



**North East London  
Health & Care  
Partnership**

# Improving equity and outcomes for our population in North East London

A refreshed strategy for the ICS

Final - January 2026



# Foreword



# Foreword from Dame Marie Gabriel

In 2022 Partners across North East London committed to a shared ambition to “**work with and for all the people of North East London to create meaningful improvements in health, wellbeing and equity**”. Our shared endeavour, underpinned by a determination to “improve quality and outcomes, create value, secure greater equity and deepen collaboration”, continues to define our approach to strategic commissioning.

Our first system strategy in 2022, highlighted our four system priorities: **babies, children and young people; long term conditions; mental health; and employment**. It also focused on *how we would work together* as a system, with and for the people of North East London:

- **co-producing** with local people and communities;
- tackling **health inequalities** and shifting our approach upstream to support greater **prevention**;
- ensuring the services we deliver are **personalised** and focus on what matters most to each individual;
- developing our approach as a **learning system** to increase the impact we have on quality, outcomes and equity; and
- working towards a **high trust environment** supporting collaboration across all partners and building trust with local people.

**Working together in these ways we have achieved a lot...**

Our focus on improving primary care led to North East London achieving the best performance in the country for 12 of 48 measures in the national Quality and Outcomes Framework last year

Neighbourhoods defined in all places with local partners working collaboratively in alignment with our agreed system vision

Development of the VCFSE Collaborative recognising the key role partners have to play in creating health in communities and tackling health inequalities

Circa £6m dedicated to tackling health inequalities within all of our places and at the system level through the Health Equity Academy

Consistently secured the benefits of working together across NEL with LA partners e.g.. joint approach to analytics securing shared understanding of population health

£490k secured as part of *Get Britain Working*, to engage, train and employ local people in healthcare - focusing on underrepresented groups

Big conversation with local people leading to Resident Success Measures, Good Care Framework and the integration of community insight to our work

NEL ICS is now the highest performing in England for five indicators in CVD/Stoke, three diabetes and one respiratory QOF (Quality Outcome Framework)

Testing AI innovation to prevent urgent or emergency hospital admissions, keeping more people well in the community

New mental health and community facilities with models of care co-designed with local people e.g. Barnsley Street, St George's

## Foreword from Dame Marie Gabriel

We are proud of our joint successes but understand there is more to do. This includes ambitions to secure greater equity, both within North East London and between NEL and the rest of London and the country. We came together in 2024 to develop our anti-racism strategy, recognising the unacceptable and avoidable health inequalities that individuals and diverse communities experience as a direct result of their ethnicity. **Tackling racism and securing greater equity for our diverse population will remain a core commitment for all of us in NEL.**

We are increasingly working towards delivering **better population health outcomes** as a system, as defined by residents through their ICB **Success Measures** and the **Good Care Framework**. As part of our population health approach, we will retain our focus on **tackling health inequalities and securing greater equity** for all local people. While the national context has changed significantly since the ICB was established, many local challenges persist. Our diverse, economically challenge but hugely aspirational **population continues to grow at the fastest rate in the country**, while also **changing demographically** – ageing rapidly in places where historically we have had a relatively young population and doing the reverse in other places.

The people of North East London continue to drive our work: most recently they have guided us on how to deliver the three 'big shifts' in our area. They are also shaping the way care and support works in their neighbourhoods so that it meets their health ambitions. **We are steadfast in our commitment to work in partnership with local people across communities:** enhancing the agency of our communities, to building on their strengths, assets and resourcefulness, and embracing community power and resident led action, all central to our approach to improving health outcomes and moving towards prevention and greater equity.

Being true to the needs and aspirations of our population also means that the **money we have should be allocated equitably** to meet our greatest needs. Our system strategy focuses on how we can ensure over time that our resources are distributed fairly, optimising our impact on prevention, and that we can release funds to support new ways of working driven by our **clinical and care professional leaders**.

Finally, following a period of what has at times felt like relentless change, it is important to **restate our commitment to working as a system with and for local people**, collaborating effectively as partners across NEL.

*As chair of the ICB and the wider system partnership, I look forward to our **continued collaboration and progress towards improving quality of care, population health outcomes and equity for the people of North East London.***



# Executive summary



## Executive summary

**North East London is a vibrant, diverse and resilient set of communities across seven places.** Partners including local authorities, NHS organisations, and a thriving voluntary sector work together with communities to address a range of issues which lead to relatively poor health outcomes and high levels of health inequalities. Our health system needs to change to respond to rapid and significant population growth with increasing demand and complexity posed by long term conditions and chronic disease.

Our new system strategy focuses on the fast growing and changing needs of our population: our **NEL Outcomes and Equity Framework** draws on the outcomes that local residents have told us are important to them and our system approach to commissioning and resource allocation will increasingly take account of population health need in line with improving outcomes.

Our joint approach is a core theme for future commissioning arrangements, recognising our focus will be on **a shared set of priorities**: identifying risk and providing support at an early stage in order to prevent ill health; joining up care and support with residents having more control over their health; getting the basics right in line with our **Good Care Framework** and improving equity of access and outcomes for our population. The growing use of a range of digital tools and the innovative use of data will be vital to making these changes happen.

There are already many examples of this approach in action in NEL: the *Health Navigator* programme is using new techniques to identify those at risk of hospital admission and intervening earlier to provide support in the community; our women's health hubs are providing joined-up and accessible care in new settings, and our ELoPE cardiovascular prevention programme is helping to improve outcomes and address health inequalities. Our strategy, **driven by clinical and care professional leaders** across our system, focuses on embedding evidence, scaling up what works in our system while continuing to innovate.

Unlocking change at the scale and rate that is needed to address our population health challenges will mean **moving resources to where need is greatest and releasing funds to support transformation** and new integrated ways of working. Our strategy describes a new approach to resource allocation and the creation of a multi-year transformation fund to support prevention, integration and innovation. North East London does not receive its fair share of revenue funding and is badly short of capital relative to other areas; we will continue to make the case for **increased investment in our area**, particularly in light of the unique level of population growth we face.

We will continue to work closely as a system through **a thriving partnership across the NHS, local government, the voluntary, community, faith and social enterprise sector and our communities and residents**. This strategy describes a refreshed system operating model, to build on our strengths and assets in the period ahead to address both the health and care needs of our residents.

# Scope of our system strategy

**Our integrated care partnership's ambition** is to  
"Work with and for all the people of North East London  
to create meaningful improvements in health, wellbeing and equity."

## What is important to local people - Good Care Framework

We want to **enable everyone to thrive** and deliver Good Care that is:

Accessible

Competent

Person centred

Trustworthy

The Good Care Framework, together with the national CORE20PLUS5 approach, has informed our Outcomes and Equity Framework that takes a life course approach

## NEL Outcomes and Equity Framework – our resident led success measures

Starting Strong

Living Well

Managing Conditions

Supporting Complex Needs

Dying Well

Quality Care and Access

Health Inequalities and Communities

Sustainable Services

### Shift 1: Hospital to community

Moving healthcare services from traditional hospitals into local communities to provide care closer to people's homes

Implement our vision for neighbourhood working, building a **'team of teams'** for people with multi-morbidity, children with complex needs and mental health

### Shift 2: Sickness to prevention

Shifting the focus from treating illnesses to preventing them in the first place, with an emphasis on public health and well-being as well as planetary health

Deliver six-step prevention framework, moving us towards **preventing illness using tools such as PHM Optum platform**

### Shift 3: Analogue to digital

Transforming the health and social care system from a traditional, paper-based model to a modern, digital one

Delivery digital innovation and empower local people and staff, through initiatives such as **NHS App, Health Navigator and ambient voice technology**

