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 7 December 2023, 0900-1100

Chair: Amy Gibbs

AGENDA

	Item	Time	Lead	Attached / verbal	Action required
1.	**Welcome, introductions and apologies:** 1. Declaration of conflicts of interest 2. Minutes of the meeting held on 2 Nov 2023 3. Action log	0900 (5 mins)	Chair	Papers Pages 3-5 Pages 6-12 Pages 13	 Note Approve Discuss
2.	**Questions from the public**		Chair	Verbal	Discuss
3.	**Chair's updates**		Chair	Verbal	Note
4.	**System resilience and urgent issues**	0905 (5 mins)	All	Verbal	Note

5.	**Community Voice: Health Justice Partnership and Welfare Support** 1. Health Justice Partnership work across England 2. Bromley by Bow Insights independent study for London	0910 (30 mins)	Dr Sarah Beardon Dr Dan Hopewell	Papers Pages 14-26	Discuss
6.	**Lifecourse Delivery update:** • Primary Care Transformation Committee	0940 (20 mins)	Khyati Bakhai and Jo Sheldon	Papers Pages 27-34	Update/ Discuss
7.	**Primary Care Improvement Week**	1000 (15 min)	Dr Gita Thakur Virginia Patania	Papers Pages 35-54	Update/ Discuss
8.	**Winter Plan update**	1015 (10 mins)	Julie Dublin and Ben Gladstone	Papers Pages 55-62	Approve
9.	**Section 256**	1025 (5 mins)	Suki Kaur	Verbal	Update
10.	**Integrated Finance Report**	1030 (15 mins)	Sima Khiroya and Sunil Thakker	Papers Pages 63-80	Update/ Discuss
11.	**Patient Safety Incident Response Framework**	1045 (10 mins)	Polly Pascoe	Papers Pages 81-103	Note
12.	**Any Other Business** • 0930-1130 new meeting time for 23/24	1055 (5 mins)	Chair	Verbal	Note
Date of next meeting: Thursday 4 January 2023, 0900-1100 – Committee Room 1 – Tower Hamlets Town Hall, 160 Whitechapel Road, London, E1 1BJ					

- Declared Interests as at 29/11/2023

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 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
Denise Radley	Member of the Tower Hamlets Together Executive Board (ICB Sub-Committee)	Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Non-Financial Professional Interest	London Borough of Tower Hamlets	Corporate Director & Deputy Chief Executive of the Council	2016-05-14		
			Non-Financial Professional Interest	Association of Directors of Adult Social Services	Ordinary Member of professional organisation that also has charity status.	2007-09-01		
			Non-Financial Personal Interest	Hertfordshire Partnership NHS Foundation Trust	Ordinary member of local mental health trust in a personal	2016-05-14		

					capacity			
			Indirect Interest	N/A	My partner's cousin (Marc Radley) is a director of CACI, supplier of software to the public sector	2016-05-14		
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	Bromley by Bow Health partnership	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		

- Nil Interests Declared as of 29/11/2023

Name	Position/Relationship with ICB	Committees	Declared Interest
Richard Fradgley	Director of Integrated Care	City & Hackney ICB Sub-committee City & Hackney Partnership Board Community Health Collaborative sub-committee 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.
Suki Kaur	Deputy Director of Partnership Development	Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	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.
Jonathan Williams	Engagement and Community Communications	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 Community Health Collaborative sub-committee Havering ICB Sub-committee Havering Partnership Board ICB Audit and Risk Committee ICB Board	Indicated No Conflicts To Declare.

		ICB Population, Health & Integration Committee ICB Quality, Safety & Improvement Committee ICP Committee ICS Executive 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	
Amy Gibbs	Independent Chair of Tower Hamlets Together	Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.
Vicky Scott	CEO	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.
Muna Hassan	Community Voice Lead	Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.

DRAFT Minutes of the Tower Hamlets Together Board
Thursday 2 November 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
Richard Fradgley	Director of Integrated Care & Deputy Chief Executive Officer, East London NHS Foundation Trust	MS Teams
Denise Radley	Corporate Director Health, Adults & Community	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
Zainab Arian	Joint Chief Executive Officer, Tower Hamlets GP Care Group	MS Teams
Warwick Tomsett	Director of Integrated Commissioning, NHS North East London & London Borough of Tower Hamlets	In person
James Thomas	Director of Community and Children's Services, London Borough of Tower Hamlets	In person
Khyati Bakhai	Tower Hamlets Primary Care Development Clinical Lead, NHS North East London	MS Teams
Muna Hassan	Resident and community representative/Community Voice Lead	MS Teams
Matthew Adrien	Healthwatch Service Director	MS Teams
Attendees:		
Ashton West	Programme Lead, ICB & LBTH, NHS North East London & London Borough of Tower Hamlets	MS Teams
Fiona Peskett	Director of Strategy and Integration Barts Health – Royal London and Mile-End Hospitals	MS Teams
Jon Williams	Engagement and Community Communications Manager (Tower Hamlets), NHS North East London	MS Teams
Tony Collins	TH Carers Centre	MS Teams
Chandrika Kaviraj	Carer – community voice item presenter	MS Teams
Andrea Antoine	Deputy Director of Finance, NEL ICB	MS Teams
Katie O'Driscoll	Health and Adult Social Care, London Borough of Tower Hamlets	MS Teams
Suki Kaur	Deputy Director of Partnership Development, NHS North East London & London Borough of Tower Hamlets	In person

Madalina Bird	Minute taker, Governance Officer, NHS North East London	In person
Ben Gladstone	Deputy Director, Ageing Well, London Borough of Tower Hamlets	In Person
Julie Dublin	Senior Programme Manager, Unplanned Care	In Person
Layla Richards	Corporate Director, London Borough of Tower Hamlets	In Person
Katriona Davidson	Barts	MS Teams
Apologies:		
Neil Ashman	Chief Executive Officer, Royal London & Mile End Hospitals, Barts Health NHS Trust	
Sunil Thakker	Director of Finance; C&H ICP & Acting Director of Finance; TNW ICP	
Charlotte Pomery	Chief Participation and Place Officer, NHS North East London	
Chetan Vyas	Director of Quality	

Item No.	Item title
1.0	**Welcome, introductions and apologies**
	The Chair, Amy Gibbs (AG), welcomed members and attendees to the October Tower Hamlets Together (THT) Board meeting noting apologies as above.
1.1	**Declaration of conflicts of interest**
	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 committee. No additional conflicts were declared.
1.2	**Minutes of the meetings held on 5 October 2023**
	The minutes of the previous meeting held on Thursday 5 October were agreed as an accurate record of the meeting.
1.3	**Actions log**
	No open actions to be updated in the meeting
2.0	**Questions from the public**
	No questions from the public have been received in advance of the meeting.
3.0	**Chair's updates**
	AG updated: · All the best to James Thomas as this is the last Board meeting that he will be attending · Anti-racism meeting with the team to discuss action plan. Good progress up to date but lots more to do. Next step is to set up the Anti-racism Steering Group as part of the refreshed governance structure. Need to think about who will be part of the group as needs to be inclusive and have lived experience within the borough. Group will oversee the LGBTQ+ work as any new priorities identified across the partnership · Funding secured and conversations took place with partners across London around LGBTQ health inclusion and health inequalities. Working with primary care teams to

	look at plan to have all practices trained in the next two years. Developed plan will be presented at the Board in future · Team invited to present anti-racism work at NEL workshop · Children's Partnership has anti-racism as one of four priorities for next 2 years · Strategic Partnership Boards relating to People - Improved Join Up meet to discuss their priorities, look at work overlap and gaps and agreed the process for more regular alignment to make sure the work is coordinated and where more focus is needed The Board members noted the update.
4.0	**Community Voice:**
4.1	**Promoting Independence**
	Tony Collins from TH Carer Centre (CC) verbally presented the item highlighting the following: The Carers Centre is providing quality services for unpaid carers in Tower Hamlets. Services range from: · someone to speak up for carers – advocacy · a Carer's Assessment that puts their needs to the front and opens doors to more support · people at The Carers Centre who get to know their individual situation · advice and guidance on the situations they worry about · Lasting Power of Attorney – making decisions when they can't · Emergency Card – peace of mind if something happens to them · safeguarding · all-important advice and support about money · publications (including the newsletter), factsheets and resources and calendar The Centre is using a holistic approach in their support. Unpaid carers in TH save the borough £500 million/year. Chandrika Kaviraj (CK) also joined the meeting and talked through some of her personal experiences as an unpaid carer in TH: · Looking after two elderly parents with three long term conditions each (disabled, strokes and undiagnosed dementia). Father was put on the palliative pathway because of an ear condition which become to hard to treat in the hospital and had to find her way out of that hospital. Mother forced on the palliative pathway when one of her GP's forced the 'Do not resuscitate' orders on them and CK was told by the doctor not to call 999 or 111 or go to a hospital when help is needed. Both parents placed under St Joseph's Hospice (SJ'sH) for palliative care with advance care planning. St Joseph's Hospice, although lovely, keep signposting CK to the GP – GP kept signposting to the District Nurses (DN) and DN signposting back to St Joseph's Hospice who then signposted to Advance Care Planning who then asked CK if her parents are imminently dying and if they were not they could not help with the care planning. At discharge the hospital arranged for a community physio care therapist for CK's dad which was then cancelled as the therapist would not engage in providing the exercises due to his dementia · CK stressed that all services are keen to discharge – she has little contact with GPs and forced to use single point of access that takes a while to transfer information to DN's with long delays between her call and the DN coming out. SJ'sH have stepped back which means unpaid carers with palliative patients are essentially isolated and unsupported. · Unpaid carers are doing everything for these patients and are treated like an invisible but vital health care service · Care and compassion although displayed is actually absent · Provided care for 16 years and situations like this have been happening throughout

	· Change needs to happen – joined up – integrated care is not happening. Need to start thinking about the people CK also asked the Board members to imagine their own parents or children in the very situation that she finds herself in – what would they want for them (their family) and what would they do to make lasting change? If you have 'skin in the game' they would change the situation for themselves and other carers in similar situations AG thanked CK for sharing her story and remarked that the description of the signposting in a loop from one service to another and then back to the original service and professionals refusing to do what is needed due to dementia and other conditions is horrifying and heart-breaking when the role of the Partnership is to ensure that is not happening. Also, the point made around carers being invisible but vital is spot on. Questions and comments from the Board included: · Appropriate challenge to remind the Board that what they are doing should be having an impact on the people who are experiencing and using the services. This is an opportunity to re-look at where joined up services need to be done. Partnership can't fix everything all at once but can start by identifying where the most obvious needs are, like assessments and discharge (in this case) and then look at what can be done in the longer term · Network seven presented an initiative around care at home specifically in patients needing integrated care – need to involve patients/carers in integrated care discussions. Need to think about how to involve the carer association and social prescribers in the care at home/integrated care. Look at things in a more holistic way · Need to also think about dementia and palliative care as a priority · Safeguarding, scrutiny and the commissioning of care agencies discussion/consultation previously undertaken. Team will pick up with the commissioning/adult and social care team and follow up · Need to have discussion/focus on people in last years of life care, pathways, other improvements needed and potential for joining up · Need to think about the timings of the community voice/time slot of the item and be more flexible to accommodate presenters ACTION: Add discussion/deep dive on end of life care (pathway/improvements/ potential for joined up services) to the forward planner
4.2	**You said – we did**
	Jon Williams (JW) presented the report and highlighted this is an important part of every Board meeting and demonstrates the commitment to the community having impact on its work. As part of this commitment this report sets out the process by which responses and actions, and how the Board is responding to community voices sessions to date. Next report will be presented to the Board in three months' time. Members discussed the report and key points included: · Need to demonstrate and follow through, be rigorous and honest about the position – not much progress has been achieved on the anti-racist commissioning piece. Rag rating can be changed to red and addressed as a priority by the new joined group · Each set of issues that the residents have brought is important in its own right – and the follow through – need to hear directly from the residents and the service users – how is the Board ensuring there is 'you said-we did' discipline across all services on a systematic basis? Members were advised there is work taking place to ensure public is connected with the wider work of THT. JW is also working on a RAG co-production as well to make sure all better connected and are hearing people voices. Work also picked up in the locality's projects. Need to make sure all is pulled together in a proper approach, need to set out how the public will be involved and to get feedback on how people receive the services

	· Need to incorporate 'you said-we did' discipline model as part of the refreshed priorities, co-production and the annual planning cycle · Opportunity to learn from Foundation Trusts – Board of Governors (residents who use the system and staff) who are voted in to help set priorities, test strategies, help to focus on what is most important to the community. Is a more formal group of residents that can support to shape priorities needed? Need to be conscious of the financial pressures with difficult decisions to be made – having a group of residents to help make those difficult decisions would be helpful. Members were advised this is part of the work taken forward and happening at the moment. · Need to think more profoundly about co-production and doing things differently · Team to meet and discuss further how to progress the work ACTION: Team to discuss further and incorporate 'you said-we did' discipline model as part of the refreshed priorities, co-production and the annual planning cycle
5.0	**Life course Delivery update: Promoting Independence**
	Denise Radley (DR) presented the update and talked the members through the slides shared with the pack. Comments and questions from the Board members included: · Opportunity with LA to look at Leisure Centres supporting carers wellbeing · Clinical Care Leadership input into PI group has bees strong and consistent The Board noted the current progress of the programme.
6.0	**THCVS's State of the Sector report**
	Vicky Scott (VS) presented the report shared in the pack highlighting that the voluntary & community sector holds many of the solutions to health inequality, given that 80% of health comes from social determinants. The VCS in Tower Hamlets is large and diverse, and faces unique challenges particularly around funding. VCS organisations can often reach communities that statutory partners struggle to access, and they have the trust of these communities. This makes the sector well-placed to help tackle the most intrenched inequalities. The Board is asked to consider ways that the health system can support the VCS as a core partner. VS also requested if papers presented to the Board in the future could have an explicit consideration of the VCS and a note of how is funded to understand what the spent for VCS is from the health sector to make it explicit and to be able to see how it can be changed and maybe find different ways of doing things as a Board. Also, for the CVS to be considered in everything going forward, ie Joined Forward Plan (JFP), as at the moment it does not feel it is an equal partner or considered to be. Comments and questions from the Board members included: · Members all agreed the important role of the VCS in the partnership and in the Borough. The discussion needs to be taken into the ICS as they lead on the constitution of the JFP for NEL · Need to look at the spent in across health and social care and where it goes into the CVS as part of the budget reports to help to think about where should resources be going and resources redirected · Added challenge is the fact that much of the funds available to give are short term that in itself creates instability · Need to remember the role of the CVS during the pandemic and will be critical to have them into any future pandemic plans and in the system resilience · Need to also take advantage of the different funding opportunities outside of THT Board · Need to be more conscious about what is spent where and why, how it fits with the Board strategic approach.

	· In social care, in areas like carers the bulk of the funding is with the voluntary sector · Lots of learning that can be taken forward from covid · Small things do matter, need to use language that everyone can engage with and think about everyone can be included and takes part · Due to NHS challenging financial position in the next year it means the system will need to make difficult choices and take hard decisions. Over the last few years ELFT in the community mental health transformation have relied heavily on the voluntary sector and want to continue to do so. Need to make sure that CVS is part of the prioritization process where there is good evidence that is helping to mitigate demand · CVS are also supporting with the community health inequalities as often the first point of contact for various communities in the borough due to mistrust and disconnect with health institutions VS advised there is a VCSE Collaborative which is a collaborative of all the VCS infrastructure organisations across NEL are looking into taking the leadership in some areas of health transformation and health inequalities across NEL not only TH with huge potential in demonstrating the impact that voluntary system makes AG thanked VS for the presentation and remarked that the members will support the work any way needed. More conversations are needed internally to address the specifics of having an explicit focus in all papers around the role of the voluntary sector so it will be picked up with THT colleagues in planning meetings. The Board members noted the report.
7.0	**Tower Hamlets Place Based Winter Plan 2023/2024**
	Julie Dublin (JD) presented the plan and explained the paper shared in the pack provides details of the initiatives identified to support Urgent and Emergency Care (UEC) resilience and performance during winter October 2023 to March 2024. The Board/Committee is asked to: 1. Note the 2023/2204 winter plan 2. Recommend that the Tower Hamlets Urgent Care Working- Group through the relevant sub-groups, oversees the implementation and monitoring of the initiatives. 3. Recommend that the THT Board receives a progress report at the next meeting. Questions, comments and remarks from the members included: · Need to think more systematically about the flow of mental health clinically ready for discharge patients - capacity and process · The schemes identified in the plan are from the providers and identified locally with the help of the Clinical Leads · Parallel discussion needs to happen to find quicker and better ways of discharging patients that live outside the borough The Executive Committee noted the 23/24 Winter Plan
8.0	**Section 256 Funding process**
	Suki Kaur (SK) presented the paper shared with the pack and asked the Board members to: 1. Agree areas to focus the remaining funds and 2. Approve the timeline and process for allocation of the remaining funds Questions and comments from the Board members included: · Good to have the money given the in-year pressures around the clinically ready for discharge and mental health going into winter – can some of this money be used this year? Is the £3mil to be used next year? · Board had said in previous discussions they do not want to spend this money on what is considered commissioning gaps - is it still the case? In the context of the

	pressures carried out into the next year is there need to think about deploying some of the funding to carry on services and schemes which are funded non-recurrently this year but considered priority (waiting lists, management in CYP autism services, children and adult ADHD and other pressures in the community services) · Good to know if there is anything to use in this financial year as following the discussion under the winter plan item some of the funding seems very little. All have many competing demands - would it be better to allocate a certain proportion to each of the systems to use and have proposals on how they will use it? Very difficult to prioritize one system over another · Primary Care is not represented in the total S.256 spent and allocation to date even after access was repeatedly flagged in previous meetings · Discussion needs to be picked up outside of the meeting as very challenging decision. Need to be very concise as a system, look at priorities agreed as a Board and manage demand and pressures in the system. Need to be sensible about how the money is used as a system not use it as an opportunity for extra money · Members were advised the funding can be used in-year · Discussion to be picked up at the Exec meeting with all the Board partners invited · Need to think about the system, collectively not individually
9.0	**Care Quality Assurance Framework**
	Katie O'Driscoll (KO) talked the Board through the paper shared highlighting the single assessment framework will assess providers, Local Authority (LA) and integrated care systems with a consistent set of key themes, from registration through to ongoing assessment Questions, comments and remarks from the members included: · All boroughs and Councils will be assessed from January onwards over a two-year period · Need to discuss if item needs to come to the Board once the date of the inspection is confirmed (before or after) The Board noted the framework
10.0	**AOB**
	No any other business raised
Date of next meeting – 7 December 2024	

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
0211-47	02-Nov	Add discussion/deep dive on end of life care (pathway/improvements/ potential for joined up services) to the forward planner	MB	07 December 2023	Closed	Item added to the forward planner for April deep dive
0211-48	02-Nov	Team to discuss further and incorporate 'you said-we did' discipline model as part of the refreshed priorities, co-production and the annual planning cycle	tbc	tbc	Open	

Introduction to Health Justice Partnership

Dr Sarah Beardon
UCL Faculty of Laws

Health Justice
Partnership

What are Health Justice Partnerships?

