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 1 February 2024, 0900-1100

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

Chair: Amy Gibbs

AGENDA

	Item	Time	Lead	Attached / verbal	Action required
1.	**Welcome, introductions and apologies:** 1. Declaration of conflicts of interest 2. Minutes of the meeting held on 7 December 2023 3. Action log	0900 (5 mins)	Chair	Papers Pages 3-6 Pages 7-14 Page 15	 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:** • **Disability access/comms – REAL** • **You said, we did**	0910 (30 mins)	Rowan Earle and Ellen Kennedy Jon Williams and Muna Hassan	Papers Pages 16-23 Pages 24-31	Discuss

6.	**NEL Joint Forward Plan 2024/25 Refresh**	0940 (10 mins)	Warren Leung and Warwick Tomsett	Papers Pages 32-98	Discuss
7.	**Life course: Mental Health Programme Update**	0950 (20 mins)	Day Njovana	Papers Pages 99-107	Note
8.	**THT Priorities & Governance**	1010 (10 mins)	Ashton West	Papers Pages 108-124	Discuss/ Approve
9.	**Tower Hamlets Section 256 Funding – final round 2 funding**	1020 (5 min)	Suki Kaur	Papers Pages 125-132	Approve
10.	**TH Place performance and quality report**	1025 (20 mins)	Saem Ahmed and Tanvir Ahmed	Papers Pages 133-165	Update/ Discuss
11.	**Creating a North-East London Life Sciences Cluster for the benefit of our local Population**	1045 (10 mins)	Grant Bourhill	Papers Pages 166-179	Approve
12.	**Any Other Business** • **Committee effectiveness survey**	1055 (5 mins)	Chair	Verbal	Note
Date of next meeting: Thursday 7 March 2024, 0900-1100 – Committee Room 1 – Tower Hamlets Town Hall, 160 Whitechapel Road, London, E1 1BJ					

- Declared Interests as at 24/01/2024

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 Patient Choice Panel 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	2016-05-14		

					personal 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		
Roberto Tamsanguan	Clinical Director Tower Hamlets	Clinical Advisory Group Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Financial Interest	Bromley By Bow Health Partnership	GP Partner	2024-01-01		Declarations to be made at the beginning of meetings

- Nil Interests Declared as of 24/01/2024

Name	Position/Relationship with ICB	Committees	Declared Interest
Richard Fradgley	Director of Integrated Care	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.
Sunil Thakker	Director of Finance	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 Audit and Risk Committee ICB Finance, Performance & Investment Committee Redbridge ICB Sub-committee Redbridge Partnership Board Tower Hamlets ICB Sub-committee Tower Hamlets Together Board Waltham Forest Health and Care Partnership Board	Indicated No Conflicts To Declare.

		Waltham Forest ICB Sub-committee	
Zahieda Chowdhury	Senior Transformation Lead	Newham ICB Sub-committee Tower Hamlets ICB Sub-committee	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.
Reagender Kang	Designated Nurse for Looked After Children	Tower Hamlets ICB Sub-committee	Indicated No Conflicts To Declare.
Warwick Tomsett	Director of Integrated Commissioning	Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.
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 ICB Population, Health & Integration Committee ICB Quality, Safety & Improvement Committee ICP Committee ICS Executive Committee Newham Health and Care Partnership Newham ICB Sub-committee Patient Choice Panel 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	Indicated No Conflicts To Declare.
Matthew Adrien	Partnership working	ICP Committee Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.
Amy Gibbs	Independent Chair of Tower Hamlets Together	Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.
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.
Helen Jones	tower hamlets named GP for child safeguarding, tower hamlets clinical lead for CYP MHEW and LD	Tower Hamlets ICB Sub-committee	Indicated No Conflicts To Declare.
Muna Hassan	Community Voice Lead	Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.

Somen Banerjee	Director of Public Health	Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.

DRAFT Minutes of the Tower Hamlets Together Board
Thursday 7 December 2023, 0900-1100 in person and via MS Teams

Minutes

Members:		
Amy Gibbs	Independent Chair of the Tower Hamlets Together Board	In person
Roberto Tamsanguan	Tower Hamlets Clinical / Care Director, NHS North East London	In person
Neil Ashman	Chief Executive Officer, Royal London & Mile End Hospitals, Barts Health NHS Trust	In person
Richard Fradgley	Director of Integrated Care & Deputy Chief Executive Officer, East London NHS Foundation Trust	MS Teams
Denise Radley	Corporate Director Health, Adults & Community	MS Teams
Sunil Thakker	Director of Finance; C&H ICP & Acting Director of Finance; TNW ICP	In person
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	MS Teams
Khyati Bakhai	Tower Hamlets Primary Care Development Clinical Lead, NHS North East London	MS Teams
Muna Hassan	Resident and community representative/Community Voice Lead	In person
Matthew Adrien	Healthwatch Service Director	MS Teams
Attendees:		
Olivia D'Mello-Browning	Development Viability Officer, London Borough of Tower Hamlets	MS Teams
Dr Sarah Beardon	Senior Research and Policy Fellow, UCL Faculty of Laws	In person
Dr Dan Hopewell	Director of Knowledge and Innovation, London Region Social Prescribing	In person
Fiona Peskett	Director of Strategy and Integration Barts Health – Royal London and Mile-End Hospitals	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	MS Teams
Julie Dublin	Senior Programme Manager, Unplanned Care	MS Teams
Layla Richards	Covering Director, Commissioning and Youth, Children's Services	In Person
Jo Sheldon	Head of Primary Care TH	MS Teams
Dr Gita Thakur	GP Partner, Bromley by Bow Health Partnership	MS Teams
Virginia Patania	Transformation Lead / EQUIP (Enabling Quality Improvement in Practice) Programme Director	In person
Femi Odewale	Managing Director, North East London Cancer Alliance	In person
Sima Khiroya	Head of Strategic Finance – Health and Adult Social Care, London Borough of Tower Hamlets	In person
Polly Pascoe	Associate Director Quality Development & Patient Safety, ICB	MS Teams
Apologies:		
Ashton West	Programme Lead, ICB & LBTH, NHS North East London & London Borough of Tower Hamlets	
Jon Williams	Engagement and Community Communications Manager (Tower Hamlets), NHS North East London	
Charlotte Pomery	Chief Participation and Place Officer, NHS North East London ICB	
Chetan Vyas	Director of Quality, ICB	

Item No.	Item title
1.0	**Welcome, introductions and apologies**
	The Chair, Amy Gibbs (AG), welcomed members and attendees to the December 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 2 November 2023**
	The minutes of the previous meeting held on Thursday 2 November were agreed as an accurate record of the meeting.
1.3	**Actions log**
	No open due 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 on:

	· Meeting with ICB Exec Board where TH team presented the partnership work emphasising the trust and strengths but also challenges faced as a system. Good discussion. Team was asked for advice on the co-production implementation and the role of the community voice lead work and the protected time on every agenda for the item together with the 'we said-we did' approach to improve accountability · Issues flagged were around the need for clarity from NEL on subsidiarity and what is delegated to the Partnership on decision making and budget · Also flagged the need for NEL to support the voluntary system in the borough but also across the whole patch · Positive feedback from NEL on the Partnership's work so far · AG also encouraged members to attend the Tower Hamlets Together 'Integrated Care' Awards to celebrate and support the amazing work happening across the partnership · Meeting due to take place with ELOP team to discuss follow up from their session with the Board, in particular the roll-out of the private practice and approve the support the GPs and Primary Care can provide to LGBTQ+ residents The Board members noted the update.
4.0	**System resilience and urgent issues** The Chair, AG advised the item has been added to the agenda for any urgent issues or system resilience concerns that partners want to flag and are not covered by the agenda. Neil Ashman (NA) flagged that the industrial action is returning December 2023 (before Christmas) and first week in January 2024 which will have profound impact on key services. Partnership will need to be as alert as possible and relay/depend on each other. The Board members noted the issue flagged.
5.0	**Community Voice:**
5.1	**Health Justice Partnership work across England**
	Dr Sarah Beardon (SB), Senior Research and Policy Fellow at UCL Faculty of Laws joined the meeting and presented the slides shared in the pack that outline the Health Justice Partnership work across England, highlighting that: · Health Justice Partnerships are collaborations between health services (primary, acute, and mental health) and organisations specialising in welfare rights. They provide welfare rights advice alongside health care, supporting people with issues such as welfare benefits, debt, housing, and employment. · Health Justice Partnerships tackle social and economic circumstances that are harmful to health And had the following recommendations for the Board: · Make welfare rights central to the partnership's strategies and actions on health inequalities · Come together and contribute jointly to help make this happen · Work with the advice sector to understand community needs and develop a plan that is consistent with local priorities
5.2	**Bromley by Bow Insights independent study for London**
	Dr Dan Hopewell (DH), Director of Knowledge and Innovation joined the Board to present the Bromley by Bow Insights independent study for London: Reducing health inequities in London by improving access to social welfare advice through greater collaboration between the healthcare, local authority and advice sectors. The report, which was funded by the Mayor of London, informs the London Health Board's Cost of Living task and finish group's recommendations, features a number of areas of good practice and case studies in Tower Hamlets including:

	· Half the GP practices have a welfare advisor delivering social welfare legal advice on the premises, at least one-half day a fortnight · Tower Hamlets has a well-established advice provider network, Tower Hamlets Community Advice Network (THCAN), with one of the most sophisticated on-line referral platforms in London, that professionals can use to refer clients to any advice provider in the borough. Currently 60% of referrals are coming from the borough's social prescribing link workers · Tower Hamlets has one of the longest standing Health-Justice Partnerships in the UK. The Bromley by Bow Healthy Living Centre, in which a welfare advice, and fuel/food poverty team are co-located and integrated with General Practice DH also flagged his recommendations to the Board at ICS, Place (borough), Neighbourhood (PCN) levels and around training. Consideration should be given as to how funding for advice, and a long-term commitment to it, can be drawn in by ICP partners to complement NHS England funding for social prescribing link workers and enable an adequate level of social welfare legal advice services to meet onward referral demand. This could include the use of the Additional Roles Reimbursement Scheme funding which is due to be mainstreamed from April 2024 onwards. This could include funding further hybrid social prescribing link workers/ advisors. Working collaboratively and building on good practice. Establish a short-term task and finish group including: Local Authority, Healthcare, VCFSE, Advice Sector, Social Prescribing and underserved resident groups with poor social, economic and health outcomes Significant policy focus in recent years on social prescribing and providing patients with non-clinical support to address their needs in a more holistic way. The standard model is that health professionals make referrals to link workers, whose role it is to understand an individual's personal support needs and connect them to the most appropriate community support, based on what matters to them. However, the challenge for many social prescribers has been that the majority of the patients referred to them need support with addressing social welfare problems but they are not always able to identify a social welfare service to refer them to because services are so oversubscribed Mature conversation is needed in the borough around principals and be opportunistic around health inequalities and other pots of money that might be a way of starting building on this to create a systemic approach: Short term: · Ensure continuity of Tower Hamlets Community Advice Network (that together with the referral platform have no funding at the moment), with its training programme and well used referral platform · Increase advice provider capacity to meet demand, especially demand coming from the healthcare providers Medium term: · Advice in GP practice, expansion to cover all practices? Potential to include in other community venues? · Training for 'problem noticers' and 'trusted intermediaries' AG thanked the presenters for the powerful and strong presentation and remarked that the partnership is committed to having equality in the borough. Muna Hassan (MH) also flagged that the need is so wide and is seen in the community in various different spaces. Difficulty to access welfare is flagged in all community meetings. Gap between people's needs and the way that health organisations and health services are responding. Great to see some of the recommendations put forward by SB and DH to the Board be taken into consideration to be implemented in a beneficial, realistic way. Questions and comments from the Board included: · Need to target the integration in the places with most impact and also think about the training offered to staff in health and social care as a system · Members were advised that due to funding cuts there is currently no training on offer on social welfare in the borough

