



North East London

Health Update – November 2024

Meeting name: INEL JHOSC

Presenter: Zina Etheridge, Chief Executive

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NHS North East London: Update

Next steps in strengthening our collaboration across north east London

In July, the Rt Hon Jacqui Smith, who was Chair in Common for Barts Health NHS Trust, and Barking, Havering and Redbridge University Hospitals Trust (BHRUT), stepped down after taking a governmental position. Jacqui had been in post for almost three years, and during that period oversaw significant progress against the goals set by the two Trusts when they established their collaboration.

As system partners and in discussion with NHS England in London, we carefully considered what chairing arrangements would now best support us to build greater collaboration, support patient care and achieve financial sustainability. Consequently, we agreed that the boards of Barts Health and BHRUT should reinstate a chair for each Trust rather than a chair in common. Adam Sharples will continue as Acting Chair of Barts Health and Mehboob Khan will continue as Acting Chair at BHRUT, whilst the recruitment processes for substantive Chairs take place. Homerton Healthcare NHS Foundation Trust, will also be recruiting a new chair, as their current Chair Sir John Gieve is coming to the end of his term.

All three Trusts will build on their existing strong relationships and provide the driving force for continued effective collaboration, including closer collaboration with place-based partnerships, ensuring joined up care and the tackling of local priorities.

NHS North East London: Update

NHS England annual assessment of NEL ICB Performance

NHS England is required to conduct a performance assessment of each Integrated Care Board (ICB) with respect to each financial year. The assessment recognises the progress we are making but also highlights where we have more work to do. We are now looking at how to take forward actions and recommendations from the assessment.

For example, for the Population Health and Integration Committee is looking at how we align to and deliver against the NHSE Statement on Information on Health Inequalities; the Quality, Safety and Improvement Committee on how to strengthen assurance; the Finance, Performance and Investment Committee on how to further improve productivity, and for the Primary Care Collaborative looking at how to ensure a delivery plan to fully utilise System Development Programme funding to support practices and Primary Care Networks. Some highlights from the assessment include:

“The work to develop the success measures to integrate into the Strategy was a positive example of the ICB’s commitment to using extensive commitment with a wide range of partners.”

“We welcome the establishment of the System Safety Group, which brings together a range of stakeholders across the ICS to share learning related to patient safety incidents, experiences of those impacted by patient safety incidents, and findings from safety improvement projects to support the necessary culture change and quality improvement at scale.”

“We welcome that improving mental health and wellbeing is one of the four flagship priorities for the ICS, and that a strong Mental Health Learning Disabilities and Autism Collaborative has been established to work with communities and partners in all seven Places to improve experience, access and outcomes for local people.”

[The full assessment can be read on pages 30-36 in the September NEL ICB Board Papers.](#)

NHS North East London: Update

Improving access for local people

Over recent months several new facilities have opened improving access for local people. Many of these facilities have been in development for many years so being able to announce their opening is a really exciting time for north east London.

Beam Park Health Centre

Beam Park Health Centre in Rainham will shortly be providing community health services for thousands of local people alongside the GP practice, which moved in earlier this year. Following years of planning and investment, North East London NHS Foundation Trust will start to provide services from the Centre in September. An official opening will take place in October. Beam Park Health Centre is built over two floors of a 12-storey building in Halewood Way. The 1,500 square metre space boasts 22 consulting rooms, three interview rooms, one enhanced treatment room and an open plan office with space for 25 desks.

Lower Clapton General Practice

In May, the Lower Clapton Health Centre moved to a brand new, purpose-built healthcare facility at The Portico, 34 Linscott Road, London, E5 0RD. The move to this landmark site provides much needed additional space and modern facilities, including 25 consultation rooms, all situated on the ground or lower ground floor, allowing easy access to those with mobility issues, disabled parking, buggy spaces and bike rails. The official opening took place in July.

Ilford Exchange

The new Ilford Exchange Health Centre opened in June to provide local people with easy access to a range of free health, social and community services in one location. Two floors in the Ilford Exchange shopping centre have been dedicated to the modern health centre. The one stop shop provides a wide range of services including support for people with long term conditions, children's services, and adult social care services. This is an exciting move towards working as a system to ensure the centre meets the growing demand for more local healthcare services. We are planning an official opening for September.

NHS North East London: Update

Improving outcomes for people with long term conditions

Long-term conditions have a national and regional focus as a core component of the Long Term Plan, focusing on cardiovascular disease, stroke, diabetes, and respiratory. Furthermore, as LTCs are both a symptom and a cause of inequalities, a significant element of our work touches on addressing health inequalities.

