Public Document Pack

Inner North East London Joint Health Overview and Scrutiny Committee

Date: **WEDNESDAY, 15 OCTOBER 2025**

Time: 7.00 pm

Venue: **COMMITTEE ROOM 2 - 2ND FLOOR WEST WING, GUILDHALL**

Members:

Councillor Gulam Kibria Choudhury
Councillor Ben Hayhurst
Councillor Ahmodul Kabir
Councillor Danny Keeling
Councillor Amy Lee
Councillor Ben Lucas
Councillor Anna Lynch
Councillor Susan Masters
Councillor Daniel Morgan-Thomas
Councillor Sam O'Connell
Councillor Melanie Onovo
Common Councillor David Sales
Councillor Richard Sweden
Councillor Jennifer Whilby

Enquiries: Isaac.Thomas@cityoflondon.gov.uk

Accessing the virtual public meeting

Members of the public can observe all virtual public meetings of the City of London Corporation by following the below link:
https://www.youtube.com/@CityofLondonCorporation/streams

A recording of the public meeting will be available via the above link following the end of the public meeting for up to one civic year. Please note: Online meeting recordings do not constitute the formal minutes of the meeting; minutes are written and are available on the City of London Corporation's website. Recordings may be edited, at the discretion of the proper officer, to remove any inappropriate material.

Whilst we endeavour to livestream all of our public meetings, this is not always possible due to technical difficulties. In these instances, if possible, a recording will be uploaded following the end of the meeting.

Ian Thomas CBE
Town Clerk and Chief Executive

AGENDA

1. **ELECTION OF CHAIR**

To elect a Chair in accordance with the Committee's Terms of Reference.

For Decision

2. **ELECTION OF VICE CHAIR**

To elect a Vice Chair in accordance with the Committee's Terms of Reference.

For Decision

3. **APOLOGIES FOR ABSENCE AND SUBSTITUTE MEMBERS**

4. **MEMBER'S DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**

5. **MINUTES**

To agree the minutes of the previous meeting held on 13 May 2025.

For Decision
(Pages 5 - 12)

6. **PUBLIC PARTICIPATION**

Members of the public are welcome to participate in scrutiny meetings. You may speak for three minutes on a topic related to the Committee's work, and fifteen minutes in total is allowed for public speaking, at the discretion of the Chair. If you would like to speak, please contact isaac.thomas@cityoflondon.gov.uk by 12 noon on the day before the meeting.

7. **HEALTH UPDATE**

Report of the Chief Executive.

For Information
(Pages 13 - 58)

8. **FINANCE REVIEW**

Report of the Chief Finance Officer.

For Information

(Pages 59 - 64)

9. **LGBTQ+ HEALTH SERVICES**

Report of the Chief Medical Officer.

For Information
(Pages 65 - 72)

10. **IMPROVING GP ACCESS IN NORTH EAST LONDON**

Report of the Deputy Director of Primary Care Commissioning

For Information
(Pages 73 - 94)

11. **THE SCRUTINY REPORT**

Report of the Town Clerk.

For Discussion
(Pages 95 - 106)

This page is intentionally left blank

Waltham Forest
Waltham Forest Town Hall
Forest Road
E17 4JF

Inner North East London Joint Health and Overview Scrutiny Committee

Minutes of
13 May 2025 at 7.00 pm

Present:

Chair:	Councillor Richard Sweden
Vice-Chair:	Councillor Susan Masters
Committee Members:	Councillor Sam O'Connell, Councillor Jennifer Whilby, Councillor Sharon Patrick (virtual), Councillor Ben Hayhurst (virtual), Councillor Danny Keeling and Common Councilman David Sales

Officers in Attendance:

Holly Brogden-Knight	Democratic Services Officer
Rosie Whillock	Scrutiny Policy Assistant

Others in Attendance:

Zina Etheridge	Chief Executive, NHS NE London
Ann Hepworth	Director of Strategy and Partnerships Barts Health NHS Trust
Richard Fradgley	Deputy Chief Executive, ELFT
Ahmet Koray, Richard	Interim Director of Finance NHS NE London
Femi Odewale	Managing Director, North East London Cancer Alliance
Angela Wong	Chief Medical Officer, North East London Cancer Alliance

1. Apologies for absence and substitute members

Apologies for absence were received from Cllr Anna Lynch (London Borough of Hackney).

As only three of the five local authorities were represented in person, the Committee was not quorate and therefore unable to make any formal decisions, but members agreed to go ahead with the business of the meeting and undertook informal discussions.

2. Declarations of interest

None.

3. Minutes of the previous meeting

The minutes of the meeting held on 5 March 2025 were provisionally agreed as a correct record. However, as the Committee was not quorate the minutes need to be formally agreed at the next meeting.

4. Public participation

Toby Andrew, Hackney Resident, spoke to the Committee about the Cass Review, questioned why the issue had been delayed for discussion and asked for assurance that it would be rescheduled and added to the agenda of the next meeting. Mr Andrew provided each Committee member with an open letter which asked for an update on what action the INEL JHOSC had taken in response to the Cass Review of Gender Identity Services. A statement from a parent whose child had started to go through the process of using gender identity services was read out to the Committee.

Cllr Danny Keeling, London Borough of Newham, stated that they were happy to hear opinions on this issue, agreed that there should be safeguarding around children and assurances for their safety, but that they disagreed on the opinions put forward on gender and sex and affirmed their support for inclusive care and equality. Cllr Keeling expressed disappointment over the Cass Review delay and asked why recommendations for sexual health items were being ignored by the NHS. Zina Etheridge, Chief Executive NHS NEL, responded that they had been unable to provide appropriate officers to speak to the Cass review at this meeting, but hoped to bring it as soon as possible. She added that a sexual health strategy had just been agreed, and she would be happy to come and talk to that in depth in the future and provide a wider update on transgender issues.

Gail Penfold, Waltham Forest Resident, raised concerns about the care quality at Whipps Cross Hospital, particularly for older patients, and discussed the need for better resources and communications. Ms Penfold made suggestions around a formal carers scheme and requested a meeting with hospital leadership to address issues of in-patient care and discharge of elderly residents. The Committee asked for information around what plans were in place to support patients on wards who needed help with tasks such as eating and drinking and on the number of patients in beds that automatically turned. There was also discussion around hospital nutrition.

Ann Hepworth, Director of Strategy and Partnerships Barts Health NHS Trust, thanked Ms Penfold and agreed that it was a challenging situation. Ms Hepworth noted initiatives underway including a carers' hub, a volunteer hub, and the new Academic Centre for Healthy Ageing at Whipps Cross. These efforts aimed to empower staff to make improvements, reduce bureaucracy, and improve standards of care for elderly patients. She added that the academic centre had been formally launched the week before the meeting, and she would be happy to come back and provide an update at a future meeting.

Decision:

The Committee noted the statements and suggested the following action:

- That an item on hospital nutrition, providing assurances that those in hospital are receiving food and water, be added to the forward plan.

5. Health Update, May 2025

Consideration was given to a report of Zina Etheridge, Chief Executive, NHS North East London. Ms Etheridge introduced the item which covered specific provider updates and discussed medication shortages, staff survey results, the NEL Careers hub and upcoming changes to the ICB due to the merger of NHS England with the Department of Health and Social Care (DHSC). Ms Etheridge drew attention to the career's hub, which supported pathways into health and social care roles, including for students with disabilities and/or autism. It included a range of tools for employment, volunteering, and ambassador opportunities. Ann Hepworth, Director of Strategy and Partnerships Barts Health NHS, spoke to the Barts Health update and highlighted the launch of a new patient interface portal, which would improve patient experience around appointments, and discussed the Health and Life Sciences hub at Waltham Forest College, which had both ward and home visit set ups for students to practice on. Ms Hepworth had recently visited the hub and said it was a fantastic place and encouraged members to visit if they were able to.

The Committee asked what steps were in place to open the careers hub up to social care professions and how much local authorities had been involved in its creation. Ms Etheridge answered that the aim was for the hub to cover social care and to also work on more integrated roles and build skills to enable people to move across professions. Local authorities had been engaged with as part of wider partnership working and Ms Etheridge stated that she would be happy to provide a detailed update of work in this area.

The Committee asked for detail about the staff survey, which had a 79% response rate, and the results, which were mostly positive, but some responses, such as the number of staff who recommended the organisation as a place to work, and the number of appraisals undertaken were concerning. Ms Etheridge stated that they wanted staff to want to work there, so while there had been significant improvements, they were not where they wanted to be yet and there was still work to be done, for example, bullying was still a problem. The Committee asked to see more information into what may drive the staff satisfaction issues in a future report.

Concerns were raised regarding the cut to the ICB budget, which had been reduced by two-thirds. Ms Etheridge explained that ICBs were facing major restructuring due to a national merger of NHSE, and that strategic commissioning would become the ICB focus. ICB statutory duties remained, and Ms Etheridge stated that further updates regarding the wider system were expected by the end of May 2025, and would be reported to the Committee in due course.

The Committee asked what the future of the ICB looked like, with regards to the reduced budget and if it would remain in charge of provider commissioning. The Committee also asked how primary care would be protected under the new model of

working, and what, if any, services would be lost. Ms Etheridge discussed how the ICB was the lead on local population health and would have the budget for healthcare and the organisation of community services offer, including primary care. Ms Etheridge talked about the reduced budget and anticipated that difficult choices would have to be made, and the model of working would change over time.

The Committee discussed issues that had been raised during the public participation item and asked for assurances regarding treatment for transgender people attending NHS services. Ms Hepworth answered that the NHS delivered a universal healthcare system and that it was important that every person received the care and support they needed. Ms Etheridge noted the legislative backdrop but affirmed the NHS commitment to individual care needs regardless of identity.

There was discussion around grants and Ms Hepworth talked about funding that had been awarded for solar panels at Mile End Hospital and some upgrading for Newham Hospital.

The Committee asked if services would become strained now that long covid support had been cut and expressed concerns for those impacted by disability entitlement cuts and the effect this may have on NHS services going forwards. Ms Etheridge responded that patients would still be able to access other services and there was a communications package to ensure people received information around this, which could be circulated, and she would come back with a follow up if there were further questions. With regards to the disability entitlement Ms Etheridge stated that support would be there for those who needed it and that generally, people in insecure housing were more likely to have health conditions, but she could not say what impact there would be and that they would assess any impacts as they arose.

