



North East London

Health Update – April 2025

Meeting name: ONEL JHOSC

Presenter: Hery Black, Chief Finance Officer

Date: 15 April 2025

NHS North East London: Update

Careers hub for NEL

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

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

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



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

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

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

NHS North East London: Update

Medications shortages

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

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

What we are doing in north east London:

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

NHS North East London: Update

Staff survey results

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

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

Some highlights include:

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

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

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

NHS North East London: Update

Changes to ICBs

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

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

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

NHS North East London: Update

Good news from NEL

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





North East London

Finance Overview

Meeting name: ONEL JHOSC

Presenter: Henry Black, Chief Finance Officer

Date: 15 April 2025

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

- At month 11, the year-to-date **ICS deficit is £91.5m**, with **a variance to plan deficit of £86.1m**. This consists of providers deficit to plan of £91.5m breakeven for the ICB.
- Throughout the year the ICS has flagged a forecast deficit risk. Moving into month 11 this has been confirmed as a forecast deficit of £125m.
- Recognising NEL's system pressures, **NHSE have provided additional resource of £45m** to support providers.
- This **reduces the expected month 12 deficit to £80m** and it has been agreed with NHSE that organisations will revise their forecasts accordingly. Therefore, the forecast year-end deficit for NEL ICS is £80m (ICB to breakeven).
- The key pressures at a system level are:
 - Efficiency and cost improvement** – the total system efficiency and cost improvement plan at month 11 is £259.8m. Of this, £227.5m has been delivered, leaving a balance against plan of £32.3m (£26.4m providers and £5.9m ICB).
 - Run rate pressures** – mental health providers continue to report pressures with additional independent sector beds (ECRs) purchased above planned levels and increased acuity of patients on their wards. With acute providers, pressures remain with elective recovery activity and income, high-cost drugs and devices, critical care and renal demand costs.
 - Pay costs** – providers are reporting a pay variance of £97.4m. This is mainly driven by an increase in whole time equivalents and the re-banding of a specific group of staff. Agency costs are currently forecast to remain within the cap set by NHSE.

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

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

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

3. Summary 25/26 System Financial Plan

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

Barking, Havering & Redbridge University Hospitals NHS Trust	Barts Health NHS Trust	East London NHS Foundation Trust	Homerton University Hospital NHS Foundation Trust	North East London NHS Foundation Trust	Total Providers	NEL ICB	ICS Total
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- However, the NHSE requirement is for the system to plan to break-even and as result, **the ICB has stretched its own plan to generate a sufficient surplus to allow the overall position to balance.**

Provider Plans	0.00	0.00	0.00	(2.50)	0.00	(2.50)	2.50	0.00
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Efficiencies required								
Recurrent	36.57	110.17	23.32	4.33	32.08	206.46	22.19	228.66
Non-Recurrent	24.94	57.83	8.59	20.17	11.92	123.44	15.60	139.04
Total efficiencies	61.50	168.00	31.90	24.50	44.00	329.90	37.79	367.69
Of which, unidentified efficiency	23.05	32.83	0.00	8.95	0.00	64.82	14.19	79.01

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



North East London

Provider Updates – April 2025



North East London

Barking, Havering and Redbridge University Hospital NHS Trust

Urgent and emergency care

- In February, 76.8% of patients were admitted, transferred or discharged within four hours of attending our A&Es. This was just below the national target of 78% and placed us 3rd out of 18 acute trusts in London and once again in the top performing 25% of 122 trusts in England
- Our Type 1 performance (those who are most seriously ill) was over 50%
- February 2025 was our busiest month ever in terms of the average daily number of patients attending our hospitals (1,005 per day)
- 367 patients were referred to mental health services from our A&Es in February
- Average length of stay in A&E was over 22 hours. We're continuing to work with NELFT to ensure these patients get the care they need quicker and in the right place

Our campaign for Queen's A&E

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



Reducing our waiting lists

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

Cancer targets in January

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

Finance

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

24/7 service for stroke patients

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

Other news

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





North East London

North East London Collaborative updates

Mental Health, Learning Disability and Autism Collaborative

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

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

Approach

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

Community Healthcare Collaborative

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

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

Approach

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

Mental Health, Learning Disability and Autism Collaborative

Dementia Improvement – Update

Inequity

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

Staffing variations

- Despite good capacity levels in some teams, there is a wider variety of roles in others (such as pharmacy, non-medical prescribers and neurology).
- As some teams are limited to nurses, consultants and occupational therapy roles, there is a limited capacity to offer holistic services beyond diagnosis.

