

JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE AGENDA

4.00 pm

Tuesday
20 January 2026

Council Chamber,
Town Hall, Romford

COUNCILLORS: 10 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
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Protocol for members of the public wishing to report on meetings of the London Borough of Havering

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

Reporting means:-

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

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

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

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



Essex County Council



NOTES ABOUT THE MEETING

1. HEALTH AND SAFETY

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

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

2. CONDUCT AT THE MEETING

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

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

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

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

AGENDA ITEMS

1 CHAIRMAN'S ANNOUNCEMENTS

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

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

To receive – if any

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 agree the minutes of the previous meeting held on 23rd October 2025 and authorise the Chairman to sign them.

5 HEALTH UPDATE (Pages 9 - 52)

Documents attached

Luke Phimister
Clerk to the Joint Committee

**MINUTES OF A MEETING OF THE
JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE
Council Chamber, Town Hall, Romford
23 October 2025 (4.00 - 6.00 pm)**

Present:

COUNCILLORS

London Borough of Barking & Dagenham	Michael Pongo
London Borough of Havering	Christine Smith
London Borough of Redbridge	Daniel Morgan-Thomas and Bert Jones
London Borough of Waltham Forest	Richard Sweden
Essex County Council	Marshall Vance
Epping Forest District Councillor	Kaz Rizvi
Co-opted Members	Ian Buckmaster (Healthwatch Havering)

6 CHAIRMAN'S ANNOUNCEMENTS

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

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

Apologies were received from Councillor Sunny Brar.

8 DISCLOSURE OF INTERESTS

There were no disclosures of interests.

9 MINUTES OF PREVIOUS MEETING

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

10 **HEALTH UPDATE**

The Committee was provided with an update on BHRUT.

Members noted A&E performance exceeded the London average with 80% of patients admitted, transferred, or discharged within four hours, ranking the Trust 22nd out of 121 nationally. Financial challenges persisted, with a higher-than-expected deficit. The Trust was selected for the Baroness Amos national maternity investigation despite recent positive CQC reviews. The Electronic Patient Records implementation remained a significant challenge but was expected to improve care. Officers explained that records could be shared with Barts, though GPs would only access results. Officers also highlighted growing demand due to an ageing and sicker population stressing the need for services beyond A&E.

The Committee then received an update on the NEL Collaborative.

Members noted the rise in mental health crises continued with efforts focused on encouraging community support use over ED attendance. Crisis cafes were being opened and crisis houses had launched in Redbridge and Waltham Forest. Havering and Barking & Dagenham would receive them pending funding although a 15-bed ward was due to open in Goodmayes. Officers explained the admission criteria noting NELFT's preference for home treatment and its cost compared to other treatment options. Cost-of-living pressures were impacting mental health and the Assertive Outreach Approach was under review following national failures. Updates on wound care in Redbridge were promised post-meeting. Officers confirmed there would continue to be a close collaboration with hospices for end-of-life care. Officers also addressed a legal case involving NELFT noting the Trust was found guilty of a health and safety breach but not corporate manslaughter. Members noted that sentencing was expected in November. Members and officers extended their condolences were to the affected family. Members requested details on changes following the verdict to which officers agreed to provide these.

The Committee then received an update on the ICB's developments.

Planned savings and organisational changes had not progressed due to NHS England delays in redundancy funding however the 10 Health Plan and Model Regen had been published which had prompted a refresh of ICB strategy and a shift toward long-term planning. Commissioning intentions for core health areas were shared with providers who must now produce five-year delivery plans. Zina Etheridge confirmed her step-down as CEO with the ICB having appointed an interim CEO. Members noted that budget cuts of approximately 50% were anticipated which would affect 900 staff. Officers clarified that strategic commissioning aimed to optimise investment without adding bureaucracy with a focus on collaboration with existing providers and better data use. Further details on commissioning intentions for services such as end-of-life care were offered to be shared post-meeting.

Finally, the Committee received the Finance Overview.

Members noted the ICB aimed for a £29.4 million deficit but reported £59.5 million which had been driven by the cost improvement plan not meeting its deadline. A financial recovery plan had been submitted with a break-even forecast for year-end. In response to concerns about quality during cost-saving measures, officers assured members that financial recovery would not compromise care standards and confirmed that monthly monitoring was in place.

11 DEEP DIVE - IMPROVING GP ACCESS

The Committee was presented with the transformation of primary care access at Maylands GP Surgery.

Members noted the phone system had been improved to reduce morning call congestion preventing dropped calls and easing pressure on 111 and A&E services. The system, which costed approximately £29,000 with a £900 monthly fee, allowed calls to be transferred rather than lost.

Additionally, the surgery implemented Klink, an AI-based tool for appointment booking, which categorised patient requests by urgency and type. It was explained that all requests were reviewed by clinicians, not AI, and NHS colleagues confirmed there was compatibility with NHS England's Digital Mandate and the 10-year vision for modern General Practice. Members were pleased to see customer satisfaction increased from 28% to 68%. Patient safety remained a priority with senior consultants involved in triage.

The Committee noted the report.

Chairman

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OUTER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE, 20 JANUARY 2026

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

Officers from the various NHS providers will present updates on their respective services. The report also includes information on Richard House for the Committee to scrutinise.

IMPLICATIONS AND RISKS

Financial implications and risks: None of this covering report.

Legal implications and risks: None of this covering report.

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

Equalities implications and risks: None of this covering report.

BACKGROUND PAPERS

None.

Health Update – January 2026

Meeting name: ONEL JHOSC

Presenter: Ralph Coulbeck, Chief Executive

Date: 20 January 2026

NHS North East London: Update

Organisational Change

In November, NHS North East London (the Integrated Care Board) announced the appointment of Dr Nnenna Osuji as its new Chief Executive.

Nnenna has a strong track record as a senior leader in the NHS and joins NHS North East London (NEL) from the Royal Free London NHS Foundation Trust where she serves as Chief Executive for North Middlesex University Hospital and community services. Prior to this, she was the Deputy Chief Executive at Croydon Health Services NHS Trust. She has a pedigree in academia and teaching, is an experienced haematology consultant and continues to practise.

Nnenna has a proven track record as a collaborative system and regional leader, including co-chairing the London People Board and its Equality, Diversity and Inclusion Steering Group, and acting as North Central London ICS Lead for Community Services. Her start date will be confirmed in due course.



