North East London
Integrated Care Board

Newham ICB Sub Committee meeting

Friday 6 September 2024, 13.50 – 14.40pm
Fo1 - Stratford Room, 4th Floor, Unex Tower, 5 Station Street, London E15 1DA
(face to face)

Chair: Abi Gbago

AGENDA

	Item	Time	Lead	Attached / verbal	Action required
1.0	**Welcome, introductions and apologies**	13.50 (5 mins)	Chair	Verbal	Note
1.1	• Declaration of conflicts of interest			Attached	Note
1.2	• Minutes from 1 March 2024			Attached	Approve
1.3	• No outstanding actions			*Pages 1 - 7*	
2.0	**Questions from the public**	13.55 (10 mins)	Chair	Verbal	Discuss/ note
3.0	**Place report**	14.05 (15 mins)	Saem Ahmed	Attached *Pages 8 - 53*	Discuss/note next steps
3.0	**Finance update**	14.20 (15 mins)	Sunil Thakker	Attached *Pages 54 - 79*	Note
5.0	**Any Other Business**	14.35 (5 mins)	Chair	Verbal	Discuss

Date of next meeting
ICB sub-committee: 1 November 2024

North East London

- Declared Interests as at 28/08/2024

Name	Position/Relationship with ICB	Committees	Declared Interest	Name of the organisation/business	Nature of interest	Valid From	Valid To	Action taken to mitigate risk
Chetan Vyas	Director of Quality	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board City & Hackney ICB Sub-committee City & Hackney Partnership Board Clinical Advisory Group Havering ICB Sub-committee Havering Partnership Board ICB Quality, Safety & Improvement Committee Newham Health and Care Partnership Newham ICB Sub-committee Patient Choice Panel Procurement Group Redbridge ICB Sub-committee Redbridge Partnership Board Tower Hamlets ICB Sub-committee Tower Hamlets Together Board Waltham Forest Health and Care Partnership Board Waltham Forest ICB Sub-committee	Indirect Interest	Some GP practices across NEL	Family members are registered patients - all practices not known nor are their registration dates	2014-04-01		Declarations to be made at the beginning of meetings
			Indirect Interest	Redbridge Gujarati Welfare Association - registered charity in London Borough of Redbridge	Family member is a Committee member.	2014-04-01		Declarations to be made at the beginning of meetings
Karen Livingstone	Chief Executive of Newham Health Collaborative,	Newham Health and Care Partnership Newham ICB Sub-committee	Financial Interest	Newham Health Collaborative	Chief Executive of Newham Health Collaborative. We are a Primary Care provider - providing services to the residents of Newham for vaccination, General Practice appts in the evenings and weekends, some home visiting services, health checks and a range of primary care support services.	2020-10-05		Declarations to be made at the beginning of meetings

Muhammad Naqvi	Newham Primary Care Development Lead	Newham Health and Care Partnership Newham ICB Sub-committee Primary Care Collaborative sub-committee	Financial Interest	Woodgrange Medical practice	GP partner	2015-01-01		Declarations to be made at the beginning of meetings
			Financial Interest	NHC - Newham GP Federation, Woodrange practice is a shareholder	GP partner	2015-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Personal Interest	Frenford clubs for young people (registered charity/ voluntary organisation)	Trustee	2012-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Newham Health and Wellbeing Board	Co-Chair	2018-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Al-Sabr Foundation (registered charity/ voluntary organisation)	Trustee	2021-01-01		Declarations to be made at the beginning of meetings

- Nil Interests Declared as of 28/08/2024

Name	Position/Relationship with ICB	Committees	Declared Interest
William Cunningham-Davis	Director of Primary Care Delivery	Newham Health and Care Partnership Newham ICB Sub-committee Primary care contracts sub-committee Waltham Forest Health and Care Partnership Board Waltham Forest ICB Sub-committee	Indicated No Conflicts To Declare.
Jo Frazer-Wise	Newham Head of Delivery and Place / Acting Interim Director of Delivery	Newham Health and Care Partnership Newham ICB Sub-committee	Indicated No Conflicts To Declare.
Rima Vaid	Clinical Director, Newham Health and Care Partnership	Clinical Advisory Group Newham Health and Care Partnership Newham ICB Sub-committee	Indicated No Conflicts To Declare.
Charlotte Pomery	Chief Participation and Place Officer	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board City & Hackney ICB Sub-committee City & Hackney Partnership Board Community Health Collaborative sub-committee Havering ICB Sub-committee Havering Partnership Board ICB Audit and Risk Committee ICB Board ICB Population, Health & Integration Committee ICB Quality, Safety & Improvement Committee ICP Committee ICS Executive Committee Newham Health and Care Partnership Newham ICB Sub-committee Patient Choice Panel Redbridge ICB Sub-committee Redbridge Partnership Board Tower Hamlets ICB Sub-committee Tower Hamlets Together Board Waltham Forest Health and Care Partnership Board	Indicated No Conflicts To Declare.

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		Waltham Forest ICB Sub-committee	
Simon Reid	Director of Commissioning	Newham Health and Care Partnership Newham ICB Sub-committee	Indicated No Conflicts To Declare.
Simon Ashton	Chief Executive Newham University Hospital	Newham Health and Care Partnership Newham ICB Sub-committee	Indicated No Conflicts To Declare.
Jason Strelitz	Member of Newham Health and Care Partnership Board	Clinical Advisory Group Newham Health and Care Partnership Newham ICB Sub-committee	Indicated No Conflicts To Declare.
Julie Pal	Member of Newham Health and Care Partnership	Newham Health and Care Partnership Newham ICB Sub-committee	Indicated No Conflicts To Declare.

North East London Health & Care Partnership

Minutes of the Newham ICB Sub-Committee

1 March 2024

Members:	
Simon Ashton (SA) (Co-Chair)	Chief Executive Officer, Newham University Hospital
Dr Rima Vaid (RV)	Clinical/Care Director, NHS North East London
Marie Trueman- Abel (MTA)	Newham Director of Delivery (Interim/job share), NHS North East London
Jason Strelitz (JS)	Director of Adult Social Care and Public Health, LBN
Simon Reid (SR) (V)	Director of Commissioning, LBN
Karen Livingstone (KL) (V)	Chief Executive Officer, Newham Health Collaborative
Nadeem Faruq (NF) (V)	Chair, Newham Health Collaborative
Dr Muhammad Naqvi (MN) (V)	Primary Care Development Clinical Lead, NHS North East London
William Cunningham-Davis (WCD) (V)	Director of Primary Care, NHS North East London
Richard Fradgley (RF)	Director of Integrated Care & Deputy Chief Executive Officer, East London Foundation Trust
Julie Pal (JPa) (V)	Chief Executive, Healthwatch Newham
Tom Ellis (TE)	Director of Strategy, Newham University Hospital
Vik Verma (VV) (V)	Interim Corporate Director of Children and Young People Service
Sunil Thakker (ST) (V)	Executive Director of Finance, NHS North East London
In Attendance:	
Charlotte Pomery (CP)	Chief Participation and Place Officer, NHS North east London
Ryan Suyat (RS) (V)	Senior Programme Manager, NHS North east London
Keely Horton (KH) (V)	Governance officer, NHS North East London
Debbie Harris (DH)	Governance officer, NHS North East London
Dotun Adepoju (DA) (V)	Senior Governance Manager, NHS North East London
Apologies:	
Chetan Vyas (CV)	Director of Quality, NHS North East London
Abi Gbago (AG) (Co-Chair)	Chief Executive, London Borough of Newham
Sarah Wilson (SW)	Director of Specialist Services (Children's), East London NHS Foundation Trust
Jo Frazer-Wise (JFW)	Newham Director of Delivery (Interim/job share), NHS North East London

Item No.	Item title	Action
1.0	**Welcome, introductions and apologies**	
	The Chair welcomed all members and attendees to the meeting. Apologies were noted as above. (V) connotes attendees who joined the meeting virtually otherwise all others listed attendees were physically present at the meeting.	

1.1	**Declaration of conflicts of interest**	
	The Chair reminded members of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict with the business of the 1st March 2024 meeting. No additional conflicts were declared.	
1.2	**Minutes from the previous meeting – 3 November 2023**	
	Minutes from the previous meeting were agreed as an accurate record.	
1.3	**Action Log**	
	Actions were updated accordingly	
2.0	**Questions from the Public**	
	No questions from the Public were received.	
3.0	**System development plan**	
	The Board noted the update.	
4.0	**Finance update**	
	Sunil Thakker provided at short verbal update on the month 10 finance position before taking members through the paper provided: Highlights included: • The consolidated ICS position for as of mth10 was approx. a deficit of £57m this included savings and other measures. • The ICB position at mth10 was a £14.4m surplus. This means that when you combine the £57m and the £14.4m it gives us a £42.9m deficit position. • The £14.4m was generated as a result of using non-recurrent measures in year. • As part of the second half submission to our regulators we informed them of industrial action cost pressure of around £17.9m which have been factored into our forecast position. We hope to receive this money soon and this takes us down to a system deficit of £25m. *Comments from the Board:* • It was felt that we now need to see a more specific Place finance report. The Board were advised that the Finance team are looking to bring a new format finance report and it was hoped this will be in place for April meetings. • It was suggested that the ICB sub-committee could be used to raise internal financial questions, this will enable formal recognition to the ICB. • The question was raised on 'what is the point of meeting in public'? Is it not to have public scrutiny on our strategies and challenges? How can we encourage the public to attend? • Members were made aware that a Risk Register is being produced which will be shared with members to review and add to. **Action:** It was suggested that a draft version of the new Finance report be shared with members and, if the Finance and Planning Groups gets re-established, that would be a good place to test the assumptions. There will be an ask to include Local Authority spend too. **Action:** A more holistic paper on our activities and business to come back to the next meeting. **Action:** MTA to share the Risk Register with members to review and add to. The Board noted the update.	

5.0	AOB	
	1. Operating Plan submission (ST) - We were required to provide a headline submission to our regulators recognising that the financials, trajectory and workforce details remain work in progress. - Our recent submission shows a deficit of around £145m for the coming year. we hope to bring this figure back to a break-even position. Approx £160m of risk sits outside of this and £240m savings programmes. - Final submission is due on 21 March 2024. **Action**: ST to bring back a paper on the Operating Plan to a future meeting **2. Joint Strategic needs assessment (JSNA) (VV)** - A refresh of the JSNA is taking place, the last published on was in 2020. - It is anticipated this will be published in the summer, this will help inform some resource allocation and demand. - It was noted this is specific to Children and Young people's youth assessment. There is also a recently completed Vulnerable Adults needs assessment and in April we will be publishing the Refreshed 50 Steps. Alongside all of this there is an over-arching JSNA for the Borough that covers both health conditions and determinist of health. **3. Acceleration Reform fund (SR)** - Councils have been trying to approve the Collaborative arrangements. - A NEL Market Management Group was established, a proposal was pulled together for funding to which we were successful in obtaining. - The proposal will focus on two areas (i) enhancing shared lives provision (ii) enhance carers provision. - Further discussions will be taking place over the next few months on how to cascade information on the programmes. - Newham is acting as the lead, we will then go out to the others Boroughs. - Shared Lives – the model covers the whole of NEL, though its recognised that each Borough has different needs so Newham are looking at where to focus their needs.	
Date of next meeting 3 May 2024		

North East London Health & Care Partnership

Newham Health and Care Partnership Board – 6 September 2024

Title of report	New Place Report
Author	Saem Ahmed – Head of planning and outcomes
Presented by	Saem Ahmed – Head of planning and outcomes
Executive Summary / Summary of Key Issues	• The report is the second version and continues to be under development. • We have made further changes to include more children focused data and information, and a life-course approach in line with Place structures. • The report aimed to take an ICS system approach to reporting, replacing previous health-based performance reports. • Key areas are highlighted in the executive summary of the report.
Purpose of Paper / Ask of the Board	• The purpose of this report is to provide insight and data to place based partnerships to improve outcomes and access to health and care services for our population and residents. • This report will support the delivery of health and care outcomes and support reducing inequalities in our population (Inequalities Impact Assessment is not required). • The Board is asked to discuss this report.
Engagement	• This is our second iteration of the report, with engagement with the Place directors. • We understand that there may be Place, Social Care or Public Health measures that are not included in this report. The place lead from the Planning and Outcomes Team will work with you to incorporate these measures into the report.
Specific Risks	• The risks are highlighted in the report under key lines of enquiry. • This links to the BAF risks: ➢ To improve outcomes in population health and healthcare ➢ To tackle inequalities in outcomes, experience and access

Introduction/ Context/ Background/ Purpose of the report

The purpose of this report is to provide insight and data to improve outcomes and access to health and care services for our population and residents, taking an ICS system approach to reporting replacing previous health-based performance reports.

This is our second iteration of the report, and with engagement and discussions at place will evolve overtime.

We understand that there may be place specific and local authority metrics and measures that are not included in this report, we will work with you to incorporate these measures into the report.

The report is intended to provide enquiries that you may wish to make on the data, not to provide you with all the answers to the questions you may have, however a further deep dive into the data at PCN or practice level, or further analysis could inform targeted improvement actions, this will be done upon request and will need to be undertaken in a planned way.

The Board are asked to discuss this report.

Key messages

- The report highlights areas of opportunities to improve experience, health and care outcomes for our residents, addressing inequalities in access and outcomes for particular groups in our communities.

Body of report

The key focus points for discussion are:

Start Well

- Improve children immunisation rates.
- Deliver the 75% LD health checks for children and young people.
- Increase and improve uptake of flu jabs for children and young people that may impact on reduction of GP encounters and A&E attendances related to cough.
- Focus on the key clinical diagnosis at A&E and GP encounters to support people in their own homes and in the community to reduce A&E attendances.
- Identify the high intensity user and proactively support these patients to reduce frequent use of A&E.
- Reduction of long waits in children's community services.
- Support children and young people to wait well while they are waiting for hospital treatment.

Live Well

- Improve children immunisation rates.
- Deliver the 75% LD and 60% for SMI health checks.
- Increase and improve uptake of flu jabs adults that may impact on reduction of GP encounters and A&E attendances related to cough and seasonal related issues.
- Improve the uptake of cancer screening, addressing inequalities to improve early diagnosis and survival rate for cancer.
- Support people to manage their LTC in their own homes to reduce the need for GP encounters, A&E attendances and hospitalisation.
- Focus on the key clinical diagnosis at A&E and GP encounters to support people in their own homes and in the community to reduce A&E attendances.
- Identify the high intensity user and proactively support these patients to reduce frequent use of A&E.
- Support adults to wait well while they are waiting for hospital treatment.

Age Well

- Focus on the key clinical diagnosis at A&E and GP encounters to support people in their own homes and in the community to reduce A&E attendances.
- Identify the high intensity user and proactively support these patients to reduce frequent use of A&E.
- Support care homes around infection control to reduce or minimise the risk of sepsis that are resulting in LAS call outs or A&E attendances and hospitalisation.
- Support housebound patients to manage their condition, particularly those without carers to reduce A&E attendances and hospitalisations.
- Improve dementia diagnosis rates.

Die Well

- Improve recording of preferred place of death.
- Improve achievement of delivering people's choice to die in their usual place of residence.

Risks and mitigations

The risks are highlighted in the body of the report in terms of key exceptions reported in the data, mitigations will be discussed at the meeting.

Conclusion / Recommendations

The Board are asked to discuss the report and prioritise the key areas for action and agree next steps.

Attachments

Appendix 1 – New Place Report

End

Saem Ahmed – Head of planning and outcomes. 12 June 2024.

Version 2.0 - DRAFT

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New Place Report

DRAFT: The report continues to be developed to ensure it is useful, relevant, and user-friendly. To offer feedback on improving the report, please email saem.ahmed@nhs.net.

Saem Ahmed – Head of planning and outcomes
11 June 2024

START WELL – Executive summary

- There are opportunities to improve children immunisations across all Places in NEL. Majority of immunisations for 12 months, 24 months and 5 years is below the 95% coverage.
- We are very early in the financial year, therefore performance for LD health checks for 14- to 17-year-old across NEL is around 26%, however we expect performance to improve through the middle and latter part of the year. C&H, Newham and Waltham Forest, compared to the rest of NEL have lower than 75% of health checks done in the last 12 months.
- Across all children's cohorts the uptake of flu jabs is below 45%. The clinically at-risk cohorts have a higher uptake compared to the cohorts not at risk, however, remain significantly low compared to the adult population.
- Upper respiratory infection, viral upper respiratory tract infection, cough and eczema consistent feature in the top five reasons across all places for GP encounters. Uptake of flu jab vaccinations amongst children and young people are generally low compared to the adult population, interestingly, one of the top five reasons for GP encounters is cough, this may suggest improved uptake of flu jabs may reduce the need for GP appointments for seasonal related Flu.
- A&E attendances are generally increasing across NEL, however Barking and Dagenham, Redbridge, Havering and Waltham Forest are seeing a greater increasing trend line compared to the rest of NEL. A larger proportion are out of hours compared to in-hours; the demographics of the attendances generally reflects the overall population.
- No abnormality detected feature in the top two primary diagnosis made by clinicians in A&E. The most common chief complaint reason for people attending A&E across NEL is fever, difficulty breathing and upper respiratory infection, which are also similar top three reasons for GP encounters and is linked to the low uptake of flu jabs amongst children and young people.
- In Barking & Dagenham, Havering and Redbridge the age group 0-4 is the group have the highest persistent users, however, in Newham, City & Hackney, Waltham Forest and Tower Hamlets it is the 15-18 cohort. The BAME population generally have higher proportion of high intensity users compared to the white population – this may indicate health inequalities, socioeconomic factors or cultural or language barriers that nay impact on education within some BAME communities. The national high intensity user's guidance suggests proactively working with a rolling cohort of people who access healthcare more than most, using a truly personalised approach can reduce high intensity users.
- Community services have long waiters in children and young people services which are over 52 weeks.
- Access to children and young people mental health services for one or more contacts in the last 12 months is below the expected trajectory for Barking and Dagenham, Redbridge and Newham.
- Majority of children waiting for hospital treatment are waiting under 52 weeks, however we have a proportion that are breaching the over 52 weeks. The 24/25 operating plan target for long waiters is zero 65+ week breaches by the end of September.

Key focus points:

- Improve children immunisation rates.
- Deliver the 75% LD health checks for children and young people.
- Increase and improve uptake of flu jabs for children and young people that may impact on reduction of GP encounters and A&E attendances related to cough.
- Focus on the key clinical diagnosis at A&E and GP encounters to support people in their own homes and in the community to reduce A&E attendances.
- Identify the high intensity user and proactively support these patients to reduce frequent use of A&E.
- Reduction of long waits in children's community services.
- Support children and young people to wait well while they are waiting for hospital treatment.

LIVE WELL – Executive summary

- IN NEL (on average) health Literacy, housing and social isolation are the top three key social related issues that may impact on health and care outcomes for newly registered patients.
- Housing problems, deprivation of food, bereavement support, transport problems and relationship problems are broadly the top five reasons for social prescribing referrals across Places. Majority of the referrals are from people who are renting from private landlords, council or housing associations, and are unemployed, except Havering with majority retired and live in their own homes.
- LD Health check for adults in the last 12 months are all above the 75% target across NEL, however as we have started the new financially year, this target will need to be sustained in the current year.
- SMI Health check for adults in the last 12 months are all above the 60% target across NEL, however as we have started the new financially year, this target will need to be sustained in the current year.
- Uptake of flu vaccinations in 2023-24 amongst the underserved population and carers is significantly lower compared to the overall population, therefore more targeted approach for this cohort may be required. At clinical risk cohorts 18-64 who are housebound have lower uptake of flu vaccinations compared to care home housebound and the over 65s. Health pregnant patients have the lowest uptake of flu vaccinations along with carers.
- Cancer screening uptake overall is low amongst Breast and Bowel cancer compared to cervical smear cancer screening. Generally, the LD population have lower rates of cancer screening compared to the overall population, with a few exception in Havering and Newham in Bowel cancer. In NEL 52.9% of the population in 2021 were diagnosed at stage 1 and 2, people living with and beyond cancer are predominately form ages from 50 and 84 and from the most deprived population. National data (2020) suggests the most deprived population have higher proportion of diagnosis at later stages 3 and 4 compared to the least deprived population. 10.3% are diagnosed at stage 1 and 6.9% at stage 2 through cancer screening. Therefore, improvement in cancer screening will improve early diagnosis and survival rates for cancer.
- Some people on a LTC register are not at expected levels to manage their conditions, national literature suggests this could be due to lifestyle choices, and therefore at risk of conditions deteriorating and hospitalisation.
- Abdominal pain, cough, lower respiratory tract infection, shoulder pain, suspected UTI and upper respiratory infection are the most common health issues for GP encounters across all Places.
- A&E attendances generally continue at a similar trend over the last 12 months across NEL. Redbridge, City and Hackney and Tower Hamlets have a larger proportion attending out of hours; however, Barking & Dagenham, Havering, Waltham Forest and Newham are showing a larger proportion are attending in hours over the last 12 months. The demographics of attendances generally reflect the population. However, in Redbridge and Havering the attendances this is more spread across the least deprived populations. No abnormality detected feature in the top two primary diagnosis made by clinicians in A&E. The most common chief complaint reason for people attending A&E across NEL is Abdominal and chest pain. In some places backpain, UTI or pain and in lower or upper limb are in the top 10 complaint reasons in A&E, these also feature in the top 10 reasons for GP encounters.
- 60-69 age group have the highest proportion of high intensity users the regular and persistent users' category. However, for frequent users the younger adults are the highest proportion of high intensity users. The BAME population generally have higher proportion of high intensity users compared to the white population – this may indicate health inequalities, Socioeconomic factors or cultural or language barriers that may impact on education within some BAME communities.
- Across NEL the year-to-date access target, and the target for over 90 days wait for first to second treatment for Talking Therapies is not being achieved. Perinatal access target of 8.76% is not being achieved in Barking & Dagenham, Redbridge, Tower Hamlets, Waltham Forest, City and Hackney.
- Majority are under the 52 weeks waits; however, we have a proportion that are breaching the over 52 weeks. The 24/25 operating plan target for long waiters is zero 65+ week breaches by the end of September. All Trusts have plans to deliver this, however for Barts Health to deliver this, it requires support from the wider system and therefore delivery of this target maybe at risk.

Key focus points:

- Improve children immunisation rates.
- Deliver the 75% LD and 60% for SMI health checks.
- Increase and improve uptake of flu jabs adults that may impact on reduction of GP encounters and A&E attendances related to cough and seasonal related issues.
- Improve the uptake of cancer screening, addressing inequalities to improve early diagnosis and survival rate for cancer.
- Support people to manage their LTC in their own homes to reduce the need for GP encounters, A&E attendances and hospitalisation.
- Focus on the key clinical diagnosis at A&E and GP encounters to support people in their own homes and in the community to reduce A&E attendances.
- Identify the high intensity user and proactively support these patients to reduce frequent use of A&E.
- Support adults to wait well while they are waiting for hospital treatment.

AGE WELL – Executive summary

- Suspected UTI is the number one reason across all place for GP encounters with cough, lower respiratory infection, constipation and lower back and shoulder pain consistent feature in the top across all place in NEL. Suspected UTI is a common symptom amongst older adults, Age UK suggest although UTIs are not always possible to prevent, through better homecare there are ways to minimise risk.
- Tower Hamlets (29% not conveyed), Redbridge (31% not conveyed) and Waltham Forest (27% not conveyed) have the highest rates of call outs on average per care home compared to the rest of NEL. Chief complaint reason recorded is 111 or health care professional pathway transfer, followed by falls and breathing problems. The top key diagnosis provided by LAS on arrival are breathlessness, sepsis, head injury (maybe from falls), generally unwell and UTIs.
- A&E attendances for people aged over 70 is generally showing either a consistent or increasing trend across NEL, majority of the lower acuity attendances (non-urgent and standard level of emergency) are in hours, however the higher acuity attendances (urgent, very urgent or immediate resuscitation are out of hours), large proportion of 70+ A&E attendances are in Whipps Cross Hospital or Queens Hospital, the white population have the highest number of 70+ A&E attendances compared to other ethnic groups. Chest pain, dyspnoea, abdominal pain, Asthenia and pain in the lower limb are the top five patient complaints for attending A&E, top five primary diagnosis are no abnormality detected, lower respiratory tract infection, sepsis, stroke and cellulitis. The top five LTC for people attending A&E is hypertension, COPD, dementia, ischaemic heart disease and asthma.
- Sepsis features in the LAS and A&E clinical diagnosis, through improved infection control the risk of sepsis can be reduced.
- 80+age group have the highest proportion of high intensity users the regular and persistent users' category. There is no significant variation in the ethnicity and demographics in high intensity users cohort, however the black or black British have a higher proportion of people who are persistent users.
- The largest proportion of people housebound are between age 80 to 99. However, interestingly the inner-NEL Places have a higher proportion of people who become housebound at a younger age (70-79) compared to the outer-NEL places. More females are housebound compared to males, the white ethnic group across all Places have the largest number of people who are housebound compared to other ethnic groups, this does not reflect the overall population demographics. Of the people who are recorded as housebound, a larger proportion have no carers and have moderate or severe frailty.
- Hypertension is the most prevalent in housebound patients, however some people with hypertension have other complex conditions including CKD, diabetes, dementia and stroke. Hypertension, Dementia and diabetes are the top three conditions for people that are housebound.
- Dementia diagnosis rate is currently not being achieved across NEL except for Tower Hamlets.

Key focus points:

- Focus on the key clinical diagnosis at A&E and GP encounters to support people in their own homes and in the community to reduce A&E attendances.
- Identify the high intensity user and proactively support these patients to reduce frequent use of A&E.
- Support care homes around infection control to reduce or minimise the risk of sepsis that are resulting in LAS call outs or A&E attendances and hospitalisation.
- Support housebound patients to manage their condition, particularly those without carers to reduce A&E attendances and hospitalisations.
- Improve dementia diagnosis rates.

DIE WELL – Executive Summary

Please note: The data is not a reflection on everyone that maybe end of life or on a palliative care pathway. It only includes data on people who have a universal care plan (UCP).

- Across NEL 45% of people who have a recording of preferred place of death, 73% preferred their place of residence (45% preferred home and 28% care home), compared to only 10% in hospital.
- Majority of deaths for people with a universal care plan across NEL take place in a hospital setting.
- There is variation in performance of individuals with a recording where preferred place of death achieved in the last 14 months.
- Waltham Forest comparatively have a higher number of patient deceased who have a universal care plan, but preferred place of death not recorded. However, there are opportunities across NEL to improve recording and outcomes for people decision to die in their place of choice.

Key focus points:

- Improve recording of preferred place of death.
- Improve achievement of delivering people's choice to die in their usual place of residence.

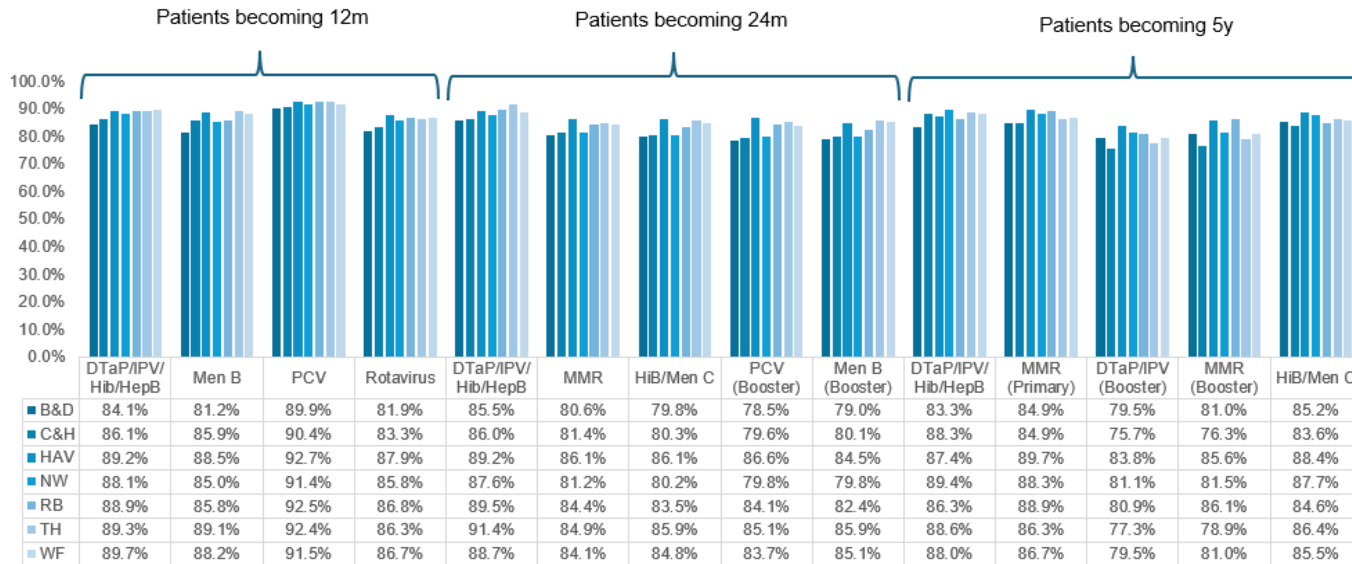
START WELL

Content

- Children immunisations
- LD Healthchecks
- Flu jab uptake
- GP encounters
- A&E attendances
- High Intensity Users
- Community Health waiting times
- Mental Health waiting times
- Hospital waiting times

Childrens immunisations

95% and over	90%	85%	Less than 85%



	DTaP/IPV/ Hib/HepB	Men B	PCV	Rotavirus	DTaP/IPV/ Hib/HepB	MMR	HiB/Men C	PCV (Booster)	Men B (Booster)	DTaP/IPV/ Hib/HepB	MMR (Primary)	DTaP/IPV (Booster)	MMR (Booster)	HiB/Men C
B&D	84.1%	81.2%	89.9%	81.9%	85.5%	80.6%	79.8%	78.5%	79.0%	83.3%	84.9%	79.5%	81.0%	85.2%
C&H	86.1%	85.9%	90.4%	83.3%	86.0%	81.4%	80.3%	79.6%	80.1%	88.3%	84.9%	75.7%	76.3%	83.6%
HAV	89.2%	88.5%	92.7%	87.9%	89.2%	86.1%	86.1%	86.6%	84.5%	87.4%	89.7%	83.8%	85.6%	88.4%
NW	88.1%	85.0%	91.4%	85.8%	87.6%	81.2%	80.2%	79.8%	79.8%	89.4%	88.3%	81.1%	81.5%	87.7%
RB	88.9%	85.8%	92.5%	86.8%	89.5%	84.4%	83.5%	84.1%	82.4%	86.3%	88.9%	80.9%	86.1%	84.6%
TH	89.3%	89.1%	92.4%	86.3%	91.4%	84.9%	85.9%	85.1%	85.9%	88.6%	86.3%	77.3%	78.9%	86.4%
WF	89.7%	88.2%	91.5%	86.7%	88.7%	84.1%	84.8%	83.7%	85.1%	88.0%	86.7%	79.5%	81.0%	85.5%

- There are opportunities to improve immunisations across the board.
- Majority of immunisations for 12 months, 24 months and 5 years is below the 95% coverage.
- Below is the total of children remaining to have their immunisations (the same child may be counted more than once if they have more than one immunisation remaining):

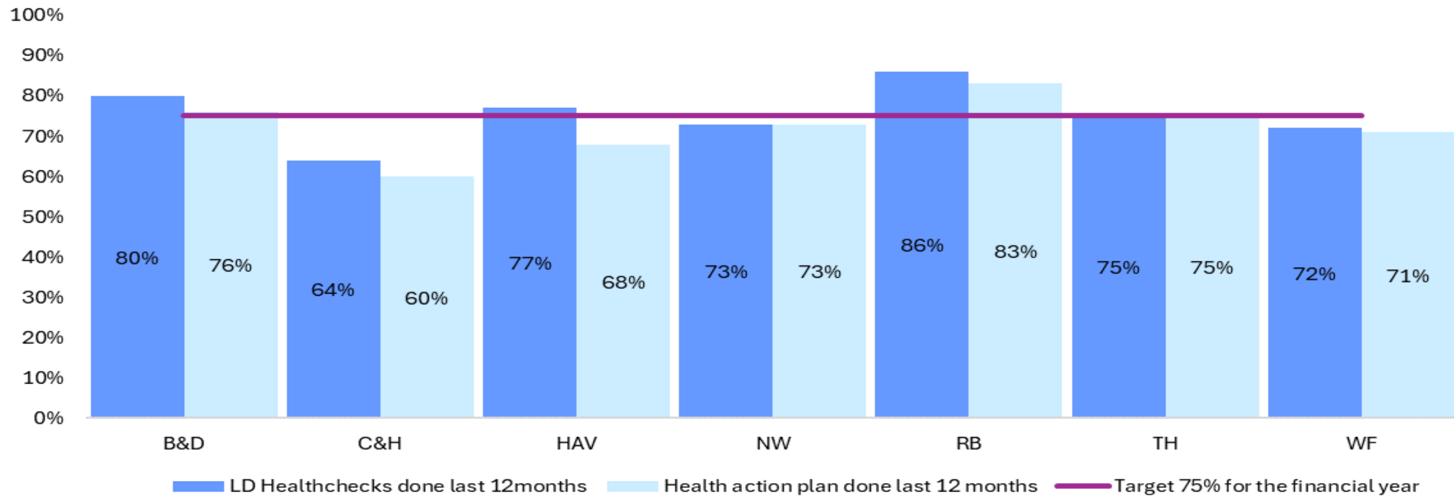
	B&D	C&H	HAV	NW	RB	TH	WF
Children becoming 12 months	340	912	182	396	264	223	72
Children becoming 24 months	553	1,310	345	789	505	394	223
Children becoming 5 years	498	1,154	343	574	509	529	284

	B&D		C&H		HAV		NW		RB		TH		WF	
Imms	Activity	Remaining	Activity	Remaining	Activity	Remaining	Activity	Remaining	Activity	Remaining	Activity	Remaining	Activity	Remaining
DTaP/IPV/Hib/HepB	666	86	432	234	744	48	1,169	92	888	62	867	55	851	11
Men B	643	109	431	236	738	54	1,128	133	857	92	865	57	837	24
PCV	712	41	454	164	773	20	1,213	49	924	28	897	25	868	2
Rotavirus	649	103	418	279	733	59	1,138	123	867	82	838	84	823	35
DTaP/IPV/Hib/HepB	661	73	472	239	727	47	1,039	88	886	55	860	34	791	20
MMR	623	111	447	247	702	72	963	164	836	105	799	95	750	54
HiB/Men C	617	117	441	294	702	72	951	176	827	114	808	86	756	48
PCV (Booster)	607	127	437	253	706	68	946	181	833	108	801	93	747	56
Men B (Booster)	611	123	440	275	689	85	946	181	816	125	808	86	759	44
DTaP/IPV/Hib/HepB	679	95	469	173	748	65	1,090	68	907	91	813	59	794	27
MMR (Primary)	692	82	451	172	768	45	1,076	82	934	65	792	80	782	39
DTaP/IPV (Booster)	648	126	402	306	717	96	988	170	850	148	710	162	717	95
MMR (Booster)	660	114	405	293	733	80	993	165	905	93	724	148	731	81
HiB/Men C	694	80	444	211	757	56	1,069	89	889	110	793	79	771	42

What do I do with this information? Improve uptake of immunisations.

