Tower Hamlets Together Board

Tower Hamlets Together (THT) is a partnership of health and care commissioners and providers who are working together to deliver integrated health and care services for the population of Tower Hamlets. Building on our understanding of the local community and our experience of delivering local services and initiatives, THT partners are committed to improving the health of the local population, improving the quality of services and effectively managing the Tower Hamlets health and care pound. This is a meeting in common, also incorporating the Tower Hamlets Integrated Care Board Sub Committee.

Meeting in public on Thursday 6 April 2023, 0900-1100

Committee Room 1, Tower Hamlets Town Hall, 160 Whitechapel Road, London, E1 1BJ
and by Microsoft Teams at this link

Chair: Amy Gibbs

AGENDA

	Item	Time	Lead	Attached / verbal	Action required
1.	**Welcome, introductions and apologies:** a. Declaration of conflicts of interest b. Minutes of the meeting held on 2 March 2023 c. Action log	0900 (10 mins)	Chair	*Papers* Pages 3-4 Pages 5-11 Pages 12-13	 Note Approve Discuss
2.	**Questions from the public**		Chair	*Verbal*	Discuss
3.	**Chair's updates**		Chair	*Verbal*	Note
4.	**System emerging issues – by escalation only**		Chair	*Verbal*	Discuss
5.	**User Voice – Anti-racist commissioning**	0910 (30 mins)	Kinsi Abdulleh/ Celeste Danielle	*Tabled*	Discuss

6.	**Deep Dives forward plan**	0940 (15 mins)	Ashton West	*Papers tabled*	Discuss
7.	**Local Infrastructure Forum update**	0955 (15 mins)	Jack Dunmore	*Paper* Pages 14-19	Discuss
8.	**Evolution & role of the Local Delivery Board**	1010 (10 mins)	Suki Kaur	*Paper* Pages 20-26	Discuss/ Approval
9.	**Integrated Finance Report update**	1020 (15 mins)	Sunil Thakker / Sima Khiroya	*Papers* Pages 27-47	Discuss
10.	**Update on 2023/24 Operating Plans - NEL ICB and ELFT**	1035 (20 mins)	Saem Ahmed/ Sunil Thakker/ Richard Fradgley	*Papers* Pages 48-76	Discuss
11.	**Any Other Business:** TBC	1055 (5 mins)	Chair	*Verbal*	Note

Date of next meeting: Thursday 4 May 2023, 0900-1100 – Committee Room 1 – Tower Hamlets Town Hall, 160 Whitechapel Road, London, E1 1BJ

North East London

- Declared Interests as at 29/03/2023

Name	Position/Relationship with ICB	Committees	Declared Interest	Name of the organisation/business	Nature of interest	Valid From	Valid To	Action taken to mitigate risk
James Thomas	Member of the Tower Hamlets Together Board and Place ICB Sub-Committee	Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Non-Financial Professional Interest	Innovation Unit & Tower Hamlets Education Partnership	Non-Executive Director	2022-09-01		Declarations to be made at the beginning of meetings
Khyati Bakhai	Primary care clinical lead and LTC lead	Primary Care Collaborative sub-committee Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Financial Interest	bbbhp	Gp Partner	2012-09-03		
			Financial Interest	Greenlight@GP	Director for the education and training arm	2021-07-01		
			Non-Financial Professional Interest	RCGP	Author and review for clinical material	2021-03-01		
Roberto Tamsanguan	Clinical Lead	Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Non-Financial Professional Interest	Bromley By Bow Health Centre	Salaried GP	2018-09-01		
			Non-Financial Professional Interest	Medical Practitioner Tribunal Service	Sit as a medical fitness to practice tribunal member	2020-07-01		
			Non-Financial Professional Interest	NHSX/ NHS ENGLAND/IMPROVEMENT	Clinical lead	2020-05-01		

- Nil Interests Declared as of 29/03/2023

Name	Position/Relationship with ICB	Committees	Declared Interest
William Cunningham-Davis	Director of Primary Care Transformation, TNW ICP	Newham Health and Care Partnership Newham ICB Sub-committee Primary care contracts sub-committee Tower Hamlets ICB Sub-committee Waltham Forest Health and Care Partnership Board Waltham Forest ICB Sub-committee	Indicated No Conflicts To Declare.
Richard Fradgley	Director of Integrated Care	Mental Health, Learning Disability & Autism Collaborative sub-committee Newham Health and Care Partnership Newham ICB Sub-committee Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.

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Sunil Thakker	Director of Finance; C&H ICP & Acting Director of Finance; TNW ICP	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board City & Hackney ICB Sub-committee City & Hackney Partnership Board Redbridge Partnership Board Tower Hamlets ICB Sub-committee Tower Hamlets Together Board Waltham Forest Health and Care Partnership Board Waltham Forest ICB Sub-committee	Indicated No Conflicts To Declare.
Warwick Tomsett	Director of Integrated Commissioning	Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.
Matthew Adrien	Partnership working	ICP Committee Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.
Amy Gibbs	Independent Chair of Tower Hamlets Together	Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.
Christopher Banks	Partner	Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.
Zainab Arian	Chief Executive Officer of GP Federation working within NEL ICS	Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.

TOWER HAMLETS TOGETHER
Delivering better health through partnership

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DRAFT Minutes of the Tower Hamlets Together Board
Thursday 2 March 2023, 0900-1100 in person and via MS Teams

Minutes

Amy Gibbs	Independent Chair of the Tower Hamlets Together Board	In person
Warwick Tomsett	Director of Integrated Commissioning, NHS North East London & London Borough of Tower Hamlets	In person
Roberto Tamsanguan	Tower Hamlets Clinical / Care Director, NHS North East London	In person
Richard Fradgley	Director of Integrated Care & Deputy Chief Executive Officer, East London NHS Foundation Trust	MS Teams
Chris Banks	Joint Chief Executive Officer, Tower Hamlets GP Care Group	In person
Zainab Arian	Joint Chief Executive Officer, Tower Hamlets GP Care Group (picking up from CB 31 March	MS Teams
Matthew Adrien	Service Director, HealthWatch Tower Hamlets	In person
James Thomas	Director of Community and Children's Services, London Borough of Tower Hamlets	MS Teams
Khyati Bakhai	Tower Hamlets Primary Care Development Clinical Lead, NHS North East London	MS Teams
Somen Banerjee	Director of Public Health, London Borough of Tower Hamlets	In person
Vicky Scott	Chief Executive Officer Council for Voluntary Services	In person
Muna Hassan	Resident and community representative/Community Voice Lead	MS Teams
Attendees:		
Ashton West	Programme Lead, ICB & LBTH, NHS North East London & London Borough of Tower Hamlets	In person
Suki Kaur	Deputy Director of Partnership Development, NHS North East London & London Borough of Tower Hamlets	In person
Liam Crosby	Associate Director of Public Health for Healthy Adults, London Borough of Tower Hamlets	In person
Cyril Eshareturi	Public Health Programme Lead | BAME Commission | London Borough of Tower Hamlets	MS Teams
Andrea Antoine	Deputy Director of Finance, NHS North East London (deputizing for Sunil Thakker)	MS Teams
Fiona Peskett	Director of Strategy and Integration - Royal London and Mile End Hospitals	In person
	Assistant Director Midwifery @ RLH	In person
Jon Williams	Engagement and Community Communications Manager (Tower Hamlets), NHS North East London	MS Teams

Karen Wint	CEO, Women's Health and Family Service	MS Teams
Jo Ann Sheldon	Head of Primary Care TH	In person
Charlotte Pomery	Chief Participation and Place Officer, NHS North East London	In person
Matthew Knell	Senior Governance Manager, NHS North East London	In person
Madalina Bird	Minute taker, Governance Officer, NHS North East London	In person
Apologies:		
Sunil Thakker	Director of Finance; C&H ICP & Acting Director of Finance; TNW ICP	
Neil Ashman	Chief Executive Officer, Royal London & Mile End Hospitals, Barts Health NHS Trust	

Item	Agenda item and minute
1.	**Welcome, introductions and apologies**
1.a 1.b 1.c	The Chair, Amy Gibbs (AG), welcomed members and attendees to the Tower Hamlets Together (THT) Board meeting and noted the meeting apologies AG also welcomed the four attending members of the public. Declaration of conflicts of interest The Board's attention was drawn to the circulated Register of Interest, asking members to ensure that their declarations of interest are up to date. Members who are outstanding the completion of their declarations have been sent reminder emails. No interests were declared with regards to the agenda of the Board. Minutes of the meeting held on Thursday 2 February 2023 The minutes of the previous meeting, which had taken place on Thursday 2 February were accepted without change. AG advised the members to flag any changes needed with MK and MB Action log The Board received the action log - 14 actions remain open. Members were advised the monthly planning meetings are back in diaries from 09/03 and onwards to review and address these.
2.	**Questions from the public**
	No questions had been raised by the public
3.	**Chair's updates**

	AG drew everyone attention to the fact that Chris Banks is retiring and this is his last Board meeting thanking him for all the help and support over the years. AG updated the Board, noting the following: ▪ first induction of the new Clinical Care Professional Leadership took place in person noting it was well attended with lots of positivity in the room. RT advised that the group agreed to meet monthly alternating in person and virtual with April meeting focusing on Primary Care access which is a key priority for Tower Hamlets and NHS ▪ hoping to have a decision on Antiracism Education Program rollout across the Partnership in the next few weeks and will keep the Board updated with the results ▪ LGBTQ Inclusion proposal to be brought to the board soon following meetings with LGBTQ+ team
4.	**System emerging issues – by escalation only:**
	No issues raised
5.	**User Voice – Maternity**
	Karen Wint (KW) CEO, Women's Health and Family Service (WHFS) virtually joined the Board to support a discussion on local experiences of maternity and talked the Board through the slides shared. Key points: ▪ A community of women with diverse backgrounds, lived experiences, with 18 languages collectively spoken and different sets of expertise and knowledge ▪ The programme is putting Women's Health First offering three sets of programmes: Maternity Mates, Her Health and Advocacy Programme (supporting women who have survived gender violence working closely with the Women's Clinic @ Mile End) ▪ Maternity Mates Programme has been developed in Partnership with midwives at the RLH 10 years ago with a collaboration between midwives, women who have been through the maternity journey and WHFS team. The purpose of the programme is to walk alongside the women during her pregnancy journey to ensure she is accessing the services she needs and wants and also to support with rebuilding her confidence and reconnect with the local community and services within the community ▪ All Maternity Mates are volunteers with local knowledge that build a trusting relationship to provide continuity of care for a positive experience AG thanked the Karen for presenting and sharing the stories with the positive outcomes that the WHFS team are having in collaboration with the different local services and partners and opened the discussion to the members for comments and questions: ▪ Good collaboration is a priority in order to work together to improve services ▪ RLH is looking to straighten Patient Experience Strategy and would welcome input from WHFS around the co-design to ensure all referral points are noted ▪ Members raised the question of black and brown women not feeling safe to give birth in NHS due to high mortality of babies before and during birth (6.9/1000 compered with 3.6/1000 white babies) and the impact of toxic stress caused by racism and poverty on black and brown children can impact mental health in later life. A deep dive discussion was suggested as a way of addressing the issue/question to look at in more

	depth. Need to address the issue and make women feel safe otherwise THT is not living up to their mission around Health Inequality or being an antiracist system. Work needs to be done in collaboration. It is important to involve women in the discussion **Action:** Deep dives around 1) maternity outcomes for black and brown women and babies and 2) housing to be added to the the deep dive list
6.	**Future Deep Dive cycle**
	Ashton West (AW) talked the Board members through the deep dive cycle of meetings included in the pack Key points of note included: ▪ Looking to reinstate the deep dive sessions at the Board meetings in order to review any relevant data, see changes or feedback from residence with data trends with three stages o The first one is around reviewing the relevant data or residents' insights and feedback if it was available o Followed by a Board discussion on how to address any identified issues as a partnership through collaborative working, sharing good practice o Taking away any actions for the partnership to work on ▪ The ask from the members is to identify if the issues included on the slide presented are still relevant and is there anything else that should be added/discussed in addition? Identify four or five priorities/issues to be discussed/added to the forward planning Comments from the Board included: ▪ Equality work item needs to be broken down as it's so vast and TH is faced with many Inequalities (need to include Maternity outcomes and also the work that is happening around LGBTQ+). ▪ Housing (identify different areas that housing is an issue and decide if one or more deep dives are needed for the discussion) ▪ Antiracist commissioning in TH and across NEL (discussion under Equality item) ▪ Think about how the work can be joined together with the Fuller Report work ▪ Look at childhood obesity more broadly as weight management generally to include adult, people with Mental Health illnesses and Learning Disabilities (conversations already happening in Primary Care and ICB level around commissioning weight management services and Local Authority conversations around Leisure Centres and Healthy Neighbourhoods) ▪ SEND top priority as a system challenge for Children and Young People (CYP) ▪ Workforce pressures (priority issue NEL level or Borough level?) ▪ Access to health care (massive issue) **Action:** Members to send any other issues/suggestions to AW **Action:** THT team to look at what other work is taking place elsewhere to avoid duplication (what is put through forward planner/what is happening at NEL level/local proactive deep dives)
7.	**Update on the Fuller Report**

	Jo-Ann Sheldon (JAS) Head of Primary Care Tower Hamlets (TH) for the ICB joined the meeting to talk the board through the slides shared on screen and sent to members after the meeting. Following the Board meeting in January where the team presented the NEL slide set around Fuller the slides presented today focus more on TH. The Fuller report, produced last May, sets out the next steps around networks (groups of practices within a borough – 7 networks in TH made of Primary Care and GPs), extending the networks into the community and expanding the teams JAS asked the Board what resource may be needed for THT & from NEL. Suki Kaur (SK) advised that there is a clear alignment and overlap with the Locality and Neighbourhood work that the team is trying to launch. Applications for the Locality and Neighbourhood Programme Lead are being shortlisted with an expectation for the post holder to start in May – with first task to put together a case for change/plan of action that the Partnership signs to and that works together with the wider part of the Council around the healthy environment. Lots of work has been done over the last few years around the Integrated Neighbourhood teams – aligning teams including the Adult Social Care around the locality footprint. Need to be realistic and match the work with the data to determine what is required and what the needs are at the neighbourhood level versus what assets are there already Look at how neighbourhoods, residents and VCS Forums can be part and real stakeholders in the work taking place Comments from the Board included: ▪ Members agreed with the approach and that a 5-year plan (or 10-year plan) for transformation would also help to secure the resource needed for the delivery of the plan for the period of time ▪ Need to put less resource into programme management and more resource into creating capacity for local clinical leads to test and experiment - learn from what is working ▪ Need to identify where the gaps are and where PMO resources are needed. A very high level/one page that describes the alignment between Fuller and the Locality Plan would help to identify the gaps in resources and understand where things are going to happen as part of the transformation plan/where the priorities are ▪ Need to look at how the Neighbourhood is defined against the Locality/ who is in the integrated team ▪ Think at how to use the Enabler Groups to take the work forward ▪ Link back to how people are using the services and how services can configure ▪ Members were reminded that the voluntary and community services also need to be resourced ▪ Need to reframe it as THT approach going forward (not Fuller!) **Action:** MB/MK to programme in further updates on Fuller/THT Development Plan/ return on 3-month basis on the forward plan
8.	**Place Sub-Committee Terms of Reference**
	Charlotte Pomery (CP) updated the Board members on the work done on the Mutual Accountability Framework (MAF) and the changes in the Place Terms Of Reference (TOR) Comments from the Board included: ▪ Have any major changes been done to the MAF? Are there any governance changes needed at THT/Place Sub-Committee? What budget and budget decision have been allocated to THT? CP advised the Board

	that the additional changes are about the safeguarding and the iteration was changed to reflect the changes from the system to place, describe the delegation of finance and to articulate some of the work/priorities ▪ The financial framework will continue to be developed during 2023/24. It was originally envisaged that Annex 1 would include a list of specific services that Places would have delegated commissioning responsibility. However, the suggested approach of linking the Annex to the MAF enables the arrangements for delegation to be updated from time to time without the need for revision to the seven sets of terms of reference. The approach enables an appropriate level of flexibility to continue the ongoing conversation about where and how functions are best exercised (e.g. taking into account any relevant learning from emerging practice across other ICSs and developing NHS England and Government policy). ▪ Need to get the totality and transparency at Place/ what the spent is ▪ Does THT have the right relationship with the Health and Wellbeing Board (H&WB)? THT Partnership Board is a sub-set of H&WB – the ICB Sub-Committee part of this Board it is not. The ICB is looking at a joint Committee of the H&WB and the Place Committee and working through advantages and disadvantages at any given Place and what the right model is ▪ Need to have a discussion on the role of the Place Lead Director and the role going forward **APPROVAL: The Board approved the TOR**
	Updates from: • **Local Delivery Board** • **Local Infrastructure Forum**
	Chris Banks (CB) updated the Board members on the activities and issues arising from the Local Delivery Board (LDB) and talked through the slides shared with the pack The LDB is responsible for overseeing the delivering the priorities set annually by the Tower Hamlets Together (THT) Board. This programme is derived priorities set by the THT Board and its three life course workstreams: Born Well Growing Well, Living Well and Promoting Independence. Key issues: ▪ Members of the Local Delivery Board were asked to participate in a brief (5 minute) survey to test its effectiveness, impact and value. ▪ The questions are specifically intended to understand Board member's own experiences: Is the programme effective? Is it covering the right issues? Does it need to do things differently? ▪ The system needs to change to adapt to the system changes ▪ THT Board can influence the health and social services delivery but can't influence other services like housing – need to link in ▪ The results of this survey will be discussed at the LDB Planning meeting 16th February 2023. WT to update on the decisions/ outcome/evolution at the next Board meeting CB also updated the members on Local Infrastructure Forum (LIF), meeting he is chairing. The Forum is an opportunity for the Heads of Estates particularly for Barts Health and NELFT (group also includes Council Estates and NHSE Properties) to share information. The group has good foundation and good attendance. Roberto Tamsanguan (RT) will be chairing the group going forward following CBs retirement.

