Public Document Pack

JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE
AGENDA

4.00 pm	Thursday 23 October 2025	Town Hall, Romford

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 Forest 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:
Luke Phimister
luke.phimister@havering.gov.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

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 - 8)

To approve as a correct record the minutes of the previous meeting held on 8th July 2025 and authorise the Chairman to sign them.

5 HEALTH UPDATE (Pages 9 - 56)

6 DEEP DIVE - IMPROVING GP ACCESS (Pages 57 - 78)

Luke Phimister
Clerk to the Joint Committee

MINUTES OF A MEETING OF THE
JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE
Council Chamber - Town Hall
8 July 2025 (4.00 - 5.20 pm)

Present:

COUNCILLORS

London Borough of Barking & Dagenham	Ajanta Deb Roy and Michael Pongo (Chairman)
London Borough of Havering	Christine Smith
London Borough of Redbridge	Sunny Brar, Bert Jones and Daniel Morgan-Thomas
London Borough of Waltham Forest	Richard Sweden
Epping Forest District	Kaz Rizvi
Co-opted Members	Ian Buckmaster (Healthwatch Havering)
	Councillor Julie Wilkes (Havering) was also present.

All decisions were taken with no votes against.

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

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

Apologies were received for the absence of Manisha Modhvadia (Healthwatch Barking & Dagenham) and from Zina Etheridge, North East London Integrated Commissioning Board.

2 **DISCLOSURE OF INTERESTS**

There were no disclosures of interest.

3 **MINUTES OF PREVIOUS MEETING**

The minutes of the meeting held on 15 April 2025 were agreed as a correct record and signed by the Chairman.

4 HEALTH UPDATE

BHRUT

Officers reported that May had been the second busiest month on record at the Trust's A & E departments. Meetings had been held with the Health Minister to seek funding for the A & E at Queen's Hospital. An extra 700 ambulances per month were seen at Queen's. The numbers of patients at A & E with mental health conditions remained a major issue.

The Trust was required to make £61m of savings this year and for example spending on agency staff had reduced from £47m to £7m in two years. Pharmacy costs were also under review. The electronic patient record was due to commence in BHRUT in the autumn. This would allow access to patient records by staff across all BHRUT and Barts Health sites. There would also be a move to electronic prescribing.

It was also noted that a one stop neurology service was being introduced and that the Trust's chief nurse was due to retire shortly.

NELFT

NELFT had now moved services into the new Hornchurch hub facility and also ran the A & E triage service at Queen's Hospital. There remained a waiting list for acute mental health beds but facilities were now easier to access and community services had also been strengthened. The Goodmayes hub had extended to offer an overnight service but private bed facilities were used while the completion of new wards was awaited. It was wished for the Police to start using the hub services when dealing with people exhibiting mental health issues.

A crisis house for London Borough of Redbridge had opened near the Goodmayes site. Work was also under way with ELFT in order to share best practice for different pathways. Some changes had been introduced to the acute mental health pathway and there had been service user input into the layout of wards etc.

A number of services were available for sleep apnoea including the provision of CPAP machines and implants in the chest wall to regulate breathing. Dental implants could also be used.

The Trust was currently operating at 115-120% of capacity and wished to return to a figure around 85%.

Finance Issues

The Integrated Care Board (ICB) was currently considering the 10 year plan for the NHS with an overall objective of having more patients treated outside the hospital environment. The introduction of strategic commissioner roles for pathways such as diabetes and mental health would lead to better health outcomes. It was however accepted that finances were very challenging.

A Member raised concern at the allocation of funding for modernisation of GP surgeries and that none of this had for example gone to practices in Waltham Forest. Concern was also raised over the planned reduction of 2,400 whole time equivalent staff. Officers responded that it was hoped to minimise numbers of substantive redundancies and that some reductions in headcount would be in corporate functions and other non-clinical roles.

The number of consultants at BHRUT had gone up from 400 to 490 and officers emphasised that overall staff reductions did not necessarily mean cuts in services. It was accepted that it was best to use admin staff to arrange ward clinics etc and there was therefore a balance between saving money and not losing these jobs. An officer from NELFT added that the Trust was developing a single point of access for admin staff and it was accepted that admin staff roles would change.

It was clarified that the electronic patient record system was planned to go live at BHRUT in September 2025 but only if it was safe to do so. This would be decided at a clinical patient safety assessment in mid-August. The go live would be postponed if it was not considered to be safe and this would be communicated to stakeholders. Financial benefits of the change would be reviewed once the new system had been implemented.

NELFT officers agreed that they wished for service users to access mental health facilities as locally as possible. The level of use of new facilities would be reviewed and it was confirmed that there were no plans for a Waltham Forest crisis house at present. It was clarified that the Barking Birthing Centre was run by Barts Health and a further update on this could be given at the next meeting.

Efforts were continuing to look at community services such as the Crisis Café in order to take patients with mental health issues away from A & E. Recruitment of nurses was under way both locally and internationally to support adult mental health services. Work was also in progress to bring CAMHS services together.

As regards waiting list management, some 620 patients had been waiting more than a year for treatment at BHRUT compared to 10,000 a little more than a year ago. Plans were being put in place to assist the remaining long waiting patients and the Trust was on track to meet its targets in this area. It was noted the rollout of the electronic record may impact on this in the short term. It was wished to invest in A & E and increase the numbers of primary care appointments (in order to reduce numbers in A & E).

It was agreed that a written response should be supplied to the Committee regarding the allocation of funding for GP surgery expansion and improvements.

5 **DEEP DIVE - INTEGRATED NEIGHBOURHOODS**

Due to technical issues, it was agreed that this item should be deferred to the next meeting.

Chairman

Havering
LONDON BOROUGH

OUTER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE, 23 OCTOBER 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 – October 2025

Meeting name: ONEL JHOSC

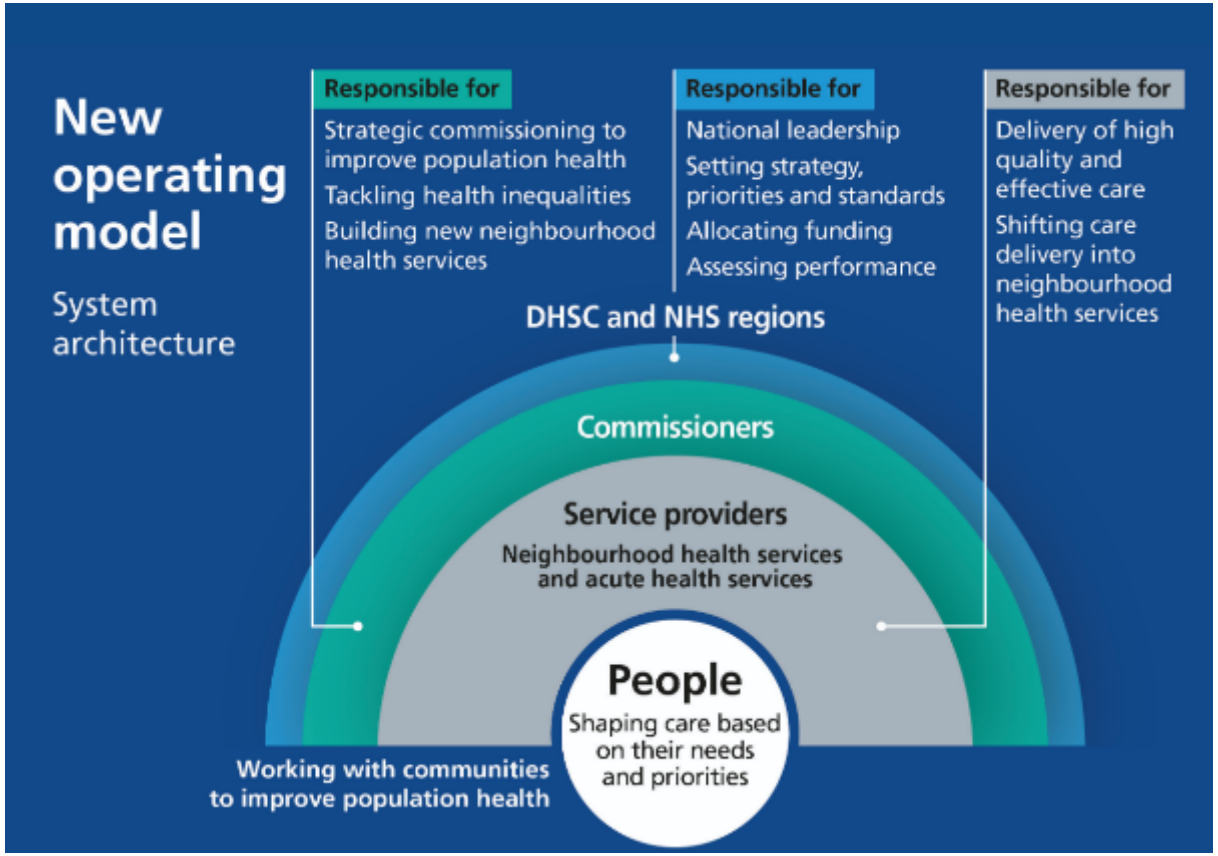
Presenter: Zina Etheridge, Chief Executive

Date: 23 October 2025

NHS North East London: Update

Organisational Change

- In March 2025 a national decision was made to reduce ICBs' running costs by 50%.
- ICBs were asked to develop a new operating model focused on strategic commissioning.
- Since March we have been engaging with staff and local stakeholders about what this means for us, and north east London.
- We have been working to refine our operating model, focussed around a stronger emphasis on strategic commissioning, a set of transitional functions to support the move to place based delivery of integrated neighbourhood working and continuing to focus on important statutory and clinical functions.
- The diagram opposite outlines the proposed new operating model for ICBs, providers and the region. It sets out a simple hierarchy of DHSC, Commissioners and Providers - all accountable to government, with responsibilities clarified and with patients at the very heart.



NHS North East London: Update

Organisational Change

In line with the new operating model, we have now completed the restructure of our senior team and confirmed that our executive management team going forward will comprises of four roles, reporting into a Chief Executive. These are:

- Chief Clinical and Quality Commissioning Officer (CQCO) – Dr Paul Gilluley
- Chief Finance Officer (CFO) – Henry Black
- Chief Strategic Commissioning Officer (CSCO) – Charlotte Pomery
- Chief Strategy officer (CSO) – Ralph Coulbeck

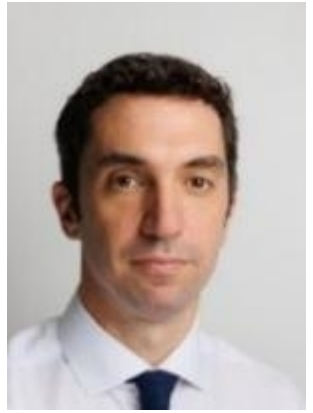
We have confirmed that our Chair, Dame Marie Gabriel will continue to lead the ICB as she has been confirmed as remaining in her role. As you know Marie is a huge champion for north east London and her leadership will continue to provide stability over the coming months.