Data source: CEG Childhood Immunisations Dashboard – available at practice level on request

LD health checks and Flu Jabs



Flu Jab Uptake	7. Patients over 6 months and under 18 at clinical risk	8a. Children aged 2-3 yrs at clinical risk	8b. Healthy Children aged 2-3 yrs	9a. Primary School Children at clinical risk	9b. Healthy Primary School Children	10a. Secondary School Children at clinical risk	10b. Healthy Secondary School Children
B&D	22%	43%	33%	41%	29%	35%	22%
RB	25%	49%	19%	44%	33%	38%	20%
WF	17%	64%	35%	45%	30%	33%	20%
C&H	20%	9%	23%	26%	17%	27%	16%
HAV	28%	79%	31%	58%	48%	48%	37%
NW	24%	47%	36%	45%	31%	32%	17%
TH	21%	35%	27%	31%	21%	29%	15%
NEL	**23%**	**45%**	**24%**	**41%**	**30%**	**34%**	**21%**

- The 24/25 NHS target on LD health checks for 14+ is 75% for this financial year.
- The data provided on this slide is data from the last 12 months, not this financial year.
- We are very early in the financial year, therefore performance for 14- to 17-year-old across NEL is around 26%, however we expect performance to improve through the middle and latter part of the year. Therefore, it is important to note the last 12 months performance provided on this slide.
- C&H, Newham and Waltham Forest, compared to the rest of NEL have lower than 75% of health checks done in the last 12 months.

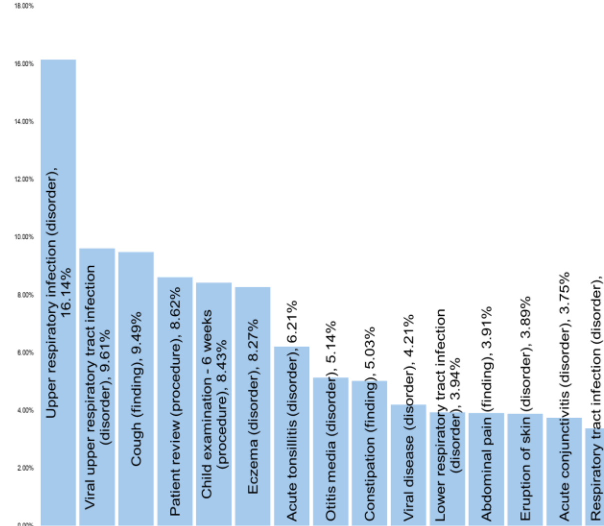
- The data shows Flu jab uptake for 20323-24.
- Across all children's cohorts the uptake of flu jabs is below 45%.
- The clinically at-risk cohorts have a higher uptake compared to the cohorts not at risk, however, remain significantly low compared to the adult population.

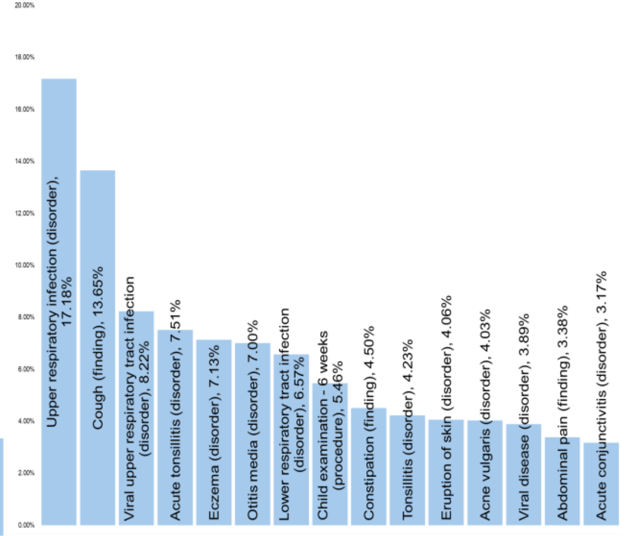
What do I do with this information? Improve LD health checks and action planning for those who have had a healthcheck and flu jab uptake

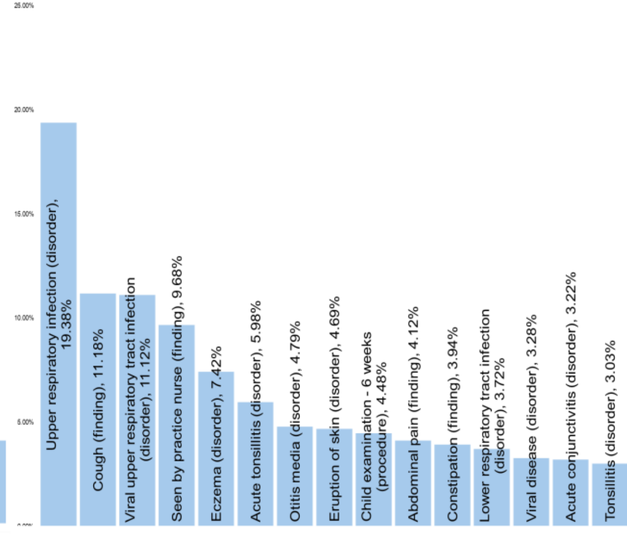
Data source: CEG Childhood Immunisations Dashboard – available at practice level on request

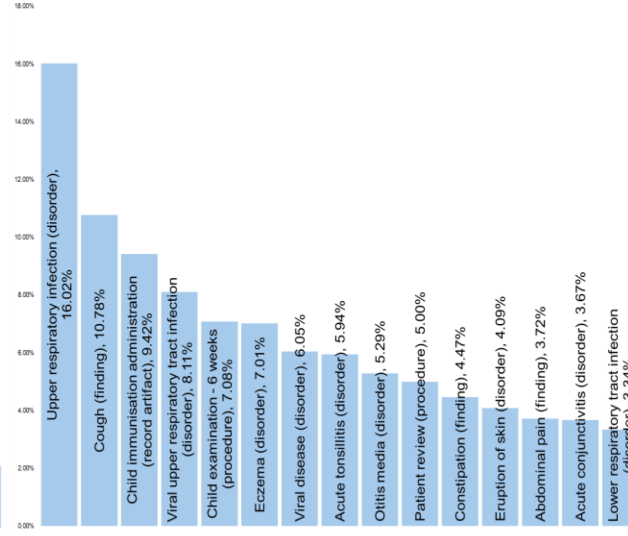
Primary care need – GP encounters

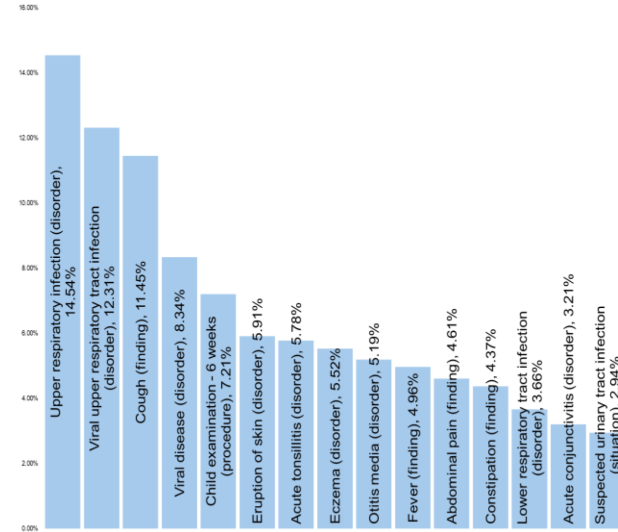
The data source used for this data provides information by fixed age bands, for BCYP this is between 0 to 17.

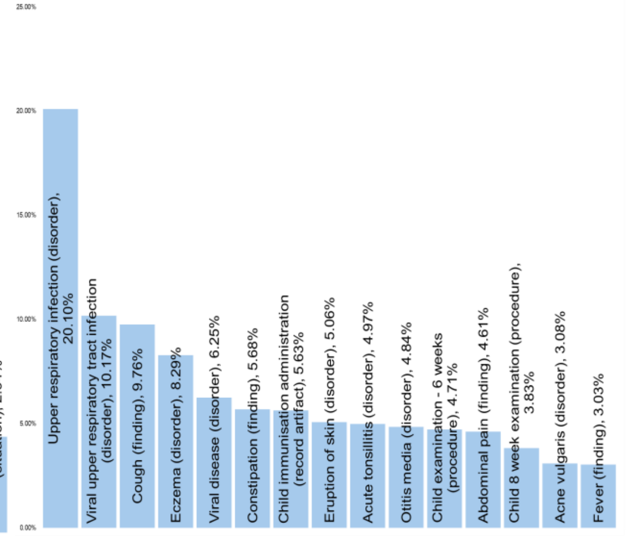


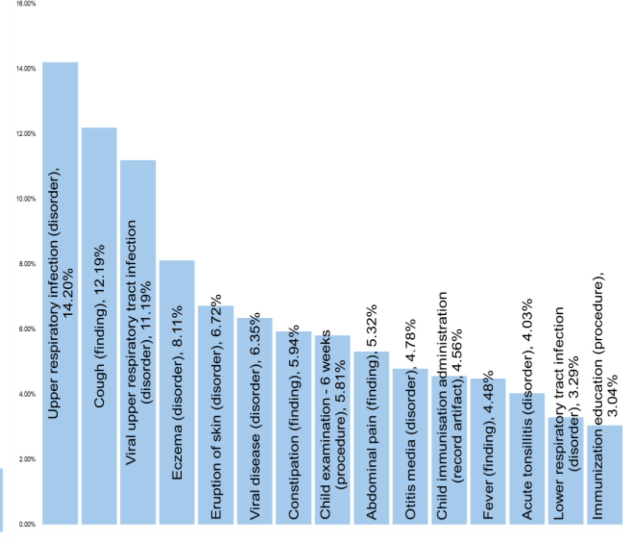












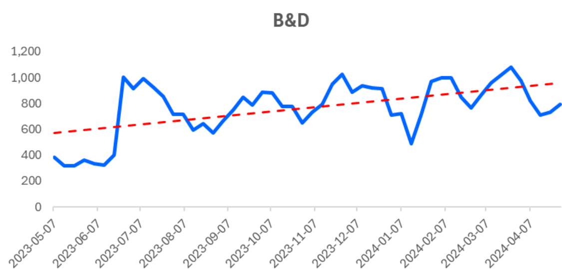
- ❖ Upper respiratory infection, viral upper respiratory tract infection, cough and eczema consistent feature in the top five reasons across all places for GP encounters.
- ❖ Uptake of flu jab vaccinations amongst children and young people are generally low compared to the adult population, however one of the top five reasons for GP encounters is cough, this may suggest improved uptake of flu jabs may reduce the need for GP appointments for seasonal related Flu.

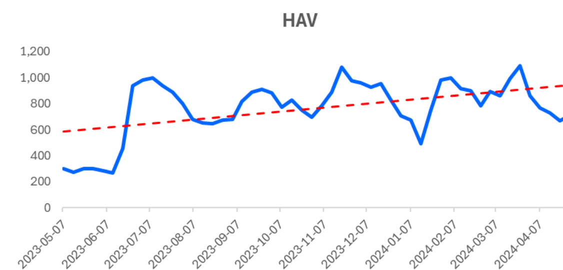
What do I do with this information? Improve patient care pathways through target intervention for common conditions.

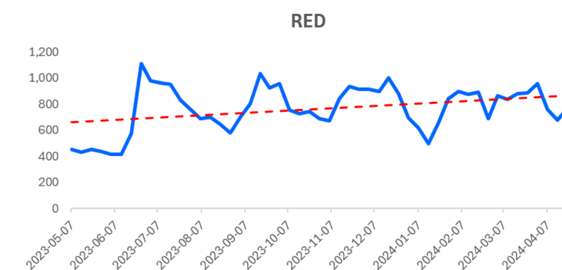
Data source: Discovery

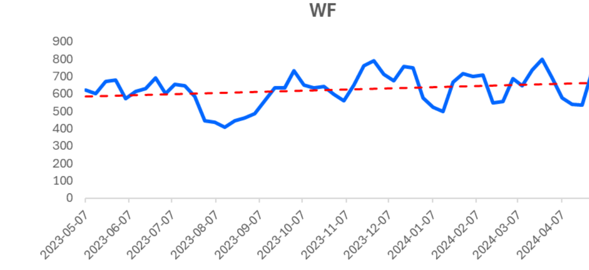
A&E attendance (trend and demographics)

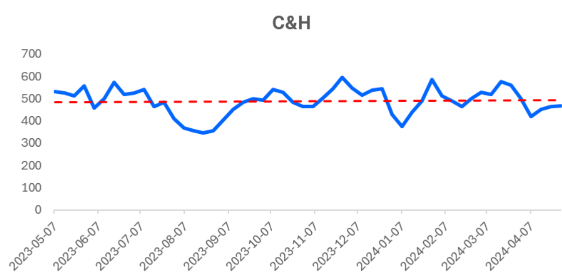
The data source used for this data provides information by fixed age bands, for BCYP this is between 0 to 18.

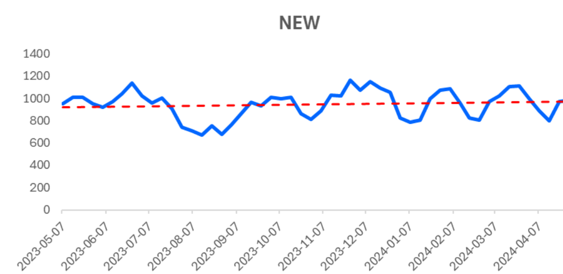


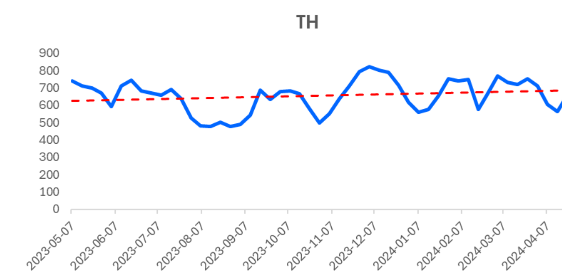


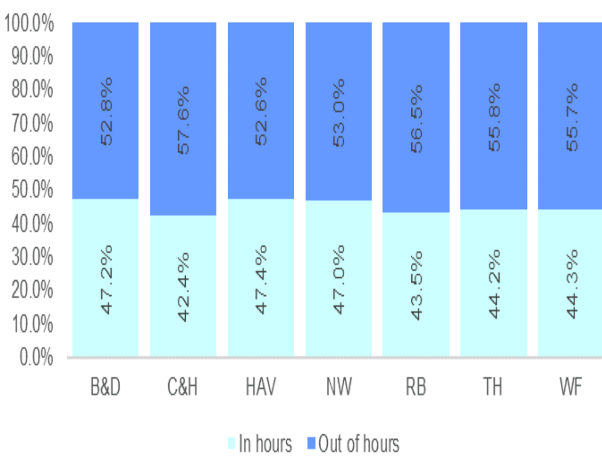


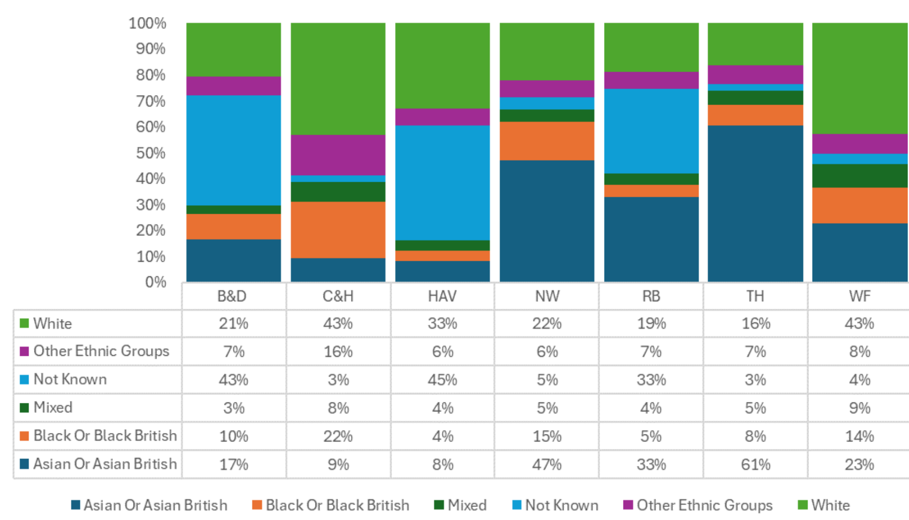




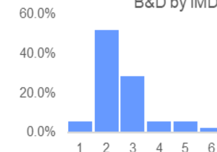


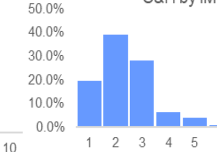


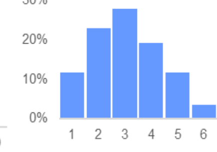


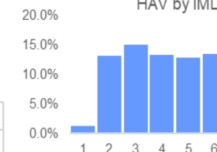


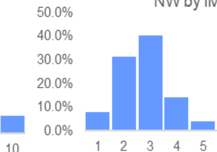
	B&D	C&H	HAV	NW	RB	TH	WF
White	21%	43%	33%	22%	19%	16%	43%
Other Ethnic Groups	7%	16%	6%	6%	7%	7%	8%
Not Known	43%	3%	45%	5%	33%	3%	4%
Mixed	3%	8%	4%	5%	4%	5%	9%
Black Or Black British	10%	22%	4%	15%	5%	8%	14%
Asian Or Asian British	17%	9%	8%	47%	33%	61%	23%

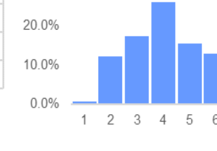


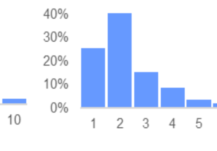












Data source: SUS

A&E attendances (reason for attendance)

- THE CHIEF COMPLAINT COLUMN AND THE PRIMARY DIAGNOSIS BELOW ARE NOT DIRECTLY LINKED, THEREFORE PLEASE DO NOT READ ACROSS.
- IT ONLY RANKS THE CHIEF COMPLAINT AND PRIMARY DIAGNOSIS FROM HIGHEST TO LOWEST.

B&D

Chief Complaint		Primary Diagnosis	
Fever	23%	No abnormality detected	25%
Difficulty breathing	17%	Upper respiratory infection	20%
Abdominal pain	12%	Tonsillitis	11%
Vomiting	11%	Infectious gastroenteritis	9%
Eruption	7%	Viral wheeze	9%
Asymptomatic	7%	Lower respiratory tract infection	8%
Cough	6%	Bronchiolitis	7%
Dyspnoea	6%	Asthma	4%
Injury of upper extremity	6%	Croup	4%
Injury of head	5%	Tonic-clonic epilepsy	2%

C&H

Chief Complaint		Primary Diagnosis	
Injury of upper extremity	17%	Upper respiratory infection	25%
Fever	17%	No abnormality detected	15%
Injury of lower limb	13%	Patient walked out	11%
Difficulty breathing	11%	Tonsillitis	10%
Abdominal pain	10%	Infectious gastroenteritis	9%
Injury of head	9%	Sprain of ankle	7%
Cough	7%	Bronchiolitis	6%
Eruption	7%	Lower respiratory tract infection	6%
Haematemesis	5%	Viral wheeze	5%
Sore throat	4%	Otitis media	5%

HAV

Chief Complaint		Primary Diagnosis	
Fever	21%	No abnormality detected	26%
Difficulty breathing	19%	Upper respiratory infection	18%
Abdominal pain	13%	Tonsillitis	11%
Asymptomatic	9%	Infectious gastroenteritis	8%
Vomiting	8%	Lower respiratory tract infection	8%
Eruption	7%	Bronchiolitis	8%
Dyspnoea	7%	Viral wheeze	8%
Stridor	6%	Croup	5%
Injury of head	6%	Asthma	4%
Injury of upper extremity	5%	Traumatic brain injury with no loss of consciousness	4%

NW

Chief Complaint		Primary Diagnosis	
Fever	19%	No abnormality detected	26%
Cough	15%	Upper respiratory infection	23%
Abdominal pain	11%	Tonsillitis	11%
Vomiting	9%	Infectious gastroenteritis	9%
Injury of upper extremity	9%	Viral wheeze	8%
Difficulty breathing	9%	Bronchiolitis	6%
Eruption	9%	Lower respiratory tract infection	6%
Injury of lower limb	7%	Otitis media	4%
Injury of head	6%	Lower urinary tract infectious disease	4%
Pain in lower limb	5%	Asthma	3%

RB

Chief Complaint		Primary Diagnosis	
Fever	22%	No abnormality detected	23%
Difficulty breathing	15%	Upper respiratory infection	22%
Abdominal pain	12%	Infectious gastroenteritis	11%
Vomiting	10%	Tonsillitis	11%
Injury of upper extremity	8%	Viral wheeze	10%
Injury of head	7%	Bronchiolitis	7%
Injury of lower limb	7%	Lower respiratory tract infection	7%
Eruption	7%	Asthma	4%
Cough	7%	Croup	3%
Dyspnoea	5%	Otitis media	3%

TH

Chief Complaint		Primary Diagnosis	
Fever	18%	Upper respiratory infection	22%
Cough	13%	No abnormality detected	19%
Injury of upper extremity	12%	Infectious gastroenteritis	10%
Abdominal pain	10%	Viral wheeze	10%
Difficulty breathing	9%	Tonsillitis	9%
Injury of lower limb	9%	Bronchiolitis	9%
Vomiting	8%	Sprain of ankle	7%
Injury of head	8%	Lower respiratory tract infection	6%
Eruption	8%	Otitis media	4%
Pain in lower limb	5%	Croup	4%

WF

Chief Complaint		Primary Diagnosis	
Fever	20%	Upper respiratory infection	28%
Injury of upper extremity	13%	No abnormality detected	16%
Cough	11%	Tonsillitis	11%
Injury of lower limb	11%	Infectious gastroenteritis	10%
Difficulty breathing	10%	Viral wheeze	9%
Injury of head	9%	Bronchiolitis	6%
Abdominal pain	9%	Lower respiratory tract infection	6%
Vomiting	7%	Otitis media	5%
Eruption	6%	Patient walked out	5%
Injury of face	4%	Croup	4%

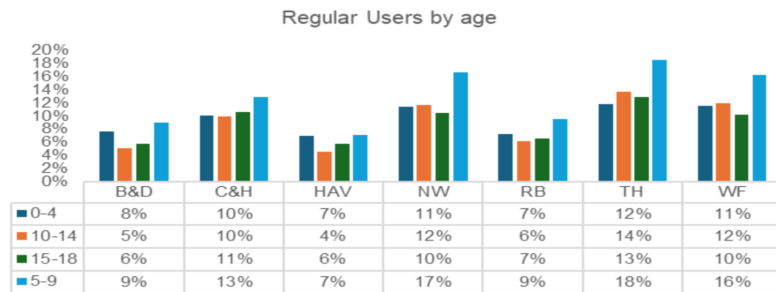
- A&E attendances are generally increasing across NEL, however Barking and Dagenham, Redbridge, Havering and Waltham Forest are seeing a greater increasing trend line compared to the rest of NEL.
- A larger proportion of attendances across all places are out of hours compared to in hours, the demographics of the attendances generally reflects the overall population (however B&D and Havering ethnicity coding requires improvement, large proportion are recorded as not known), higher proportion of attendances are from the most deprived population groups, however in Havering this seems to be more evenly spread across the deprivation levels.
- Across NEL, no abnormality detected feature in the top two primary diagnosis made by clinicians in A&E. The most common chief complaint reason for people attending A&E across NEL is fever, difficulty breathing and upper respiratory infection, which are also similar top three reasons for GP encounters and is linked to the low uptake of flu jabs amongst children and young people.

What do I do with this information? Use this information to re-direct and prevent low acuity or inappropriate A&E attendances through alternative pathways.

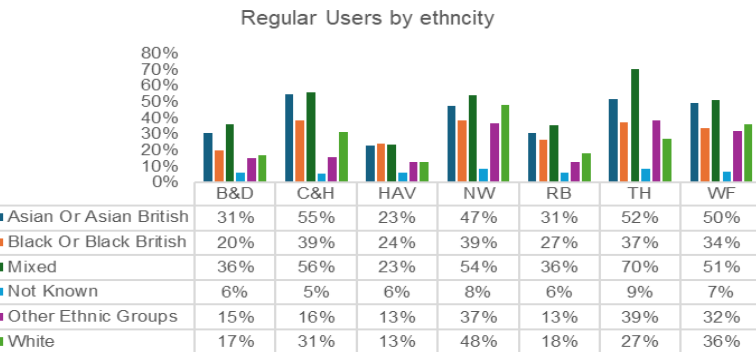
Data source: SUS

High Intensity Users

As regular users – five or more attendances in total across the yar but none of these are clustered into 3 or more with 3 months period

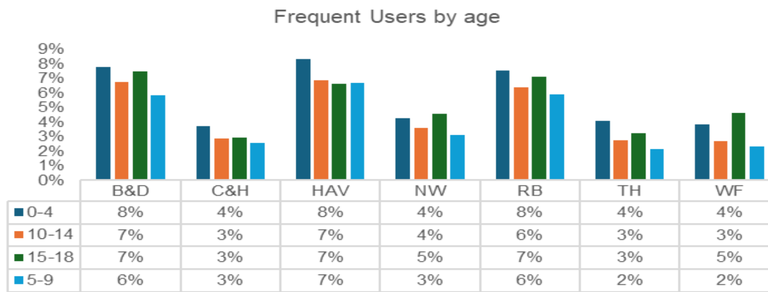


	B&D	C&H	HAV	NW	RB	TH	WF
0-4	8%	10%	7%	11%	7%	12%	11%
10-14	5%	10%	4%	12%	6%	14%	12%
15-18	6%	11%	6%	10%	7%	13%	10%
5-9	9%	13%	7%	17%	9%	18%	16%

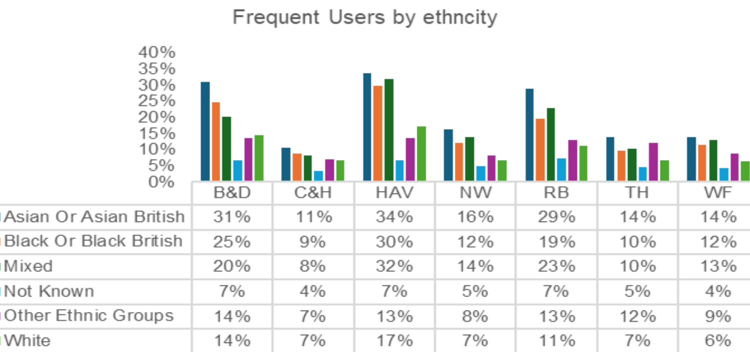


	B&D	C&H	HAV	NW	RB	TH	WF
Asian Or Asian British	31%	55%	23%	47%	31%	52%	50%
Black Or Black British	20%	39%	24%	39%	27%	37%	34%
Mixed	36%	56%	23%	54%	36%	70%	51%
Not Known	6%	5%	6%	8%	6%	9%	7%
Other Ethnic Groups	15%	16%	13%	37%	13%	39%	32%
White	17%	31%	13%	48%	18%	27%	36%

Frequent users – attendances either (a) clustered in a single 3-month period or 3 ror4 times within a 3-month period followed by 1-2 ad-hoc attendances outside this period

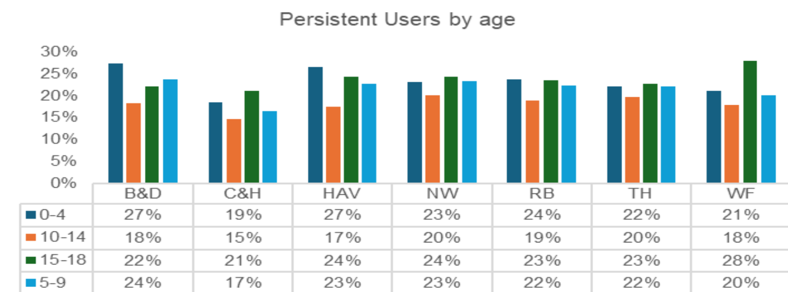


	B&D	C&H	HAV	NW	RB	TH	WF
0-4	8%	4%	8%	4%	8%	4%	4%
10-14	7%	3%	7%	4%	6%	3%	3%
15-18	7%	3%	7%	5%	7%	3%	5%
5-9	6%	3%	7%	3%	6%	2%	2%

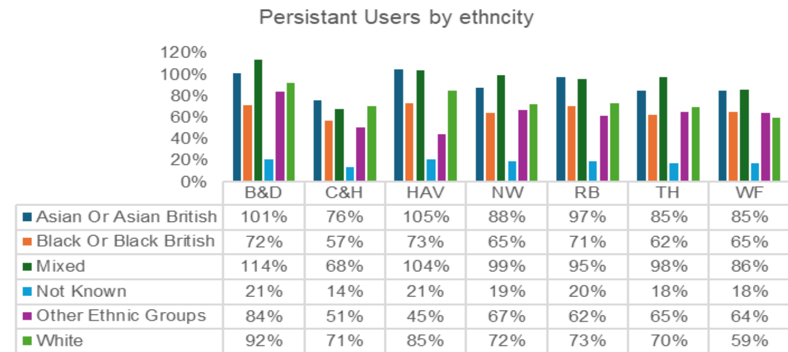


	B&D	C&H	HAV	NW	RB	TH	WF
Asian Or Asian British	31%	11%	34%	16%	29%	14%	14%
Black Or Black British	25%	9%	30%	12%	19%	10%	12%
Mixed	20%	8%	32%	14%	23%	10%	13%
Not Known	7%	4%	7%	5%	7%	5%	4%
Other Ethnic Groups	14%	7%	13%	8%	13%	12%	9%
White	14%	7%	17%	7%	11%	7%	6%

Persistent users – attendances (a) a period of 4 or more attendances with any 3 months period or (b) multiple instances of 3 month period with 3 or more attendances



	B&D	C&H	HAV	NW	RB	TH	WF
0-4	27%	19%	27%	23%	24%	22%	21%
10-14	18%	15%	17%	20%	19%	20%	18%
15-18	22%	21%	24%	24%	23%	23%	28%
5-9	24%	17%	23%	23%	22%	22%	20%



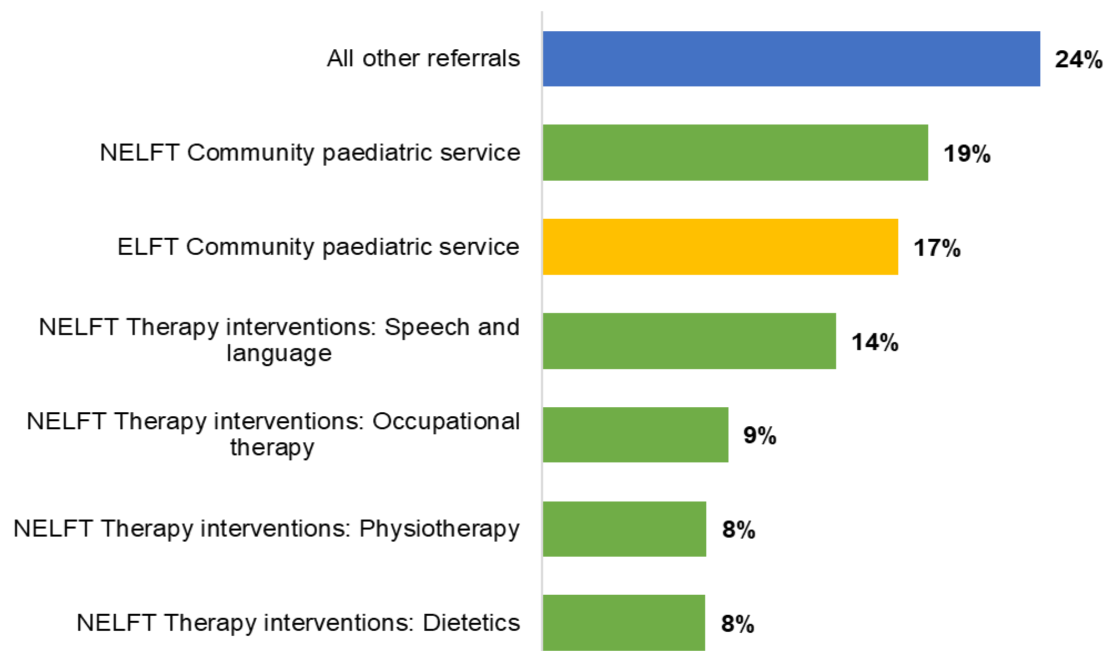
	B&D	C&H	HAV	NW	RB	TH	WF
Asian Or Asian British	101%	76%	105%	88%	97%	85%	85%
Black Or Black British	72%	57%	73%	65%	71%	62%	65%
Mixed	114%	68%	104%	99%	95%	98%	86%
Not Known	21%	14%	21%	19%	20%	18%	18%
Other Ethnic Groups	84%	51%	45%	67%	62%	65%	64%
White	92%	71%	85%	72%	73%	70%	59%

- Of the high intensity users across all places, a larger proportion fall in the persistent user category.
- In Barking & Dagenham, Havering and Redbridge the age group 0-4 is the group have the highest persistent users, however, in Newham, City & Hackney, Waltham Forest and Tower Hamlets it is the 15-18 cohort.
- The BAME population generally have higher proportion of high intensity users compared to the white population – this may indicate health inequalities, Socioeconomic factors or cultural or language barriers that nay impact on education within some BAME communities. The national high intensity user's guidance suggests proactively working with a rolling cohort of people who access healthcare more than most, using a truly personalised approach can reduce high intensity users.

