DRAFT IN DEVELOPMENT (v4)

Improving equity and outcomes for our population in North East London

A refreshed strategy for the ICS

September 2025

Foreword from Dame Marie Gabriel

In 2022 Partners across North East London committed to a shared ambition to “work with and for all the people of North East London to create meaningful improvements in health, wellbeing and equity”. Our shared endeavour, underpinned by a determination to “improve quality and outcomes, create value, secure greater equity and deepen collaboration”, continues to define our approach to strategic commissioning.

Our first system strategy in 2022, highlighted our four system priorities: **babies, children and young people; long term conditions; mental health; and employment.** It also focused on ***how*** **we would work together** as a system, with and for the people of North East London:

- **co-producing** with local people and communities;
- tackling **health inequalities** and shifting our approach upstream to support greater **prevention**;
- ensuring the services we deliver are **personalised** and focus on what matters most to each individual;
- developing our approach as a **learning system** to increase the impact we have on quality, outcomes and equity;
- and working towards a **high trust environment** supporting collaboration across all partners and building trust with local people.

Working together in these ways we have achieved a lot...

Our focus on improving primary care led to North East London achieving the best performance in the country for 12 of 48 measures in the national Quality and Outcomes Framework last year

Neighbourhoods defined in all places with local partners working collaboratively in alignment with our agreed system vison

Development of the VCSE Collaborative recognising the key role partners have to play in creating health in communities and tackling health inequalities

Circa £6m dedicated to tackling health inequalities within all of our places and at the system level through the Health Equity Academy

Consistently secured the benefits of working together across NEL with LA partners e.g.. joint approach to analytics securing shared understanding of population health

£490k secured as part of *Get Britain Working,* to engage, train and employ local people in healthcare - focusing on underrepresented groups.

Big conversation with local people leading to Resident Success Measures, Good Care Framework and the integration of community insight to our work

NEL ICS is now the highest performing in England for five indicators in CVD/Stoke, three diabetes and one respiratory QOF (Quality Outcome Framework)

Testing AI innovation to prevent urgent or emergency hospital admissions, keeping more people well in the community

New mental health and community facilities with models of care co-designed with local people eg. Barnsley Street, St George's

Foreword from Dame Marie Gabriel

We are proud of our joint successes, but understand there is more to do. This includes ambitions to secure greater equity, both within North East London and between NEL and the rest of London and the country. We came together in 2024 to develop our anti-racism strategy, recognising the unacceptable and avoidable health inequalities that individuals and diverse communities experience as a direct result of their ethnicity. **Tackling racism and securing greater equity for our diverse population will remain a core commitment for all of us in NEL.**

We are increasingly working towards delivering **better population health outcomes** as a system, as defined by residents through their ICB **Success Measures** and the **Good Care Framework.** As part of our population health approach, we will retain our focus on **tackling health inequalities** and **securing greater equity** for all local people. While the national context has changed significantly since the ICB was established, many local challenges persist. Our diverse, economically challenge but hugely aspirational **population continues to grow at the fastest rate in the country**, while also **changing demographically** – ageing rapidly in places where historically we have had a relatively young population and doing the reverse in other places.

The people of North East London continue to drive our work: most recently they have guided us on how to deliver the three 'big shifts' in our area. They are also shaping the way care and support works in their neighbourhoods so that it meets their health ambitions. **We are steadfast in our commitment to work in partnership with local people across communities:** enhancing the agency of our communities, to building on their strengths, assets and resourcefulness, and embracing community power and resident led action, all central to our approach to improving health outcomes and moving towards prevention and greater equity.

Being true to the needs and aspirations of our population also means that the **money we have should be allocated equitably** to meet our greatest needs. Our system strategy focuses on how we can ensure over time that our resources are distributed fairly, optimising our impact on prevention, and that we can release funds to support new ways of working driven by our **clinical and care professional leaders**.

Finally, following a period of what has at times felt like relentless change, it is important to **restate our commitment to working as a system with and for local people,** collaborating effectively as partners across NEL.

*As chair of the ICB and the wider system partnership, I look forward to our **continued collaboration and progress** towards **improving quality of care, population health outcomes and equity for the people of North East London.***

Executive summary

- **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 patients and 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 patients 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. Northeast 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.

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: 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**

