NHS
North East London

North East London ICB: commissioning intentions

September 2025

Strategic context

September 2025

Introduction

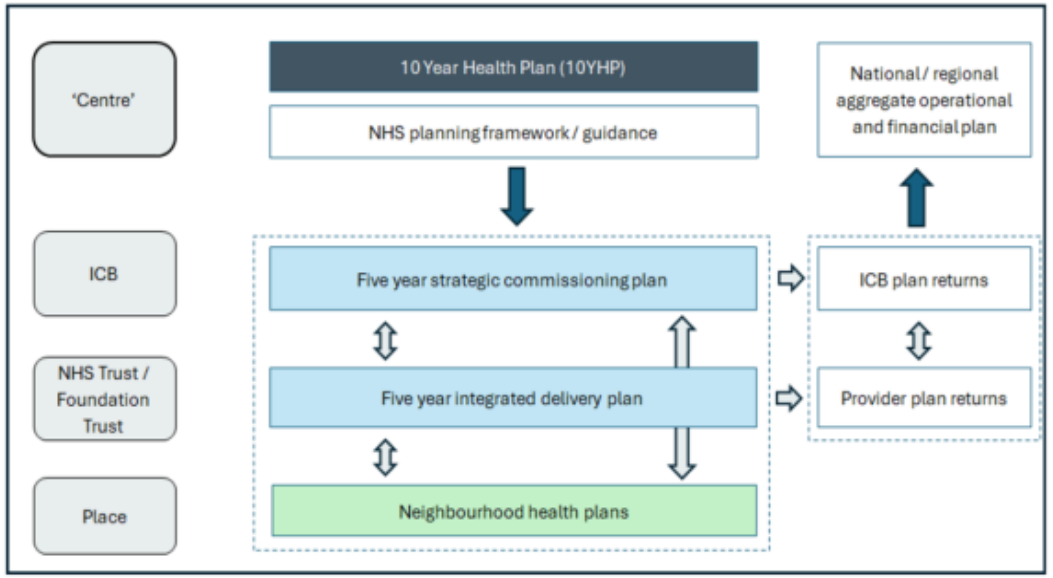
We developed our first NEL Commissioning Framework at the beginning of 2025 to support the delivery of our first interim NEL integrated care strategy. Since then, the 10 Year Health Plan (YHP) has been published and structural changes announced nationally which together have given us an opportunity to refresh our System Strategy to ensure it meets the needs of our local people and delivers the 10YHP. This document sets out our commissioning intentions which show how we will develop and change services over the coming five years, working collaboratively with partners. We are committed to refreshing our commissioning intentions and plans annually.

We are working to build on the national planning architecture over the coming months, please see diagram, with NHS providers responding to our commissioning intentions in their five year integrated delivery plans, each place expected to develop neighbourhood health plans and the ICB creating strategic commissioning plans to flesh out our commissioning intentions. These plans will become our operational and financial plans with specific focus on year one.

The NEL System Strategy sets out the improvements in the population outcomes we want to see based on our Good Care Framework, and it focuses on how we will enable the national policy three shifts, from hospital to community, from analogue to digital and from treatment to prevention. We have considered local health data and population needs, community and system assets, feedback and engagement with local people, patients and communities, value for money and long-term sustainability

This shared understanding of the challenges and opportunities also forms the basis for our commissioning intentions, together with clinical evidence and best practice. As per the national guidance, the commissioning intentions cover 5 years, with more detail about actions in the immediate 1-3 years. They will then shape and be influenced by the Integrated Delivery Plans NHS Providers are developing in order for the ICB to create strategic commissioning plans.

Relationship between key elements of the national planning architecture



Over the course of the coming months, we will create a strategic commissioning plan for north east London which sets out a shared understanding of the challenges and opportunities, linking to the system strategy case for change, and which will have the following chapters (specific commissioning plans): 1) Maternity & Neonatal, 2) Mental Health, Learning Disability and Autism 3) Planned and Specialised Care 4) Proactive Care, including specific plans for Urgent and Emergency Care (UEC), Long term conditions (LTC), End of Life Care (EoL), Primary Care and Community and 5) Neighbourhoods.

We are sharing our commissioning intentions as part of the process of developing strategic commissioning plans. Both our intentions and our plans take a population approach, are all age and include where appropriate links to Better Care Fund, Continuing Healthcare, and Medicine Optimisation as well as a range of other detail.

What we want to achieve

- NEL is a vibrant and diverse, yet deprived geography of communities across seven places, served by a broad range of partners including local authorities, NHS providers, and Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations.
- We are refreshing our NEL System Strategy, an overview is included in the diagram, to ensure we highlight the opportunities from the three national shifts as set out in the 10YHP as well as building on the work in our previous system strategy and responding to known pressures and challenges in the short term.
- Through this work, we are launching a new NEL Equity and Outcomes Framework, based on what local residents have told us is important to them as well as our four system priorities of Babies, Children & Young People; Long Term Conditions; Mental Health; and Employment. The framework will be used progressively to shape a new commissioning approach towards a greater focus on population health. Our approach to allocating resources will also start to take account of population health need in line with the outcomes we have set out for the system.
- Our strategy will provide direction for our system commissioning intentions in September 2025 and subsequent commissioning plans towards improved health outcomes and greater equity for our population in NEL.

Our objective is to commission services that:
- Enable local residents to maintain optimal health for as long as possible;
- Ensure care is delivered as close to people's homes as feasible;
- Facilitate patients receiving the appropriate care, in the right setting, at the first point of contact, by leveraging digital and artificial intelligence interventions.

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'** that supports 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** that enables shift to prevention and 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

The case for change in Northeast 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.

Please note that each of our commissioning chapters include a more detailed case for change specific for that area.

Improving lives for local people

NEL is one of the most diverse and deprived areas in England, with significant health inequalities experienced by our populations. In our NEL wide anti-racism strategy, we recognise 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 remains a core commitment for all of us in NEL.

In these commissioning intentions, and through our strategic commissioning plans, we aim to secure greater equity, both across NEL and between NEL and the rest of London and the country. We will continue to work with local authorities as commissioners of a range of services which are often interwoven with the services we commission to keep people well at home.

We will commission services informed by our **Good Care Framework**, which aims to improve the experience of all those using services, so that everybody in NEL can thrive, and that our services will be trustworthy, accessible, person-centred and competent.

Our NEL Outcomes and Equity Framework also draws on our resident led success measures and the national CORE20PLUS5 approach, disaggregating all outcomes by deprivation and ethnicity to expose unwarranted variations. This is a system-wide framework that provides a vital tool for addressing health inequalities across our programmes and services.

We are committed to improving access, experience and outcomes for our whole population, across the life course from babies and children through to older people. We will do this by co-producing and engaging with our local people and the public, in line with our **ICS Working with People and Communities Strategy**, and to ensure that participation is at the heart of everything we do. Whilst time has been tight in developing this set of commissioning intentions, we have reflected outcomes from feedback, engagement and co-production in our proposals and are committed to continuing to engage with local people as we take them forward.

Social value impact commitment

We recognise the important role anchor organisations play in improving health and wellbeing. We want to see the ICB and Trusts, and the organisations that they partner with, deliver measurable social value impact across social, economic, and environmental pillars.

Aligning with internal policy, system strategies such as the Anchor Charter and System Green Plan will take into account the updated Social Value Model that must be implemented from October 2025.

We are also updating our Procurement Policy to place a stronger emphasis on ensuring social value throughout our significant commissioning activity.