Collaborations between health services and organisations specialising in welfare rights

Advice and assistance is integrated with the delivery of healthcare

Social welfare law

Welfare benefits

Debt

Housing

Employment

Education

Community care

Immigration and asylum

Legal needs

Missing out on benefits entitlements / being wrongfully denied them

Lack of appropriate special educational needs provision

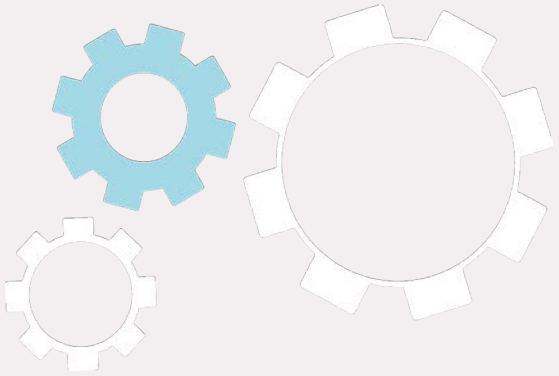
Problem debt

Insecure housing (eviction, homelessness, temporary accommodation)

Unfair dismissal from work

Poor housing conditions (overcrowding, disrepair, mould, pest infestation)

Discrimination at work



Lack of needed social care

Undocumented citizenship (loss of access to housing, healthcare, bank accounts, public services)

Legal issues impact on health

Mental:

- Stress, anxiety, depression
- Self-harm & suicide
- Social isolation

Physical:

- Poor nutrition
- Poor quality living environments
- Ability to self-care

Legal issues arise due to illness & disability

Reduced economic security:

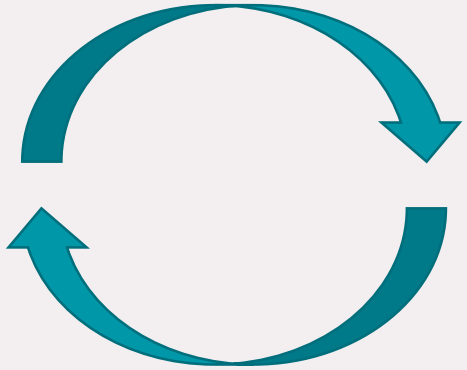
- Time off work / loss of work
- Reduced work capability

Increased support needs:

- Increased costs of daily living
- Eligibility for support (finances, housing, social care)

Bi-directional relationship

Legal need



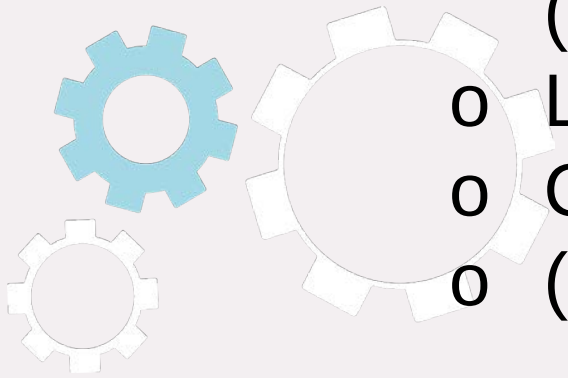
Poor health

HEALTH INEQUALITITES

Why work in partnership with advice services?

Welfare rights advice services

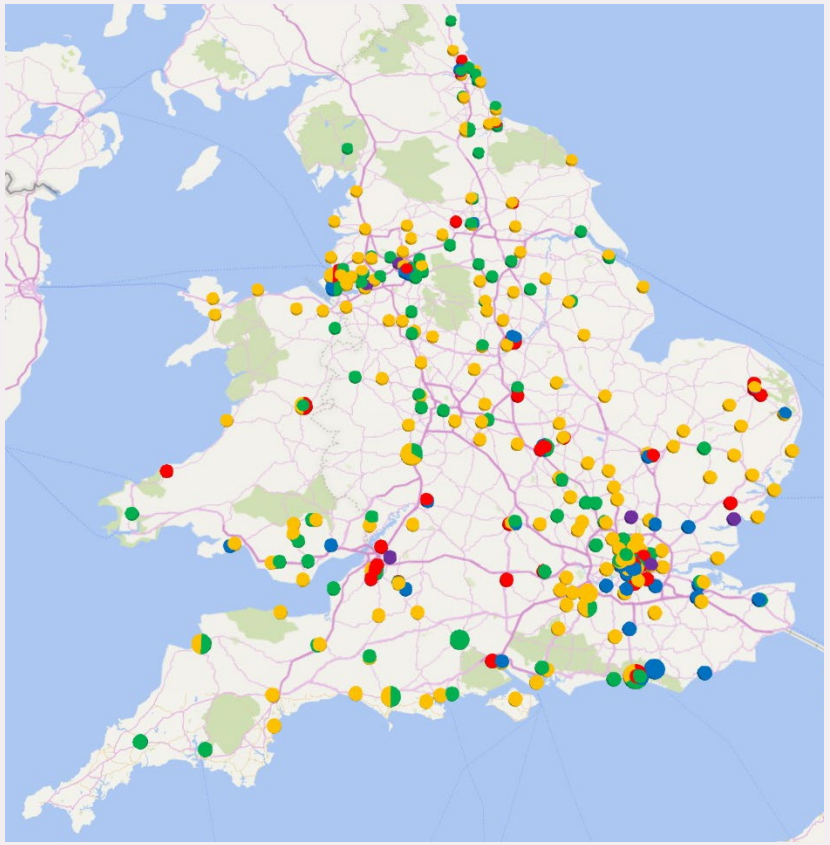
- Provide free advice and assistance with social welfare legal issues
- May be at generalist of specialist level (advice, casework, representation)
- Types of organisations:
    - Independent community-based advice centres (e.g. Law Centres)
    - Local Authority welfare rights units
    - Charities (e.g. Citizens Advice)
    - (less commonly) Private law firms acting pro-bono



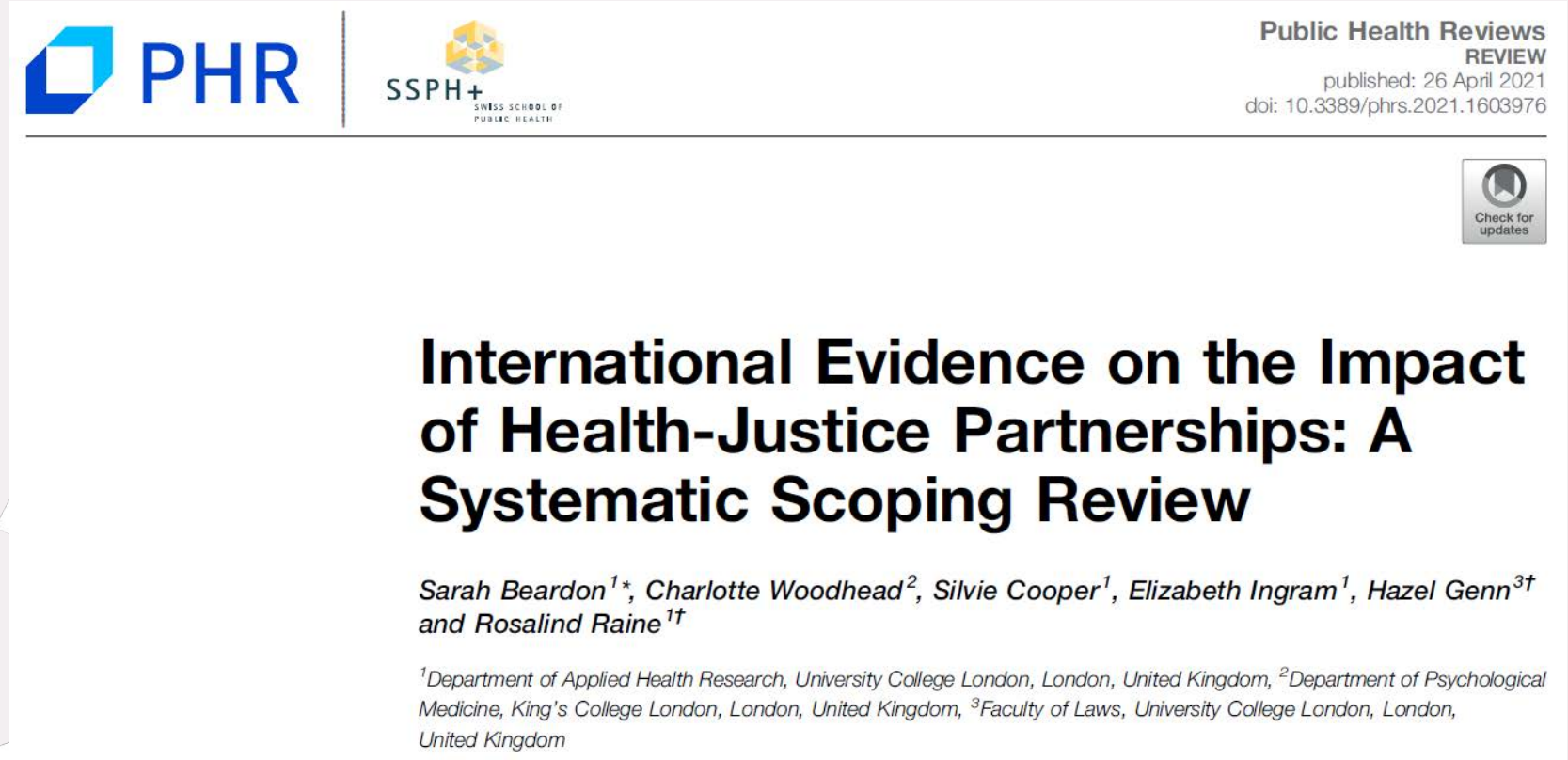
Health Justice Partnerships in the UK

Diverse characteristics:

- Health settings
- Legal advice issues
- Advice providers
- Service integration



The evidence base



PHR | SSPH+ SWISS SCHOOL OF PUBLIC HEALTH

Public Health Reviews
REVIEW
published: 26 April 2021
doi: 10.3389/phrs.2021.1603976

Check for updates

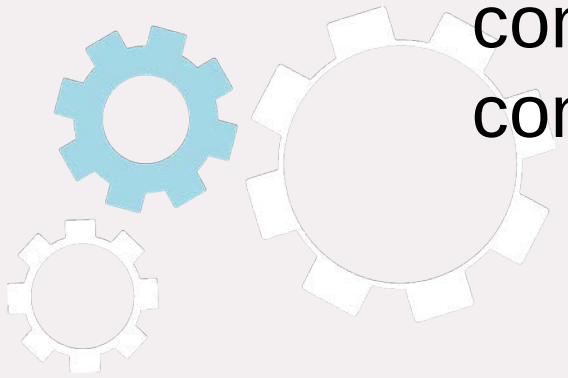
International Evidence on the Impact of Health-Justice Partnerships: A Systematic Scoping Review

Sarah Beardon[1], Charlotte Woodhead[2], Silvie Cooper[1], Elizabeth Ingram[1], Hazel Genn[3†] and Rosalind Raine[1†]*

[1]Department of Applied Health Research, University College London, London, United Kingdom, [2]Department of Psychological Medicine, King's College London, London, United Kingdom, [3]Faculty of Laws, University College London, London, United Kingdom

Going forward

1. Make welfare rights central to your strategies and actions on health inequalities
2. Come together and contribute jointly to help make this happen
3. Work with your advice sector to understand community needs and develop a plan that is consistent with local priorities



Thank you!

Website: https://www.ucl.ac.uk/health-of-public/health-justice-partnerships

Email: health-justice@ucl.ac.uk

Twitter: @HealthJusticeUK

NHS
North East London

Tower Hamlets Primary Care Transformation Group

December 2023

Tower Hamlets

Introduction

- The Tower Hamlets Primary Care Transformation Group (PCTG) is established as a local engagement and decision making group
- Feedback and/or decisions taken by the group feed into the Tower Hamlets Together Operational Management Group and the North East London Integrated Care Board (NEL ICB) Primary Care Contracts Committee as appropriate
- Frequency of meetings - monthly

Purpose

- Drive improvement in patient health and care outcomes and support the borough and North East London in achievement of their priorities
- Lead on planning, developing, monitoring and implementing of Primary Care initiatives, including national schemes.
- Take an integrated approach to working and co-ordinating with stakeholders
- Key Relationships include NHS England, the GPs and their delivery partner organisations, Local Authority, Healthwatch, Primary Care Networks, Borough Partnership Board (THT), Health Education England, acute and community providers, the Local Medical Committee, Public Health England, Local Professional Networks, and others such as relevant Voluntary Sector

Objectives

- The successful implementation within the Borough of strategy and work programmes of NEL ICB borough executive groups where relevant
- Oversight of delivery by provider of non-core GMS contracts, including any enhanced services and other services provided under contract by primary care organisations
- Engaging regularly and effectively with local stakeholders on progress on primary care transformation, in particular with GP practices and PCN clinical leads

Membership

Membership	Leads that may be invited for specific topics
· Primary Care Development Lead (Chair) · Primary Care Clinical Leads · System Clinical Director Tower Hamlets · NEL ICB Director of Primary Care · Borough Director · Head of Primary Care Tower Hamlets (Vice Chair) · Senior Primary Care Transformation Manager Tower Hamlets · LMC Representative · Network Clinical Directors · NEL Primary Care Contracting Team representative · Primary Care Finance Lead · Medicines Optimisation Lead · Training Hub Representative · Federation Representative	· Quality · Public Health · Healthwatch · Estates · Digital Transformation · Other clinical leads

Regular/Standing Agenda items

- Primary Care Network (PCN) Transformation Stories/Case studies
- Training hub/Workforce planning
- Primary Care Access Recovery Plan
- Primary/Secondary Care Interface
- Medicines Optimisation Updates

2023 Agenda Topics

- Women's Health Hub- supporting the roll of out of the new service
- Community Dermatology- supporting the development as well as roll out
- Patient Experience- review and discussion of health watch data and patient surveys
- Transfer of borough from Clarity to NEL intranet/portal
- Local Enhanced Services
- Online Access to GP Records
- Living Well – Health inequalities
- LBTH spatial planning and health
- Localities & Neighbourhoods Programme Case for Change
- Community Pharmacy services- understanding and promoting services
- Improvement Week- sharing learning
- Pride in Practice- enrolling practices onto training for improving health inequalities in LGBTQ+ pop
- Covid Q Risk Tool

Primary Care Priorities

- National and local initiatives to improve access
- Workforce – Recruitment and Retention
- Ongoing PCN Organisational Development programme
- PCN transformation projects
- Develop a single system-wide approach to managing integrated urgent care to guarantee same-day care for patients and a more sustainable model for practices
- Enable all PCNs to evolve into integrated neighbourhood teams
- Primary/Secondary Care interface
- Vaccination programme – Childhood/Covid/Flu
- Patient Communication/Education
- Priority outputs Health & Adults Scrutiny Sub-Committee Report

Tower Hamlets Together Board

[insert date of meeting]

Title of report	Primary Care Improvement Week (PCN 6, October 2023)
Author	Virginia Patania
Presented by	Virginia Patania
Contact for further information	Bernadette Ryan, Project Manager,
Executive summary	This is a presentation of early findings from a collaborative project between NHSE Primary Care Transformation team and NEL Integrated Care Board (NEL ICB). The Improvement Week process is explicitly designed to identify opportunities for improvement and instances of 'failure demand'. Undertaking this process moved teams beyond a decision-making based on anecdotes, towards a model where quantitative and qualitative data is the principal driver in prioritisation of improvements. Because the practices and external partners were involved in both the data collection and review process, the findings felt 'owned' by the practices, not merely imposed **The Improvement week** took place in Primary Care Network 6 between 2-6th October 2023 in Tower Hamlets and was facilitated by the EQUIP team. The aim of Improvement Week: · To develop a process to gain an accurate and detailed picture of GP Practice demand, workload and pressures to enable practices, health and social care providers within the NEL ICS to identify improvements. · Understand and quantify failure demand (i.e. *"the demand caused by a failure to do something or do something right for the customer"*, definition by John Seddon). · Identify improvements that can be made at different levels: from practice and network; interface between primary care and other care providers; through to the wider NEL ICS. A summary of early findings includes: 1. 720 opportunities for improvement, split across ten categories (information gap, care navigation, work transfer, service gap, missed opportunities, internal workflow, patient education, customer services).

	2. Opportunities for improvement at interface level. There were 203 'inappropriate transfer of work' pop-ups in total. Including: · 79 inappropriate transfer of work pop ups that related to referrals · 26 pop ups in which the phrase 'GP to' was used · 22 pop ups that mention prescriptions and 10 that mentioned discharge. 3. Early reflection on critical success factors 4. 10 projects identified and currently, actively underway at microsystem level (practice/PCN) for the betterment of processes within the team's sphere of influence
Action / recommendation	To discuss the findings and hear how THT can support learning system approach that builds on this type of in depth, specific, improvement work to maximise the learning and potential impact at-scale.
Previous reporting	NEL ICB General Practice Provider Group Tower Hamlets Together Board Tower Hamlets Interface Group NHSE Primary Care Transformation Team Primary Care Collaborative
Next steps/ onward reporting	As above
Conflicts of interest	None known.
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
Impact on local people, health inequalities and sustainability	The entire project was supported by the Bromley-by-Bow Centre population health team who conducted over 150 patient interviews through the week about perceptions around services: what's working well and not so well? In collaboration with Tower Hamlets Public Health team we developed data collection questions to help identify demand that is driven by social needs. An equalities impact assessment has not been undertaken.
Impact on finance, performance and quality	This in-depth project was fully funded by NHSE Primary Care Transformation Team. Out of approximately 6500 patient contacts through the week, over 700 opportunities for improvement were identified, and themed. There are quality and safety implications in the areas identified for improvement, which would likely have resource implications rising from this report. EQUIP has the budget to support and deliver 10 local change packages, from several

	hundred arising themes. The remaining priorities and pathways changes required identification of funding streams across systems.
Risks	There are risks to delivery of ongoing improvement projects that have been identified through Improvement Week because of limited capacity in EQUIP team. This is due to team members leaving, maternity leave and recruitment pauses during the consultation.
Acronyms	North East London Integrated Care System (NEL ICS) Care Quality Commission (CQC) Patient Tracking List (PTL) Elective Recovery Fund (ERF) Patient Initiated Follow Up (PIFU)

NHS
North East London

Improvement week

PCN 6 Tower Hamlets

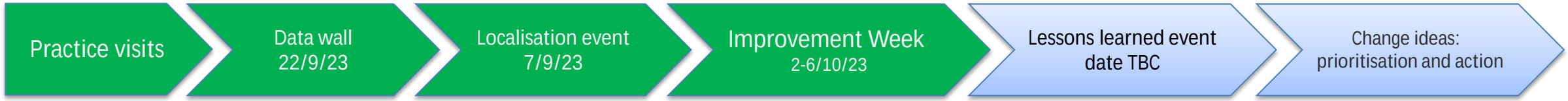
2nd to 6th October 2023

Improvement Week: What We Did

NHS North East London

The NHS England National General Practice Improvement Programme, alongside the EQUIP team, delivered the Improvement Week framework to one of the PCNs in Tower Hamlets (PCN6) in October 2023, with the aim to learn and fully embrace this methodology to scale across NEL.

