

JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE AGENDA

4.00 pm

Tuesday
15 April 2025

Council Chamber,
Havering Town Hall,
Romford, RM1 3BD

COUNCILLORS: Quorum: 4

Councillor Muhib Chowdhury
Councillor Donna Lumsden
Councillor Paul Robinson
Councillor Christine Smith
Councillor Julie Wilkes
Councillor Sunny Brar
Councillor Beverley Brewer
Councillor Bert Jones
Councillor Catherine Deakin
Councillor Richard Sweden
Councillor Marshall Vance
Councillor Kaz Rizvi

London Borough of Barking & Dagenham
London Borough of Barking & Dagenham
London Borough of Barking & Dagenham
London Borough of Havering
London Borough of Havering
London Borough of Redbridge
London Borough of Redbridge
London Borough of Redbridge
London Borough of Waltham Forest
London Borough of Waltham Forest
Essex County Council
Epping Forst District Council

CO-OPTED MEMBERS:

Manisha Modhvadia
Ian Buckmaster
David Lyon

Healthwatch Barking & Dagenham
Healthwatch Havering
Healthwatch Redbridge

For information about the meeting please contact:

Luke Phimister

luke.phimister@oneSource.co.uk 01708 434619

Protocol for members of the public wishing to report on meetings of the London Borough of Havering

Members of the public are entitled to report on meetings of Council, Committees and Cabinet, except in circumstances where the public have been excluded as permitted by law.

Reporting means:-

- filming, photographing or making an audio recording of the proceedings of the meeting;
- using any other means for enabling persons not present to see or hear proceedings at a meeting as it takes place or later; or
- reporting or providing commentary on proceedings at a meeting, orally or in writing, so that the report or commentary is available as the meeting takes place or later if the person is not present.

Anyone present at a meeting as it takes place is not permitted to carry out an oral commentary or report. This is to prevent the business of the meeting being disrupted.

Anyone attending a meeting is asked to advise Democratic Services staff on 01708 433076 that they wish to report on the meeting and how they wish to do so. This is to enable employees to guide anyone choosing to report on proceedings to an appropriate place from which to be able to report effectively.

Members of the public are asked to remain seated throughout the meeting as standing up and walking around could distract from the business in hand.



Essex County Council



NOTES ABOUT THE MEETING

1. HEALTH AND SAFETY

The Joint Committee is committed to protecting the health and safety of everyone who attends its meetings.

At the beginning of the meeting, there will be an announcement about what you should do if there is an emergency during its course. **For your own safety and that of others at the meeting, please comply with any instructions given to you about evacuation of the building, or any other safety related matters.**

2. CONDUCT AT THE MEETING

Although members of the public are welcome to attend meetings of the Joint Committee, they have no right to speak at them. Seating for the public is, however, limited and the Joint Committee cannot guarantee that everyone who wants to be present in the meeting room can be accommodated. When it is known in advance that there is likely to be particular public interest in an item the Joint Committee will endeavour to provide an overspill room in which, by use of television links, members of the public will be able to see and hear most of the proceedings.

The Chairman of the meeting has discretion, however, to invite members of the public to ask questions or to respond to points raised by Members. Those who wish to do that may find it helpful to advise the Clerk before the meeting so that the Chairman is aware that someone wishes to ask a question.

PLEASE REMEMBER THAT THE CHAIRMAN MAY REQUIRE ANYONE WHO ACTS IN A DISRUPTIVE MANNER TO LEAVE THE MEETING AND THAT THE MEETING MAY BE ADJOURNED IF NECESSARY WHILE THAT IS ARRANGED.

If you need to leave the meeting before its end, please remember that others present have the right to listen to the proceedings without disruption. Please leave quietly and do not engage others in conversation until you have left the meeting room.

AGENDA ITEMS

1 CHAIRMAN'S ANNOUNCEMENTS

The Chairman will announce details of the arrangements in case of fire or other events that might require the meeting room or building's evacuation.

2 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS (IF ANY) - RECEIVE.

3 DISCLOSURE OF INTERESTS

Members are invited to declare any interests in any of the items on the agenda at this point of the meeting. Members may still declare an interest in an item at any point prior to the consideration of the matter.

4 MINUTES OF PREVIOUS MEETING (Pages 5 - 8)

5 HEALTH UPDATE (Pages 9 - 34)

6 NEL ICB DEEP DIVE - CANCER (Pages 35 - 68)

Luke Phimister
Clerk to the Joint Committee

**MINUTES OF A MEETING OF THE
JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE
Council Chamber - Havering Town Hall, Romford
14 January 2025 (4.05 - 5.02 pm)**

Present:

COUNCILLORS

London Borough of Havering	Christine Smith and Julie Wilkes
London Borough of Redbridge	Donna Lumsden, Bert Jones, Sunny Brar and Beverley Brewer
London Borough of Waltham Forest	Richard Sweden
Co-opted Members	Ian Buckmaster (Healthwatch Havering), Cathy Turland (Healthwatch Redbridge)

Also present:

Officers present	Charlotte Stone
Officers present online	Henry Black, Kesti Gosling, Clare Burns, Zina Etheridge

48 CHAIRMAN'S ANNOUNCEMENTS

The Chairman reminded Members of the action to be taken in an emergency.

49 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS (IF ANY) - RECEIVE.

Apologies were received for the absence of Councillors Chowdhury, Robinson, Rizvi and Modhvadia.

50 DISCLOSURE OF INTERESTS

There were no disclosures of interests.

51 MINUTES OF PREVIOUS MEETING

The minutes of the previous meeting were agreed as a correct record and signed by the Chairman.

52 HEALTH UPDATE

The Committee received the Health Update report.

Members noted the presentation had been sent to the Committee in advance of the meeting and would be taken as read. Members submitted questions to officers prior to the meeting.

Officers covered questions on the following areas:

- 1) X-Ray results – report to be brought back in a year
- 2) Primary Care Quality Outcome Framework – Zina Etheridge would send a response to members following the meeting
- 3) 111 services
- 4) CAHMS patients – there had been an increase in patients which had caused an increase in demand for the service. The service was positive when patients were referred to it

Members noted the update and responses.

53 MEDIUM TERM FINANCIAL STRATEGY

Members received a presentation on the Medium Term Financial Strategy.

Officers explained there had been a discussion around a long term settlement which was in response to the Government's 10 year plan that had been announced. A large portion had been based on a spending review that was due to take place in late spring to early summer 2025. The overall system wide financial position was there was significant pressure of just over £80million. The financial recovery plan was with NHS England to make all effort to reduce the in-year overspend. Members noted there were 4 categories for savings:

- 1) Typical and technical savings
- 2) Collective savings
- 3) Same service different way
- 4) Wholesale & system-led

Members questioned the cost savings of moving patients out of acute care and were concerned on the level of care and whether savings would actually be made or whether overspend was just moved to a different service. Officers explained that moving patients out of acute care was not solely due to cost savings and was mainly due to patients having better health outcomes.

The Committee made no recommendations and noted the report.

54 LONG TERM CONDITIONS

The Committee received a report on long term conditions.

Due to the demographic of North East London (NEL), residents are at a higher risk of suffering from long term conditions. 34% of the population over the age of 15 years old had a long term condition. Members noted the first step was to focus on diabetes and CVD but officers acknowledged that all long term conditions are a priority. Officers explained a rollout of training for pharmacists to help them notice early signs of some long term conditions. Further work was being done with various partners to help educate residents and communities on long term conditions.

Members asked for information on obesity and the access to effective drugs. Officers explained that obesity was a major driver in type 2 diabetes and a 'one size fits all' approach is not effective. There was access to a range of drugs for suitable patients however processes would need to be put in place to ensure the correct pathway would be available.

The Committee made no recommendations and noted the report.

Chairman

This page is intentionally left blank



**OUTER NORTH EAST LONDON JOINT HEALTH
OVERVIEW AND SCRUTINY COMMITTEE, 15 APRIL
2025**

Subject Heading:	Health Update
Report Author:	Luke Phimister, Committee Services Officer, London Borough of Havering
Policy context:	Officers will give details on a variety of health issues impacting on residents of Outer North East London
Financial summary:	No financial implications of the covering report itself.

