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ONEL JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE
AGENDA

4.00 pm	**Tuesday 8 July 2025**	**Council Chamber - Havering Town Hall, Romford, RM1 3BD**

COUNCILLORS: **Quorum: 4**

Councillor Ajanta Deb Roy	London Borough of Barking & Dagenham
Councillor Donna Lumsden	London Borough of Barking & Dagenham
Councillor Michel Pongo	London Borough of Barking & Dagenham
Councillor Christine Smith	London Borough of Havering
Councillor Sunny Brar	London Borough of Redbridge
Councillor Bert Jones	London Borough of Redbridge
Councillor Daniel Morgan-Thomas	London Borough of Redbridge
Councillor Richard Sweden	London Borough of Waltham Forest
Councillor Marshall Vance	Essex County Council
Councillor Kaz Rizvi	Epping Forst District Council

CO-OPTED MEMBERS:

Manisha Modhvadia	Healthwatch Barking & Dagenham
Ian Buckmaster	Healthwatch Havering
David Lyon	Healthwatch Redbridge

For information about the meeting please contact:
Anthony Clements
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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.

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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

Waltham Forest

Havering LONDON BOROUGH

London Borough of Redbridge

London Borough of Barking & Dagenham lbbd.gov.uk

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 - 14)

To agree as a correct record the minutes of the previous meeting held on 15th April 2025 and authorise the chairman to sign them.

5 HEALTH UPDATE (Pages 15 - 50)

6 DEEP DIVE - INTEGRATED NEIGHBOURHOODS (Pages 51 - 62)

Anthony Clements
Clerk to the Joint Committee

**MINUTES OF A MEETING OF THE
JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE**

15 April 2025 (4.00 - 5.40 pm)

Present:

COUNCILLORS

London Borough of Barking & Dagenham	Muhib Chowdhury and Paul Robinson
London Borough of Havering	Christine Smith and Julie Wilkes
London Borough of Redbridge	Sunny Brar, Muhammed Javed and Bert Jones
London Borough of Waltham Forest	Catherine Deakin and Richard Sweden
Essex County Council	Marshall Vance
Epping Forest District Councillor	Kaz Rizvi
Co-opted Members	Ian Buckmaster (Healthwatch Havering) and Lyon (Healthwatch Redbridge) and Manisha Modhvadia (Healthwatch Barking & Dagenham)
Also present:	Femi Odewale and Angela Wong
Officers present Online:	Henry Black, Fiona Wheeler, Brid Johnson, Kesti Gossling

An apology was received for the absence of Councillor Beverley Brewer.

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

55 **CHAIRMAN'S ANNOUNCEMENTS**

The Chair for the meeting welcomed all Members of the committee to the meeting and reminded everyone of the meeting protocol and the fire evacuation measures if required.

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

An apology was received from Councillor Beverley Brewer (LB Redbridge).

57 DISCLOSURE OF INTERESTS

There were no disclosures of interests.

58 MINUTES OF PREVIOUS MEETING

The minutes of the meeting held 14 January 2025 were agreed as a correct record and signed by the Chairman.

59 HEALTH UPDATE

The Committee received the Health Update report from various providers within the NHS.

Fiona Wheeler presented for BHRUT covering the following key points:

- **Care & Environment:** Improvements have been made in elderly care and patient services.
- **Accommodation:** A campaign for £35 million in capital funding has been launched to redesign and improve the emergency department at Queens.
- **Emergency Care:** The department sees over 750 patients daily—double its original capacity. Efforts are underway to enhance safety and efficiency.
- **Mental Health Services:** High numbers of mental health cases are being managed. Collaborations with police and healthcare partners aim to provide better alternatives for assessment.
- **Elective Care & Waiting Lists:** The hospital has reduced waiting lists significantly, lowering the number of patients waiting over a year from nearly 2,000 to under 500.
- **Cancer Services:** There are 4,500 cancer patients awaiting diagnosis/treatment. Urgent referrals are processed within 28 days, exceeding targets, though treatment delays remain.
- **Financial Challenges:** A £61 million savings programme is in place, focused on efficiency, workforce costs, procurement, and service partnerships to maximize taxpayer funds.

Update from Marie Johnson, BU Chief Operating Officer.

1. Mental Health & Emergency Services

- **Long Waits in A&E:**
    - Acknowledge agreement with previous updates: emergency department wait times have improved yet remain excessively long.

2. Enhancing Community Mental Health Care

- **Crisis Cafés Initiative:**

  - Ongoing work on developing crisis cafés by engaging local communities (Barking, Dagenham, Redbridge, Waltham Forest) to assess needs.
  - Specifications have been established for each area.
  - Barking and Dagenham are already in the tender process, with an anticipated go-live around June; similar processes are underway for other areas.
- **Community Inpatient Support:**
  - A new community facility ("bank") has been opened in Redbridge to offer structured support and inpatient beds for those needing an organized stay.
  - Community teams are reviewing their capacity to manage cases, aiming to reduce calls that result in ambulance responses or A&E visits.

3. Mental Health Bed Capacity & Inpatient Ward Development

- **Current Capacity & Targets:**
  - Patient numbers in out-of-area placements have reduced from 50–60 to mid-30s, with a goal of lowering this to under 30 within the next year.
- **Plans for New Wards:**
  - A bid for capital funding has been submitted for a new inpatient ward, with proposals for two wards if funding permits.
  - Final funding details are expected in the next one to two weeks.
  - Special emphasis is placed on bolstering female bed capacity through consultations with East London partners.

4. Broader Community Health Initiatives

- **Musculoskeletal Services:**
  - Efforts are underway to standardize service offerings across different locations, with a business case in place for a new service offer.
- **Children's Nursing & Collaborative Teams:**
  - In Redbridge, children's nursing services are expanding in community settings.
  - Collaboration with partners such as BHRUT is being intensified to ensure teams work effectively together, addressing capacity challenges.
- **Community Education & Integrated Care:**
  - Community education boards are being explored to support physical health, particularly for the elderly.
  - Integration of primary care, nursing services, and virtual wards is being prioritized to provide swift, comprehensive, "one-stop" assessments and care near patients' homes.
  - A designated focal point (at Saint George's) is being identified to coordinate these efforts.

5. Operational Efficiency & Financial Considerations

- **Productivity and Staffing Adjustments:**
  - Discussions are ongoing regarding temporary staffing, productivity, and efficiency improvements.
  - Collaboration with social care clinics aims to ensure that community services collectively deliver comprehensive care.
  - These operational improvements align with broader savings plans which will.

Update from Henry Black, Chief Finance Officer spoke to the following:

The presentation covered highlights from the previous committee, including a response to the government's 10-year NHS plan, updates on artificial intelligence support, and progress on priorities in health and well-being, primary care quality, and NHS 111 pre-procurement.

1. Government and NHS Structural Changes

- **Abolition of NHS England:**
  - On March 30, the government announced that NHS England is being abolished, with its functions transitioning to the Department of Health and Social Care.
  - This structural change reverts to the pre-2012 model and aims to streamline decision-making.
- **Three Channel Shifts:**
  - The government's agenda emphasizes:
    - Digitising services (moving from analogue to digital)
    - Shifting resources from acute hospitals to community care
    - Transitioning from treatment toward prevention.
- **Tenure Plan & Comprehensive Spending Review:**
  - The tenure plan, alongside the Comprehensive Spending Review, is expected later this year to detail how the NHS will achieve these shifts.

2. Management Cost Reduction Targets

- **Mandated Reductions:**
  - Integrated Care Boards (ICB) and divisions face requirements to reduce management costs by 50% of the growth in these costs since 2019.
  - For example, if spending increased from £10 million (2019) to £12 million now, a reduction of half that increase is expected.
- **Team-Specific Impact:**
  - For the BHIT team, the necessary reduction of approximately £7 million is already part of a broader £61 million savings plan—there is no additional saving required.

- **Overall Challenges:**
  - The ICB-related management costs have been reduced by 30% since 2022, and an additional 50% reduction from that baseline (roughly a total 65% reduction) is now expected.
  - In North East London, while management costs currently represent about 1.5% of total allocations (with overall spending near £90 million against a £5.5+ billion total), further reductions are mandated.
  - The organization is being steered toward a more strategic commissioning role, moving away from the absorption of statutory functions inherited from former CCGs.

