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 July 2023, 0900-1050

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 4 May 2023 c. Action log	0900 (10 mins)	Chair	Papers Pages 3-5 Pages 6-11 Pages 12	 Note Approve Discuss
2.	**Questions from the public**		Chair	Verbal	Discuss
3.	**Chair's updates**		Chair	Verbal	Note
4.	**Update from Operational Management Group**		Suki Kaur	Verbal	Note
5.	**Community Voice:** • Participatory Action Research	0910 (30 mins)	Xia Lin	Papers Tabled	Discuss
6.	**Health Inequalities Funding**	0940 (30 min)	Suki Kaur	Papers Pages 13-26	Approval

7.	**Better Care Fund Plans 2023/2025**	1010 (10 mins)	Suki Kaur	Papers Pages 27-34 Appendices 1 Appendices 2	Approval
8.	**Primary Care Improvement week**	1020 (20 mins)	Khyati Bakhai, Virginia Patania	Papers Pages 35-45	Update/ Discuss
11.	**Any Other Business**	1040 (10 mins)	Chair	Verbal	Note

Date of next meeting: Thursday 10 August 2023, 0900-1100 – Committee Room 1 – Tower Hamlets Town Hall, 160 Whitechapel Road, London, E1 1BJ

- Declared Interests as at 27/06/2023

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
Chetan Vyas	Director of Quality	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board City & Hackney ICB Sub-committee City & Hackney Partnership Board Havering ICB Sub-committee Havering Partnership Board ICB Population, Health & Integration Committee ICB Quality, Safety & Improvement Committee Newham Health and Care Partnership Newham ICB Sub-committee Redbridge ICB Sub-committee Redbridge Partnership Board Tower Hamlets ICB Sub-committee Tower Hamlets Together Board Waltham Forest Health and Care Partnership Board Waltham Forest ICB Sub-committee	Indirect Interest	North East London CCG	Spouse is an employee of the CCG	2014-04-01		Declarations to be made at the beginning of meetings
			Indirect Interest	Some GP practices across NEL	Family members are registered patients - all practices not known nor are their registration dates	2014-04-01		Declarations to be made at the beginning of meetings
			Indirect Interest	Redbridge Gujarati Welfare Association - registered charity in London Borough of Redbridge	Family member is a Committee member.	2014-04-01		Declarations to be made at the beginning of meetings
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 27/06/2023

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.
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.
Charlotte Pomery	Chief Participation and Place Officer	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board City & Hackney ICB Sub-committee City & Hackney Partnership Board Havering ICB Sub-committee Havering Partnership Board ICB Board ICB Population, Health & Integration Committee ICB Quality, Safety & Improvement Committee ICP Committee ICS Executive Committee	Indicated No Conflicts To Declare.

		Newham Health and Care Partnership Newham ICB Sub-committee Redbridge ICB Sub-committee Redbridge Partnership Board Tower Hamlets ICB Sub-committee Tower Hamlets Together Board Waltham Forest Health and Care Partnership Board Waltham Forest ICB Sub-committee	
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.

DRAFT Minutes of the Tower Hamlets Together Board
Thursday 1 June 2023, 0900-1100 in person and via MS Teams

Minutes

Members:		
Amy Gibbs	Independent Chair of the Tower Hamlets Together Board	In person
Roberto Tamsanguan	Tower Hamlets Clinical / Care Director, NHS North East London	In person
Neil Ashman	Chief Executive Officer, Royal London & Mile End Hospitals, Barts Health NHS Trust	In person
Richard Fradgley	Director of Integrated Care & Deputy Chief Executive Officer, East London NHS Foundation Trust	In person
Matthew Adrien	Service Director, HealthWatch Tower Hamlets	MS Teams
Somen Banerjee	Director of Public Health, London Borough of Tower Hamlets	In person
Khyati Bakhai	Tower Hamlets Primary Care Development Clinical Lead, NHS North East London	MS Teams
Vicky Scott	Chief Executive Officer Council for Voluntary Services	In Person
Muna Hassan	Resident and community representative/Community Voice Lead	MS Teams
Attendees:		
Andrea Antoine	Deputy Director of Finance, NHS North East London (deputizing for Sunil Thakker)	MS Teams
Matt Eady	Deputizing for James Thomas	In person
Ashton West	Programme Lead, ICB & LBTH, NHS North East London & London Borough of Tower Hamlets	MS Teams
Jo Ann Sheldon	Head of Primary Care, Tower Hamlets	MS Teams
Malcolm Thomson	Deputizing for Zainab Arian	In person
Jo Triggs	Senior Engagement and Community Communications Manager	MS Teams
Nick Coxon	Observing	MS Teams
Matthew Knell	Senior Governance Manager, NHS North East London	In person
Madalina Bird	Minute taker, Governance Officer, NHS North East London	In person
Apologies:		
Zainab Arian	Joint Chief Executive Officer, Tower Hamlets GP Care Group	
Suki Kaur	Deputy Director of Partnership Development, NHS North East London & London Borough of Tower Hamlets	

Charlotte Pomery	Chief Participation and Place Officer, NHS North East London	
Jon Williams	Engagement and Community Communications Manager (Tower Hamlets), NHS North East London	
Warwick Tomsett	Director of Integrated Commissioning, NHS North East London & London Borough of Tower Hamlets	
Sunil Thakker	Director of Finance; C&H ICP & Acting Director of Finance; TNW ICP	
James Thomas	Director of Community and Children's Services, London Borough of Tower Hamlets	

Item no	Agenda item
1.	**Welcome, introductions and apologies** The Chair, Amy Gibbs (AG), welcomed members and attendees to the Tower Hamlets Together (THT) Board meeting noting apologies as above and thanking the deputies for attending The Chair reminded members of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict with the business of the Board. No additional conflicts were declared. The minutes of the previous meeting that had taken place on Thursday 4 May were agreed as an accurate reflection of the meeting. All actions on the circulated action log had been marked closed in a review prior to the meeting.
2.	**Questions from the public** No questions from the public have been received in advance of the meeting.
3.	**Chair's updates:** AG updated the Board, noting the following: · Attended the LGBTQ+ Forum to talk about personal experience and the work that THT is doing since ELOP attended the Board. ELOP update will return to THT Board at future meeting · Ongoing conversations are taking place regarding the relationship between THT Board and Health and Wellbeing Board (re: duplication, how to straighten the accountability between the Boards, clearance regarding the respective functions and added value). **ACTION:** AG and Roberto Tamsanguan (RT) to pick up the conversation with ELOP **ACTION:** Add ELOP update agenda item to the forward planner
4.	**Update from Operational Management Group** Roberto Tamsanguan (RT) verbally updated the Partnership on Operational Management Group (OMG). The group meet twice since last Board meeting (on 17 May and 31 May) with the following highlights: · Increased representation from across the Partnership

