



North East London

# Health Update – January 2026

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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.





North East London

# Provider Updates – January 2026

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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: 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.



North East London

# Homerton Healthcare NHS Foundation Trust

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Meeting name: INEL JHOSC

Presenter: TBC

Date: 14 January 2026

# **Homerton Healthcare update – January 2026**

**Content in development – will be tabled before the committee**



North East London

# Barts Health NHS Trust

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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%.



North East London

# System Strategy and the Medium Term Planning Process

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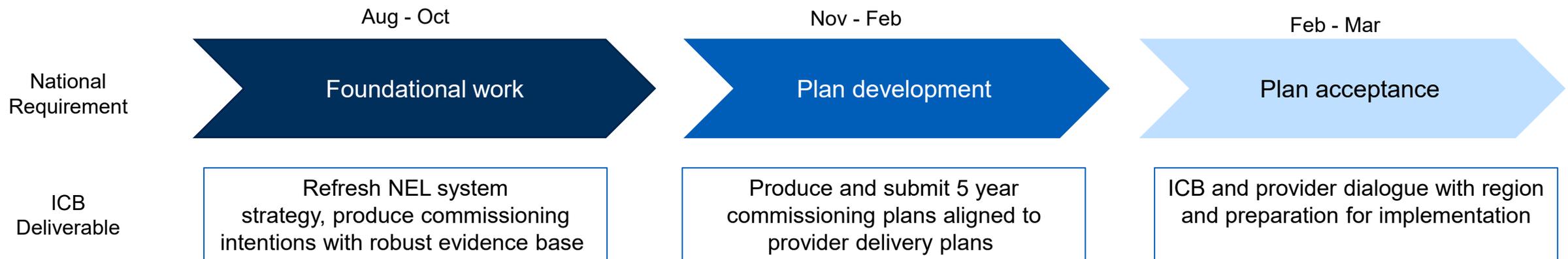
Update of work to refresh planning outputs for 2026/31 planning period

January 2026

# New medium term planning process for NHS systems

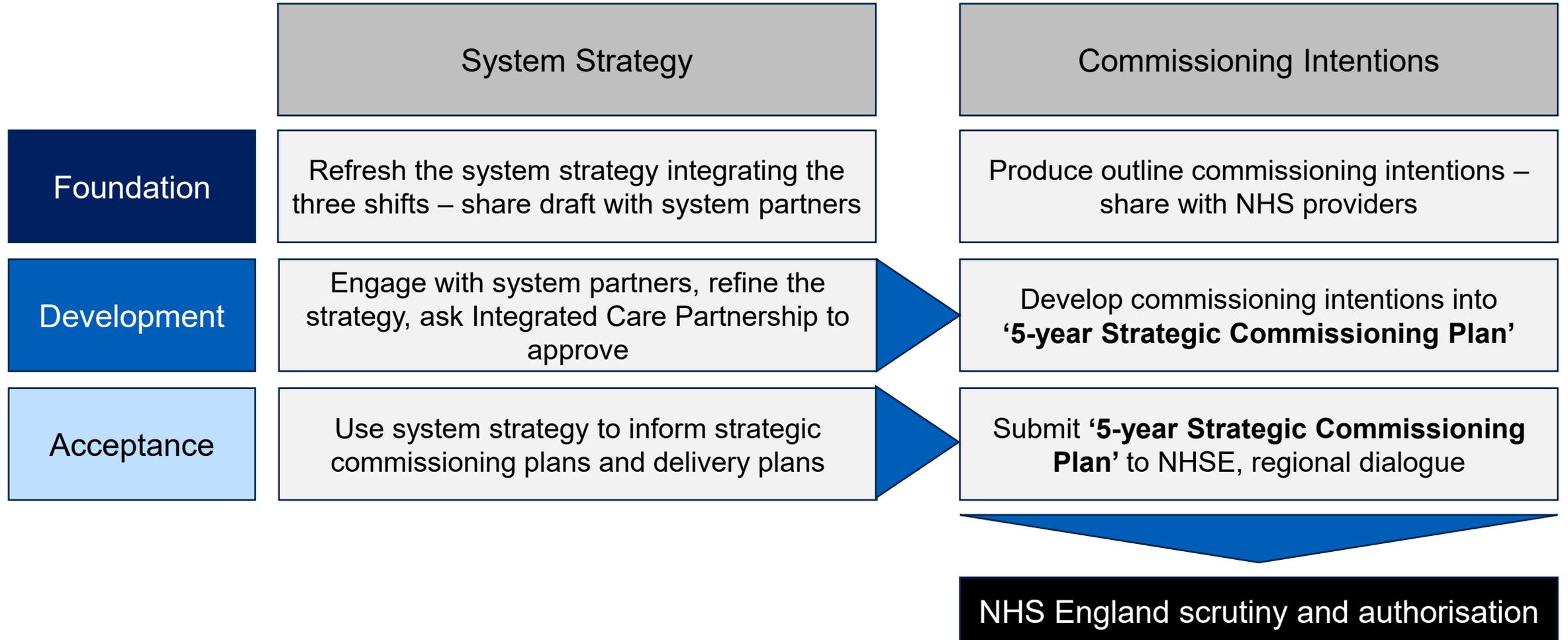
In August 2025 an **NHS Planning Framework** was released that confirmed a phased approach to the creation of **medium-term plans** which mirror the policy direction of the new **NHS 10 year health plan** and the three shifts:

- 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

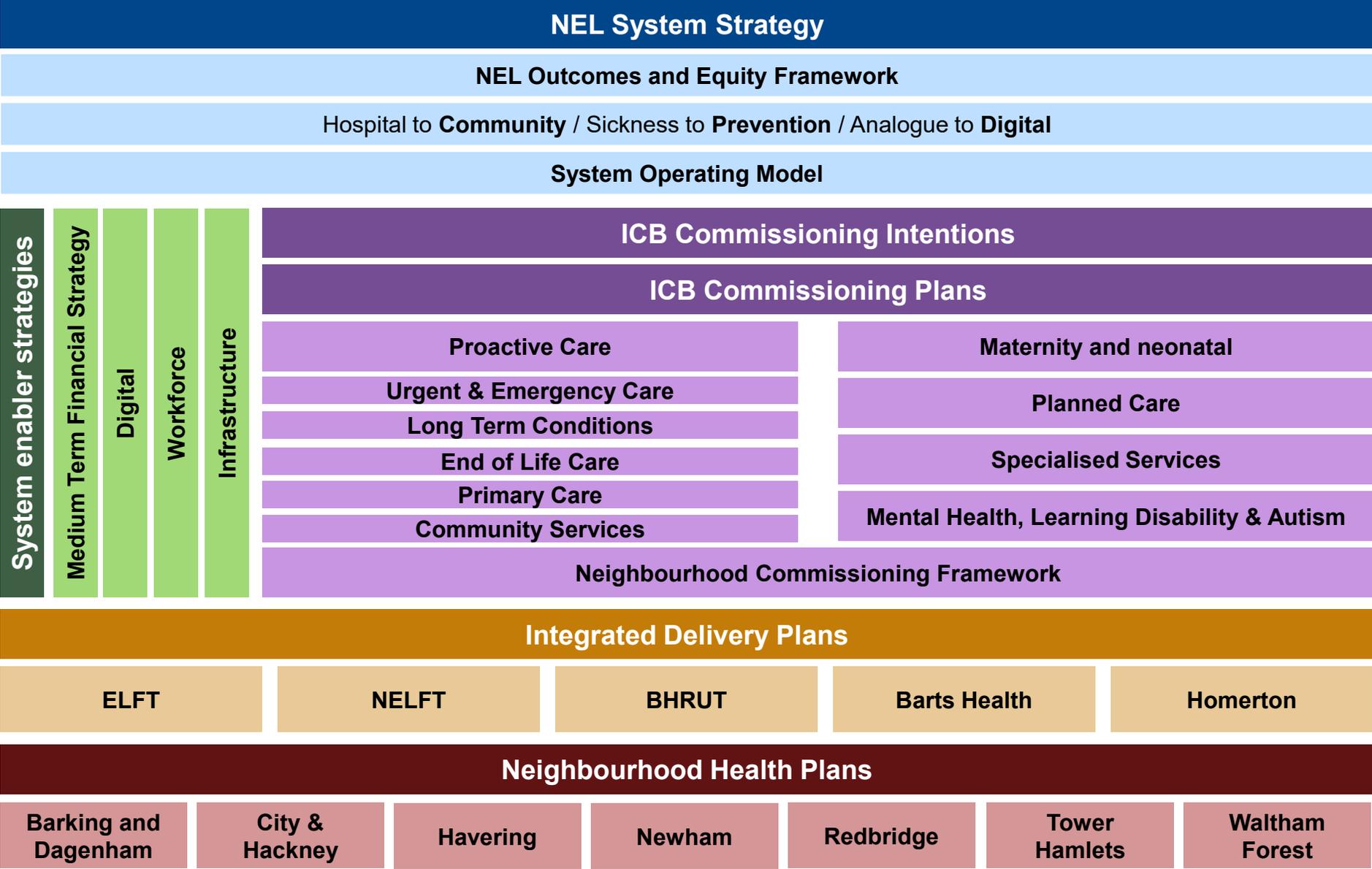


# The journey to refresh the system strategy and commissioning intentions

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



# How the system strategy fits within our wider planning framework





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





