasad and Caroline Stock.

**ALSO IN ATTENDANCE:**

- Natasha Benn, Chair, Joint Partnership Board, Trustee of Disability Action Haringey
- Fola Irikefe, Principal Scrutiny Officer
- Nicola Kay, Director of Strategy, West & North London (N&WL) ICB
- Chloe Morales Oyarce, Head of Communications and Engagement, West & North London (N&WL) ICB
- Sarah Morgan, Chief People Officer, West & North London (N&WL) ICB

**Attendance Online**

- Councillor Chris Jainedes attended online.
- Nicola Sands, Deputy Chief Nurse, Whittington Health NHS Trust

**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 Alev Cazimoglu and Joe Croft.

**URGENT BUSINESS**

None.

**DECLARATIONS OF INTEREST**

None.

**DEPUTATIONS / PETITIONS / PRESENTATIONS / QUESTIONS**

Nove were received.

**Introductions and Nominations of Chair and Vice Chair**

The Principal Scrutiny Officer invited nominations amongst the councillors of who would like to Chair the Committee for 2026/27. Councillor Lucia das Neves

nominated Councillor Larraine Revah to chair the Committee considering her experience having been on the Committee for a while and more specifically having been Vice-Chair. Councillor Arun Kumar seconded the nomination and Councillor Revah accepted.

Councillor Revah then requested nominations for the Vice-Chair/s to which Councillor Kumar nominated himself and in turn Councillor das Neves. The nomination of the two Vice-Chairs was seconded by Councillors Revah, the Chair and Councillor Prasad.

**Declarations of Interest**

None were received.

**Terms of Reference**

The Chair invited comments from the committee in respect of the terms of reference. Councillor das Neves commented that it was an important time of transition in the health environment and that the terms of reference should be centred around the voice and the work of the community and questioned whether this came across strongly enough in terms of reference. Natasha Benn, Chair of Haringey Joint Partnership Board and Trustee of Disability Action Haringey and the Chair of the Committee agreed that the terms of reference needed to be community centred with a specific paragraph referencing this element.

In line with this, the Chair expressed that she was keen to have people from other organisations attending the meetings to work in partnership and in turn strengthen the work of the Committee. Councillor Prasad explained that in her role as Trustee for Voluntary Action Islington the voluntary sector is underestimated in terms of the value they provide and in particular the role of the Place Specialist and how it translates in terms of the budget.

The Chair of the Joint Partnership Board specifically requested to be co-opted onto the board as she represents a wide group of voluntary organisations and this could be done for the other boroughs as well. Councillor Reevah expressed that it would be useful to have similar attendance from the other boroughs. The Principal Scrutiny Officer briefed the committee that it would have to go through each Overview and Scrutiny committee in each of the boroughs if they were to have the Joint Partnership Board (or equivalent) formally referenced in the terms of reference and co-opted to the committee. The Principal Committee Officer reminded the Chair that the previous committee had agreed to consider relevant people to include on the mailing list and then invite those people regularly to meetings.

Councillor Prasad enquired over how often the Chair/ Vice-Chair/s are appointed and the committee heard that its annual but the previous Chair, Councillor Connor was in the role for a long period, and staying in post for a couple of years is helpful for continuity. Councillor Stock enquired about clarity on support arrangements as Barnet was not in a good position financially. The Principal Scrutiny Officer confirmed that Barnet had not agreed to a financial contribution for the role but did agree to the annual rotation of officer support.

Councillor Revah expressed that there is nothing in terms of reference with regards to disabilities and felt that this should be included. The Chair also added that disability is also very rarely mentioned in NHS reports unless its specifically focussed on disability. The Chair of the Joint Partnership Board further re-iterated that it would be helpful to be co-opted and attend the meetings and speak at meetings. Councillor das Neves expressed that the committee should take time to think through who should attend from their respective boroughs in time for the next committee.

Councillor Kumar expressed that the inclusion of the Equalities Act in the terms of reference to cover all the protected characteristics would be useful.

**FOLLOW UP**: Principal Scrutiny Officer to follow up with Democratic Heads of Service in the five boroughs regarding the idea of including key voluntary sector organisations in the terms of reference and Councillors to think about who they may want to invite.

Councillor Beg enquired about the number of deputations and the outcomes and the Principal Scrutiny Officer explained that it depended on the issue and subject to meetings.