	· 17 May meeting was a more formal meeting with a deep dive in finance, quality and performance. · Meetings are taking place with ICB and LBTH colleagues to work on a finance report that works for the Partnership as well as the quality teams to better understand the process around assessing the quality at place · At the meeting on 31 May the discussion focussed on Health Inequalities proposals (which explains the delay in sending the paper out) as well as listening to a proposed model on integrated working for discharge teams across ELFT and Barts Health and a CPS quality survey
5.	**User Voice** · **GP access** Matthew Adrien presented the paper shared with the pack that highlights the latest Healthwatch reports relating to GP Access (July-Sept reports also presented at the Health and Wellbeing Board at the end of last year) Comments and questions from the Board included: · Healthwatch is working on a breakdown of the GP Practices responses data and will forward when available · GP issues data is driven by lack of access (booking and scheduling appointments, length of waiting lists and inability to contact service by phone, etc). Would be helpful if it can be compared (GP access) with RLH access. Healthwatch is working on a report and will supply the data when available. Also, helpful to see if this was a dominant theme in TH three years ago and how TH compares with Newham and Hackney · Members flagged that the majority of feedback collected in the shared reports is from google reviews which is not the same as the way it's captured by NHS. Is this the way that feedback will be done going forward? · Members were advised Primary Care Transformation Group will be discussing the discrepancies between networks to understand where the feedback is coming from and share good learning · CIS system is using social media and will keep using google for feedback as more likely to get transparent data from independent sources rather than the individual GPs · Members flagged that not all parts of the system have access to internet or have communication/language barriers so not represented in the data · System needs to triangulate different data and look at everything available · Need to see the breakdown on age, sexuality, nationality, etc
6.	**Deep Dive: GP access** Khyati Bakhai and JoAnn Sheldon from Primary Care Team verbally updated the Board on access to Primary Care highlighting: **Challenges:** · Rapid population growth · Mobile population leading to high turnover of patients (30%) · GP and Nurse workforce crisis, exacerbated by the cost of living/housing compared to outside of London · Impact of the pandemic is still very much alive and pressure on GP Practices and their staff remains high · Hospital waiting lists add to existing pressures in primary care · Telephony and access biggest post pandemic issues · No single approach to access · Same day access hub provision ending 30.9.23

National initiatives to improve access:

- Freeing up workforce capacity through reducing targets
- Funding repurposed to support patient access and experience
- Primary Care Network (PCN) action plans 30th June
- Patients must either be offered an assessment or signposted somewhere else at point of contact
- Time from booking to appointment two weeks or less

Addressing key issues – in place

- Ongoing PCN Organisational Development programme:
  - Decision tree
  - PCNs delivering covid vaccinations
  - Agreement to deliver Spirometry hubs
  - Consensus on collaborative approach to 'Access Action Plans'
- EMIS Clinical Services - IT interoperability between Practices
- Digital Exclusion Policies in every Practice
- Primary Care access offer for Children & Young People

Addressing key issues - in development

- Gaps in data, Patient experience measures, Workforce, Practice Websites, PCN transformation projects, Primary/Secondary Care interface, Community Pharmacy

THT support:

- Priority outputs Health & Adults Scrutiny Sub-Committee Report

Recommendation 2 (HASSC Report)

- The ICB is recommended to collaborate with the THT Board (System) and the local authority's Health and Wellbeing Board (Place), to undertake investment in developing shared communications and ongoing engagement with the borough's residents'

Understanding/Trust in Wider Primary Care workforce

- some of the communities in Tower Hamlets are not accessing wider roles within health and social care

Communication/Education

- Support to develop and implement a communication and education campaign centred on five key areas: educating the community about the benefit of other specialised roles – nurses, pharmacists' physiotherapists etc./ signposting to other services such as pharmacy /Self-Management/Prevention/ downloading NHS app for access to results and repeat prescribing
- Extended services – how to access additional appointments in the evening and Saturdays
- This could be through multiple routes: Leaflet drop to every household/ East End Life double page/ advertising – billboards, bus stops etc./ resident newsletter

Comments and questions from the board included:

- Members remarked that the team has the comms proposal for winter but don't have the process in place to take forward. THT wide team to get the right people together to have the conversation with/re comms team and take the work forward and update the Partnership on next steps
- Attendees enquired if there is confidence that the schemes in place will mitigate some of the demand around workforce and investment?
- Workforce pressures in GP practices are struggling and dependant on additional roles. Need to look at how to use the PCNs to relive pressures

	· Community Pharmacy - Medical optimisations team have recruited a Community Pharmacy Lead at NEL level that will be supporting the place-based teams to create networks with Local Community Pharmacies. · New NEL level group attended by LPC Chair, Community Pharmacy representatives and Primary Care is looking at mapping all the pharmacy services currently available as a live document to be able to pinpoint people (patients and professionals) to the right services · Changes to Quality and Outcomes Framework (QOF) around acute access and long-term conditions and care · Members remarked that it will be beneficial to bring back comms that worked well during covid like champions/ people in the community that were mobilised to spread the word as part of the system · Members flagged that PC is fully stretched. To improve access, system will need to move minor conditions demand and that can be done through better comms. Consider using the Interfaith Forum · Integrated neighbourhoods need to include voluntary services. Voluntary Community Services can support with trust barriers and prevention. · THT team to discuss LPC / Pharmacy involvement in partnership – who & how, is there cost associated? · Social Prescribers are seen as part of the system and used as building blocks to improve the system **ACTION:** SB to take forward the work/ conversation re comms for winter and keep the Partnership updated through emails **ACTION:** THT Exec to look at LPC / Pharmacy involvement in partnership – who & how, is there cost associated?
7.	**The Big Conversation** Jo Triggs (JT) talked the board through the papers shared. Item will be discussed in the Engagement Group as well. The team, supported by Healthwatch will be sharing a survey followed by face to face events and conversations at every place level to make sure they engage with as many groups possible and all are included to get insights in hard to reach groups. This work will be followed by a coproduced celebratory event and feedback in September. Comments from the Board included: · Insourcing of leisure work is taking place currently and will benefit from the engagement · Need to get involved in the work already happening to avoid duplication · Need to make sure people with disabilities are being engaged in the coproduction · Process of the big conversation - need to make sure the purpose is clear in order to make it meaningful, solution focused
8.	**Health Inequalities Funding** Ashton West (AW) and Roberto Tamsanguan (RT) presented the slides shared in the pack reflecting the work that took place following the last meeting with the ask for the Board members to review and comment on the process as it stands and either: · approve to continue this process as planned · provide alternative or additional steer if required to part of or all of this process NEL has confirmed they do not have a say in the discussions/sign off process and Places can have ongoing discussions until July. Comments and questions from the board included: · Need to agree inequalities priorities and approach, focus on three priorities