What do I do with this information? Identify frequent users and address the need outside of hospital to reduce inappropriate or unnecessary A&E attendances.

Data source: SUS

Community Waiting Times



CYP	Service	Number of Referrals
Services with highest volume of activity	NELFT Community paediatric service	1,797
	ELFT Community paediatric service	1,661
	NELFT Therapy interventions: Speech and language	1,368
	NELFT Therapy interventions: Occupational therapy	867
	NELFT Therapy interventions: Physiotherapy	765
	NELFT Therapy interventions: Dietetics	761
Number of referrals >104 weeks	ELFT Community paediatric service	2
Number of referrals >52-104 weeks	ELFT Community paediatric service	618
	Homerton Community paediatric service	29
	ELFT Looked after children teams	7
	ELFT Therapy interventions: Speech and language	3
	Homerton Therapy interventions: Dietetics	1
	Homerton Audiology	1
	ELFT Nursing and Therapy teams support for long term conditions	1
Number of referrals >18-52 weeks	NELFT Community paediatric service	449
	NELFT Therapy interventions: Occupational therapy	312
	NELFT Therapy interventions: Dietetics	289
	ELFT Therapy interventions: Speech and language	240
	Homerton Community paediatric service	230
	NELFT Therapy interventions: Speech and language	189
	ELFT Community paediatric service	186

- For CYP referrals, NEL ICB is 8th out of 42 ICBs, a decline from 11th in January.
- CYP referrals increased by 12% to 9,541 in February from 8,544 (above the national ICB average of 6,310) in January.
- There were 2 referrals waiting over 104 weeks, representing a 33% decrease compared to last month.
- There were 987 referrals waiting between 52-104 weeks – also a 33% decrease compared to the previous month.
- There were 2,198 CYP referrals waiting between 18-52 weeks a 3% decrease compared to January.
- NELFT & ELFT Community Paediatric Service (they make up 36% of all BCYP referrals) and NELFT Speech and language Service.

What do I do with this information? Improve and reduce waiting times for children accessing community services.

Data source: National Community Waiting Time Sitrep

Not available at Place level

Mental Health Waiting Times

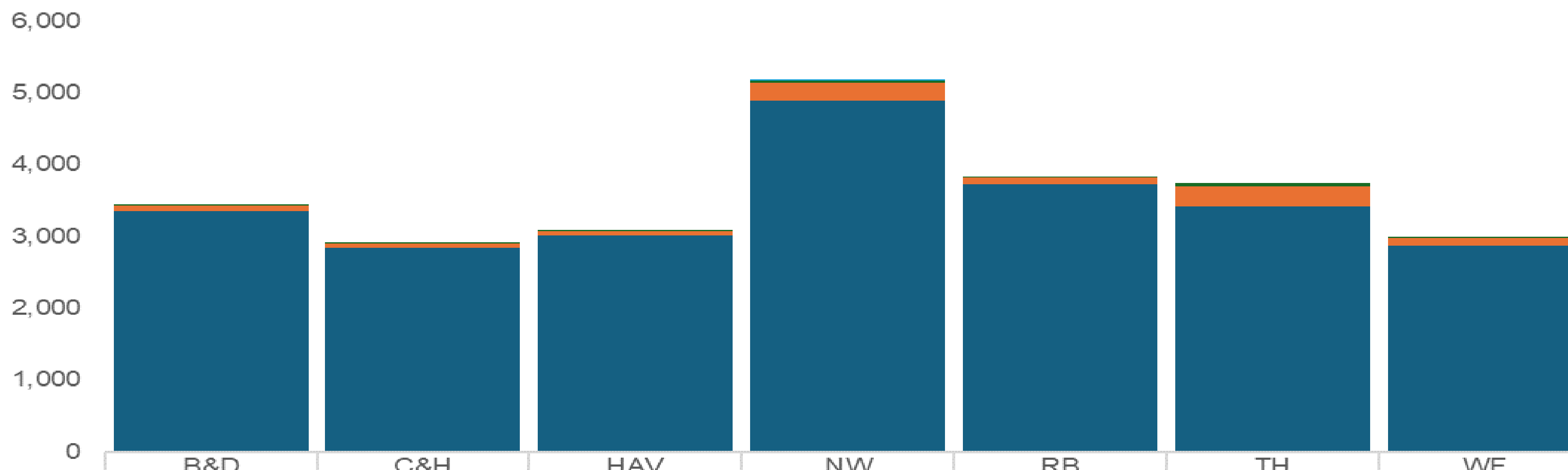
Performance Measures & *Supporting Metrics*	Organisation	Compared with		Latest Period Reporting type	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Trend
Children and Young People (CYP) Access																		
CYP - Total number of individual children and young people aged 0-18 receiving ONE or more contacts in the reporting period	Barking and Dagenham	NEL 2023-24 Mar-24 target: 24,846	3239	Mar-24 **Rolling 12 Months**	2,708	2,707	2,652	2,714	2,628	2,617	2,586	2,580	2,523	2,679	2,820	2,746	2,755	
	Havering		3291		3,080	3,178	3,275	3,400	3,501	3,545	3,610	3,643	3,686	3,765	3,833	3,859	3,843	
	Redbridge		3166		2,408	2,460	2,498	2,586	2,637	2,681	2,735	2,733	2,765	2,767	2,803	2,771	2,813	
	Newham		3892		3,499	3,504	3,540	3,555	3,548	3,532	3,559	3,574	3,618	3,665	3,675	3,652	3,627	
	Tower Hamlets		3640		3,489	3,479	3,501	3,563	3,577	3,581	3,597	3,647	3,640	3,646	3,666	3,674	3,672	
	Waltham Forest		3438		3,356	3,305	3,254	3,187	3,194	3,251	3,299	3,362	3,420	3,490	3,494	3,536	3,569	
	City and Hackney		4180		3,724	3,777	3,846	3,900	4,086	4,264	4,416	4,567	4,714	4,779	4,959	5,035	5,085	
	BHR		9695		8,197	8,346	8,425	8,700	8,766	8,843	8,931	8,956	8,974	9,211	9,457	9,377	9,411	
	TNW		10971		10,344	10,289	10,295	10,304	10,320	10,364	10,454	10,583	10,677	10,801	10,836	10,862	10,868	
	NHS North East London		24,846		**22,270**	**22,405**	**22,560**	**22,900**	**23,170**	**23,470**	**23,800**	**24,105**	**24,365**	**24,790**	**25,250**	**25,280**	**25,395**	
CYP - Access Rate% - (One Contact)	Barking and Dagenham	**Prevalence**	6331	Mar-24 Rolling 12 Months	42.8%	42.8%	41.9%	42.9%	41.5%	41.3%	40.8%	40.7%	39.9%	42.3%	44.5%	43.4%	43.5%	
	Havering		4972		61.9%	63.9%	65.9%	68.4%	70.4%	71.3%	72.6%	73.3%	74.1%	75.7%	77.1%	77.6%	77.3%	
	Redbridge		6926		34.8%	35.5%	36.1%	37.3%	38.1%	38.7%	39.5%	39.5%	39.9%	39.9%	40.5%	40.0%	40.6%	
	Newham		8832		39.6%	39.7%	40.1%	40.2%	40.2%	40.0%	40.3%	40.5%	41.0%	41.5%	41.6%	41.3%	41.1%	
	Tower Hamlets		7219		48.3%	48.2%	48.5%	49.4%	49.6%	49.6%	49.8%	50.5%	50.4%	50.5%	50.8%	50.9%	50.9%	
	Waltham Forest		6412		52.3%	51.5%	50.8%	49.7%	49.8%	50.7%	51.4%	52.4%	53.3%	54.4%	54.5%	55.1%	55.7%	
	City and Hackney		5861		63.5%	64.4%	65.6%	66.5%	69.7%	72.8%	75.3%	77.9%	80.4%	81.5%	84.6%	85.9%	86.8%	
	BHR		18229		45.0%	45.8%	46.2%	47.7%	48.1%	48.5%	49.0%	49.1%	49.2%	50.5%	51.9%	51.4%	51.6%	
	TNW		22463		46.0%	45.8%	45.8%	45.9%	45.9%	46.1%	46.5%	47.1%	47.5%	48.1%	48.2%	48.4%	48.4%	
	NHS North East London		46553		**47.8%**	**48.1%**	**48.5%**	**49.2%**	**49.8%**	**50.4%**	**51.1%**	**51.8%**	**52.3%**	**53.3%**	**54.2%**	**54.3%**	**54.6%**	
Children and Young People (CYP) Eating Disorders																		
CYP Eating disorder - Routine cases - 4 week wait	**NHS North East London**				90.4%	#N/A	#N/A	94.07%	95.00%	95.00%	97.00%	97.00%	97.00%	98.00%	98.00%	99.0%	#N/A	
CYP Eating disorder - Urgent cases - 1 week wait	**NHS North East London**				97.7%	#N/A	#N/A	98.2%	87.0%	100.0%	100.0%	100.0%	100.0%	100.00%	100.0%	100.0%	#N/A	

❖ Access to children and young people mental health services for one or more contacts in the last 12 months is below the trajectory for Barking and Dagenham, Redbridge and Newham.

What do I do with this information? Support improvement in access to mental health services for children and young people.

Data source: National Community Waiting Time Sitrep

Hospital waiting times (planned admissions)



	B&D	C&H	HAV	NW	RB	TH	WF
Pathways Waiting 78-104 weeks				7			
Pathways Waiting 69-78 weeks	12	6	5	31	9	37	15
Pathways Waiting 52-69 2weeks	68	62	55	239	94	288	102
Pathways Waiting under 52 weeks	3,361	2,844	3,014	4,901	3,732	3,414	2,873

- This graph shows registered population waiting for treatment in hospital. Majority are under the 52 weeks waits, however we have a proportion that are breaching the over 52 weeks. The 24/25 operating plan target for long waiters is zero 65+ week breaches by the end of September. All Trusts have plans to deliver this, however for Barts Health to deliver this, it requires support from the wider system and therefore delivery of this target maybe at risk.

Data source: National Waiting List Open Pathway Dataset

Content

- Wider determinants of health
- Physical Healthchecks for people with LD and SMI
- Seasonal Flu Vaccinations
- Cancer Screening
- LTC - Clinical trend and condition management
- Primary care need – Top 10 reasons for GP encounters
- A&E attendances
- High Intensity Users
- Community waiting times
- Mental Health access and waiting times
- Hospital waiting times (planned care)

Wider determinants of health - GP practice recording

Caveat: The data contained within this dashboard is extracted from GP clinical systems only and is based on their newly registered population and is a new collection. Data must be coded to be extracted, and therefore as this is a new collection, data quality may require improvement and may not be a total reflection of the registered population. This data will support the Data Accreditation and Improvement LIS with identifying those patients newly registered or Living in a deprived area, identified by LSOA, with any vulnerabilities to living and providing support.

Place	Total List size	Newly Registered & Target Group	Health Literacy vulnerability	Housing vulnerability	Income vulnerability	Social Isolation	Eligible for Social Prescribing referral	Referred to Social Prescribing
Barking and Dagenham	249,682	82,298	407	823	293	941	915	358
City & Hackney	348,376	102,512	536	2,798	487	1,411	2,940	1,362
Havering	295,410	21,475	792	936	772	1,007	599	199
Newham	469,639	92,628	4,379	6,320	3,948	5,902	2,638	1,342
Redbridge	367,808	19,460	1,097	1,309	1,054	1,217	448	170
Tower Hamlets	390,315	98,628	10,623	11,781	9,663	18,108	6,370	3,686
Waltham Forest	329,679	40,631	971	2,980	882	1,254	939	429

Place	Health Literacy vulnerability	Housing vulnerability	Income vulnerability	Social Isolation	Eligible for Social Prescribing referral	Referred to Social Prescribing
Barking and Dagenham	0.5%	1.0%	0.4%	1.1%	1.1%	0.4%
City & Hackney	0.5%	2.7%	0.5%	1.4%	2.9%	1.3%
Havering	3.7%	4.4%	3.6%	4.7%	2.8%	0.9%
Newham	4.7%	6.8%	4.3%	6.4%	2.8%	1.4%
Redbridge	5.6%	6.7%	5.4%	6.3%	2.3%	0.9%
Tower Hamlets	10.8%	11.9%	9.8%	18.4%	6.5%	3.7%
Waltham Forest	2.4%	7.3%	2.2%	3.1%	2.3%	1.1%

- The data on this table shows the wider determinants they may impact on health for newly registered populations.
- Tower hamlets comparatively, based on the coding of the data shows higher proportions of newly registered people with wider determinants related issues.
- However, while the numbers vary across Places, all places have newly registered people who have other wider determinants issues that could impact on their health.
- Across NEL on average Health Literacy, Housing and Social Isolation are the top three key social related issues.

What do I do with this information? Use this data to work jointly across health and care to address wider social issues that impact on health.

Data source: CEG

Wider determinants of health – Social Prescribing

Reason for referral	B&D	C&H	HAV	NW	RB	TH	WF
Housing problem	2%	18%	33%	12%	45%	15%	32%
Deprivation of Food	44%	16%	15%	28%	14%	15%	12%
Bereavement support	6%	29%	12%	22%	11%	26%	13%
Transport problems	23%	20%	16%	11%	10%	19%	9%
Relationship problems	8%	5%	14%	12%	3%	18%	24%
Mental Health	13%	4%	2%	8%	3%	2%	3%
Financial problem	0%	3%	4%	1%	1%	1%	2%
Social isolation	0%	1%	1%	2%	4%	1%	1%
General health poor	1%	1%	0%	2%	5%	1%	1%
General well-being	2%	1%	2%	1%	2%	0%	2%
Educational problem	1%	2%	0%	1%	1%	1%	0%
Employment problem	1%	1%	0%	1%	0%	1%	0%
Substance misuse	1%	0%	0%	0%	1%	0%	0%

Living arrangements	B&D	C&H	HAV	NW	RB	TH	WF
House rented from private landlord	28.52%	11.83%	16.04%	40.78%	47.45%	19.26%	23.35%
House rented from council	26.17%	30.87%	12.19%	29.74%	9.12%	37.37%	30.30%
Lives in own home	15.44%	32.07%	57.93%	6.31%	27.28%	1.68%	21.87%
House rented from housing association	8.39%	13.59%	5.32%	10.00%	5.82%	31.84%	11.85%
Living in temporary housing	12.42%	7.49%	4.40%	8.16%	7.11%	3.41%	5.92%
Sofa surfer - person of no fixed abode	9.06%	3.05%	2.84%	3.97%	1.92%	5.00%	4.21%
Lives in residential hostel	0.00%	1.11%	1.28%	1.04%	1.00%	1.44%	1.37%
Has no fixed abode	0.00%	0.00%	0.00%	0.00%	0.29%	0.00%	1.14%

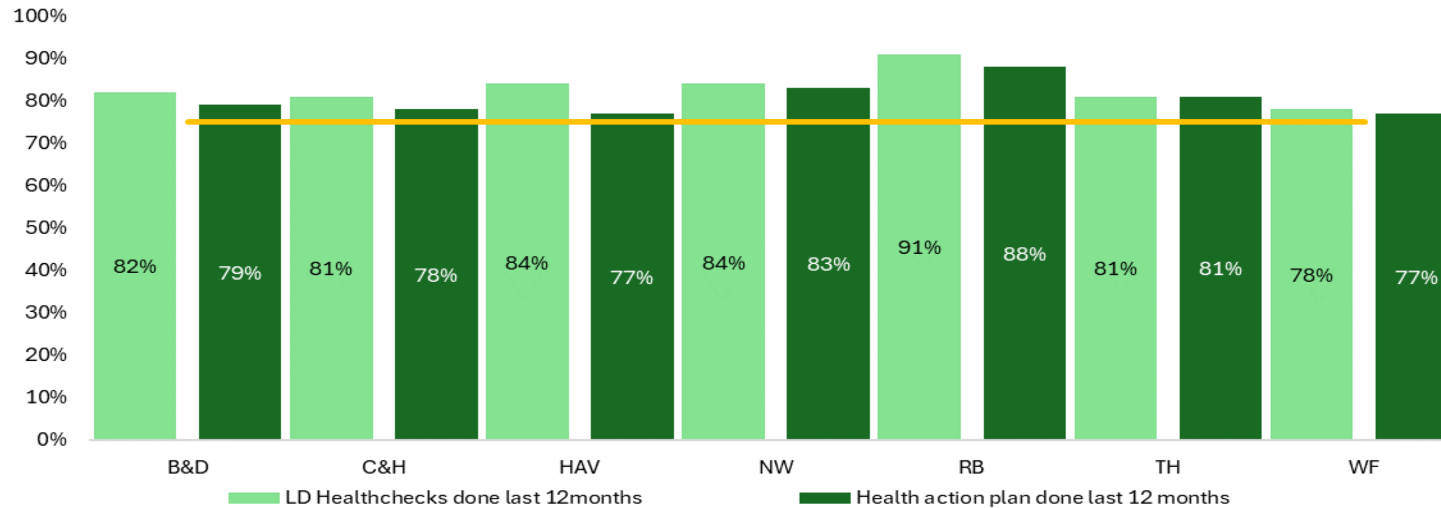
Employment status	B&D	C&H	HAV	NW	RB	TH	WF
Unemployed	63.47%	66.25%	28.57%	56.79%	49.24%	59.47%	51.92%
Retired	8.03%	19.79%	53.31%	18.63%	19.43%	33.67%	23.91%
Full-time employment	9.33%	8.44%	12.28%	8.58%	13.20%	2.44%	14.14%
Part-time employment	9.07%	3.02%	4.97%	6.63%	9.82%	1.19%	7.12%
Student	10.10%	2.50%	0.87%	9.37%	8.31%	3.24%	2.92%

- Housing problems, deprivation of food, bereavement support, transport problems and relationship problems are broadly the top five reasons for social prescribing referrals across Places.
- Across most Places, majority of the referrals are from people who are renting from private landlords, council or housing associations other than Havering where majority live in their own homes.
- Majority of people referred to social prescribing services are unemployed, however in Havering are from the retired population.
- This suggests supporting people into employment could impact on social issues that may impact on health such as housing or deprivation of food.

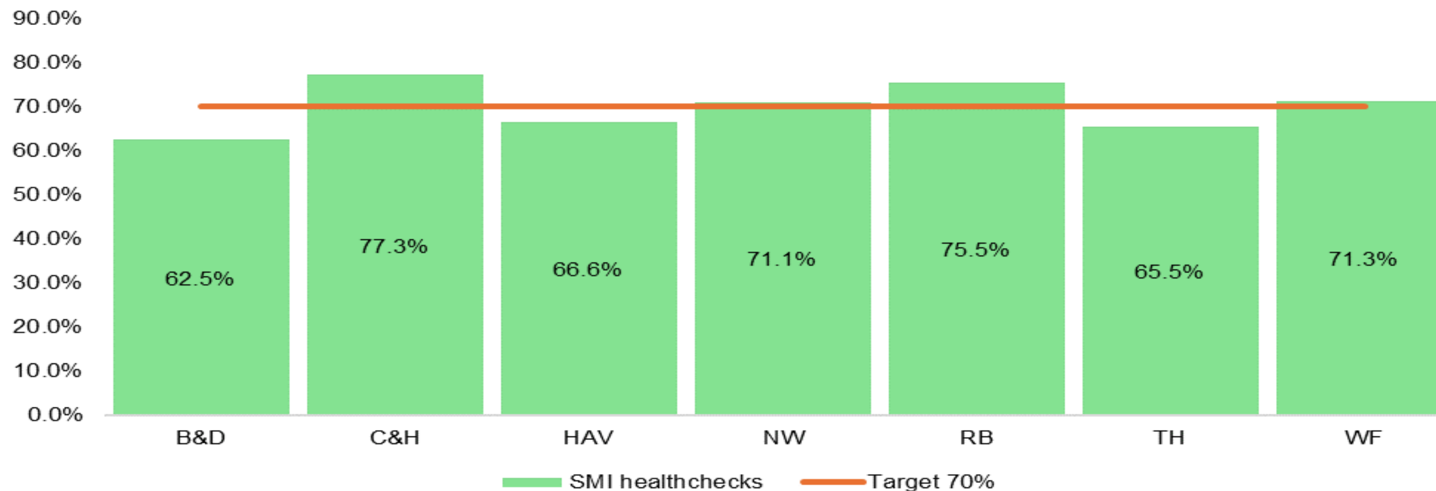
What do I do with this information? Work with local authority partners to address wider determinates issues that may impact on health and outcomes for our residents.

Data source: NEL Social Prescribing Dashboard

Physical Healthchecks for people with LD and SMI



- The 24/25 NHS target on LD health checks for 14+ is 75%. The data provided on this slide is data from the last 12 months, not this financial year.
- We are very early in the financial year, and we expect performance to improve through the middle and latter part of the year. Therefore, it is important to note the last 12 months performance provided on this slide.



- The 24/25 NHS target for SMI Health check is 60% by March 2025 for this financial year, however in previous years was 70%.
- The data provided on this slide is data from the last 12 months, not this financial year.
- We are very early in the financial year, and we expect performance to improve through the middle and latter part of the year. Therefore, it is important to note the last 12 months performance provided on this slide.
- For people who have SMI and have had a healthcheck, across NEL and Places the top interventions have been around smoking, blood glucose, blood pressure and weight management.

What do I do with this information? Improve health checks and action planning for people with LD and SMI.

Data source: CEG

Seasonal Flu Vaccinations

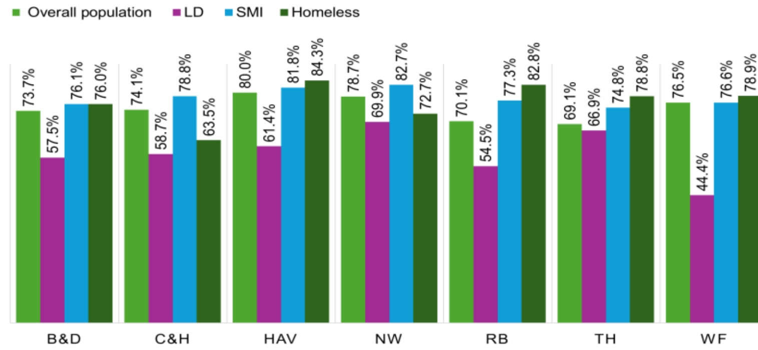
Borough	Inequalities – underserved population: People with autism	Homeless	LD	SMI	Traveller	1. Patients aged 65 and over (exc care home & housebound)	2. Patients living in residential or care home	3. Patients who are housebound (Age 65 or over or with clinical risk)	4a. Patients aged 50-64 at clinical risk (exc housebound)	5. Patients aged 18-49 at clinical risk (exc housebound)	6a. Pregnant patients at clinical risk	6b. Healthy Pregnant Patients	11. Carers
Barking and Dagenham	32%	14%	51%	33%	33%	**62%**	**68%**	**68%**	**50%**	**32%**	**43%**	**22%**	**25%**
Redbridge	31%	10%	57%	35%	35%	**68%**	**69%**	**77%**	**54%**	**34%**	**57%**	**26%**	**33%**
Waltham Forest	23%	12%	44%	30%	30%	**61%**	**72%**	**70%**	**43%**	**31%**	**54%**	**32%**	**25%**
City & Hackney	19%	10%	44%	27%	27%	**58%**	**69%**	**66%**	**44%**	**26%**	**28%**	**20%**	**22%**
Havering	30%	5%	56%	36%	36%	**72%**	**80%**	**80%**	**54%**	**33%**	**59%**	**24%**	**36%**
Newham	27%	16%	47%	32%	32%	**60%**	**46%**	**70%**	**51%**	**36%**	**52%**	**34%**	**28%**
Tower Hamlets	22%	18%	47%	30%	30%	**63%**	**67%**	**62%**	**56%**	**34%**	**37%**	**26%**	**26%**
Grand Total	**26%**	**13%**	**49%**	**31%**	**31%**	**64%**	**68%**	**70%**	**50%**	**32%**	**47%**	**27%**	**28%**

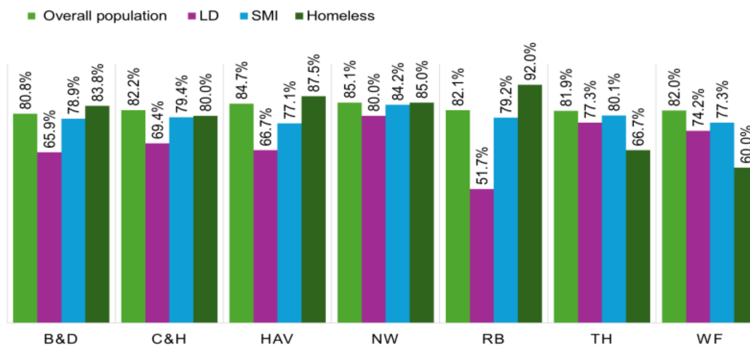
- Uptake of flu vaccinations in 2023-24 amongst the underserved population and carers is significantly lower compared to the overall population, therefore more target approach for this cohort may be required.
- At clinical risk cohorts 18-64 who are housebound have lower uptake of flu vaccinations compared to care home housebound and the over 65s.
- Health pregnant patients have the lowest uptake of flu vaccinations along with carers.