Strategic commissioning processes and content

September 2025

Strategic Commissioning Cycle – these commissioning intentions form part of the overall commissioning cycle we are using to move to responding to our local needs to ensuring effectiveness of delivery

1. **Understanding local context**
   Assessing population needs now and in the future, identifying underserved communities and assessing quality, performance and productivity of existing provision

2. **Developing long-term population health strategy**
   Long-term population health planning and strategy and care pathway redesign to maximise value based on evidence

3. **Delivering the strategy through payer functions and resource allocation**
   Oversight and assurance of what is purchased and whether it delivers outcomes required

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

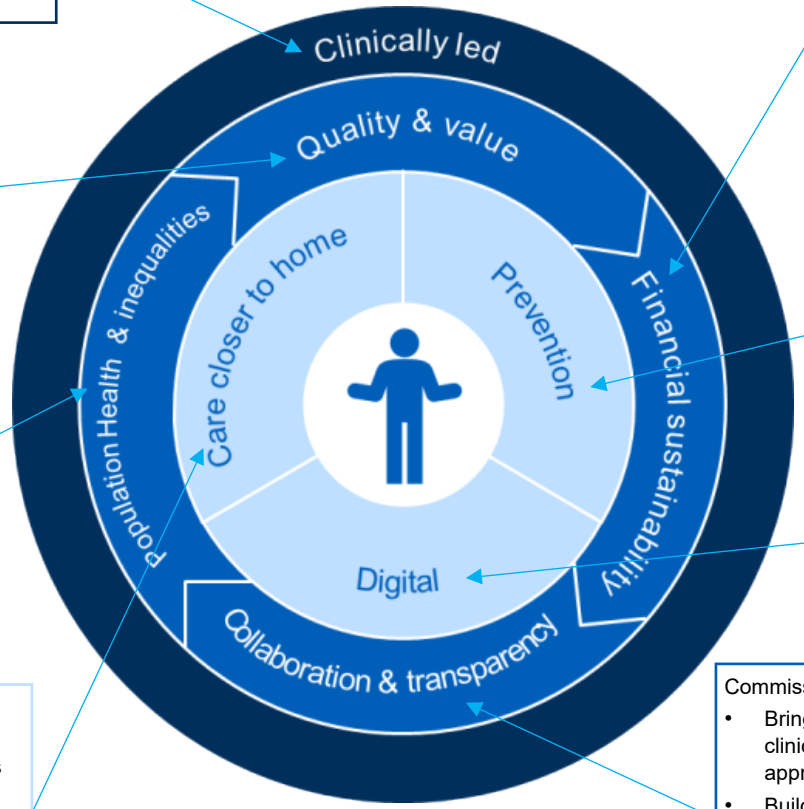
Strategic commissioning principles: developed to support us to be clear what local people can expect of us and what we expect of them and ensure information is easily accessible to all our residents.

Our commissioning is clinically led, meaning:
- Services are designed with insight of how they are delivered
- Clinicians are involved in all stages of the commissioning cycle
- Diverse perspectives are considered, reflecting the diversity of patient needs and the expertise within our healthcare system.

Strategic commissioning must ensure the care delivers quality and value by:
- Clearly setting expectations around safety, effectiveness and patient experience
- Addressing health inequalities and promotes equity in outcomes, access and experience
- Prioritising interventions with demonstrable impact and value.
- Monitored and overseen in dialogue with providers.

Commissioning decisions should be grounded in population health data and insights, with a clear focus on reducing health inequalities by:
- Using data to identify and address disparities in access, outcomes, and experience
- Embedding health equity impact assessments into commissioning cycles
- Prioritising investment in underserved communities and conditions
- Ensuring commissioning groups reflect local needs and assets.

Commissioning should enable integrated delivery models, in the most appropriate setting:
- Aligning services across health, social care, and voluntary sectors
- Supporting neighbourhood teams to co-design and deliver care
- Supporting community-based models that reduce reliance on acute care
- Building the resilience of our communities, developing and driving resources to support communities.



Strategic commissioning must balance ambition with financial realism:
- We allocate resources in line with population health needs
- Aligning commissioning plans with the Medium-Term Financial Strategy (MTFS)
- Making best use of contracts and reducing duplication
- Promote productivity and demand management.

A shift from reactive to proactive care is central. This involves:
- Commissioning services that prevent illness and promote wellbeing
- Identifying needs and issues early and seeking to address the causes of ill health
- Embedding prevention into all commissioning plans, including mental health, urgent care, and long-term conditions.

Commissioning should support the digital transformation of care:
- Investing in innovative digital tools that enhance access, coordination, and outcomes and makes our staff more efficient
- Using real-time data to inform commissioning decisions
- Supporting digital inclusion to avoid widening inequalities.

Commissioning:
- Brings together local people, service users, practitioners and clinicians to improve services, equalising power to change. Our approach to research and innovation will follow the same principle
- Builds trust, connectivity, and have resident led priorities and collaboration at the heart of our improvement and research agendas
- Jointly with local authority partners, with other ICBs and across London where joint commissioning drives improved outcomes and efficiency
- Clear, inclusive, and robust, with decisions based evidence.

Key:

These principles are supported by all the enablers; workforce, physical infrastructure, contracts, etc. Details outlined within our strategic commissioning cycle.

Contracting and contracting intentions

- Our commissioning is underpinned by contracting processes which will enable us to enact our ambitions and service level proposals, including contracting intentions.
- We are working collaboratively with providers and have reinstated a number of contracting forums ensuring they link effectively to strategic commissioning and enable us to make best use of new contracting models and payer mechanisms. These provide an important forum for on ongoing dialogue about changes, challenges and opportunities. This will continue to evolve as we deliver this commissioning plan.
- Commissioners and commissioning groups work to support integration, outcomes and tackling any quality, safety and performance challenges while contributing to financial sustainability. They will take account of any changes in national, regional or local policies.
- In the appendix, we have set out the business as usual requirements we are building into contracts as a matter of course. These will be familiar as they reflect established local and national requirements to be reflected across service delivery.
- We would like to draw attention to three areas of work which have the potential to change quite fundamentally how we contract over coming months:
    - First, the process of deconstruction of the blocks – this is being led by national processes and timetables and locally, it has been a useful and much needed exercise in further understanding some of the historic and legacy elements that make up the fixed elements of the contracts. The ICB will work with trusts over the next 6 months to ensure these elements are appropriately reflected in contracts.
    - Second, as we carry out the commissioning involved in our intentions, we will pay attention to areas such as working together and agreeing up to date service specifications
    - Third, we are keen to ensure that we are all working to consistent recording ad data capture approaches and striving for the highest standards of data quality to enable us to monitor demand, activity, impact, spends and costs effectively and efficiently.
- Finally, we will be circulating to individual providers a letter outlining our contracting intentions – that is formal notice where we are intending to terminate, reduce, change or transfer services. These letters will act as the formal notice required within existing contracts and should be considered separately and as requiring action.

Our priorities

Our overarching priorities are driven by our vision – to work with and for the people of north east London to improve their health and wellbeing. The three strategic shifts highlighted in the 10 year health plan, and set out in detail on the next slide, frame what we do and require us to change our overall model considerably over the coming period. An increasing focus on prevention, care closer to home and digital are all aspirations we have held and sought to deliver for many years and we believe they form part of the solutions we need to implement to address the significant health inequalities, complex needs and increasing demand we are experiencing across the system.

We have asked ourselves what these changes mean for our system going forward and are elevating the following eight strategic areas:

- For general practice and for wider primary care, the immediate aim to develop a vision and strategy to support sustainable services, to enable neighbourhood working and to build a commissioning framework. This is set out in our commissioning intentions
- For our acute providers, the shared ambition to work closely across our hospitals and clinicians to understand what the shifts mean for them and to develop more centres of excellence, review fragile services and reduce duplication in order to support sustainability
- For maternity providers, a focus on preventative measures to ensure women are healthy leading up to and through a pregnancy, ensuring we are working collaboratively and as close to home as possible
- For the voluntary sector, an assertion of the importance of their role in strengthening resilience in communities and the need to ensure the sector is sustainable and engaged with our work, as strategic partners, as service providers, as engagement enablers and as capacity builders
- For mental health, the need to address allocation of resources to the sector and ensure we are responding to the changing pattern of mental health needs across all ages in our population, including a holistic and strategic approach to neuro-diversity through the life course, effective neighbourhood working and links to severe and enduring mental illness
- For long-term conditions, a fundamental shift to prevention and early intervention, with a renewed focus on system and neighbourhood approaches
- For digital, a recognition of the fast pace of change and opportunity, and the need to be nimble and collaborative in harnessing technology to what is best for our residents
- For the system, the focus on multi-agency, multi-disciplinary and relational ways of working, with new delivery mechanisms through hubs and neighbourhoods

The development and implementation of these priorities will be through shared clinical leadership across our system, our providers, networks, collaboratives and commissioning groups.

The three shifts – prevention, community and digital

Shift 1: Hospital to community

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

Examples of how we are delivering this in our commissioning intentions:

1. Neighbourhood-Based Care Models – our fundamental enabler of the hospital-to-community shift. Neighbourhoods will be used to address health inequalities, build community capacity, and improve interfaces with acute services.