	· Fantastic opportunity to do something to address the huge health inequalities in TH with real action. Need to think about funding and resource as a matter of urgency. NEL also has some responsibility for funding around social prescribing and also voluntary community sector could put forward bids to funders. This can be done NEL wide not only TH · Evidence based on the good practice in integrating citizen advice into Practices · Long-time unemployment has been linked to the short life expectancy and significant poor health in women · Important discussion to have at London level. Good to attend the London Director's of Public Health Teleconference · Need to have a separate meeting with all partners and the item presenters to address the funding issue. The need is great compared with other boroughs in NEL · Aim is for 50% of the practices in TH to have the advisers · Top areas to focus on? Need to get the advice into the PCNs, bring in the general practice depending of the Neighbourhood work level of integration as some places are more advanced than others ACTION: SK to progress this work and meet with Dr Dan Hopewell, Vicky Scott and others to plan launching the task and finish group to integrating social welfare and legal advice into health settings with the aim of TH pioneering in this ACTION: Share the slides presented in the meeting with the Board.
6.0	**Lifecourse Delivery update: Primary Care Transformation Committee**
	Khyati Bakhai (KB) and Jo Sheldon (JS) presented the update and talked the members through the slides shared with the pack that outline the new Primary Care Transformation Group with the purpose to: · 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 Meeting interrupted at 1001 due to the fire alarm starting in the building and restarted again at 1016 when the present attendees reconvened in another meeting room in RLH. Comments and questions from the Board members included: · Membership is an area for development as at the moment is very PC heavy. Need to also consider resident and welfare services input · Members were advised that Healthwatch is working on a patient experience report with focus on face-to-face appointments. Draft should be ready by January and will be presented to the Board The Board noted the update.
7.0	**Primary Care Improvement Week**
	Dr Gita Thakur (GT), Virginia Patania (VP) and Femi Odewale (FO) presented the report shared in the pack that highlights the early findings from the collaborative project between NHSE Primary Care Transformation team and NEL Integrated Care Board (NEL ICB). The Improvement Week process has been explicitly designed to identify opportunities for improvement and instances of 'failure demand'. Risks flagged:

	· Another round of financial probity and the team has been told that the funding allocated but not spent yet for the project will likely be taken away. 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. There are also risks to delivery of ongoing improvement projects that have been identified through Improvement Week because of limited capacity in EQUIP team. £100k were spent to get the information but it is feared there will be no resource to deliver the improvement projects · Difficult to find a home for the work. ICB/Primary Care Transformation/Interface/THT. 3 administrators are needed to implement the improvements but no resources Comments and questions from the Board members included: · Work already underway to simplify the referral processes between community health services and ELFT · Members agreed they need to support the work as a system · Difficult to estimate the budget constrains to make the project happen. The cuts are being worked up by ICB. Updated pack will be available next week and will articulate where the greatest value enhancement from a project perspective can be done. Where the most time, minutes, clinical resources can be freed based on the findings with the hope to prioritise based also on the volume of opportunities. Need to make cross reference between the volume of opportunity and volume of savings or efficiencies to pick projects to work on. Usually in the NHS the basic project proposition would mean costing out a data analyst, project manager and administrator for a period of 10 weeks with 10 hours/week and a basic quality project cost to take forward would be £20k-£24k. It was flagged the resource needed it is already in the system/organisation. · Need to draw up support from the Partnership/NEL/ICB and identify where resource is available in the system. Also need to understand the resource implications (staffing and cuts implications). Issues picked with the ICB by the THT team · Need to take to the London Board as mostly an interface problem · Home for the project - TH Interface Group to feed into the NEL Interface Group. Call and recall, fit notes and intercompartmental referrals are being discussed at the Interface Group with commitment from RLH and ICB Primary Care Team to try and improve. Work involves all health and social care providers across TH · As part of the ICB restructure all 7 Places have been assigned finance and contract teams available to support at Place in terms of investment programmes, etc. New structure/ team available to TH will be shared with the team VP reflected that during the Improvement Week was one of the most joyous, profound and ground changing experience of the last 15 years of her career and reminded her of why she joined the NHS. Refreshing to remember that the people that deliver care can also change the system! ACTION: Primary care commissioning team to understand what the Primary Care Improvement Week learnings/project/work and resource implications are and identify where the resources are available in the system and what is required as additional ACTION: ST to share the new finance team/structure assigned to support TH Place
8.0	**Winter Plan 2023/2024 update**
	Due to the time constrains the item was not discussed at the meeting but will be picked up at the Urgent Care Working Group
9.0	**Section 256 Funding process**
	Suki Kaur (SK) verbally updated the members flagging that: · The item is also going to be picked up at the Urgent Care Working Group

	· List also includes provisions for health and welfare social advice with costings to be confirmed · Need to think about reallocation of resources to support some of the Improvement Week work · Hoping to have agreement of allocation and to bring paper to the Board for final view and sign off Questions and comments from the Board members included: · Need to be aware that there are two paths to additional funding (section 256 and ICB bid for growth money) The Board members noted the update
10.0	**Integrated Finance Report**
	Sunil Thakker (ST) and Sima Khiroya (SK) talked the attendees through the slides shared in the pack, flagging the following: · 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 (LA) spend is forecast to overspend by £5.7m, after an assumed transfer from reserves of £6.4m. · Julie Lorraine - LA new Chief Finance Operating Officer (section 151) Questions and comments from the Board members included: · Need to know what the proportion of the overspent is driven by TH. The headline position from a provider perspective is agency spent, productivity issues, industrial action, costs, etc. from ICB perspective is prescribing, CHC, and various programmes plus non-delivery of efficiency programmes. · Complex situation as the system chose to submit a break-even position. · All reserves are depleted · Financial Recovery Programme will continue well into this financial year, probably into the next financial year and the problems will take time to address · Social prescribing and welfare action a very important element as it will cap off a lot of the unnecessary demand · Finance team is looking to refine the finance reports in the next couple of months to use the BI systems for access to finance and activity data by Place, prescribing systems for Medicine Management and for CHC data systems are being recalibrated and merged · Need to give a perspective to THT on our strategies to address the ongoing pressures in Adult Social Care. Most of the pressures are around the cost of care packages (of all types) and particularly unsustainable packages on discharge from hospital. There is both immediate and medium-term work to look at the later through a review of the discharge to assess/reablement work that is underway. Our data shows that more care packages are increased at the point of review than decrease or stay the same – this is a key driver of our costs and over-spend. We are continuing to focus on medium to long-term approaches to make the financial position for social care more sustainable. This includes: · Investment in our new housing with care strategy that will include bringing on line new extra care schemes over the next 10 years · Invest to save programme on care technology shifting our whole approach to incorporate more technology to support people in their own homes and a proactive approach to using technology to monitor wellbeing and changes in needs · Need to also look at learning disability package costs that continue to be a key area of pressure and work closely with ELFT on this Board members noted the Integrated Finance report update

11.0	**Patient Safety Incident Response Framework**
	Polly Pascoe (PP) give a written update in the MS Teams chat covering key points: · PSIRF brings with it a localised approach to patient safety investigations, with priorities developed by providers to meet the needs of their population. These priorities are developed through a process of data analysis and stakeholder engagement. · PSIRF only replaces the Serious Incident Framework and does not replace other statutory processes/policies (e.g. safeguarding, maternity). Nationally mandated approaches regarding these and other aspects incl. Never Events will remain. · More information re. overarching approach can be found: https://www.england.nhs.uk/patient-safety/patient-safety-insight/incident-response-framework/ · PSIRF does not apply to primary care currently (some GP partnerships however have expressed an interest in working to the PSIRF principles and approaches). A Primary Care Patient Safety Strategy is due to be implemented - we will know more about this following a meeting with national patient safety specialist today, so we will update on plans once we know more · Each provider will have developed a Patient Safety Incident Response Plan, which is where members can get more information as to the patient safety priorities and how they plan to be responded to. · NELFT, BHRUT and Barts are now live with PSIRF, so will be working to their Patient Safety Incident Response Plans, not the Serious Incident Framework. If further information is required regarding this, we recommend the Board invite the providers to present on their plans. · ELFT and Homerton plan to go live in January 2024. · We are also working with a range of small/independent providers who will take a little longer to implement due to capacity · There are delays to LFPSE nationally; this will cause delays for the ICB in relation to how we report on patient safety at place and across the ICS. We and other London ICBs are meeting with the national team to identify ways around this in the interim and will keep colleagues informed as we know more. · Please keep an eye out for invitations to the System Safety Group, which will be stood up in the new year – this will bring together all stakeholders across the system to discuss safety issues. · We are now recruiting our patient safety partner – if colleagues could share this opportunity via their networks this would support us to get good representation across our population in our applications (https://northeastlondon.icb.nhs.uk/our-organisation/jobs-board/) – opportunity is at the bottom of the page. The Board noted the Patient Safety Incident Response Framework.
12.0	**Any Other Business**
	AG flagged that due to feedback from team and community voice representatives the new time of the Board meeting in 2024/25 will be moved to 0930-1130. Members were invited to raise any concerns or problems outside the meeting. AG also wished everyone a 'happy festive period'!
Date of next meeting – 4 January 2024 tbc	

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
0211-48	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	Jon Williams	tbc	Closed	ELG action plan is being revised to include a THT Engagement Strategy, which will embed this 'you said-we did' discipline. This draft strategy will be presented THT Board in early 24/25.
0712-49	07-Dec	SK to progress this work and meet with Dr Dan Hopewell, Vicky Scott and others to plan launching the task and finish group to integrating social welfare and legal advice into health settings with the aim of TH pioneering in this.	Suki Kaur	04 January 2024	Closed	Planning meeting took place on the 3rd Jan to agree scope, ToR, potential chair and assess overlaps with existing work. THT team are supporting this initiative which will falls under the localities and neighbourhoods programme. Funding secured from s256 to support implementation of increased advice in general practices and RLH. Initial T&FG meeting planned for the 5th Feb.
0712-50	07-Dec	Share the Bromley by Bow Insights independent study for London slides presented in the meeting with the Board	MB	01 February 2024	Closed	Slides forwarded to the members on 9th Dec
0712-51	07-Dec	Primary care commissioning team to understand what the Primary Care Improvement Week learnings/project/work and resource implications are and identify where the resources are available in the system and what is required as additional	Warwick Tomsett and Jo Sheldon	tbc	tbc	
0712-52	07-Dec	ST to share the new finance team/structure assigned to support TH Place	Sunil Thakker	tbc	tbc	

Accessible Communications for All

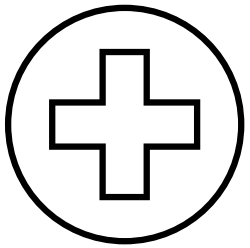
THT Board Meeting

Date: *1st February 2024*
Presented by: *Rowan Earle & Ellen Kennedy*

Project Brief

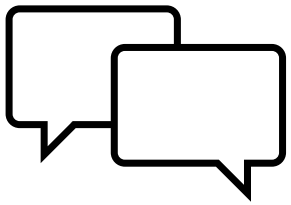
Health inequalities

- NHS England definition: “unfair and avoidable differences in health across the population, and between different groups within society.”



Health and social care communications

- NHS Accessible Information Standard.
- Websites, articles, newsletters, posters, fliers and social media posts.



Accessible Communications

- Are there elements of these communications that present a barrier to a Disabled person’s engagement or understanding?
- Would removing these barriers reduce health inequity?

Method and Outputs

Tower Hamlets Autism Wednesday group

Partnership – coproduction groups

- ICM Foundation, Tower Hamlets Autism Wednesday group, Real membership.
- Tower Hamlets Council, GP Care Group, Tower Hamlets Council for Voluntary Services.

Focus groups – media review

- Group and individual sessions reviewing communications.

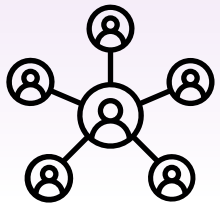
Analysis

- Collating media review sessions data and grouping by theme.
- Identifying practical suggestions to improve accessibility.

Feedback to communications teams

- Interactive training sessions.
- Best practice guidance.

Findings and Outcomes



Comms Accessibility

- Simple adjustments not made or inconsistent.
- Effects engagement, not only comprehension.
- No major difference in impairment groups.

Accessible Information Standard

- 75% without record of needs.
- 50% had needs ignored.
- >50% contacted in inaccessible ways.

Participation

- Improved knowledge of healthcare in the borough.
- Improved knowledge of accessibility.
- Increased confidence with communications.

Engagement and Feedback

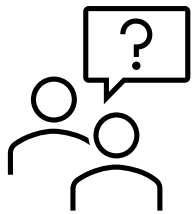
Coproduction participants

Average 8/10 score for overall experience.

Majority felt level of involvement was right.

High retention of participants.

Partner organisations



Only 1/3 partner organisations engaged fully.

Perceived disinterest in disability and accessibility.

Affected project scope and evaluation.

Recommendations

Accessible Communications

- Commitment from organisations to improve.
- Share learning with other teams / organisations.
- Training opportunity.
- Wider analysis – more impairment groups.

Accessible Information Standard

- Wider survey.
- Training and implementation.
- Improve public awareness.

Recommendations

Disability Action Plan

- A borough wide commitment to improving the experiences of local Disabled people
- A way of working across departments, board and groups more effectively.
- Avoid duplication of work streams and ensure learning is shared and action is taken.

Q & A

Thank you!

You Said We Did
Tower Hamlets Together (THT) Board Community Voice Update - 1 February 2024

The THT Board has a community voice item at the start of its meetings. This is an important part of every Board and demonstrates its 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, which come out from the community voice are managed by the Board, and
- How the Board is responding to community voices sessions to date.

The THT Board's Community Voice Lead will publish as part of her Annual Report on community involvement in the work of the Board a 'You Said, We Did' section outlining the Board's responses to the community voice session.