	· Members agreed the revised key principals · Lifecourse Groups who are experts in their relevant areas are being used to make decisions on their priorities rather than use TH overarching priorities · Core20Plus5 needs more work to articulate and better inform the TH approach · Focus on one-year reward Health and Inequalities proposal to allow the Board to revise the contract · Members requested the lifecourse groups to start work on distinguishing their three top priorities · Access needs to be addressed · Board agreed to discuss the proposed allocations in depth at a new THT Exec meeting in order to make an informed decision at the July Board meeting Khyati Bakhai (KB) talked to the slide shared in the pack and raised a non lifecourse group proposal for £150k from HI funding to be allocated towards system Clinical Leadership. NEL ICB cuts are due to impact clinical leadership imminently with proposed timelines of June and November 2023 to agree and implement these cuts. Clinical leadership has already been reduced in TH from 45 sessions (pre-ICB) to 35 (as NEL developed) and with further cuts could see it drop to 25 sessions. The request from the Board is to ringfence £150K to uplift from a basic level of clinical leadership that NEL is suggesting to what is in place at the moment as a collaborative decision or to consider if there are any funding options available Questions and comments from the Board included: · Difficult decision to make as no time to consider the proposal · Partnership needs to discuss and consider if jointly funded option is suitable · Board members requested few more options that can be explored · Looking at the proposal in the discussed context and principals, it does not fit · Need more details on Clinical Leadership proposals focused and impactful on core20plus5. · Conversation needs to be picked up outside of this meeting · Exec Huddle needs to meet as soon as possible to discuss
9.	**SEND improvement plan & inspection preparation** Francesca Cannarella (FC) joined the meeting and talked to the slides shared in the pack highlighting the summary of progress against areas of significant weakness identified in the SEND Local Area Inspection, 2021. The shared report includes impact of progress made so far and summary feedback received from the Department for Education and NHS England asking the Board members to note the report and in particular the challenges faced by the system. AG thanked FC for the presentation and her patience (as the meeting is running behind and not enough time for discussion left) and remarked that the item needs more focus possibly at a future deep dives' session Comments and questions from the Board: · Helpful to understand the growth in ASD referrals as high numbers in TH compared with other boroughs · Complex problems that need to be addressed across the system and more in-depth conversation needed **ACTION:** Add item to the forward planner
11.	**AOB** · **Aberfeldy Practice visit –** Board agreed to visit and have a meeting there. Also @ Spotlight
	Next meeting: Thursday 6 July 900-1100. 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**
0106-36	01-Jun	Add ELOP update agenda item to the forward planner	MB	06 July 2023	Closed	Item added to the forward plan for October Board meeting
0106-37	01-Jun	SB to take forward the work/ conversation re comms for winter and keep the Partnership updated through emails	Somen Banerjee	06 July 2023		
0106-38	01-Jun	THT Exec to look at LPC / Pharmacy involvement in Partnership – who & how, is there cost associated?	Khyati Bakhai	06 July 2023		
0106-39	01-Jun	Add SEND improvement plan & inspection preparation agenda item to the forward planner	MB	06 July 2023	Closed	Item added to the forward plan for August Board meeting

Tower Hamlets Together Board

Thursday 6th July 2023

Title of report	Tower Hamlets Tackling Health Inequalities Place Plan 2023-2026
Author	Ashton West, THT Partnership Lead
Presented by	Suki Kaur, Deputy Director of Partnership Development
Contact for further information	Ashton West, THT Partnership Lead
Executive summary	The presentation aligned with this report outlines the proposed plan for using the NEL inequalities funding allocated to Tower Hamlets for the period 2023-2026. This plan has been developed in line with our agreed partnership principles and engagement and co-production with our lifecourse groups. Priority areas of focus, proposed funding allocations and details on the projects being proposed have been provided.
Action / recommendation	The Board/Committee is asked to: 1. Review and sign off Tower Hamlets' Tackling Health Inequalities Place Based Plan 2023-2026 2. Provide any feedback or comments on the Plan that need to be considered before submission to NEL 3. To commit to supporting the continuation of the BAME leadership project (which was funded using HI in the previous year) but for 2023 onwards to seek funding from alternative sources such as anti-racism, inclusion and leadership funding grants.
Previous reporting	The principles and process were presented to the May and June 2023 THT Boards as well as the Operational Management Groups. These have also been to the life course workstreams.
Next steps/ onward reporting	N/A
Conflicts of interest	N/A
Strategic fit	· To improve outcomes in population health and healthcare · To tackle inequalities in outcomes, experience and access · To support broader social and economic development
Impact on local people, health inequalities and sustainability	This plan, if agreed, has proposals which will reduce health inequalities for our residents in a number of different and measurable ways.
Impact on finance, performance and quality	There are no additional resource implications/revenue or capitals costs arising from this report. The cost of this plan has been met from specific, allocated resources.
Risks	None at present.

The ask from this Board/Committee is:

1. To review and sign off Tower Hamlets' Tackling Health Inequalities Place Based Plan 2023-2026

2. To provide any feedback or comments on the Plan that need to be considered before submission to NEL

3. To commit to supporting the continuation of the BAME leadership project (which was funded using HI in the previous year) but for 2023 onwards to seek funding from alternative sources such as anti-racism, inclusion and leadership funding grants.

Recap of key principles

1. **Our lifecourse groups**, bringing together the partnership representatives for their respective population cohorts, **should be empowered to determine which health inequalities are most pressing and to propose their preferred methods for addressing these**. This ensures engagement and oversight across our partnership.

2. **Lifecourse groups are encouraged to work with their CVS reps** to include CVS orgs within their proposals as far as possible. Though in addition, **an amount of funding will be ringfenced for a CVS only grants allocation process**.

3. Acknowledging that each population cohort has it's own unique challenges and health inequalities and that no clear, impartial methodology exists for prioritising these, **each lifecourse group should receive an equitable share of funding**

4. **Funding should not be used to 'plug gaps' in existing service provision** or to provide services that we expect to be provided through statutory funding. However, **funding can be used for existing services to provide a new or augmented service** that adds clear value in terms of reducing health inequalities.

5. **Funding should only be used where there is no other clear or viable alternative available**.

6. **Proposals must be aligned to a clear and current health inequality**, where possible linked to protected characteristics, and demonstrate how they will seek to reduce this inequality over a 3 yr period and how they will measure and monitor this impact.