2. Community Services Expansion – we aim to standardise community core offers across boroughs to reduce variation and improve equity.

3. Urgent and Emergency Care (UEC) Integration – we want to see an integrated solutions across primary, community, and secondary care, including Single Points of Access (SPoA) and virtual wards.

4. End of Life Care in the Community - aims to increase the use of Urgent Care Plans (UCPs) to enable more people to be cared for at home.

5. Increase Primary and Maternity Care in Community Settings – increasing the use of community midwifery and pharmacy, to enable delivery of care closer to home.

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

Examples of how we are delivering this in our commissioning intentions:

1. Proactive and Preventative Care Models – focus on a shift towards person-centred, proactive care, aiming to reduce demand on urgent and planned services through early intervention and prevention.

2. Addressing Long-Term Conditions – emphasising primary and secondary prevention through better management of cardiovascular, respiratory, and metabolic conditions.

3. Community frailty services – aims for earlier prevention strategies to reduce the burden of chronic illness and improve long-term outcomes.

4. Primary Care – by optimising uptake of immunisation, vaccination and screening conditions will either be fully prevented or identify early on in its development.

Shift 3: Analogue to digital

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

Examples of how we are delivering this in our commissioning intentions:

1. Digitalised Urgent & Emergency Care – focussing on a Single Patient Records, AI-enabled triage such as Health Navigator, and digital access models including virtual wards and Single Points of Access.

2. Primary Care Digital Access – promotion and uptake of the NHS App and online consultations, with continued focus on equitable access for digitally excluded groups

3. Planned Care Digital Pathways – aims to use digital applications to help patients track their place on waiting lists, expand Advice and Refer and to digitalise outpatient care, as well as patient initiative follow ups

Commissioning intentions

September 2025

Commissioning intentions

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

These plans span our activity – and where no specific commissioning intentions are identified then business as usual measures will continue to be delivered, mindful of our overarching priorities and strategic aims.

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

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

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

Maternity and Neonatal: Current Situation

NEL population context

- The population of north-East London is highly diverse, with 53% coming from global majority, non-white backgrounds and over 100 different languages spoken. We have high levels of deprivation, with nearly a quarter of our population living in one of the 20% most deprived areas of the country. We see stark health inequalities linked to this deprivation: in our poorest neighbourhoods 60% of people have a long-term condition, compared to 30% in our least deprived. Our population is growing rapidly, an additional 300,000 people will be living here by 2040 – this equivalent to is a whole additional borough.
- In North East London we are facing a growing population and an increase in complex pregnancies and births, due to a community with other health conditions and challenging social factors. We know that service offer, pathways and processes are not consistent across NEL, meaning pregnant people with similar needs have a different experience depending on where they choose to give birth. . In addition, there are stark and persistent inequalities in outcomes for people from different population groups which exacerbate rates of maternal and neonatal morbidity and mortality.

Population health approach

- NEL ICB has been undertaking over the last 2 years a system wide review of the capacity and demand experienced by Maternity and Neonatal services. We are now at the stage of developing draft care models and subsequent options appraisal with collaborative from a wide range of inputs from multiple system partners, including an extensive public consultation building on findings from LMNS Equality and Equity Strategy.

Current Maternity and Neonatal Service performance

- NEL has seen improvements in performance throughout 25/26 across a number of key metrics including workforce and retention, pre-term optimisation, tackling health inequalities linked to Saving Babies Lives and MIS year 6 with all trusts meeting the requirements. There continue to be areas that we need to improve on for example aligning the perinatal pelvic health service offer to the national specification, increasing MNVP capacity to enable trusts to meet the requirements of MIS year 7, implementing a model of care across NEL that ensures that capacity is available where we have the greatest demand and that mothers receive the care they need for themselves and their baby at the right place, right time and with the correct medical team for their acuity. We are also looking to improve digital access for our women across NEL through digital access of their maternity care record and continue to reduce inequalities experienced by our women through interventions such as continuity of carer and improving pathways through women's health hubs where appropriate to do so e.g. earlier access to fertility advice, post natal contraception or postnatal pelvic health.
- The outline commissioning intentions for Maternity and Neonatal services will drive performance improvements as well as quality, access, capacity and financial sustainability benefits for our population in North East London.

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North East London Health & Care Partnership

Maternity and Neonatal - Delivering the three strategic shifts

The table below summarises how the NEL Maternity and Neonatal strategic commissioning priorities will support the delivery of the three strategic shifts (Acute to Community, Treatment to Prevention and Analogue to Digital) over the next 3-5 years.

Maternity and Neonatal programme area	Service area	Timeframe
Prevention	Commission an integrated maternity and neonatal pathway spanning primary, community, and acute settings, with aligned neonatal capacity planning. Co-develop maternity service specifications outlining the new model and offer across NEL.	2026-2029
	Commission a holistic women's health model aligned with Women's Health Hubs, embedding reproductive, maternal, and postnatal care across the life course using virtual engagement and group consultation as a medium.	2026-28
	Commission an Independent Senior Advocate (ISA) function in line with national recommendations (Ockenden / Kirkup).	2026-27
	Deliver localised, evidence-based pelvic health services as part of maternity and women's health pathways.	2026-27
	Commission and coordinate workforce development, training, and recruitment initiatives to address shortages in midwifery and neonatal staffing.	2026-29
Care Closer to Home	Commission an integrated maternity and neonatal pathway spanning primary, community, and acute settings, with aligned neonatal capacity planning. Co-develop maternity service specifications outlining the new model and offer across NEL.	2026-2029
	Commission MNVPs at scale, ensuring capacity (e.g. WTE leadership roles) to influence service redesign.	2026 - 2027
	Neighbourhood health i.e. Universal, holistic services from pre-conception to early years and beyond delivered though neighbourhood MDTs working in the community.	2026-2028
Specialist services	Jointly commission with Specialised Commissioning a review of preterm and neonatal pathways, updating specifications to meet national standards. This will include ICB responsibility on delegation of spec comm with services such as AIP, Fetal Medicine, antenatal and Newborn screening.	2026=2027
Digital	Commission a NEL-wide end-to-end maternity IT system with interoperability across GP, acute, and neonatal systems.	2026-28

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North East London Health & Care Partnership

MHLDA Strategic Commissioning Vision - Headline Goals Summary

We will deliver relational, whole person and whole system care though a co-produced approach that centres on the service user and is supported by partnership working that is linked to the person's local community. We will provide timely access to community services that offer alternatives to hospital care.

We will deliver more inpatient care closer to home, improve the inpatient experience and provide the right care in the right time and place for those experiencing a mental health crisis.

We will deliver an integrated all age neurodiverse pathway that links NHS primary care and secondary care, with local authorities, VCS organisations, communities and families and Right to Choose providers.

Children and Young People will receive better access to timely intervention as part of a whole system approach that embeds the Thrive Model.

We will deliver personalised whole person, whole system care for people with Severe Mental Illness

We will deliver recovery focused aftercare

We will deliver integrated whole system, whole person care through our neighbourhoods

We will deliver whole person, whole system care for our residents with learning disabilities.

Underpinned by population health management approach and MHLDA outcomes framework

Alignment with UEC programme over MH in ED, LTC Programme over co-produced care planning, Neighbourhoods Programme over whole system MHLDA in neighbourhoods. Policy alignment with the draft Mental Health Personalisation policy and the Intensive and Assertive programme and the 24/7 open access pilots.

North East London Health & Care Partnership

MHLDA - Delivering the three strategic shifts

The table below summarises how the NEL MH strategic commissioning priorities will support the delivery of the three strategic shifts (Acute to Community, Treatment to Prevention and Analogue to Digital) over the next 1-5 years.