The Committee discussed long waiting lists for mental health services and asked what was being done to improve them. Richard Fradgley, Deputy Chief Executive ELFT, responded that there were several improvement projects in place with a significant focus on ensuring people did not have to wait for a bed on the inpatient and crisis pathways. He discussed how CAMHS were working to improve capacity and that there was investment for additional capacity within mental health teams in schools, to ensure children were helped as early as possible. There was also discussion around those patients who needed dual diagnostic support, for example those with alcohol or drug dependencies, and the need to work with local authorities and partnerships to help them.

The Committee asked if the new dialysis unit at the St George’s Health and Wellbeing hub would have any impact on services for renal patients at Whipps Cross Hospital. Ms Hepworth responded that the new dialysis unit was a replacement for the unit at Queens Hospital and would provide extra capacity into the system, not decrease it. Routine dialysis and renal services would continue at Whipps Cross.

The Committee were impressed with news about the opening of the women’s health hub and asked if women in Newham would be able to benefit from the service. Ms Hepworth answered that there was now a women’s health hub in Mile End Hospital, one in Whipps Cross and plans to open one in Newham. Redbridge would also have a hub, set up in the Ilford shopping centre. Ms Hepworth praised the initiative as it

had already improved gynaecological waiting times and as it developed would provide a more holistic approach to women's health.

The Committee asked if the newly launched patient interface portal would assist and better inform people about issues such as rescheduled appointments. Ms Hepworth responded that it was for exactly for those reasons that the portal had been developed; to keep patients informed and allow them to reschedule easily, so as to reduce cancellations and numbers of non-attendance.

There was discussion regarding the Barnsley Street Mental Health Hub and the mental health services pilot in Tower Hamlets. Mr Fradgley explained that Tower Hamlets was one of six areas across the country involved in a trial to test new ways of working including an integrated 24/7 community hub for mental health conditions. This hub had been co-produced with service users, was located in a building run by a housing association and had 6 hospitality beds on site for those in crisis.

The Committee raised concerns about ADHD medication and waiting times for assessment. Mr Fradgley discussed the unprecedented number of people coming to services for ADHD treatment and explained that there was not a clear national blueprint or funding for this, which meant many people used the choice framework to get private provision. He stated that there was a need for an NHS led pathway where appropriate, that could support GPs and hoped to see something around this in the NHS 10-year plan. With regards to assessment, Mr Fradgley added that there was a national taskforce looking at this and discussed that some of the answers lay in reasonable adjustments in schools, work and other settings for example, as it was not just an NHS issue.

The Committee asked what financial impact the right to choose had and where funding for it came from. Mr Fradgley responded that the funding for right to choose came from local ICBs and explained that levels of spending varied significantly by place. He added that they were looking into what an NHS wide solution would look like, and a model was being developed. Ahmet Koray, Interim Director of Finance NHS NEL, discussed that where a patient has a choice to make, the ICB had to honour it, and explained that the charge to them was the same as if the patient used NHS services. The Committee expressed concern over the potential for financial loss and asked if this issue could be addressed in more detail at a future meeting.

The Committee asked for the reasons behind the current medication shortages and what could be done to address them. Ms Etheridge responded that medication shortages happened regularly, for many reasons, for example, disruptions on global supply chains, and it was a dynamic situation that changed regularly. National bodies dealt with these shortages and worked with the government to find solutions, but patients could often be pointed towards alternatives by their GPs.

There was a question regarding the Promoting the Impact of Community Services (PICS) 'Shift Left Investment Decision Evaluation Tool' and if it would help save money. Mr Fradgley responded that they were in the process of trying to analyse and understand where financial opportunities were. He added that there were issues in how to operate a left shift in practice, but he would like to see how it could be

supported substantively in the NHS 10-year plan.

The Committee asked about additional mental health beds at Goodmayes Hospital. Mr Fradgley discussed the need for extra bed capacity and explained that the second phase business case for extra capacity had been submitted on 9 May 2025 and was now in a national review process, but he was very hopeful it would go through.

Decision:

The Committee noted the report and recommended the following actions:

- That officers share further information about the support offered for those suffering with long Covid.
- That members visit the Health and Life Sciences Hub at Waltham Forest College
- That officers provide further information about the Academic Centre for Healthy Ageing
- That officers explore the financial implications of residents opting for the right to choose when seeking ADHD diagnosis, in response to long wait lists.

6. Finance Overview

Consideration was given to a report of the Chief Executive NHS NEL, which was taken as read. Ahmet Koray, Interim Director of Finance NHS NEL, introduced the item and answered the Committee's questions. There was discussion around the £91.5m deficit, which was projected to reduce to £80m following NHS England support, and discussion around plans to deliver £367.69m in efficiency savings, and the risks to delivering those savings. Mr Koray stated that while there had been overspending and the financial situation was still challenging, the ICS had not received any penalties.

The Committee asked about plans to reduce agency staff and bank staff spending and whether this approach was cost effective. Mr. Koray explained that there was a requirement to produce substantive staff, and that bank and agency staff usage needed to be reduced by 15% and 40% respectively to ensure prioritisation of permanent staff and for cost control.

Decision:

The Committee noted the report.

7. Cancer Deep Dive

Consideration was given to a report of Femi Odewale, Managing Director, North East London Cancer Alliance, and Angela Wong, Chief Medical Officer, North East London Cancer Alliance. Mr Odewale introduced the item, discussed the aims of the alliance and covered a few highlights for the Committee, including that over 7,700 new cancer diagnoses had been made in NEL during 2023–24, lung screening efforts had resulted in early detection in 77% of diagnosed cases and how use of AI

had shortened result turnaround for chest x-rays from three weeks to three days for scans with significant findings. Ms Wong added that capacity and performance within the alliance was good with the 31-day standard achieved consistently and there was discussion around the communication and engagement strategy and work with provider charities.

The Committee raised concerns about prostate cancer screening. Ms Wong explained that there were overdiagnosis risks with prostate cancer and that 75% of people may have a slightly raised prostate specific antigen (PSA) when tested, but not actually need treatment. Ms Wong discussed the value of targeted screening, for which there were studies and a programme in place.

The Committee discussed inequality in cancer care and highlighted concerns around late diagnosis in black women. Ms Wong discussed that they had a breakdown of data from each area in the alliance, but that getting accurate data was a challenge. Mr Odewale added that they had created a dashboard and were working with partners across the system to get more accurate data. With regards to cancer in black Women, Ms Wong discussed targeted work, through the Eve Appeal, that had been very successful in raising awareness. The Committee discussed ensuring GP referrals were appropriate and asked for a future report on place-based data and more information on the dashboard.

The Committee asked what could be done to improve poor uptake of cancer screenings and what was a realistic aspiration for uptake. Ms Wong discussed the use of focus groups and how mental health was often a barrier to uptake and that a recent breast screening campaign had a focus on mental health. Mr Odewale explained that there were often cultural factors that affected screening uptake and NEL had a lot of diversity, so there was work with faith groups and other communities to drive understanding of the importance of screening. With regards to figures, it was discussed that 61% was a good percentage of uptake and NEL were in the top trusts nationally and that 70% uptake would be a realistic target.

Decision:

The Committee noted the report and suggested the following action:

- That officers bring a future item on the dashboard, with a focus on inequalities.

8. The Scrutiny Report

Consideration was given to a report of the Scrutiny Policy Assistant. Rosie Whillock introduced the item, and the forward Plan and trackers were reviewed. It was noted that two actions were complete, three were in progress and nine were outstanding. It was also noted that one recommendation had been completed two were outstanding and one needed to be voted on at a quorate meeting.

Ms. Whillock explained that this was the final meeting of the municipal year, but members were invited to suggest future agenda items. It was discussed that the Cass Review and an item on sexual health should be added to a meeting as soon as

possible.

Members expressed thanks to officers for their hard work and the public for their engagement.

Decision:

The Committee noted the report and recommended the following action:

- That when an item on the Cass Report is taken to a future meeting, officers are to include a wider update on transgender health care issues.

The meeting closed at 9.05 pm

Chair's Signature _____

Date _____

Committee(s): Inner North East London Joint Health Overview and Scrutiny Committee	**Dated:** 15/10/2025
Subject: Health Update – October 2025	**Public**
Report of: • LQGTQ+ Health Services - Dr Paul Gilluley, Chief Medical Officer • Financial overview - Henry Black, Chief Finance Officer • NEL Collaborative updates - Lorraine Sunduza, Chief Executive Officer (ELFT) • Homerton update – • Barts update - Ann Hepworth, Director of Strategy and Partnerships	**For Information**
Report author: Zina Etheridge, Chief Executive	

NHS
North East London

Health Update – October 2025

Meeting name: INEL JHOSC

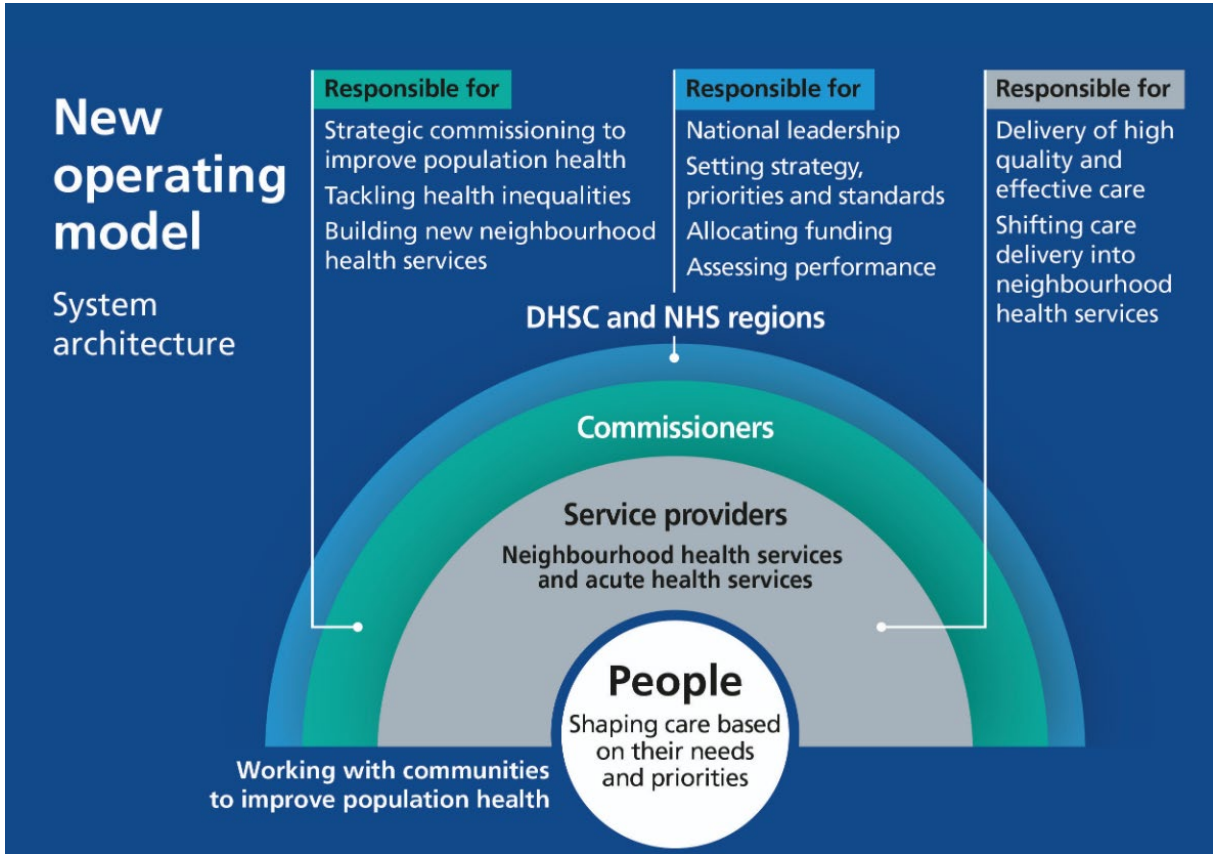
Presenter: Zina Etheridge, Chief Executive

