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Inner North East London Joint Health Overview and Scrutiny Committee

Date: **WEDNESDAY, 14 JANUARY 2026**

Time: 7.00 pm

Venue: **COMMITTEE ROOMS, GUILDHALL**

Members:

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

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Ian Thomas CBE
Town Clerk and Chief Executive

AGENDA

1. **APOLOGIES FOR ABSENCE**

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

3. **MINUTES**

To agree the minutes of the previous meeting held on 15 October 2025.

For Decision
(Pages 5 - 12)

4. **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.

5. **RICHARD HOUSE CHILDREN'S HOSPICE**

Report of the Chief Strategic Commissioning Officer, NHS NEL

For Information
(Pages 13 - 18)

6. **HEALTH UPDATE**

Report of the Chief Executive, NHS NEL

For Information
(Pages 19 - 54)

7. **FINANCE OVERVIEW**

Report of the Chief Finance Officer, NHS NEL

For Information
(Pages 55 - 60)

8. **SCRUTINY REPORT**

Report of the Town Clerk.

For Decision

(Pages 61 - 64)

9. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**

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INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE
Wednesday, 15 October 2025

Minutes of the meeting of the Inner North East London Joint Health Overview and Scrutiny Committee held at Committee Room 2 - 2nd Floor West Wing, Guildhall on Wednesday, 15 October 2025 at 7.00 pm

Present

Members:
Common Councillor, David Sales (Chairman)
Councillor Susan Masters (Vice-Chair)
Councillor Gulam Kibria Choudhury
Councillor Ben Hayhurst
Councillor Ahmodul Kabir
Councillor Danny Keeling
Councillor Ben Lucas
Councillor Sam O'Connell
Councillor Richard Sweden
Councillor Jennifer Whilby

Officers:

Zina Etheridge	-	Chief Executive, NEL ICB
Dr Paul Gillouly	-	Chief Clinical and Quality Commissioning Officer, NEL ICB
Ralph Coulbeck	-	Chief Strategy Officer, NEL ICB
Lorraine Sunduza	-	Chief Executive East London NHS Foundation Trust
Henry Black	-	Chief Finance Officer, NEL ICB
Dr Janakan Crofton	-	GP/ Medical Director ARMP
Sindhu Balakrishnan	-	Chief Operating Officer ARMP
Polly Dunn	-	Assistant Town Clerk, City of London Corporation
Scott Myers	-	Town Clerk's Department, City of London Corporation
Isaac Thomas	-	Town Clerk's Department, City of London Corporation

1. **ELECTION OF CHAIR**
RESOLVED – That, in accordance with the Committee's Terms of Reference, Common Councillor David Sales was declared to be Chairman for the ensuing year.

The Chairman welcomed Members to Guildhall, as well as those joining the meeting remotely, and proceeded to thank the Committee for allowing the City of London Corporation to host the upcoming Inner North East London Overview and Scrutiny Committee meetings for the next two years.

2. **ELECTION OF VICE CHAIR**
RESOLVED – That, in accordance with the Committee's Terms of Reference, Councillor Susan Masters (Newham) being the only Member indicating their willingness to serve was declared to be Vice-Chairman for the ensuing year.

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

Apologies for absence were received from Councillor Anna Lynch and Councillor Daniel Morgan-Thomas. Councillor's Ahmodul Kabir and Sam O'Connell joined the meeting remotely.

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

There were none.

5. **MINUTES**

The minutes of the meeting held on 13 May 2025 were agreed as a correct record.

6. **PUBLIC PARTICIPATION**

Stephanie Davies-Arai addressed the Committee in relation to the Cass Review and its implications for schools and children's services. Ms Davies-Arai raised concerns regarding social transition in schools and the progression to irreversible medical treatments. She also questioned the wider implications of the Cass Review for professionals working with children.

Lynne Troughton, Hackney Councillor, spoke to the Committee in her capacity as a Hackney resident on matters relating to the Cass Review. Ms Troughton expressed concern that health authorities were not implementing the Secretary of State for Health's commitment to adopt the Cass Review recommendations following the Supreme Court judgment on the definition of sex. She noted that new guidance had been issued by the Department for Education and suggested there was no justification for delaying implementation of the Cass Review recommendations by health authorities. Ms Troughton raised concerns regarding gender affirmation practices within general practice, suggested the establishment of a working party to develop a strategy for children currently on waiting lists, and proposed that a statement of intent be issued acknowledging government policy on this matter. Ms Troughton also raised concerns regarding private clinics operating without sufficient oversight.

9. **LGBTQ+ HEALTH SERVICES**

The Chairman informed the Committee that item 9 would be taken ahead of item 7.

The Committee received a report of Dr Paul Gillouly, Chief Clinical and Quality Commissioning Officer, NHS North East London, concerning LGBTQ+ Health Services. Dr Gillouly introduced the item and provided an overview of the current provision of gender identity services for children and young people. He explained that services had previously been delivered nationally through the Tavistock and Portman NHS Foundation Trust, and that concerns regarding clinical pathways had led NHS England to commission Professor Hilary Cass to undertake an independent review. The final Cass Review, published on 10 April 2024, made 32 recommendations relating to care provision, NHS pathways and future research.

Dr Gillouly reported that following the closure of the Tavistock service in April 2024, two new services had opened in Manchester and London, with plans for up to eight regional centres nationally. Gender identity services for children and young people were now commissioned nationally. The waiting list stood at approximately 6,100 patients, of whom three were registered within the North East London ICB. Members were also informed that legislation had been introduced restricting the prescription of puberty blockers for children, with prescription permitted only within approved research settings for children with gender dysphoria.

In response to a question regarding patient safety, Dr Gillouly stated that he was not personally aware of any deaths by suicide among those on the waiting list following the introduction of the restrictions on puberty blockers, but undertook to confirm this and circulate further information to Members after the meeting. He explained that it was difficult to quantify the number of children requiring additional mental health support following the restrictions, as co-morbidity was common and many children referred to gender services were also known to CAMHS, often presenting with other mental health or neurodiversity-related needs.