NHS North East London: Update

Organisational Change

In March 2025 all ICBs were asked by the Government and NHS England to reduce their running costs by around 50%. In May 2025 a national [Model ICB Blueprint](#) was published, subsequently followed by the publication of NHS England's [Strategic Commissioning Framework](#). In response, we developed our [proposed new operating model](#), which has been discussed and agreed with NHS England following engagement with partners and stakeholders across our integrated care system.

Staff consultation

We launched a formal staff consultation on the proposed new organisational structures on 1 December 2025. The consultation will run to 21 January 2026, extended to take account of the Christmas holiday period. We are currently supporting our workforce with workshops, open sessions and training and listening to feedback on the proposed structures. We want to ensure that all staff have the opportunity to contribute in a way that feels comfortable and accessible.

No final decisions will be made until the consultation has ended and all feedback and suggestions have been reviewed and carefully considered.

NHS North East London: Update

Organisational Change – timelines

1 December 2025 – Consultation on the proposed organisational structures launched

1 December – 21 January 2026 – Individual consultation meetings to take place and all staff to share their views, ask questions or seek clarification on the proposed changes

21 January – Consultation closes

22 January – 6 February – All feedback reviewed and considered by EMT. Job descriptions and team structures to be finalised and outcome document to be drafted

9 February – Respond to the consultation.

~~February~~ **– May** – Selection and redundancy process

~~June~~ **– June** – Compulsory redundancy to be served where applicable and notice periods to begin

Voluntary redundancy

Alongside the staff consultation, we have launched a voluntary redundancy scheme that will run until 4 January 2026.

1 December 2025 – 4 January 2026 – Voluntary redundancy scheme open to applications

4 – 18 January – Agree redundancies

19 January – 1 February – Appeals process to run

2 – 22 February – NHS England regional approval period

March – Notices of voluntary redundancy to be served, notice periods and exit.

NHS North East London: Update

Managing winter pressures

Coordinated system response

- North East London (NEL) has implemented a robust, collaborative winter plan across the health and care system, incorporating lessons from previous years and early cross-partner planning.
- Daily oversight via the System Coordination Centre enables rapid identification and collective management of pressures, ensuring safe and responsive services.
- Real-time data visibility and shared accountability enable rapid, effective responses to emerging pressures.
- The latest national performance data showed that the NHS remains on course for delivering its strongest December performance in a number of years.
- January remains a critical period. Flu cases falling at the start of January, but the cold weather and continued demand means services remain under pressure.
- We welcome continued support from JHOSC members who play a vital role in promoting vaccination and other public health messages.

NHS North East London: Update

Managing winter pressures contd.

Strengthened community care

- Expanded Acute Respiratory hubs over winter, Urgent Community Response, virtual wards, and improved NHS 111 usage.
- Development of NEL Single Point of Access (SPoA) and Integrated Care Centre (ICC) with London Ambulance.
- Enhanced discharge processes support timely, safe transitions from hospital to home.
- Focus on Same Day Emergency Care, and Same Day Access in primary care.

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Mental Health and crisis response

- High demand for mental health services continues to challenge emergency care.
- System partners are improving crisis pathways, escalation protocols, and joint working to reduce waits and improve patient safety.

Focus on safety, dignity, and fairness

- Initiatives to reduce corridor care, strengthen safeguarding, and support vulnerable groups (frail elderly, children, young people) are embedded in winter planning.

Vaccination and workforce resilience

- Ongoing flu and COVID-19 vaccination campaigns target residents and staff, with a focus on vulnerable groups and areas of low uptake.

NHS North East London: Update

Managing winter pressures contd.

Impact of industrial action

- Resident doctors took industrial action from 7am on Wednesday 17 December 2025 until 7am on Monday 22 December 2025.
- During this period, all other NHS staff (including consultants and other specialist doctors) still working. Focus of the NHS was on ensuring as many services as possible continued to operate safely.
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• Integrated System approach supported through clinical leadership, System Coordination Centre and partnership working
- National data shows the NHS delivered 94.7% of elective activity across the 5 days of the most recent industrial action, despite having the additional winter pressures to contend with.
- From 22 December, the NHS focused on supporting people to return home safely before Christmas, while also creating bed space for urgent cases over the holiday period.

Our achievements

- We're delighted to share that teams based in north east London were winners and received recognition for their excellent work at the inaugural **London Personalised Care Awards** ceremony earlier this month. North east London teams won four of the twelve award categories and received Highly Commended recognition in six categories. In addition, two of the three Personal Recognition Awards were awarded to individuals based in north east London.
- Congratulations to **Dr Ishi Bains** (pictured), GP in Tower Hamlets and Clinical Lead for the Tower Hamlets Women's Health Hub, on being named [GP of the Year at the General Practice Awards 2025](#). This national recognition reflects Dr Bains' outstanding contribution to patient care and system improvement.
- The NHS North East London Pharmacy and Medicines Optimisation team, working with system partners, has introduced **a new, unified service to ensure urgent access to palliative and end-of-life care medicines** across north east London. Operating 24 hours a day, seven days a week, the service provides a single, equitable framework, replacing inconsistent local arrangements and variable availability.
- In December, local residents, volunteers and staff (pictured) came together to celebrate both the official opening and **one-year anniversary of St George's Health and Wellbeing Hub** in Havering. The celebration followed the Hub being [named a finalist](#) last month in the Health Service Journal's Integrated Care Initiative of the Year Award.
- Our teams and partners have been awarded for their exceptional work and real difference they are making to people's lives across north east London (NEL) at **this year's HSJ Awards**. We had 14 projects nominated this year and while we didn't get any wins we had multiple finalists – with the work of colleagues from ELFT and NELFT being highly commended. This is a powerful recognition of the innovation, dedication, and impact across our system.
- We also launched the **North East London Population Health Management Platform – Optum Pathfinder**, which marks a major step forward in how we use data to support health and care for our population. The platform will enable proactive, population-level decision making, giving colleagues across the system—including primary care, social care, public health, and providers—access to integrated population data. This supports evaluation, targeted interventions, and ultimately helps us reduce inequalities and improve outcomes in line with our 10-year health plan.



Finance Overview

Meeting name: ONEL JHOSC

Presenter: Henry Black, Chief Finance Officer

Date: 20 January 2026

ICS Month 7 (October) 25/26 reported position

- The operating plan submitted at the end of April expected a **breakeven position at year-end** (ICB surplus of £2.5m and provider deficit of £2.5m). The system planned to deliver deficits each month for the first half of the year, with an expectation that financial recovery would be from month 7 onwards.
- At month 7, the ICS **planned system deficit was £28m** (£1.9m ICB and £26m provider) and the **actual year-to-date deficit is £69.8m**. This is an **adverse variance to plan of £41.8m**.