Date: 15 October 2025

NHS North East London: Update

Organisational Change

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



NHS North East London: Update

Organisational Change

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

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

Paul Gilluley

Henry Black

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

In July, Zina announced that she would be standing down as CEO. Recruitment is underway for an interim CEO and Zina will be departing later this year.

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

Ralph Coulbeck

Charlotte Pomery

NHS North East London: Update

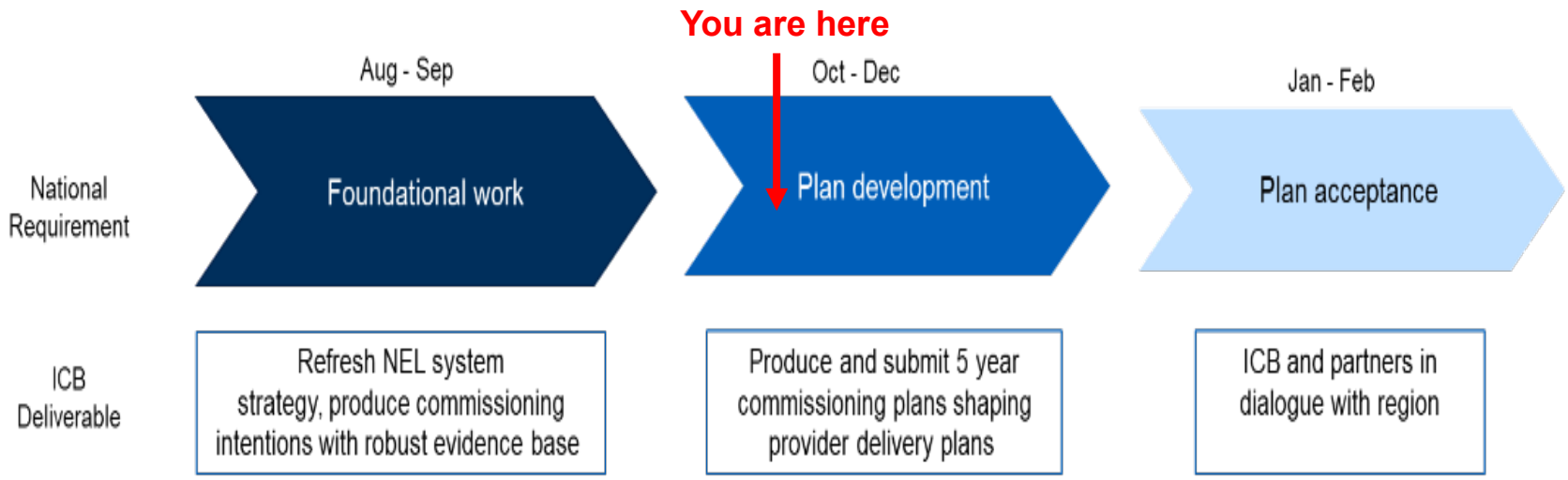
Our strategic commissioning plans

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

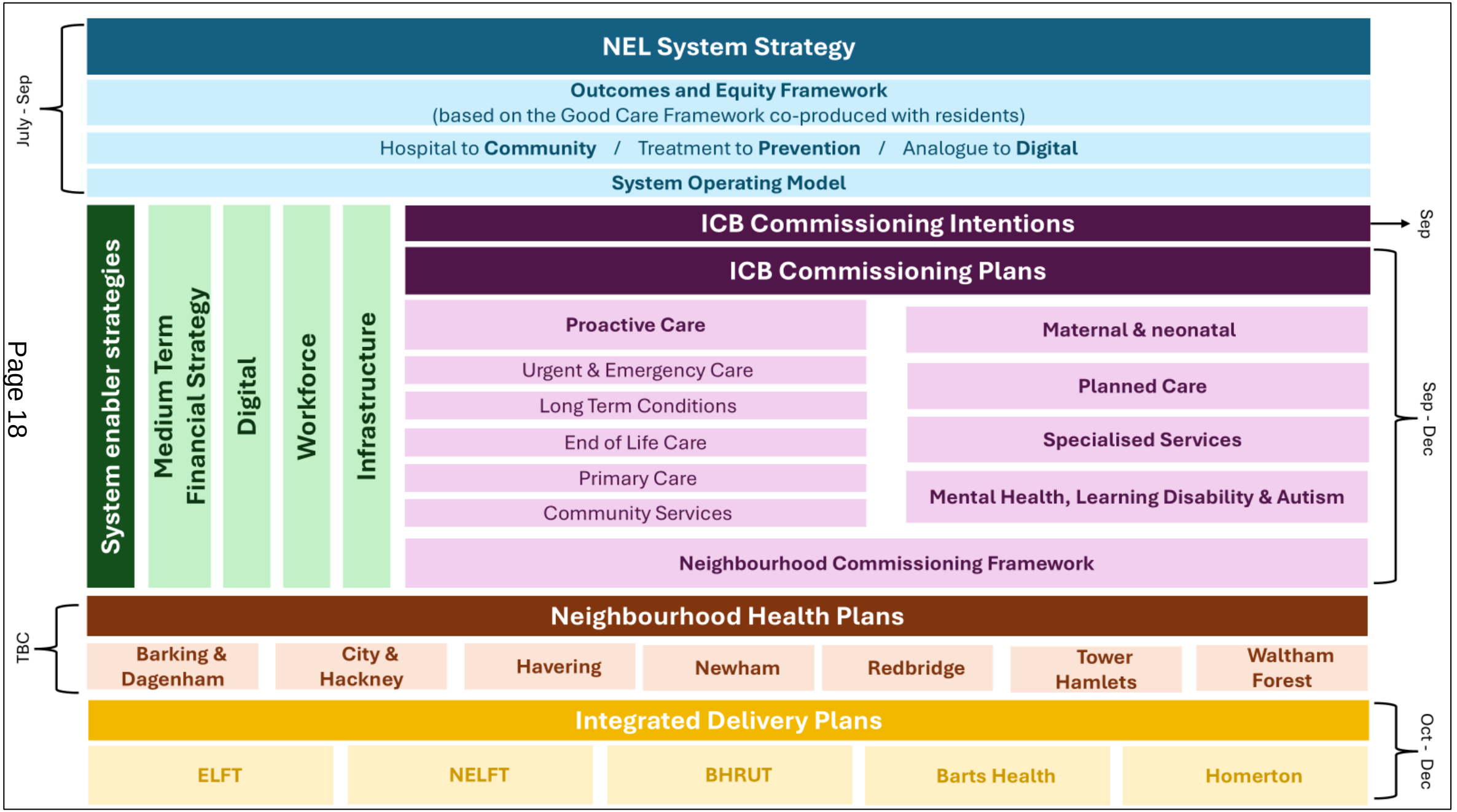
A **draft NHS Planning Framework** was released in mid August confirming a two phase approach to the creation of **medium-term plans** which mirror the policy direction of the 10 year health plan:

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

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



The outputs from the medium-term planning process



The scope of our system strategy

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

What is important to local people - Good Care Framework

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

Accessible | Competent | Person centred | Trustworthy

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

NEL Outcomes and Equity Framework – Our missions

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

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

Shift 1: Hospital to community

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

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

Shift 2: Treatment to prevention

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

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

Shift 3: Analogue to digital

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

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

Enabling the Change

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

Transitioning to a new system operating model

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

Our commitment to building and strengthening local partnerships

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

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

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

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

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

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

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

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

Commissioning intentions

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

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

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

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

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

NHS North East London: Update

10 Year Plan – implementing the three shifts

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

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

NHS North East London: Update

10 Year Plan – implementing the three shifts

Our work to move care from hospital to community

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

NHS North East London: Update

10 Year Plan – implementing the three shifts

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

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

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

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

NHS North East London: Update

10 Year Plan – implementing the three shifts

Our work to move from analogue to digital

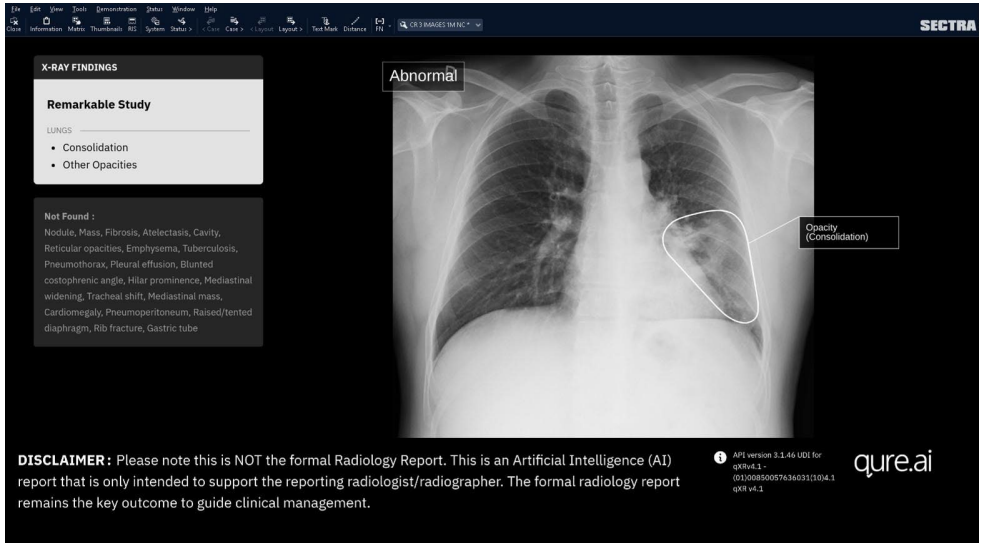
- implementing an electronic patient record at BHRUT (Oracle Millennium) which is used by Barts Health (BH) and Homerton
- working towards implementing the Secure Data Environment which will provide a data layer for all of London to be able to do predictive modelling and for AI tools to be used on where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