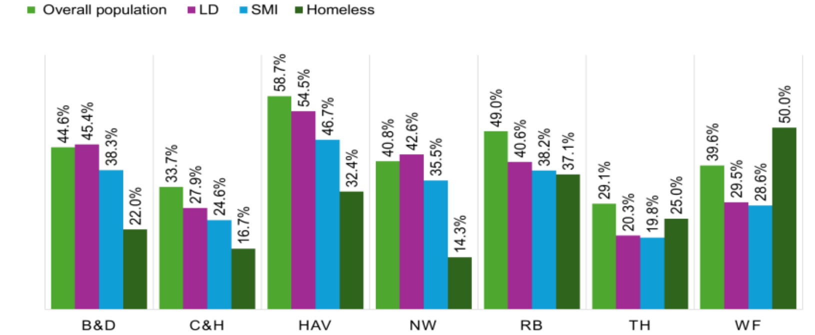
What do I do with this information? Improve uptake of flu vaccinations

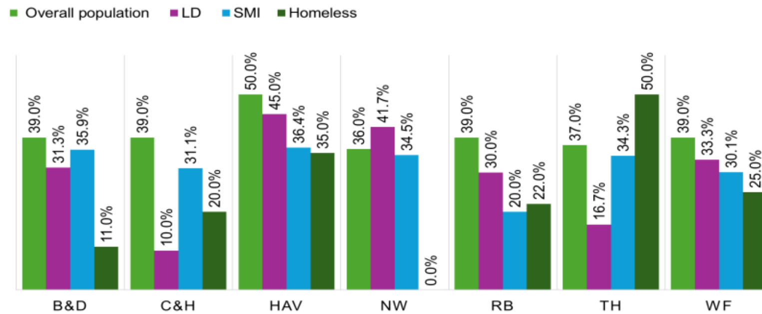
Data source: CEG

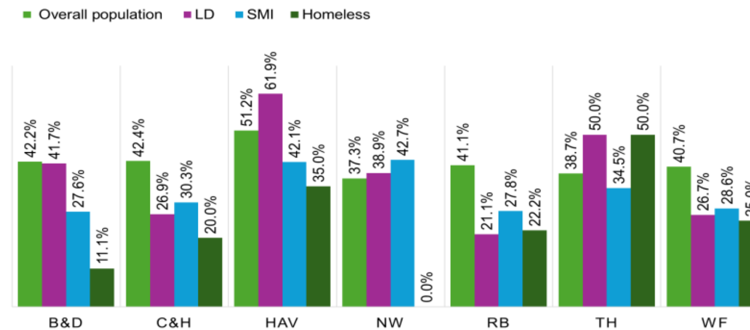
Cancer Screening

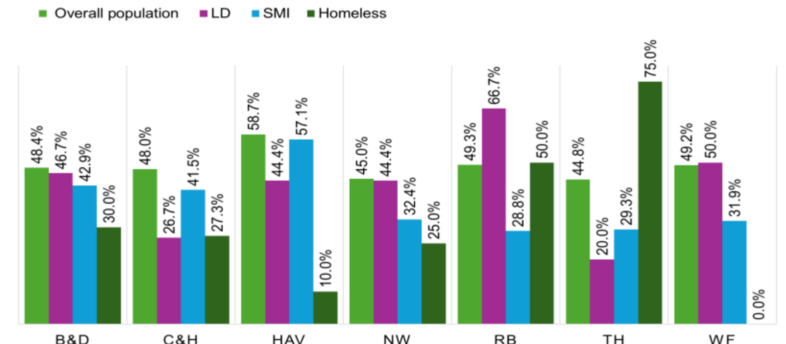


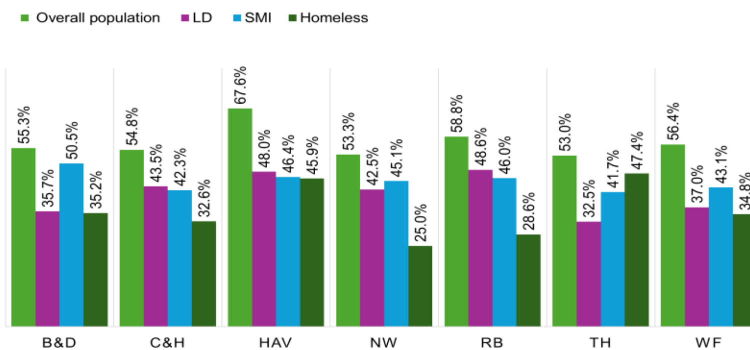










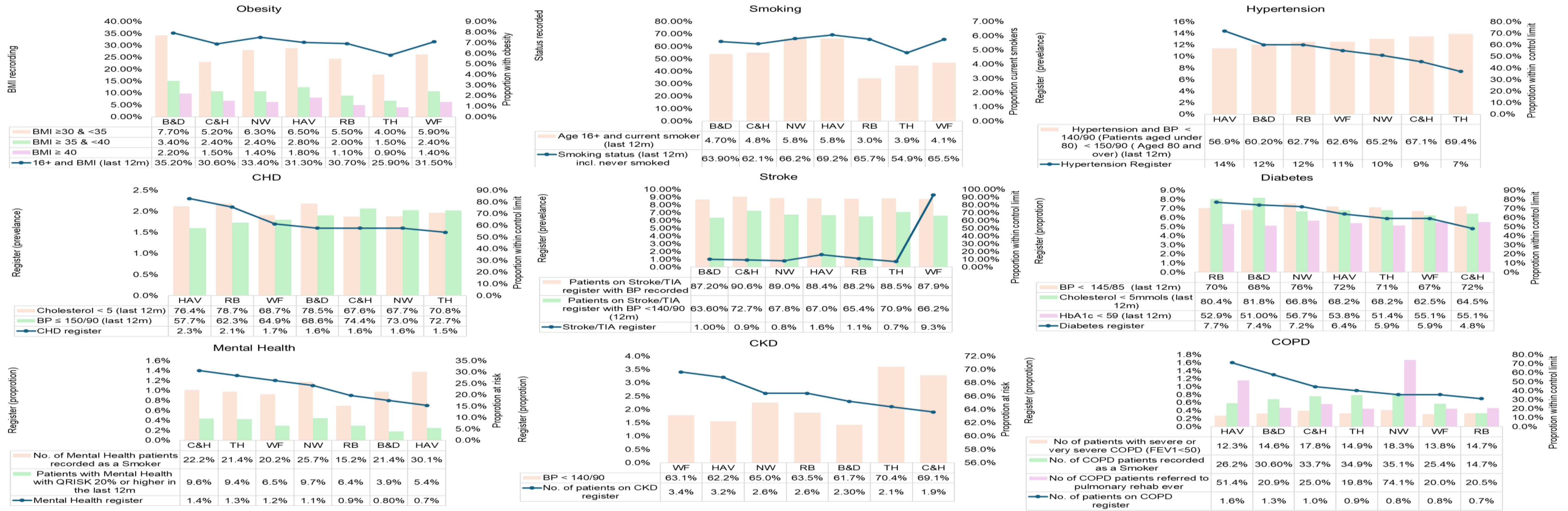


- Cancer screening uptake overall is low amongst Breast and Bowel cancer compared to cervical smear cancer screening.
- Generally, the LD population have lower rates of cancer screening compared to the overall population, with a few exception in Havering and Newham in Bowel cancer.
- There is also lower cancer screening rates for SMI population in Bowel and Breast cancer.
- Comparatively, some Places have better rates of cancer screening for the underserved population compared to other places, and therefore maybe helpful to share learning around approaches.
- In NEL 52.9% of the population in 2021 were diagnosed at stage 1 and 2, people living with and beyond cancer are predominately form ages from 50 and 84 and from the most deprived population. National data (2020) suggests the most deprived population have higher proportion of diagnosis at later stages 3 and 4 compared to the least deprived population.
- 10.3% are diagnosed at stage 1 and 6.9% at stage 2 through cancer screening. Therefore, improvement in cancer screening will outcomes in early diagnosis and survival rates for cancer.

What do I do with this information? Improve uptake of cancer screening, and address inequalities in the LD, SMI and Homeless population.

Data source: CEG

LTC - Clinical trend and condition management



❖ Below is the proportion of people on a LTC register that are not at expected levels to manage their conditions. National literature suggests this could be due to lifestyle choices, and therefore at risk of conditions deteriorating and hospitalisation:

Hypertension	BP not at target level
B&D	39.8%
C&H	32.9%
HAV	43.1%
NW	34.8%
RB	37.3%
TH	30.6%
WF	37.4%

CHD	Chol. not at target level	BP not at target level
B&D	21.5%	0.314
C&H	32.4%	0.256
HAV	23.6%	0.423
NW	32.3%	0.27
RB	21.3%	0.377
TH	29.2%	0.273
WF	31.3%	0.351

Stroke/TIA	BP not at target level
B&D	36.4%
C&H	27.3%
HAV	33.0%
NW	32.2%
RB	34.6%
TH	29.1%
WF	33.8%

Diabetes	BP not at target level	Cholest. not at target level	HbA1c not at target level
B&D	31.6%	0.182	49.0%
C&H	27.6%	0.355	44.9%
HAV	27.6%	0.318	46.2%
NW	24.4%	0.332	43.3%
RB	29.7%	0.196	47.1%
TH	28.8%	0.318	48.6%
WF	32.7%	0.375	44.9%

Mental Health	No. of Mental Health patients recorded as a Smoker	Two in ten chance - stroke or heart attack
B&D	21.4%	4%
C&H	22.2%	10%
HAV	30.1%	5%
NW	25.7%	10%
RB	15.2%	6%
TH	21.4%	9%
WF	20.2%	7%

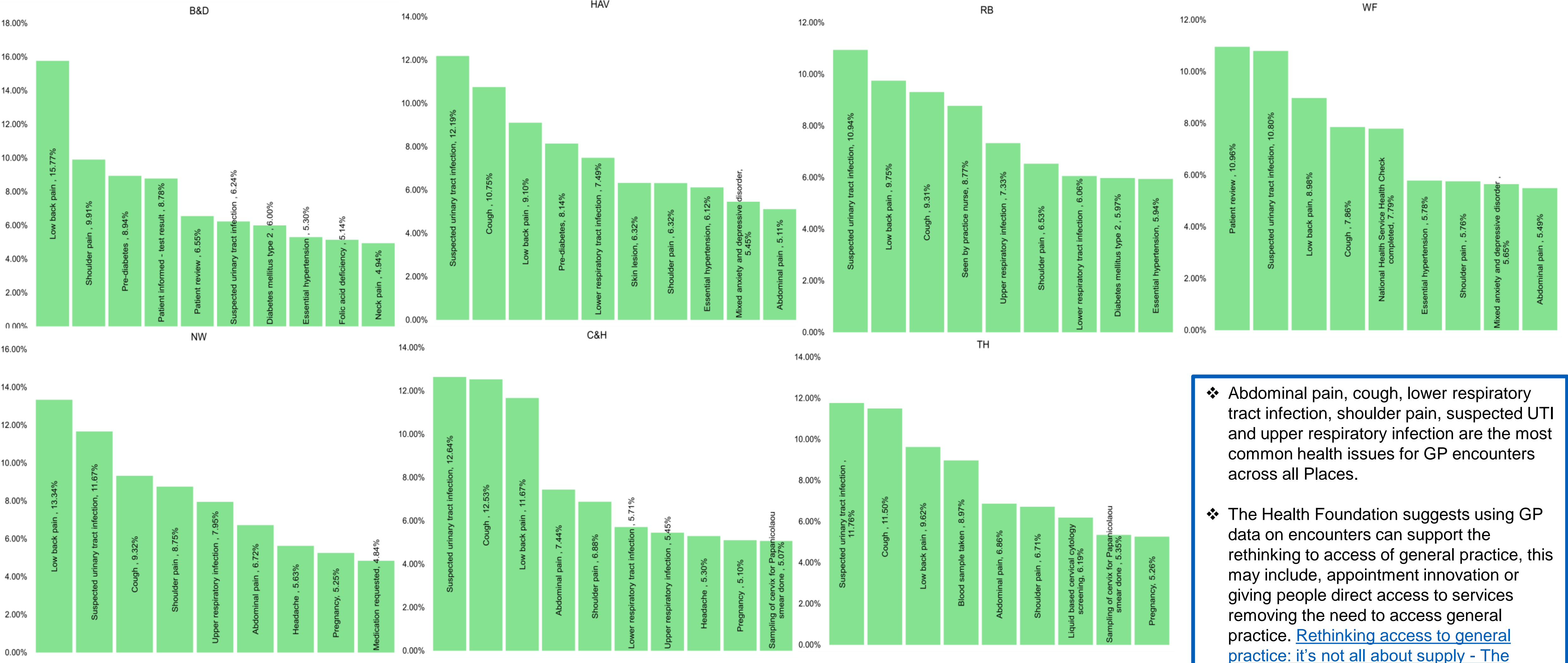
CKD	BP not at target level
B&D	38.3%
C&H	30.9%
HAV	37.8%
NW	35.0%
RB	36.5%
TH	29.6%
WF	36.9%

What do I do with this information? Use this information to support people living with LTC to make lifestyle choices and manage their condition to prevent deterioration of condition and hospitalisation.

Data source: CEG

Primary care need – Top 10 reasons for GP encounters

The data source used for this data provides information by fixed age bands, for adults we have used 18 to 75.



- Abdominal pain, cough, lower respiratory tract infection, shoulder pain, suspected UTI and upper respiratory infection are the most common health issues for GP encounters across all Places.
- The Health Foundation suggests using GP data on encounters can support the rethinking to access of general practice, this may include, appointment innovation or giving people direct access to services removing the need to access general practice. Rethinking access to general practice: it's not all about supply - The Health Foundation

What do I do with this information? Rethink access to primary care services and pathways for direct access to services like pain management and improve the uptake of seasonal related vaccinations to reduce seasonal related conditions.

Data source: Discovery

A&E attendances (trends and demographics)

The data source used for this data provides information by fixed age bands, for adults this is between 19-69.

B&D

HAV

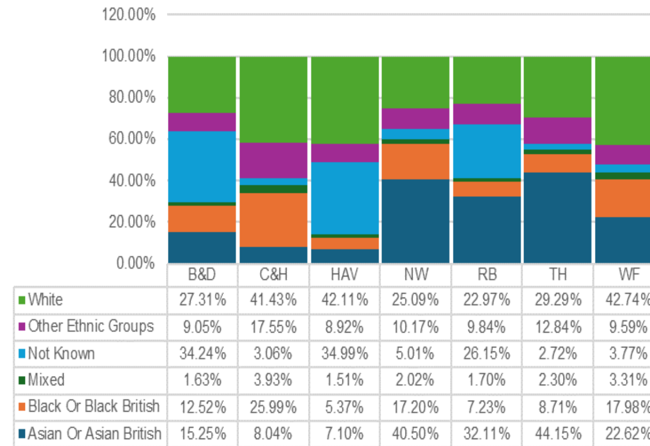
RB

WF

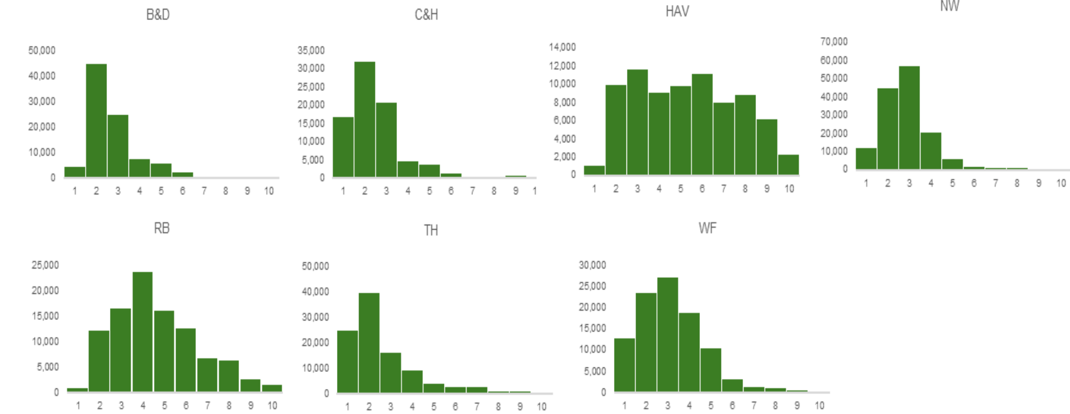
C&H

NW

TH



	B&D	C&H	HAV	NW	RB	TH	WF
White	27.31%	41.43%	42.11%	25.09%	22.97%	29.29%	42.74%
Other Ethnic Groups	9.05%	17.55%	8.92%	10.17%	9.84%	12.84%	9.59%
Not Known	34.24%	3.06%	34.99%	5.01%	26.15%	2.72%	3.77%
Mixed	1.63%	3.93%	1.51%	2.02%	1.70%	2.30%	3.31%
Black Or Black British	12.52%	25.99%	5.37%	17.20%	7.23%	8.71%	17.98%
Asian Or Asian British	15.25%	8.04%	7.10%	40.50%	32.11%	44.15%	22.62%



Data source: SUS

A&E attendances (reason for attendance)

- THE CHIEF COMPLAINT COLUMN AND THE PRIMARY DIAGNOSIS BELOW ARE NOT DIRECTLY LINKED, THEREFORE PLEASE DO NOT READ ACROSS.
- IT ONLY RANKS THE CHIEF COMPLAINT AND PRIMARY DIAGNOSIS FROM HIGHEST TO LOWEST.

B&D				C&H				HAV			
Chief Complaint		Primary Diagnosis		Chief Complaint		Primary Diagnosis		Chief Complaint		Primary Diagnosis	
Abdominal pain	22%	No abnormality detected	47%	Abdominal pain	25%	Patient w alked out	35%	Gestation less than 20 w eeks	25%	No abnormality detected	44%
Gestation less than 20 w eeks	21%	Threatened miscarriage	14%	Chest pain	17%	No abnormality detected	22%	Abdominal pain	20%	Threatened miscarriage	18%
Chest pain	19%	Low er respiratory tract infection	7%	Injury of low er limb	12%	Sprain of ankle	7%	Chest pain	14%	Missed miscarriage	6%
Dyspnoea	7%	Menorrhagia	6%	Injury of upper extremity	12%	Upper respiratory infection	6%	Asymptomatic	7%	Low er respiratory tract infection	6%
Headache	6%	Hyperemesis gravidarum	5%	Pain in low er limb	7%	Low er respiratory tract infection	6%	Hospital admission, emergency, direct	7%	Incomplete miscarriage	6%
Hospital admission, emergency, direct	6%	Incomplete miscarriage	5%	Backache	7%	Cellulitis	5%	Dyspnoea	7%	Ectopic pregnancy	5%
Asthenia	5%	Patient w alked out	4%	Pain in upper limb	6%	Gastritis	5%	Visual disturbance	6%	Menorrhagia	5%
Asymptomatic	5%	Ectopic pregnancy	4%	Headache	6%	Tonsillitis	5%	Headache	5%	Hyperemesis gravidarum	5%
Vaginal bleeding	5%	Missed miscarriage	4%	Asthenia	4%	Infectious gastroenteritis	4%	Asthenia	5%	Patient w alked out	4%
Pain in low er limb	4%	Gastritis	4%	Pain in eye	4%	Sprain of knee	4%	Vaginal bleeding	5%	Tear film insufficiency	3%

NW				RB				TH			
Chief Complaint		Primary Diagnosis		Chief Complaint		Primary Diagnosis		Chief Complaint		Primary Diagnosis	
Chest pain	22%	No abnormality detected	47%	Abdominal pain	21%	No abnormality detected	49%	Chest pain	20%	No abnormality detected	37%
Abdominal pain	20%	Low er urinary tract infectious disease	8%	Chest pain	21%	Threatened miscarriage	13%	Abdominal pain	20%	Patient w alked out	8%
Pain in low er limb	11%	Low er respiratory tract infection	7%	Gestation less than 20 w eeks	17%	Low er respiratory tract infection	7%	Pain in low er limb	12%	Abscess	8%
Headache	7%	Patient w alked out	7%	Headache	7%	Hyperemesis gravidarum	5%	Pain in upper limb	9%	Low er respiratory tract infection	8%
Injury of low er limb	7%	Upper respiratory infection	6%	Injury of low er limb	6%	Patient w alked out	5%	Injury of upper extremity	7%	Low er urinary tract infectious disease	7%
Pain in upper limb	7%	Gastritis	6%	Dyspnoea	6%	Gastritis	5%	Injury of low er limb	7%	Upper respiratory infection	7%
Gestation less than 20 w eeks	7%	Hypertension	5%	Injury of upper extremity	6%	Menorrhagia	4%	Headache	7%	Sprain of ankle	7%
Wound care	6%	Abscess	5%	Asthenia	6%	Cellulitis	4%	Backache	6%	Gastritis	7%
Backache	6%	Ureteric stone	5%	Hospital admission, emergency, direct	5%	Ectopic pregnancy	4%	Dyspnoea	6%	Asthma	6%
Injury of upper extremity	6%	Asthma	5%	Pain in low er limb	5%	Incomplete miscarriage	4%	Gestation less than 20 w eeks	6%	Cellulitis	6%

WF			
Chief Complaint		Primary Diagnosis	
Chest pain	24%	No abnormality detected	39%
Abdominal pain	18%	Low er respiratory tract infection	9%
Injury of low er limb	10%	Cellulitis	9%
Injury of upper extremity	9%	Patient w alked out	8%
Pain in low er limb	8%	Gastritis	7%
Headache	7%	Hypertension	6%
Asthenia	7%	Deep venous thrombosis	6%
Dyspnoea	6%	Low er urinary tract infectious disease	5%
Wound care	6%	Abscess	5%
Backache	5%	Blepharitis	5%

- A&E attendances generally continue at a similar trend over the last 12 months across NEL.
- Redbridge, City and Hackney and Tower Hamlets have a larger proportion attending out of hours, however Barking & Dagenham, Havering, Waltham Forest and Newham are showing a larger proportion are attending in hours over the last 12 months.
- The ethnicity of attendances generally reflect the population, and across most places, the attendances are from the most deprived populations. However, in Redbridge and Havering the attendances this is more spread across the least deprived populations.
- Across NEL, no abnormality detected feature in the top two primary diagnosis made by clinicians in A&E. The most common chief complaint reason for people attending A&E across NEL is Abdominal and chest pain. In some places backpain, UTI or pain and in lower or upper limb are in the top 10 complaint reasons in A&E, these also feature in the top 10 reasons for GP encounters.

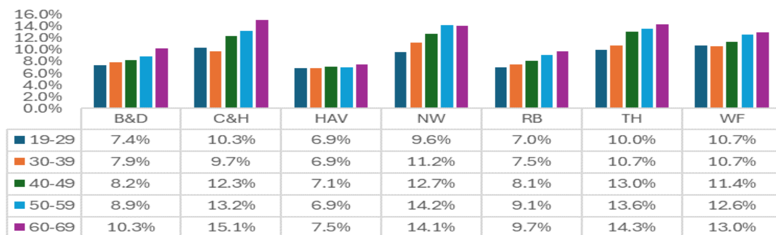
What do I do with this information? Use this information to re-direct and prevent low acuity or inappropriate A&E attendances through alternative pathways.

High Intensity Users

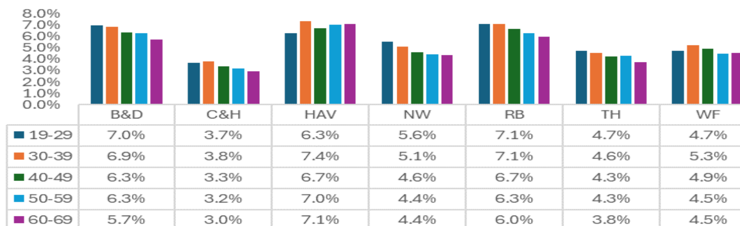
As regular users – five or more attendances in total across the yar but none of these are clustered into 3 or more with 3 months period

Frequent users – attendances either (a) clustered in a single 3-month period or 3 ror4 times within a 3-month period followed by 1-2 ad-hoc attendances outside this period

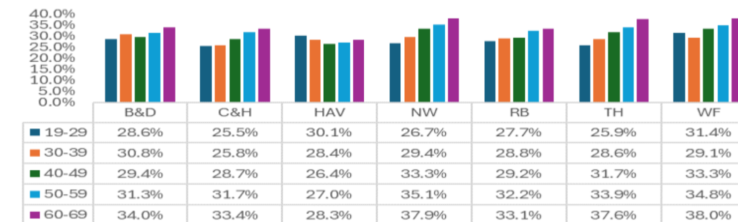
Persistent users – attendances (a) a period of 4 or more attendances with any 3 months period or (b) multiple instances of 3 month period with 3 or more attendances



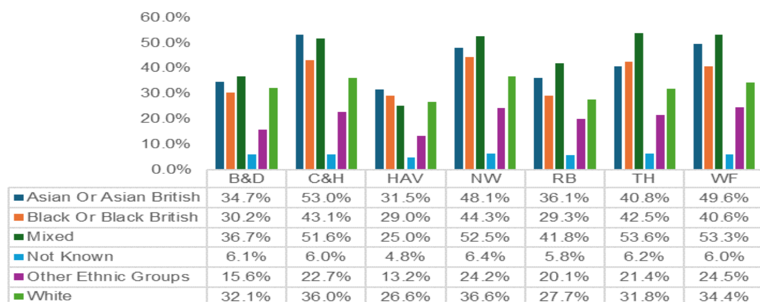
	B&D	C&H	HAV	NW	RB	TH	WF
19-29	7.4%	10.3%	6.9%	9.6%	7.0%	10.0%	10.7%
30-39	7.9%	9.7%	6.9%	11.2%	7.5%	10.7%	10.7%
40-49	8.2%	12.3%	7.1%	12.7%	8.1%	13.0%	11.4%
50-59	8.9%	13.2%	6.9%	14.2%	9.1%	13.6%	12.6%
60-69	10.3%	15.1%	7.5%	14.1%	9.7%	14.3%	13.0%



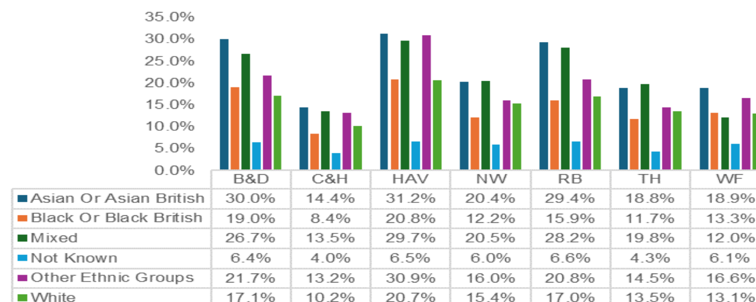
	B&D	C&H	HAV	NW	RB	TH	WF
19-29	7.0%	3.7%	6.3%	5.6%	7.1%	4.7%	4.7%
30-39	6.9%	3.8%	7.4%	5.1%	7.1%	4.6%	5.3%
40-49	6.3%	3.3%	6.7%	4.6%	6.7%	4.3%	4.9%
50-59	6.3%	3.2%	7.0%	4.4%	6.3%	4.3%	4.5%
60-69	5.7%	3.0%	7.1%	4.4%	6.0%	3.8%	4.5%



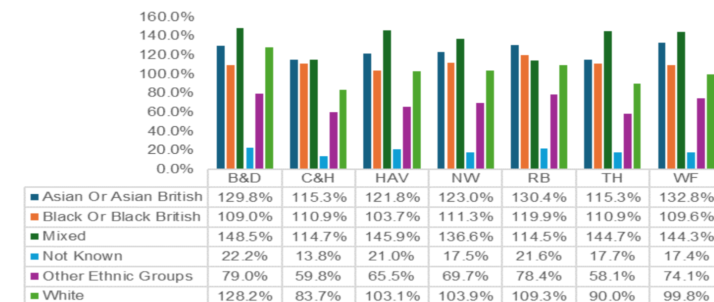
	B&D	C&H	HAV	NW	RB	TH	WF
19-29	28.6%	25.5%	30.1%	26.7%	27.7%	25.9%	31.4%
30-39	30.8%	25.8%	28.4%	29.4%	28.8%	28.6%	29.1%
40-49	29.4%	28.7%	26.4%	33.3%	29.2%	31.7%	33.3%
50-59	31.3%	31.7%	27.0%	35.1%	32.2%	33.9%	34.8%
60-69	34.0%	33.4%	28.3%	37.9%	33.1%	37.6%	38.0%



	B&D	C&H	HAV	NW	RB	TH	WF
Asian Or Asian British	34.7%	53.0%	31.5%	48.1%	36.1%	40.8%	49.6%
Black Or Black British	30.2%	43.1%	29.0%	44.3%	29.3%	42.5%	40.6%
Mixed	36.7%	51.6%	25.0%	52.5%	41.8%	53.6%	53.3%
Not Known	6.1%	6.0%	4.8%	6.4%	5.8%	6.2%	6.0%
Other Ethnic Groups	15.6%	22.7%	13.2%	24.2%	20.1%	21.4%	24.5%
White	32.1%	36.0%	26.6%	36.6%	27.7%	31.8%	34.4%



	B&D	C&H	HAV	NW	RB	TH	WF
Asian Or Asian British	30.0%	14.4%	31.2%	20.4%	29.4%	18.8%	18.9%
Black Or Black British	19.0%	8.4%	20.8%	12.2%	15.9%	11.7%	13.3%
Mixed	26.7%	13.5%	29.7%	20.5%	28.2%	19.8%	12.0%
Not Known	6.4%	4.0%	6.5%	6.0%	6.6%	4.3%	6.1%
Other Ethnic Groups	21.7%	13.2%	30.9%	16.0%	20.8%	14.5%	16.6%
White	17.1%	10.2%	20.7%	15.4%	17.0%	13.5%	13.1%



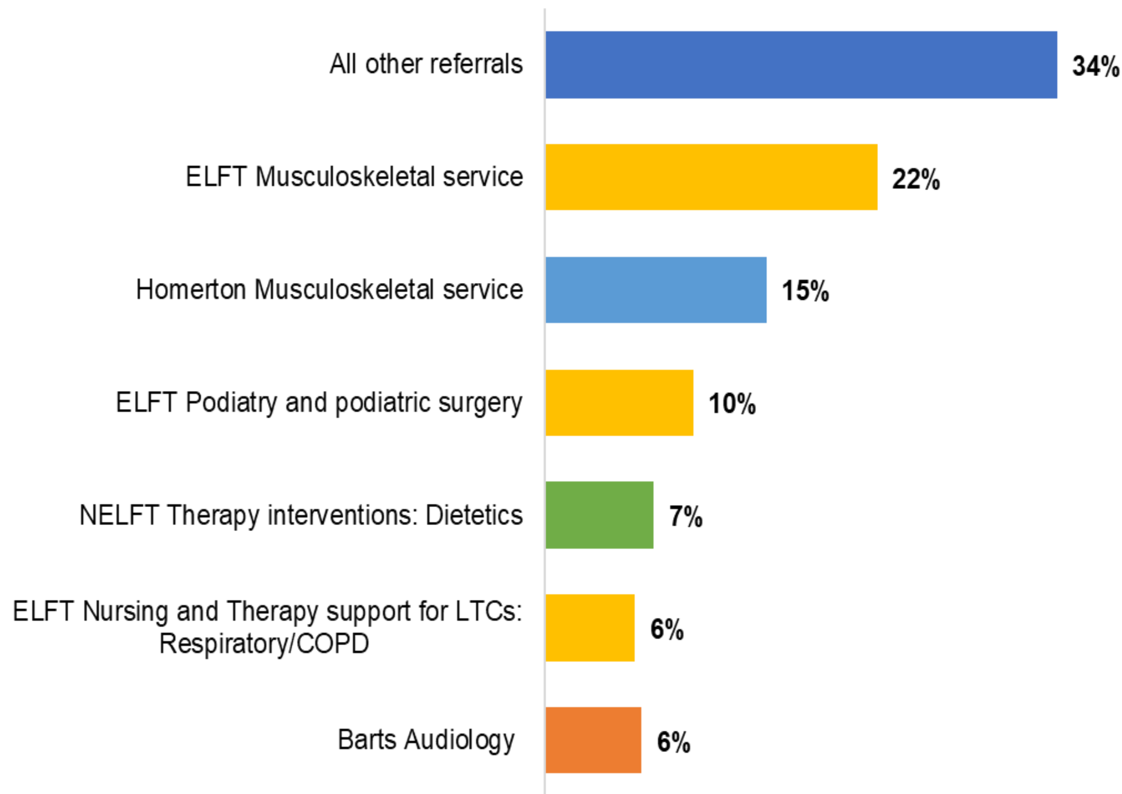
	B&D	C&H	HAV	NW	RB	TH	WF
Asian Or Asian British	129.8%	115.3%	121.8%	123.0%	130.4%	115.3%	132.8%
Black Or Black British	109.0%	110.9%	103.7%	111.3%	119.9%	110.9%	109.6%
Mixed	148.5%	114.7%	145.9%	136.6%	114.5%	144.7%	144.3%
Not Known	22.2%	13.8%	21.0%	17.5%	21.6%	17.7%	17.4%
Other Ethnic Groups	79.0%	59.8%	65.5%	69.7%	78.4%	58.1%	74.1%
White	128.2%	83.7%	103.1%	103.9%	109.3%	90.0%	99.8%

- Of the high intensity users across all places, a larger proportion fall in the persistent user category.
- 60-69 age group have the highest proportion of high intensity users the regular and persistent users category. However, for frequent users the younger adults are the highest [proportion of high intensity users.
- The BAME population generally have higher proportion of high intensity users compared to the white population – this may indicate health inequalities, Socioeconomic factors or cultural or language barriers that nay impact on education within some BAME communities. The national high intensity user's guidance suggests proactively working with a rolling cohort of people who access healthcare more than most, using a truly personalised approach can reduce high intensity users.

What do I do with this information? Identify frequent users and address the need outside of hospital to reduce inappropriate or unnecessary A&E attendances.

Data source: SUS

Community waiting times



Adults	Service	Number of Referrals
Services with highest volume of activity	ELFT Musculoskeletal service	3,784
	Homerton Musculoskeletal service	2,520
	ELFT Podiatry and podiatric surgery	1,689
	NELFT Therapy interventions: Dietetics	1,240
	ELFT Nursing and Therapy support for LTCs: Respiratory/COPD	1,022
	Barts Audiology	1,100
Number of referrals >52-104 weeks	Barts Audiology	9
	ELFT Podiatry and podiatric surgery	2
	Homerton Nursing and Therapy support for LTCs: Respiratory/COPD	2
	ELFT Musculoskeletal service	1
	ELFT Nursing and Therapy support for LTCs: Continence/ colostomy	1
Services with the highest number of referrals >18-52 weeks	ELFT Podiatry and podiatric surgery	742
	Barts Audiology	250
	NELFT Therapy interventions: Dietetics	239
	ELFT Musculoskeletal service	106

- For adult referrals, NEL ICB is 16th out of 42 ICBs, an improvement from 9th in January.
- Adult referrals decreased by 24% from 22,575 in January to 17,188 (below the national ICB average of 17,564) in February.
- In February, there were 15 adult referrals waiting between 52-104 weeks, this is an 81% decrease compared to January.
- There were 1,825 adult referrals waiting between 18-52 weeks. This represents a 22% decrease compared to January.
- There are zero referrals waiting over 104 weeks.