In July, Zina announced that she would be standing down as CEO. Whilst the process for appointing a permanent replacement is underway, Ralph Coulbeck has been appointed as interim Chief Executive. Ralph is also a local resident and has a wealth of experience, including most recently as the Chief Executive of Haven House and before that at Whipps Cross hospital. He is passionate about improving outcomes and equity for local people and developing strong partnerships across North East London.

We are not yet able to confirm when we will launch the next phase of our organisational restructure, which will cover the rest of the organisation, as well as our clinical leadership functions, pending further clarity from NHSE, but have committed to our staff that this will not take place in the summer holiday period. We will share further updates with stakeholders when we are able.

Paul Gilluley

Henry Black



Ralph Coulbeck

Charlotte Pomery

NHS North East London: Update

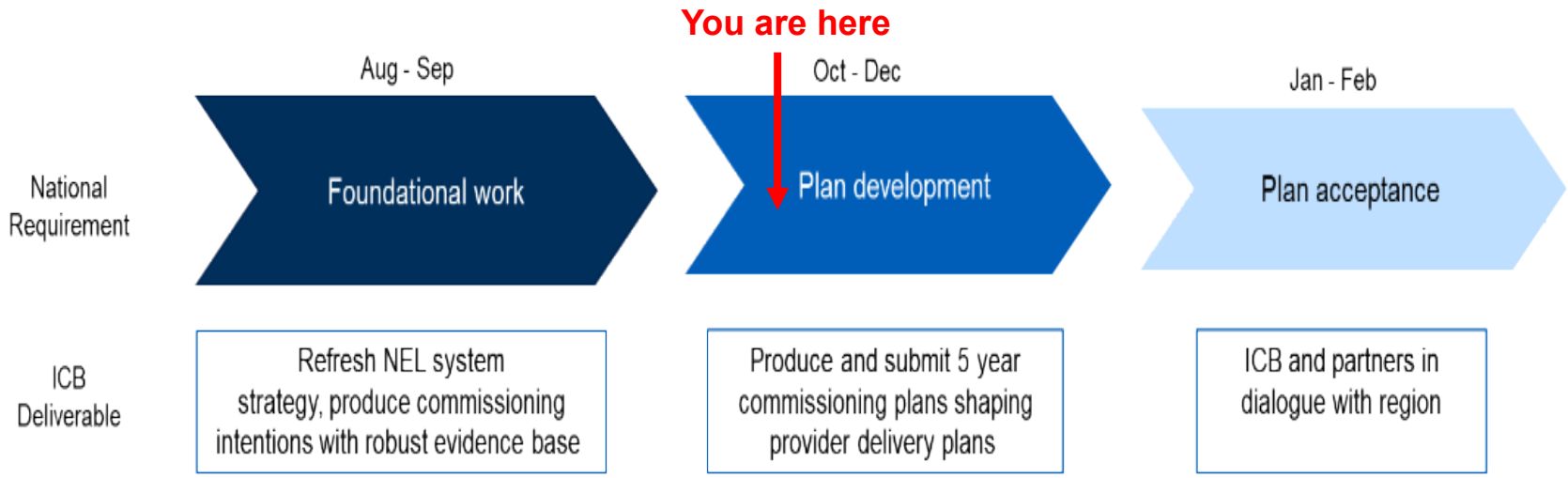
Our strategic commissioning plans

The recently published **NHS 10-year health plan** created a new context for commissioning plans and a clearer policy agenda centered on achieving the three shifts. This has prompted a need to refresh the ICB's overall strategy and set out the approach to delivery of a long term system strategy.

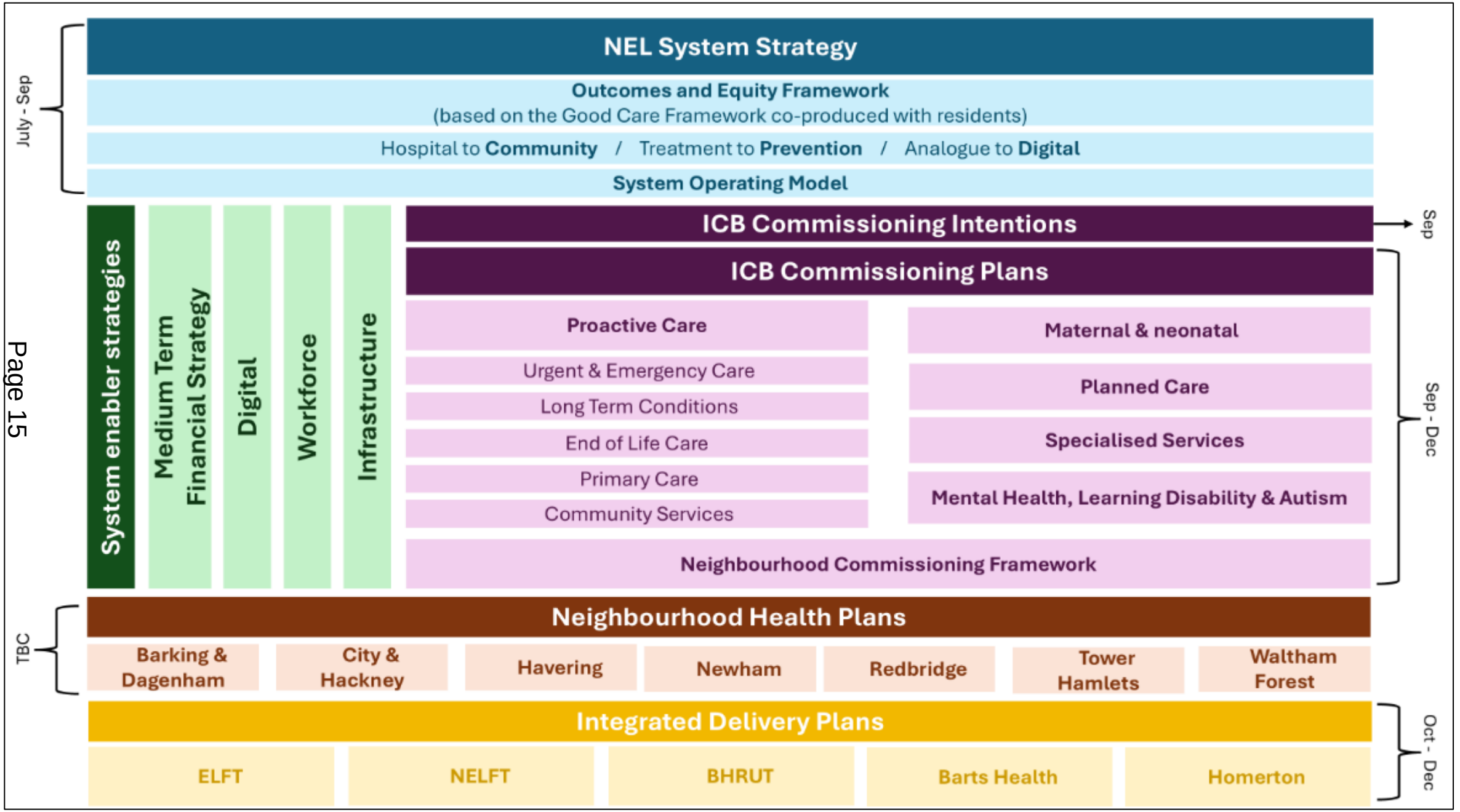
A **draft NHS Planning Framework** was released in mid August confirming a two phase approach to the creation of **medium-term plans** which mirror the policy direction of the 10 year health plan:

- ICBs lead system level strategic planning, the understanding of population health outcomes, allocation of resources and setting of commissioning intentions
- Providers and ICB create five year integrated delivery and strategic commissioning plans respectively
- Providers and ICB submit national planning templates – details tbc

In the next stage of the process, commissioners and providers will develop aligned 5-year plans for submission in December, followed by a national assurance process in quarter 4.



The outputs from the medium-term planning process



The scope of our system strategy

Our integrated care partnership's ambition is to
"Work with and for all the people of north east London
to create meaningful improvements in health, wellbeing and equity."

What is important to local people - Good Care Framework

We want to **enable everyone to thrive** and deliver Good Care that is:

Accessible | Competent | Person centred | Trustworthy

The Good Care Framework, together with the national CORE20PLUS5 approach, has informed our Outcomes and Equity Framework that takes a life course approach

NEL Outcomes and Equity Framework – Our missions

Starting Well | Living Well | Prevention and early detection | Ageing Well

Quality Care and Access | Health Inequalities and Communities | Sustainable Services

Shift 1: Hospital to community

Moving healthcare services from traditional hospitals into local communities to provide care closer to people's homes

Implement our vision for neighbourhood working, building a **'team of teams'** for people with multi-morbidity, children with complex needs and mental health

Shift 2: Treatment to prevention

Shifting the focus from treating illnesses to preventing them in the first place, with an emphasis on public health and well-being

Deliver six-step prevention framework, moving us towards **preventing illness using tools such as PHM Optum platform**

Shift 3: Analogue to digital

Transforming the health and social care system from a traditional, paper-based model to a modern, digital one

Delivery digital innovation and empower local people and staff, through initiatives such as **NHS App, Health Navigator** and **ambient voice technology**

Enabling the Change

- Provides a stable **economic environment** enabling shift to prevention, reallocation of funding to drive quality whilst also delivering a more standardised set of services across the system
- Improving our physical **infrastructure**
- Create meaningful **work** opportunities and **employment** for people in NEL

Transitioning to a new system operating model

- Moving to the new system approach for strategic planning and commissioning
- Changing responsibilities across region, our system and providers
- Continuing to build our collaborative culture to support system working – co-production, building a high trust environment and a learning system

Our commitment to building and strengthening local partnerships

Maintaining a strong and engaged North East London system is vital to achieving our long-term goals. We are committed to maintaining and strengthening the strategic, clinical and operational partnerships that underpin our system.