The Committee asked whether the closure of the Tavistock service had contributed to increased waiting times. Dr Gillouly advised that the waiting list had been closed prior to the service's closure, which had resulted in further increases.

A Member queried whether the activities and discourse of far-right activists had impacted NHS staff or the treatment of transgender patients. Dr Gillouly reaffirmed the NHS's commitment to inclusive, respectful and compassionate care for all patients.

Members queried the relatively low number of North East London patients on the waiting list and asked whether unmet local need was being assessed. Dr Gillouly advised that unmet need would be identified through CAMHS, which continued to provide support to children while they remained on the national waiting list. He further indicated that additional data on children presenting with gender-related issues outside of the specialist service could be provided following the meeting.

The Committee questioned why the waiting list remained high given the reported assessment timeframe. Dr Gillouly explained that the list was managed and triaged nationally, with patients prioritised according to clinical need and subsequently transferred to individual hospital waiting lists.

Referring to the public participation element at Item 6, a Member asked whether the ICB had any remit to direct schools, GPs or other clinicians in relation to children assuming particular gender identities, and whether this was addressed in the Cass Review. Dr Gillouly confirmed that the NHS had no responsibility for the education system and that this did not fall within the remit of the ICB, nor was it a recommendation of the Cass Review.

Members asked how the effectiveness of inclusion initiatives such as Pride in Practice was being reviewed. Dr Gillouly reported that a range of practices were engaging with the programme, noting that approximately 75% of GP practices in Tower Hamlets had participated. Pride in Practice recognised inclusive healthcare through a bronze, silver and gold award framework, and positive feedback had been received from staff across clinical and non-clinical roles. He acknowledged that knowledge gaps remained and that repeat engagement would be necessary. In response to questions about increasing uptake, Dr Gillouly stated that funding was available through the training hub to support wider participation across North East London, subject to practice engagement.

RESOLVED: That Members: -

- Noted the report.

7. HEALTH UPDATE

The Committee received the report of Zina Etheridge, Chief Executive NEL ICB, covering specific provider updates, organisational change, the NHS 10 Year Plan and an update on planning and priorities to manage winter pressures. Ms Etheridge advised the Committee that this would be her final INEL JHOSC meeting prior to her departure and informed Members that Ralph Coulbeck had been appointed as Interim Chief Executive while recruitment to a substantive post was undertaken. Mr Coulbeck, currently the Chief Strategy Officer at the NEL ICB, briefly introduced himself and outlined his background within the NHS.

Ms Etheridge provided an update on organisational change within the ICB, noting that while national announcements regarding ICB restructuring were made earlier in the year, progress had stalled due to the absence of a national decision on funding for redundancies. As a result, wider reorganisation and staff consultation had not yet commenced. Members were informed that the ICB had nevertheless completed a restructure of its senior leadership team to reflect a shift toward a strategic commissioning model. It was also confirmed that Dame Marie Gabriel had been formally appointed as Chair of the ICB.

The Committee received an overview of the strategy refresh and planning process for 2025–2030. Draft versions of the refreshed strategy and initial commissioning plans had been shared with providers and partners across the system. The strategy was informed by extensive public and user engagement and placed the Good Care Framework and the Outcomes and Equity Framework at its centre, aligned with the three shifts outlined in the NHS 10-Year Plan. Emphasis had been placed on the development of a Neighbourhood Commissioning Framework and forthcoming Neighbourhood Health Plans, which would require sign-off by local Health and Wellbeing Boards.

Members were also advised of changes to NHS England regional structures, including the forthcoming merger of NHS England functions into the Department of Health and Social Care. London regions would continue to hold

responsibility for provider regulation, performance management, and regional strategy.

In response to questions regarding health inequalities, officers outlined how a health inequalities and equity lens had been embedded across all commissioning activity over the past three years. It was emphasised that future commissioning would increasingly focus on health inequities, recognising that different communities required different approaches to achieve equitable outcomes. An example was provided of targeted maternity work at Newham Hospital, where data-led interventions with a specific ethnic community had resulted in improved birth outcomes.

Members expressed concern about the balance between strategy development and delivery and requested clearer examples of measurable improvements for residents. Officers acknowledged the importance of demonstrating tangible impact and agreed that data-driven, community-specific interventions were key to future progress.

The Committee discussed the future of place-based working, with Members raising concerns about variation between boroughs, the sustainability of the current ICB model, and the erosion of the original expectation that the majority of funding would be spent at place level. Ms Etheridge stated that there was no current intention to abolish ICBs and that place and neighbourhood working remained central to the system's approach. She confirmed that Health and Wellbeing Boards were expected to play an important governance role, particularly in relation to neighbourhood health plans. Work was also underway to define core community service offers across North East London to reduce unwarranted variation while allowing local flexibility.

The Committee noted that this was the first meeting since the June Old Bailey judgement relating to the tragic death of a patient in 2015. A Member raised concerns regarding the court findings, including issues around falsified records and the quality of risk assessments, and referred to repeated concerns raised by coroners in relation to record keeping at both the East London NHS Foundation Trust and North East London NHS Foundation Trust. Members expressed concern about the resulting impact on public confidence and sought assurance regarding leadership oversight and actions taken to ensure such issues were not continuing. Lorraine Sunduza, Chief Executive East London NHS Foundation Trust, clarified that the jury had found the Trust not guilty of corporate manslaughter, but guilty of a health and safety breach. Furthermore, a member of staff had been found not guilty of gross negligent manslaughter but guilty of a health and safety breach. Sentencing for both the Trust and the individual was expected later in the year, and national work was underway to consider the wider implications of the case.