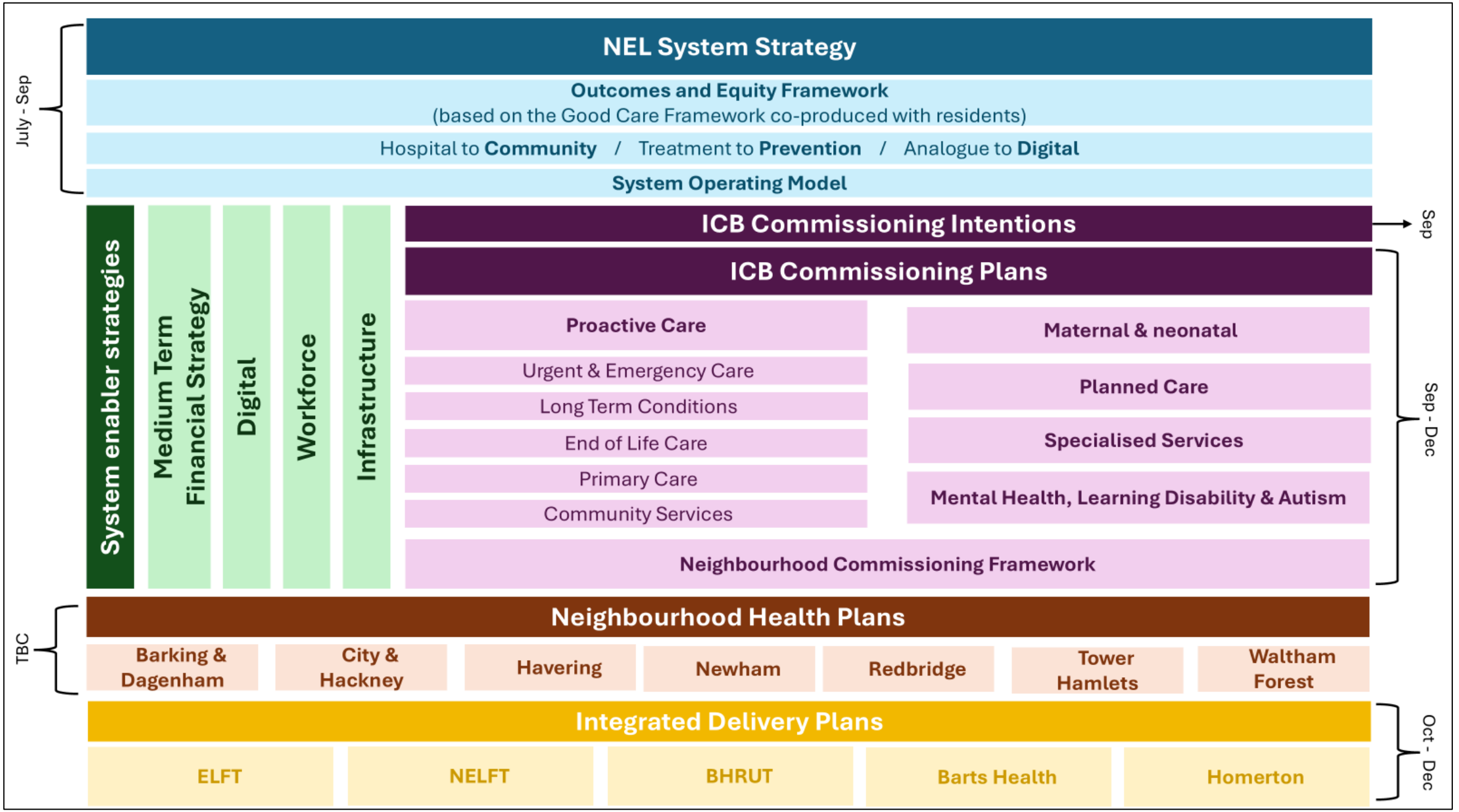
Enabling the Change

- 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

How the system strategy fits within our wider planning framework



The case for change in North East London

Population growth and health inequalities

- North East London has the fastest growing population in the country and some of the poorest and most deprived communities in England. This growth and deprivation is causing a strain on existing services which we cannot address by continuing as we currently are.
- The scale of our challenge is stark: we've grown by 500,000 people since 2001, double the growth of other London regions. Another 200,000 residents will arrive in the next 15 years - equivalent to adding a new London borough the size of Barking and Dagenham.
- Our overall population mix is shifting towards later life course stages. We will have 29% (68,000) more over 65s in 10 years. The 19-64 age cohort will grow by 8% or 126,000 people. Already 65% of NEL's over 65s have multiple morbidities (long term conditions and/or risk factors). While ageing is the overall trend, in some of places we will see the opposite demographic shift ie. an increasingly young population.
- People in NEL are developing long term conditions earlier than in other parts of the country and so our population need is growing rapidly. As these more complex needs require more health and care support they lead to higher costs for the NHS and its partners, outstripping the money available to us. We need to respond in a different way if we are going to support this increased need including adopting a more preventative approach with children and young people.

Access to care

- Emergency departments continue to be pressured, with increased activity. There are significant challenges in our emergency departments for people in mental health crisis and for young people with complex needs, with high out-of-area placements, and a need for improved crisis pathways.
- For our planned care services there is continued pressure with significant variation between the three Acute Trusts with growth in our waiting lists, with some patients having very long waits
- Our community waiting lists remain above pre-pandemic levels, with long waits especially in the Community Paediatrics Service.

Long term conditions – rising demand

- 665,699 people are living with a long-term condition (LTC) in NEL. Of whom 22% are living with 3 or more conditions and 6% have 5 or more conditions.
- Rates of new LTC diagnoses are growing at 13% year on year; with those developing a second or more LTC growing at 14% per year.
- Large numbers of people with long term conditions in NEL remain undiagnosed, from around 20% of people with diabetes to 65% of people with chronic obstructive pulmonary disease.
- People with multiple LTCs are admitted to hospital 2.5 x more often than people with one LTC, and 6 x more often than healthy people.

How local people have shaped our priorities and plans for the future

Our population is diverse and vibrant, and we are committed to our '*Working with people and communities*' strategy, working with local people and those who use our services to identify priorities and the criteria against which we will monitor and evaluate our impact.
In Summer 2023 we engaged with around 2000 people in our 'Big Conversation' through an online survey, face to face community events and focus groups including Turkish mothers in Hackney, South Asian men in Newham and Tower Hamlets, Black African and Caribbean men in Hackney, older people in the City of London, patients with Long Covid in Hackney, men in Barking & Dagenham, Deaf BSL users in Redbridge, young people in Barking and Dagenham and Pakistani women in Waltham Forest leading to our resident defined success measures.

This learning forms the basis for how we will track our system progress towards population health through a new NEL Outcomes and Equity Framework.

What does good care look like for local people in NEL?

Good Care is **Trustworthy:** • Listening to patients, honest and empathetic care • Follow-on, ongoing appointments • Reassurance, supported self-care • No gatekeeping • Anticipative, not just reactive care • Communication • Accountable care	Good Care is **Accessible:** • Availability of appointments • Affordable care • Improved booking systems • Adequate staffing • Convenient opening times • Accessibility – disabled patients • Convenient locations
Good Care is **Person-centred:** • Patient involvement in treatment options • Patients having a choice about where/how they access care • Shared medical records, consistency of care • Holistic approach to care • Continuity of care • Health and care services working with each other • Collaboration beyond health and care	Good Care is **Competent:** • High quality of care • Adequate staffing – skills and numbers • Services that know/understand specific conditions /medical needs • Services that know/understand patients' cultural and social needs • Evidence-based medicine • Prompt, efficient diagnosis process • Adequate funding, resourcing, facilities

We will continue to shape and design our work based on this insight and other engagement with residents.

What local people have told us the three national shifts mean for them

Hospital to community

- Moving care from hospitals to the community could have a profound positive impact in particular on waiting times and patient experience
- Potential to be more cost effective
- Could aid recovery as people are looked after in more familiar surroundings , making use of community assets and focusing on prevention
- Need to consider impact on unpaid carers who are already under pressure as well as how services would be monitored to ensure high quality

Better use of technology

- Across the groups, people could see the potential benefits for the increased use of technology, however overall, it was felt that there still needs to be options which do not exclude people who are unable to access digital tools, information or services
- Could be beneficial in enabling early diagnosis and supporting prevention of long-term conditions through empowering individuals to manage their health and wellbeing
- Need to consider digital exclusion

Preventing sickness

- People felt that focusing on prevention and early intervention, could reduce hospital admissions, improve self-management, and promote healthier lifestyles. This would not only save money but also enhance the overall well-being of individuals and communities.
- Government's focus should be on primary prevention, rather than secondary prevention
- People wanted to focus discussions on things that can have a positive influence on people's health, such as good quality housing, information about nutrition and employment

Our community assets

Building community capital and resilience is fundamental to enabling the strategic shifts outlined in this strategy: our communities have the potential to lead the process of preventing illness, improving health and reducing inequalities. Through our neighbourhood programme and in other areas of our work, we will adopt a strengths-based approach which builds on the assets of individuals, families and communities.

The people of North East London – over 2 million people bringing vibrancy and diversity, sharing what is important to them, co-producing services, delivering solutions and taking greater control over their own health and wellbeing. Only though taking a strengths-based approach to building capacity in individuals, families and communities will we enable resilience, address inequalities and build greater sustainability for our system.

Neighbourhoods - the development of 37 neighbourhoods, across NEL, familiar to the communities they serve, strongly rooted in local communities, enabling local capacity and connected to their community assets including community networks and partners, to support holistic wellbeing.

Voluntary, Community, Faith and Social Enterprise organisations – thousands of community organisations operating across NEL, engaging with local people, directly delivering services with a significant impact on the health and wellbeing of local people, and building resilience and community capital.

Primary care - Our 260 GP practices, 369 community pharmacies, 222 dental practices and 220 optometrists key to meeting the changing needs of our communities, and working in an increasingly integrated way serving local people in their neighbourhoods.

Our workforce - one of the largest collective employers in North East London, with over 130,000 people working locally in health and care, our workforce draws significantly from the communities we serve.