Improvement Week is consisted of the following activities.



Improvement Week was 5 days of live monitoring of clinical activities – **reviewing every contact!**

On each site, we asked all practice staff to complete pop-ups questions when they identified opportunities for improvement in a patient contact and care episode.

The command room was based in a different practice on each day of the week. The command room comprised of the EQUIP team, clinical leads, managerial leads and the practices, NHSE primary care transformation team Senior ICB SRO and population health teams.

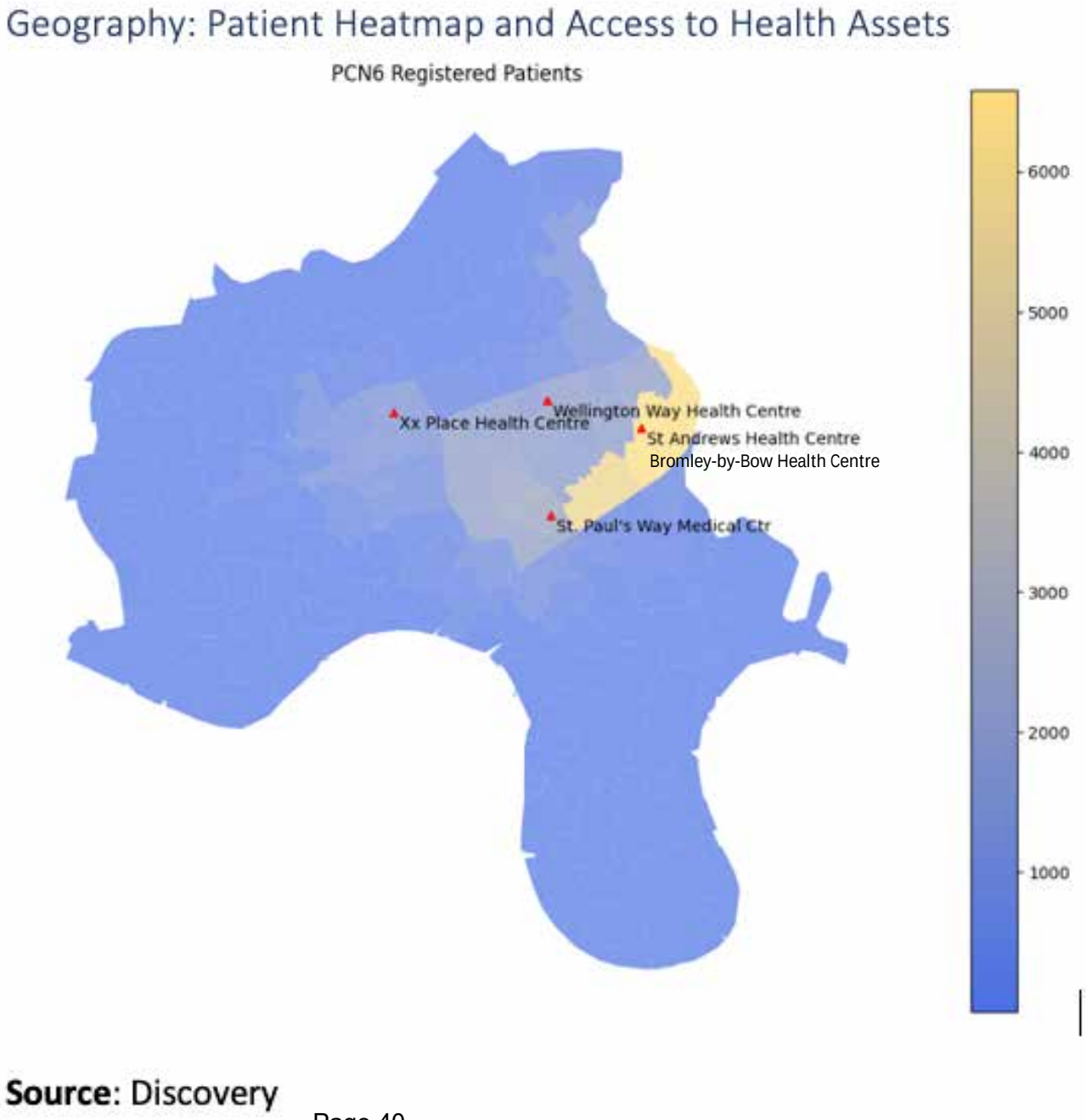
Check-in huddles were held throughout the day, with both internal and external stakeholders from secondary care, community care, local authority and voluntary sectors.

Within these huddles, challenges and issues were identified and raised and the beginning of conversations on solutions.

Improvement Week Practices

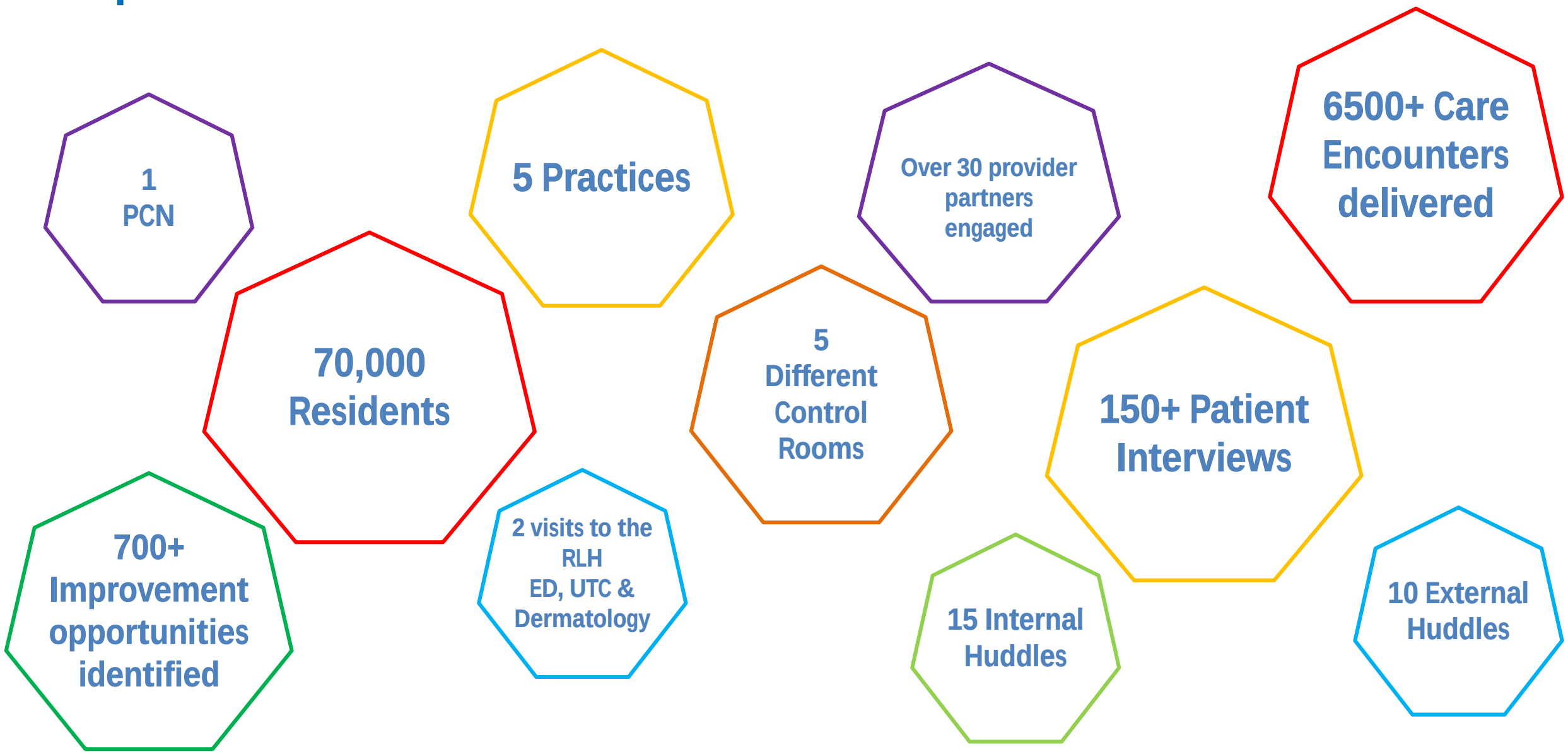
Participating GP practices: - Bromley-by-Bow Health Centre, XX Place Health Centre, Wellington Way Health Centre, St Andrew's Health Centre, St Paul's Way Medical Centre.

The combined registered population of this PCN is approximately 70,000 people.



Improvement Week in Numbers

NHS North East London



Patient interviews

NHS North East London

Online consultation- always get a response and appointment

kindness, convenience, and the overall quality of service

When I phone for an appointment it's very difficult to get through

I had to come in 5x to book with GP. I find it difficult to use online apps. My English is not good and I don't know how to use it

I have never struggled to get appointments although I know that others do

It's good. Before the pandemic it was better

difficulties in explaining symptoms to different doctors and miscommunication with reception staff.

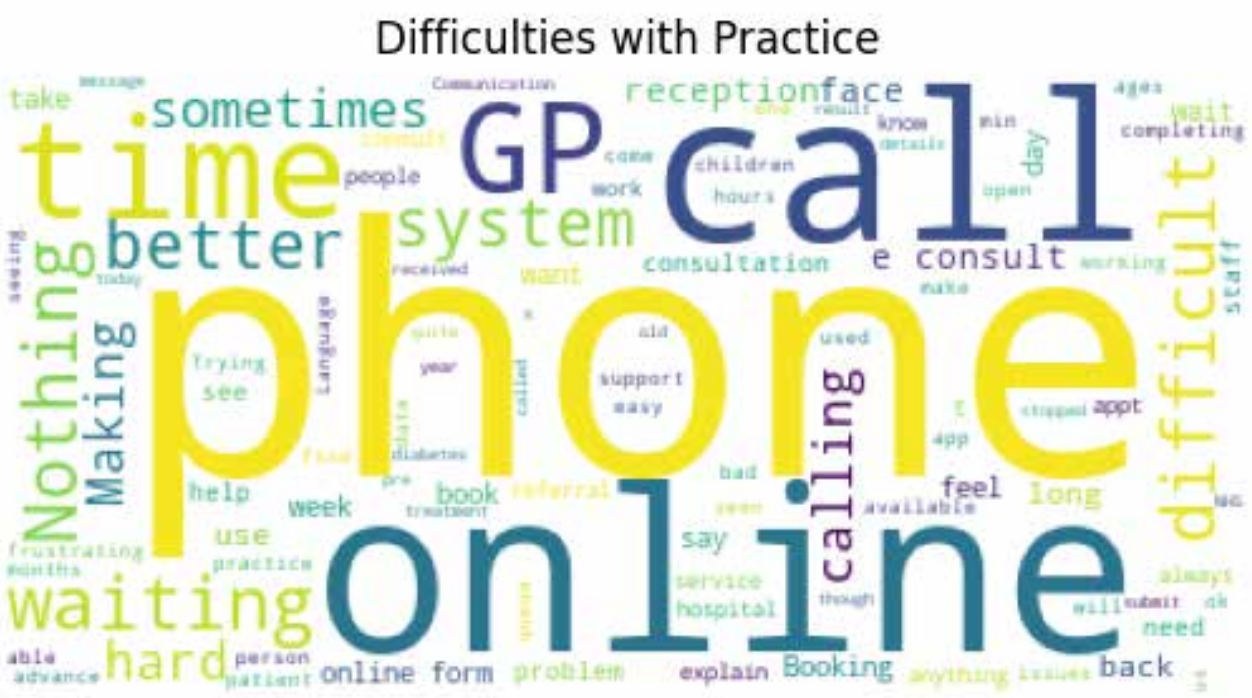
Doctors are good, talk politely, ask questions, show interest in my worries

When I call I am asked to book an appointment online. It is frustrating. Why they cannot book it in the first place?

Source: 150 semi-structured patient interviews in waiting room

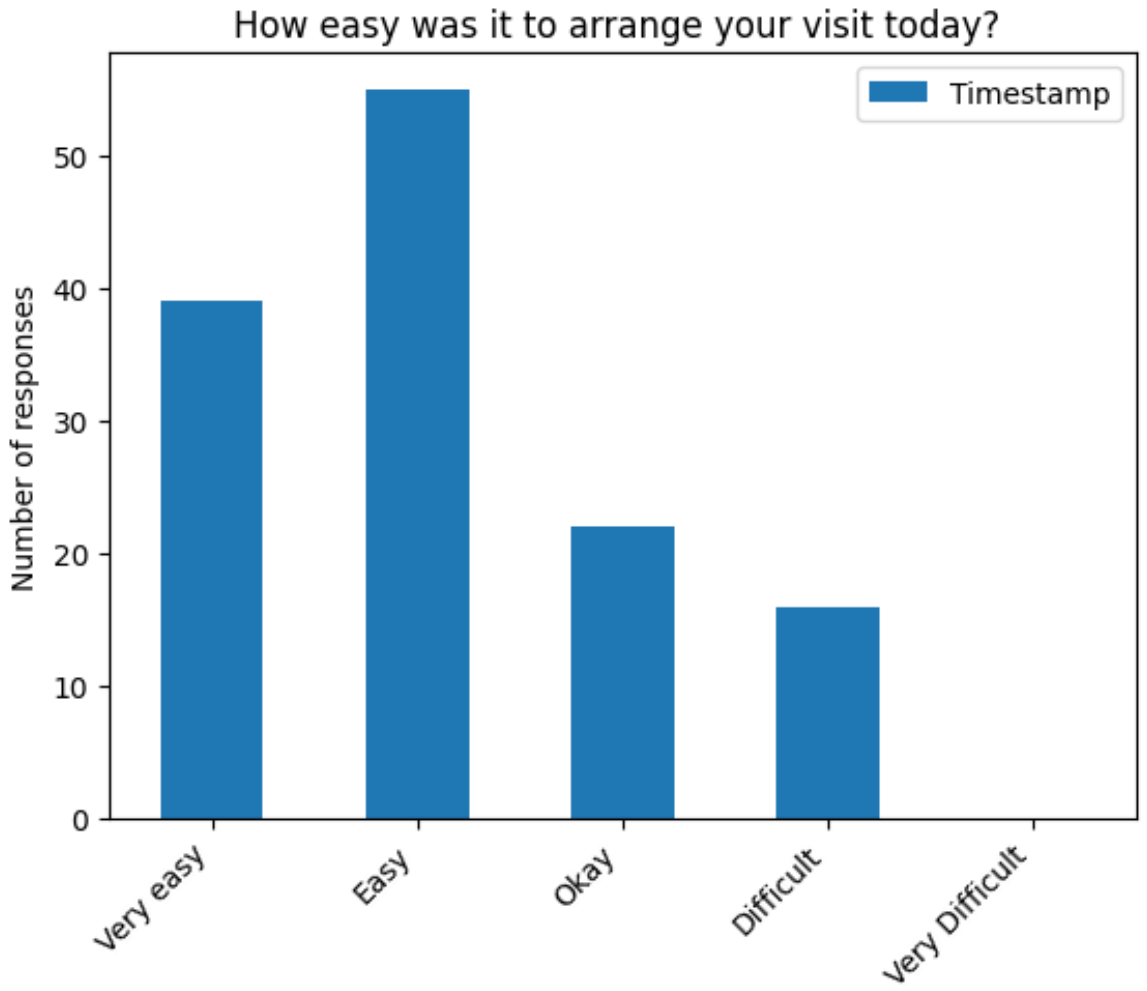
‘*Best things about*’ and ‘*difficulties with*’ your practice:

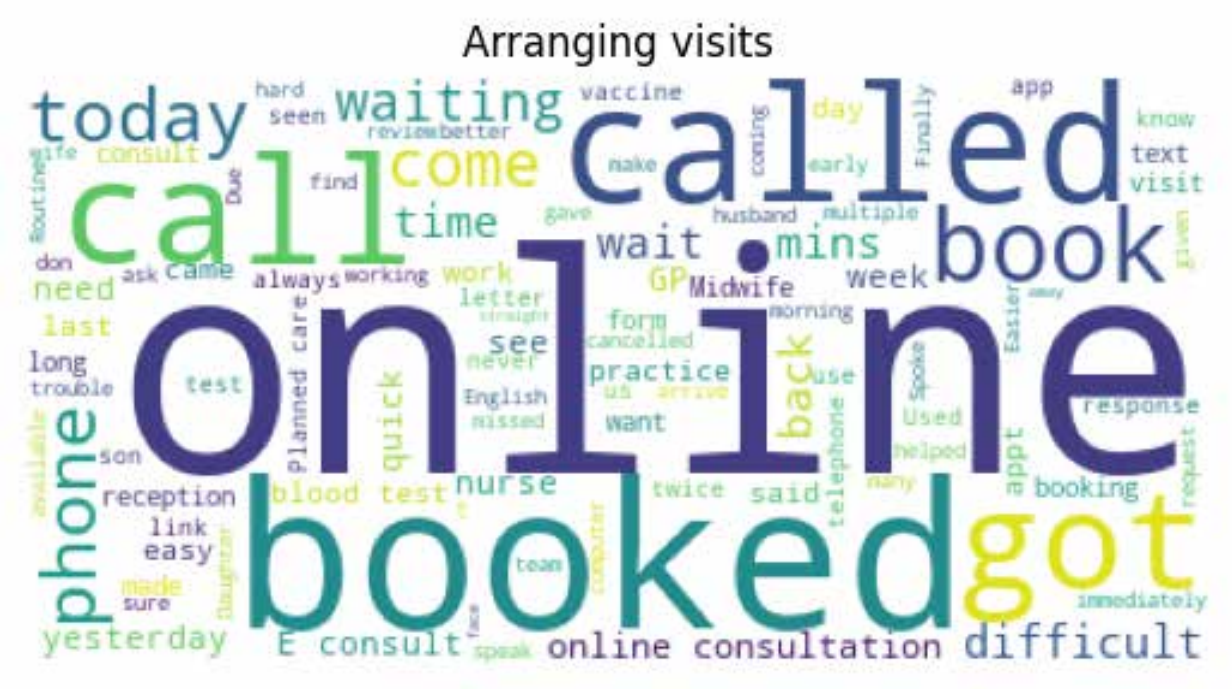
NHS
North East London



Source: 150 semi-structured patient interviews in waiting room

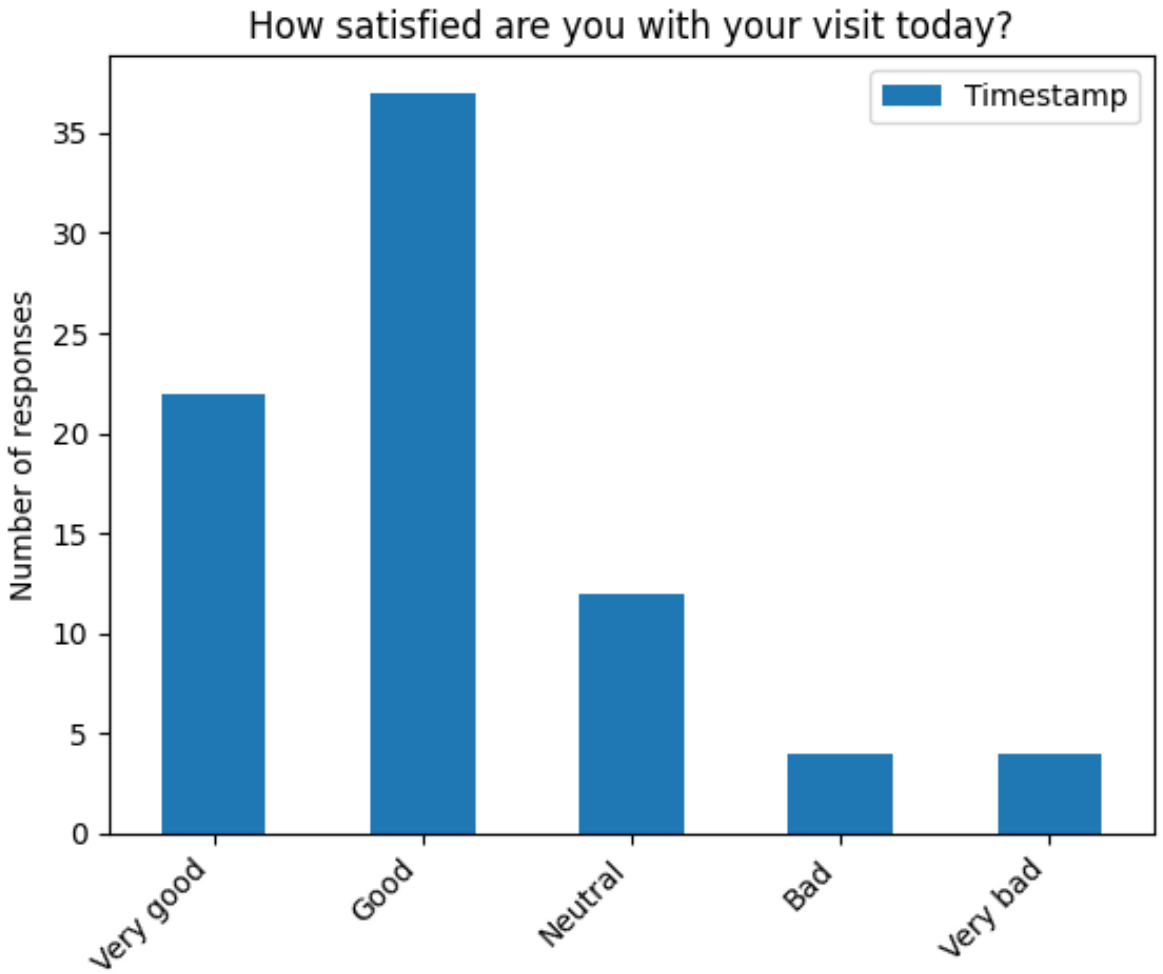
Satisfaction with arranging visit





Source: 150 semi-structured patient interviews in waiting room

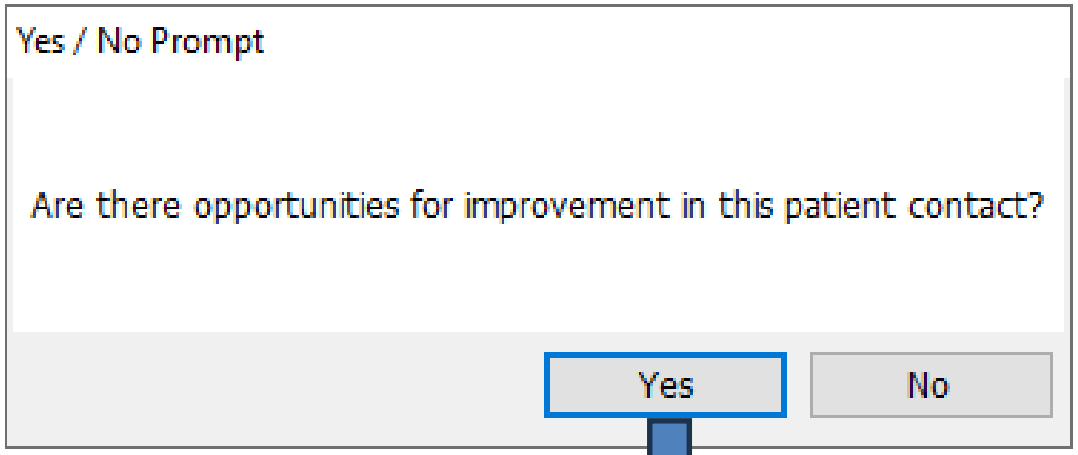
Satisfaction with visit

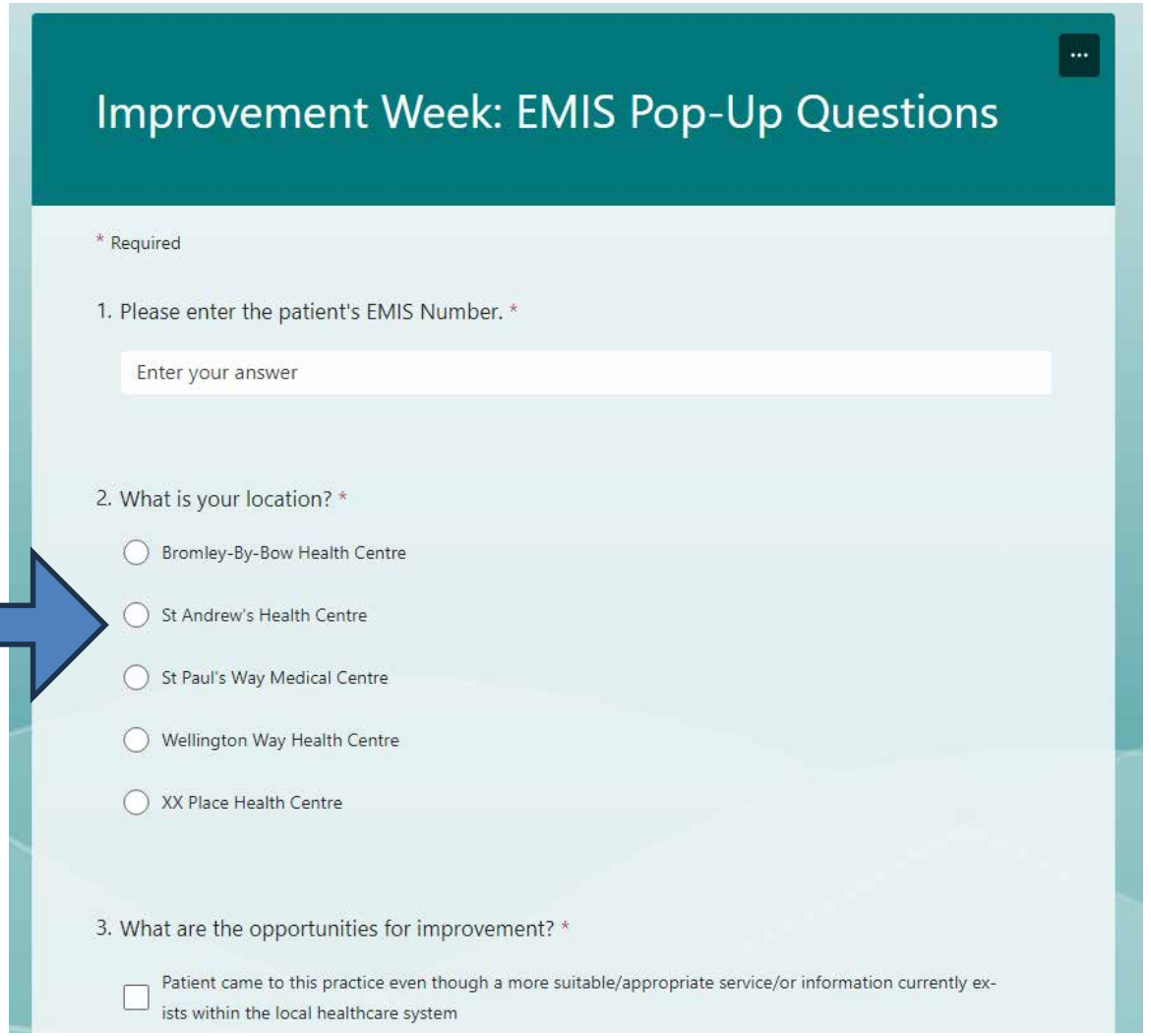


Source: 150 semi-structured patient interviews in waiting room

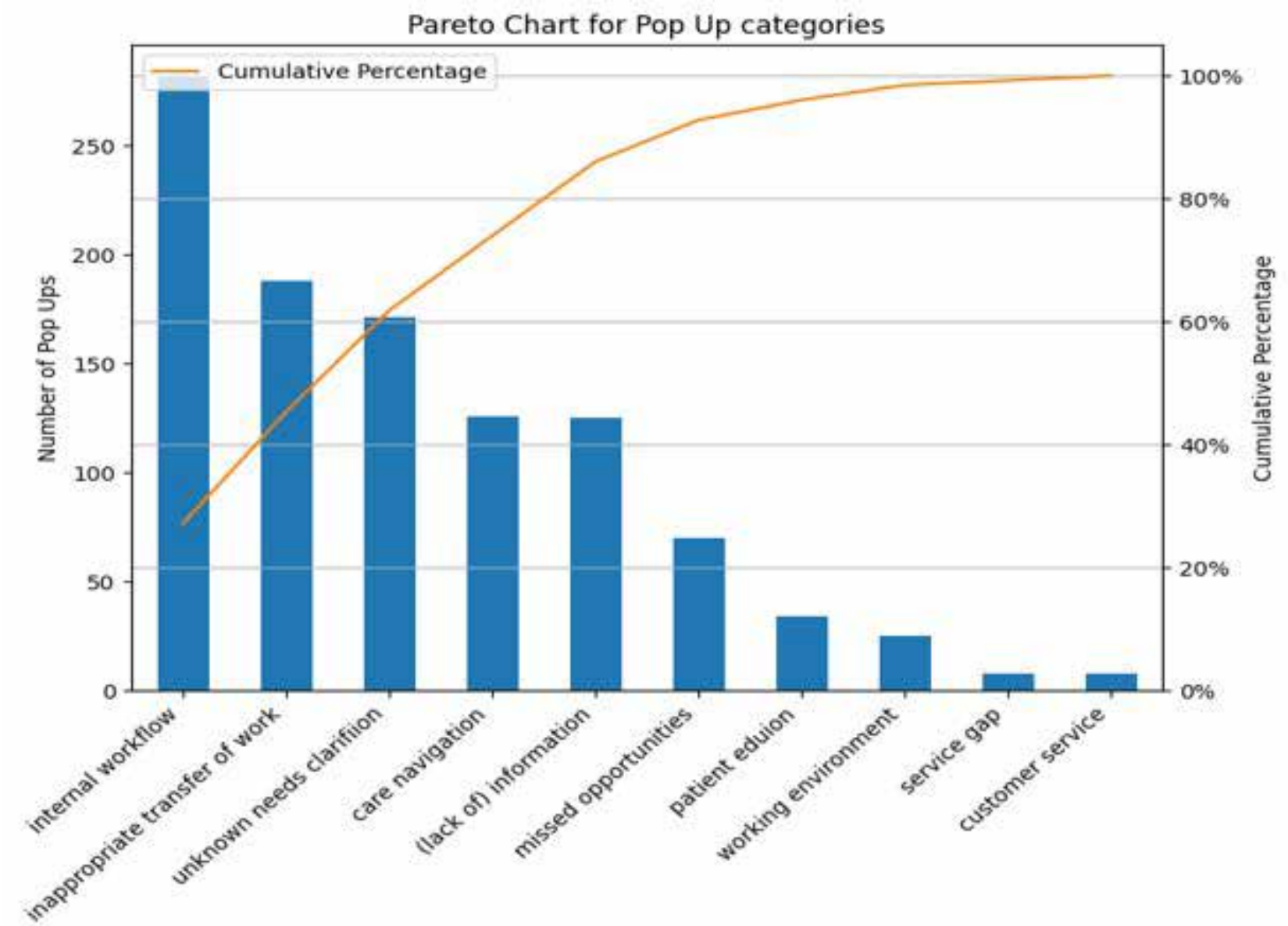
EMIS Pop-up

NHS North East London

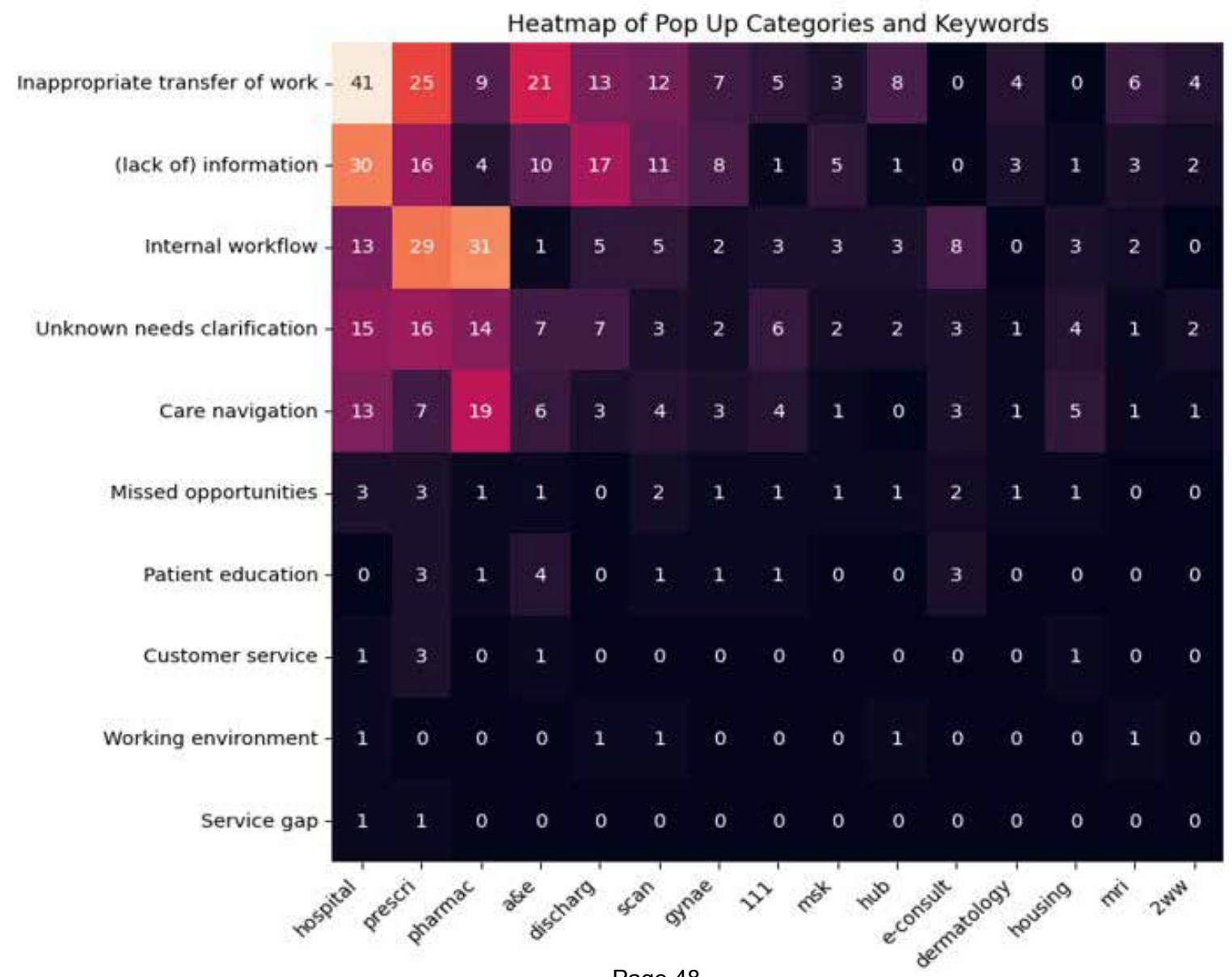




Pareto Chart of Themes

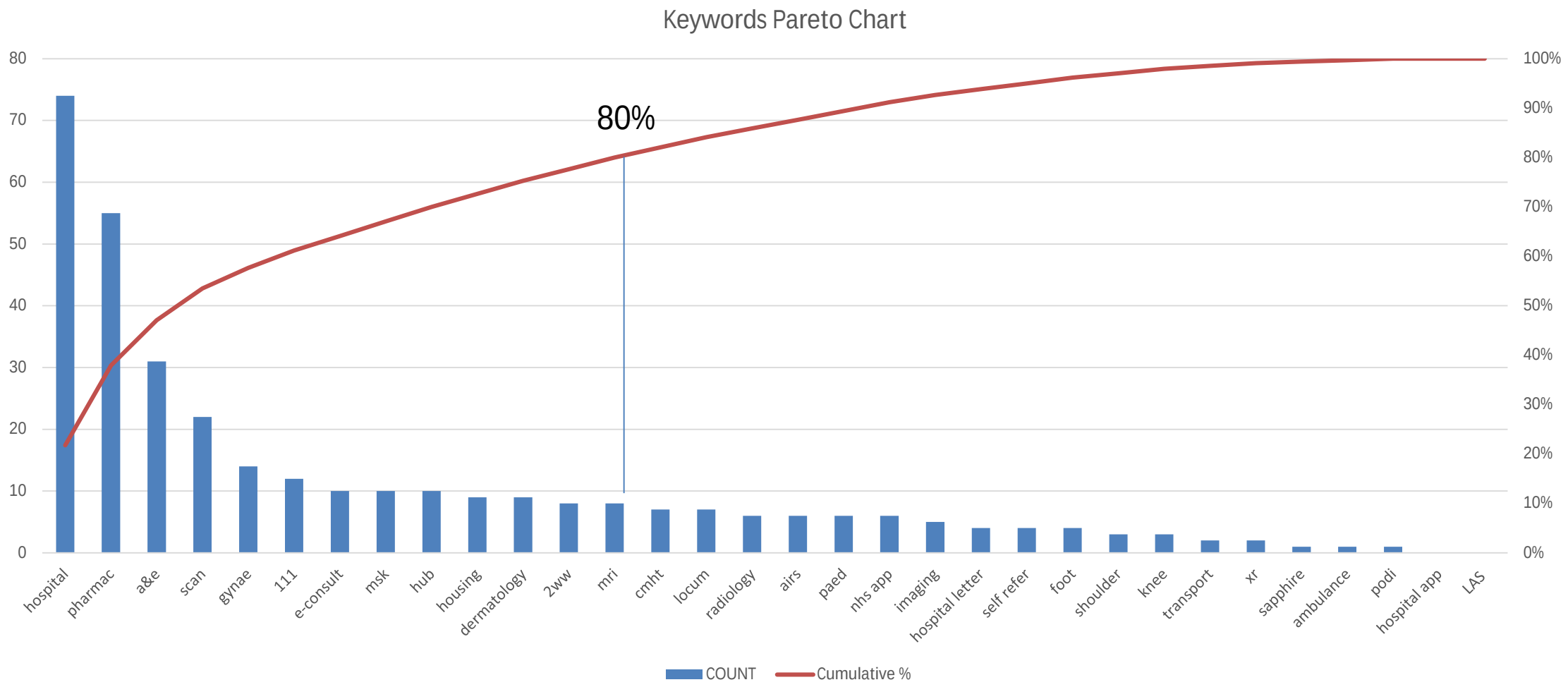


Heatmapping Themes and Keyword Usage



Pareto charts showing Keywords from free text data entry in pop-up

NHS North East London



Source: 700 forms initiated by EMIS 'pop-up'

Principal Themes

	Theme	Sub-Theme
1	Information Gap	• Explanation of Process • Where am I in the System? • Incomplete information at care interface
2	Care navigation	• To other service • NHS app • Fit notes
3.	Work Transfer	• Radiology repeat, DNA re-referrals, duplicate documents • Clear guidance on meds/ actions • Long waiting times
4.	Service Gap	• No NHS service available / unable to afford OTC meds • e.g. Low acuity ENT, podiatry
5.	Missed Opportunities	• Not getting value from every contact • Rigid pathways e.g. planned/reactive care on same patient
6.	Internal Workflow	• Duplication of work/appts • Over-processing e.g. multiple contacts during a triage encounter • Medication ordered too early by pharmacy • Not adhering to internal policies or protocols
7.	Work Environment	• Broken, missing or substandard equipment • Power outage, IT delays and failures, hardware e.g. access to double monitors
8.	Patient Education	• Patient accessing information on NHS services
9.	Customer Service	• Patient dissatisfaction with staff treatment or system • Patient doesn't like booking system

Early reflections

NHS North East London

Slide Title: "End of the Week Reflections"

1. Emotional

•Positive Emotions:

- Buzz and energy
- Eager to make change
- Exhausted yet energized
- Engaged
  - Quotes:
    - *"Loved it, energy in planning."*
    - *"So great to be part of the team."*
    - *"Blown away – privilege."*
    - *"Great week."*

2. Collaboration

•Great collaboration
•Helping each other
•Sharing and learning from each other
•Everyone actively involved in note-taking and reviewing data
•Coaches examining systems and making real-time changes
•Teamwork
•Engagement with external partners
•Focused coach input in practices throughout the week with PDSAs and real-time changes

3. Data and Information

•Significance of data
•Challenges in data management and utilization
•Harnessing the power of data to move beyond anecdotes to quantitative measures
•Capturing patient voices
•Identifying a huge opportunity

4. Communication

•Building momentum through various communication methods
•Daily communications for momentum
•Utilizing webinars for sharing and containing different parts
•Impactful emails on making a difference
•Formal connection to Comms and ICB

5. Planning and Implementation

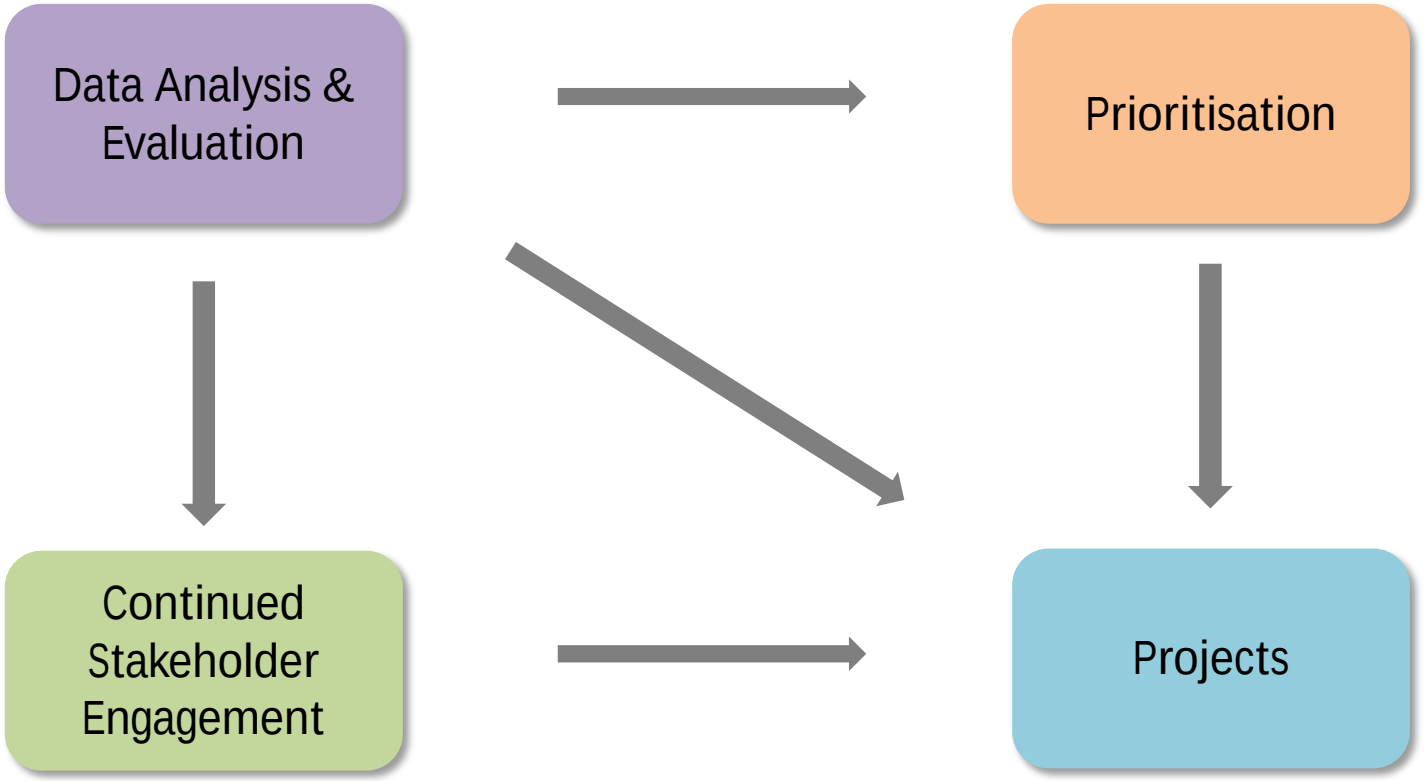
•Emphasizing that this is just the beginning
•Encouraging innovative ideas
•Encouraging the continuation of progress
•Acknowledging adherence to pop-ups
•Highlighting the need for new ways of working and capacity for implementing changes
•Emphasizing that improvement projects need to be integrated into regular work

Critical success factors

NHS North East London

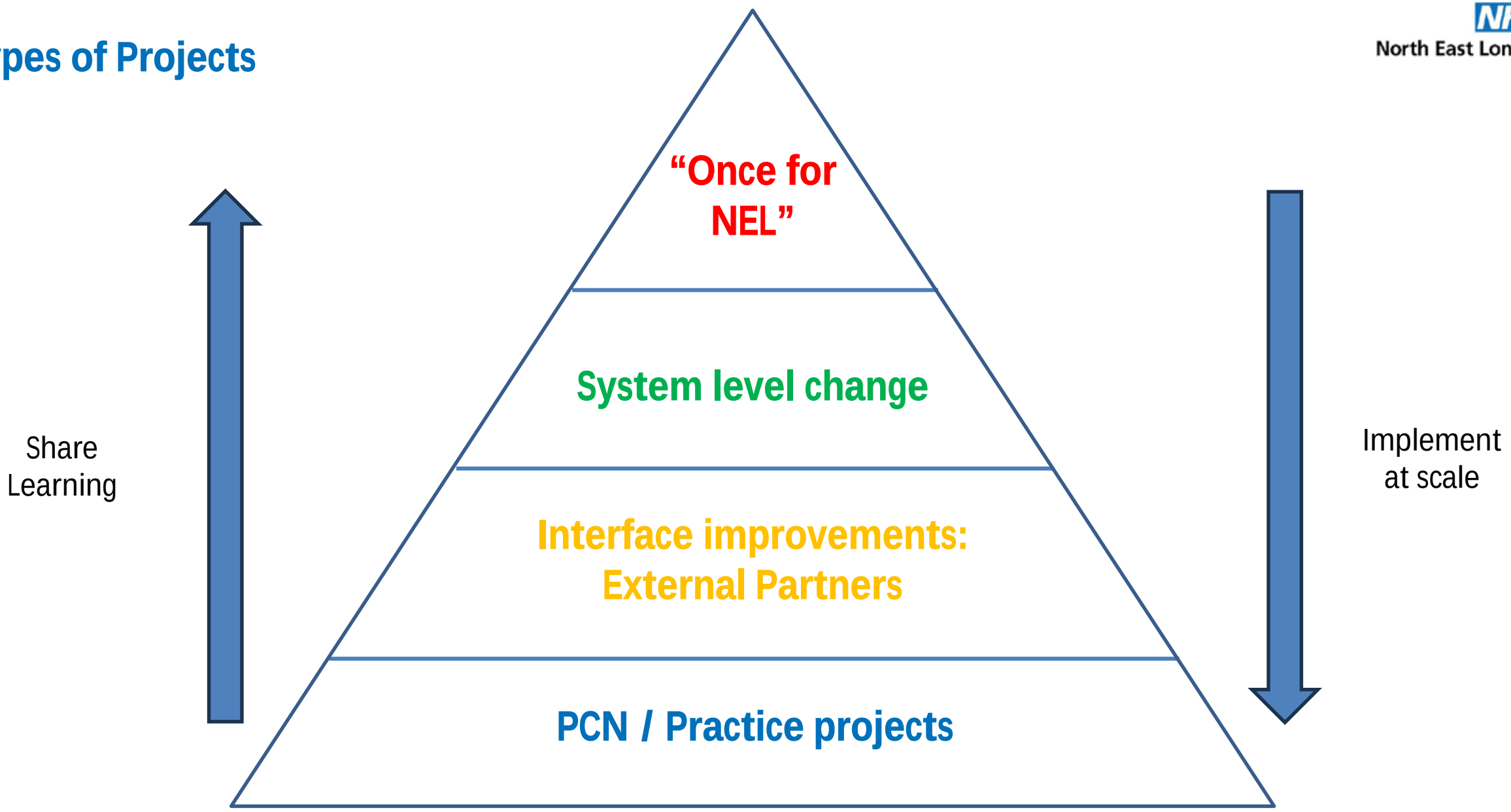
- **In depth activity data** obtained beforehand a wider range of sources. Then further data gathered and analysed ‘in real time’ during the week.
- **Patient experience data** captured and anlaysed through the week to make sure that patient voice underpinned the entire process.
- **Intentional relationship building** with external and internal partners.
- **Going to the gemba** (Japanese term meaning "the actual place”) where the work is happening – waiting rooms, clinical and administrative areas, hospital settings etc.
- Lots of **comms** before, during and after to build engagement and celebrate successes.
- Buy-in and visible **senior sponsorship at ICB level.**
- **Embedded Quality Improvement coaches** working on live projects through the week in practices – harnessing energy from ‘quick wins’
- **Rotation of the Control Room** in each practice through the week

What's Next?


Data Analysis & Evaluation
Prioritisation
Continued Stakeholder Engagement
Projects