Process

1. Following a THT Board community voice the Engagement and Community Communications Lead (EL), or lead agreed by Board, will contact the community voice presenters to confirm actions to be taken following the meeting.
2. EM or lead agreed by Board, will link or follow up on behalf of the presenters with the THT partner/service responsible to take the actions forward.
3. THT Community Voice Lead will oversee this process and provide support where actions are not being effectively implemented
4. THT Community Voice actions will be reported quarterly to be THT Board under the heading 'You Said, We Did'.
5. THT Engagement Leads Group will receive updates on 'You Said, We Did' at its monthly meeting.
6. 'You Said, We Did' will be a section in the THT Community Voice Lead Annual Report.

'You Said, We Did' Annual Report

These THT Board You Said We Did update reports will be complied and reported in the THT Board Community Voice Lead's Annual Report (due to be published May 2024) on how the Board has involved communities and acted on the issues presented to it. This Annual Report is an important public statement demonstrating transparency and accountability. The report will therefore go further than the outlines below, and contextualise the responses in terms of health and care challenges, impacts of social determinants and how issues of discriminations are being addressed.

Recommendation: The Board are asked to comment on, and note this update.

Community Voice 22/23 'You said, We did'

THT Board	Community Voice	Action	RAG rating	Comment
December 22	Tower Hamlets LBGTQ+ Forum/ELOP presentation on their health and care experiences	THT Clinical lead attended ELOP/ TH LGBTQ+ Community Forum and heard feedback from local residents on aspects of receiving health and care in the borough and obtained some useful feedback on potential changes which could make their experience better. Chair of THT board also went to meet the group the following month. They met with ELOP and other groups to look at funding		Borough-wide Pride in Practice to be launched.

THT Board	Community Voice	Action	RAG rating	Comment
		projects to improve experience of LGBTQ+ people who access health and care across the borough – an example of a potential project is Pride in Practice.		
January 23	Spotlight – Emmanuel Biadoo and Harry Forshaw raised issues of young people's involvement in supporting service change and improvement. This included developing young people's mental health in schools.	Spotlight recommendations reviewed and action by the Children and Family Executive (CFE) at its 3 October meeting. The CFE welcomed Spotlights commitment to coproduction and the CFE aims to increase its use of coproduction. For example, the new Children and Young People Strategy is being coproduction. In terms of psycho-education, CFE has asked for 13 social workers that work at 13 schools on low level early health matters could be trained from the Psychoeducation Programme. Suggested Spotlight join the Adolescent Partnership Working Group for focused work on mental health overall for young people in the borough. Spotlight to be linked to Primary Care to explore young people's involvement in Patient participation groups.		Change in personal at Spotlight, EM in discussion with them regarding continuity if this work
February 23	Domestic Violence services - Sufia Alam from the London Muslim Centre and Safia Jama from Women's Inclusive Team raised issues on black and women of colour's experience of Domestic Violence and services and that these services were currently insufficient for community need.	Linked Sufia and Safia to Public Health Leads on Violence against Women and Girls, and Serious violence programmes, who are currently updating the needs analysis of these programmes. Provided copy of minute of THT Board Community Voice session and the WIT Haawa Project – Final Report to inform these analyses.		Violence against Women and Girls Strategy is scheduled for consultation in early 2024. The EL will review to assess how far the strategy addresses the issues raised at the Board.

THT Board	Community Voice	Action	RAG rating	Comment
March 23	Karen Wint CEO, Women's Health and Family Service raised with the board local experiences of maternity outlined their services Maternity Mates, Her Health and Advocacy Programme	Board agreed deep dives around 1) maternity outcomes for black and brown women and babies and 2) housing to be added to the THT Board deep dive list		Housing deep dive is schedule for the March THT Board. The deep dive for maternity outcomes for black and brown women and babies to be scheduled.
April 23	Kinsi Abdulleh CEO of Numbi Arts and Celeste Danielle the founder of OFF the Wall Players CIC, joined the Board to discuss how to develop anti-racist commissioning	Board agreed co-production is key but also flagged that commissioning in Health and Care System is bigger than borough level so the discussion has to be across the ICS. There is discussion across the ICS to develop a tool that can be used as a measure of good practice and reshaping the commissioning approach in the NHS. ELFT has been exploring a more developmental approach through a simplified procurement form, a more involved and engaged approach to procurement process providing support to smaller organisations and is looking forward to learning and exploring new ways of working. Need to work with Senior Leadership Teams across the Partnership to look at how to influence change. CVS group available to speak to Board members, Partnership and ICB.		Specific action required to deliver on developing an anti-racist commissioning action; referred to the Anti-Racism and Equity Steering Group for action. Align to planned Public Health action on anti-racist commissioning.
May 23	REAL presentation around lessons learned from coproduction with disabled people over the last 3 years, and how to use the learning to improve the health and well-being of disabled	This learning is being incorporated in the THT Coproduction Task and Finish Group, which is developed THT Coproduction Guidance. REAL are a member of this Group. The THT Coproduction Task and Finish Group has completed its task and its work will be folded into the work of the THT Engagement Leads Group.		

THT Board	Community Voice	Action	RAG rating	Comment
	people in the Borough. REAL joined the Board setting out the main points/challenges of REAL's work on co-production, planning on the Embedding Disabilities Access Pilots (EDAP) programme and Health Inequalities work streams, by way of framing.			
June 23	GP Access - Matthew Adrien, Director, Healthwatch Tower Hamlets presented highlights of the latest Healthwatch reports relating to GP Access (July-Sept reports)	Comments and questions from the Board included: · Healthwatch is working on a breakdown of the GP Practices responses data and will forward when available · GP issues data is driven by lack of access (booking and scheduling appointments, length of waiting lists and inability to contact service by phone, etc). Would be helpful if it can be compared (GP access) with RLH access. Healthwatch is working on a report and will supply the data when available. Also, helpful to see if this was a dominant theme in TH three years ago and how TH compares with Newham and Hackney · Members flagged that the majority of feedback collected in the shared reports is from google reviews which is not the same as the way it's captured by NHS. Is this the way that feedback will be done going forward? · Members were advised Primary Care Transformation Group will be discussing the discrepancies between networks to understand where the feedback is coming from and share good		Healthwatch have incorporated Board feedback into its research approach and continues to provide regular updates on Tower Hamlets people's views on health and care.

THT Board	Community Voice	Action	RAG rating	Comment
		· CIS system is using social media and will keep using google for feedback as more likely to get transparent data from independent sources rather than the individual GPs · Members flagged that not all parts of the system have access to internet or have communication/ language barriers so not represented in the data · System needs to triangulate different data and look at everything available · Need to see the breakdown on age, sexuality, nationality, etc		
July 23	Participatory Action Research – Xia Lin, Head of Research, Toynbee Hall	Xia Lin Head of Research and Nasrat Tania, peer researcher, at Toynbee Hall reported on Participatory Action Research (PAR) highlighting: PAR is an approach where everyone is working together (lived experience, policy makers, other stakeholders) to achieve a positive change focusing on research and action. Make decisions on robust data not just about community engagement but looking at how the data is collected and make sure the quality of the data is robust enough to support the decisions followed by actions. The strategy/approach was started to improve services – trust, involve marginalised communities, work together towards a shared goal. PAR connects communities to decision-makers and policy-makers: exposure and empathy, ground up approach, creating a dialogue, empowerment and purpose Experience has shown that 'who' is key in every project (are we working with the right people? diverse group, right people that need to be in this conversation? include different perspectives) and values and principles (it's not about methods, PAR is an approach with values and principles, be transparent, work together) Comments and questions from the Board included: · Members agreed the approach needs to be built into services going forward.		THT to join Xin Lin/Queen Mary's University London in a partnership bid for funding to support a Tower Hamlets PAR programme. Funding options currently being pursued by QMUL.

THT Board	Community Voice	Action	RAG rating	Comment
		· Need to link in the work around Health Determinants Research Collaboration which looks at how to build the research infrastructure across the system - start talking about community research · Board agreed it is a great approach process as it encourages the right people to get involved and work in a collaborative way with strong values and principals · Primary Care 'wider team' would benefit from the approach as needs to build trust within the community. Also, community orientation around how General Practice access works · Need to connect research, work and organisations · Neighbourhood Programme aims to work together and co-produce with the community from the beginning		
August	Autism research in the Somali community - Dr Halima Mohamed	Dr Halima Mohamed, QMUL, reported on LBTH and QMUL funded work to assess the extent and prevalence of autism in the Global Majority with a focus on the Somali community. This is a review and assessment of existing research, which builds on the recognition of Somali community concern about autism in their community. The project would be consulting the community and service providers leading to an event in October to discuss the findings and develop the recommendations with the community and providers/ commissioners, including THT Board members. Board agreed James Thomas and Warwick Thomsett have senior oversight of this work. There was a community event where the research and community recommendations on service support and access were reviewed and recommendations for action co-designed. Following this there was meeting with James Thomas and Somen Banerjee to review next steps; CFE are developing actions to address the service support and access issues. Next steps for research are being considered.		Dr Mohamed has moved to Oxford University from November 2023. Seeking confirmation of the continuation of this work.
October	Bromley-By-Bow Centre (BBBC) –	BBBC offer person-centred, holistic and integrated support across health and well-being. It is a service very much driven by addressing		NB: No specific action from this presentation.

THT Board	Community Voice	Action	RAG rating	Comment
	primary care access and wider health and care access issues	the social determinants of its population. This includes providing basic needs and skills support such as welfare support, ESOL, job seeking support. Demand is high and increasing whilst funding is complex and under pressure. BBBC explained integrated working between health, other statutory partners and the VCSE needed to be more joined up. BBBC outlined its use of social prescribing, much was beneficial, but need greater support to be effective. Board expressed desire to visit the BBBC in future		
November	Carers Centre – promoting independence	The Carers Centre is providing quality services for unpaid carers in Tower Hamlets. Services range from advocacy and individual IAG, support for areas like Carer's Assessment, Lasting Power of Attorney, the Emergency Card and safeguarding. Unpaid carers in TH save the borough £500 million/year. Chandrika Kaviraj also joined the meeting and talked through some of her personal experiences as an unpaid carer in TH. She explained a very challenging discharge where she felt the role of the unpaid carer was very much underappreciated by professionals, care and compassion although displayed is actually absent and lack of joined up care from organisations. Next steps · 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 think about the timings of the community voice/time slot of the item and be more flexible to accommodate presenters · Add discussion/deep dive on end of life care (pathway / improvements / potential for joined up services) to the forward planner		Review for next report
December	City of London University and Bromley By Bow	Dr Sarah Beardon and Dr Dan Hopewell outlined to the Board national and local work on health justice partnership with a		Planning meeting took place in January to agree scope, Terms of

THT Board	Community Voice	Action	RAG rating	Comment
	Centre on Health Justice and Welfare Rights	particularly emphasis on health providing welfare benefits advice to people. Board agreed progress this work and meet with Dr Dan Hopewell, Vicky Scott and others to plan launching the Task and Finish group (T&FG) to integrating social welfare and legal advice into health settings with the aim of Tower Hamlets pioneering in this		Reference, potential chair and assess overlaps with existing work. THT team are supporting this initiative which will falls under the localities and neighbourhoods programme. Funding secured from S256 to support implementation of increased advice in general practices and Royal London Hospital. Initial T&FG meeting planned for the 5th Feb
January		Meeting cancelled		
February	REAL – Disability Access			
March	Housing - TBC			

Tower Hamlets Together Board

[insert date of meeting]

Title of report	NEL Joint Forward Plan 2024/25 Refresh
Author	Anna Carratt
Presented by	Warwick Tomsett/ Anna Carratt
Contact for further information	
Executive summary	1.1 The NEL Joint Forward Plan (NEL JFP) 2024-2025 Refresh draft document, attached, follows on from the first JFP 23/24 submitted in June 2023. The expectation is that our system's five-year plan is refreshed yearly and submitted to NHSE by the end of March each year. It will therefore continue to describe how we will, as a system, deliver our Integrated Care Partnership Strategy as well as core NHS services. 1.2 As a partnership, we continue to work towards developing a cohesive and comprehensive delivery plan for meeting all the challenges we face. As part of these annual refreshes going forward we will work with local people, partners and stakeholders to iterate and improve the plan as we develop our partnership, to ensure it stays relevant and useful to partners across the system. 1.3 For next year's 2024/2025 refresh we have maintained much of the core information and headlines that are in the current iteration. Updating and amending statistics and information where relevant. 1.4 Key additions that will be made for next year's NEL JFP include dedicated slides for our Place-based Partnerships and the identified cross-cutting themes within our interim strategy, as well as all our system improvement portfolios. 1.5 At this stage it must be emphasised that this version of the JFP is draft with refinements taking place until 23rd February.
Action / recommendation	The board/ committee/ THT are asked to:

	· note why the JFP refresh is being undertaken and the approach being followed in order to deliver a refreshed NEL 24/25 JFP by March 2024. · note the amended content proposed · review and comment on the first JFP 24/25 draft document (Appendix 1- Draft JFP 24/25)
Previous reporting	§ CAG – 6th Dec 2023 § Havering HWBB – 20th Dec 2023 § ONEL JOSC – 9th Jan 2024 § Acute Provider Collaborative Execs – 9th Jan 2024 § ICP Committee – 10th Jan 2024 § Primary Care Collaborative sub-committee – 10th Jan 2024 § Community Health Collaborative Sub-Committee 15th Jan 2024 § All Place HWBBs and/ or Health & Care Partnership Boards – Jan to Feb 2024 § INEL JOSC – 23RD Jan 2024 § MHLDA Collaborative sub-committee – 31st Jan 2024
Next steps/ onward reporting	§ Exec Committee (sign-off) – 7th Mar 2024 § CAG (sign-off) – 13th Mar 2024 § ICB Board (sign-off) – 27th Mar 2024
Conflicts of interest	N/A
Strategic fit	· To improve outcomes in population health and healthcare · To tackle inequalities in outcomes, experience and access · To enhance productivity and value for money · To support broader social and economic development
Impact on local people, health inequalities and sustainability	The yearly refreshes of the NEL Joint Forward Plan aim to support the maturity of our system in being able to deliver our four core priorities and cross cutting themes, which in turn are linked to reducing health inequalities.
Impact on finance, performance and quality	The Joint Forward Plan, in itself does not detail the finance, performance and quality aspects of the system. Though compliments understanding of these elements alongside system documentation that are also in development e.g. the operating plans. **NOTE:** Recent national guidance release in December 2023 request that ICBs develop a 'capital resource plan' to which the contents of the Joint Forward Plan be consistent with.
Risks	Timelines are a risk: · Joint Forward Plan submission to NHSE in March 2024 · System planning prioritisation to be concluded before the end of March 2024

	· National guidance delays (as of 03/01/24 publication of the national operational planning guidance is delayed)

NHS North East London

Joint Forward Plan 24/25 Refresh:

Tower Hamlets Together

1st February 2024

DRAFT

Introduction and considerations for the THT:

- NEL ICB was formed on 1 July 2022 following the Health and Care Act 2022, and we published our interim Integrated Care Strategy in January 2023. This was followed by the Joint Forward Plan 2023/24, our first five-year plan.
- We are required to refresh the Joint Forward Plan (JFP) yearly, to reflect what we set out to deliver in the coming years.
- We heard from our partners last year that they would like us to engage with them earlier in the process. These slides outlines how we have structured our system planning process for 24/25 and where the JFP fits in, the steps we are taking to refresh the JFP for 24/25 as well as the main changes from the previous year.
- Our Places-based Partnerships have been developing their plans for 2024/25, of which an overview is included in the JFP 24/25.
- We have included an unedited first DRAFT of the JFP 24/25 as an appendix, to indicate the direction of travel. A further draft will be available by end of January 2024, with a final draft by end of February. The ICB Board will be asked to approve the JFP 24/25 in March 2024.

Considerations for the THT membership:

Within the context of our interim integrated care strategy, members are asked to:

1) note why the JFP refresh is being undertaken and the approach being followed in order to deliver a refreshed NEL 24/25 JFP by March 2024.

2) note the amended content proposed

3) review and comment on the first JFP 24/25 draft document (Appendix 1- Draft JFP 24/25)

Overview of system planning approach

The NEL system planning cycle has been divided into three steps:

1. integrated care strategy
2. delivery plan
3. operational planning

These are outlined below with related deliverables included below each step. These are not comprehensive but indicate some of the key activities underpinning each stage.

*reflect the NHS planning guidance and other NHSE guidance

Joint Forward Plan (JFP) Refresh for 24/ 25 - next steps

- Based on feedback and lessons learnt from this year's JFP development, we are now engaging with NEL System stakeholders earlier within the system planning cycle in order to ensure improved awareness and input to the 24/25 JFP.
- There will be annual refreshes of the JFP going forward in order to ensure that the document remains current. This JFP refresh continues to describe the challenges that we face as a system in meeting the health and care needs of our local people, but also the assets we hold within our partnership.

High-level timeline

24 November 2023
We asked all slide contributors to submit their initial draft plans for 2024/25 for the JFP, providing a summary list of projects, and resourcing requirements.

13 December 2023
A portfolio workshop will be held with leads from the system portfolios, Places, cross-cutting themes and enablers. We aim to develop greater cohesion between portfolios, identify any synergies or duplication we need to address, but also to allow everyone share feedback on each other's plans.

9 January 2024
We will ask for updated slides based on the feedback from the December workshop.

February 2024
By 23rd February, all JFP contributors will need to submit their final plans/ JFP slide input, ready for sign off via appropriate meetings prior to submission by end of March 2024.

Main changes from the previous JFP

As we published our first JFP on 30 June 2023, we propose to keep the 2023/24 structure of the JFP, with some minor adjustments, as outlined below. Where references are made to figures, these will be updated to reflect the latest position.

Main additions:

- New slides to ensure we cover:
  - all our strategic system improvement portfolios in addition to our four strategic system priorities
  - our Place plans
  - our six cross-cutting themes and
  - our enables
- We have also included new slides outlining:
  - what is important to our residents and how it impacts our plans
  - our successes to date
  - how we are developing a strategic outcomes framework to help us assess if we are having an impact

23rd December 2023 – NHSE Guidance Released:
Guidance includes request that ICBs develop a ‘capital resource use plan’ to which the content of the JFP should be consistent with.

Tower Hamlets Together Board

[insert date of meeting]

Title of report	Mental Health Programme Update
Author	Carrie Kilpatrick Deputy Director Mental Health and Joint Commissioning
Presented by	Day Njovana – Borough Director East London Foundation Trust
Contact for further information	
Executive summary	The Mental Health Partnership Board was re launched at the beginning of 2023 with a new leadership and shared purpose. The Board brings together statutory health and social care commissioners, service providers, voluntary and community sector organisations, service users, and carers, to work collaboratively to improve the mental health and wellbeing of Adults in the Borough. Our agreed vision as a partnership is for people in Tower Hamlets to have timely access to mental health services, which are of high quality, focus on recovery and outcomes, and are delivered through effective partnerships. The Mental Health Partnership Board has agreed to work together to: · Deliver improved outcomes and experience for adults living in Tower Hamlets with mental health needs, including young adults, working age adults, and older adults (including people living with dementia) · Oversee compliance with national 'must dos' such as those things mandated by the NHS Long Term Plan, and Tower Hamlets Adult Mental Health Strategy · Discuss and recommend how money will be prioritised and invested · Understand the performance of services, and review whether existing arrangements represent good value for money · Lead initiatives and workstreams to deliver local priorities e.g. addressing gaps, unmet needs and health inequalities between groups The Board agreed to focus on 5 priorities in early 2023: • Reduce health inequalities in access, experience and outcomes • Paid employment opportunities

	• Promoting and developing a more preventative approach • Improving the experience and outcomes for young people transitioning to adult services • Improved neurodevelopmental pathways Our focus through 2023 has been on the first 3 priority areas as well as how we work together in building our partnership in a meaningful and co-produced way where all partners feel able to challenge and contribute in a healthy and meaningful way. An update of our progress to date is provided in the slide set. This doesn't include all of the work happening in this space – rather it reflects areas we have focused on together.
Action / recommendation	The Board/Committee is asked to note the progress of the Mental Health Programme and planned next steps:
Previous reporting	NA
Next steps/ onward reporting	NA
Conflicts of interest	NA
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	Delivering the programme will improve equity of access, and improve outcomes and experience for Tower Hamlets residents with a mental health issue.
Impact on finance, performance and quality	NA
Risks	NA

Mental Health Partnership Board Update 2023/24

1/02/2024

Day Njovana – Borough Director East London Foundation Trust and
Judith Littlejohns – GP Mental Health Clinical Lead

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Mental Health Partnership Board 2023/24 Priorities

LCG	Priority
Children & Families	Enhancing mental health & emotional wellbeing access and outcomes for children and young people
	Improving our SEND services, experience and outcomes
	Promoting healthy childhood weight
	Achieving more integrated ways of working together to improve outcomes, with a focus on early years
	Mitigating poverty and economic hardship for children, young people and their families
Living Well	Localities and Neighbourhoods Programme: 1. Developing system-wide health Intelligence ("data") for localities and primary care networks/neighbourhoods 2. Strengthening Locality & PCN structures to address health inequalities 3. Engaging communities to improve health and wellbeing 4. Long-term conditions prevention and management: improving pathways between communities and preventative services
	Improving access to services for disabled residents

LCG	Priority
Promoting Independence	Delivering proactive care through care co-ordination and MDT working to improve outcomes
	Working in partnership to improve and streamline our discharge to assess pathway
	Reviewing and refreshing our model and approach for providing Community Health Services
	Providing support to carers through delivering the Carer's Action Plan
	Enhancing and extending our personalisation of care offer
Mental Health	Reducing health inequalities in access, experience and outcomes
	Creating paid employment opportunities
	Improving neurodevelopmental pathways to improve outcomes for Autism and ADHD
	Promoting and developing a more preventative approach
	Improving the experience and outcomes for young people transitioning to adult services

The Foundations – Building our Partnership

Objectives:

- Strong partnership working including shared spaces to oversee action plus meet, discuss and learn together
- Based on the principles of collaboration and power sharing
- Service user voices and lived experience must be central to how the Partnership Board functions
- Population health insights and data (including insights gathered through community and service user engagement) will be used to understand health inequalities and unmet need

Deliverables – what the Board will do:

- Deliver improved outcomes and experience for adults living in Tower Hamlets with mental health needs.
- Oversee compliance with national 'must dos' such as those things mandated by the NHS Long Term Plan
- Discuss and recommend how money will be prioritised and invested
- Understand the performance of services, and review whether existing arrangements represent good value for money
- Lead initiatives and workstreams to deliver local priorities e.g. addressing gaps, unmet needs and health inequalities between groups

Achievements – one year on:

- Shared ownership of collective problems and money
- Opportunities created for collaboration – increasing trust
- Getting to know each other - challenging conversations & constructive tension
- Generating a common understanding of each other's priorities - toward shared priorities
- The Mental Health Alliance – openness to look at different models – listening
- Consistent public health involvement;
- Local population approach – start of the journey;
- Started process of rebalancing power;
- Increased profile of mental health across Tower Hamlets;
- Starting to address the complexity of local need re mental health.

Deliverables –Next Steps:

- Task and Finish groups to maximise the value of the partnership
- Agreeing the Future of the Mental Health Alliance and building capacity
- Building co-production framework within voluntary sector partnerships
- Adult Mental Health Strategy Refresh by the end of 2024
- Launching our Learning Disability Partnership
- Refresh our priorities for 24-25, balancing - service user and carer priorities, national and system priorities with local priorities – refine our focus
- Focus on measuring progress and impact – dashboard development

Reducing health inequalities in access, experience and outcomes

Objectives:

- Understand, reduce and tackle the inequalities of our diverse communities by improving access to mental health and well-being services and support
- Residents who are socially disadvantaged (e.g., Core20PLUS5) have improved access, experiences and outcomes in mental health support
- Residents living with mental illness have improved support with their physical health
- Focus on the barriers of care – get the basics right such as experience, outcomes, access and waiting times
- Increase awareness of existing mental health services and support
- Services have an increased understanding in the needs of the communities and their understanding of mental health

Strategic alignment:

- TH Health and Wellbeing Strategy: Better targeting, equalities and anti-racism, Communities first
- ELFT Strategy: Improved experience of care
- TH Council Strategy: equality and community cohesion
- NEL Plan
- NHS Mental Health Long Term Plan
- Tower Hamlets Placed based Mental Health Strategy

Deliverables:

- Deep dive into the population health needs and inequalities experienced by specific communities / characteristics of people impacted by premature mortality for people with a serious mental illness and poor healthy life expectancy for women
- Psychological Therapies project to address lower rates of referral and treatment for: people of Bangladeshi heritage, men, and older adults
- Project in partnership with Coffee Afik to increase take up of physical health checks and health interventions amongst Black and Asian ethnic groups.
- Expanded the number accessing Primary Care based talking therapies
- Community services - new roles – community & peer led
- Crisis Pathway review – who is accessing our crisis services (crisis line, crisis café, ED) and what is this telling us about access.