Our buildings – a total of 363 physical assets across NEL including 23 large centres bringing different services together, closer to our communities.

Clinical and care professional leadership

To deliver an ambitious system strategy for our population in North East London, we need to ensure that clinical and care professional leaders across our whole system are empowered to redesign care and drive the changes that are necessary including safeguarding vulnerable people and addressing complexity. Our clinical and care professional leaders ensure our clinical strategies are aligned to population health needs, that our plans are driven by the best available evidence, and that we are working effectively across professional, organisational and sector boundaries to join up pathways of care in partnership with local people.

Professional networks – we have established strong professional networks bringing together clinical and care professional leaders from across disciplines to support a more strategic approach across NEL, to facilitate greater collaboration and enable shared learning. These networks include NEL Directors of Children's Services, Directors of Adult Social Care, Directors of Public Health and our Allied Health Professionals Council.

Multi-disciplinary approach – as a system we take a multi-disciplinary approach to transformation with clinical and care professional leads working hand in hand with each other to develop clinical strategies and transform care with residents at the heart. Our ongoing working to review our maternity and neonatal services exemplifies this approach and has involved clinical teams from across Northeast London.

Improvement networks - Clinical and care professional leaders come together in improvement networks across our system to review pathways of care, develop new models of care and improve all aspects of quality and safety in services.

Clinically-led approach to system impact review – in NEL we have established a clinically-led process for the review of system impacts to ensure that we are working as a system to understand the wider impacts of service changes including any quality impacts; and are working collaboratively as a system to mitigate and manage those impacts.

NEL Clinical Advisory Group – the clinical and care professional leadership of our statutory NHS organisations, local authority Directors of Public Health and other clinical and care professional leaders come together fortnightly as a clinical leadership group for the system. As well providing the mechanism for ensuring the ICS can draw on clinical advice, the CAG supports a specific focus on collaborative working. This includes understanding the culture within different parts of our system, and working to overcome barriers to successful collaboration and integration e.g. across things primary and secondary care (in all sectors).

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, the **Good Care Framework** co-produced with local people, 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 **lifecourse 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, building on the approach this year including **commissioning plans which respond deliberately to each age.**

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
1. 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"
2. 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"
	Outcome 5: People can prevent illness and stay healthy	"I want to be supported to stay healthy and avoid preventable illness"
3. Managing Conditions	Outcome 6: Health problems are caught early and managed well	"I want my health conditions detected early and managed effectively"
4. 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"
5: 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"
6: 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"
7: 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"
8: 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"

Our overarching strategy for change and improvement in North East London

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

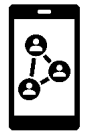
Proactively identifying those at risk and intervening earlier to prevent poor health

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

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 social care

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

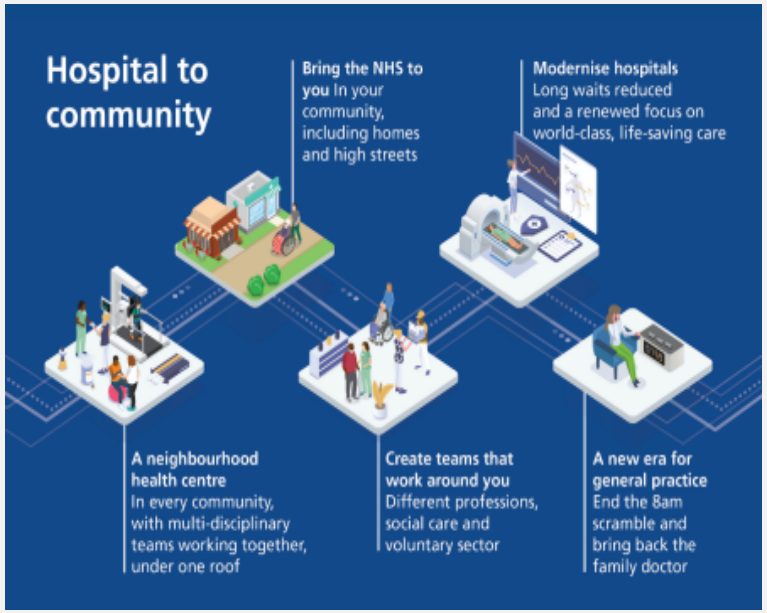
Using digital tools and data to support changes and focus on the health of our population



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

Delivering our strategy: the role of the three shifts

Partners in North East London will need to work together in a range of areas to deliver our strategy. Central to delivering our priorities will be making progress on the three sets of changes outlined in the recent Ten Year Health Plan: redesigning care to move the focus of care into neighbourhoods and communities; moving our focus upstream to prevent ill health and intervene earlier, and using digital tools and data to enable changes and improvements and give more power and control to patients and residents. The sections that follow outline our over-arching approach to achieving these changes in North East London.



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

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

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

Hospital to **community**

How we ensure care is delivered as locally as possible, develop our neighbourhood health service and reduce pressure on our scarce and valuable hospital capacity

Community: our local context and case for change

- North East London has increasing levels of co-morbidity and complexity in our population, 24% of our people in NEL are living with a long-term condition, though this figure is higher in areas with greater deprivation
- More NEL residents are presenting to our health services with social needs which include financial pressures, loneliness and housing issues
- We are seeing critical and growing pressures on urgent care, primary care and hospital services and our residents tell us that services are disjointed and hard to access
- By providing more preventative, person centred, continuous and integrated care in primary and community settings we can better support people with complex medical and social needs without the need for a hospital admission. In addition to supporting the needs of the population this shift will lower costs and support the overall sustainability of the health and care system. Developing community-based care will also allow us to target resources at those areas most in need.
- Success will be measured through the NEL Outcomes and Equity Framework: reduced activity in urgent care, preventable admissions and delayed discharges; increased investment in the voluntary sector and improved health outcomes for people with long term conditions and complex needs.

Our continuing journey:

- We are not starting from scratch – we have already developed many community based and integrated services that support people closer to home including virtual wards, urgent community response teams, multi-disciplinary teams for people with Long Term Conditions, discharge hubs and women's health hubs

Over the next three years we will:

- Implement our vision for neighbourhood working, building cross-organisational relationships through our multi-disciplinary workforce within each neighbourhood, building a **'team of teams'** that supports people with multi-morbidity, children with complex needs and mental health, taking a Population Health Management approach. These teams will be better integrated with the wider VCFSE sector and community to support a truly preventative approach. We will, increasingly see a broader range of services delivered on a neighbourhood footprint, including specialist and diagnostic services.
- Use the neighbourhood footprints to deliver more services in local communities including more specialist and diagnostic services. Many of these will be delivered through neighbourhood health centres that also include social care and voluntary sector services
- Implement our care closer to home approach in urgent and emergency care, by developing a model of community based urgent care that supports people away from hospital settings, and delivers fast and effective discharge supported through deep integration of out-of-hospital health and social care. This enabled by system wide coordination, strengthening of single point of access and operationalised through INTs.
- Improve access to and experience of Primary Care by the development of an integrated, coordinated approach to same day access, 111, and utilisation of enhanced hubs.