MHLDA Programme Area	Headline Goal	Timefame	Acute to Community	Treatment to Prevention	Analog to Digital
MHLDA CYP and Adults	**1. We will deliver more inpatient care closer to home, improve the inpatient experience and provide the right care in the right time and place for those experiencing a mental health crisis.**	2026-2030	Yes	Yes	Yes
Neurodiversity	**2.We will deliver an integrated all age neurodiverse pathway that links NHS primary care and secondary care, with local authorities, VCS organisations, communities and families and Right to Choose providers.**	2026-2029	Yes	Yes	Yes
MH Adults	**3. We will deliver personalised whole person, whole system care for people with Severe Mental Illness.**	2026-2028	Yes	Yes	Yes
CYP MH	**4. Children and Young People will receive better access access to timely intervention as part of a whole system** approach that embeds the Thrive Model.	2026-2029	Yes	Yes	Yes
MHLDA CYP and Adults	**5. We will deliver recovery focused aftercare**.	2026-2030	Yes	Yes	Yes
MHLDA CYP and Adults	**6. We will deliver integrated whole system and whole person integrated care through our neighbourhoods**	2026-2029	Yes	Yes	Yes
Learning Disabilites	**7. We will deliver whole person, whole system care for our residents with learning disabilities**	2026-2029	Yes	Yes	Yes

Planned care vision inNEL

- Over the next 5 years, NEL ICB will strategically commission planned care services that provide timely, equitable and high-quality outpatient and elective surgery services for the population. We aim to commission services with faster access, better outcomes and improved patient experience, while reducing unwarranted variation and health inequalities.

- The commissioning intentions are based on a whole pathway approach to incentivise efficiency from referral to discharge and build on the principles of resilience, patient choice and quality, embedding best practice pathways and recommendations (GIRFT), requirements within the national elective reform guidance and 10-year plan for cancer.

Our 5-year plans will evolve; our ambition is to:

- Ensure no patient waits more than 18 weeks for their treatment and that cancer diagnosis is rapid leading to quicker treatment. We will improve our waiting times year on year by maximising our theatre capacity, waiting list reviews, pathway transformation and the commissioning of demand management initiatives; and work with our provider partners to maximise capacity and productivity.
- Ensure that all patients know where they are on the waiting list through digital applications.
- Increase the volume of outpatient care in the community; this could be through digital support, embedding Advice and Refer, managing care closer to home through neighbourhood care models & optimising clinical decisions to reduce repeat attendance.
- Wherever clinically possible, enable patients to have their pre-operative and post-operative assessments managed outside of a hospital setting, freeing up capacity to treat patients of highest clinical need in the hospital.
- Develop day case activity by high level specialty and give our residents a choice of location for the top 10 most common procedures.
- Scale up prevention efforts by driving uptake of cancer screening and embedding community-led education to reduce modifiable cancer risks and tackle inequalities.
- Commission high-quality, timely cancer treatment by improving 62-day pathway performance, embedding personalised care models, and ensuring equitable access to innovative therapies across all boroughs.

Measures of success and outcomes by 2030/31

Goals

Access & Waiting Times: Achieve national waiting time standards, RTT, diagnostic waiting times (DM01), and cancer standards particularly for deprived communities

Demand Management: reduce demand growth for planned care through redesign of pathways and more care in the community

Shift planned care from hospital to community & Primary Care settings to manage demand and ensure sufficient capacity for the hospitals to see more complex patients

Digital Pathway Redesign: Digitally enabled, streamlined access to planned care, cancer and diagnostic services e.g. digital booking

Personalisation: expand self-management, self- care for patients

Equity and health inequalities: Use data to reduce variation and improve access and outcomes – ensure equitable and consistent ICB wide service models to reduce geographic inequality

Targets

- 92% patients to receive first appointment within 18 weeks
- Zero patients waiting over 52 weeks
- 99% patients receive a diagnostic test within 6 weeks of referral
- Manage referral demand for planned care
- Shift more outpatient care to the community
- 85% of patients begin first definitive treatment within 62 days of urgent cancer referral
- 96% patients start their first cancer treatment within 31 days of the decision to treat
- 80% patients receive a diagnosis (or rule out cancer) within 28 days
- 75% of patients will be diagnosed with cancer at stage 1 or 2

Outcomes

- Patients can access the right care when they need it
- Everyone has a fair chance of good health, regardless of background
- Patients receive safe, high quality care wherever they go
- People can stay in work and have financial security
- Patients live longer healthier lives
- Health problems are caught early and managed well
- Services are financially sustainable and provide value

North East London Health & Care Partnership

Planned care - Delivering the three strategic shifts

Planned Care	Commissioning Plan	Timeframe	Acute to community	Treatment to prevention	Analogue to digital
Demand Management	Implement Single Points of Access in as range of specialties using, where appropriate Women's Health Hubs as a blue print. This includes, MSK, ENT, Ophthalmology, Dermatology, Fertility and Gynaecology	2026 - 2028	Yes	Yes	
	Work with providers to include Patient Initiated follow ups (PIFU) in any re-design of services.	2026-2027 and ongoing			Yes
	Expand the availability of Advice & Refer and Advice & Guidance across specialties, agreeing principles required to manage pathways. We will include our planned care community services in developing A&G, e.g. Community Dermatology	2026/27	Yes	Yes	Yes
Pathway Transformation	Explore principle of reducing OPA and shifting activity to neighbourhoods over 5 years, identifying a pilot area in year one, e.g. rheumatology.	2026/2031	Yes		
	Identify top 10 conditions that can be managed outside of hospital care: • Self management • Care at neighbourhood level • Pre- inpatient assessment in CDC's	2026-2028	Yes	Yes	Yes
Service re-design	Commission services to revised specifications to ensure equity across NEL and addressing and quality or clinical anomaly areas. This includes: Women's health hubs, Audiology, Urology, Minor Surgery, MSK, Ophthalmology, Pain Management & Gastroenterology	2026-2028	Yes		
Surgery	The ICB will support NEL Acute Trusts to implement GIRFT best practice for the following pathways: • ENT Surgery • General Surgery • Gynaecology • Ophthalmology • Orthopaedic Surgery • Spinal Surgery • Urology Surgery	2026-2027 and ongoing			

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North East London Health & Care Partnership

Diagnostics - Delivering the three strategic shifts

Diagnostic Programme area	Service area	Timeframe	Acute to community	Treatment to prevention	Analogue to digital
Demand management	Primary Care/ Community Demand Management- MRI and ultrasound	2026-27	Yes		
	Acute/ UEC Demand Management- managing top 10 most mis-requested tests	2026-28		Yes	
Community focus	CDC development- enhancement of service model and expansion of capacity, including support for and integration with Neighbourhood Health Hubs	2026-30	Yes	Yes	Yes
	Community GPDA IS provision/ integration	2026-27	Yes		
	Primary Care service design and SPoA support for various interface triage solutions	2026-27	Yes	Yes	
	Screening and prevention- supporting enhanced screening programmes across a range of disease pathways	2026-30		Yes	
Digital focus	Capability enhancements- integration of PACS and AI reporting enhancements	2026-30			Yes
	Patient Access enhancements- patient booking and results access	2026-30	Yes		Yes
	Demand Management enhancements- iRefer decision support software & test registries to prevent unnecessary repeat testing	2026-28			Yes
Productivity	Urgent and Emergency flow improvements- A&E, SDEC, UTC/ and community/ primary care pathways	2026-27			
	Straight to Test and other efficient diagnostic pathways to manage demand in secondary care and reduce unnecessary outpatient appointments, including symptom-based pathways which look to significantly reduce time to diagnosis	2026-28	Yes		
Innovation	Pathway and clinical testing improvements in Pathology, Endoscopy, Imaging and Physiological Sciences	2026-30	Yes	Yes	Yes

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Increasing early diagnosis of cancer through screening and surveillance

The ambition over the next 5 years is to continue to design interventions using an inequalities lens with a focus on the CORE20PLUS5 and the inclusion groups (seldom heard communities). We will work with local communities to develop tailored, culturally appropriate initiatives to increase uptake of screening programmes and reduce disparities in participation, targeting areas with the lowest uptake or high late-stage diagnosis rates.

We will continue our focus on supporting community-led awareness raising initiatives and increase joint working with community groups who are trusted amongst their peers and tailor early diagnosis initiatives to reach underserved groups. Mobile units like the “Living Well” buses that bring health checks and cervical screening into hard-to-reach neighbourhoods are examples of taking services to the people.

We have built a strong foundation and will increase outreach interventions for the underserved communities, targeting areas with low screening uptake and low rates of early diagnosis.

Genomic Testing to improve cancer care

Genomic testing is transforming how the NHS prevents, diagnoses, and treats cancer by identifying genetic risks and enabling personalised treatments.