Ms Sunduza outlined the Trust's response, noting that a quality improvement programme on observation practices and record-keeping had been established and emphasised that, alongside individual accountability, the Trust was addressing systemic issues through audits, spot checks, training, and staff support. Members were advised that reliability and timeliness of observations

had improved. A Member sought further assurance that this work was being tested at a corporate level, including whether regular audit or spot-check findings could be published. Ms Sunduza confirmed that checks and audits were ongoing and that the Trust continued to review both individual practice and systemic factors to strengthen patient safety and transparency.

The Committee also considered issues raised in response to the Mental Health Action Group open letter, including concerns regarding the availability of longer-term talking therapies. Ms Sunduza explained that services operated a stepped care model, where interventions were tailored to individual need. While many talking therapy interventions were time-limited, service users could be stepped up to more intensive secondary care psychological services where clinically appropriate, or stepped down to lower-level ongoing support through primary care. Initial triage informed the pathway but did not preclude access to longer-term or more intensive support where required.

Members asked for further information regarding peer support workers, noting the lack of statistical detail in the report. Ms Sunduza confirmed that peer support workers were embedded across all directorates, but that work was underway, in partnership with North East London NHS Foundation Trust, to standardise and professionalise the role. This included aligning job descriptions, banding, training, supervision, and career progression. Responding to a query regarding Mental Health Support Teams in schools, Ms Sunduza confirmed that plans to establish three additional teams in City and Hackney, Havering, and Waltham Forest in January 2026 remained on track.

Further clarification was provided on the meaning of ‘step up’ and ‘step down’ within the stepped care model. Step-up care involved referral to community mental health teams and access to more intensive multidisciplinary support, including psychiatry and psychology. Step-down care involved lower-intensity ongoing support, often through general practice, where specialist input was no longer required.

RESOLVED: That Members: -

- Noted the report.

8. **FINANCE REVIEW**

The Committee received a report of Henry Black, Chief Finance Officer NEL ICB, providing a review of key financial headlines.

The Committee discussed the cash flow implications of the loss of deficit support funding, particularly for North East London Foundation Trust and Barts Health NHS Trust, which were experiencing working capital pressures and had required emergency cash support from NHS England to meet financial commitments.

In response to questions regarding the future financial framework, Mr Black explained that the ICB would continue to be responsible for commissioning all services, including acute care. Provider organisations would be accountable for

delivering services within agreed contract values, with direct regulatory oversight where providers failed to operate within their financial limits. The ICB's role would increasingly focus on commissioning, contract setting, and population-level financial balance rather than direct operational performance management.

RESOLVED: That Members: -

- Noted the report.

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

The Committee received a report of the Deputy Director of Primary Care Commissioning concerning efforts to improve access to GP services across North East London. The Committee was updated on the ICB's focus on modernising access models, rather than solely increasing appointment numbers, and on work undertaken over recent years to bring general practice access into line with twenty-first century expectations.

In response to questions, Dr Crofton, GP/ Medical Director ARMP, acknowledged that there was variation in access and maturity of primary care across boroughs. He explained that the ICB now used primary care dashboards to identify pressures and provide earlier, targeted support, including quality improvement programmes, bespoke practice visits, and system-wide webinars to share best practice. Members were advised that recent contractual changes required practices to offer online access throughout core hours, and that early evidence suggested this was achievable, although safety and equity considerations remained important.

Members raised concerns about digital exclusion, the absence of a single blueprint for online access, and the risk of impersonal centralised access models replacing continuity with GP practices. Officers confirmed that while national and local quality improvement support was available, access models needed to be tailored to local demographics. Digital inclusion remained a priority, and Members were advised that further work could be undertaken to develop a clearer ICB-wide framework.

Discussion also covered the role of neighbourhood health centres and the impact of large-scale housing developments on primary care capacity. Officers confirmed that the ICB worked with local authorities and partners through estate and infrastructure forums to plan health provision for growing populations, though funding mechanisms did not always fully reflect rapid population growth.

RESOLVED: That Members: -

- Noted the report.

11. **THE SCRUTINY REPORT**

The Committee received a report of the Town Clerk.

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

RESOLVED: That Members: -

- Noted the report and appendices.

The meeting ended at 21.02pm

Chairman

Contact Officer: isaac.thomas@cityoflondon.gov.uk

Committee(s): Inner North East London Joint Health Overview and Scrutiny Committee	**Dated:** 14/01/26
Subject: Richard House Children's Hospice	**Public**
Report of: Charlotte Pomery, Chief Strategic Commissioning Officer, NHS NEL	**For Information**
Report author: Charlotte Pomery, Chief Strategic Commissioning Officer, NHS NEL	

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NHS
North East London

Richard House Children's Hospice

Update of position and on transitional arrangements as of January 2026

Charlotte Pomery, Chief Strategic Commissioning Officer, NHS NEL

NHS North East London: Update

Richard House Children's Hospice

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

Transition arrangements

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

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

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

NHS North East London: Update

Richard House Children's Hospice

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

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

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

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Committee(s): Inner North East London Joint Health Overview and Scrutiny Committee	**Dated:** 14/01/26
Subject: Health Update	**Public**
Report of: • Health Update - Ralph Coulbeck, Interim Chief Executive • NEL Collaborative updates - Lorraine Sunduza, Chief Executive Officer (ELFT) • Barts Health NHS Trust – Ann Hepworth, Director of Strategy and Partnerships	**For Information**
Report author: Ralph Coulbeck, Interim Chief Executive	

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NHS
North East London

Health Update – January 2026

Meeting name: INEL JHOSC

Presenter: Ralph Coulbeck, Chief Executive

Date: 14 January 2026

NHS North East London: Update

Organisational Change

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

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

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

NHS North East London: Update

Organisational Change

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

Staff consultation

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

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

NHS North East London: Update

Organisational Change – timelines

1 December 2025 – Consultation on the proposed organisational structures launched
1 December – 21 January 2026 – Individual consultation meetings to take place and all staff to share their views, ask questions or seek clarification on the proposed changes
21 January – Consultation closes
22 January – 6 February – All feedback reviewed and considered by EMT. Job descriptions and team structures to be finalised and outcome document to be drafted
9 February – Respond to the consultation.
February – May – Selection and redundancy process
June – Compulsory redundancy to be served where applicable and notice periods to begin

Voluntary redundancy

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

1 December 2025 – 4 January 2026 – Voluntary redundancy scheme open to applications
4 – 18 January – Agree redundancies
19 January – 1 February – Appeals process to run
2 – 22 February – NHS England regional approval period
March – Notices of voluntary redundancy to be served, notice periods and exit.