SUMMARY

The update provides highlights and information from various providers within the NHS

RECOMMENDATIONS

1. That the Joint Committee scrutinises the information presented and makes any recommendations or takes any other action it considers appropriate.

REPORT DETAIL

This item will be taken as read unless any urgent business is raised.

IMPLICATIONS AND RISKS

Financial implications and risks: None of this covering report.

Legal implications and risks: None of this covering report.

Human Resources implications and risks: None of this covering report.

Equalities implications and risks: None of this covering report.

BACKGROUND PAPERS

None.

Health Update – April 2025

Meeting name: ONEL JHOSC

Presenter: Hery Black, Chief Finance Officer

Date: 15 April 2025

NHS North East London: Update

Careers hub for NEL

Earlier this year we launched [our brand new careers hub](#), helping our residents to explore different adult social care and health careers, find and apply for jobs, and find out about work experience and apprenticeships opportunities.

Page 12
An individual's health and the economy are inextricably linked. Analysis by the NHS Confederation showed that the economic activity of a local area is heavily influenced by the area's health status. The proportion of workers off due to long-term sickness is a recognised proxy measure for general morbidity.

Additionally, the NHS is an important local employer itself. Its employees significantly contribute to the productivity and economic activity of local areas, but is currently experiencing labour and skills shortages. Improving individuals' health can drive an inclusive economy and promote the role of the NHS as an anchor institution.



The new careers hub provides access to a range of tools and resources, including:

- Skills assessments
- Guides to the skills and qualifications needed for different roles
- Employment opportunities for students with learning difficulties, disabilities and/or Autism
- Guidance on becoming a volunteer or an ambassador.

We'll continue to improve and add to the hub, including the addition of case studies and testimonies from those already working in health and adult social care jobs.

NHS North East London: Update

Medications shortages

We are aware that some people are currently affected by supply issues of some medications. There are two main areas of concern that we are aware of:

- obtaining medication for the ongoing management of ADHD, and;
- access to pancreatic enzyme replacement therapy (PERT) medicines

What we are doing in north east London:

- We are working closely with local pharmacies, GPs, and hospitals to ensure patients can get the medicines they need.
- Providing advice to prescribers in GP practices on alternative brands or treatments where needed
- Working with a regional procurement centre to import PERT from other countries, which will increase the availability of PERT to community pharmacies in north east London
- Working with specialist teams and pharmacy services in hospitals to ensure prescribers in GP practices, and community pharmacies can access the support they need to help the patients they prescribe PERT for.

NHS North East London: Update

Staff survey results

The 2024 staff survey results were published in March. The full report is available on the [national staff survey website](#) along with all other participating NHS organisations. We had a fantastic response rate this year of 79%, which gave us a real picture of where we are as an organisation.

We were pleased to see a positive shift in the right direction, with an improvement from last year almost across the board. This reflects the way that collectively we have been building our organisation in ways which enable our staff to do their best work.

Some highlights include:

- The number of staff having appraisals has increased by nearly 20% (from 46% to 65%)
- The number of staff recommending the organisation as a place to work has increased by 7% (from 32% to 39%)
- There is an increase in the number of staff who feel their team has shared objectives (increasing from 55% to 65%)
- Staff have a more positive view of managers with scores improved across several areas, ranging from 70% to 79%.

Even though the future is unclear we will continue to invest in our workforce. Some of the areas we know we need to focus on include:

- Health and wellbeing – making sure staff feel supported to have a work life balance and that workloads are manageable
- Bullying and harassment – ensuring staff feel safe to speak up
- Ensuring all our staff with protected characteristics are supported and enabled to thrive.

NHS North East London: Update

Changes to ICBs

On 13 March we had the announcement that NHS England (NHSE) will reduce in size by half and be merged into the Department of Health and Social Care (DHSC). We will need to reduce ICB resource by half as well, by quarter 3 2025/6 (October-December). There has been a focus in government announcements that ICBs will focus in future on strategic commissioning. We are not clear as yet what ICBs are expected to do with other essential functions.

The timescale and manner in which announcements about ICB resource reductions have been made means that we have had limited time to work through what this all means so far. It is clear that we will need a fundamental rethink of our operating model which takes account of our statutory duties and our objectives for north east London and will need to look at everything we do.

We know already that it will be extremely challenging to achieve this within the new resource limit. The ICB will need to look very different by early 2026 – and this will go substantially beyond just a reduction in size. It is a very difficult period for our staff, and many will be deeply worried about what it means for them personally. When we have more clarity about the future and have worked through the changes in more detail, we will be clearer about the impact on local people.

NHS North East London: Update

Good news from NEL

- [Transforming diabetes care for young adults in north east London - North East London](#)
- [NEL shortlisted for award by Student Nursing Times - North East London](#)
- [Delivering more cutting-edge treatments for our patients | Latest news | BHR Hospitals](#)
- [Quick procedure could cure high blood pressure | Our news - Barts Health NHS Trust](#)
- [ELFT colleagues recognised as 'Amazing Social Work Leaders' | East London NHS Foundation Trust](#)
- [New crisis support service launches in Redbridge | Read the latest NELFT \(pictured\)](#)
- [Homerton's Research and Innovation capabilities are set to grow thanks to a share of £4.75m in funding](#)



Finance Overview

Meeting name: ONEL JHOSC

Presenter: Henry Black, Chief Finance Officer

Date: 15 April 2025

1. NEL ICS - 24/25 Financial Summary (month 11, February)

Page 18

- At month 11, the year-to-date **ICS deficit is £91.5m**, with **a variance to plan deficit of £86.1m**. This consists of providers deficit to plan of £91.5m breakeven for the ICB.
 - Throughout the year the ICS has flagged a forecast deficit risk. Moving into month 11 this has been confirmed as a forecast deficit of £125m.
 - Recognising NEL's system pressures, **NHSE have provided additional resource of £45m** to support providers.
- This **reduces the expected month 12 deficit to £80m** and it has been agreed with NHSE that organisations will revise their forecasts accordingly. Therefore, the forecast year-end deficit for NEL ICS is £80m (ICB to breakeven).
 - The key pressures at a system level are:

- Efficiency and cost improvement** – the total system efficiency and cost improvement plan at month 11 is £259.8m. Of this, £227.5m has been delivered, leaving a balance against plan of £32.3m (£26.4m providers and £5.9m ICB).
- Run rate pressures** – mental health providers continue to report pressures with additional independent sector beds (ECRs) purchased above planned levels and increased acuity of patients on their wards. With acute providers, pressures remain with elective recovery activity and income, high-cost drugs and devices, critical care and renal demand costs.
- Pay costs** – providers are reporting a pay variance of £97.4m. This is mainly driven by an increase in whole time equivalents and the re-banding of a specific group of staff. Agency costs are currently forecast to remain within the cap set by NHSE.

Organisations	Month 11 YTD - Reported			Month 12 Revised Outturn		
	Plan £m	Actual £m	Variance £m	Unmitigated Forecast £m	Additional Resource £m	Revised Forecast £m
BHRUT	(1.8)	(25.5)	(23.8)	(53.1)	21.1	(32.0)
Barts Health	(0.4)	(16.0)	(15.6)	(17.0)	5.3	(11.7)
East London NHSFT	(0.6)	(18.0)	(17.4)	(18.5)	5.8	(12.7)
Homerton	(1.3)	(16.4)	(15.1)	(18.8)	5.9	(12.9)
NELFT	(0.8)	(15.5)	(14.8)	(17.6)	7.0	(10.6)
Total NEL Providers	(4.8)	(91.5)	(86.7)	(125.0)	45.0	(80.0)
NEL ICB	(0.6)	(0.0)	0.6	0.0	0.0	0.0
NEL System Total	(5.4)	(91.5)	(86.1)	(125.0)	45.0	(80.0)

