



The London Borough of Newham

Health and Adult Social Care  
Scrutiny Commission

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# **MEETING NEWHAM'S FUTURE NEEDS**

**An Analysis of the Challenges  
and Plans to Address Population  
Growth and Demand Pressures  
on Newham's Health and Care  
System Between 2020 and 2040**

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*Report*

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## Foreword

Between 2020 and 2040, housing data indicates that an additional 110,000 residents are likely to move into the London Borough of Newham. Without significant changes, this will impact a borough with a hospital where bed capacity is already at full stretch; which has severe workforce challenges in primary and social care; and where a significant portion of the health and care estate is unfit for purpose.

The start of the scrutiny year for any Chair is a circuit of stakeholder discussions. I engage with the Council's Cabinet Lead and Director for Health and Adult Social Care. Additionally, I meet with the Chief Officer of Newham Hospital, service leads from the East London Foundation Trust (which delivers our Mental Health and Community Nursing services), and local representatives from our North East London Integrated Care System. Equally, I reach out to Healthwatch (the body funded by local authorities to monitor resident experiences of health and care service quality), our local Voluntary, Community, and Faith Sector (VCFS), and residents to understand their concerns about the health and adult social care sector.

In the summer of 2023, one concern was repeatedly raised—how our health and care system would cope with such a significant population expansion. The concern wasn't just about the number of people entering the borough but also about the fact that the highest proportional growth would be among those over 60, a demographic more likely to have multiple health conditions and greater usage of the local system.

In response, Newham Council's Health and Adult Social Care Scrutiny Commission decided to focus on this issue as their main strand of work for 2023 and 2024. After examining the scale of the challenge across our four meetings, we reviewed the 'Newham's Future Growth Programme' report delivered to the Newham Health and Care Partnership (NHCP) – the place or borough level iteration of our Integrated Care Board - by PA Consulting in the summer of 2024 to assess its effectiveness in addressing these needs. Unfortunately, the report offers, at best, only a partial solution.

As I write this foreword in late summer 2024, five years of population growth have passed, with only minor adjustments made to accommodate this increase. This comes at a time of political change and uncertainty following the election of Keir Starmer's Labour Government in July. While there is a clear intention to reform, it looks like we will have to wait until

Spring 2025 and the introduction of a new 10-year plan to understand strategically the shape of our services, both nationally and locally, though it was reassuring that some of our concerns were reflected in the Darzi report. With this in mind, I present this as an interim report, hoping it will make a helpful contribution to the ongoing debate.

I would like to thank all our system partners for their cooperation in providing the materials and evidence submitted over the past year, which form the basis of this report. I would also like to emphasise that no blame is attached to the leaders of our local system for the lack of capacity and resources imposed upon them. They are currently being expected to perform miracles with constrained resources, and I do not envy them their task.

**Councillor Susan Masters**  
**Chair of the Health and Adult Social Care Scrutiny Commission**  
**London Borough of Newham**  
**August 2024**

## **Executive Summary & Recommendations**

In 2023-24, the Health and Adult Social Care Scrutiny Commission of Newham Council conducted a detailed review of the plans developed by the local health and care system to address the borough's future population needs. This topic emerged from a common concern expressed by stakeholders regarding the anticipated arrival of 110,000 new residents in Newham between 2020 and 2040. Additionally, there were concerns about the significant proportional growth expected among the over-60 population, a group more likely to experience multiple long-term health conditions and, as a result, place greater demand on local services, thereby exacerbating demand pressures.

The Commission examined the various challenges facing Newham's health and care system, through the lens of the projected increase in population and local demographics as well as proposed mitigations to address these issues. This review was structured around four meetings, each addressing distinct areas of concern.

In July 2024, the report commissioned from P.A Consulting by the Newham Health and Care Partnership to address the same issues (within a shorter, 10 year timeframe) was made available. This report was reviewed in a dedicated meeting, attended by a representative of the North East London Integrated Care Board (NEL ICB) rather than local leadership.

The Commission's review provides an in-depth evaluation of Newham's evolving health and care system, focusing on the challenges posed by anticipated population growth. Key findings emphasised the need for additional plans and resources, beyond the Integrated Neighbourhood Team model, to fully meet the borough's future health and care needs. The recent change in government presents both opportunities and uncertainties, with the practical implications for Newham yet to be determined. The report's recommendations focused on addressing identified gaps and ensuring that Newham's health and care system would be better positioned to meet future challenges. These included advocating for more equitable funding, strengthening workforce capacity, and enhancing infrastructure required to support integrated care delivery.

## **Recommendations**

### **Recommendation One: To NEL ICB - Resourcing Leadership**

It is recommended that North East London Integrated Care System (NEL ICS) partners lobby NHS England to ensure that leadership at both system and place-level is adequately resourced.

### **Recommendation Two: To NEL ICB - Funding Formula Review**

It is recommended that a process be established within the NEL ICS to review all funding formulae across all boroughs within the system and to assess the equitable distribution of resources.

### **Recommendation Three: To NHCP - Tracking Population Growth**

It is recommended that the NEL ICS regularly tracks projections of population growth to ensure continued alignment with shared modelling.

### **Recommendation Four: To NUH - Assessment of Acute Bed Needs**

It is recommended that a comprehensive assessment of acute bed needs be conducted, considering any previous shortfalls, and that NHSE and Central Government be lobbied by partners to address these needs.

### **Recommendation Five: To NHCP – Enhancing Local Pharmacy Services**

It is recommended that the potential for local Pharmacists to be furnished with information and tools to signpost residents to supportive services, organisations, and community events be explored (and funded where relevant).

### **Recommendation Six: To NHCP - Non-Digital Service Pathways**

It is recommended that the NEL ICS commit to maintaining non-digital pathways for all services to ensure inclusivity for individuals without access to home technology or digital literacy, for as long as needed.

### **Recommendation Seven: To LBN - Communication with Residents in the Private Housing Sector**

It is recommended that the Directorate for Adults and Health ensures that local health and social care pathways are effectively communicated to older residents in the private housing sector, including through non-digital routes as needed.

### **Recommendation Eight: To NHCP - Alignment and Naming of Primary Care Networks**

It is recommended that Primary Care Networks, community, and local authority health and care services be aligned, and that the patches/areas they cover be named in ways that are meaningful to Newham residents.

### **Recommendation Nine: To NHCP- Clarity of Roles in Primary Care Settings**

It is recommended that all Primary Care practices in Newham display visual charts explaining the roles of different professionals and ensure that staff are clearly badged so that patients know who they are seeing.

**Recommendation Ten: To NHCP - GP Survey**

It is recommended that the GP Survey includes GP surgery functionality and be made available in surgeries and on practice websites.

**Recommendation Eleven: To Newham's Primary Care Networks- Funding for GP Federation Arrangements**

It is recommended that a Federation inclusive of all Newham's GP practices continues to receive investment as a sustainable cross-system holder of contracts.

**Recommendation Twelve: To NHCP - Leadership and Quality Improvement in Primary Care**

It is recommended that a programme of quality improvement in Primary Care in Newham be considered, with the aim of building consistency in performance across Primary Care Networks and providing accountability.

**Recommendation Thirteen: To NHCP - Streamlining Personalised Care Roles**

It is recommended that the ongoing work to investigate personalised care roles continues, with the aim of eliminating duplication and maximising their potential.

**Recommendation Fourteen: To LBN - Report on Public Health Grant Spend**

It is recommended that the LBN Public Health Team produce a separate public health report that exclusively captures local authority public health spending and activities, with clear KPIs and targets to track progress and inform residents about what success will look like.

**Recommendation Fifteen: To NHCP - Integrated Local Health and Care Estate Strategy**

It is recommended that Newham Health and Care Partnership (NHCP) leaders agree on the shape of the integrated local health and care services, with a view to defining a cross-borough estate needs strategy, including a blueprint for local premises.

**Recommendation Sixteen: To ELFT - Mental Health Community Care**

That the Health and Adult Social Care Commission holds a separate session to evaluate the results of the Tower Hamlets Community Mental Health services pilot as a way of addressing Newham's demand pressures on community mental health services, with a view to making further recommendations.

**Recommendation Seventeen: To ELFT – Support for an increase in Mental Health Bed Needs**

It is recommended that the work to assess future mental health bed needs as part of the NEL Mental Health, Learning Disability and Autism Diagnostic work be continued and that the East London Foundation Trust is supported to ensure appropriate funding is secured to meet these needs.

**Recommendation Eighteen: To NEL ICB – Strategic Commitment to Prevention**  
It is recommended that any strategy addressing Newham’s population growth includes a robust commitment to prevention as well as intervention, including improving the accessibility of communications.

**Recommendation Nineteen: To NEL ICB - Assessment of Future Demand Costs**  
It is recommended that a comprehensive assessment be conducted to determine the costs required to meet future demand within the Integrated Neighbourhood Team model and across the wider system, taking into account the anticipated funding gap.

**Recommendation Twenty: To NHCP – Including the Patient Voice**  
It is recommended that a blueprint outlining what the Integrated Neighbourhood Team will look like for residents be developed through workshops with service users, facilitated by the North East London Integrated Care System.

**Recommendation Twenty-One: To NHCP - Co-design**  
It is recommended that the co-design of the role for the Voluntary, Community, and Faith Sector (VCFS) within the new system be integrated into any agreed model, whether through a Council for Voluntary Service (CVS) or VCFS-based approach

**Recommendation Twenty-Two: To NHCP - A local Council for Voluntary Service**  
It is recommended that a locally based Council for Voluntary Service (CVS) be contracted and held accountable by the Newham Health and Care Partnership to ensure the voices of the borough’s VCFS are captured, with the contract delivered by a Newham-based provider with a proven commitment to the borough’s diverse communities.

# 1 Introduction

- 1.1. In July 2023, Newham Council's Overview and Scrutiny Committee approved the work programmes for its various scrutiny commissions for the 2023/24 period. The Health and Adult Social Care Scrutiny Commission decided that its primary focus for the year would be to investigate the borough's local health and care system, specifically assessing its capacity to meet Newham's future needs. This decision was informed by local population projections indicating an increase of 110,000 residents between 2020 and 2040. Additionally, the data suggested that the demographic group expected to see the greatest proportional growth would be residents aged over 60.

## Terms of Reference

- 1.2. The Commission initially focused on evaluating the current health and care landscape in Newham to identify any gaps and weaknesses that might be exacerbated by a significant increase in demand for services. Proposed mitigations were also considered during this phase.
- 1.3. The first stage of the investigation was structured around four sessions, each concentrating on a specific area of health and care. Recognising the move towards an integrated system, the Commission determined that it would be most effective to focus on different aspects of health and care, where individual providers might take the lead, rather than considering each partner in isolation.
- 1.4. The 'Meeting Newham's Future Needs' evidence sessions were held as follows:
- **September 21st, 2023** – Urgent, Emergency, and Elective Care
  - **October 31st, 2023** – Care for those Ageing, Living with a Disability, or Long-Term Condition
  - **January 18th and March 14th, 2024** – Everyday Care
  - **March 14th, 2024** – Mental Health
- 1.5. In July 2024, the 'Newham's Population Growth Programme' report, commissioned from P.A. Consulting by the Newham Health and Care Partnership (NHCP), was shared with partners. The report aimed to 'establish a clear view of Newham's population growth between 2025 and 2035'—covering half of the period at the heart of the scrutiny work—and to support the development of Integrated Neighbourhood Teams with a 'robust evidence base'.
- 1.6. The report presented a case for change by mapping the borough's population growth and local challenges, then assessing the impact of several responses: doing nothing, delivering Integrated Neighbourhood Teams with a focus on specific long-term conditions (with no increase in resourcing), and applying the same model with a 1% and 2% increase in resources.
- 1.7. To discuss the recommendations of the P.A Consulting report in light of the work undertaken by Newham's Health and Adult Social Care Scrutiny Commission over the past year, the Chair was invited to an informal meeting with the Chief Executive of NHS North East London, Zina Etheridge. The session was also attended by Jo Frazer-

Wise, Newham's Interim Director of Partnership Impact and Delivery, and Charlotte Pomery, Chief Participation and Place Officer for NHS North East London. This conversation was followed by a final public meeting of the Commission held on July 30<sup>th</sup> 2024, marking the second phase of this work strand: Discussion of the Recommendations of the P.A Consulting Report, in light of Newham Health and Adult Social Care Scrutiny's 'Meeting Newham's Future Needs' workstream.

