MINUTES OF MEETING NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE HELD ON FRIDAY 19TH SEPTEMBER 2026, 10.00am - 13.00pm

IN ATTENDANCE:

Councillors Larrain Revah (Chair), Lucia das Neves (Vice-Chair), Arun Kumar (Vice-Chair), Alev Casimoglu, Kiran Prasad, Caroline Stock and Gill Sargeant (in place of Councillor Zahra Beg)

ALSO IN ATTENDANCE:

- Natasha Benn, Chair, Joint Partnership Board, Trustee of Disability Action Haringey
- Mary Patricia Flynn, Director of Involvement, NHS (N&WL) ICB
- Fola Irikefe, Principal Scrutiny Officer
- 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 Ann Gray
- Will Maimaris, Director of Public Health, Haringey
- Melissa Mellett, Director of Neighbourhood Transformation, NHS (N&WL) ICB
- Jo Reeder, Associate Programme Director, Camden Integrator
- Simon Wheatley, Haringey GP Federation Ltd

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 Zahra Beg and Joe Croft.

URGENT BUSINESS

None.

DECLARATIONS OF INTEREST

None.

DEPUTATIONS / PETITIONS / PRESENTATIONS / QUESTIONS

Nove were received.

Declarations of Interest

None were received.

Terms of Reference

WEST & NORTH LONDON STRATEGY AND INVOLVEMENT FRAMEWORK

Sarah Morgan, Chief People Officer, West & North London (N&WL) ICB briefed the committee on the strategy presented at the ICB's July 2026 public board meeting. The evidence and engagement which informed the strategy included engagement with colleagues in the health, care and voluntary sector and 160, 000 residents in NCL and NWL. There were up 800 events that took place which helped shape the 10-year strategy. The aim is to increase healthy life expectancy and for residents to live healthy lives without long term conditions and the burden of disease. The biggest determinant to health problems is educational attainment and long-term employment.

Residents have reported wanting the health service to be simpler, fairer and less fragmented with a focus on prevention. The trust in statutory services, especially with certain communities is an area where they have also identified a need for improvement.
Councillor Stock enquired what would be different in respect of outcomes. The Chief People Officer explained that across the 13 boroughs there are 13 integrators whose role is to bring together social care, Trusts and the voluntary and community sector around the 53 neighbourhoods. The objective is to develop patient reported outcome to be measured at scale. The strategy will show details between years one and three but with details of the trajectory up to year 10.

Natasha Benn, Chair, Joint Partnership Board enquired about how those experiencing loneliness and depression and people at the early stage of dementia and also those who are unable to access things online are involved in consultations. The Chief People Officer explained that rather than consultation it was engagement to help inform the strategy. The engagement carried out was the broad 10-year strategy paired with data insight and more specific engagement for certain areas will be employed going forward. Mary Patricia Flynn, Director of Involvement, NHS (N&WL) ICB explained that the conversation had been ongoing, so they have insight and have been working closely with people who have mental health and anxiety with workshops.

Councillor Prasad expressed that she understood that there had been accumulated historic data and consultation, but the involvement data would be valuable with details of the split across the boroughs as there is a difference in life expectancy across the different boroughs. **Follow up action:** to provide information of consultation and engagement across the five boroughs. The Chief People Officer explained that life expectancy is also inter-borough because there are differences within borough wards as well.

Councillor Kumar enquired about the 700 responses in the consultation and the fact that the majority were from women and older people and the fact that it wasn't representative of the population of the boroughs. He expressed that there was little representation of young people, men, LGBT groups and re-iterated that borough by

borough information would have been valuable. The Chief People Officer explained that the ICB is not a trusted partner and hence this has implications on consultation responses so there is a big reliance on voluntary and community sector organisations, faith groups and local authorities. The objective is that through the neighbourhood approach, trust in statutory services will increase.

Councillor das Neves enquired how some of the work being done connected with the early thinking coming out of the Casey Review, centred on adult social care and the danger of preventing hospital admission rather than focussing on complex issues. The councillor was keen to know how insight with local authorities and communities in respect of poverty and social exclusion was being utilised. The Chief People Officer, West & North London responded that the outcomes of the Casey Review would be particularly key in the neighbourhood model as there is Neighbourhood Health Unit Team that looks at integrated practice.