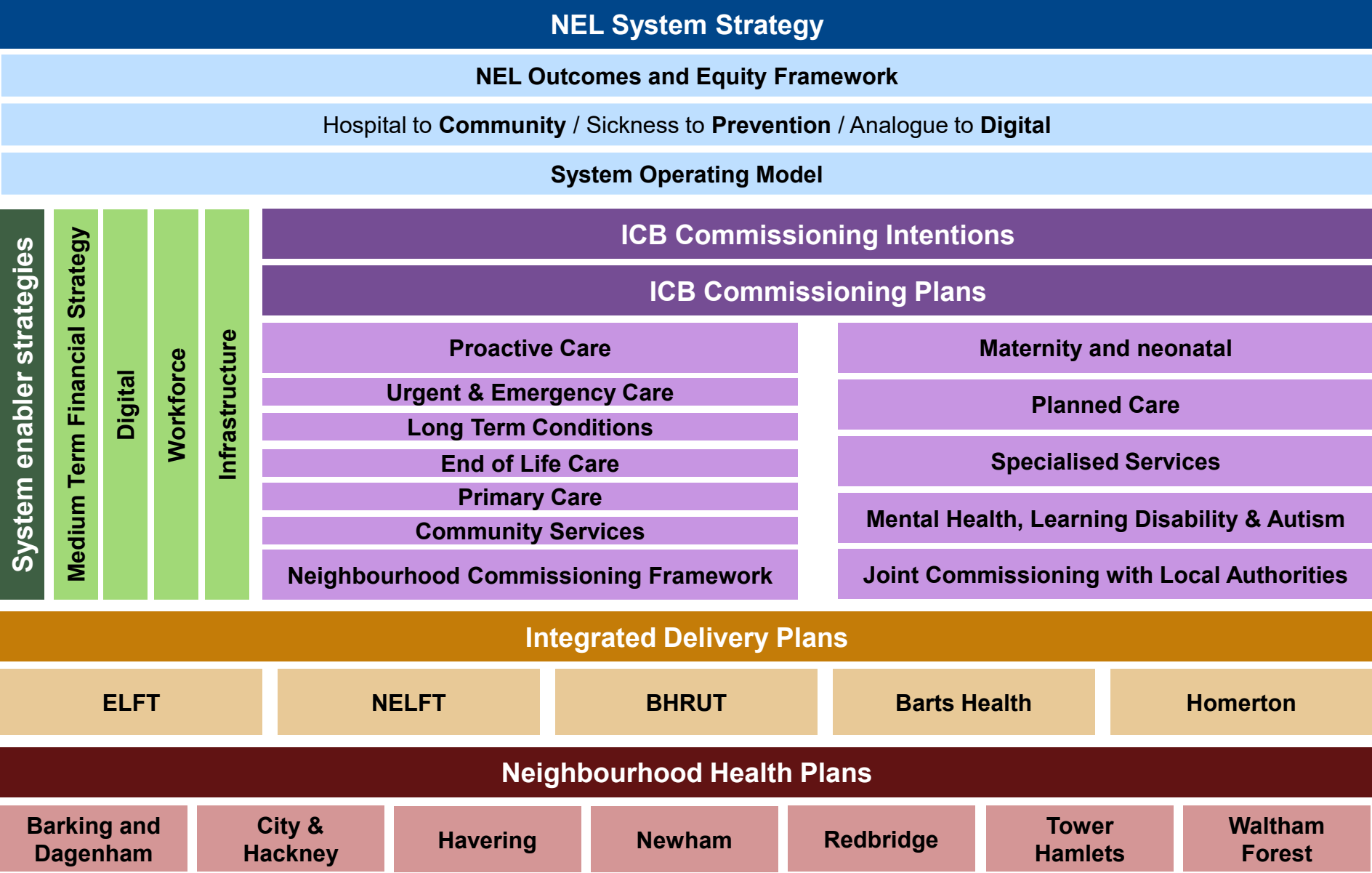
## Enabling the Change

- Provides a stable **economic environment** enabling shift to prevention, reallocation of funding to drive quality whilst also delivering a more standardised set of services across the system
  - Improving our physical **infrastructure**
  - Create meaningful **work** opportunities and **employment** for people in NEL

## Transitioning to a new system operating model

- Moving to the new system approach for strategic planning and commissioning
  - Changing responsibilities across region, our system and providers
- Continuing to build our collaborative culture to support system working – co-production, building a high trust environment and a learning system

# How the system strategy fits within our wider planning framework



# Case for change



# Our focus on prevention, addressing unmet needs and tackling health inequalities

There are significant inequalities within and between our communities in NEL. Our population has worse health outcomes than the rest of the country across many key indicators. If we are to improve the health outcomes for our population, we need to prioritise addressing health inequalities because they represent the greatest opportunity for impact.

**Deprivation and wider determinants of health:** A **quarter of people in NEL** live in one of the **most deprived 20%** of areas in England. Many children in NEL are growing up in low-income households impacting on their development and future health outcomes. **Poverty and deprivation are key determinants of health**, and the current cost of living pressures are increasing the urgency of the challenge.

People living in poverty, and from certain ethnic backgrounds, are more likely to have a long term condition and to suffer more severe symptoms. **Five NEL boroughs have the highest proportion of children living in low-income families in London** and since 2014 the proportion of children living in low-income families is increasing faster in NEL than the England average.

## Housing

NEL has **higher numbers of vulnerably housed and homeless people**, including refugees and asylum seekers, and those in overcrowded and temporary accommodation compared to both London and England.

## Obesity

**1 in 10 children in reception and 1 in 4 children in year 6** had obesity in 2022/2023. This is higher than the London and England average. Around **1 in 7 adults in NEL** have obesity (13%), which is higher than the London average.

## Tobacco

Smoking is a leading cause of health inequalities. **1 in 31 women in NEL smokes at time of delivery**, and adult smoking prevalence (**12%**) in most NEL boroughs is higher than the England average.

There is a strong relationship between **higher levels of deprivation and higher rates of avoidable mortality** in under 75s. This is most stark for cardiovascular disease.

NEL has high rates of avoidable mortality compared to London and England. **7 out of 10 of recent deaths** of people under 75 were found to be **avoidable**. This equates to **2,639 deaths per year** being avoidable in NEL.

- **Cancer and cardiovascular disease** accounted for **66%** of all avoidable deaths.
- **Lung cancer** was the main contributor to avoidable deaths by cancer.
- **Ischaemic heart disease** was the main contributor to avoidable deaths from cardiovascular disease.



# The case for change in North East London

## Population growth and health inequalities

North East London has the fastest growing population in the country and some of the poorest and most deprived communities in England. This **growth and deprivation is causing a strain on existing services** which we cannot address by continuing as we currently are.

The scale of our challenge is stark: we've grown by **500,000 people since 2001**, double the growth of other London regions. Another 200,000 residents will arrive in the next 15 years - equivalent to adding a new London borough the size of Barking and Dagenham.

Our overall population mix is shifting towards later life course stages. We will have **29% (68,000) more over 65s in 10 years**. The 19-64 age cohort will grow by 8% or 126,000 people. Already **65% of NEL's over 65s have multiple morbidities** (long term conditions and/or risk factors). While ageing is the overall trend, in some of places we will see the opposite demographic shift e.g. in Places such as Barking & Dagenham and Havering, we are seeing an **unprecedented increase in the children's population** – the rate of growth in Havering is the fastest in the country.

We are seeing exponential growth across north east London in needs associated with **SEND, children and young people with special educational needs and or disabilities**.

People in NEL are developing long term conditions earlier than in other parts of the country and so our population need is growing rapidly. Children and young people with medical complexity and life-limiting or life-threatening conditions are experiencing an increase in **long term conditions**, including cancer diagnoses.

As these **more complex needs require more health and care support** they lead to higher costs for the NHS and its partners, outstripping the money available to us. We need to respond in a different way if we are going to support this increased need including adopting a **more preventative approach** with children and young people.

## Access to care

**Emergency departments** continue to be pressured, with increased activity. There are significant challenges in our emergency departments for people in mental health crisis and for young people with complex needs, with high out-of-area placements, and a need for improved crisis pathways.

For our planned care services there is continued pressure with **significant variation** between the three Acute Trusts with growth in our waiting lists, with some residents having very long waits.

Our community waiting lists remain above pre-pandemic levels, with long waits especially in the **Community Paediatrics Service**.

## Long term conditions – rising demand

579,415 people are living with a long-term condition (LTC) in NEL. Of whom **24.5% are living with 3 or more conditions** and **7.4% have 5 or more conditions**.

Large numbers of people with long term conditions in NEL remain **undiagnosed**, from around 20% of people with diabetes to 65% of people with chronic obstructive pulmonary disease.

People with multiple LTCs are **admitted to hospital 3x more often** than people with one LTC, and 6x more often than healthy people.

# How local people have shaped our priorities and plans for the future

Our population is diverse and vibrant, and we are committed to our *Working with people and communities* strategy, working with local people and those who use our services to identify priorities and the criteria against which we will monitor and evaluate our impact.

In Summer 2023 we engaged with around 2000 people in our 'Big Conversation' through an online survey, face to face community events and focus.

This learning forms the basis for how we will track our system progress towards population health through a new NEL Outcomes and Equity Framework.

## What does good care look like for local people in NEL?

The people of NEL told us that good care is:

**Trustworthy:** It listens to local people and is honest and empathetic. It is reassuring and accountable and it supports self-care.

**Accessible:** It provides enough availability of appointments in convenient and accessible locations with adequate staffing.

**Person centred:** It involves residents in their treatment and provides continuity through holistic and collaboration beyond health and care.

**Competent:** It is high quality care provided by staff who knows and understand residents cultural and social needs.

We will continue to shape and design our work based on this insight and other engagement with residents.

## What local people have told us the three national shifts mean for them

### Hospital to community

Moving care from hospitals to the community could have a profound positive impact, particularly on waiting times and patient experience, with the potential to be more cost effective and aid recovery by making use of community assets.