	Action: Update to April meeting on evolution / role of the LDB **to be placed on the forward plan by MB/MK** **Action:** Paper from Local Infrastructure Forum to April meeting
9.	**AOB:**
	LAS strike 8 March that includes Ambulance Services - RT to share information with the Board Junior Doctors strike – starts 7am on 13 March to 7am on 16 March ▪ RLH is looking at ensuring all consultants are working to offer cover and will be connecting with ELFT and Primary Care. ▪ Work coordinated by Kelvin Hankins across NEL ▪ WT to share any comms on strikes with THT board Stephen Halsey, was appointed as Interim Chief Executive for the Council CB leaving drinks – 16th March **Action:** MB to check attendance/ deputies' availability around the Easter date in April
	Next meeting: Thursday 6 April 2023, 0900-1100, Location Committee Room 1, Tower Hamlets Town Hall, 160 Whitechapel Road, London, E1 1BJ

Tower Hamlets Together Board Action Log

						Closed this month, or open & due in the future
						Open, due this month
						Open, overdue

Action Ref	Action Raised Date	Action Description	Action Lead(s)	Action Due Date	Action Status	Action Update
0311-07	03 November 2022	AG and WT to pick up political influence element and how to raise with Will and the Mayor. Also to discuss the NEL engagement and how to take to the ICB committee concerns with dentistry and lack of availability.	Amy Gibbs & Warwick Tomsett	31/03/23	Closed	01/12 update: conversations have taken place with CP, a formal meeting to take place to discuss NEL engagement and how to take dentistry concerns to the ICB Committee. SF updated that a meeting has been arranged with the LDC Chair, health secretary and commissioning lead to discuss dentistry
0112-02	01 December 2022	Warwick Tomsett (WT) to link with Somen Banerjee (SB) to look at what work can be done to create local training models aimed specifically at the LGBT+ community for clinicians and trainees.	Warwick Tomsett & Somen Banerjee	31/03/2023	Closed	Met with ELOP to understand issues further and Roberto attending resident forums. Using health inequalities funding to develop training ideas. Added to deep dive agenda
0112-03	01 December 2022	WT to look at what information and guidance is available on Tower Hamlets Connect and that system partners are aware of the information to share with LGBT community.	Warwick Tomsett	05/01/2023	Closed	05/01 update: follow up meeting taking place in Jan
0112-05	01 December 2022	KH and Chris Banks (CB) to discuss how rapid social prescribing can be included as part of the winter package.	Kelvin Hankins & Chris Banks	05/01/2023	Closed	05/01 update: To update following meeting due between Bromley by Bow Centre and Ben 22/03 update: CB has advised action can be closed - the ICB has required the social prescribing service to increase the number of referrals and we are seeing around 30% more patients through the combined capacity of GPCG, PCN and Bromley-by-Bow social prescribers (there are now 20 in the Borough)
0501-09	05 January 2023	Questions from the public: Jon Williams to think about ways to encourage engagement from wider public participation	Jon Williams	02/02/2023	Closed	A series of co-production events are planned starting in April.
0501-11	05 January 2023	**Scarlet fever:** AG and Warwick Tomsett (WT) to discuss how to bring the matter to the board in their forward planning meeting	Amy Gibbs & Warwick Tomsett	28/02/2023	Closed	Discussion covered at the planning meeting
0501-12	05 January 2023	**User Voice – Spotlight Youth Space:** JW/AG/WT to identify where the recommendations best sat and let the board know the best way forward	Jon Williams, Amy Gibbs & Warwick Tomsett	02/02/2023	Closed	Jon Williams & engagement team taking away patient/resident comments to work up and feedback on actions taken and findings to the Board on a regular basis in a 'you said, we did' style.
0501-13	05 January 2023	**Integrated finance report:** WT to look at infrastructure needed to support Board on quality discussions	Warwick Tomsett	31/03/2023	Closed	Meeting being organised with finance leads across LBTH and ICB to look at this. A proposal on the quality structure is being shared with the operational meeting on 5th April.
0501-014	05 January 2023	AG & WT to discuss how the Board will need to adapt to discuss financial management in the future, and what information will be needed	Amy Gibbs & Warwick Tomsett	31/03/2023	Closed	Meeting being organised with finance leads across LBTH and ICB to look at this. A proposal on the quality structure is being shared with the operational meeting on 5th April.
0501-15	05 January 2023	Partners to meet soon to discuss upcoming financial plans as result of allocations having been released	Warwick Tomsett	02/02/2023	Closed	Allocations covered in operating plan discussion on April 2023 agenda.
0501-16	05 January 2023	**Fuller Report** WT to check in on whether Neighbourhoods Development role has gone out for advert yet	Warwick Tomsett	02/02/2023	Closed	Complete – role appointed and due to start in June.

Action Ref	Action Raised Date	Action Description	Action Lead(s)	Action Due Date	Action Status	Action Update
0202-19 0202-20	02 February 2023	**User Voice – Black and women of colours experience of Domestic Violence and services** Muna, Vicky & Jon to work together to develop workshop(s) covering co-production Roberto, Warwick & Somen to catch up on future of service outside of meeting.	Jon Williams/Muna Hassan/Vicky Scott Warwick Tomsett/ Somen Banerjee/ Roberto	02/03/2023	Closed	A series of co production events planned starting from April
0202-21 0202-22	02 February 2023	**Culturally Appropriate Health Communication and Engagement Toolkit:** Suki to liaise with partner comms groups and introduce Cyril/toolkit Partners to link in with Cyril on email outside the meeting to nominate organisational leads to rollout toolkit	Suki Kaur Cyril Eshareturi/ all	02/03/2023	Closed	Cyril met with Suki and Fatima leading the TH comms group. Group identified some projects being scoped up.
0202-23 0202-24 0202-25	02 February 2023	**Deep Dive: Waiting lists and elective backlog:** THT team to check in on local messaging on waiting, to ensure that support is in place and that local people are aware that appointments may be delivered at partners hospitals THT team to look at associated waiting times in eg, social care etc to bring in full partnership support for waiters, considering probable IG issues that may need to be overcome THT team to link in TH website to the NEL 'my planned care' website when live to ensure full suite of support for local people	Warwick Tomsett	02/03/2023	Closed	Elective waiting comms is being picked up by the TH comms group which is attended by all partner comms.
0203-26	02 March 2023	**User Voice: Maternity** Deep dives around 1) maternity outcomes for black and brown women and babies and 2) housing to be added to the the deep dive list			Closed	Items added to deep dive forward plan
0203-27	02 March 2023	**Future Deep Dive cycle** Members to send any other issues/suggestions to AW THT team to look at what other work is taking place elsewhere to avoid duplication (what is put through forward planner/what is happening at NEL level/local proactive deep dives)	Ashton West/all Warwick/Suki/ Ashton	06/04/2023	Closed	Items added to deep dive forward plan
0203-28	02 March 2023	**Update on the Fuller Report** Programme in further updates on Fuller/THT Development Plan - return on 3-month basis?	MB/MK	06/04/2023	Closed	Item added to the forward plan
0203-29	02 March 2023	**Local Delivery Board** Update on evolution / role of the LDB to be brought to April Board meeting	MB/MK	06/04/2023	Closed	Item added to the forward plan for April meeting
0203-30	02 March 2023	**Local Infrastructure Forum** Paper from Local Infrastructure Forum to April meeting	MB/MK	06/04/2023	Closed	Item added to the forward plan for April meeting
0203-30	02 March 2023	AOB: Warwick to share any comms on strikes with THT board	WT	06/04/2023	Closed	Communications shared.
0203-31	02 March 2023	Check attendance/ deputies' availability for April Board meeting	MB	06/04/2023	Closed	Actioned and attendance confirmed

TOWER HAMLETS TOGETHER Delivering better health through partnership

North East London Health & Care Partnership

Tower Hamlets Together Board

[6 April 2023]

Title of report	LIF/ Estates
Author	Jack Dunmore, Infrastructure Planner
Presented by	Jack Dunmore, Infrastructure Planner
Contact for further information	
Executive summary	Estates and Infrastructure has a massive opportunity to benefit our local communities but is often not considered at the forefront of decision making. Re-establishing the connection between THT and it's sub-group enabler. Aligning the THT work programmes to involve and include infrastructure planning from the beginning.
Action / recommendation	The Board/Committee is asked to: ▪ Discuss and reflect on what has worked, what hasn't worked historically between the System Wide Estates and Capital Strategy Group (SWECSG) and THT; and how these connections can be better made under ICS footprint.
Previous reporting	N/A
Next steps/ onward reporting	Ongoing
Conflicts of interest	None
Strategic fit	Which of the ICS aims does this report align with? ▪ To improve outcomes in population health and healthcare ▪ To tackle inequalities in outcomes, experience and access ▪ To enhance productivity and value for money ▪ To support broader social and economic development
Impact on local people, health inequalities and sustainability	The Anchor Charter set's out the public bodies impact on our local populations to which we serve, our estate is not different to that – we need to value the estate that we have and ensure its set-up and servicing structure is such that it offers the best outcome for the THT partnership.
Impact on finance, performance and quality	20% of the NHS budget goes on estates related expenditure. The better and higher quality our asset management is – in its broadest sense, from ownership to hard/soft FM contracting etc. can have a greater outcome for local

	residents – as an example, local community interest companies (CIC) can be set up to run the management of our buildings in order for the local population to have ‘ownership’ over the delivery methods our anchor buildings have on them operating the reception, management of the building and local FM contracts.
Risks	Lack of health planning and the direct link with infrastructure planning will risk that no projects / programmes can be taken forward as they are unviable. Mitigation to this is the involvement of infrastructure as a key enabler on neighbourhood/localities planning and other strategic programmes to ensure these can be adequately delivered within the five case business model.

Tower Hamlets Local Infrastructure Forum (LIF)

Jack Dunmore, Infrastructure Planner

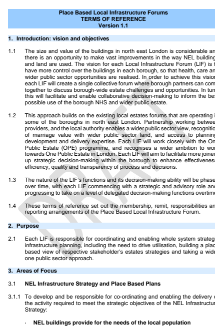
What is the TH LIF?

- The Tower Hamlets LIF is the updated name for the System Wide Estates and Capital Strategy Group (SWECSG)

- This is an evolution of the group and not a revolution.

- Recent changes have meant key stakeholders such as London Borough of Tower Hamlets have re-engaged with the group and will now be re-joining the LIF as well as a new chair, TH Clinical Lead and NEL primary care representation to ensure representation from across the system are around the table; and ensure a direct link to the clinical planning work at THT.

- It is important to remember that this is a system infrastructure forum and not just an NHS forum; so LBTH and THT led programmes involving infrastructure should be fed into the group.



Place Based Local Infrastructure Forums
TERMS OF REFERENCE
Version 1.1

1. Introduction: vision and objectives

1.1 The size and value of the buildings in north east London is considerable and there is an opportunity to make vast improvements in the way NEL buildings and land are used. The vision for each Local Infrastructure Forum (LIF) is to have more control over the buildings in each borough, so that health, care and wider public sector opportunities are realised. In order to achieve this vision, each LIF will create a single collective forum where borough partners can come together to discuss borough-wide estate challenges and opportunities. In turn, this will facilitate and enable collaborative decision-making to inform the best possible use of the borough NHS and wider public estate.

1.2 This approach builds on the existing local estates forums that are operating in some of the boroughs in north east London. Partnership working between providers, and the local authority enables a wider public sector view, recognition of marriage value with wider public sector land, and access to planning, development and delivery expertise. Each LIF will work closely with the One Public Estate (OPE) programme, and recognises a wider ambition to work towards One Public Estate in London. Each LIF will aim to facilitate more joined-up strategic decision-making within the borough to enhance effectiveness, efficiency, quality and transparency of process and decisions.

1.3 The nature of the LIF's functions and its decision-making ability will be phased over time, with each LIF commencing with a strategic and advisory role and, progressing to take on a level of delegated decision-making functions overtime.

1.4 These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Place Based Local Infrastructure Forum.

2. Purpose

2.1 Each LIF is responsible for coordinating and enabling whole system strategic infrastructure planning, including the need to drive utilisation, building a place based view of respective stakeholder's estates strategies and taking a wider one public sector approach.

3. Areas of Focus

3.1 **NEL Infrastructure Strategy and Place Based Plans**

3.1.1 To develop and be responsible for co-ordinating and enabling the delivery of the activity required to meet the strategic objectives of the NEL Infrastructure Strategy:

· **NEL buildings provide for the needs of the local population**

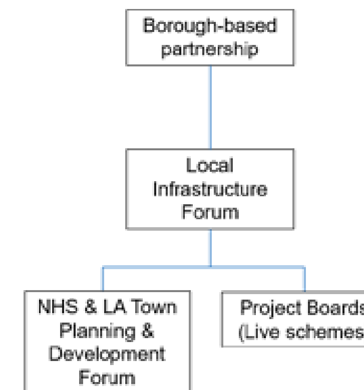
DRAFT

LIF Terms of Reference version 1.1

Governance at Place

Role
A single collective forum where borough partners can come together to discuss borough-wide estate challenges and opportunities. In turn, this will facilitate and enable collaborative decision-making to inform the best possible use of the borough NHS and wider public estate.

Membership of LIF
Place-based partnership Director (or equivalent),
Director of Estates, NEL ICB,
Associate Director of Infrastructure, NEL ICB,
Director of Estates, Barts Health NHS Trust/BHRUT/Homerton (as applicable),
Director of Estates, NELFT/ELFT (as applicable), Directors of clinical service reconfiguration,
Representative from primary care,
Director of Planning and/or Regeneration or equivalent (Local Authority - tbc),
Director of Capital programmes (Local Authority – tbc)



Standing agenda items of LIF

- Strategy - Place-based infrastructure plan (to include 15 minute neighbourhoods and system strategic sites)
- Borough Local Plan and Infrastructure Delivery Plan
- Build – Live projects highlight report
- Operations – Utilisation reports + aob

For information:
- Live space requests and site opportunities
- Current planning applications and implications for health infrastructure
- Section 106/CIL opportunities
- Finance report inc void

There are 3 layers to ICB Infrastructure Governance:

Place At a borough level, the ICB is working with each borough to create socio-economic value for residents through the buildings that are either in-situ and/or in development

NEL Estates Provider Alliance At a north east London level, the ICB and NHS providers to develop and deliver relevant elements of the infrastructure strategy and align respective provider building strategies)

NEL Integrated Care Board has overall responsibility for developing and delivering an infrastructure strategy, that will support the delivery of the **NEL Joint Forward Plan** and planning associated with 20 year growth model

Emerging Infrastructure Planning

To be added

ELFT and Barts strategy

LLDC

Trowbridge (CH)(TH)
Deadline – tbh
Sweet Water Pudding Mill Lane
Millmeads
Carpenters

Bow East / Hackney Wick service planning

LBTH led delivery projects

Place Based Partnership

TH Local Infrastructure Forum

NHS & LA Town Planning & Development Forum

ME Campus Masterplan (Barts / ELFT estate strategy)

RLH Campus Masterplan

- Princess Alexandra House
- Life Sciences
- Sexual Health
- S106 Site Allocations e.g. Sainsburys FEC

Aberfeldy Health Centre

Wood Wharf Health Centre

TH Localities Planning

- Incl. TH same day care and Fuller

Planning Project

Delivery Project

What’s next?

- What THT programmes require infrastructure involvement?
- How do other governance routes in LBTH and other organisations need to feed into the TH LIF to ensure system join up and THT awareness? Where are there currently overlaps?
- How does information flow between THT -> TH LIF?
- How would you like infrastructure planning to be better linked into THT clinical and care strategy?
- Thoughts from THT Partnership?

Tower Hamlets Together Board

6th April 2023

Title of report	Tower Hamlets Together Operational Management Team Proposal
Author	Suki Kaur, Deputy Director Partnership Development
Presented by	Suki Kaur, Deputy Director Partnership Development
Contact for further information	
Executive summary	The Local Delivery Board was established in February 2021 following the Covid-19 pandemic response and was previously known as the Community Health Services Alliance Board. The Local Delivery Board met once a month to oversee the delivery of the Tower Hamlets Together programme on behalf of the Tower Hamlets Together (THT) Board and to focus more time on issues that the THT Board agenda couldn't allow. In February 2023, the Local Delivery Board (LDB) members took part in a survey to assess the effectiveness of the meeting and to gather views on whether the meeting was now the most appropriate delivery mechanism for the current place-based partnership. In summary the survey concluded that members found the LDB useful to connect with operational partners and to share work but the meeting could do with better defining and an operational focus. For this reason, this paper proposes to adapt the LDB to become a fortnightly Tower Hamlets Operational Management Group meeting with immediate effect. This will include a smaller membership with key operational leads from the local authority and NHS to operate flexibly but quickly to pressing issues and respond to asks from the North East London Integrated Care Board as well as oversee the delivery of the THT programme plan. A slide deck is attached to this cover sheet for the terms of reference and governance.
Action / recommendation	Approval
Previous reporting	None

Next steps/ onward reporting	Local Delivery Board / first Operational Management Group meeting
Conflicts of interest	None
Strategic fit	This proposal meets all the requirements of the north east London's integrated care system objectives: · To improve outcomes in population health and healthcare · To tackle inequalities in outcomes, experience and access · To enhance productivity and value for money · To support broader social and economic development
Impact on local people, health inequalities and sustainability	Tower Hamlets has a long history of successful partnership working. Strengthening this is critical to our overall success because places are: · where the NHS, local authorities, and the voluntary and community sector integrate delivery, supporting seamless and joined up care; · where we will most effectively tackle many health inequalities through prevention, early intervention, and community development, including at neighbourhood level; · where diverse engagement networks generate rich insight into residents' views; · where we can build detailed understandings of need and assets on a very local basis and respond with appropriate support; and · where the NHS and local authorities as a partnership are held democratically accountable
Impact on finance, performance and quality	There are no additional resource implications/revenue or capitals costs arising from this report.
Risks	There is a risk that without a strong operational focus and capacity to deliver at place we will not be able to achieve the integration ambition across our borough.