Diagnosis waiting times

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

Recommendations

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

Mental Health, Learning Disability and Autism Collaborative

Strategy and Planning – Update

NEL Adult Neurodiversity Services Review

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

Mental Health, Learning Disability and Autism in 2025/26

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

Mental Health, Learning Disability and Autism Collaborative

Strategy and Planning – Update

Specialised Commissioning Delegation

- This refers to the transfer of commissioning responsibility for services from NHS England to ICBs.
- NHS England has approved the delegation of specialised mental health services from April 2025, including:
 - Inpatient child and adolescent mental health services (CAMHS).
 - Inpatient perinatal mother and baby unit (MBU) services.
- From 2025/26, NEL ICB will be the responsible commissioner for the [North Central and East London \(NCEL\) Provider Collaborative](#).
 - This Collaborative is the lead provider for inpatient CAMHS and perinatal MBU services in north central and east London.
 - North Central London Integrated Care Board (NCL ICB) will be an associate commissioner.
 - The MHLDA Committee has reviewed the governance structure of the NCEL Provider Collaborative, to:
 - Ensure robust quality assurance and oversight by NEL ICB.
 - Provide appropriate routes for escalation, should quality concerns arise.

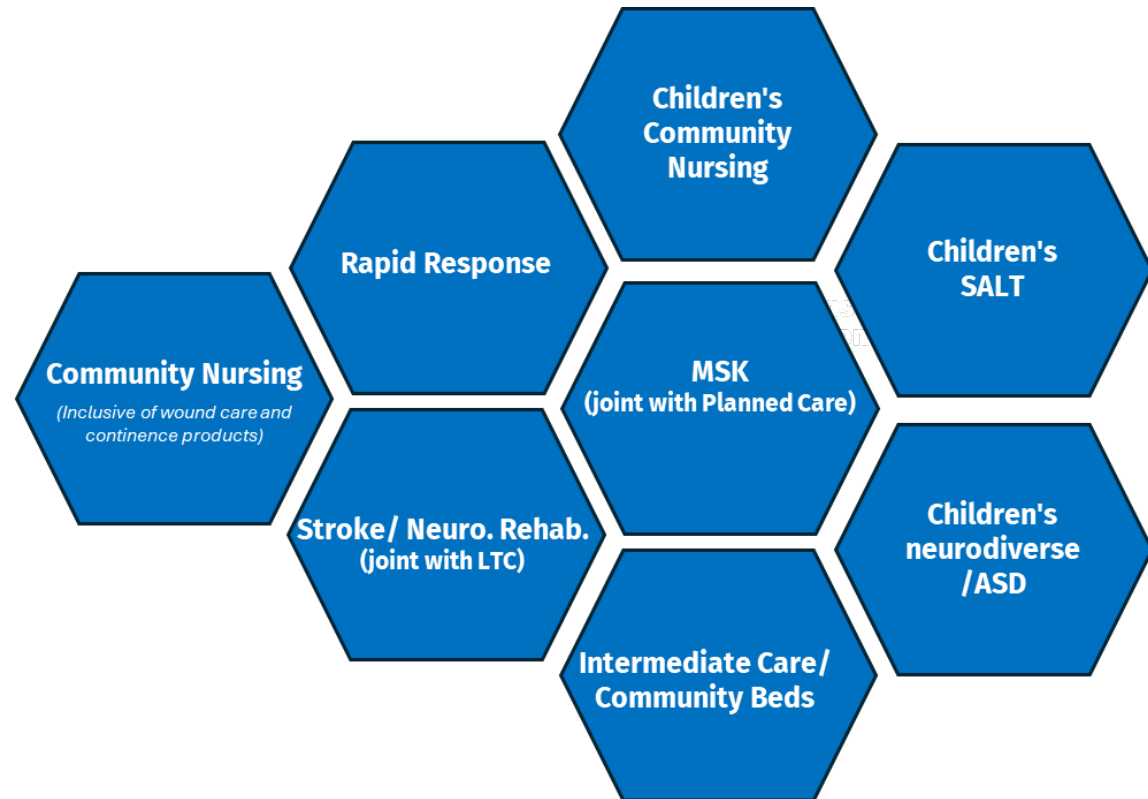
Community Healthcare Collaborative

Collaborative Improvement networks

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

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

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



Community Healthcare Collaborative

Key updates from Improvement Networks

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

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

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

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

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

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

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

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

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

Community Healthcare Collaborative

Key updates from other programme areas

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

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

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

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

Local developments

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