### Analogue to digital

Could be beneficial in enabling early diagnosis and supporting prevention of long term conditions through empowering individuals to manage their health and wellbeing but needs to consider digital exclusion.

### Sickness to prevention


Focusing on prevention and early intervention could reduce hospital admissions, improve self-management, and promote healthier lifestyles, such as good quality housing, information about nutrition, and employment.

## Our community assets

Building community capital and resilience is fundamental to enabling the strategic shifts outlined in this strategy: our communities have the potential to lead the process of preventing illness, improving health and reducing inequalities. We will work with our communities to leverage these assets to provide increased social value. Through our neighbourhood programme and in other areas of our work, we will adopt a strengths-based approach which builds on the assets of individuals, families and communities.


**The people of North East London** – over 2 million people bringing vibrancy and diversity, sharing what is important to them, co-producing services, delivering solutions and taking greater control over their own health and wellbeing. Only through taking a strengths-based approach to building capacity in individuals, families and communities will we enable resilience, address inequalities and build greater sustainability for our system.



 **Neighbourhoods** - the development of 37 neighbourhoods, across NEL, familiar to the communities they serve, strongly rooted in local communities, enabling local capacity and connected to their community assets including community networks and partners, to support holistic wellbeing.


**Voluntary, Community, Faith and Social Enterprise organisations** – thousands of community organisations operating across NEL, engaging with local people, directly delivering services with a significant impact on the health and wellbeing of local people, and building resilience and community capital.



 **Primary care** - Our 260 GP practices, 369 community pharmacies, 222 dental practices and 220 optometrists key to meeting the changing needs of our communities and working in an increasingly integrated way serving local people in their neighbourhoods.

**Our workforce** - one of the largest collective employers in North East London, with over 130,000 people working locally in health and care, our workforce draws significantly from the communities we serve.



 **Our buildings** – a total of 363 physical assets across NEL including 23 large centres bringing different services together, closer to our communities. This is in addition to our partner assets such as local authority sites, education, community and faith sites or multi-use sites such as libraries or cultural venues.

As a system we benefit from using all assets in our system to address the challenges we face and deliver on our priorities for our residents.

## Clinical and care professional leadership

To deliver an ambitious system strategy for our population in North East London, we need to ensure that clinical and care professional leaders across our whole system are empowered to redesign care and drive the changes that are necessary including safeguarding vulnerable children and adults and addressing complexity. Our clinical and care professional leaders ensure our clinical strategies are aligned to population health needs, that our plans are driven by the best available evidence, and that we are working effectively across professional, organisational and sector boundaries to join up pathways of care in partnership with local people.

**Professional networks** – we have established strong professional networks bringing together clinical and care professional leaders from across disciplines to support a more strategic approach across NEL, to facilitate greater collaboration and enable shared learning. These networks include NEL Directors of Children's Services, Directors of Adult Social Care, Directors of Public Health and our Allied Health Professionals Council.

**Multi-disciplinary approach** – as a system we take a multi-disciplinary approach to transformation with clinical and care professional leads working hand in hand with each other to develop clinical strategies and transform care with residents at the heart. Our ongoing working to review our maternity and neonatal services exemplifies this approach and has involved clinical teams from across North East London.

**Improvement networks** - Clinical and care professional leaders come together in improvement networks across our system to review pathways of care, develop new models of care and improve all aspects of quality and safety in services.

**Clinically-led approach to system impact review** – in NEL we have established a clinically-led process for the review of system impacts to ensure that we are working as a system to understand the wider impacts of service changes including any quality impacts; and are working collaboratively as a system to mitigate and manage those impacts.

**NEL Clinical Advisory Group** – the clinical and care professional leadership of our statutory NHS organisations, local authority Directors of Public Health and other clinical and care professional leaders come together fortnightly as a clinical leadership group for the system. As well providing the mechanism for ensuring the ICS can draw on clinical advice, the CAG supports a specific focus on collaborative working. This includes understanding the culture within different parts of our system and working to overcome barriers to successful collaboration and integration e.g. across things primary and secondary care (in all sectors).

# The NEL Outcomes and Equity Framework

To support us to deliver equitable health outcomes for all our residents, we will adopt a NEL Outcomes and Equity Framework.

This draws on our **resident-led success measures** and the **Good Care Framework** co-produced with local people through the **Big Conversation**, and the national CORE20PLUS5 approach, disaggregating all outcomes by deprivation and ethnicity to expose unwarranted variations that must be addressed.

This is a system-wide framework taking a **life course approach**, responding to specific needs at every age and with cross-cutting themes relating to **quality; health inequalities & communities; and sustainability** (workforce, financial and environmental). It will guide our goals and priorities across all areas and increasingly influence the outcomes we seek from our providers, and will become the basis for our commissioning.

The framework provides a vital tool for **addressing health inequalities across the services we commission**, enabling us to allocate resources to areas of greatest need.

Life course segment	North East London Population Outcomes	Population aspiration
Starting Strong	Outcome 1: All children have the best start in life	"I want to have the best start in life"
	Outcome 2: All families get the support they need	"I want my family to be supported when we need help"
Living Well	Outcome 3: People live longer, healthier lives	"I want to live a long and healthy life in my community"
	Outcome 4: People can stay in good work and have financial security	"I want to stay healthy enough to work and support my family"
	Outcome 5: People can prevent illness and stay healthy	"I want to be supported to stay healthy and avoid preventable illness"
Managing Conditions	Outcome 6: Health problems are caught early and managed well	"I want my health conditions detected early and managed effectively"
Supporting Complex Needs	Outcome 7: People have good mental health and wellbeing	"I want to feel mentally well and cope with life's challenges; I want timely access to local mental health services when I need them"
	Outcome 8: People can age well in their own communities	"I want to stay independent and connected as I get older"
Dying well	Outcome 9: People have choice and comfort at the end of life	"I want to die with dignity in the place of my choosing"
Quality Care and Access	Outcome 10: People can access the right care when they need it	"I can get the care I need, when I need it, without long waits"
	Outcome 11: People receive safe, high-quality care wherever they go	"I can trust that I'll receive excellent care wherever I'm treated"
Health Inequalities and Communities	Outcome 12: Everyone has a fair chance of good health, regardless of background	"I want the same opportunities for health as everyone else in my community"
	Outcome 13: Communities are strong, connected and resilient	"I want to feel connected to my community and supported when I need help"
Sustainable Services	Outcome 14: Health and care staff feel supported and can thrive at work	"I want to work in health and care and feel valued and supported"
	Outcome 15: Services are financially sustainable and provide value	"I want excellent health services that represent good value for public money"
	Outcome 16: Services are low carbon	"I want healthcare delivered without environmental harm"

# Our overarching strategy for change and improvement in North East London

Working with partners and residents to understand and address the wider determinants of ill health and health inequalities collaborating as one system



Proactively identifying those at risk and intervening earlier to prevent ill poor health and reduce variation in outcomes

Investing in our workforce to develop the relational ways of working which will integrate care, empower local people and build our community assets



Providing more care locally or at home and improving access to hospital care where it is needed, working with local authorities to optimise the connectivity with local authority services and education

Getting the basics right by providing trustworthy, person-centred, accessible and competent care



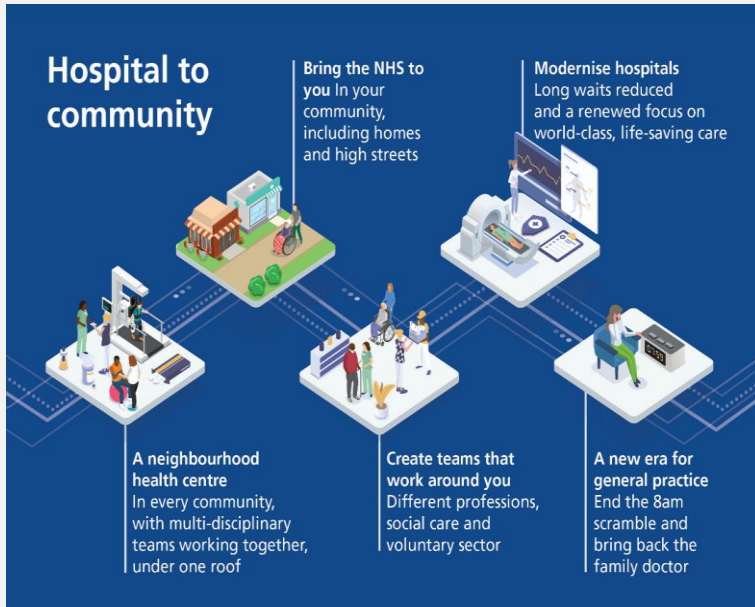
Using digital tools and data to support changes and focus on the health of our population

Improving productivity, allocating resources based on need and increasing our financial sustainability



# Delivering our strategy: the role of the three shifts

Partners in North East London will need to work together in a range of areas to deliver our strategy. Central to delivering our priorities will be making progress on the three sets of changes outlined in the recent [Ten Year Health Plan](#): redesigning care to move the focus of care into neighbourhoods and communities; moving our focus upstream to prevent ill health and intervene earlier and using digital tools and data to enable changes and improvements and give more power and control to residents. The sections that follow outline our over-arching approach to achieving these changes in North East London.