- 1.8. This report and its recommendations consolidate evidence presented across these five sessions, whether provided to the Commission in agenda papers or discussed during the meetings.

## **2 The General Context – NHS strategy and the North East London Health and Care System**

- 2.1. Health policy in England is primarily set by central government and implemented through NHS England. Social care and public health, however, are managed by local authorities. Most of the services experienced by residents—such as care home placements, care workers and day services—are commissioned from private providers and the voluntary, community, and faith sectors. This division between local and national responsibilities has been a longstanding challenge for England's health and care system.

- 2.2. There has been limited change in NHS strategy over the last 10 years. The Committee observed that previous ambitions included:

- A focus on prevention and early identification, emphasising the importance of preventing illness and identifying conditions early, rather than relying on late interventions. This approach was intended to allow people to live independently in good health for as long as possible.
- Measures to break down barriers between different branches of health and care services, integrating the treatment of mental and physical health. This included better coordination between NHS and local authority social care services, especially around critical points such as hospital discharge. Additionally, improving the integration between Primary Care (GP and community services) and acute care (hospitals) was identified as essential, with a focus on data sharing to prevent patients from having to repeatedly provide the same information.
- Encouraging collaborative working across health and care systems, with some cases supported by pooled resources.
- Reducing health inequalities by striving to reduce disparities in health outcomes across different populations.
- Promoting partnerships with Voluntary, Community, and Faith Sectors (VCFS), particularly those embedded in specific communities. The Committee noted that this focus was particularly strong during the pandemic, when these organisations played a crucial role in disseminating information and addressing local issues. There was concern, however, that this collaborative focus may have diminished now that the pandemic has subsided.
- Promotion of care closer to home - minimising expensive hospital stays and treatments, favouring more care being provided in Primary Care settings. It was

noted that the cost difference between a £50 GP appointment and a one-night inpatient stay can be approximately £530.

- Empowering the public to manage their own health, particularly in the case of simpler conditions, by increasing the role of pharmacists and supporting unpaid carers.
- Increasing the role of technology and innovation in reducing costs while also safely enabling greater personal freedom.

## Integrated Care Systems

- 2.3. In 2022, the Health and Care Act<sup>1</sup> formally established 42 integrated care system areas across England. This legislation aimed to embed the principles of integrated care within local health and care systems by encouraging collaboration among partners, including the sharing of resources such as bed capacity and the joint contracting of services. The key aims of these systems were to provide local leadership with the objective of:
- improving outcomes in population health and health care
  - tackling inequalities in outcomes, experience and access
  - enhancing productivity and value for money
- 2.4. Each Integrated Care System (ICS) was tasked with managing its own budget and developing a five-year strategy tailored to its area. The structure of an ICS typically includes an operational Integrated Care Board (ICB), which oversees day-to-day management, holds the local NHS budget, and collaborated with local NHS providers to implement the five-year forward plan.
- 2.5. In addition to the ICB, each ICS comprises an Integrated Care Partnership (ICP), which brings together all relevant organisations that contribute to the strategy. This partnership includes representatives from the local authorities within the ICS area, and may also involve leaders from local emergency services and the voluntary, community, and faith sector (VCFS).
- 2.6. For ICSs that covered large geographic areas, they included lower-tier borough partnerships, or place-based partnerships to address more localised needs.

## The Newham Context

- 2.7. Newham's place-based health and care system operates within the North East London (NEL) ICS, established by the Health and Care Act. **Figure 1** below illustrates the relationships and geographic scope of the NEL ICS. It encompasses a diverse geographic area, including:
- Inner North East London: Hackney, the City of London, Tower Hamlets, and Newham.

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<sup>1</sup> Health and Care Act 2022 received royal assent 28 April 2022  
<https://www.legislation.gov.uk/ukpga/2022/31/contents>

- Outer North East London: Barking & Dagenham, Redbridge, Waltham Forest, and Havering.

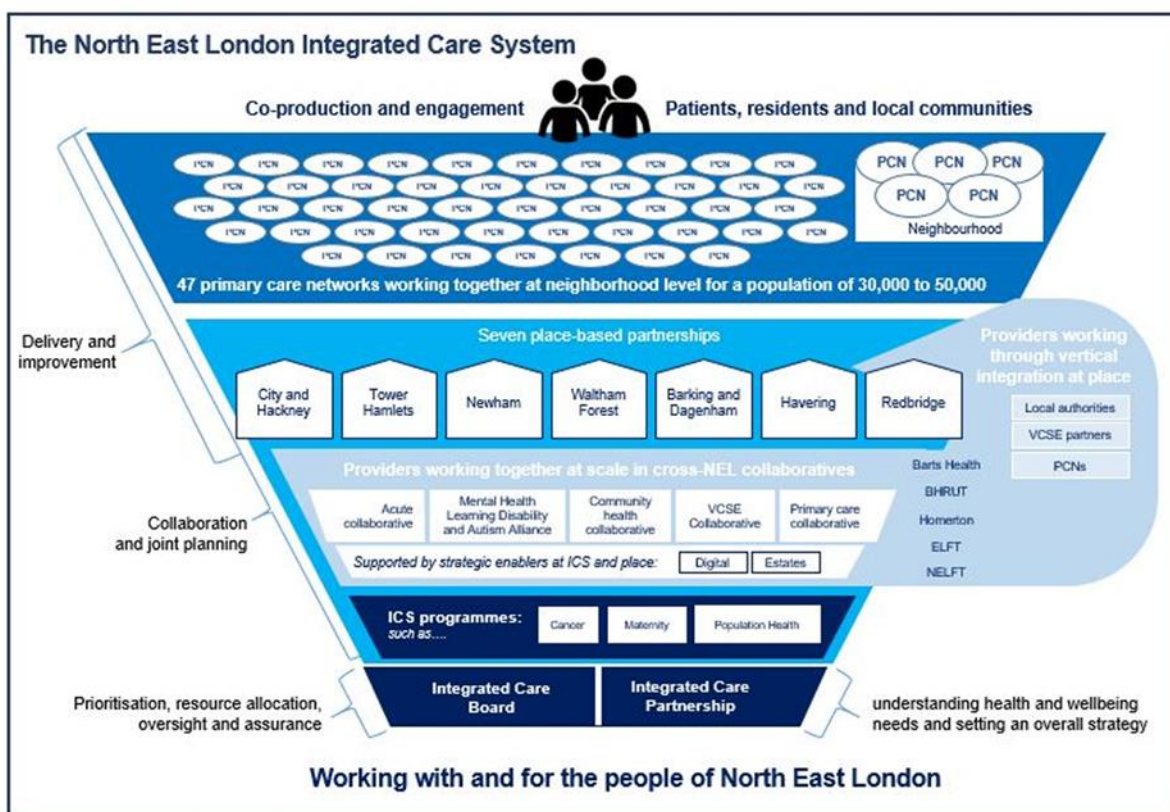


Figure 1: NHS NEL Integrated Care System: Meeting Newham’s Future Needs Urgent, Emergency and Elective Care Report September 2023

2.8. The broader North East London system is supported by several NHS Trusts:

- **Hospital Trusts:** This includes Barts Health, which oversees Newham Hospital, Whipps Cross, The Royal London and St Bartholomew’s Hospital; The Homerton Hospital Trust, and the Barking, Havering and Redbridge Trust, which manages Queens Hospital and St George’s Hospital.
- **Community Trusts Specialising in Mental Health:** The East London NHS Foundation Trust (ELFT) provides mental health and community nursing services in Newham, as well as Tower Hamlets, Hackney, and the City of London. The North East London NHS Foundation Trust delivers similar services across Waltham Forest, Barking & Dagenham, Havering, and Redbridge.

2.9. At the system level, accountability is maintained through two local authority-based Joint Health Overview and Scrutiny Committees (JHOSCs):

- Inner North East London (INEL) Joint Health Overview and Scrutiny Committee (JHOSC) comprising Hackney, the City of London, Newham, and Tower Hamlets, with Waltham Forest recently added and holding the Chair position.
- Outer North East London (ONEL) Joint Health Overview and Scrutiny Committee (JHOSC) covering Waltham Forest, Barking & Dagenham, Redbridge, and Havering.

2.10. The existence of two JHOSCs has been questioned by the ICS, as they often have similar agendas and overlapping attendees.

2.11. Additionally each borough has a Primary Care system made up of Primary Care Networks (PCNs) - clusters of GP practises with contract-holding powers and a degree of self-determination - that local out-of-hospital health and care professionals can support. However, the Committee noted these Primary Care systems were at very different levels of maturity.

### **Impact of NEL ICS on Newham**

2.12. Although the ICB and its associated partnerships were expected to spearhead the evolution of local health and care systems, alongside 'place-based' leadership, this role has faced significant challenges. Just one year after ICSs gained statutory status, each ICS was mandated to reduce central operating costs by 30% over two years. This directive has substantially reduced their ability to provide the intended level of leadership and oversight, both at the central system level and within individual borough 'places'. This reduction in resources raised concerns about the ICS's capacity to effectively drive integration and manage the complexities of local health and care needs under these constraints.

<b>Recommendation One: To NEL ICS - Resourcing Leadership</b>
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<b>We recommend that North East London Integrated Care System partners lobby NHS England to ensure that leadership at both system and place-level is adequately resourced.</b>
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2.13. The Committee noted that the establishment of the ICS was expected to deliver economies of scale, enabling boroughs to benefit from cross-borough contracts. Examples provided to the Committee highlighted the closer working relationships that had developed across local acute providers, particularly between Barts Health and the Barking, Havering and Redbridge Trust, as well as between the East London NHS Foundation Trust and the North East London NHS Foundation Trust.

2.14. One specific area where Newham benefited from being part of the ICS was the shift in dental commissioning from a London-wide body to the ICS level. This change resulted in an additional £300,000 being invested in dental appointments. Over the course of the year, the Committee observed an increase in the number of dental practices accepting new NHS patients, from 2 out of the 22 practices initially recorded, to 10 out of 29 practices

2.15. It was also expected that the ICS structure would enable boroughs facing greater disadvantage, such as Newham, to receive a fairer distribution of resources. During the course of five meetings, the Committee learned that this expectation has been met in some areas. For example, children's services and hospital discharge funding were highlighted as areas where Newham had benefited from fairer resource distribution. However, it was also noted that there was no consistent process in place to ensure equitable resource distribution across all areas. In some instances, Newham continued to be disproportionately underfunded. Mental health service funding was specifically mentioned as an area where Newham received the lowest funding in the region, despite its high levels of need. It was noted, however, that this shortfall had been partially offset by increased funding for community mental health services.

## **Recommendation Two: To NEL ICS - Funding Review**

**We recommend that a process be established within the North East London Integrated Care System to review all funding formulae across all boroughs within the system and to assess the equitable distribution of resources.**

- 2.16. A general concern about the transition from the previous borough-level funding model, managed through the GP-led Clinical Commissioning Group (CCG) model, to the ICS structure was the potential weakening of borough control over funding. In response to this concern, the ambition to allocate 80% of funding at the borough level was cited. However, given that the NEL ICS encompasses seven other local authorities, this measure of subsidiarity offered limited assurance regarding the equitable distribution of resources across the boroughs.
- 2.17. During the scrutiny sessions, the Commission inquired about how Newham's funding under the ICS compared to what it would have been under the previous CCG, borough-funded model. Representatives of the NEL ICS indicated that it was not possible to make a direct comparison between the two funding structures. Anecdotal evidence presented to the Commission suggested that staffing levels within Newham's borough-level teams had been reduced. However, given the mandated 30% cut in operating costs across the ICS, it remained unclear whether these reductions were part of a system-wide cut or were more significantly felt at the borough level.