**West & North London ICB Update**

Sarah Morgan, Chief People Officer, NHS West and North London ICB introduced the item and provided an overview of where they were regarding the merger and the background to the merger. It was explained that the impetus for the merger was to reduce staffing costs by 50% and the model ICB blueprint directed transition for them to be a strategic commissioner. This blueprint then led to the NCL and NWL ICB's merger on 1st April 2026, covering 13 boroughs which amounts to 48% of Greater London with a commissioning budget of 12 billion, supporting 4.5 million residents. The ICB are currently in the process of the change programme with colleagues filling roles in the merged organisation.

The Committee were briefed that most of the senior roles had been appointed to and this would help to alleviate some of the challenge for partners in terms of who to liaise with. The changes to the way they work was briefly described with the move from borough level to Integrators with 53 neighbourhoods within the W&N London ICB patch. The committee heard the ICB is trying to work more effectively with the 18 provider organisations, 500 GP practices and a wealth of voluntary and community sector organisations. The ICB is no longer the system convenor and in control of the finances, choices will be made on needs-based allocation and the best outcomes for the population.

The committee heard that there is a 17-year gap in life expectancy across the different boroughs. The ICB aims to reduce demand, and they are trying to work more collaboratively with Integrators to improve outcomes. The regulation of the provider sector is with NHS England, and with the Health Modernisation bill currently going through parliament will determine the future of NHS England so although progress is being made regarding what West and North London ICB will look like, it is within the parameters of national uncertainty.

Councillor Beg expressed that as they were aware of where the inequalities are, how does their insight translate into reconsideration of how the money will be allocated and different commissioning models. Nicola Kay, Director of Strategy, West and North London ICB explained that although they are aware of where they inequalities and the most need is, they were working on what future demand would look like for the communities across west and north London. The Director of Strategy stressed that they were looking at things from both a quantitative and also qualitative perspective. The objective is to move to a proactive space to know where best to put resources that are closer to home for residents and value add with a move towards investing in acute services. This will be considered at their board meeting in the coming week.

Councillor Beg stressed that there has already been lots of information already so what will make the difference? The Director of Strategy explained that NHS England are trying to empower providers when it comes to commissioning and inequality can be very complex, for example there can be disparity on a street-by-street basis within the same area. Councillor Beg explained that the prevention work that's carried out by the voluntary and community sector and the positive aspect in terms of neighbourhood working need to be recognised.

Councillor das Neves further enquired over how decisions will be made over which organisations they work with as the voluntary and community sector although do a great job, may not be ready to work and deliver services the way the ICB would commission. The Councillor emphasised that although the VCS may be the best to deliver a beneficial social model - they are often not ready and resourced to be ready and as distant commissioners, how are they going to recognise the best bodies and organisations for certain services she queried.

The Chief People Officer, NHS West and North London ICB responded that they were talking to a range of different organisations through *'Lets Talk'* and so they are focussed on how to understand the resident voice. The committee heard that they also recently commissioned a piece of work looking at the impact of their commissioning practices on the VCS. The results were not positive and some of the insights included the challenges with annual commissioning, disproportionate scrutiny, a tendency to favour large trusts in the past (whereas a smaller organisation may better serve the community) etc are all things they are taking into account and hence the new approach with the Neighbourhood model. The committee heard that the full strategy will be out in October to which the committee can contribute to. It was explained that time needs to be invested to build up neighbourhood model and that Haringey was one of the accelerator sites. Neighbourhood partnership is something that has been in place for a while for local authorities, but it is new for the NHS.

Councillor das Neves enquired over what success will look like in future and how it will be measured. In line with this, Councillor Kumar commented that in terms of governance, local authorities have been involved in neighbourhood health already and he enquired what the path forward was in terms outcome-based treatment and how it was to be measured. The timeline for implementation was also queried as the point was made that whilst everything is in the development phase, there will clearly

be some slippage in other areas. Councillor Kumar expressed that smaller organisation won't necessarily be up to speed and linked into the digital systems that will support monitoring and this will be a problem.

The Chief People Officer explained that the population health outcome framework is the baseline with indicators for the outcomes that we want to see. In respect of governance, governance integrator workshops have been held with details of which organisations sit in each area. It was reported that they were setting up system wide governance across the 13 boroughs, chaired by non-executive members. In terms of data and platforms, the Director of Strategy explained that they would not be micromanaging providers, and measures of success will be built on key outcomes from each individual's perspective and they were working on what this would look like.

Councillor Kumar sought clarity on how they were working with local authorities and boards and how this engagement was being carried out. It was explained by the Chief People Officer that they were not in the implementation phase yet and they were currently focussed on getting the Strategy right so as to know how to make commissioning decisions. The Strategy will be for ten years and refreshed annually as they progress. The Strategy will now have to consider the Health Bill and the new Prime Minister so there will be a constant state of fluidity in terms of the plan. Strategic commissioning decisions will sit with the ICB's and delivery of care accountability sits with providers and Trusts.