Moving healthcare services from traditional hospitals into local communities to provide care closer to people's homes



Shifting the focus from treating illnesses to preventing them in the first place, with an emphasis on public health and well-being



Transforming the health and social care system from a traditional, paper-based model to a modern, digital one

# Hospital to community

How we ensure high quality care is delivered as locally as possible, develop our neighbourhood health service to improve residents' health outcomes and reduce pressure on our scarce hospital capacity



## Community: our local context and case for change

For us in north east London, delivering the shift from hospital to community is not just about changing where specific health services are delivered but about how we work with our population in strengths-based ways to build resilience and enable more people to live well at home, in their communities. We are seeing more NEL residents presenting at health settings with wider social needs including welfare, deprivation, alienation, loneliness and housing issues as well as increasing levels of co-morbidity and complexity with **24% of people living with 3 or more long-term condition**. **Shifting care from hospital to community** signals not only that many people will have their needs better met in community settings in the future but that we work in and with communities to deliver more holistic and community focused care, as by strengthening community assets we can support people with complex needs to remain at home.

**Our community approach works on a number of levels:** developing integrated neighbourhoods with proactive, preventative support; working with communities and partners to build resilience and support people to live well at home; strengthening system-wide pathways so that people receive the right care in the right setting – and for the optimal length of time.

This multi-pronged approach will target resources where they are most needed. Success will be measured through the NEL Outcomes and Equity Framework focusing on improved health outcomes across all ages for those with long-term conditions and complex needs, as well as reduced urgent care activity, fewer preventable admissions and delayed discharges; and increased investment in the voluntary sector.

Our ambition is to commission a **coordinated integrated health and wellbeing system**, across health, social care and wellbeing that brings care closer to home so local people and communities can better access care in settings responsive to their whole needs. Through this approach, we will rebalance investment from acute to community, while changing how we work, taking a life course approach and leveraging hyper-local assets and infrastructure. Over time, we believe this will enable **prevention-focused, strengths-based interventions** that proactively address health inequalities and meet population needs. We recognise the centrality of integrated neighbourhood working in bringing care out of hospital and that this broader endeavour will shift our model away from acute hospital treatment towards local community care delivered by a full range of providers including voluntary, community, faith and social enterprise organisations, provider trusts, local authorities and the wider independent sector.

**Our continuing journey:** We are not starting from scratch – we are building on learning from previous years, especially the vanguard work, and we already work closely with our local authorities, provider trusts, our VCFSE colleagues and directly with local people to develop community based and integrated services that support people closer to home.

## Delivering our vision for the community shift in NEL

**Primary care will be at the heart of our work to deliver the shift to community** and will act as the core delivery infrastructure to build better health and proactively manage emerging needs of local people in our local communities. **Building from primary care, we will commission other community-based services from a range of providers to support better health and wellbeing**, thereby contributing to reducing avoidable demand on acute services through early intervention, self management, prevention, and coordinated care closer to home.

- Embedding a core community service offer across NEL to ensure consistent and high-quality care - adopting a preventive and early intervention approach through pathway reviews
- Improving the performance and availability of virtual ward beds across NEL alongside the development of community based urgent care pathways
- Commissioning same-day access hubs and enhanced community diagnostic services
- Co-producing a virtual health strategy focusing on improving access, equity, and outcomes through the effective use of digital technologies
- Developing a consistent community-based rehabilitation services helping people recover faster, maintain independence, and reduce reliance on acute hospital beds
- Working to support the development and delivery of a national care service in line within changing national legislation and guidance

### **Our integrated neighbourhood vision in NEL: Everyone in North East London lives in a neighbourhood which supports and actively contributes to their physical and mental health and wellbeing**

We will work closely together in local neighbourhoods creating an environment in which a range of assets, facilities and services are available to enable local people to start, live and age well and healthily. We will do this by:

- Working flexibly in partnership across our system at a Place and north east London level to co-design models which build health and wellbeing
- Commissioning neighbourhood health centres to actively integrate delivery of primary care, secondary care, community health, mental health, local authority, and VCFSE provision
- Developing neighbourhood MDTs to provide proactive care for residents with complex needs. Supported by digital tools and embedded Population Health Management approaches they will routinely identify and target those with the poorest health
- Embedding prevention using predictive analytics to identify residents at risk earlier and enable timely interventions before conditions escalate, reducing avoidable admissions, addressing health inequalities and improving health outcomes

# Our key priorities for our shift to the community

## Over the next three years we will:

1. Continue to implement our **care closer to home approach** in urgent and emergency care, by building community based urgent care that supports people in their community, away from hospital settings, and delivers fast and effective discharge supported through integration of out-of-hospital health and social care. This will be enabled by system wide coordination and strengthening of single point of access through 111 and operationalised through integrated neighbourhood working
2. Improve **access to and experience of general practice** and wider primary care including increasing availability of same day access, improving continuity of care and ensuring appropriate access to diagnostics

3. Deliver our **vision for neighbourhood working**, to meet our goals and building a 'team of teams' that supports people with multi-morbidity, children with complex needs and mental health. We will do this by taking a Population Health Management approach to deliver an increasingly broad range of services at a hyper local level. These teams will be better integrated with the wider community (Inc. VCSFE) to support a truly preventative approach. The neighbourhood footprint ambition is to deliver more services locally through neighbourhood health centres—bringing together specialist and diagnostic services alongside local authority and voluntary sector support in accessible community hubs.

Goal	Desired outputs
Work with and for local communities	<ul style="list-style-type: none"> <li>• Care delivery in a community setting wherever possible</li> <li>• Enable individuals and families to take greater agency over their health and wellbeing</li> <li>• Work effectively with local communities to co-produce solutions to the health and wellbeing issues which matter to them</li> <li>• Work in a strengths-based approach to build capacity in individuals, families and communities, enabling resilience</li> <li>• Leverage local assets, including community networks and partners, to support holistic wellbeing</li> </ul>
Work in a proactive, preventative way to address rising need	<ul style="list-style-type: none"> <li>• Use data to identify and target resources for individuals and groups at the highest risk of health decline / deterioration</li> <li>• Prioritise early intervention, preventative and proactive care to address health needs before they escalate</li> <li>• Maximise use of digital tools to support self care and to share information with health and care professionals</li> </ul>
Deliver integrated, accessible care	<ul style="list-style-type: none"> <li>• Neighbourhood to provide timely and coordinated interventions</li> <li>• Promote continuity of care for individuals with long term or complex needs</li> <li>• More targeted support for families and the highest users of services</li> <li>• Deliver care aligned with the Good Care Framework, ensuring services are trustworthy, accessible, competent and person centred</li> </ul>
Support service sustainability	<ul style="list-style-type: none"> <li>• Consider aligned financial incentives to support the quality and financial sustainability of core services ensuring the most effective role for general practice at the heart of neighbourhood services</li> <li>• Address current and future workforce pressures through workforce and care pathway transformation</li> </ul>

# Sickness to prevention

How we better identify those at risk, intervene earlier to prevent ill health and slow the progression of conditions, and work as a system to address the wider determinants of ill health and health inequalities across pathways



# Prevention: our local context and case for change

Our system continues to focus primarily on treating illness rather than preventing it - this is unsustainable in the context of a rapidly growing population with increasing health need. Acute care spending has risen from 47% to 58% of our budget since 2002, while spending on primary care has fallen to just 18% - the opposite of what a prevention focus requires.