Tower Hamlets Together Operational Management Group Proposal

March 2023

Summary

- The Local Delivery Board (LDB) was established in February 2021 following the Covid-19 pandemic response and was previously known as the Community Health Services Alliance Board. The Local Delivery Board met once a month to oversee the delivery of the Tower Hamlets Together programme on behalf of the Tower Hamlets Together (THT) Board and to focus more time on issues that the THT Board agenda couldn't allow.

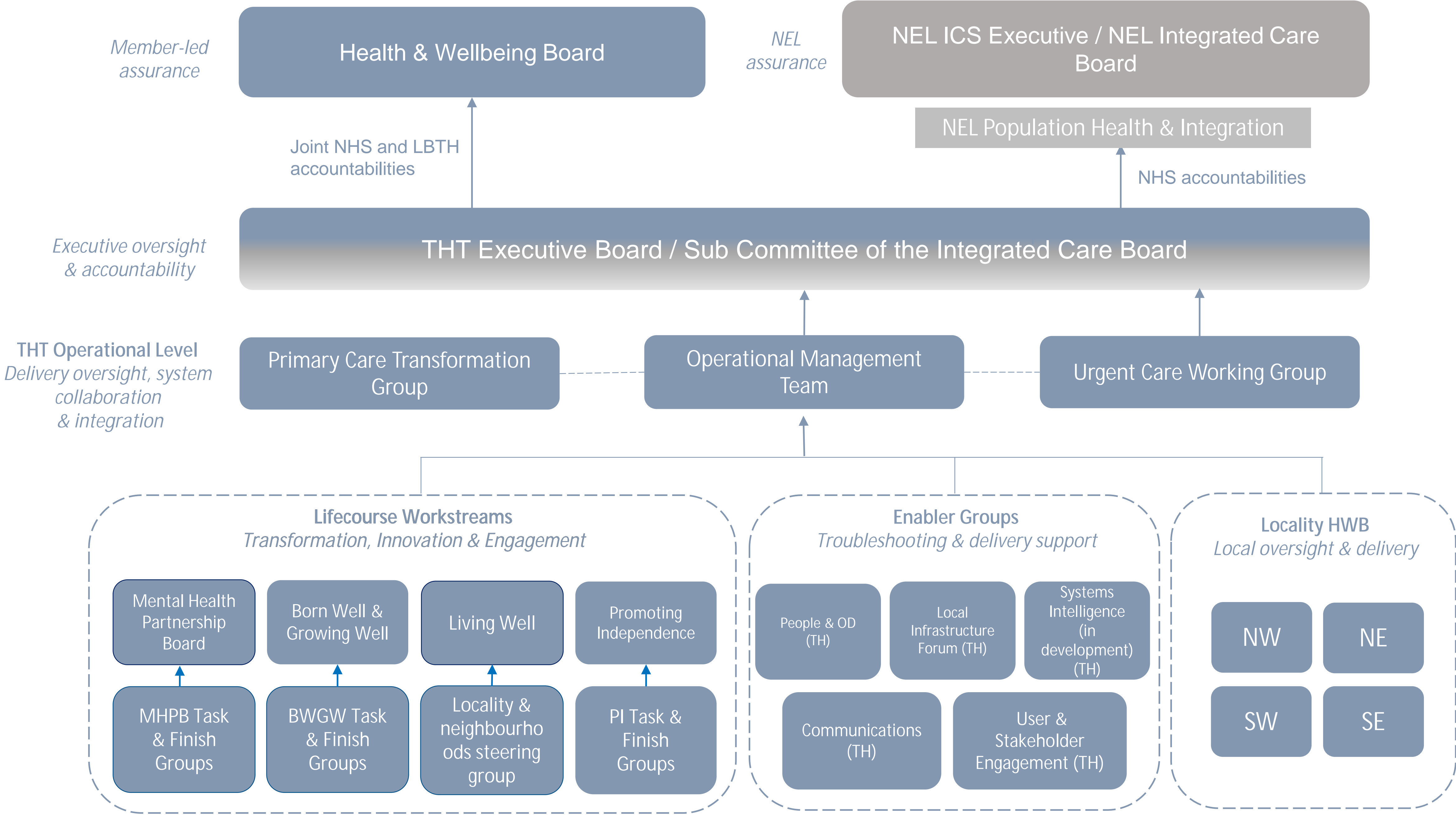
- In February 2023, the Local Delivery Board members took part in a survey to assess the effectiveness of the meeting and to gather views on whether the meeting was now the most appropriate delivery mechanism for the current place-based partnership.

- The survey concluded that members found the LDB useful to connect with operational partners and to share work but the meeting could do with better defining and an operational focus.

- For this reason, this paper proposes to adapt the LDB to become a fortnightly Tower Hamlets Operational Management Group meeting with immediate effect. This will include a smaller membership with key operational leads from the local authority and NHS to operate flexibly but quickly to pressing issues and respond to asks from the North East London Integrated Care Board as well as oversee the delivery of the THT programme plan.

Tower Hamlets | NEL

Borough partnerships: Tower Hamlets



Tower Hamlets Together Board

Membership:

Amy Gibbs – Independent Chair

Zainab Arian – Interim CEO GP Care Group

Richard Fradgley - ELFT Director of Integration/ Deputy CEO

Neil Ashman – Chief Executive RLH & MEH

Denise Radley – Corporate Director Health, Adults & Communities

James Thomas - Corporate Director of Children's & Culture

Charlotte Pomery – NEL Chief People & Participation Officer

Vicky Scott– CEO Council for Voluntary Sector

Warwick Tomsett – Director of Integrated Commissioning

Muna Hassan – THT Community Voice Lead

Somen Banerjee – Director of Public Health

Matthew Adrien – Service Director TH Healthwatch

Roberto Tamsanguan – Clinical Director TH

Khyati Bakhai – Primary Care Development Lead

Meeting PMO and Coordination Support

Matthew Knell (NEL governance)

Reporting

Bi annual report to the Health and Wellbeing Board

Bimonthly report to the NEL Population Health & Integration Committee

Ways of working

Monthly meetings on the first Thursday of the month

Core Responsibilities:

- To improve health & wellbeing of Tower Hamlets residents
- To oversee borough-level integration across health, social care and voluntary sector services, providing effective challenge to each other as system leaders and within/across our organisations
- To hold accountability for agreed resources and service transformation priorities
- To capitalise on the progress towards integration made during the pandemic, maintaining momentum, clarity of shared purpose, and operational freedom for operational staff to innovate
- To ensure patient voice is at the heart of all our work

Key Functions:

- Oversee and hold to account the Tower Hamlets Operational Management Group and receives regular reports on progress of strategy, transformation and delivery
- Approve the overall approach to health and social care integration in the borough to best address local needs, providing oversight and monitoring performance against agreed outcomes
- Provide visible and engaged collective leadership to the health and care system, articulating to staff and citizens the benefits of the partnership and of integrated working beyond our respective organisations
- Take an overview of the allocation and delivery of system-wide resources to understand impact and to inform decision making and to make joint decisions on these where needed
- Oversee the delivery of the Better Care Fund (BCF)
- Represent the Borough health and social care organisations at the Borough Health and Wellbeing Board and the NEL ICS.
- To operate as a partnership board and as the formal ICB sub-committee

Tower Hamlets Operational Management Group

Membership:

Warwick Tomsett - Chair & Joint Director of Commissioning

Fiona Peskett - Director of Strategy & Integration RLH & MEH

Kathriona Davison – Direc. Of Operations and Transformation, RLH

Katie O'Driscoll – Director Adult Social Care, LBTH

Matthew Eady– Director Children's Social Care, LBTH

Petra Nittel – Deputy Director of Community Health Services, ELFT

Day Njovana – Borough Director, MH & LD services, ELFT

Kelvin Hankins – Deputy Director Unplanned Care NELCCG

Vicky Scarborough – Operational Director, GPCG

Roberto Tamsanguan – TH Clinical Director, NEL

Khyati Bakhai – Primary Care Development Lead, NEL

Jo Sheldon – Head of Primary Care, NEL

Suki Kaur, Deputy Director of Partnership Development

Jeanette Weisman – NEL TH Quality Lead

Darren Ingram – Service Manager, Living Well, LBTH

Carrie Kilpatrick – Deputy Director MH and joint commissioning

Ben Gladstone – Service Manager Ageing well LBTH/NEL

Reporting

Monthly update to the THT Board

Ways of working

Fortnightly meetings on Wednesdays

Responsibilities:

- To work as the Tower Hamlets operational team to oversee operational delivery of the collaboration and integration agenda and provide system oversight
- Scope includes the whole system of community services – across primary, health, social care and the voluntary sector and to ensure alignment as necessary with the Urgent Care Working Group
- Oversight of the integrated delivery of community services across health, social care and the community and voluntary sector, in line with the THT partnerships vision, aims and principles
- On behalf of the THT Board develop and deliver the overarching programme plan for integration aligned to the THT priorities
- To resolve issues that are preventing the successful delivery of integrated services
- Ensure the locality and neighbourhoods model is clear and supports local integration of health and care through the Locality Health and Wellbeing structures linking strongly to the Primary Care Networks.
- To support innovation and engagement including through the lifecourse task & finish groups
- To ensure systems intelligence data informs discussions on delivery
- To identify issues that need escalation to THT Board including resources and performance issues
- Providing oversight of the development and delivery of the Tower Hamlets Better Care Fund
- Developing and formally agreeing any joint proposals in relation to local services or transformation
- To respond to urgent requests from NEL ICB

TOWER HAMLETS TOGETHER
Delivering better health through partnership

North East London Health & Care Partnership

Tower Hamlets Together Board

6th April 2023

Title of report	Tower Hamlets Together 2022-23 M10 Financial Reporting
Author	Leon Karim – NHS NEL - Head of Finance Sima Khiroya – LBTH - Head of Strategic Finance
Presented by	Sunil Thakker - NHS NEL - Director of Finance Sima Khiroya – LBTH - Head of Strategic Finance
Contact for further information	
Executive summary	The report outlines the year-to-date financial position for the ICS and the ICB. Also, for Local Authority commissioned spend on adults and children's services including Public Health. The ICS and ICB have reported an unfavourable system variance to plan at month 10 of £44.2m, primarily due to inflationary pressures, slower than planned delivery of system savings and cost improvements and ICB run rate pressures in CHC and prescribing. Local Authority spend is forecast to overspend by £3.0m, after an assumed transfer from reserves of £19.6m.
Action / recommendation	The Board/Committee is asked to: Note the content of the report and the key risks to the expected year-end breakeven position.
Previous reporting	Tower Hamlets Together Board
Next steps/ onward reporting	Future financial and risk updates will be given to the ICB Board, ICB Finance, Performance and Investment Committee, the ICB Audit and Risk Committee and the Borough Place Based Board.
Conflicts of interest	None
Strategic fit	· To improve outcomes in population health and healthcare · To tackle inequalities in outcomes, experience and access · To enhance productivity and value for money · To support broader social and economic development

Impact on local people, health inequalities and sustainability	Update of financial sustainability and performance of the system. Specific performance indicators address performance against the needs of those with protected characteristics (as defined by the Equalities Acts), such as disability and this is included in the report.
Impact on finance, performance and quality	Delivery of the financial plan, meeting the financial control total and delivery of performance metrics and constitutional standards are mandated requirements.
Risks	Financial risks are outlined in the paper. Key risks have been identified as inflation, efficiencies and ICB run rate pressures within CHC and prescribing. Further system risk has been identified in relation to workforce and pay pressures with partners and system wide investment programmes.

NHS
North East London

Tower Hamlets Together Month 10 2022-23 Financial Reporting

Meeting name: Tower Hamlets Together Board

Presenter: Sunil Thakker

Date: 6th April 2023

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Financial Governance at Place

The delegation of financial authorisation and governance for the current financial year is contained within the 2022/23 standing financial instructions and scheme of reservation and delegation. The SORD and SFIs, as with all governance, apply to all places and central teams.

- These documents detail that place based committees only have authorisation to approve financial spend on areas that have been formally delegated
- Within the current SORD the place has (where delegated) authority for business cases which only cover one place based partnership, procurement and contracting and section 75 agreements.
- Current year section 256 agreements will come under the governance that is included in the agreement.
- No other committee has financial authorisation within the Place.
- The authorisation only applies to one place, if more than one place is involved in the financial decision then it becomes a NEL decision.
- Section 75 agreements need to be signed off by the ICB Board – this is from national guidance, however the place then has authorisation as detailed in the terms of reference for the committee and within the agreement.

Financial year 2023/24

There is currently a review underway for the SFIs and SORD for next financial year – this will take into account the financial strategy and mutual accountability framework.

Executive Summary - Finance

Month 10 ICS Position - YTD £44.2m deficit against plan.

Provider deficit position of £44.7m, ICB deficit of £1m. At month 10 a planned deficit of £1.5m, resulting in a variance to plan of £44.2m. Main drivers are inflation, under delivery of efficiency target and ICB run rate pressures in CHC and prescribing.

Month 10 I&E - YTD - ICS

		YTD	Forecast
Target	£m	(1.5)	0.0
Actual	£m	(45.7)	(24.5)
Variance Surplus / (Deficit)	**£m**	**(44.2)**	**(24.5)**

Financial Risks to the ICS Forecast outturn.

Gross risks of £53m at month 10.

Main drivers – inflation and delivery of efficiencies at Bart's and BHRUT.

System mitigations in the form of an expected additional resource from NHSE, resulting in a system reported year-end deficit of £24.5m

ICS Risk

		Gross Risk	Post Mitigations
Provider risk	£m	(53.0)	(35.0)
System Mitigation	£m	0.0	10.5
ICB Risk	£m	0.0	0.0
Total	**£m**	**(53.0)**	**(24.5)**

NEL ICB – YTD deficit of £1m against plan.

This position has moved due to the reversal of the prior month surplus generated by ERF claw back from providers.

ICB ongoing run rate pressures, relating largely to CHC, prescribing, under delivery of efficiencies, offset by non-recurrent mitigations.

Month 10 I&E NEL ICB

		YTD	Forecast
Target	£m	0.0	0.0
Actual	£m	(1.0)	0.0
Variance Surplus / (Deficit)	**£m**	**(1.0)**	**0.0**

ICS Delivery of Efficiencies

Year-to-date efficiency plan across the system of £151m. Actual delivery of £117.5m, resulting in year-to-date slippage of £33.5m.

The ICB reports break-even against the delivery of efficiencies at year-end, providers are reporting year-end slippage of £35.7m.