2. 25/26 Operating Plan – resource and application of funds principles

- The ICS has a significant underlying deficit and the operating plan assumptions support financial recovery.
- The **cost uplift factor (CuF) is a gross 4.15% uplift, with a 2% efficiency requirement leaving a net 2.15% inflation increase.** This includes the employers' national insurance contributions increase and assumed pay award. NHS Providers will be funded for the 2.15% cost uplift factor.
- A number of must do's including increases in the Mental Health Investment Standard (MHIS), Better Care Fund (BCF) along with improved Referral to Treatment (RTT) performance with less funding needs to be delivered.
- No surplus funds remain once these national requirements and inflation are accounted for.
- **Trusts are required to plan for a breakeven position** and develop cost improvement plans (CIP) including service changes to meet this requirement. As a minimum, system plans must include at least the operating plan requirements for a 40% reduction in agency spend and a 15% reduction in bank staff.
- Specific funds including Physical Capacity, Virtual Wards, Discharge Funds and Service Development Funding (SDF) will be agreed in line with national guidance and local plans. Where further discretion is being given to the ICB in the use SDF funds, plans will be developed to ensure the funds are used in line with strategic priorities and financial recovery. This may include the review and cessation of some SDF funded arrangements.
- **Primary Care funds will receive growth of £13.9m a 3.26% increase.** An additional allocation of £42m has also been made by NHSE to cover specific items including core practice contracts, network contract directed enhanced service and the transfer of Additional Roles and Responsibilities Schemes funding (ARRS) to the ICB.

3. Summary 25/26 System Financial Plan

- After applying the required planning assumptions, **every Provider with the exception of the Homerton, submitted a break-even plan** for the year ahead.

Barking, Havering & Redbridge University Hospitals NHS Trust	Barts Health NHS Trust	East London NHS Foundation Trust	Homerton University Hospital NHS Foundation Trust	North East London NHS Foundation Trust	Total Providers	NEL ICB	ICS Total
--	------------------------	----------------------------------	---	--	-----------------	---------	-----------

- However, the NHSE requirement is for the system to plan to break-even and as result, **the ICB has stretched its own plan to generate a sufficient surplus to allow the overall position to balance.**

Provider Plans	0.00	0.00	0.00	(2.50)	0.00	(2.50)	2.50	0.00
----------------	------	------	------	--------	------	--------	------	------

Efficiencies required								
Recurrent	36.57	110.17	23.32	4.33	32.08	206.46	22.19	228.66
Non-Recurrent	24.94	57.83	8.59	20.17	11.92	123.44	15.60	139.04
Total efficiencies	61.50	168.00	31.90	24.50	44.00	329.90	37.79	367.69
Of which, unidentified efficiency	23.05	32.83	0.00	8.95	0.00	64.82	14.19	79.01

- To deliver the plan (after the additional allocations), **requires efficiencies of £367.69m** to be delivered.
- Of this, **£79.01m remains unidentified** and a risk to plan delivery. Further risks identified by Providers potentially adds £208m to the position.

Provider Updates – April 2025



North East London

Barking, Havering and Redbridge University Hospital NHS Trust

Urgent and emergency care

- In February, 76.8% of patients were admitted, transferred or discharged within four hours of attending our A&Es. This was just below the national target of 78% and placed us 3rd out of 18 acute trusts in London and once again in the top performing 25% of 122 trusts in England
- Our Type 1 performance (those who are most seriously ill) was over 50%
- February 2025 was our busiest month ever in terms of the average daily number of patients attending our hospitals (1,005 per day)
- 367 patients were referred to mental health services from our A&Es in February

Average length of stay in A&E was over 22 hours. We're continuing to work with NELFT to ensure these patients get the care they need quicker and in the right place

Page 23

Our campaign for Queen's A&E

- In January, we launched a campaign for a new A&E at Queen's.
- The current department is not fit for purpose. It was built to care for a maximum of 325 people a day. Now it regularly sees double that; on one day in December, 752 attended the department.
- This results in too many people being cared for in our corridors and waiting too long.
- Several national media outlets have covered our campaign.
- Several of our MPs have publicly supported the campaign.



Reducing our waiting lists

- In February 2025, 69% of patients received their first treatment within 18 weeks of referral
- 55,172 patients were on our waiting list; the majority were waiting for an outpatient appointment
- 709 had been waiting over a year. This is the lowest number of 52-week waiters since June 2020
- We are the best acute trust in London for RTT performance

Cancer targets in January

- We met the target for diagnosis within 28 days - 77.6% against 75% target, although this was down 1.3% on the previous month
- We did not achieve the 96% target for treatment within 31 days (94.5%) or the 70% target for treatment within 62 days (68.8%)

Finance

- We ended February with a deficit of £25.6m, adverse to plan by £23.8m. Our forecast deficit by the end of the financial year is £32m
- All of our work in the coming months will be carried out in the context of the difficult financial situation facing our Trust; the healthcare system in NEL, which is under a high level of scrutiny; and the NHS more broadly. We are working with the NEL Integrated Care Board and NHS London to implement a number of financial controls that are required by NHS England.

24/7 service for stroke patients

- Our staff stepped up to provide a 24-hour, 7-day a week mechanical thrombectomy service from late October to the end of January.
- We treated 120 stroke patients from across the East of England in addition to patients referred to us locally during this period while The Royal London Hospital's specialist machine was being replaced.
- Mechanical thrombectomy is a procedure that treats the precise location of the affected clot in the brain by guiding a device through blood vessels in the brain to make repairs and remove blockages.

Other news

- [Sarah Betteley, our new Chair](#), has started with us. She joined us at a [celebration event at The House of Commons](#) for 53 of our staff who graduated from their apprenticeship in the last year
- [Our Apprenticeship and Career Hub has been rated 'Good'](#) in all areas by Ofsted following our first inspection
- [Our NHS 2024 staff survey response rate increased to 55%](#) compared to 41% in 2023 – our highest number of colleagues taking part. More staff are happy with the standard of care we provide, rising from 49% in 2023 to 52%, and would recommend our Trust as a place to work (54%, up from 51%)
- [We held our biggest ever recruitment event](#) in February offering jobs to 103 nurses including 5 learning disability nurses
- [We were jointly awarded a £6.5million research grant](#) for a study using ultrasound waves to stimulate the brain to help treat depression





North East London

North East London Collaborative updates

Mental Health, Learning Disability and Autism Collaborative

The North East London Mental Health, Learning Disability and Autism (NEL MHLDA) Collaborative is a partnership between the NEL Integrated Care Board (ICB), East London Foundation Trust (ELFT), North East London Foundation Trust (NELFT), and the seven place-based partnerships.

The aim of the Collaborative is to work together to improve outcomes, quality, value and equity for people with, or at risk of, mental health problems and/or learning disability and autism in north east London.

Approach

We collaborate closely with service users and carers, communities, local authorities, primary care and the voluntary and community sector. The Collaborative includes a joint committee to carry out functions associated with investment, and the Programme Board to develop and deliver the Collaborative programme.

Community Healthcare Collaborative

The North East London NHS Community Collaborative (NELCC) aim is to improve community health services by working collaboratively across NHS trusts, local authorities, and other healthcare providers including, East London NHS FT, North East London NHS FT, Homerton Healthcare NHS FT and Barts Health NHS Trust. NELFT CEO, Paul Calaminus is the SRO for the NELCC.

The collaborative focuses on delivering more integrated, person-centred care, improving outcomes for local populations, and enhancing the efficiency of community health services in the region. Through this partnership, they aim to address health inequalities and ensure that patients receive the right care in the right place at the right time.

Approach

To maximise benefits, it is advantageous if we - NEL providers - work together to reduce variance, improve equal outcomes for local residents, share best practice and provide mutual aid. The CHS collaborative can continue to add value as the coordinator, enabler and conduit for community care in NEL. It brings together PLACES and providers to progress system wide solutions, share local learning and ensure impacts of potential decisions are fully articulated to give a NEL wide umbrella position to NHSE.

Mental Health, Learning Disability and Autism Collaborative

Dementia Improvement – Update

Inequity

- The Collaborative is working to improve inequity of access, particularly for people of South Asian, Asian and other Asian British ethnicities.
- It will look to work closely with community organisations to improve trust and communication as well as overcoming ‘double stigma’ – impacting groups that feel marginalised.