What do I do with this information? Improve and reduce waiting times for children accessing community services.

Data source: Community waiting times sitrep

Mental Health access and waiting times

Performance Measures & *Supporting Metrics*	Organisation	Compared with		Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
NHS Talking Therapies - Access count (Year to date)	Barking and Dagenham	**NEL 2023-24 Mar-24 target: 53,378**	5035	1,419	1,765	2,156	2,500	413	816	1,229	1,656	2,084	2,452	2,900	3,319	3,986
	Havering		5906	1,837	2,282	2,782	3,268	518	1,009	1,507	2,013	2,520	3,022	3,577	4,105	4,623
	Redbridge		6511	1,821	2,265	2,811	3,281	488	1,043	1,600	2,172	2,745	3,156	3,786	4,349	5,191
	Newham		9862	2,464	3,101	3,984	4,921	813	1,638	2,431	3,339	4,304	4,981	5,960	6,852	7,591
	Tower Hamlets		9128	2,687	3,377	4,179	4,988	750	1,625	2,344	3,138	4,027	4,668	5,559	6,418	7,104
	Waltham Forest		6853	2,011	2,527	3,054	3,597	574	1,171	1,757	2,354	2,951	3,370	4,019	4,766	5,435
	City and Hackney		10083	3,033	3,756	4,775	5,782	834	1,753	2,604	3,471	4,350	5,261	6,216	7,051	7,896
	BHR		17451	5,077	6,312	7,749	9,049	1,419	2,868	4,336	5,841	7,349	8,630	10,263	11,773	13,800
	TNW		25843	7,162	9,005	11,217	13,506	2,137	4,434	6,532	8,831	11,282	13,019	15,538	18,036	20,130
	NHS North East Londo		53,378	**15195**	**19005**	**23675**	**28275**	**4300**	**8900**	**13255**	**17130**	**22,000**	**25,590**	**30,685**	**35,545**	**40,485**
NHS Talking Therapies - The proportion of people that waited over 90 days from their first treatment to their second treatment appointment	Barking and Dagenham	**NEL 2023-24 target: <10%**		22.61%	30.46%	25.40%	16.38%	8.30%	6.08%	2.09%	3.65%	5.53%	3.17%	8.37%	7.17%	4.53%
	Havering			26.59%	18.77%	21.09%	21.20%	14.97%	12.28%	16.14%	16.61%	17.06%	14.34%	13.04%	15.79%	14.97%
	Redbridge			22.17%	26.35%	31.48%	21.88%	14.59%	14.12%	17.91%	18.61%	19.72%	16.03%	17.51%	15.32%	8.09%
	Newham			15.21%	11.14%	13.14%	9.48%	5.42%	5.73%	6.09%	8.64%	8.99%	10.49%	8.72%	17.62%	15.35%
	Tower Hamlets			3.13%	6.71%	5.13%	9.31%	7.57%	6.43%	12.89%	12.63%	15.24%	15.38%	16.39%	4.74%	8.51%
	Waltham Forest			24.64%	24.06%	25.07%	42.26%	34.12%	48.44%	56.39%	58.54%	60.24%	48.77%	50.61%	26.87%	33.19%
	City and Hackney			10.85%	15.00%	16.49%	15.90%	23.30%	27.40%	21.43%	25.95%	23.08%	21.71%	26.39%	33.03%	24.48%
	BHR			23.69%	25.32%	25.82%	20.24%	12.93%	11.24%	12.92%	13.68%	14.61%	11.82%	13.60%	13.12%	9.28%
	TNW			13.44%	14.68%	13.52%	16.78%	13.71%	16.65%	22.51%	26.01%	25.83%	24.80%	23.56%	15.60%	17.33%
	NHS North East Londo			**17.25%**	**18.78%**	**18.77%**	**17.67%**	**15.13%**	**16.40%**	**18.47%**	**20.10%**	**22.64%**	**20.15%**	**20.10%**	**17.10%**	**15.07%**
Early Intervention in Pyschosis (EIP)- Waiting Times	**NHS North East Londo**			**75.8%**	**76.5%**	**72.7%**	**70.0%**	**75.0%**	**71.9%**	**71.0%**	**70.6%**	**72.7%**	**77.1%**	**75.8%**	**78.1%**	**78.1%**
Inappropriate Out of area placements	**NHS North East Londo**			**85**	**30**	**60**	**110**	**400**	**460**	**590**	**945**	**1055**	**1465**	**2015**	**2150**	#N/A
Perinatal access (proportion of births)	Barking and Dagenham	**NEL 2023-24 Mar-24 target:8.76%**	3973	6.72%	6.77%	6.79%	6.67%	6.76%	7.09%	7.26%	7.57%	7.67%	7.48%	7.34%	7.52%	7.19%
	Havering		3423	9.52%	9.91%	10.10%	10.46%	11.01%	11.21%	11.46%	11.56%	11.72%	11.95%	12.31%	12.55%	12.52%
	Redbridge		4782	6.17%	6.03%	6.11%	6.39%	6.28%	6.52%	6.67%	6.75%	6.76%	6.62%	6.50%	6.40%	6.54%
	Newham		6027	7.53%	7.64%	7.66%	7.88%	8.03%	8.12%	8.16%	8.22%	8.18%	8.11%	8.24%	8.36%	8.50%
	Tower Hamlets		4592	5.79%	6.07%	6.21%	6.40%	6.54%	6.51%	6.70%	6.70%	6.84%	6.78%	6.77%	6.81%	7.48%
	Waltham Forest		4700	8.87%	8.78%	8.74%	8.86%	8.93%	9.06%	9.11%	9.10%	9.11%	9.11%	9.14%	9.58%	9.82%
	City and Hackney		4501	8.11%	8.13%	8.15%	8.17%	8.17%	8.19%	8.00%	8.00%	8.44%	8.57%	8.73%	9.09%	9.18%
	BHR		12,178	7.29%	7.36%	7.45%	7.62%	7.76%	8.03%	8.21%	8.37%	8.45%	8.40%	8.41%	8.49%	8.43%
	TNW		15,319	7.42%	7.52%	7.56%	7.73%	7.86%	7.93%	8.02%	8.04%	8.07%	8.02%	8.07%	8.27%	8.60%
	NHS North East Londo		31,998	**7.38%**	**7.52%**	**7.56%**	**7.73%**	**7.86%**	**8.00%**	**8.09%**	**8.17%**	**8.28%**	**8.25%**	**8.31%**	**8.45%**	**8.42%**

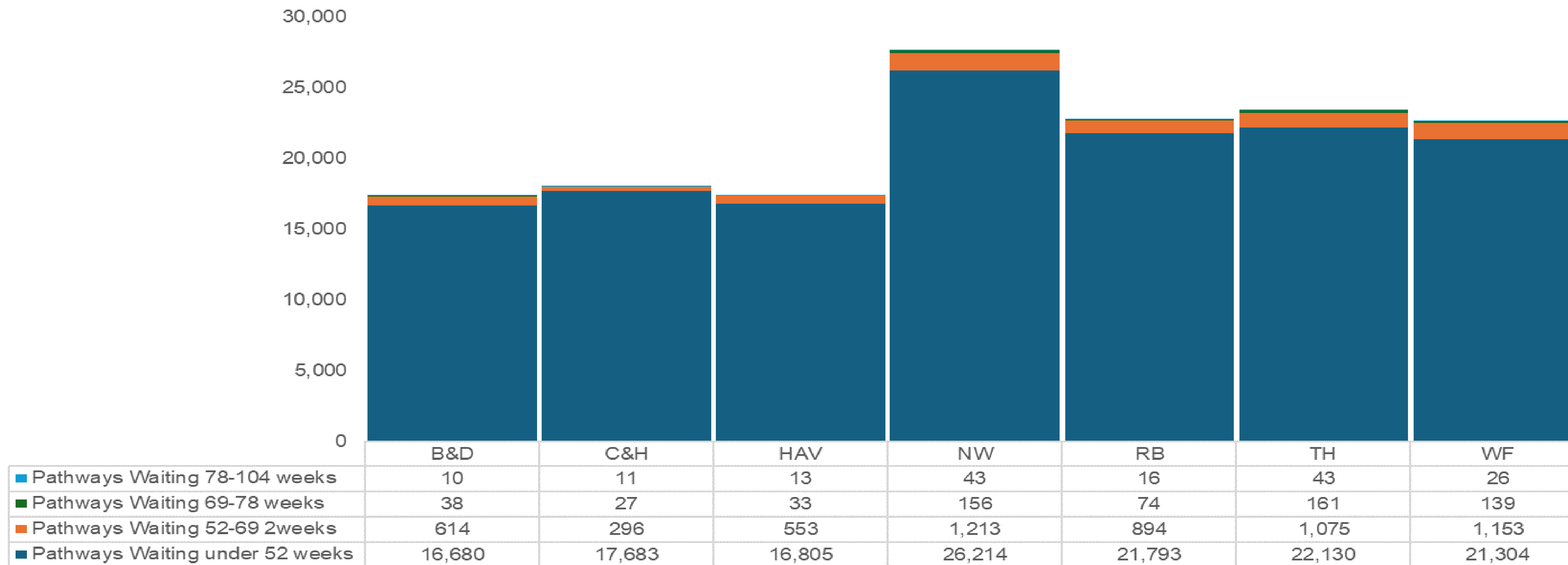
- Across NEL the year-to-date access target, and the target for over 90 days wait for first to second treatment for Talking Therapies is not being achieved.
- Perinatal access target of 8.76% is not being achieved in Barking & Dagenham, Redbridge, Tower Hamlets, Waltham Forest, City and Hackney.

What do I do with this information? Support improvement in access to mental health services for children and young people.

Data source: ICB Board report

Hospital waiting times (planned care)

The data source used for this data provides information by fixed age bands, for adults this is between 18 to 74.



	B&D	C&H	HAV	NW	RB	TH	WF
Pathways Waiting 78-104 weeks	10	11	13	43	16	43	26
Pathways Waiting 69-78 weeks	38	27	33	156	74	161	139
Pathways Waiting 52-69 2weeks	614	296	553	1,213	894	1,075	1,153
Pathways Waiting under 52 weeks	16,680	17,683	16,805	26,214	21,793	22,130	21,304

- This graph shows registered population waiting for treatment in hospital. Majority are under the 52 weeks waits, however we have a proportion that are breaching the over 52 weeks. The 24/25 operating plan target for long waiters is zero 65+ week breaches by the end of September. All Trusts have plans to deliver this, however for Barts Health to deliver this, it requires support from the wider system and therefore delivery of this target maybe at risk.

Data source: National Waiting List Open Pathway Dataset

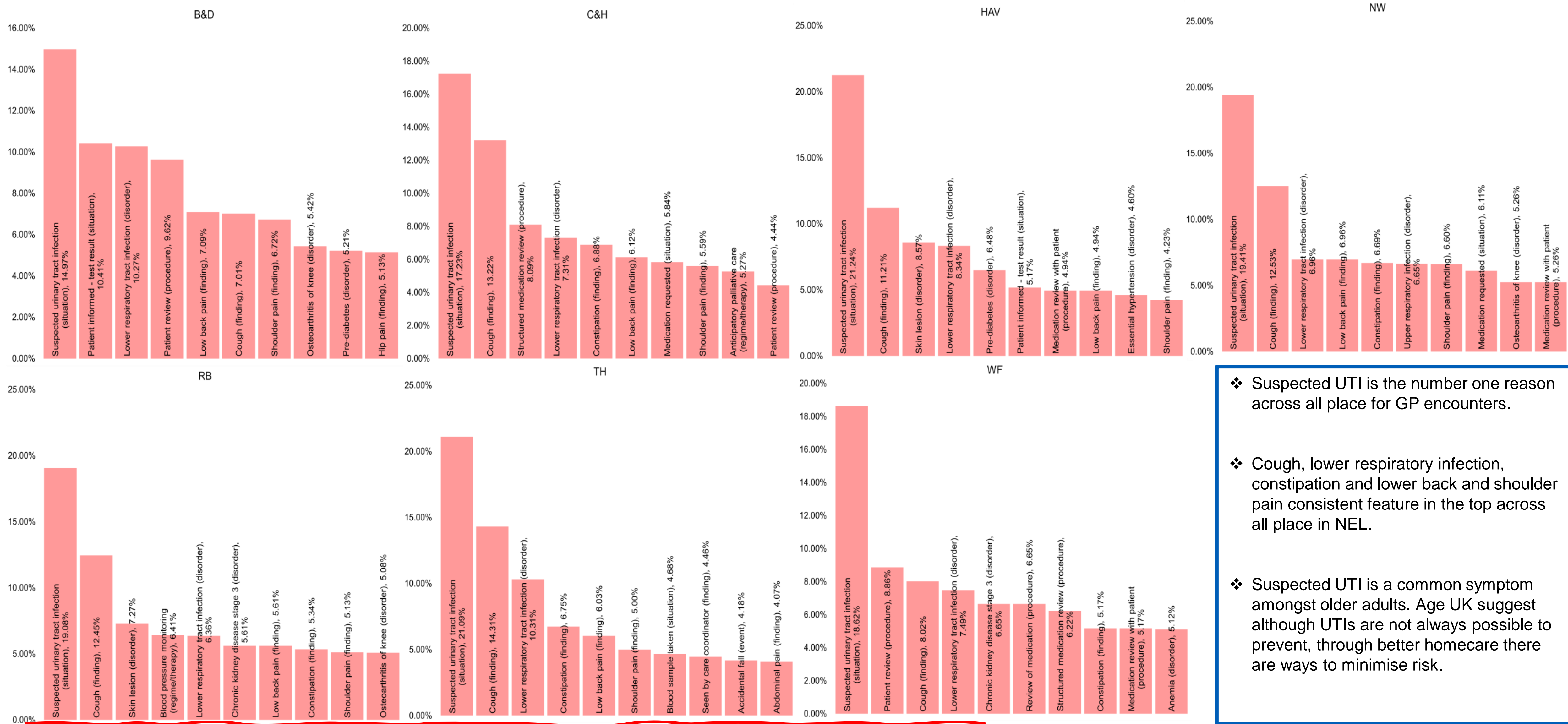
AGE WELL

Content

- Primary care need – Top 10 reasons for GP encounters
- LAS call outs from care homes
- A&E attendances for older adults 70+
- High Intensity Users for people 70+
- People who are housebound
- Mental Health access and waiting times
- Hospital waiting times (planned care)

Primary care need – Top 10 reasons for GP encounters

The data source used for this data provides information by fixed age bands, for older adults this is between 70+



Data source: Discovery

LAS call outs from care homes

Locality (based on pre-merged CCG)	Incident rates	No. of Incidents	Conveyed	Non conveyed	Non conveyed %	Blue Calls	% Blue call	No of care homes
Tower Hamlets	8.7	52	37	15	29%	14	27%	6
Redbridge	6.2	203	141	62	31%	41	20%	33
Waltham Forest	4.8	115	84	31	27%	23	20%	24
Barking and Dagenham	3.8	46	32	14	30%	8	17%	12
Newham	3.3	23	20	3	13%	8	35%	7
Havering	2.0	73	52	21	29%	20	27%	37
City and Hackney	1.6	13	9	4	31%	3	23%	8

Chief Complaint	B&D	C&H	HAV	NW	RB	TH	WF
Abdominal Pain / Problems	3%		0%	2%			1%
Allergies (Reactions) / Envenomations (Stings, Bites)				2%			2%
Breathing Problems	19%	9%	13%	12%	10%	13%	14%
Cardiac or Respiratory Arrest / Death)	1%		1%	2%	2%		2%
Chest Pain / Chest Discomfort (Non-Traumatic	8%	13%	6%	2%	8%		5%
Choking					2%		
Convulsions / Fitting	4%	17%	3%	6%	2%	3%	
Diabetic Problems	3%	4%	3%		2%	3%	1%
Eye Problems / Injuries				2%			
Falls	4%	4%	14%	10%	12%	10%	11%
Haemorrhage / Lacerations	1%	9%	6%	8%	1%	10%	5%
Headache			0%				
Heart Problems / A.I.C.D.	1%		1%	12%		3%	
Overdose / Poisoning (Ingestion)							1%
Psychiatric / Abnormal Behaviour / Suicide Attempt	1%		1%		2%		10%
Sick Person (Specific Diagnosis)			0%	8%	1%		2%
Stroke (CVA) / Transient Ischaemic Attack (TIA)	1%	9%	2%		3%		4%
Traumatic Injuries (Specific)							1%
Unconscious / Fainting (Near)	5%	13%	7%	6%	5%		6%
Health Care Professional (Admission) Protocol / Inter Facility Transfer	23%	4%	11%	12%	16%	17%	19%
NHS 111 / Internal Pathways Transfer	21%	13%	26%	17%	35%	40%	17%
_unknown	3%	4%	3%	2%	1%		

What do I do with this information? Improve patient care pathways through target intervention for common conditions.

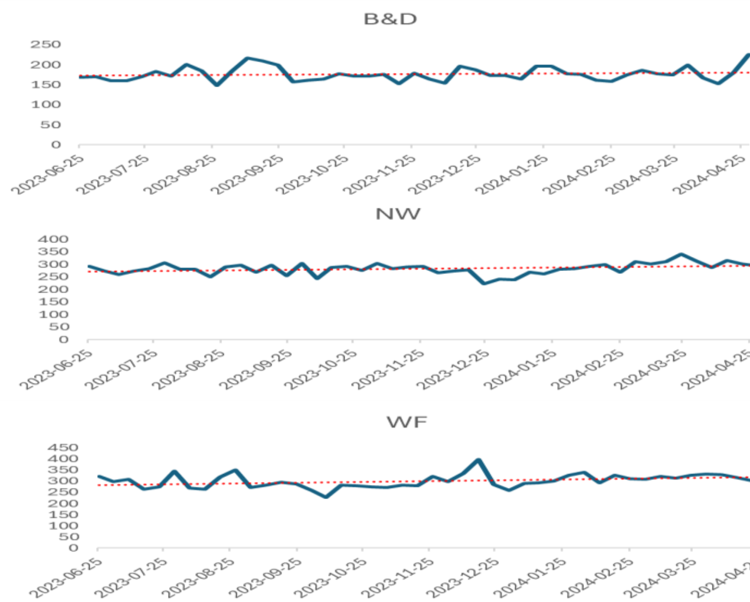
Illness Type	B&D	C&H	HAV	NW	RB	TH	WF
Other medical conditions	8%	8%	8%	17%	4%	10%	10%
Breathlessness (Dyspnoea)	7%	19%	6%	3%	3%	7%	8%
Sepsis	7%	4%	5%	8%	5%	7%	7%
Head Injury – Minor	4%		8%	8%	6%	7%	6%
Generally unwell	14%	4%	5%	3%	4%	7%	3%
Urinary tract infection	5%	8%	4%	5%	8%	3%	4%
Catheter problems	4%	4%	2%	5%	2%	13%	3%
No injury or illness	5%		4%	5%	4%	7%	5%
Pain - Other	4%	4%	8%	2%	2%	7%	3%
Abdominal pains	5%		2%	3%	6%	3%	5%
Vomiting	1%	4%	5%	3%	2%	7%	3%
Lower Respiratory Tract Infection	7%	4%	2%	2%	2%		4%
Pain - Chest		4%	3%	2%	4%		1%
COPD	1%	4%	3%	2%	1%	3%	
Stroke Fast Positive	1%	8%			2%		2%
Hypotension		8%	1%		1%		3%
Closed Fracture	1%		2%		3%	3%	1%
Hyperglycaemia	1%		2%	2%		3%	1%
End of life care (organ failure)	1%	4%	1%		2%		
Psychiatric problems - diagnosed		4%	0%		1%		3%
Minor cuts & bruising	1%		0%	2%	2%		3%
Minor injuries (other)			2%		2%	3%	1%
Confusion/distressed/upset	1%		3%	2%	2%		
Cardiac arrhythmias	4%		1%	2%	2%		
Bleeding PR			1%		1%	3%	3%
Dementia	2%		2%				3%
Pyrexia of unknown origin	1%			3%	2%		
Neurological problems-other		4%	0%	2%			1%
Laceration/incision (superficial)	1%		1%	2%	2%		1%

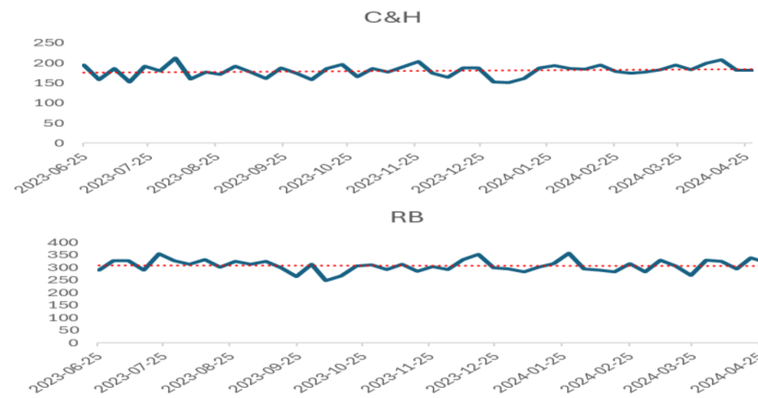
- The data shows number of ambulance call outs from care homes across NEL.
- Tower Hamlets (29% not conveyed), Redbridge (31% not conveyed) and Waltham Forest (27% not conveyed) have the highest rates of call outs on average per care home compared to the rest of NEL.
- Chief complaint reason recorded is 111 or health care professional pathway transfer, followed by falls and breathing problems.
- The top key diagnosis provided by LAS on arrival are breathlessness, sepsis, head injury (maybe from falls), generally unwell and UTIs.

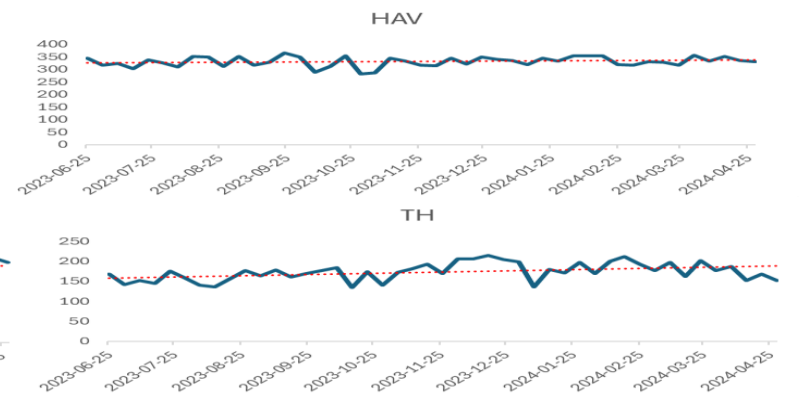
Data source: LAS care home report April 2024

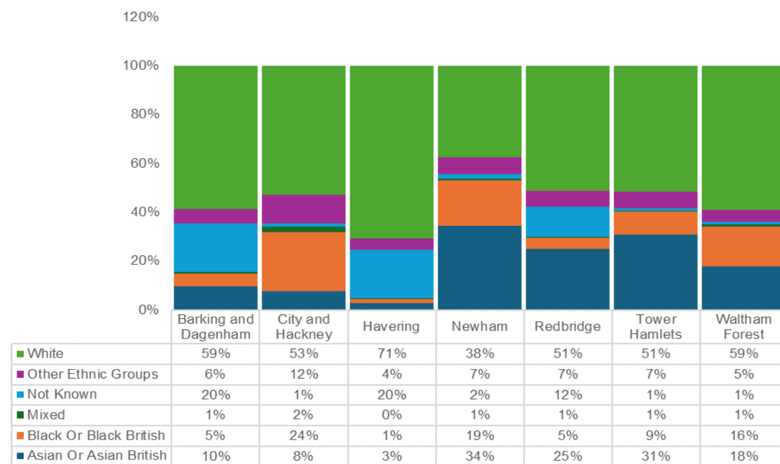
A&E attendances for older adults 70+

The data source used for this data provides information by fixed age bands, for older adults this is between 70+









	Barking and Dagenham	City and Hackney	Havering	Newham	Redbridge	Tower Hamlets	Waltham Forest
White	59%	53%	71%	38%	51%	51%	59%
Other Ethnic Groups	6%	12%	4%	7%	7%	7%	5%
Not Known	20%	1%	20%	2%	12%	1%	1%
Mixed	1%	2%	0%	1%	1%	1%	1%
Black Or Black British	5%	24%	1%	19%	5%	9%	16%
Asian Or Asian British	10%	8%	3%	34%	25%	31%	18%

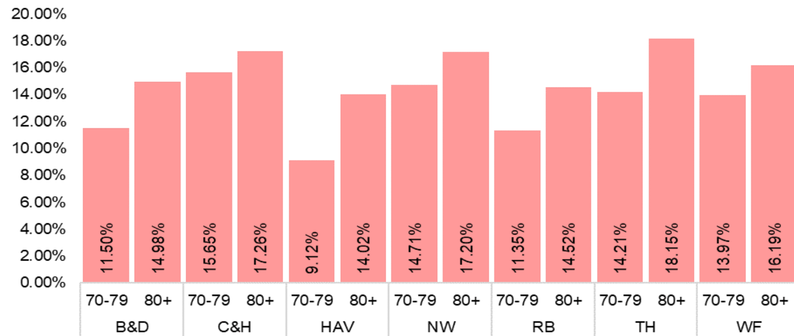
- A&E attendances for people aged over 70 is generally showing either a consistent or increasing trend across NEL.
- Majority of the lower acuity attendances (non-urgent and standard level of emergency) are in hours, however the higher acuity attendances (urgent, very urgent or immediate resuscitation are out of hours).
- A large proportion of 70+ A&E attendances are in Whipps Cross Hospital or Queens Hospital.
- The white population have the highest number of 70+ A&E attendances compared to other ethnic groups.
- Chest pain, dyspnoea, abdominal pain, Asthenia and pain in the lower limb are the top five patient complaints for attending A&E.
- At A&E the primary top five primary diagnosis are no abnormality detected, lower respiratory tract infection, sepsis, stroke and cellulitis.
- The top five LTC for people attending A&E is hypertension, COPD, dementia, ischaemic heart disease and asthma.

What do I do with this information? Use this information to re-direct and prevent low acuity or inappropriate A&E attendances through alternative pathways.

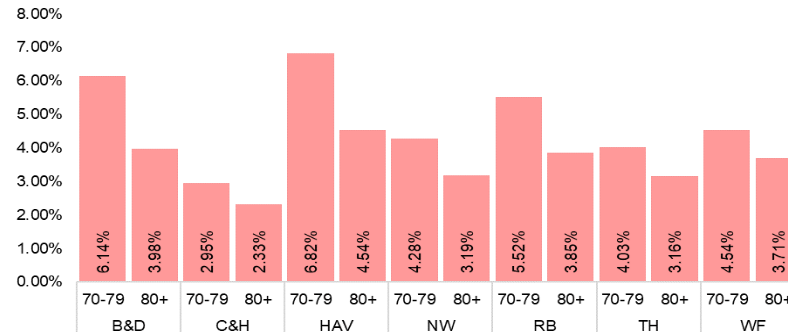
Data source: SUS

High Intensity Users for people 70+

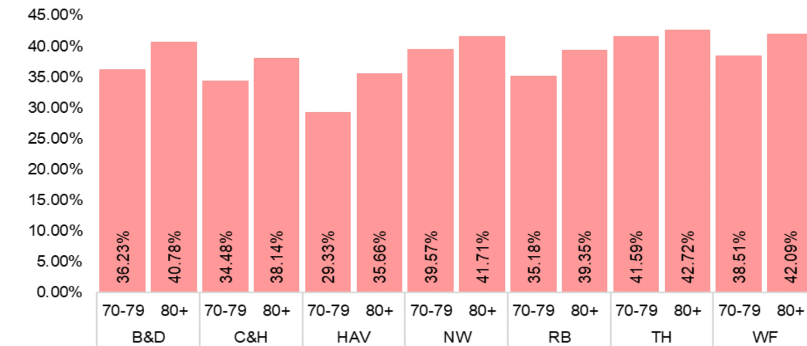
As regular users – five or more attendances in total across the yar but none of these are clustered into 3 or more with 3 months period



Frequent users – attendances either (a) clustered in a single 3-month period or 3 ror4 times within a 3-month period followed by 1-2 ad-hoc attendances outside this period



Persistent users – attendances (a) a period of 4 or more attendances with any 3 months period or (b) multiple instances of 3 month period with 3 or more attendances.

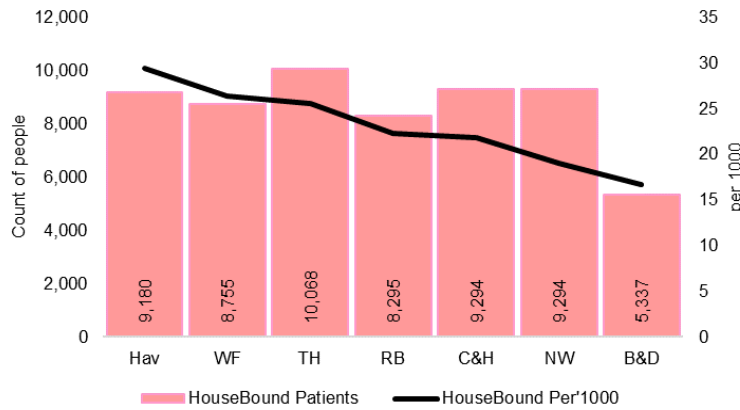


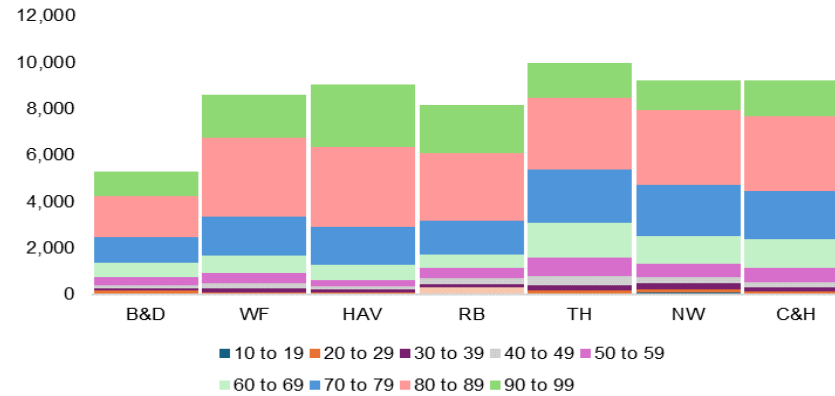
- Of the high intensity users across all places, a larger proportion fall in the persistent user category.
- 80+age group have the highest proportion of high intensity users the regular and persistent users category.
- There is no significant variation in the ethnicity and demographics in high intensity users cohort, however the black or black British have a higher proportion of people who are persistent users.

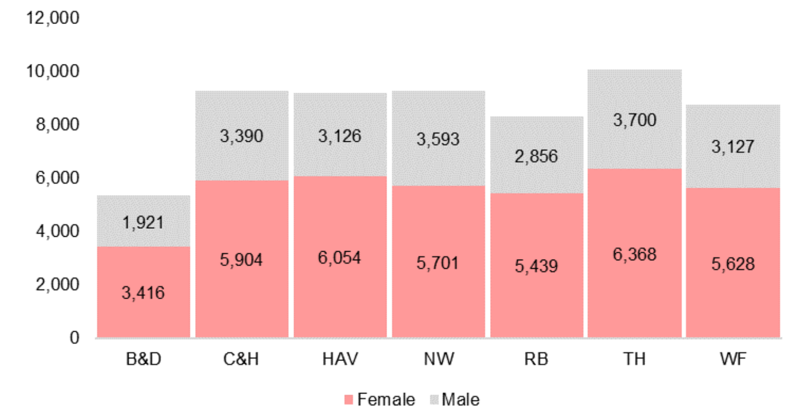
What do I do with this information? Identify frequent users and address the need outside of hospital to reduce inappropriate or unnecessary A&E attendances.