The Chief People Officer explained that part of the role of integrators is development of the workforce for local level support. In respect of utilising the incite of local government, a recent piece of work was carried out looking at young people not in education and employment looking at deprivation and bringing together data sets which has shown that deprivation levels are very much inter-borough. Some of the clear indictors includes a correlation with fewer GP practices and higher deprivation. As an outcome of this they are looking across the 13 boroughs about how to commission from a need's basis requiring an analysis of local authority data as well as health data because the details around housing challenges, educational attainment all form a part of the story.

Councillor das Neves expressed that Northumberland Park, being amongst the most deprived areas in London was clearly affected in terms of health and wellbeing and enquired how the knowledge acquired will make a difference on the ground and have an impact on planning and in resources in specific areas to make the necessary improvements for that local area. The Chief People Officer explained that the conversations have taken place and the joined-up work is something she was curious to see how it would translate as an outcome for the most deprived areas across NCL and NWL. The Chief People Officer explained that this was essentially the role of the integrators.

The committee were informed that the difference between a commissioner and strategic commissioner is commissioning on a small scale and hence they were previously unable to have an impact whereas now a percentage of money will be moved to community-based provision. £120 million a year will make a difference. In respect of social value, an example of this is Tottenham Hotspur Stadium, working with partners for the benefit of the community. Councillor das Neves sought confidence that the 1%/ the £120 million will ensure the investment is on the ground working with local organisations and local primary care networks. It was explained by the Chief People Officer that they are trying to make the changes whist also dealing with a number of people challenged to due to heat exhaustion and a growing waiting lists and balancing 18 providers, over 500 primary care providers across general practice, voluntary and community sector organisations.

The Chair enquired over what was being taken on board following all the data and incite from residents and also enquired about where the respondents were acquired from and possibly the figure of 700 people out of a population of 4.5 million could be improved. The Chair expressed that the committee could be helpful and supportive in this capacity. The Chair also enquired what could be done to balance equality. **Follow up action:** ICB to provide details of individuals they have actually engaged with. The ICB are aware that there are not enough GP practices in certain areas and in term of the strategic commissioning aspect, this is a key consideration. There are developments in this area, but it can take time to demonstrate changes in outcomes.

The Chair inquired about the areas that are urgent and whether things that can be moved forward or whether most changes be seen in three years. In response, the committee heard that for this year, the first £60 million they are commissioning immediately on some areas that they are aware don't have the right level of service including children and young people's services. In this respect, Islington is deemed as gold standard, but this is not the case in other boroughs. There is an awareness that prioritising these groups will have an immediate impact for the long term. The strategy also details six priority population groups that will be enabled. The longer-term focus is across the 13 boroughs.

The Chair enquired when feedback will be provided on the areas that will have an immediate impact. In response, the committee heard that the ICB Executive Team have considered when they will be aware they will be making a difference and will report to their board with case studies showing how they are having an impact, how it may feel different for residents and should it not feel different and impactful and improve people's lifestyle and outcomes, then there will need to be a reconsideration of how funds are allocated. The Director of Involvement explained it was too close to the feedback loop and they were aware things aren't always linear. They are trying to be open and transparent and feeding back to people through existing communication and network organisations.

Councillor Gray enquired about what could be done in respect of the quality of service of existing GPs as there is frustration when people are unable to access their GP. This can be particularly challenging for the elderly waiting on call back from GP. There is also work to be done about quality of GP services in deprived areas that are overloaded. The councillor also expressed that the quality of triage means long queues and people not being able to get through in areas of high deprivation. The issue of digitisation is also a challenge for the elderly although there have been useful sessions in libraries to support people to get on the NHS app.

