



North East London

# Provider Updates – October 2025

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North East London

# North East London Collaborative updates

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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
<b>Types of therapy</b>	MHA raised concerns that Talking Therapies mainly offers Cognitive Behavioural Therapy (CBT) and short-term models, which may not meet everyone's needs.	<p>In addition to CBT, a full range of NICE-recommended modalities and interventions are on offer, including:</p> <ul style="list-style-type: none"><li>• Interpersonal Therapy</li><li>• Counselling for Depression</li><li>• Couple Therapy</li><li>• Dynamic Interpersonal Therapy,</li><li>• Mindfulness-Based Cognitive Therapy</li><li>• Eye Movement Desensitisation and Reprocessing</li></ul>
<b>Duration of therapy</b>	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.	<p>Services have established relationships, collaborations and joint works with counterpart health, local authorities, service user groups and third sector partners.</p> <p>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.</p> <p>Nationally and regionally-defined monitoring and trackers of access, populations profile and outcomes as key performance and quality indicators.</p>
Community focus	MHA suggested that the Talking Therapies model uses a 'one size fits all' approach, limiting its effectiveness for diverse populations.	<p>Tailored services are provided by:</p> <ul style="list-style-type: none"><li>• Adapted interventions for specific populations and cultures, which are co-produced and co-delivered.</li><li>• Offering services in GP surgeries, schools, community venues, places of worship and with charities.</li><li>• All TT services employ community engagement workers.</li></ul>

# 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.

## 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.



## 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.

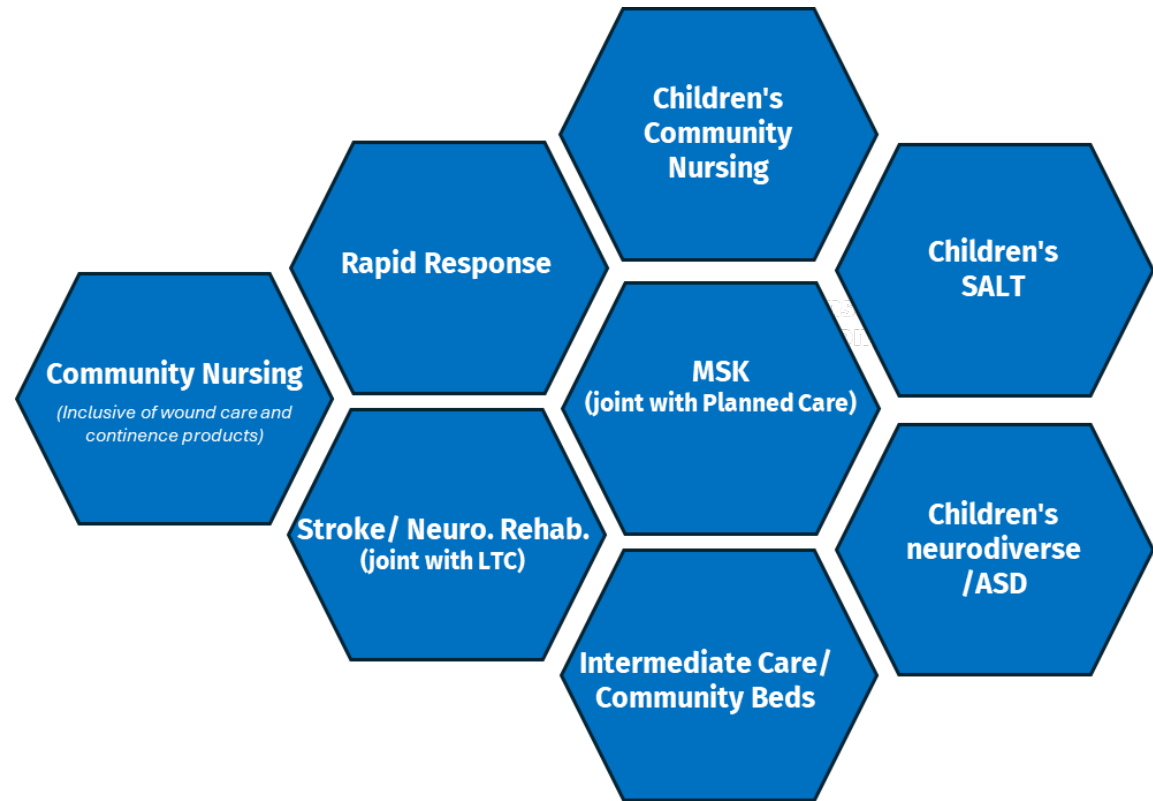
# Community Healthcare Collaborative

## 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

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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%).



North East London

# Barts Health NHS Trust

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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.





North East London

# Barking, Havering and Redbridge University Hospital NHS Trust

For information only

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## 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 14<sup>th</sup> 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 57<sup>th</sup> 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.