### **Integrated Neighbourhood Teams**

- 2.18. In 2022, Dr Claire Fuller, Chief Executive-designate Surrey Heartlands Integrated Care System and GP on integrated primary care produced a report, the '[Fuller Stocktake](#)' report<sup>2</sup> which presented a blueprint for the reform of Primary Care within the NHS, aligning with the broader principles previously outlined. Her advocacy for the establishment of 'Integrated Neighbourhood Teams' provided essential context for understanding the focus of the P.A Consulting report, 'Newham's Population Growth Programme'.
- 2.19. The 'Fuller Stocktake' report identified local footprints of 15,000 to 30,000 residents—equivalent to a Ward or Community Neighbourhood in Newham—as 'Neighbourhoods'. Within these Neighbourhoods, the Stocktake advocated for the establishment of centralised Urgent Care teams to manage patients with relatively simpler needs outside of hospitals. Additionally, it recommended the formation of Integrated Neighbourhood Teams (INTs), bringing together professionals from across the health and care system to specifically target the most deprived 20% of their local populations. These teams were tasked with setting priorities relevant to their communities, addressing local health inequalities, and ensuring continuity of care for those in greatest need.
- 2.20. These INTs were to be centred around Primary Care Networks (PCNs) which consisted of GP practices and associated health professionals. Their operational areas were designed to align with those recognised by local communities and local

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<sup>2</sup> Fuller, C., Next steps for integrating primary care: Fuller Stocktake report (May 2022). Available online: <https://www.england.nhs.uk/publication/next-steps-for-integrating-primary-care-fuller-stocktake-report/> [Accessed on 31 August 2024].

authorities, ensuring that services were closely connected to the populations they served.

2.21. The Stocktake report also supported the national ambition for shared medical records accessible by multiple service providers across health and adult social care, facilitating more coordinated care. Furthermore, it addressed the challenge of GP shortages by proposing the integration of other healthcare roles through the Additional Roles and Responsibilities Scheme (ARRS). These roles included Clinical Pharmacists, Physician Associates, GP Assistants, Health and Wellbeing Coaches, and Care Coordinators, all designed to support and extend the capacity of Primary Care services.

### The Newham Context

2.22. Although GP practices in Newham had been collaborating informally in clusters prior to 2019, these relationships were formalised that year with the creation of nine contracted Primary Care Networks (PCNs). The formation of these PCNs was driven by proposals led by the GPs themselves. In Newham, the structure of these networks reflected pre-existing working relationships between GPs, rather than grouping practices based on location. **Figure 2** below shows a map of the PCNs in Newham.

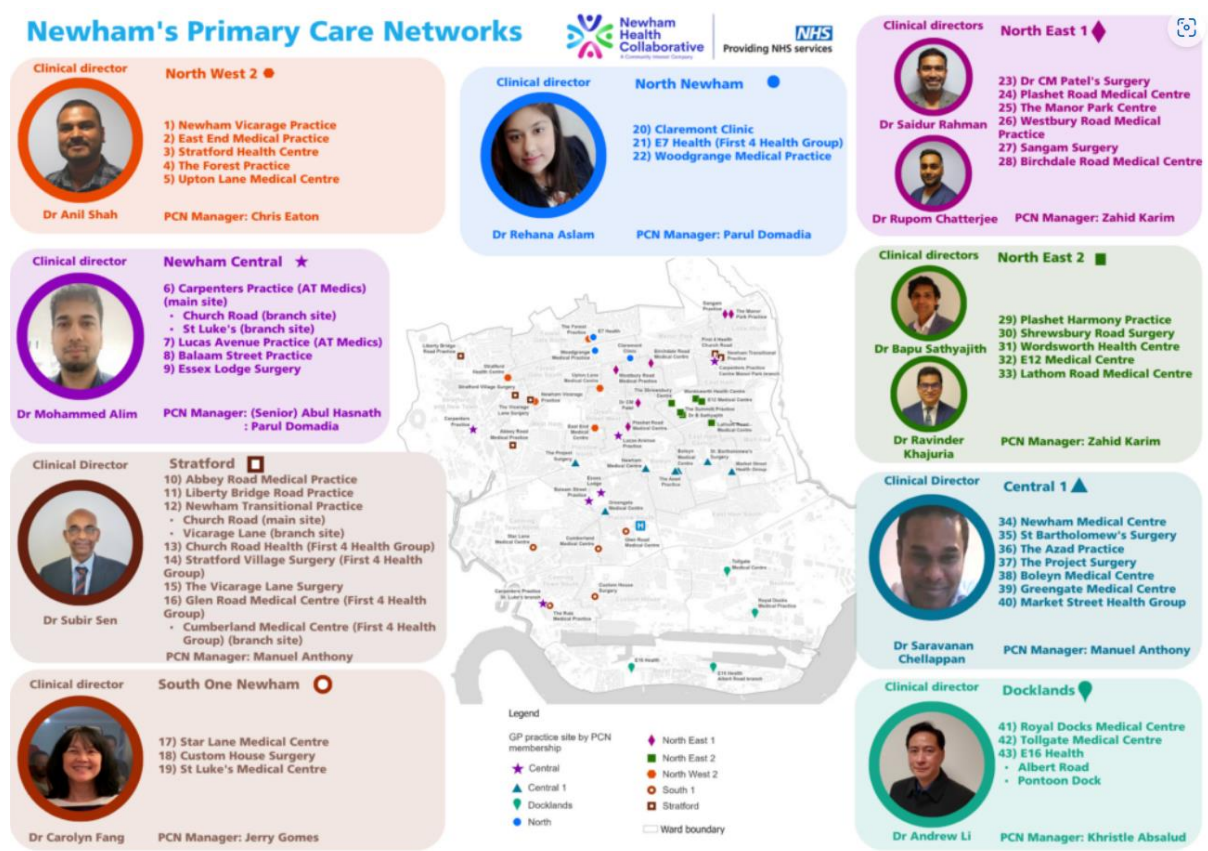


Figure 2: Newham Health Collaborative: PCN Map

## **A New Government and approach to NHS**

2.23. On July 4th, 2024, a new Labour Government replaced the Conservative administration. While the new administration is still in its early stages, the Labour manifesto, [Build an NHS fit for the future – The Labour Party](#)<sup>3</sup> indicates a focus on improving the treatment of the workforce and resolving disputes promptly. Despite some changes in focus, there appears to be little overall shift in strategy.

2.24. Key elements of the new government's approach include:

- A commitment to delivering more care closer to home through a 'Neighbourhood Health Service' and the creation of Neighbourhood Health Centres. These centres bring together GPs, district nurses, care workers, physiotherapists, and mental health workers, echoing the previous administration's focus on Integrated Neighbourhood Teams.
- An aim to distribute demand for acute services more evenly across available bed capacity within local areas, aligning with the objectives of ICSs.
- A continued emphasis on preventative care and the management of long-term conditions.
- A commitment to addressing health inequalities.
- A focus on leveraging new technology and digitisation to ensure the early diagnosis of health conditions.

2.25. The full impact of these commitments may become clearer following the upcoming Autumn Statement, which could indicate the extent to which these strategies will be implemented and whether any significant shifts in approach will occur.

## **3 The Local Challenge 1: Population**

3.1. In papers received across the Committee's five meetings, various tables and graphs were presented detailing a projected population increase of 110,000 in Newham between 2020 and 2040, based on forecasts provided by the Greater London Authority. This projection was central to discussions during the first four meetings, particularly given that the borough is already five years into this twenty-year period. In contrast, the report delivered by P.A Consulting, which was scrutinised in the final meeting, focused primarily on the decade ahead.

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<sup>3</sup> Labour's Manifesto - Build an NHS fit for the future. Available online: <https://labour.org.uk/change/build-an-nhs-fit-for-the-future/>

Age Group	Resident - 2021 (Estimated)	Resident - 2041 (Projected)	% Growth 2021 to 2041
0-9	53,670	61,246	14%
10-19	40,151	40,934	2%
20-29	59,006	78,933	34%
30-39	73,295	86,147	18%
40-49	47,134	61,122	30%
50-59	36,955	53,934	46%
60-69	23,599	38,593	64%
70-79	12,149	26,488	118%
80+	6,684	15,266	128%
<b>Total</b>	<b>352,644</b>	<b>462,662</b>	<b>31%</b>

*Newham population growth projections by age band <sup>1</sup>*

**Figure 3: NHS NEL: Meeting Newham’s Future Needs Urgent, Emergency and Elective Care Report September 2023**

3.2. The Commission received evidence indicating that over the next ten years, Newham is projected to experience the highest population growth of any London borough. **Figure 3** (above) shows the most significant proportional increase is expected within the 60+ age cohort, which is anticipated to almost double in size, with an even larger proportional rise in the number of residents aged over 80. Additionally, the highest population growth in terms of ethnicity is expected among the ‘Asian, mixed, and other’ ethnic groups, as shown in **Figure 4** (below).

**10-year demographic growth across age and ethnic groups**

	White	Mixed	Asian	Black	Other
Current Proportion	28%	5%	45%	18%	4%
Total Growth	12%	16%	17%	15%	27%
0-19	0%	6%	0%	1%	12%
20-39	15%	25%	16%	19%	22%
40-59	10%	16%	25%	5%	27%
60-79	19%	63%	44%	62%	87%
80+	20%	57%	75%	31%	90%

**Figure 4: NHS NEL: Meeting Newham’s Future Needs: Recommendations of the P.A. Consulting Report Newham’s Population Growth Programme 30<sup>th</sup> July**

3.3. In the final session on July 30<sup>th</sup>, evidence was presented highlighting a significant discrepancy between different population measurement systems. The NHS estimates population size based on local GP patient lists, while local authorities use on Office for National Statistics (ONS) data. This discrepancy has delayed the adoption of a new Joint Strategic Health Needs Assessment (JSNA).

- 3.4. Historically, Newham has experienced high levels of population churn, with an ONS survey in 2020 measuring this at 21.5%. A recent article in [MyLondon<sup>4</sup>](#) also reported that Newham had the highest levels of people moving out of any London borough.
- 3.5. Given that the assumptions underpinning demand mitigation strategies are based on projected growth within specific cohorts—particularly regarding age and ethnicity—it is crucial that the accuracy of these projections is monitored continuously. The Committee recommended that projections of population growth should be tracked to ensure they continue to reflect the shared modelling.

<b>Recommendation Three: To NHCP - Tracking Population Growth</b>
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<b>We recommend that NHS NEL ICS regularly tracks projections of population growth to ensure continued alignment with shared modelling.</b>
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## 4 The Local Challenge 2: Urgent, Emergency and Elective Care

- 4.1 In September 2023, the Commission convened the first of five sessions to assess the system's capacity to meet Newham's future population needs. Evidence was presented by Tom Ellis (Director of Strategy at Newham Hospital) and Marie Trueman-Abel (Newham Interim Director of Delivery NHS NEL ICS).

### Challenges

- 4.2 The Committee noted that Newham University Hospital, which ideally should have been operating at 85% capacity, was functioning at between 93% and 99% capacity throughout the year. The hospital, originally designed to accommodate up to 250 visits to A&E per day, had been handling over 500 visits. In June 2023, Barts Health reported the highest volume of A&E attendances of any healthcare trust in England. These challenges were further compounded by workforce issues. Although this fell outside the scope of a report focused on Newham's future population growth, it was noted that the hospital also took patients from Barking and Dagenham, another area that was experiencing high levels of population growth during the same period.
- 4.3 Before the COVID-19 pandemic, a major issue had been residents attending A&E for conditions that could have been managed by their GPs. Post-pandemic, there was an increase in patients requiring hospital treatment but presenting at later stages of illness. Although elective (planned care) waiting lists had been reduced since the pandemic, there remained 159 patients who had waited over 65 weeks. Additionally, fewer than 50% of patients were being seen within the 18-week target, contributing to some of the longest waiting times to start treatment. The hospital also faced workforce shortages, particularly among anaesthetists, midwives, junior doctors, and nurses.