NHS North East London: Update

10 Year Plan – implementing the three shifts

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

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



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

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

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

NHS North East London: Update

10 Year Plan – implementing the three shifts

Our work to move from sickness to prevention

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

NHS North East London: Update

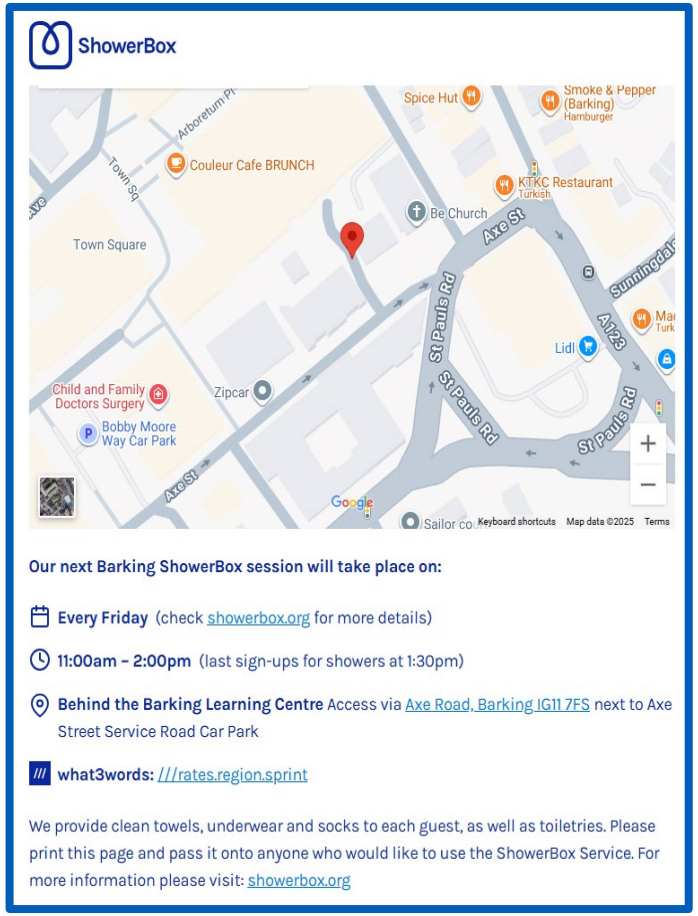
10 Year Plan – implementing the three shifts

Sickness to prevention case study: ShowerBox Barking

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

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

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

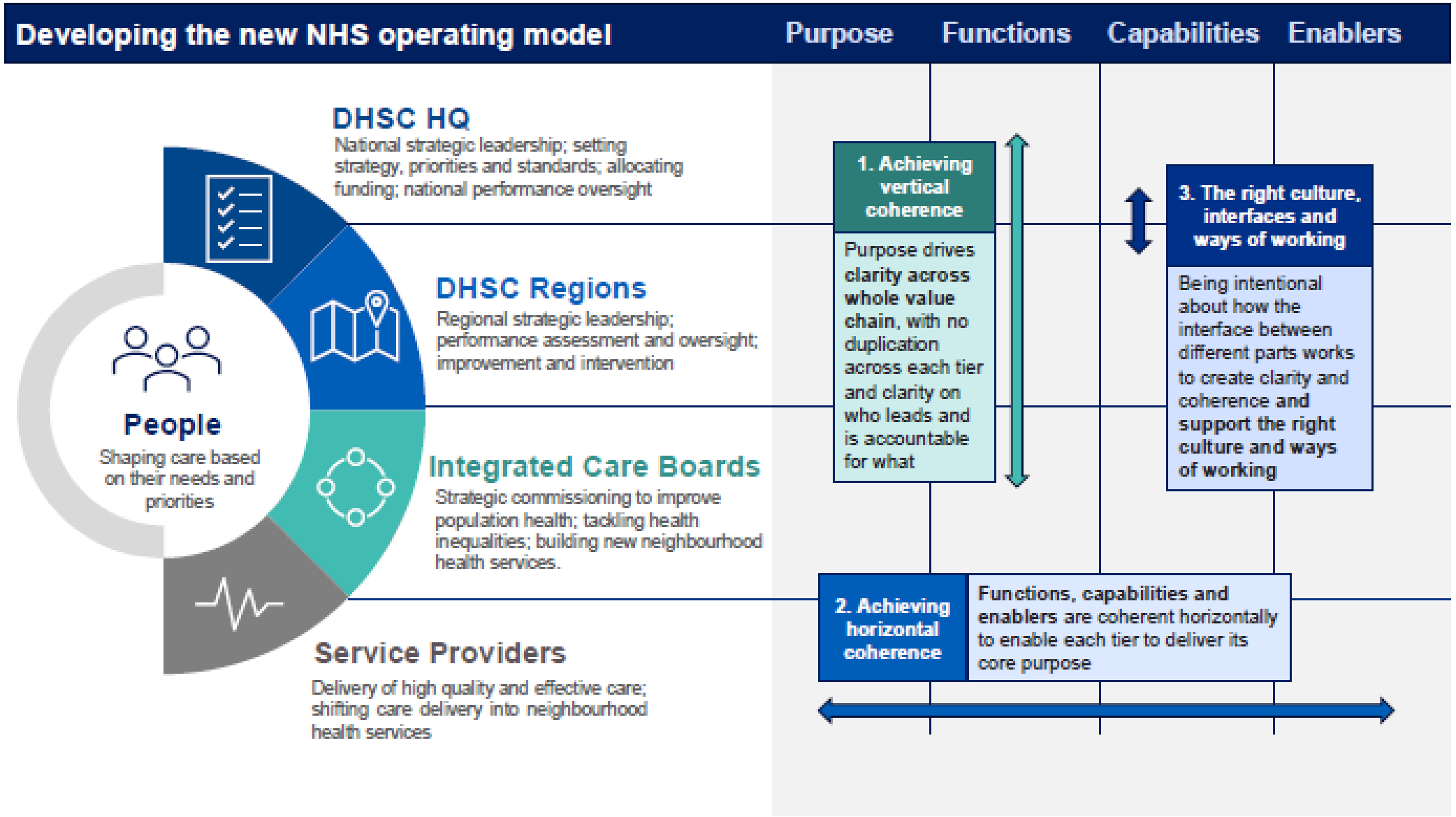


NHS North East London: Update

10 Year Plan – Model Region

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

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


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

NHS North East London: Update

Managing winter pressures

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

Our approach

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

Key priorities for Winter 2025/26

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

How you can help

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

Three years on: where are we now

In May we undertook a stocktake in how NHS North East London, as the Integrated Care Board (ICB), has worked through System and Place, innovatively and at pace, to meet its four statutory aims. These aims are to: improve outcomes in population health and health care; tackle inequalities in outcomes, experience and access; enhance productivity and value for money and help the NHS to support broader social and economic development.

1. Improve outcomes in population health and health care.

Established a population health management approach – including developing resident led success measures through our Big Conversation with local people across north east London; creating our outcomes framework which moves our system focus to impact and outcomes rather than performance and service delivery alone; understanding our population through segmentation of their needs rather than solely through the set of services in place to support them.

- Confirmed our role as strategic commissioners – we identified well over a year ago that we needed to return to commissioning as one of our principal means of improving the health of people in north east London.
- Introduced our Integration Roadmap – an approach built on research in action which shows how integration is a core enabler for improving population health outcomes occurring as it does throughout our system vertically and horizontally.
- Adopted a strategic approach to Integrated Neighbourhood Working – building on the impressive work led by Places to develop integrated neighbourhoods across north east London.

Three years on: where are we now (2)

2. Tackle inequalities in outcomes, experience and access

- Delivering our Working with People and Communities Strategy – the first strategy signed off by the Board in recognition of the importance placed on listening to and working with local people and communities in north east London. We hear consistently from local people about what matters to them, how differences in outcomes, experience and access affect their day to day lives and how we can work together to address these.
- Published our System Anti-Racist Strategy – built on system partners' strong track record in this area, and providing a strong counterpoint through a strengths-based approach.
- Maintained our health inequalities funding – led by our seven Place Partnerships, which are uniquely well placed to understand and work with their local communities and the richness and diversity of their assets, we have focused largely on micro responses which engage with and build capacity in local communities as a principal agent in addressing inequalities.
- Rolled out our model of Women's Health Hubs and Youth Access Hubs – working collaboratively across System and Places, we have created some brilliant hubs which underline how important it is to respond to how different communities access health care.
- Focused on delivering primary care access improvements – as local people have consistently highlighted the huge importance they place on primary care and how vital it is to them to be able to access their local universal offer, in the place where they live.

Three years on: where are we now (3)

3. Enhance productivity and value for money

- Contributing to financial sustainability as the ICB – we have saved £169.9m through the release of non-recurrent benefits and our cost improvement programmes since 2022/23, which focus on improving efficiency and making best use of our resources, whilst staying within our means.
- Embedding system approaches to our financial challenges –the ICB has led work across our system to deliver our system control total, understanding and managing financial risk at a system wide level and working directly with providers to understand not only their position in relation to our funding but in position to their whole income and spend.
- By advocating together as system leaders, we have highlighted the low levels of capital funding into north east London, levels heightened by our significant population growth. We had been successful in gaining an additional £57.8m in capital allocation in 2024/25 and have received an additional £232.1m growth allocations for planning processes in 2025/26. We have produced a Medium Term Financial Strategy collaboratively with partners.
- Adopting a system approach to our Operating Plan – through triangulating workforce, finance and performance and working together across our complex landscape.
- Developing the role of Collaboratives – with a particular focus on reducing unwarranted variation, improving productivity and working to core offers which are sustainable, affordable and equitable and link effectively to Places and Neighbourhoods.