The Chief People Officer explained that the quality of general practice is regularly reviewed, and a quality performance report is considered including all the GP's and includes patient surveys, patient practice groups, feedback and CQC rating. It was recognised that there is challenge in variability, looking across over the 500 GP practices. It was explained that the detail is significant and they do consider patient experience with contract renewal especially regarding how practices are meeting their vaccination rates, screening rates and long-term condition management. The ICB are on trajectory to streamline the process to better support the practices in need of improvement. The digital push is a national direction of travel but there is

work underway to ensure that people don't become isolated and there is some balance with the 'Digital First' programme.

Councillor das Neves sought clarity that despite the commitment is to 'Digital First', the three routes remained including digital, phone and in person. Melissa Mellet, Director of Neighbourhood Transformation confirmed that the three-way route was the approach, and the focus is to improve the digital approach but always with an alternative. In respect of the 1% there is a commissioning strategy for the first three years of the 10-years of the strategy and some of the elements are to address the universal gaps where the core offer in certain neighbourhoods is below par. There is also work looking at enhanced and more transformational pieces in areas in need of immediate change. The data also shows there are areas with gaps in the population with people that aren't receiving the services they need and so there is a focus on targeted interventions for particular groups with greater need. The Director of Neighbourhood Transformation explained that the 1% is stimulus money will need to be aligned as activity is shifted to the neighbourhoods including the acute contract, community contract. The three Year commissioning plan will be available at the end of December**. Follow up action:** 3 Year Commissioning Plan to be considered by committee.

Haringey Integrators

Simon Wheatey, Chief Operating Officer, Haringey GP Federation and Will Maimaris, Director of Public Health, Haringey were in attendance as the Haringey Integrators. The Director of Public Health explained that Haringey has a strong history of joint working and relationships in health and social care with a three-way arrangement between the council, GP Federation and Whittington Health. For Haringey, Integrated Neighbourhood Teams are being developed for people with long term conditions and they are building on the Multi Agency Care Collaborative Team which had been carrying out neighbourhood working for some time. The objective is to align the model to the three neighbourhoods east, central and west Haringey. Teams are able to go into residents' homes and residents only need to tell their story once and voluntary and community sector navigators help to understand the diverse needs of residents.

The team has a broader focus on prevention also looking at the whole population to tackle inequalities and prevention through voluntary and community sector partners with the challenge fund in order to meet specific health and wellbeing outcomes. The committee heard they are also developing their approach in Northumberland Park, through Community Health and Wellbeing Worker projects for a place-based approach. There is a focus on building the community and resident voice into their structures and the Integrator is accountable to the Borough Partnership Executive with the Chief Executives of the NHS trusts, officers and the VCS. The Integrators are also accountable to the Health and Wellbeing Board. There is recognition of some gaps in community involvement so the plans is to have a strengthened community advisory board for neighbourhoods and it will be important to feed the resident voice back into ICB structures.

The Chief Operating Officer, Haringey GP Federation explained the three key priorities for Integrated Partnerships includes to provide a convening voice of place, provide the drive and engine room for neighbourhood health development and to

develop relationships and operational accountability together. The test bed for neighbourhood working is a service focussed on supporting people with complex needs which brings people together, including the GP Federation, Whittington Health, the local authority and North London Foundation Trust (NLFT) for mental health with wrap around support. It was reported that the focus was on building people's confidence to manage their own needs. In respect of the partnership working with the Whittington, local authority and NLFT there are questions about clinical and corporate governance, co-locating teams and there are technical challenges in respect of varying electronic patient records that are not linked up digitally. Within the next year, the objective is to build community capacity and the deployment of community health and wellbeing officers.

The Chief Operating Officer, Haringey GP Federation also reported that they were looking at three hubs for co-location in Haringey and they are also looking at what the future tests may look like to deliver joined up care. Working with UCLH partners to connect a multi-agency digital platform to ensure that there is a system that connect with the different teams is another focus.