ICS Efficiencies

		YTD	Forecast
Target	£m	151.0	186.0
Actual	£m	117.5	150.3
Variance	**£m**	**(33.5)**	**(35.7)**

NEL Financial Summary Month 10 – Health

Month 10 Summary Position

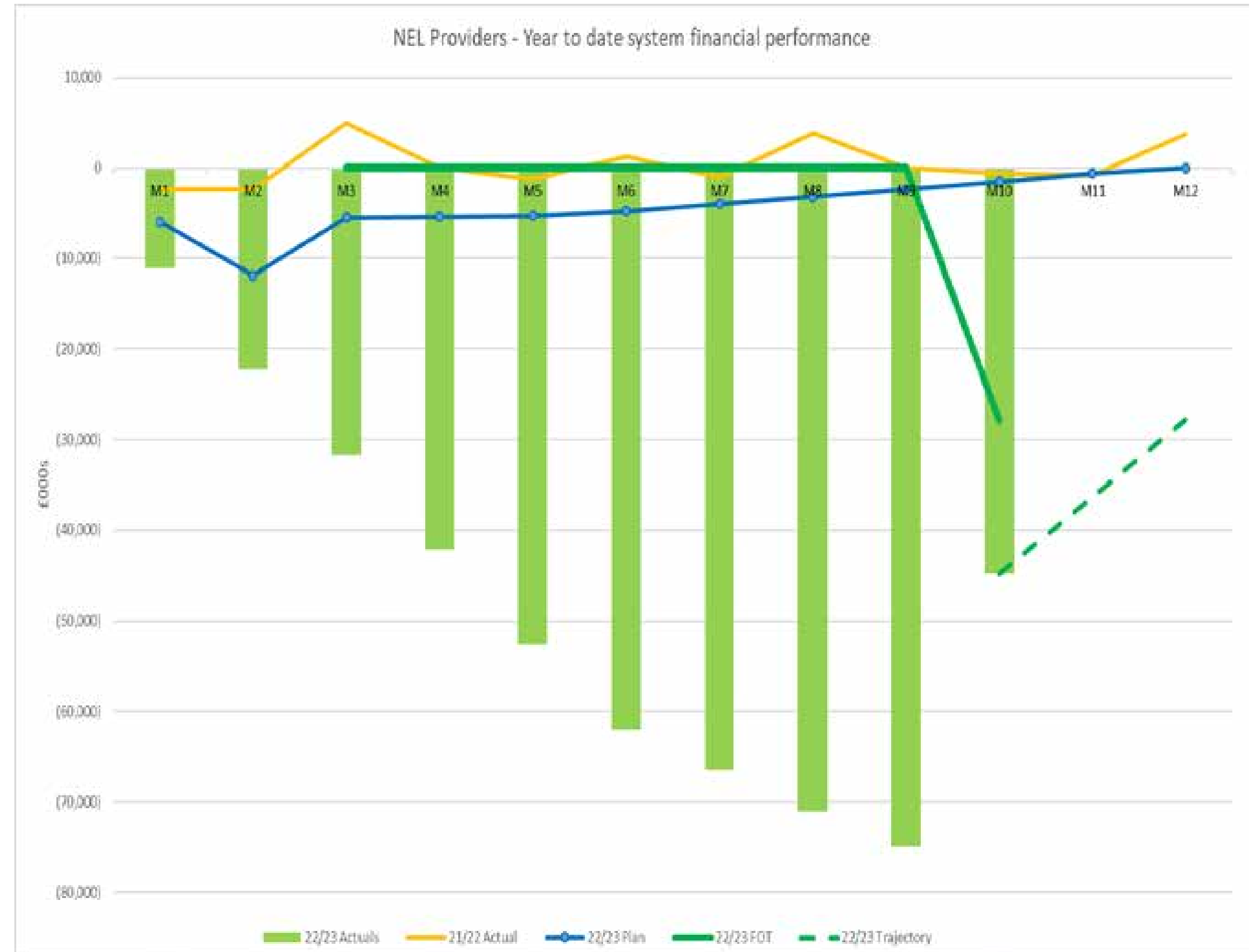
- The year-to-date ICS position against the plan is a **deficit of £44.2**. This is made up of a provider deficit of £43.2m and ICB deficit of £1m.
- The ICB has ongoing run rates in relation to CHC and prescribing which are offset by programme underspends and non-recurrent mitigations.
- There has been a change in reporting between months 9 and 10 which means that the impact of the ERF clawback has been reversed (prior to month 10 this was reported as an underspend in the ICB position and an overspend against the providers position).
- Across the NEL **health system** there are overspends reported due to slippage on the delivery of efficiencies.
- **System providers** are reporting pressures in relation to inflation and staffing.
- At month 10 the **forecast position is a reported deficit of £24.5m.** It has been agreed with regulators that the final reported year-end position will be £35m (£1m ICB and £34m system providers). Achievement of this will attract an additional resource from NHSE, resulting in a final year-end deficit of £24.5m (break-even ICB with a £24.5m system provider deficit). It is expected that the resource will be received in month 12, however it has been assumed as an income source in the forecast at month 10.

	Year to date			Forecast Outturn		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Total Provider Position	**(1.5)**	**(44.7)**	**(43.2)**	**0.0**	**(24.5)**	**(24.5)**
ICB (CCG) Position	0.0	(1.0)	(1.0)	(0.0)	0.0	0.0
Total System Position	**(1.5)**	**(45.7)**	**(44.2)**	**0.0**	**(24.5)**	**(24.5)**

Organisations	Year to date			Forecast Outturn		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
BHRUT	(0.9)	(21.3)	(20.5)	0.0	(14.6)	(14.6)
Barts Health	0.0	(20.3)	(20.3)	0.0	(12.9)	(12.9)
East London NHSFT	(0.5)	(0.1)	0.4	0.0	3.0	3.0
Homerton	(0.1)	(2.8)	(2.6)	0.0	0.0	0.0
NELFT	0.0	(0.2)	(0.2)	0.0	(0.0)	(0.0)
Total NEL Providers	**(1.5)**	**(44.7)**	**(43.2)**	**0.0**	**(24.5)**	**(24.5)**
NEL ICB	0.0	(1.0)	(1.0)	(0.0)	0.0	0.0
NEL System Total	**(1.5)**	**(45.7)**	**(44.2)**	**0.0**	**(24.5)**	**(24.5)**

Provider Year to Date Performance and Forecast position

- This graph compares 2022/23 actuals to 2021/22 actuals. It also compares it to the planned position and shows the trajectory required to achieve the revised forecast overspend of £24.5m.
- This data is for Barts, BHRUT, ELFT, Homerton and NELFT. Individual provider performance can be found in the appendices.
- The graph shows the month by month deficit position. At month 10 the year-to-date provider deficit is £44.7m. The reduction in deficit from previous months is in part as a result of the revised treatment of ERF.
- The trajectory to year-end shows a year-end deficit of £24.5m.
- Discussions have taken place across the system and with regulators and Barts and BHRUT have moved from a break-even position to report a forecast deficit in month 10.



Financial Risks, Mitigations and Efficiencies – Health

- The table below shows the financial risks and delivery of efficiencies reported to NHSE at month 10.

		Risk		Efficiencies			
Organisation / System wide	**Description of risk**	**Potential Impact before mitigations £m**	**Potential Impact after mitigations £m**	Year to date Plan £m	Year to date Actual £m	Year to date Variance £m	Forecast Variance £m
NHS Providers - Barts, BHRUT	Efficiency, inflation, NHS income, pay award, temporary staffing	(53.0)	(35.0)	118.0	84.5	(33.5)	(35.7)
North East London ICB	Run rate risk to break even position, CHC and prescribing	0.0	0.0	33.0	33.0	0.0	0.0
System Wide	National funding for hitting stretch target	0.0	10.5				
Total Risk - Health		**(53.0)**	**(24.5)**	**151.0**	**117.5**	**(33.5)**	**(35.7)**

Risks and Mitigations

- At month 10 the only organisations with outstanding risks are BHRUT and Bart's. These risks relate to delivery against the efficiency target and ongoing risks in relation to excess inflation. The gross risk of this is estimated to be £53m. System wide discussions and discussions with the regulators have taken place and whilst there are some identified mitigations it is likely that there will be an unmitigated risk to the financial position of £35m. Against this risk there is £10.5m national funding available for hitting the stretch target. This brings the overall risk after mitigations to £24.5m.

- Other providers and the ICB have identified mitigations that means there is no further risk to their 2022-23 reported position.

- However, within the ICB some of the mitigations have been non-recurrent. This means that there is an impact moving forwards into 2023/34 and the expected underlying start point for the 2023/24 plan is an underlying deficit of circa £79m. Additionally, the release of in-year benefits and accruals means that the total cash requirement in 2022/23 is £109m in excess of the estimated cash drawdown limit for the year.

Financial Risks, Mitigations and Efficiencies (continued) - Health

- The ICB CPFO has constituted a finance recovery group working across the whole of the ICS. This group will review and drive forward the in-year financial position, efficiency and savings targets and oversee the development of a 5 year system financial plan

Efficiencies

- The total year-to-date planned efficiency target for the NEL system is £151m.
- The year-to-date efficiencies delivered across the system is £117.5m, resulting in slippage across the system of £33.5m.
- The ICB is forecasting full delivery of efficiencies, with providers expecting year-end slippage of £35.7m.
- There are financial risks inherent in this assumption both in terms of delivery and the split of recurrent and non-recurrent delivery.

Local Authority Month 9 and Forecast Position LA

- London Borough of Tower Hamlets provides budget monitoring reports to Cabinet on a quarterly basis. The figures presented in this report are those as at 31st December 2022 (Period 9). They cover Health, Adults and Community (excluding Community Safety) and Children and Culture (excluding Culture).

Local Authority Service Area	2022/23 Net Expenditure Budget £m	2022/23 Forecast Outturn @ Period 9 £m	2022/23 Gross Forecast Variance £m	Transfers to/from Council Reserves * £m	2022/23 Net Forecast Variance @ Period 9* £m
Health, Adults & Community					
Adult Social Care	104.4	114.8	+10.4	-8.0	+2.4
Integrated Commissioning	15.7	22.3	+6.6	-7.1	-0.5
Public Health	37.2	37.2	+0.0	0.0	+0.0
Total Health, Adults & Community	**157.3**	**174.3**	**+17.0**	**-15.1**	**+1.9**
Children's & Culture					
Supporting Families	58.8	59.3	+0.5	-0.4	+0.1
Education	9.5	12.6	+3.1	-2.1	+1.0
Education Resources	1.9	3.9	+2.0	-2.0	+0.0
DSG High Needs Block	69.4	69.4	+0.0	0.0	+0.0
DSG Early Years Block	28.6	28.6	+0.0	0.0	+0.0
Total Children's & Culture	**168.2**	**173.8**	**+5.6**	**-4.5**	**+1.1**
Total Local Authority	**325.5**	**348.1**	**+22.6**	**-19.6**	**+3.0**

** Transfers to and from Council Reserves are approved at financial year-end. Proposed transfers at period 9 are shown in the table above.*

Local Authority Month 9 and Forecast Position (continued) LA

- The overall position for Adult Commissioned services across Adult Social Care, Integrated Commissioning and Public Health is a £1.9m overspend at Period 9 assuming a transfer of £15.1m from funding in reserves. This reflects a continuation of forecast pressures of £2.4m in Adult Social Care due to packages for disabled and older people provided under the Care Act. Care and Support Plan Assurance Meetings (CSPAM) data for Adult Social Care demonstrates both growing demand and increasing needs and complexities of clients. Between Period 6 and Period 9, CSPAM has approved a further 445 net increased package care costs due to increase complexity of care (56% of packages required increased support and 7% were new packages), resulting in an additional £0.91m net costs within a 3-month Period.

	Number of Clients					Change in Weekly Cost			Full Year Financial Impact				
CSPAM Summary	Increase P6 to P9	Period 9	Increase P3 to P6	Period 6	Period 3	Period 9	Period 6	Period 3	Increase P6 to P9 £m	Period 9 £m	Increase P3 to P6 £m	Period 6 £m	Period 3 £m
Increase	248	772	267	524	257	£172,346	£118,587	£59,257	£1.06	£5.39	£1.68	£4.33	£2.65
Decrease	112	284	100	172	72	-£88,049	-£60,837	-£20,158	-£0.48	-£2.66	-£1.31	-£2.18	-£0.87
No Change	53	202	70	149	79	£0	£0	£0	£0.00	£0.00	£0.00	£0.00	£0.00
TOTAL	413	1,258	437	845	408	£84,297	£57,750	£39,099	£0.58	£2.73	£0.37	£2.15	£1.78
Deferred													
NEW	32	120	27	88	61	£48,975	£33,328	£20,204	£0.33	£1.60	£0.39	£1.27	£0.88
Total including New *	445	1,378	464	933	469	£133,273	£91,078	£59,304	£0.91	£4.32	£0.76	£3.41	£2.66

- The overall position of Children's commissioned services is an overspend of £1.1m at Period 9. The primary pressures are demand and the increased levels of need for children and families as a consequence of both Covid and the Cost of Living crisis. These pressures are being with the help of the increased social care grant and focus on delivering a stronger Early Help offer together with strengthened partnership working.

Tower Hamlets Together Information - Contents

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Better Care Fund (BCF) 2022-23

- BCF plans were submitted to NHSE in September 2022, this is shown in the table below.
- National BCF section 75 extended sign off is now 31st March 2023. Tower Hamlets close to finalising the agreement.
- Investment schemes behind each area of funding will be provided at the next board meeting.
- The ICB minimum spend contribution has increased in line with planning guidance by 5.66%
- The BCF contains metrics for admissions avoidance, discharge to the usual place of residence (NHS), care home admissions and reablement (local authority). Additionally, for 2022/23 a demand and capacity template was submitted which includes urgent care response and discharge related services.
- Existing services in the ICB include payments to a number of local providers. These services are monitored as part of the overall month end close down process and are expected to report a breakeven position at year-end.

No.	Project	Planned Amount £'000	22/23 Year to Date £'000	22/23 Year to Go £'000	22/23 Forecast £'000	(Overspend) / Underspend
1	Minimum ICB Contribution	24,455	20,379	4,076	24,455	0
2	Additional ICB Contribution	12,533	10,444	2,089	12,533	0
3	iBCF	16,810	14,009	2,802	16,810	0
4	Disabled Facilities Grant (DFG)	2,321	1,934	387	2,321	0
5	Additional LA Contribution	775	646	129	775	0
	Total	**56,894**	**47,412**	**9,482**	**56,894**	**0**

Adult Social Care Discharge Fund 2022-23 LA

- In September 2022 the government announced £500m to be distributed nationally through an Adult Social Care Discharge Fund.
- Of this, £200m is being paid to local authorities. The Tower Hamlets allocation is £1.22m. £300m is being paid to ICBs. The NEL allocation is £7.42m, of which £0.82m has been allocated for Tower Hamlets. This makes a total of £2.04m.
- The plan for use of the funding was submitted in December, which is shown in the table to the right.
- Fortnightly reporting is required.

Scheme ID	Scheme Name	Scheme Type	Sub Types	Estimated number of packages/beneficiaries	Spend Area	Commissioner	Source of Funding	Planned Expenditure (£)
1	Community Senior Practitioner for Hospital Discharge Pathway	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)	120	Social Care	Tower Hamlets	ICB allocation	£81,318
2	Technology enabled care	Assistive Technologies and Equipment	Telecare	230 - this is a double count of schemes 1,3,5 as aim is for patients to pass through the TEC team	Social Care	Tower Hamlets	ICB allocation	£166,282
3	Locality Discharge 2 Assess Social Workers	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)	110	Social Care	Tower Hamlets	ICB allocation	£80,000
4	Hospital Social Workers	Additional or redeployed capacity from current care workers	Costs of agency staff		Social Care	Tower Hamlets	ICB allocation	£39,045
51	Additional packages of care and support	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	173 - double count of some of the beneficiaries in schemes 1,2,3,6	Social Care	Tower Hamlets	Local authority grant	£1,220,804
52	Additional packages of care and support	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge		Social Care	Tower Hamlets	ICB allocation	£44,934
6	Fast Track/Discharge for people at end of life Coordinator at Royal London	Home Care or Domiciliary Care	Domiciliary care packages	120	Community Health	NHS North East London ICB	ICB allocation	£22,000
7	Increased therapy resource in the Acute Admissions Unit	Reablement in a Person's Own Home	Reablement to support to discharge – step down		Community Health	Tower Hamlets	ICB allocation	£70,000
8	Supporting the homeless at the Royal London Hospital	Additional or redeployed capacity from current care workers	Local staff banks		Community Health	Tower Hamlets	ICB allocation	£45,000
9	Mental health discharges	Bed Based Intermediate Care Services	Other	50	Mental Health	Tower Hamlets	ICB allocation	£145,000
10	Mental health discharges	Additional or redeployed capacity from current care workers	Costs of agency staff	100	Mental Health	Tower Hamlets	ICB allocation	£98,416
11	Mental health discharges	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)	50	Mental Health	Tower Hamlets	ICB allocation	£29,840
								£2,042,639

Discharge Pathway Funds incl. Integrated Discharge Hub Funds 2022-23

- Total Discharge Pathway Funds including Integrated Discharge Hub (IDH) funding awarded to Tower Hamlets was £5,661k. The table below gives a high level breakdown of the agreed investment.
- 30% £1.7m of the funds is projected to be spent in 23/24.
- Following the Chancellor recent announcement of additional funds that is needed to be spent on additional new discharge services, these additional funds will flow through Section 75, and it will be reflected in the table below.
- Updates on spend against the projects will be provided at future board meetings.

No.	Project	Agreed Planned Amount £'000	22/23 Year to Date £'000	22/23 Year to Go £'000	22/23 Forecast £'000	23/24 Forecast £'000	22/23 + 23/24 Forecast £'000	(Overspend) / Underspend	Provider
1	LBTH Pathway 1	3,041	2,114	0	2,114	927	3,041	0	LBTH
2	LBTH Pathway 3	238	173	0	173	65	238	0	LBTH
3	LBTH Other Care Accommodation	190	127	0	127	63	190	0	LBTH
4	LBTH Other IDH Costs	714	514	0	514	200	714	0	LBTH
5	ICB Pathway 1	177	130	0	130	47	177	0	ICB
6	ICB Pathway 3	53	31	0	31	22	53	0	ICB
7	Integrated Discharge Hub	903	632	0	632	271	903	0	ELFT
8	End of Life Support Care (S256/75)	345	243	0	243	103	345	0	ELFT
	Total	**5,661**	**3,964**	**0**	**3,964**	**1,698**	**5,661**	**0**	

Note: *The total fund available is £5,661k. The planned figures shown above against individual lines have been apportioned based the current forecast spend.*

Innovation Funds 2022-23

- Total Innovation funding awarded to Tower Hamlets was £6,766k. The table below gives a breakdown of the agreed investment and the remaining balance of the overall funding pot.
- The remaining balance is £3,236k, which is currently held back whilst investment plans is being worked up for additional discharge related investment schemes.
- Place based partnerships nominated local authorities to hold and administer the funds, via a formal Section 256.
- The Section 256 agreement has been signed by the council and the ICB.
- Projects have already started.
- Updates on spend against the projects will be provided at future board meetings.