Staffing variations

Despite good capacity levels in some teams, there is a wider variety of roles in others (such as pharmacy, non-medical prescribers and neurology).

As some teams are limited to nurses, consultants and occupational therapy roles, there is a limited capacity to offer holistic services beyond diagnosis.

Diagnosis waiting times

- Challenges remain over waiting times for service users and carers, along with post-diagnostic support due to staff capacity issues.

Recommendations

- The Collaborative will look to implement a ‘multi-pronged approach’, including:
 - Reducing inappropriate referrals by improving GP assessment questionnaires.
 - Triaging; a process of helping to decide the order of treatment for service users.
 - Combining clinics to improve access to treatments for conditions affecting the brain, spine and nervous system.
 - Creating a single point of access in each trust.

Mental Health, Learning Disability and Autism Collaborative

Strategy and Planning – Update

NEL Adult Neurodiversity Services Review

- Colleagues have been looking to improve support for neurodiverse adults in NEL – with an emphasis on autism and ADHD services.
- Initial findings show long waits for assessments, meaning a likely increase in the use of independent sector using the [NHS Choices Framework](#).
 - This gives people the right to decide which provider they would like to receive care from as an outpatient and choose the clinical team in charge of their care.
- Due to waiting time, lack of previous or current commissioning adult autism (not adequate volume) and ADHD services (none ONEL), there is ongoing work to establish how the demand can be managed.

Page 29 Across NEL, there are insufficient plans for when GPs may take over prescribing ADHD medication. This can lead to patients remaining with specialist services for longer than they need, causing capacity problems.

Mental Health, Learning Disability and Autism in 2025/26

- The Mental Health Investment Standard will be maintained. This is a commitment to increase local funding for mental health in line with the increase in funding available to Integrated Care Boards (ICBs).
- In 2025/26, we will continue to work as a Collaborative within each borough to develop a whole system plan that reflects national, NEL and borough priorities.
- The Collaborative will continue to address inequity and financial challenges while aiming to minimise the impact on quality and outcomes.

Mental Health, Learning Disability and Autism Collaborative

Strategy and Planning – Update

Specialised Commissioning Delegation

- This refers to the transfer of commissioning responsibility for services from NHS England to ICBs.
- NHS England has approved the delegation of specialised mental health services from April 2025, including:
 - Inpatient child and adolescent mental health services (CAMHS).
 - Inpatient perinatal mother and baby unit (MBU) services.

Page
30

From 2025/26, NEL ICB will be the responsible commissioner for the [North Central and East London \(NCEL\) Provider Collaborative](#).

- This Collaborative is the lead provider for inpatient CAMHS and perinatal MBU services in north central and east London.
- North Central London Integrated Care Board (NCL ICB) will be an associate commissioner.
- The MHLDA Committee has reviewed the governance structure of the NCEL Provider Collaborative, to:
 - Ensure robust quality assurance and oversight by NEL ICB.
 - Provide appropriate routes for escalation, should quality concerns arise.

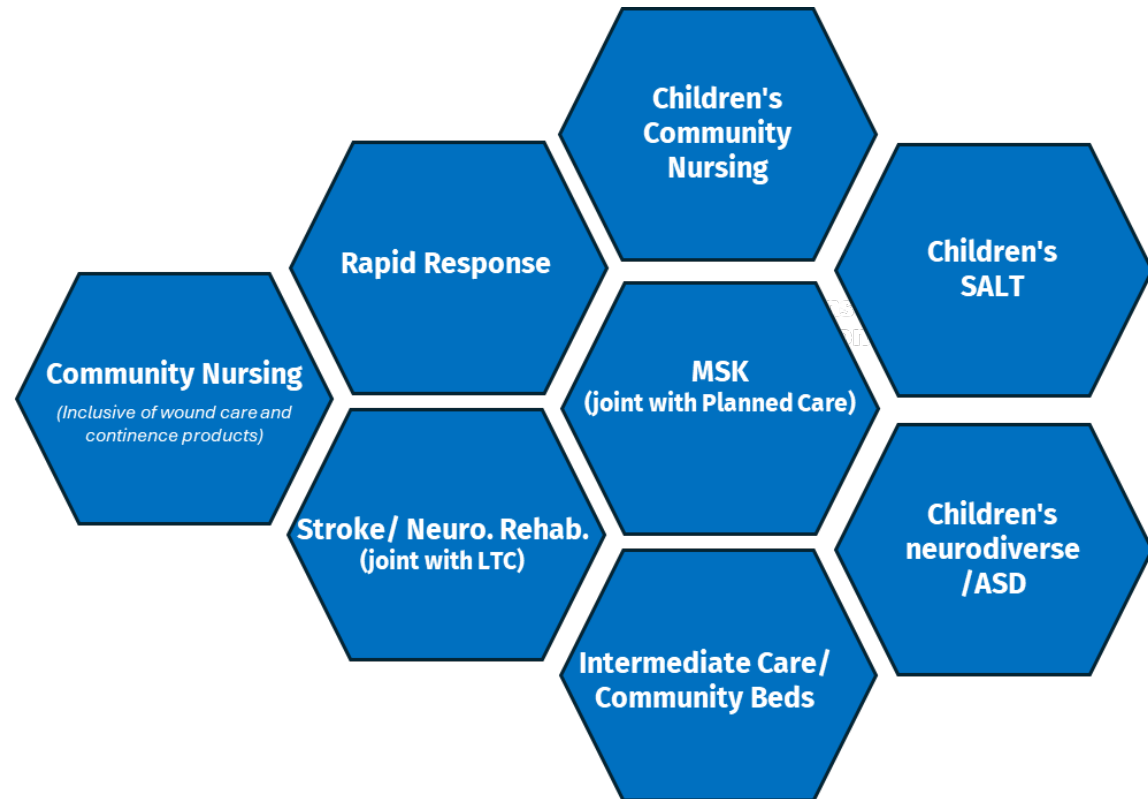
Community Healthcare Collaborative

Collaborative Improvement networks

The North East London NHS Community Collaborative (NELCC) is made up of a number of improvement networks.

The networks aim to provide consistent core services for all residents of North East London by sharing best practices, improving clinical pathways and service delivery, and reducing waiting times.

All Improvement Networks follow the Darzi principles:
Moving care from hospitals to communities, shifting from treating sickness to promoting prevention, and transitioning from traditional methods to digital solutions.



Community Healthcare Collaborative

Key updates from Improvement Networks

Children's Community Nursing: development of model specifications, mapping exercises to identify variations, such as a 5-day or 7-day offer, support for end-of-life and palliative care, and collaboration with 0-19 services.

Musculoskeletal (MSK): support the re-design of the current service to deliver standardised high-quality care to our patients and include a Single Point of Access (booking service).

Children's autism services: clinical chairs now appointed. Completed a baseline audit of autism assessments for children, examining the current pathway, the 'waiting well' support offer, the assessment approach and any variations, support after diagnosis, and the use of digital solutions.

Community inpatient beds: learning from our partners, linking our work to neighbourhood working and virtual ward frailty.

Rapid Response: reducing hospital admissions with a focus on catheter care, which often leads to visits to Urgent and Emergency Care.

Community and Intermediate Care Beds: developing recommendations on service redesign options by March 2025.

Dietetics: balancing support, guidance and care, alongside reviewing procurement of feeding products at best value.

Procurement: achieving best value in several areas such as continence products, dressings, equipment, enteral (tube) feeding.

The NEL Long COVID service can no longer support people after March 31, 2025. New patients with symptoms of long COVID will continue to be identified and supported through primary care and usual referral routes to appropriate specialist services.

Community Healthcare Collaborative

Key updates from other programme areas

Reducing Waiting Times: operational initiatives to reduce waiting times in services where waiting lists exceed 52 weeks. A significant focus is on children's therapy services and musculoskeletal (MSK) services.

Joint Planning for 2025/26: agree on core community collaborative strategy and priorities for the coming year with over 40 stakeholders and provide a transparent understanding of income, expenditure, and pressures across the NEL system from all our community providers.