Genomics helps detect inherited mutations early, allowing for timely screening and prevention. Tumour DNA analysis guides targeted therapies and improves trial access, making them more personalised.

The NHS aims to make genetic testing standard in cancer care. Expanding genomics will support earlier diagnosis, better treatments, and prevention, while managing uncertain results carefully.

Within the next 5yrs we will look to mainstream the following:

- **Lynch Syndrome**
- **BRCA Testing**
- **Further rollout of the Vaccine Launchpad**
- **Personalised Therapies**

North East London Health & Care Partnership

Increasing early diagnosis of cancer through screening and surveillance

We will locally implement all national screening programmes as they are developed, and focus on maximising uptake of the following screening programmes

Cancer	Commissioning Plan	Acute to community	Treatment to prevention	Analogue to digital
Bowel:	by 2030/31 we will aim to achieve the target of screening 76% of eligible residents.		Yes	
Breast	TBC		Yes	
Cervical	By 2030 we aim to eliminate cervical cancer in north-east London, in line with NHS England's regional plan. We will do this by : • Ensuring cervical screening coverage does not fall below 70%, while still aiming to reach the target of 80%, focussed on 18-25s & Gay and bi-sexual men who have sex with men (GBMSM) up to the age of 45 • Supporting national programmes to implement more accessible and acceptable screening methods such as HPV self-sampling. • Increasing the uptake of the HPV vaccine for those who have missed it at school.		Yes	
Lung	Extend the lung Cancer Screening Programme to all eligible residents in NEL by 2029, ensuring the proportion of people diagnosed with lung cancer at an early stage via screening, remains above 75%.		Yes	
Surveillance pathways are also key to optimising early diagnosis in people with a higher risk of developing cancer due to genetic or environmental factors. We will establish surveillance pathways for tumour sites which will achieve high impacts and improve outcomes.				
Pancreatic	Continue to support the long-term EUROPAC study for people with an increased familial risk of pancreatic cancer by promotion of referral pathways from primary and secondary care and through the genomics services		Yes	
Liver	Establish the liver surveillance pathway in all three Trusts for people at high risk of developing liver cancer due to other high-risk diseases, ensuring these are supported by electronic patient management and call and recall systems so that vulnerable residents do not slip through the net.		Yes	
Oesophageal	Expand the use of the capsule sponge as a surveillance tool for patients with a risk of Barrett's Oesophagus		Yes	
Ovarian	Implement NG241 to enable women with a high genetic risk of ovarian cancer to avoid risk reduction surgery and loss of fertility		Yes	

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Planned Care

Headline Goals & Outcomes by 2030 Aligned to the NEL Outcomes Framework

In the next 5 years, the strategic commissioning of specialised services will increasingly reflect the wider system shifts towards prevention, community-based care, and digital innovation.

GOALS

- Zero HIV transmissions by 2030
- 90% uptake of ED opt-out testing
- Mechanical Thrombectomy access to 15% of eligible population
- Kidney DOM sustainably reduced to < 90%
- TAVI waiting times reduced to 18 weeks
- Reduced acute sickle cell admissions
- Waiting times for vascular surgery reduced to 18 weeks

OUTCOMES

- Health problems are caught early & managed well
- People live longer healthier lives
- People can access the right care when they need it
- People receive high-quality, safe care wherever they go
- All families get the support they need
- Services are financially sustainable & provide value

Together, these shifts will require the strategic commissioning of new models of service design, workforce capability and digital infrastructure, ensuring specialised services are more sustainable, accessible, and aligned with the future population health needs of NEL ICS.

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Specialised Services - Delivering the three strategic shifts

SS programme area	Service area	Timeframe	Acute to community	Treatment to prevention	Analogue to digital
Blood and Infection	Sickle Cell: shift acute sickle cell care to the community	2026 - 2030	Yes	Yes	Yes
	HIV: Implement agreed actions from the NEL joint sexual health strategy	2026 - 2030		Yes	
Internal Medicine	Renal Dialysis: prevention programme and capacity expansion	2026 - 2030	Yes	Yes	Yes
	Vascular: review of service model	2027-2030	Yes	Yes	
	Cardiac: reduce waiting times and manage demand	2026 - 2030	Yes	Yes	Yes
	Liver & Hepatitis: pathway review to support prevention and early detection	2026 - 2030	Yes	Yes	Yes
	ED Opt-out testing: achieve 90% uptake in all NEL EDs	2026 - 2027		Yes	
	Interstitial Lung Disease: shared care agreement and local provision	2026		Yes	Yes
Major Trauma/Neurosciences	Mechanical Thrombectomy: review of service model	2026 - 2028		Yes	Yes
	Major Trauma: re-alignment of pathways to support more local provision	2026 - 2029		Yes	Yes
	Critical Care: demand and capacity review	2026 - 2027			Yes
Cancer	Implementation of the ICB specialised cancer long-term strategic approach	2027 - 2031			Yes
Women & Children	Complex Urogynae: reduce waiting times and service spec compliance	2026 - 2030	Yes	Yes	
	POSCU: meet requirements of a new enhanced service specification	October 2026			Yes
	Neonatal Transfer Service: commission a sustainable Pan London neonatal transfer service (hosted within NEL)	2026 - 2028			Yes
	Paediatric Long-Term Ventilation: review of Pan London service model/principles	2026 - 2030	Yes		Yes

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North East London Health & Care Partnership

Community Strategic Commissioning Headline Goals

Integrate community services through neighbourhood-based multidisciplinary teams, aligning with local people's needs and the NHS 10-Year Plan to deliver care closer to home

Deliver consistent Community Core Offers across NEL

(UCR, Stroke/Neuro, CYP Therapies in partnership with MHLDA, Intermediate Care, Frailty, CYP & ARI, Virtual Wards, Adult Nursing)

to reduce variation and improve equity of access

Integrate services through neighbourhood-based multidisciplinary teams, aligned to local authority footprints, to ensure care reflects local people's needs and the NHS 10-Year Plan

Reduce waiting lists and improve performance by cutting open pathways from ~57,000 (July 2025) to ~40,000 by March 2027, eliminating waits over 52 weeks, and meeting UCR and Virtual Ward targets. This will need to be done in partnership with a wide range of partners and commissioning areas

Enhance productivity and digital enablement by embedding Single Points of Access, care navigation, remote monitoring, and digital self-management tools across all places

Strengthen workforce resilience and sustainability through skill-mix redesign, joint workforce planning with partners, and reducing dependency on agency staff

Underpinned by population health management approach and NHS OF

Alignment with Community Programme:
Core Offers (UCR, Virtual Wards, Intermediate Care, Frailty & ARI, Community Nursing, Neuro & Stroke, CYP Therapies); Place-based and neighborhood delivery; Workforce resilience and redesign; Digital enablement and productivity; Prevention and population health improvement.

Interface with wider system priorities: Integrated Neighbourhoods; Single Point of Access & Care Navigation; Mental Health and SEND; Primary Care and Same Day Access; End of Life Care; Links with voluntary, community, faith and social enterprise partners

North East London Health & Care Partnership

Community Services - Delivering the three strategic shifts

The table below summarises how the Community strategic commissioning priorities will support the delivery of the three strategic shifts (Acute to Community, Treatment to Prevention and Analogue to Digital)

Community Service area	Timeframe	Acute to community	Treatment to prevention	Analogue to digital
Urgent Community Response (UCR)	2026–2027	Yes		
Virtual Wards (all age)	2026–2028	Yes		Yes
Community Intermediate Care	2026–2028	Yes		Yes
Frailty & ARI Pathways	2025–2027	Yes		Yes
Community Neurological & Stroke Rehab	2025–2027	Yes		Yes
Children & Young People Therapies Core Offers	2026–2029	Yes	Yes	Yes
Eliminate 52 week waits - all age, but for Paediatric Neurodiversity working on partnership with MHLDA	2026-2028	Yes		Yes
Adult Community Nursing Core Offer	2026-2027	Yes	Yes	
Single Point of Access (SPOA) / Care Navigation	2026–2027	Yes	Yes	Yes
Workforce & Productivity	2025–2030	Yes		Yes
Review of Core Contracts and rationalise smaller contracts	2026–2027 and annually	Yes	Yes	
Community Equipment stabilisation, review and recommissioning	2026-2828			
Community Beds	2026 – 2028	Yes	Yes	
Strategic Approach to Virtual Health	2026 – 2029	Yes	Yes	Yes