Our vision for integrated neighbourhood teams

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

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

Our Vision

Based in and for local geographic communities

Coordinated and joined up

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

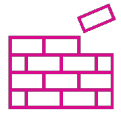
A culture of prevention in all interactions

Use the hyper local footprint to address local need

Targeting and seeking to reduce health inequalities

Our Approach

Use data to target our resources on those in most need



Build on existing integration work

Co-produce with communities

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

Our four strategic goals and desired outputs

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

Sickness to **prevention**

How we better identify those at risk, intervene earlier to prevent ill health and slow the progression of conditions, and work as a system to address the wider determinants of ill health and health inequalities

Prevention: our local context and case for change

Our system continues to focus primarily on treating illness rather than preventing it - this is unsustainable in the context of a rapidly growing population with increasing health need. Acute care spending has risen from 47% to 58% of our budget since 2002, while spending on primary care has fallen to just 18% - the opposite of what a prevention focus requires.

Failures in prevention compound health inequalities. In our local population we are seeing -

- **Rising multimorbidity**, an ageing population, and persistent health inequalities
- **Economic inactivity** due to ill health costing the NEL system £500m annually
- The **cost of living crisis** disproportionately affecting our most vulnerable populations, creating direct health impacts especially for children and families in temporary accommodation

The case for a more focused system approach to prevention -

- 'Prevention' means different things to different people across our system, hindering focused action
- Responsibility is too dispersed and accountability is lacking
- Benefits fall outside traditional business case models focused on short term deficit reduction
- Current investment is piecemeal and we lack a full understanding of impact
- Traditional approaches focus on doing 'to' rather than 'with' people

Without a more focused approach to prevention across our system, demand will outstrip our resources by 2030

Foundations for us to build our new system upon:

- **1% of our commissioning budget** is currently spent on a range of prevention initiatives
- All partners signed up to our **NEL anchor charter** containing commitments to tackling wider determinants
- Established a range of **evidence-based prevention programmes** across our system including tobacco dependency services alcohol care teams in secondary care, and comprehensive vaccination programmes
- Invested in **population health management** resource for the system linking to places and neighbourhoods
- Strong **voluntary sector relationships and community connections** that provide delivery infrastructure

Our theory of change

Drawing on a range of work sitting in different partnership groups across the ICS including the NEL Long Term Conditions Board and the NEL Directors of Public Health Group, we have begun to develop a more strategic approach to prevention for the system which we will test further with partners over Autumn 2025.

The problem we face

Unsustainable demand: Acute spending risen 47%→58%, primary care fallen to 18%

Health inequalities: Years lived with disability disproportionately affect disadvantaged communities in NEL

System barriers: Lack of clarity, dispersed responsibility, paternalistic approaches

Financial reality: Without change, demand will outstrip resources by 2030

Our strategic aims

System transformation: Shift proportion of £4.6bn commissioning spend from treatment to prevention (currently 1%)

Health equity: Narrow inequalities gap through evidence-based upstream interventions

Culture change: Prevention shifts from something we commission to how we think

Sustainable impact: Reallocate ringfenced % of spend upstream by 2030

Key policy changes: six step framework

Step 1. System-wide prevention reframing

Step 2: Clear leadership and accountability

Step 3: Wider determinants focus - addressing the cause of the causes

Step 4: Long-term resource allocation

Step 5: Community activation and co-design

Step 6: Evidence and learning

Evidence based interventions

Secondary Prevention (NHS leads): Cardiovascular case-finding, cancer screening, mental health early intervention

Primary Prevention (Partnerships deliver): Tobacco control, weight management, immunisation with equity focus

Wider Determinants (System acts): NHS as anchor employer, social prescribing, housing interventions

Key Enablers: PHM tools and support, workforce development

Expected outcomes

Short-term (1-2 years): Acute spend identified for reallocation, prevention improvement plans, clinical champions

Medium-term (3-5 years): £millions shifted to prevention, reduced preventable admissions, inequalities gap narrowing

Long-term (5-10 years): Prevention-first as business as usual, increased healthy life expectancy, financial sustainability

Our vision

By 2035, NEL will be known not just for how well we treat illness, but for how successfully we prevent it. Our residents will maintain good health for longer, take greater control of their own health and have more of their health needs managed in the community. The years that local people live with disability from preventable long-term conditions will be dramatically reduced across our diverse population.

Prioritising evidence-based interventions within our system approach

As part of developing a comprehensive framework for embedding prevention across the system, we need to identify the evidence-based interventions that we want to prioritise for investment. Given the current financial context, our immediate focus must be on interventions that deliver measurable returns whilst building the foundation for broader culture change towards a 'prevention first' approach.

Immediate priorities

Tobacco dependency – sustaining treatment services linked to whole pathways of care

- Smoking causes half the life expectancy gap between rich and poor, costing NEL £56.7m annually in NHS treatment
- Opportunity to prevent 1.4k readmissions, free up 19 beds daily and save £2.2m pa.

Cardiovascular prevention - embedding a whole system approach

- CVD is highly preventable yet mortality is increasing
- Opportunity to optimise pathways e.g. heart failure which would reduce c. 118-315 admissions worth £659k-£1.9m pa.

Emerging priorities

Weight management – a whole population approach

- NEL has highest childhood obesity rates nationally, and some of the highest rates of type 2 adult diabetes with increased risk of CVD, CKD etc
- Preventing early onset of type2 diabetes for ages 20-40 with specific risk factors would address outcome inequalities for our population and reduce healthcare use significantly

Social, welfare and legal advice – embedding in healthcare settings alongside social prescribing

- Poverty is a major determinant of health and related factors disproportionately affecting NEL residents include access to benefits, debt, and poor housing.
- Academic evidence supports SWLA as a key intervention for tackling health inequalities. We have an opportunity to build in existing good practice including social prescribing.

Genomics and personalised medicine

- Leverage our lifesciences capabilities and partnerships to identify and exploit opportunities including precision and personalised medicine

What a 'prevention first' approach could mean for local people

Early years (0-18): Children in NEL grow up supported by a strong family environment with educational attainment that sets foundations for lifelong health. Schools become health-creating environments addressing childhood obesity, mental health, and health literacy.

Working years (18-65): Adults maintain physical and mental wellbeing through supportive employment, accessible healthcare, and strong community connections. Early identification and management of risk factors prevents progression to long-term conditions.

Later life (65+): Older residents age well in their communities with maintained independence, social connection, and cognitive function. When health conditions arise, they are well-managed to preserve quality of life.

Analogue to **digital**

How we can use new digital tools and innovative data systems to support prevention and integration and to give patients more power and control

The digital and data opportunity for Northeast London

We want to build on our strong track record across NEL of our collaborative approach digital developments. This is evident for example in the work on shared records, the level of digital maturity within most of our providers, as well as how the providers are working towards using common systems. Digital technology is already responding to the challenges our system faces, for example Health Navigator working to lower avoidable admissions by using AI and health coaching; digital approaches being used in dermatology and ophthalmology to improve elective access; as well as online consultations and bookings to improve primary care access.