3. New Models & Timelines

- A new model for the ICB is being developed and is expected to be published by the end of April.
- All ICBs will be required to submit their returns by the end of May.
- The implementation of these changes is targeted for Quarter Three (October 1–December 31).

4. Financial Update and Savings Culture

- The March accounts have been closed, and work is ongoing to finalise month-12 figures.
- Preliminary financial feedback indicates that targets are on track with no significant concerns identified.
- The financial plan for 25/26 is in place, alongside challenging savings targets—typically around 6% in most programs.
- A cultural shift is recognized as necessary: the approach will need to go beyond maintaining current service levels at marginally lower costs, as significant innovation and efficiency improvements are required over the next 9–12 months.

The Committee received responses to its question and commended Officers for their presentations.

The Committee RESOLVED to note the updates and there were no further recommendations.

60 **NEL ICB DEEP DIVE - CANCER**

The Committee received a presentation from Femi Odewale, Managing Director, NEL Cancer Alliance and Angela Wong, Chief Medical Officer, NEL Cancer Alliance on an Integrated Care Board Deep Dive into Cancer.

On a broad impact, Families across London are being significantly affected by cancer. An overall profile indicates a very high number of cancer diagnoses in London, with figures mentioned in the millions. Last year's data

cited approximately 7,735 patients (with an unclear reference that might suggest higher aggregate numbers) indicating the large volume of cases in North East London.

On patient characteristics, it was stated that despite the high volume of diagnosed cases, only a small proportion are classified under the most advanced or critical categories.

It was stated that performance over the period has shown sustained strength when measured against FPS (First Patient Seen) standards. On key time benchmarks, the discussion referenced target metrics such as 6-2 days and 31 days, which play a crucial role in assessing timely diagnosis and treatment.

On the overall service delivery, officers informed Members that the team is on course for delivering service improvements in line with the established standards and targets.

Members noted the following on early diagnosis approach:

It was stated that **t**he strategy centres on three key pillars: screening, awareness, and prevention.

- Screening Programs:
    - Breast Screening:
      Women aged 35 to 64 are primarily targeted; additional age groups (15 to 17 for certain screenings) are also mentioned.
    - Lung Cancer Screening:
      A new initiative targeting asymptomatic patients, acknowledging that a small percentage of those screened may actually have the condition.
    - Bowel Cancer Screening:
      Efforts to boost screening uptake are underway, leveraging the fact that the service is free for the eligible population.

The performance data indicated a mixed performance across different age cohorts (for example, improvements for the 24-25 age group as compared to previous years) with some variations observed in breast screening uptake.

The following vision and future work were outlined

- Long-Term Goals:
  The overarching vision is to enhance cancer outcomes in North East London by reducing variations in care and driving sustainable change through testing, innovation, and a personalised care strategy.
- Program Expansions:
  Future work includes extending early diagnosis programs and refining the diagnostic and treatment continuum as part of a broader strategic push toward innovative and consistent care delivery.

1. Lung Cancer Screening Programme

- New Initiative:
  A newly introduced lung cancer screening programme targets patients using both age (specifically between 50–54 and 74) and smoking history as criteria.
- Yield & Diagnostic Rate:
  The programme has a detection yield of approximately 1–3%.
- Performance Achievement:
  The programme has achieved a 77% survival (or early diagnosis) rate in the screening stage compared to an overall lung cancer stage detection rate of around 36%. Nationally, the target is diagnosing 75% of patients, and this initiative has exceeded that benchmark.

2. Awareness Campaigns and Outreach Strategies

- Increasing Awareness:
  Efforts are underway to boost cancer awareness using non-traditional means. Initiatives include innovative campaigns such as targeted social media outreach (e.g., through platforms akin to Facebook) to increase recognition of cancer symptoms and encourage early health-seeking behaviour.
- Targeted Approaches:
  Campaigns are designed to reach specific groups, with strategies like pressuring women to seek early diagnostic tests and targeting 50% of men as part of a broader awareness drive.
- Sustainable Materials:
  The development of enduring awareness materials, including advertisements and educational content, aligns with the overall vision of reducing inequality and improving outcomes by enhancing early detection.

3. Integration of AI and Technological Innovations

- AI in Imaging:
  The programme has introduced artificial intelligence to alleviate backlog in chest X-ray readings. AI now processes and reports findings within 3 minutes overnight—addressing 70% of the X-ray backlog.
- Clinical Prioritisation:
  A system has been established that prioritises urgent cases (designated P1A, requiring reporting within 24 hours), with other cases having a maximum window of 72 hours. This structured approach supports early diagnosis and faster treatment initiation.
- Digital Resources:
  Alongside these technological improvements, a suite of 19 animated videos has been developed to further support education and awareness within the screening and diagnostic processes.

- AI Performance and Areas for Improvement:
  Clinicians expressed concerns that in some instances the results achieved by AI have not met expectations. There is ongoing work to further explore best practices and refine these areas to ensure confident and reliable use of data technology.
- Focused Application in Diagnostics:
  The discussion highlighted the effective use of AI in chest X-rays, where automated processes reduce human error and enhance diagnostic speed. However, there's a need for a cautious approach, ensuring that legal and clinical standards are met, especially in making decisions that affect patient outcomes.
- Communication Challenges with Diagnostics:
  A major issue raised was how diagnostic results are communicated. Specifically, while rapid AI analysis (e.g., within 3 seconds) is promising, the subsequent process—having results returned to general practitioners (GPs) for follow-up—may not offer the expected improvements in patient care. This raises the question of how to better integrate AI outputs into the clinical communication pathway, particularly for critical cases like cancer.
- Digital Integration and National Programs:
  There's an ongoing effort to digitize records and integrate communication channels. Examples include the NHS app, which is under development to allow patients access to letters and results. Wider national and international initiatives are being monitored to learn from best practices and ensure these projects support integrated care.
- Data Granularity and Local Reporting:
  The discussion also covered the need for more granular data analysis (e.g., by borough such as West Essex) to tailor services and address local clinical demands. Future actions may involve setting up a breakdown for expedited resolution and targeted communication improvements.
- Next Steps:
  Despite some progress in core areas, further work remains to improve performance, communication, and integration across the system.

Following the presentation, Members asked and received responses to questions raised about Cancer Alliance and Deep Dive into Cancer.

The Committee noted the presentation with thanks and acknowledgement that additional update sessions may be needed at future meetings.

61 SUPERLOOP BUS ROUTE

Ian Buckmaster, representing Healthwatch Havering, requested for Members to discuss the proposed Superloop Bus Route. Members received a presentation on the proposed TfL Superloop bus service SL12: Gants Hill

to Rainham via Romford and a suggested alternative route serving St George's Health and Wellbeing Hub, Hornchurch submitted by Havering Healthwatch.

The following advantages of the alternative route included that it would:

- Serve Hornchurch Town Centre, a more populous area and major local town centre (when compared with Elm Park).
- Serve Hornchurch Station rather than Elm Park Station (both served by District Line trains, and adjacent on that line). Although fewer passengers use Hornchurch Station than Elm Park Station, the latter already has a better bus service and SL12 would improve public transport services for those travelling to and from Hornchurch Station by bus.
- Serve the St George's Hub, a major health facility that serves a much wider area than its immediate locality with patients drawn from a wide area, including patients undergoing kidney dialysis.

  The route as proposed already serves King George Hospital, Goodmayes and Queen's Hospital, Romford, from both of which patients are likely to be referred to the St George's Hub; it is therefore logical that SL12 should also serve St George's Hub.
- Improve access to St George's Hub from the Rainham area (there is currently no direct bus route to it from Rainham). SL12 will pass the Beam Park major development area and thus provide a link between there and St George's Hub.
- Provide a better service to Harrow Lodge Park and Leisure Centre, Hornchurch and Hornchurch Country Park. While the originally proposed route for SL12 passes both parks, our proposed route offers better access to them both (and the original route would not serve the Harrow Lodge Leisure Centre, to which people are directed for health and wellbeing activities).