We will further develop our **Integrated Care Partnership** and our vital relationships with Local Authorities in their democratically mandated Place making roles as well as across the wider social care system. We will work with the VCFSE across engagement, delivery and capacity building, with providers, and with local communities

We will work closely with our **public health** community on setting strategies, shared analytics and prevention

We will build on our links with adult social care to draw up a set of shared commissioning intentions, supporting us to understand and respond to local needs ensuring residents can live well in in their homes and communities with a range of conditions

We will work collaboratively as a system by ensuring providers are involved in the development of commissioning plans, including **NHS, independent sector and voluntary sector partners**

We will continue to embed the **agreed principles** in our system of co-production, building a high trust environment and developing as a *learning system*

We will develop **local neighbourhood teams** in order to integrate care at a local level, embedding joint working at every layer of the North East London system

We will strengthen our relationships with local authorities and partners to improve outcomes for babies, children, young people and families, working closely with children's social care leads and with the NEL Commissioning Partnership to draw up a set of shared commissioning intentions

Commissioning intentions

Our commissioning intentions form the basis of the next steps of our planning – shaping and being shaped by integrated delivery plans, strategic commissioning plans and our NEL System Strategy which are in development.

In taking forward our commissioning intentions, we aim to support our whole workforce's wellbeing, development and retention to enable the delivery of high-quality, clinically led services across all ages, with increasing levels of trust and cross-organisational working, while commissioning care that meets or exceeds national standards.

We do not commission in isolation: we work closely with local authorities which commission a range of services and interventions to keep people well at home and in their communities. We work with our neighbouring ICBs to deliver cross-boundary care which works for local people, we work with the other ICBs in London, as a region, to build consistency and coherence and we work on a national footprint too to drive the best health and wellbeing outcomes for our population across north east London.

Working through our Places with the NEL DASS and the NEL DCS Groups we are now drawing up a set of shared commissioning intentions which reflect our connectedness and the integrated impact of our work on local people and communities.

- Maternity and Neonatal
- Mental Health, Learning Disabilities and Autism
- Planned Care, including Specialised Services
- Proactive Care: Community
- Proactive Care: End of Life Care
- Proactive Care: Long Term Conditions
- Proactive Care: Primary Care
- Proactive Care: Urgent and Emergency Care
- Neighbourhoods

NHS North East London: Update

10 Year Plan – implementing the three shifts

The NHS 10 Year plan was published in July and sets out a new 'system architecture' for the NHS. It confirms that ICBs will be the strategic commissioner for the system they serve, leading the delivery of improvement in population health through allocation of the financial resources available, working to redesign pathways and ensuring that improved health outcomes and reduced inequalities are delivered. The plan also sets out three shifts, hospital to community; analogue to digital; and sickness to prevention. Across north east London we already have considerable work underway that will support the delivery of these three shifts and transform care for those we serve.

Following are just some examples of the work we are already delivering to improve care and outcomes for people across north east London.

NHS North East London: Update

10 Year Plan – implementing the three shifts

Our work to move care from hospital to community

- delivering integrated neighbourhood working, to build prevention and early intervention and reduce demand on primary care and acute services including urgent and emergency and planned care
- commissioning an integrated pathway for women's health, including improved access to the community services offer
- developing a care closer to home approach and provide services that enable patients to stay home for longer to avoid admissions and move patients home as soon as medically optimised
- ensuring increased speciality uptake for advice and guidance and referral management schemes as mechanisms to ensure care in the community when appropriate
- developing a mandate for a core offer for community services to ensure people wherever they live in NEL access the right care at the right time, making the CHC service a home first model with wrap around service
- commissioning a consistent wound care model across NEL which acts on best practice and responds to quality concerns
- developing a new approach to integrated community palliative care / End of Life care across NEL, including end of life care plans to ensure that more people die in their preferred place of death
- reducing out of area placements for people with mental health conditions through effective commissioning of services

NHS North East London: Update

10 Year Plan – implementing the three shifts

Hospital to community case study: The community health and wellbeing drop-in model
In Barking and Dagenham, we have an ethnically diverse local population with high churn, low levels of health literacy and little trust in mainstream services, which makes the delivery of healthcare challenging.

‘See a GP – no appointment necessary!’ started as a one-off event in a small geographic area in the borough, which is underserved with health services due to its rapid population growth. After seeing what could be achieved by working closely with the Council, voluntary sector organisations and the local community to run Covid vaccination clinics and target hard-to-reach groups in community settings, this community-led way of working was given a life of its own.

The community health and wellbeing drop-in ‘model’ has been firmly established in Barking and Dagenham, and over 11,500 residents have attended 30 events in the 12 months since they launched in late 2023.

Local GPs lead each event in partnership with the voluntary sector, which are based on the preferences and needs of the target populations to create an environment that allows them to engage with us about their health. Our GP practices have worked closely with the Council and our local partners to run the events, with vaccinations, health checks, and bloods tests on offer alongside help and advice on topics such as foodbanks, debt and finances, cookery classes, walking groups and bereavement support.

NHS North East London: Update

10 Year Plan – implementing the three shifts

Our work to move from analogue to digital

- implementing an electronic patient record at BHRUT (Oracle Millennium) which is used by Barts Health (BH) and Homerton
- working towards implementing the Secure Data Environment which will provide a data layer for all of London to be able to do predictive modelling and for AI tools to be used on where approved and appropriate.
- promoting the NHS App as an interface for the patient with primary care and secondary care with our Patient Engagement Platforms like Patient Knows Best and DrDoctor
- rolling out Health Navigator AI to identify patients that would benefit from health coaching to reduce health care appointments.
- using digital therapies for depression and anxiety to free up therapist hours.
- delivering more care in virtual wards – remote monitoring of higher acuity patients and remote monitoring by Homecare Assistants.

NHS North East London: Update

10 Year Plan – implementing the three shifts

Analogue to digital case study: Using Artificial Intelligence for faster Chest X-ray results

North East London Cancer Alliance is leading an initiative to integrate Artificial Intelligence (AI) into cancer diagnostic pathways. This project aims to reduce the wait time for chest X-ray results from three weeks to just three days for scans with significant findings.

In collaboration with Sectra and Qure.ai, North East London Cancer Alliance is using the Sectra Amplifier services integrating qXR (Qure X-Ray) AI tool to help radiologists and reporting radiographers prioritise urgent cases, enhance decision-making, and streamline the patient journey.

This is a collaboration between Barts Health NHS Trust, Barking, Havering, and Redbridge University Hospitals NHS Trust, and Homerton Healthcare NHS Foundation Trust.

Read more: [Using Artificial Intelligence for faster Chest X-ray results | North East London Cancer Alliance]

NHS North East London: Update

10 Year Plan – implementing the three shifts

Our work to move from sickness to prevention

- standardising secondary prevention - optimising the use of secondary prevention measures such as statins to reduce cholesterol or high blood pressure, equitable vaccination programmes, cancer awareness and screening with a focus on health equity.
- reducing the number of people with undiagnosed LTCs / ensure more residents with health conditions are identified and provided with condition management as early as possible
- improving coordination of care / develop proactive and multidisciplinary approach to support adults with LTCs
- reducing health inequalities – through, for example, targeted programmes, education and health literacy tools
- improving outcomes for children with Asthma
- commissioning for the best start in life for babies, models of care including shared care (midwife, health visitor and GPs), streamline Pre and Post natal care pathways across the system
- increasing uptake of physical health checks for patients with SMI
- increasing the take up and impact of learning disability health checks to improve health outcomes

NHS North East London: Update

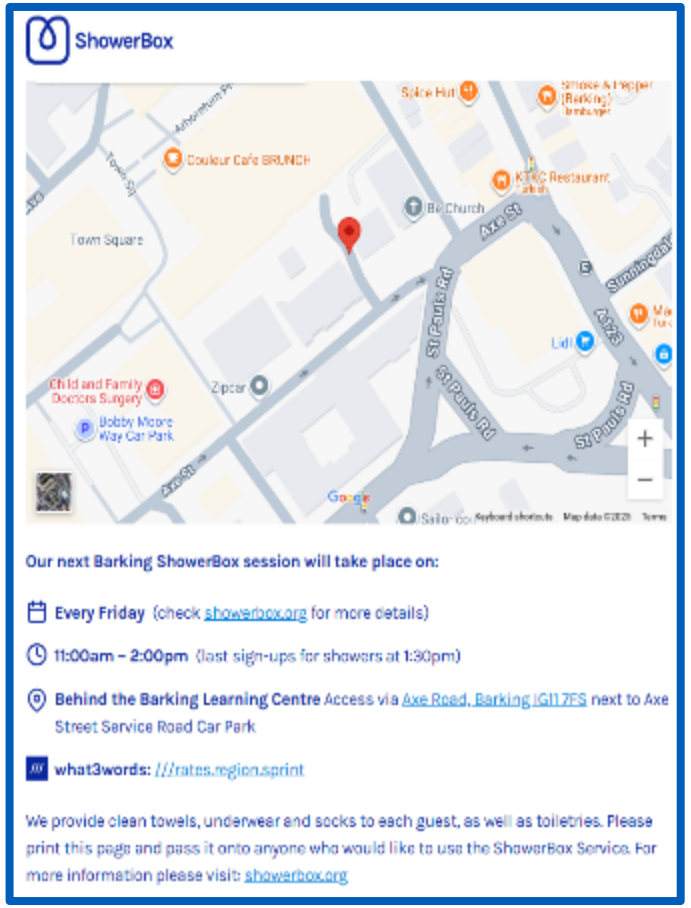
10 Year Plan – implementing the three shifts

Sickness to prevention case study: ShowerBox Barking

Barking and Dagenham Council, in partnership with the Barking and Dagenham Health Inequalities Programme led by NHS North East London Integrated Care Board, ShowerBox, and Barking Churches Unite launched ShowerBox Barking – the UK's first permanent shower facility for people experiencing homelessness.

Located at Barking Learning Centre, the facility provides hot showers, clean underwear, respite, and refreshments to promote better hygiene and health. With rough sleeping in the borough rising 64% from 2020/21 to 2022/23, this initiative addresses the urgent need for sanitation, reducing health risks and hospital admissions.

The project emerged from "Pop-Up" events where people experiencing homelessness could access showers, food, and medical care, with surveys showing a strong demand for permanent hygiene facilities. ShowerBox Barking is a testament to the power of collaboration and how we are working hard with local partners across north east London to prevent ill-health and reduce pressures on our services.