**Failures in prevention compound health inequalities.** In our local population we are seeing:

- **Rising multimorbidity**, an ageing population, and persistent health inequalities
- **Economic inactivity** due to ill health costing the NEL system £500m annually
- The **cost-of-living crisis** disproportionately affecting our most vulnerable populations, creating direct health impacts especially for children and families in temporary accommodation

## The case for a more focused system approach to prevention

- 'Prevention' means different things to different people across our system, hindering focused action
- Responsibility is too dispersed and accountability is lacking
- Benefits fall outside traditional business case models focused on short term deficit reduction
- Current investment is piecemeal, and we lack a full understanding of impact
- Traditional approaches focus on doing 'to' rather than 'with' people
- Prevention underutilises the use of our neighbourhoods and misses the opportunity for early intervention and better long-term outcomes

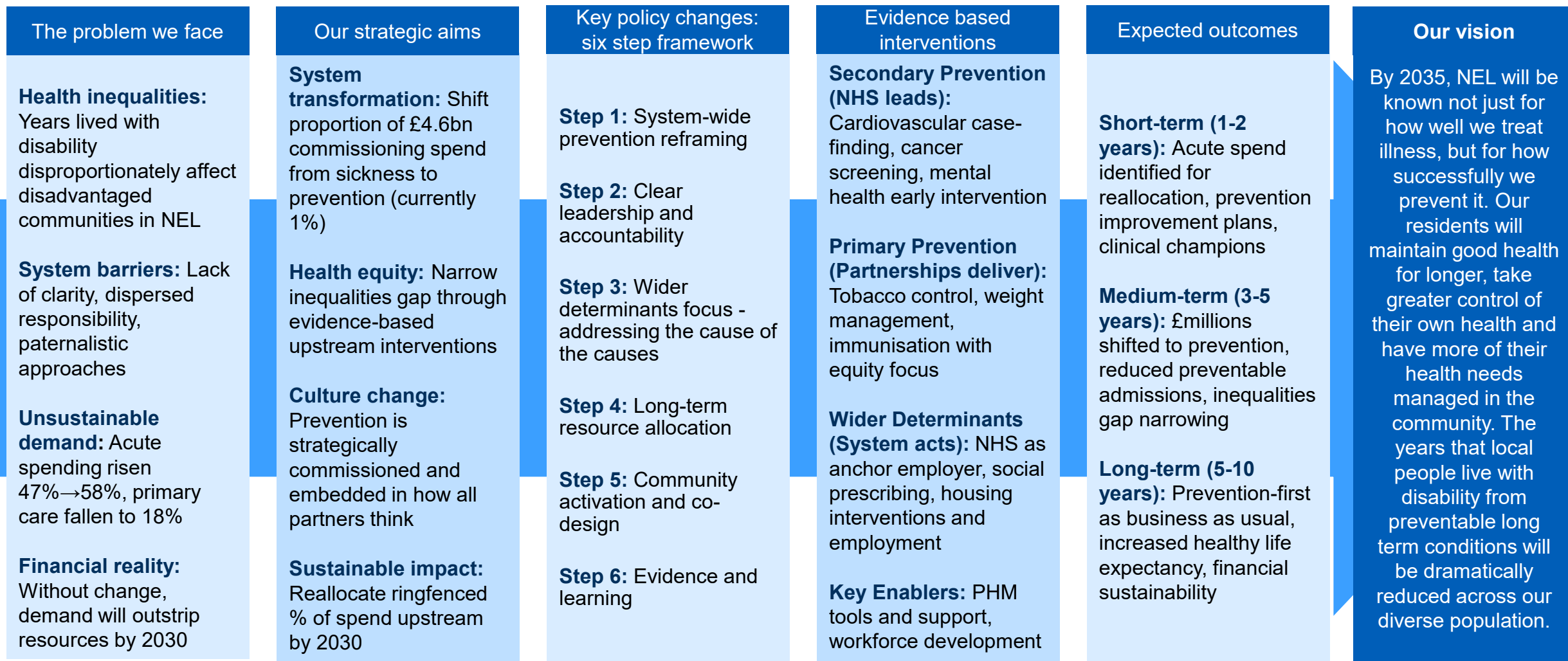
**Without a more focused approach to prevention across our system, demand will outstrip our resources by 2030.**

## Foundations for us to build our new system upon:

- **1% of our commissioning budget** is currently spent on a range of prevention initiatives
- All partners signed up to our **NEL anchor charter** containing commitments to tackling wider determinants
- Established a range of **evidence-based prevention programmes** across our system including tobacco dependency services alcohol care teams in secondary care, and comprehensive vaccination programmes
- Invested in **population health management** resource for the system linking to places and neighbourhoods
- Strong **voluntary sector relationships and community connections** that provide delivery infrastructure

# Our theory of change

Drawing on a range of work sitting in different partnership groups across the ICS including the NEL Long Term Conditions Board and the NEL Directors of Public Health Group, we have begun to develop a more strategic approach to prevention for the system which we will test further with partners over Autumn 2025.



# Prioritising evidence-based interventions within our system approach

As part of developing a comprehensive framework for embedding prevention across the system, we need to identify the evidence-based interventions that we want to prioritise for investment. Given the current financial context, our immediate focus must be on interventions that deliver measurable returns whilst building the foundation for broader culture change towards a 'prevention first' approach.

## Immediate priorities

### Tobacco dependency:

sustaining treatment services linked to whole pathways of care

- Smoking causes half the life expectancy gap between rich and poor, costing NEL £56.7m annually in NHS treatment
- Opportunity to prevent 1.4k readmissions, free up 19 beds daily and save £2.2m pa.

### Cardiovascular prevention:

embedding a whole system approach

- CVD is highly preventable yet mortality is increasing
- Opportunity to optimise pathways e.g. heart failure which would reduce c. 118-315 admissions worth £659k-£1.9m pa.

## Emerging priorities

### Weight management:

- a whole population approach
- NEL has highest childhood obesity rates nationally, and some of the highest rates of type 2 adult diabetes with increased risk of CVD, CKD etc
  - Preventing early onset of type2 diabetes for ages 20-40 with specific risk factors would address outcome inequalities for our population and reduce healthcare use significantly

### Social prescribing and navigation:

- embedding social, welfare and legal advice in healthcare settings
- Poverty is a major determinant of health and related factors disproportionately affecting NEL residents.
  - Academic evidence supports SWLA as a key intervention for tackling health inequalities. We have an opportunity to build in existing good practice including social prescribing.

### Genomics and personalised medicine

- Leverage our life sciences capabilities and partnerships, such as the Barts Life Sciences Campus, to identify and exploit opportunities including precision and personalised medicine

## What a 'prevention first' approach could mean for local people

**Starting well (0-18):** Children in NEL grow up supported by a strong family environment with educational attainment that sets foundations for lifelong health. Schools become health-creating environments addressing childhood obesity, mental health, and health literacy.



**Living well(18-65):** Adults maintain physical and mental wellbeing through supportive employment, accessible healthcare, and strong community connections. Early identification and management of risk factors prevents progression to long term conditions.



**Ageing well (65+):** Older residents age well in their communities with maintained independence, social connection, and cognitive function. When health conditions arise, they are well-managed to preserve quality of life.



# Analogue to digital

How we can use new digital tools and innovative data systems to support prevention and integration and to give local people more power and control



# The digital and data opportunity for North East London

We want to build on our strong track record across NEL of our collaborative approach digital developments. This is evident for example in the work on shared records, the level of digital maturity within most of our providers, as well as how the providers are working towards using common systems. Digital technology is already responding to the challenges our system faces, for example the extensive use of online consultation and online booking to improve primary care access, with digital approaches being used in dermatology and ophthalmology to improve elective access and Health Navigator working to lower avoidable admissions by using AI and health coaching.

## Building on our success to date:

- Primary care access improving via online consultations, NHS App, and new phone systems
- NHS App providing the patient gateway to tools like DrDoctor and Patient Knows Best
- Adopting AI tools including risk stratification (Health Navigator); digital scribes (Heidi, AccuRx), diagnostic imaging
- London Care Record connecting most health and care sites
- Secure Data Environment enabling predictive modelling and AI use
- Electronic Patient Record (EPR) rollout at Barking Havering and Redbridge University Trust (Oracle Millennium) aligning with Barts Health and Homerton
- Digital therapies for mental health freeing up clinical time
- Virtual Wards supporting remote monitoring of complex conditions through the integration with wearable devices to facilitate earlier intervention and more proactive care
- Expanding community diagnostic centres and digital triage in ophthalmology
- Genomics leadership via QMUL's Genes & Health



Our challenge is to go further and faster towards systematic and innovative use of digital technology, improving outcomes by empowering residents and freeing up staff time.

## Ambitions in the 10 Year Health Plan

- **Single Patient Record:** National unified record enabling integrated, personalised, and predictive care.
- **NHS App by 2028:** Becomes the main access point with AI-driven features – advice, referrals, booking, medicine, and care planning (“doctor in your pocket”).
- **HealthStore:** Marketplace for NICE-approved digital health apps.
- **Federated Data Platform:** Connects siloed data to support AI tools and boost productivity.
- **Digital supports financial sustainability:** Cuts duplication, admin, and costs; national AI procurement framework launches in 2026/27.
- **Ambient Voice AI (“AI Scribe”):** Expected to reduce paperwork by 51%, freeing up clinical time.
- **Genomics Integration:** Enhances personalised care via the Single Patient Record.

# How digital and data innovation can enable change and improvement

We aim to transform healthcare delivery through digital innovation, and by doing so empower local people and staff, address health inequalities and rising demand, make our health system more financially sustainable and reduce environmental impact. By embracing digital transformation, we seek to create meaningful, measurable improvements in health outcomes for all residents.