NHS North East London: Update

Managing winter pressures

Coordinated system response

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

NHS North East London: Update

Managing winter pressures contd.

Strengthened community care

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

Mental Health and crisis response

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

Focus on safety, dignity, and fairness

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

Vaccination and workforce resilience

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

NHS North East London: Update

Managing winter pressures contd.

Impact of industrial action

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

Our achievements

- We're delighted to share that teams based in north east London were winners and received recognition for their excellent work at the inaugural **London Personalised Care Awards** ceremony earlier this month. North east London teams won four of the twelve award categories and received Highly Commended recognition in six categories. In addition, two of the three Personal Recognition Awards were awarded to individuals based in north east London.

- Congratulations to **Dr Ishi Bains** (pictured), GP in Tower Hamlets and Clinical Lead for the Tower Hamlets Women's Health Hub, on being named GP of the Year at the General Practice Awards 2025. This national recognition reflects Dr Bains' outstanding contribution to patient care and system improvement.

- The NHS North East London Pharmacy and Medicines Optimisation team, working with system partners, has introduced **a new, unified service to ensure urgent access to palliative and end-of-life care medicines** across north east London. Operating 24 hours a day, seven days a week, the service provides a single, equitable framework, replacing inconsistent local arrangements and variable availability.

- In December, local residents, volunteers and staff (pictured) came together to celebrate both the official opening and **one-year anniversary of St George's Health and Wellbeing Hub** in Havering. The celebration followed the Hub being named a finalist last month in the Health Service Journal's Integrated Care Initiative of the Year Award.

- Our teams and partners have been awarded for their exceptional work and real difference they are making to people's lives across north east London (NEL) at **this year's HSJ Awards**. We had 14 projects nominated this year and while we didn't get any wins we had multiple finalists – with the work of colleagues from ELFT and NELFT being highly commended. This is a powerful recognition of the innovation, dedication, and impact across our system.

- We also launched the **North East London Population Health Management Platform – Optum Pathfinder,** which marks a major step forward in how we use data to support health and care for our population. The platform will enable proactive, population-level decision making, giving colleagues across the system–including primary care, social care, public health, and providers– access to integrated population data. This supports evaluation, targeted interventions, and ultimately helps us reduce inequalities and improve outcomes in line with our 10-year health plan.

NHS
North East London

Provider Updates – January 2026

NHS
North East London

North East London Collaborative updates

Meeting name: INEL JHOSC

Presenter: Lorraine Sunduza, Chief Executive Officer (ELFT)

Date: 14 January 2026

Mental Health, Learning Disability and Autism Collaborative

Introduction

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

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

Approach

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

Community Healthcare Collaborative

Introduction

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

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

Approach

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

NEL Mental Health, Learning Disability & Autism Collaborative **update**

Intensive and Assertive Community Mental Health Care Deep Dive

- Work is underway to ensure that the service needs of approximately 800 people in NEL are appropriately met, particularly people with psychotic spectrum difficulties. Initial analysis from the NEL MHLDA Collaborative has indicated that this group tended to be single males with coexisting drug or alcohol difficulties who were more likely to be isolated and therefore at risk of ending their own lives.

- National concerns have understandably been heightened, following the Independent Mental Health Homicide Review into the tragedies in Nottingham. National guidance pointed towards the importance of staff having time and space to build relationships and demonstrate their commitment to the wellbeing of service users in their care.

- The Collaborative is developing a plan to understand all the factors at work and remedies. This includes:
  - Implementing NHS England's Comprehensive Model of Personalised Care framework.
  - Developing modern service frameworks for people with Serious Mental Illness (SMI).
  - Enhancing neighbourhood working as part of NHS England's neighbourhood mental health pilot scheme. Tower Hamlets was selected as one of six sites across the country to trial this – located at the Barnsley Street Neighbourhood Mental Health Centre in Bethnal Green.
  - Integrating acute physical health and complex mental health needs into neighbourhood working.

NEL Mental Health, Learning Disability & Autism Collaborative update

Mental Health Learning Disabilities and Autism 2025-26 Planning Update

- Medium-term planning guidance has been published, outlining national priorities for mental health.
- NHS England has required NEL Integrated Care Board (ICB) to develop a three-year plan for how we will deliver these priorities. These include: Meeting national requirements around Mental Health Support Teams (MHSTs) in schools; Talking Therapies; and Individual Placement Support (IPS) services.

- There are also additional requirements around neighbourhood health and care, and mental health clinical assessment services. The ICB is committed to increasing funding for mental health and community provision in line with the 10 Year Health Plan:
  - Shifting care from hospital to community care.
  - Shifting analogue to digital care (using the NHS app for patient-facing care planning).
  - Moving from ‘treatment’ to ‘prevention’.

- NEL ICB commissioning intentions include:
  - Eliminating out of area placements, particularly in Outer North East London.
  - Reducing waiting times in emergency departments for people with SMIs.
  - Reducing waiting times for children and adults with ADHD and autism.
  - Investment to tackle neurodiversity waiting lists, and the gap in post-assessment diagnosis as an integrated strategy.
  - Having MHSTs in all schools by 2029.
  - Improving service offer to deliver intensive and assertive treatment for people with SMIs.
  - Developing a model for neighbourhood mental health.