No.	Project	Agreed Planned Amount £'000	22/23 Year to Date £'000	22/23 Year to Go £'000	22/23 Forecast £'000	23/24 Forecast £'000	22/23 + 23/24 Forecast £'000	(Overspend) / Underspend	Provider
1	Hospital at Home	578	578	0	578	0	578	0	LBTH
2	Royal London Digitisation of Discharge Workstream	427	179	0	179	248	427	0	Bart's Health
3	Outsourcing of Multi-compartmental Compliance Aids to improve patient flow across the Royal London Hospital	197	0	98	98	98	197	0	Bart's Health
4	Clinical Associate in Psychology (CAP) in the Emergency Department	220	21	51	72	148	220	0	ELFT
5	OPAT Service that supports four times a day administration	131	43	0	43	88	131	0	ELFT (via ICB)
6	End of Life care	532	105	0	105	427	532	0	ELFT (via ICB)
7	CYP Mental Health Ambassadors	80	40	0	40	40	80	0	Spotlight
8	CYPMH Waiting List Management	250	250	0	250	0	250	0	ELFT / Step Forward / Docklands Outreach
9	CYP Autism Waiting List Management	350	175	0	175	175	350	0	Bart's Health
10	First Contact Physio (Paediatric MSK)	82	0	0	0	82	82	0	Bart's Health
11	Community children's therapies assessment pathways: Reducing the Covid-19 backlog and improving efficiency and integration	272	0	0	0	272	272	0	Bart's Health
12	Paediatric Audiology	110	0	0	0	110	110	0	Bart's Health
13	Community Paediatric Atopic Service- Asthma, Allergy, Wheeze and Eczema	300	0	0	0	300	300	0	Bart's Health
	Total	**3,530**	**1,391**	**149**	**1,540**	**1,990**	**3,530**	**0**	
	Holding Back the Remainder of Funds for Discharge Related Investments	**3,236**	**0**	**0**	**0**	**3,236**	**3,236**	**0**	
	Grand Total	**6,766**	**1,391**	**149**	**1,540**	**5,226**	**6,766**	**0**	

Health Inequalities Funding 2022-23

- Total Health Inequalities funding of £6,570k received by the ICB in 2022/23.
- It was agreed that the majority of funding would be allocated to place to tackle health inequalities through place based partnerships.
- There were 2 pots of funding available to place. Pot A was an equal share and each borough was awarded £500k. Pot B was discretionary and allowed for bids of up to £600k. A panel evaluated the bids and funding was allocated based on those proposals that would make the greatest impact on health inequalities.
- Total funding awarded to Tower Hamlets was £900k (£500k pot A and £400k pot B). The table below gives details of the agreed bid. Reporting in future months will give an update on the progress against projects.
- Place based partnerships nominated local authorities to hold and administer the funds, via a formal Section 256.
- The Section 256 agreement has been signed by the council and the ICB.
- 45% of the funds is projected to be spent in 2023/24 as shown in the table below.

No.	Project	Agreed Planned Amount £'000	22/23 Year to Date £'000	22/23 Year to Go £'000	22/23 Forecast £'000	23/24 Forecast £'000	22/23 + 23/24 Forecast £'000	(Overspend) / Underspend	Provider	Planned Start Date
1	Quality improvement team to support THT Improving Health Equity programme	269	46	21	67	202	269	0	East London Foundation Trust (ELFT)	To be agreed
2	VCSE grant/ seed funding	191	0	0	0	191	191	0	LBTH	To be agreed
3	Community chest	40	40	0	40	0	40	0	To be agreed	To be agreed
4	Bart's Health extended placement scheme	150	150	0	150	0	150	0	Bart's Health Trust and LBTH	To be agreed
5	Extension of the BAME Disparities project – particularly the leadership programme	100	100	0	100	0	100	0	TH CVS	To be agreed
6	Embedding coproduction in generating accessible communications for residents with disabilities	47	0	47	47	0	47	0	REAL	To be agreed
7	Building a comprehensive 1000 case insight into health inequalities across the 7 Equalities Networks in Tower Hamlets using the TH i- statement framework	60	60	0	60	0	60	0	TH CVS	To be agreed
8	CAMHS receptive bilingualism	43	30	0	30	13	43	0	East London Foundation Trust (ELFT)	To be agreed
	Total	**900**	**426**	**68**	**494**	**406**	**900**	**0**		

Transformation and SDF Funding 2022-23

- The ICB has received system development funds (SDF) and other transformation funds that can be identified by place.
- Total funds identifiable to Tower Hamlets of £9,032k.
- Funding for virtual wards has been allocated to place. The aim of the funding is to prevent avoidable admissions or support early discharge out of hospital, with a national requirement to deliver virtual wards at a place / borough level. The model will be developed across the system partners. The Tower Hamlets share of the funding is £723k.
- The majority of the Mental Health (MH), Learning Difficulties and Autism (LDA) SDF is held in the ELFT contract. Therefore, the ICB is expecting full spend against this SDF.

No.	Functions	Programmes	Workstreams	Agreed Planned Amount £'000	22/23 Year to Date £'000	22/23 Year to Go £'000	22/23 Forecast £'000	(Overspend) / Underspend
1	Community	Ageing Well	Fair Shares Allocations	273	228	46	273	0
2	Community	Ageing Well	Core Baseline	716	597	119	716	0
3	Community	Virtual Wards	Virtual Wards	723	603	121	723	0
4	Community	Dishcarge Funding	Dishcarge Funding	822	685	137	822	0
5	LD & Autism	LD & Autism	Autism Diagnostic Pathway (CYP)	16	13	3	16	0
6	LD & Autism	LD & Autism	Care and Treatment Reviews (CeTR)	11	9	2	11	0
7	LD & Autism	LD & Autism	Community Capacity	231	193	39	231	0
8	Mental Health	Mental Health	Adult Mental Health Community (AMH Community)	1,867	1,556	311	1,867	0
9	Mental Health	Mental Health	Adult Mental Health Crisis (AMH Crisis)	312	260	52	312	0
10	Mental Health	Mental Health	Adult Mental Health Liaison (Crisis/Liaison flexible funding)	141	117	23	141	0
11	Mental Health	Mental Health	CYP community, Crisis and Eating Disorders	455	379	76	455	0
12	Mental Health	Mental Health	CYP Ed	32	27	5	32	0
13	Mental Health	Mental Health	MHST 18/19 Trailblazers (MHST18/19)	1,095	913	183	1,095	0
14	Mental Health	Mental Health	MHST 22/23 sites wave 7 (MHST22/23)	153	128	26	153	0
15	Mental Health	Mental Health	Rough Sleeping existing sites	203	169	34	203	0
16	Mental Health	Mental Health	Suicide Bereavement	14	11	2	14	0
17	Mental Health	Mental Health	Suicide Prevention	61	51	10	61	0
18	Mental Health	Mental Health	Young adults (18-25)	245	204	41	245	0
19	Mental Health	Mental Health	DWP Employment Advisors in IAPT (EA in IAPT) - 9.1	509	424	85	509	0
20	Primary Care	Primary Care	Subject Access Requests - Non-SDF (included for planning only)	118	99	20	118	0
21	Primary Care	Primary Care	Supplemanary access services October 2022 - March 2023	570	475	95	570	0
22	Primary Care	Primary Care	Additional PCN Leadership and Management funding Non-SDF (included for planning only)	260	217	43	260	0
23	Primary Care	Primary Care	Additional IIF funding Non-SDF (included for planning only)	205	170	34	205	0
			Total	**9,032**	**7,526**	**1,505**	**9,032**	**0**

Winter Demand and Capacity Funding 2022-23

- The NEL system was allocated £12,274k for winter demand and capacity funds.
- The Tower Hamlets share of this is £576k (breakdown in the table below).
- The funding will be in place for the period November to March 2023.

No.	Description of the scheme and which boroughs or trusts it covers.	Benefits expected from the scheme – must be expressed in terms of beds or bed day savings	Agreed Planned Amount £'000	22/23 Year to Date £'000	22/23 Year to Go £'000	22/23 Forecast £'000	(Overspend) / Underspend	Provider
1	Expansion of OPAT Nursing to 7 days a week (Currently only 5 days) resulting in more patients being discharged on IV Therapy.		42	28	14	42	0	ELFT - CHS
2	SW resource in A&E/AAU and to enable extended day coverage up until 8pm Mon-Fri and at weekends	To increase social work capacity to avoid admissions	27	18	9	27	0	London Borough of Tower Hamlets
3	SW resource to Outreach to other NEL IDHs to facilitate discharges for TH residents from other out of borough hospital sites	Increase social work capacity for Tower Hamlets residents in other hospitals	27	18	9	27	0	London Borough of Tower Hamlets
4	SWs for IA Hospital Discharge cluster inc facilitating step-down bed discharges	To increase social work capacity to reduce LOS	54	36	18	54	0	London Borough of Tower Hamlets
5	GP Inreach to pull pathway 0 + 1 patients from the Ward	saves 2 beds per week	85	56	28	85	0	GP Federation
6	Brokerage Officer Capacity	To increase capacity of brokerage to reduce potential delays in social care packages	23	15	8	23	0	London Borough of Tower Hamlets
7	Senior SW, OT and RO resource in Reablement to support prompt hospital discharge and discharge to assess in the community	Will facilitate rapid therapy and SW assessment of service users on D2A pathway, reducing risk of readmission. SW senior will manage SWs to ensure rapid throughput of work and will also take small caseload. Additional ROs will reduce the need to send service users who are on reablement pathway to commissioned agencies due to lack of capacity and improve their outcomes (with enabling care approach), reducing dependency and risk of readmission.	89	60	30	89	0	London Borough of Tower Hamlets
8	8 Nursing / Residential Home Step Down Beds	8 Additional Beds - Estimated based on set unit price. Beds will be managed across Tower Hamlets, Newham and Waltham Forest	229	153	76	229	0	ELFT - CHS Provider / London Borough of Tower Hamlets
	Total		**576**	**384**	**192**	**576**	**0**	

Summary

- **ICB and Health System Providers**

- In summary at month 10, the ICB reported a year-to-date overspend of £1m.

- System providers have a year-to-date overspend of £43.2m, making the total system overspend £44.2m.

- At month 10, there has been a movement from a forecast break-even position to a forecast deficit of £35m. Additionally, it is expected that if this position is achieved it will result in NHSE releasing £10.5m resource. This has been assumed in the month 10 position and the forecast outturn reported is, therefore a deficit of £24.5m.

- The system and ICB are in the process of developing plans to offset the ongoing risks and develop a 5 year financial plan .

Tower Hamlets Together:

- Spend directly attributable to Tower Hamlets place is currently expected to be broadly in line with plan by the end of the year. However, it should be noted that there is risk of slippage on some of the transformation and SDF schemes as well as the winter demand and capacity schemes (mainly the funds associated with the additional beds).

- At period 9, Local Authority spend is expected by be overspent by £3.0m at year end, for the services included within slide 9.

North East London Health & Care Partnership

Tower Hamlets Together Board

Title of report	23/24 Operating Plan Final Submission
Author	Saem Ahmed – Head of planning and performance Dion Davies – Deputy director of finance
Presented by	Saem Ahmed – Head of planning and performance Sunil Thakker – Director of finance
Executive summary	• 4 key priorities set out in the 23/24 planning guidance 1. Recovering core services and productivity 2. Delivering LTP ambitions 3. Transforming the NHS 4. Local empowerment and accountability • There are a range of national objectives and key targets set by NHS England on slide 3. • Although the 5 year cycle of the LTP has expired, the guidance makes a commitment to continue with the community health services LTP commitments across 23/24. • We have submitted complaint trajectories for most of the key areas where targets were set, however with a few exceptions mainly in mental health. • While we have submitted compliant trajectories in some areas there is a risk of deliverability. • NEL allocation for 23/24 of £4.18bn (excluding running costs) • ICB plan submission will be break even, however Includes high degree of specific risk around inflationary pressures of c.£20m in prescribing and CHC to be managed through NR measures and /or benefits from inflation falling quicker than anticipated. £88m of efficiencies assumed to be delivered with ongoing review opportunities to reduce expenditure.
Action required	Note
Previous reporting / discussion	• NEL FPIC
Next steps / onward reporting	• ICB Board
Conflicts of interest	N/A
Strategic fit	• To improve outcomes in population health and healthcare • To tackle inequalities in outcomes, experience and access • To enhance productivity and value for money

Impact on local people, health inequalities and sustainability	Acute provider collaborative leads are currently developing their inequalities plans, which identify how they will continue to take specific, targeted action to address inequalities in access, experience and outcomes – such as reviewing equity in waiting lists, exploring which patients choose to decline critical care, or characteristics of patients with cancer undertaking clinical trials. Place Partnerships have continued to focus on addressing health inequalities in all that they do – engaging with a diverse range of local people and communities, building community outreach models to enable and improve vaccination take up, recognising the strength of a localities and neighbourhood approach to addressing need early as a few examples. Our North East London ICS Financial Strategy also demonstrates our commitment to addressing health inequalities through its focus on sustainable approaches to levelling up and reducing gaps across our geography.
Impact on finance, performance and quality	The activity and performance trajectories need to triangulate with finance and workforce.
Risks	• High degree of specific risk around inflationary pressures of c.£20m in prescribing and CHC to be managed through NR measures and /or benefits from inflation falling quicker than anticipated. £88m of efficiencies assumed to be delivered with ongoing review opportunities to reduce expenditure. • In some areas performance currently is significantly lower than the expected targets and therefore deliverability will be challenging. • Non-compliant trajectories for mental health.

North East London

NHS
North East London

23/24 Operating plan

Final submission summary – place partnerships

23/24 NHS priorities

Recovering our core services and productivity	Delivering the key NHS Long Term Plan ambitions and transforming the NHS	Continue transforming the NHS for the future	Local empowerment and accountability
• Improve ambulance and A&E waiting times • Reduce elective long waits and cancer backlogs, and improve performance against core diagnostic standards • Make it easier for people to access primary care services, particularly in general practice	• Improve mental health services and services for people with a learning disability and autistic people • Prevention and the effective management of long-term conditions are key to improving population health and curbing the ever increasing demand for healthcare services • We need to put the workforce on a sustainable footing for the long term • To level up digital infrastructure and drive greater connectivity		• ICSs are best placed to understand population needs and are expected to agree specific **local objectives that complement the national NHS objectives** • They should continue to pay due regard to wider NHS ambitions in determining their local objectives – alongside place-based collaboratives

2023/24 national objectives and key targets

Urgent and emergency care
- Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25
- Improve category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25
- Reduce adult general and acute (G&A) bed occupancy to 92% or below

Community health services
- Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard
- Virtual Ward – 40 – 50 per 100,000 by December 2023, and occupancy at 80% by September 2023
- Community waiting list reduction
- Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals

Primary Care
- Make it easier for people to contact a GP practice, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need
- Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024
- Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic level

Elective care
- Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties)
- Deliver the system- specific activity target (agreed through the operational planning process)
- Value weighted elective activity target (as a % of 2019/20)–excludes secondary dental 109%
- Reduce outpatient follow-up (OPFU) in line with the national ambition to reduce OPFU activity by 25% against the 2019/20 baseline by March 2024
- To increase productivity and meet the 85% day case and 85% theatre utilisation expectations

Cancer
- Continue to reduce the number of patients waiting over 62 days
- Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days
- Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028

Diagnostics
- Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%
- Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition

Maternity
- Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury
- Increase fill rates against funded establishment for maternity staff

Mental Health
- Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019)
- Increase the number of adults and older adults accessing IAPT treatment
- Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services
- Work towards eliminating inappropriate adult acute out of area placements
- Recover the dementia diagnosis rate to 66.7%
- Improve access to perinatal mental health services

Use of resources
- Deliver a balanced net system financial position for 2023/24

People with a learning disability and autistic people
- Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024
- Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12–15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit

Prevention and health inequalities
- Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024
- Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60%
- Continue to address health inequalities and deliver on the Core20PLUS5 approach

Workforce
- Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise

Ongoing CHS LTP priority commitments across 2023/24

Putting people in control of their own care through more personalisation

(Government Mandate to the NHS, 22/23)

Growth and development of integrated neighbourhood teams to support our most vulnerable and complex patients to stay at home and access care in the community

(Fuller Stocktake)

Deliver an additional 2,500 Virtual Ward (VW) beds, effectively utilised both in terms of addressing the right patient cohort and optimising referrals.

(NHS Winter Letter)

Actively consider establishing an Acute Respiratory Infection (ARI) hub to support same day assessment

(NHS Winter Letter)

Putting in place a community-based falls response service in all systems for people i.e. who have fallen at home including care homes

(NHS Winter Letter)

Ensuring that patients receive personalised care tailored to their individual needs

(NHS Standard Contract 22/23)

Comply with the new statutory duty for ICBs to commission palliative and end of life care services in response to population needs, drawing upon NHSE statutory guidance.

(Palliative and end of life care: Statutory guidance for integrated care boards (ICBs))

Shift more care to the community, including safe and convenient care at home or close to home, through developing the capacity and capability of community health services, integrated neighbourhood teams and new models of care **(NHS England operating framework)**

Strengthen the hands of the people we serve through the comprehensive model of personalised care including supporting people to have increased choice and control over their care based on what matters to them as well **(NHS England operating framework)**

2023/24 national objectives and key targets

Area	23/24 Key Target	23/24 plan compliance
Urgent and emergency care	1. Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25 2. Reduce adult general and acute (G&A) bed occupancy to 92% or below	1. Meets target 2. Meets target
Elective care & Diagnostics	1. Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties) 2. NELs overall elective activity (EL + DC + Total Outpatient First) trajectory is 106.5% compared to 2019/20, Barts trajectory is 106.2%, Homerton trajectory is 100.5% and BHRUT trajectory is 109.6%. 3. Reduce outpatient follow-up (OPFU) in line with the national ambition to reduce OPFU activity by 25% against the 2019/20 baseline by March 2024 4. Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%	1. Meets target 2. Meets target 3. Not compliant 4. Meets target
Cancer	1. Continue to reduce the number of patients waiting over 62 days 2. Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days 3. Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028	1. Meets target 2. Meets target 3. Meet target
Community health services	1. Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard 2. Virtual Ward – 40 – 50 per 100,000 by December 2023, and occupancy at 80% by September 2023	1. Meets target 2. Partially meet target (deliver 40 per 100,000 in March)
Primary Care	1. Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic level	1. Not compliant
Mental Health	1. Inappropriate Out of Area Placement Bed Days 2. Access to IAPT Services 3. Estimated dementia diagnosis rate 4. Women accessing Perinatal Mental Health services 5. Community access for adults with SMI 6. Access to CYP services	1. Meets target 2. Not compliant 3. Meets target 4. Not compliant 5. Meets target 6. Not compliant
People with a learning disability and autistic people	1. Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024 2. Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12–15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit	1. Meets target 2. Meets target

Executive summary 1/2

Elective and diagnostics

- 109% ERF achieved.
- Homerton Healthcare expected to clear all waits over 65 weeks by end of July 2023
- Barts Health and BHRUT expect to clear all waits over 65 weeks end of March 2024
- Activity levels in our diagnostic modalities exceed 100% of BAU, and our 23/24 plans will continue to sustain this, with the exception of endoscopy where we have successfully recovered the waiting list position and demand has reduced.