The rapid population growth in north east London, driven by population demographics and local housing plans, underpins forecasts that between 2022/23 and 2041/42, the number of people in NEL set to be living with one, two, or three LTCs is expected to grow by 20.4%, 34.5%, and 49.3%, respectively. Barking and Dagenham, along with Newham and the City of London, are forecasted to experience the highest growth in the number of people living with LTCs, at 51.7%, 42% and 39%, respectively. In light of this, we are looking to take the opportunity to work in the prevention space, with a focus on working age adults, engaging with the wider national agenda on the alignment of health and wellbeing and economic growth.

Empowering and enabling our residents to create healthy lives and identify risk factors earlier enables more years in health and positively impacts the local economy and health system.

The Board recently undertook a deep dive on long term conditions. The full paper is available here: [North East London ICB Meeting - NHS North East London](#).

The NHS Health Check is a check for people who are aged between 40 and 70 who have no pre-existing condition and provides an opportunity to discuss with a health professional how to reduce your risk of common LTCs. Joint working between NHS and Local Authorities, led to 228,762 people in NEL being invited and 38% (87,059) receiving a health check. Whilst take up was above the national average in some places, further joint work will be undertaken to increase the uptake across NEL and reduce the variation between places.

Improving outcomes for people with long term conditions

Other examples of early LTC prevention and early identification include:

- Respiratory - Working in partnership with West Ham United Foundation, we have been working to promote awareness of Chronic Obstructive Pulmonary Disease (COPD) via match-day programmes and podcasts, and, for COPD awareness month in November, we will be promoting symptoms and the role of Pulmonary Rehab (PR) using West Ham United players
- CVD - Working with primary care, we received national funding to make every contact count (MECC) by offering health checks at local dental practices to 49 7 residents at risk of high blood pressure and Atrial Fibrillation (AF) who live in deprived areas who may not otherwise be in regular contact with a GP
- HIV and Hepatitis – we have worked with all acute providers, local authorities, Fast Track Cities, and Positive East to screen people who attend A&E for HIV, Hepatitis B and C. 172,016 HIV tests have been performed, 140,230 Hep B and 175,935 Hep C (April 23 – March 24). There is an increase in testing each quarter, with 8% from Q3-4 (23/24) and 6% in Q1 (24/25). For those identified with HIV, Positive East will work with them to develop a client support plan which includes peer support, housing, immigration advice, food bank advice and, trauma-based psychology services for women and skills-building workshops
- Million Hearts – a national initiative to prevent 1million heart attacks and strokes within five years. It focuses on implementing a small set of evidence based priorities and targets that can improve cardiovascular health for all and will be rolled out fully across north east London from April 2025.

Improving outcomes for people with long term conditions

Other examples of where we are making a difference include:

- The NHS Diabetes Weight Management Programme is a top performing ICB in England with 50% of the 24/25 referral target met in July 2024. Mobilisation of Framework 3 NHS Diabetes Prevention Programme in Dec, aiming to improve access to diabetes prevention offer across NEL. 38% (1995) of 24/25 places have already been delivered.
- B&D - Community-led GP pop-ups, where people can access GPs without an appointment and get linked into the wider network of available services.
- Working with the Sickle Cell Society, a peer support mentoring service pioneered in NEL and expands into a broader advocacy project involving patients, carers, and link nurses, which has demonstrated at the pilot stage to reduce A&E attendances by 45% and inpatient episodes by 47%
- C&H - delivered over 11,199 extended consultations under the “Time to Talk” schedule in the LTC Contract for patients with multiple Long-Term Conditions to discuss wider issues that may be impacting their health and well-being (such as money worries or relationship issues).
- Redbridge - Healthy Redbridge Bus delivered free lifesaving health checks and information on local health and wellbeing services across community sites in the borough.
- TH , implementing Roving Health Care Assistant Teams who are working closely with practices delivering better health outcomes for people living with diabetes but able to access healthcare

Health Update: Surgery Review

NHS North East London: Update

Elective surgery contract specification review

- We want to ensure services provide high-quality care, follow best practice guidelines, reflect the changing needs of our population, reduce health inequalities and represent value for money.
- We are reviewing some of the specifications we use to accredit providers of surgical services as part of a contract renewal process.
- The specialties we're reviewing are elective care surgery for Ear Nose and Throat, Gastroenterology, General Surgery, Gynaecology, Ophthalmology, Trauma and Orthopaedics, and Urology.
- We are at the early stages of this and no changes to contracts or decisions have been made.