Organisation	Operating Plan - YTD			Month 12 Forecast	Financial Recovery Plan - YTD			
	Plan <i>a</i> £m	Actual <i>b</i> £m	Variance <i>c (b-a)</i> £m		FRP Plan <i>e</i> £m	FRP plan var. to actual <i>f (b-e)</i> £m	Actual with DSF <i>g</i> £m	FRP Variance <i>h (e-g)</i>
BHRUT	(10.8)	(30.9)	(20.1)	0.0	(15.7)	(15.2)	(23.4)	(7.7)
Barts Health	(7.7)	(24.2)	(16.5)	0.0	(21.7)	(2.5)	(24.2)	(2.5)
East London NHSFT	(1.0)	0.2	1.2	0.0	(1.0)	1.2	0.2	1.2
Homerton	(1.5)	(7.8)	(6.3)	(2.5)	(1.5)	(6.3)	(1.3)	0.1
NELFT	(5.2)	(7.4)	(2.2)	0.0	(4.4)	(3.0)	(7.4)	(3.0)
Total NEL Providers	(26.0)	(70.1)	(44.0)	(2.5)	(44.2)	(25.9)	(56.1)	(11.9)
NEL ICB	(1.9)	0.3	2.2	2.5	(1.9)	2.2	0.3	2.2
NEL System Total	(28.0)	(69.8)	(41.8)	0.0	(46.1)	(23.7)	(55.8)	(9.7)
Non-Recurrent Deficit Support Fund (DSF)	(24.5)	(10.5)	14.0	(42.0)				
Surplus / (Deficit) excluding Deficit Support	(52.5)	(80.3)	(27.8)	(42.0)				

- The variance to plan is driven almost entirely by the providers, with the exception of ELFT, which is reporting a surplus and the ICB reporting a positive variance of £2.2m.
- Providers are reporting a year-to-date deficit of £70.1m at month 7 and the ICB is reporting a surplus of £0.3m.

NEL ICS Efficiencies – Month 7 Overview

Efficiencies	Month 7			Forecast		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
BHRUT	33.4	23.1	(10.4)	61.5	41.7	(19.8)
Barts	90.9	77.2	(13.7)	168.0	167.9	(0.1)
ELFT	16.7	16.7	0.0	31.9	29.3	(2.6)
Homerton	14.3	14.2	(0.1)	24.5	24.5	(0.0)
NELFT	17.8	25.3	7.5	44.0	44.0	0.0
Total Provider Efficiency	173.1	156.6	(16.6)	329.9	307.4	(22.5)
NEL ICB	18.6	19.0	0.3	37.8	37.8	(0.0)
Total System Efficiency	191.8	175.6	(16.2)	367.7	345.2	(22.5)

- Across NEL, the operating plan required delivery of **efficiencies totalling £367.7m** by year-end.
- At **month 7**, delivery was expected to be £191.8m, actual delivery was £175.6m, resulting in a **shortfall against plan of £16.2m** (ICB £0.3m ahead of trajectory).
- The forecast is under delivery of £22.5m.

NEL ICS Financial Summary at Month 7 (October)

- The system has been capturing risks and mitigations within the overall reported position to NHSE. At month 7 the risks and unidentified mitigations are £102m.
- Due to the current position, **NHSE has not provided £14m deficit support funding for months 4 to 7. With deficit support funding, the year-to-date variance would have been £27.8m.** Unless recovery opportunities are identified and delivered, the loss of this fund will increase the likelihood of not delivering the annual plan. The full year forecast assumes the system will receive the full £42m deficit support by year-end.
- As a result of the financial position, the system have been asked by NHSE to outline a financial recovery plan (FRP). **At month 7 the FRP trajectory assumed a year-to-date deficit of £46.1m** compared to an actual year-to-date deficit of £69.8m. The ICB and ELFT have reported ahead of trajectory with other providers reporting behind trajectory.
- The key pressures at a system level include **efficiency slippage**. This is reported as **£16.2m at month 7** (£16.6m under delivery for providers and an over delivery of £0.3m for the ICB). **Forecast efficiency slippage at year-end is £22.5m.**
- **System providers and the ICB are reporting run rate pressures.** For providers this is largely across pay areas, reporting whole time equivalents of 1.8% above plan (below plan for agency and above plan for bank and substantive staff) and a pay overspend at month 7 of circa £31.4m. . In addition, BHRUT have reported increased non pay costs associated with non-pay costs and high-cost drugs and NELFT have reported ongoing pressures with extra beds to meet demand. The ICB has reported run rate pressures in relation to mental health, learning disability and autism areas of spend and in particular ADHD and section 117 packages of care. Additionally, there are pressures in relation to the independent sector and non-contract activity.

Provider Updates – January 2026

North East London Collaborative updates

Meeting name: ONEL JHOSC

Presenter: TBC

Date: 20 January 2026

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

Intensive and Assertive Community Mental Health Care Deep Dive

- Work is underway to ensure that the service needs of approximately 800 people in NEL are appropriately met, particularly people with psychotic spectrum difficulties. Initial analysis from the NEL MHLDA Collaborative has indicated that this group tended to be single males with coexisting drug or alcohol difficulties who were more likely to be isolated and therefore at risk of ending their own lives.
- National concerns have understandably been heightened, following the [Independent Mental Health Homicide Review into the tragedies in Nottingham](#). National guidance pointed towards the importance of staff having time and space to build relationships and demonstrate their commitment to the wellbeing of service users in their care.
- The Collaborative is developing a plan to understand all the factors at work and remedies. This includes:
 - Implementing NHS England's [Comprehensive Model of Personalised Care](#) framework.
 - Developing modern service frameworks for people with Serious Mental Illness (SMI).
 - Enhancing neighbourhood working as part of NHS England's neighbourhood mental health pilot scheme. Tower Hamlets was selected as one of six sites across the country to trial this – located at the Barnsley Street Neighbourhood Mental Health Centre in Bethnal Green.
 - Integrating acute physical health and complex mental health needs into neighbourhood working.