Three years on: where are we now (4)

4. Support broader social and economic developme

- London Living Wage – we are the first living wage ICB in the country and have worked through our Places and across the System to raise awareness of the importance of living wage approaches in our work.

- Produced our System People and Culture Strategy – which acts both to support our existing workforce and to ensure we are accessible as employers, and employers of choice, to local people living in north east London

- Developed our Anchor Charter – working through Places, we set out how we in the NHS can fully embrace our role as anchor organisations working alongside local authorities and the wider voluntary, community, faith and social enterprise sector, and contribute positively to our local economy, recognising our significant purchasing and spending powers through our over £5bn spend in north east London.

- Evolved as a learning system – including working alongside local academic institutions to deliver innovation and research which matters to local people's health and wellbeing. The Academic Centre for Healthy Ageing, recently formally launched, is a prime example of system partners leading work to apply learning to improving the health and wellbeing of local people.

- Contributed as a partner to work led by local government – through our Place Partnerships which act as system convenors at a local footprint acting as a strong and consistent partner to building coalitions in the employment space.

Our achievements

- Implementing **Women's Health Hubs**: Working with local partners, we are working to ensure women have easier access to expert help with menstrual problems, contraception, pelvic pain, menopause care and other reproductive health issues. These include Women's Health Hubs which aim to reduce health inequalities, ease pressure on hospital services and help cut local waiting lists, particularly in gynaecology. We have now agreed the plans to set up the final Hub in north east London, creating an equitable offer across our sub-region.

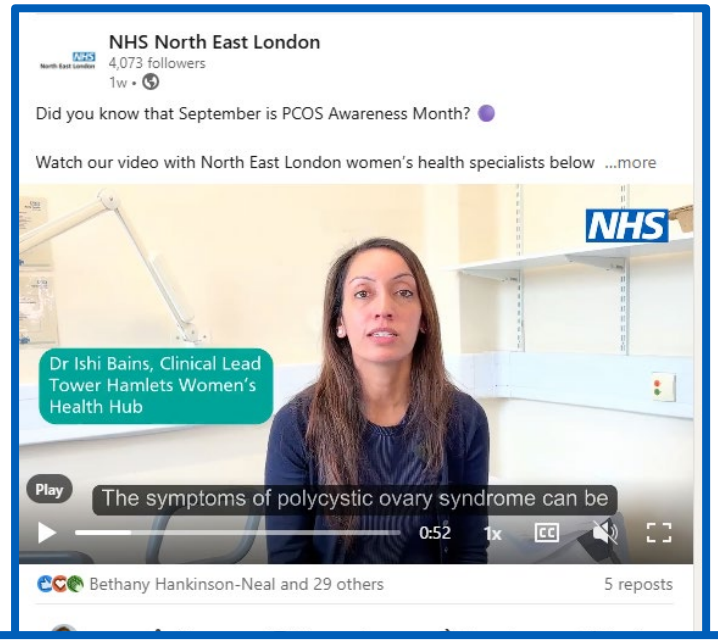
- We're thrilled to share that our **Child and Adolescent Mental Health Services (CAMHS) have been ranked second nationally** and the best in London in the May 2025 Children's Commissioner report.

- As part of a visit by NHS England, **the National Autism Programme highlighted** the amazing work NELFT teams with the ICB and the local authority have done to transform services for children and young people from north east London referred for an autism assessment. A focus on early help, joint work with education, local authority and voluntary sector partners – and a true multidisciplinary collaborative approach – have brought waiting times down by more than 80% for new referrals and enabled full recruitment to this innovative new service.

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

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

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



CHILDREN'S COMMISSIONER

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

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

NHS
North East London

Provider Updates – October 2025

NHS
North East London

North East London Collaborative updates

Meeting name: INEL JHOSC

Presenter: Lorraine Sunduza, Chief Executive Officer (ELFT)

Date: 15 October 2025

Mental Health, Learning Disability and Autism Collaborative

Introduction

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

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

Approach

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

Community Healthcare Collaborative

Introduction

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

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

Approach

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

NEL Mental Health, Learning Disability & Autism Collaborative update

Open Letter on NHS Talking Therapies in North East London

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

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

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

NEL Mental Health, Learning Disability & Autism Collaborative update

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

NEL Mental Health, Learning Disability & Autism Collaborative update

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

NEL Mental Health, Learning Disability & Autism Collaborative update

MHLDA Update

Peer Support

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

Operational Update

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

Mental Health Support Teams (MHSTs) in Schools

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

NEL Mental Health, Learning Disability & Autism Collaborative update

MHLDA Update

National Psychiatric Morbidity Survey

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

NHS 10 Year Health Plan

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

NEL Mental Health, Learning Disability & Autism Collaborative update

MHLDA Update

Intensive and Assertive Community Outreach

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

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

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

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

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

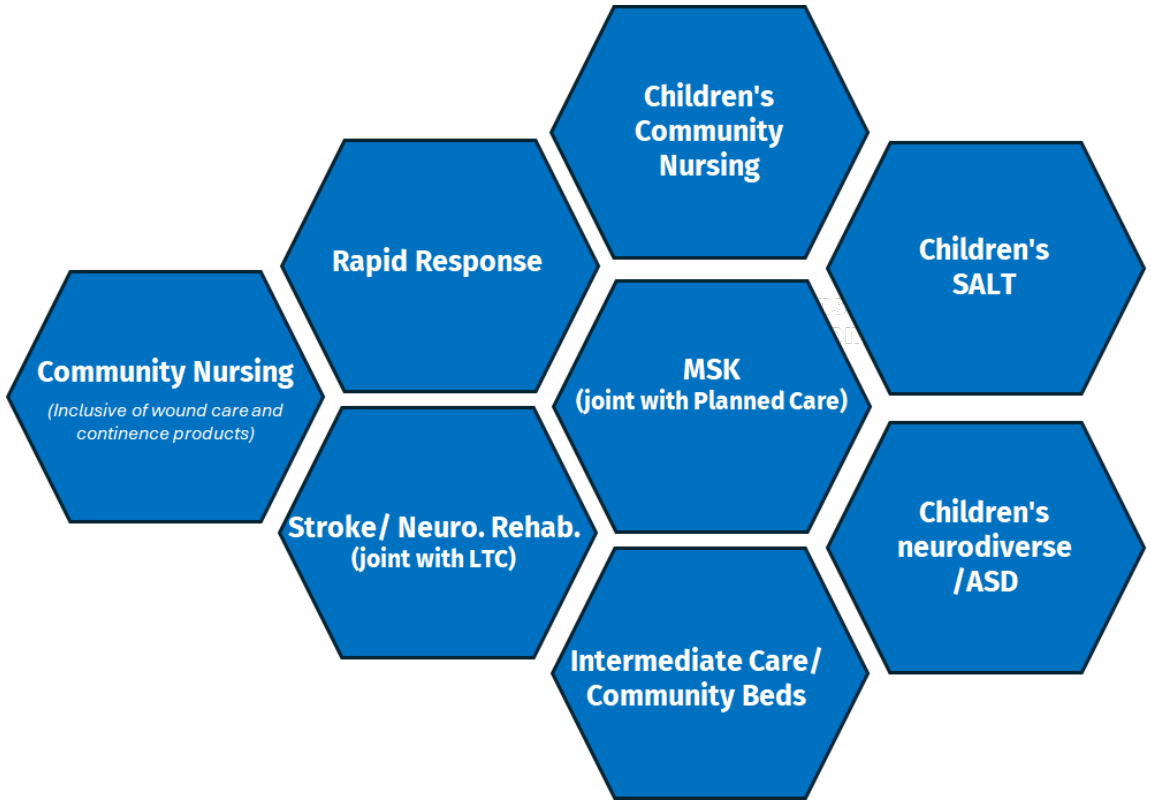
Community Healthcare Collaborative

Collaborative Improvement networks

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

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

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



Community Healthcare Collaborative **Key updates**

Improvement Networks & Core Offers

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

Joint between BHRUT and NELFT

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

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

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

Phlebotomy

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

North East London

Homerton Healthcare NHS Foundation Trust

Meeting name: INEL JHOSC

Presenter: NEL representative

Date: 15 October 2025

Homerton Healthcare NHS FT

Operational performance

- **ERF Performance** achieving **97.2%** against plan for **first month (Apr'25).** Please treat this as provisional until NHS E release their figures
- **Elective care performance** Trust's **Aug'25** PTL position is **34,340**. **413** patients waiting over 52 week at end of **Aug'25**.The number of pathways transferred from other NEL trusts – c. **12,098** pathways to-date.
- **Cancer** – **Jul'25** 62-day treatment performance is above target (**82.81 % in Jul'25**); Cancer 28 day (FDS) for **Jul'25** is **83.2%** and is above national target.
- **4-hour emergency care performance** in **Aug'25** is **83.1 %** compared to **82.53% %** in **Jul'25**. The performance is above the target of 78%.
- **Community services:** IAPT Recovery Rate for **Aug'25** is **53.9%** against the target of 50 %. One of the new metrics for 2024/25 is, Reliable recovery rate for those completing a course of treatment and meeting caseness. For this metric, Trust achieved **51.4 %** for **Aug'25** (against the target of 48%).

NHS
North East London

Barts Health NHS Trust

Meeting name: INEL JHOSC

Presenter: Ann Hepworth, Director of Strategy and Partnerships

Date: 15 October 2025

Your care, your call

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

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

Operational Developments

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

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

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

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

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

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

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

Finance and planning

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

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

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

People

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

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

Research and Innovation

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

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

Further updates

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

NHS
North East London

Barking, Havering and Redbridge University Hospital NHS Trust

For information only

Urgent and emergency care

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

Reducing our waiting lists

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

Cancer targets

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

Finance

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

Maternity

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

Electronic Patient Record (EPR)

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

Other news

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

- We've reduced our blood test slots to just five minutes, allowing us to offer same day tests to those coming in for outpatient appointments.
- We reinstated our 'TonKidz project' to treat 648 children needing tonsillectomies in just three months, which would usually take two years. Oakley Harding, aged four, is pictured right.