Chairman

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Havering
LONDON BOROUGH

OUTER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE, 8 JULY 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.

NHS
North East London

Health Update – July 2025

Meeting name: ONEL JHOSC

Presenter: Zina Etheridge, Chief Executive

Date: 8 July 2025

NHS North East London: Update

Organisational Change

- In March 2025 a national decision was made to reduce ICBs' running costs by 50% by the end of this year. ICBs are required to develop a new operating model focused on strategic commissioning. The cost envelope is set at £18.76 per head of the population which equates to c£43m for north east London.
- A national 'blueprint' ICB model has been developed and was issued in early May and all ICBs were required to confirm how they would deliver this within the new financial envelope by 30 May.
- Since March we have been engaging with staff and local stakeholders about what this means for us, and north east London.
- In the new operating model, ICBs will be responsible for **strategic commissioning** as their primary function with a focus on improving population health, reducing inequalities and ensuring access to high quality care. They will be 'pioneers of reform' through strategic commissioning to deliver the government's three shifts for health. "Strong strategic commissioners understand the health and care needs of their local populations, can work with users and wider communities to develop strategies to improve health and tackle inequalities, can contract with providers to ensure consistently high-quality and efficient care, in line with best practice".
- ICBs act as leaders of their local systems to deliver improved population health.
- Delivering integrated neighbourhood working will be a key role for ICBs. The expectation that, in line with our local model for INTs, there will be a model of place-based delivery vehicles for integrated neighbourhood working, but these take on more place-based delivery than we had anticipated at this point.
- The statutory responsibilities of ICBs may be revisited in a forthcoming Health Bill. However, until and unless legislation changes the ICB will continue to need to discharge its current statutory responsibilities – all of these need to be covered within our £43m budget;
- We will continue to operate as a single ICB in north east London.
- Over the next few weeks we will further develop our detailed operating model before a full consultation with our staff.

Three years on: where are we now

In May we undertook a stocktake in how NHS North East London, as the Integrated Care Board (ICB), has worked through System and Place, innovatively and at pace, to meet its four statutory aims. These aims are to: improve outcomes in population health and health care; tackle inequalities in outcomes, experience and access; enhance productivity and value for money and help the NHS to support broader social and economic development.

1. Improve outcomes in population health and health care.

- Established a population health management approach – including developing resident led success measures through our Big Conversation with local people across north east London; creating our outcomes framework which moves our system focus to impact and outcomes rather than performance and service delivery alone; understanding our population through segmentation of their needs rather than solely through the set of services in place to support them.
- Confirmed our role as strategic commissioners – we identified well over a year ago that we needed to return to commissioning as one of our principal means of improving the health of people in north east London.
- Introduced our Integration Roadmap – an approach built on research in action which shows how integration is a core enabler for improving population health outcomes occurring as it does throughout our system vertically and horizontally.
- Adopted a strategic approach to Integrated Neighbourhood Working – building on the impressive work led by Places to develop integrated neighbourhoods across north east London.

Meeting our statutory aims cont.

2. Tackle inequalities in outcomes, experience and access

- Delivering our Working with People and Communities Strategy – the first strategy signed off by the Board in recognition of the importance placed on listening to and working with local people and communities in north east London. We hear consistently from local people about what matters to them, how differences in outcomes, experience and access affect their day to day lives and how we can work together to address these.
- Published our System Anti-Racist Strategy – built on system partners' strong track record in this area, and providing a strong counterpoint through a strengths-based approach.
- Maintained our health inequalities funding – led by our seven Place Partnerships, which are uniquely well placed to understand and work with their local communities and the richness and diversity of their assets, we have focused largely on micro responses which engage with and build capacity in local communities as a principal agent in addressing inequalities.
- Rolled out our model of Women's Health Hubs and Youth Access Hubs – working collaboratively across System and Places, we have created some brilliant hubs which underline how important it is to respond to how different communities access health care.
- Focused on delivering primary care access improvements – as local people have consistently highlighted the huge importance they place on primary care and how vital it is to them to be able to access their local universal offer, in the place where they live.

Meeting our statutory aims cont.

3. Enhance productivity and value for money

- Contributing to financial sustainability as the ICB – we have saved £169.9m through the release of non-recurrent benefits and our cost improvement programmes since 2022/23, which focus on improving efficiency and making best use of our resources, whilst staying within our means.
- Embedding system approaches to our financial challenges –the ICB has led work across our system to deliver our system control total, understanding and managing financial risk at a system wide level and working directly with providers to understand not only their position in relation to our funding but in position to their whole income and spend.
- By advocating together as system leaders, we have highlighted the low levels of capital funding into north east London, levels heightened by our significant population growth. We had been successful in gaining an additional £57.8m in capital allocation in 2024/25 and have received an additional £232.1m growth allocations for planning processes in 2025/26. We have produced a Medium Term Financial Strategy collaboratively with partners.
- Adopting a system approach to our Operating Plan – through triangulating workforce, finance and performance and working together across our complex landscape.
- Developing the role of Collaboratives – with a particular focus on reducing unwarranted variation, improving productivity and working to core offers which are sustainable, affordable and equitable and link effectively to Places and Neighbourhoods.

Meeting our statutory aims cont.

4. Support broader social and economic development.

- London Living Wage – we are the first living wage ICB in the country and have worked through our Places and across the System to raise awareness of the importance of living wage approaches in our work.

- Produced our System People and Culture Strategy – which acts both to support our existing workforce and to ensure we are accessible as employers, and employers of choice, to local people living in north east London

- Developed our Anchor Charter – working through Places, we set out how we in the NHS can fully embrace our role as anchor organisations working alongside local authorities and the wider voluntary, community, faith and social enterprise sector, and contribute positively to our local economy, recognising our significant purchasing and spending powers through our over £5bn spend in north east London.

- Evolved as a learning system – including working alongside local academic institutions to deliver innovation and research which matters to local people's health and wellbeing. The Academic Centre for Healthy Ageing, recently formally launched, is a prime example of system partners leading work to apply learning to improving the health and wellbeing of local people.

- Contributed as a partner to work led by local government – through our Place Partnerships which act as system convenors at a local footprint acting as a strong and consistent partner to building coalitions in the employment space.

Our achievements

- Implementing **Women's Health Hubs**: Working with local partners, we are working to ensure women have easier access to expert help with menstrual problems, contraception, pelvic pain, menopause care and other reproductive health issues. These include Women's Health Hubs which aim to reduce health inequalities, ease pressure on hospital services and help cut local waiting lists, particularly in gynaecology. We have now agreed the plans to set up the final Hub in north east London, creating an equitable offer across our sub-region.

- Our **Women's Health campaign** helps to raise awareness of common women's health conditions and provide key information and advice around how to access support.

- We have received **funding to modernise and expand several GP surgeries**, thanks to over £3.3 million worth of funding from the Department of Health and Social Care. This will allow several practices and primary care networks across north east London to expand within their existing premises.

- We're thrilled to share that our **Child and Adolescent Mental Health Services (CAMHS) have been ranked second nationally** and the best in London in the May 2025 Children's Commissioner report.

- As part of a visit by NHS England, **the National Autism Programme highlighted** the amazing work NELFT teams with the ICB and the local authority have done to transform services for children and young people from north east London referred for an autism assessment. A focus on early help, joint work with education, local authority and voluntary sector partners – and a true multidisciplinary collaborative approach – have brought waiting times down by more than 80% for new referrals and enabled full recruitment to this innovative new service.

A system developed Homeless Health Strategy

We have recently approved a NEL Homeless Health Strategy which is co-designed with experts from lived experience and system partners, aims to address the serious health inequalities faced by people experiencing homelessness. Whilst homelessness is broad and changeable, the strategy adopts a targeted, strategic commissioning-based approach, prioritising the most urgent population health needs and opportunities within the Integrated Care System (ICS), focussing on people who are rough sleeping, families living in temporary accommodation and people seeking asylum and refuge.