Types of Projects

NHS
North East London



Tower Hamlets Together Board

Thursday 7th December 2023

Title of report	Winter Plan update
Author	Julie Dublin – Senior Programme Manager, Unplanned Care
Presented by	Julie Dublin – Senior Programme Manager, Unplanned Care Ben Gladstone – Deputy Director, Ageing Well
Contact for further information	Julie Dublin – Senior Programme Manager, Unplanned Care
Executive summary	This paper updates THT Board on progress with implementing the winter plan. The initiatives within the winter plan are to support Urgent and Emergency Care (UEC) resilience and performance during winter October 2023 to March 2024 and targeted to achieve the following goals: · Strengthening the provision and access of alternative pathways to reduce UEC footfall and attendance · Optimising flow through Acute, Mental Health and Community trust sites. · Engaging in proactive population health management to keep people well in the community Schemes included in the plan are identified under the following categories: · Business as usual or already existing (Slide 2) · Additional schemes that do not require funding (Slide 3) · Schemes requiring funding (Slide 4) The Local Authority received notification that they secured £687,323 revenue funding from the Urgent Emergency Care support fund, managed by DHSC. This grant will fund, adult social care schemes identified in slide 4. The memorandum of understanding has been signed and funds are scheduled to arrive 4 December. A number of schemes are listed on slide 4 as funding to be determined. The proposal is to apply for Section 256 monies to fund these schemes. A discussion is scheduled at the UCWG meeting 7 December to agree schemes to fund.
Action / recommendation	The Board/Committee is asked to: 1. Note progress made and make recommendations and observations

	2. Note the proposal to secure funding for additional initiatives using Section 256
Previous reporting	The winter plan has been presented to the: · Tower Hamlets Urgent Care Working Group standing item (November meeting). Rolling agenda item. · Health and Wellbeing Board (5th December)
Next steps/ onward reporting	· Continued implementation of schemes · Establish monitoring arrangements noting reporting requirements and timeline for submitting returns to DHSC for tier 1 funded schemes · Identify further winter schemes and discuss at Tower Hamlets Urgent Care Working Group which schemes to fund using Section 256 monies
Conflicts of interest	None.
Strategic fit	· To improve outcomes in population health and healthcare · To tackle inequalities in outcomes, experience and access
Impact on local people, health inequalities and sustainability	The proposed schemes provide additional capacity within health and social care to improve access, support discharge and during the winter period. No equality impact assessment is required.
Impact on finance, performance and quality	The initiatives are categorised into requires funding, funding in place or no funding required. The impact of the interventions is: · to prevent avoidable admissions and readmissions · to reduce discharge delays
Risks	There is a risk that: · Delays agreeing schemes will impact on delivery · The ability to recruit is compromised by shortages in certain areas of the workforce

23/24 Winter Schemes

Winter Schemes Business as usual provided by Tower Hamlets place system partners.

Engaging in proactive population health management to keep people well in the community
Flu/COVID vaccination campaign for eligible people
LBTH education offer (in particular, 0-19 service, Health Visitors to advise and support with young children)
LBTH leisure offer, health and wellbeing
Tower Hamlets Connect
Social prescribing
LBTH community spaces/warm rooms programme
LBTH winter preparedness public comms campaign
Community pharmacy
Idea store/Mosques - familiar, trusted spaces accessed by TH residents
Support to homelessness

Optimising flow through Acute, Mental Health and Community trust sites.
Transfer of Care Hub
Step-down provision - Gloria House - Leggett Road - East Ham Care Centre

Strengthening the provision and access of alternative pathways to reduce UEC footfall and attendance
Rapid Response Teams
Physician Response Unit (PRU)
Geriatric MDT led service
Community MDT
Advance care planning
REACH support with pathways before ED
SDEC/admission avoidance/alternative care pathways
Mental health crisis response/crisis café/crisis line
Neighbourhood mental health teams—information needed on how people can self-refer.