This page is intentionally left blank

Committee(s): Inner North East London Joint Health Overview and Scrutiny Committee	**Dated:** 15/10/25
Subject: Finance Overview	**Public**
Report of: Zina Etheridge, Chief Executive	**For Information**
Report author: Henry Black, Chief Finance Officer	

This page is intentionally left blank

NHS
North East London

Finance Overview

Meeting name: INEL JHOSC

Presenter: Henry Black, Chief Finance Officer

Date: 15 October 2025

ICS month 4 (July) 25/26 reported position

- The ICS operating plan expects a system breakeven position by year-end (£2.5m surplus for the ICB and £2.5m deficit for providers).
- To deliver this, there is an expectation that efficiencies of £367.7m will be delivered (£37.8m ICB and £329.9m providers).
- At month 4, the expected year-to-date position was a deficit of £24.4m (ICB £2.3m, providers £22.1m).
- Actual delivery against this was a deficit of £43.9m, which is an adverse variance to plan of £19.5m (ICB positive variance of £1m).

Organisation	Operating Plan - YTD			Month 12	Financial Recovery Plan - YTD	
	Plan	Actual	Variance	Forecast	FRP Plan	FRP plan var. to actual
	a £m	*b* £m	*c (b-a)* £m	*d* £m	*e* £m	*f (b-e)* £m
BHRUT	(3.9)	(10.1)	(6.2)	0.0	(13.8)	3.7
Barts Health	(9.5)	(22.7)	(13.2)	0.0	(22.7)	0.0
East London NHSFT	(0.9)	0.1	0.9	0.0	(0.9)	1.0
Homerton	(0.8)	(3.0)	(2.1)	(2.5)	(1.4)	(1.6)
NELFT	(7.0)	(6.9)	(0.0)	0.0	(5.4)	(1.5)
Total NEL Providers	**(22.1)**	**(42.6)**	**(20.5)**	**(2.5)**	**(44.2)**	**1.6**
NEL ICB	(2.3)	(1.2)	1.0	2.5	(2.3)	1.0
NEL System Total	**(24.4)**	**(43.9)**	**(19.5)**	**0.0**	**(46.5)**	**2.6**

- Due to the financial position, the system has been asked by NHSE to outline a financial recovery plan (FRP). The FRP remains under review with the current version suggesting a **year-to-date deficit of £46.5m compared to an actual year-to-date deficit of £43.9m**. Further updates on the FRP are being made.

NEL ICS efficiencies – month 4 overview

Efficiencies	Month 4			Forecast		
	Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m
BHRUT	14.0	8.6	(5.4)	61.5	49.6	(11.9)
Barts	46.8	33.6	(13.2)	168.0	168.0	0.0
ELFT	8.9	12.8	3.8	31.9	34.4	2.4
Homerton	8.2	7.0	(1.2)	24.5	24.1	(0.4)
NELFT	7.5	8.3	0.8	44.0	44.0	0.0
Total Provider Effieciency	**85.4**	**70.3**	**(15.1)**	**329.9**	**320.0**	**(9.8)**
NEL ICB	9.5	10.7	1.2	37.8	37.8	(0.0)
Total System Efficiency	**94.9**	**81.0**	**(13.9)**	**367.7**	**357.8**	**(9.8)**

- The total system efficiency and cost improvement plan at month 4 is £94.9m.
- Of this, £81m has been delivered, leaving a year-to-date balance against plan of £13.9m (£15.1m under delivery for providers and an over delivery of £1.2m for the ICB).
- BHRUT are reporting efficiency slippage of £11.9m at year-end and the Homerton are forecasting efficiency slippage of £0.4m at year end.
- The other providers and the ICB are on plan, with a forecast over delivery reported by ELFT (£2.4m). Total forecast efficiency slippage at year-end is, therefore, £9.8m.

NEL ICS risks and mitigations

- The risk to the delivery of the ICS breakeven position is reported as part of the run rate return to NHSE. There is a risk to delivery of the financial position of £93.9m in month 4.
- The ICB expects to manage its risk through the development of further opportunities. This means that the outstanding risk is within the provider position and is reported at £93.9m.
- The largest proportion of this relates to the delivery of efficiencies, circa £65.4m There are unidentified mitigations within the run rate of circa £16m, with additional risks and mitigations of £12.5m.
- NELFT have also flagged risks to the delivery of the forecast in relation to run rate pressures, particularly in relation to ECR beds, pay costs and legal costs.
- Barts have flagged risks in relation to industrial action, demand and non-pay pressures and redundancy costs. Other providers have identified mitigations to partly offset risk, including assumptions around additional income and other run rate reductions.

Committee(s): Inner North East London Joint Health Overview and Scrutiny Committee	**Dated:** 15/10/25
Subject: LGBTQ+ Health Services	**Public**
Report of: Zina Etheridge, Chief Executive	**For Information**
Report author: Dr Paul Gilluley, Chief Medical Officer	

This page is intentionally left blank

NHS
North East London

LGBTQ+ Health Services

Meeting name: INEL JHOSC

Presenter: Dr Paul Gilluley, Chief Medical Officer

Date: 15 October 2025

Gender Services

- Gender dysphoria is a term that describes a sense of unease that a person may have because of a mismatch between their biological sex and their gender identity.
- Gender identity refers to our sense of who we are and how we see and describe ourselves.
- Gender services in the NHS have a multidisciplinary team of healthcare professionals, who offer ongoing assessments, treatments, support and advice.
- Care for patients are individually tailored to their needs.
- Gender services are commissioned nationally for both adults and children and young people.

Cass Report (Independent Review for Gender Identity Services for Children and Young People)

- Final report published 10 April 2024
- Gender services for children at the Tavistock and Portman closed in April 2024.
- Two new services (London and Manchester) opened.
- Aim at eight regional centres across England.
- 32 recommendations relating to care provision, changes in NHS care pathways and future research.

North east London Gender Services for Children and Young People

- Gender Services for children and young people are nationally commissioned.
- At present there is a managed waiting list for children and young people gender services. There are 6,100 individuals on the waiting list.
- The waiting list is regularly reviewed and triaged.
- There are currently 194 patients on the GOSH South Hub caseload as of March 2025, of these, three are NEL ICB patients
- Once transferred into the service wait times are 6.8 weeks for an initial assessment.

Treatment of children with gender dysphoria/ incongruence

- 3 June 2024 Secretary of State issues an emergency restriction on the prescribing of puberty blockers in the treatment of gender incongruence in those under 18 years.
- 11 December 2024 legislation passed to make restriction on puberty blockers permanent.
- August 2024 commissioning of a review of adult gender services to assess quality and care pathways.
- Outcome awaited.

Inclusive care and treatment

- Inclusion health is an umbrella term used to describe people who are socially excluded, who typically experience multiple interacting risk factors for poor health, such as stigma, discrimination, poverty, violence, and complex trauma.
- The LGBTQ+ population in the UK experiences significant physical and mental health inequalities compared to the general population.
- Pride in Practice in north east London.
- Tailor made interventions to meet the needs of our LGBTQ+ local residents.

Committee(s): Inner North East London Joint Health Overview and Scrutiny Committee	**Dated:** 15/10/2025
Subject: Improving GP access in North East London	**Public**
Report of: • A case study from Addison Road Medical Practice (ARMP) - Dr Janakan Crofton – GP Clinical Lead Waltham Forest - GP/ Medical Director ARMP Sindhu Balakrishnan – Chief Operating Officer ARMP	**For Information**
Report author: Alison Goodlad, Deputy Director of Primary Care Commissioning – NEL	

NHS
North East London

Improving GP access in North East London

A case study from Addison Road Medical Practice (ARMP)

Dr Janakan Crofton – GP Clinical Lead Waltham Forest - GP/ Medical Director ARMP
Sindhu Balakrishnan – Chief Operating Officer ARMP

Improving access to primary care in North East London

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

ARMP – Who we are

Background:

At scale GP provider based in North East London pushing the boundaries of what accessible, equitable and patient centred care looks like.

Mission:

“Changing lives, creating equity, leading with compassion.”

ARMP – GP access overview (2025)

- **7 GP practices across North East London (NEL)**
  - Large purpose-built health centres
  - Small Victorian terraces in areas of deprivation and high need
- **Serving 75,000 NEL residents**
  - Four Primary Care Networks (PCNs)
  - Waltham Forest and Havering

Key Success Ingredients

- ‘Digital Hubs and Call Centres’ - Multi-professional co-located spaces
- Cloud Based Telephony (CBT) and GP led AI powered triage
- 100% digitised access through single point of access virtual front door
- Data-led
- Continuous improvement culture embracing modern general practice access
- Outreach access models
- Continuity of care
- Equitable access

Challenges (2017)