The ambitions of the strategy will be delivered through five pillars of action:

1. Improve pathways for hospital admission, discharge and ‘step-down’
2. Improve equitable access, increase engagement in and ensure high quality primary and community care services
3. Develop innovative approaches to deliver proactive, personalised care and enhance access to mental health, substance misuse, and end-of-life care and support
4. Strengthen a preventative approach to reduce the risk of poor health outcomes for families living in temporary accommodation
5. Develop the infrastructure to support people seeking asylum and refuge to understand, access and be supported by health, care and wider services.

A development plan that formalises the leadership, governance and oversight will be drafted and regularly refreshed to align with evolving policy and service-level changes.

NHS
North East London

Finance Overview

Meeting name: ONEL JHOSC

Presenter: Henry Black, Chief Finance Officer

Date: 8 July 2025

ICS month 12 24/25 reported position

- The month 12 reported outturn position across the NEL system is a deficit of £79.7m. This is a £0.3m improvement compared to the expected outturn position.

- The £79.7m variance is made up of a provider overspend variance of £91.8m and a ICB underspend variance of £12.1m.

- Additional funding to support providers meant that the year-end system deficit was expected to be £80m. The year-end position shows a £0.3m improvement to this. However, within this there has been a worsening of the NELFT financial position of £13.1m, which has been offset by an improvement of £1.3m to the BHRUT financial position and a £12.1m improvement to the ICBs financial position.

Organisations	Month 12 Outturn - Reported			Month 12 Expected Outturn	
	Plan £m	Actual £m	Variance £m	Expected Actual £m	Variance to M12 Reported £m
BHRUT	0.0	(30.7)	(30.7)	(32.0)	1.3
Barts Health	0.0	(11.7)	(11.7)	(11.7)	0.0
East London NHSFT	0.0	(12.7)	(12.7)	(12.7)	0.0
Homerton	0.0	(12.9)	(12.9)	(12.9)	0.0
NELFT	0.0	(23.8)	(23.8)	(10.6)	(13.1)
Total NEL Providers	**0.0**	**(91.8)**	**(91.8)**	**(80.0)**	**(11.8)**
NEL ICB	(0.0)	12.1	12.1	0.0	12.1
NEL System Total	**0.0**	**(79.7)**	**(79.7)**	**(80.0)**	**0.3**

Financial Update: System Financial Plan and Risks

The key system risks are:

- All organisations are planning for reductions in substantive staff, which will reduce capacity and will impact day to day service delivery
- Demand pressures – there is very limited growth funding included within plans. Additional demand management measures are being put in place, but there is a risk that demand will exceed plans, particularly for non elective activity and mental health independent sector beds.#

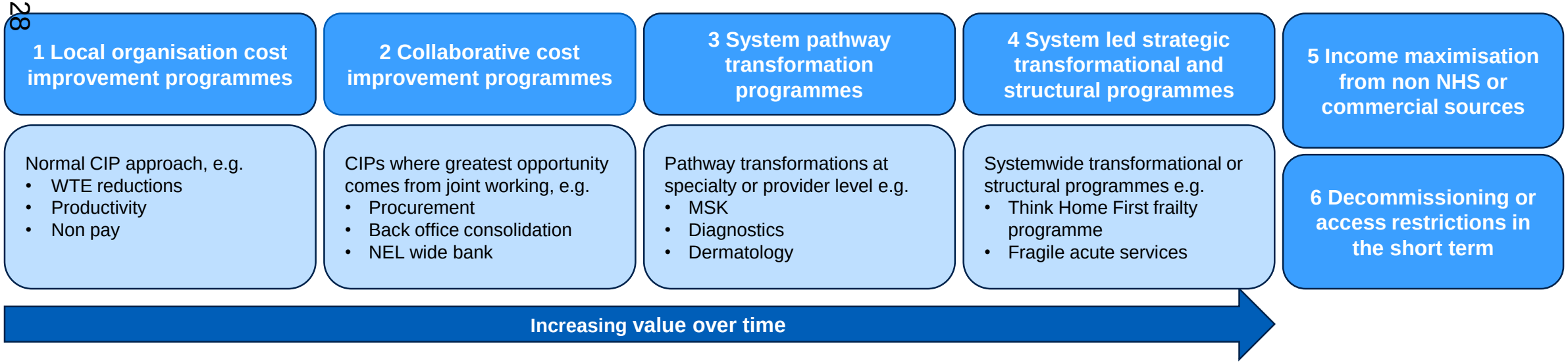
Workforce plans across the system

- Trusts must deliver a minimum **40% reduction in agency spend** and a **15% reduction in bank staff**.
- The high-level workforce plans include a reduction of around **2,400 whole time equivalents (WTE)**, of which c. 280 are substantive
- To meet this, there is an increased focus on efficient rostering and job planning – including through the use of digital tools

Financial Update System Cost Improvement and Transformation Plan Approach

As part of our medium term financial strategy (MTFS), we are seeking to move away from reliance on traditional cost cutting and efficiency measures to an approach that reflects greater allocative efficiency, i.e. driving greater value from the money we spend. We are therefore exploring a range of opportunities to work collaboratively and transform the way services are delivered.

The diagram below from the MTFS describes this approach. The next slide focuses on the material opportunities in category 4, where we think there is the most opportunity for working together across the system to realise both health and care savings.



Financial Update: System Plans - Demand Management and Back Office

We are focusing on demand management to support people at the most appropriate point as early as possible, with a focus on keeping people healthy at home. Examples of our work in this area include:

- Review of Single Points of Access
- Refocusing urgent and emergency care
- Proactive model for long term conditions
- Use of Artificial Intelligence

We are exploring at pace how greater efficiency across our back office functions can support increased savings:

- Procurement savings totalling up to £21m in 2025/2026 through the newly established provider procurement hub – to optimise single purchasing power across the NHS in north east London.

- Consideration of consolidating other back-office activity through a focus on adopting single systems, processes and procedures (future sharing of resources could follow)

We are also delivering productivity improvements to increase activity whilst spending less. Examples include:

- Outpatient reform through a range of initiatives like reducing Did Not Attends (DNSs), increasing the use of patient initiated follow up
- Efficient recovery of income
- Estates, premises and infrastructure transformation
- Medicines optimisation

Financial Update: Capital

Capital Plan 2025/26	Allocation £000	FOT £000	Variance £000
Operational Capital	103,059	108,212	(5,153)
Estates Safety	34,066	34,066	-
Constitutional Standards	24,003	25,724	(1,721)
Mental Health	4,351	12,426	(8,075)
Total	**165,479**	**180,428**	**(14,949)**

ICB	25/26 Capital £000
NEL	103,059
NCL	249,397
NWL	285,913
SEL	191,678
SWL	204,041
Total	**1,034,088**

- NEL's total capital budget for 2025/26 is **£165.5m**
- Due to the way the funding formula treats historic asset values, NEL receives the lowest capital allocation among the ICBs in London
- For 2025//26 there has been a welcome increase in the funding available, which we are making best use of.
- Thanks to support from regional NHSE colleagues and local politicians, over the past three years we have been successful in lobbying for additional resources to the tune of:
  - 2023/24 - £18.02m
  - 2024/25 - £40.93m
  - 2025/26 - £19.5m

Financial Update: Capital cont…

High Value Schemes	£000
KGH Backlog Maintenance - BHRUT	9,028
Homerton Hospital site wide electrical upgrade	6,373
PFI Lifecycle works and Managed Equipment – Barts	27,981
Estates Safety - Newham Fire Remediation	10,805
Estates Safety - WXH	13,861
Reducing MH OAP – NELFT and ELFT	12,426

- Owing to the lack of funding over several years, there is a significant backlog in maintenance which must be prioritised before new developments can be considered
- It has been identified that Homerton's power supply is insufficient to serve the needs of the site, which has taken up another significant proportion of the available budget
- The long-standing issue with basic fire safety compliance at Newham General Hospital has been a further call on limited resources for a number of years, so the national funding to support estates safety is welcome news.
- As some good news, funding has been approved for the mental health facilities required to reduce our reliance on out of area placements. This is expected to have a significant financial and quality benefit for our residents.