Camden Integrators

The Committee were briefed by Jo Reeder, the Associate Programme Director for the Camden Integrator, which is a partnership of both GP federations in Camden and UCLH. In Camden the emphasis is on GP federations leading the work because they are hyperlocal and know the patients well. The Associate Programme Director for the Camden Integrator explained that working with UCLH helps as they are aware of the challenges for people coming into the hospital. It was explained that everything is run through the Camden Borough Partnership, working with Camden Council, mental health, community providers and most importantly the community and voluntary sector in Camden. Camden has five neighbourhoods and the council recently funded five Neighbourhood Health Partners who are place based VCS to help think about what is needed in each of the neighbourhoods. Each neighbourhood team has a leadership team and they are looking at what can be done for residents with a public health consultant, primary care lead and neighbourhood health partners.

Alongside this Camden are also looking at high-priority groups of people that they need to support who may be experiencing disjointed services. There is one co-located neighbourhood team in the east of Camden which has included some clinical coordination time. It was stressed that Camden is actively working to ensure they are working with the resources available as opposed to additional funding. To support this Camden Integrators are looking at borough wide pathways, hospital at home pathway, rapid response teams and urgent community response to improve neighbourhood working.

The committee heard that there is a lot of networking amongst different Integrators in London to learn from one another including Haringey's test bed work, the Bi-Borough partnership and in Hillingdon. Consideration is also being given to populations in Camden and where they need to focus their early work including mental health and serious mental illness patients, and social isolation and loneliness. The focus for Camden is governed by a programme of work and a programme board chaired by CNWL. The objective is also to improve communications as well as embarking on a development programme with the Health and Wellbeing Board.

Councillor Stock expressed that she appreciated the ambitions, nevertheless people are reluctant to work in GP practices, hospital A&E and there is a staff retention problem (at least from the Barnet perspective), and she queried who would implement the strategies. Councillor Gill Sargeant also added that GPs in Barnet and nationally are stretched and consideration needs to be given to primary care for GPs as it isn't working at present. The Councillor mentioned a particular new practice in Colindale that has remained empty for up to a year. The Chief People Officer agreed that it remains a national challenge due to risk that individuals hold as GP's, the role is quite stressful for individuals because of the risk and many are also part-time.

It was explained that there is an Additional Role Reimbursement Scheme, which allows GP's to be hired through an additional route and so some practises have paramedics, some have additional pharmacists and social prescribers. Despite the lower than necessary numbers London is actually better served than other areas nationally and in terms of primary care there is more incidences of suicide amongst dentists. A 10-year workforce plan that will come out of DHSC soon and this will run alongside the 10-year plan. The workforce plan will detail how they will deliver the aspect of the three shifts, including hospital to community, analogue to digital, treatment to prevention.

Melissa Mellet, Director of Neighbourhood Transformation, NHS (N&WL) ICB briefed that the Director of Primary Care for West North London, held workshops with the primary care general practise family, including dentistry, ophthalmology and GPs with a plan for how they will lead and support the neighbourhood leadership model. An exercise has been carried out mapping out across North and West London for every borough where the current gaps and current risks of gaps are. **Follow up**: to be shared with the committee.

Councillor Cazimoglu expressed that good Patient Participation Group (PPG) are good as they are accessible to everybody including those that are digitally excluded, the elderly etc. The councillor explained that people can feed into their PPG for getting that engagement.

Natasha Benn, Chair, Joint Partnership Board, Trustee of Disability Action Haringey expressed that the Head of the GP Federation attended the Health and Wellbeing Board and discussed pro-active health and the challenges with issues like dementia and GPs have stressed the lack of capacity to be more proactive in this area in terms of trying to deal with the problems. The Chair of the Joint Partnership Board further described the challenge with unpaid carers for people living with dementia and that their social isolation and mental capacity was strained and asked how all the strategies being implemented would come together to support these types of patients and their carers. In response to the care model question the representative from Haringey GP Federation explained that the context of the multi-agency care co-ordination service, this was being expanded through the MAC and GPs are essentially able to refer people with complex needs that they're concerned about including those potentially with dementia, potentially frailty, for a conversation with a broader team of professionals to provide input onto their care plan in order to review and make decisions about where they go next in the system. The challenge lies with

the flat funding formula from government for the next 10 years along with limitations in the workforce.