NEL Mental Health, Learning Disability & Autism Collaborative update

Mental Health Learning Disabilities and Autism 2025-26 Planning Update

- Medium-term planning guidance has been published, outlining national priorities for mental health.
- NHS England has required NEL Integrated Care Board (ICB) to develop a three-year plan for how we will deliver these priorities. These include: Meeting national requirements around Mental Health Support Teams (MHSTs) in schools; Talking Therapies; and Individual Placement Support (IPS) services.
- There are also additional requirements around neighbourhood health and care, and mental health clinical assessment services. The ICB is committed to increasing funding for mental health and community provision in line with the 10 Year Health Plan:
 - Shifting care from hospital to community care.
 - Shifting analogue to digital care (using the NHS app for patient-facing care planning).
 - Moving from ‘treatment’ to ‘prevention’.
- NEL ICB commissioning intentions include:
 - Eliminating out of area placements, particularly in Outer North East London.
 - Reducing waiting times in emergency departments for people with SMIs.
 - Reducing waiting times for children and adults with ADHD and autism.
 - Investment to tackle neurodiversity waiting lists, and the gap in post-assessment diagnosis as an integrated strategy.
 - Having MHSTs in all schools by 2029.
 - Improving service offer to deliver intensive and assertive treatment for people with SMIs.
 - Developing a model for neighbourhood mental health.

NEL Mental Health, Learning Disability & Autism Collaborative update

Partnership working between BHRUT and NELFT

- NELFT and Barking, Havering, Redbridge University Hospitals Trust (BHRUT) are working in partnership to establish a single Barking, Havering and Redbridge Community Children's Nursing Team. This integrated service aims to provide high-quality nursing care to children in their own homes, to commence in early 2026.
- The stroke pathway is currently under review in collaboration with BHRUT. The proposed model aims to enhance rehabilitation provision by increasing the level of support available to patients within their own homes, supporting improved recovery and patient experience.

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St. George's Health & Wellbeing Hub

- Extending provision of intravenous antibiotics to mobile patients at St. George's. Capacity is being reviewed to increase opportunities for non-mobile patients to receive intravenous antibiotic support within their own homes, where clinically appropriate.

Improvement Networks & Core Offers

- Our urgent treatment response teams continue to see over 75% of patients referred within 2 hours.
- Investment has been received from the Integrated Care Board (ICB) to support the reduction of waiting times for patients referred to musculoskeletal (MSK) services. Additional capacity is currently being mobilised to deliver this improvement.

Barking Havering and Redbridge NHS Trust

Meeting name: ONEL JHOSC

Presenter: Matthew Trainer, Chief Executive

Date: 20 January 2026

Maternity services rated 'Good'

- Our maternity services at Queen's Hospital have been [rated Good by the Care Quality Commission](#), reflecting the hard work of our teams and our investment in strengthening the workforce. The team shared the improvements they've made with Baroness Amos, when she visited as part of her independent inquiry into maternity services across 12 trusts.
- Wes Streeting, the Health Secretary and MP for Ilford North, visited this month to thank the team for what he called "a huge achievement" that would benefit his constituents. He said the service had improved "in leaps and bounds". Colleagues spoke to him about a range of issues, including the pressure on theatre availability (caesarean sections have increased by more than 40% since 2020) and the lack of a [Level 3 Neonatal Intensive Care Unit \(NICU\)](#) at Queen's.

Launch of our Electronic Patient Record (EPR)

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- In November we launched our EPR. All of a patient's relevant information, including medications, test results and allergies, is now held in one secure digital medical record, quickly and easily available to all healthcare colleagues involved in their care.
- It will improve safety, reduce errors and free up staff time to focus on their patients by reducing form filling, while patients will not have to repeat themselves each time they speak to a new clinician.
- We're using the same one as Barts Health, who have supported us. Having an EPR in common means if a patient is treated at any of their hospitals, their clinicians can also get access to their record.
- As found elsewhere, it's taking time to get used to the new system which has impacted performance and there's been a few issues along the way, however overall, the launch has gone well.



And in other news

- In 2025, we delivered [more than 1,070 days of work experience](#) for over 200 young people from our three boroughs and received a Gold Standard award from NHS England for the second year running.
- Thank you to [West Ham United men's and women's players](#) for visiting King George and Queen's hospitals and bringing some Christmas cheer to our patients, their families and our staff.

Urgent and emergency care

- It was our busiest December ever, and our 3rd busiest month on record - 30,851 attendances across sites (an average of 995 per day).
- 70.7% of patients were admitted, transferred or discharged within four hours. Staff prioritise the sickest patients; those who aren't acutely unwell have very long waits.
- Performance was lower than October, reflective of very high demand and staff getting used to a new system following the rollout of our electronic patient record (EPR).
- It's particularly challenging at Queen's, where we see more than double the 325 patients a day the A&E was designed for in a badly laid out, overcrowded department. It's why we're campaigning for £35m to redesign it.

We're sorry this means some patients receive care in our corridors; however, we would rather bring them into hospital than have them wait outside in ambulances.

- We're still seeing high number of patients with mental health needs being brought into A&E and waiting too long to access the right services.
- Work with partners is ongoing to find ways to support these patients eg at King George, we're using the NELFT Crisis Assessment Hub at Goodmayes Hospital to support suitable patients before they reach A&E.

Reducing waiting lists

- In November, 70.3% of patients received their first treatment within 18 weeks of referral. This is slightly lower than October, due to the impact of the EPR rollout.
- There were 63,419 patients on our waiting list, with the majority waiting for an outpatient appointment.
- 527 patients had waited over 52 weeks, which is slightly better than the 1% national target

Cancer

- In October, met the 28-day Faster Diagnosis Standard, achieving 78.5% against a target of 75%
- Additionally, 97.7% of patients started treatment within 31 days (against a target of 96%)
However, we did not meet the 62-day treatment standard (73.9% against a 75% target)
- Following the rollout of our EPR, imaging capacity was reduced for a while to help manage the change. We have now reopened all capacity and expect to have cleared the backlog of scans by the end of March

Finance

- The year-to-date deficit to the end of November was £39.7m - higher than planned. It reflects a combination of pressures, including c.£2million of additional staffing costs during the strike by resident doctors and slippage against our Financial Improvement Programme.
- We've made significant progress in reducing agency spend, from around £47m two years ago to an expected £6m this year.