NHS
North East London

Provider Updates – July 2025

NHS
North East London

Barking, Havering and Redbridge University Hospital NHS Trust

Urgent and emergency care

- In May, 79.2% of patients were admitted, transferred or discharged within four hours of attending our A&Es, higher than the London and national average. This placed us 3rd out of 18 acute trusts in London and once again in the top performing 25% of 121 trusts in England
- Our Type 1 performance (those who are most seriously ill) was 56.3%
- We had 30,930 attendances, an average daily number of patients attending our hospitals was 998 per day. May 2025 was our busiest May on record and our second busiest month ever
- Our Chief Executive Matthew Trainer joined Romford MP Andrew Rosindell to meet Health Minister Karin Smyth MP as part of our campaign to secure £35million to redevelop our A&E at Queen's Hospital. The department was built to care for 325 patients a day. It now regularly sees more than double that, leading to overcrowding and patients being treated in corridors
- 436 patients were referred to mental health services from our A&Es
- Average length of stay in A&E for our patients with mental health conditions was 16 hours; 157 patients were in for over 12 hours. We're continuing to work with NELFT to ensure these patients get the care they need quicker and in the right place
- We invited Sky News to King George Hospital A&E to witness firsthand the pressures staff experience caring for mental health patients and the difficulties for their families and other patients
- For our younger patients (children aged 16 and under) we have also opened a specially designed calming room at Queen's Hospital

Reducing our waiting lists

- In May, 70.6% of patients received their first treatment within 18 weeks of referral
- 57,913 patients were on our waiting list; the majority were waiting for an outpatient appointment
- 620 patients had been waiting over a year

Cancer targets

- We met all of the cancer targets in April
- We also met the target for diagnostic waiting times for a 12th consecutive month

Finance

- We ended 2024/25 with a deficit of £31 million – slightly better than forecast
- This year, the financial challenge is even greater. We need to save £61 million, which means spending around £5 million less each month to run our hospitals. A key part of our plan is to reduce spending on high-cost agency staff. Last year we made good progress, and this year we're aiming to cut another £9.8 million
- As at the end of May, we've saved £3 million however we're £3 million behind where we'd planned to be.

Better care
Electronic patient record

- We're looking forward to launching our electronic patient record later in the year
- This £44m investment will transform how we deliver care for patients, with all information, from medical history and allergies to medication and blood test results, held in one secure digital record instead of on paper, improving patient safety and reducing the risk of medication errors
- We're using the same system (Oracle) as Barts Health, so clinicians working across the seven hospitals run by BHRUT and Barts will be able to access patient records

Other news

- We said farewell to our Chief Nurse Kathryn Halford who worked with us for almost a decade where she spent her time creating new routes into nursing and growing our own staff from our local communities
- Health Secretary Wes Streeting praised our Urology service as 'the future of what the NHS should like' when he visited King George Hospital to open a new one-stop shop at our Elective Surgical Hub
- We're one of four NHS trusts in the country to install an implant around double the size of a 50p coin to treat sleep apnoea

NHS
North East London

North East London Collaborative updates

Mental Health, Learning Disability and Autism Collaborative

Introduction

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

Introduction

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.

NEL Mental Health, Learning Disability & Autism Collaborative update

Operational pressures

- Demand pressures on services continue to be extremely high, in particular on crisis and inpatient services for adults, and neurodiversity services for children and adults.

- Due to the temporary closure of Crystal Ward, a 13 bed Psychiatric Intensive Care Unit (PICU) in Newham for refurbishment, we have seen significant pressure on people waiting to be admitted, and we believe an increase in people waiting to be admitted in the emergency department in Newham. The PICU reopened on 14/5/25, and it is anticipated that we will thereby be able to continue with the progress previously being made on length of stay at the Newham emergency department.

- The Mental Health Crisis Assessment Hub at Goodmayes Hospital has now opened to provide a 24/7 service and, although still early days, is having a significant impact on improving the crisis pathway in outer north-east London places. Significant pressures remain with regards to out of area placements, whilst we have moved to the next stage of our capital plans to open two new 15 bedded wards at Goodmayes through the national capital allocation process, into which we submitted next stage plans on 9 May 2025.

Mental Health Summit

- 80 people attended the in-person event (28 March), with a further 40 attending the secondary online summit (7 April).
- The conference's theme was '500 days', focussing on progress made as a Collaborative and how it can be improved moving forward.
- The atmosphere of the event was cautiously optimistic, with a sense of it being 'our' NHS amongst service users, due to their voices becoming embedded in the way services operate.

NEL Mental Health, Learning Disability & Autism Collaborative 2025/26 priorities

	Mental health priorities	Learning disability & autism priorities
National priorities	**National priorities for mental health:** 1. Reduce out of area placements and length of stay in acute MH beds 2. Reduce length of stay in emergency departments 3. Increase access to children and young people's mental health services	**National priorities for learning disability and autism:** 1. Reduce reliance on inpatient care for people with a learning disability and autistic people, delivering a minimum 10% reduction
NEL priorities	**NEL MHLDA priorities for mental health:** 1. Improving the community offer for people with a serious mental illness	**NEL MHLDA priorities for learning disability and autism:** 1. Redesign pathways for children and adults with neurodevelopmental conditions (e.g. autism and ADHD)

Our plans against local priorities

1. Reduce out of area placements and length of stay in acute beds:

- Supported by national mental health urgent & emergency care capital award, open up two new 15 bedded wards at Goodmayes in Q4
- Maintain focus on improving admission avoidance and effective discharge planning, and continue to invest in step-down capacity through the hospital discharge fund & physical capacity fund
- Tackle pathway capacity issues with regards to people who are clinically ready for discharge with place-based partners
- Invest in safer staffing in inner north east London, to ensure that ward nursing rotas benchmark with other comparable providers

2. Reduce length of stay in emergency departments:

Refresh our Collaborative plan, including:

- creating capacity in our in-patient services as above to support those waiting for a bed to access them more quickly
- Expand our pilot(s) of specialing at Newham General Hospital (and shortly the Royal London Hospital) into a business case across NEL
- Deliver on our existing plans for improved quality and flow within emergency departments
- Explore other models for supporting people with mental health conditions who are in crisis away from emergency departments, including Barnsley Street, and in anticipation of the 10 year plan, mental health emergency departments.

3. Increase access to children & young peoples mental health services:

- Increase access to CAMHS services by 2,764, increasing our performance by 13% from 26,640 in January 2025 to 29,651 in March 2026, through investment in, and development of, our Mental Health in Schools Teams
- Consolidation of our current number of Mental Health in Schools Teams in 2025/26, fully funding 2025/26 teams, with further work underway on the potential to further grow teams during 2025/26
- We are also proposing to change the commissioning arrangements for Home Treatment Teams, in line with the developing national model, with the North Central & East London CAMHS Collaborative taking on responsibility for commissioning (including funding) these teams.

4. Reduce reliance on inpatient care for people with a learning disability and autistic people, delivering a minimum 10% reduction in inpatient numbers:

- We are already well within national requirements for this national priority
- Our inpatient improvement network has improving the inpatient offer for people with learning disability and/or autism on our mainstream wards as a priority for this year.

Our plans against local priorities

1. Improving the community offer for people with a serious mental illness:

- Whilst the national planning guidance did not prioritise the community offer for adults with serious mental illness, it is a priority for NEL
- We will continue to work together to developing and delivering our plans to address the recommendations of the Independent Investigation into Nottinghamshire Healthcare Trust, involving Valdo Calocane – we are currently refining our plans through an expert reference group including service users and carers and clinical and care professionals, in order to present them at the ICB meeting in public in the Summer 2025

2. Redesign pathways for children and adults with neurodevelopmental conditions (e.g. autism and ADHD):

- We are developing a plan to redesign ADHD pathways, given substantial increase in demand for services over recent years and long waiting times
- We are developing a plan to address issues in the autism pathway, in particular including the gap in Newham for the adult autism diagnostic service.