Measuring success:

- Improved access and experience for specific groups
- Availability and quality of tailored support for specific needs cultural, LGBTQ+, people with substance misuse needs, rough sleeping, migrant populations)
- Take up of personal health budgets
- Access to talking therapies including an increase in take up of BME access.
- Take up of physical health checks for people with SMI

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Promoting and developing a preventative approach

Objectives:

- Residents are empowered to access the support they need for their mental health and wellbeing without stigma and discrimination.
- Residents are enabled to have positive mental wellbeing
- Residents experiencing mental health symptoms access support in a timely way
- Address wider determinants of mental health

Strategic alignment:

- TH Health and WB Strategy = principles of better communications, stronger networks and making the best use of what we have
- TH Adult Mental Health Strategy = theme 1
- NHS NEL Strategy = Improve access to mental health services
- Tower Hamlets Placed based Mental Health Strategy Priorities :
  - Address mental health stigma and discrimination
  - Increase awareness about mental health and how to promote it
  - Address wider determinants of health

Deliverables:

- Tower Hamlets organisations prioritising preventative approaches to mental health
- Mental Health Prevention Concordat Signatory status with Tower Hamlets Partnership involvement and ownership
- Workshop series and resources for managers/owners SMEs about supporting workplace wellbeing and mental health of staff
- Trauma-informed borough – training roll out
- Mental health comms plan
- Training for professionals & Mental health champions roll out
- Targeted research and engagement in partnership with communities
- Provision of services in community spaces
- Crisis Pathway/ Café review

Measuring success:

- Wellbeing and loneliness indicators from surveys
- Uptake of local services over time
- Qualitative insight from residents and staff
- Analysis of programme documents / plans delivering preventative activities for different population groups
- Crisis presentations at ED
- Crisis line numbers

Creating paid employment opportunities

Objectives:

- Create paid employment opportunities for people with mental health needs, including people participation as a route into paid employment
- Residents with severe mental illness are able to access paid employment opportunities
- Residents with lived experience of mental health have choice in their employment pathway and are supported to meet their employment goals
- Increased understanding and commitment among local employers

Deliverables:

- Expansion of Working IPS service to deliver the LTP access expansion
- Integration of IPS service with community teams including EIS
- Design and delivery of IPSPC programme within Work path
- Review of local Mental Health Employment Support pathways to inform future model
- Increase in service users with severe mental illness accessing employment

Strategic alignment:

- TH Health and WB Strategy = principles of better communications, stronger networks and making the best use of what we have
- TH Adult Mental Health Strategy = theme 1
- NHS NEL Strategy = Improve access to mental health services
- Tower Hamlets Placed based Mental Health Strategy Priorities :
  - Address mental health stigma and discrimination
  - Increase awareness about mental health and how to promote it
  - Address wider determinants of health

Measuring success:

- Residents report increased confidence, upskilling, ability to retain employment.
- Employers report ability to retain staff.
- Number of service user job starts, numbers accessing training, vocational opportunities, work experience, numbers retaining employment, numbers of employers supported.
- Numbers accessing self-employment opportunities

Achievements and Next Steps

Achievements:

- 1 of TH Partnership priorities for 2023-2028 is mental health and wellbeing including prevention, trauma-informed, and workplaces
- Local owners/managers involved in development of SME workshop series re: mental health and wellbeing
- L&D about mental health, suicide prevention and trauma-informed delivered, including monthly TI community of practice
- Tailored MH promotion projects with Bangladeshi, Somali and asylum seeker groups
- Training for professionals – trauma-informed practice, mental health awareness
- Awareness sessions by Recovery College
- Improved understanding of MH inequalities in across partners
- Established MH VCS Alliance with organisations across borough
- New steering group to improve physical health access/outcomes among people with SMI including NHS, VCS and Public Health
- Psychological therapies - cultural awareness training, biases in clinical decision-making, and ongoing monthly anti-racist practice meetings and closer links with local organisations
- Personal Health Budgets – Pilot extended
- Suicide Prevention strategy – finalised and steering group working well;
- Expansion of funding for key service offers e.g. Community Connectors.
- Roll out of Keyworker scheme for young people 18-25 – focused on additional support for those autistic
- Reduction in waiting times for adult autism diagnosis

Next steps:

- Prevention concordat action plan with TH Partnership group
- Development and delivery of updated comms plan for 2024
- Share learnings from tailored MH promotion projects led by VCS orgs and EFLT Community Psychology
- Mayor's community grants programme - build capacity for MH prevention and addressing loneliness
- Delivery of SME workshop series and develop plan for 2024-2025
- Further development and delivery of SMI physical health projects by Coffee Afrik, GP Care Group and ELFT supported by LBTH and ICB
- Continue implementation of TH Talking Therapies QI project aimed at improving outcomes among Bangladeshi patients beyond 2023-2024
- Adult autism needs assessment and Strategy refresh
- Appointment of strategic role to review pathways and scope opportunities.

Tower Hamlets Together Place Plan

February 2024

Tower Hamlets Together

Who are we?

THT is a partnership of health and care organisations that are responsible for the planning and delivery of health and care services.

The partnership includes:

- London Borough of Tower Hamlets
- NHS North East London Integrated Care Board
- Tower Hamlets GP Care Group
- East London NHS Foundation Trust
- Barts Health NHS Trust
- Tower Hamlets Council for Voluntary Service
- Healthwatch Tower Hamlets

THT is all about health and social care organisations working more closely to improve the health and lives of people living in Tower Hamlets. This means a more coordinated approach to providing services, reducing duplication and improving the overall experience and outcomes for the people who need them.

What are our driving values & leadership principles?

THT values
We are compassionate
We collaborate
We are inclusive
We are accountable

- Be clear about our shared purpose and be stewards of the collective good
- Be curious and interested in each other's perspectives to inspire change
- Be empowered to tell it like it is and move to action quickly
- Be compassionate to each other by recognising the impact of wider 'system effects'
- Celebrate innovation and recognise early adopters who take initiative
- Share power with those who have real life experiences and have the agency to make change

What are we trying to achieve?

In collaboration with staff and residents, we have developed specific population outcomes based on the following:

- Residents live the healthiest lives possible, especially the most deprived and vulnerable
- Children and young people have a great start to life and achieve their full potential
- Residents are able to access the health and social care services they need in a timely manner
- Residents are satisfied with the health and care services they receive and feel that their needs are being well met
- The system exceeds the required national performance standards within the available resources.

Domain	I-Statement			
Integrated health and care system	I feel like services work together to provide me with good care	I believe the trust, confidence and relationships are in place to work together with services to decide the right next steps for us as a whole community	I want to see money being spent in the best way to deliver local services	
Wider determinants of health	I am able to support myself and my family financially	I am satisfied with my home and where I live	I am able to breathe cleaner air in the place	I feel safe from harm in my community
Healthy Lives	I am supported to make healthy choices	I understand the ways to live a healthy life		
Quality of Care & Support	Regardless of who I am, I am able to access care services for my physical	I am able to access safe and high quality services (when I need them)	I am confident that those providing my care are competent, happy and kind	I have a positive experience of the services I access, overall
Quality of Life	I have a good level of happiness and wellbeing	I am supported to live the life I want	My children get the best possible start in life	I play an active part in my community

OUR MISSION

Support all children and adults to live happy and healthy lives in Tower Hamlets, through providing integrated services that are accessible to all and actively tackle health inequalities, particularly those caused by systemic racism

OUR VISION

- Tower Hamlets residents, whatever their backgrounds and needs, are supported to self-care, thrive and achieve their health and life goals
- Health and social care services in Tower Hamlets are accessible, high quality, good value and designed around people's needs, across physical and mental health and throughout primary, secondary and social care
- Service users, carers and residents and children are active and equal partners in health and care, equipped to work collaboratively with THT partners to plan, deliver and strengthen local services
- All residents - no matter their ethnicity, religion, gender, age, sexuality, disability or health needs - experience equitable access to and experience of services, and are supported to achieve positive health outcomes

OBJECTIVES

1. Building the resilience and wellbeing of our communities including mobilising residents to deliver wellbeing and support within their communities, particularly to the most vulnerable and those who are isolated and focussing upon the health of children, which will have the most profound impact on long-term outcomes
2. Maintaining people's independence in the community - ensuring multi-agency working across primary, community, acute and social care to meet needs effectively and reduce the need for avoidable admission or for escalation of support unnecessarily
3. Reducing the time people need to be in hospitals/care homes - ensuring people are cared for in the community or their own homes whenever this is safe and receive a good level of care when in a hospital/care home

PRIORITIES FOR ACTION

1. Improving access to primary and urgent care
2. Building resilience and self-care to prevent and manage long term conditions
3. Implementing a localities and neighbourhoods model
4. Facilitating a smooth and rapid process for hospital discharge into community care services
5. Being an anti-racist and equity driven health care system
6. Ensuring that babies, children and young people get the best start in life
7. Providing integrated mental health services and interventions

Borough Health Profile

Population Health Headlines

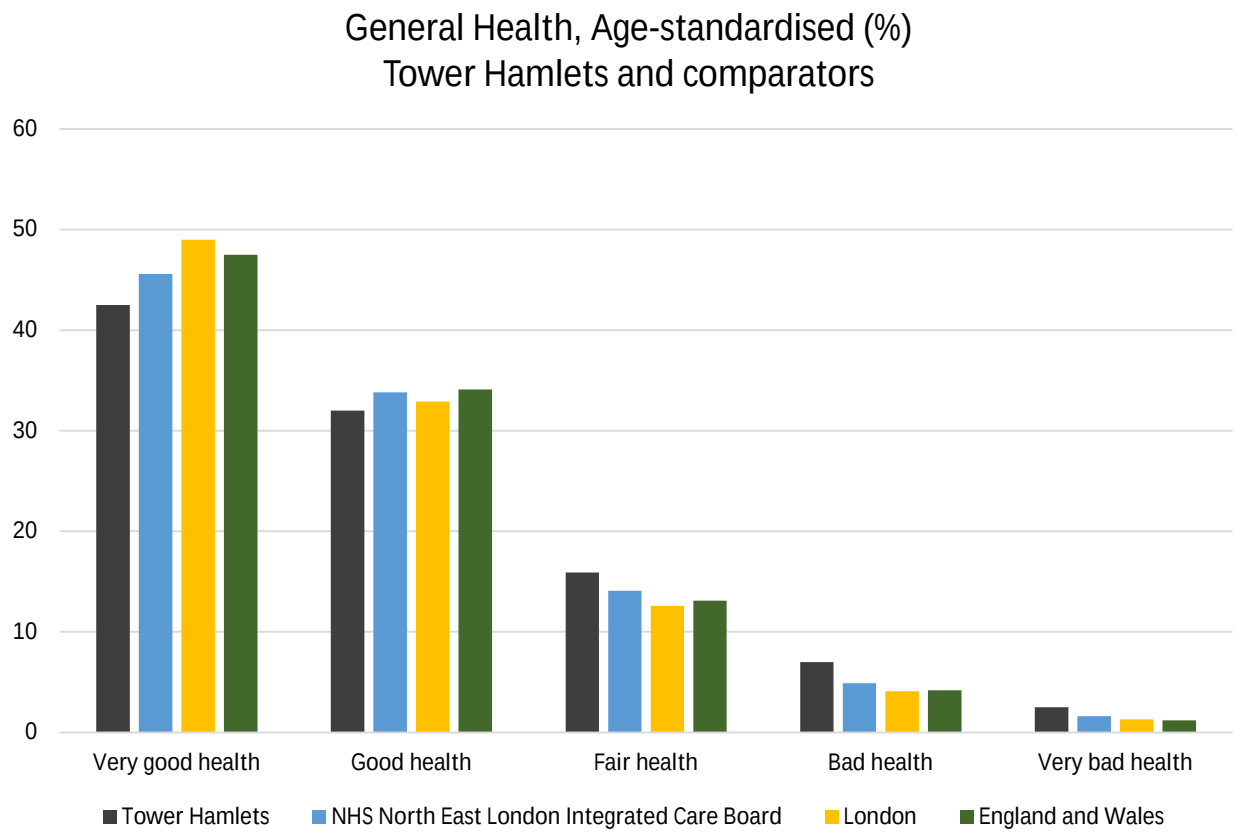
- Tower Hamlets has the **fastest growing population** of any Local Authority Area across England and Wales. Between 2011 and 2021 the local population has grown by 56,200 (22.1%) to 310,300.