Overview of priority areas of focus

Children and Families

- Supporting health needs of children in care
- Supporting Continuing Care cohort
- Improving maternity outcomes
- Enhanced CAMHS support for transgender/questioning and Bangladeshi young people

Promoting Independence

- Providing community based foot health services to homeless people
- Supporting those suffering with dementia and their informal carers

Living Well

- Preventing and early detection of long term conditions, incl. CVD, COPD, diabetes and cancer in certain communities more at risk

Mental Health Partnership

- Improving the physical health of those with severe mental illness
- Learning disability focus TBD

Voluntary and Community Sector

- To pilot VCS projects in local neighbourhoods in collaboration with PCNs, focused on prevention

REDUCING HEALTHCARE INEQUALITIES

The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

CORE20
The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation

Target population

CORE20 PLUS 5

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups

Key clinical areas of health inequalities

1. **MATERNITY**
ensuring continuity of care for women from Black, Asian and minority ethnic communities and from the most deprived groups

2. **SEVERE MENTAL ILLNESS (SMI)**
ensuring annual health checks for **60%** of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities)

3. **CHRONIC RESPIRATORY DISEASE**
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations

4. **EARLY CANCER DIAGNOSIS**
75% of cases diagnosed at stage 1 or 2 by 2028

5. **HYPERTENSION CASE-FINDING**
and optimal management and lipid optimal management

SMOKING CESSATION
positively impacts all 5 key clinical areas

Proposed allocations (before BAME leadership proposal considered)

Funding has been preliminarily allocated to each group on a 1/5 split (£167k) basis with some specific amendments as follows:

- CFE = **£222k** (1/5 total + 1/3 MH budget to reflect that CYP MH sits within CFE)
- LW = **£200k** (1/5 total + some additional to reflect larger population size)
- PI = **£133k** (slightly less than 1/5 total to reflect smaller population size)
- MHPB = **£111k** (1/5 total – 1/3 transferred to CFE)
- CVS ringfence = **£167k** (1/5 total)

Children and Families Plan (£222k pa)

Proposal	Inequality to be addressed	How this is intended to reduce this inequality	Protected characteristics	Partners involved
48 Hour Review will provide nurse review appointments after CYP patients attend A&E for an asthma attack	CYP asthma patients from deprived backgrounds and those with English as a second language are more likely to use emergency services and live in areas with poorer air quality	Outcomes = reduction in emergency attendance/admission activity, more effective preventative care, more personalised care plans, better links with emergency services and primary care.	Age – children/young people Race – non white British	GP Care Group
Delivery of consumables for children and young people on continuing care caseload	Children on the Continuing Care Caseload have complex health needs that cannot be met by universal services. This includes: needing support from a ventilator, learning disability and/or challenging behaviour.	Outcomes = quality of life improvement for families, equality with Adults in TH and CYP in Newham.	Age – children/young people Disability - disabilities and complex health care needs.	Barts Health
CLA transformation role to lead joint working across health, social care and education ensuring CLA receive the right care at the right place at the right time	Children Looked After are a patient cohort known to suffer worse health outcomes than the general population.	Outcomes = higher quality health care for CLA, e.g. initial health assessments, reviews, immunisation, dental checks, etc.; better system working for health, education and social care for children looked after; additional capacity in nursing service ensuring more timely reviews.	Age – children/young people Race – more CLA from global majority groups	Barts Health, CSC & Public Health (LBTH)
Clinical Lead for Network 7 MDT Pilot to maximise the effectiveness of services by ensuring health and care provision is coordinated.	An MDT approach is used in the community for lots of different patient cohorts as a preventative, planned intervention. CYP have not benefited from this approach in the same way that other adult cohorts have done.	Outcomes = better joint working between universal and targeted services in the community, more proactive/preventative care, development of pathways between local services, reduced emergency attendance/admission activity, more effective care plans	Age – children/young people	Primary Care, GP Care Group, ELFT, Barts Health

Children and Families Plan (£222k pa)

Proposal	Inequality to be addressed	How this is intended to reduce this inequality	Protected characteristics	Partners involved
Improving English and Health Literacy in pregnant women whose first language is not English	Extensive evidence of mothers from an ethnic minority background suffering worse maternity outcomes.	Outcomes = co-produced service offer for families, development of parent training offer, addresses service barriers that lead to worse maternal outcomes.	Gender – women Race – global majority / non white British	Barts Health, QMUL, Maternity Voices Partnership
Develop CAMHS - Transgender pathways/ improve access and outcomes	Since the withdrawal of the Tavistock Service, there has not been a dedicated service to address gender identity issues. This would pilot an approach.	Outcomes = co-produced patient-centred offer for children with gender dysphoria, development of service pathways, training of CAMHS staff Part of a joint approach with Newham and Hackney	Age – children/young people Gender – gender reassignment	ELFT
Understand the impact of receptive bilingualism and develop targeted MH support for Bengali CYP and families	Evidence suggests that Bangladeshi CYP experiencing bilingualism at home are more exposed to mental health difficulties.	Outcomes = more culturally friendly services, family workshops, development of resources, training for staff, sharing learning across wider services, promotion of basic interventions.	Age – children/young people Race – Bangladeshi	ELFT
Develop a website, one-stop-shop for CYP mental health and wellbeing services	Engagement and co-production with CYP and professionals highlighted a gap for accessible, up-to-date and cohesive sources of information on local provision across the spectrum of need	Outcomes = better information for children, young people, families; promotion of wider service offer; understanding when to access CAMHS, understanding preventative/basic interventions	Age – children/young people	ELFT, Barnardo's, Kooth
Talkboost in Primary Schools - Targeted intervention for children with communication needs.	Tower Hamlets performs worst London-wide for communication skills in reception and year 1. Particularly children who don't speak English as a first language.	Outcomes = improvement in communication skills, better school attainment, reduced demand on specialist services	Age – children/young people Race – Non white British	Barts Health, LBTH, Primary Schools

Living Well Plan - Community Health Facilitation for Prevention and Early Detection of LTCs

How much is being requested?

- £200k per annum

What is being proposed?:

- Locality-based project, to work with patients and communities to participate in and co-design preventative activities.
    1. To enable people at risk of LTCs to take part in prevention activities and to detect LTCs early, through co-produced community prevention and engagement activities.
    2. To enable communities to identify and overcome barriers to participation in preventative and detection interventions.
- This funding will complement existing interventions to prevent LTCs; it is focused on addressing inequalities in uptake of those interventions. It will complement plans to strengthen Locality Forums (as per L&N project)

What is the context or rationale?

- Long-Term Conditions like CVD, COPD, Diabetes and cancer drive health inequalities. Hence these make up 3 of CORE20+5.
- Recent CVD, Diabetes JSNAs have shown locally these conditions are much more prevalent in deprived communities, among Bangladeshi and minority ethnic groups.
- Strategic fit with plans to enable Localities and Neighbourhoods to take a Population Health approach.
- Evidence for community-centred interventions as per NICE guidance NG44; PH35;

What is proposed for funding period?