Winter Schemes : Initiatives to support delivery that do not require funding

Goal	Activities
Engaging in proactive population health management to keep people well in the community.	Winter Communications
	Clear around pathways where people are more likely to use services e.g. children's asthma
	Using data understand which cohorts in the population are most impacted during winter and how we target them to help us use our resources
	Think about the wider socio-economic issues and how those lead to people being in hospital, when they don't need to be. What do we do/need to support people to move back into the community
Optimising flow through Acute, Mental Health and Community trust sites.	Recruit to ward discharge coordinator role(s)
	Ongoing changes to RLH transfer of care hub
	Early referral arrangement for pathways 1, 2, 3. BH needs to implement electronic referral form in Cerner
	Strengthen mental health home treatment team at crisis pathways—piloting in next six months.
Strengthening the provision and access of alternative pathways to reduce UEC footfall and attendance	Frailty virtual ward doing admission avoidance through a SPA with REACH
	Launch of the Respiratory Virtual Ward
	Stream away appointments in Primary care hubs
	Develop direct access to SDEC for primary care
	Primary Care access to advice and guidance from specialist services
	Advance care planning—awareness/education with LAS and colleagues
	Nursing homes and care homes in TH.
	- Work with dedicated GP and named rapid response for these homes
	- Identify a designated contact point for queries
	- Comms for nursing station (in-hours/OOH) with contact details for rapid response, St Joseph's, GP OOH

Winter Schemes – new initiatives funded through NHS Winter and Department of Health & Social Care (DHSC) tier 1 grant

Goal	Scheme Nos.	Activities	Lead	Funding source
Engaging in proactive population health management to keep people well in the community.	**1**	Produce simple, one-page comms for staff particularly those services visiting patients in their home – adopt a make every contact count (MECC) approach - on what's available so they can advise residents	NEL ICB	To be determined
	2	Simple one pager showing different pathways and placing in ED and other spaces	NEL ICB	To be determined
Optimising flow through Acute, Mental Health and Community trust sites.	**3**	OOB Social worker - Inequity in provision across boroughs, different processes, difficulty in engagement	LBTH ASC	DHSC Tier 1 Funding
	4	Strengthen mental health home treatment team at crisis pathways—piloting in next six months.	LBTH ASC	DHSC Tier 1 Funding
	5	Increase SW in A&E/admission avoidance provision to facilitate early discharge	LBTH ASC	DHSC Tier 1 Funding
	6	Additional capacity in brokerage to process requests during out of hours and weekend	LBTH ASC	DHSC Tier 1 Funding
	7	Increased capacity within initial assessment service supporting both admission avoidance and discharge process	LBTH ASC	DHSC Tier 1 Funding
	8	Reablement therapy resource enabling prompt discharge and D2A into the community on a rehabilitation pathway	LBTH ASC	DHSC Tier 1 Funding
	9	Additional capacity in Take Home & Settle hospital scheme	LBTH ASC	DHSC Tier 1 Funding
	10	Additional winter beds	LBTH ASC	DHSC Tier 1 Funding
	11	Pilot D2A early follow-up	LBTH ASC	DHSC Tier 1 Funding
	12	Waiting list management - reducing wait time	LBTH ASC	DHSC Tier 1 Funding
	13	Support mental health residents to access supported accommodation upon hospital discharge	LBTH ASC	DHSC Tier 1 Funding
	14	RLH Inpatient inreach Front Door Acute Therapies. Further to this, last year we showed a reduction in LoS for patients seen by acute therapies teams in ED from 13 days to 6, and whereas this perhaps can be multi-factorial, this evidence alongside readily available national best practice clearly demonstrates the impact that therapists can have at reducing admissions and improving outcomes.	Barts Health	To be determined
	15	RLH TTA Pharmacy Hub	Barts Health	To be determined
	16	RLH Medical Outliers/ED Team 1 Reg and 2 SHOs 9-5 x 7 vs 5 days (6months)	Barts Health	To be determined
	17		Barts Health	To be determined
Strengthening the provision and access of alternative pathways to reduce UEC footfall and attendance	**18**	Home Treatment Team – Mental Health	ELFT	To be determined
	19	Crisis Alternatives - Mental health	ELFT	NHS Winter Fund
	20	ED support - Mental health	ELFT	To be determined
	21	Discharge Team - Mental health	ELFT	To be determined
	22	Discharge/Step Down	ELFT	To be determined
	23	Step down P1	ELFT	NHS Winter Fund

Next steps

Next steps

- Develop programme plan, populate the plan with leads, activities, metrics, status
- Identify alternative funding streams for unfunded schemes.
- Operationalise schemes
- Monitor and evaluate impact

Tower Hamlets Together Board

7th December 2023

Title of report	Tower Hamlets Together 2023-24 M06 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	NHS NEL - Head of Finance LBTH - Head of Strategic Finance
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 06 of £83.1m, primarily due to inflation, under delivery of the efficiency target, staffing (including agency usage), industrial action and other run rate pressures. Local Authority spend is forecast to overspend by £5.7m, after an assumed transfer from reserves of £6.4m.
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, under delivery of the efficiency target, staffing (including agency usage), industrial action and other run rate pressures. Further system risk has been identified in relation to workforce and pay pressures with partners and system wide investment programmes.

Tower Hamlets Together
Month 6 2023-24 Financial Reporting

Meeting name: Tower Hamlets Together Board

Presenter: Sunil Thakker

Date: 7th December 2023

North East London ICS

Executive Summary - Finance

Month 6 ICS Position - YTD £83.1m deficit variance against plan.

The ICS has reported a year to date deficit at month 6 of £88.4m. This gives an adverse variance to plan of £83.1m.

The main drivers are inflation, under delivery of the efficiency target, staffing (including agency usage), industrial action and other run rate pressures.

Month 6 I&E - YTD - ICS

		YTD	Forecast
Target	£m	(5.3)	0.0
Actual	£m	(88.4)	0.0
Variance Surplus / (Deficit)	**£m**	**(83.1)**	**0.0**

Financial Risks to the ICS Forecast outturn.

Gross risks across the system of £184m.

Main drivers – inflation, efficiency risk, run rate risks and income risks to providers.

The net risk is £54.9m. This assumes £129.1m of potential risk will be mitigated.

ICS Risk

		Gross Risk	Post Mitigations
System wide risks	£m	(184.0)	(54.9)
Operational improvements and recurrent mitigations	£m	0.0	0.0
Non Recurrent mitigations	£m	0.0	0.0
Total	**£m**	**(184.0)**	**(54.9)**

NEL ICB – YTD deficit variance of £17m against plan.

The ICB planned year-to-date surplus of £7.7m. The year-to-date reported position is a deficit of £9.3m which gives an adverse variance to plan of £17m. At month 6 the ICB has hit the financial recovery plan (FRP) trajectory.

The ICB run rate pressures, largely relate to prescribing and mental health and under delivery of efficiencies.

Month 6 I&E NEL ICB

		YTD	Forecast
Target	£m	7.7	15.4
Actual	£m	(9.3)	15.4
Variance Surplus / (Deficit)	**£m**	**(17.0)**	**0.0**

ICS Delivery of Efficiencies

Year-to-date efficiency plan across the system of £121.5m. Actual delivery of £94.1m, resulting in under delivery of £27.4m.

Efficiencies have been recategorized in the ICB to include those that are cash releasing. Non cash releasing efficiencies are included in the FRP stretch.

Under delivery is expected to continue year end with forecast slippage of £40.8m.

ICS Efficiencies

		YTD	Forecast
Target	£m	121.5	277.8
Actual	£m	94.1	237.0
Variance	**£m**	**(27.4)**	**(40.8)**

NEL ICS - Financial Summary Month 6

Surplus / (Deficit) - Adjusted Financial Position

	YTD Surplus / (Deficit)			Full Year Forecast Surplus / (Deficit)		
	Plan £m	Actual £m	Varianc £m	Plan £m	Forecast £m	Variance £m
North East London ICB	7.7	(9.3)	(17.0)	15.4	15.4	(0.0)
Providers	(13.0)	(79.1)	(66.1)	(15.3)	(15.3)	0.0
ICS Total	**(5.3)**	**(88.4)**	**(83.1)**	**0.0**	**0.0**	**0.0**

Month 6 Summary Position

- The year-to-date ICS position against the plan is a **deficit of £83.1m**. This is made up of a provider deficit of £66.1m and ICB deficit of £17m.
- In line with the operating plan and the national reporting protocol the forecast position at month 6 is **reported as a breakeven position**. This assumes that providers will deliver a planned deficit of £15.3m and the ICB will deliver an offsetting surplus.
- However, as reported in previous month the year-to-date position suggests there is a **risk of a year-end deficit**. This has resulted in a formal Financial Recovery Plan (FRP).
- The FRP assesses the impact of cost improvement schemes (CIPs) and other corrective actions. This leaves a **potential system gap at year-end of £54.9m**. Regulators have requested that further work is done to bring the position back in line with the plan (breakeven position at year-end).

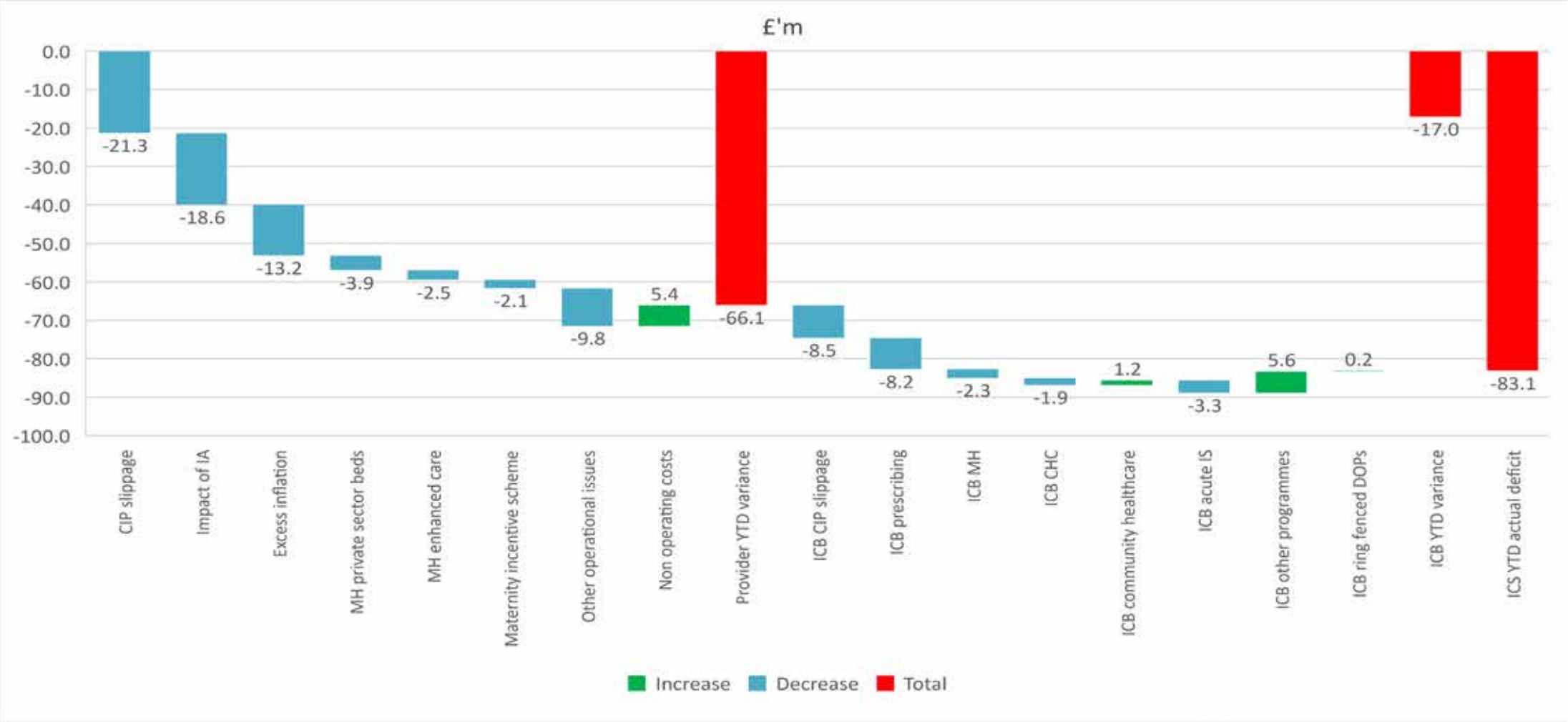
NEL ICS Financial Summary Month 6

Organisations	Year to date			Reported Forecast		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
BHRUT	(3.0)	(23.6)	(20.6)	(0.2)	(0.2)	0.0
Barts Health	(13.7)	(46.5)	(32.8)	(27.8)	(27.8)	0.0
East London NHSFT	0.8	(3.2)	(4.0)	5.4	5.4	0.0
Homerton	0.1	(8.3)	(8.4)	0.2	0.2	0.0
NELFT	2.9	2.6	(0.3)	7.0	7.0	0.0
Total NEL Providers	**(13.0)**	**(79.1)**	**(66.1)**	**(15.3)**	**(15.3)**	**0.0**
NEL ICB	7.7	(9.3)	(17.0)	15.4	15.4	(0.0)
NEL System Total	**(5.3)**	**(88.4)**	**(83.1)**	**0.0**	**0.0**	**0.0**

Month 6 Summary Position

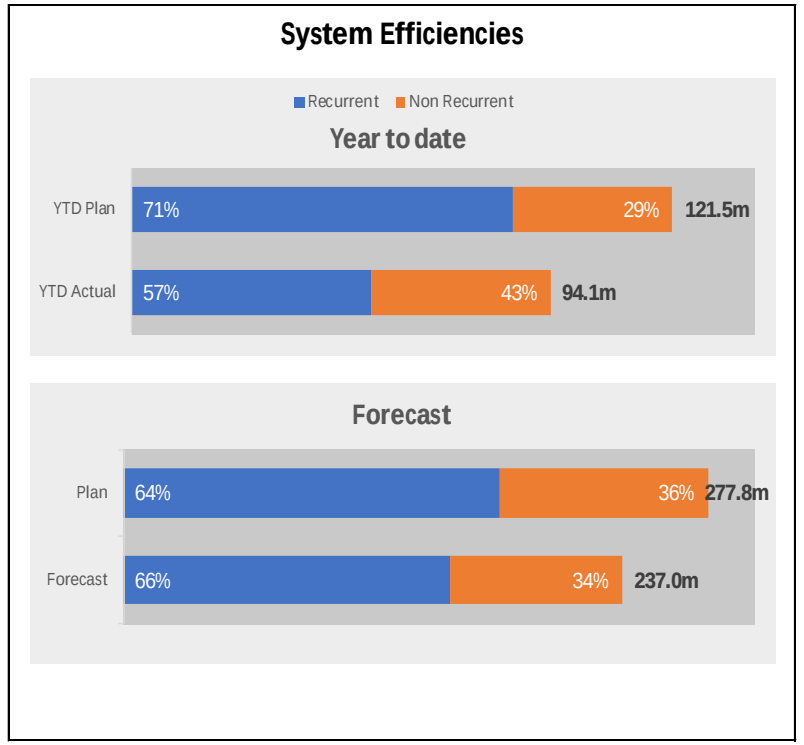
- One of the main drivers of the ICS position is a year-to-date under delivery against the efficiency target. The total year-to-date position on efficiencies is an under delivery of £27.4m, with expected year-end slippage of £40.8m.
- The ICB overspend is driven by under delivery of efficiencies and run rate pressures in prescribing, mental health and CHC. The run rate pressures are driven by a combination of volume growth and price increases. Within the forecast position the ICB has assumed that it will deliver £98.4m cost improvement schemes and additional FRP stretch measures. This is a stretching target with an increase in delivery expected in the remaining six months of the financial year. Delivery of savings from month 7 onwards is expected to be in excess of £12m per month.
- Provider efficiency slippage accounts for £17.7m of its reported overspend. System providers are also reporting pressures in relation to inflation, industrial action and staffing (including pay awards and agency usage).
- In terms of agency usage system providers are exceeding the agency cap set by NHSE for 23/24. The annual agency cap is set at £140.6m. Month 6 year-to-date spend on agency is £97.4m (69% of the cap). The extrapolated run rate suggests that provider outturn spend on agency could be in the region of £195m. However, providers are expecting to put corrective measures in place and have reported forecast agency spend of circa £158.5m (£18m above the cap).

NEL ICS - Summary of Month 6 YTD Variance



NEL ICS Efficiencies – Month 6 and Forecast

- The total year-to-date planned efficiency target for the NEL system is £121.5m and the forecast target is £277.8m.
- The year-to-date efficiencies delivered across the system is £94.1m, resulting in under delivery against the target of £27.4m.
- Delivery of efficiencies is a major risk to the system and there was a slow start to the delivery of efficiency schemes. The FRP has detailed a stretch to existing schemes which will improve the delivery run rate. It is, therefore, expected that there will be improvements in the identification and delivery of efficiencies over the remaining months of the financial year.
- At year-end the ICB is forecasting under delivery against the efficiency target of £18.1m, with providers expecting under delivery of £22.7m. The total year-end position is a forecast under delivery of £40.8m.
- The information on the right is based on information submitted to NHSE from ICB data sources and provider financial returns. The chart shows the proportion of recurrent and non-recurrent schemes both in terms of the plan and actual performance.



Efficiencies	Year to date			Forecast		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Total Provider Effieciency	**92.0**	**74.2**	**(17.7)**	**195.2**	**172.5**	**(22.7)**
NEL ICB	29.5	19.8	(9.7)	82.6	64.5	(18.1)
Total System Efficiency	**121.5**	**94.1**	**(27.4)**	**277.8**	**237.0**	**(40.8)**

NEL ICS – Month 6 Performance and FRP Trajectory

Organisation	Year to date	FRP		Industrial Action (IA) Impact	
	M1-6 Actuals £m	FRP Expected M1-6 Actuals £m	Variance from FRP £m	M1-6 Adjusted Actuals (IA) £m	Adjusted Variance from FRP £m
BHRUT	(23.6)	(17.1)	(6.6)	(20.7)	(3.6)
Barts Health	(46.5)	(39.2)	(7.4)	(39.1)	0.1
East London NHSFT	(3.2)	(1.7)	(1.5)	(3.0)	(1.4)
Homerton	(8.3)	(6.2)	(2.0)	(7.0)	(0.8)
NELFT	2.6	2.9	(0.3)	2.7	(0.1)
Total NEL Providers	**(79.1)**	**(61.3)**	**(17.8)**	**(67.1)**	**(5.8)**
NEL ICB	(9.3)	(10.3)	0.9	(9.3)	0.9
NEL System Total	**(88.4)**	**(71.6)**	**(16.9)**	**(76.4)**	**(4.9)**

- The FRP trajectory requires an improvement on the monthly run rate position, with an expectation of an in-month breakeven position from month 7.
- In month 6 the system financial performance was £16.9m above the FRP trajectory.
- However, industrial action has impacted on the overall financial position. Removing the costs of industrial action from the month 6 year-to-date position results in adjusted year-to-date actual deficit of £76.4m. At month 6 the FRP trajectory expected year-to-date deficit of £71.6m. This means that the system is effectively £4.9m adrift from the FRP trajectory. The adjusted position is dependent on the costs of industrial action being covered by an additional funding source. This is yet to be confirmed.