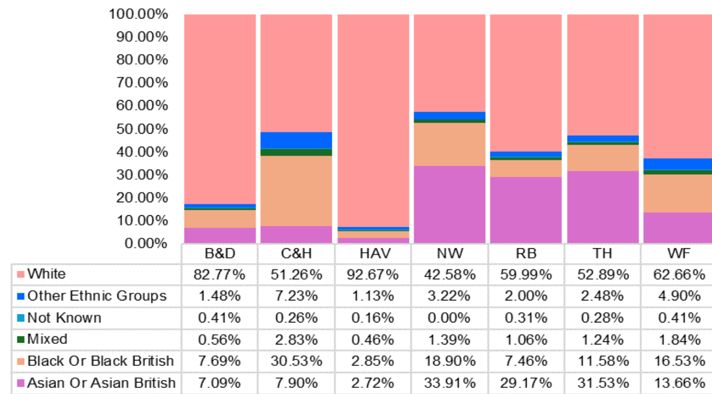
Data source: SUS

1. People who are housebound

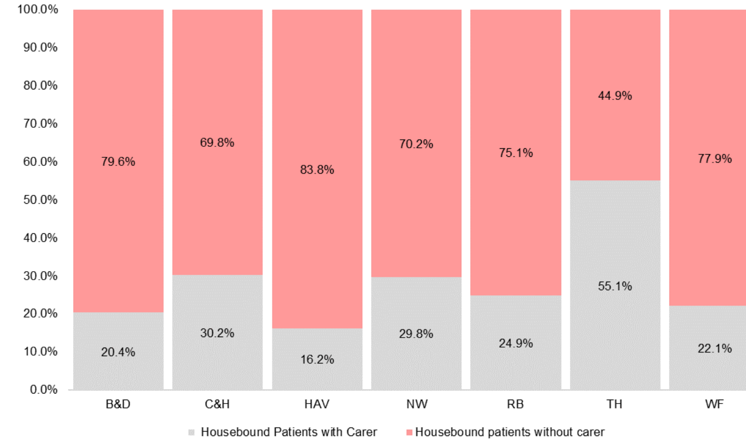


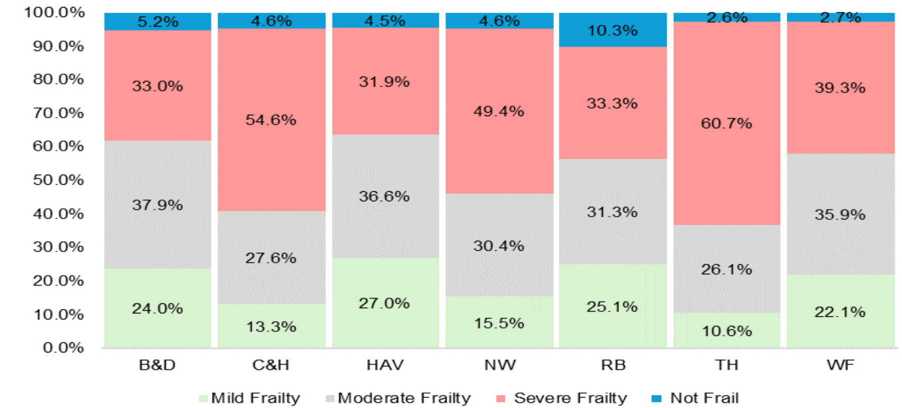






	B&D	C&H	HAV	NW	RB	TH	WF
White	82.77%	51.26%	92.67%	42.58%	59.99%	52.89%	62.66%
Other Ethnic Groups	1.48%	7.23%	1.13%	3.22%	2.00%	2.48%	4.90%
Not Known	0.41%	0.26%	0.16%	0.00%	0.31%	0.28%	0.41%
Mixed	0.56%	2.83%	0.46%	1.39%	1.06%	1.24%	1.84%
Black Or Black British	7.69%	30.53%	2.85%	18.90%	7.46%	11.58%	16.53%
Asian Or Asian British	7.09%	7.90%	2.72%	33.91%	29.17%	31.53%	13.66%

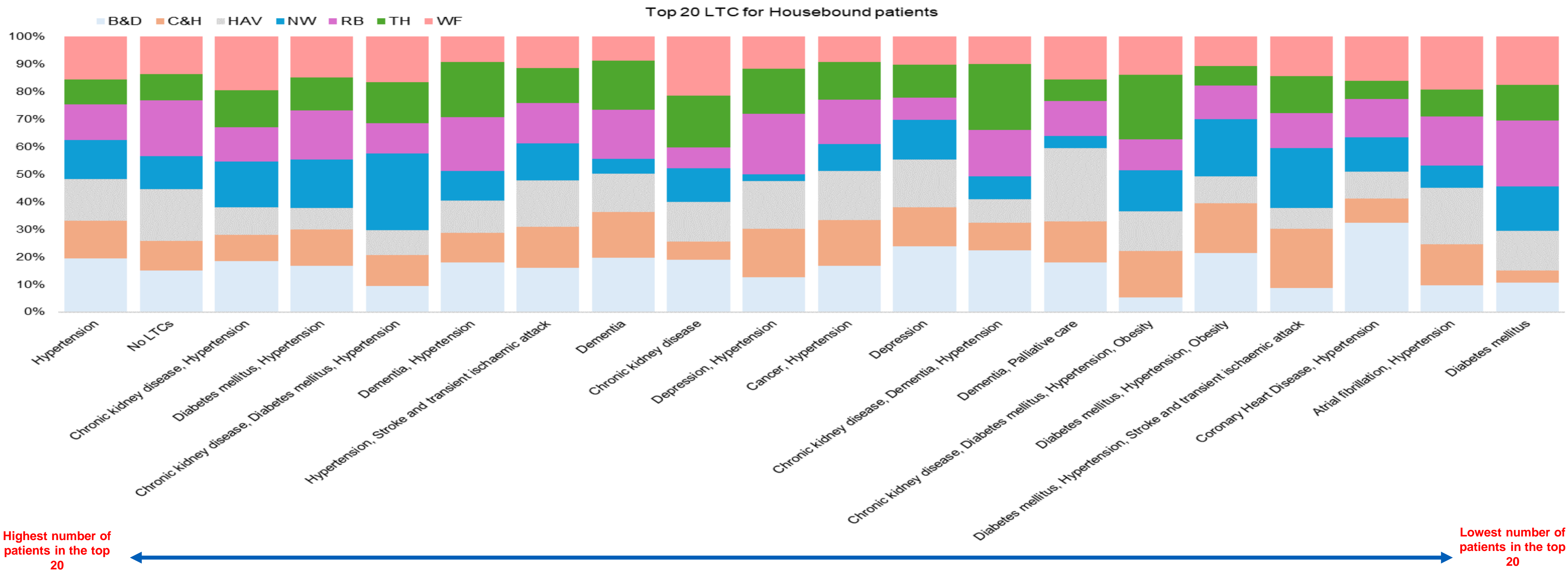




- ❖ The comparison of the rates of people housebound is arranged from the highest rate (Havering) to the lowest (barking and Dagenham).
- ❖ The largest proportion of people housebound are between age 80 to 99. However, interestingly the inner-NEL Places have a higher proportion of people who become housebound at a younger age (70-79) compared to the outer-NEL places.
- ❖ More females are housebound compared to males, the white ethnic group across all Places have the largest number of people who are housebound compared to other ethnic groups, this does not reflect the overall population demographics.
- ❖ Of the people who are recorded as housebound, a larger proportion have no carers and have moderate or severe frailty.

Data source: NEL Housebound dashboard

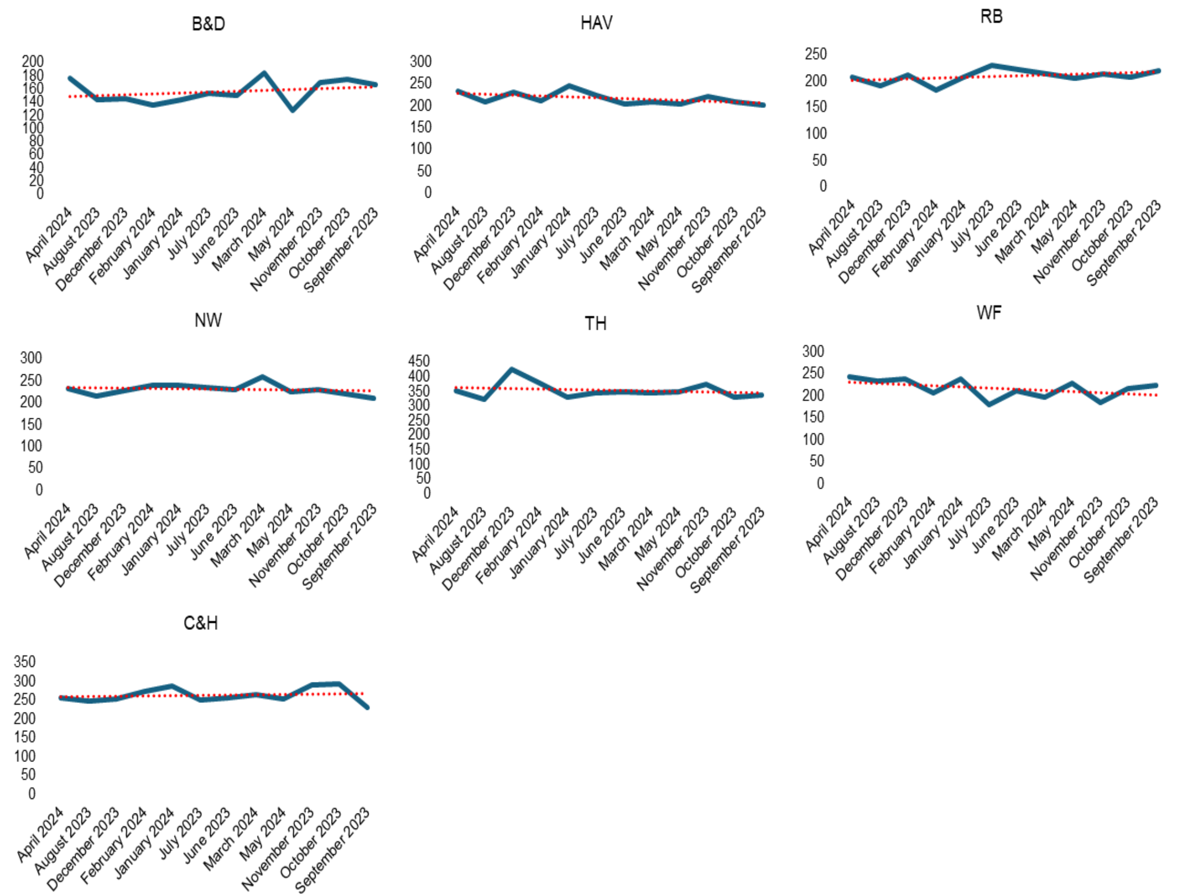
2. People who are housebound – LTC for people who are 70+



- This graph shows top 20 long term conditions from the highest of the to the lowest, the data also provides the complexities and comorbidities of housebound people who have more than one LTC.
- Hypertension is the most prevalent in housebound patients, however some people with hypertension have other complex conditions including CKD, diabetes, dementia and stroke.
- Hypertension, Dementia and diabetes are the top three conditions for people that are housebound.

Data source: NEL Housebound Dashboard

3. People who are housebound – A&E attendances and admissions 70+



- A&E attendances across all places are not rising, however generally remain steady in the last 12 months with the exception of Waltham Forest which is showing a reduction in the last 12 months. The highest spend areas for primary diagnosis for this group is intravenous cannulation, infusion of drug or medicament, cardiac monitor surveillance, administration of medication and review of medication.

- Apart from Waltham Forest, all places are showing a consistent number of admissions in the last 12 months, however Barking and Dagenham are showing an increasing trend. The primary diagnosis for the highest spend area for admissions is- tendency to fall, UTI, pneumonia, sepsis and fracture of neck of femur.

What do I do with this information? Improve proactive care for people who are housebound to meet their needs, and reduce hospital attendances and hospitalisation.

Data source: SUS

Mental Health access and waiting times

Performance Measures & *Supporting Metrics*	Organisation	Compared with	Reporting Period												
			Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Dementia															
Dementia diagnosis rate	Barking and Dagenham	66.7% target	56.2%	56.5%	56.2%	57.8%	56.3%	55.6%	55.8%	57.9%	58.2%	59.1%	59.4%	61.2%	60.5%
	Havering		52.8%	52.9%	53.4%	54.4%	55.5%	55.6%	55.6%	55.5%	55.9%	55.7%	55.9%	55.8%	55.4%
	Redbridge		63.4%	63.4%	63.1%	63.1%	64.0%	64.2%	64.3%	64.2%	64.9%	64.8%	64.4%	64.0%	65.0%
	Newham		54.8%	54.1%	53.9%	53.9%	54.4%	54.5%	55.3%	55.4%	55.1%	54.1%	54.4%	55.2%	56.1%
	Tower Hamlets		71.8%	72.3%	73.7%	74.5%	74.0%	74.5%	75.2%	76.4%	78.6%	75.9%	76.0%	75.3%	75.0%
	Waltham Forest		63.1%	62.4%	61.9%	61.2%	61.0%	60.5%	60.1%	59.6%	59.0%	58.7%	57.7%	57.7%	57.3%
	City and Hackney		63.4%	66.2%	66.3%	66.2%	65.3%	65.3%	64.5%	64.1%	64.8%	63.6%	63.8%	63.9%	63.9%
	BHR		57.5%	57.6%	57.6%	58.3%	58.9%	58.9%	59.0%	59.3%	59.8%	59.8%	59.8%	60.0%	60.0%
	TNW		62.5%	62.1%	62.2%	62.1%	62.1%	62.0%	62.3%	62.4%	62.6%	61.5%	61.2%	61.3%	61.3%
	NHS North East London		**59.5%**	**59.5%**	**59.6%**	**60.0%**	**60.2%**	**60.2%**	**60.2%**	**60.4%**	**60.1%**	**60.4%**	**60.2%**	**60.4%**	**60.4%**
% of people Diagnosed within 6 weeks of referral	Barking and Dagenham	85% target	5.6%	0.0%	0.0%	10.7%	15.0%	16.7%	20.0%	22.0%	83.0%	0.0%	0.0%	12.5%	50.0%
	Havering		0.0%	11.1%	0.0%	0.0%	9.3%	7.0%	3.4%	21.0%	26.0%	65.0%	0.0%	0.0%	0.0%
	Redbridge		12.7%	32.3%	7.3%	13.7%	18.8%	25.6%	10.4%	4.3%	2.2%	20.3%	52.0%	36.0%	12.5%
	Newham		27.8%	0.0%	0.0%	33.3%	25.0%	14.3%	40.0%	14.3%	33.3%	100.0%	0.0%	0.0%	28.6%
	Tower Hamlets		11.1%	0.0%	7.7%	0.0%	31.3%	7.1%	0.0%	15.0%	26.7%	10.0%	17.6%	29.4%	18.8%
	Waltham Forest		56.7%	76.5%	65.0%	51.4%	63.6%	50.0%	70.6%	68.8%	64.0%	46.2%	36.4%	60.0%	33.3%
	City and Hackney		21.1%	14.3%	20.0%	11.1%	0.0%	36.4%	15.4%	8.7%	41.2%	33.3%	25.5%	23.8%	28.6%
	BHR		6.1%	14.5%	2.4%	8.1%	14.4%	16.4%	11.3%	15.8%	37.1%	28.4%	17.3%	16.2%	20.8%
	TNW		31.9%	25.5%	24.2%	28.2%	40.0%	23.8%	36.9%	32.7%	41.3%	52.1%	18.0%	29.8%	26.9%
	NHS North East London		**19.3%**	**19.2%**	**14.3%**	**17.2%**	**23.3%**	**22.4%**	**22.8%**	**22.0%**	**39.5%**	**39.3%**	**18.8%**	**23.1%**	**24.5%**

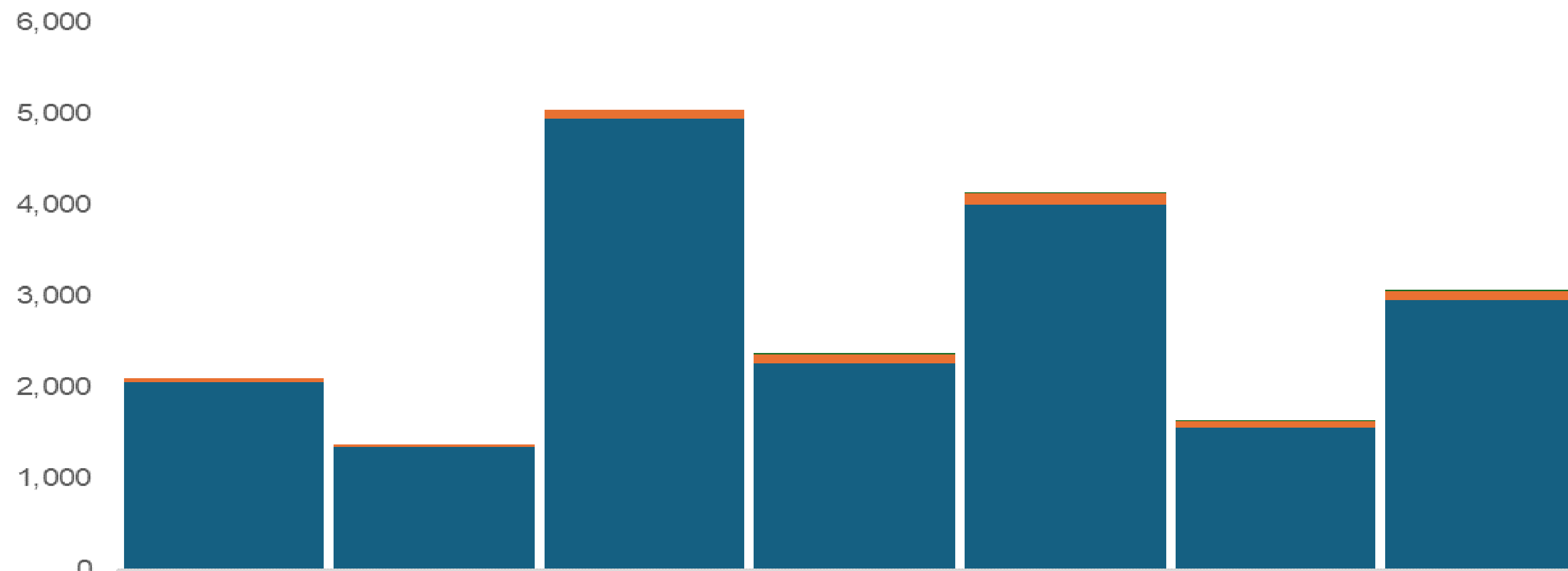
- ❖ Dementia diagnosis rate is currently not being achieved across NEL with the exception of Tower Hamlets.
- ❖ North East London's Dementia diagnosis rates are 60.4% which is below the national target, and we recognise that resources are needed to close the gap. However, we note that no SDF has been allocated by NHSE to Dementia and Dementia also sits outside the MHIS and it is not technically possible to use MHIS to fund Dementia and stay within our MHIS targets when we are financially audited. Dementia is therefore reliant on ICB funding that sits outside of MHIS and SDF. In view of the financial pressures the NEL system is under it has not as yet been possible to identify any growth funding to improve the dementia diagnostic rate and there are as a result no plans to expand our Dementia service workforce.

Data source: ICB Board report

What do I do with this information? Support improvement in dementia diagnosis rates.

Hospital waiting times (planned care)

The data source used for this data provides information by fixed age bands, for adults this is between 75+.



	B&D	C&H	HAV	NW	RB	TH	WF
Pathways Waiting 69-78 weeks				10	12	5	11
Pathways Waiting 52-69 2weeks	49	32	99	103	112	71	97
Pathways Waiting under 52 weeks	2,052	1,348	4,943	2,266	4,005	1,562	2,957

- This graph shows registered population waiting for treatment in hospital. Majority are under the 52 weeks waits, however we have a proportion that are breaching the over 52 weeks. The 24/25 operating plan target for long waiters is zero 65+ week breaches by the end of September. All Trusts have plans to deliver this, however for Barts Health to deliver this, it requires support from the wider system and therefore delivery of this target maybe at risk.

Data source: National Waiting List Open Pathway Dataset

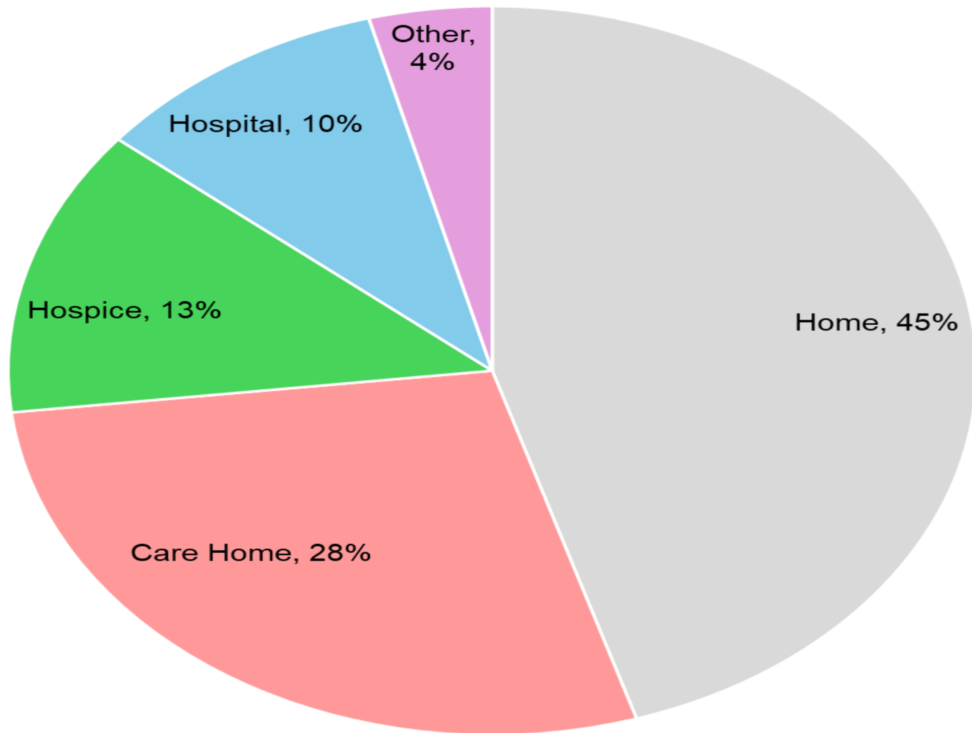
DIE WELL

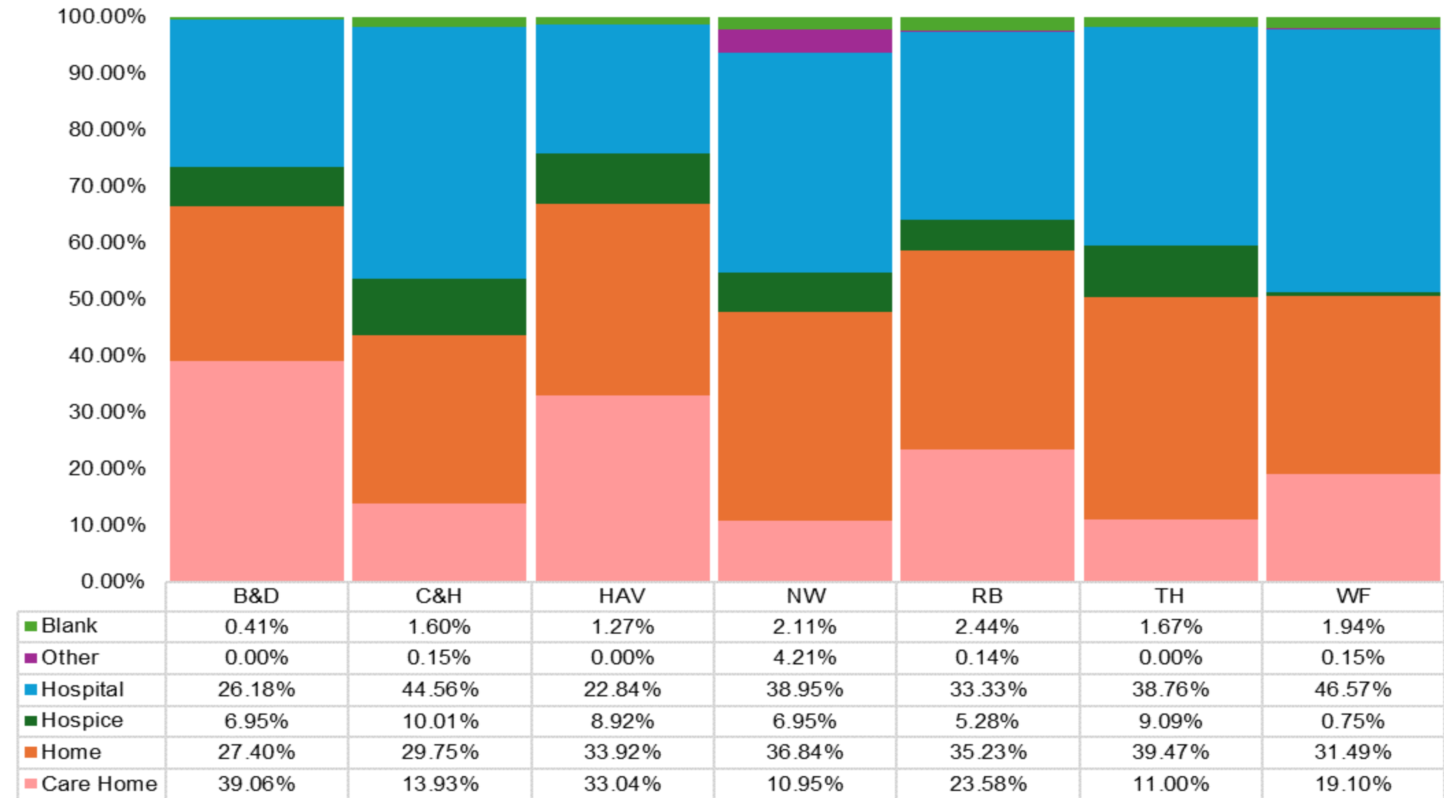
Content

- Location VS expressed preferred place of death for people who have a universal care plan
- Individuals with a recording where preferred place of death achieve

Location VS expressed preferred place of death for people who have a universal care plan

Please note: The data is not a reflection on everyone that maybe end of life or on a palliative care pathway. It only includes data on people who have a universal care plan (UCP).





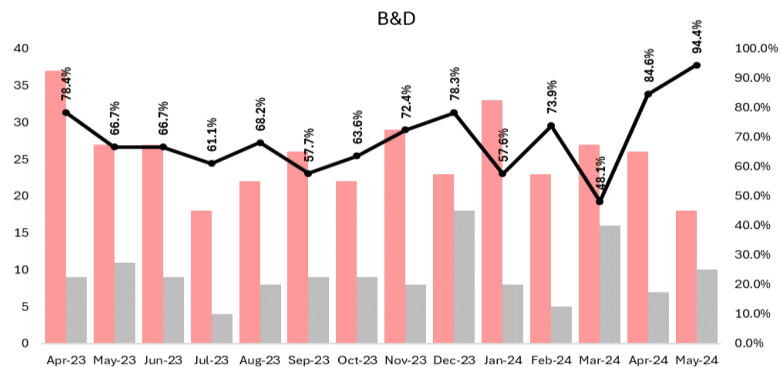
	B&D	C&H	HAV	NW	RB	TH	WF
Blank	0.41%	1.60%	1.27%	2.11%	2.44%	1.67%	1.94%
Other	0.00%	0.15%	0.00%	4.21%	0.14%	0.00%	0.15%
Hospital	26.18%	44.56%	22.84%	38.95%	33.33%	38.76%	46.57%
Hospice	6.95%	10.01%	8.92%	6.95%	5.28%	9.09%	0.75%
Home	27.40%	29.75%	33.92%	36.84%	35.23%	39.47%	31.49%
Care Home	39.06%	13.93%	33.04%	10.95%	23.58%	11.00%	19.10%

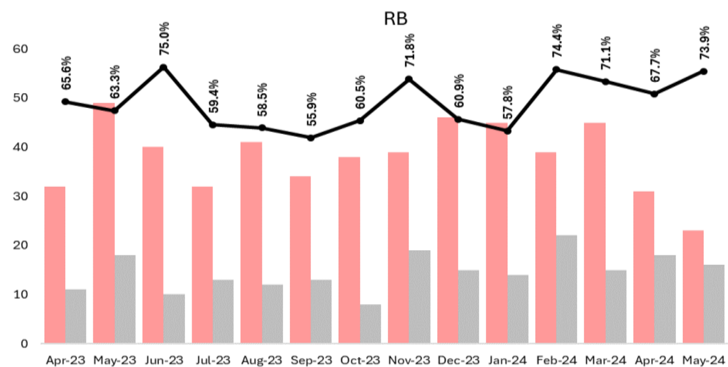
- The information on this report is only for people who have deceased that had a universal care plan.
- Across NEL 45% of people who have a recording of preferred place of death, 73% preferred their place of residence (45% preferred home and 28% care home), compared to only 10% in hospital.
- However, majority of deaths for people with a universal care plan across NEL take place in a hospital setting.

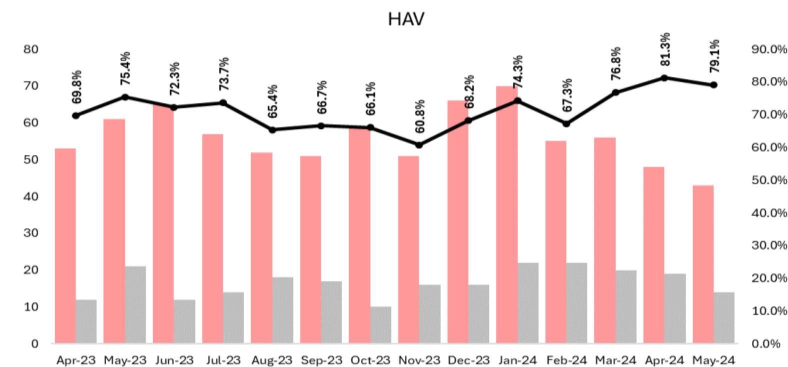
Data source: London Universal Care Plans dashboard

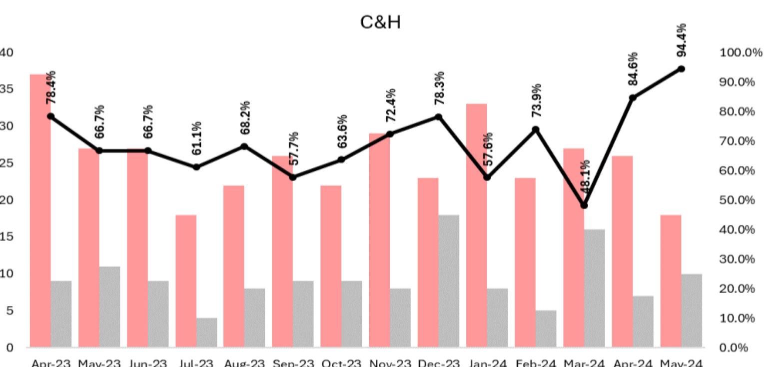
Individuals with a recording where preferred place of death achieve

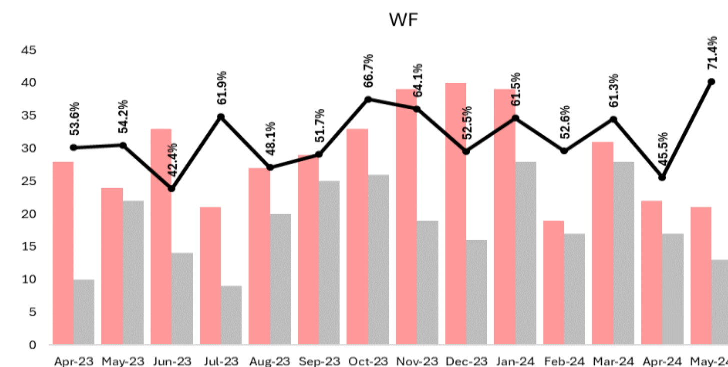
Pts deceased and preference recorded | Pts deceased and preference NOT recorded | % Individuals with a recording where prefered place of death achieved

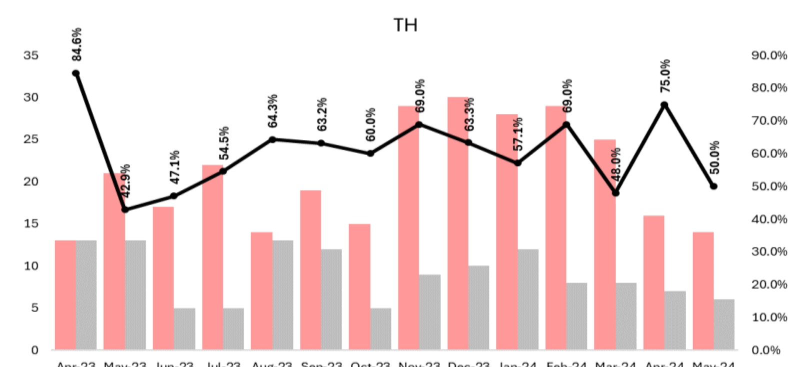


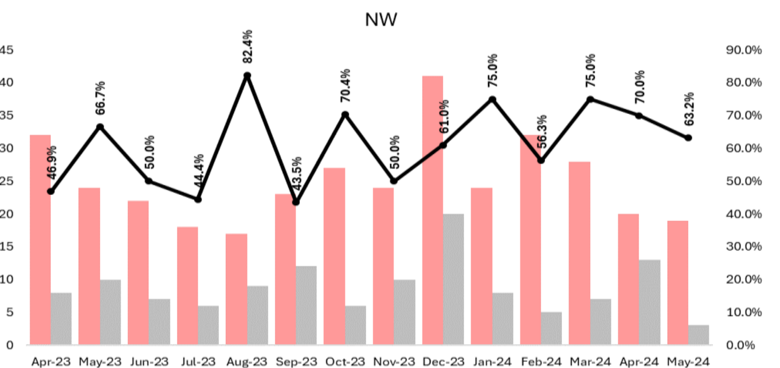












- There is variation in performance of individuals with a recording where preferred place of death achieved in the last 14 months.
- Waltham Forest comparatively have a higher number of patient deceased who have a universal care plan but preferred place of death not recorded. However, there are opportunities across NEL to improve recording and outcomes for people decision to die in their place of choice.