Building on our success to date:

- Electronic Patient Record (EPR) rollout at Barking Havering and Redbridge University Trust (Oracle Millennium) aligning with Barts Health and Homerton
- London Care Record connecting most health and care sites
- Secure Data Environment enabling predictive modelling and AI use
- NHS App providing the patient gateway to tools like DrDoctor and Patient Knows Best
- Adopting AI tools including risk stratification (Health Navigator); digital scribes (Heidi, AccuRx), diagnostic imaging
- Digital therapies for mental health freeing up clinical time
- Virtual Wards supporting remote monitoring of complex patients
- Expanding community diagnostic centres and digital triage in ophthalmology
- Genomics leadership via QMUL's Genes & Health
- Primary care access improving via online consultations, NHS App, and new phone systems

Our challenge is to go further and faster towards systematic and innovative use of digital technology, improving outcomes by empowering patients and freeing up staff time.

Ambitions in the 10 Year Health Plan

- **Single Patient Record**: National unified record enabling integrated, personalised, and predictive care.
- **NHS App by 2028**: Becomes the main access point with AI-driven features – advice, referrals, booking, medicine, and care planning ("doctor in your pocket").
- **HealthStore**: Marketplace for NICE-approved digital health apps.
- **Federated Data Platform**: Connects siloed data to support AI tools and boost productivity.
- **Digital supports financial sustainability**: Cuts duplication, admin, and costs; national AI procurement framework launches in 2026/27.
- **Ambient Voice AI** ("AI Scribe"): Expected to reduce paperwork by 51%, freeing up clinical time.
- **Genomics Integration**: Enhances personalised care via the Single Patient Record.

How digital and data innovation can enable change and improvement

We aim to **transform healthcare delivery through digital innovation**, and by doing so empower local people and staff, **address health inequalities and rising demand**, make our health system more financially sustainable and reduce environmental impact. By embracing digital transformation, we seek to **create meaningful, measurable improvements in health outcomes for all residents**.

To transform the digital landscape across NEL and to deliver the vision outlined above, we have identified **five themes** that we believe are essential to make the step changes needed:

1. **Patient leadership**: We see digital-first as a key step to give patients the tools to manage their own health, especially for routine interactions such as prescriptions and appointment management. This will then free up time and resources for complex care to be personalised around a persons need, with the right professionals supporting them.
2. **Pathway redesign**: We want to accelerate work across NEL to innovate, find new solutions and co-design digitally enabled pathways with staff from across the system. This is not only to streamline pathways, but also to enable staff to spend more time on what is important to patients, as well as increase productivity.
3. **Clinical integration**: Clinical integration is key to improving the clinical experience of delivering care, and to enable staff to spend more time on what matters the most to them and to our patients – improving patient outcomes.
4. **Single system**: We see the single system as a fundamental component to enable the best possible care to our local people in an integrated way. This will provide a single version of the truth in common functions through simpler interoperability
5. **Data and innovation**: We see the importance in the systematic use of data, especially to inform decisions based on the needs of our population. To meet those needs, we are also committed to continue to innovate to finding cost-effective interventions that are tailored to our local people.

We are committed to a**dopting and adapting national innovation and standards**, leading in the uptake of the NHS App and the implementation of the Federated Data Platform

We will co-design and test **London wide initiatives** such as London Health Mission, London Care Record, and Health Data for London

We will adopt a learning approach based on testing, adapting to feedback , evaluation and shared learning.

Our key priorities for digital and data

Patient leadership

- **Patient Health Records / Patient Experience Platform in place across all providers**, giving patients access to their complete health record, the ability to manage appointments and to engage in consultations.
- **The NHS App deployed to all patients that can use it**, with training and continuous communication campaigns.
- **Supports patients in staying healthy** through promoting specific actions, from general health messages to intensive interventions
- **Addressing inequalities** through training programmes, access to devices, and mobile data.
- Co-designing solutions with communities and commissioners
- Providing **non-digital alternatives** to ensure inclusivity

Pathway redesign

- All our pathway redesign activity to have a **digital first approach**
- A **single virtual ward set of technologies** will be in use
- All **pathways to optimise the use of digital technology**
- **Same day access pathway** utilises digital technology efficiently to improve patient flow and improve the patient experience
- **Universal Care Plans** are in place for 95% of those with complex care needs by 2027

Digital inclusion:

- A significant cohort of the NEL population are effectively digitally excluded, either through language, ability to use the tools or lack of access (to devices, mobile data or broadband). Initiatives need to be expanded by all ICS organisations to support the digitally excluded by use of translation, education, encouragement and cheap or free provision of devices and data

- Those who cannot be supported and those who are excluded for religious / cultural reasons, will always need to have equal access to services via other means such as walk-in, letter and telephone.

Single System

- The **fewest number of systems** used within each sector, e.g. all acute trusts to use the same EPR (electronic patient records) instance and a single mental health and community EPR
- Specialist services as standardised as possible in each organisation and the same order systems between GPs, trusts, and pathology labs
- **Single patient record** in use across all providers, via a patient centric, rather than organisation centric, EPR
- Development of **hybrid mail systems** and automation tools
- **Joint procurement of IT equipment** to be in place to improve value for money
- All systems, to the extent that is possible, to be **cloud based**
- **Cybersecurity upgrades** and cloud migrations to ensure resilience
- **INTs** will have easy **access to all required information** about the patients they are working with and be able to undertake all required activities within a single system

Clinical integration

- Expand the use of advice and refer across primary care
- Ambient voice technology to be available across all our providers as the preferred way to create notes and make pathways more efficient
- All care homes, nursing homes, pharmacists, dentists and optometrists to be connected to London Care Record (LCR), contributing and viewing
- All clinicians and other relevant professionals making use of the LCR whenever it is

Data and Innovation

- AI used to support clinician and administrative staff to undertake tasks where safe and efficient, potentially such as note summarising (using ambient AI), pathway navigation, triage and supporting advice and refer
- Online consultation tools will use AI to triage to the maximum extent safely possible and guide patient to the right pathway; self-care, pharmacy, other primary care clinician, GP or other healthcare professional

Enabling the **change**

How we will allocate our resources to support the delivery of our strategy

Our strategic financial objectives

Our financial strategy will support the delivery of the system strategy and the 'left shift' whilst ensuring we meet our statutory requirement to keep within our delegated resource allocation. The ICB financial plan will contribute to the overall financial sustainability of the system, but will focus primarily on commissioning plans and how these are developed to meet the needs of local people and deliver the requirements of the national Ten Year Health Plan.