- The Median Age in Tower Hamlets was 30 – the **youngest of any area in England and Wales**. The borough had the **smallest proportion of older people aged 65+** in England and Wales. **Population Turnover is high** compared to elsewhere with more than a fifth (20.8%) of residents having lived somewhere else a year prior to the census
- On an age standardised basis, **a larger proportion of Tower Hamlets residents were in poor or very poor health** compared to NEL, London or England.
- **12.9% of residents had a disability** and 25.7% of households had at least one disabled person living within them
- **6.4% of residents aged 5+ are providing unpaid care** to someone else.
- At 34.6%, Tower Hamlets has the **largest Bangladeshi population in England and Wales** and the **largest Muslim population** (39.9%) in England and Wales. It had the fourth smallest White British population and the smallest Christian population in England and Wales

General health

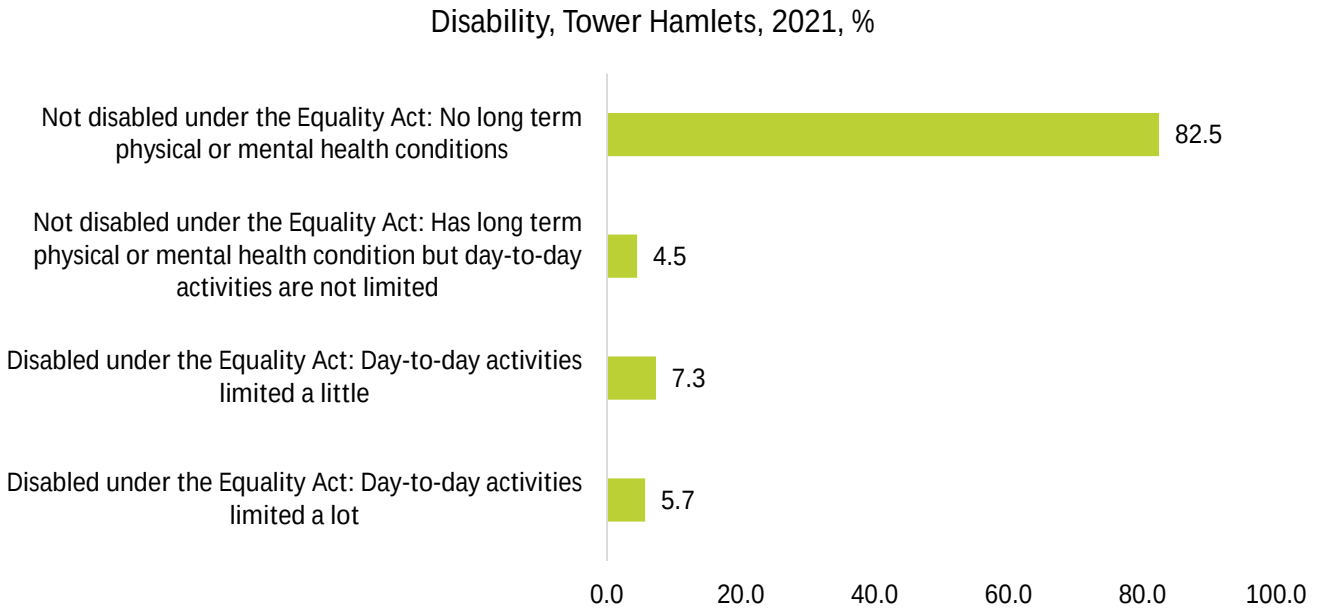
- Age standarised rate of people who are in good or very good health is 74.5% in Tower Hamlets; lower than in NEL (79.4%), London (81.6%) or England (81.4%).
- The age-standardised proportion of residents in bad and very bad health (9.5%) was higher in Tower Hamlets than NEL (6.5%), England or London (5.4%).
- The proportion of residents in fair, bad or very bad health was slightly lower in 2021 than it was in 2011 – suggesting improvements.
- Age standardised rates take account of different population structures (in general, older people are more likely to be in poor health).

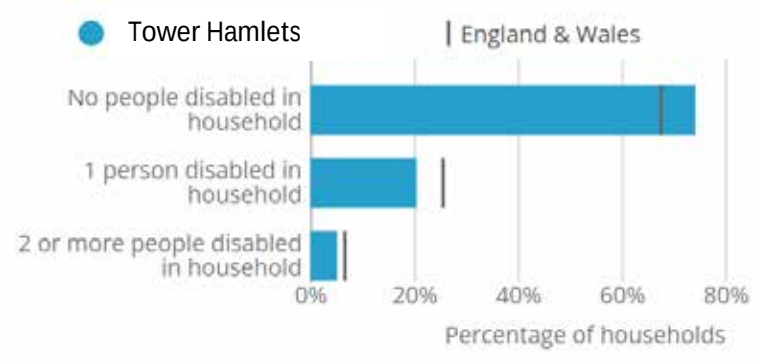
2021 Census data



Health – disability

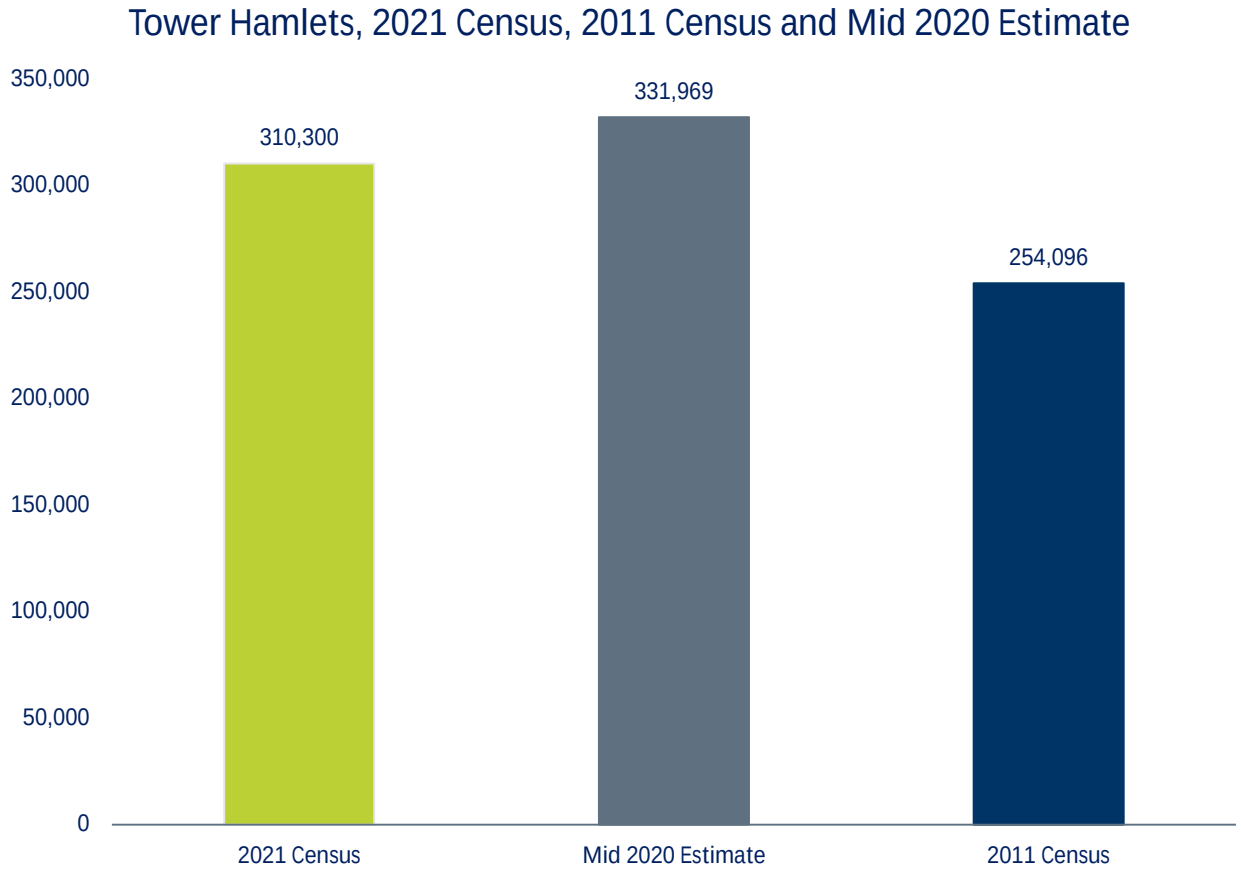
- **12.9% (40,125) of residents had a disability**
- Tower Hamlets had one of the largest decreases in the country in the proportion of residents with a disability (2011-2021). (Source)
- Of these, 5.7% (17,599) reported that their activities were limited a lot and 7.3% (22,526) reported that their activities were limited a little.
- A further 4.5% had a long term physical or mental health condition that did not limit their day to day activities.
- **25.7% of all households had at least one person with a disability –** this was lower than the England average (not age-standardised)





Our population

- As of Census Day on 21st March 2021, the population of Tower Hamlets was 310,300
- This was an increase of 56,200 or 22% since 2011 – the largest increase of any area in England and Wales.
- This equates to 15.4 additional persons every day over the ten year period.
- Overall, locally there has been a decline in the proportion of people aged 65+ compared to 2011. Tower Hamlets is the only local authority area in the country to have less than 6% of the population aged 65+ (5.6%)
- Tower Hamlets had the 4th highest proportion of males in England and Wales and was one of only 11 local authority areas where males formed the majority of residents.

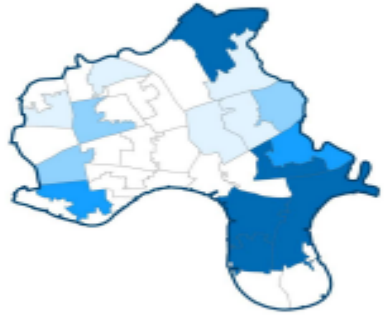


2021 Census data

Population growth predictions

The borough's population is projected to increase from 317,200 in 2018 to 370,700 in 2028. This is equivalent to **15 additional residents every day for the next ten years.**

Population growth is expected to be concentrated in the east of the borough, where there is large scale housing development. Areas in the Isle of Dogs are expected to see their populations **nearly double** in the next decade.



Our population is projected to age slightly over the next decade. The number of residents aged 65+ is projected to grow by **39%**, compared with a **17%** increase in working age residents and a **7%** increase in school age children.

GLA, 2018

Priorities & Governance Framework

7 CORE PRIORITIES

- **Improving access to primary and urgent care**
  Ensuring residents can equally access high quality primary and urgent care services when and where they need them

- **Building resilience and self-care to prevent and manage long term conditions**
  Working across services and with residents and communities to build greater resilience and self-care to more effectively prevent long term conditions from occurring and to better manage existing conditions to prevent deterioration

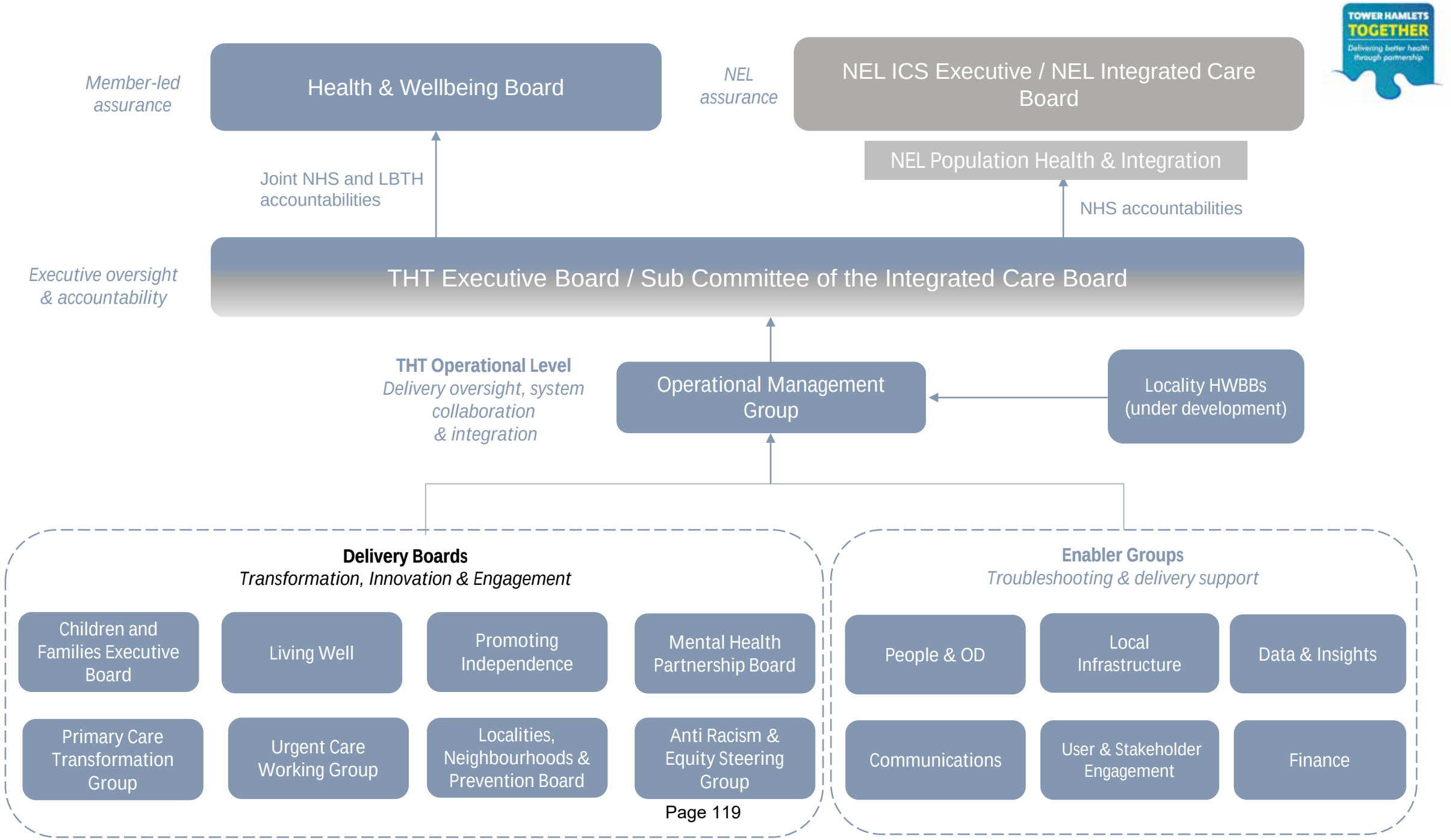
- **Implementing a localities and neighbourhoods model**
  Ensuring that every resident can access the health and care services they need to support their continued health and wellbeing within their local area or neighbourhood, including GP, pharmacy, dental and leisure facilities