- "Community Health Facilitator" in each Locality
- To deliver local community-centred LTC prevention projects, co-produced evidence based participatory process eg: asset-based stakeholder engagement (CSEAD) /participatory budgeting
- Trained volunteer/ champions providing in reach
- Local active 'case finding' – using PCN lists and proactive outreach to find people at risk of LTCs who would benefit.
- Locality level KPIs for numbers of residents engaged from target groups
- Complement plans to strengthen Locality Forums (as per L&N project)

How could improvement be measured over time?

- Improvement in inequalities in update of preventive interventions eg health checks, weight management etc.
- Changes in diagnosis rates;
- Before and after measures of residents perceived ability to manage health – eg: I statement survey
- Qualitative feedback
- Reduction in LTC related complications from residents from socio-economically deprived backgrounds as well as specific target groups, such as socially isolated individuals, those with language barriers, residents of care homes, and individuals facing financial barriers.

Promoting Independence Plan (£133k pa)

Proposal	Inequality to be addressed	How this is intended to reduce this inequality	Protected characteristics	Partners involved
Convert existing Rapid Response positions to Admiral Nurse Posts to support Community Health service in managing patients with dementia and their families/carer	Inequalities exist for people with dementia from a black & minority ethnic background, for example delays in diagnosis & accessing support Caring for someone with dementia can have a significant impact on the health & wellbeing of informal family carers	This proposal helps people with dementia and their families/carers. Admiral Nurses support people living with dementia to stay independent for longer. They also support the people caring for them so that they will have the strength to cope with the bad days, and the energy to enjoy the good days.	Disability - dementia Age - older people Race - equalities especially exist within Bangladeshi population	ELFT Dementia UK Alzheimers Society Carers Centre
Employment of a band 6 Podiatrist to work at Foot Health clinics across borough in areas utilised by homeless people – including Whitechapel Mission	Homeless people do not engage with existing foot services as this is a group that is difficult to engage and the proposal is to take care to them at a place that provides easier access Conditions experienced in this population, greater than for the general population, include for example trench foot, chilblains, blisters and frostbite	Providing homeless people with increased access to foot health provision to prevent further deterioration of conditions. The podiatrist will operate a regular drop in foot health clinic within a building already utilised by this population, along with regular visits/drop in sessions to hostels across the borough. This proposal will support early identification and intervention of foot health disorders, and provide access to a service currently under-utilised by this population	Disability – homeless people suffer with complex co-morbidities e.g. poor mental health and substance misuse	ELFT Whitechapel Mission

Mental Health Plan - Supporting people with severe mental illness with improving physical health

How much is being requested?

- Up to £55,000 per annum for MH component. (£55k per annum for LD component TBD ringfenced).

What is being proposed?:

- To recruit a full-time peer support worker working in a community setting to support people living with severe mental illnesses in Tower Hamlets with accessing services and opportunities to improve and maintain their physical health over a 3-year period

What is the context or rationale?

- People with a diagnosis of severe mental illness have high rates of early death and poor physical health
- More people with severe mental illness in Tower Hamlets could take up annual physical health checks with their GP which (currently 58% but target is 70%)
- More people with SMI could be accessing support with accessing preventative physical health services and lifestyle interventions
- Other projects planned to focus on increasing uptake of health checks and supporting access in 'secondary mental health settings' but gap in primary care / community

What is proposed for funding period?

- TBD

How could improvement be measured over time?

- Comparison of take up of physical health services and health behaviours (e.g. smoking, exercise, healthy eating) among people with SMI between baseline and throughout project period
- Feedback/perspectives/involvement of patients with SMI throughout project period

Approach to funding the community and voluntary sector (£167k pa)

Proposed process:

- Overall funding that is ringfenced to fund the VCS (approx. £167k per year)
- This will be per year for the next 3 years

Aim:

- Creating a system which supports the VCS to contribute to prevention and support on an ongoing basis.
- It would involve setting aside a pot of money for the VCS to pilot projects which come from the need in each PCN.
- These VCS organisations would work collaboratively with PCNs and be part of multi agency teams and the locality health & wellbeing committees, also contributing to the Neighbourhood Forums (pilot with THT) and Patient Participation Groups.
- The VCS organisation would work with GP Care Group, looking at creating an integrated neighbourhood team (in line with the Fuller stocktake).
- The VCS groups would develop pilot initiatives to work with the PCNs to address specific priorities linked to THT work stream priorities and to test the ideas coming from the data project (with the adults team) and community insights (Public Health). The intention would be to create a genuine culture change and embed how the VCS can get involved in prevention (I.e. healthy eating) and be more integrated into the system.

Continuation of the BAME Leadership Project?

The Board is asked to decide whether or not to continue funding the BAME Leadership Project

This is a THCVS run project and proposal which has been running for approx. 18 months now using previous health inequalities funding and public health funding

Slide 13 includes a summary of what this project is, what it seeks to achieve and why/how

No funding has yet been allocated to this project, so it must be weighed against the value of the other projects submitted in this plan

The Board is asked to choose from one of the following options with option 4 being the preferred option from the Operational Management Group.

1. To approve this proposal and agree to remove funding in a proportional manner from the lifecourse groups as set out in the plan (e.g. a fixed % from all groups in line with current allocations)

2. To approve this proposal and agree if there are any specific projects that should be directly replaced with this

3. To reject this proposal

4. **To commit to supporting the continuation of the BAME leadership project but for 2023 onwards to seek funding from alternative sources such as anti-racism, inclusion and leadership funding grants.**

Continuation of the BAME Leadership Project?

How much is being requested?

- £100k per year

What is being proposed?:

- To continue the currently funded BAME Leadership project being led by THCVS

How is this reducing health inequalities?:

- The Disparities project strengthens the voice of communities through an ethnic minority leadership programme.
- It has been running with 7 leaders since 1 October 22, due to end 31 September 23.
- Leaders are supported with a £4,000 bursary to build capacity in their organisations, and they are provided with 1-1 support, counselling sessions and opportunities to influence through dialogue with public sector leadership teams.
- A Theory of Change is being developed with partners and an evaluation report is being developed, with the possibility of a film to use with any continuation.
- The programme is designed to embed the VCS as part of the system and to ensure that health-related disparities are properly considered and addressed.

What has been the impact of the current project?

- Collaborated on the ethnic minority leaders, event in January a dialogue with system leaders.
- Presented twice at the THT board
- Worked with LBTH Policy officer to chair and develop the Equality leadership forum with Universities and employers
- Developing a consultation approach to engaging with leaders from other VCS specialisms and communities
- Attending THT lifecourse workstream meetings
- Contributing to engaging the VCS in the LHWBC development.
- Presented to Directors of Public Health forum on approaches to racial disparities
- Met with GLA to look at how the approach supports organisations to be able to engage.