To transform the digital landscape across NEL and to deliver the vision outlined above, we have identified five themes that we believe are essential to make the step changes needed:

1. **Patient leadership:** Moving to digital-first, particularly using the NHS App and online consultation, is a key step to giving individuals the tools to manage their own, and their family's health, especially for routine interactions such as prescriptions, vaccination and appointment management. This will free up time and resources for complex care to be personalised, with the right professionals supporting them. It will also free up time to support digitally excluded people using traditional methods.
2. **Pathway redesign:** We will accelerate work across NEL to innovate, co-designing digitally enabled pathways with staff from across the system. This is not only to streamline pathways, but also to enable staff to spend more time on what is important to residents, as well as increase productivity and reduce frustrations with NHS bureaucracy.
3. **Clinical integration:** Clinical integration is key to improving the clinical experience of delivering care, and to enabling staff to spend more time on what matters the most to them and to our local people – improving patient outcomes.
4. **Single system:** We see the single system as a fundamental component to enable the best possible care to our local people in an integrated way. This will provide a single version of the truth in common functions through simpler interoperability
5. **Data and innovation:** We see the importance in the systematic use of data, especially to inform decisions based on the needs of our population and support our shift to a prevention focus which support better population health outcomes. To meet those needs, we are also committed to continue innovating to finding cost-effective interventions that are tailored to our local people; we will aim to do this through increased data sharing of information between our partners and services to inform this decision making.

We are committed to adopting and adapting national innovation and standards, leading in the uptake of the NHS App and the implementation of the Federated Data Platform. We will co-design and test London wide initiatives such as London Health Mission, London Care Record, and Health Data for London. We will adopt a learning approach based on testing, adapting to feedback, evaluation and shared learning.

# Our key priorities for digital and data

## Patient leadership

Giving residents access to their **complete health record**

**The NHS App** deployed to all residents that can use it

**Support residents in staying healthy** through health messaging and coaching

**Addressing inequalities**

Co-designing solutions

Providing **non-digital alternatives**

## Pathway redesign

All our pathway redesign activity will have a **digital first approach**

Target a **single virtual ward set of technologies**

All pathways to use digital technology

**Same day access pathway** will improve patient flow and experience

**Universal Care Plans** in place and widely used

Roll out of a national **unique identifier for children**

## Digital inclusion

Cohorts excluded through **language barriers, the ability to use, afford or access** digital tools will be supported

Initiatives will **support the digitally excluded** by use of translation, education and provision of devices and data

**Traditional access channels will be maintained** for those need them such as walk-in, letter and telephone

## Single system

The **fewest number of systems** will be used within each sector

**Single patient record** will be in use across all providers

**Joint procurement of IT** is being explored

All systems, where possible, to be **cloud based**

**Cybersecurity** is prioritised

**Integrated Neighbourhood Teams** will have easy access to required information

## Clinical integration

Expand the use of **advice and refer** across Primary Care

**Ambient voice technology** to be available

All care homes, nursing homes, pharmacists, dentists and optometrists to be connected to **London Care Record (LCR)**

All clinicians and other relevant **professionals making optimal use of the LCR**

## Digital innovation

**AI used to support** clinician and administrative staff to undertake tasks in a safe and efficient way, such as diagnostic support, noting and clinical coding

**Online consultation tools** will use AI to triage to the maximum extent safely possible and guide patient to the right pathway

**Hybrid mail systems** and automation tools are being implemented by all trusts to send letters to patients via NHS App

# Enabling the change

How we will allocate our resources to support the delivery of our strategy



## Our strategic financial objectives

Our financial strategy will support the delivery of the system strategy and the 'left shift' whilst ensuring we meet our statutory requirement to keep within our delegated resource allocation. The ICB financial plan will contribute to the overall financial sustainability of the system but will focus primarily on commissioning plans and how these are developed to meet the needs of local people and deliver the requirements of the national Ten-Year Health Plan.

We have two key financial objectives in NEL:

1. **To develop and deliver an ICB financial plan that provides a stable economic environment to support continued improvement in healthcare and outcomes and across our system**
2. **To reduce health inequalities and improve quality of care and health outcomes through targeted investment funding, allowing resources to be reallocated between care settings over time**

These will be delivered through:

- Setting of resource plans with an **allocation strategy** that aligns funding and incentives to commissioning plans
- Enabling and supporting **provider driven efficiencies**, aiming for a step change in **productivity in line with national guidance**
- Using population health data to identify high impact **commissioner led strategic plans** involving interventions that reduce variation by addressing inequalities in service levels and outcomes, and where possible deliver at scale
- Develop contract forms to support **market management and promote the viability of providers** to deliver commissioning plans
- Manage **risk** as activity and funding shifts from one setting to another, ensuring incentives are aligned to avoid failure
- Address the shortfall in **capital** funding to meet the infrastructure investment needed to deliver the change required
- Identify and establish by 2030/31, a **3% (circa £200m) revenue transformation fund** to enable and resource the three shifts.

# Our financial principles

## Financial Sustainability

- No default generic growth will be applied to any contract. The first call on allocation of growth funding will go to address the overspend on commissioned services before we look to expand services. Our core principle is that we cannot allocate what we don't have
- Remaining growth funding will be allocated to address known gaps and inequity in line with our strategic planning principles
- Provider sustainability is a core strategic aim; therefore, any initiative will need to take account of, mitigate and minimise adverse impacts e.g. avoiding stranded costs, supporting cost redeployment
- We will focus on cost control and efficiency improvements to generate headroom for investment

## Value based care

- We will prioritise evidence-based interventions with the highest return on investment and robustly evaluate interventions to ensure benefits are realised, including prevention interventions
- Recognising our current shortfall in capital funding we will prioritise investment in digital solutions to promote efficiency and effectiveness
- We will support rapid adoption and spread of innovation through our role as a strategic commissioner

## Data driven decision making

- We will base all financial projections and decisions on robust data and evidence
- We will regularly update models with the latest available data
- We will maximise the usage of all available benchmarking tools

## Long-term planning

- We will balance short-term savings with long-term system sustainability
- We will move to a long-term model of resource allocation based on population health which reflects our strategy and the three shifts

# Developing our financial allocation strategy

## Financial Modelling

The forecast underlying exit rate from 25/26 will be analysed along with demographic growth changes, the impacts of an ageing population, increased demand, and expected inflationary pressures in excess of annual funding. Other factors that impact the base case scenario will be reviewed which include insufficient capital funding to invest in better infrastructure and a reduced workforce to drive efficiencies.

Demographic changes will be modelled through population health data. Mandatory arrangements such as delegated primary care funding and mental health investment standards will continue to be met and modelled through our medium-term financial strategy.

The baseline position will require an inherent efficiency in line with national tariff assumptions of 2% per year.

## Creating and Ringfencing transformation funds

The medium-term financial strategy (MTFS) will outline how the ICB will plan to spend 3% of funds on transformation. This will begin with 1% in 26/27 and increase over the 5-year period. To enable this the ICB will review the allocation of growth funds and block contracts.

### Transformation Funds

- The MTFS will allocate 1% of funding growth in the first year for transformation and enabling the commissioning decisions to drive the three shifts. This is in addition to any funding that is now in the baseline. Analysis will need to take account of strategic priorities, double running, stranded costs and where relevant the repatriation of activity to local provided services
- We will explore ways to expand funding available to us as a system to invest in transformation including through partnerships with social finance, research and life sciences.

### Deconstructing Contracts

- Fixed and pass-through funds that have been paid since 2020 are currently under review nationally. Where these are over and above activity levels, we will aim for a minimum 1% productivity above annual productivity requirement to fund transformation (note: 1% acute funding = approximately 0.5% system allocation).
- The MTFS will assume fixed and pass-through funds are repurposed across the duration of the medium-term plan and be used at a system level to aid delivery of the three shifts. The reallocation of funding will contribute to provider demographic pressures and transformation arrangements. As an enabler, contract form and payment mechanisms will be reviewed to reflect agreed activity plans and future commissioning intentions.

## Prioritisation of fund and reducing variation

The ICB will determine the prioritisation of growth funds following a resource allocation process. Through this process the ICB will drive allocative efficiencies intended to aid the underlying financial sustainability. Resource allocation will take account of:

- Assessment of population needs
- A focus on prevention
- Tackling Health Inequalities
- Addressing the core service offer within Primary Care, Community and Mental Health to support transformation
- A reallocation of funding within individual pathways to drive quality whilst also delivering a more standardised set of services across providers and locations
- Implementation of our statutory duties

This approach will be aligned to our NEL Outcomes and Equity Framework and commissioning plans.

## Our workforce

Our ICS vision is to “**work together to create meaningful work opportunities and employment for people in NEL now and in the future**’. Supporting people to be in work so they can contribute to the economy and improve their health outcomes is key. As one of the largest collective employers in North East London, our workforce is drawn largely from the communities we serve. Addressing employment, wellbeing, and equity, inclusion and diversity challenges is therefore central to improving outcomes for our population.