We have two key financial objectives in NEL:

1. **To develop and deliver an ICB financial plan that provides a stable economic environment to support continued improvement in healthcare and outcomes and across our system**
2. **To reduce health inequalities and improve health outcomes through targeted investment funding,** allowing resources to be reallocated between care settings over time

These will be delivered through:

a. Setting of resource plans with an **allocation strategy** that aligns funding and incentives to commissioning plans

b. Enabling and supporting **provider driven efficiencies,** aiming for a step change in **productivity in line with national guidance**

c. Using population health data to identify high impact **commissioner led strategic plans** involving interventions that reduce variation by addressing inequalities in service levels and outcomes, and where possible deliver at scale

d. Develop contract forms to support **market management and promote the viability of providers** to deliver commissioning plans

e. Manage **risk** as activity and funding shifts from one setting to another, ensuring incentives are aligned to avoid failure

f. Address the shortfall in **capital** funding to meet the infrastructure investment needed to deliver the change required

g. Identify and establish by 2030/31, a **3% (circa £200m) revenue transformation fund** to enable and resource the three shifts. All system partners will be involved in decisions about how this fund will be deployed

Our financial principles

Financial Sustainability:

- No default generic growth will be applied to any contract. The first call on allocation of growth funding will go to address the overspend on commissioned services before we look to expand services. Our core principle is that we cannot allocate what we don't have.
- Remaining growth funding will be allocated to address known gaps and inequity in line with our strategic planning principles
- Provider sustainability is a core strategic aim, therefore any initiative will need to take account of, mitigate and minimise adverse impacts e.g. avoiding stranded costs, supporting cost redeployment
- We will focus on cost control and efficiency improvements to generate headroom for investment

Value-Based Care:

- We will prioritise evidence-based interventions with the highest return on investment and robustly evaluate interventions to ensure benefits are realised, including prevention interventions
- Recognising our current shortfall in capital funding we will prioritise investment in digital solutions to promote efficiency and effectiveness
- We will support rapid adoption and spread of innovation

Data-Driven Decision Making:

- We will base all financial projections and decisions on robust data and evidence
- We will regularly update models with the latest available data
- We will maximise the usage of all available benchmarking tools

Long-Term Planning:

- We will balance short-term savings with long-term system sustainability
- We will move to a long-term model of resource allocation based on population health which reflects our strategy and the three shifts.

Developing our financial allocation strategy

1. Financial Modelling

The forecast underlying exit rate from 25/26 will be analysed along with demographic growth changes, the impacts of an ageing population, increased demand, and expected inflationary pressures in excess of annual funding. Other factors that impact the base case scenario will be reviewed which include insufficient capital funding to invest in better infrastructure and a reduced workforce to drive efficiencies.

Demographic changes will be modelled through population health data. Mandatory arrangements such as delegated primary care funding and mental health investment standards will continue to be met and modelled through our medium-term financial strategy.

The baseline position will require an inherent efficiency in line with national tariff assumptions of 2% per year.

2. Creating and Ringfencing transformation funds

The medium term financial strategy (MTFS) will outline how the ICB will plan to spend 3% of funds on transformation. This will begin with 1% in 26/27 and increase over the 5 year period. To enable this the ICB will review the allocation of growth funds and block contracts.

Transformation Funds

- The MTFS will allocate 1% of funding growth in the first year for transformation and enabling the commissioning decisions to drive the three shifts. Analysis will need to take account of strategic priorities, double running, stranded costs and where relevant the repatriation of activity to local provided services
- We will explore ways to expand funding available to us as a system to invest in transformation including through partnerships with social finance, research and life sciences.

Deconstructing Contracts

- Fixed and pass-through funds that have been paid since 2020 are currently under review nationally. Where these are over and above activity levels we will aim for a minimum 1% productivity above annual productivity requirement to fund transformation (note: 1% acute funding = approximately 0.5% system allocation).
- The MTFS will assume fixed and pass-through funds are repurposed across the duration of the medium-term plan and be used at a system level to aid delivery of the three shifts. The reallocation of funding will contribute to provider demographic pressures and transformation arrangements. As an enabler, contract form and payment mechanisms will be reviewed to reflect agreed activity plans and future commissioning intentions.

3. Prioritisation of funds and reducing variation

The ICB will determine the prioritisation of growth funds following a resource allocation process. Through this process the ICB will drive allocative efficiencies intended to aid the underlying financial sustainability. Resource allocation will take account of:

- Assessment of population needs.
- A focus on prevention.
- Tackling Health Inequalities
- Addressing the core service offer within Primary Care, Community and Mental Health to support transformation.
- A reallocation of funding within individual pathways to drive quality whilst also delivering a more standardised set of services across providers and locations.

This approach will be aligned to our NEL Outcomes and Equity Framework and commissioning plans.

Our workforce

Our ICS vision is to "**work together to create meaningful work opportunities and employment for people in NEL now and in the future**'. Supporting people to be in work so they can contribute to the economy and improve their health outcomes is key. As one of the largest collective employers in North East London, our workforce is drawn largely from the communities we serve. Addressing employment, wellbeing, and diversity challenges is therefore central to improving outcomes for our population.

Delivering on our current ambitions: As a network of **anchor institutions**, we need to create employment opportunities for local people, including clear career pathways across our system. The **NEL Training Hub** is well positioned to support **primary care recruitment** by linking with Connect to Work teams within Local Authorities, helping GP practices fill vacancies while creating employment routes for local residents. Efforts are underway, through **local employment schemes**, to increase NHS and social care employment among residents through targeted joint working with local authority employment teams, education providers and employers so residents can be supported into training and job opportunities .

Secondary care trusts across NEL are coordinating recruitment efforts with colleges, DWP with Barts Health leading a £500k Widening Access project to expand health career opportunities for identified specific under represented groups. **Care Providers Voice** is leading the care component of the Widening Access project, establishing referral pathways into social care job placements across NEL. NEL is mobilising a system-wide response to the **national guarantee of NHS employment** for newly qualified nurses and midwives, with early funding focused on midwifery and future planning underway.

Delivering the three shifts through our workforce -

The requirements within the 10 Year Health Plan mean that we need a high-skilled, resilient and future-ready workforce to deliver new transformative models of care. As a system we will need to support the cultural change that is needed to successfully embed integrated neighbourhood working and the other strategic shifts including investing in OD and continuing to develop the relational aspects of our work.

Community: Moving care closer to home requires a workforce that is flexible, community-oriented, and able to work across traditional boundaries.
Prevention: Shifting to prevention requires a workforce that is proactive, skilled in behaviour change, and able to work beyond the clinic or hospital.
Digital: A digitally confident and competent workforce is essential for delivering seamless, efficient, and patient-centred care in a modern NHS

Our diverse and skilled workforce across our system is **key to delivering sustainable and effective change.** To support our workforce we need development of education programmes with Higher Education Institutes and employers alongside, feeding into workforce planning that will be delivered by London region. **Key areas include** -
New skill mix: Staff will work in multidisciplinary neighbourhood teams, including GPs, nurses, Allied Health Professionals, Pharmacists, social care, and voluntary sector professionals.
Personalised care: Staff will co-create care plans with patients, support self-management, and deliver more care at home or in community settings.
Liberation from admin: AI scribes and automation will free up clinical time, allowing staff to focus on patient care.
New ways of working: Staff will use the NHS App, Single Patient Record, and remote monitoring to deliver care virtually and in-person.
Prevention focus: Staff will be trained to deliver prevention, early intervention, and health promotion, not just treatment.
Community engagement: Staff will work with local partners, schools, and employers to address social determinants of health.

Our physical infrastructure

The North East London ICS Infrastructure Strategy (July 2024) outlines a 20-year, system-wide plan to modernise physical and digital infrastructure, ensuring high-quality, resilient, and equitable health and care services. It aims to build a world-class, sustainable infrastructure that supports staff and patients, drives innovation and integration, and meets the needs of a rapidly growing and diverse population. Our Infrastructure priorities for the system are:

1. Improve infrastructure safety and quality
2. Enable increased productivity
3. Integrate services within our communities to support health and wellbeing
4. Accelerate innovation
5. Develop new additional capacity

Delivering on our current ambitions:
St George's Health and Wellbeing Hub opened in spring 2024 and provides a key example of a neighbourhood health centre. Residents can book appointments and see a range of professionals in one visit as it brings together a range of services wrapped around primary care such as community and mental health, CT, MRI and other diagnostics

Community Diagnostic Centres have improved capacity and access for residents to diagnostics services and reduced inequalities of services across North East London

Barts Health Life Sciences Campus will deliver on three healthcare priorities – prevention, prediction and precision. The campus focuses on digital health, genomics, and clinical innovation to advance healthcare by transforming research into everyday patient care.

