

Annual Report Summary



September 2023

Foreword from our Chair Marie Gabriel CBE

It is my pleasure to introduce a summary of our Annual Report for 2022/23. It has been another year of challenges and pressures, but we've had significant achievements and we look forward to the year ahead.

This report highlights our work over the last year.

None of our recent achievements could have happened without our staff, and their dedication and commitment to creating meaningful improvements in health wellbeing and equity for the people of north east London.

Thank you.

Message from our Chief Executive

Zina Etheridge



The North East London Integrated Care Board (ICB) was established on 1 July 2022 following the disestablishment of Clinical Commissioning Groups (CCGs). The former NEL CCG left us with a legacy of a passionate focus on tackling inequality that we continue to build on.

The pandemic had an enormous impact on our residents, taking lives and deepening existing inequalities, but it also left us with stronger relationships across health, local government and the voluntary and community sector, and a much better understanding of each others strengths.

Our highlights of achievements from a challenging first year are included in this summary report.

Summary of our first year

We have continued to address the challenges around waiting times and access associated from the pandemic, alongside the historic health and financial issues we inherited. We've worked closely with our partners to minimise the impact on patients of a number of nursing, ambulance and doctor strikes. Our role is to develop a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services and in collaboration with our system partners, we have made progress in all of these areas.

In the autumn we brought partners together for a series of workshops on our priorities and on the impact of the cost of living. Partners shared good practice and discussed practical ways we could collaborate as a system. A robust set of governance has been established across the ICB via committee meetings and the overall ICB, as well as place-based meetings and the provider collaboratives.

We worked closely with the voluntary sector, people and communities to develop our participation strategy, which was agreed at our first Board meeting.

We have spent time embedding robust governance across the organisation and system and ensuring strong partnership working is at the core of this. Our Board meets regularly and membership includes partners from our NHS provider collaboratives, local authorities, primary care, community and voluntary sector, along with a Healthwatch collaborative participant.

Our core committees are established and our Chair, Marie Gabriel, brings partners together across the system. We've also established Integrated Care Partnership (ICP) joint committee with local government, with wide and inclusive partner membership, and a steering group driving the work of the overall partnership.

Our focus is on refining our strategy and embedding delivery through our joint forward plan, ensuring we develop a workforce strategy for the system, a comprehensive Urgent and Emergency Care plan and deliver on our financial strategy. There are a number of challenges we will manage including reductions to the ICB running costs and a difficult economic picture as we manage pressures across the system.

Our ICB achievements

Prioritising mental health and wellbeing

Mental health is a priority for us, with a strong provider collaborative established to work with communities and partners across north east London to improve mental health services for local people. There has been a focus on expanding and improving mental health services, and services for people with a learning disability and/or autism. We achieved the successful rollout of the two-hour crisis community health response which ensured consistent cover (8am- 8pm, seven days a week).

Reducing the backlog and improving performance

Our system has focused on reducing waiting time, and increasing service levels (diagnostic, outpatients and treatments). For example, tele-dermatology is the use of digital images to diagnose, monitor or assess skin conditions without the patient being physically present. This is being used at BHRUT, Barts Health and the Homerton to speed up referral waits for local people.

Financial performance

While the ICB itself delivered a small surplus, an overall system deficit of £24m was reported, driven by two system providers (Barts Health and BHRUT). This was partly offset by a reported surplus at ELFT, NELFT and the Homerton. Our Chief Finance and Performance Officer has constituted a finance recovery working group to drive forward the in-year financial position, savings target and oversee a 5-year system financial plan.

We love to hear what our local communities think and feel about their local NHS - [find out more about our work and how you can get involved.](#)

Read our full Annual Report and Accounts on the [NHS North East London website.](#)