**Delivering on our current ambitions:** As a network of **anchor institutions**, we need to create employment opportunities for local people that are equitable and inclusive, including clear career pathways across our system. The **NEL Training Hub** is well positioned to support **primary care recruitment** by linking with Connect to Work teams within Local Authorities, helping GP practices fill vacancies while creating employment routes for residents. Efforts are underway, through **local employment schemes**, to increase NHS and social care employment among residents through targeted joint working with local authority employment teams, education providers and employers so residents can be supported into training and job opportunities.

**Secondary care** trusts across NEL are coordinating recruitment efforts with colleges, DWP with Barts Health leading a £500k Widening Access project to expand health career opportunities for identified specific underrepresented groups. **Care Providers Voice** is leading the care component of the Widening Access project, establishing referral pathways into social care job placements across NEL. NEL is mobilising a system-wide response to the **national guarantee of NHS employment** for newly qualified nurses and midwives, with early funding focused on midwifery and future planning underway.

**Delivering the three shifts through our workforce:** The requirements within the 10 Year Health Plan mean that we need a high-skilled, resilient and future-ready workforce to deliver new transformative models of care. As a system we will need to support the cultural change that is needed to successfully embed integrated neighbourhood.

**Community:** Moving care closer to home requires a workforce that is flexible, community-oriented, and able to work across traditional boundaries.

**Digital:** A digitally confident and competent workforce is essential for delivering seamless, efficient, and patient-centred care in a modern NHS.

**Prevention:** Shifting to prevention requires a workforce that is proactive and skilled in behaviour change for our residents.

Our diverse and skilled workforce across our system is **key to delivering sustainable and effective change**. To support our workforce, we need to develop education programmes alongside Higher Education Institutes and employers, feeding into workforce planning that will be delivered by London region.

# Our physical infrastructure

The North East London ICS Infrastructure Strategy (July 2024) outlines a 20-year, system-wide plan to modernise physical and digital infrastructure, ensuring high-quality, resilient, and equitable health and care services. It aims to build a world-class, sustainable infrastructure that supports staff and residents, drives innovation and integration, and meets the needs of a rapidly growing and diverse population. Our Infrastructure priorities for the system are:



 1. Improve infrastructure safety and quality

 2. Enable increased productivity

 3. Integrate services within our communities to support health and wellbeing

 4. Accelerate innovation

 5. Develop new additional capacity



**St George's Health and Wellbeing Hub** opened in spring 2024 and provides a key example of a neighbourhood health centre. Residents can book appointments and see a range of professionals in one visit as it brings together a range of services wrapped around primary care such as community and mental health, CT, MRI and other diagnostics.

**Diagnostic Centres** have improved capacity and access for residents to diagnostics services and reduced inequalities of services across North East London.

**Barts Health Life Sciences Campus** will deliver on three healthcare priorities – prevention, prediction and precision. The campus focuses on digital health, genomics, and clinical innovation to advance healthcare by transforming research into everyday patient care.

**Delivering the three shifts through our infrastructure:** We aim to create **modern, multi-functional community health hubs** that bring together multiple services under one roof to provide proactive and preventative care and improve access to care closer to home.

**Community:** The shift of care to the community requires modern, accessible, and well-equipped facilities.

**Digital:** Digital transformation is only possible if the physical estate is digitally enabled, secure, and fit for 21st-century care.

**Prevention:** Prevention and early intervention require accessible, welcoming, and multi-purpose spaces embedded in communities.

By focusing our **limited capital** on essential projects on areas such as critical infrastructure risk, replacement, upgrades and growth areas, as well as maximising our current estate, we will ensure the flexibility to deliver new models of care.

# Working as a North East London system

How partners will work together to deliver our system strategy



## We must maintain a strong system partnership across North East London

Maintaining a strong and engaged North East London system is vital to achieving our long-term goals. We are committed to maintaining and strengthening the strategic, clinical and operational partnerships that underpin our system. Our partnership allows us to be flexible in achieving our priorities and recognise the contributions of all partners to complex problems, understanding that it will take a collective effort to address these.

We will further develop our Integrated Care Partnership and our vital relationships with Local Authorities in their democratically mandated Place making roles as well as across the wider social care system. We will work with the VCFSE across engagement, delivery and capacity building, with providers, and with local communities



We will work closely with our public health community on setting strategies, shared analytics and prevention

We will build on our links with local authorities to understand and respond to local needs ensuring residents can live well in in their homes and communities with a range of conditions



We will work collaboratively as a system in partnerships by ensuring providers, including provider trusts, are involved in the development of commissioning plans, including NHS, independent sector and voluntary sector partners

We will continue to embed the agreed principles in our system of co-production, building a high trust environment and developing as a *learning system*



We will develop local neighbourhood teams in order to integrate care at a local level, embedding joint working at every layer of the North East London system

We will strengthen our relationships with local authorities and partners to improve outcomes for babies, children, young people and families, working closely with children's social care leads and with the NEL Commissioning Partnership



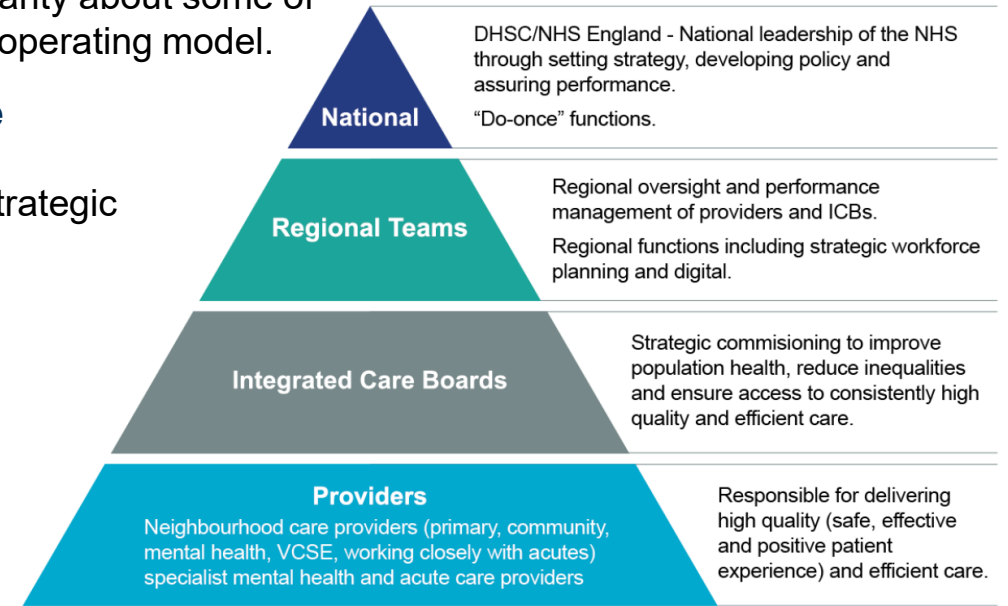
# Key national changes affecting Integrated Care Systems

As well as major policy changes, **significant structural changes to the NHS** have been announced this year. The changes affect all parts of systems, from the very local to the national, and clarity about some of the changes is still emerging. The changes have important implications for our system operating model.

**Regions** are taking on a strategic leadership role with a clearer focus on **performance management** and improvement. **ICBs** are moving more clearly into a **strategic commissioning role** within local systems. Their functions are described as part of a strategic commissioning cycle as shown below.



Whilst there are changes nationally, all partners across the ICS are committed to maintaining and strengthening our partnership that supports our joint approach to designing and delivering new models of care for the benefit of our residents.



While there are no new structural changes for **providers** (they remain accountable to their board for delivery of safe, effective, and high-quality healthcare services, as well retaining their duty to collaborate within local systems), the *Dash Review* has placed greater emphasis on **quality and safety** with clearer oversight from regions on this as well as provider **finances**.

Further clarity is also anticipated on the new **Integrated Health Organisation** role which will be developed nationally as part of the neighbourhood model.

# Co-production and engagement with local people

Our vision for co-production and engagement as outlined in the [ICS Working with People and Communities Strategy](#) published in 2022, is to ensure that participation is residents and community driven. We will continue to evolve our approach to ensure our local people, children and adults, shapes how we commission services.

## Our standards for participation include:

- **Commitment:** *We will develop an infrastructure of participation within our governance and leadership*
- **Collaboration:** *We will work across the ICS and with our people and communities to deepen collaboration*
- **Insight and evidence:** *We will gather insight and evidence to inform our priorities and target our participation efforts*
- **Accessibility:** *We will ensure that all people and communities are aware of and are supported to participate*
- **Responsiveness:** *We will ensure that the impact of participation is clear to people, communities and partners*

## Community Insight System – how we are listening to local voices

Our nationally recognised live database collates feedback on healthcare experience of local people to ensure the patient voice is present in health and care decision making.

- 24 sources of data form the CIS, from Healthwatch engagement reports to social media posts, capturing the sentiments on the experience of healthcare.
- Over 400 system staff are trained to access the CIS, they request around 15 bespoke reports per quarter to inform commissioning and delivery plans.