Barts Health NHS Trust

For information only

Barts Health NHS Trust update – January 2026

Operational developments

- Patients and visitors at Whipps Cross Hospital will benefit from improved access and parking with the [unveiling of a new multistorey car park](#) on the site.
- East London is set to benefit from faster diagnosis and treatment with plans announced for a [dedicated breast cancer centre](#) at St Bartholomew's Hospital bringing specialist care closer to home.
- A major boost for health innovation and research has been announced with the [launch of the Barts Life Sciences Cluster](#), backed by £800 million of investment.
- We are rolling out new digital systems to improve how clinicians access information and deliver care, including a partnership with Association of British HealthTech Industries (ABHI) to [bring better health technology to our patients](#).
- Clear priorities have been set to shape the future of care across Barts Health and north east London, as part of our [group operational plan and clinical strategy](#) for the next 5 years and we are in the early stages of setting out our ten-year goals.
• Page 34
Health data and treatment plans for patients in north east London will be easier for clinicians to access, as hospitals move to a [shared electronic patient record](#). For the first time, hospitals across the area will use a common electronic patient record (EPR), with colleagues at Barking, Havering and Redbridge University Hospitals NHS Trust joining the Oracle Millennium system already used to care for patients across Barts Health

Finance and planning

- We are continuing work to make 6% of cost improvements over the year. As described previously to protect patient care this involves a recruitment freeze, redeployments and redundancies in corporate services which are currently in train
- We continue to develop projects to transform the way we work in order to make services sustainable in the long term, for example reforming the way we manage outpatient clinics using a range of digital tool to give patients more control over their care.
- We continue to work with partners to share the financial and clinical risk posed by mental health patients in emergency departments and patients who cannot be discharged until suitable community support is in place
- NHS England published its Medium Term Planning Framework in late October 2025 and we made our first submission in mid December. We continue to further develop our operational plans in preparation for the next submission in February 2026.

Barts Health NHS Trust update – January 2026

People

- Our Whipps Cross Hospital team has marked the [first anniversary of My Thank You](#), a heartfelt initiative enabling patients and families to share messages of appreciation with staff — with over 700 messages sent to more than 50 wards and departments.
- Dr Anne Weaver, our Clinical Director for Trauma, has been appointed [Medical Director of London's Air Ambulance Charity](#), bringing more than 25 years of experience in pre-hospital emergency care and helping shape the future of trauma treatment across the capital.
- Simmi Naidu, Deputy Director of Nursing and Director of Inclusion at The Royal London Hospital, is taking up a [new leadership role at Moorfields Eye Hospital](#) after three years of advancing quality, governance, patient experience and inclusion across the Trust.

Research and Innovation

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- Health Minister [Zubir Ahmed has praised a Barts Health innovation](#) that's cutting heart-device infections, saving the NHS money and speeding up patient care as part of a new value-based approach to buying medical technology being rolled out nationally.
- [A new pilot](#) is enabling patients in east London to receive NICE-approved cholesterol-lowering Inclisiran injections for the first time at selected community pharmacies with the aim of improving access, reducing waiting times and tackling health inequalities in cardiovascular care. The programme, run by Barts Health with UCLPartners and backed by a £198,000 British Heart Foundation grant, also links pharmacy-based cholesterol testing with treatment pathways to provide more convenient preventive care close to home.
- [Research involving Barts Cancer Institute](#) indicates that lowering the age for routine breast cancer screening could improve early diagnosis for South Asian women, who are more likely to present younger and with aggressive disease. The findings support more targeted screening approaches to reduce inequalities in cancer outcomes.
- Two Barts Health projects are [finalists in the 2026 HSJ Partnership Awards](#), recognising the impact of collaboration on patient care, including the ATLAS Virtual Ward at Barts Heart Centre and the Enhanced Recovery After Surgery programme at Whipps Cross Hospital. Together, the projects demonstrate how partnership working can improve patient experience and outcomes, reduce pressure on hospital beds, and deliver efficiencies for the NHS.
- Barts Health has won a [Nursing Times Awards Children's Service award](#) for its family liaison nurse initiative at Whipps Cross Hospital. The nurse-led model provides coordinated family support and has reduced repeat paediatric emergency department attendances by 66%.

Richard House Children's Hospice

Update of position and on transitional arrangements as of January 2026

Charlotte Pomery, Chief Strategic Commissioning Officer, NHS NEL

NHS North East London: Update

Richard House Children's Hospice

The Trustees of Richard House Children's Hospice took the decision on 7 December to close and to enter into administration. This decision was conveyed to the ICB on 9 December and the ICB was notified on 18 December that Richard House had entered into administration.

Transition arrangements

The ICB has been working with Haven House Children's Hospice and asked them to step in urgently to support all the children and families on the Richard House case load once administration was announced. We have agreed a detailed transition plan with Haven House which provides for the following services to be provided immediately to Richard House families:

- Continued 24/7 end of life nursing care from the date of closure to all families currently receiving end of life care from Richard House.
- On-site respite and crisis on-site respite to the Richard House families already on their caseload experiencing acute stress or breakdown, both overnight and day care
- Counselling, including for bereaved families
- Step-down admissions for children discharged from hospital but not yet ready to return home
- Emotional and practical support to help families navigate the transition
- Dedicated sibling support
- Family events

In addition, Hospice at Home will be provided to all the Richard House families currently on their caseload from 1 April 2026. Transition care will be provided via the ICB and Haven House between January and March where appropriate.

NHS North East London: Update

Richard House Children's Hospice

We recognise that a group of parents is keen to reinstate Richard House's services immediately. However, the administration process is now underway, including the letting go of staff and the winding down of the organisation, and we understand from the administrator that it is almost impossible to reverse this. We have met with representatives of this group and will continue to engage over the coming weeks and months.

Our priority is working with Richard House administrators and Haven House to ensure the safe transfer of families and to ensure a sustainable model for the future of children's hospice provision in north east London. We will work with families, wider stakeholders and Haven House to agree our future model of care and to set up new commissioning arrangements to run from 1 April 2027 allowing time for the current transition issues to settle and for us to understand the need in inner north east London, which may have been understated until now.

There is considerable optimism that this will provide a coherent, equitable and consistent offer across north east London, acting to support children and their families in very difficult times.