- **Facilitating a smooth and rapid process for hospital discharge into community care services**
  Working across services to ensure there is a smooth and rapid process for discharging residents from hospital to suitable community-based care settings when they are ready for this transition, and to prevent avoidable bed-blocking and improve outcomes

- **Being an anti-racist and equity driven health and care system**
  Ensuring our health and care system and services are achieving equitable outcomes for all residents and addressing inequalities that exist, e.g. access, experience, representation and outcomes

- **Ensuring that Babies, Children and Young People get the best start in life**
  Delivering a range of priorities that will ensure that babies, children and young people (and their families) are supported to get the best start in life, especially where they have additional needs

- **Providing integrated Mental Health services and interventions**
  Providing integrated services and interventions to promote and improve the mental wellbeing of our residents


Member-led assurance
Health & Wellbeing Board
NEL assurance
NEL ICS Executive / NEL Integrated Care Board
NEL Population Health & Integration
Joint NHS and LBTH accountabilities
NHS accountabilities
Executive oversight & accountability
THT Executive Board / Sub Committee of the Integrated Care Board
THT Operational Level
Delivery oversight, system collaboration & integration
Operational Management Group
Locality HWBBs (under development)
Delivery Boards
Transformation, Innovation & Engagement
Children and Families Executive Board
Living Well
Promoting Independence
Mental Health Partnership Board
Primary Care Transformation Group
Urgent Care Working Group
Localities, Neighbourhoods & Prevention Board
Anti Racism & Equity Steering Group
Enabler Groups
Troubleshooting & delivery support
People & OD
Local Infrastructure
Data & Insights
Communications
User & Stakeholder Engagement
Finance

Operating Framework – Delivery Boards

Board	Core Priority	Chair	Lead(s)	Other functions
Children & Families Executive	Ensuring that Babies, Children and Young People get the best start in life	Sarah Wilson (interim)	Layla Richards	Engagement and co-production forums Performance and quality monitoring Overseeing delivery of inequalities projects Overseeing any other partnership work linked to the lifecourse and/or service area
Promoting Independence	Facilitating a smooth and rapid process for hospital discharge into community care services *(social care and community services)*	Denise Radley	Ben Gladstone	
Mental Health Partnership Board	Providing integrated Mental Health services and interventions	Day Njovana / Judith Littlejohns	Carrie Kilpatrick	
Primary Care Transformation Group	Improving access to primary and urgent care *(primary care)*	Khyati Bakhai	Jo-Ann Sheldon	
Urgent Care Working Group	Improving access to primary and urgent care *(urgent care)* & Facilitating a smooth and rapid process for hospital discharge into community care services *(acute side)*	Kat Davison	Julie Dublin	
Localities, Neighbourhoods & Prevention Board	Implementing a localities and neighbourhoods model & Building resilience and self-care to prevent and manage long term conditions	Warwick Tomsett & Somen Banerjee	Tim Hughes & Liam Crosby	
Anti-Racism & Equity Steering Group	Being an anti-racist and equity driven health and care system	Amy Gibbs	Zakia Variava	

Priorities delivery teams

Core Priority	THTB SRO	Programme Manager	CCPL
Improving access to primary and urgent care	Zainab Arian (GPCG)	Jo-Ann Sheldon (Primary Care) Julie Dublin (Urgent Care)	Khyati Bakhai (Primary Care) Gemma Eyres (Urgent Care)
Building resilience and self-care to prevent and manage long term conditions	Somen Banerjee (LBTH)	Liam Crosby (Prevention) Kerrie Soares (Management)	Payam Torabi Linda Aldous
Implementing a localities and neighbourhoods model	Warwick Tomsett (ICB/LBTH)	Tim Hughes	Isabel Hodkinson Kerry Greenan
Facilitating a smooth and rapid process for hospital discharge into community care services	Denise Radley & Fiona Peskett/Kat Davison (Barts)	Julie Dublin	Claire Dow Gemma Eyres
Being an anti-racist and equity driven health and care system	Amy Gibbs (Ind. Chair)	Zakia Variava	TBC (recruitment underway)
Ensuring that babies, children and young people get the best start in life (Incl. CYP MH)	Sarah Wilson (interim) (ELFT)	James Courtney Gurjit Sud (CYP Mental Health)	Julia Moody Helen Jones (MH) Rachel Parker
Providing integrated mental health services and interventions	Richard Fradgley (ELFT)	Carrie Kilpatrick	Judith Littlejohns LD TBC

Operating framework – Enabler Groups

Enabler Group	Chair	Programme Manager	Function
People and Organisational Development	Anne Page	Tamantha Hearne	Delivery of THT People and OD Strategy Workforce and OD enabling support when required
Local Infrastructure	Roberto Tamsanguan	Jack Dunmore	Delivery of Estates Plan Estates enabling support when required
User & Stakeholder Engagement	Muna Hassan	Jon Williams	Delivery of Engagement and Coproduction Action Plan Facilitating resident engagement at THT Board
Communications	Jon Williams	Tamantha Hearne	Delivery of Communications Action Plan Comms enabling support when required
Data and Insights – planned	TBD	Alex McLellan Tanvir Ahmed	TBD
Finance - planned	Sima Khiroya Nitesh Parekh Sunil Thakker		Better Care Fund delivery and oversight Potential for increased budget pooling/alignment Health and care financial oversight

Our Partnership Leadership Principles

We are committed to working as partners in a way that promotes compassion, collaboration, inclusivity and accountability. We have developed a set of leadership principles that we aspire to work to in our relationships with each other, as individuals, and as organisations.

These principles were developed by our People and Organisational Development Committee and are reflected in our joint People and OD strategy which all partners contributed to and signed up to:

1. **Be clear about our shared purpose and be stewards of the collective good**
2. **Be curious and interested in each other's perspectives to inspire change**
3. **Be empowered to tell it like it is and move to action quickly**
4. **Be compassionate to each other by recognising the impact of wider 'system effects'**
5. **Celebrate innovation and recognise early adopters who take initiative**
6. **Share power with those who have real life experiences and have the agency to make change**

Our System Wide Outcomes Framework (I Statements)

In collaboration with staff and residents, we developed a specific population focused outcomes framework. This framework, consisting of I statements, is intended to ground the services we design and deliver in line with the needs and expectations of our service users.

Our intention as a partnership is to map our deliverables to this outcomes framework to ensure we are contributing to achieve these in the work we undertake and to measure and track improvements as a result of this work, in line with these outcomes.

Domain	I-Statement			
Integrated health and care system	I feel like services work together to provide me with good care	I believe the trust, confidence and relationships are in place to work together with services to decide the right next steps for us as a whole community		I want to see money being spent in the best way to deliver local services
Wider determinants of health	I am able to support myself and my family financially	I am satisfied with my home and where I live	I am able to breathe cleaner air in the place where I live	I feel safe from harm in my community
Healthy Lives	I am supported to make healthy choices	I understand the ways to live a healthy life		
Quality of Care & Support	Regardless of who I am, I am able to access care services for my physical and mental health	I am able to access safe and high quality services (when I need them)	I am confident that those providing my care are competent, happy and kind	I have a positive experience of the services I access, overall
Quality of Life	I have a good level of happiness and wellbeing	I am supported to live the life I want	My children get the best possible start in life	I play an active part in my community

Tower Hamlets Together Board

Thursday 1st February 2024

Title of report	Tower Hamlets Section 256 Funding – final round 2 funding
Author	Suki Kaur, Deputy Director of Partnership Development
Presented by	Suki Kaur, Deputy Director of Partnership Development
Contact for further information	Suki Kaur, Deputy Director of Partnership Development
Executive summary	The presentation aligned with this report outlines the areas recommended for Section 256 funding in 2024/25 and the proposed plan for using the remainder of the funding. A panel met on the 4th January 2024 to review 20 business cases and recommended 15 schemes for final approval. The approved schemes cover a broad range of service areas such as hospital discharge, children and young people, mental health, community health, adult social care, voluntary sector, primary and urgent care. The Section 256 funding is non-recurrent and no more funding will be available after 2024/25. The panel feedback to scheme requestors and system leaders were to closely monitor schemes key performance indicators throughout 2024/25 via the Tower Hamlets Together workstreams and to ensure plans are in place for sustaining improvements.
Action / recommendation	The Board/Committee is asked to: 1. Approve the final recommended list of schemes for funding in 2024/25.
Previous reporting	The previous allocation agreements were presented to the THT Board and agreed by the Exec in September 2022. The second-round funding process was presented to the THT Board in November and December 2023.
Next steps/ onward reporting	See slides
Conflicts of interest	N/A
Strategic fit	· To improve outcomes in population health and healthcare · To tackle inequalities in outcomes, experience and access · To support broader social and economic development
Impact on local people, health inequalities and sustainability	This plan, if agreed, has proposals which will reduce health inequalities for our residents in a number of different and measurable ways.
Impact on finance, performance and quality	There are no additional resource implications/revenue or capitals costs arising from this report at this time. The funding is non-recurrent. Individual business cases have been reviewed for their impact.
Risks	None at present.

Tower Hamlets Section 256 Round 2 Funding

Recommended final list of schemes for 2024/25

1st February 2024

TOWER HAMLETS TOGETHER

Delivering better health through partnership

Section 256 innovation fund summary

- In 2022 the ICB transferred circa £6.7m to Tower Hamlets to support innovation via a Section 256. These funds are held in LBTH reserves for the partnership for schemes which support demand management, increase efficiencies, build community resilience and support elective recovery.

- During 2022-2023 circa £3.6m of this was utilised to support the hospital discharge team, end of life care, autism, various children's & young people schemes, social care, mental health assessments and waiting list backlogs due to Covid-19.

- In 2022 ELFT were allocated almost £1.2m from the S.256 and Barts were allocated £1.9m and LBTH were allocated £506k.

- In 2022 the THT Board agreed to hold some funds back to support any unforeseeable hospital discharge related costs and other system pressures during winter if no national or ICB funds were announced.

- Subsequently, hospital discharge costs were broadly covered by the Adult Social Care Discharge Fund (ASCDF) which has been used to fund care packages, the integrated discharge hub, individual community and mental health schemes.

- In November 2023, the process for allocating the remaining (approx. £3.1m) S256 monies was commenced. In December 20 bids were received including evaluation of existing schemes which requested continuation of funding. A panel made up of a range of professionals from across the partnership met on the 4th January to review all cases.

- The panel recommended 15 cases to be approved by the THT Board for funding for 2024/25. These are listed on slide 6 and are made up of schemes supporting hospital discharge, mental health services, children and young people's autism and ADHD waiting list backlog, care package pressures in adult social care, primary and urgent care pathway and a voluntary sector scheme.

Panel process

The panel convened on the 4th January mostly in person (2 persons joined online) and went through 20 cases/evaluations and assessed each as approved, not approved or require more information. The panel were asked to adopt a system mindset, seeking to do the right thing for TH residents rather than acting in the interests of particular teams or organisations. The outcomes resulted in a good discussion with a collegiate approach and panel members feedback that this should be a model to consider for future.

Panel names and roles
Warwick Tomsett – Joint Director of Integrated Commissioning (Chair)
Suki Kaur – Deputy Director of Partnership Development (THT)
Alexandra Hadayah – Principle Occupational Therapist (ELFT/LBTH)
Alex Harborne – CHS Clinical Director (ELFT)
Tom Cornwell – Operational Director (RLH)
Malcolm Thomson – Chief Operating Officer (GPCG)
Paul Swindells – Social Worker (LBTH)
Roberto Tamsanguan – Clinical Director (THT) & GP in Tower Hamlets
Gemma Eyres – Clinical Lead urgent emergency care & discharge & GP in Tower Hamlets
Marion Reilly – Mental Health Services (ELFT)
Sarah Wilson – Director of Children and Specialist Services (CAMHS ELFT)
James Courtney – Senior Programme Manager BCYP (LBTH/ICB)
Jo Sheldon – Head of Primary Care (ICB)

A reminder of the S.256 criteria for allocation

The Section 256 agreement was established between the NEL ICB and the Local Authority in 2022. Each agreement had a clear purpose to address inequalities and the funding will be held by the councils, to be spent over 2 years. Funding is non-recurrent. The agreements help drive the system thinking around available funding and lead to joint agreements on how the money is spent. This is one of the system behaviours that the ICS will promote going forward. The funding criteria is:

1. To manage demand and pressure in the health and social care system, for example the delivery of packages of care and associated costs
2. To increase efficiencies, make savings, implementing cost improvement programs and striving for value for money through pathway redesign and transformation
3. To build and enhance community resilience and the wider determinants of health
4. To support elective recovery, ensuring sufficient resources are made available to clear waiting lists.