What is proposed for the next 3 years?:

In addition to supporting the continuing involvement of current leaders we want to:

- Open the scheme up to more ethnic minority leaders in Tower Hamlets (up to 12)
- Engage more widely with Ethnic minority leaders across the borough including faith leaders
- Raise awareness of opportunities to collaborate with health care system to address health disparities for residents

Tower Hamlets Together Board

6th July 2023

Title of report	Tower Hamlets Together - Better Care Fund Application 2023-25
Author	Suki Kaur – Deputy Director Partnership Development
Presented by	Suki Kaur, Deputy Director Partnership Development
Contact for further information	Suki Kaur, Deputy Director Partnership Development
Executive summary	The Better Care Fund (BCF) is now into its 8th year. The intent of the programme is to integrate, or pool NHS and Local Authority budgets to create a seamless service for the general public. The presentation aligned with this report outlines the 2023 -25 BCF plan which was submitted to the national Better Care Fund team on the 28th June. In summary the previous years plan was rolled forward into the current year with the 5.66% uplift applied to social care income. In 2023, a review will be undertaken of the BCF spend areas, opportunities and gaps with the intention to reflect the agreed recommendations in the 2024-25 return next year.
Action / recommendation	The Board/Committee is asked to: 1. Note the 2023-25 BCF planning and narrative templates 2. Recommend that the Operational Management Group develop the scope of the BCF review and oversee this with scheduled reports back to the THT Board.
Previous reporting	The BCF 2023-25 planning guidance and local Tower Hamlets intentions were presented to the THT Board on the 4th May 2023.
Next steps/ onward reporting	Health and Wellbeing Board on 20th July 2023
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 join up of resource oversight at place we will not be able to achieve the integration ambitions across our borough.

Better Care Fund 2023-25

Overview and sign off
6th July 2023

TOWER HAMLETS TOGETHER
Delivering better health through partnership

TOWER HAMLETS
GP CARE GROUP CIC
thcvs Council for Voluntary Service
NHS Barts Health NHS Trust, East London NHS Foundation Trust, Tower Hamlets Clinical Commissioning Group

Better Care Fund 2023-25

Key headlines

- The 2023-25 guidance was issued on 4th April 2023 and as per previous years local systems submitted final plans (planning & narrative templates) to the national team on 28 June 2023. These are attached to this report.
- This is a two year plan with an opportunity to refresh in 2024-25
- Quarterly BCF monitoring will begin again (this had been paused following Covid-19) in quarter 2 of 2023/24 to monitor progress against the plan
- The BCF objectives link to priorities on reducing pressure on urgent emergency care and social care as well as tackling pressures in delayed discharges
- The demand and capacity tab in the planning template was introduced last year and this is to measure our system readiness for winter and intermediate care provision.
- The Adults Social Care Discharge Fund (ASCDF) was included within the BCF and will be available for both 23/24 and 24/25
- There are five national metrics used to monitor progress of the Better Care Fund one of which is new this year:

1. Avoidable admissions
2. Falls **(*new to the 23-25 plan)***
3. Discharge to normal place of residence
4. Proportion of older people (65+) who were still at home 91 days after discharge from hospital into
5. Permanent admissions to residential and nursing care homes (65+) per 100,000 population.

- There is always misunderstanding that the core BCF is new additional monies but other than the iBCF (a grant paid to local authorities) and now the ASCDF, **the BCF is not additional money** and is instead repurposed from existing revenue. The social care income from the ICB forms part of the social care core budget to fund hospital discharge teams, social workers, reablement, equipment, brokerage etc.
- Services which are badged against the BCF in the ICB are form part of the community health services contract such as the Extended Primary Care Teams, discharge related services, rehabilitation, primary care demand related services. See slide 4 for a high level breakdown.
- How this money is allocated as well as risk and gain share agreements are reviewed annually and form the basis of the Section 75 agreement between the local authority and the ICB.

Tower Hamlets Better Care Fund 2023-25

- The planning requirements are assessed against the contents of our planning and narrative templates which are provided as appendices to this report.
- In Tower Hamlets we have rolled over our 2022/23 BCF plan into 2023/24.
- The BCF is received by the ICB and amounted to £38.5m in 2023/24. This was an increase of 5.66% from that received in 2022/23 and now includes the hospital discharge fund.
- The Disabled Facilities Grant (£2.3m), Improved Better Care Fund and Winter Pressures Grant (£16.8m) are received by the Council. The Winter Pressures Grant has been merged with the iBCF since 2020/21
- Both the ICB and Council make additional contributions to the pooled fund
- This provides a total pooled fund of £62.6m in 2023/24.
- The 2024/25 planned income is also included in the table which shows a continuation of the ASCDF
- The next slide provides a high level breakdown of schemes and spend for 2023/24.

	2023/24 Plan	2024/25 Plan
Minimum ICB Contribution	£25,839,202	£27,301,701
Additional ICB Contribution	£13,043,575	£13,043,575
ICB ASCDF	£926,545	£1,952,110
CCG Total	**£38, 556,871**	**£42,297,386**
iBCF & Winter Pressures	£16,810,321	£16,810,321
DFG	£2,320,693	£2,320,693
Additional LA Contribution	£1,364,805 (includes ASCDF underspend from ICB 22/23)	£774,839
LA ASCDF	£2,356,781	£3,912,256
LA Total	**£22,852,600**	**£23,818,109**
BCF Total	**£62,661,922**	**£66,115,495**

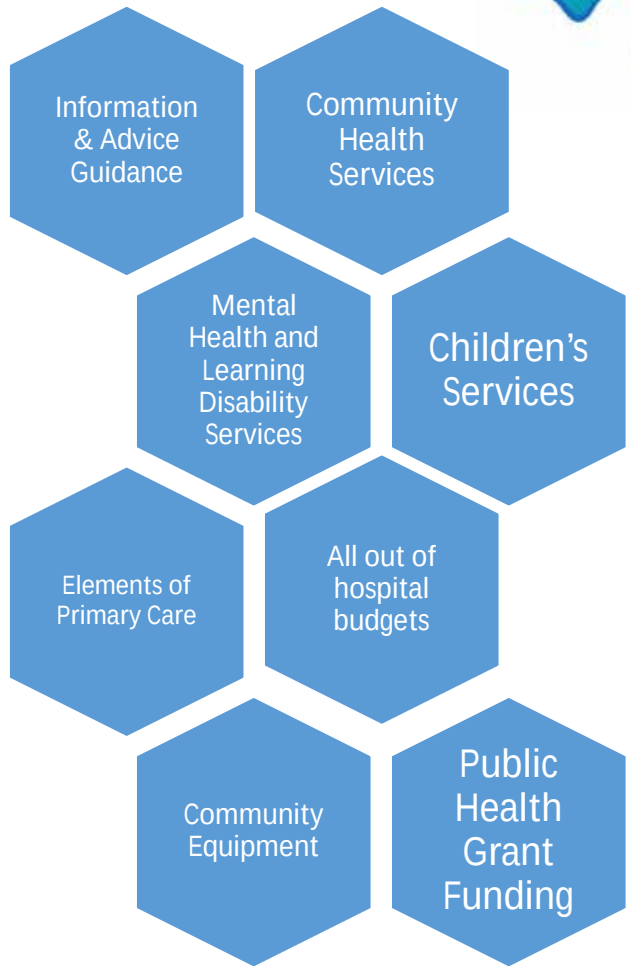
2023-24 BCF schemes (high level)