What do I do with this information? Improve recorded of preferred place of death, and support achieving people's choice of their place of death – in their usual place of residence.

Data source: London Universal Care Plans dashboard

Future developments

- ❑ Unplanned admissions
- ❑ Planned admissions
- ❑ Outpatient information
- ❑ End of Life
- ❑ Place based community data
- ❑ Place based mental health demand and demographic data
- ❑ Proactive care
- ❑ Local authority – social care and public health data
- ❑ Place based local metrics and measures

NHS
North East London

2024-25 Management Information - Newham

Meeting name: Newham Health & Care Partnership Board

Presenter: Sunil Thakker

Date: 6 September 2024

NEL ICS - Financial Summary Month 4

Surplus / (Deficit) - Adjusted Financial Position

	YTD Surplus / (Deficit)			Full Year Forecast Surplus / (Deficit)		
	Plan	Actual	Variance	Plan	Forecast	Variance
	£m	£m	£m	£m	£m	£m
North East London ICB	(4.6)	(10.3)	(5.7)	0.6	0.6	(0.0)
Providers	(27.2)	(65.1)	(37.8)	(35.6)	(35.6)	0.0
ICS Total	**(31.8)**	**(75.4)**	**(43.5)**	**(35.0)**	**(35.0)**	**0.0**

Month 4 Summary Position

- The year-to-date ICS variance to plan is a **deficit of £43.5m**. This is made up of a provider deficit to plan of £37.8m and ICB deficit to plan of £5.7m.
- The ICS submitted an operating plan forecast deficit of £35m (provider deficit of £35.6m and ICB surplus of £0.6m).
- In line with the operating plan and required reporting requirements the month 4 forecast year-end deficit is £35m.
- The month 4 financial position includes the costs of strike action at the end of June / beginning of July, run rate pressures and slippage on both provider and ICB efficiency schemes.
- Whilst the forecast is in line with plan, the year-to-date run rate suggests a significant overspend. There are outstanding risks in relation to the delivery of the year-end reported position across the ICB and system partners. These risks will need to be managed though the financial sustainability workstream and further updates on the progress of this will be given.
- The mitigating actions in place to manage the risk is an ICB and ICS review of its system wide recovery and sustainability arrangements

ICB INFORMATION AT PLACE

Acute - Executive Summary

Activity Type	Activity: M2 YTD 2023/24	Activity: M2 YTD 2024/25	Activity: Difference	Activity: % Difference	Cost: M2 YTD 2023/24	Cost: M2 YTD 2024/25	Cost: Difference	Cost: % Difference
A&E	29,789	30,593	804	3%	£4,626,088	£4,629,207	£3,119	0%
Emergency Admissions	3,530	3,644	114	3%	£10,911,102	£11,684,259	£773,157	7%
Outpatient Attendances	62,104	61,625	-479	-1%	£7,916,199	£8,438,247	£522,049	7%
Inpatient Admissions	5,456	5,941	485	9%	£8,773,453	£9,342,260	£568,807	6%

Headlines:

- Due to an erroneous SUS submission by Homerton, outpatient activity is not correct for this month. This is to be corrected for M3

Notes:

- Data source is SUS. The prices do not reflect actual spend as there will be a portion of activity that does not get submitted to SUS or has local prices attached, for example, Critical Care or High Cost Drugs. The figures here however are to give a flavour of areas of spend.
- Data may also differ from other reports, for example, the Core Metrics, as different criteria is applied.
- The Urgent Care provider at BHRUT, PELC, has been omitted from this data as reporting began mid-way last year. This will be included when comparative data becomes available.
- For outpatient activity and cost, only specific acute data has been included, i.e. midwifery, nurse-led activity, mental health etc. has been omitted.
- This data is using a legacy approach to SUS. More accurate Place attribution is being worked on in further iterations.
- Due to significant uncoded activity at BHRUT, 'Freeze' data is used meaning that this report will be reporting data 3 months ago

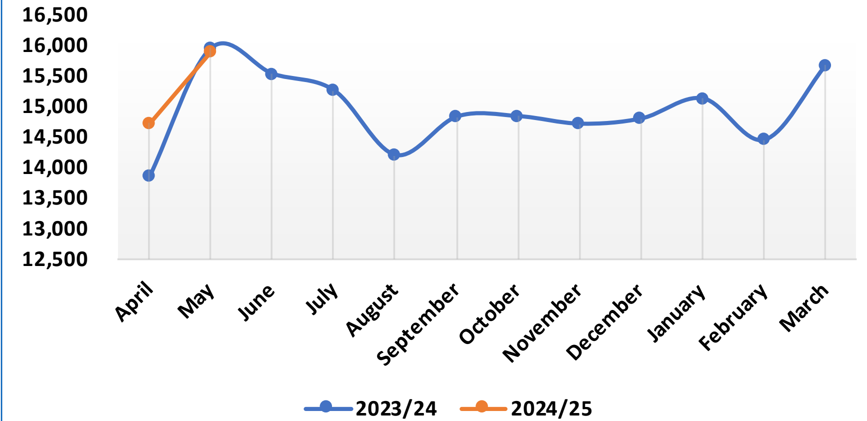
Acute - Accident and Emergency

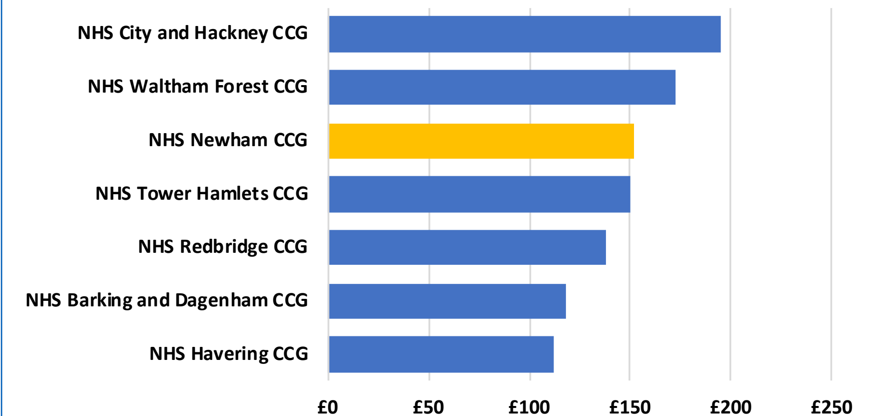
Provider	Activity M2 YTD 2023/24	Activity M2 YTD 2024/25	Activity Difference	Cost M2 YTD 2023/24	Cost M2 YTD 2024/25	Cost Difference
Provider	**29,789**	**30,593**	**804**	**£4,626,088**	**£4,629,207**	**£3,119**
Barts Health NHS Trust	22,693	23,378	685	£3,593,884	£3,635,518	£41,635
Tower Hamlets GP Care Group Cic	1,645	1,729	84	£137,280	£148,148	£10,868
Homerton Healthcare NHS Foundation Trust	1,083	1,108	25	£206,044	£218,036	£11,993
Moorfields Eye Hospital NHS Foundation Trust	700	653	-47	£130,375	£127,957	-£2,418
Barking, Havering and Redbridge University Hospitals NHS Trust	570	650	80	£134,561	£66,659	-£67,901
North East London NHS Foundation Trust	498	472	-26	£27,525	£28,253	£728
University College London Hospitals NHS Foundation Trust	297	323	26	£58,702	£70,997	£12,295
Guy's and St Thomas' NHS Foundation Trust	349	183	-166	£64,317	£19,184	-£45,133
Imperial College Healthcare NHS Trust	151	178	27	£21,234	£26,625	£5,391
Mid and South Essex NHS Foundation Trust	174	154	-20	£28,585	£26,056	-£2,529
Other Providers	1,629	1,765	136	£223,583	£261,775	£38,192

Activity and Cost showing top 10 providers ordered by 2024/25 highest to lowest activity levels. Difference in costs could be due to tariff changes between the years.

HRG Description	Activity M2 YTD 2023/24	Activity M2 YTD 2024/25	Activity Difference	Cost M2 YTD 2023/24	Cost M2 YTD 2024/25	Cost Difference
HRG Description	**29,789**	**30,593**	**804**	**£4,626,088**	**£4,629,207**	**£3,119**
Emergency Medicine, Any Investigation with Category 5 Treatment	20	16	-4	£7,635	£7,082	-£553
Emergency Medicine, Category 3 Investigation with Category 4 Treatment	725	644	-81	£360,645	£331,209	-£29,436
Emergency Medicine, Category 3 Investigation with Category 1-3 Treatment	2,033	2,038	5	£687,795	£710,607	£22,812
Emergency Medicine, Category 2 Investigation with Category 4 Treatment	1,148	864	-284	£399,112	£310,864	-£88,249
Emergency Medicine, Category 2 Investigation with Category 3 Treatment	204	201	-3	£47,777	£45,689	-£2,088
Emergency Medicine, Category 1 Investigation with Category 3-4 Treatment	472	425	-47	£85,686	£75,163	-£10,523
Emergency Medicine, Category 2 Investigation with Category 2 Treatment	1,634	1,625	-9	£318,281	£316,946	-£1,335
Emergency Medicine, Category 2 Investigation with Category 1 Treatment	7,005	6,931	-74	£1,225,492	£1,237,476	£11,985
Emergency Medicine, Category 1 Investigation with Category 1-2 Treatment	7,289	7,191	-98	£903,377	£928,971	£25,593
Emergency Medicine, Dental Care	0	0	0	£0	£0	£0
Emergency Medicine, No Investigation with No Significant Treatment	5,802	5,204	-598	£583,721	£541,358	-£42,363
Emergency Medicine, Patient Dead On Arrival	13	22	9	£1,295	£2,338	£1,043
Unrecorded	3,444	5,432	1,988	£5,272	£121,505	£116,233

Activity and Cost showing top 10 HRGs ordered by 2023/24 highest to lowest of severity. Difference in costs could be due to tariff changes between the years.





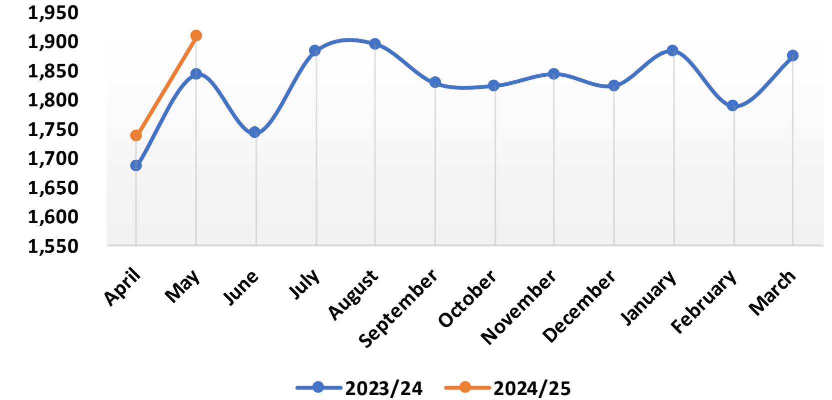
Acute - Emergency Admissions

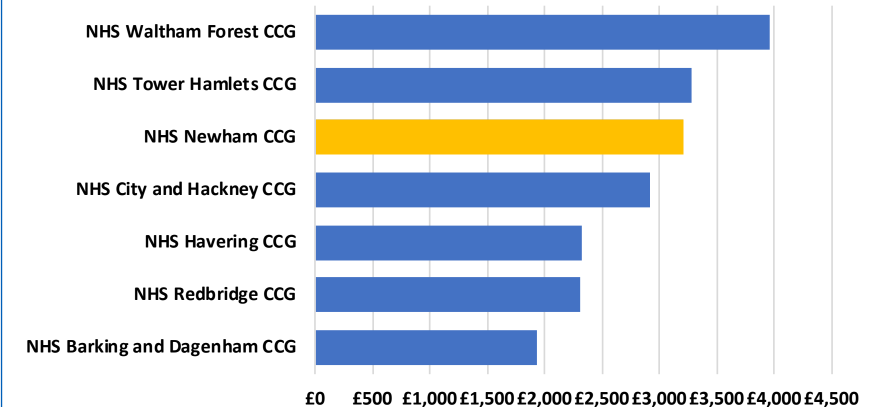
Provider	Activity M2 YTD 2023/24	Activity M2 YTD 2024/25	Activity Difference	Cost M2 YTD 2023/24	Cost M2 YTD 2024/25	Cost Difference
Provider	**3,530**	**3,644**	**114**	**£10,911,102**	**£11,684,259**	**£773,157**
Barts Health NHS Trust	2,711	2,645	-66	£9,194,372	£9,964,951	£770,579
Barking, Havering and Redbridge University Hospitals NHS Trust	177	351	174	£319,022	£441,555	£122,532
Homerton Healthcare NHS Foundation Trust	166	176	10	£424,808	£334,365	-£90,443
East London NHS Foundation Trust	107	130	23	£0	£0	£0
Mid and South Essex NHS Foundation Trust	35	49	14	£48,381	£51,429	£3,048
Guy's and St Thomas' NHS Foundation Trust	55	33	-22	£127,113	£83,318	-£43,794
University College London Hospitals NHS Foundation Trust	47	26	-21	£196,681	£132,306	-£64,375
Lewisham and Greenwich NHS Trust	27	22	-5	£37,626	£40,439	£2,813
London North West University Healthcare NHS Trust	12	19	7	£15,689	£34,064	£18,376
Chelsea and Westminster Hospital NHS Foundation Trust	17	17	0	£36,609	£33,191	-£3,418
Other Providers	176	176	0	£510,801	£568,641	£57,839

Activity and Cost showing top 10 providers ordered by 2024/25 highest to lowest activity levels. Difference in costs could be due to tariff changes between the years.

HRG Chapter	Activity M2 YTD 2023/24	Activity M2 YTD 2024/25	Activity Difference	Cost M2 YTD 2023/24	Cost M2 YTD 2024/25	Cost Difference
HRG Chapter	**3,530**	**3,644**	**114**	**£10,911,102**	**£11,684,259**	**£773,157**
Diseases of Childhood and Neonates	461	518	57	£870,345	£969,134	£98,788
Infectious Diseases, Immune System Disorders and other Healthcare contacts	223	396	173	£990,515	£1,003,435	£12,920
Digestive System	378	393	15	£1,349,280	£1,615,413	£266,133
Respiratory System	296	349	53	£1,231,843	£1,578,396	£346,553
Cardiac	332	309	-23	£1,261,717	£1,205,554	-£56,163
Urinary Tract and Male Reproductive System	263	265	2	£889,968	£874,807	-£15,161
Musculoskeletal System	258	236	-22	£929,055	£1,046,065	£117,010
Nervous System	199	166	-33	£918,942	£1,035,267	£116,326
Undefined Groups	129	142	13	£0	£0	£0
Female Reproductive System and Assisted Reproduction	137	131	-6	£310,391	£250,276	-£60,115
Other HRG Chapters	854	739	-115	£2,159,046	£2,105,912	-£53,134

Activity and Cost showing top 10 HRG Chapters ordered by 2024/25 highest to lowest levels of activity. Difference in costs could be due to tariff changes between the years.





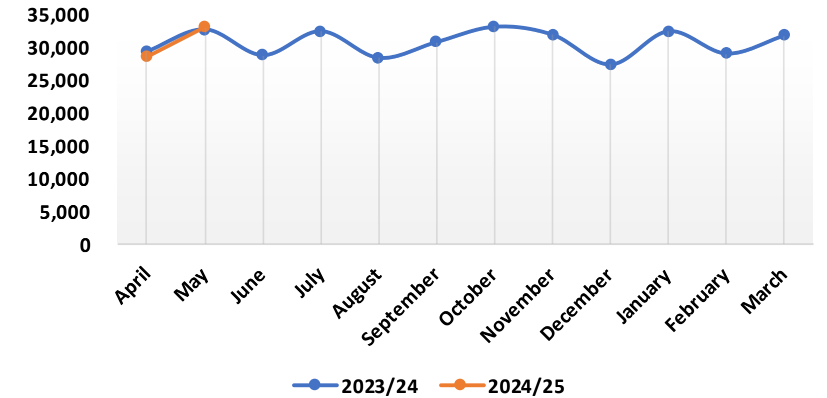
Acute - Outpatient Attendances

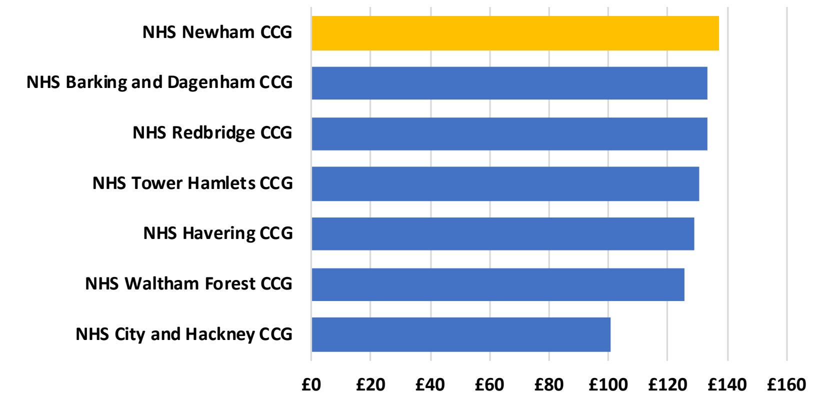
	Activity			Cost		
	M2 YTD 2023/24	M2 YTD 2024/25	Difference	M2 YTD 2023/24	M2 YTD 2024/25	Difference
Provider	**62,104**	**61,625**	**-479**	**£7,916,199**	**£8,438,247**	**£522,049**
Barts Health NHS Trust	38,247	40,878	2,631	£5,450,209	£6,234,087	£783,878
Moorfields Eye Hospital NHS Foundation Trust	4,175	4,769	594	£546,952	£639,123	£92,172
Homerton Healthcare NHS Foundation Trust	5,177	2,808	-2,369	£501,450	£257,503	-£243,947
University College London Hospitals NHS Foundation Trust	2,827	2,460	-367	£214,494	£208,137	-£6,357
Guy's and St Thomas' NHS Foundation Trust	1,661	2,261	600	£204,323	£209,672	£5,349
London Independent Hospital	1,859	1,713	-146	£204,251	£147,747	-£56,504
Communitas Clinics	0	817	817	£0	£91,594	£91,594
Barking, Havering and Redbridge University Hospitals NHS Trust	792	768	-24	£105,011	£104,802	-£209
Inhealth Limited	2,726	583	-2,143	£145,366	£714	-£144,652
Great Ormond Street Hospital for Children NHS Foundation Trust	1,006	518	-488	£150,287	£84,014	-£66,273
Other Providers	3,633	4,050	417	£393,857	£460,855	£66,998

Activity and Cost showing top 10 providers ordered by 2024/25 highest to lowest activity levels. Difference in costs could be due to tariff changes between the years.

	Activity			Cost		
	M2 YTD 2023/24	M2 YTD 2024/25	Difference	M2 YTD 2023/24	M2 YTD 2024/25	Difference
Specialty	**62,104**	**61,625**	**-479**	**£7,916,199**	**£8,438,247**	**£522,049**
Ophthalmology	7,320	8,148	828	£905,190	£1,043,578	£138,387
Gynaecology	5,557	7,113	1,556	£995,427	£1,284,503	£289,076
Trauma & Orthopaedics	5,559	5,092	-467	£597,512	£532,291	-£65,220
General Surgery	4,980	4,907	-73	£657,644	£717,624	£59,980
Radiology	2,909	3,432	523	£67,597	£117,147	£49,550
Urology	2,985	3,002	17	£301,206	£394,761	£93,555
Ear Nose and Throat	1,970	2,575	605	£216,668	£289,390	£72,721
Gastroenterology	2,195	2,397	202	£295,896	£339,143	£43,247
Dermatology	2,168	2,278	110	£253,340	£269,698	£16,358
Paediatrics	2,288	2,092	-196	£498,831	£469,224	-£29,607
Other HRG Chapters	24,175	20,589	-3,586	£3,126,888	£2,980,889	-£146,000

Activity and Cost showing top 10 HRG Chapters ordered by 2024/25 highest to lowest levels of activity. Difference in costs could be due to tariff changes between the years.





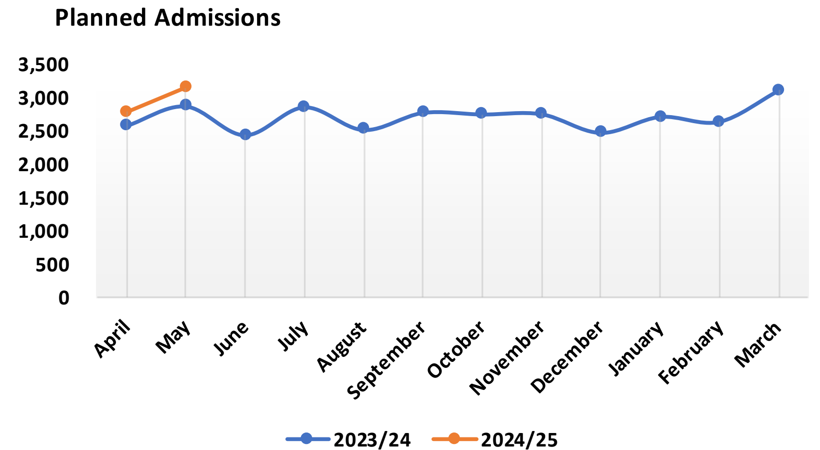
Acute - Planned Admissions

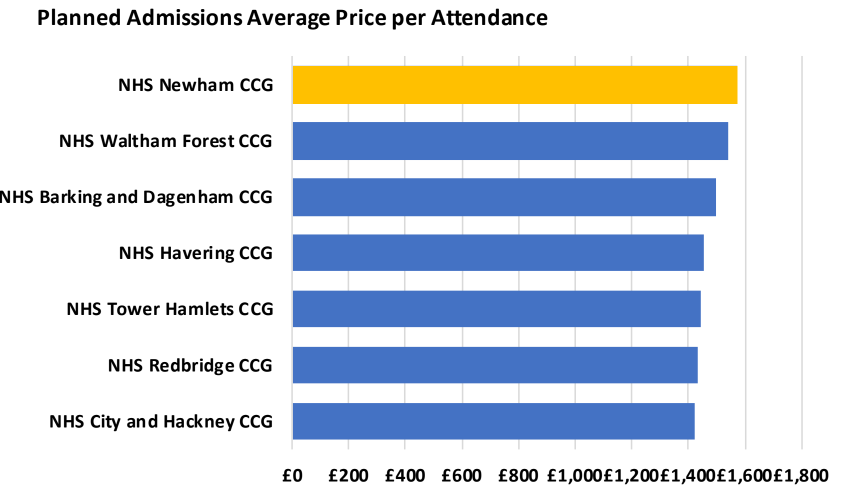
Provider	M2 YTD 2023/24	M2 YTD 2024/25	Difference	M2 YTD 2023/24	M2 YTD 2024/25	Difference
Provider	**5,456**	**5,941**	**485**	**£8,773,453**	**£9,342,260**	**£568,807**
Barts Health NHS Trust	3,316	3,803	487	£5,516,130	£6,326,827	£810,697
Homerton Healthcare NHS Foundation Trust	327	396	69	£437,039	£494,613	£57,573
London Independent Hospital	305	309	4	£459,583	£401,970	-£57,612
Moorfields Eye Hospital NHS Foundation Trust	210	275	65	£270,705	£399,692	£128,987
University College London Hospitals NHS Foundation Trust	258	213	-45	£496,083	£419,452	-£76,632
Guy's and St Thomas' NHS Foundation Trust	133	164	31	£171,077	£245,019	£73,942
Great Ormond Street Hospital for Children NHS Foundation Trust	265	95	-170	£596,324	£193,318	-£403,005
Barking, Havering and Redbridge University Hospitals NHS Trust	87	90	3	£151,445	£119,156	-£32,289
Nuffield Health the Holly Hospital	67	78	11	£85,710	£99,482	£13,772
Spamedica Romford	44	71	27	£48,144	£73,477	£25,333
Other Providers	444	447	3	£541,215	£569,255	£28,040

Activity and Cost showing top 10 providers ordered by 2024/25 highest to lowest activity levels. Difference in costs could be due to tariff changes between the years.

	Activity			Cost		
	M2 YTD 2023/24	M2 YTD 2024/25	Difference	M2 YTD 2023/24	M2 YTD 2024/25	Difference
Specialty	**5,456**	**5,941**	**485**	**£8,773,453**	**£9,342,260**	**£568,807**
Digestive System	1,645	1,752	107	£1,675,568	£1,703,771	£28,203
Eyes and Periorbita	427	595	168	£556,764	£780,709	£223,945
Musculoskeletal System	552	518	-34	£1,823,930	£1,728,813	-£95,118
Ear, Nose, Mouth, Throat, Neck and Dental	372	361	-11	£663,460	£621,245	-£42,215
Infectious Diseases, Immune System Disorders and other Healthcare contacts	291	324	33	£108,888	£149,945	£41,056
Female Reproductive System and Assisted Reproduction	213	309	96	£428,604	£464,628	£36,024
Skin, Breast and Burns	234	303	69	£424,054	£442,405	£18,351
Nervous System	229	287	58	£282,869	£344,623	£61,754
Urinary Tract and Male Reproductive System	271	281	10	£419,102	£495,695	£76,593
Obstetrics	160	229	69	£805,082	£1,174,317	£369,235
Other HRG Chapters	1,060	982	-78	£1,585,131	£1,436,109	-£149,022

Activity and Cost showing top 10 HRG Chapters ordered by 2024/25 highest to lowest levels of activity. Difference in costs could be due to tariff changes between the years.





MH&LDA - Month Financial information

Category 2	YTD Budget	YTD Actual	YTD Variance	Annual Budget	Forecast	Forecast Variance
1 - Children & Young People's Mental Health (excluding LD)	£-11k	£105k	**£-117k**	£-34k	£-34k	**£0k**
18c - Learning Disability & Autism (LDA)	£213k	£213k	**£0k**	£638k	£638k	**£0k**
19 - Dementia	£95k	£59k	**£36k**	£284k	£177k	**£108k**
8 - Ambulance response services	£20k	£20k	**£0k**	£60k	£60k	**£0k**
9a - 1. Community A – community services that are not bed-based / not placements	£169k	£241k	**£-72k**	£508k	£724k	**£-216k**
ADHD	£22k	£22k	**£0k**	£67k	£67k	**£0k**
Other	£8k	£8k	**£-0k**	£23k	£23k	**£0k**
Efficiency	£-109k	£0k	**£-109k**	£-615k	£0k	**£-615k**
Grand Total	**£406k**	**£668k**	**£-262k**	**£930k**	**£1,653k**	**£-723k**

- Spend allocated to Newham place excludes services held at a NEL level (e.g. the ELFT contract).
- Mental Health and LDA services are reporting a year-to-date overspend of £262k in month 4 and a forecast overspend of £723k.
- There is a year-to-date underspend of £36k in relation to St Andrews dementia services and a year-to-date overspend of £72k in relation to MH NCA spend.
- An efficiency target has been allocated to MH&LDA. There is zero delivery at month 4 but it is expected that schemes will be identified to deliver the target in their forecast position.

Community Health Services – Month 4 Financial information

Category 2	YTD Budget	YTD Actual	YTD Variance	Annual Budget	Forecast	Forecast Variance
Ageing Well	£300k	£300k	**£0k**	£901k	£901k	**£0k**
Better Care Fund (BCF)	£6,871k	£6,871k	**£0k**	£20,613k	£20,613k	**£0k**
Children	£26k	£26k	**£0k**	£79k	£79k	**£0k**
Community Equipment	£700k	£700k	**£0k**	£2,099k	£2,099k	**£0k**
Discharge	£651k	£651k	**£0k**	£1,952k	£1,952k	**£-0k**
Health Inequalities	£291k	£291k	**£0k**	£872k	£872k	**£0k**
Hearing	£0k	£0k	**£0k**	£0k	£0k	**£0k**
Homeless Support / Discharge	£40k	£40k	**£0k**	£120k	£120k	**£0k**
Hospices	£107k	£44k	**£62k**	£321k	£133k	**£187k**
Interpretation & Translation	£106k	£106k	**£-0k**	£318k	£318k	**£-0k**
Long Covid	£0k	£0k	**£0k**	£0k	£0k	**£0k**
Long Term Conditions (LTC)	£319k	£319k	**£-0k**	£956k	£956k	**£-0k**
Mildmay	£85k	£87k	**£-2k**	£255k	£261k	**£-6k**
Neuro	£254k	£182k	**£72k**	£762k	£546k	**£215k**
No Financial Value	£0k	£0k	**£0k**	£0k	£0k	**£0k**
Other CHS	£26k	£28k	**£-2k**	£79k	£85k	**£-6k**
Rehabilitation	£117k	£245k	**£-129k**	£350k	£736k	**£-386k**
Wound Care	£72k	£82k	**£-11k**	£215k	£247k	**£-32k**
Efficiency	£-103k	£0k	**£-103k**	£-582k	£0k	**£-582k**
IS Community Provider	£236k	£236k	**£0k**	£709k	£709k	**£0k**
IN SECTOR NHS TRUSTS	£28k	£28k	**£0k**	£83k	£83k	**£0k**
Grand Total	**£10,133k**	**£10,273k**	**£-141k**	**£30,125k**	**£30,820k**	**£-696k**

- The CHS budget sitting outside the main contracts and hospices is broken down by place across NEL.
- Spend with the main provider (ELFT) and hospices is reported at a NEL level rather than place level.
- Spend allocated to Newham place is showing an overspend of £141k at month 4, primarily in relation to the rehabilitation budget and the wound care service.
- This has been partly offset by underspends in Hospices and neuro.