Promoting the Impact of Community Services (PICS): collaboration with leaders from North Central London, Mid-South Essex, other London ICSs and NHS England policy and quality improvement leads to influence national strategies and establish a core community offer. Development and use of a 'Shift Left Investment Decision Evaluation Tool' to evidence the economic case for systems to increase investment in community services by quantifying the return on investment and demonstrating the system-wide impact, particularly in reducing reliance on acute care.

Performance and Data Quality: improve visibility and accountability over CHS data and governance by working with NHS England to address data anomalies, improve data quality, and establish baselines for accurate reporting and setting up a Providers Data Group to tackle issues such as waiting list discrepancies and data reporting variations.

Local developments

- **Redbridge 'Well House'** opened in February with seven beds to support people experiencing a mental health crisis safely out of hospital.
- Extending opening hours to 24/7 by end of March for the **Mental Health Crisis Assessment Hub** at Goodmayes Hospital with four new treatment areas co-designed with service users.
- **Mental health crisis café** is now out to tender in Barking and Dagenham and due to go live May 2025. Havering, Redbridge and Waltham Forest also due to go out to tender shortly.
- Capital bid submitted to support the creation of **additional acute mental health beds** at Goodmayes Hospital.



**OUTER NORTH EAST LONDON JOINT HEALTH
OVERVIEW AND SCRUTINY COMMITTEE, 15 APRIL
2025**

Subject Heading:	ICB Deep Dive - Cancer
Report Author:	Luke Phimister, Committee Services Officer, London Borough of Havering
Policy context:	Officers will give details on a variety of health issues impacting on residents of Outer North East London
Financial summary:	No financial implications of the covering report itself.

SUMMARY

NHS officers will give details and update on cancer services.

RECOMMENDATIONS

1. That the Joint Committee scrutinises the information presented and makes any recommendations or takes any other action it considers appropriate.

REPORT DETAIL

This item will give details on the cancer services provided by the ICB.

IMPLICATIONS AND RISKS

Financial implications and risks: None of this covering report.

Legal implications and risks: None of this covering report.

Human Resources implications and risks: None of this covering report.

Equalities implications and risks: None of this covering report.

BACKGROUND PAPERS

None.

Cancer Deep Dive

15 April 2025 and 13 May 2025
Scrutiny Meeting

Page 37

Femi Odewale
Managing Director
North East London Cancer Alliance

Angela Wong
Chief Medical Officer
North East London Cancer Alliance



Improving Local Cancer Services

“By March 2026, we will drive equity of access to cancer services and treatment outcomes for the population of north east London, through an innovative and ambitious transformation & improvement programme, leading to survival rates being among the best in UK & Europe”

Femi Odewale

*Managing Director, and Angela Wong,
Chief Medical Officer, North East London Cancer Alliance*



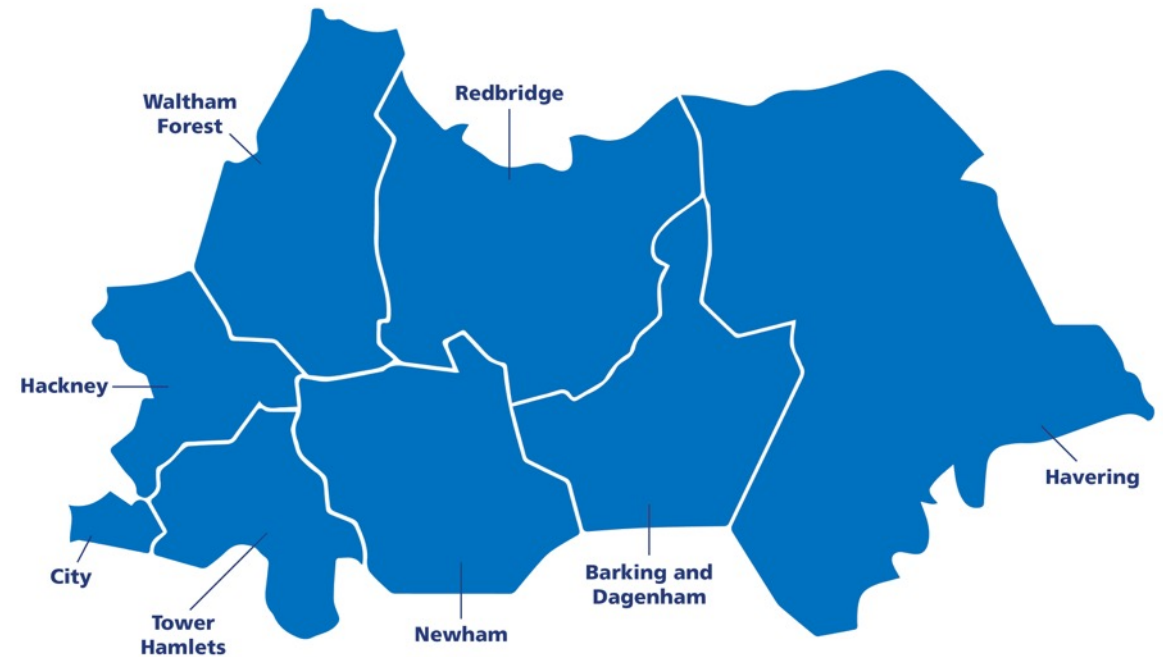
Introduction to the cancer alliance

The North East London ICB continues to support the North East London Cancer Alliance, which works with acute providers, GPs, local authorities, public health, voluntary and community organisations, and the local population to improve local cancer services and reduce health inequalities.

The aim is that everyone has equal access to better cancer services to help:

Page 39

- prevent cancer
- spot cancer sooner
- provide the right treatment at the right time
- support people and families affected by cancer.



In 2023 to 2024

7,735 people

in north east London
were diagnosed with cancer

(compared to 8,133 in 2022 to 2023).

Top cancer types in
north east London

Tumoursites	2023/24	%
Prostate	1,421	18.4%
Breast	1,143	14.8%
Lung	882	11.4%
Colorectal	828	10.7%
Haemo	671	8.7%
Urology	546	7.1%
Upper GI	511	6.6%
Gynae	495	6.4%
O-G	282	3.6%
Head and Neck	256	3.3%
Melanoma	237	3.1%
Endocrine	159	2.1%
Brain and CNS	137	1.8%
Unknown	107	1.4%
Bone and ST	60	0.8%

Cancer in north east London

The total number of people
living with cancer in north east London in 2025 is

52,979

(compared to 51,588 last year).

Top cancer types in north east London

Tumoursites	2023/24	%
Prostate	1,421	18.4%
Breast	1,143	14.8%
Lung	882	11.4%
Colorectal	828	10.7%
Haemo	671	8.7%
Urology	546	7.1%
Upper GI	511	6.6%
Gynae	495	6.4%
O-G	282	3.6%
Head and Neck	256	3.3%
Melanoma	237	3.1%
Endocrine	159	2.1%
Brain and CNS	137	1.8%
Unknown	107	1.4%
Bone and ST	60	0.8%

Cancer in north east London

Top cancer types in north east London

Tumoursites	2023/24	%
Prostate	1,421	18.4%
Breast	1,143	14.8%
Lung	882	11.4%
Colorectal	828	10.7%
Haemo	671	8.7%
Urology	546	7.1%
Upper GI	511	6.6%
Gynae	495	6.4%
O-G	282	3.6%
Head and Neck	256	3.3%
Melanoma	237	3.1%
Endocrine	159	2.1%
Brain and CNS	137	1.8%
Unknown	107	1.4%
Bone and ST	60	0.8%

In the first nine months of 2024 to 2025 (as data is only available up until end of December),

66,118 people

were referred via the Faster Diagnosis Standard for suspected cancer.

Of these,

63,794 people

96.5% - were given the all clear.

Top cancer types in
north east London

Tumoursites	2023/24	%
Prostate	1,421	18.4%
Breast	1,143	14.8%
Lung	882	11.4%
Colorectal	828	10.7%
Haemo	671	8.7%
Urology	546	7.1%
Upper GI	511	6.6%
Gynae	495	6.4%
O-G	282	3.6%
Head and Neck	256	3.3%
Melanoma	237	3.1%
Endocrine	159	2.1%
Brain and CNS	137	1.8%
Unknown	107	1.4%
Bone and ST	60	0.8%

Performance against national cancer standards

28-day faster diagnosis standard

NEL's Faster Diagnosis Standard (FDS) performance in December 2024 improved to 74.84%, falling short of the 28-day diagnostic target and the monthly trajectory. Nationally, a 77% FDS Target must be achieved by March 2025. NEL FDS performance has improved in the last two months and the system remains committed to meeting the operational targets by March 2025.