NEL Mental Health, Learning Disability & Autism Collaborative update

Partnership working between BHRUT and NELFT

- NELFT and Barking, Havering, Redbridge University Hospitals Trust (BHRUT) are working in partnership to establish a single Barking, Havering and Redbridge Community Children's Nursing Team. This integrated service aims to provide high-quality nursing care to children in their own homes, to commence in early 2026.

- The stroke pathway is currently under review in collaboration with BHRUT. The proposed model aims to enhance rehabilitation provision by increasing the level of support available to patients within their own homes, supporting improved recovery and patient experience.

St. George's Health & Wellbeing Hub

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

Improvement Networks & Core Offers

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

NHS
North East London

Homerton Healthcare NHS Foundation Trust

Meeting name: INEL JHOSC

Presenter: TBC

Date: 14 January 2026

Homerton Healthcare update – January 2026

Content in development – will be tabled before the committee

NHS
North East London

Barts Health NHS Trust

Meeting name: INEL JHOSC

Presenter: Ann Hepworth, Director of Strategy and Partnerships

Date: 14 January 2026

Barts Health NHS Trust update – January 2026

Operational developments

- Patients and visitors at Whipps Cross Hospital will benefit from improved access and parking with the unveiling of a new multistorey car park on the site.
- East London is set to benefit from faster diagnosis and treatment with plans announced for a dedicated breast cancer centre at St Bartholomew's Hospital bringing specialist care closer to home.
- A major boost for health innovation and research has been announced with the launch of the Barts Life Sciences Cluster, backed by £800 million of investment.
- We are rolling out new digital systems to improve how clinicians access information and deliver care, including a partnership with Association of British HealthTech Industries (ABHI) to bring better health technology to our patients.
- Clear priorities have been set to shape the future of care across Barts Health and north east London, as part of our group operational plan and clinical strategy for the next 5 years and we are in the early stages of setting out our ten-year goals.

Health data and treatment plans for patients in north east London will be easier for clinicians to access, as hospitals move to a shared electronic patient record. For the first time, hospitals across the area will use a common electronic patient record (EPR), with colleagues at Barking, Havering and Redbridge University Hospitals NHS Trust joining the Oracle Millennium system already used to care for patients across Barts Health

Finance and planning

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

Barts Health NHS Trust update – January 2026

People

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

Research and Innovation

Health Minister Zubir Ahmed has praised a Barts Health innovation that's cutting heart-device infections, saving the NHS money and speeding up patient care as part of a new value-based approach to buying medical technology being rolled out nationally.

A new pilot is enabling patients in east London to receive NICE-approved cholesterol-lowering Inclisiran injections for the first time at selected community pharmacies with the aim of improving access, reducing waiting times and tackling health inequalities in cardiovascular care. The programme, run by Barts Health with UCLPartners and backed by a £198,000 British Heart Foundation grant, also links pharmacy-based cholesterol testing with treatment pathways to provide more convenient preventive care close to home.

- Research involving Barts Cancer Institute indicates that lowering the age for routine breast cancer screening could improve early diagnosis for South Asian women, who are more likely to present younger and with aggressive disease. The findings support more targeted screening approaches to reduce inequalities in cancer outcomes.
- Two Barts Health projects are finalists in the 2026 HSJ Partnership Awards, recognising the impact of collaboration on patient care, including the ATLAS Virtual Ward at Barts Heart Centre and the Enhanced Recovery After Surgery programme at Whipps Cross Hospital. Together, the projects demonstrate how partnership working can improve patient experience and outcomes, reduce pressure on hospital beds, and deliver efficiencies for the NHS.
- Barts Health has won a Nursing Times Awards Children's Service award for its family liaison nurse initiative at Whipps Cross Hospital. The nurse-led model provides coordinated family support and has reduced repeat paediatric emergency department attendances by 66%.

NHS
North East London

System Strategy and the Medium Term Planning Process

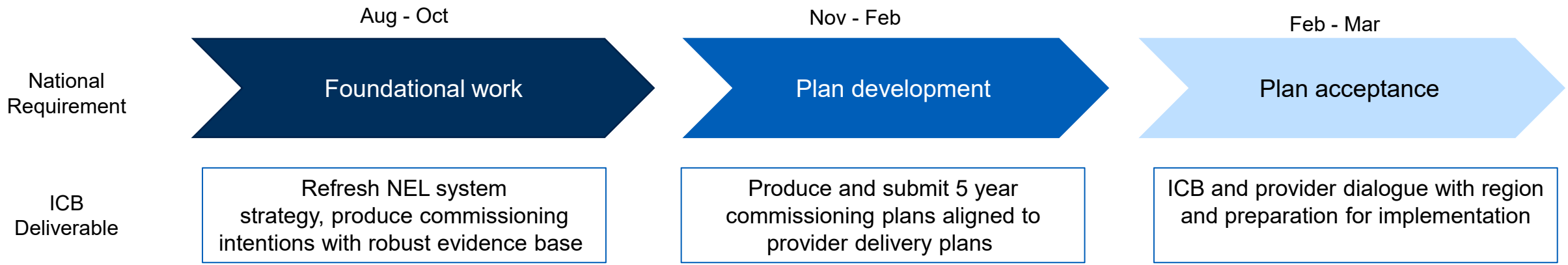
Update of work to refresh planning outputs for 2026/31 planning period