System Strategy and the Medium Term Planning Process

Update of work to refresh planning outputs for 2026/31 planning period

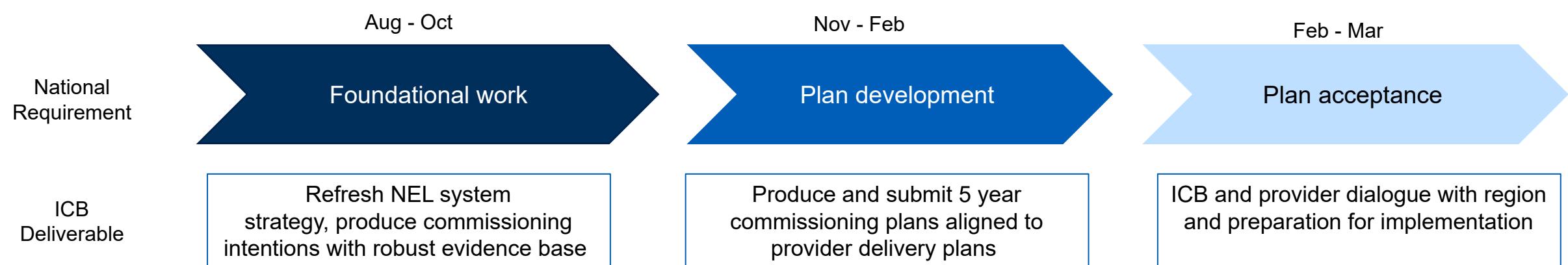
Hilary Ross, Director of System Strategy, Development and Innovation

New medium term planning process for NHS systems

In August 2025 an **NHS Planning Framework** was released that confirmed a phased approach to the creation of **medium-term plans** which mirror the policy direction of the new **NHS 10 year health plan** and the three shifts:

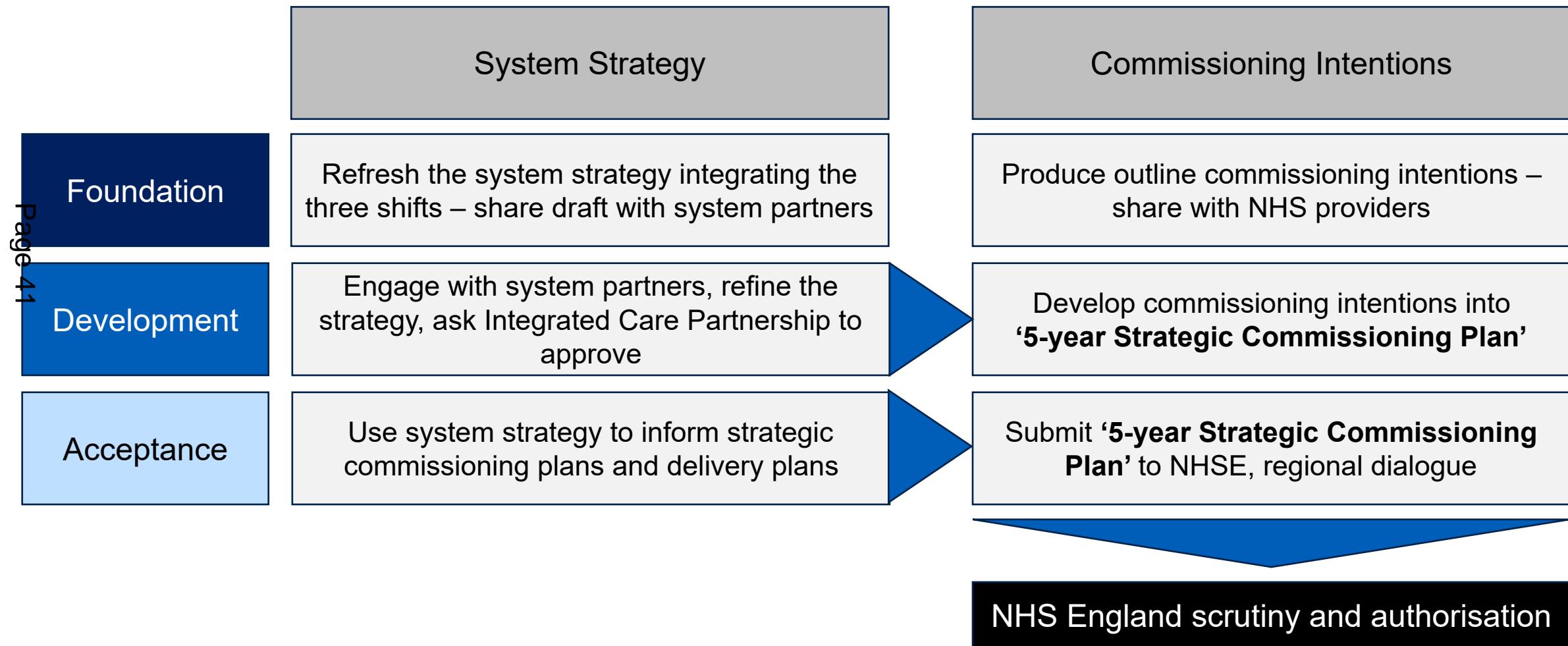
- ICBs to lead system level strategic planning, the understanding of population health outcomes, allocation of resources and setting of commissioning intentions
- ICBs create 5 year strategic commissioning plans and providers produce 5-year integrated delivery plans
- ICB and providers align and then submit national planning templates covering activity, finance, performance, capital (infrastructure) and workforce plans