London Borough of Tower Hamlets

Local Authority Month 6 (Quarter 2) Forecast Position 2023-24

- 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 30th September 2023 (Quarter 2). They cover services within the Health and Adult Social Care Directorate and the Children's Services Directorate. The total projected overspend position is

Local Authority Service Area	2023/24 Net Expenditure Budget £m	2023/24 Provisional Outturn £m	2023/24 Gross Over/ (Under) Spend £m	Transfers to/ (from) Reserves £m	2023/24 Net Variance Over / (Under) Spend £m
Health and Adult Social Care					
Adult Social Care	115.9	122.1	**+6.2**	-2.8	**+3.4**
Integrated Commissioning	15.2	18.2	**+3.0**	-3.2	**(0.1)**
Public Health	37.7	38.6	**+0.9**	-0.9	**+0.0**
Total Health and Adult Social Care	**168.8**	**178.9**	**+10.1**	**-6.8**	**+3.3**
Children's Services					
Supporting Families	65.7	63.6	**(2.1)**	2.0	**(0.1)**
Youth and Commissioning	4.5	4.5	**0**	0.0	**0**
Education	12.8	14.8	**+2.0**	0.4	**+2.4**
Children's Resources	4.4	6.5	**+2.1**	-2.0	**+0.1**
Total Children's Services	**87.4**	**89.4**	**+2.0**	**0.4**	**+2.4**
Total Local Authority	**256.2**	**268.3**	**+12.1**	**(6.4)**	**+5.7**

** Transfers to and from Council Reserves are approved at financial year-end. Proposed transfers at quarter 2 are shown in the table above.*

Local Authority Month 6 Forecast Position (continued)

- The overall position for Adult Commissioned services across Adult Social Care, Integrated Commissioning and Public Health is a £3.3m overspend at Period 6 assuming a transfer of £6.8m from funding in reserves. This reflects a continuation of forecast pressures of £3.4m 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. Up to period 6, CSPAM has approved a further 1,433 net increased package care costs due to increase complexity of care (62% of these packages required increased support).

	Number of Clients			Change in Weekly Cost		Full Year Financial Impact		
CSPAM Summary @ P6	**Increase P3 to P6**	**Period 6**	**Period 3**	**Period 6**	**Period 3**	**Increase P3 to P6**	**Period 6**	**Period 3**
Increase	390	636	246	£145,257	£60,511	£2,799,406	£5,578,615	£2,779,208
Decrease	98	176	78	-£53,530	-£14,588	-£1,501,558	-£2,119,210	-£617,652
No Change	93	155	62	£0	£0	£0	£0	£0
TOTAL	**581**	**967**	**386**	**£91,727**	**£45,923**	**£1,297,848**	**£3,459,404**	**£2,161,556**
NEW	78	79	1	£37,237	£31	£1,352,475	£1,353,973	£1,497
Total including New *	**659**	**1,046**	**387**	**£128,963**	**£45,954**	**£2,650,323**	**£4,813,377**	**£2,163,054**

- The overall position of Children's commissioned services is an overspend of £2.4m at Period 6. SEND pressures are the greatest concern and continue to increase with a clear link to the impact of the pandemic upon children's development, with unprecedented increases in the number of referrals for Education Health and Care Plans (EHCP's). The associated increase in staffing in Educational Psychology and SEN casework teams using locums and interim staff continues to cause a pressure where these staff are in high demand and short supply.

Tower Hamlets Together Information

Better Care Fund (BCF) 2023-24

- BCF plans were submitted to NHSE in June 2023, and approved in September 2023.
- National BCF section 75 extended sign off is now 31st October 2023.
- 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 2023/24 the Adult Social Care Discharge Fund is now included within the BCF.
- 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	23/24 Year to Date £'000	23/24 Year to Go £'000	23/24 Forecast £'000	(Overspend) / Underspend
1	Minimum ICB Contribution	25,839	12,920	12,920	25,839	0
2	Additional ICB Contribution	13,634	6,817	6,817	13,634	0
3	iBCF	16,810	8,405	8,405	16,810	0
4	Disabled Facilities Grant (DFG)	2,321	1,160	1,160	2,321	0
5	Additional LA Contribution	775	387	387	775	0
6	Adult Social Care Discharge Fund (ICB)	927	463	463	927	0
7	Adult Social Care Discharge Fund (LA)	2,357	1,178	1,178	2,357	0
	Total	**62,662**	**31,331**	**31,331**	**62,662**	**0**

Adult Social Care Discharge Fund 2023-24

- On 4th April 2023, the Government announced details of the £600m Adult Social Care Discharge Fund, with £300m allocated to Local Authorities and £300m to ICB's. The LBTH allocations for 2023/24 are £2.4m LA Grant and £927k for the Tower Hamlets share of the ICB allocation, and included within the BCF.
- A further £636k was carried forward from underspends from 2022/23 further to confirmation from the DHSC on 7th September 2023 that repayment of the underspend against the 2022/23 was not required and carry forward was allowed.
- The LA allocation is being used for Discharge to Assess costs for the initial 4-week period for all new clients on the D2A pathway and projected spend, based on current client discharge placement costs, is projected to be £3.7m, an overspend of £1.3m against the LA grant allocation. The ICB allocation to Tower Hamlets is being fully utilised to fund costs related to the IDH. Including the underspends from 2022/23, an overspend of £660k is currently projected against the grant allocations.
- Fortnightly reporting is currently required to NHSE, but this is changing to monthly returns from December 2023.

ASC Discharge Grant 23/24	Grant Allocation 23-24	Actual Expenditure to end of September 23-24 £	Projected Expenditure 23-24 £	Projected Over / (Under) spend 23-24 £
LA Allocation 23/24	2,356,781	1,905,960	3,652,624	+1,295,843
ICB Allocation 23/24 (LBTH share of NEL grant)	926,545	483,058	926,545	0
Underspend LA Grant 22/23 carried-forward	10,506		-10,506	-10,506
Underspend ICB Grant 22/23 carried-forward	625,276		-625,276	-625,276
Total Adult Social Care Discharge Grant 23/24	**3,919,109**	**2,389,018**	**3,943,386**	**+660,060**

Innovation Funds 2023-24

- 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 £2,431k, 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	23/24 Year to Date £'000	23/24 Year to Go £'000	23/24 Forecast £'000	24/25 Forecast £'000	23/24 + 24/25 Forecast £'000	(Overspend) / Underspend	Provider
1	Hospital at Home	506	506	0	506	0	506	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	98	0	98	98	0	98	0	Bart's Health
4	Clinical Associate in Psychology (CAP) in the Emergency Department	170	21	149	170	0	170	0	ELFT
5	OPAT Service that supports four times a day administration	110	22	88	110	0	110	0	ELFT (via ICB)
6	End of Life care	533	105	428	533	0	533	0	ELFT (via ICB)
7	CYP Mental Health Ambassadors	80	40	40	80	0	80	0	Spotlight
8	CYPMH Waiting List Management	250	183	0	183	67	250	0	ELFT / Step Forward / Docklands Outreach
9	CYP Autism Waiting List Management	350	175	175	350	0	350	0	Bart's Health
10	First Contact Physio (Paediatric MSK)	82	0	82	82	0	82	0	Bart's Health
11	Community children's therapies assessment pathways: Reducing the Covid-19 backlog and improving efficiency and integration	272	0	272	272	0	272	0	Bart's Health
12	Paediatric Audiology	110	0	110	110	0	110	0	Bart's Health
13	Community Paediatric Atopic Service- Asthma, Allergy, Wheeze and Eczema	300	0	300	300	0	300	0	Bart's Health
14	CYP Autism Diagnostic	204	0	204	204	0	204		
15	CCPL	92	0	0	0	92	92	0	
16	CYP Autism WLM	750	0	0	0	750	750	0	
	Total	**4,335**	**1,231**	**1,946**	**3,177**	**1,157**	**4,335**	**0**	
	Holding Back the Remainder of Funds for Discharge Related Investments	**2,431**	**0**	**0**	**0**	**2,431**	**2,431**	**0**	
	Grand Total	**6,766**	**1,231**	**1,946**	**3,177**	**3,589**	**6,766**	**0**	

Health Inequalities Funding 2023-24

- 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.
- 85% of the funds is projected to be spent in 2023/24 as shown in the table below.

No.	Project	Agreed Planned Amount £'000	23/24 Year to Date £'000	23/24 Year to Go £'000	23/24 Forecast £'000	24/25 Forecast £'000	23/24 + 24/25 Forecast £'000	(Overspend) / Underspend	Provider	Planned Start Date
1	Quality improvement team to support THT Improving Health Equity programme	269	158	40	198	0	198	71	East London Foundation Trust (ELFT)	Sep-22
2	VCSE grant/ seed funding	191	101	30	131	0	131	60	LBTH	Mar-23
3	Community chest	40	40	0	40	0	40	0	East End Community Foundation	Mar-23
4	Bart's Health extended placement scheme	150	150	0	150	0	150	0	Bart's Health Trust and LBTH	Sep-22
5	Extension of the BAME Disparities project – particularly the leadership programme	100	100	0	100	0	100	0	TH CVS	Oct-22
6	Embedding coproduction in generating accessible communications for residents with disabilities	47	47	0	47	0	47	0	REAL	Jan-23
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	Jan-23
8	CAMHS receptive bilingualism	43	43	0	43	0	43	0	East London Foundation Trust (ELFT)	Aug-22
	Total	**900**	**699**	**70**	**769**	**0**	**769**	**131**		

THT Partnership Board

7 December 2023

Title of report	Patient Safety Incident Response Framework (PSIRF)
Author	Polly Pascoe, Associate Director Quality Development & Patient Safety
Presented by	Polly Pascoe, Associate Director Quality Development & Patient Safety
Contact for further information	Polly Pascoe, Associate Director Quality Development & Patient Safety
Executive summary	In 2019, the NHS Patient Safety Strategy was published, which seeks to embed transformational changes in the way we understand and address issues of patient safety within our organisations. It outlines significant changes to the role of Integrated Care Boards (ICBs) and their responsibilities. The North East London Patient Safety Incident Response Framework Policy details the ICB's responsibilities and sets out how North East London ICB will realise these responsibilities.
Action / recommendation	The Board/Committee is asked to NOTE the content of the paper
Previous reporting	Our work and plans related to PSIRF have been reported in full, or in part, at a range of system and place-based forums, including: • NEL ICS Quality System Group • NEL ICB Quality, Safety & Improvement Committee • NEL ICB Executive Management Team Meeting • NEL ICB Medicines Safety & Quality Group
Next steps/ onward reporting	The Patient Safety Team will continue to undertake policy socialisation activities across the ICS and are due to present at a number of Place-Based Boards, Place-Based Quality Groups and Collaborative meetings.
Conflicts of interest	N/A
Strategic fit	• To improve outcomes in population health and healthcare • To tackle inequalities in outcomes, experience and access
Impact on local people, health inequalities and sustainability	PSIRF is intended to ensure that services are able to focus on the safety issues that impact local populations and assign resources related to investigations in a more proportionate way. The implementation of PSIRF within provider organisations should ensure better engagement with those

	impacted by safety incidents and a more compassionate approach to engaging with patients, carers and staff.
Impact on finance, performance and quality	The implementation of PSIRF across the ICS will significantly impact how we understand performance and quality across our services and within our own organisation. PSIRF changes the approach to investigating patient safety incidents and the ICB's responsibilities focus more on improvement and ensuring system effectiveness, rather than assuring the implementation of standardised processes.
Risks	N/A

1.0 Introduction

1.1 In 2019, the NHS Patient Safety Strategy was published, which seeks to embed transformational changes in the way we understand and address issues of patient safety within our organisations. It brings with it:

- The **Patient Safety Incident Response Framework (PSIRF)**, which replaces the NHS Serious Incident Framework
- The **Learn from Patient Safety Events** (LFPSE) service, which replaces the National Reporting and Learning System (NRLS) and Strategic Executive Information System (StEIS)
- **Patient Safety Partners**, who should be recruited by all NHS organisations to ensure there is compassionate engagement with service users, patients, families, and carers who may have experienced harm while in our care.
- **Patient Safety Syllabus**, which sets out a new approach to understanding patient safety, with a focus on culture, systems and how human factors impact the safety of care.
- An increased focus on "**Just Culture**" which ensures the fair treatment of staff and supports a culture of fairness, openness and learning in the NHS.

Further information can be found in Appendix A.

1.2 The Board are asked to note the content of the report.

2.0 Key messages

2.1 The NHS Patient Safety Strategy introduces a range of transformation work aimed at improving patient safety cultures and systems.

2.2 The Patient Safety Incident Response Framework is the most significant element of this work and brings with it changes to the way organisations across the NHS approach and respond to patient safety events.

2.3 Providers will publish a Patient Safety Incident Response Plan and Patient Safety Incident Response Policy which outlines how the organisation will approach and respond to patient safety events.

2.3 The Integrated Care Board Patient Safety Incident Response Policy outlines the changing role of the ICB and how the organisation will realise its responsibilities in relation to the Patient Safety Incident Response Framework

2.4 The Patient Safety Incident Response Framework replaces the Serious Incident Framework. It does not replace other policies, processes and requirements (e.g. safeguarding, maternity, non-patient safety related incidents).

3.0 Recommendations

3.1 Members are asked to note the content of the report.

4.0 Attachments

4.1 Appendix 1 – Patient Safety Incident Response Framework

5.0 End

5.1 Author: Polly Pascoe

5.2 Date: 27 October 2023

North East London Health & Care Partnership

NHS North East London

Patient Safety Incident Response Framework

October 2023

Introduction

- In 2019, the **NHS Patient Safety Strategy** was published, which seeks to embed transformational changes in the way we understand and address issues of patient safety within our organisations. It raises the profile of human and system factors as contributors to patient safety and provide the mechanisms to address the challenges we currently face in relation to ensuring learning from incidents promotes system-wide change, rather than individual actions.

- The Patient Safety Strategy outlines two core foundations at should be built upon: a **patient safety culture** and a **patient safety system**. The three strategic aims of the strategy will support the development of both foundations:

    - **Insight:** improving understanding of safety by drawing intelligence from multiple sources of patient safety information;

    - **Involvement:** equipping patients, staff and partners with the skills and opportunities to improve patient safety throughout the whole system;

    - **Improvement:** designing and supporting programmes that deliver effective and sustainable change in the most important areas.

- It is expected the core work of the NHS Patient Safety Strategy is implemented by the end of Autumn 2023.

- This paper provides detail on the workstreams that underpin the Patient Safety Strategy, how this work will be delivered and progress to date

Patient Safety Culture

- Staff feel psychologically safe
- Value and respect diversity
- A compelling vision
- Good leadership at all levels
- A sense of teamwork
- Openness and support for learning

Patient Safety Systems

- A shared understanding of safety across all ICS members
- A proportionate and localised approach to addressing patient safety concerns
- Compassionate engagement with those who are impacted by safety events
- A focus on learning and improvement

Delivering the Patient Safety Strategy

The strategy brings with it a range of national transformations to the way we work, which can be split into five distinct, but interdependent workstreams:

Patient Safety Incident Response Framework	Learning from Patient Safety Events	Patient Safety Partners	Patient Safety Syllabus	Just Culture
• A national transformation to the way we review and explore issues of safety as members of integrated care systems.	• A national transformation to the reporting and analysis of safety incidents across the NHS	• Ensure there is compassionate engagement with service users, patients, families and carers who may have experienced harm while in our care.	• The multi-professional syllabus has been developed for all staff in the NHS to help identify risks proactively in order to prevent errors before they occur.	• Considers wider systemic issues where things go wrong, enabling professionals and those operating the system to learn without fear of retribution

North East London Health & Care Partnership

NHS North East London

Patient Safety Incident Response Framework

Patient Safety Incident Response Framework

- The Patient Safety Incident Response Framework (PSIRF) is a national transformation to the way we review and explore issues of safety as members of integrated care systems. The introduction of PSIRF seeks to achieve the following outcomes:

Improved experience for those affected

- Expectations are clearly set for informing, involving and supporting those affected by patient safety events, particularly patients, families and staff
- Renewed focus on just culture and compassionate engagement

More proportionate and effective responses

- More flexibility in determining what to learn from and what not to learn from
- Resource planning based on local understanding
- Supports organisations to be more proportionate, sensitive and considered

Better range of methods for learning

- Promotes a range of methods for responding to and learning from patient safety incidents; moves away from RCA
- Timelines are more flexible and set in consultation with patients/families/carers
- The quality of the response and resulting improvement is the priority

Strengthen governance and oversight

- Regulators and ICBs will consider the strengths and effectiveness of processes, providing support where these may not meet expected standards
- Provider boards are now accountable for the ways in which their organisation responses to and improves as a result of safety events.

Patient Safety Incident Response Framework

- The Patient Safety Incident Response Framework (PSIRF) replaces the Serious Incident Framework (SIF), and its introduction seeks to promote proportionality in relation to patient safety incidents and the focus on learning and improvement.

Serious Incident Framework		Patient Safety Incident Response Framework
What constitutes a serious incident is nationally mandated and providers must respond to all incidents that meet this threshold.	→	There are some nationally mandated approaches that will remain the same (e.g. never events), however what constitutes a safety event is locally determined by providers.
All serious incidents should be investigated using a standardised approach and timescales.	→	Providers are responsible for determining which 'events' require a response and how this response should be managed.
ICBs review and sign off serious incidents for approval.	→	Providers are accountable for the quality of incident responses and outcomes of this response.
ICBs monitor numbers/themes and timescales of responses, providing scrutiny and assurance.	→	ICBs oversee effectiveness of provider systems for responding to events, providing support and guidance related to improving these systems.

- PSIRF does not replace other requirements, processes or policies (e.g. Safeguarding, Maternity, non-patient safety incidents)

PSIRF in Providers

Patient Safety Incident Response Plan
Provides information related to the safety issues that most impact the organisation's population
Details the national priorities and the learning responses / escalation routes required
Details the local priorities and the learning responses planned
Details the existing improvement work underway in an organisation

Patient Safety Incident Response Policy
Details staff responsibilities in relation to PSIRF
Details work underway to develop strong patient safety cultures (just culture, patient safety partners)
Provides information regarding capacity and resources in relation to undertaking learning responses
Discusses capability requirements in relation to PSIRF roles (e.g. oversight, investigators, engagement leads)
Provides an overview of how incidents will be responded to and related governance
Details how those affected by patient safety events will be engaged with and supported

Integrated Care Board Responsibilities

- Our responsibilities as an ICB change considerably under this new framework with a focus on collaboration, peer support and engagement between ICBs and providers. This approach enables providers more autonomy in the way they manage and improve the safety of those in their care; under PSIRF the ICB has five core responsibilities.