Funding

- The Collaborative is working on delivering a balanced plan for the system, along with individual trusts, for 2025/26
- NHS England has committed to retaining the Mental Health Investment Standard, meaning there has been a small amount of growth in mental health allocation
- There has however been a 9% reduction to Service Development Funding for MHLDA
- Cost pressures as a consequence of acuity and complexity, along with system efficiency requirements, along with the reduction in SDF means that 2025/26 is again a difficult year
- The primary areas of investment are in mental health in schools teams, expanding the inpatient services at Goodmayes, and safer staffing in inner north-east London wards.

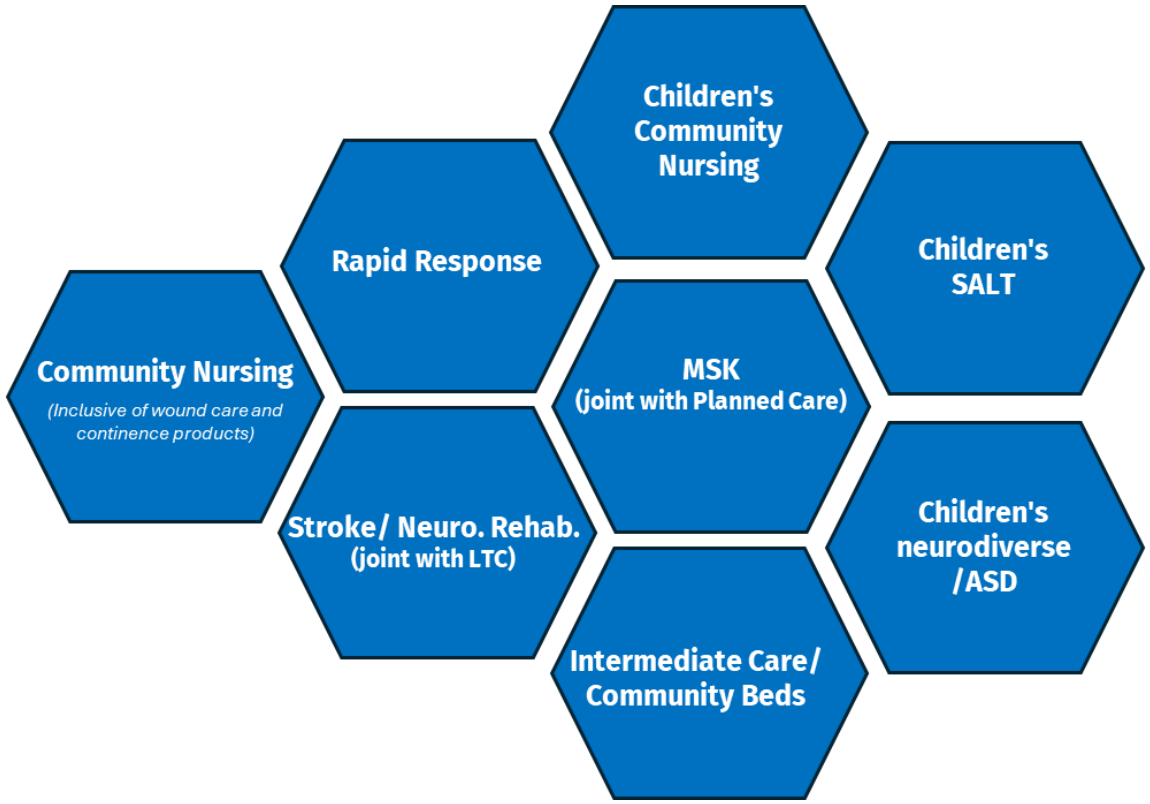
Community Healthcare Collaborative

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**

Improvement Networks & Core Offers
The focus for 2025/26 is on developing core offers through improvement networks, with a consistent collaborative approach across service areas such as community nursing and urgent community response, stroke and neuro-rehabilitation and services for Babies, Children and Young People (such as autism). We are most advanced in the work on community nursing.

This work is consistent with local policy on working towards a core offer for community health services and national guidance on standardising community health services issued as part of the national planning 2025/26. These offers will inform future service specifications and commissioning, address inequalities, spread good practice and improve outcomes for residents. First drafts are expected by the end of Q1 2025/26.

Musculoskeletal (MSK)
We are moving to implementation of our vision to improve musculoskeletal (MSK) health in Adults by working together across NEL in prevention, early detection, and lifelong care as well as treatment. Working through the MSK Network, we have co-designed a community based and comprehensive approach building on a model of care already being delivered locally and spanning primary, planned, and community care. The aim is to get people seen and supported quicker to reduce impacts on time out of work, on pain levels and ability to lead a normal life as well as to reduce pressures on a range of other clinical services. Recruitment is underway following agreement of the additional investment required.

Focus on data quality improvement
Our local challenges align with a broader trend observed across other Integrated Care Boards (ICBs), indicating a recognised sector-wide challenge in leveraging data effectively for productivity and performance enhancement. However, our Data Quality Initiative is starting to yield some results as we now have more specific NEL information coming through and an improved culture of data collection and accuracy.

Local developments

- **Goodmayes hospital** part of landmark three-year art project to transform the therapeutic environment across NHS Mental Health Services led by Hospital Rooms with funding from Arts Council England.

- Extended opening hours to 24/7 for the **Mental Health Crisis Assessment Hub** at Goodmayes Hospital with four new treatment areas co-designed with service users. It is the Hub for all mental health activity generated by the three local emergency departments at King George Hospital, Queens Hospital and Whipps Cross Hospital and the combined service provides all out of hours liaison activity across the three acute trusts.

- **Mental health crisis café** is now out to tender in Barking and Dagenham, with 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.

- Regarding the charges against the Trust related to the tragic death of a patient at Goodmayes Hospital in 2015 - the jury has ruled that the Trust is not guilty of Corporate Manslaughter, but guilty of a Health and Safety breach. The jury has also ruled that our member of staff, has been found not guilty of Gross Negligence Manslaughter, but guilty of a Health and Safety Breach. We are considering the verdict and its implications for the Trust and broader mental health provision.

NHS
North East London

Barts Health NHS Trust

For information only

Outpatients and improving patient experience

- Since introducing the patient portal (powered by DrDoctor) across Barts Health, we've seen a significant drop in missed appointments – from 12.1% in March to 9.7% in April. The new portal issues outpatient appointment reminders via text message giving patients better access to their appointment details. The drop in missed appointments is our lowest rate since the pandemic and is a positive sign that new, smarter ways of working are making a difference.
- Latest figures from March 2025 show that over 259,800 patients are now using Patient Knows Best, helping them access appointment details and test results from their own devices.

Looking ahead

- Having seen and treated record numbers of patients during 2024-25, our focus for the next 12 months will be transforming our services and ways of working. Under our strategic framework of **patients**, **people** and **partnerships**, outline in our group operating plan 2025-2026 we aim to:
- Provide excellent and equitable health and care, efficiently.

Finance and planning

- Like the rest of the NHS we have to live within our means, and must plan to break even this financial year, therefore, we are developing cost improvement programmes in areas where we can safely make efficiency savings without adversely affecting patient care.
- For example, we implemented a recruitment freeze on non-patient-facing roles, introduced tighter internal budgetary controls, and are seeking to improve productivity by reducing the use of temporary staff.

Operational Developments

- In May we celebrated the official launch of the Academic Centre for Healthy Ageing (ACHA) – a new joint initiative between Barts Health NHS Trust and Queen Mary University of London, supported by Barts Charity. Based at Whipps Cross Hospital, ACHA will act as a hub, bringing together healthcare professionals, researchers, system leaders along with patient and carer communities, to tackle some of the most pressing health challenges facing our ageing population – from frailty and multimorbidity to dementia and isolation.

- Patients who suffer a cardiac arrest can now be treated at the scene by a pioneering life-saving machine through a new service known as the Endovascular Cardiac Arrest Team (ECAT) before being taken to hospital.

- Newham Hospital has secured over £13 million through the Public Sector Decarbonisation Scheme to help to cut energy bills and create a more comfortable environment for patients and staff.

- Thanks to a £7.6 million investment from Barts Charity to expand our robotic surgery programme, our hospitals completed 600 additional surgeries in the last year.