North East London Health & Care Partnership

End of Life Care (EOLC) - Strategic Commissioning Headline Goals

A focus on improving end of life care is not only about compassion, it is also about system sustainability. Poorly coordinated care can lead to avoidable hospital admissions, delayed discharges, and distressing experiences for patients and families. Strengthening end of life care is essential to deliver on the goals of integrated care, health equity, and value for populations. We will focus efforts around four areas:

ACCESS

Improved access to palliative and end of life care, 7 days a week, including access to syringe drivers to enable more care in the community and reduced hospital length of stay

A consistent route for advice and guidance for all clinicians, families and carers

EOLC services for the homeless

NEIGHBOURHOODS

Culturally sensitive, consistent Bereavement Services, including for children and young people after the loss of a parent

Out of hours emergency medication service

Increase the usage and quality of Universal Care Plans for EOLC adults

Neighbourhood EOLC model for all ages

Increased death literacy for patients, families and staff

Death Certificates issued in 24 hours to align with cultural norms

CONTINUING HEALTH CARE (CHC)

Move towards pre-commissioned, integrated palliative and EOLC

HOSPICES

Support growth of offer to move towards financial sustainability

Develop transition planning for children and young people moving to adult services

Underpinned by population health management approach and NEL EOLC Strategy

Alignment with EOLC programme: Proactive Care (LTCs, UEC), Community Care, Primary Care and Babies, Children and Young People

End of Life Care - Delivering the three strategic shifts

The table below summarises how the NEL EOLC strategic commissioning priorities will support the delivery of the three strategic shifts (Acute to Community, Treatment to Prevention and Analogue to Digital) over the next 3-5 years. *Note: subject to funding.*

Programme area	Service area	Timeframe	Acute to community	Treatment to prevention	Analogue to digital
Access	Improved access to palliative and end of life care for the whole population	2025/26 – 2030/31	Yes		
	Develop a consistent route for advice and guidance across all Places in NEL for clinicians, family, friends and carers	2026/27	Yes		
	Embed the pilot to implement a seven day community offer for EOLC across Waltham Forest *(also fits with Neighbourhoods)*	2025/26 – 2028/29	Yes		
	End of life care for the homeless	2026/27 – 2027/28	Yes		
	Terminally Ill Adults Bill implications	2028/29	Yes		
Neighbourhoods	Culturally sensitive Bereavement Services, including bereavement care and support for children and young people post the loss of a parent	2025/26 – 2028/29		Yes	
	Embed an out of hours services for emergency medications	2025/26 – 2026/27	Yes		
	Increase the percentage of completed and fully utilised Universal Care Plans (UCPs)	2026/27 – 2027/28			
	A consistent neighbourhood model of care for EOLC, including virtual wards, for all ages including increased usage of digital tools for efficiencies	2026/27 – 2030/31	Yes		Yes
	Outcome based and person-centred approach to palliative and end of life care for children and young people, through the use integrated personal budgets and an effective short break offer for children, young people and their families	2027/28 – 2030/31	Yes		
	Increased levels of death literacy across our communities, neighbourhoods and workforce	2026/27 – 2030/31	Yes	Yes	
	Death certificates within 24 hours to align with cultural norms	2027/28			
Continuing Health Care (CHC)	Pre-commissioned, integrated palliative and end-of-life care services	2027/28 – 2030/31	Yes		
Hospices	Support growth of offer to move towards a sustainable financial model (linking into Neighbourhoods intention above)	2026/27 – 2030/31	Yes		
	Person-centred approach to transition planning	2027/28 – 2030/31	Yes	Yes	

LTC - Overview of commissioning intentions

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The NEL LTC commissioning approach sets out that within five years, long-term condition care in North East London will be prevention-focused, delivered in the most appropriate setting, digitally enabled, and equitable across all boroughs, aligned with the NHS 10-Year Plan

We will support workforce wellbeing, retention, and development to enable the delivery of high-quality, clinically led services across all ages, while commissioning care that meets or exceeds national standards.

Prevention First

- Commissioning aligned to the draft NEL Prevention Strategy, tackling root causes of ill health, reducing health inequalities, and embedding proactive care across pathways
- A 'think family' model with communities and VCSE partners, addressing wider determinants such as housing, employment, and social support, and embedding prevention across the care pathway
- Prevention hardwired into every Integrated Neighborhood Team (INT), using predictive analytics to identify residents at risk earlier and enable timely interventions before conditions escalate, reducing avoidable admissions and improving outcomes

Equity and sustainability

- Scaling up award-winning services and best practice into a Core–Enhanced–Aspirational offer, ensuring all communities access a consistent baseline of care
- Reusing funds differently to move away from non-recurrent grants propping up core services, aligning resources to outcomes
- Co-design with residents and VCSE partners to ensure services are culturally competent and accessible, particularly for underserved groups (e.g. migrants, homeless people)

Holistic support in the right place

- **INTs for accessible, joined-up care: Integrated Neighbourhood Teams (INTs)** will provide accessible, joined-up care for people with lower-acuity and rising-risk needs. They will bring together primary care, community services, social care, and the VCSE sector to deliver proactive management, reduce duplication, and connect residents into wider prevention and wellbeing support.
- **Specialist hubs for complex needs:** People with complex or high-acuity conditions will be supported through **LTC hubs and renal-cardiometabolic clinics**, receiving coordinated, multidisciplinary care in the most suitable setting hospital, community, or integrated pathway with wraparound support for physical, mental and social needs.
- **Rehabilitation as a standard offer:** Consistent **community-based rehabilitation services** (stroke, cardiac, pulmonary) will be available across all boroughs, helping people recover faster, maintain independence, and reduce reliance on acute hospital beds.

Underpinned by population health management approach and digital as key enabler

The commissioning intentions address immediate challenges—such as Hybrid Closed Loop and stroke/neuro-rehabilitation—while also setting out multi-year priorities through the NEL LTC Framework, Integrated Neighbourhood Teams, and LTC/renal cardiometabolic hubs, with a strategic shift towards prevention and more proactive models of care.

Interfaces with the Community Programme, Prevention, Virtual Wards, Babies, Children and Young People, Primary Care, Integrated Neighbourhoods, End of Life Care, Specialised Services, Urgent and Emergency Care (UEC), Homeless Health, and the Equity and Inequalities Team.

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LTC High level - Delivering the three strategic shifts

LTC Speciality		High Level Commissioning Intentions	Work commencing	Acute to community	Treatment to prevention	Analogue to digital
Overarching		LTC Framework	26/27 onwards	Yes	Yes	Yes
		LTC proactive and preventative approach to multimorbidity's across LTCs and wearable technology	26/27 onwards	Yes	Yes	Yes
		INT and prevention and proactive care for LTCs	26/27 onwards	Yes	Yes	Yes
		Renal cardiometabolic clinics/LTC hubs	tbc		Yes	Yes
		Psychological support for children and young people with long term conditions	26/27 onwards		Yes	
Weight Management	Specific CI not captured in overarching	Complications with Excess Weight for children and adults	27/28		Yes	Yes
		Weight management including tier 2 and Tirzepatide	26/27 onwards	Yes	Yes	
Alcohol		Alcohol Care Teams (ACTs)	26/27		Yes	
Smoking		Smoking support for inpatients, maternity	26/27		Yes	
DiabetesT1 and T2		Type 1 diabetes including Young Adult Transition care, Type 1 Disordered Eating Service (TIDE) and Hybrid Closed Loop technology	26/27 onwards	Yes	Yes	Yes
		Type 2 Community Podiatry and Emergency weekend diabetes vascular services	27/28		Yes	
CVD		Heart failure virtual START HF (ORTUS platform) and wider HF pathway, Anticoagulation and cardiac rehab	26/27 onwards	Yes	Yes	Yes
Renal		CKD (renal cardiometabolic approach)	26/27 onwards	Yes	Yes	Yes
Respiratory		Children and Young People's Asthma, Diagnostic Spirometry & FeNO and Pulmonary Rehabilitation	26/27 onwards	Yes	Yes	Yes
Frailty		Digital solutions	27/28	Yes		Yes
TB		BCG under 16, LTBI and Non-Tuberculous Mycobacteria (NTM) services	26/27 onwards		Yes	
Stroke and Neuro		Community Stroke and Neuro rehabilitation, FND, acute beds and 2B neuro beds	26/27 onward	Yes		
Wider BYCP		Free prescriptions for care leavers, Sunrise Hub / Lighthouse CSA Service and national priorities	26/27 onward	Yes	Yes	Yes