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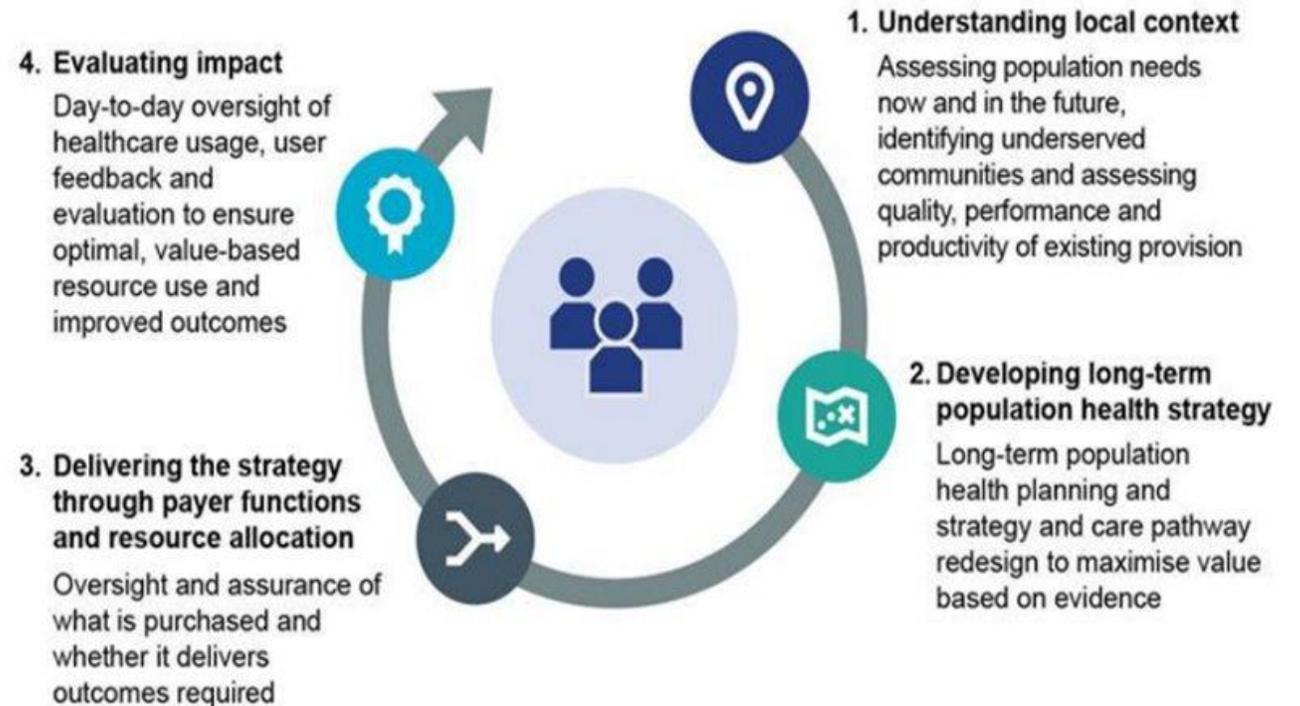
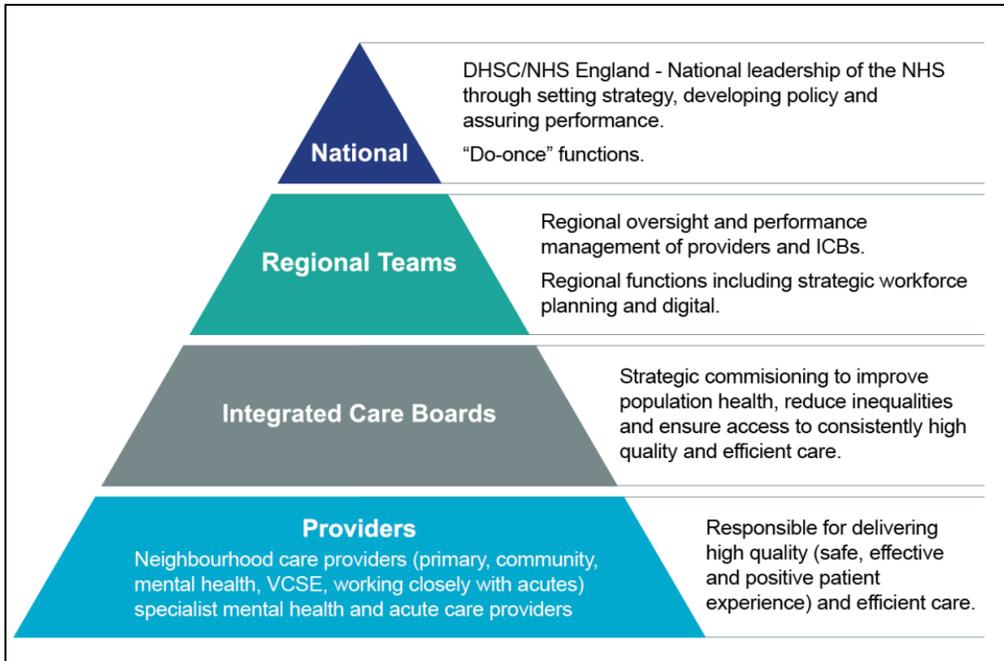
# Approach from April 2026

# 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.



North East London

# Appendix

# Engagement on the System Strategy

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- 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