- Whipps Cross and Newham hospitals are getting £28 million from the government to help fix and improve buildings on the estates. This is part of a £750 million fund to make NHS hospitals across the country safer and better for patients and staff. The money will be used to fix things like leaking roofs, broken ventilation systems, and old electrical systems.

- From 30 June 2025, we are temporarily pausing births at Barking Community Birth Centre while we shift resources to where they are most needed at our main maternity unit. This is not a closure of the centre. We carry out over 1,000 antenatal and postnatal appointments at BCBC — including check-ups, scans and support — and this will continue at the birth centre, so families can still access regular care locally.

Barking Community Birth Centre

- From 30 June 2025, we are temporarily pausing births at Barking Community Birth Centre.
- This means we can offer mothers and their babies the safest possible care, with experienced midwives and doctors on hand in our main maternity unit.
- As more women experience complex pregnancies and require additional clinical support, the criteria for giving birth at a standalone birth centre has become increasingly difficult to meet.
- We will continue to carry out over 1,000 antenatal and postnatal appointments at BCBC — including check-ups, scans and support — so families can still access regular care locally.

Achievements and milestones

- May marked the 10 year anniversary of Barts Heart Centre – the UK's largest and busiest specialist heart hospital.
- St Bartholomew's and The Royal London hospitals rank among the world's best medical institutions according to a global survey covering more than 30 countries.
- Our maternity services have been awarded top marks for safety in the maternity incentive scheme to reward hospitals that improve facilities for mothers and babies.
- Results from the 2024 Children and Young People's Patient Experience survey show parents feel their children have been well-cared for in our hospitals, with the majority saying they are treated with dignity and respect by our staff.
- Two of our teams have been named finalists in the HSJ Patient Safety Awards 2025, for their outstanding contributions to safer and more effective care.

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Havering
LONDON BOROUGH

OUTER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE, 8 JULY 2025

Subject Heading:	Deep Dive – Integrated Neighbourhoods
Report Author:	Luke Phimister, Committee Services Officer, London Borough of Havering
Policy context:	Officers will give information on the integrated neighbourhood's model
Financial summary:	No financial implications of the covering report itself.

SUMMARY

The presentation will give members information on the integrated neighbourhood's model

RECOMMENDATIONS

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

REPORT DETAIL

NHS Offices will provide the Committee with details on the NEL model for integrated neighbourhood working across ONEL.

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.

DRAFT

North East London Health & Care Partnership

NHS North East London

A NEL model for integrated neighbourhood working

NEL Vision for integrated neighbourhood working

Everyone in north east London lives in a neighbourhood which supports and actively contributes to their physical and mental health and wellbeing

As partners across the system we will work closely together in local neighbourhoods. This means **creating an environment in which a range of assets, facilities and services are available to enable local people to start, live and age well and healthily.**

Our Vision

Based in and for local geographic communities

Coordinated and joined up

Strengths based – building on the assets of the individual, family and the local community

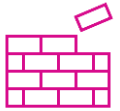
A culture of prevention in all interactions

Use the hyper local footprint to address local need

Targeting and seeking to reduce health inequalities

Our Approach

Use data to target our resources on those in most need



Build on existing integration work

Co-produce with communities

Recognise that this is a cultural change that will require new ways of working

This vision can be summarised into four strategic goals and desired outputs

Goal	Desired outputs
Work with and for local communities	1. Care delivery in a community settings wherever possible 2. Enable individuals and families to take greater agency over their health and wellbeing 3. Work effectively with local communities to co-produce solutions to the health and wellbeing issues which matter to them 4. Work in a strengths-based approach to build capacity in individuals, families and communities, enabling resilience 5. Leverage local assets, including community networks and partners, to support holistic wellbeing
Work in a proactive, preventative way to address rising need	1. Use data to identify and target resources for individuals and groups at the highest risk of health decline / deterioration 2. Prioritise early intervention, preventative and proactive care to address health needs before they escalate
Deliver integrated, accessible care	1. Neighbourhood to provide timely and coordinated interventions 2. Promote continuity of care for individuals with long term or complex needs 3. More targeted support for families and the highest users of services 4. Deliver care aligned with the Good Care Framework, ensuring services are trustworthy, accessible, competent and person centred
Support service sustainability	1. Consider aligned financial incentives to support the quality and financial sustainability of core services ensuring the most effective role for general practice at the heart of neighbourhood services 2. Address current and future workforce pressures through workforce and care pathway transformation

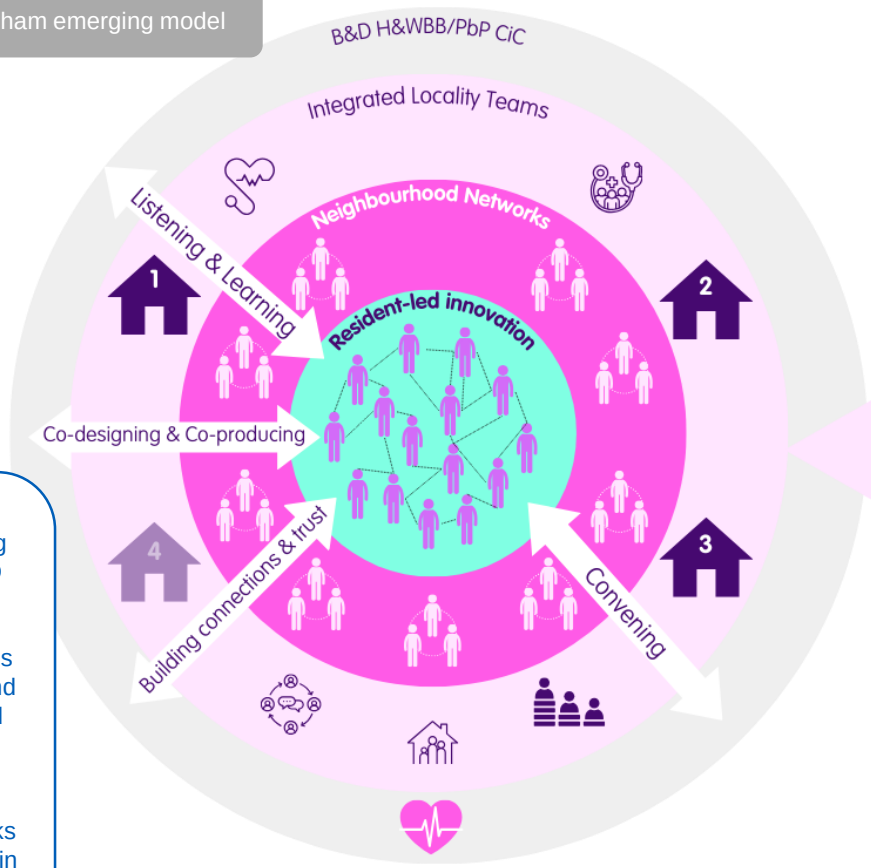
Developing teams

This is a whole population model, with residents and communities at its heart.