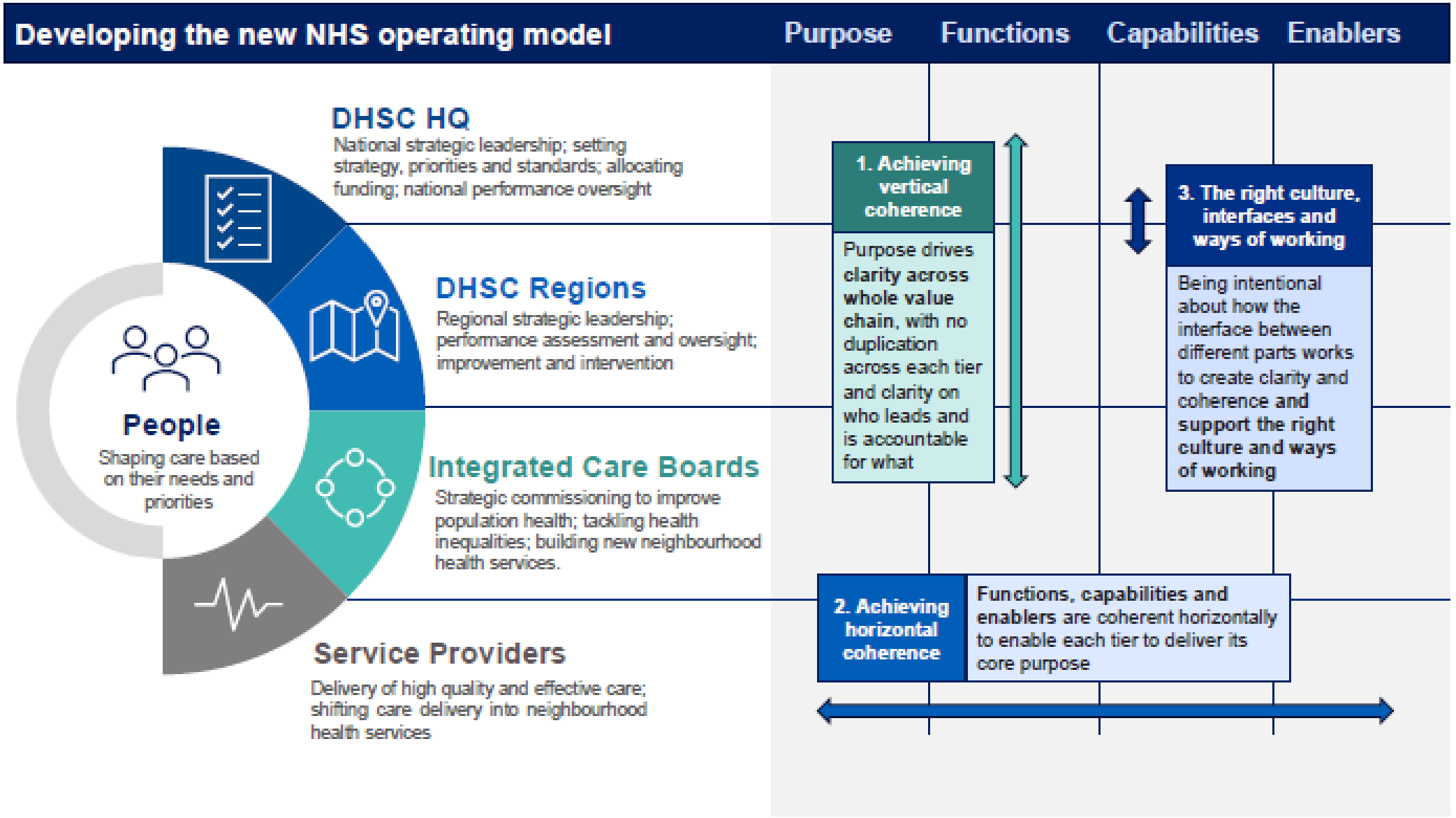


NHS North East London: Update

10 Year Plan – Model Region

The model region has now been published and gives a high-level view of what the regions will do going forward. Regions will essentially have three key objectives:

- to provide strategic leadership of regional health systems. This means that regions will lead local reform, oversee investment and the reconfiguration of local services; support innovation; and ensure an effective leadership strategy and talent pipeline to get the best from our people
- to performance manage and oversee local commissioners and providers. This means regions will have holistic oversight of performance in line with national frameworks, ensure Board and leadership capability, as well as identify ‘early warnings’ and manage risk
- to have a regional approach to improvement, support and intervention. This means regions will support systems and trusts to deliver high quality and sustainable care, develop capability, and address underperformance.


Developing the new NHS operating model
Purpose
Functions
Capabilities
Enablers
DHSC HQ
National strategic leadership; setting strategy, priorities and standards; allocating funding; national performance oversight
DHSC Regions
Regional strategic leadership; performance assessment and oversight; improvement and intervention
Integrated Care Boards
Strategic commissioning to improve population health; tackling health inequalities; building new neighbourhood health services.
Service Providers
Delivery of high quality and effective care; shifting care delivery into neighbourhood health services
People
Shaping care based on their needs and priorities
1. Achieving vertical coherence
Purpose drives clarity across whole value chain, with no duplication across each tier and clarity on who leads and is accountable for what
3. The right culture, interfaces and ways of working
Being intentional about how the interface between different parts works to create clarity and coherence and support the right culture and ways of working
2. Achieving horizontal coherence
Functions, capabilities and enablers are coherent horizontally to enable each tier to deliver its core purpose

NHS North East London: Update

Managing winter pressures

NHS North East London (NEL) and its partners are working together to keep local people safe and healthy this winter. The plan builds on previous years' successes and focuses on strong teamwork across the NHS, local councils, mental health services, and community organisations and is underpinned by the National UEC Plan.

Our approach

- Collaboration: joint planning with local authorities, mental health providers, ambulance services and voluntary groups.
- System Coordination: via the embedded system coordination centre
- Supporting those most at risk: identify and help people who need extra support, including via digital tools and targeted outreach and targeted work with the frail population including falls prevention

Key priorities for Winter 2025/26

- Faster ambulance handovers: Working to make sure ambulances can hand over patients within 45 minutes—so they're ready for the next emergency.
- Same Day Emergency Care: Expanding services so more people can be treated and return home the same day, reducing hospital stays, including the use of alternative pathways of care
- Quicker, supported discharges: Streamlining processes so patients who are ready to leave hospital can do so safely and quickly.
- Vaccinations: Offering Covid-19, flu, and RSV vaccines to those who need them most.
- Out-of-Hours GP appointments: Making sure GP appointments are available in the evenings and at weekends.
- Mental health and local authority partnership: Strengthening crisis support and ensuring timely help for mental health needs.

How you can help

- Everyone is encouraged to support winter health campaigns, share important messages, and help direct people to the right NHS services and encourage people to get their flu vaccination in particular.

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.

Three years on: where are we now (2)

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.

Three years on: where are we now (3)

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.

Three years on: where are we now (4)

4. Support broader social and economic developme

- 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.

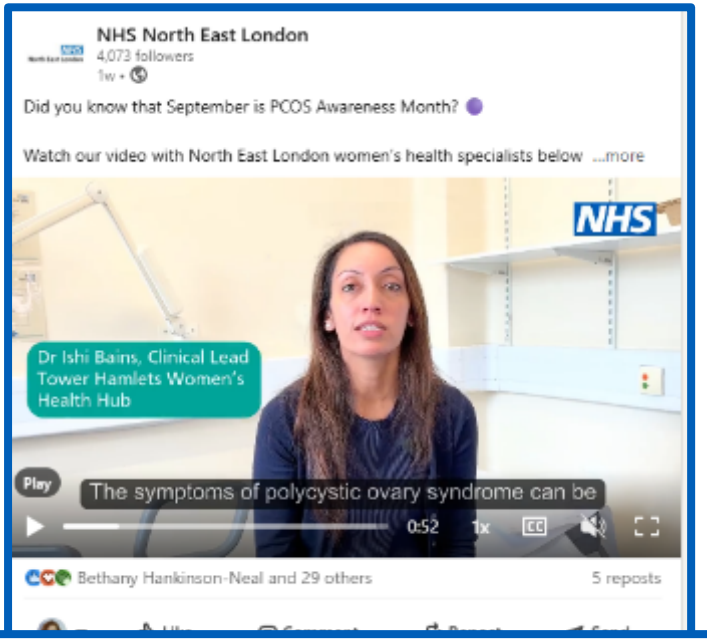
- We're thrilled to share that our **Child and Adolescent Mental Health Services (CAMHS) have been ranked second nationally** and the best in London in the May 2025 Children's Commissioner report.

- 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.

- The **North East London Local Maternity and Neonatal System won the London Maternity and Neonatal Excellence Award for reducing inequalities** after it's work to bring together health and care professionals to deliver a free, inclusive pop-up clinic at Barking Learning Centre. The event welcomed over 700 residents, most from global majority backgrounds, and offered expert advice on fertility, pregnancy, child health, and wider wellbeing. With strong engagement and multi-agency collaboration, the clinic delivered safe, personalised support and is now inspiring further outreach in high-need areas.

- Congratulations to colleagues in primary care and across our ICS for their incredible work on one of our most challenging long term conditions in north east London.

- The latest National Diabetes Audit (NDA) for 2024-25 shows we are the leading ICB in reaching and providing care for our patients with diabetes! Each year, every person with type 2 diabetes should receive eight annual checks. These checks include measuring blood glucose levels, blood pressure, cardiovascular risk, kidney function (two tests), healthy weight, smoking status and a foot examination. ICBs are monitored by how well we deliver these checks as it helps identify early deterioration and supports patients to better manage their condition. Our completion rate last year was 73.1% while the national average for England was 57.6%. This is a testament to the work of our primary care and ICS colleagues.



CHILDREN'S COMMISSIONER

Table 30: 2023-24 ICB performance by indicator, best overall score to worst overall score.

ICB name	Spend per child referred	% budget spent on CYPMHS	Median wait in days	% referrals closed before treatment	Overall score (higher is better)
NHS Bedfordshire, Luton and Milton Keynes ICB	£1,515	1.23	13	21	19
NHS Cornwall and the Isles of Scilly ICB	£1,470	1.2	21	29	17
NHS North East London ICB	£2,175	1.19	27	25	17
NHS Norfolk and Waveney ICB	£1,746	1.72	67	24	16
NHS North Central London ICB	£2,403	1.58	56	31	15
NHS Northamptonshire ICB	£1,392	0.92	31	19	15
NHS North West London ICB	£2,513	1.18	34	32	15
NHS Leicester, Leicestershire and Rutland ICB	£943	0.91	6	17	14
NHS Derby and Derbyshire ICB	£1,283	1.09	51	26	14
NHS South East London ICB	£1,577	1.13	37	37	14
NHS Staffordshire and Stoke-on-Trent ICB	£1,524	1.31	36	50	13
NHS Greater Manchester ICB	£1,097	1.04	14	32	13
NHS Birmingham and Solihull ICB	£1,775	1.32	52	43	13

NHS
North East London

Finance Overview

Meeting name: ONEL JHOSC

Presenter: Henry Black, Chief Finance Officer

Date: 23 October 2025

ICS month 5 (August) 25/26 reported position

- The ICS operating plan expects a system breakeven position by year-end (£2.5m surplus for the ICB and £2.5m deficit for providers).
- To deliver this, there is an expectation that **efficiencies of £367.7m** will be delivered (£37.8m ICB and £329.9m providers).
- At month 5, **the planned year-to-date position was a deficit of £29.4m** (ICB £2.7m, providers £26.7m).
- **Actual delivery against this was a deficit of £59.5m**, which is an adverse variance to plan of £30.2m (ICB positive variance of £1.5m).