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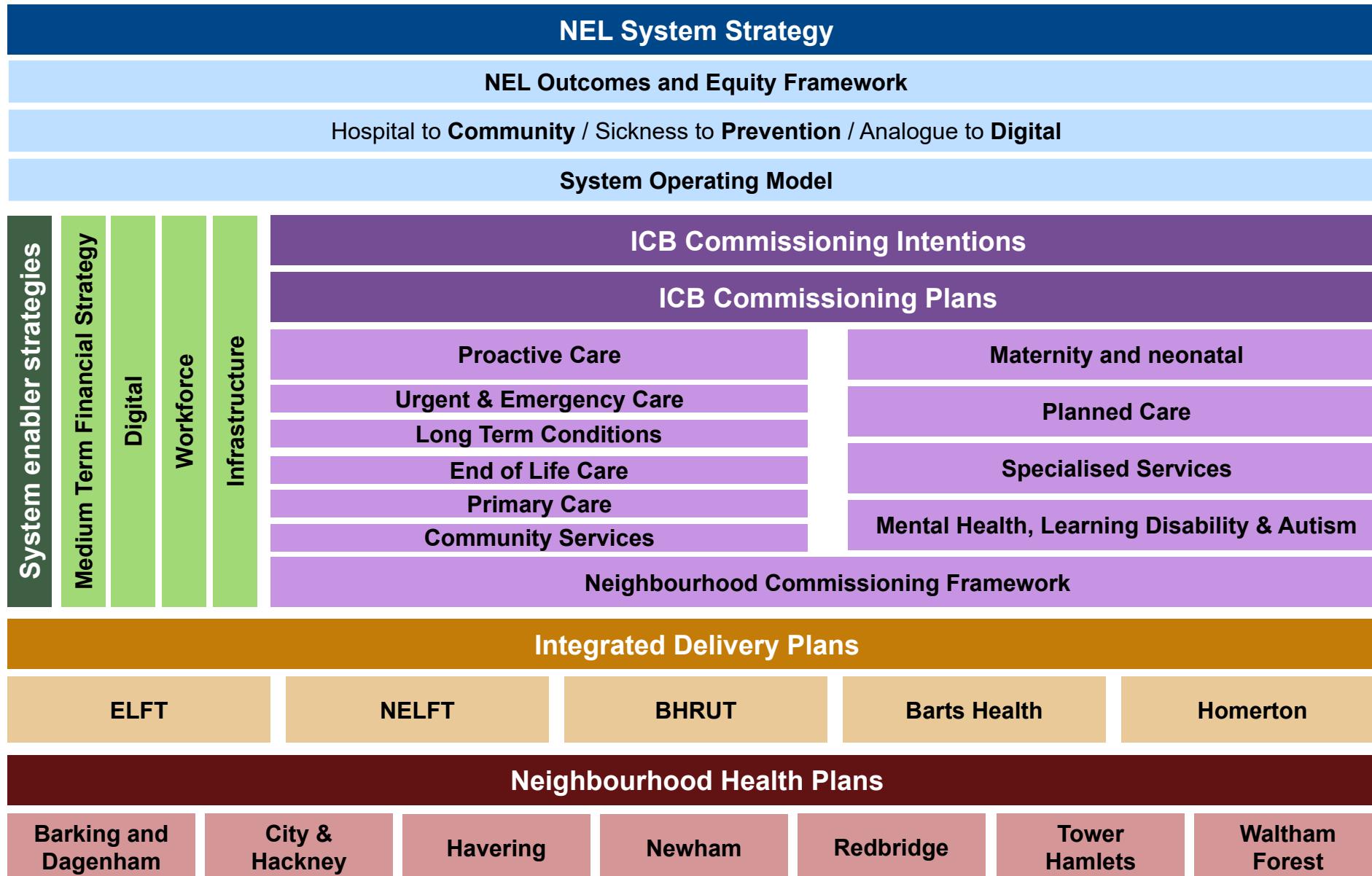


The journey to refresh the system strategy and commissioning intentions

- The refreshed System Strategy was approved by the Integrated Care Partnership on 8th January
- The Strategic Commissioning Plan and Integrated Delivery Plans will be submitted to NHSE on 12th February
- Regional authorisation is expected from 12th March onwards



How the system strategy fits within our wider planning framework



Summary of the System Strategy

Introduction

North East London is a vibrant, diverse and resilient set of communities across seven places. Partners including local authorities, NHS organisations, and a thriving voluntary sector work together with communities to address a range of issues which lead to relatively poor health outcomes and high levels of health inequalities. Our health system needs to change to respond to rapid and significant population growth with increasing demand and complexity posed by long term conditions and chronic disease.

Our new system strategy focuses on the fast growing and changing needs of our population: our **NEL Outcomes and Equity Framework** draws on the outcomes that local residents have told us are important to them and our system approach to commissioning and resource allocation will increasingly take account of population health need in line with improving outcomes.

Our focus will be on **a shared set of priorities**: identifying risk and providing support at an early stage in order to prevent ill health; joining up care and support with residents having more control over their health; getting the basics right in line with our **Good Care Framework** and improving equity of access and outcomes for our population. The growing use of a range of digital tools and the innovative use of data will be vital to making these changes happen.

There are already many examples of this approach in action in NEL: the *Health Navigator* programme is using new techniques to identify those at risk of hospital admission and intervening earlier to provide support in the community; our women's health hubs are providing joined-up and accessible care in new settings, and our ELoPE cardiovascular prevention programme is helping to improve outcomes and address health inequalities. Our strategy, **driven by clinical and care professional leaders** across our system, focuses on embedding evidence, scaling up what works in our system while continuing to innovate.

Unlocking change at the scale and rate that is needed to address our population health challenges will mean **moving resources to where need is greatest and releasing funds to support transformation** and new integrated ways of working. Our strategy describes a new approach to resource allocation and the creation of a multi-year transformation fund to support prevention, integration and innovation. North East London does not receive its fair share of revenue funding and is badly short of capital relative to other areas; we will continue to make the case for **increased investment in our area**, particularly in light of the unique level of population growth we face.

Whilst this strategy focuses on the NHS commissioning portfolio we will continue to work closely as a system through **a thriving partnership across the NHS, local government, the voluntary, community, faith and social enterprise sector and our communities and residents**. This strategy describes a refreshed system operating model, to build on our strengths and assets in the period ahead.

Our overarching strategy for change and improvement in North East London

Working with partners and residents to understand and address the wider determinants of ill health and health inequalities collaborating as one system



Proactively identifying those at risk and intervening earlier to prevent ill poor health and reduce variation in outcomes

Investing in our workforce to develop the relational ways of working which will integrate care, empower local people and build our community assets



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Providing more care locally or at home and improving access to hospital care where it is needed, working with local authorities to optimise the connectivity with local authority services and education



Getting the basics right by providing trustworthy, person-centred, accessible and competent care



Using digital tools and data to support changes and focus on the health of our population



Improving productivity, allocating resources based on need and increasing our financial sustainability

The NEL Outcomes and Equity Framework

To support us to deliver equitable health outcomes for all our residents, we will adopt a NEL Outcomes and Equity Framework.

This draws on our **resident-led success measures** and the **Good Care Framework** co-produced with local people through the **Big Conversation**, and the national CORE20PLUS5 approach, disaggregating all outcomes by deprivation and ethnicity to expose unwarranted variations that must be addressed.

This is a system-wide framework taking a **life course approach**, responding to specific needs at every age and with cross-cutting themes relating to **quality; health inequalities & communities; and sustainability** (workforce, financial and environmental). It will guide our goals and priorities across all areas and increasingly influence the outcomes we seek from our providers, and will become the basis for our commissioning.

The framework provides a vital tool for **addressing health inequalities across the services we commission**, enabling us to allocate resources to areas of greatest need.