We will use the neighbourhood footprint to bring together existing staff into integrated teams that support different population cohorts and draw on different local resources and assets. These teams will be co-produced with and connected to their communities and take a population health approach

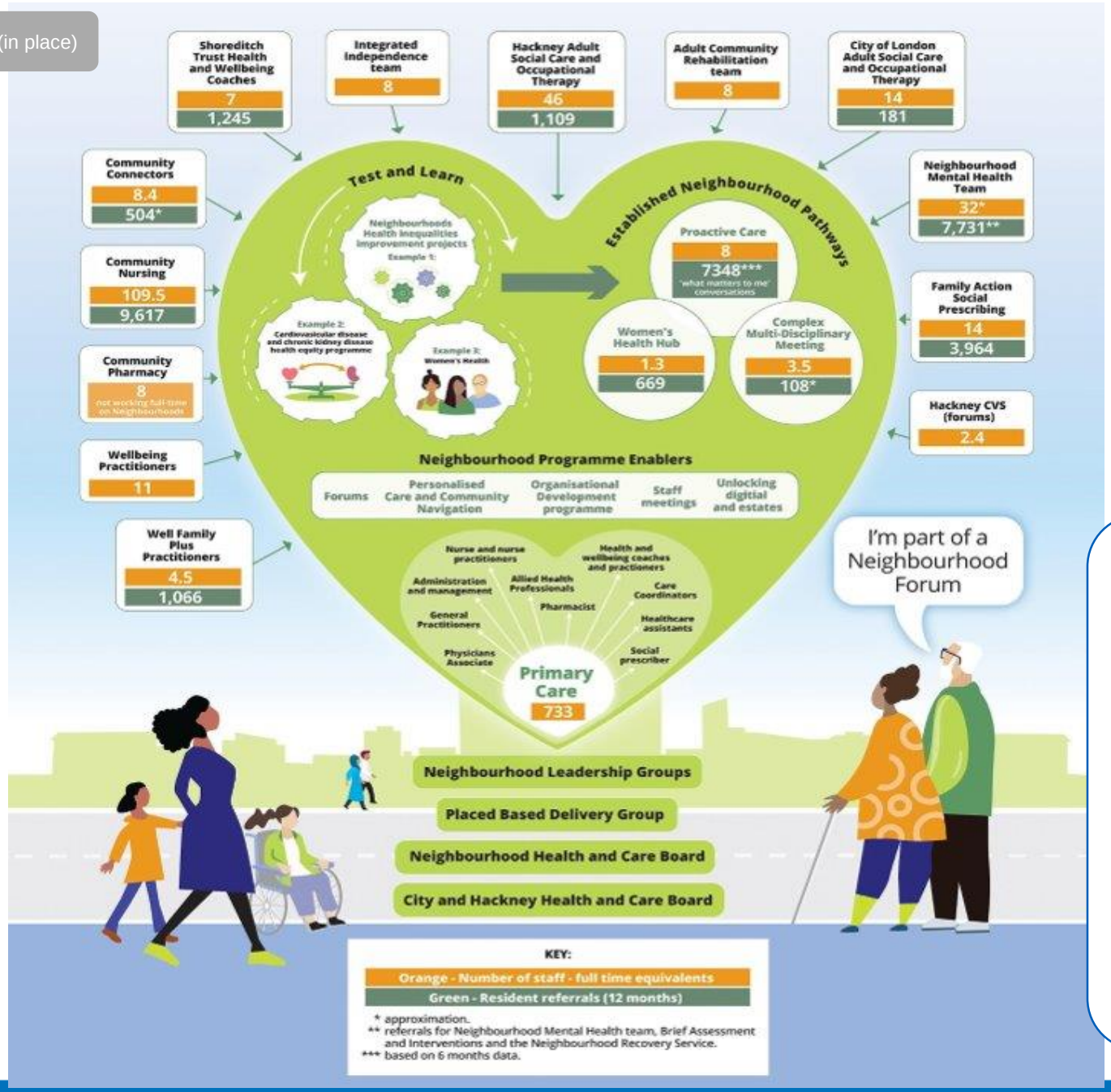
The following slides show how this is developing in two of our places:

The Barking and Dagenham emerging model



This model is still being developed by the B&D team.
The proposal is that Integrated locality teams bring together health and care professionals and community groups to support specific populations
Neighbourhood networks bring together the VCS in each neighbourhood.

Neighbourhoods in City and Hackney (in place)



Many community and primary care services in City and Hackney are organised around the eight neighbourhoods across the place. The info-graphic shows the number of staff currently working in neighbourhoods and the existing neighbourhood pathways (or teams) that have been developed.

The neighbourhood forums bring together residents, VCS and staff to identify priorities and address local health inequalities

Developing a core team

Each neighbourhood will implement a core team coordinating care for high intensity users with rising needs – the team will be strongly rooted in its neighbourhood, will be well connected to local communities and community assets and will take a population health approach.

A core team coming together in each neighbourhood

They include:

- Primary care
- Community nursing
- Community therapies
- Community mental health
- Social care
- Community navigators
- Wider partners defined by each neighbourhood to meet local needs
- Encompass or may work closely with teams delivering proactive care

Deliver more joined up care for the most complex people*

*this is an ask of the operating plan

Take a preventative, holistic approach, connecting people to community assets

Support High Intensity Users*

Reduce pressure on other (e.g. urgent, acute, primary, social care) services*

Most places have now agreed their neighbourhood boundaries

4 neighbourhoods, each covers 2 PCNs
A (covering Woodford and Wanstead) – 85,142
B (covering Cranbrook and Loxford) – 140,192
C (covering Seven Kings and NCA) 92,067
D (covering Fairlop) 48,240
(not the agreed neighbourhood names)

3 neighbourhoods, not aligned to PCNs
South (Leyton/Leytonstone) – 99,600
Central (Walthamstow) - 107,500
North (Chingford) – 72,000

Still to be agreed
5 neighbourhoods, co-terminus with PCNs
Liberty – 50,592
North – 91,435
Marshalls – 47,638
Crest -40,082
South – 64,627

8 neighbourhoods, co-terminus with PCNs
Springfield Park – 31,923
Woodberry Wetlands – 25,821
Shoreditch Park and City – 55,904
Hackney Marshes – 40,745
Clissold Park – 35,922
Well St Common- 33,245
London Fields - 38,835
Hackney Downs - 36,217

4 neighbourhoods, each covers 2 PCNs
- North East – 83,420
- North West – 70,261
- South East – 97,202
- South west - 74,906

4 neighbourhoods, not aligned to PCNs
- Plaistow – 42,472
- Forest Gate – 44,069
- Beckton and Royal Docks – 45,860
- East Ham – 62,262
- Manor Park – 62,576
- Stratford and West Ham – 64,593
- Custom House and Canning Town – 65,791
- Green Street – 68,942

4 neighbourhoods, not aligned to PCNs
North – 58,900
South – 54,200
East – 68,800
West 84,00
These each support and work with 10 VCS led Community Networks

NEL Roadmap for 2025/26 delivery of neighbourhoods

Q1

- System and places to commit to the neighbourhood vision, strategy and goals
- Each place-based partnership to convene a neighbourhood delivery programme
- System-wide enabling structures mobilised, with strong links to pan-London enablers
- Neighbourhood boundaries defined by all places and agreed at system level

Q2

- Population health management platform (Optum) providing neighbourhood data
- Key make-up and functions of the integrated neighbourhood teams for adults and BCYP agreed by each place. To include: population cohort it will serve initially; membership of the team; model of care

Q3

- OD initiatives start– initially focusing on building relationships across the neighbourhood
- Early testing of the neighbourhood team model – taking a co-production approach
- Evaluation methodology and expected impact from the team agreed

Q4

- Implementation of integrated neighbourhood team– using a test and learn approach, so they will adapt over time
- Plans for Y2 developed, to focus on community connections, prevention and health inequalities

In year one we will focus on implementing the core integrated neighbourhood team for both adults and children, enabled by a PHM approach

In line with the approach across London, we will also work with partners in each Place to agree the optimal model for delivery of the Integrator functions, see following slide, which the ICB will commission

Integrator role – requirements and next steps

The role will be vital to the delivery of neighbourhood working, it will:

- Host and facilitate the design and implementation of the team
- Bridge the fragmentation across existing teams
- Deliver key enabling infrastructure
- Support and enable a population health management approach
- Over time, the role may take on the place partnership functions as set out in the model ICB blueprint

In order to fulfil this role the integrator must:

- Have well established relationships across the partnership, and be represented within the place based partnership governance and geography
- Deliver services that will become part of the neighbourhood team or have a strong interaction with the neighbourhood team
- Have sufficient scale to deliver the enabling functions, including significant corporate infrastructure
- Have credibility and maturity as a service provider in the place
- Be present in and able to work across the geographical footprints of the neighbourhood teams across the place
- Have visible commitment to the neighbourhoods vision and ways of working

How we will agree the integrator:

- ICB will work with partners in each Place to understand local capability and identify which models work best
- The ICB will commission one integrator in each place, though the model may require work with other partners in delivering the role, either through formal or informal arrangements.
- Not setting a deadline for how this will be agreed at this point; Places need time to work through different models.
- Working with Places to enable the discussions to start before the summer break

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