Demand

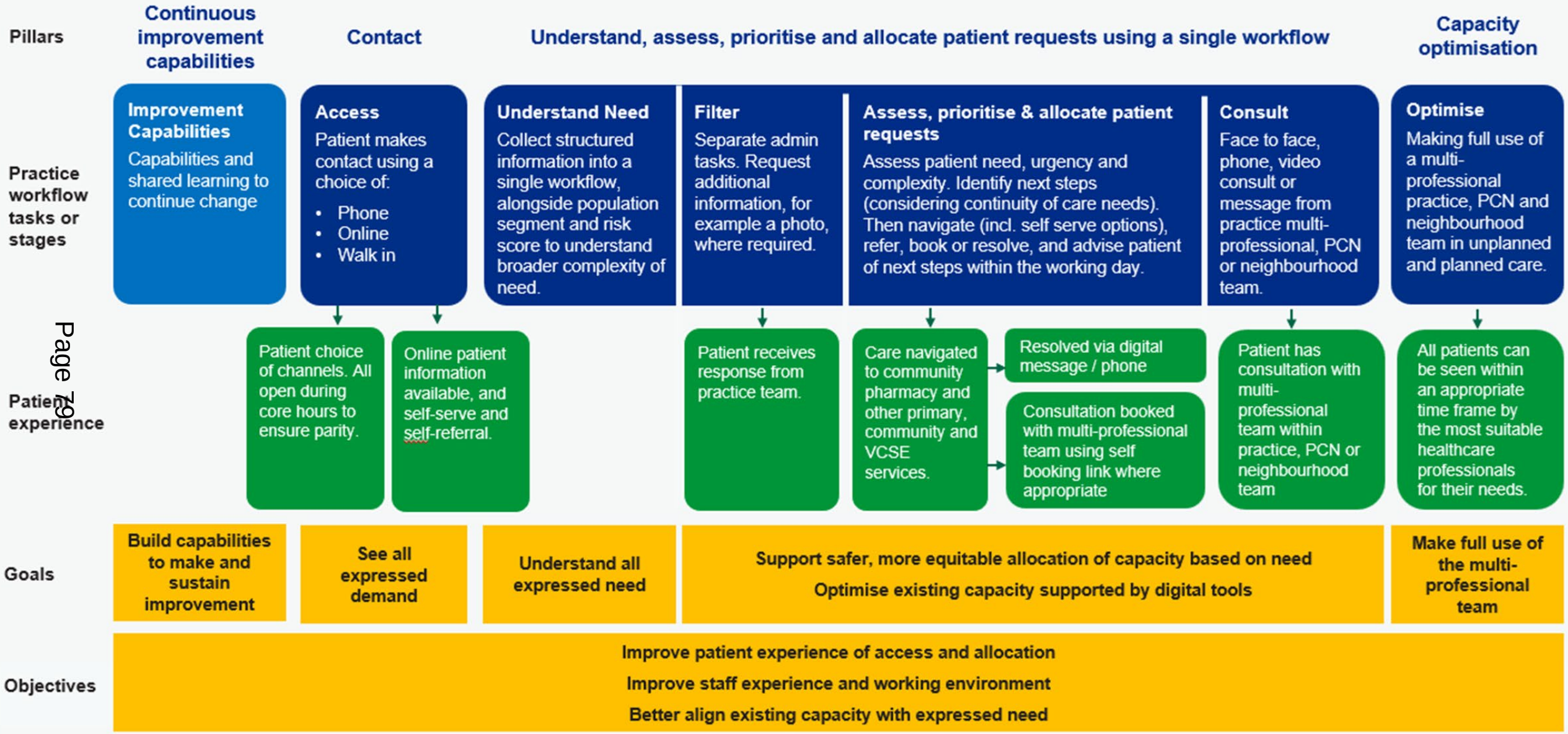
- Rising demand and complexity - unmet demand
- 8am rush
- Increase in in-hours 111 use and rising A&E attendance
- Queues snaking around the corner of the building
- Long call wait times (>30 minutes) and long waits for routine appointments
- Rising patient dissatisfaction
- Widening health inequalities and digital exclusion

Supply

- Not enough GPs
- Suboptimal workforce skills mix

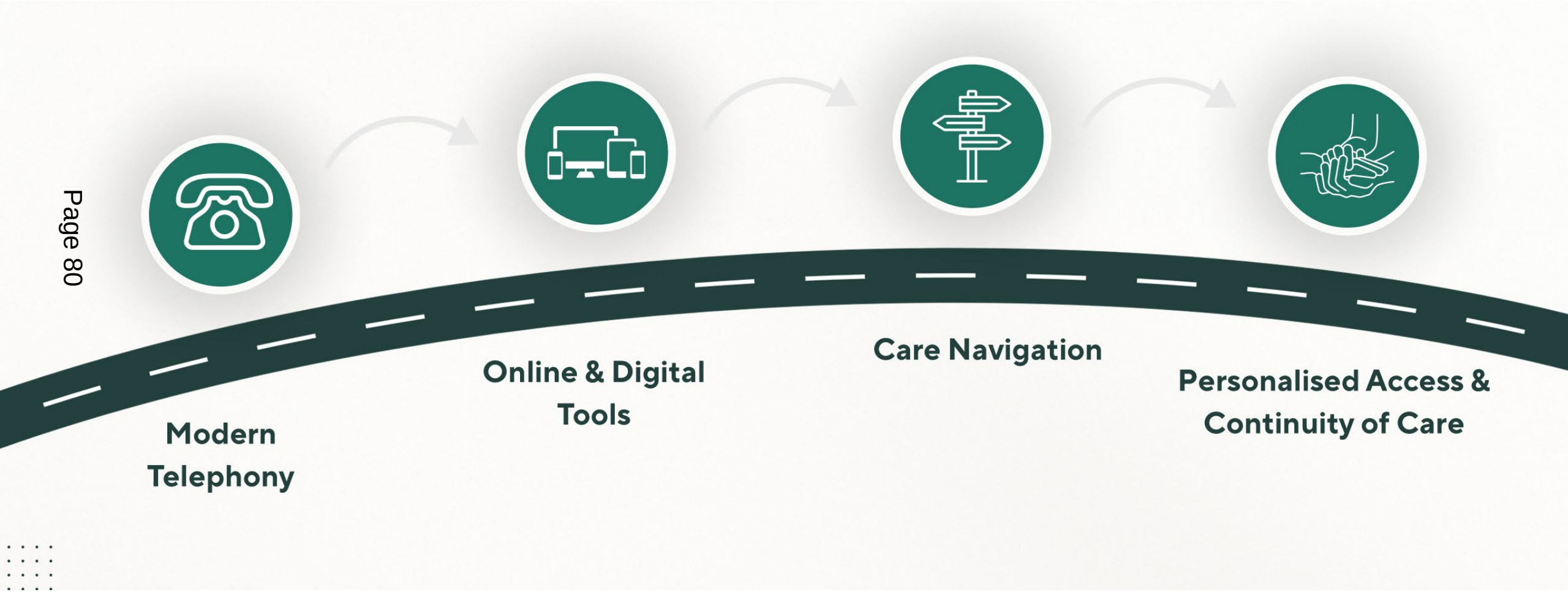
- Lack of physical space and unfit premises
- Tired and burnt-out workforce
- Dwindling continuity of care

The model of modern general practice



Updated July 2025

Our journey to better access



Continuous improvement capabilities

Bring in quality improvement and change management expertise

Build capabilities to sustain change

Share learning.. it's a journey

Plan, Do, Study, Act

Contact – patient choice of channels

Phone, online or walk-in

- All open during core hours (08:00 - 18:30)
- Safe Surgeries, Veteran Friendly, Pride in Practice, Cultural awareness
- Language translation, interpreters, advocates, braille and hearing loops

Modern Cloud Based Telephony (CBT)

- New system with live real time data dashboards on large screens
- Call back features and queue management functionality
- Reduced waiting times at predictable peak hours
- Robust management and oversight

Online consultations and self-referral options

- Initially 24/7 online requests
- Digital champions to support digital exclusion and data provision
- Laptops at receptions
- Self referral: Talking therapies, Minor Ailments, Eye Conditions, Dental, Family Hubs, Musculoskeletal support

Understand need

Structured forms and AI powered triage

- Patient co-production; E-consult to Klinik
- Open for new urgent problems 07:30 - 16:30 and until 18:30 for non-urgent routine queries

Digital Hubs & Call Centre

- Multi-professional ergonomically designed co-located spaces
- Learning environments
- Data led with close eye on productivity
- Informed recruitment / skills mix

Personalised support

- Population segmentation & Risk Scoring
- Support for digitally excluded and for those with language barriers
- Equity - consistent approach through “single point of access virtual front door”
- “100% Digitised Access”
- Allocation of longer appointments; named / preferred clinician

Filter – administrative efficiency

Separate admin from clinical demand

- Reception teams trained as “Care Navigators”
- Supporting access to self referral pathways
- Any uncertainty refer through virtual front door
- Large volume of incoming traffic is admin related - kept away from clinicians

Streamlined processes

- Photos / documents / forms / chased by GP assistants
- Medication queries - straight to pharmacists
- Referral queries - straight to secretaries
- Multi-professional co-located spaces supports agile comms

Frees up clinician time

- 25-30% overall demand - managed via the Digital Hub
- GPs operating at the top of their license
- Seeing complexity and supporting relational continuity of care
- Supporting wider multi-professional teams as expert generalist

Assess, prioritise and allocate

‘GP-Led Total Triage’ supported by trained Care Navigators and GP Assistants

- Seeing the right person, in the right time frame at the first point of contact

Utilising in-hours appointments, out of hours appointments and the capacity beyond the walls

- Utilising General Practice capacity until 8pm and weekends
- Pharmacy First, VCSE, Winter Hubs, MECS, IAPT, Family Hubs

Balance same day demand vs continuity of care

- Longer planned care appointments for long term conditions, frailty, palliative care, vulnerable patients, complexity, SMI.
- Plug into MDTs; Group Consultations; Peer Support Groups
- Face to face prioritised
- Support for advocates and interpreter service requirements
- Named GP / GP MicroTeams for patients that would benefit from continuity of care. Named / preferred clinician supported where possible

Optimised capacity

PCN & Neighbourhood Teams

- Extended Access
- Same Day Access
- MDTs +++
- SPLW, H&W Coaches, Physios, Dieticians, Pharmacists, AHPs

Right clinician, right time

- Each practice needs its unique blend of skills mix to meet its patient demograohic needs

Align planned care vs unplanned care capacity

- Medication reviews
- Long term condition reviews
- Smears, immunisations
- Screening
- Proactive Care

Modern General Practice - GOALS

1. Surface all demand; reduce unmet demand and demand failure
2. Safer and more equitable allocation of capacity to meet demand
3. Understand need; data driven triage
4. Optimised workforce capacity and full use of multi-professional team

Outcomes

MGP, Digital Hubs and Call Centres

- **100% response** to online consults within **three hours**
- **Call wait times** less than **1 minute 30 seconds** down from 20 minutes +
- **Missed calls down from 33% to 9%**
- **92% staff satisfaction scores**
- CQC **Outstanding** in Well Led domains
- Lowest utilisation of in-hours 111 use in the borough
- **High patient satisfaction scores** across Google and National GP Patient Survey (GPPS)
- Forest Surgery **29% increase in GPPS 2024 vs 2025**. **Highest increase across NEL**
- **NHSE Exemplar of best practice**
- **NEL Access webinars**
- **Multiple visits** from GP practices from across NEL - Sharing best practice
- Now scaled up to offer Access Model across **seven sites** with **four Digital Hubs** & **one Combined Call Centre** in practices that have historically struggled with access
- Nationally presented **Outreach GP Pop Up Clinics** to circumnavigate access barriers