Cancer

- NEL is required to achieve a backlog of below 7% in aggregate (patients waiting over 62 days by March 2024), currently the backlog is 7.4%. NEL have submitted a trajectory that will meet the target through target pathway approach and enhancing validation of long waiters.
- NEL have submitted a compliant trajectory against 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days through utilisation, and expansion of early diagnostic centres, improving referrals for FIT testing, Teledermatology will continue in Barts Health and BHRUT.
- NEL have submitted compliant trajectories for early diagnosis through prevention awareness and screening (key programmes include targeted lung health check, targeted awareness and focusing on key demographics and hard to reach groups; with a specific focus on reducing inequality). Additional initiatives spans across our diagnosis and treatment workstream to ensure timely access and treatment including via non-traditional pathways such as piloting self and pharmacy direct referrals.

Urgent and emergency care

- All our Trust have submitted compliant trajectories to deliver 76% standard by March 2024. Homerton is the only Trust that is currently compliant and therefore will be a stretching target to achieve for Barts Health and BHRUT particularly. There are various schemes around admitted and non-admitted pathways across our sites to support delivery of this target.
- Additional capacity funding has been approved by NHSE which build additional bed capacity in our hospitals to support delivery of the bed occupancy and A&E targets.

Community services

- NEL continue to submit to deliver on the 70% UCR contacts within 2 hours and have sustained this performance in 23/24 trajectories. Further work is being undertaken to increase referrals through UCR to support with front door pressures.
- Virtual Ward currently at 23 bed per 100,000. The trajectory for 23/24 is 30 beds from April to December and deliver the target of 40 by March 2024. This will be a stretching target, however a key area of focus for the community collaborative.
- There are not targets set for community waiting lists, however the main concern for NEL is Children Services as 54% seen within 18 weeks with 46% seen over 18 weeks. The community collaborative agreed that speech and language is an area of focus and deep dive which is the driver of the longest waits.

Executive summary 2/2

Primary Care

- NEL GP appointments will increase by an average of 3% in 23/24 compared to 22/23. GP Appointment numbers have been derived by looking at the borough level population increase projections and then applying these to appointment activity data (for 2022), patient turnover will remain at a similar level which is as high as 30% churn in some neighbourhoods. Although we have not set targets for each place we will provide continued support will be given to local systems to understand variation and inequalities through reviewing performance including data and coding at a practice level. This will inform development of local pathways in and out of primary and urgent care to scope the needs of local patient cohorts.
- The recovery plan for Dentistry is iterative on the basis that many of the issues that affect access to dentistry are centred around the current contract and we have no ability to amend or flex this. That said, one aspect is the ability to allow practices to overperform up to 110% where capacity allows and remunerate them accordingly. Practices are contractually obliged to achieve 96% of their contracted activity to avoid the resource associated with underperformance being ‘clawed back.

Mental Health and Learning Disability

- IAPT and perinatal mental health non-compliant trajectory - Unable at this point to commit sufficient financial resources to achieve full compliance given UEC pathway pressures.
- CYP - CYP Urgent Care expansion is not predicted to increase access, some places need to expand duration of treatment to meet rising acuity, however this will not increase access.

Finance

- NEL system finance plan to be submitted at a deficit of £73.4m. The three acute providers making up the deficit will likely be subject to SoF4 interventions
- The plan excludes a significant level of risk at £80m that is currently unmitigated
- Capital plan will be financially compliant, however, the level of funding is not sufficient to meet all NELs needs and will be working with London to seek additional funding in year.

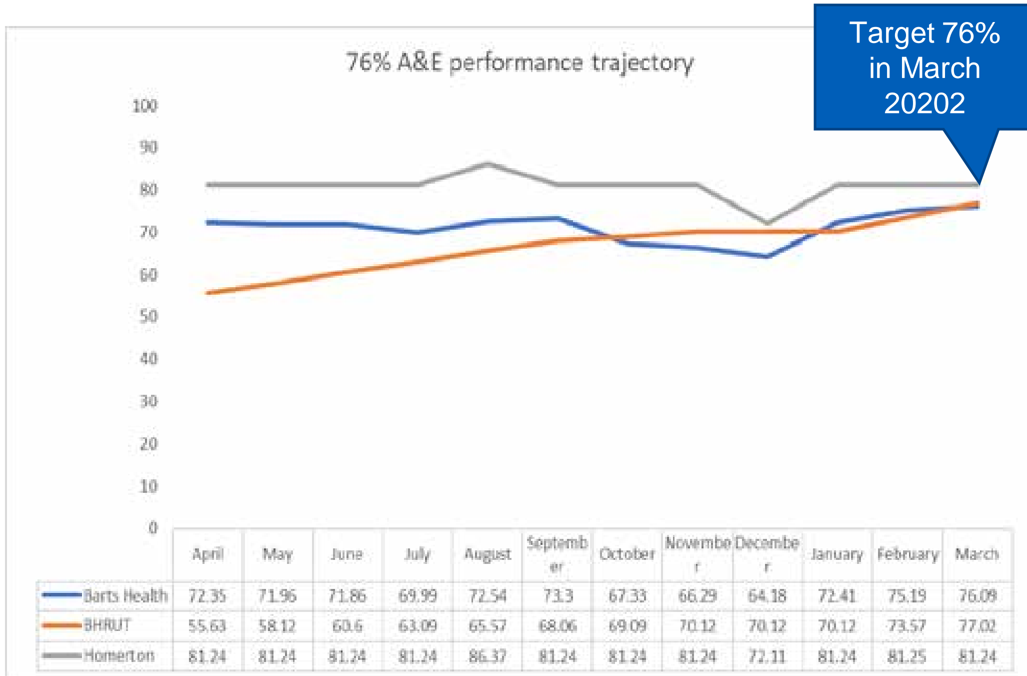
23/24 NEL ICB Elective Summary from Final Op Plan Submission

Area / Metric	Objective / Target	Position as per Final Submission
Inpatients - Long Waiters Elimination / Reduction	Eliminate waits of over 65 weeks for elective care by March 2024	n All Trusts are expecting to deliver the 65 week wait time reduction requirements for 23/24.
	Reduce 52 ww	n All Trusts are showing a trajectory that reduces 52ww across the year.
Activity Increase	Delivery of around 30% more elective activity by 2024/25 than before the pandemic, after accounting for the impact of an improved care offer through system transformation, and advice and guidance	n NELs overall elective activity (EL + DC + Total Outpatient First) trajectory is 106.5% compared to 2019/20, Barts trajectory is 106.2%, Homerton trajectory is 100.5% and BHRUT trajectory is 109.6%.
Outpatient Follow-Up Reduction	Deliver an appropriate reduction in outpatient follow-up (OPFU) in line with the national ambition to reduce OPFU activity by 25% against the 2019/20 baseline by March 2024	n 25% reduction in outpatient follow-up will not be achieved across all follow-up activity given size of backlog and impact of mutual aid, NEL trajectory is 103% compared to 2019/20. Barts Health are the only trust with a trajectory over 100% compared to 2019/20 at 106%, the Trust has revised the position down from 117% in the draft submission. BHRUT trajectory is 97% and Homerton Trajectory is 99%.
PIFU / A&G	** No specific ask in guidance **	PIFU and A&G trajectories build on performance seen in 2022/23, however room for improvement.
Productivity - Theatre Utilisation & Daycase	Increase productivity and meet the 85% theatre utilisation expectations, using GIRFT and moving procedures to the most appropriate settings	n The system is on track and planning to achieve the 85% theatre utilisation target with plans to improve waste through reducing late starts, early finishes, cancellations and fallow sessions.
	Increase productivity and meet the 85% day case expectations, using GIRFT and moving procedures to the most appropriate settings.	n The system is on track and planning to increase daycase rates to the 85% target.
Diagnostics - Activity Increase & 6ww	Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition	n Increased diagnostic activity compared to 2019/20 will not be achieved in endoscopy given success in clearing the backlog and current levels of demand. Activity is over at or 100% for all modalities, except flexi sigmoidoscopy which is 60.6%.
	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%	n NEL appears to be on track to achieve 95% 6 week diagnostic test ambition by March 2025, with MRI being the only real risk.

Cancer

How will your system reduce the number of patients waiting over 62 days in line with the provider level requirements? **23/24 meets target**	• NEL is required to achieve a backlog of below 7% in aggregate (patients waiting over 62 days by March 2024). Currently the backlog is 7.4%. • Targeted pathway approach in urology (access to MRI & TP biopsy), H&N (outpatient capacity and ENT calculator), LGI (appropriate escalation of pathology turnaround times and endoscopy capacity), Skin (tele-dermatology with one stop excision following triage). • Ongoing weekly APG meetings with providers, Cancer Alliance, ICB supported by the Centre for Cancer Outcomes (CCO). • Administrative support- developing a central operational project support for MDT with flexibility to support more challenged tumour areas when required by the system. The team will additionally support validation. • Enhancing validation resource, working with the independent sector and system wide solutions (including working with other programmes and networks such as Elective and diagnostic programmes) are some of the mechanisms that will be used. • Enhancing our visibility- Development of a single North East London Cancer digital PTL.
How will your system meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days? **23/24 meets target**	• The system will continue to utilise the Early and community Diagnostic Centre and will expand the capacity across other modalities to meet expected levels of growth. • Expansion of the diagnostic capacity through the CDC programme. • The system will maintain the pathway changes for lower GI to include (referrals with a FIT test). • The use of teledermatology will continue at BHR and BH with the support of the Cancer Alliance. Whilst the system explores the use of AI technologies to further manage the demand challenges on the skin pathway. Insourcing at Homerton solutions will be used to facilitate the management of demand at HUH. • The Cancer Alliance will continue working with providers to implement and strengthen best practice times pathway. With a focus on those performing below the England FDS
How will your system increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028? **23/24 meets target**	The current proportion of cancer stage 1 and stage 2 at diagnosis is 55%. This is linked to socio- economic determinants of health in North East London. Therefore the scale of the challenge to achieve 75% is significant for North East London. There is multi pronged approach to increase the proportion of stage 1 and stage 2 cancers. This encompasses prevention awareness and screening (key programmes include targeted lung health check, targeted awareness and focusing on key demographics and hard to reach groups; with a specific focus on reducing inequality). Additional initiatives spans across our diagnosis and treatment workstream to ensure timely access and treatment including via non traditional pathways such as piloting self and pharmacy direct referrals. We are also expanding our RDC non site specific pathways in addition to ensuring rapid and direct access to diagnostics for primary care to our CDCs/EDC.

Urgent and emergency care - A&E



	April	May	June	July	August	September	October	November	December	January	February	March
Barts Health	72.35	71.96	71.86	69.99	72.54	73.3	67.33	66.29	64.18	72.41	75.19	76.09
BHRUT	55.63	58.12	60.6	63.09	65.57	68.06	69.09	70.12	70.12	70.12	73.57	77.02
Homerton	81.24	81.24	81.24	81.24	86.37	81.24	81.24	81.24	72.11	81.24	81.25	81.24

It is recognised that achievement of the 76% performance standard is ambitious and that there is currently variation in performance among the Acute Provider Collaborative sites. Plans have been developed to achieve this requirement with initiatives being undertaken including:-

BHRUT

Overall BHRUT expects a reduction in total time for time spent in A&E due to the below points:

- **Non-admitted** Expanding SDEC footprint at Queens ED & KGH will improve Type 1 performance through progressing patients quickly through RAFT and onto SDEC pathway
- **Non-admitted** Redesign of UTC to ED Pathways at KGH, following Queens ED approach, will ensure only patients meeting ED right to reside criteria are referred to ED with direct route to SDEC
- **Admitted** Clinical productivity review aligned to clinical workforce rightsizing ensure that clinical hours are matched to demand and metrics set on number of patients to be seen by hour

Barts Health

- Further development of our SDEC capacity and operating models across the 3 sites to improve the use of ambulatory and same day emergency care pathways
- Sustain our REACH programme, review the streaming and Urgent Treatment Centre models and develop same day primary care access hubs
- Each site within Barts Health has a High Intensity user services
- Launch of Frailty and Respiratory Virtual Wards

Mental Health

- Optimising flow through NEL inpatient services and improve availability of beds, thus reducing A&E breaches
- Improving the liaison offer available within A&Es, and responsiveness for assessment
- Increasing CDU capacity

Urgent and emergency care – additional capacity

Additional funding was made available nationally above and beyond ICB allocations, London has £47.2m in 23/24 to invest in additional G&A bed capacity to address the UEC challenge in London. North East London received the following:

Site - where relevant	Narrative	Increase in beds	Capital	Cost 2023/24	Full year recurrent cost
King George Hospital	Enhanced SDEC / safe area for mental health patients awaiting onward transfer (16 beds/spaces)	16	£2,000	£ 375	£ 1,500
Queens Hospital 1	Surgical assessment unit (12 trolley spaces)	12	£3,000	£ 498	£ 1,000
Queens Hospital 2	Revenue support to optimise use of 12 bed Ambulance offload Modular Unit	12	£0	£ 996	£ 1,000
Homerton Hospital 1	Defoe Ward: continued winter scheme to ensure safe staffing levels are maintained on Defoe (escalation ward) whilst it remains open for the foreseeable.			£ 966	£ 1,933
Barts Health	62 G&A beds across Barts Health sites	62	£554	£ 3,000	£ 3,000
Whipps Cross Hospital	This is the setting up of a 10 chaired/bedded surgical SDEC model to avoid up to 12 admissions per day (20 admission x 60% success)	10	£1,550	£ 12	£ 12
Total		**112**	**£7,104**	**£ 5,847**	**£ 8,445**

Urgent community response

NHS NEL constantly meets and exceeds the 2-hour response time, the service is open 7 days a week across the core hours of 8am to 8pm covering the 9 core clinical conditions. Across NHS NEL the following is in place for UCR:

- The services consistently meet and exceeds the 2-hour response time and the services are open 7 days a week across the core hours of 8am to 8pm.
- The services meet the 9 core clinical conditions, as well as a wider range, this includes falls which are integrated.
- Existing pathways are in place with telecare (pendant alarm for example), 111, London Ambulance and other health teams such as A&E.
- Single points of access are in place.
- As with every winter services are reviewed and supported to ensure that it has sufficient capacity in place for changes in demand.
- NEL UCR services have a well-established self-referral pathway, which is well known to patients already under community health services and we have a direct pathway with Primary Care teams with further work happening to increase self-referrals where variation exists currently.
- A pathway with the Remote Emergency Access Coordination Hub (REACH) is in operation in Tower Hamlets, Newham and Waltham Forest which is a joint service between Bart's Health and London Ambulance.
- LAS and NELFT have jointly operated a UCR car across Barking and Dagenham, Havering and Redbridge since 2016 and the model has been expanded to two cars in Q4 2022/23 using LAS winter funding.

Further opportunities:

- A pilot was undertaken between LAS and NHS NEL to increase referrals from 111 and 999 through a push model with dedicated staff within the LAS call centres to increase referrals to our UCR services; this pilot did increase 111 and 999 referrals. The NEL Community Collaborative leaders oversee the review of learning from our pilot and from elsewhere in London to ensure our UCR models are optimal for NEL. Our next pilot will aim to both increase 111 and 999 referrals and help us to understand our local flows and potential for increasing referrals through this pathway.
- The Community collaborative is exploring the impact of delivering more than the national expectation of 70% contacts in 2 hours.
- Also exploring increasing referrals to UCR to support the wider system and A&E and unplanned admissions.

Discharge pathway

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
The number of people discharged by location and discharge pathway per month	6,732	7,952	7,572	8,938	8,940	8,926	8,859	9,163	9,076	8,885	8,780	8,857
Hospital discharge pathway activity - pathway 0	5,340	6,343	6,122	7,315	7,463	7,402	7,411	7,614	7,557	7,323	7,302	7,323
Hospital discharge pathway activity - pathway 1	1,004	1,118	1,034	1,195	1,027	1,083	1,015	1,082	1,063	1,089	1,049	1,060
Hospital discharge pathway activity - pathway 2	156	187	160	146	155	145	143	143	150	145	121	145
Hospital discharge pathway activity - pathway 3	231	303	256	282	294	296	289	324	305	328	308	329

As a system NEL perform well in discharge; we have seen 9-11% of beds taken up by patients that do not meet the criteria to reside, against 15% nationally.