North East London Health & Care Partnership

Primary Care - Strategic Commissioning aims and objectives

Our vision is for north east London to be a place where you can access consistent high-quality primary care, from a dedicated, motivated and multi-skilled workforce enabling local people to live their healthiest lives

Our aim is to deliver on ambitious plans that transform primary care, offering patients with diverse needs a wider choice of personalised, health services through collaboration with partners across the health, social care and communities. A focus on improving access, prevention, personalisation, tackling inequalities and building trusting environments

Objective	How the primary care commissioning plan will deliver on our aims and objectives
Ensuring effective primary care contract oversight and management	Our plan establishes a consistent, outcomes-based contractual framework across all seven boroughs, with regular reviews to align contracts with population health needs. It includes robust performance monitoring using metrics like appointment volumes, patient satisfaction, workforce capacity and digital tool utilisation, supported by assurance processes and committee oversight reporting to NHS England. Quality and safety are overseen through CQC ratings, QOF achievement, and the Learn From Patient Safety Events (LFPSE) platform. The plan also includes a commissioning review programme, continuous engagement with patients and providers, risk management strategies and supports delivery through a transformation portfolio, delivery dashboard, and transparent reporting mechanisms to drive consistency, accountability, and continuous improvement in primary care.
Commissioning appropriate services in and for primary care	We will commission appropriate primary care services to improve health outcomes, access, and patient experience. It covers general practice, pharmacy, optometry, and dental services, including acute, urgent, and out-of-hours care. Our plan emphasises the Same Day Access model to enhance timely care. Local enhanced services will be reviewed to ensure consistency, equity, and an outcomes-focused approach, addressing health inequalities and vulnerable groups. It also highlights medicines optimisation, integration of long-term condition frameworks, and local incentive schemes to drive improvements. These commissioning intentions are informed by population health needs and strategic priorities, aiming for both immediate and long-term impact, aligned with system-wide shifts and equity considerations.
Developing the primary care workforce	We will meet the pledge to “bring back the family doctor” by expanding the GP workforce in line with population growth and population health need. We shall improve recruitment by expanding training opportunities; offering new career opportunities including fellowship, portfolio roles, enhanced and advanced roles; and the development of anchor networks. We shall improve retention by addressing staff resilience and wellbeing through coaching, mentorship and peer support. We will identify and address gaps in our workforce capacity and capability through targeted interventions and workforce planning. We will monitor workforce capacity and capability to develop insight, inform our interventions and improvements. Our workforce plan will develop a workforce that can lead and deliver integration with community and mental health services, digital access and population health management.
Improving patient access and experience	Our plan outlines aims to improve patient experience and access by incorporating resident feedback through various channels to enhance services, addressing access concerns with a focus on making it easier for patients to contact their practice, increasing appointments and face-to-face consultations, and improving digital inclusion. It aims to reduce variation in patient experience and outcomes, particularly in deprived and diverse communities and enhance accessibility for vulnerable groups through programmes like Safer Surgeries. The overall goal is to ensure patients can access high-quality primary care services when needed, with a focus on equity and reducing health inequalities.

Underpinned by population health management approach and the primary care outcomes framework

Interface: Urgent and emergency care, long terms conditions, neighbourhood development, Mental health, Community Care, Babies, Children and Young People

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North East London Health & Care Partnership

Primary Care - Delivering the three strategic shifts

Primary Care Commissioning Priorities	Outcome	Time frame	Community	Prevention	Digital
1. Primary care commissioning framework: Develop a primary care commissioning framework within our new primary care strategy for NEL	A comprehensive strategy to improve outcomes, access and experience	2026	✓	✓	✓
2. National commissioning					
General practice – provision is in place for the whole of the population for core general practice services	Patients can access high quality primary care services where and when they need them	On going	✓	✓	✓
Pharmacy and optometry– ensure provision is in place for the whole of the population for core pharmacy and optometry services, including Pharmacy First		On going	✓	✓	✓
Dental – ensure provision is in place for the whole of the population for core dental services, as well as acute, urgent and OOH care	Primary care contributes to all of the outcomes in the NEL outcomes framework	On going	✓	✓	✓
Medicines – Tirzepatide for weight management, supporting the medicines team		On going		✓	
Immunisations - Increase uptake (especially in children to meet WHO targets and vulnerable adults eg house bound) and reduce variation across NEL by raising awareness and confidence.		On going		✓	
3. NEL Local commissioning	Improved access, reduced waits				
To provide a consistent, equitable, and outcomes-focused offer across NEL, with services tailored to the needs of patients within each Place and neighbourhood, focussing on health inequalities and vulnerable groups.	Improved management of LTC leading to improved outcomes	On going	✓	✓	✓
Local enhanced services and incentive schemes reviewed in line with our commissioning review	Reduced admissions	2025-27	✓	✓	
LTC framework will be embedded within primary care commissioned services (Y1 to Y5)	High service quality	2025-30	✓	✓	✓
Our Same Day Access model will be revised and firmly embedded within primary care (joint work with UEC)	Value for money	2025-28	✓	✓	✓
Primary care will lead and support neighbourhood development and delivery	Dedicated and standardised service across NEL, improved LTC management	2025-29	✓	✓	
Medicines optimisation initiatives to improve population health, LTCs management and patient centred		2026-27			
4. Transformation/innovation/support					
IT and digital tools and initiatives will increase access and experience for patients as well as supporting interoperability between providers (supporting neighbourhood development and wider)	Grow and diversify workforce	2025-27	✓	✓	✓
	Support retention of the workforce		✓	✓	
Data, facilitation and support for providers will be reviewed and revised in line with a population health models	Increase access and experience	2025-27		✓	
Quality: Improve patient safety in primary care by supporting primary care organisations to adopt and adapt key elements of the new primary care patient safety strategy over time.	Improve care quality	2026-27	✓	✓	
FTSU Guardian service will be expanded to, and embedded within, all primary care services	Increase clinical and non-clinical leadership	2026-27			
	Culture of transparency and openness				
Workforce – Capacity and Capability: expand the number of PC HCPs in training. enable Fellowship , targeted offer of workforce planning to practices and PCNs where workforce numbers are below thresholds, professional development across key professional roles (medical, AHP, nursing, pharmacy), increasing coaching and mentorship capacity, expanding community of practice and peer support, acting on the feedback in the GPSS	Improved patient safety in primary care	2025-28	✓	✓	

North East London Health & Care Partnership

UEC strategic commissioning headline goals

The NEL Urgent and Emergency Care commissioning plans set out our approach to commission and deliver high quality, equitable and outcomes based across all for our population. Our goals aligns to the NHS 10 Year Plan taking a collaborative approach and clear focus on prevention, development of transformative care utilising alternative care pathways, optimising digital innovation and alignment where possible to same day care, community care and integrated neighbourhoods,

Reduce avoidable admissions and ED attendances and prioritise strategic commissioning in UEC which focuses on the three strategic shifts

- Hospital to community
- Analogue to digital
- Treatment to prevention

-Supported by UEC Block Deconstruct

Improve equity of access and outcomes across all communities

- NHS App embedded into pathways
- Natural Language Processing
- AI / Health Navigation
- Strategic transformation programmes including Care Closer to Home & 111 “evergreen” & 999 commissioning

Commission services to meet or exceed national standards for **National UEC constitutional and quality standards.**

_**Ambulance** response
_4 and 12 hours flow
_Discharge & LOS
_Quality standards,

minimising variation and creating an equitable offer of care for North East London residents.

Implement a single point of access for UEC across all access channels to assess and prioritise need safely and equitably through:

Alternative care pathways
Simplify access to urgent and emergency care services to ensure right care, first time, closer to home and enable flow optimisation.

Support workforce wellbeing, retention and development to deliver high quality, clinically-led services across all ages.