Organisation	Operating Plan - YTD			Month 12	Financial Recovery Plan - YTD	
	Plan	Actual	Variance	Forecast	FRP Plan	FRP plan var. to actual
	a £m	*b* £m	*c (b-a)* £m	*d* £m	*e* £m	*f (b-e)* £m
BHRUT	(7.4)	(17.2)	(9.8)	0.0	(16.6)	(0.6)
Barts Health	(10.0)	(30.3)	(20.3)	0.0	(27.8)	(2.5)
East London NHSFT	(1.3)	0.1	1.5	0.0	(1.3)	1.5
Homerton	(1.0)	(4.2)	(3.1)	(2.5)	(1.0)	(3.1)
NELFT	(6.9)	(6.8)	0.0	0.0	(5.2)	(1.6)
Total NEL Providers	**(26.7)**	**(58.4)**	**(31.7)**	**(2.5)**	**(52.1)**	**(6.3)**
NEL ICB	(2.7)	(1.2)	1.5	2.5	(2.7)	1.5
NEL System Total	**(29.4)**	**(59.5)**	**(30.2)**	**0.0**	**(54.8)**	**(4.8)**

- Due to the financial position, the system has been asked by NHSE to outline a financial recovery plan (FRP). The FRP remains under review with the current version setting a **year-to-date deficit of £54.8m compared to an actual year-to-date deficit of £59.5m**. Further updates on the FRP are being made.

NEL ICS efficiencies – month 5 overview

Efficiencies	Month 5			Forecast		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
BHRUT	21.2	13.3	(7.9)	61.5	38.2	(23.3)
Barts	60.6	42.0	(18.6)	168.0	168.0	(0.0)
ELFT	11.0	15.8	4.7	31.9	35.9	4.0
Homerton	10.2	9.4	(0.8)	24.5	24.2	(0.3)
NELFT	10.4	10.0	(0.3)	44.0	44.0	0.0
Total Provider Effieciency	**113.4**	**90.5**	**(22.9)**	**329.9**	**310.2**	**(19.6)**
NEL ICB	12.0	13.1	1.1	37.8	37.8	(0.0)
Total System Efficiency	**125.4**	**103.6**	**(21.8)**	**367.7**	**348.0**	**(19.6)**

- The total system efficiency and cost improvement plan to **month 5 was £125.4m**.
- Of this, **£103.6m has been delivered**, leaving a year-to-date balance against plan of £21.8m (£22.9m under delivery for providers and an over delivery of £1.1m for the ICB).
- BHRUT are reporting efficiency slippage of £23.3m at year-end and the Homerton are forecasting efficiency slippage of £0.3m at year end.
- The other providers and the ICB are on plan, with a forecast over delivery reported by ELFT (£4m). Total forecast efficiency **slippage at year-end is expected to be £19.6m**.

NHS
North East London

Provider Updates – October 2025

North East London Collaborative updates

Meeting name: ONEL JHOSC

Presenter: Carol White, Deputy Chief Operating Officer (NELFT)

Date: 23 October 2025

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. ELFT's CEO, Lorraine Sunduza, is the SRO for the MHLDA Collaborative.

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

Open Letter on NHS Talking Therapies in North East London

- Members of the *Mental Health Action (MHA)* group, part of Socialist Health Association, wrote to NEL ICB and other local health stakeholders to raise concerns about the operations of Talking Therapies services in North East London.

- The below themes were brought up in the open letter, which have been responded to by NEL and ELFT colleagues:

Theme	Concern	Response
Drop-out rates	Only one-third of referrals finish treatment. Over 23,000 people in North East London sought help but dropped out in 2023–24.	Data quoted misinterpret “drop-outs”. Additionally, majority of referrals are self-referrals. Services redirect people to other appropriate help when Talking Therapies are not suitable (e.g. crisis teams, addiction services, CAMHS).
Meeting targets	MHA argued that claims that NEL Talking Therapies have met targets is ‘misleading’.	All definitions and targets are set nationally and cannot be altered locally – including prevalence figures against local targets.
Independent audit and cost	Due to a lack of independent auditing or clear cost data, MHA argued that it isn’t clear whether the service is ‘cost-effective’.	Talking Therapies is transparent, regulated, and scrutinised locally. Services are held accountable by regulators and by local and sub-regional health overview and scrutiny forums.

NEL Mental Health, Learning Disability & Autism Collaborative update

Theme	Concern	Response
Types of therapy	MHA raised concerns that Talking Therapies mainly offers Cognitive Behavioural Therapy (CBT) and short-term models, which may not meet everyone's needs.	In addition to CBT, a full range of NICE-recommended modalities and interventions are on offer, including: • Interpersonal Therapy • Counselling for Depression • Couple Therapy • Dynamic Interpersonal Therapy, • Mindfulness-Based Cognitive Therapy • Eye Movement Desensitisation and Reprocessing
Duration of therapy	MHA mentioned that there is no access to longer-term therapies, which many service users may need.	By following the NHS Talking Therapies framework, which uses a stepped-care model, interventions are time-limited and have clearly defined therapeutic aims.

NEL Mental Health, Learning Disability & Autism Collaborative update

Theme	Concern	Response
Inequalities in access and outcomes	It was argued by MHA that services don't address inequalities linked to deprivation, race or gender.	Services have established relationships, collaborations and joint works with counterpart health, local authorities, service user groups and third sector partners. There is an open-door policy, with success in attracting self-referrals (over 80% of referrals). Bi-lingual therapists or interpreters are employed for individuals with language needs. Nationally and regionally-defined monitoring and trackers of access, populations profile and outcomes as key performance and quality indicators.
Community focus	MHA suggested that the Talking Therapies model uses a 'one size fits all' approach, limiting its effectiveness for diverse populations.	Tailored services are provided by: • Adapted interventions for specific populations and cultures, which are co-produced and co-delivered. • Offering services in GP surgeries, schools, community venues, places of worship and with charities. • All TT services employ community engagement workers.

NEL Mental Health, Learning Disability & Autism Collaborative update

MHLDA Update

Peer Support

- ELFT and NELFT peer support workforce have increased significantly over the past 3 years.
- However, due to variable workforce coding and classification, it is hard to gauge the exact number of peer support workers in post.
- Clear and reliable data is needed to professionalise peer support.

Operational Update

- Operational pressures in crisis and inpatients services have resulted in some out-of-area placements.
- The Integrated Crisis Hub at Goodmayes has helped to reduce pressure in A&E in outer east London.
- The Barnsley Street Neighbourhood Mental Health Centre is now operational in Bethnal Green, Tower Hamlets.
    - This is the very first of NHS England's pilot sites to be fully operational, offering drop-ins from 8am-8pm, Monday to Sunday and six guest beds for those who require them.
- Due to the increase in the population of north-east London, funding for two new 15 bedded wards at Goodmayes has been approved.

Mental Health Support Teams (MHSTs) in Schools

- While MHSTs in schools has been a key Government commitment, national funding has fallen short of the costs.
- NEL has led discussions regionally on this and is in final discussions with NHS England to ensure these services are on a firmer financial footing going forward.
- Following this, the intention is to develop a further three teams starting in January 2026 in City & Hackney, Havering and Waltham Forest.

NEL Mental Health, Learning Disability & Autism Collaborative update

MHLDA Update

National Psychiatric Morbidity Survey

- Published every 10 years, the June 2025 survey provided information about the prevalence of mental health conditions across the country to assist with planning local services.
- This year's survey showed an increase in diagnosis of many mental health conditions.
  - The proportion of young adults (aged 16 to 24), with a common mental health condition rose from 17.5% in 2007 to 25.8% in 2023/4.

NHS 10 Year Health Plan

- The long-awaited *Fit for the Future: 10 Year Health Plan for England* was issued on 3 July.
- The plan refers to a 'modern service framework', and mental health is likely to be the first of these.
- The following principles are articulated in the plan:
  - Dedicated mental health emergency departments to be developed with a target of 85.
  - Neighbourhood teams – a plan to roll out 24/7 neighbourhood care models with mental health integrated into these.
  - Children and young people's mental health including mental health in schools team investments by 2029/30.
  - Digital – opportunities to develop digital behavioural therapy; to have self referral by an app, and co-ordinated care plans via the app.

NEL Mental Health, Learning Disability & Autism Collaborative update

MHLDA Update

Intensive and Assertive Community Outreach

- Work is being undertaken to meet the recommendations of the CQC Rapid Review of Nottinghamshire Healthcare NHS Trust.

- This was an investigation by NHS England, and subsequent guidance following the death of three members of the public by a mentally ill male, Valdo Calocane.

- A review has taken place to see where services stand in relation to:
  - Personalised assessment of risk across community and inpatient teams.
  - Joint discharge planning, co-produced with the person, their family, the inpatient team, and community services (as well as other involved agencies).
  - Multi-agency working and information sharing to improve continuity and safety.
  - Working closely with families, recognising their role as partners in care.
  - Eliminating Out of Area Placements in line with the ICB's three-year plan.

- The review looked at areas of strength and areas for review. An expert reference group made up of service users, carers and staff leads has been set up to oversee the work.

- Leads are currently awaiting national core standards to be issued on community mental health.