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<sup>4</sup> Holden, J. (2024). 'New map shows the London boroughs where people are moving out at a faster rate than moving in', *MyLondon*, 11 August. Available online: <https://www.mylondon.news/news/property/new-map-shows-london-boroughs-29685412>. [Accessed on 31 August 2024].

These issues were further exacerbated by challenges with the discharge process, including a lack of step-down beds and difficulties faced by residents whose personal situations made returning home impractical.

## Mitigations

4.4. Several measures were presented to address these challenges:

- Prevention - Remote Emergency Access Coordination Hubs (REACH), doctor-led platforms directing patients to other health and care settings.
- Partnership working - as part of the Acute Provider Collaborative, which included Hackney's Homerton Hospital, other hospitals within the Barts Health Trust (Whipps Cross, Royal London, St Bartholomew's), and those of the Barking, Havering, and Redbridge Trust
- Ambulatory Care - treating symptoms and stabilising patients within a day to avoid overnight stays.
- New 111 Option 2 Service - potentially directing those in mental health crises away from A&E.
- Communications - website information for patients on how to 'wait well'
- Virtual appointments - use of virtual consultations to reduce the need for travel.
- A 'Home First' approach - planning for patient discharge from hospital at the time of admission, in collaboration with the voluntary sector and Age UK.
- Urgent Care Hubs - part of the Integrated Neighbourhood Team model, providing immediate walk-in care closer to home.
- Virtual Wards - allowing patients to leave the hospital and be monitored at home or in care homes. The Committee was informed of two successful pilot programmes for respiratory conditions and frailty, both involving small numbers of patients.

4.5. While the Committee were impressed by the level of innovation, there were concerns regarding the applicability of the Virtual Ward model for the growing number of residents living alone or with supporters unable to take on caring responsibilities.

4.6 The Committee also reviewed the current ratio of hospital beds per 1,000 people in England, which stands at 2.4. This is significantly lower than the average ratio of 5 beds per 1,000 people in other OECD nations, and much lower than Germany's ratio of 7.8 beds per 1,000 people<sup>5</sup>. Based on the projected population increase of 110,000 residents in Newham by 2040, maintaining the current ratio would necessitate an additional 264 beds 2040.

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<sup>5</sup> British Medical Association 2022. Available online: <https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/nhs-hospital-beds-data-analysis>

- 4.7 In contrast, the P.A Consulting report, which focused on the ten-year period from now until 2035, projected a population increase of 57,871, which would require 139 additional beds based on current ratios—without accounting for demographic shifts or previous shortfalls in provision. This was reflected in their “do nothing scenario” estimate of 152 additional beds required.
- 4.8 The P.A Consulting report also predicted a 30% increase in overall acute activity if no interventions were made. Even with a 2% increase in resources and the implementation of an Integrated Neighbourhood Team model, the report estimated that 100 additional acute beds would still be required, not accounting for previous shortfalls.
- 4.9 The Committee noted that, despite the recent addition of a new Critical Care unit and ward at Newham University Hospital (NUH), there were no further plans to expand the estate. Although a rebuilding of Whipps Cross Hospital had been included in the projects announced under the Hospital Building Programme<sup>6</sup> commitment made by the previous government in 2020, potentially providing additional care capacity, current plans involve an overall reduction in the number of beds at the site. Furthermore, only the car park had received government funding approval and construction had commenced. The actual hospital build still required an accepted business case, and no indication has been given as to what funding would be available should this case be approved.
- 4.10 In response to these findings, the Committee proposed that a comprehensive assessment of acute bed needs should be conducted and lobbying be initiated for any additional beds required.

<b>Recommendation Four: To NUH - Assessment of Acute Bed Needs</b>
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<b>We recommend that that a comprehensive assessment of acute bed needs be conducted, considering any previous shortfalls, and that NHSE and Central Government be lobbied by partners to address these needs.</b>
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## 5 The Local Challenge 3: Care For Those Ageing, Living With A Disability or Long-Term Condition

- 5.1. Newham has historically been regarded as a young borough. Although this demographic trend is likely to continue, the P.A Consulting ‘Newham’s Population Growth Programme’ report indicated that the most significant proportional growth over the next 10 years would be among those aged 60-79, with an increase of 41.4% (rising from 36,744 to 51,956). While smaller in total numbers, the greatest proportional increase was projected to be among those aged over 80, with a growth of 44%. Over

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<sup>6</sup> Department of Health and Social Care 2020 <https://www.gov.uk/government/news/pm-confirms-37-billion-for-40-hospitals-in-biggest-hospital-building-programme-in-a-generation>

the full twenty-year period under consideration by the Committee, these figures are expected to reach 81% for those aged 60-79 (an increase of 29,063) and 128% for those over 80 (an additional 8,582 people), as indicated earlier in **Figure 3**. As health tends to deteriorate with age, it was anticipated that this will lead to increased demand pressures on local health and social care services.

- 5.2. On October 31st, the Committee held a session to examine how the borough's health and care system plans to meet the future needs of those ageing, living with a disability, or managing long-term conditions. In addition, the Committee conducted a deep dive into Newham's 'Ageing Well' Strategy, which aims to support residents in maintaining their best possible health as they age.
- 5.3. Although the Council's Housing Directorate had not traditionally been key stakeholders in health and adult social care scrutiny, it was recognised that pressures on local care homes and rising costs—coupled with a strong preference among residents to remain in their own homes for as long as possible—necessitated involvement of the Housing Directorate to understand what support mechanisms were available. The routine interactions that local pharmacists have with their communities also led to the inclusion of pharmacy representatives in the discussion.
- 5.4. The committee heard evidence from Cllr Neil Wilson (Cabinet Lead For Health and Adult Social Care, London Borough of Newham), Jason Strelitz (Interim Corporate Director For Adults And Health, London Borough Of Newham), Tony Jobling (Director of Operations, Adult Social Care, London Borough of Newham) Marie Trueman-Abel (Joint Newham Interim Director for Delivery NEL ICS), Rima Vaid (Clinical Director, Newham Health and Care Partnership), Shilpa Shah (Chief Executive Officer, North East London Local Pharmaceutical Committee), Bobby Arthur (Head of Housing Strategy and Partnerships, London Borough of Newham), Simon Reid (Director of Commissioning, London Borough of Newham), Lydia Drummond (Assistant Director, Commissioning, Health and Adult Social Care, London Borough of Newham), Rev Dr Bill Hopkinson (LGBTQ+ Seniors), Taskin Saleem (Chief Executive of Subco Trust).
- 5.5. Further evidence addressing the care needs of these cohorts was collected during the sessions held on January 18th and March 14th, 2024. In these sessions, the focus shifted from the roles of pharmacy, social care, and housing to the role of Primary Care Networks (PCNs) in meeting these needs.

## **Challenges**

- 5.6. The Committee identified several key challenges in meeting the growing needs of Newham's ageing population, individuals with disabilities, and those with long-term conditions, including:
  - The P.A Consulting report predicted that social care costs would increase by 73% over the next 10 years, alongside a 43.7% rise in demand for care packages.
  - Price increases driven by inflation, higher post-pandemic demand for services, and proposed 'Fair Cost of Care' reforms (now cancelled under the new

Government)<sup>7</sup> resulted in a 50% rise in care home bed costs over the past two years. This trend was likely to impact hospital discharges, making it more difficult for social care to find affordable placements for residents who either cannot return home or do not have a home to return to.

- Approximately 60% percent of the local population were reported to be living with a long-term health condition.
- Data from the Office for National Statistics (ONS) in 2015 demonstrated that Newham residents have comparatively low levels of years lived in good health—an average of 57.9 years for men (compared to 67.6 years in Kensington and Chelsea) and 56.8 years for women (compared to 69.1 years in Kensington and Chelsea).
- The diversity of the borough presents challenges for implementing one-size-fits-all solutions. Changes in behaviour within some communities have also led to fewer families providing care for their ageing parents, increasing the number of individuals seeking external support.
- The increase in single-person households has affected community resilience.
- Only a third of residents consulted in the ‘Ageing Well’ Survey viewed Newham as a good place to grow old. The Committee was informed that these responses were more common among residents who were new to the borough, living in isolation, renting, or residing in flats experiencing anti-social behaviour, compared to those with strong local networks, home ownership, and greater resources to fully enjoy their later years.
- Newham has the highest level of patients with a learning disability and a high prevalence of autism.
- Identified workforce gaps in meeting these growing demands.

## Mitigations

5.7. The Committee noted several approaches aimed at addressing these challenges:

- Over-40s Health Checks designed to identify individuals at high risk of developing long-term conditions, such as Type 2 Diabetes, and provided an opportunity for early health interventions. These interventions included access to weight management and smoking cessation programmes. Public Health commissioned local GPs to deliver these checks, with the contract managed by Newham Health Collaborative, a local GP federation.
- ‘Healthy Living Pharmacies’ were able to perform health checks and medication reviews. Although 90% of the work carried out by these pharmacies was for the NHS, they did not receive NHS funding. The introduction of the ‘Pharmacy First’

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<sup>7</sup> UK Parliament, Overview of proposals to reform how people pay for adult social care in England, which have now been cancelled <https://commonslibrary.parliament.uk/research-briefings/cbp-9315/#:~:text=On%2029%20July%202024%2C%20the,the%202024%2F25%20financial%20year.>

programme encouraged residents to seek treatment for simple health issues from their pharmacists, who were authorised to offer a limited range of medications. While there was initial concern about potential upselling, the Committee was informed that the scheme was structured to prevent this, positioning pharmacists to signpost residents to appropriate services or triage them into a GP appointment if necessary.

**Recommendation Five: To NHCP - Enhancing Local Pharmacy Services**

**We recommend that the potential for local Pharmacists to be furnished with information and tools to signpost residents to supportive services, organisations and community events be explored (and funded where relevant).**

- The Newham Independent Living Team supported social housing residents to remain in their own homes by linking them to support services, ensuring adaptations were made, and arranging telecare facilities. This service was available not only to those ageing but also to individuals with mental health needs, autism, and learning disabilities.
- The 'inclusion' focus within the 'Ageing Well' strategy helped identify and address issues experienced by various communities.
- The Council's 'Loneliness Action Plan' acknowledged the vulnerabilities of male residents, who were more likely to present late to GPs with health conditions. Local initiatives such as 'Men In Sheds' and 'Chatty Benches,' provided activity-focused spaces where men could engage in conversations and be signposted to services.
- The Council's 'Ageing Well' Strategy targeted meaningful working opportunities for individuals over 50, recognising that those who remained employed tended to be in better health than those who were retired.
- Community Neighbourhood Link Workers, community-based social workers, supported residents in accessing local activities, thereby helping to build community connectivity.
- Digital inclusion sessions funded by the Council in local libraries raised awareness of scams. While the Committee acknowledged the usefulness of these sessions, they also believed that Newham, as a deprived borough, should always maintain protected non-digital pathways to services.

**Recommendation Six: To NHCP - Non-Digital Service Pathways**

**We recommend that the NEL ICS commit to maintaining non-digital pathways for all services to ensure inclusivity for individuals without access to home technology or digital literacy, for as long as needed.**

- Free sim cards were provided to support digital inclusion.
- The Carers Strategy placed support for carers within three local VCS organizations: Renewal Project, Age UK, and Subco Trust, which supports older people from South Indian communities.
- Single-person housing units were planned at the Hartley Centre.
- The 'Newham Living' plan for supported living managed the costs of care by purchasing blocks of housing units to create hubs where care delivery could be

facilitated more economically, while maintaining the ability for people to live in their own self-contained home units.