Linked to
Strategic commissioning
Workforce shift and changes linked with SDA, SPoA and INT

Underpinned by population health management approach and UEC outcomes framework

Alignment with UEC programme: Out of hospital; In hospital; Resilience and coordination; 111 commissioning and contract priorities in 2526 and plan for 2627 & 27/28

Interface with Alternative Care Pathways & Single Point of Access; Virtual Wards, intermediate and community capacity; Mental Health; Same Day Access; Babies, Children and Young People; Primary care; Integrated Neighbourhoods; End of Life Care.

North East London Health & Care Partnership

UEC - Delivering the three strategic shifts

The table below summarises how the NEL UEC strategic commissioning priorities will support the delivery of the three strategic shifts (Acute to Community, Treatment to Prevention and Analogue to Digital) over the next 3-5 years. There is an overarching deconstruct of the block for UEC commissioning intentions detail of which is highlighted in slide 7.

UEC programme area	Service area	Timeframe	Acute to community	Treatment to prevention	Analogue to digital
Out of hospital	111 contract and service	2025 - 2033	✓		✓
	Virtual care including Virtual Wards, Intermediate Care & Community	2026-2027 Timeframe is subject to funding	✓		✓
	Same Day Access	2026-2027 Timeframe is subject to funding	✓	✓	✓
	Care Closer to Home	2025 - 2030	✓	✓	✓
	Health Navigator	2025 - 2027	✓	✓	✓
In hospital	999 contract and service	Continual (reviewed annually)	✓		✓
	Urgent Treatment Centres including Front Door Streaming	2026-2027	✓		✓
	Hospital Flow	Ongoing	✓		✓
	Mental Health UEC (led by MHLDA Collaborative)	Ongoing	✓	✓	✓
Resilience and coordination	Single Point of Access (SPoA)/Integrated Care Co-Ordinator (ICC)	2026-2027 phased and subject to funding	✓	✓	✓
	System Coordination Centre	2025 - 2026	✓		✓
	Review of core and non-core contracts, including Place and deconstruct of the UEC Block	2026-2027 and annual	✓	✓	

NEL Vision for INTs

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

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

Our Vision

Based in and for local geographic communities

Coordinated and joined up

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

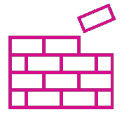
A culture of prevention in all interactions

Use the hyper local footprint to address local need

Targeting and seeking to reduce health inequalities

Our Approach

Use data to target our resources on those in most need



Build on existing integration work

Co-produce with communities

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

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

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

North East London Health & Care Partnership

Neighbourhood - Delivering the three strategic shifts

The table below summarises how the NEL UEC strategic commissioning priorities will support the delivery of the three strategic shifts (Acute to Community, Treatment to Prevention and Analogue to Digital) over the next 3-5 years.

Neighbourhoods programme area	Area	Timeframe	Acute to community	Treatment to prevention	Analogue to digital
Neighbourhood Teams	Develop an INT to support **adults with multi-morbidity** and complex needs, including proactive support to those with rising or unmet needs	2026-27	Yes	Yes	
	Develop an INT to support **BCYP** with complex needs, developing strong links with specialist teams and family hubs	2026-27	Yes	Yes	
	Develop a model of neighbourhood **mental health**	2027-28	Yes	Yes	
	Proactively identify and address the health and wellbeing need of older children and **adolescents**	2027-28	Yes	Yes	
Health Promotion	Ensure the neighbourhood team(s) is well **connected to the local community** and can support people's holistic needs	2027-28		Yes	Yes
	Actively address population health issues and **health inequalities** in a neighbourhood, working with residents and VCFSE partners	2027-28		Yes	Yes
Enablers	Embed a **PHM** approach including use of the Optum platform	2026-2027	Yes	Yes	Yes
	Address **digital exclusion** and maximising use of the NHS App	2027-28			Yes
	Support the **workforce** to deliver new ways of working in neighbourhoods	2026-2027	Yes	Yes	

DRAFT

Appendix

September 2025

National and local requirements to be delivered under business as usual operations (1/3)

- In addition to the transformative focus of these commissioning intentions, providers are expected to deliver all required operating plan targets and continue to pursue internal improvement programmes as part of their business as usual activities.
- Included here is an overview of the requirements, but it should not be seen as an exhaustive list

National guidance

- Providers should ensure they meet the requirements set out in the national operating planning guidance: NHS England 2025/26 priorities and operational planning guidance
- NHS England NHS Oversight Framework 2025/2026: NHS England » NHS Oversight Framework
- The plan for 2026/27 will be added once available.
- Providers should ensure they meet the requirements set out in the national elective reform plan: NHS England Reforming elective care for patients
- Providers should ensure they meet the requirements set out in the national Urgent and Emergency Care plan: NHS England Urgent and emergency care plan 2025/26
- Providers should ensure they deliver within the context of the national 10 Year Health Plan: NHS England Fit for the Future: 10 Year Health Plan for England
- Providers should ensure they deliver within the context of the national neighbourhood health plan: NHS England Neighbourhood health guidelines 2025/26

National and local requirements to be delivered under business as usual operations (2/3)

Financial expectations

All NHS providers will be expected to

- **Maintain in-year financial balance,** demonstrating monthly compliance within agreed financial plans and contracts.
- **Deliver Recurrent Cost Improvement Plans (CIPs)** and improve productivity in line with commissioning and financial arrangements.
- **Deliver the strategic commissioning asks** within the agreed financial envelope.
- **Use service line reporting** and costing data to help inform commissioning decisions and service delivery.
- **Work with other providers** to deliver our system strategy.
- **Work collaboratively** to reduce void costs and drive efficiency in the use of system estate
- **Develop options for working together** across organisational and geographical boundaries to consolidate back and mid office functions
- **Effective utilisation of cash and capital** both strategic and operational
- **Develop credible investment proposals** to support delivery of the 10-year health plan objectives

Data & Digital expectations

All providers are expected to

- Collect data in line with national requirements and to continuously i**mprove data collection** and quality, including for protected characteristics
- Connect into the **London Care Record (LCR)** to make patient records visible to other LCR users and connect your patient record systems to allow your clinicians to view patient data on the LCR. There may be an initial and recurring cost to doing this.
- Flow all necessary data (as defined by the ICB) into the **London Data Service** on a regular basis to enable risk stratification and other insights to be developed as required.
- Co-operate with moves towards the **Single Patient Record**, as outlined in the ten-year health plan.
- Have up-to-date **cyber response plans,** robust assurance process in relation to it and clear risk assessments of the cyber arrangements both on their own networks and for subcontractors in their supply chain

National and local requirements to be delivered under business as usual operations (3/3)

Quality expectations

The ICB has a range of quality expectations as outlined below:

- Demonstrate a clear executive-level line of accountability for quality, including safety, user and staff experience, vaccinations and safeguarding
- Demonstrate progress towards a strong patient safety culture and robust safety management system through the continued implementation of the NHS Patient Safety Strategy and associated frameworks
- Ensure robust processes are in place to comply with National Guidance on Learning from Deaths
- Maintain systems and processes that prevent abuse and assure quality across the life course
- Undertake continuous improvement work to address the most well-known patient safety issues (falls, pressure ulcers, medication errors, self-harm, diagnostic errors) and respond to emerging concerns (i.e. those identified via National Patient Safety Alerts)
- Comply with national safety improvement programmes and incentive schemes (i.e. maternity and neonatal) to address core patient safety issues and inequalities
- Ensure robust infection, prevention and control strategies and measures are in place to meet national standards and respond effectively to outbreaks
- Ensure systems are in place to promote vaccination programmes for eligible staff and patient groups
- Ensure they proactively seek, promptly respond to, and rigorously apply learning from patient and carer feedback
- Ensure timely and equitable access to services that promote coproduction of person-centred care
- Ensure they proactively seek, promptly respond to, and rigorously apply learning from staff feedback.
- Ensure safe cultures where staff are able and supported to speak out
- Plan for, and implement safe staffing arrangements, ensuring compliance with the Developing Workforce Safeguards and Safer Staffing Guidance
- Ensure robust processes are in place to ensure staff are safely recruited, appropriately trained and supported to continuously develop
- Ensure robust processes are in place to promote staff health and wellbeing, with a focus on promoting equality, equity and inclusion
- Demonstrate improvements in outcomes for service users, reducing health inequalities in national priority areas (maternity, mental health, COPD, cancer, hypertension, diabetes, asthma, epilepsy, oral health)
- Ensure services and treatments are delivered in line with national guidance and demonstrate proactive involvement in research and innovation efforts