January 2026

New medium term planning process for NHS systems

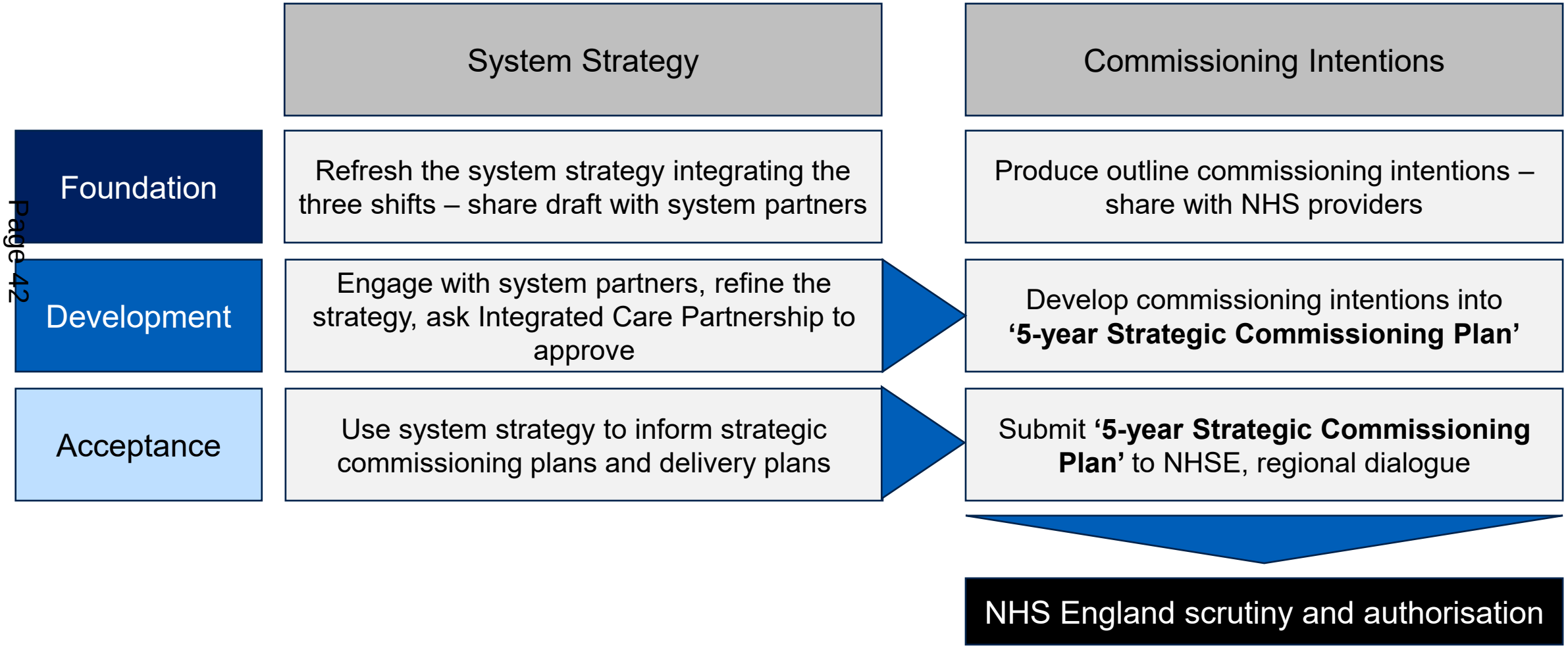
In August 2025 an **NHS Planning Framework** was released that confirmed a phased approach to the creation of **medium-term plans** which mirror the policy direction of the new **NHS 10 year health plan** and the three shifts:

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

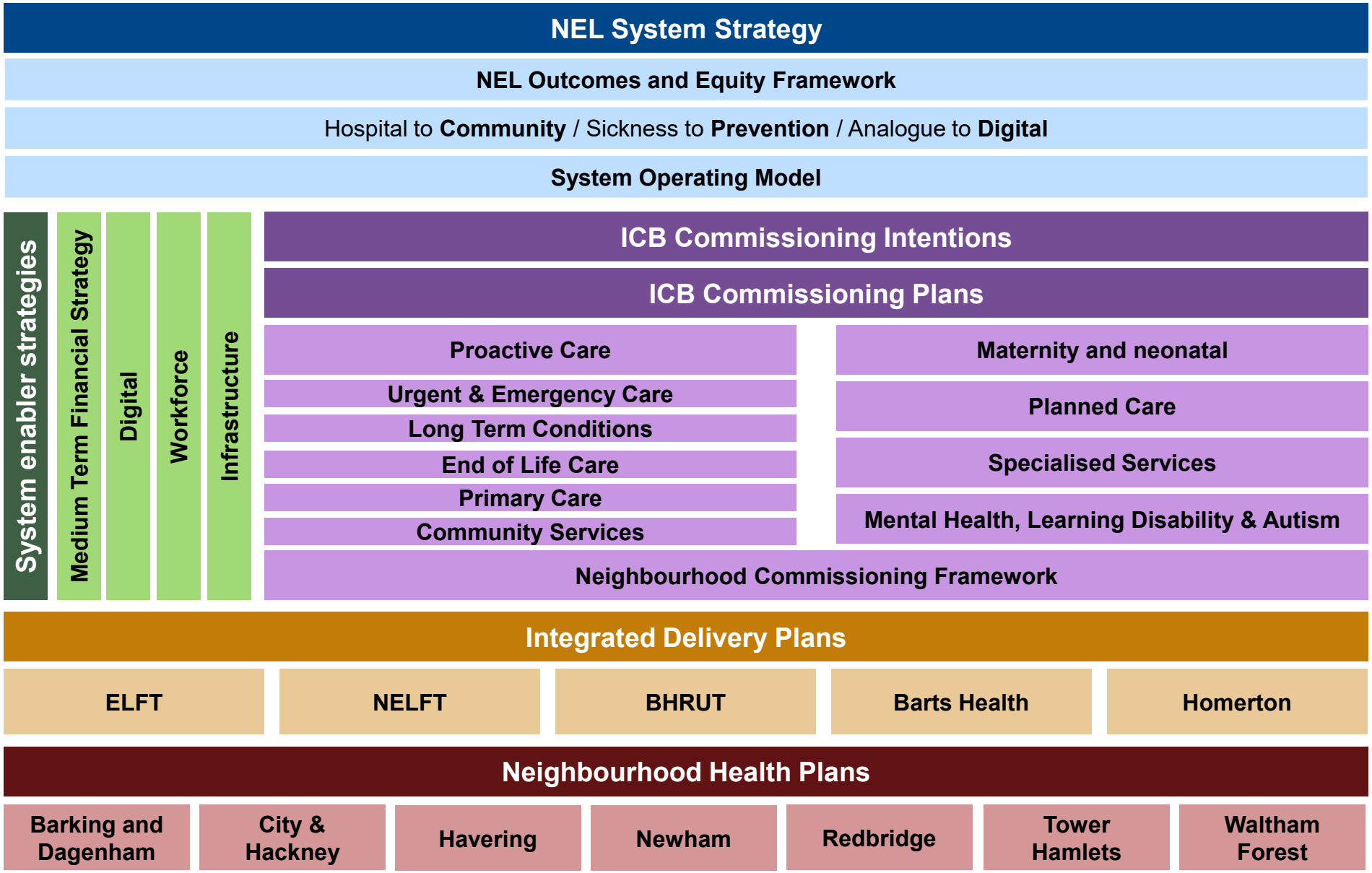


The journey to refresh the system strategy and commissioning intentions

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



How the system strategy fits within our wider planning framework



NHS
North East London

Summary of the System Strategy

Introduction

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

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

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

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

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

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

Our overarching strategy for change and improvement in North East London

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

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

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

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

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

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

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

The NEL Outcomes and Equity Framework

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

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

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

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

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

Scope of our system strategy

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

What is important to local people - Good Care Framework

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

- Accessible
- Competent
- Person centred
- Trustworthy

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

NEL Outcomes and Equity Framework – our resident led success measures

- Starting Strong
- Living Well
- Managing Conditions
- Supporting Complex Needs
- Dying Well
- Quality Care and Access
- Health Inequalities and Communities
- Sustainable Services