- A housing services representative was included on the Hospital Discharge Team and Adult Safeguarding Board. Social Care representation was also present on the Emergency Housing Panel, and an Occupational Therapist was involved with the Affordable Housing Team.
- The Mayor of London's Warmer Homes Scheme offered support to landlords wishing to improve their properties.
- For social housing, the Council implemented a retrofitting policy aimed at improving housing quality.
- The Committee was pleased to learn that Newham's housing team proactively monitored social homes where the named householders were over 70, ensuring regular visits to those households that had not been in contact for a while. However, concerns were raised about the need for residents in private housing to be equally aware of available grants and pathways related to ageing.

<b>Recommendation Seven: To LBN - Communication to Residents Living In Private Sector Housing</b>
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<b>We recommend that the Directorate for Adults and Health ensures that local Health and social care pathways are effectively communicated to older residents in the private housing sector, including through non-digital routes as needed.</b>
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## **6 The Local Challenge 4: Care For Those Living with Higher Needs (Primary Care and Public Health)**

- 6.1 On January 18th and March 14th, 2024, the Committee continued its investigation into Newham's health and care system focussing specifically on Primary Care as of the on-going review addressing the borough's future needs. Although the sessions were titled 'Everyday Care,' much of the discussion centred on individuals with higher needs and the role of NHS Primary Care services in supporting this group. This followed the October 31st session, which examined the impact of social care, pharmacy, and housing services on residents with complex needs.
- 6.2 During the March session, Newham's Public Health team presented substantial evidence on their collaboration with Primary Care services. This included approaches to streamline personalised care roles, such as social prescribing, and supporting the prevention of worsening health needs across the system.
- 6.3 Across the two meetings, the committee heard evidence from; Cllr Neil Wilson (Cabinet Lead for Health and Adult Social Care, London Borough of Newham), William Cunningham-Davis (Director of Primary Care Delivery, North East London NHS) , Jo Frazer-Wise (Interim Newham Director of Delivery, NEL ICS), Aklasur Ahmed (Interim Head of Primary Care, NEL NHS) , Jeremy Wallman (Head of Primary Care Commissioning – Dentistry / Optometry, NEL NHS), Matty Peacock (Managing Director, Health and Care Space Newham), Ysabella Hawkings (Principle Public Health Strategist, London Borough of Newham), and Karen Livingstone (Chief Executive, Newham Health Collaborative).

- 6.4 The Committee noted that since 2019, local GP practices had been organised into nine contracted Primary Care Networks (PCNs). These networks were developed through proposals led by GPs and, in Newham, reflected pre-existing working relationships rather than alignment to defined geographical areas. Consequently, they did not always correspond with the community neighbourhoods established by local authority services, which are typically centred around library-based community hubs.
- 6.5 It was noted that the names of the PCNs do not consistently reflect specific locations. While some, such as the Stratford and Docklands PCNs, have clear geographic references, others are less intuitive. For instance, Central 1 (East Ham and one Plaistow surgery) and North West 2 (a mix of Stratford and Forest Gate) do not clearly reflect their coverage areas. Other networks include Newham Central (Plaistow, Manor Park, Canning Town), North Newham (Forest Gate), North East 2 (Manor Park, Wall End, Little Ilford), North East 1 (Manor Park, Forest Gate, Upton Park), and South 1 (Canning Town and Custom House).
- 6.6 Compared to neighbouring areas, such as Hackney and the City, the Primary Care Network system in Newham was perceived to be less developed. In Hackney, each network is named after a local green space and is closely aligned with local geography and service delivery patch, such as Well Street, Woodberry Wetlands, and London Fields.

<b>Recommendation Eight: To NHCP - Alignment and Naming of Primary Care Networks</b>
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<b>We recommend that Primary Care Networks, community, and local authority Health and care services be aligned, and that the patches/geographies they cover be named in ways that are meaningful to Newham residents.</b>
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### The Challenges

- 6.7 The Committee identified several significant challenges facing Newham's Primary Care services, highlighting pressures on both capacity and service delivery across the borough:
- Over 20% of residents currently waited at least a week for a GP appointment.
  - The NHCP 'Newham's Population Growth Programme' report projected that an additional 677 GPs would be required over the next 10 years under the 'do-nothing' scenario to meet local needs.
  - The same report predicted a 40.5% increase in demand for services over this period.
  - GP rates per 100,000 population (31.66) in Newham were significantly lower than the averages in England (43.33) and North East London (38.04). Only two Primary Care Networks (PCNs) in Newham had adequate GP coverage.
  - Many GP practices and dental clinics operated from outdated premises, including some in converted houses, which were no longer fit for purpose.
  - Newham had the largest number of individuals on the learning disability register within North East London, many of whom also have additional issues related to cardiovascular disease and respiratory illnesses.

- Smoking rates among adults in Newham (17%) were higher than the national average (14%).
- Inactivity levels in Newham (34%) exceeded the national average (22.9%).
- Adult obesity rates in Newham (68%) were significantly higher than the English average (56%).
- Newham had the lowest dementia diagnosis rate in North East London.
- There was a shortfall in health checks for teenagers and adults with learning disabilities.
- PCNs and practices displayed significant variation in perceived performance, according to patient feedback from the GP Survey. Despite this, 41 of Newham's GP practices were rated as 'good' by the CQC, one was rated 'outstanding,' one 'required improvement', and one was rated 'inadequate'.
- Newham, alongside Barking and Dagenham, had the highest rate of under-75 mortality from preventable conditions in the country.
- Newham had the fifth-highest level of tooth decay in London, and dental issues were the leading cause of hospital admissions for children under five in England.

## Mitigations

- 6.8 The Committee heard that there were proposals to expand training places for GPs to increase their numbers as evidence suggested GP were more likely to remain in areas where they trained.
- 6.9 PCNs had developed projects aimed at reducing health inequalities. Initiatives included community gardens in previously underused green spaces to support patients experiencing poor mental health, loneliness, and isolation. NE2 PCN provided dental health kits to families and worked with the Newham Oral Health Partnership to raise awareness of key oral health messages and pathways. NE1 PCN focused on early cancer identification and held a health and wellbeing event that included activities such as respiratory yoga and talks on diet and diabetes prevention, supported by social prescribers.
- 6.10 The Committee also received evidence about the Additional Roles Reimbursement Scheme (ARRS), which funded roles such as Physician Associates, Community Pharmacists, GP Assistants, and Nurse Practitioners in GP practices and networks. These roles aimed to handle simpler enquiries or work with patients under GP supervision, addressing the GP shortfall while enabling GPs to focus on more complex cases.
- 6.11 Newham PCNs had recruited 30 full-time Physician Associates, 55 Clinical Pharmacists, and 15 GP Assistants since 2018. However, concerns were raised that these positions, being more cost-effective, could be employed primarily for financial reasons and might handle cases more appropriately seen by GPs. This concern followed the airing of a BBC1 'Panorama' documentary in June 2022, which showed Physician Associates in an East London GP practice performing tasks unsupervised that should have been handled by a GP. The Committee expressed concern that decisions regarding the appropriate staff member for a patient were not centrally accountable but left to Clinical Leads within practices. There were also concerns that the term 'Associate' might be unclear to some residents, leading to a misunderstanding about the level of seniority of the staff member they were seeing.

**Recommendation Nine: To NHCP - Clarity of Roles in Primary Care Settings**

**We recommend that all Primary Care practices in Newham display visual charts explaining the roles of different professionals and ensure that staff are clearly badged so that patients know who they are seeing.**

- 6.12 There was a suggestion to rebrand Physician Associates as GP Assistants to clarify their more junior status. However, it was noted that this title already existed for another role at an even lower level.
- 6.13 It was also noted that public feedback on GP practices was historically captured through an annual GP survey. The Committee expressed concern that Newham's performance data was based on far fewer resident responses compared to other areas in North East London. Additionally, the survey now reported at the PCN level, rather than individual practices, making it harder to assess specific practice performance. While patients and local Healthwatch could still refer individual practices to the CQC for inspection or raise concerns locally, the Committee felt it was important that the GP survey continued to reflect individual surgery performance and be widely accessible to patients.

**Recommendation Ten: To NHCP - GP Survey**

**We recommend that the GP Survey include practice functionality and be made available in surgeries and on practice websites.**

**Leadership**

- 6.14 During the January and March meetings, discussions focused on the leadership and accountability of primary care in Newham. The Committee was informed that NHS England's vision for PCNs was for them to function as self-regulating contract-holders. Funding for PCNs was contingent on meeting various access and capacity metrics, which were measured across the entire network. This system aimed to encourage better-performing practices to support those with weaker performance, ensuring that no practice missed out on funding. However, the Committee raised concerns that this approach did not provide sufficient ongoing performance monitoring or drive the necessary improvements, creating what they perceived as a gap in leadership across the primary care system.
- 6.15 In March, the Committee received evidence from Karen Livingstone, Chief Executive of Newham Health Collaborative, regarding the organisation's contributions to primary care. Although there were two GP federations in Newham, Ms. Livingstone noted that Newham Health Collaborative was the only federation to which all GP practices in the borough belonged. As a Community Interest Company (CIC), any surplus generated was reinvested to improve the quality of primary care services. The Collaborative held contracts for health checks, which exceeded their targets, and was responsible for delivering vaccinations to housebound patients, as well as cervical screening programmes for individuals experiencing Severe Multiple Disadvantage, which includes people facing issues such as homelessness, substance abuse, and mental health challenges.

6.16 The Committee expressed concern upon learning that financial challenges meant Newham Health Collaborative—as Newham’s only federation inclusive of all local practices—could only guarantee its operations for the next six months. The Committee believed that, while NHS ICS leads had successfully made the case for some contracts to be managed within a cross-borough system, there was also significant value in holding contracts across the entire primary care system.

**Recommendation Eleven: To Primary Care Networks - Funding for an inclusive GP Federation**

**We recommended that a Federation inclusive of all Newham’s GP practices continues to receive investment as a sustainable cross-system holder of contracts.**

**Social Prescribing**

6.17 In the January and March meetings, the Committee discussed the role of Social Prescribers within Primary Care, funded through the Additional Roles Reimbursement Scheme (ARRS). It was acknowledged that patients sometimes consulted GPs or wider health services for issues that might benefit more from non-clinical solutions, such as advice on housing or finance, support from non-health services, or lifestyle changes. Social Prescribers were professionals based within GP practices who addressed such cases.

6.18 The Committee noted that, of the approximately 10,000 consultations presented in the agenda papers (see Figure 5 below), 24% related to housing anxieties, around 20% to financial issues, and 9% to social isolation. An additional 8% involved a combination of concerns related to employment, food, education, and substance misuse. This indicated that 61% of issues addressed by Social Prescribers involved services falling under the remit of Council services.

## Wider determinants of health – Social Prescribing

The key reason for seeking social prescribing support is financial problems, social isolation, housing problems, employment and general wellbeing. People seeking this support are in the main renting from council or private landlords, with a large proportion unemployed.