## The People's Panel – our mass engagement tool

Hearing from residents about health service development and improvement for them and their families helping to shape health and care plans and local services.

- Membership of over 2,400 people receiving a monthly e-newsletter with participation opportunities.
- Participation in surveys, workshops, focus groups etc. to improve health and care locally while offering opportunities for self development, building new skills and networking with other local members.



When designing and delivering new ways of working it is crucial we build high trust with local people so they are confident that the services are safe, effective and of high quality.

# Our quality approach

Quality in healthcare is vital to ensuring that we deliver services which are safe and provide clinical outcomes which improve the lives of our residents. As a system we need to focus on designing and delivering for improved quality, which can be defined as improved experience, safety and outcomes as well as equity of access.

As organisations we need to make sure that we deliver continuous improvements within experience, safety and outcomes for residents and staff. Our approach would cover the following four pillars when reviewing the quality of our services and their outcomes:

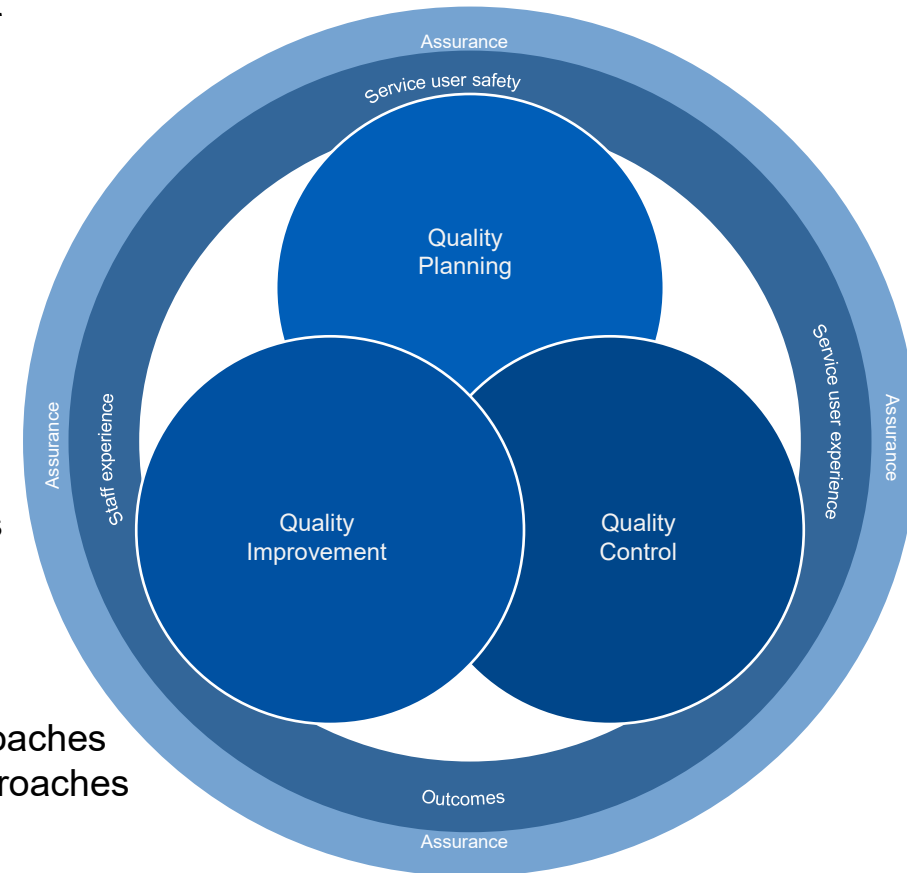
- **Planning** – Establishing what high quality care looks like and what is needed to achieve it
- **Control** – Ongoing monitoring of services to assess performance
- **Improvement** – Systematic approach to improving services
- **Assurance** – Ensuring that services meet established quality standards

We need to agree a shared view of our quality as we work together to assure continuous improvement in the quality of health and care services across our system.

Quality in healthcare is care that is **effective, safe and provide as positive an experience as possible.**

Continuous improvement in services for preventing, diagnosing, and treating illness, as well as protecting public health, will help ensure residents receive better care and outcomes. This improvement in quality will be evident through quantifiable improvements in experience, safety and outcomes and plays a key role in us working within a learning system.

Quality is fundamental to all aspects of improving the quality and outcomes of our services and should be paramount to our drive for transformation and improvement. Aligning our approaches to quality means we need to embed quality within our planning, control and improvement approaches across all partners to deliver the necessary outcomes for our residents.

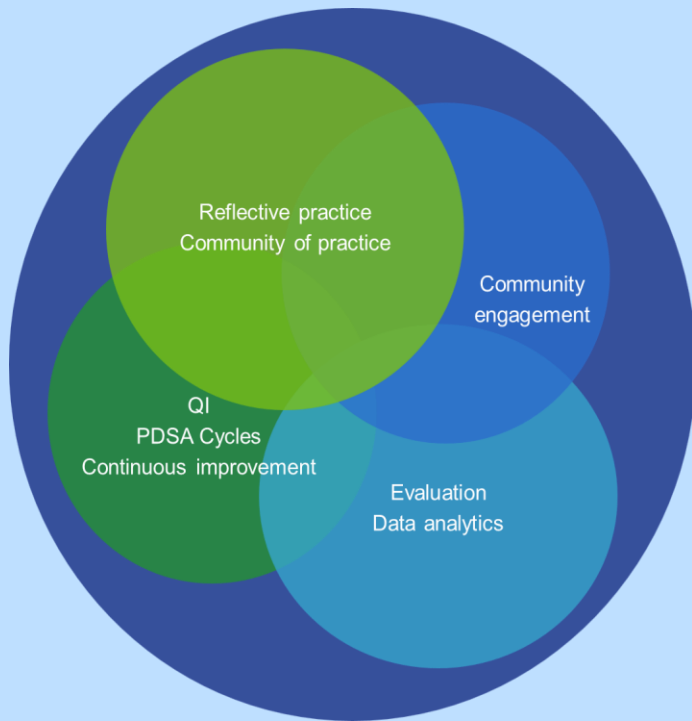


# Operating as a learning system

Our vision is to **embed research, innovation, continuous learning and quality improvement** in all that we do as a system, including how we plan, deliver, integrate and improve our services across NEL.

## Achieving a learning system in NEL:

Research, informatics, incentives, and culture are aligned to support continuous improvement and innovation. Evidence and best practice are sought and seamlessly embedded in practice. New knowledge is captured and shared.



## Progress so far:

- **Building our strategic capacity and capability as a system in population health management** towards a more proactive and value-based approach to planning and delivery. Launching a new PHM platform to support embedding this approach in Autumn 2025.
- Partners including Barts Health and NELFT are **creating an open repository for local learning**, research and innovation, available to the whole system to support continuous improvement.
- Increasing our focus on **using evidence to drive plans**. Horizon scanning to find the latest innovations and evidence-based or high impact interventions to meet the needs of our population, working closely with clinical leads and other subject matter experts and through groups such as improvement networks.
- Secured **continued funding for our Research Engagement Network** which is building capacity within local communities to participate in and lead research. We will be transitioning to a new sustainable model by embedding within existing structures such as the VCSE collaborative.
- Developing **a more strategic relationship with academic and innovation partners** to increase the value they bring to the system.

## Next steps:

- **Deliver enabling support for neighbourhoods** to help integrated teams target proactive care using population health management tools, increasing impact and value.
- Evolve our **ICS research and innovation strategy** in the context of national changes.
- Drawing on expertise from academic partners, we are **increasing our focus on evaluation** including development of an evaluation framework for the system.
- Develop mechanisms to **integrate learning** from evaluation and population health management in our strategic commissioning decisions.



# Our system strategy setting the direction

This system strategy builds on our previous Integrated Care Strategy published in 2022 and has been informed by our engagement with our residents through the Big Conversation.

While the nationally-set timeline for updating our strategy has been extremely tight, we have sought to involve the full range of system stakeholders, including local people, in conversations to inform key areas – see right.

This strategy, now approved by our board and integrated care partnership, is already setting the direction for commissioning plans and provider delivery plans over the coming years.

**To send us your thoughts or queries on any aspect of this strategy, please contact:**

[nelondonicb.strategicdevelopment@nhs.net](mailto:nelondonicb.strategicdevelopment@nhs.net)

## Stakeholder input

This strategy has been informed by discussion at:

- The People's Panel – engagement on the 10 Year Health Plan
- Stakeholder system workshop including clinical leads focusing on the three national 'shifts' (80+ attendees)
- System Strategy Group workshop and meetings
- Provider CFOs and Strategy Directors workshop
- Public Health Directors workshops
- Neighbourhood Steering Group
- Clinical Advisory Group
- Place based partnerships / health and wellbeing boards
- Provider collaboratives / boards