Councillor das Neves expressed that we haven't always got it right regarding population health and there is a need to look at the whole as opposed to just the extreme side of those in need. It was further added that if Integrators and providers are key, they should be setting the baseline and targets as they know their communities best and every area is different. Councillor das Neves stressed that the consistency in all the change is the community.

The Chief People Officer explained that the challenging reasons mentioned is why they are moving into the neighbourhood model. The model will facilitate a localised and joined up integrated approach, expanding work at a granular level as has been done in much of NCL. The focus going forward will be on patient reported outcomes, impact on life and after effects all managed in the community.

Councillor Prasad expressed that GPs are increasingly moving away from the localised frontline primary care approach. The Councillor emphasised that although she understood the political and strategic flux within the NHS, the need for quality of care remains the same. Councillor Prasad expressed that the change towards community is clearly prompted by the need to save money in line with the aging population and increasing demand, nevertheless without the structures in place things will fall short as they are not set up and joined up properly. The Councillor also asserted that there are limitations to the training of the VCS and so the burden can't be solely placed on them. Councillor Prasad suggested looking at what isn't working presently as the reality for the delivery of the aspirations set out in the 10 year plan.

In respect of digital services, there is not enough emphasis on the actual delivery because there sometimes isn't the join up between systems. Councillor Prasad

expressed her reservations that more care can be delivered with the responsibility being placed on a community level. The Chief People Officer said that the example of the disjoin in the system was the key reason to move to the neighbourhood model and it is at the heart of the strategy.

It was further stressed that the digitisation of services was not moving the community closer and a prime example of this is that GP's (which did at times act as a community centre for lonely individuals) and GPs are currently empty due to the triage nature of GP services. Councillor Prasad emphasised the need to bring back human interaction. The Councillor expressed that digital efficiency is about efficiency and is taking away choice. The committee all concurred that the voluntary and community sector has limited resources and budgets to actually deliver the aspirations set out in the 10-Year Plan.

Councillor Stock said that in terms of safeguarding, thought needs to be given to the impact of an increasing digitized service for vulnerable people who aren't actually able speak to a real person as this can be frustrating. Digitisation can be a challenge for those that are hard of hearing, depressed or with other special needs. The Chair emphasised that there needs to be good back up for all the digitisation of services. Councillor Stock also made the point that there are security and safeguarding concerns with digitisation as well.

In respect of consulting and engaging with the community over what is needed, Councillor Stock also emphasised the need to be careful as it can often be the same groups and individuals that we are consulting as they are the engaged members of the community.

Councillor Stock briefed that she had arranged ad-hoc diabetes testing for one hundred people with a HB1 kit. The diabetes spot testing took place in Brent Cross Shopping Centre which resulted in 50% of those tested being diabetic or pre-diabetic. The Chief People Officer explained that going into the community into trusted places in NWL was something that they have started to do as there are low levels of trust amongst some communities. Councillor Prasad explained that the role of GPs has shifted and they are now referral points as they are no longer joining the dots for supporting their patients.

The Chair of the Joint Partnership Board informed the committee about her expertise due to her lived experience, she explained that during the eight-year period that she was bed-bound, her care wasn't joined and professionals weren't coming together and she took on the responsibility of ensuring that the dots were joined. The Chair of the Joint Partnership Board expressed that close working relationships would be essential as she is aware that the whole system is even less co-ordinated now. The Chair of the Joint Partnership Board said that those in poverty, the ageing population and unpaid careers are those that we need to hear from but often the ICB and also local authorities are just picking the same voices and there are real gaps in diversity and equalities when it comes to co-production. The Chair of the Joint Partnership Board also emphasised that a lot of community sector organisations are also not necessarily trained to work with a diverse group of people and are the most ideal to manage and deal with a said issue, she expressed it will would be useful to know

how this will be addressed and how any gaps in their need to deliver a service will be met.

The Chair of the Joint Partnership Board emphasised that the approach to co-production has to be different for everyone and it really needs to take place in order for the most need can be identified and this needs to be evidenced in the strategy. The Chief People Officer explained that this was to be covered as part of the Strategy and upon enquiry about how it could be accessed by public, the committee were re-assured that all board papers were published online. **ACTION:** link to board papers to be sent. Information on groups they are talking to as part of the co-production process to be provided along with data.