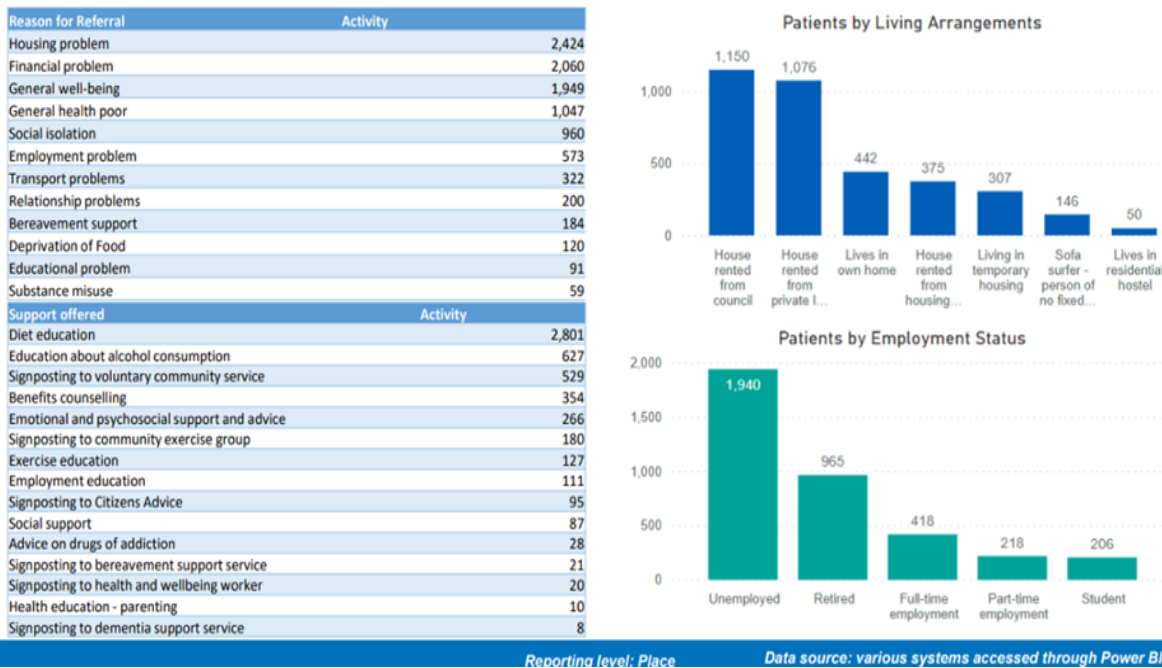


Figure 5: NHS NEL: Social Prescribing: Place Level Data : Reasons for Referral and Support Offered

6.19 The Committee was informed that there had been a high turnover in this role across the borough, as it was sometimes misunderstood by GP practices. Training provision for Social Prescribers was also reported to be inconsistent and poorly attended. Additionally, there appeared to be disagreement over whether the role had system-wide key performance indicators.

### Personalised Care Roles

6.20 In March, the Commission reviewed a report by Ysabella Hawkings and Matt Bury on [Personalised Care Roles in Newham](#), published in November 2022. The report had been commissioned from the London Borough of Newham’s Public Health Team by the NHCP and examined various non-clinical roles that provided support to patients across the health and care system.

6.21 These roles aimed to help patients coordinate their care, access community activities, or seek advice. Although these roles were situated within different parts of the system—such as social care, mental health services, community care, and primary care—and delivered by various providers, including VCFS organisations, the NHS, and the London Borough of Newham, they often carried similar titles and functions (see **Appendix 3** for an ‘at-a-glance’ table that demonstrates their similarities and overlaps).

6.22 The report identified several key roles, including Care Coordinators, Health and Social Care Navigators, Community Connectors, Community Neighbourhood Link Workers, Health and Wellbeing Coaches, and Social Prescribers. Despite having different titles and operational bases, these roles frequently overlapped in terms of their objectives and responsibilities, leading to clear areas of duplication in service provision. This overlap also highlighted notable gaps where specific patient needs, such as

assistance with form-filling, were not adequately addressed. Although these roles were situated across various parts of the system—including social care, mental health services, community care, and primary care—and delivered by diverse providers, such as VCFS organisations, the NHS, and the London Borough of Newham, they often carried similar functions.

- 6.23 Three roles—Social Prescribers, Care Coordinators, and Health and Wellbeing Coaches—were based within NHS Primary Care. The report found that the data captured by these roles, along with the frameworks used to report it, varied significantly in quality and often lacked meaningful metrics. For the Social Prescribing role, only a single reason for referral could be recorded, limiting the ability to capture the complexity of patient needs. Furthermore, there was no record of waiting times, outcomes of interventions, or any indication of whether the interventions had impacted the patient’s overall use of primary care services. The report also highlighted that there was no consistent documentation of the actions carried out by Social Prescribers. In many instances, referrals remained focused on health services when support from council services would have been more appropriate, indicating discrepancies between the referrals and the actual patient issues.
- 6.24 For the roles of Care Coordinators, who visited housebound patients and helped plan their care, and Health and Wellbeing Coaches, who provided 30-minute face-to-face appointments aimed at building confidence, improving lifestyle, and fostering social connections, data was captured within the same social prescribing dashboard. As a result, these roles faced similar issues with data quality and reporting, but the data was not differentiated between them.
- 6.25 Outside of data capture, it was found that these roles were often not well understood by service users, and there was a lack of coherent training and development. Additionally, confusion persisted regarding the appropriate referral pathways. Although concerns were raised about similar roles provided by other sectors, clearer leadership pathways within those roles made it easier to apply recommendations, compared to the nine PCNs with no central body overseeing them. The Committee felt that this highlighted the need for stronger, cross-sector leadership in primary care.
- 6.26 The Committee also noted that ‘strengthening the prevention of poor health’ remained a central part of NHS strategy, an objective supported by Newham’s public health team.

**Recommendation Twelve: To NHCP - Leadership and Quality Improvement in Primary Care**

**We recommend that a programme of quality improvement in Primary Care in Newham be considered, with the aim of building consistency in performance across Primary Care Networks and providing accountability.**

**Recommendation Thirteen: To NHCP - Streamlining Personalised Care Roles**

**We recommend that the ongoing work to investigate personalised care roles continues with the aim of eliminating duplication and maximising their potential.**

## Prevention

- 6.27 It was acknowledged that prevention has been a long-standing ambition within the NHS landscape, though current services have often been criticised for focusing more on treating illness rather than preventing it. The prevention role is primarily delivered by the local authority's Public Health team, funded by a Central Government grant. The Council also holds significant levers in addressing health inequalities, as outlined in the Marmot Review, through its control over the quality of the public realm, education facilities, community wealth, employment opportunities, and housing.
- 6.28 In Newham, the Council implemented a Public Health strategy known as 'The 50 Steps.' In September 2023, the Health and Adult Social Care Scrutiny Commission reviewed its latest refresh with witnesses including Cllr Neil Wilson (Cabinet Lead For Health and Adults Social Care, LBN), Cllr Mumtaz Khan (Deputy Cabinet Lead For Health and Adult Social Care, LBN), Jason Strelitz (Interim Corporate Director of Adults and Health LBN), Adeola Agbebiyi (Public Health Consultant, LBN), and Claire Greszczuk (Deputy Director of Public Health).
- 6.29 The Committee found the '50 Steps' strategy to be a comprehensive route map outlining ongoing public health approaches across the borough, delivered by a range of providers, including the London Borough of Newham, the NHS, and various other organisations. The strategy also introduced the individuals leading different aspects of the response, from system leaders to local volunteers and VCFS groups, which was considered beneficial in fostering effective coordination.
- 6.30 The Committee noted that the refreshed version captured the diversity of the borough more effectively than its predecessor. However, there were concerns that with 50 distinct steps, rather than a few key priorities, the strategy lacked clear focus. Additionally, the Committee felt that the strategy did not provide a clear indication of which elements were proving effective, nor did it clarify whether the public health grant, overseen by the Council, was being utilised efficiently.

<b>Recommendation Fourteen: To LBN – Report on Public Health Grant Spend</b>
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<b>We recommended that the LBN Public Health Team produce a separate public health report that exclusively captures local authority public health spending and activities, with clear KPIs and targets to track progress and inform residents about what success will look like.</b>
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## Estate

- 6.31 The Commission identified estate as a significant issue across the system, affecting both Acute Care and Primary Care. It was noted that many GPs and dentists were operating from outdated buildings, including residential properties, which were no longer suited to modern service needs. It was also highlighted that dentists were unable to reclaim the costs of premises from the NHS, further compounding challenges faced.
- 6.32 In January 2024, Newham's Health and Adult Social Care Commission received evidence from Matty Peacock, Managing Director of Health and Care Space Newham. Health and Care Space Newham is a joint initiative between the London Borough of

Newham and the East London NHS Foundation Trust, working in partnership with the broader local health and care system to fund new healthcare estates. As the organisation was considered to be under local authority control, it had the advantage of borrowing from the Public Works Loans Board, an option not available to NHS organisations.

- 6.33 To date, the funding had supported the development of a new health centre at Pontoon Dock. Future plans included new health and care hubs at Hartley Avenue in East Ham, The Hallsville Quarter in Canning Town, and Queens Market on Green Street in Upton Park. These projects also included social housing opportunities, such as single-person social housing at Hartley Avenue, with discussions around providing homes for keyworkers as well. However, it was noted that the completion of these projects remained contingent on future council funding, which could pose a challenge. Matty Peacock was unable to provide details on the specific services that would be housed in these new hubs, as it fell outside his remit, but the Committee emphasised the importance of agreeing on the shape of services to ensure the estate was future-proofed.

**Recommendation Fifteen: To NHCP - Integrated Local Health and Care Estate Strategy**

**We recommend that Newham Health and Care Partnership leaders agree on the shape of the integrated local health and care services, with a view to defining a cross-borough estate needs strategy, including a blueprint for local premises.**

## **7 The Local Challenge 5: Mental Health**

- 7.1 On March 14th, the Committee reviewed the capacity of the system's Mental Health services to address the anticipated population growth in the borough. With the projected increase, particularly within the cohort of residents aged over 60, it was expected that the levels of dementia and poor mental health would rise significantly. The Committee considered the readiness of mental health services to manage this increased demand.
- 7.2 Evidence was received from Cllr Neil Wilson (Cabinet Lead For Health and Adult Social Care), Jason Strelitz (Corporate Director For Adults and Health), Sissi Mylona (Director of Service Mental Health, Learning Difficulties and Safeguarding, London Borough of Newham), Michael Jones (Joint Head of Strategic Planning and Programme, Mental Health, Learning Disabilities and Autism, East London NHS Foundation Trust), Fenno Outen (Deputy Borough Director, Newham, East London NHS Foundation Trust), Jaqui Niner and Ben Evans (London Ambulance Service).

### **Challenges**

- 7.3 The Committee noted several significant challenges facing mental health services in Newham. The NHCP report forecasted a 37.4% growth in the number of mental health inpatients over the next ten years, despite bed occupancy often already reaching 100%, particularly for male patients. This anticipated increase in demand would require an additional 58 acute mental health beds in Newham and 85 across North

East London. Concurrently, a 36.4% rise in demand for community mental health support was also projected during the same period.

- 7.4 Additional pressures have emerged due to the Metropolitan Police’s revised approach to call-outs involving individuals in mental health crisis. Under their ‘Right Care, Right Person’ strategy<sup>8</sup>, the police will no longer attend welfare checks or walk-outs from mental health facilities unless there is an immediate threat to life or a crime is being committed. This policy shift aims to place the response responsibility on more appropriate services, such as mental health providers. However, no additional funding has been allocated to London Mental Health services to support the necessary transformations, such as introducing mental health ambulances to bridge this gap in response capabilities.
- 7.5 The physical infrastructure of many community and acute mental health services was also identified as a significant barrier, as numerous facilities were found to be outdated and not fit for purpose. Although the East London NHS Foundation Trust was involved in Health and Care Space Newham, with plans for a new facility at First Avenue in Manor Park, limited resources were available to address these issues, particularly given the constraints on council funding.
- 7.6 Furthermore, high levels of demand for one-on-one NHS therapy have resulted in long waiting times for patients, adding to pressures on mental health services and impacting timely access to care.

### **Mitigations**

- 7.7 Several measures were identified to address these challenges:
- The introduction of the new NHS 111 Option 2 mental health phone line service, designed to divert individuals in mental health crisis away from attending A&E.
  - Exploration of new care models, including a pilot in Tower Hamlets to test the approach used in Trieste, Italy, where acute facilities were gradually replaced over 25 years with small-scale, 24/7 community-based hubs. These hubs integrated crisis services with broader community activities and could be accessed without appointments. This model was under consideration as part of the Health and Adult Social Care Scrutiny Commission’s programme for 2024-25 and should also be evaluated as a potential strategy for addressing the high level of demand for Community Mental Health services.