It was explained that in Haringey, thoughts are being focussed on developing innovative ways of working together that are more efficient with proactive care by looking at how resources can be shared more effectively as the traditional route of expecting more capacity through more funding will not be available. In the case of dementia, it has previously been viewed in a medicalised way and now more consideration needs to be given to support from Community Health and Wellbeing Workers. It was explained that this approach was also helpful as there is a lack of trust in statutory healthcare and Community Health and Wellbeing Workers can help to build relationships of trust with families who are traditionally underrepresented.

It was acknowledged that various parts of the workforce are under pressure and this affects people's willingness to stay and to join the profession. The plan is to use the partnership to unlock different ways of working and different ways of delivering services. The local authorities and Public Health will also have to think more creatively and instinctively about shared resources for delivering social care and trying to improve the experience of frontline teams.

The Chair of the Joint Partnership Board further added that there was a lack of clarity in how all the strategies would actually be implemented in practise to be effective in terms of outcomes. The director of Public Health, Haringey expressed that in respect of dementia, it is complex because it spans health, social care, community support and this is why there is the importance of local structures. It was further added that there are programmes around cardiovascular disease prevention, smoking cessation services with smoking being a big risk factor for dementia and how the programmes are tailored to local communities will help make an impact. The Director of Public Health explained that something that could help is to make people aware of the services available to them and the change towards more localised care. Developing and improving the pathways, will be a longer-term piece of work and that is what the integrators will be implementing.

Councillor das Neves expressed that the Integrator works sounded positive but there had not been enough engagement with ward councillors especially in the wards like Northumberland Park, and this was essential. The councillor sought clarity on the information detailing ‘net costs used to create scale, used to create scaled integrated pathways’ and also ‘scale evidence-based big bets’ over new pilots on page 25. **Follow up**: get clarity on what this means.

Councillor das Neves commended the case study usage although they seemed some what lacking in ambition for people’s outcomes. The importance of young people is mentioned but it was unclear how the connection with young people and health could be made as many of the positive things in place for young people have been de-funded due to austerity. The councillor stressed health and in particular mental health was a key concern for young people. Councillor das Neves also enquired about the connection between the work of the Integrators and the Mayor of London. Sarah Morgan explained the priority is young people, mental health and the women so it aligns.

Councillor Kumar commented that the voice of the GPs and the voice of staff need to be included when developing operations as they know what works best in practice. In response, the committee heard that staff experience is measured through the staff survey, although this had not been the case for General Practise traditionally, it has now been introduced nationally so staff experience data has started to be measured more consistently than was the case before.

Councillor Kumar stressed that data is going to be critical in how we deal with integrating with the big shift towards the prevention-based model. The councillor felt that this will be a challenge and will prove difficult to measure. It will also need to be aligned with local authorities' objectives. Councillor Kumar was keen to know how everything will actually be executed with limited resources available in the community sector, local authority and health as well. Councillor Kumar suggested that health colleagues capitalise on AI and the fact that people seek advice online and with the huge data stored by the NHS, it can be used with personalised rank models and then people will have access to personalised health advice. In response, the Chief People Officer informed the panel that there was integrated data, but there are restrictions to some things due to NHS patient consent and the data sharing agreements. The Chair agreed that a further conversation on data would be helpful in respect of the conversations taking place, address Palantir regarding our data etc needs to take place. **Follow up action**: Item on digitisation to be scheduled.

Councillor Gray enquired about Palantir, expressing that many people had concerns with them and she was keen to know whether ICB colleagues felt the services they were providing was adequate and effective and sufficiently well protected in terms of confidentiality. Councillor Gray also mentioned that there is also the paradox that in some practices, patients are not allowed access to their own data. The Chief People Officer explained that everyone has access to their personal data.

Councillor Prasad raised the point that closer working with schools needed to take place in terms of the community work, it was responded that this was done through the local authority partnership as they essentially look after schools.