Scheme Name	Commissioner	Provider	Expenditure (£)
Improved Better Care Fund	Local Authority	Local Authority	£16,810,321
Reablement Team	Local Authority	Local Authority	£2,482,259
Disabled Facilities Grant	Local Authority	Local Authority	£2,320,693
Community Equipment Services	Local Authority/ICB (pooled)	Local Authority/Private Sector & Charity/VCS	£2,622,589
7 Day Hospital Social Work Team	Local Authority	Local Authority	£1,759,400
Community Health Team (Social Care)	Local Authority	Local Authority	£1,373,979
Carers support	Local Authority	Charity/VCS	£699,469
Locality Programme (LA contribution)	Local Authority	Local Authority	£635,998
LinkAge Plus (ICB contribution)	Local Authority	Charity/VCS	£343,395
LinkAge Plus (Council contribution)	Local Authority	Charity/VCS	£320,739
Adult Learning Disability Services	Local Authority	Local Authority & MH Provider	£267,870
Local Authority Support to Health and Social Care Integration	Local Authority	Local Authority	£255,965
Brokerage Service - Support for Hospital Discharge	Local Authority	Local Authority	£117,048
Dementia Diagnosis and Community Support	Local Authority	Charity/VCS	£84,317
Adult Social Care Discharge Fund	Local Authority	Local Authority	£2,356,781 (+£589,966)
Social Worker input into the memory clinic	Local Authority	Local Authority	£60,256
Practice Development - OT Joint Practice Lead	Local Authority	Local Authority	£31,698
Initial Assessment Service	Local Authority	Local Authority	£128,940
AMHP Service	Local Authority	Local Authority	£70,084

Scheme Name	Commissioner	Provider	Expenditure (£)
Integrated Community Health Team (incorporating Extended Primary Care Team)	ICB	NHS Community Provider	£15,276,998
ICB Discharge Funding	ICB	NHS Community Provider/LA	£926,545
Integrated Clinical and Commissioning Quality NIS (Primary Care)	ICB	ICB	£4,677,506
St Joseph's Hospice	ICB	Charity / Voluntary Sector	£2,425,271
RAID	ICB	NHS Mental Health Provider	£2,550,905
Barts Acute Palliative Care Team	ICB	NHS Acute Provider	£974,344
Admissions Avoidance Discharge Service (inclu D2A)	ICB	NHS Community Provider	£850,955
Locality Programme (ICB contribution)	ICB	ICB	£528,300
Adult Autism and Diagnostic Intervention Service	ICB	NHS Mental Health Provider	£338,580
Psycholgical Support for People with LTCs (MH PC)	ICB	NHS Mental Health Provider	£150,000
Community Geriatrician Team	ICB	NHS Community Provider	£140,001
Mental Health Recovery College	ICB	NHS Mental Health Provider	£133,913
Age UK Take Home and Settle Service	ICB	Charity / Voluntary Sector	£114,000
Age UK Last Years of Life	ICB	Charity / Voluntary Sector	£93,641
Spot Purchase	ICB	NHS Acute Provider	£88,000
Out of Borough Social Worker	ICB	Local Authority	£61,200

What's likely to be included in our Better Care Fund 2024-25?

- A national uplift of 5.66% to social care and community income
- A complete review of the BCF spend areas (scope to be determined with the Operational Management Group and links to the CHS review)
- An assessment of the intermediate care pathway using the NICE guidelines
- Review and gap analysis of the Tower Hamlets falls prevention services
- The review to consider further alignment and pooling of budgets from 24/25 when we have the opportunity to refresh BCF – potential to increase pool for out of hospital budgets within the BCF.
- The goal of pooling (and alignment) is to improve outcomes, improve people's experience of using services, and achieve greater system efficiency
- Pooled and aligned services (both in and out of the BCF) will also form a key component of the relationship between 'Borough Based partnerships' and Integrated Care Systems (ICS)
- A review was undertaken pre-Covid to look at which service areas would be suited for pooling (or aligning). As part of this review we looked at the services listed in the boxes.



Timetable and sign off

BCF planning requirements published	4th April 2023
Presentation on BCF 2023-25 requirements to the THT Board	4th May
Presentation on BCF 2023-25 requirements to the Health and Wellbeing Board	23rd May
Optional draft BCF planning submission (including intermediate care capacity and demand plan) submitted to regional BCF team	19th May
Sign off process with LBTH CEO, HWBB Chair and ICB	Early –mid June
BCF planning submission (including intermediate care and short term are capacity and demand plans: and discharge spending plan) from local HWB areas (agreed by ICBs and local government)	28th June
Presentation on the BCF 2023-25 return to the THT Board	6th July
Retrospective sign off from Health and Wellbeing Board	20th July
Scrutiny of BCF plans by regional assurers, assurance panel meetings and regional moderation	28 June – 28 July
Regionally moderated assurance outcomes sent to BCF team	28 July
Cross regional calibration	3 August
Approval letters issued giving formal permission to spend (NHS minimum)	3 September
All section 75 agreements to be signed and in place	31 October

Overview of Improvement Week

Improvement week is an ICS led, week long deep dive QI event, hosted in General Practice and supported by all local service providers together in one space

The purpose is a shared understanding for all ICS organisations of demand presenting in practice (in all forms admin and clinical) to identify appropriateness and improvement opportunities.

The event takes place in a practice(s) facilitated by PCTT for one week

The shared purpose is for all participant organisations to make improvements with staff and patients either same day, within week or medium/long term within general practice and the organisation they are representing

The ethos is to come alongside each other, there is a ‘no blame’ culture and it is not used for performance management.