Some of our challenges have been:

- Capacity in more complex step down services and more complex reablement packages
- High levels of pressure on the urgent care system that put pressure on discharge

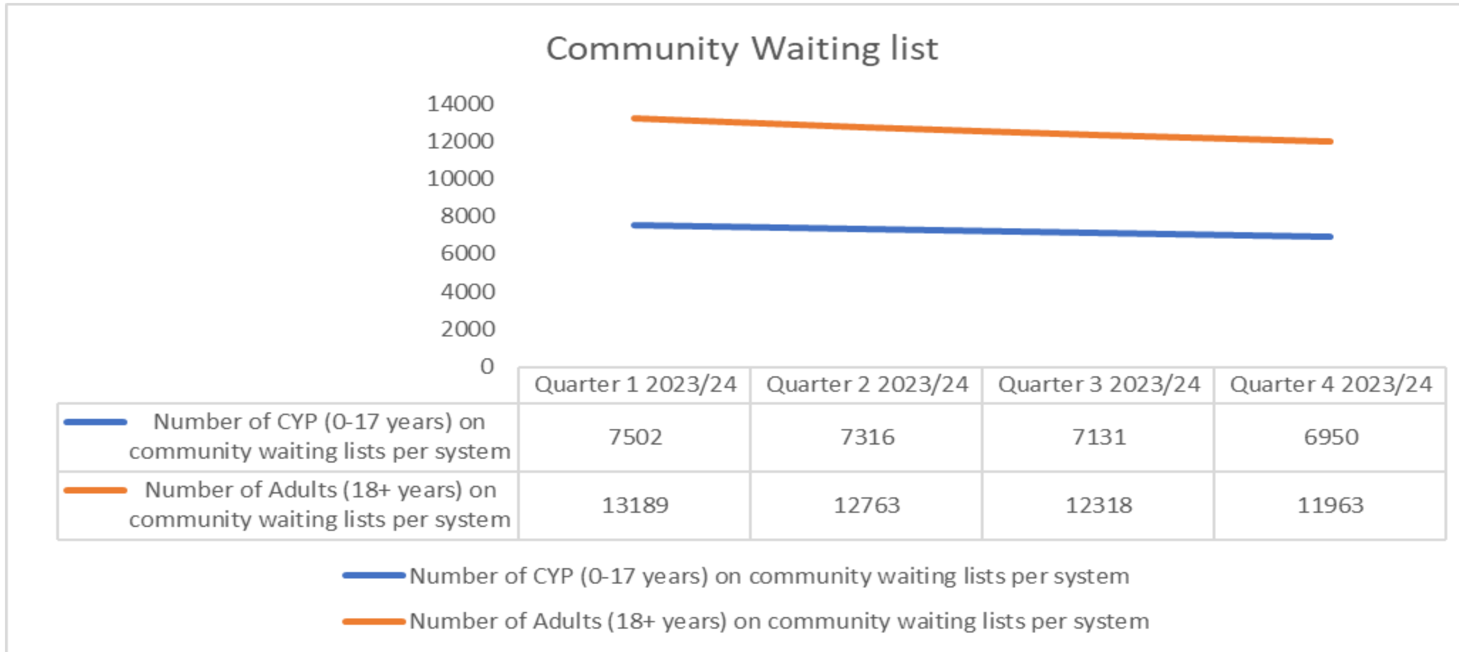
Across north east London, all places are working to improve discharge. The aim is to ensure faster discharges and that people are being moved into the correct place to support their needs. Although discharge is place based, the following are the common ambitions across the ICS:

- Encouraging a home first approach
- Continued improvement of the transfer of care hubs
- Promoting independence and reablement

Some of the key work at Place in 23/24:

- City and Hackney: An external evaluation of discharge is currently underway. The output from this will be a shared understanding of successes and challenges across the local system with focus on areas of opportunity. This process will develop a vision for change with a project plan with clear performance targets and a framework to measure performance.
- Tower Hamlets: Development of a single streamlined discharge model moving away from the current 3 team model.
- Newham: Appointing a single Head of Discharge for Newham, managing an integrated team.
- Waltham Forest: Implementing the Home First model including developing integrated rehab and reablement provision.
- In addition, across the Barts Health footprint: Delivery of the recommendations from a recent diagnostic undertaken by Newton Europe. Recommendations include ensuring we have Advance Care Planning, embedding Discharge to Assess, reduction in use of step down bed based provision, improved use of Intermediate Care and using digital tools to ease discharge process.
- Barking and Dagenham, Havering and Redbridge: The three Places that sit within the BHRUT footprint have reviewed reasons for discharge delay and have set up 3 task and finish groups focusing on discharge to assess home, review of the integrated discharge hub and review of rehab pathways.
- Our key risks are: Financial – whilst we welcome the £600m investment in 23/24 it is a step down on current levels of funding and needs to be seen within the context of significant financial pressures in local authorities and Workforce – there are significant challenges in attracting and retaining people within the care sector.

Community waiting list



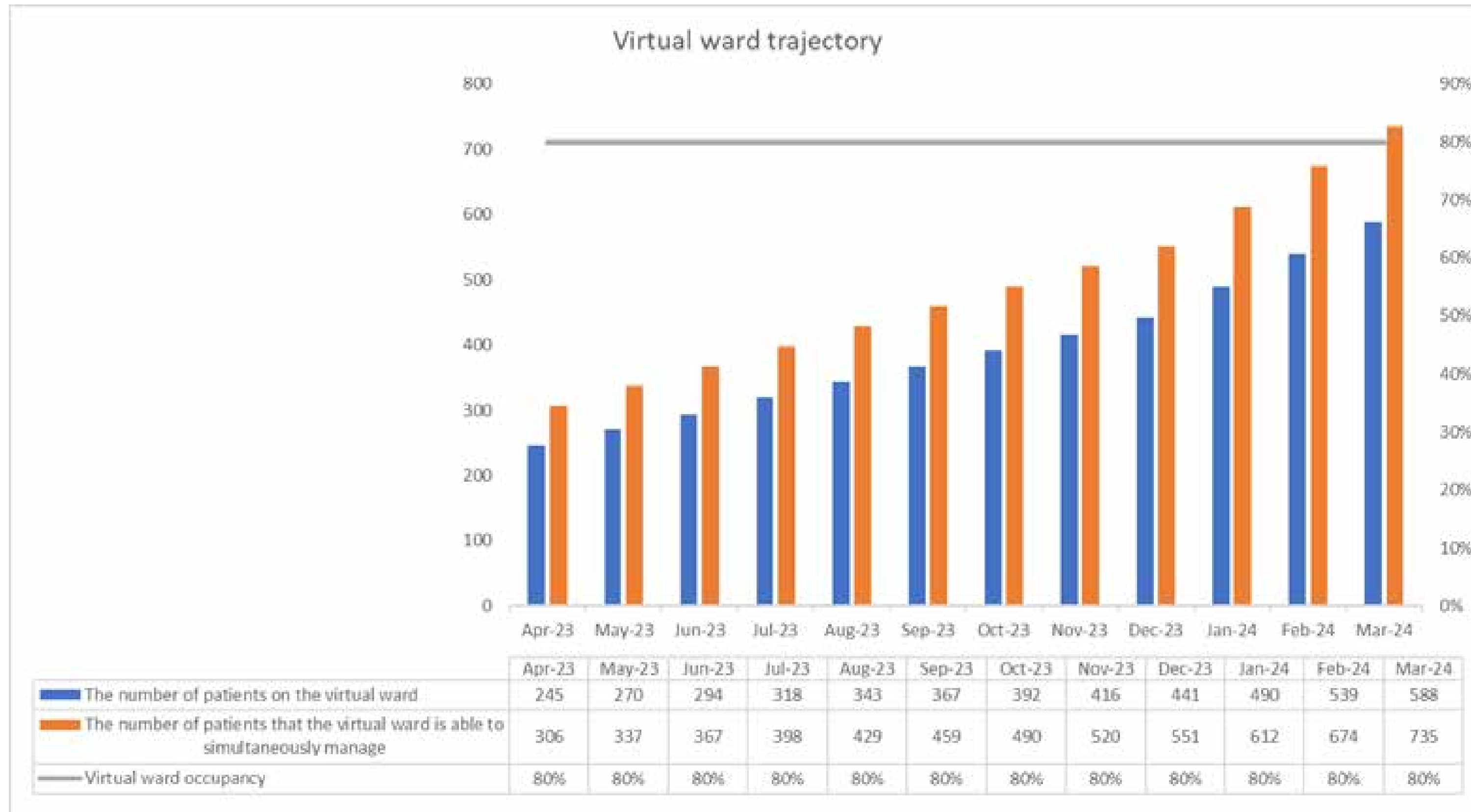
	Quarter 1 2023/24	Quarter 2 2023/24	Quarter 3 2023/24	Quarter 4 2023/24
Number of CYP (0-17 years) on community waiting lists per system	7502	7316	7131	6950
Number of Adults (18+ years) on community waiting lists per system	13189	12763	12318	11963

Key risks to note:

- Data quality issues in reporting.
- Particular challenges are around children's therapy services across NEL.
- Key issues impacting on waiting list are workforce, estate or demand.
- Data currently being reported by providers to NHSE is only at NEL or provider level, therefore difficult to enable place-based specific improvement discussions.

- In January 2023 for adults 88% were seen and treated within 18 weeks with 12% waiting over 18 weeks. For Children's 54% seen within 18 weeks with 46% seen over 18 weeks.
- The community waiting list is being reviewed and actioned through the community health collaborative and the place based partnerships.
- There are particular issues around data quality and consistency of reporting that is being actioned through the CHC.
- There are particular issues in children's therapy services which are being investigated and will be addressed through the CHC and place based partnerships.
- North-East London has identified that waiting times for Speech and Language Therapies for Children and Young People are significantly long in comparison to other ICB areas.
- The Community Health Collaborative is proposing an exercise be undertaken to identify the current provision delivered in each of the 7 Place-based Partnerships, to allow the sharing of best practice and the opportunity to identify where added value can be brought to these services to increase access.

Virtual ward



	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
The number of patients on the virtual ward	245	270	294	318	343	367	392	416	441	490	539	588
The number of patients that the virtual ward is able to simultaneously manage	306	337	367	398	429	459	490	520	551	612	674	735
Virtual ward occupancy	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%

- The current baseline trajectory for virtual wards is based on 23 beds per 100,000 population in 2022/23 and then 30 beds per 100,000 population in Q1 to Q3 2023/24, with the aim of delivering 40 per 100,000 by Q4 March 2024.
- Current capacity stands at 174 beds throughout NEL.
- The control factors for the trajectory of patient numbers are the LOS (14 days) and occupancy levels (80%).
- We are not expecting substantive variances against previously submitted two-year trajectories for virtual ward capacity. However, we continue to have an ambition to grow bed provision in FY 23/24.
- We have taken a population health approach with data and delivery and prioritise our work and funding on areas where there is greatest population need. We will work with system leadership to drive growth of VW in 23/24 including improved links with our wider community services. The two national priority areas, Frailty and ARI are our focus however we are exploring a range of clinical pathways as VW matures including hospice at home, UCR and Care Home interfaces and more opportunities for growth to avoid admissions.
- £8m dedicated funding for virtual ward.

Key risks to note:

- Delivering 40-50 per 100’000 beds across NEL will be stretching.
- Current beds is at 23 per 100’000 and this is at maximum availability, while further work is happening to find additional capacity.

Primary care

Data Quality – Issues around data quality in relation to appointments in primary care.

- Mitigations include work to improve data quality and data collection through the continued roll out of Edenbridge Apex in 2023/24. This currently covers 65% of practices. Edenbridge Apex is a tool that supports practices to evaluate changes in practice population trends, increases in healthcare demands and support quality improvement work focused around capacity, demand and unmet need.
- In addition, a clinical effectiveness scheme will be rolled out to support general practice to adopt standardised methods of clinical coding.

The ability to manage increasing demand and expectation around access without unintended consequences impacting upon on quality

- **Access and patient satisfaction:** despite appointment numbers increasing since 2019 patient demand continues to outstrip capacity, and patient satisfaction rates have reduced.
- A Quality Improvement programme is in place, focussing on practices across NEL with the greatest access challenges, providing diagnostic support and targeted interventions and coaching
- Using Clinical Effectiveness (CEG) data to monitor clinical outcomes and inform the type of appointments those with long term conditions are accessing to ensure this cohort are getting the right care at the right time by the most appropriate clinician. For some this may be that digital appointments are the best option, for others this will be face to face.
- Management of prevention activity, patient 'turnover' which is 30% which means prevention activity (such as calling patients for immunisation and screening) is harder to achieve.
- Through the fuller programme, focus upon new integrated pathways particularly around continuity of care for those patients in high prevalence groups with complex needs
- **Workforce capacity risk. PCNs are struggling to recruit and retain into ARRS roles (lack of suitably trained staff). There are also a number of GPs and nurses nearing the age of retirement.**
- Engagement and workforce planning with PCNs. Working with training hubs and academy regarding recruitment and retention initiatives and review supervision and education and training packages to make it an attractive place to work

Risk that the Community Pharmacy Consultation Service (CPCS) is not fully utilised, freeing up capacity in general practice

- The CPCS service is well established and embedded within NEL. 100% of practices are set up to refer and 93% are actively referring using Pharmacy Outcomes. The 7% that haven't been referring are being actively targeted to support them to engage with the service. There is also work being undertaken to expand the range of health conditions being treated by pharmacies, to help release further capacity in general practice.

Dentistry – Increase in UDAs

- Dental Funds/allocations
- Changes to contractual targets
- Increased need due to deterioration of oral health during pandemic
- Oral Health inequalities highlighted as a result of pandemic
- Commissioning Capacity following delegation

Mitigations

- Urgent Dental Care Hubs have been extended to March 2024 to ensure cover for patients in pain are seen asap.
- Procurement of new practices where loss of services have occurred and where highest needs have been identified.
- Stabilisation of patients that are unable to find a dentist and need treatment following urgent dental care.

Mental Health and Learning Disability

Metric	Compliance	2023/24 Q4 Trajectory	Commentary
Inappropriate Out of Area Placement Bed Days	(green)	0	• Compliant trajectory submitted • Zero bed days in 2023/24
Access to IAPT Services	(red)	14,244 (28.00%)	• Access rate growth but non-compliant trajectory submitted • Unable at this point to commit sufficient financial resources to achieve full compliance given UEC pathway pressures. • Speed of recruitment would make also full year compliance problematic.
Estimated Dementia Diagnosis rate	(green)	66.7%	• Compliant trajectory submitted • 66.7% across 2023/24
Women accessing Perinatal Mental Health services	(red)	2,803 (8.76%)	• Access rate growth but non-compliant trajectory submitted • Unable at this point to commit sufficient financial resources to achieve full compliance given UEC pathway pressures. • Speed of recruitment would make also full year compliance problematic.
Community access for adults with SMI	(green)	64,798	• Compliant trajectory submitted • 5% increase by the end of 2023/24
Access to CYP services	(red)	24,322 (52.25%)	• Access rate growth but non-compliant trajectory submitted • CYP Urgent Care expansion is not predicted to increase access • Some places need to expand duration of treatment to meet rising acuity. This will not increase access.
Learning disability healthchecks	(green)	7000	• Compliant trajectory achieving 75% of healthchecks in 23/25. • There are some variation in performance at place and practice level. These variations are tracked and actioned through primary care and place quality reports.
Learning disability inpatients	(green)	23 (ICB commissioned) 20 (NHSE commissioned)	• Compliant trajectory with no more than 30 inpatients. • A learning review is undertaken for all LD inpatients to understand how an admission could have been prevented.

Workforce position 2023-24 and governance

NEL Summary Providers SIP		SIP Growth	SIP Growth %	Baseline SIP	QT1 SIP	QT2 SIP	QT3 SIP	QT4 SIP	Current Vacancy	March '24 Vacancy
Workforce	Medical	134	2.60%	5185	4585	4610	4623	5319	5.90%	3.80%
	Nursing	1028	8.20%	12468	12603	12782	13394	13496	17.50%	10.60%
	Substantive Total	2633	6.40%	41080	40641	40945	42737	43714	11.70%	6.00%
	Bank and Agency	-2447	-33.30%	7339	5782	5437	5132	4893	N/A	N/A
	Total	187	0.40%	48420	46423	46382	47869	48606	N/A	N/A

ICS Provider Summary		2022-23	2023-24
Workforce	Permanent	41,080	43,714
	Bank	5,014	3,697
	Agency	2,326	1,196
	Total	48,420	48,606

Review of Planned Growth 2023-24 and intentions

Providers: Significant planned growth of substantive staff across all main staff groups and significant reductions in bank and agency to meet operational plan requirements. Contingent on low sickness rates returning to pre pandemic %ages and reductions in turnover ranges from 3% to 4% on sickness absence and 11% to 13% on turnover.

Key recruitment Plans:

- Recruitment Nursing plans are a 50/50 split mix of domestic and international recruitment considerable numbers international recruitment utilising Capital Nurse. Plans developed in each provider but reviewed at regional level and monitored for specific roles and input through regional international recruitment, AHP council and Nursing through Chief Nurses Group.
- Local pipeline of Clinical support staff through well-developed local recruitment plans supported by mayoral academy work across the sector, linking into partnerships with Local colleges and local authorities building anchor networks to upskill and employ local people in our services.
- Key element of our medium to long term strategy is to develop this further with a focus on addressing inequality which a range of routes into jobs for our local population including increasing apprenticeships.

Primary Care:

- There is planned growth of 6.9% (22.7 FTE) for General Practice Nurses from March 2023 baseline to Q4.
- Expand the GP fellowship scheme with an aim to ensure that fellowships are offered in all PCNs.
- Recruit to MDT roles under the Additional roles reimbursement scheme.
- Key recruitment programmes through PCNs and NEL training hub to support workforce planning and interventions.

Mental Health:

- CYP Access – maintain levels of resourcing. Investment into perinatal services in order to ensure LTP access target is reflected with an accompanying workforce increase. Recruitment and plan development overseen by our Mental Health Transformation Board.