Patient Voices - The Firs Medical Centre

Patient Voices – Francis Road Medical Centre

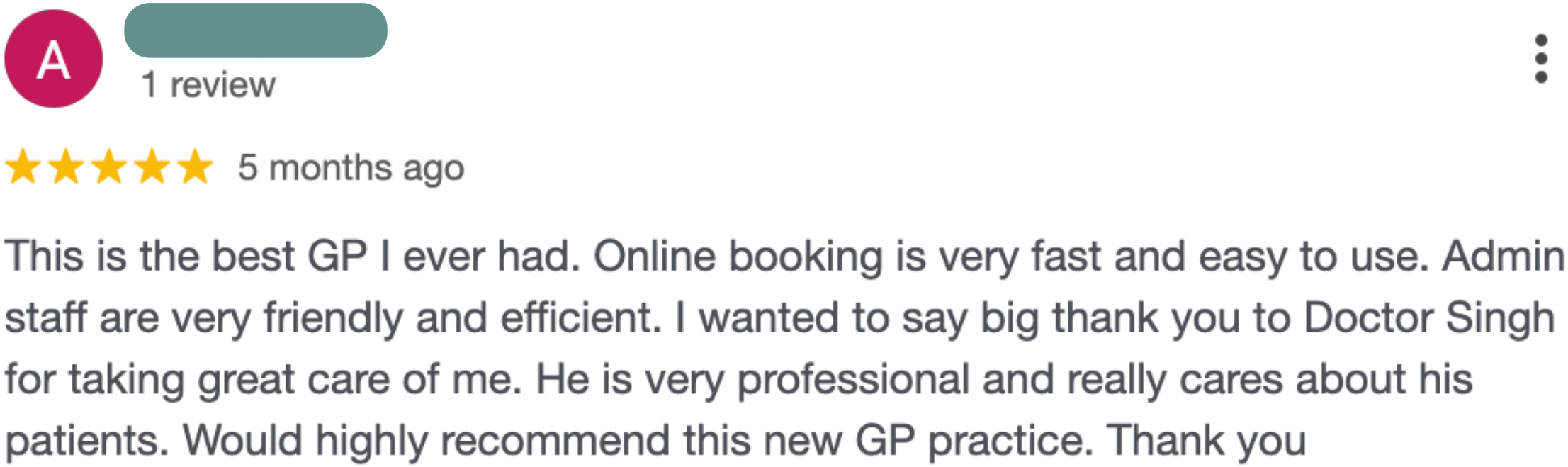
N

5 reviews · 9 photos

★★★★★ a year ago

Recently registered with this GP practice. It was super easy and fast. I have registered with them less than an hour. Other Medical Centres told me it will take more than a week to register and about 2 week for an appointment but I managed to get an appointment in two days after registration. Staff members was polite as well especially guy who works at Reception desk

Patient Voices – Beam Park Medical Practice



Lessons learned and looking ahead

Summary

- Access transformation works best when built on the Modern General Practice Access model
- Equity, quality and continuity need protecting alongside access

Next steps

- Continuous improvement and refinement based on data
- Focus on enabling continuity of care
- Push the boundaries on supporting inclusive access for seldom heard groups
- Continue outreach models to address unmet need in the community
- Keep the patient voice at the centre with meaningful co-production

Spreading good practice across North East London

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

Contact: janakan.crofton@nhs.net / sindhu.balakrishnan@nhs.net

This page is intentionally left blank

Committee(s): Inner North East London Joint Health and Overview Scrutiny Committee – For discussion	**Dated:** 7 October 2025
Subject: The Scrutiny Report	**Public**
Report of: Town Clerk	**For Discussion**
Report author: Isaac Thomas, Town Clerk's Department	

Summary

This is the first meeting of the municipal year. Members are invited to view the Forward Plan at Appendix 1 and make any suggestions for items to be considered in the 2025-26 cycle.

The Committee is invited to review and comment on the Action Tracker from the previous meeting (Appendix 2).

The Committee is invited to review the Recommendations Tracker (Appendix 3).

Recommendation(s)

Members are asked to:

- Note the report and appendices.
- Make any suggestions for items for the Forward Plan (2025-26 cycle).

Main Report

Background

The Scrutiny report was received by the Inner North East London Joint Health and Overview Scrutiny Committee at its last meeting on 13 May 2025. An updated Scrutiny Report is now due for discussion.

Action Tracker

1. The Action Tracker captures all actions required of officers by the committee at the previous scrutiny meeting and provides an update on progress.

2. Actions are specific tasks requested by the committee for officers to complete. Typically, they are requests for officers to provide information not included in reports but of use to the committee's work.

3. Actions captured in the previous meeting are expected to have been completed by the next meeting. Where this has not been possible, reasons for this will be captured in the Action Tracker.

4. Completed Actions approved by the committee will then be removed from the working Action Tracker to a store of completed actions.

5. The Committee is invited to review and approve on the Action Tracker from the previous meeting (Appendix 2).

Recommendation Tracker

6. The Recommendation Tracker captures all recommendations made by the committee at the previous scrutiny meeting.

7. Recommendations capture the committee's conclusions on how services should change or improve. For example, recommendations could be for officers to work more closely with external partners, to consider the impact of a service on EDI, or to bring more major decisions to pre-decision scrutiny.

8. Recommendations require a written response from officers.

9. Recommendations made in the previous meeting are expected to have been responded to by the next meeting. Where this has not been possible, reasons for this will be captured in the Recommendations Tracker.

10. Recommendation responses approved by the committee will then be removed from the Recommendation Tracker to a store of completed recommendations.

11. The Committee is invited to review and approve responses to recommendations from the previous meeting.

Corporate & Strategic Implications

Strategic implications:

12. There are no strategic implications arising from this report.

Financial implications:

13. There are no financial implications arising from this report.

Resource implications:

14. There are no resource implications arising from this report.

Legal implications:

15. There are no legal implications arising from this report.

Risk implications:

16. There are no risk implications arising from this report.

Equalities implications:

17. There are no equalities implications arising from this report.

Climate implications:

18. There are no climate implications arising from this report.

Security implications:

19. There are no security implications arising from this report.

Conclusion

The Committee is invited to review and comment on the Forward Plan, as well as the Action Tracker and Recommendations Tracker from the previous meeting.

Appendices

- Appendix 1 – Forward Plan
- Appendix 2 – Action Tracker (2024-25)
- Appendix 3 – Recommendations Tracker (2024-25)

Isaac Thomas
Personal Assistant and Member Services Officer
E: isaac.thomas@cityoflondon.gov.uk

This page is intentionally left blank

INEL JHOSC Scrutiny Forward Plan 25/26 Cycle: Rationale

Items for: Wednesday 15th October	Suggested by	Rationale and objectives
Primary Care		To include items which are on the action tracker for an update: Officers to bring a case study to a future meeting which demonstrates how a practice could reduce its waiting time for non-urgent appointments to two weeks and; NHS to report on performance monitoring data for those practices that have implemented new telephony systems.
Update on CASS/ Sexual Health		
Health Update		To be taken as read.
Finance Update		To provide updates since the last meeting.

Items for: Wednesday 14th January	Suggested by	Rationale and objectives
Health Update		
Finance Update		
TBC		

Items suggested by members (06/11/2024)

- The impact of the CASS Report on the ICB
- The 10-year plan and the impact on NEL

Suggested items from INEL JHOSC members:

1. Services which will be transferred to the ICBs for local commissioning, which were previously commissioned at a national or regional level. The list of potential services is here https://www.england.nhs.uk/wp-content/uploads/2023/02/board-2-feb-23-item-7-annex-a-final-spa-lists.pdf.
    a. What plans are in place to prepare for local delegation?
    b. How has the amount of money been calculated?
    c. What are the implications of transfer of specialist commissioning from NHSE to ICBs – notably HIV treatment and care commissioning.
2. Improving outcomes for black women in maternity services.
3. Improving outcomes for black men in prostate cancer treatment.
4. NEL Community Health Services.
5. Update on the constitutional status of INEL and ONEL.
6. Response on the takeover of Operose Practices which was raised at the last meeting.
7. NHS Talking Therapies, for anxiety and depression programme Review (formerly known as Improving Access to Psychological Therapies, IAPT)

Action Log: Inner North East London JHOSC 2024-25					
Action Number	Meeting Date	Agenda Item	Action	Responsible Officer	Status
13	01/11/2023	5	Officers to provide the ICB staff structure to inform members of the workforce.		The structure chart is still not complete as the restructure is still underway. Once it's complete it can be shared.
18	01/11/2023	7	Officers to bring a case study to a future meeting which demonstrates how a practice could reduce it's waiting time for non-urgent appointments to two weeks.	NHS NEL Officer	Item to be included within a future Patient access – primary care update.
24	24/04/2024	7	The Committee to consider ways the forward plan can be aligned between INEL and ONEL to avoid duplication of reports.	Scrutiny	In progress.
33	06/11/2024	5	Officers to send deep dive paper on the outcomes of preventative measures aimed at reducing HIV infections and other bloodborne infections	Zina Etheridge	
34	06/11/2024	5	Officers to share the most recent vaccine uptake for	Winter Planning - NHS	

35	06/11/2024	6	Officers to share future updates on Government funding	Henry Black	
36	06/11/2024	7	Officers to inform the Committee on measure in place to mitigate the added strain to Emergency Department presentations following 'Right Care, Right Person'	Provider Update - NHS	
37	06/11/2024	7	Officers to provide a written response regarding how the Corporate Manslaughter verdict at Goodmayes Hospital will inform changes in how the Hospital operates	Provider Update - NHS	
38	06/11/2024	8	Officers to provide an update to INEL JHOSC in a year's time to measure the impact of the delegation.	Focus on Specialist Services - NHS	
39	06/11/2024	10	The 'Impact of the CASS Report on the ICB' to be added to the forward plan	Scrutiny Officer	Added to the forward plan
40	06/11/2024	10	The New 10-year plan and the impact on NEL to be added to the forward plan	Scrutiny Officer	Added to the forward plan

41	06/11/2024	10	Officers to provide more granular data to the Imms responses on pages 98-99 of the November agenda pack	NHS	

This page is intentionally left blank

Recommendations Log: Inner North East London JHOSC 2024-25					
Rec Number	Meeting Date	Agenda Item	Recommendation	Responsible Officer	Status
19	01/11/2023	7	R: NHS to report on performance monitoring data for those practices that have implemented new telephony systems.	NHS NEL Officer	Item to be included within a future Patient access – primary care update.
1	06/11/2024	8	Officers to investigate the benefits of commissioning at place level, rather than system level when considering the statutory delegation process	Focus on Specialised Services - NHS	
2	06/11/2024	9	Any future reports on maternity and neonatal services to consider 'perinatal psychological and psychiatric difficulties'.	Best Start in Life: shaping future maternity and neonatal services - NHS	

This page is intentionally left blank