December 2024	North East London Providers			
Cancer Target	BHRT	Barts Health	Homerton	North East
28 Day - Faster Diagnosis Standard (75%)	78.89	70.97	77.42	74.84

Performance against national cancer standards

31-day decision to treat-to-treatment standard

Achieved 97.20% against the 96% standard. All providers in NEL met and surpassed the standard in December 2024.

December 2024	North East London Providers			
Cancer Target	BHRT	Barts Health	Homerton	North East
28 Day - Faster Diagnosis Standard (75%)	78.89	70.97	77.42	74.84
31 Day Combined (96%)	97.77	96.38	100.00	97.20

Performance against national cancer standards

62-day referral to treatment standard

NEL recorded a performance of 72.82% against the 62-day combined standard in December 2024, achieving the monthly trajectory and above the 70% NHSE 2024/25 Operational Plan requirement. Barts Health and BHRUT met the 62-Day Operational Plan trajectory this month and both BHRUT and Homerton achieved the 70% target.

December 2024	North East London Providers			
Cancer Target	BHRT	Barts Health	Homerton	North East
28 Day - Faster Diagnosis Standard (75%)	78.89	70.97	77.42	74.84
31 Day Combined (96%)	97.77	96.38	100.00	97.20
62 Day Combined (85%)	72.49	69.70	84.40	72.82



Early Diagnosis

Cancer screening

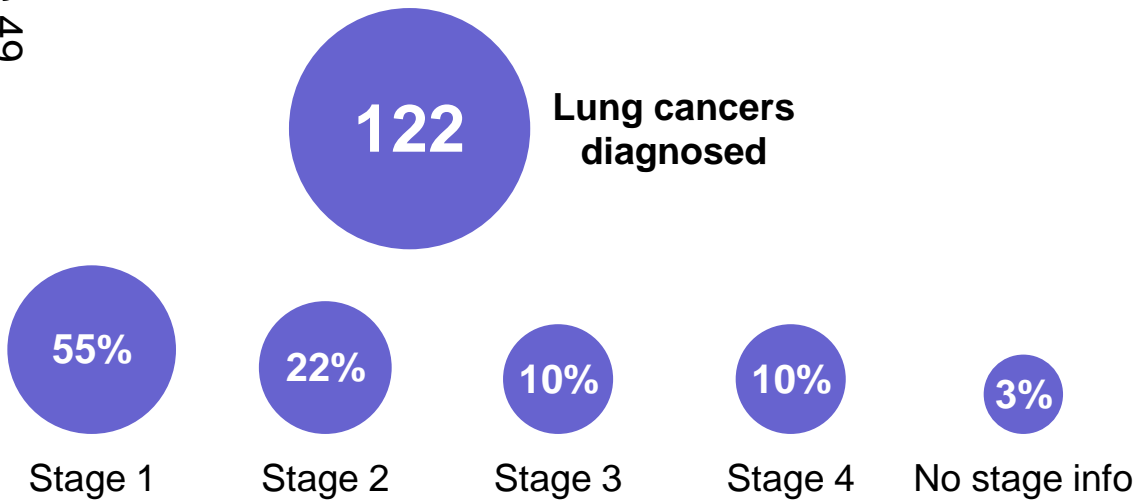
December 2024	Borough	2024 - 2025	2023 - 2024
Bowel screening	Barking & Dagenham	56.40%	57%
	City and Hackney	56.80%	57.30%
	Havering	70.50%	70.90%
	Newham	55.40%	54.80%
	Redbridge	62.40%	63.20%
	Tower Hamlets	54.40%	55.10%
	Waltham Forest	61.50%	61.70%
December 2024	Borough	2024 - 2025	2023 - 2024
Breast screening	Barking & Dagenham	63.25%	61.56%
	City of London	45.02%	47.14%
	Hackney	49.38%	46.22%
	Havering	74.38%	76.86%
	Newham	52.58%	45.29%
	Redbridge	70.49%	57.38%
	Tower Hamlets	51.58%	45.10%
	Waltham Forest	65.19%	56.68%

December 2024	Borough	2024 - 2025	2023 - 2024
Cervical screening	Barking & Dagenham	61.50%	61.20%
	City and Hackney	62.60%	62.50%
	Havering	70.30%	70.20%
	Newham	59.40%	59.10%
	Redbridge	58.70%	58.40%
	Tower Hamlets	53.70%	53.50%
	Waltham Forest	65.50%	65.10%

Lung Cancer Screening

Uptake of lung cancer screening – a free scan of the lungs for 55-74 year olds who have ever smoked – has remained very positive in north east London (this programme was previously known as the Targeted Lung Health Check Programme).

Our lung health check attendance rate was approximately 61%, which is above the national average and also the highest against other London ICBs. Since going live, we have diagnosed over 100 lung cancers, with 77% in stages 1 or 2, as shown below:



Referrals to Stop Smoking also increased due to our Lung Cancer Screening Programme. As a result of the programme, 4,049 patients were offered a referral, 847 patients took up courses, and 308 completed the course (with a quit date confirmed).



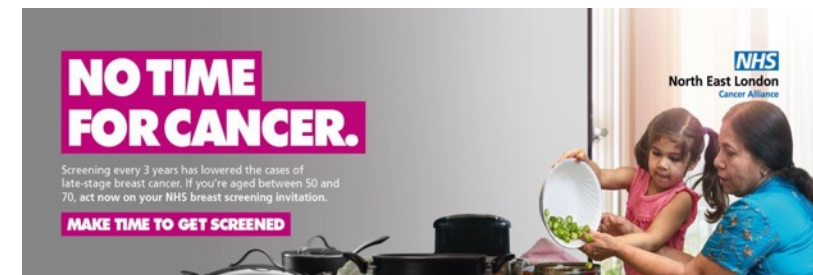
Early Diagnosis to raise awareness, increase uptake of screening and reduce health inequalities

- **You Need to Know** - recognised by patients and carers at the Cancer Research UK Early Diagnosis Conference as an example of an inclusive and sustainable intervention – has expanded to focus on ovarian cancer as well as womb cancer.
- Pancreatic Cancer Surveillance - Ten patients were referred to **EUROPAC**, a study to learn more about the genetic causes of pancreatic cancer in people with a family history of pancreatic cancer and hereditary pancreatitis (none had been referred in the previous year)
- Support/partnership from Hackney Wick F.C. to take forward the **Its Not a Game** campaign, providing grassroots advertising across NEL and improving links with the local community

With other London Alliances, we ran a **pan-London cervical screening campaign** with Olympic athletes.

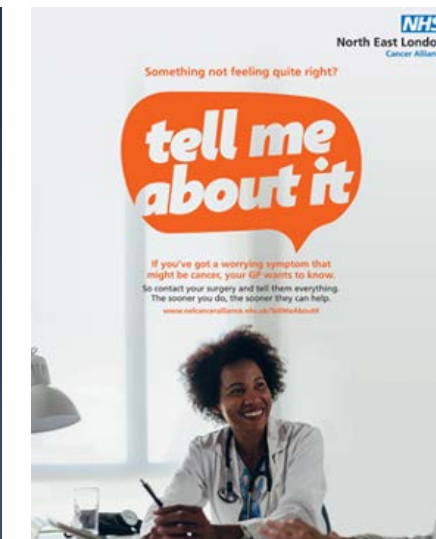
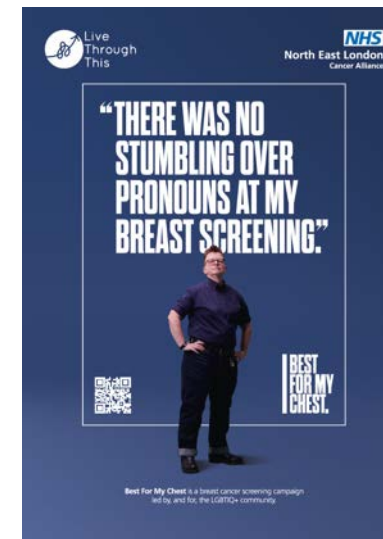
Cancer Awareness in Schools - This innovative project funded by the cancer alliance delivered a series of engaging cancer awareness workshops to Year 10 and Year 11 pupils in secondary schools across north east London. The project has engaged with a number of schools to date, reaching over 5,000 pupils in the last 2 years. It is looking for more schools in north east London to get on board.