Governance and Controls to manage growth and productivity

Working with providers to

- Theatre utilisation programme to increase productivity from 65% to 85%
- Proactive sickness absence management and improved rostering practices to deliver efficiencies
- Recruitment plans that aims to achieve high level substantive fill rates and reduce reliance on temporary staff
- Controls to review of long-term agency and bank staff in positions that could be filled substantively
- Move to a bank first approach with appropriate controls i.e *NELFT Staff Bank Development -drawing on guidance in NHSEI Staff Bank Development toolkit and a variety of improvement activities*
- Develop consistent temporary staffing rates and governance ensuring alignment with rates across NEL and London
- To use collaboratives to drive specialised rates and agreements in Acute and Mental Health
- Reduction in premium rates for medical staff
- Increased temporary staffing recruitment events to recruit more staff to banks and reduce our reliance on agencies

Primary Care:

- During 2023/24 ,to achieve 90% conversion of trainees within the system footprint. Ensure that PCN and GP employers have access to workforce planning tools and information in 2022/23

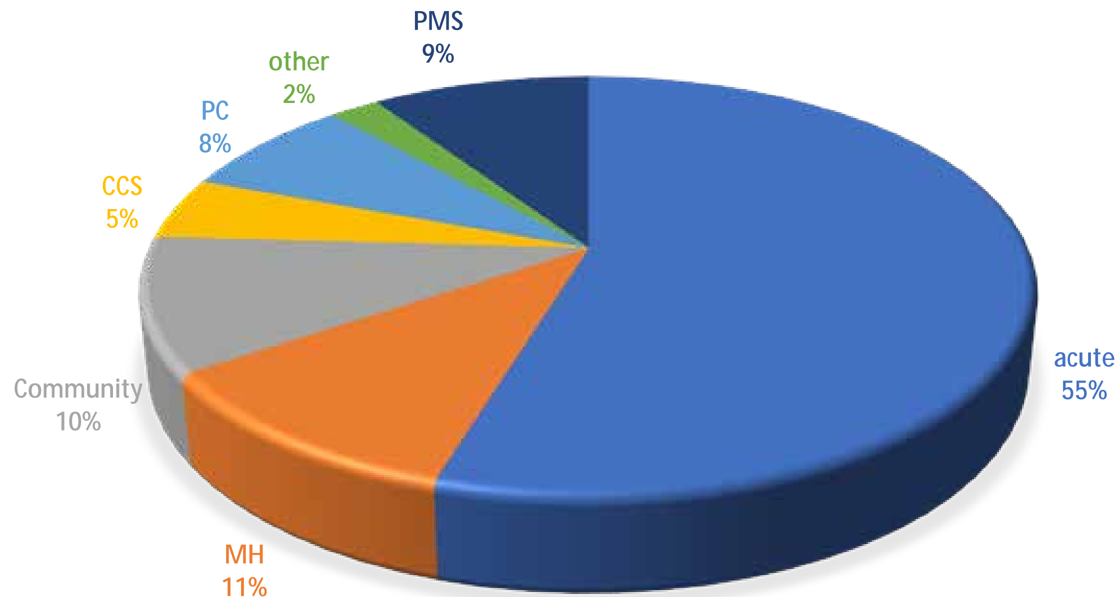
ICS:

- WF productivity Group to provide oversight of monitoring against the plan reviewing activity finance and workforce
- Strategic workforce developments through wider strategy development overseen by NEL People Board

Workforce - Key lines of enquiry and actions

- Workforce and cost increases need to be aligned during triangulation.
- Focus on testing workforce costs against activity and delivery.
- Validating the pay costs in cost improvement programmes to ensure that they are robust.
- Any investment requirement for additional workforce is clearly understood and identified.
- Assurance on delivery on substantive recruitment plans, through monitoring of supply bridge plans with focus on:
    - Recruitment plans to reduce vacancies focusing on premium rate agency areas
    - Ensuring measures are taken to ensure sickness rates return to pre covid levels
    - Retention initiatives to reduce turnover to ensure vacancies are reduced.
- Productivity and bank and agency to be reviewed regularly through WF productivity group, comprising finance, medical, operations and people leaders.

Finance: ICB 23/24 Plan Submission



- MH : mental health
- CCS: Continuing care services
- PC: primary care
- PMS: Primary medical services
- Other: program services
- Other : commissioned services

- NEL allocation for 23/24 of £4.18bn (excluding running costs)
- Acute services constitute by far the largest component of purchased care at 55% of all expenditure and the majority with the three acute providers Barts, BHRUT and HUH at c£1.8bn
- ICB plan submission will be break even
- Includes high degree of specific risk around inflationary pressures of c.£20m in prescribing and CHC to be managed through NR measures and /or benefits from inflation falling quicker than anticipated
- £88m of efficiencies assumed to be delivered with ongoing review opportunities to reduce expenditure

Finance: ICS 23/24 Plan Submission

	BHRUT	Barts	ELFT	HUH	NELFT	ICB	System Total
	£'m	£'m	£'m	£'m	£'m	£'m	£'m
2022/23 FOT	-14.7	-12.8	3	0	0	0	-24.5
2023/24 Plan (30 March 2023)							
To submit	-19.8	-50	0	-3.6	0	0	-73.4
Risk	-20	-19	-8	-8	-3.5	-22	-80.5
Total	-39.8	-69	-8	-11.6	-3.5	-22	-153.9

- System deficit at £73.4m. This falls within the range agreed with regional colleagues
- Indicates a worsening financial position form 22/23 of £45m and an additional risk which is currently unmitigated at £80m.
- 22/23 required system significant NR measures (c.£145m) to cover inflation and other cost pressures. Covid income changes in 23/24 contributes directly to £30m cost pressure in 23/24.
- Providers not in balance will be entered into SoF4 intervention, the impact on ICS may be continuation of recently introduced financial arrangements requiring NHSE oversight of expenditure over certain value.
- All system funding, except c£21m growth funding, allocated to providers in plan
- The deficit and risk is after 23/24 system efficiency assumption of c.£225m which is a £75m increase on the 22/23 requirement.
- As a percentage of turnover the total efficiency equates to 3.9% in 23/24

- Risks in plan include:
- 22/23 energy costs at Barts were competitive, so while starting from a lower base and at a lower level than many , the rate of increase was in excess of the funding
- RPI contracts including NHS properties and other commercial arrangements include RPI and will bake in increases above funded inflation irrespective of the headline inflation trajectories
- Non funded CNST increases from 22/23 are a not insignificant part of the current plan deficit
- Delivery of efficiencies - £225m currently delivers a £150m deficit if risks cannot be contined. Continue working in identifying new opportunities to de risk the current £225m and scope for increasing.
- Ongoing strike action
- Winter pressures and other respiratory illnesses reflect funding and expose us to financial and delivery risk under certain scenarios
- Above target expectation of agency use continue to exert a cost pressure
- Delivery of ERF in plan at marginal costs, however, to deliver ERF in full may require additional costs

Finance: Capital

- Capital funding for NEL is insufficient for the upkeep and development clinical assets necessary to deliver healthcare to NEL patients.
- By a number of measures it can be demonstrated that NEL is underfunded in capital, due in part to the nature of the national allocation formula, having two large PFI builds and historic under investments (perpetuated by a formula that is based on existing asset valuations (not land) and depreciation).
- London are supportive of NEL with regards seeking additional support from national
- 2022/23 plan will be balanced only delaying costs into 23/24, to the value of c.£11m, adding further pressure onto already overcommitted available
- The NEL allocation for 23/24 is £91m. The draft submission was for £174m and submissions to the clinical prioritisation process currently underway totalled in excess of £380m.
- Illustrating the pent up demand for investment in both physical estate, medical equipment and digital

- We will submit a 23/24 plan that is financially compliant
- If investments in 23/24 are limited to just work in progress, deferred costs , legal obligations and match funding :
  - Year end 22/23 costs deferred into 23/24 £11m
  - match fund essential EPR work at BHRUT £11m,
  - remedial fire works at Barts £17m,
  - completion of HUH ITU build £8m,
  - St Georges £7m
  - costs over TIF funds for Newham Modular build £6m.
  - National program slippage £10m
  - Projects already under construction £10m from 22/23
  - Contractual commitments £12m
  - Those items total £92m
- This does not address any routine essential repairs or replacement programs and certainly no funds for emergency replacements.
- Our next step is a detailed 3 year evidenced, risk assessed and costed plan to understand the full nature of the shortfall and the impact potentially on our ability to deliver patient care.
- London will work with and support us in seeking additional funds to enable a safe capital program to be funded in 23/24

North East London Health & Care Partnership

NELFT NHS Foundation Trust

2023/24 Mental health plan update

Tower Hamlets Together Board

6/4/23

NHS North East London

East London NHS Foundation Trust

Summary

Across NEL, the NHS planning approach for mental health in 2023/24 is in the context of:

- The ICS Strategy (which includes mental health as one of the four key priorities) & the developing North-East London Integrated Care System draft Joint Forward Plan, including service user and carer priorities and place-based priorities
- NHS England 2023/24 Operational Planning Guidance, including the next phase of delivering the NHS Long Term Plan for Mental Health
- Urgent & emergency care pressures.

We have worked together as a Collaborative across NELFT, ELFT, the North-East London Integrated Care Board and place-based systems to:

- Finalise growth assumptions
- Confirm the cost of delivering our NHS Long Term Plan for Mental Health targets and quality requirements
- Confirm cost pressures from 2022/23 that need to be managed in 2023/24
- Develop a plan that addresses as far as possible the planning priorities detailed above.

- £27m Mental Health Investment Standard and Service Development Funding growth available to NEL in 2023/24 (after convergence and National Insurance reinvested and COVID and tariff deductions as per guidance from Integrated Care Board finance team – may reduce to c. £24m depending on final clarification)
- £16m allocated to place-based plan development, £10m to NEL wide schemes (to note all will be distributed to place-based allocations once schemes finalized)

NHS planning guidance for 2023/24 has four key priorities, with a key focus on continuing to tackle the medium term impact of the pandemic on the NHS, including unprecedented pressures on urgent & emergency care and on planned care across all NHS services. A continued focus on the delivery of the NHS Long Term Plan including for mental health sits alongside a greater focus for the future on locally determined priorities. 2023/23 is year 5 of the NHS Long Term Plan for Mental Health. This hugely ambitious national plan has seen significant growth in the range of services available, and promoted improvements in access and quality.

Mental Health

- Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019)
- Increase the number of adults and older adults accessing IAPT treatment
- Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services
- Work towards eliminating inappropriate adult acute out of area placements
- Recover the dementia diagnosis rate to 66.7%
- Improve access to perinatal mental health services

Mental health as a priority for North East London ICS

- Improving outcomes, quality, value and equity for all residents wit or at risk of a mental health condition is a key priority for the next five years and beyond for the North East London Integrated Care System
- The core of our ambition & strategy for mental health lies in sever key priorities set for us by service users and carers
- We are currently developing more detailed plans for delivery against these priorities, including in the joint forward plan and outcome measures
- Whilst the strategy and Joint Forward Plan have been and still are in development, we nevertheless have had the priorities in mind during the process of planning for 2023/24
- Each of the seven places also has local priorities for mental health, as below for Tower Hamlets:

Tower Hamlets

- To raise awareness and understanding of the importance of good mental health and wellbeing. We want people who live, work and study in Tower Hamlets to be supported to understand mental health, aspire to have improved mental health and develop broader resilience.
- To ensure early help is available particularly in times of crisis. We want the people who need it to get early help with their mental health and related needs quickly and effectively.
- To ensure the provision of high quality mental health care and treatment. We want people with mental health problems to experience person-centered care, at the right time and in the right setting.

What we need to do differently as a system

We must ensure that service users and carers are at the heart of everything that we do and that we prioritise what matters most to service users and carers, including delivering on the priorities set for us by service users and carers:

- **Putting what matters to service users and carers front and centre** so that people with lived experience of mental health conditions have an improved quality of life, with joined-up support around the social determinants of health
- **Enabling and supporting lived experience leadership** at every level in the system so that service users and carers are equally valued for their leadership skills and experience as clinicians, commissioners and other professionals
- **Embedding and standardising our approach to peer support across NEL** so that it is valued and respected as a profession in its own right, and forms part of the multi-disciplinary team within clinical teams and services
- **Improving cultural awareness and cultural competence** across NEL so that people with protected characteristics feel they are seen as individuals, and that staff are not making assumptions about them based on those characteristics
- **Providing more and better support to carers** so they feel better cared for themselves, more confident and able to care for others, and are valued for the knowledge and insights they can bring
- **Improving peoples' experience of accessing mental health services**, including people's first contact with mental health services, reducing inequality of access and improving the quality of communication and support during key points of transition
- **Understand and act upon local priorities for mental health,** through data and engagement with communities to understand the needs, assets, wishes and aspirations of our borough populations, and the unmet needs and inequalities facing specific groups

We must also ensure that mental health is everybody's business, for both children and young people and adults, whether this is through how we work together to tackle the wider determinants of health, or how we develop more integrated approaches to assessment, treatment and support for people with or at risk of mental and physical health problems.

We must innovate to improve outcomes and access to mental health services, including in particular where there are communities that are not accessing services as we would wish.

What success will look like for local people

Our draft success factors, developed with service users and carers, include the following (more detailed statements are being finalised with children and young people and adults):

- What matters to me is having the same experience and range of support regardless of where I live or go to school
- What matters to me is challenging stigma about mental health
- What matters to me is personal development and growth
- What matters to me is using my lived experience to support and help others
- What matters to me is accessing support in different ways that suits me and my goals, not just what is available and not when it is too late.

What success will look like as outcomes for our population

- Service users and carers are active and equal partners in everything we do, across children and young people and adults
- Care professionals focus on what matters most to service users and carers, including quality of life
- Improved preventative mental health and wellbeing offer - across our populations, places and partners - with a focus on tackling the wider determinants of poor health
- Improved access to mental health services for all our communities, including community and crisis services
- Improved integration of mental and physical health care, and with schools, social care and the voluntary sector
- Improved health and life outcomes for people with, or at risk of, mental health conditions, with particular focus on where there is inequity or unwarranted variation.

Tower Hamlets Together schemes summary

- £2.33m Mental Health Investment Standard and Service Development Fund growth allocated to Tower Hamlets mental health for 2023/24, £874k of which is allocated to child & adolescent mental health services
- The 2023/24 plan has been developed through the Tower Hamlets Together Mental Health Partnership Board, with a range of perspectives making a contribution to a rounded plan that both delivers on the NHS Long Term Plan for Mental Health requirements and local priorities to build capacity in the voluntary sector

Place	Service	Scheme	Proposal
Tower Hamlets	CAMHS	neurodevelopmental full year effect of 2022/23 investment	£ 19,000.00
Tower Hamlets	CAMHS	new inner north east london CAMHS crisis team	£ 407,000.00
Tower Hamlets	CAMHS	mental health in schools team	£ 275,000.00
Tower Hamlets	Adults	nhs talking therapies capacity to meet access target	£ 316,000.00
Tower Hamlets	Adults	voluntary sector community connectors	£ 153,363.00
Tower Hamlets	Adults	various clinical posts in adult community mental health teams	£ 310,087.00
Tower Hamlets	Adults	voluntary sector grants to support community services	£ 100,000.00
Tower Hamlets	Adults	various posts to improve early intervention service	£ 568,000.00
Tower Hamlets	Adults	various posts to meet perinatal access target	£ 116,000.00

NEL wide schemes summary

NEL wide schemes (many of which will have an impact for Tower Hamlets) have a major emphasis on improving our urgent & emergency care pathway and responding to national/regional priorities for developing NHS 111 first crisis line and Health-based place of safety. All NEL wide scheme funding will be distributed to place-based allocations, pending final business case approval (note some are in process of being distributed to place allocations already, for example young adults).

Scheme type	Scheme name	total required (FYE)
UEC	Mental health joint response cars	£ 34,661.00
UEC	111 first crisis line	£ 1,959,075.00
UEC	Adult acute ward	£ 2,600,000.00
UEC	NELFT Clinical decision unit	£ 810,000.00
UEC	section 12 doctor app	£ 35,000.00
UEC	Health-based place of safety	£ 1,522,013.00
UEC	Psychiatric Liaison Team capacity	£ 288,000.00
CAMHS	Mental health in schools teams shortfall	£ 431,558.00
Adult community	Young adults 2022/23 schemes made recurrent	£ 1,003,000.00
Total		£ 8,683,307.00
UEC	NELFT crisis services	TBD
Therapeutic inpatient care	ELFT inpatient safer staffing	TBD
Voluntary sector/teams	Grants/innovation scheme	TBD
UEC	Female Psychiatric Intensive Care	TBD

- **Mental health joint response cars** and **section 12 doctor app** are small adjustments to existing services/contracts to ensure they are sustainable
- **111 first crisis line** is a national/regional requirement to integrate our crisis lines into the national 111 infrastructure and to provide a comprehensive 24/7 service. **Adult acute ward** is to develop our acute bed capacity to support NEL wide pressures
- **NELFT Clinical Decision Unit** is to recurrently fully fund the unit, which is supporting reduced urgent & emergency care pressures in outer north east London
- **Health-based place of safety** is to improve the quality and responsiveness of facilities to receive service users who are detained by police under s.136 of the Mental Health Act.
- **Psychiatric Liaison Team capacity** is to enhance team capacity where demand is highest or where compliance with national staffing requirements is not met, review is underway and will report in two months
- **Mental health in schools team shortfall** is to cover a risk in the SDF allocation from NHS England and the cost of delivering the national specification, which is currently being followed up with NHS England (so may be mitigated & therefore removeable)
- **Young adults** is to make place-based young adults schemes non-recurrently funded in 2022/23 recurrent in 2023/24
- **TBD schemes** are all currently being finalised.