Life course segment	North East London Population Outcomes	Population aspiration
Starting Strong	Outcome 1: All children have the best start in life	"I want to have the best start in life"
	Outcome 2: All families get the support they need	"I want my family to be supported when we need help"
Living Well	Outcome 3: People live longer, healthier lives	"I want to live a long and healthy life in my community"
	Outcome 4: People can stay in good work and have financial security	"I want to stay healthy enough to work and support my family"
Managing Conditions	Outcome 5: People can prevent illness and stay healthy	"I want to be supported to stay healthy and avoid preventable illness"
	Outcome 6: Health problems are caught early and managed well	"I want my health conditions detected early and managed effectively"
Supporting Complex Needs	Outcome 7: People have good mental health and wellbeing	"I want to feel mentally well and cope with life's challenges; I want timely access to local mental health services when I need them"
	Outcome 8: People can age well in their own communities	"I want to stay independent and connected as I get older"
Dying well	Outcome 9: People have choice and comfort at the end of life	"I want to die with dignity in the place of my choosing"
Quality Care and Access	Outcome 10: People can access the right care when they need it	"I can get the care I need, when I need it, without long waits"
	Outcome 11: People receive safe, high-quality care wherever they go	"I can trust that I'll receive excellent care wherever I'm treated"
Health Inequalities and Communities	Outcome 12: Everyone has a fair chance of good health, regardless of background	"I want the same opportunities for health as everyone else in my community"
	Outcome 13: Communities are strong, connected and resilient	"I want to feel connected to my community and supported when I need help"
Sustainable Services	Outcome 14: Health and care staff feel supported and can thrive at work	"I want to work in health and care and feel valued and supported"
	Outcome 15: Services are financially sustainable and provide value	"I want excellent health services that represent good value for public money"
	Outcome 16: Services are low carbon	"I want healthcare delivered without environmental harm"

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 resident led success measures

Starting Strong

Living Well

Managing Conditions

Supporting Complex Needs

Dying 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: Sickness to prevention

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

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

We must maintain a strong system partnership across North East London

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

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We will build on our links with local authorities to understand and respond to local needs ensuring residents can live well in their homes and communities with a range of conditions



We will work collaboratively as a system in partnerships by ensuring providers, including provider trusts, 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



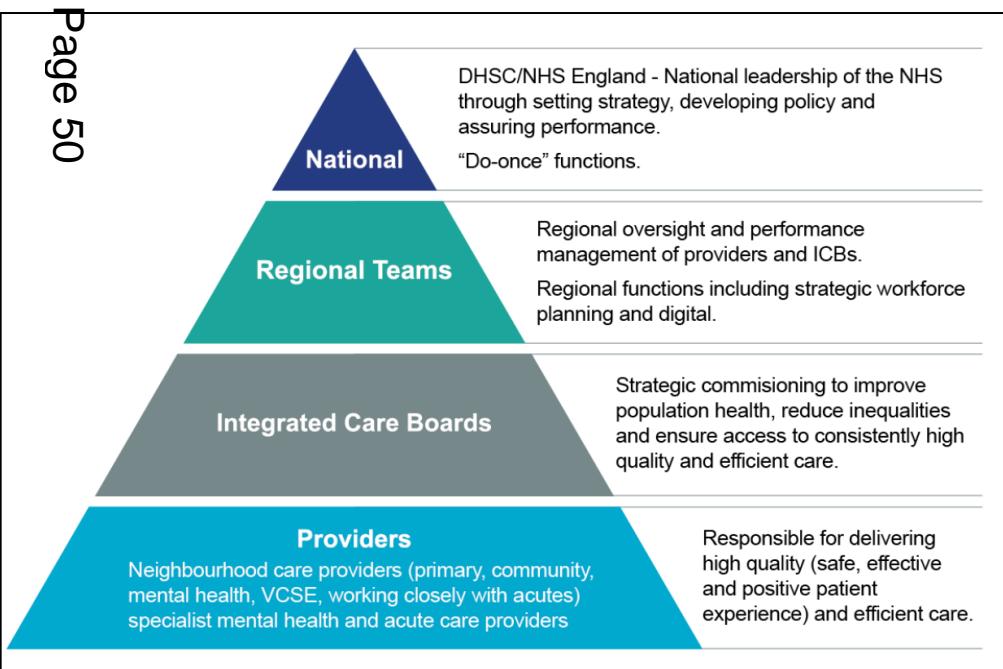
Approach from April 2026

The strategic commissioning cycle

The 10 YHP and the medium term planning framework continues the ICB transition towards being a Strategic Commissioning Organisation fully aligned to the national priorities.

The diagram to the right sets out the strategic commissioning cycle that will drive our work.

The work and internal structure of the ICB will reflect our new role within the NHS, as summarised below.



4. Evaluating impact

Day-to-day oversight of healthcare usage, user feedback and evaluation to ensure optimal, value-based resource use and improved outcomes



The ICB will be required to review and refresh strategies and planning submissions annually to ensure that our commissioning intentions continue to be aligned to population health needs.

The NHS Oversight Framework will be used to measure performance of the system. The narrow set of metrics reflect NHS priorities and the planning guidance and from April 2026 both ICB and NHS Trust performances will be published nationally on a quarterly basis.

Appendix

Engagement on the System Strategy

- Population Health Improvement Committee – 1 Oct
- Tower Hamlets Together – 2nd Oct
- Community Executive Stock Take Session – 3 Oct
- System Planning Group – 6 Oct
- Primary Care Collaborative – 8th Oct
- BHRUT provider contract meeting – 9th Oct
- Acute provider collaborative – 14th Oct
- BCYP Delivery Group – 14th Oct
- Homerton provider contract meeting – 15th Oct
- VCFSE collaborative – 21st Oct
- UEC Commissioning Group – 21st Oct
- MHLDA joint programme board – 21st Oct
- Homerton Healthcare NHS Foundation Trust Board Part B – 22nd Oct
- Proactive Care Commissioning Group – 22nd Oct
- Clinical Advisory Group (CAG) – 22 Oct
- Barts Health provider contract meeting – 22nd Oct
- City & Hackney HWBB – 23rd Oct (by email)
- System Strategy Group – 27th Oct
- MHLDA collaborative – 27th Oct
- Planned Care Commissioning Group – 29th Oct
- B&D Committee In Common – 4th Nov
- AHP Council – 5th Nov
- Newham Health & Care Partnership Board – 7th Nov
- NEL NHS CFOs Group – 7th Nov
- System Quality Group – 10th Nov
- Havering Place Based Partnership – 12th Nov
- Waltham Forest Health & Care Partnership – 17th Nov
- Redbridge HWBB - 17th Nov
- Maternity and Neonatal Commissioning Group – 26th Nov