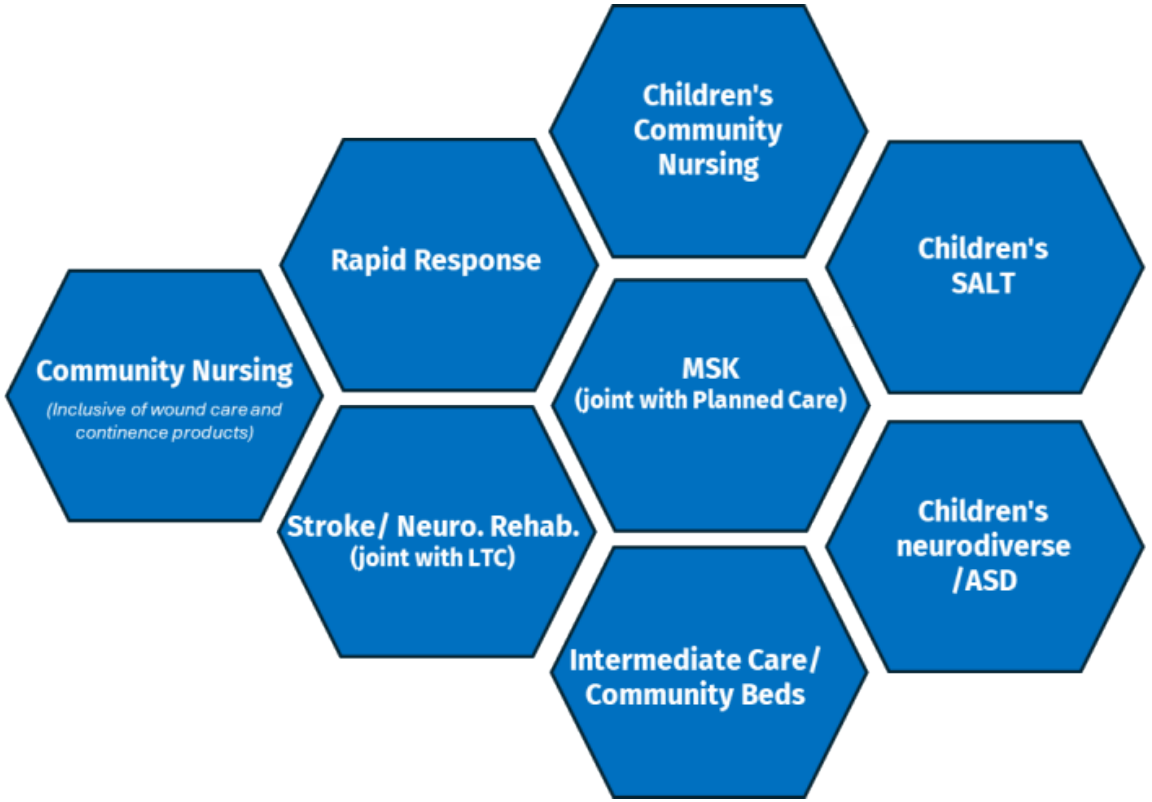
Community Healthcare Collaborative

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

- Community nursing – draft core offer to ensure all Places are receiving a consistent level of service and addressing health inequalities.
- Urgent community response – all areas now achieving above the national target (calls responded to within 2 hours).
- Babies, Children and Young People – strengthening pathways in response to children and families' feedback, e.g. Children's therapies.
- MSK – Recruitment in place to increase the staffing and enable quicker flow through pathways.
- Working jointly with partners to identify void space and ensure estate utilisation is maximised.

Joint between BHRUT and NELFT

- Streamlining processes in A&E, e.g. therapy teams, extra social worker to facilitate discharge, King George MH triage in A&E moving to the front door to support early support offer to our patients.
- Falls prevention and pathway standardisation, including enhancing the senior medical leadership.
- Diabetes – reviewing use of insulin pumps, transition from children to adults, and footcare pathway.
- Stroke pathway – reviewing the community capacity to offer enhanced stroke rehabilitation in residents' place of residence.
- Diagnostic support – remove extra steps between community and acute services in mental health for CYP and adults.
- Creating a streamlined pathway between community and acute care for eating disorder services.
- IV antibiotics to offer this service in the community.

St George's (joint working plans also in Whipps Cross)

- Joint working to enable single support services to streamline access for our patients, e.g. single reception team.
- Ageing Well unit and virtual ward hospital at home, closer joint working.
- Dementia diagnostic model – 1 stop shop in planning to ensure swifter care and support for our patients.
- Co-locating our GP and MHWT in St George's unit to enhance primary care mental health care.

Phlebotomy

- The transition to a new booking system in Phlebotomy is now complete, initial concerns but fully in place now and positive feedback received.

NHS
North East London

Barking, Havering and Redbridge University Hospital NHS Trust

Meeting name: ONEL JHOSC

Presenter: Andrew Deaner, Chief Medical Officer (BHRUT)

Date: 23 October 2025

Urgent and emergency care

- In July, 79.9% 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 22nd out of 121 trusts in England.
- Our Type 1 performance (those who are most seriously ill) was 59.4%.
- We had 30,627 attendances and the average daily number of patients attending was 988, making it our busiest July on record.
- 420 patients were referred to mental health services from our A&Es.
- The average length of stay in A&E for our patients with mental health conditions was 20.2 hours; 177 patients were in for more than 12 hours.

Reducing our waiting lists

- In July, 71.2% of patients received their first treatment within 18 weeks of referral.
- 58,597 patients were on our waiting list; the majority were waiting for an outpatient appointment.
- 591 patients had been waiting more than a year.

Cancer targets

- In June, we met the 28-day Faster Diagnostic Standard (79.1% against a target of 76.9%) and the 31-day target (99.1% against 96.9%). However, we did not meet the 62-day standard. For July, we anticipate similar.
- We also met the target for diagnostic waiting times for a 14th consecutive month.

Finance

- The year-to-date deficit was larger than it should have been, partly because £1million was spent on staffing cover during the resident doctors' strike. 1,112 outpatient appointments and 121 non-urgent surgeries were re-arranged.
- Agency spend has reduced significantly, from £47million two years ago to an expected £7million this year. The current focus is on reducing bank staff usage and making sure departments keep within budget

Maternity

- We are one of 14 NHS trusts that will be part of a national investigation, led by Baroness Amos, into maternity services in England.
- When the Care Quality Commission inspected our maternity department in August, inspectors were impressed by the positive changes they saw.
- We know these improvements have come too late for some families. However, we hope the inquiry will reassure residents about the safety of our maternity services.

Electronic Patient Record (EPR)

- We launch our new EPR on 8 November. The system will enable staff in any of the hospitals run by us and by Barts Health to access real-time patient information, all held securely in one place.
- It will improve patient safety, reduce medication errors and improve patient experience as information will only have to be given once. However, over the launch period patients may experience some delays as staff get used to the new system.

Other news

- In the new NHS league tables, we are ranked 57th out of 134 acute trusts, placing us mid-table in segment 3. In previous years we would have been near the bottom, in segment 5.
- We were scored as high performing (segment 1) for access to services and effectiveness, and above average (segment 2) for people and workforce. No trust in deficit can score higher than segment 3.

- We've reduced our blood test slots to just five minutes, allowing us to offer same day tests to those coming in for outpatient appointments.

- We reinstated our 'TonKidz project' to treat 648 children needing tonsillectomies in just three months, which would usually take two years. Oakley Harding, aged four, is pictured right.

NHS
North East London

Barts Health NHS Trust
For information only

Your care, your call

- Last year, 1 in 8 patients missed their appointments without letting us know. That meant hundreds of thousands of wasted slots, significant costs to the NHS, and, most importantly, vulnerable patients waiting longer for the care they need.

- Our new campaign, Your care, your call, helps patients attend, cancel or reschedule their appointments, creating faster and fairer care for everyone.

Operational Developments

- St Bartholomew's Hospital has been named a national centre of excellence for treating myeloma, a cancer of plasma cells in the bone marrow.

- A new specialist unit providing rapid care for cancer patients who become unwell during treatment has assessed over 3,000 people in it's first year.

- Four out of five patients with suspected cancer are getting a speedy diagnosis from our hospital teams.

- To help prevent patients, visitors and staff being exposed to second-hand smoke at Newham Hospital we have installed new smoke detectors across the hospital.

- Our A&E department is undergoing major improvements, as part of more than £21 million being invested across Whipps Cross Hospital this year.

- A fast, free cholesterol test, pioneered at Barts Health and now available at local pharmacies across east London, is helping people catch hidden heart risks early — potentially preventing heart attacks and strokes.

- A quality improvement project at Newham Hospital is transforming patient care, helping to keep patients safe and speeding up discharges.

Finance and planning

- Our annual turnover remains about £2.5bn but to meet national expectations and live within our means in 2025/6 we agreed a plan to make 6% worth of cost improvements over the year. To protect patient care this involves a recruitment freeze, redeployments and redundancies in corporate services which are currently in train.

- We are setting up a number of projects to transform the way we work in order to make services sustainable in the long-term, such as reforming the way we manage outpatient clinics using a range of digital tools to give patients more control over their care .

- We are talking to partners about sharing the financial and clinical risk posed by mental health patients in emergency departments and patients who can't be discharged until suitable community support is in place.

People

- According the the NHS staff survey, one in five of us working in the Barts Health group of hospitals has a disability or long-term health condition. Thanks largely to the efforts of the BartsAbility staff network, the organisation has made considerable progress towards inclusion and equity on their behalf.

- Our People Strategy has been refreshed to incorporate learning from its first year of implementation and to align with the new NHS 10 Year Plan.

Research and Innovation

- A new treatment for bladder cancer, trialled at Barts Health, has been proven to double survival rates for people whose cancer has spread or cannot be removed by surgery and is now available on the NHS.

- Ground-breaking clinical research in our hospitals in taking off with more studies, participants and long-term benefits for patients than ever before. Experts from Barts Health are authors in over 2,000 research publications every year, more than double the number a decade ago

Further updates

- Our hospitals are helping dozens of people from deprived and disadvantaged communities in north east London take a first step on the NHS career ladder. The trust's pioneering Community Works for Health and Healthcare Horizons teams have won a new contract to find training and work experience placements for residents in Waltham Forest, Redbridge, and Newham.

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Havering
LONDON BOROUGH

OUTER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE, 23 OCTOBER 2025

Subject Heading:	Deep Dive – Improving GP Access
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 NHS's recent case study of Maylands Healthcare with the view of improving GP access in North East London

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 NHS's recent case study of Maylands Healthcare with the view of improving GP access in North East London

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

Improving GP access in North East London – October 2025

A case study from Maylands Healthcare

Meeting name: ONEL JHOSC

Presenter: Dr Atul Aggarwal – GP Partner

Date: 23 October 2025

Improving access to primary care in north east London

- Over the past two and a half years, a programme of work has been undertaken across North East London to improve access to primary care and the patient experience
- This is part of a national drive to move away from the 8am phone call queue and ‘first come, first served’ process for allocating appointments to a system where patients’ needs are assessed and triaged, allowing practices to provide patients with the most appropriate care or other response, and ensure they are informed on the day they contact the practice how their request will be dealt with
- We are already seeing NEL-wide impact and recent national GP Patient survey results show that the experience and ease of contacting a GP practice in north east London have both improved by 2% over the past year.
- Maylands are presenting their journey, as an example of a practice that has transformed access to primary care.