Delivering the three shifts through our infrastructure strategy -

Hospital to community: The shift of care to the community requires modern, accessible, and well-equipped community facilities.
Analogue to digital: Digital transformation is only possible if the physical estate is digitally enabled, secure, and fit for 21st-century care.
Sickness to prevention: Prevention and early intervention require accessible, welcoming, and multi-purpose spaces embedded in communities.

We aim to create **modern, multi-functional community health hubs** that bring together multiple services under one roof to provide proactive and preventative care and improve access to care closer to home. By focusing our **limited capital** on essential projects on areas such as critical infrastructure risk, replacement, upgrades and growth areas, as well as maximising our current estate, we will ensure the flexibility to deliver new models of care. We will aim to do this through a number of ways:

Neighbourhood Health Centres: Establishing an NHC in every community will provide modern, accessible, "one-stop shops" for care, open at least 12 hours a day, 6 days a week
Co-location: NHCs will host prevention, screening, and health promotion services alongside clinical care.
Repurposing existing estate: Improving the utilisation of underused NHS buildings for community care.
Flexible, modern spaces: Co-location of services will support integrated multidisciplinary teams working.
Digital-ready buildings: Community and primary care estate will be upgraded to support digital care, remote monitoring, and new models of working.

Working as a **North East London system**

How partners will work together to deliver our system strategy

We must maintain 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

We will build on our links with adult social care 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

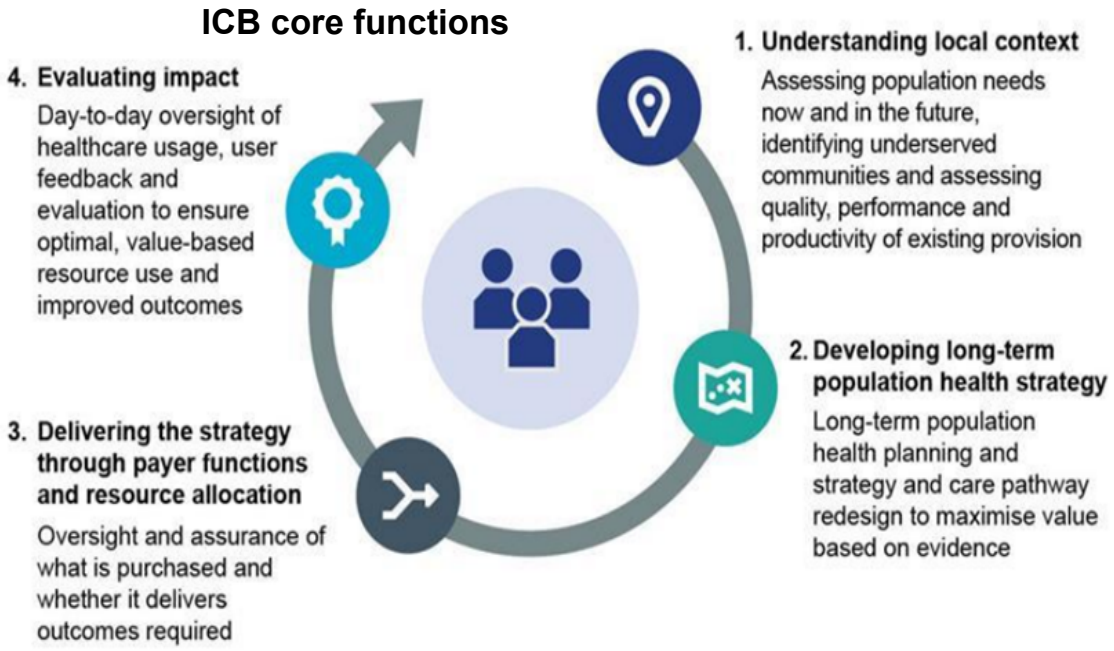
We will strengthen our relationships with local authorities and partners to improve outcomes for babies, children, young people and families, working closely with children's social care leads and with the NEL Commissioning Partnership

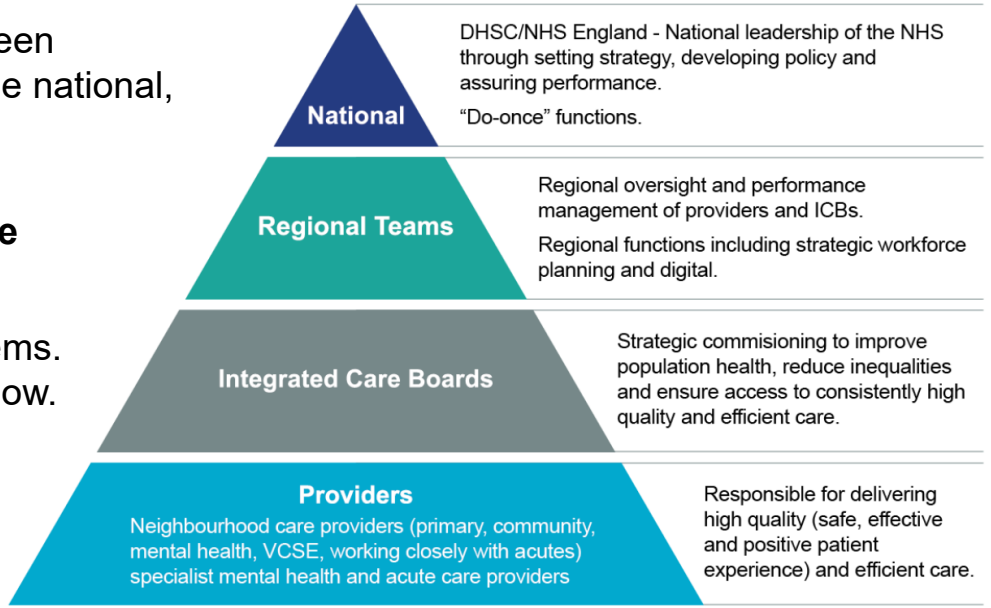
Key national changes affecting systems

As well as major policy changes, **significant structural changes to the NHS** have been announced this year. The changes affect all parts of systems, from the very local to the national, and clarity about some of the changes is still emerging. The changes have important implications for our system operating model.

Regions are taking on a strategic leadership role with a clearer focus on **performance management** and improvement.

ICBs are moving more clearly into a **strategic commissioning role** within local systems. Their functions are described as part of a strategic commissioning cycle as shown below.





While there are no new structural changes for **providers** (they remain accountable to their board for delivery of safe, effective, and high-quality healthcare services, as well retaining their duty to collaborate within local systems), the *Dash Review* has placed greater emphasis on **quality and safety** with clearer oversight from regions on this as well as provider **finances**.

Further clarity is also anticipated on the new **Integrated Health Organisation** role which will is being developed nationally as part of the neighbourhood model.

