

Harrow Monitoring Group

advocating inclusion so everyone can access - and shape - the services they need

Harrow Monitoring Group - [email](#)

Rt Hon Wes Streeting MP
Secretary of State for Health and Social Care
Department of Health and Social Care
39 Victoria Street
London SW1H 0EU

Sent via email dhsc.publicenquiries@dhsc.gov.uk

Wednesday, 7 January 2026

Dear Secretary of State

The largest ICB must not leave vulnerable adults and children behind

We are writing as a community group committed to inclusive, good-quality health care and to ensuring that vulnerable adults and children are not disadvantaged by system change. We are publicly contacting you in relation to the approved merger of North West London Integrated Care Board and North Central London Integrated Care Board, due to take effect on 1 April 2026.

This merger will create the largest Integrated Care Board in England, responsible for NHS commissioning across 13 boroughs and a population of approximately 4.5 million people. While we do not challenge the merger itself, the implications of this scale for local accountability, safeguarding, and equitable access to care warrant close scrutiny, particularly for boroughs such as Harrow.

Integrated Care Boards determine how NHS funding is allocated locally, including services for people with disabilities, complex health needs, and safeguarding concerns. This is not an abstract governance change but one with direct consequences for vulnerable adults and children who rely on timely, coordinated, and accountable health services. As commissioning decisions move further from local communities, the risk is not simply dilution of focus but loss of visibility. In larger systems, clarity and accountability must increase rather than diminish if fairness and access are to be maintained.

This concern is particularly acute for Looked After Children. Their health care depends on statutory NHS responsibilities, commonly referred to as Children Looked After health services, including designated doctors and nurses, oversight of statutory health assessments, safeguarding escalation, and coordination across borough and provider boundaries. These roles exist to ensure that vulnerable children are not lost within complex systems, especially during periods of organisational change.

Viewed in this light, current safeguarding transparency arrangements at ICB level are concerning. Publicly available safeguarding pages describe roles but do not clearly identify named statutory post-holders. It is not straightforward for residents, professionals, or elected members to establish who the Designated Doctor or Designated Nurse for Looked After Children is, who holds senior safeguarding leadership responsibilities, or how those individuals can be contacted directly when serious concerns arise. Responsibility appears to sit behind generic inboxes and role descriptions, reducing visibility at precisely the point it is most needed.

This lack of clarity is particularly troubling as the system expands further. Other NHS areas publish clear, named safeguarding leads, demonstrating that transparency is both achievable and expected. These concerns are compounded by the fact that some public-facing safeguarding information continues to reference outdated statutory guidance rather than the current Working Together to Safeguard Children framework. During a major organisational transition, public information should be accurate, current, and confidence-building.

Using Harrow as an example, residents cannot easily find clear explanations of how Children Looked After health responsibilities will operate after the merger, how safeguarding oversight will be maintained across 13 boroughs, or how unresolved concerns involving vulnerable adults or children will be carried through the transition. While internal planning may be underway, public assurance is essential where statutory duties and safeguarding responsibilities are concerned.

Local authorities retain statutory responsibility for the welfare of Looked After Children and for safeguarding vulnerable adults, working in partnership with NHS bodies. This raises legitimate questions about what information has been shared with councillors, how assurances are being tested, and what mechanisms will ensure that concerns continue to be heard and acted upon within the largest ICB in the country. Scale can bring opportunity, but it can also bury risk if governance arrangements are not explicit.

In this context, national leadership has a critical role in ensuring that health care within the new Integrated Care Board is fair and equally accessible to all groups:

1. There should be a clear expectation that ICBs publish up-to-date public information identifying named statutory post-holders for safeguarding, Children Looked After health, learning disability, and autism services, together with clear routes for escalation and contact. Transparency should be treated as a core safeguard rather than an administrative detail.
2. There should also be explicit assurance that statutory responsibilities for vulnerable groups are not weakened by scale. This includes clear, enforceable arrangements for safeguarding leadership, continuity of care across borough boundaries, and oversight of children and adults placed out of area. Strengthened mechanisms for local accountability are essential so that borough-specific concerns can be raised, tracked, and resolved rather than absorbed into regional structures.

3. In addition, national oversight should ensure that public safeguarding and equality information is accurate, current, and aligned with statutory guidance and Equality Act duties. Integrated Care Boards should be required to demonstrate how commissioning decisions actively address health inequalities affecting disabled people, children in care, people with complex mental health needs, and other marginalised groups, supported by measurable outcomes rather than broad statements of intent. System change should also be accompanied by proactive public reassurance, setting out clearly how vulnerable people will be protected during transition and how concerns will be carried forward and resolved.

A larger Integrated Care Board must not allow most vulnerable adults and children to be overlooked. Clear expectations, transparency, and accountability from the centre would help ensure that scale does not come at the expense of fairness, visibility, or safeguarding, and would strengthen confidence that the new arrangements will deliver equitable health care for all communities they serve.

Berst regards

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also former Harrow Councillor

Cc:

Chair, Health and Social Care Committee (House of Commons)
Chair, Care Quality Commission (CQC) Board