Our approach

Our strategic direction combines clinical leadership, data-driven insights, and patient and public insight to shape and advance the future specifications we use to accredit providers of surgical services in North East London



Clinically Led

Gain insights from clinical leads through best practices, structured conversations and workshops to ensure healthcare excellence



Data Driven

Evidence based insights from local datasets to understand performance and drive intelligence-based decision making



Patient & Public Voice

Gather views from local people to understand patient priorities and needs and enable patient centric care

All supported by national best practice and priorities



[Getting It Right First Time \(GIRFT\)](#) – information from Surgical Specialities, incl. specific speciality reports



[NICE Quality Standards](#) – for services in scope (i) General Surgery (ii) Urology (iii) Trauma & Orthopaedics (iv) ENT (v) Ophthalmology (vi) Gastroenterology (vii) Gynaecology (viii) Diagnostic Imaging



[Elective Care Priorities 2023/24](#) – performance and waits, outpatients, activity and choice

Underpinned by local insights



Core Metrics Dashboard – information on referrals, planned care activity, RTT waits



Community Insights Dashboard – information on surgery, shaped by borough, demographics and other equalities data



Local Insights from wider programmes – TIF Theatre Implementation, waiting list analysis

Developing our principles

- We have developed some principles to shape this work and future contract specifications
- These include ensuring surgical services:
 - reflect the changing needs of our population,
 - enable reduced waiting times,
 - make the best use of resources and maintain high quality care.
 - continue to support patient choice.
- They have been developed with clinical and patient representative stakeholders
- They are shaped by data-driven insights, clinical and patient insight, and national guidance and best practice
- We are continuing to seek feedback, discuss, refine, and enhance them further.

Principles

These principles collectively form the foundation of our commitment to providing high-quality surgical care that is inclusive, innovative, and responsive to the needs of the our population.

#	Principle	Description
1	Quality and Safety	Services should establish and maintain high standards of quality and safety, are compliant with all regulatory requirements and achieve good patient outcomes
2	Population Health	Services should consider a population health management approach, based on patients and the community needs and preferences both now and in the future
3	Collaboration	Services should promote collaboration between partners and health care professionals across the system to support whole pathways of care, from primary care referral through to discharge and onward care.
4	Reducing Health Inequalities	Services should recognise the diversity of NEL, and seek to reduce health inequalities by ensuring equitable access, experience and outcomes
5	Responsive	Service should be capable of adapting to changing population needs by scaling up or down service provision across different specialties
6	Delivering Best Value	Services should demonstrate efficient and effective use of financial, human, and physical resources and delivering against best practice productivity metrics. Services should consider immediate and ongoing economic viability
7	Training and Education	Services should provide education, training and career development for all staff within the multi-disciplinary team, to support the current and future surgical workforce
8	Research and Innovation	Services should support research and leverage innovative solutions and technology to meet and adapt to service users' evolving needs and drive improvement

Involving the public and stakeholders

To help shape the future of these services, we are encouraging residents to share their opinions through [a survey](#), open until 17 October. Everyone can take part whether they have had surgery or not.

How we're seeking feedback:

Workshops

- Involving Healthwatch and focused on gaining insight on patient experiences
- Clinical and service provider workshops

Clinical conversations

- In depth discussions and meetings with clinicians who deliver planned surgical services

Information and survey

- An online survey for people to have their say
- Printed and translated information and surveys are available
- Review and analysis of existing patient insight.

This feedback will help inform our draft contract specification.

We will continue to keep you informed of this work.



**North East London
Health & Care
Partnership**



North East London

Health Update: NEL Winter Planning 2024/25

Looking back over winter 2023/24 – continuing to meet the needs of our population

NEL ICB and partners planned for and delivered a comprehensive winter plan in Winter period in 23/24.

Planning for the winter period was in line with NHS England guidance issued as part of the Urgent and Emergency Care (UEC) recovery plan in January 2023 and further guidance published in August 2023. A winter return was submitted in November '23 to NHS England.

We convened a system wide workshop in April '24 to learn lessons from the winter planning process which included maintaining system resilience through four periods of industrial action. These lessons included:

- Whole system approach at Place and across north-east London is critical.
- The commitment from partners to align winter planning with delivery on the wider priorities set out in NEL UEC transformation plan supported system resilience through our 5 workstream pillars: Hospital Flow, Mental health in ED, Integrated Care pathways, Ambulance Flow Transformation and Winter Planning.
- Place based partnerships led on specific initiatives and investments relevant to local population needs and to ensure approaches included all partners including local government, care providers and the voluntary and community sector as well as the NHS

NEL ICB was specifically accountable for the delivery of the following priorities set out in guidance:

- Patients being seen more quickly in emergency departments: with the ambition to improve to 76% of patients being admitted, transferred, or discharged within four hours by March 2024, with further improvement in 24/25;
- Ambulances getting to patients quicker: with improved ambulance response times for Category 2 incidents to 30 minutes on average over 23/24, with further improvement in 24/25 towards pre-pandemic levels;
- Reducing 12 hour waits from time of arrival in Emergency Departments (ED): with the maximum threshold of 2% of patients waiting longer than 12 hours in emergency departments;
- Reducing bed occupancy to the 92% level which is safer and more efficient: with the ambition to enable a healthy flow through hospitals, reduced waiting times in EDs and faster ambulance offloads.