Continuing Healthcare – Month 4 Financial information

Category 3	YTD Budget	YTD Actual	YTD Variance	Annual Budget	Forecast	Forecast Variance
Cont Care- Adult Joint Funded	£721k	£674k	**£47k**	£2,163k	£2,023k	**£141k**
Cont Care- Children	£1,728k	£1,693k	**£35k**	£5,184k	£5,078k	**£106k**
Cont Care- Palliative Care	£544k	£701k	**£-157k**	£1,631k	£2,103k	**£-472k**
Cont Care-Funded Nursing Care Allow	£500k	£563k	**£-62k**	£1,501k	£1,688k	**£-187k**
Cont Care-Learning Disab(<65)	£2,608k	£2,623k	**£-15k**	£7,824k	£7,870k	**£-46k**
Cont Care-Learning Disab(65+)	£25k	£38k	**£-13k**	£75k	£114k	**£-39k**
Cont Care-Mental Health (<65)	£38k	£38k	**£-1k**	£113k	£115k	**£-2k**
Cont Care-Mental Health (65+)	£13k	£4k	**£9k**	£40k	£12k	**£28k**
Cont Care-Physical Disab (<65)	£1,650k	£1,656k	**£-6k**	£4,951k	£4,969k	**£-18k**
Cont Care-Physical Disab (65+)	£331k	£444k	**£-113k**	£993k	£1,333k	**£-340k**
Grand Total	**£8,159k**	**£8,435k**	**£-276k**	**£24,477k**	**£25,306k**	**£-828k**

- Across the ICB CHC services are reporting an overspend driven by run rate pressures and efficiency slippage.
- At month 4 the overspend pressure in relation to Newham is £276k, increasing to £828k at year-end.

Prescribing – M2 (May 24) Overview

May 2024
LATEST MONTHS DATA

ACTUAL COST PER 1,000 PATIENTS YTD

NEWHAM PLACE
CHANGE FROM PREV YEAR: £130
£9,706 ▲
% CHANGE FROM PREV YEAR: 1.4%

NEL ICB
CHANGE FROM PREV YEAR: £79
£9,934 ▲
% CHANGE FROM PREV YEAR: 0.8%

ENGLAND ALL ICB AVERAGE
CHANGE FROM PREV YEAR: -£10
£12,883 ▼
% CHANGE FROM PREV YEAR: -0.1%

ACTUAL COST OF PRESCRIBING YTD

NEWHAM PLACE
CHANGE FROM PREV YEAR: £553,983
£9,002,684 ▲
% CHANGE FROM PREV YEAR: 6.6%

NEL ICB
CHANGE FROM PREV YEAR: £2,692,562
£48,233,454 ▲
% CHANGE FROM PREV YEAR: 5.9%

ALL ENGLAND ICB SPEND
CHANGE FROM PREV YEAR: £64,351,230
£1,697,354,290 ▲
% CHANGE FROM PREV YEAR: 3.9%

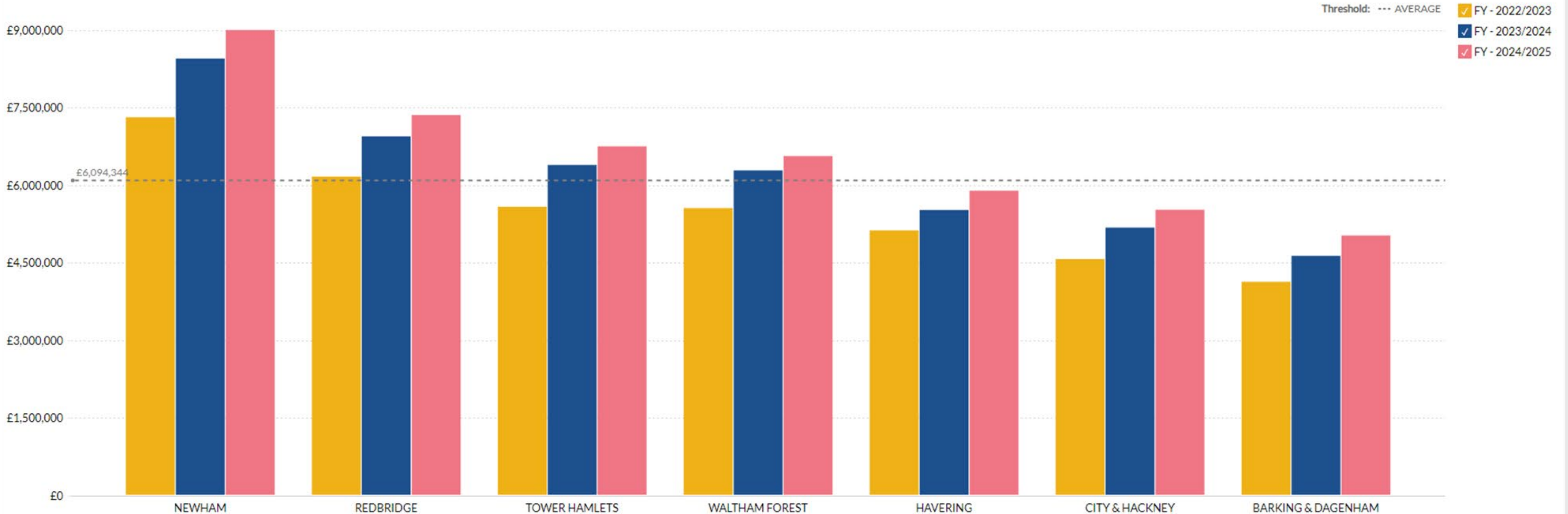
ACTUAL COST, ITEMS AND PATIENT LIST COMPARISONS BY MONTH - CURRENT YEAR

	FY - 2024/2025							
MONTH ↓	ACTUAL COST PER 1,000 PATIENTS	% CHANGE FROM PREV YEAR	ACTUAL COST OF PRESCRIBING	% CHANGE FROM PREV YEAR	ITEMS PRESCRIBED	% CHANGE FROM PREV YEAR	PATIENTS	% CHANGE FROM PREV YEAR
SUMMARY	£9,601	5.8%	£9,002,684	6.6%	1,299,454	11.7%	468,842	0.7%
Apr	£9,496	10.7%	£4,452,379	11.7%	644,581	15.7%	468,877	0.9%
May	£9,706	1.4%	£4,550,305	1.9%	654,873	8.0%	468,806	0.6%

Prescribing – Newham Place

QUESTION	LATEST MONTH	LAST 3 MONTHS
HOW MUCH HAVE WE SPENT? (ACTUAL COST OF PRESCRIBING)	LATEST MONTH SPEND £4,550,305 ▲	LATEST 3 MONTHS SPEND £13,333,830
	£ CHANGE £86,378	£ CHANGE £433,368
	% CHANGE 1.9%	% CHANGE 3.4%
WHAT ABOUT SPEND PER PATIENTS? (ACTUAL COST PER 1,000 PATIENTS)	LATEST MONTH £9,706 ▲	LATEST 3 MONTHS £9,469
	£ CHANGE £130	£ CHANGE £130
	% CHANGE 1.4%	% CHANGE 1.4%

Prescribing – Actual Cost of Prescribing Growth



Prescribing – Newham Place

PCN YEAR ON YEAR CHANGES - CURRENT YEAR

	FY - 2024/2025					
Row Labels	ACTUAL COST PER 1,000 PATIENTS	% CHANGE FROM PREV YEAR	ACTUAL COST OF PRESCRIBING	% CHANGE FROM PREV YEAR	ITEMS PRESCRIBED	% CHANGE FROM PREV YEAR
SUMMARY	£9,670	5.8%	£9,002,684	6.6%	1,299,454	11.7%
DOCKLANDS PCN	£6,805	2.3%	£725,554	3.8%	97,623	11.8%
NEWHAM CENTRAL 1 PCN	£11,406	8.8%	£1,569,161	6.6%	237,481	11.3%
NEWHAM CENTRAL PCN	£8,535	4.1%	£1,099,727	9.5%	138,789	11.8%
NEWHAM NORTH EAST 1 PCN	£10,458	4.8%	£728,312	7.4%	116,200	14.6%
NEWHAM NORTH EAST 2 PCN	£11,684	9.1%	£1,063,142	7.3%	164,823	14.9%
NEWHAM NORTH WEST 2 PCN	£11,303	6.6%	£928,358	6.5%	131,779	7.6%
NORTH NEWHAM PCN	£9,193	8.2%	£688,423	9.5%	110,945	16.7%
SOUTH ONE NEWHAM PCN	£8,616	0.0%	£633,981	0.4%	100,781	10.9%
STRATFORD PCN	£9,031	5.9%	£1,566,027	6.3%	201,033	8.5%

Primary Care – Total Primary Care – Month 4 Financial information

	YTD			Annual/Forecast		
Month 4	**Budget**	**Actual**	**Variance**	**Budget**	**FOT**	**Variance**
Spend Category	£m	£m	£m	£m	£m	£m
Barking & Dagenham	15.4	15.4	0.0	46.2	46.2	0.0
City & Hackney	24.4	24.5	0.1	73.3	73.6	0.3
Havering	17.7	17.8	0.0	53.2	53.3	0.1
Newham	31.3	31.4	0.1	93.9	94.1	0.2
Redbridge	19.8	19.9	0.1	59.5	59.7	0.2
Tower Hamlets	26.1	26.1	0.0	78.2	78.2	0.1
Waltham Forest	20.4	20.4	(0.1)	61.3	61.1	(0.2)
Prescribing and other NEL-wide programmes	182.8	182.3	(0.5)	547.3	546.9	(0.4)
Total Primary Care Position	**338.0**	**337.8**	**(0.2)**	**1,012.9**	**1,013.2**	**0.4**

Primary Care – Newham Delegated and mainstream – Month 4 Finance

Month 4	YTD			Annual/Forecast		
	Budget	Actual	Variance	Budget	FOT	Variance
Spend Category	£m	£m	£m	£m	£m	£m
GMS/PMS/APMS Specific						
GP Contractual Service	16.6	16.6	(0.0)	49.7	49.7	(0.0)
Enhanced Services	0.1	0.1	(0.0)	0.4	0.4	(0.0)
Quality Outcomes Framework (QOF)	1.6	1.6	(0.0)	4.7	4.7	(0.0)
Premises Reimbursements	2.5	2.6	0.0	7.6	7.7	0.1
Other Administered Funds	0.2	0.2	0.0	0.5	0.5	0.0
Personally Administered Drugs	0.1	0.1	0.0	0.2	0.2	0.0
GMS/PMS/APMS Specific Total	**21.0**	**21.0**	**0.0**	**63.0**	**63.1**	**0.1**
Primary Care Networks (PCN)	4.8	4.8	(0.0)	14.4	14.4	(0.0)
Other	1.7	1.7	(0.0)	5.2	5.2	0.0
Total Delegated Primary Care Position	**27.5**	**27.6**	**0.0**	**82.6**	**82.7**	**0.1**

Month 4	YTD			Annual/Forecast		
	Budget	Actual	Variance	Budget	FOT	Variance
Spend Category	£m	£m	£m	£m	£m	£m
Prescribing	0.2	0.2	0.0	0.7	0.7	0.0
Out of hours	0.5	0.5	0.0	1.4	1.4	0.0
LES and Other	2.6	2.6	0.1	7.7	7.8	0.2
Access Hubs / Same Day Access	0.5	0.5	0.0	1.5	1.5	0.0
ICB Funded Primary Care Services	**3.8**	**3.8**	**0.1**	**11.3**	**11.5**	**0.2**

PLACE INFORMATION – LB Newham and ICB

APPENDIX

- ICB Expenditure by Programme Month 4 and Forecast
- Provider Month 4 and Forecast Position
- ICB Month 4 Efficiency Delivery
- System Efficiencies – Month 4 and Forecast
- NEL ICS – Run rate position – Month 4
- NEL ICS – Risks and Mitigations Month 4

ICB Expenditure by Programme Month 4 and Forecast

	YTD Budget £m	YTD Actual £m	YTD Variance £m	Annual Plan £m	Forecast £m	Forecast Variance £m
Acute	819.2	823.4	(4.2)	2,432.2	2,449.7	(17.5)
Mental Health & LD	167.4	168.1	(0.8)	499.1	503.9	(4.8)
Community Health Services	165.6	164.5	1.1	492.9	492.6	0.3
Continuing Care	65.2	69.3	(4.1)	195.6	204.5	(9.0)
Prescribing	98.7	98.8	(0.1)	296.2	296.4	(0.2)
Primary Care Services	24.5	24.1	0.4	73.1	72.9	0.2
Primary Care Co-Commissioning	138.0	138.1	(0.1)	413.9	414.4	(0.5)
DOPS	76.7	76.7	0.0	229.6	229.6	(0.0)
Other	23.0	23.1	(0.1)	68.1	47.4	20.8
Programme Wide Admin Corporate	10.6	8.5	2.1	31.9	21.4	10.5
Running Costs	11.9	11.9	0.0	35.7	35.7	0.0
TOTAL EXPENDITURE	**1,600.9**	**1,606.6**	**(5.7)**	**4,768.5**	**4,768.5**	**(0.0)**
Revenue Resource Limit	(1,596.3)	(1,596.3)	0.0	(4,769.1)	(4,769.1)	0.0
Surplus (Deficit)	**(4.6)**	**(10.3)**	**(5.7)**	**0.6**	**0.6**	**(0.0)**

- The ICB position at month 4 is a year-to-date deficit of £10.3m against a planned year-to-date deficit of £4.6m, giving an adverse variance to plan of £5.7m.
- The forecast position is in line with the revised system position submitted to NHSE and shows an expected year-end surplus of £0.6m.

The key headlines in the ICB financial position are as follows;

i. **Efficiencies** – the ICB year-to-date efficiency target is £18.3m. Actual delivery was £10.3m which means there was slippage of £8m. It is expected that the ICB will recover this position throughout the financial year.

ii. **Run rate** – part of the CHC year-to-date overspend relates to efficiency slippage (£3.1m), the remainder relates to ongoing run rate pressures (circa £1m). The remaining run rate pressure (£0.6m) relates to pressures in acute against independent sector contracts.

iii. **Mitigations** – the forecast assumes full delivery of efficiencies. However, to achieve financial balance the ICB has assumed that further underspends and opportunities will be identified throughout the financial year.

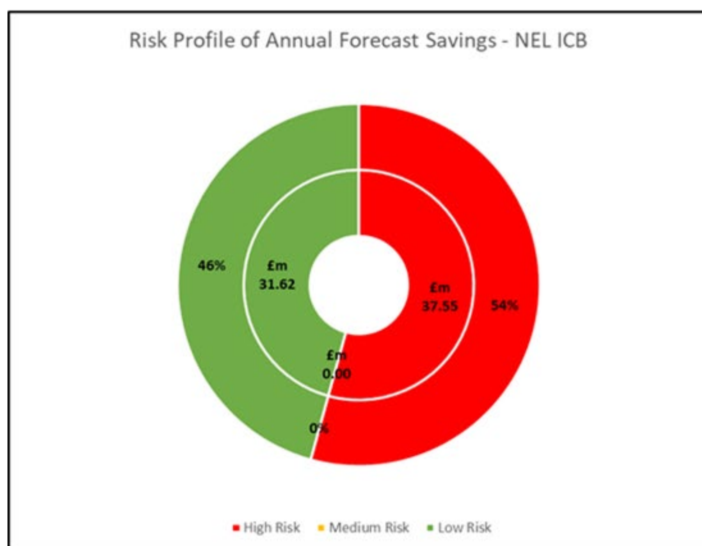
NEL ICS - Provider Month 4 and Forecast Position

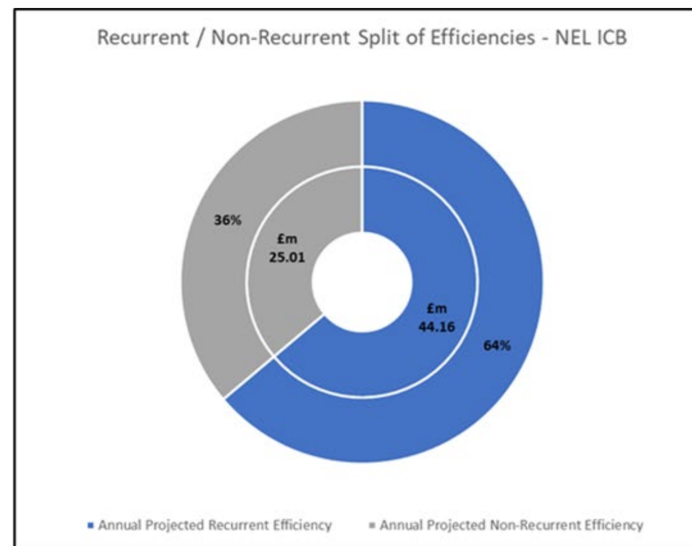
Organisations	Month 4 YTD			Month 12 Outturn		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
BHRUT	(8.3)	(16.4)	(8.1)	(10.2)	(10.2)	0.0
Barts Health	(4.9)	(15.4)	(10.5)	(14.2)	(14.2)	0.0
East London NHSFT	(2.8)	(10.7)	(7.9)	0.0	0.0	0.0
Homerton	(6.8)	(10.0)	(3.2)	(6.3)	(6.3)	0.0
NELFT	(4.5)	(12.6)	(8.1)	(4.9)	(4.9)	0.0
Total NEL Providers	**(27.2)**	**(65.1)**	**(37.8)**	**(35.6)**	**(35.6)**	**0.0**
NEL ICB	(4.6)	(10.3)	(5.7)	0.6	0.6	(0.0)
NEL System Total	**(31.8)**	**(75.4)**	**(43.5)**	**(35.0)**	**(35.0)**	**0.0**

- NEL providers are reporting a **year-to date deficit of £65.1m** which is a variance to plan of £37.8m.
- The operating plan year-end position for NEL providers was a deficit of £35.6m. At month 4 NEL providers have reported a forecast in line with the plan.

- The key drivers for overspends at a provider level are as follows;
  1. Industrial action – part of the provider year-to-date pressure is driven by the impact of industrial action at the end of June and beginning of July. Providers have estimated this to be in the region of £7.6m.
  2. Cyber-attack – Barts have flagged a year-to-date cost pressure of £0.7m in relation to this.
  3. Efficiency and cost improvement plans - providers reported efficiency slippage of £9.3m at month 4. Barts and the Homerton are expecting efficiency slippage to continue to year-end and have reported total year-end slippage of £26.5m.
  4. Run rate pressures – at month 4 mental health providers have reported pressures in relation to private beds over and above planned levels and increased acuity in patients on their wards. Run rate pressures at acute providers include renal dialysis capacity pressures (Barts) , critical care / non-elective activity and mental health patients and specialling costs (BHRUT) and lost income on a NCL fertility contract (Homerton).

NEL ICB Month 4 Efficiency Delivery

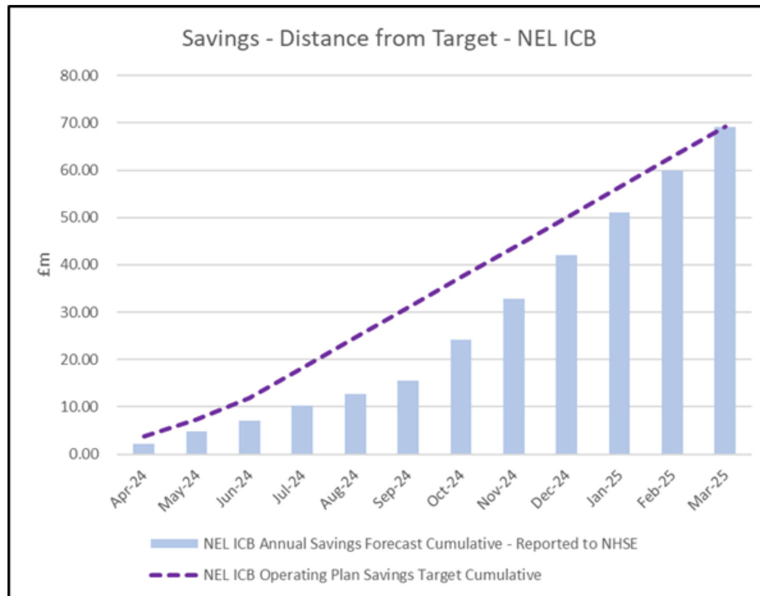


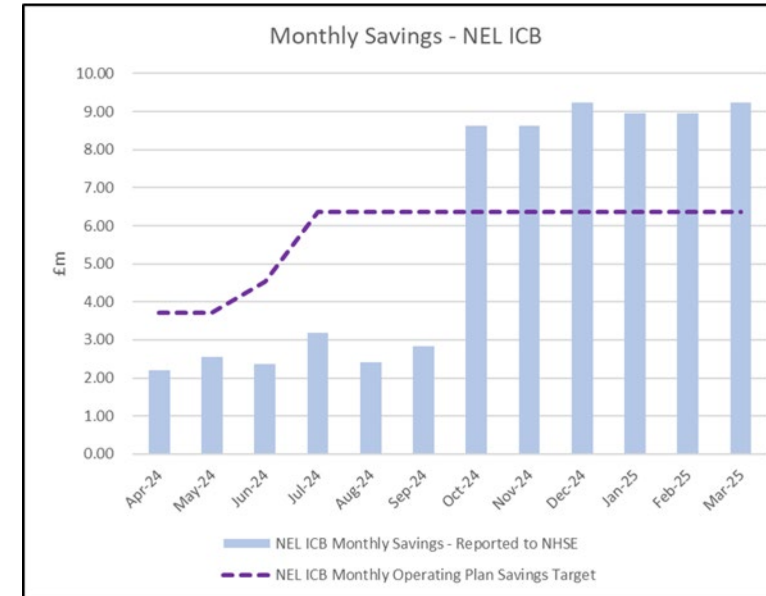


- Year-to-date slippage of £8m.
- Forecast expected to be on target.
- 54% of efficiency programmes categories as high risk, 0% medium risk and 46% low risk.
- 36% of all schemes are expected to deliver non-recurrently. This will impact on the ICB underlying position in 25/26.

Delivery Area	YTD Operating Plan Efficiency Target £m	YTD Actual Efficiency - Reported to NHSE £m	YTD Variance £m	Annual Operating Plan Efficiency Target £m	Annual Projected Efficiency - Reported to NHSE £m	Annual Variance £m	High Risk £m	Medium Risk £m	Low Risk £m	High Risk %	Medium Risk %	Low Risk %
Prescribing	4.58	4.50	(0.08)	13.74	13.73	(0.00)	0.00	0.00	13.73	0%	0%	100%
Continuing Healthcare	3.26	0.66	(2.60)	9.79	4.89	(4.90)	3.00	0.00	1.89	61%	0%	39%
Corporate Savings	2.37	2.37	0.00	7.10	7.10	0.00	0.00	0.00	7.10	0%	0%	100%
Decommissioning / Service Reconfiguration	6.36	2.04	(4.31)	33.08	16.25	(16.84)	9.54	0.00	6.71	59%	0%	41%
Non-Recurrent / Stretch	0.00	0.00	0.00	0.00	25.01	25.01	25.01	0.00	0.00	100%	0%	0%
Specific Funds	1.73	0.74	(0.99)	5.47	2.19	(3.28)	0.00	0.00	2.19	0%	0%	100%
NEL Total	**18.30**	**10.31**	**(7.98)**	**69.17**	**69.17**	**(0.00)**	**37.55**	**0.00**	**31.62**	**54%**	**0%**	**46%**

NEL ICB Month 4 Efficiency Delivery

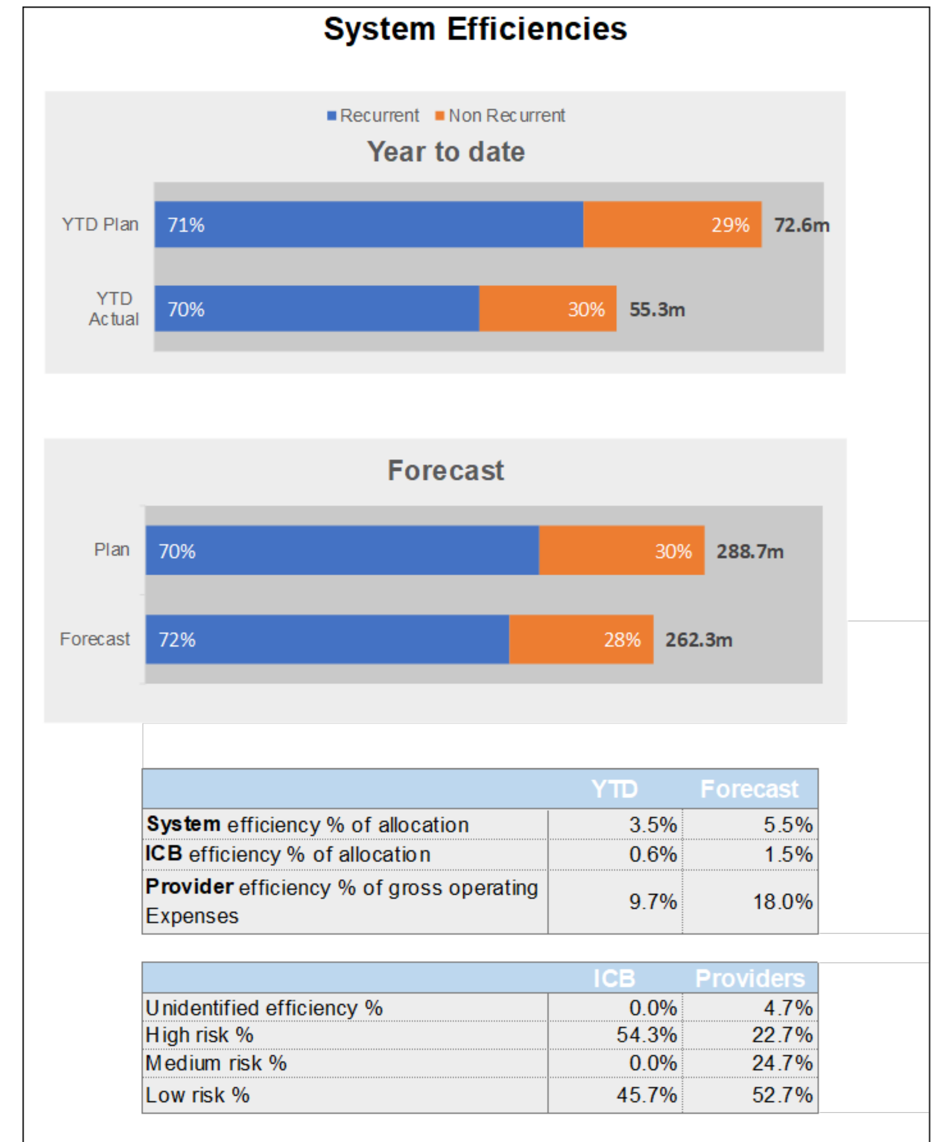




- Delivery of the ICB’s year-end position is dependent on the delivery of the cost improvement programme (CIP).
- The graph on the left shows that the ICB is below its CIP trajectory at month 4. However, the forecast position assumes full delivery by year-end.
- The graph to the right shows expected monthly delivery against the ICB operating plan target. This shows that for the first six months of the financial year, delivery is projected to remain below target. The graph assumes that schemes will be identified and will deliver over and above the monthly plan levels from October onwards. Revised trajectories will be developed for all schemes through the Financial Sustainability programme.
- At month 4, the ICB has delivered £10.3m of CIPs. This means that there is £58.8m due to be delivered over months 5 to 12. This is a stretching target and there is a risk in the delivery of this.

System Efficiencies – Month 4 (NHSE Reporting)

- At month 4 NEL ICS delivered £55.3m of cost improvement programmes (CIP) against a target of £72.6m, resulting in under delivery against the target of £17.3m. Provider under delivery is £9.3m and ICB under delivery is £8m.
- At year-end under delivery is expected to be £25.5m. This under delivery is reported by Barts and the Homerton. All other providers and the ICB are expecting to deliver against plan at year-end.
- There is a high level of risk associated with delivery of efficiencies and regular updates will be given to FPIC.
- As with 23/24 a proportion of efficiency schemes have been categorised as non-recurrent (circa 28%). This is a risk and will impact further on the 25/26 underlying position.
- There is a further risk to delivery of the efficiency target with 54.3% of the ICB forecast delivery being categorised as high risk and 22.7% of the provider forecast delivery being categorised as high risk. Additionally, a proportion of ICS schemes are categorised as an opportunity rather than a worked-up plan or plan in progress. Schemes will continue to be reviewed and developed over the course of the financial year.
- Further information can be found in Appendix 4



	YTD	Forecast
System efficiency % of allocation	3.5%	5.5%
ICB efficiency % of allocation	0.6%	1.5%
Provider efficiency % of gross operating Expenses	9.7%	18.0%

	ICB	Providers
Unidentified efficiency %	0.0%	4.7%
High risk %	54.3%	22.7%
Medium risk %	0.0%	24.7%
Low risk %	45.7%	52.7%

NEL ICS – Run rate position Month 4

Organisation	M4 YTD Actuals £'000	Extrapolated M4 YTD £'000	NR Adjustments to Extrapolation £'000	Impact of plan phasings £'000	Adjusted Extrapolated M4 YTD £'000	Other unplanned run rate changes £'000	Other risks to delivery of forecast £'000	Identified mitigations £'000	Unidentified mitigations £'000	Forecast/Plan £'000
BHRUT	-16,405	-49,216	4,000	24,946	**-20,270**	0	-36,000	25,150	20,946	**-10,174**
Barts	-15,361	-46,083	2,737	8,882	**-34,464**	0	-5,000	15,700	9,532	**-14,232**
ELFT	-10,670	-32,011	3,824	25,961	**-2,226**	1,100	-29,282	8,812	21,596	**0**
Homerton	-10,020	-30,060	1,638	0	**-28,422**	-1,656	0	467	23,291	**-6,320**
NELFT	-12,607	-37,821	8,320	12,000	**-17,501**	0	-19,500	4,700	27,391	**-4,910**
Subtotal providers	**-65,064**	**-195,191**	**20,519**	**71,789**	**-102,883**	**-556**	**-89,782**	**54,829**	**102,756**	**-35,636**
ICB	-10,326	-50,632	-4,428	55,696	**636**	0	-35,010	10,000	25,010	**636**
Total ICS position	**-75,389**	**-245,823**	**16,091**	**127,485**	**-102,247**	**-556**	**-124,792**	**64,829**	**127,766**	**-35,000**

- At month 4 NHSE required the ICB to provide a bridge between the straight-line forecast and their planned forecast position.
- The month 4 year-to-date position calculates a straight-line forecast deficit for the ICS of circa £246m by year-end.
- The table above shows the bridge from the straight-line extrapolated deficit of £246m to the forecast deficit of £35m.
- The bridge shows non-recurrent spend / mitigations of £16.1m, the impact of efficiency phasing, plan, investment and reserve phasing of £127.5m. This results in an adjusted extrapolated deficit of £102.2m. There are other unplanned run rate changes of £0.6m, meaning that there is circa £67.8m of unidentified mitigations that the system does not have a plan to mitigate. This may pose a risk to the delivery of the expected deficit of £35m.
- Additionally, the system was asked to quantify other risks to the delivery of the forecast. These relate to CIP delivery, industrial action and run rate pressures and total £124.8m. There are identified mitigations of £64.8m (including the assumption that industrial action will be funded), which leaves a further net risk (unidentified mitigation) of £60m, resulting in a total unidentified mitigation of £127.8m.

NEL ICS – Risks & Mitigations Month 4

- At month 4 risks to delivery of the forecast and identified mitigations were collected by NHSE as part of a run rate exercise. This showed a substantial risk to the financial outturn position of all NEL organisations.

- Total risks flagged were circa £125m. They largely relate to risk of CIP slippage, income risks to the providers, use of private sector bed demand pressures, staffing levels to continue to be over establishment . These have in part been mitigated and the system has flagged £65m of identified mitigations that may offset the risk.

- ICB specific risks are £35m of the £125m total. These relate to the risk of CIP slippage (£25m) and £10m risk of run-rate pressures in relation to prescribing and mental health placements. The ICB has assumed that there will be £10m of non-recurrent mitigations leaving an unidentified mitigation of £25m.

- The year-to-date position suggests that the risks in relation to run rate pressures and efficiencies have materialised. However, the current forecast assumes that risks will be managed, and that the system delivers its control total. This means that further mitigating actions will need to be put in place.

- The mitigating actions in place to manage the risk is an ICB and ICS review of its system wide recovery and sustainability arrangements. This includes the appointment of a Financial Sustainability Director who has overseen the introduction of a revised governance model across the ICS. This includes;
  1. A system wide financial sustainability committee
  2. The establishment of an ICB Financial Sustainability Board
  3. Wider communication to staff in relation to financial sustainability, including the implementation of standardised processes
  4. ICB and providers are holding monthly financial assurance meetings to discuss and agree plan performance, pressures and recovery actions.