ICB Responsibilities	Patient Safety Incident Response Framework
Collaborate with providers in the development, maintenance and review of providers' approaches to PSIRF	PSIRF is a locally driven approach and the ICB takes a supportive and facilitative view, rather than one of scrutiny and assurance
Agreement of approaches providers will take	Approaches should meet national standards and ICBs should identify ways to support providers to meet these standards before and after PSIRF goes live
Oversee and support effectiveness of systems to achieve improvement	The ICB will focus on the outcomes of PSIRF approaches, not the process, ensuring providers are supported to deliver strong safety systems that focus on improvements
Support coordination of cross-system learning responses	The ICB does not manage investigations, but facilitates cross-system working and escalation when required
Share insights and learning to support improvement	The ICB will play a key role in convening relevant stakeholders to share learning and promote system-wide improvements in the safety of care

Realising our responsibilities

NEL ICB Quality, Safety & Improvement Committee

NEL ICS System Quality Group

PSIRF Implementation

- PSIRF Policy & Plan Development
  - Provider Meetings
  - NEL System Network Meetings
  - UCLP Patient Safety Collaborative Workshops
- PSIRF Policy & Plan Agreement
  - PSIRF Gap Analysis
  - PSIRF Agreement Panels

PSIRF Delivery

- Support coordination of cross-system learning responses
  - NEL System Response Group
- Oversee and support effectiveness of systems to achieve improvement
  - NEL PSIRF Peer Forum
  - NEL Patient Safety Partner Network
- Shares insights and learning
  - NEL Patient Safety Summit
  - NEL System Safety Group

Safety Oversight & Support Framework developed which maps out how the ICB will undertake its oversight responsibilities and utilise insight across the ICS.

PSIRF Delivery

Meeting	Provider Triage Meetings	System Response Group	PSIRF Peer Forum	Patient Safety Partner Network	System Safety Group	Patient Safety Summit
Hosted by	NEL Providers	NEL ICB Patient Safety Team	NEL ICB Patient Safety Team	NEL ICB Patient Safety Partner	NEL ICB Patient Safety Team	NEL ICB Patient Safety Team
Membership	Provider staff and members of the ICB Patient Safety Team	Members of NEL ICS involved in a system incident	Members of NEL ICS who are implementing PSIRF	Patient Safety Partners across NEL ICS	NEL ICS stakeholders	NEL ICS stakeholders
Purpose	To gain soft intelligence regarding the ongoing implementation of PSIRF and to provide support and guidance regarding escalation of system issues.	To coordinate system responses where required and connect providers with required regional and national teams.	To share intelligence and learning regarding the implementation of PSIRF and the evolving safety system across NEL ICS. Focus on learning from PSIRF and the progress of related improvement work.	To bring together patient safety partners across the ICS, enabling soft intelligence gathering regarding engagement with those impacted by safety events and patient involvement in safety across the ICS.	To bring together those with a stake in patient safety to discuss the whole patient safety agenda, not just PSIRF.	To bring together stakeholders to share learning and good news stories from improvement projects across NEL ICS.
Frequency	As per provider schedule	As and when required	Monthly	Monthly	Quarterly	Biannually

North East London Health & Care Partnership

NHS North East London

Learning From Patient Safety Events

Learning from Patient Safety Events

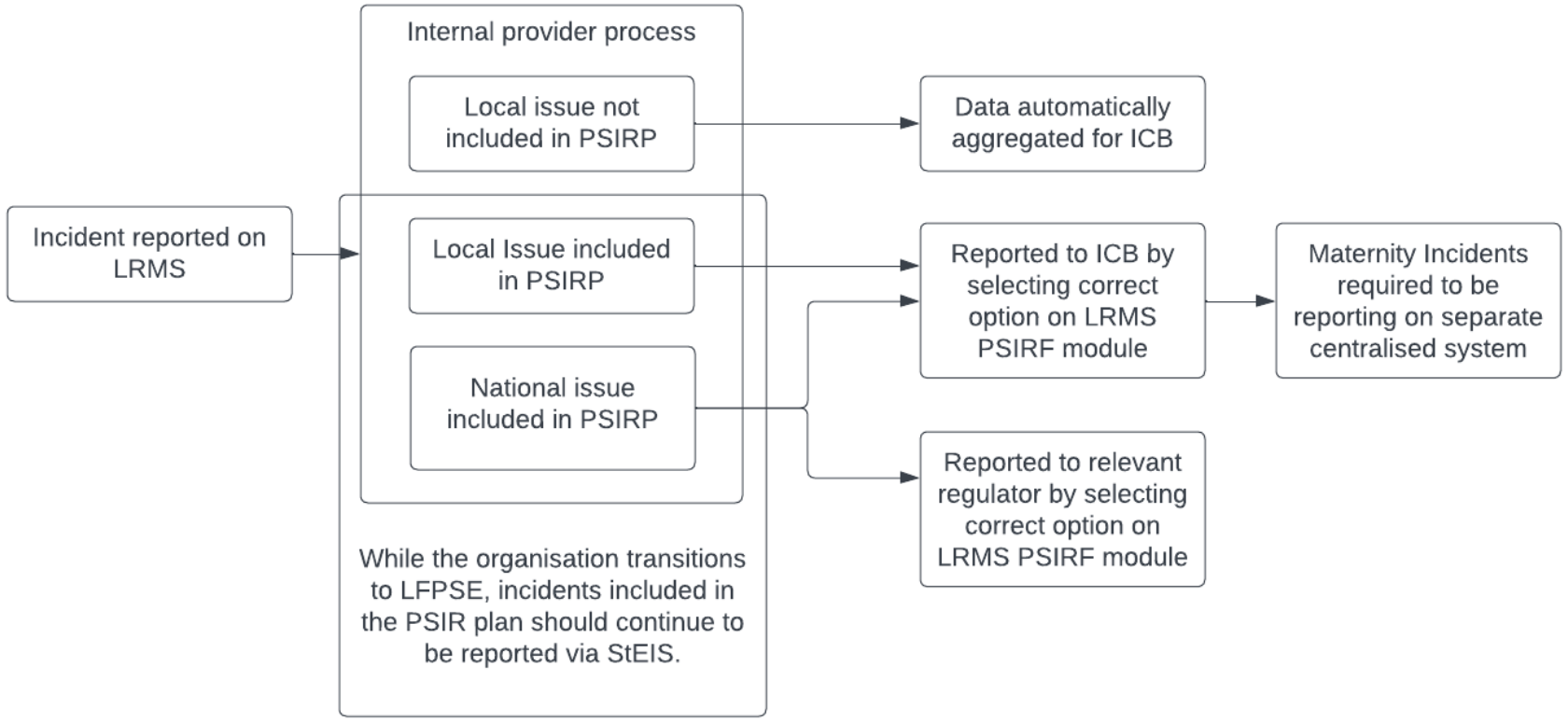
- The Learn from Patient Safety Events (LFPSE) service is a new national NHS service for the recording and analysis of patient safety events that occur in healthcare. LFPSE is currently being introduced across the NHS as organisations switch to recording patient safety events onto the new LFPSE service, rather than the National Reporting and Learning System (NRLS) and Strategic Executive Information System (StEIS) it is replacing. It represents a major upgrade, creating a single national NHS system for recording patient safety events. It introduces improved capabilities for the analysis of patient safety events occurring across healthcare, and enables better use of the latest technology, such as machine learning, to create outputs that offer a greater depth of insight and learning that are more relevant to the current NHS environment.

- It will include the following features:

    1. **New online portal for primary care & others:** Supports historically low-recording sectors, ability to save drafts, update records and undertake responses within the provider with ICS visibility
    2. **Revised taxonomy**: Learning focussed data collection, minimising blame and promoting analysis of how things go wrong to better support targeted improvement
    3. **Machine learning:** ML-enhanced anonymisation to reduce identifiability, real time ability to analyse free text, suggest learning resources to providers and identify new or under recognised risks across all harm levels for more responsive comprehensive national action
    4. **Two way communication via APIs**: Live automatic data sharing between local and national systems, meaning more timely response to issues and provision of feedback and reducing harm to patients
    5. **Self service data access:** No more analysis bottleneck in the national team. NHSE will be developing enhanced data outputs to meet local needs. Support prioritisation, learning and improvement
    6. **Improved data linkage and sharing options**: Faster more direct ways to support eg CQC and MHRA to fulfil their duties around safety and learning

- Some providers have already upgraded their Local Risk Management System (LRMS) to a LFPSE-compliant system and are now uploading all safety events recorded by their staff to LFPSE; while other organisations are still recording onto the NRLS as they prepare to make the switch. Organisations are asked to complete this by Autumn 2023.

Learning from Patient Safety Events



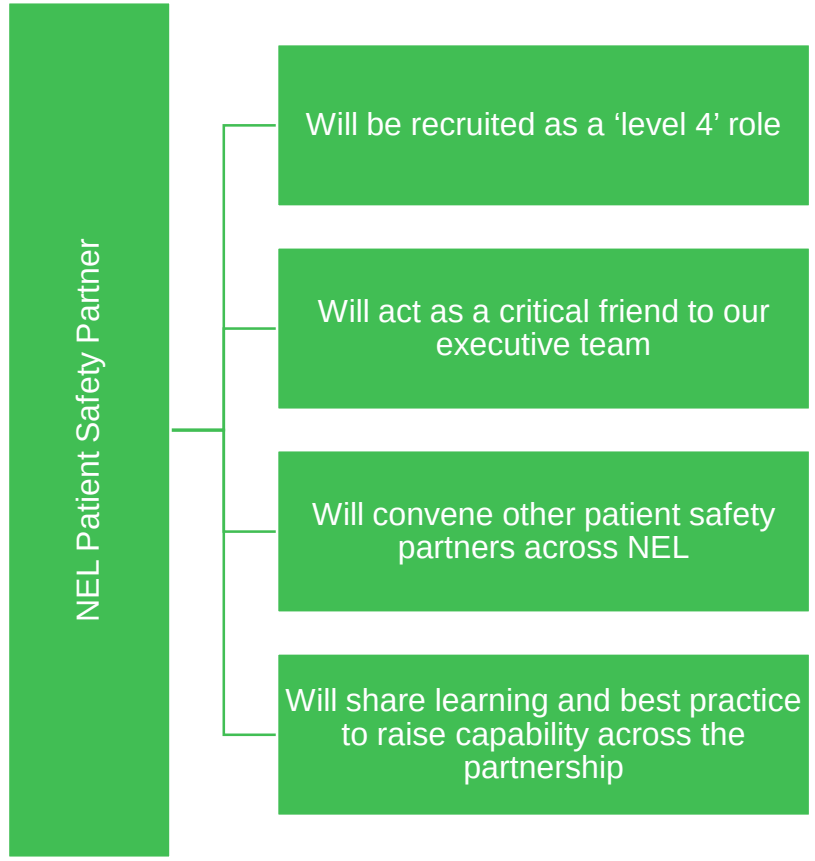
North East London Health & Care Partnership

NHS North East London

Patient Safety Partners

Patient Safety Partners

- One of the core ambitions as we move into new ways of managing and improving patient safety is to ensure there is compassionate engagement with service users, patients, families and carers who may have experienced harm while in our care.
- Patient Safety Partners will be recruited by all providers and ICBs and will play a key role in ensuring we, as a system, centre the voice of those impacted by harm, including family and carers.
- Our Patient Safety Partner will act as a critical friend to our executive team, and will sit on our Quality, Safety and Improvement committee. Their role will be to ensure we centre the patient in all our conversations and shine the spotlight on safety at all levels of the system.
- Our Patient Safety Partner will also play a role in how we support providers to effectively engage with those involved in patient safety incidents and will lead the NEL Patient Safety Partners Network, which will offer peer support and act as a forum for sharing of learning and identifications of potential improvements.
- We aim to recruit the PSP by November 2023.



North East London Health & Care Partnership

NHS North East London

Patient Safety Syllabus

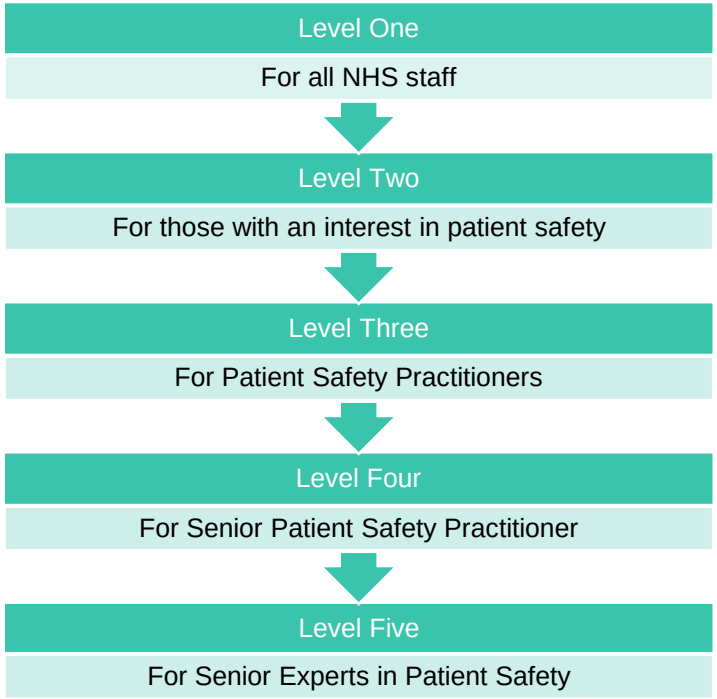
Integrated Care Board Capabilities

- To support the implementation of the Patient Safety Strategy, Health Education England (now part of NHS England) have developed a Patient Safety Syllabus for all staff in the NHS. It sets out a new approach to patient safety emphasising a proactive approach to identifying risks to safe care while also including systems thinking and human factors.

- Level one of the syllabus, Essentials for Patient Safety, is expected to be completed by all NHS employees, including those in roles which are not patient facing. Completion of the training will help to ensure health and care services are as safe as possible for patients and service users. The training is now available on workforce for all staff to access and broader training in relation to PSIRF is available on the E-Learning for Health platform.

- Due to the proximity members of the department have to investigations and learning and their oversight responsibilities, members of the CNO Department have been introduced to level one of the syllabus, in addition to further training provided by HSIB in order to ensure we have core capabilities to work within PSIRF once it is implemented.

- Members of our Executive Team and our Board members have also been introduced to oversight training in order to support strong oversight of the system.



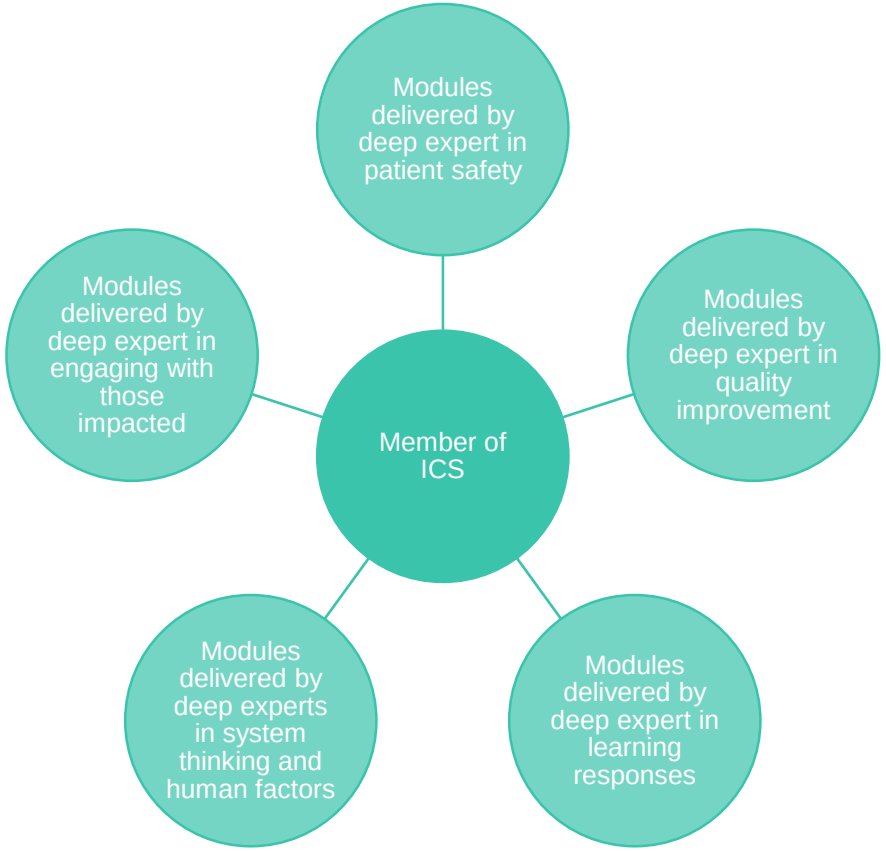
Integrated Care System Capabilities

- There are national standards related to the level of training and education received by those leading learning responses, those who engage with those involved in incidents and those who have oversight responsibilities. The Patient Safety Team will be sharing a Patient Safety Prospectus in May 2023, which will support those working in North East London to identify their training needs and access appropriate, free to access training to do so.

- There is a lack of funding across the ICS to continue to access paid training once PSIRF is implemented and there is an ongoing expectation of those who are working within PSIRF to have ongoing CPD in these elements, in addition to questions as to how are new members of staff trained in PSIRF if and where free training opportunities are halted.

- In order to address this, the team have initiated conversations with national, regional and local providers to explore the feasibility of, and work to develop, a NEL specific inhouse training offer, most likely delivered via a ‘North East London Patient Safety Faculty’ approach, pulling together ‘deep experts’ in each element of PSIRF, instead of ‘broad experts’ in all areas of PSIRF.

- As capacity beyond the PSIRF implementation date is unknown at this point, it is unlikely work will begin on this until early 2024. This is also in recognition that both the ICB and providers will need to work within the Serious Incident Framework beyond the PSIRF implementation date.



North East London Health & Care Partnership

NHS
North East London

Just Culture

Just Culture

- “Just Culture” refers to a system of shared accountability in which organisations are accountable for the systems they have designed and for responding to the behaviours of their employees in a fair and just manner. The fair treatment of staff supports a culture of fairness, openness and learning in the NHS by making staff feel confident to speak up when things go wrong, rather than fearing blame

- Supporting staff to be open about mistakes allows valuable lessons to be learnt so the same errors can be prevented from being repeated. In any organisations or teams where a blame culture is still prevalent, this guide will be a powerful tool in promoting cultural change.

- Just Culture principles are embedded into existing ICB policies and procedures, and work is underway to explore how the new Just Culture guidance can be further embedded into future reviews of said policies. The team are working with Human Resources to ensure this work meets expectations in relation to the Patient Safety Strategy and policies/processes in this space are reviewing Just Culture needs upon review.

- The Patient Safety Team will also work with the communications department to raise awareness and understanding of Just Culture across the ICB. Beyond the PSIRF implementation phase, the Patient Safety Team will monitor how just culture is implemented across the system and support providers where standards are falling below what is expected.

NHS England and NHS Improvement