About Maylands Healthcare

Insight

- Has ≈14,000 patients registered with 10 GPs, three practice nurses, one Primary Care Network (PCN) physiotherapist, one healthcare assistant (HCA) two PCN pharmacists and two PCN general practice assistants (GPAs).
- Surgery based in north east London under Liberty PCN

Values and Vision

- Patient-centred care
- Innovation – embracing technological developments and using them in aiding patient care
- Collaboration – working with Primary Care Network to offer more appointments and better care as per demand (St George's Hub, Out of Hours (OOHs), Pharmacists, Physio and GPAs)
- Sustainability – ensuring long-term improvements by future-proofing access to GP services.

Challenges

Queues at 8am outside and on phones causing limited access for patients

Rising appointment demand and workforce pressures

Need for fairer and faster access to GP services

Long waiting times on phones

Increased pressure on other NHS services like Polyclinic, 111 and A&E

Our solutions

X-on Health Phone Systems

Klinik Appointment System

What is X-on Health?

Overview

- Cloud-based telephony solution designed for GP practices
- Smart call management, reducing patient wait times
- Integrated with clinical systems for seamless workflow

Benefits for patients

- Fairer access – calls are queued and managed digitally (no engaged tone)
- Call-back option to avoid long wait times
- Clearer, more reliable phone connection
- Easier access for vulnerable or digitally excluded patients

What is X-on Health?

Benefits for staff

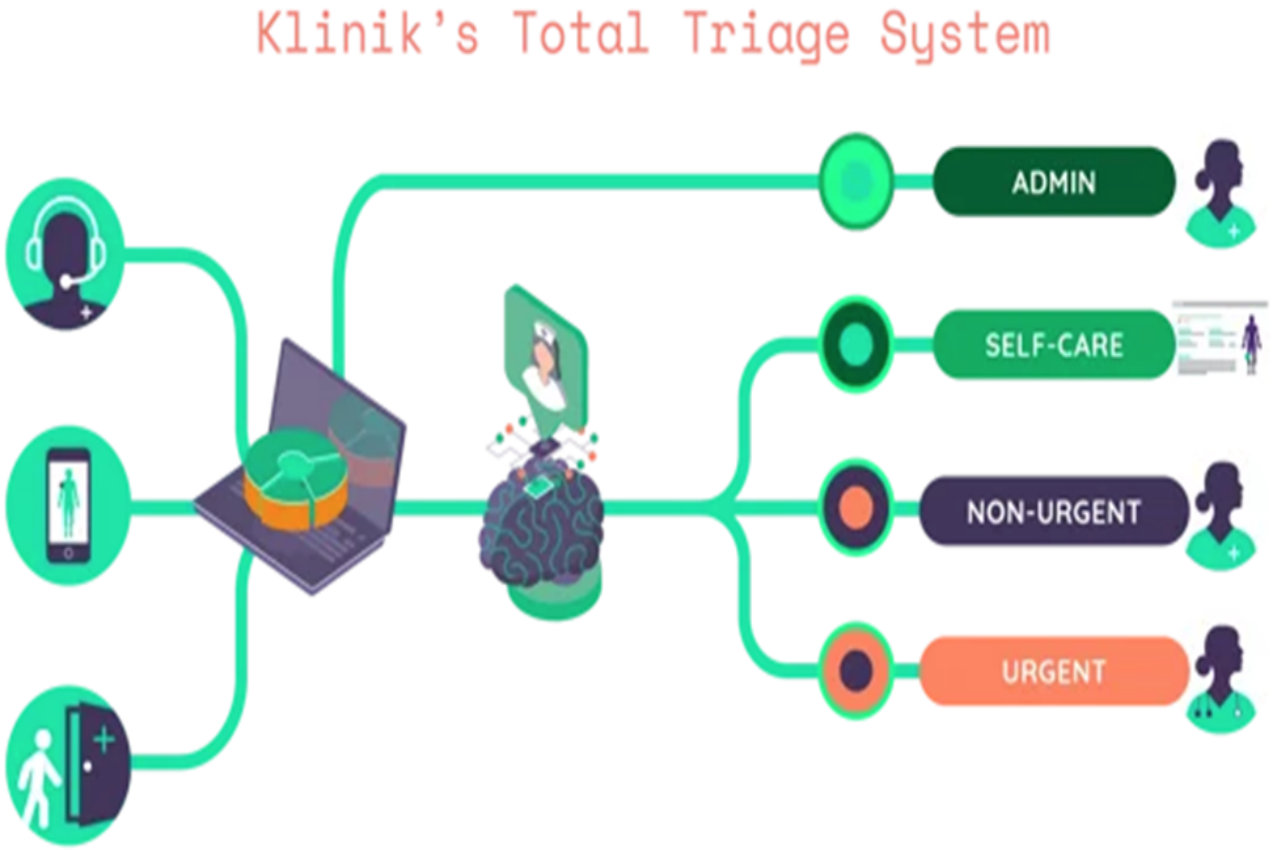
- Real-time call data and reporting to manage demand
- Flexible call handling (transfer, record, route)
- Improves efficiency and reduces stress for reception teams

Impact at Maylands Healthcare

- Significant reduction in missed calls
- More patients able to get through first time
- Smoother, more organised reception workflow

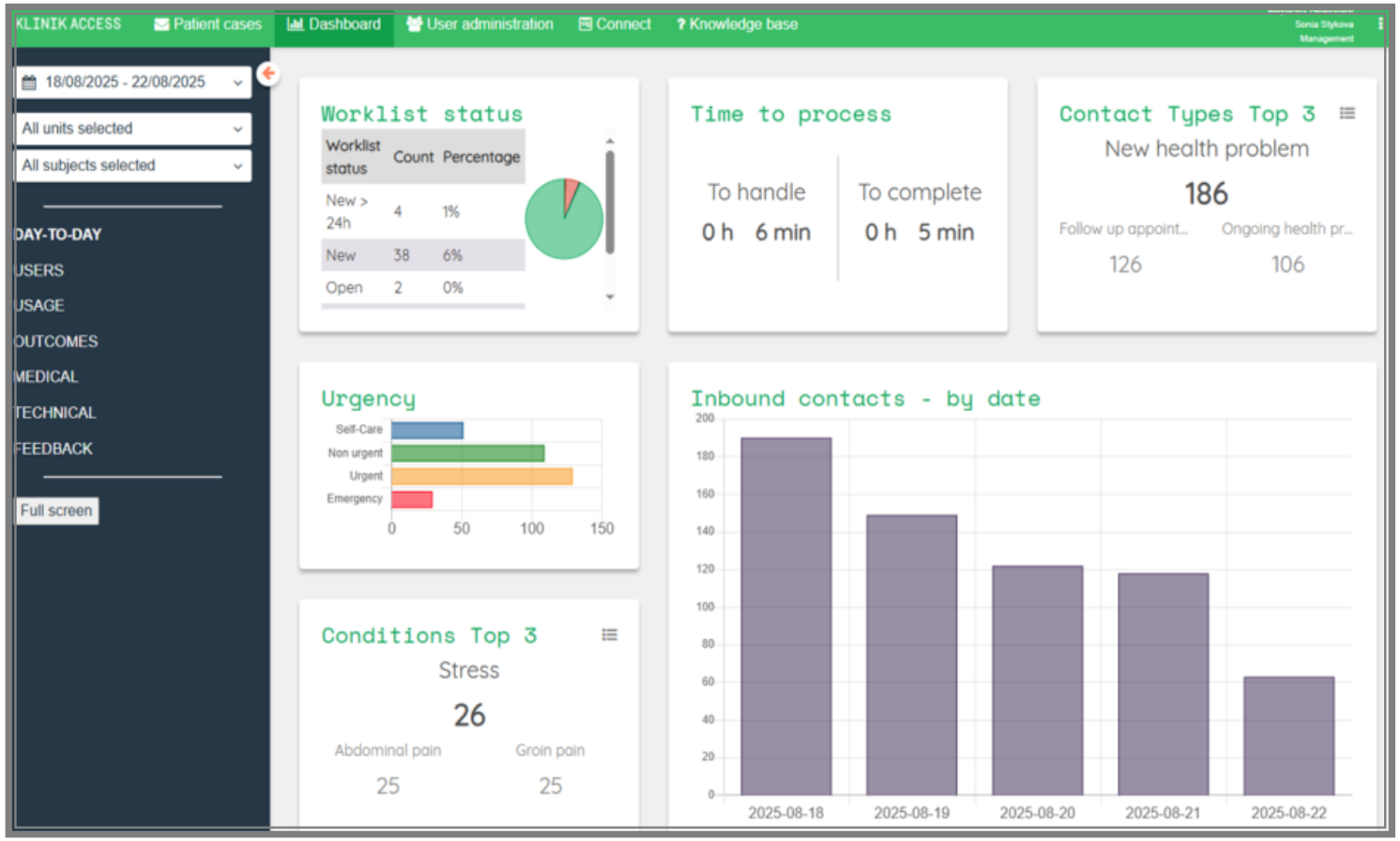
What is Klinik?