WORKWELL, WEST & NORTH LONDON UPDATE

Mary Patricia Flynn, Deputy Director for Involvement briefed that the ICB were aware that listening to people and learning about their experiences is the only way that they can improve health and care and have an equitable service for everybody. The Deputy Director for Involvement expressed to the committee that she was keen to hear their views on a local level with local communities and partners given that local government is the best place to do that. The Deputy Director for Involvement briefed that a three-year involvement framework for the ICB had been developed which sets out how they will listen to people and implement the output to embed it into the decision making at the ICB.

Councillor das Neves expressed that the engagement and feedback should include councillors and was surprised that it didn't appear in the document because councillors often work regularly with a lot of the most vulnerable people in the

community who won't be captured through their engagement. Councillor das Neves also expressed a point in relation to quality of service because trust, transparency and accountability were key for many members of the community.

The point was made by Councillor Kumar that local authorities are doing a lot of work in respect of community engagement with very specific groups e.g., disability groups, LGBTQ groups and he was keen to know what the specific constraints for certain groups. The Chair of the Joint Partnership Board echoed the comments raised by Councillor Kumar and that having the details of what each group they have consulted on is presented and detailed would be helpful. Giving evidence from councillors, the VCS, local authorities, psychologists, ethnic minority leaders, people with complex needs should be fully analysed transparently.

Councillor Cazimoglu expressed that there is a huge mistrust with the NHs and that it was important to recruit people to support those with ESOL especially in terms of trying to support the uptake of vaccinations. Councillor Prasad raised a concern regarding learning disabilities, and the fact that their life expectancy is less and what has been considered in respect of this work.

The Director of Involvement agreed that Councillors were important and informed the committee that the consultation was done through surveys and workshops and feedback was always provided. The Director of Involvement told the committee that information was shared with every communications teams in the 13 boroughs and they specifically asked them to share it with all elected members. Councillor das Neves stressed that in view of the pilot projects it's essential that engagement with councillors isn’t a missed opportunity and ward councillors are the most engaged in communities.

The Director of Involvement said that coming to the committee is amongst the steps they are taking to ensure engagement locally with politicians and a lot more work needs to take place. The committee heard that they are utilising Resident Engagement Teams and Community Safety Teams and trusted community leaders to improve their engagement and ensure there isn’t repetition and asking people the same questions. The Director for Involvement stressed that they are very keen on a two-way relationship with the local authority and the focus of work is looking at what can be done, going forward.

It was explained that they are currently carrying out a piece of work and received over 700 responses and the workshops concentrated on reaching out to people they haven't heard as much from in the past two to three years The workshops looked at any gaps and they reached out to communities identifying as black, British, black, and black Caribbean as they knew they were underrepresented in the responses from the survey. The committee heard that they were working with grassroots organisations to ensure particular communities with issues with vaccinations due to historic experiences can feel more supported.

The Director of Involvement explained that they had a database of relationships that had been built up over many years of people within the VCS that go out and talk to community groups, work with engagement teams and look to see if there's any network missing. It was explained that they were aware of the need to have ongoing

relationships so that they can build trust because without trust they won't get to know people.

The Chair requested a breakdown of the people that they had been engaged with and who has said what along with how all the engagement had been advertised. The Chair emphasised that better engagement with all the councillors would be essential as councillors know their communities best. **Follow up action**: provide timeline on when they can bring a progress report regarding the follow up of the engagement exercise to send draft principles that underpin the strategy in advance of presentation to their board in January. Information on the co-design workshop as enquired by Councillor Gray to also be included.

Councillor das Neves stressed that in order to gain trust, starting with ward councillors is a good way to begin and it will need explaining to ward councillors as well as many councillors were new. Councillor Cazimoglu stressed that real outreach and going out into the community e.g. like with the covid jab was successful as they took things out of the usual setting, utilising health buses. The Councillor emphasised that there is a level of mistrust e.g. with something like the flu vaccine but it is also the case that some people just don't have the opportunity and time as they are working etc. The Head of Involvement agreed and added the point that the NHS was also not so good at explaining when they aren't able to implement certain suggestions, there is a need to develop more honesty and transparency about their capabilities as well.

Councillor Sargeant made the point that it was a big change and a strategy has been developed to underpin it, but the difficulty is there are no resources, she felt this was a worry.

The meeting ended at 12.55