Looking forward to winter 2024/25 – National Guidance

NHS England published their winter letter to ICB Chairs and Chief executives on 16 September 2024. It builds on the asks of systems set out in year two of the national UEC recovery plan, which were:

Ambition:

1. improve A&E performance with 78% of patients being admitted, transferred or discharged within 4 hours by March 2025
2. improve Category 2 ambulance response times relative to 2023/24, to an average of 30 minutes across 2024/25
3. Reduce 12 hour waits from time of arrival in EDs

Specific areas of focus for ICBS to consider in winter are as follows:

- **Support people to stay well by maximising the Winter vaccination campaign**
- **Maintain patient safety and experience** by taking the following actions:
 - Proactive identification and management of people with complex needs and long-term conditions so care is optimised ahead of winter
 - Provide alternatives to hospital attendance and admission
 - Work with community partners, local government colleagues and social care services to ensure patients can be discharged in a timely manner to support UEC flow
 - Assure at board level that a robust winter plan is in place
 - Make arrangements through System Coordination Centres (SCCs) to ensure senior clinical leadership is available to support risk mitigation across the system
 - Review the 10 high-impact interventions for UEC published last year to ensure progress has been made

The letter also asks systems to continue to work through agreed 2024/25 plans.

There is no indication of additional funding for systems contained in the Winter letter (available via following link:

<https://www.england.nhs.uk/long-read/winter-and-h2-priorities/>)

Place and system interventions to keep people well

Place-based partners are adopting a common approach to address winter pressures, aligned with the UEC Plan and focused on 4 themes: 1) Prevention, keeping people well, 2) Supporting people to get urgent care in the community , 3) High quality and efficient support in an emergency, 4) Timely and supported discharges. Examples of work underway include but are not limited to:

	Prevention/keeping people well	Supporting people with an urgent need	Addressing emergency needs	Supporting discharges
Place based interventions	Proactive vaccines campaign for both residents and staff. Local communications and engagement campaigns to sign-post residents to the right services.	Navigation schemes to support patients into the most appropriate urgent care setting	Various schemes both in reach and in the community to support homeless patients through the ED pathway	Additional capacity in discharge operations and clinical input
	Proactive Care to identify housebound patients at risk of hospital admission.	Commissioning beds from independent sector to provide alternatives to Mental Health or hospital bedded provision	Drug and alcohol and substance misuse alternative pathways re-directs.	MH and PH step-down beds which will provide short-term accommodation for patients that are determined clinically ready for discharge
	Proactive case management of older adults in care homes to reduce demand on emergency services including A&E attendances, rapid response and 111*6	Schemes supporting CYP and their families identified as HIUs	Increasing appropriateness of patients in ED: adopting trusted assessor approach or direct access to SDECs for LAS crews	Multiple rehabilitation and reablement schemes to support older patients to return home quicker and with greater confidence
NEL UEC system programmes	Integrated pathways: Same day access plan Integrated pathways: Virtual Wards Integrated pathways: 111 transformation, additional PC capacity through extended access; pharmacy first (see appendix 1)	Hospital flow: focus and investment in Urgent Treatment Centres MH in ED: 111*2 Integrated pathways: Virtual Wards Ambulance flow: optimisation of ACPS and CHUB transformation	Hospital flow: Same Day Emergency Care, Frailty, Long waits in ED 12/72 hours Ambulance flow: development of SPoA, improvement in Cat2 performance and handovers	Hospital flow/MH in ED: review of Integrated Discharge Hubs, publication of discharge f/work

Next steps

Our approach will continue to maintain a focus across our four themes: 1) Prevention, keeping people well 2) Supporting people to get urgent care in the community 3) High quality and efficient support in an emergency 4) Timely and supported discharges

We continue to work and engage across places and providers through the NEL UEC delivery board and existing place based forums, including agreement of improvement trajectories for people waiting over 12 hours and 72 hours in ED

We will continue to develop our NEL Winter plan in line with published and upcoming national guidance and local priorities noting a number of challenges including:

- Response to babies children and young people in crisis
- Impact of GP collective action
- Funding pressures on local authority budgets
- Building equitable system resilience
- Increasing demand throughout the summer months

We are focusing on areas as follows:

- Promotion of vaccinations for all health and care staff (mutual aid) and for local communities
- Ensuring our approach is holistic across physical and mental health, working with people of all ages
- Availability of data at Place level to support local decision making
- Further development work to standardise integrated discharge hubs including making funding available for equipment
- Work with London Ambulance Service to improve performance on Cat2 arrivals and handovers
- Promotion of our comprehensive communication campaigns and focused work throughout the winter period

We make a particular ask of JHOSC to use all endeavours to support our Right Care Winter Campaign and our Vaccinations and Immunisations Campaign to help keep all residents and the wider workforce safe and well this winter, using local resources and increasing the chance of staying well at home