- **Breast Screening for Women with an SMI**: 5 out of 16 PCNs successfully launched activity, in collaboration with the North East London Foundation Trust (NELFT), Feedback is being collected from the active PCNs to support and adapt the project as required and it is expected that the project will provide demonstrable metrics in 2025 to 2026.
- **Launched a campaign with CoppaFeel!**, the UK's only breast cancer awareness charity for young people, highlighting that breast cancer can and does happen to young people.



Early Diagnosis to raise awareness, increase uptake of screening and reduce health inequalities

- **Increasing awareness in the 'White Other' population:** Following insight and codesign work that was undertaken with the Turkish and Turkish Cypriot communities, four interventions are currently under development which include the production of shareable digital assets, showing real people from the Turkish and Turkish Cypriot community in north east London. Information leaflets about symptoms and the three cancer screening programmes are also being created and community ambassadors are being upskilled to spot and signpost on an ongoing basis.
- **Awareness in the Charedi Jewish Population:** Cancer awareness sessions delivered by Achienu Cancer Support (ACS) with supporting literature in Yiddish.
- **Gypsy and Roma Traveller (GRT) engagement:** Many months spent building trust with two groups supporting the community: Friends, Families and Travellers and the Roma Support Group. Recommendation to train GRT health champions and provide cultural sensitivity training to GP receptionists and social prescribers, with 15 health champions to be trained by May.
- **Delivering Grass Roots Awareness projects.** We were pleasantly surprised at the number of small community organisations who were keen to develop interventions to raise awareness of cancer. They are already embedded and trusted within their communities and in an ideal position to reach those who are seldom heard. Of the 31 applications, we have been able to support 16 and have ensured that all boroughs are covered. We have endeavoured to award grants to organisations supporting communities we have not yet worked with, such as; deaf people, the Chinese community, sex-workers, French and Swahili speaking African communities and asylum seekers.





Diagnosis and Treatment

Diagnosis and Treatment

- **Use of Artificial Intelligence in Chest X-Rays:** In collaboration with Sectra and Qure.ai, North East London Cancer Alliance has rolled out the use of Artificial Intelligence to help radiologists and reporting radiographers prioritise urgent cases, enhance decision-making, and streamline the patient journey. This has reduced the wait time for chest X-ray results from three weeks to just three days for scans with significant findings.
- Treatment **clinical animations** have been rolled out across all three trusts and beyond Lung tumour sites. Through multilingual clinical animations, we empower patients to understand their treatment options, engage in informed decision-making, and navigate their care with confidence. Focused on underserved communities, the animations remove barriers such as language and health literacy, ensuring inclusivity and equity in access to systemic anti-cancer therapies and clinical trials.
- **Teledermatology:** The Homerton is in the process of implementing the Isla platform to enhance routine teledermatology referrals and enable teledermatology for the urgent suspected skin cancer pathway. Isla will allow GPs to submit high-quality images of suspicious lesions and refer patients to the urgent suspected skin cancer pathway. The platform is currently live for dermatology consultants at Homerton to review routine images, with full implementation for primary care practitioners expected by Q1 2025/26.
- **Histopathology Improvements:** A joint Histopathology dashboard was created. BHRUT has successfully accommodated additional medical posts through reconfiguration, leading to a positive progression in Turnaround Time (TAT) performance from an average of 36.8% in September to 44.6% in December. Both laboratories have adopted email communication and regular service manager discussions, significantly reducing average sample delivery times from 1.9 days in May to 1.1 days in November.



Diagnosis and Treatment



- **Progress has continued to improve Multidisciplinary Team Meetings (MDT).** These meetings are where a group of health and care staff who are members of different organisations and professions (e.g. GPs, clinicians, nurses) come together to make decisions regarding the treatment of individual cancer patients and service users. The benefit of this is that in cases that are routinely observed by our clinical team, patients get treatment more quickly and, at the same time, freeing up capacity for MDTs is increased for patients with more complex needs, so they can get the specialist levels of support required.
- **Breast Pain Pathway:** Breast Pain Task and Finish Group has developed a NEL Breast Pain Pathway which has been signed off by the NEL Breast Expert Reference Group. The establishment of a Breast Pain Clinic at Barts Health is complete with the first clinic underway in March '25. The Breast Pain Clinic at St Bartholomew's will run alongside the USC clinic initially to allow for safety netting.
- **Oncology:** We have established our Oncology element of the cancer pathway as our focus grows on the variation in treatment observed nationally. BHRUT have been supported to establish the first nurse consultant role for chemotherapy and increase our capacity to see patients as our numbers of treatment patients rise.
- **Gynaecology:** We have introduced a new pathway in NEL to support patients who have unscheduled bleeding whilst on HRT, which will help support patients with a lower risk of cancer. Training and education sessions have been provided by our NEL Gynaecology Clinical ERG (Expert Reference Group) Chair to ensure GPs are aware of the latest information and how best to manage these patients initially within primary care.














Personalised Cancer Care

Personalised Cancer Care

- All NEL Trusts now have operational **Personal Stratified Follow Up** for Breast, Colorectal and Prostate.
- **Remote Monitoring System** is live at BHRUT and Barts, Homerton expected in Q4. Dedicated Alliance resource in place to assist Homerton RMS go-live.

Prehabilitation services have been sustained at BHRUT, Maggies and Barts Health. We have received great engagement from both the ICB and Trusts in collectively finding a sustainable solution for our prehab services. As well as improving patient experience the benefits to the system include more patients being ready for treatment, reducing length of stay in hospital, improving consequences of treatment and reducing emergency admissions for treatment related emergency admissions. Over 1600 patients have received cancer prehabilitation across NEL allowing quicker routes to treatment and recovery.

- Our **2023 National Cancer Patient Experience Survey** results included improvement in the way that people are told that they have cancer, having families or carers involved in their treatment decisions and getting the right information.

North East London Cancer Alliance		Question	2021	2022	2023	National 2023	Trend	Change from 2022	2023 Difference from national average
03. Finding out you had cancer	Q14	Cancer diagnosis explained in a way the patient could completely understand	75.6%	76.0%	77.3%	76.7%		1.3%	0.6%
	Q15	Patient was definitely told about their diagnosis in an appropriate place	83.0%	85.9%	86.3%	85.5%		0.4%	0.8%
05. Deciding on the best treatment	Q22	Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	72.6%	80.5%	84.1%	83.5%		3.6%	0.6%
07. Support from hospital staff	Q27	Staff provided the patient with relevant information on available support	87.2%	89.7%	91.3%	91.0%		1.6%	0.3%
08. Hospital care	Q38	Patient received easily understandable information about what they should or should not do after leaving hospital	87.3%	87.8%	89.1%	88.3%		1.3%	0.8%
09. Your treatment	Q41_1	Beforehand patient completely had enough understandable information about surgery	86.8%	85.9%	90.5%	89.9%		4.6%	0.6%
	Q41_2	Beforehand patient completely had enough understandable information about chemotherapy	86.1%	84.3%	86.5%	85.6%		2.2%	0.9%
	Q41_3	Beforehand patient completely had enough understandable information about radiotherapy	85.5%	87.3%	89.7%	88.8%		2.4%	0.9%
	Q42_3	Patient completely had enough understandable information about their response to radiotherapy	81.8%	80.7%	85.4%	85.0%		4.7%	0.4%
12. Care from your GP practice	Q52	Patient has had a review of cancer care by GP practice	20.5%	21.4%	23.9%	22.6%		2.5%	1.3%
14. Your overall NHS care	Q58	Cancer research opportunities were discussed with patient	46.3%	48.0%	49.8%	44.7%		1.8%	5.1%

Personalised Cancer Care

- The number of patients that take up the holistic interventions such as **HNAs** continue to rise along with the number of patients that become suitable for stratified follow-up.
- Strong engagement and collaboration with Place Based Leads in regard to driving forward our **Cancer Care Review QI project** which will become an effective springboard for future primary care-based projects.
- **Psychological** representation now providing input at various NELCA tumour pathway Expert Reference Groups. A training repository has been developed identifying psychosocial courses for nurses, support workers, and AHPs. The repository has been published on the North East London Cancer Alliance website. The Macmillan Liaison Psychiatry pilot started which aims to design a new clinical pathway within NEL to address the needs of cancer patients with SMI to improve access, outcomes and experiences for those with the most complex mental health needs.