Co-production and engagement with local people

Our vision for co-production and engagement as outlined in the **ICS Working with People and Communities Strategy published in 2022**, is to ensure that participation is at the heart of everything we do.

*Our **standards for participation** include:*

- ***Commitment**: We will develop an infrastructure of participation within our governance and leadership*
- ***Collaboration**: We will work across the ICS and with our people and communities to deepen collaboration*
- ***Insight and evidence**: We will gather insight and evidence to inform our priorities and target our participation efforts*
- ***Accessibility**: We will ensure that all people and communities are aware of and are supported to participate*
- ***Responsiveness**: We will ensure that the impact of participation is clear to people, communities and partners*

Community Insight System – how we are listening to local voices

Our nationally recognised live database collates feedback on healthcare experience of local people to ensure the patient voice is present in health and care decision making.

- 24 sources of data form the CIS, from Healthwatch engagement reports to social media posts, capturing the sentiments on the experience of healthcare.
- Over 400 system staff are trained to access the CIS, they request around 15 bespoke reports per quarter to inform commissioning and delivery plans.

The People's Panel – our mass engagement tool

Hearing from residents about health service development and improvement for them and their families helping to shape health and care plans and local services.

- Membership of over 2,400 people receiving a monthly e-newsletter with participation opportunities.
- Participation in surveys, workshops, focus groups etc. to improve health and care locally while offering opportunities for self development, building new skills and networking with other local members.

Operating as a learning system

Our vision is to embed research, innovation, continuous learning and quality improvement in all that we do as a system, including how we plan, deliver, integrate and improve our services across NEL

Progress so far

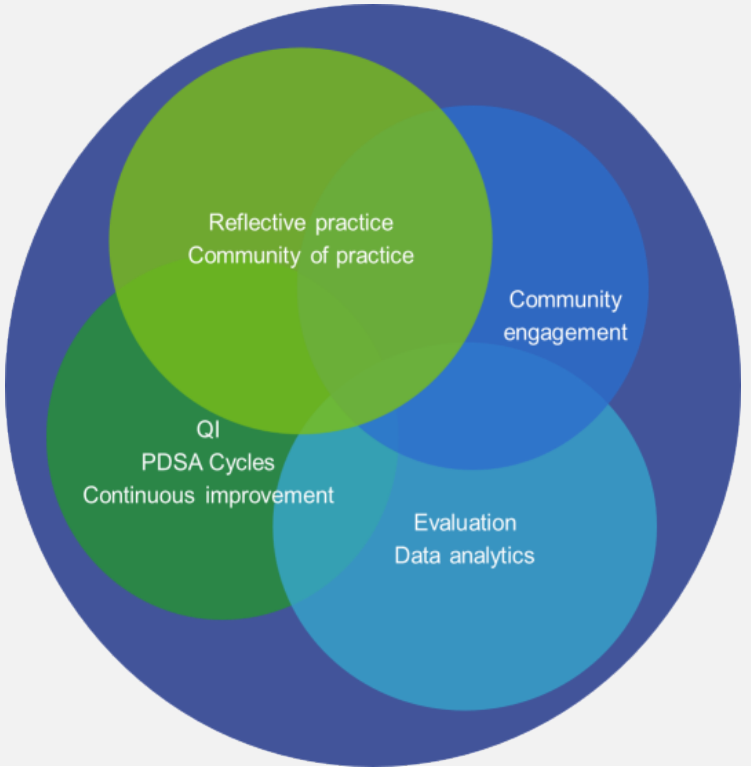
- **Building our strategic capacity and capability as a system in population health management** towards a more proactive and value-based approach to planning and delivery. Launching a new PHM platform to support embedding this approach in Autumn 2025.
- Partners including Barts Health and NELFT are **creating an open repository for local learning,** research and innovation, available to the whole system to support continuous improvement.
- Increasing our focus on **using evidence to drive plans.** Horizon scanning to find the latest innovations and evidence-based or high impact interventions to meet the needs of our population, working closely with clinical leads and other subject matter experts and through groups such as improvement networks.
- Secured **continued funding for our Research Engagement Network** which is building capacity within local communities to participate in and lead research. We will be transitioning to a new sustainable model by embedding within existing structures such as the VCSE collaborative.
- Developing **a more strategic relationship with academic and innovation partners** to increase the value they bring to the system.

Next steps

- Drawing on expertise from academic partners, we are **increasing our focus on evaluation** including development of an evaluation framework for the system.
- **Deliver enabling support for neighbourhoods** to help integrated teams target proactive care using population health management tools, increasing impact and value.
- Evolve our **ICS research and innovation strategy** in the context of national changes.

Defining a learning system in NEL:

Research, informatics, incentives, and culture aligned to support continuous improvement and innovation. Evidence and best practice seamlessly embedded into delivery and new knowledge and learning captured.



Building a high trust environment

Our vision is to create a high trust environment for all partners in NEL to enable seamless delivery across pathways spanning social care, primary and community care and secondary care regardless of organisational or sector boundaries. Building this truly collaborative and high-trust culture will enable our evolving partnership to work most effectively for local people. Through co-production and engagement, as set out above, this vision extends to building trust with the people and communities we serve across NEL.

Progress so far

- Developed collaborative ways of **working together across organisational and sector boundaries** to address tricky system challenges e.g. urgent and emergency care, winter planning.
- Agreed a mechanism for system partners to **share impact assessments for any service changes in a transparent way**, enabling collective understanding and supporting a more proactive and partnership approach to mitigation. Some of our place-based partnerships also held discussions about local financial challenges, coming together as local partners to find solutions.
- Our *Integration Roadmap* was approved by the Population Health and Integration Committee in February 2025 following extensive engagement with the full range of system partners. This included work to develop **collaborative approaches for system enablers** such as OD and leadership, workforce, finance, contracting & commissioning, estates, digital and communities.

Next steps

- System partners participated in a rapid review of our system to determine the **key areas of value and local connectivity** they want to see secured through any changes to our system operating model. This included retaining the mechanisms that support continued collaboration across all partners.
- Increasing our **collective understanding of how money is spent** in our system and the impact it has for different segments of our population, utilising new tools that we are introducing for the system. We will share this insight openly and use it to support identifying actions we can take as a system to increase our collective impact and value.

What happens next

This strategy refresh has been developed extremely rapidly following the publication of the Government's Ten Year Health Plan and national draft planning guidance in order to set the direction for system commissioning intentions due at the end of September 2025.

The strategy builds on our previous Integrated Care Strategy published in 2022, and while the tight timeline has not allowed for extensive engagement, we have sought to involve a range of stakeholders, including local people, in conversations to inform key areas – see right.

The strategy will be developed further over the course of Autumn 2025 before going to the ICB board for approval on 5 November 2025.

To provide comments on the document or for more information, please contact:

nelondonicb.strategicdevelopment@nhs.net

Stakeholder input

The current draft has been informed by discussions at -

- Stakeholder system workshop including clinical leads focusing on the three national 'shifts' (80+ attendees)
- System Strategy Group workshop
- Provider CFOs and Strategy Directors workshop
- Public Health Directors workshops
- Neighbourhood Steering Group
- The People's Panel – engagement on the Ten Year Health Plan