<b>Recommendation Sixteen: To ELFT - Community Mental Health Care</b>
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<b>We recommend the Health and Adult Social Care Commission holds a separate session to evaluate the results of the Tower Hamlets Community Mental Health services pilot as a way of addressing Newham’s demand pressures on community mental health services, with a view to making further recommendations.</b>
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<sup>8</sup> Metropolitan Police Introduction of Right Care, Right Person model  
<https://www.met.police.uk/notices/met/introduction-right-care-right-person-model/>

- The Newham Recovery College offered training courses aimed at building social connections for adults recovering from mental health conditions.
- Quality improvement projects focused on adapting psychological therapy approaches for specific communities, such as faith-adapted therapies for Muslim residents and tailored support for South Asian women.
- The use of community treatment orders was also highlighted as a mechanism for managing mental health care needs.

**Recommendation Seventeen: To ELFT - Assessment of Mental Health Bed Needs**

**We recommend that the work to assess future mental health bed needs as part of the NEL Mental Health, Learning Disability and Autism Diagnostic work be continued and that the East London Foundation Trust is supported to ensure appropriate funding is secured to meet these needs.**

## **8 The Local Solution? ‘Newham’s Population Growth Programme – Addressing Population Challenges Through An Integrated Care Model’**

- 8.1 In July 2024, the Health and Adult Social Care Scrutiny Commission convened its first meeting of the new municipal year. This coincided with the publication of a report commissioned by the Newham Health and Care Partnership (NHCP) and conducted by P.A Consulting. The report examined a ten-year period (2025-35) of anticipated population pressures, which the Scrutiny Commission had been investigating over the previous four sessions.
- 8.2 To discuss the report’s findings and share observations from its own review, the Committee invited Zina Etheridge, Chief Executive of the NEL ICS, to participate in a special session. Although the Chief Executive had met privately with the Chair prior to the meeting, she was unavailable for the scheduled session on July 30th. However, Charlotte Pomery, Chief Participation and Place Officer for NHS North East London ICS, attended in her place. Regrettably, technical issues disrupted the remote participation of several representatives at the start of the meeting, preventing their involvement in discussions. Other attendees providing evidence included Cllr Neil Wilson (Cabinet Lead For Health and Adult Social Care) and Jason Strelitz (Corporate Director of Health and Adult Social Care).

### **The Challenge**

- 8.3 The NHCP report [Newham’s Population Growth Programme - Addressing population challenges through an integrated care model report](#)<sup>9</sup> focuses on a 10-year window of population growth, contrasting with the 2020-40 timeframe that the 110’000 population increase estimate was based on and which had informed the Committee’s line of inquiry guiding its strand of work. Key challenges identified included:

<sup>9</sup> NHS North East London Newham’s Population Growth Programme, Addressing population challenges through an integrated care model 2024

- The report projects a 15.6% increase in population over the next decade, equating to an additional 57,871 residents in the borough.
- The most significant proportionate increase was expected in residents aged 80 and above, with a 44% rise (2,568 people), though the absolute number remained relatively low. However, the 41% increase in residents aged 60-79, (15,212 people), was anticipated to have a more substantial impact. Both cohorts were expected to lead to an increase in the number of residents with multiple complex health needs, including long-term conditions and mental health needs.
- High levels of deprivation in Newham were expected to exacerbate these health challenges.
- The report identified significant gaps in both workforce and estate infrastructure, further complicating service delivery.
- In the 'do-nothing' scenario, the report projected a £390 million increase in NHS spending, an £80 million rise in social care costs, and the need for 170 additional acute beds, 58 mental health beds, 677 GPs, and 1,703 social care packages.

## Mitigations

8.4 The report proposed several strategies to address the identified challenges, drawing on established frameworks and outlining a structured plan for the next decade:

- The report echoed the Fuller Stocktake's emphasis on Integrated Neighbourhood Teams, promoting for out-of-hospital care closer to home, and prioritising self-care and prevention.
- It recommended that the new system focus on specific long-term conditions over the next 10 years. These were selected based on the size of the affected population, projected growth, existing health inequalities, and their significant impact across various tiers of care, including acute, primary, community, social, and mental health services. These conditions were identified as frailty and dementia, cardiovascular disease, respiratory conditions, type 2 diabetes, learning disabilities and autism, and urgent and emergency care.

3. Full investment into integrated working interventions has the potential to mitigate demand growth by ~24% per annum

[C. Impact of an Integrated Neighbourhood Model](#)

The potential impact of quantified interventions also has implications for capacity demand across care settings. The required capacity across key settings has been developed based on activity projections for each investment scenario.

The below table sets out the required capacity at 10 years (in 33/34) based on different investment scenarios across settings:

	23/24 Base	33/34 Position			
		Do Nothing	2% Investment	1% Investment	No Investment
Acute Beds	640	792	741	762	776
GPs	1671	2053	1993	2151	2049
MH Beds	107	129	126	128	128
SC Packages	1204	1569	1534	1546	1559

- In line with system activity, the full investment scenario delivers the biggest mitigation in system capacity requirements. The most significant impact is within requirements for acute beds and GPs; in line with the impact of scenarios largely driving activity impacts within downstream settings of care.
- Focusing on 3 high-impact areas mitigates marginally; with most impact in acute beds and GPs and relatively minimal impact in mental health and social care settings. The impact on system capacity is relatively small compared to overall capacity growth over the next 10 years.
- The 'no investment' scenario drives relatively low capacity savings; predominantly due to a sustained growth in demand where only marginal activity mitigation is delivered. A wider integrated working approach is required to fully mitigate future capacity requirements across settings.

The above metrics demonstrate a proxy view of whole-system capacity requirements; wider demand & capacity modelling may be required to estimate future capacity growth requirements.

In line with projected activity growth mitigation, all investment scenarios have the potential to mitigate some of the projected future capacity requirements within Newham. However, where greater system-wide investment into preventative interventions is delivered, there is a greater impact on reducing required capacity growth.

**Figure 5: NHS NEL: Newham's Population Growth Programme - Addressing population challenges through an integrated care model report**

- The report outlined the expected outcomes of four different courses of action: doing nothing, implementing a Neighbourhood Integrated Team model with no additional resources, implementing the model with a 1% resource increase, and implementing the model with a 2% resource increase (see **Figure 5** above). Each scenario detailed the projected impact on acute beds, GPs, mental health beds, and social care packages required in 10 years' time.
  - Even with the model in place, the impact on mental health beds and social care was expected to be limited. For example, with an additional 2% in funding, the report projected a modest difference of 25 social care packages and 2 mental health beds. Although this funding increase was expected to achieve the saving of 51 acute beds and 60 GPs, the system would still require significant additional resources - 101 extra acute beds, 322 more GPs, 19 new mental health beds, and 330 additional social care packages – to fully meet future demands.
  - Two pilot projects at the Primary Care Network level were planned to road-test this model aiming to evaluate its practical application.
- 8.5 Members of Newham's Health and Adult Social Care Commission, with a couple of exceptions, are not from professional health backgrounds, nor do they have an overview of how individual health and care practitioners operate, their pathways, or their job cultures. The Committee's remit is typically strategic rather than operational. Any reflections shared by members are made with this proviso.
- 8.6 The Committee noted that the three main objectives of the plan were to consolidate existing data, develop an actionable model, and create a clear implementation plan aligned with the neighbourhood-based approach.
- 8.7 This model would bring together professionals already working at the Neighbourhood level to focus on the comprehensive needs of the local population. It was anticipated that such an approach would reduce demand, address needs more effectively, and ensure that services such as adult social care, children's services, acute hospital services, and community health services focused on those who needed them most.
- 8.8 Jason Strelitz acknowledged the profound challenges posed by the model in terms of structural and workforce issues. He further noted that this approach would have only a modest impact on mitigating the borough's growth demands. To more effectively address these demands, it was emphasised that substantial investment in prevention and primary care would be required, in addition to the integrated structural changes.
- 8.9 Although the report had been commissioned by The Newham Health and Care Partnership – therefore a focus on NHS services was expected - the Committee agreed that its interventions for those with a specific list of long-term conditions were overly concerned with the improvement of care for those with existing long-term conditions and not on 'preventing the preventable', by reducing avoidable conditions. Unless it could be evidenced that a window for prevention would have been missed by the time residents with long-term conditions settled in the borough, the committee felt this was a key omission on the part of the report, as well as a failure to align with long-standing national ambitions for preventative health strategies.

8.10 Another related issue that was not addressed was the importance of building resident resilience through strategic ambitions aimed at increasing awareness of self-care. During the course of this work, both Newham Healthwatch and Newham University Hospital highlighted low levels of health literacy among residents. It was reported that research conducted by the University of Southampton indicated 81.75% of Newham residents had low levels of health literacy and numeracy, comparable to that of 9-11 year olds, and more work was needed to ensure residents were provided with clearer communication materials. As a result, the Committee proposed:

**Recommendation Eighteen: To NEL ICB – Strategic Commitment to Prevention**

**It is recommended that any strategy addressing Newham’s population growth includes a robust commitment to prevention as well as intervention, including improving the accessibility of communications.**

8.11 Moreover, even with such a refocusing, it seemed likely that a funding gap would remain. To this end the Committee also tabled:

**Recommendation Nineteen: To NEL ICB - Assessment of Future Demand Costs**

**We recommend that a comprehensive assessment be conducted to determine the costs required to meet future demand within the Integrated Neighbourhood Team Model and across the wider system, taking into account the anticipated funding gap.**

8.12 Councillor Wilson raised concerns regarding inequities in primary care resourcing, highlighting issues rooted in historical funding models. It was acknowledged that a more equitable funding system would be necessary to address these disparities. The importance of strong leadership was also emphasised as a critical factor for the system's success. Although a new Head of Development for Primary Care in Newham had recently been appointed, concerns were expressed about whether this single role would be sufficient to align and develop a nine-network Primary Care system, especially given the pressures on central capacity.

8.13 Additionally, questions were raised regarding the current estate’s ability to meet local demand, as many facilities were already considered unfit for purpose.

8.14 The recent change in government was discussed, with the potential positive impact on industrial relations welcomed, particularly given the £1.7 billion impact of recent strike actions. Ambitions to improve access to dentistry were also noted. However, it was agreed that it was too early to fully assess the impact of the new government, and therefore, the level of risk to any new model remained uncertain. Charlotte Pomery emphasised that the expectation was for primary care funding to remain consistent with current levels or potentially increase.

8.15 The Committee sought clarification on the specifics of the new model and what residents’ experiences would look like when accessing services. It was noted that integration could take many forms, such as co-location, transformation of roles, or the merging of teams. This could involve multiple stakeholders reviewing cases collaboratively or a more sequential, process driven approach. However, this request for clarity was not directly addressed. The Committee was informed that there would

be engagement with residents to understand what worked for them and community assets, such as libraries could be utilised as part of the future approach. It was suggested that such an approach could also be used to boost health literacy by road-testing communications.

**Recommendation Twenty: To NHCP - Including the Patient Voice**

**We recommend that a blueprint outlining what the Integrated Neighbourhood Team will look like for residents be developed through workshops with service users, facilitated by the North East London Integrated Care System.**

- 8.16 The Commission heard from Jason Strelitz that collaborative relationships within teams were often considered more important than physical co-location, and the overarching objective should be to develop a model where residents only needed to tell their story once. Discussions also focused on the role of prevention and early intervention within the new model, emphasising how it could prevent individuals from falling through gaps in the system.
- 8.17 Charlotte Pomery highlighted the significance of strong relationships with the Community Voluntary and Faith Sector (VCFS) and advocated for ‘no wrong door’ approach, which would allow for multiple points of need identification. In view of this emphasis, the Commission noted that the VCFS had not been referenced in the P.A Consulting report, which was regarded as a significant omission.