The Chief People Officer explained that there is a focus on youth opportunity and children and young people's mental health and understanding what it is to have complex needs from a neighbourhood perspective. The Committee were informed by the Director of Strategy that consultation workshops are currently being carried out and along with work looking into how to break down the strategy so that it user friendly and can be co-produced in a dissected format. The Director of Strategy expressed that they are cognisant of the need to hear real voices and ensure quality in the consultation phase. The Chief People Officer expressed that they were keen on patient activation to support services.

The Chair enquired how the merger and changes will affect the boroughs in reality and how is it being publicised to residents. The Chief People Officer informed the committee that the main change is the delegation of complex care which has moved to central London Community Health Partnership. The Chair expressed that further information on this would be very helpful. Central London Community Health is responsible for any day-to-day challenges. The Chair of the Committee was also keen to know how lay members could also possibly get on the public board. **ACTION**: Head of Communications and Engagement to send the details of the board meeting.

Councillor Revah explained that having a named link for ICB and having access to the right people and individuals for certain subjects was really useful and all boroughs needed that link person that they could still approach. In response ICB colleagues explained that roles were still being developed and appointed to but once recruitment was finalised it would be provided. **ACTION**: N&W London ICB to share details of key people once established.

Councillor das Neves suggested that it would be useful in future to hear more about co- production and the outcome of 'Let's talk' as work between primary care and residents was lacking that real democratic inclusion. The Chief People Officer suggested that the Committee may wish to consider the Involvement Strategy due at their board in January 2027. **FOLLOW UP:** Add Involvement Strategy to work programme.

**Whittington Health NHS Trust Quality Account**

Nicola Sands, Deputy Chief Nurse, Whittington Health NHS Trust provided an outline of the Trusts 2025/26 Quality Account. The Deputy Chief Nurse explained that the

Trusts objective was to deliver *'outstanding, safe and compassionate care in partnership with patients'.*
The following priorities were outlined:

- Ensuring patients receive safe and effective care that is delivered with kindness, compassion and in collaboration with patients and carers
- Improving the Trust Environment to enhance Patient Experience
- Reducing health inequalities in our local population by ensuring that when patients need to access our services, they have clear guidance, accessible routes and supported and listened to throughout
- We will continue to develop services to meet the needs of our population

Councillor das Neves expressed an interest in knowing more about the role of the financial issues and deficit on improving the building. **FOLLOW UP.** The Councillor enquired about community services and where Whittington is delivering them, hospital discharge and maternal health, all of which she felt was lacking in detail.

The Chair enquired about the plans to move Royal Free Hospitals maternity ward to the Whittington. The Deputy Chief Nurse explained that the move is part of the StartWell programme and that there was a long lead for it to ensure the organisations have the capacity. **FOLLOW UP:** Update on StartWell programme including maternity and recommendations from the Amos review and how it is incorporated and Community Services including the Haringey District Nursing Service.

Councillor Beg enquired if the Whittington Trust was satisfied with the number of complaints they had received. The Deputy Chief Nurse explained that the number of complains was increasing as with other Trusts and in turn there are a number of complaints that are generated by AI and hence are complex and long and require a detailed response and review. The Trust is happy with the number but would like to de-escalate them earlier by talking to patients sooner once a complaint is put through. The Deputy Chief Nurse explained that the threshold to respond is within 25 days, and they are currently at 60- 70% in terms of meeting this and the target is at 80%. The Trust is trying to focus on learning from the complaints to see where they can do better and this is the challenging part.

Councillor Stock enquired about End-of-Life Care and whether it was something the committee could consider in the future. The Committee heard that the End-of-Life care team and the Palliative Care Team work with other staff but there is a challenge in terms of beds and there is still some fear around it. **FOLLOW UP**: Councillor das Neves suggested that the panel could have a further session on End-of-Life Care including inviting North London Hospice, looking at a number of issues including hospice at home and what it looks like at home.

Councillor das Neves explained that more detail is required of the Quality Account as it was a little too light and hence in future, more information should be provided in order to allow for proper scrutiny. The Chair re-iterated that further details should have been added in order to fully scrutinise the Quality Account properly. Councillor Stock suggested a paragraph with succinct information notifying an upward/downward trend with some information would be helpful.

Councillor das Neves enquired if there was any best practice in Quality Account and what it looks like. **FOLLOW UP**: schedule in some time to consider what a good Quality Account will look like in advance of those that will be considered in the summer 2027.

**Work Programme**

- Councillor da Neves suggested moving the winter planning item forward from November
- The Chair requested a report to look into the is increasing heat and the impact in line with the Winter Planning.
- The Chair requested ICB merger and changes to remain a standing item at each meeting. Councillor Prasad agreed that there were rapid changes planned with implementation via the community sector without any information to support the aspirations.

The meeting ended at 12.25