This is a fast paced, exciting, inclusive approach with the potential for huge impact

Overview of Improvement Week

The outcomes are:

- Data on all presentations identifying where demand is coming from, how it is presenting, if it is appropriate (presented to the right place, right person, was timely, involved rework, was safe, equitable and the patient did not raise a concern)
- The above in underpinned through patient and staff individual experiences across the whole cross organisational pathway

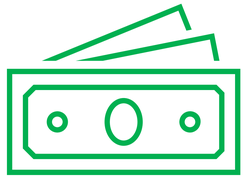
= Data and narrative to give a live picture of what is happening on the ground

- Practice – understanding of their demand and opportunities for improving
- ICS – understanding what demand is presenting in practice, flow across the system and system blockers with opportunities to improve pathways impacting on the whole systems
- Other providers – understanding of whole pathways and real time patient specific opportunities to change systems impacting at scale

Benefits realisation

Some examples of the **practice level** benefits that will be or already have been realised:

- Benefits will realise time and cost savings which will improve access.
- Some time releasing benefits will not release appointment slots but enable clinicians to get home earlier and not have to work late - improving work/life balance and supporting the practice with recruitment/retention.



Minimum of 8.5 hrs per week of pharmacy tech time saved pw by streamlining the repeat prescription process

Rekeying of data from community EMIS into practice EMIS – estimated 4.5 hours of admin time per week

30 mins of GP time saved per week by improving podiatry to GP comms re swabs

Time saved re handling calls re paediatric bloods 12 mins pw (actual likely to be higher)

Later collection times for bloods allowing clinicians to take bloods in appts later in the day, resulting in an improved patient experience, and releasing additional slots where patients had to attend another appt on a different day

Clinician time saved reviewing/cross-referencing radiology results = 2.5 hours pw for the practice but 2,090 hours across the system annually

Improvement plan - Secondary Care

Lancashire and South Cumbria Health and Care Partnership

CHC

- The CHC team have expressed a commitment to be involved in the work and improve the CHC process and will work with BTH colleagues on the CHC and hospital discharge processes.

Referrals

- Looking at single point of information for GP practices regarding referral routes and criteria.
- Increasing input of referral information in GP communication including information regarding ‘My Planned Care’ package and triage process at BTH.

Discharge letters

- BTH are reviewing the eDischarge. Information to be included on what medications patient came in with and what they are being discharged with.
- Monthly monitoring of eDischarge compliance.

Improvement plan - Mental Health

Lancashire and South Cumbria Health and Care Partnership

Communications

- Improvements to communications, pathways and signposting including a central primary care information repository.

Referrals

- Existing MH QIP developing SPoA Initial response service and MH hubs.

CAMHS

- Comms regarding parenting support information to practice.
- Consideration of school referral pathway.

Discharge information

- QIP to work with services to improve information.

Medication

- Confirming restart date of consultant non-medical prescriber in Fylde and Wyre.

Improvement plan – wider system

“Interoperability of systems and records came up frequently in the examples logged….highlighting significant opportunities and patient benefits to improved integration of existing or new/planned systems across the ICS.”

ICS led QIPs:

- Central repository of information for primary care
- Referral pathways - across all providers
- Discharge processes and comms – across all providers
- Estates – supporting expanding PCN teams as they recruit to ARRS roles/develop integrated neighbourhood teams.
- Interoperability of systems across partners – EMIS, community EMIS, future plans for ICE, shared care records etc)
- Future scope of health assessment bus services
- Pain management - re opioid management programme - tolerances and managing risk

ICS led QIPs (wider opportunity beyond Thornton)

- Printers (wider opportunity beyond Thornton)
- Radiology
- Blood collection (wider opportunity beyond Thornton)
- Extended hours utilisation (further potential to increase uptake across all participating practices)

Overview of Improvement Week

How does IW align with ICS priorities?

- Governments improvement plan and Fuller stock take system overview
- PCTT enablement funding provided
- Transferable QI expertise from PCTT to ICS QI and delivery team
- Real time data for system wide demand, flow and capacity planning
- Provides supporting evidence for the transformation strategy
- Provides a narrative around the access experience/challenge
- Covid reset between cross organisational working particularly on high traffic pathways
- Prioritising time to step away from delivery and work together on system setup
- Resets/re energises individual and organisational relationships

Overview of Improvement Week

How does it work

Preparation and set up of the week including a localisation of the IW event

The event is facilitated by PCTT QI team

There is a command room where the QI activities are undertaken by staff from all organisations based in one or more practices

Automatic data captured every time a patient care record is opened, the person managing that episode identifies appropriateness

Deep dive into pathway challenges

Organisation representatives must be available each day to participate

Outcomes, comms and actions are owned by the practice for practice level and the ICS for all other areas – managed through the ICS project management team

ICS commitment

- Selection for IW starts with the ICS not the practice. The ICS needs to demonstrate a desire to lead a cross organisational large scale change improvement initiative looking at all demand (admin as well as appointments) through the lens of primary care to make changes to make best use of capacity and improve patient and staff experience across the system.
- The ICS will need to identify and resource an SRO and project management team who are able to influence at a system level but also commit the time to actively lead and participate in grass roots change.
- Essential core team: ICS SRO, ICS Project Manager, ICS data lead, Practice Manager, Practice Clinical Lead, Practice PPG lead, Project Support and Admin.
- Established good relationships are required from the system representatives to enable implementation of improvement

If an ICS are interested what do we do next?

Contact an Improvement Week trained representative (at the moment Emma L or Elaine K) to give background on your ICS interest and other work

We need an interested SRO from the ICS – usually the primary care cell lead to have an initial call with one of the IW PCTT to outline what is involved and gauge readiness

I

Is UK General Practice at breaking point ?

Understanding real time demand to support fast paced improvement is needed

What is creating so much **demand** in UK **general practices** and is their room for improvement if we work at a system level?

A new approach to understanding and managing this demand across an Integrated Care System (ICS)

Method

- Improvement week is a pilot approach to support UK primary care working with partners across an ICS to identifying key pressures on primary care and potential areas for improvement
- Adapted ‘Perfect Week’ QI methodology to a focus through General Practice
- Co-designed with representatives from all organisations

On site for 1 week:

- Live data capture on all demand: patient requests, appointments, incomplete pathways, administrative and back office.
- Appropriateness assessment, is this demand presenting to the right place, timely and delivering the required outcome (working well)?
- Working collaboratively with system partners to understand the constraints, volume and impact.
- ‘Then and there’ approach to making improvements through multi organisational daily sitreps
- Ethos of ‘no blame’, all coming together to achieve the best outcomes for and with patients

Results of Improvement Week

2,493 Patient presentations

4,550 demand interactions

95% Appropriate

10% had an improvement opportunity

10% demand initiated in secondary care

66% demand patient led

19% demand practice led

Patient representatives giving real time voices and supporting redesign

Cross organisational command room

One improvement was

Radiology

Good news - changes to radiology results processes will save an estimated **30 mins per day** for Thornton but this equates to **40 hours a day** across the patch – this equates to an estimated **27,000 GP appointments** freed up annually or simply a better work life balance.

A test of concept in a high quality system revealed 127 improvement opportunities

Further testing planned across the ICS(s)

For more details and to follow our story