- AI-based triage & patient flow management tool
- Automatically assesses urgency across 1,000+ symptoms
- Provides structured patient history for triaging staff mirroring consultation style
- Offers real-time analytics and statistics for demand management and workforce planning



How we use Klinik at Maylands

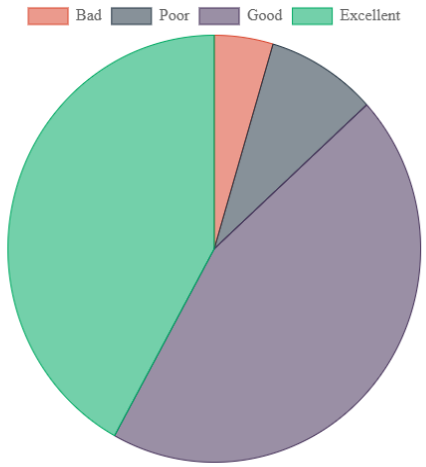
- Patients can submit requests online from 07:30 till 18:30
- Trained triaging team
- Klinik appointment slots
- Trained staff to book appointments
- Able to direct patients to GP, pharmacist, physio, nursing team or admin according to request
- Streamlines diagnosis, triage, and treatment



Benefits for patients

- Faster, fairer access to care
- Convenient booking – no 8am bottleneck
- Increased utilisation of nurse clinical sessions, pharmacy appointments and MSK practitioners
- Improved outcomes and satisfaction (clinician-led triage)
- 68% of patients satisfied with appointment waiting time (2025 survey)

Patient feedback

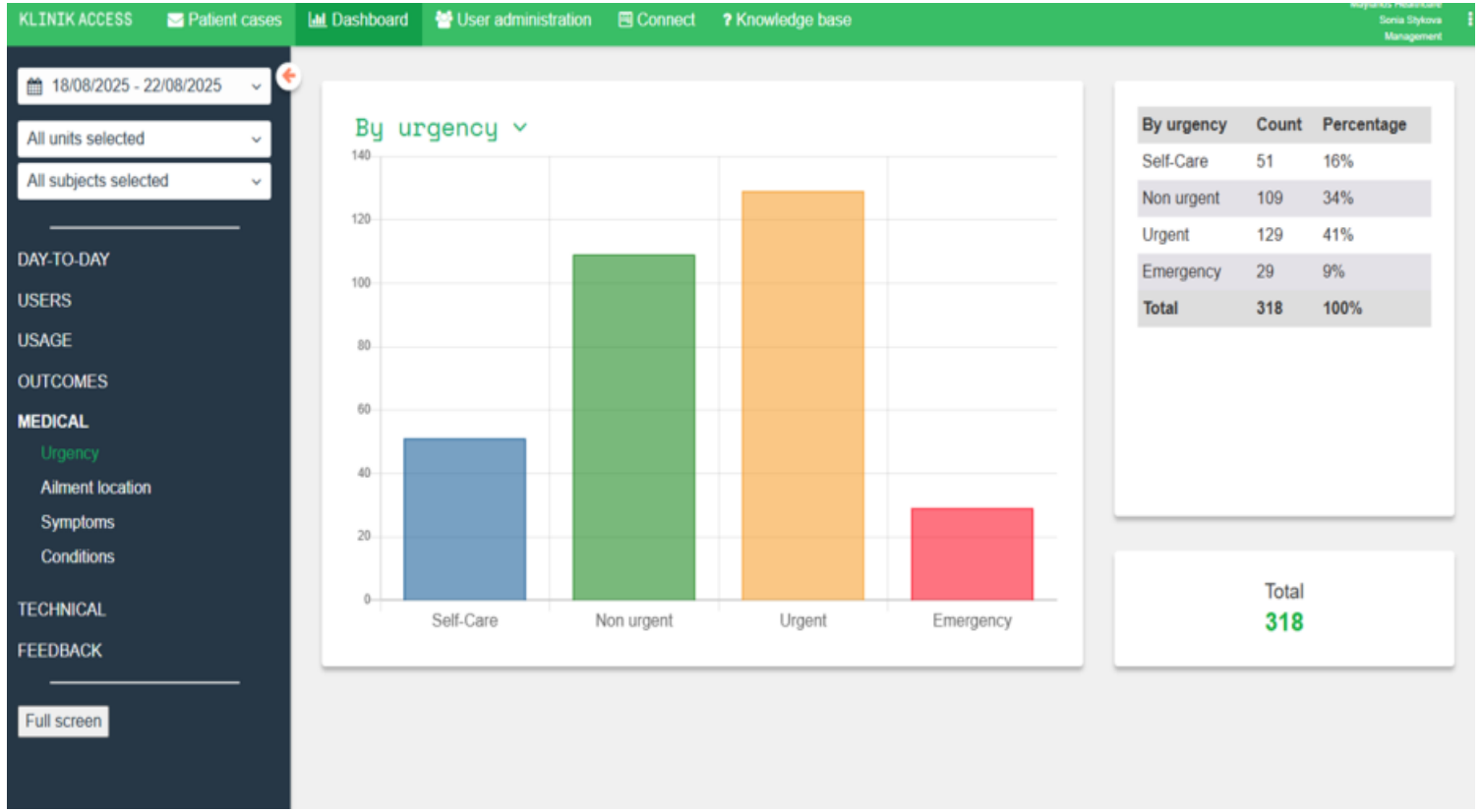


Patient feedback	Count	Percentage
Bad	197	5%
Poor	370	9%
Good	1921	45%
Excellent	1800	42%
Total	**4288**	**100%**

Total
4288

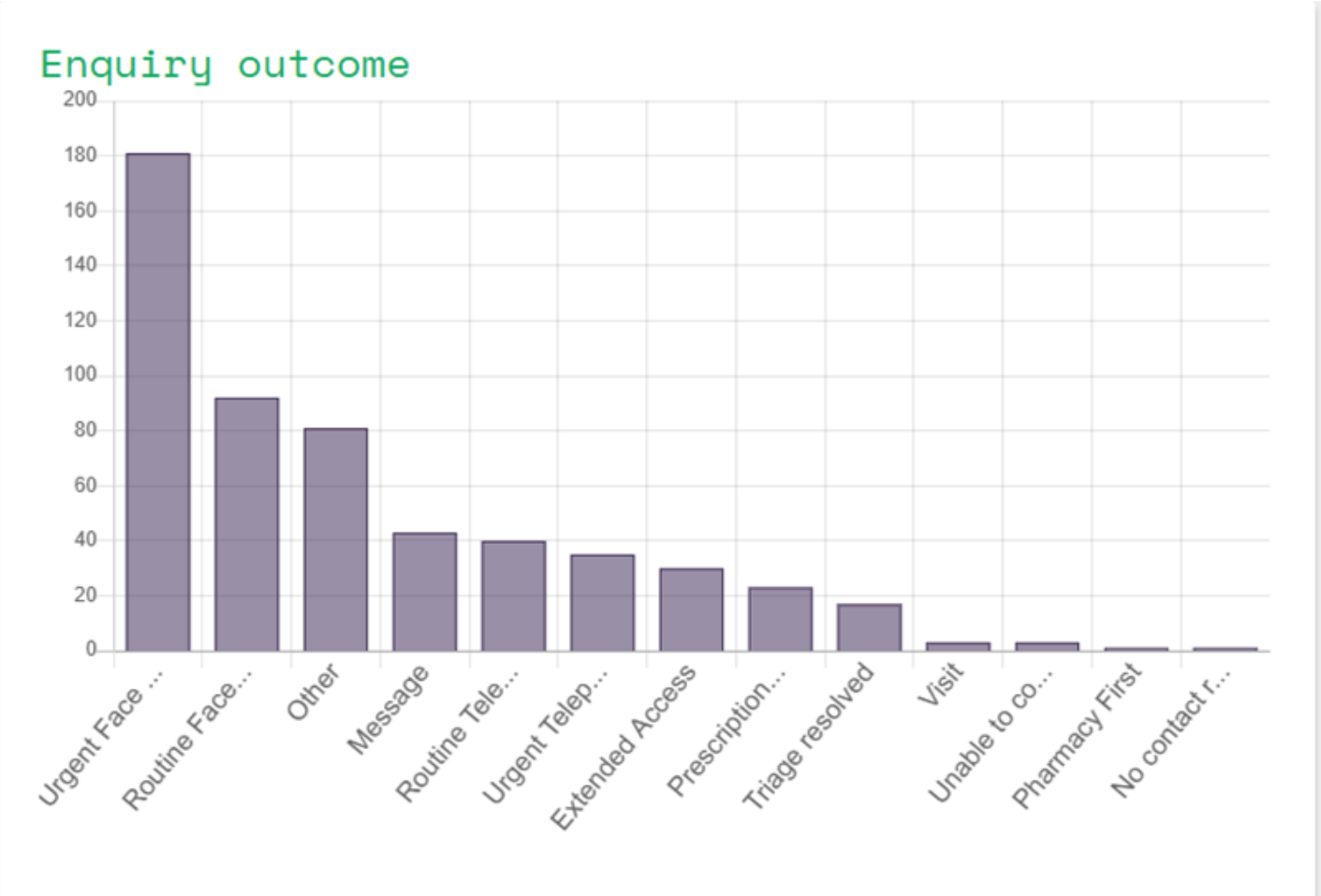
Benefits for patients

- Workload reduction – cuts 20% of tasks
- Frees 3–5 GP sessions per week
- Redirects 40–60% of contacts to non-GP staff
- Boosts morale and job satisfaction
- Reduced abuse and stress at reception front desk



Wider impact

- Data-driven decision making for workforce planning
- Scalable benefits across Primary Care Networks (PCN)
- Potential savings of up to £300,000 per PCN
- Reductions in the use of NHS111 slots as more cases answered by the practice



Goals looking ahead

- Improving appointment waiting times
- Spread awareness of other local services and service options (eg. Pharmacy first, physios etc)
- Reduce number of unmet demand
- Keep improving the clinical system
- Continue to expand digital-first access
- Ongoing improvements through feedback and analytics
- Building a resilient and patient-centred healthcare system

Patient view

★★★★★ 3 months ago

Online form at 8am , call back at 9 , appointment at 10.20 , amazing service from a wonderful young doctor , had lost faith but my opinion has changed, he pulled out all the stops to get things done for me , Well done Maylands

❤️ 2

Patient view

[redacted]

★★★★★ a year ago

Really impressed with the new Klinik system for booking appointments. My husband was seen on the same day as an urgent appointment. I was seen in 2 days time as a non-urgent. My GP was lovely. She took time to listen and explain everything. She looked into my past record with care and gave great advice. Very satisfied

🙏❤️ 3

Patient view

★★★★★ a year ago

I was sceptical about the new Klinic booking online but it's been great. Appointments are easier to get less running back and forth ..so easy to get help when needed now.
Staff at surgery are friendly and polite much better now there's a service in place. Well done all x

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Spreading good practice across north east London

- Using data and patient feedback to understand variation in patient access and patient experience
- Support targeted at those practices with the greatest challenges
- Two Modern General Practice Peer Ambassador GPs are providing support to practices and teams in implementing the Modern General Practice framework
- NEL-wide webinars to share good practice and support practices to implement contractual requirements around access - over 200 people attended the first one.
- 28 practices are participating in a national Quality Improvement Programme to improve access
- Practices are being supported with digital tools to improve access and free up capacity.

Reference List

- *Health Innovation Yorkshire & Humber* (2025). Available at: https://www.healthinnovationyh.org.uk/how-we-can-help-you/industry/case-studies/using-ai-to-triage-patients-provide-better-patient-experience-and-reduce-pressure-on-frontline-staff (Accessed 1 October 2025).
- *Klinik Healthcare Solutions* (2025). Available at: https://klinikhealthcaresolutions.com/ (Accessed 1 October 2025).
- *Maylands Healthcare Reviews (2025)*. Available at: https://www.google.com/search?%E2%80%A6Maylands+Healthcare+Reviews (Accessed 1 October 2025).
- *X-on Health* (2025). Available at: https://www.x-on.co.uk/ (Accessed 1 October 2025).

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Thank You

Maylands Healthcare

Dr Atul Aggarwal

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