Page 57



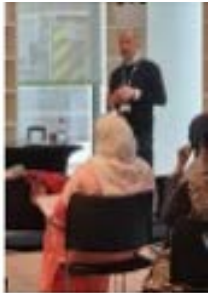
- **Oncology Workforce Review in NEL:** North East London has conducted a review of the oncology workforce, revealing potential strategies for enhanced involvement of Allied Health Professionals (AHPs) and pharmacists. Additionally, we plan to undertake a demand and capacity analysis across NEL to pinpoint workforce shortages and determine where to focus our support efforts moving forward.
- **Cancer MDT Enhancement:** The MDT Improvement programme has crafted specialised training and support for MDT chairs and coordinators. Moreover, there is an opportunity to adopt a theatre in education method for our Clinical Nurse Specialist (CNS) workforce, further enriching their professional development.
- **Pan-London Cancer Clinical Nurse Specialist Development Lead (CDL):** Macmillan and NHSE Workforce training and education directorate funded a pilot to lead a Cancer CNS Development Lead programme across London. This project is piloting five Cancer Nurse Specialist Development Lead (CDL) roles; one in each Integrated Care System for a period of two years. The CDL Pilot is an initiative designed to improve cancer care by supporting and developing CNSs.
- **Facilitate the implementation of the ACCEND framework:** Elements of ACCEND implementation will dovetail into the Macmillan London Cancer CNS Development Lead (CDL). In 2024 to 2025 we:
 - Undertook universal engagement with nursing teams and engaging with health & wellbeing events.
 - Explored patient experience and understanding gaps in health & wellbeing regarding signposting patients appropriately.
 - Completed teaching sessions in day units with chemo staff and expanding teaching role to all Trusts and sites.
 - Gathered feedback on educational needs of key cancer staff with a view to develop 6 weekly teaching sessions.
- **Cancer workforce scoping and mapping:** We have commissioned a scoping and mapping exercise which started in Q4. The outputs of the project will inform the development of a NEL Cancer Workforce strategy through 25/26.



Communications and Engagement

Community engagement

- Attend over **80 community events** in 2024 to 2025
- Engaged face-to-face with over **4,000 residents**
- Have covered all boroughs and a **diverse mix of communities** including Bangladeshi, African and Caribbean, Carers, People with learning disabilities, Faith Groups, Women's Health, Men's Health



Patient and Carer Community of Practice

- Formal launch event this year
- Grown membership from **10 to over 70**
- Recruitment ongoing to ensure reflects diverse population

Page 61

Capturing patient stories – sharing with Cancer Alliance Board



Support for Patients and Carers

- Developed patient support materials including our **'Ten Top Tips' guide**
- Available as printed leaflets as well as shared via digital channels
- Next step is language and easy read versions
- Promoting uptake of the **NCPES survey** through posters, postcards and digital channels
- Working with **From Me To You**, a grass roots cancer charity that focuses on supporting **Black and African** people with cancer.
- More support for **Carers**

Page 62



Podcasts

- Over **10,000 listens, 1,500 downloads** and **100 days** of streaming since our launch last year
- 12 episodes released, a further 10 recorded and many more in the pipeline
- Opened up conversations with more charity partners

Page 63



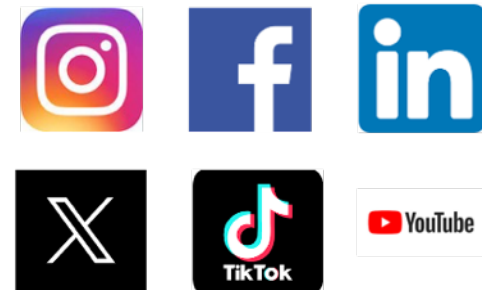
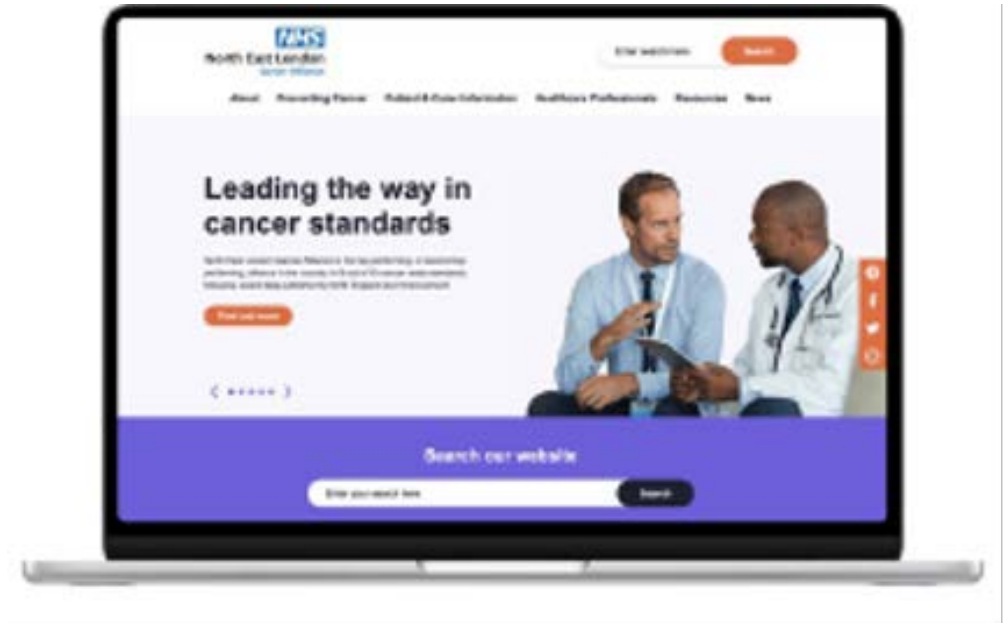
HSJ Awards

- Shortlisted in two categories last year
- Shortlisted for the **HSJ digital awards** this year
- Guest speakers at the HSJ Cancer Forum two years in a row



Website & Social Media

- Over **5,000 unique visitors** a month
 - Use of Recite Me accessibility toolbar and Checker tool for language and accessibility options
 - Organic traffic doubled over the last year
- In February 2025 we reached over **150,000 people** across all channels with over **40,000** people interacting with our content





Priorities for 2025/2026

Priorities for 2025 to 2026

- Operational performance against national cancer standards
- Early diagnosis – shift of diagnosis to stage 1 and 2 when easier to treat
- Uptake of screening programmes, including lung cancer screening
- Reducing health inequalities in cancer diagnosis, treatment and care
- Improvements to priority cancer pathways: urological, gynae, breast and skin
- Optimise the use of artificial intelligence in cancer diagnosis
- Implement national priority recommendations from clinical audit/GIRFT reports to reduce variation in treatment in trusts not meeting the NHS-wide target
- Support for people living with and beyond cancer
- ACCEND: Supporting patient care, performance and productivity through enabling recruitment, retention and upskilling in key roles
- Maintain a comprehensive approach to community and public engagement, ensuring that the diverse voices of local communities are heard and integrated into all work programmes.



North East London
Cancer Alliance

Twitter: @CancerNEL

Facebook: @NELCancerAlliance

Instagram: @CancerNEL

LinkedIn: www.linkedin.com/company/north-east-london-cancer-alliance

YouTube: youtube.com/@nelcanceralliance

Visit: nelcanceralliance.nhs.uk