Shift 1: Hospital to community

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

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

Shift 2: Sickness to prevention

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

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

Shift 3: Analogue to digital

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

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

Enabling the Change

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

Transitioning to a new system operating model

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

We must maintain a strong system partnership across North East London

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

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

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

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

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

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

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

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

NHS
North East London

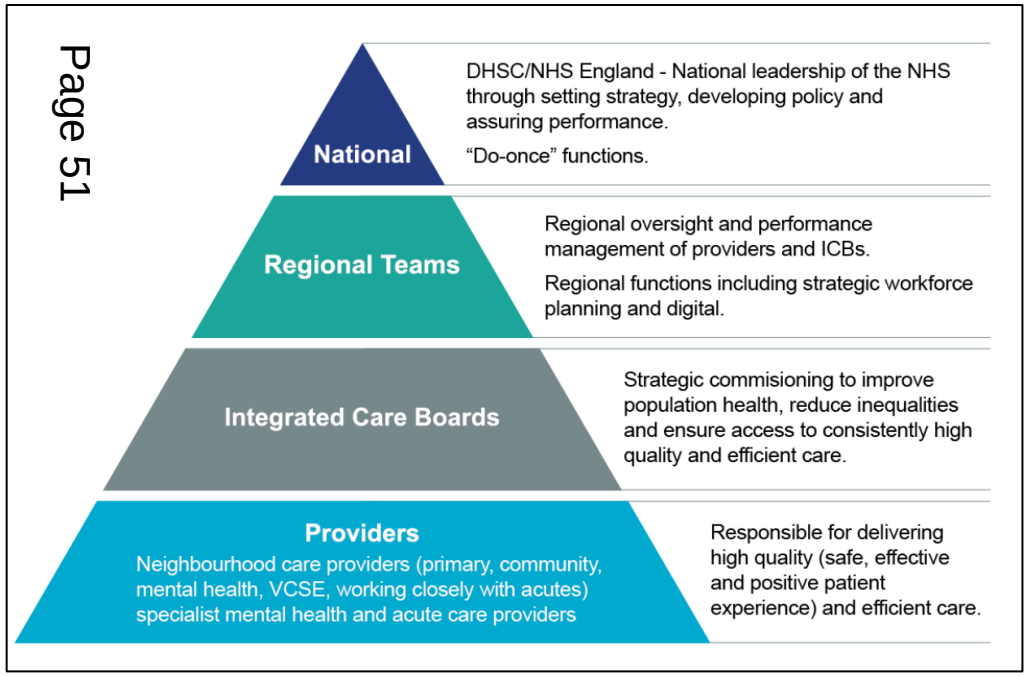
Approach from April 2026

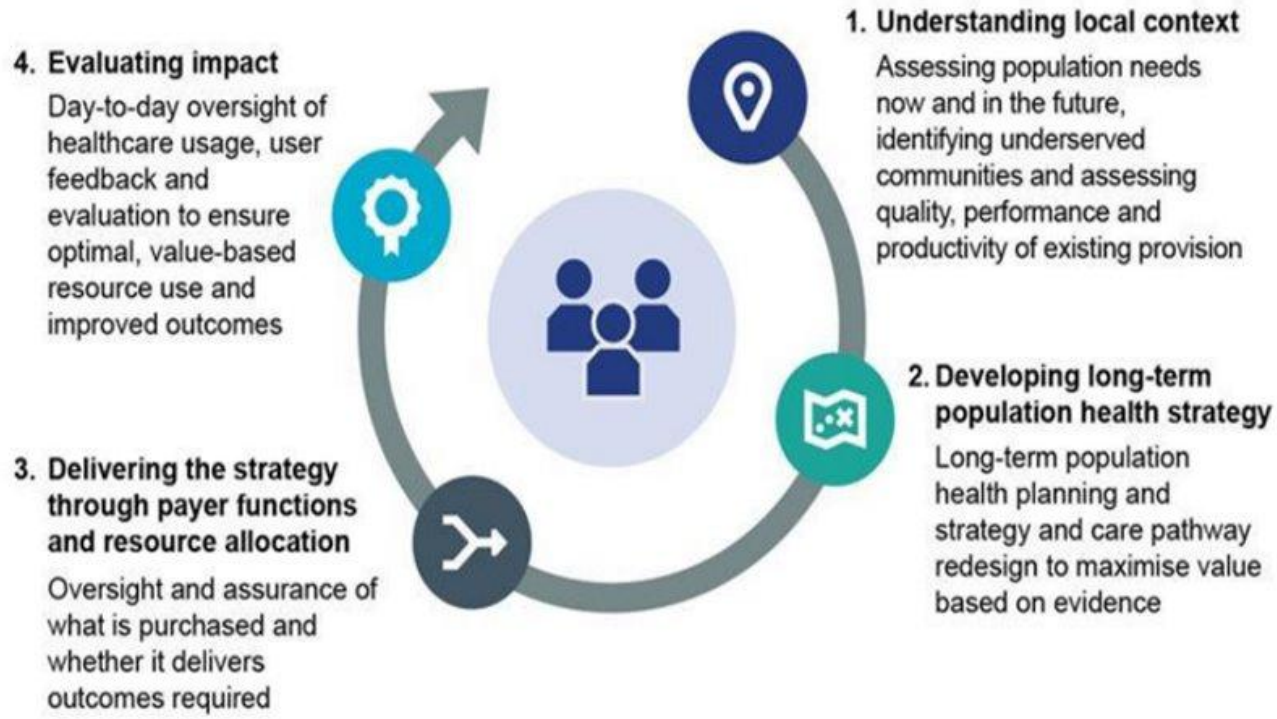
The strategic commissioning cycle

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

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

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





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

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

NHS
North East London

Appendix

Engagement on the System Strategy

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

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Committee(s): Inner North East London Joint Health Overview and Scrutiny Committee	**Dated:** 14/01/26
Subject: Finance Overview	**Public**
Report of: Henry Black, Chief Finance Officer	**For Information**
Report author: Henry Black, Chief Finance Officer	

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NHS
North East London

Finance Overview

Meeting name: INEL JHOSC

Presenter: Henry Black, Chief Finance Officer

Date: 14 January 2026

ICS Month 7 (October) 25/26 reported position

- The operating plan submitted at the end of April expected a **breakeven position at year-end** (ICB surplus of £2.5m and provider deficit of £2.5m). The system planned to deliver deficits each month for the first half of the year, with an expectation that financial recovery would be from month 7 onwards.

- At month 7, the ICS **planned system deficit was £28m** (£1.9m ICB and £26m provider) and the **actual year-to-date deficit is £69.8m.** This is an **adverse variance to plan of £41.8m.**

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

- The variance to plan is driven almost entirely by the providers, with the exception of ELFT, which is reporting a surplus and the ICB reporting a positive variance of £2.2m.

- Providers are reporting a year-to-date deficit of £70.1m at month 7 and the ICB is reporting a surplus of £0.3m.

NEL ICS Efficiencies – Month 7 Overview

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

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

NEL ICS Financial Summary at Month 7 (October)

- The system has been capturing risks and mitigations within the overall reported position to NHSE. At month 7 the risks and unidentified mitigations are £102m.

- Due to the current position, **NHSE has not provided £14m deficit support funding for months 4 to 7**. **With deficit support funding,** the year-to-date variance **would have been £27.8m**. Unless recovery opportunities are identified and delivered, the loss of this fund will increase the likelihood of not delivering the annual plan. The full year forecast assumes the system will receive the full £42m deficit support by year-end.

- As a result of the financial position, the system have been asked by NHSE to outline a financial recovery plan (FRP). **At month 7 the FRP trajectory assumed a year-to-date deficit of £46.1m** compared to an actual year-to-date deficit of £69.8m. The ICB and ELFT have reported ahead of trajectory with other providers reporting behind trajectory.

- The key pressures at a system level include **efficiency slippage**. This is reported as **£16.2m at month 7** (£16.6m under delivery for providers and an over delivery of £0.3m for the ICB). **Forecast efficiency slippage at year-end is £22.5m**.

- **System providers and the ICB are reporting run rate pressures**. For providers this is largely across pay areas, reporting whole time equivalents of 1.8% above plan (below plan for agency and above plan for bank and substantive staff) and a pay overspend at month 7 of circa £31.4m. . In addition, BHRUT have reported increased non pay costs associated with non-pay costs and high-cost drugs and NELFT have reported ongoing pressures with extra beds to meet demand. The ICB has reported run rate pressures in relation to mental health, learning disability and autism areas of spend and in particular ADHD and section 117 packages of care. Additionally, there are pressures in relation to the independent sector and non-contract activity.

Committee(s): Inner North East London Joint Health and Overview Scrutiny Committee – For decision	**Dated:** 14 January 2025
Subject: The Scrutiny Report	**Public**
Report of: Town Clerk	**For Decision**
Report author: Isaac Thomas, Town Clerk's Department	

Summary

This is the second 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.

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 15 October 2025. An updated Scrutiny Report is now due for discussion.

Corporate & Strategic Implications

Strategic implications:

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

Financial implications:

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

Resource implications:

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

Legal implications:

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

Risk implications:

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

Equalities implications:

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

Climate implications:

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

Security implications:

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

Conclusion

The Committee is invited to make suggestions for items or actions to be added to the Inner North East London Joint Health and Overview Scrutiny Committee's Forward Plan for the 2025-2026 cycle.

Appendices

- Appendix 1 – Forward Plan

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

INEL JHOSC Scrutiny Forward Plan 25/26 Cycle: Rationale

Items for: Wednesday 15th October 2025	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		
NHS 10-year plan	Common Councillor David Sales	
Health Update		To provide updates since the last meeting.
Finance Update		To be taken as read.

Items for: Wednesday 14th January 2026	Suggested by	Rationale and objectives
Health Update		To provide updates since the last meeting.
Finance Update		To be taken as read.
Closure of Richard House Children's Hospice	Common Councillor David Sales	Requested by the Chairman and Vice-Chair in light of the closure of Richard House Children's Hospice.

Items for: 22nd April 2026	Suggested by	Rationale and objectives
Health Update		To provide updates since the last meeting.
Finance Update		To be taken as read.

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)