**Recommendation Twenty-One: To NHCP - Co-design**

**We recommend, that the co-design of the role for the Voluntary, Community, and Faith Sector (VCFS) within the new system be integrated into any agreed model, whether through a Council for Voluntary Service (CVS) or VCFS-based approach.**

- 8.18 Newham has a history of population churn, with new communities regularly arriving in the borough and new cohorts of vulnerability emerging, generating grassroots sources of support. Councils for Voluntary Service (CVSs) are Community, Voluntary, and Faith Service Infrastructure bodies that play a role in this process, cascading information to the voluntary sector, capturing insights from local organisations, and providing the outreach, training, and support helping to grow the sector locally. While the Committee recognised that this falls slightly outside the scope of this report, there was a broader sense that, to futureproof such co-design, it was important that a Council for Voluntary Service (CVS) be sustainably funded to ensure that the voices of marginalised groups are consistently heard in the development of new health and care models, rather than just those of more established interests.

**Recommendation Twenty-Two: To NHCP - A Local Council for Voluntary Service**

**We recommend that a locally based Council for Voluntary Service (CVS) be contracted and held accountable by the Newham Health and Care Partnership to ensure the voices of the borough’s VCFS are captured, with the contract delivered by a Newham-based provider with a proven commitment to the borough’s diverse communities.**

- 8.19 Although the report focused on the impact of the growth in the over-60 population, discussions also addressed the transience of 18-45 year-olds, who might not be registered with a local doctor and whose data might not be captured. It was recognised that this had become a significant issue, particularly in relation to the publication of the new Joint Strategic Needs Assessment, where a substantial gap had been identified between Office for National Statistics (ONS) population figures and those on GP registers.
- 8.20 The Chair sought clarification on the levels of borough funding compared to what they had been prior to the introduction of the Integrated Care System. Although this question had been raised previously, it remained unanswered. Anecdotal evidence received by the Committee suggested that staffing levels in local teams had been reduced, but though no formal confirmation was provided.
- 8.21 Regarding the role of 'Place' (borough), Charlotte Pomery emphasised the shift towards 'place-based' budgeting, while noting the advantages of having the option to contract at a system-wide level. Ms. Pomery cited the London Ambulance Service contract and the incontinence supplies contract as examples where efficiencies had been achieved through system-level contracting. However, it was acknowledged that the 30% funding cut imposed in 2023 had significantly affected the capacity of the local system to fully realise its ambitions.
- 8.22 The NHCP report included several heat maps illustrating the geographical distribution of the key conditions central to the proposed model. Discussions also addressed the local impact of environmental factors on obesity, a major driver of conditions such as type 2 diabetes and cardiovascular disease (CVD). It was reiterated that successfully reducing demand would require a significant increase in local resources to effectively address prevention upstream.
- 8.23 Members inquired about approaches to early intervention and prevention regarding mental health needs. While it was emphasized that fostering mentally and emotionally healthy communities and providing education on mental health in schools and to families was important, it was noted that the high levels of population churn in the borough made it challenging to achieve this consistently for all residents. Due to technical issues mentioned earlier, no representatives from local mental health services were present to address these questions directly. However, it was agreed that the Committee would monitor the Tower Hamlets pilot of a community mental health model in future meetings.
- 8.24 The Chair raised the ongoing need for a significant number of acute and mental health beds, particularly in light of questions surrounding the progression of the Future Hospitals Programme. Charlotte Pomery emphasised that this issue was as much about the efficient use of existing capacity. It was also noted that while barriers existed to adding additional acute beds, this did not encompass potential for step-down beds in the community.
- 8.25 It was acknowledged that an interim report would be collated and delivered, but the Committee would continue to monitor the situation as it developed.

## 9 Conclusion

- 9.1 The Commission's review provides an in-depth assessment of the evolution of Newham's health and care system in response to anticipated population growth and an evolving demographic landscape. The key findings highlight the current challenges and mitigations facing the borough's services, including a detailed examination of the NHCP delivery plan. Although the implementation of Integrated Neighbourhood Teams introduces a structured approach to tackling these challenges, the report's own evaluation of its scope and potential impact highlights that additional plans and resources will be required to fully meet the borough's future health and care needs.
- 9.2 The Commission recognises that the recent change in government introduces both opportunities and uncertainties. The Labour Government's manifesto emphasises continuity in strategic goals, such as reducing health inequalities, enhancing preventive care, and leveraging technology for early diagnosis. However, the practical implications of these objectives, particularly concerning Newham's specific needs, are yet to be determined. The upcoming Autumn statement may provide further clarity on how these priorities will be implemented and the resources that will be made available to support them.
- 9.3 The report's recommendations focus on addressing identified gaps and ensuring that Newham's health and care system is better positioned to meet future challenges. These include advocating for the more equitable funding, strengthened workforce capacity, and enhanced infrastructure required to support integrated care delivery.
- 9.4 It is hoped that this interim report will contribute meaningfully to the ongoing debate on how best to address the health and care needs of Newham's growing population. While the findings and recommendations outline areas for improvement within Newham's health and care system, their ultimate impact will depend on continued collaboration and proactive measures from all stakeholders. Moving forward, it is essential that Newham continues to advocate for its needs within the broader NEL ICS, ensuring that the voices of its residents are heard in service design, and that the borough receives the resources required to meet growing demand.
- 9.5 The Commission remains committed to monitoring developments and representing the interests of Newham's residents, working to ensure that the borough's health and care system can effectively serve its population now and in the future.

## 10 Acknowledgements

Thank you to our health and care partners who have contributed evidence to the Scrutiny Commission Inquiry and to those who have given their time to contribute their valued expertise at our meetings.

## 11 Bibliography

The Commission's review also examined the '[Personalised Care Roles in Newham](#)' report<sup>10</sup> by Newham Public Health and the findings of the Newham Health and Care Partnership's '[Newham Population Growth Programme](#)' report, which provided an in-depth analysis of the system's capacity to manage anticipated demand over the next decade.

### Formal Minutes and Published Written Evidence

Minutes of proceedings and published written evidence across the Commission's Meeting Newham's Future Needs sessions are available to view or download from the Council website and can be accessed as follows:

1. [Agenda for Health and Adult Social Care, Equalities and Air Quality Scrutiny Commission on Thursday 21st September 2023, 7.00 p.m. \(newham.gov.uk\)](#)
2. [Agenda for Health and Adult Social Care, Equalities and Air Quality Scrutiny Commission on 31st October 2023, 7.00 p.m. \(newham.gov.uk\)](#)
3. [Agenda for Health and Adult Social Care, Equalities and Air Quality Scrutiny Commission on 18 January 2023, 7.00 p.m. \(newham.gov.uk\)](#)
4. [Agenda for Health and Adult Social Care, Equalities and Air Quality Scrutiny Commission on Thursday 14th March 2024, 7.00 p.m. \(newham.gov.uk\)](#)
5. [Agenda for Health and Adult Social Care Scrutiny Commission on Tuesday 30th July 2024, 7.00 p.m. \(newham.gov.uk\)](#)

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<sup>10</sup> See Hawkings, Y. and Bury, M. 'Personalised Care Roles in Newham' (2022). Available online at: [\(PDF\) Personalised Care Roles in Newham](#). [Accessed 21 October 2024].

## **Appendix One – Members of the Inquiry**

### **The Health and Adult Social Care Scrutiny Commission**

The Health and Adult Social Care Scrutiny Commission is appointed by the London Borough of Newham to carry out the local authority scrutiny functions for all policies and services relating to health and adult social care provision. This Inquiry was conducted by the Members listed below.

#### **Membership of the Scrutiny Commission**

- Councillor Susan Masters (Chair)
- Councillor Rita Chadha (Deputy Chair and member until July 2024)
- Councillor Nur Begum
- Councillor Mohammed Gani
- Councillor John Gray
- Councillor Danny Keeling
- Councillor Joy Laguda MBE
- Councillor Harvinder Singh Virdee (until May 2024)
- Councillor Femi Falola (until May 2024)
- Councillor Areeq Chowdhury (until May 2024)
- Councillor Lewis Godfrey (from May 2024)
- Councillor Jane Lofthouse (from May 2024)
- Councillor Liz Cronin (from August 2024)
- Councillor Melanie Onovo (from August 2024)

## Appendix 2 - Personalised Care Role – At-A-Glance Comparison

PERSONALISED CARE ROLE – AT-A-GLANCE COMPARISON						
Personalised Health and Care Role	Social Prescriber	Care Coordinator	Health & Wellbeing Coaches	Health and Social Care Navigators	Community Connectors	Community Neighbourhood Link Workers
<b>Role Provider</b>	NHS – GP practises	NHS – GP practises	NHS – GP practises	NHS - ELFT – East Ham Care Centre/ ELFT sites	VCS and ELFT sites	LBN – social care – based in libraries and other community sites
<b>What is Service</b>	helping GP patients address non-health issues that may be impacting their health such as loneliness/ inactivity referring into support	Proactive Support with care planning through home visit – encouraging community access	30-min face-to-face coaching sessions over set period (6 wks ) to build confidence, address barriers	Assessment of needs including monitoring daily activities – referring into appropriate services with one-off 30 min follow-up to check	Weekly Support while and with navigating mental health services either over phone or face-to-face in community	Supporting residents to connect socially through raising awareness of activities and supporting to attend

	services in VCS or community			referral has been successful		
<b>For whom</b>	Patients accessing GP services usually with long-term conditions and additionally complex personal circumstances	Those with highly complex medical conditions or who are end-of-life	Patients with long-term conditions who can't access services	Patients who are housebound or with health and wellbeing needs	Patients wanting to access mental health services	People experiencing isolation
<b>How to Access</b>	Through GP or other practise professionals	Through GP or other medical specialists such as hospital discharge team	Through GP professionals or can ask for self-referral	Through community nursing/ Occupational health, telehealth team or general practise	Initially through GP or contact with Mental health services who would refer on to Communicated Integrated Mental Health Service and then through nurse to community connector	Through LBN
<b>Managed by</b>	Clinical lead of Primary Care Network		Ongoing supervision from coaching mentor	1:1 supervision	PCN Network Lead (ELFT)	Regular supervision within Adults Directorate and 1:1ss

			Access to GPs to discuss patient condition			
<b>Knowledge/ Skills Expected</b>	<p>Ability to identify, assess and manage risk</p> <ul style="list-style-type: none"> <li>- Ability to work from strengths-based approach</li> </ul>	<p>Understanding of personalized care approach, organizational skills, understanding of NHS, strong enabling and communication skills</p>	<p>Skills in supporting behaviour change,</p> <p>Ability to coach in group setting</p> <p>Skilled in active and reflective listening, building trust and rapport quickly</p>	<p>Ability to interface between different parts of health and care system – including VCS</p> <ul style="list-style-type: none"> <li>- knowledge of local services</li> <li>- ability to signpost</li> </ul>	<p>Knowledge of local services and provisions</p> <ul style="list-style-type: none"> <li>- understanding of social determinants of health</li> <li>- understanding of barriers and issues faced by those in poor mental health</li> </ul>	<p>Budget management/ community contacts and knowledge</p>
<b>Training/ Qualifications Of practitioners</b>	<p>NVQ level 3 or other relevant experience</p> <ul style="list-style-type: none"> <li>-</li> </ul>	<p>NVQ level 3 in adult care – advanced level or equivalent</p>	<p>None – but have to attend non-clinical health and care coaching</p>	<p>None needed</p>	<p>Degree and/ or professional qualification</p>	<p>No specific qualifications required</p>

			skills programme for minimum of 4 days			
<b>Data system and quality</b>	<b>EMIS – Social Prescribing Dashboard</b>  Age, gender, ethnicity of patient to 5 groups, 1 reason for referral, destination of referral, referrals by GP practise and PCN	EMIS – but Not Captured	EMIS – but Not Captured	ELFT - reason for referral, ethnicity of patient to 5 major groups, patients year of birth, gender, GP practise, consultation medium, source of referral, post code  (often incomplete)	RIO – none made available for report	LBN – Power BI dashboard (Azeus) – Ward based geography, any Long-Term health conditions, source and date of referral, age, Ethnicity by 5 groups and 16 plus ethnicity subgroups where patient referred on to  But no reason for referral/ no pre and post outcome data

The London Borough of Newham

October 2024

[www.newham.gov.uk](http://www.newham.gov.uk)