Summary of the outcome

Total funds remaining (S.256)	£3,181,463.00
Total funds requested via 20 bids	£5,128,079.00
Gap	-£1,946,616.31

Final outcome after panel review (please ask if you wish to see scheme details)		
Approved	£ 3,181,463.00	15 cases
Amber (only if funding becomes available)	£ 270,283.10	Request for year 2 funding for the welfare scheme
Not approved	£ 979,577.00	5 cases

Themes for cases approved	Amount
Hospital discharge	£177,715.00
Mental health	£622,478.00
Children & young people	£845,755.00
Adult Social Care	£249,938.69
Primary & urgent care	£639,705.83
Wider determinants – voluntary sector	£257,412.48
Community health	£380,458.00

Recommended 15 schemes for approval

Scheme Name / No	Provider	2023/24	2024/25	2025/26
2. RLH TTA pharmacy hub	Bart's Health		£ 177,715	
4. Children and Young People - Neurovariance Diagnostic Waiting List Reduction- Autism & ADHD Pressures	Bart's Health Integrated Paediatrics, London Autism Clinic, East London Foundation Trust CAMHS	£ 66,051.00	£ 574,204	
5. Supported accommodation for complex patients with mental and physical health needs - stepdown beds	ELFT MH and LBTH ASC		£ 338,000	
7. Home Treatment Team	ELFT MH		£ 194,000.00	
8. Discharge Coordinator and Inpatient Assessments staff (1 band 7 staff) for Tower Hamlets Adult Mental Health Services	ELFT MH		£ 90,478.00	
10. Therapies in ED	ELFT CHS		£ 282,577.00	
12 Integrating Psychologist with the Reablement and AADS teams	ELFT CHS		£ 97,881.00	
13. Support to develop and implement a strategy for Tower Hamlets on Same day access for acute primary care consultations	Primary Care & Urgent Care		£ 188,908.00	
14. Acute Respiratory Infection Hubs (ARI) 2 sites for 2 months	Primary care networks	£263,794.83		
15. Pilot Primary Care led Single point of access/co-ordination centre	Primary Care & Urgent Care		£60,422.00	
16. Opportunist planned care in acute settings (6 months only)	Primary care		£ 126,581.00	
17. Integrating social welfare & legal advice in General Practice and RLH front door	Age UK East London plus partners		£ 257,412.48	£ 270,283.10
18. Children and Young People - Medically Unexplained Symptoms- Mental Health and Emotional Wellbeing Service Pressures	Bart's Health Integrated Paediatrics, East London Foundation Trust CAMHS		£ 205,500.00	
19. Winter communications	NEL ICB	£ 8,000.00		
20. ASC care package costs (D2A)	LBTH		£ 249,938.69	
Total		£337,846	£2,843,617.17	£270,283.10

Next steps

- Aligned each scheme to a THT workstream
- Work with scheme commissioner and provider to set up KPI regular monitoring via THT workstream
- Formally notify scheme requestor and include panel feedback
- Put in place MOU for each scheme and action funding transfer
- Evaluation and learning

Tower Hamlets Together Board

[insert date of meeting]

Title of report	Tower Hamlets Place Report
Author	Saem Ahmed – Head of planning and outcomes
Presented by	Saem Ahmed – Head of planning and outcomes
Contact for further information	Saem Ahmed, Head of planning and outcomes,
Executive summary	· The report has aimed to take an Integrated Care System (ICS) system approach to reporting, replacing previous health-based performance reports. · The report is intended to provide you with enquiries that you may wish to make about the data, not to provide you with all the answers to the questions you may have. There may be a need to deep dive into the data at PCN or practice level or further analysis to inform targeted improvement actions, this will be done upon request. · The report covers the following areas: 1. System pressures 2. Inequalities 3. Wider determinants of health 4. Prevention 5. Population Health 6. Performance · Key issues from this report are: 1. Inequalities around underserved population, LD and SMI population and demographics. 2. Wider determinants of health around general wellbeing and poor health, social isolation, housing and financial issues. 3. Opportunities to improve healtchecks for LD and SMI population, uptake of flu vaccinations, cancer screening and children's immunisations. Opportunities to support outcomes for people with LTC and reduce obesity, proactive care for people with LD, housebound and frequent A&E attendances.
Action / recommendation	The Board is asked to discuss this report.
Previous reporting	Place directors management team meeting.
Next steps/ onward reporting	To be determined by place partnerships.
Conflicts of interest	Not applicable
Strategic fit	· To improve outcomes in population health and healthcare

	· To tackle inequalities in outcomes, experience and access · To support broader social and economic development
Impact on local people, health inequalities and sustainability	This is a population health approach to a place report and aims to facilitate improvement in health and care outcomes.
Impact on finance, performance and quality	There are no additional resource implications/revenue or capitals costs arising from this report.
Risks	This links to the BAF risks: · To improve outcomes in population health and healthcare · To tackle inequalities in outcomes, experience and access

1.0 Introduction/ Context/ Background/ Purpose of the report

1.1 The purpose of this report is to provide insight and data to improve health and care outcomes for our residents, which takes an ICS approach compared to previous health performance reporting. This is the first iteration of the report and through further engagement and discussions will evolve and improve over-time working with partners across the system. Local place-based priorities, and local authority information is not included on this version of the report, however we will work with our partners to include these in future reports.

1.2 The Board are asked to discuss this report.

1.3 The Board are asked to discuss this report and agree and prioritise opportunities to be addressed through improvement and/or action plans.

2.0 Key messages

2.1 The report provides opportunities to improve experience, health and care outcomes for our residents.

3.0 Key highlights from the report

3.1 The key exceptions or points for discussion the report highlights are the following:

Resident experience

· Improve experience in accessing Primary Care, Mental Health and Social Care.
· Improve quality of care in particular around mental health and urgent and emergency care.

System Pressures

· Reduce A&E attendances and manage needs of our residents better in the community.
· Improve flow in hospitals from attendance to discharge.

Inequalities

· Improve uptake of cancer screening for the learning disability (LD), serious mental illness (SMI), and homeless groups.
· Improve uptake of flu vaccinations for the underserved population.
· Variation in elective waiting list between deprivation levels, LD, Ethnicity and age.

- People with multiple conditions have the highest encounters with A&E, with variation in ethnic groups and age.
- Variation in people with LTC in gender, deprivation age and ethnicity.

Wider determinants of Health

- Key reason for seeking social prescribing support is general wellbeing, general poor health, housing problem, financial problem and social isolation.

Prevention

- Improve uptake of health checks for people with LD and SMI.
- Improve update of flu vaccinations across all cohorts.
- Improve uptake of child immunisations across 12 months, 24 months and 5 years.
- Improve cancer screening uptake in particular cervical, breast and bowl cancer screening.

Population Health

- Reducing obesity in our populations.
- Supporting people on a Long Term Conditions register to live heathier lives and manage their conditions in their own homes.
- Reduce frequent attenders in A&E.
- Supporting housebound people, in particular those without carers to reduce A&E and admissions.

Performance

- Improve same day access for GP appointments.
- Improve coding and recording of community services activity, this can help identify needs.
- Mental Health services are not delivering access targets for Talking Therapies and SMI healthchecks.
- Support care homes to reduce LAS call-outs that are not conveyed into hospital.

4.0 Risks and mitigations

4.1 The risks are highlighted in the body of the report in terms of key exceptions reported in the data, mitigations will be discussed at the meeting.

5.0 Conclusion / Recommendations

5.1 The Board are asked to discuss the report and prioritise the key areas for action, and agree next steps.

6.0 Attachments

6.1 Appendix 1 – WF Place System Report, an electronic copy will be made available to committee members.

7.0 End

7.1 Saem Ahmed – Head of planning and outcomes, 27th December 2023.

North East London Health & Care Partnership

NHS North East London

Tower Hamlets Place Report

Draft 1 – we will continue to develop this report working with our partners

Saem Ahmed – Head of planning and outcomes
12 December 2023

Version 1

Introduction

- This is the **first draft** of the new place report building on the outline approach shared previously.
- The purpose of this report is to **provide insight and data to place based partnerships to improve outcomes and access** to health and care services for our population and residents.
- The report has aimed to take a **ICS system approach to reporting** replacing previous health based performance reports.
- This is our first **iteration of the report, and with engagement and discussions at place will evolve overtime**.
- We understand that there **may be place specific measures that are not included in this report, the place leads from the Planning and Outcomes Team will work with you to incorporate these measures on the report**. Similarly, **not all local authority social care and public health measures are included on this report, again we will work at place to incorporate this into our reporting.**
- The report is **intended to provide you with enquiries that you may wish to make about the data**, not to provide you with all the answers to the questions you may have, this is not manageable on already a large report.
- We appreciate that we may be required to **further deep dive into the data at PCN or practice level or further analysis to inform targeted improvement actions, this will be done upon request,** this will need to be undertaken in a planned way.

Indicators on report – ICS system

System pressures	Inequalities	Wider determinants of health	Prevention	Population Health	Performance - Health	Performance – Social Care
• A&E 4 hour • Emergency admissions • Conversion rate • Trolley waits • LAS handover • G&A beds • Critical Care beds • Length of Stay	• Cancer Screening • Flu Vaccinations • Elective waiting list • A&E attendances	• Social Prescribing - Reason for Referral • Social Prescribing - Support offered • Social Prescribing – Living arrangements • Social Prescribing – Employment	• LD Healthchecks • SMI Healthchecks • Flu vaccinations • Children immunisation • Cancer screening • Quit smoking	• General Health • Hypertension • CHD • Stroke • Diabetes • Mental Health • CKD • COPD • Housebound patients • Learning disabilities • A&E frequent attenders	• GP appointments • GP encounters by LSOA and 111 journey • 2 hour Urgent Community Response • Community Services - Waiting times • Mental Health performance	• LAS call outs to care homes • Home care and care home occupancy

Key Headlines – ICS system overview

System Pressures

- In October 2023 at BH 14,044 people waited more than 4 hours to be seen in A&E, total of 6,512 emergency admissions, 15.37% of A&E attendances are converted into admissions. There were 1160 - 12 hour trolley breaches and 1280 waiting between 4 to 12 hours, 3,488 patients had a stay over 7+ days, 461 over 14+ days and 314 over 21+ days.
- Attendances were largely standard acuity and majority self-referrals.

Inequalities

1. The LD, homeless and SMI population have lower rates of cancer screening across most areas compared to other population groups. The autism, homeless, SMI and traveller community have lower rates of flu vaccination uptake compared to the LD population.
2. LD population have longer waits compared to the overall population for elective care, with males waiting slightly longer than females, with 10 to 19 age groups with the longest average waits.
3. There is variation in elective waiting list between deprivation levels, LD, Ethnicity and age.
4. People with multiple conditions have the highest encounters with A&E, with variation in ethnic groups and age.
5. Variation in people with LTC in gender, deprivation age and ethnicity.

Wider determinants

1. The key reason for seeking social prescribing support is housing problems, general well-being, social isolation, general poor health and financial problems.
2. People seeking this support are living in a rented home from council, renting from housing associations or private, with a large proportion unemployed or retired.

Prevention

1. There are currently 67 people aged 14-17 and 749 people 18+ adults with LD who have not had their annual LD healthchecks.
2. 724 people with SMI have not had their physical healthchecks.
3. Flu vaccination uptake across all cohorts range from the lowest 10% to 65%, there is generally a higher uptake in the high risk compared to the lower risk cohort. Carers in particular have a one of the lowest uptake of vaccinations.
4. Flu vaccination uptake across all cohorts range from the lowest 8% to 57%, there is generally a higher uptake in the high risk compared to the lower risk cohort. Carers in particular have a one of the lowest uptake of vaccinations.
5. Child immunisations coverage ranges from 86% to 92% for 12m, 87% to 93% for 24m and 82% to 91% for 5y.
6. Cancer screening across all six areas is below 100%, however Cervical cancer, Breast cancer, aged 56 Bowel cancer are below the 70% acceptable standard.
7. 1,161 per 100,000 smokers have successful quit (70%), females, the younger and adult and white population have higher success rate compared to other population groups.

Population Health

1. General Health 16+ 25% with BMI reading last 12 months, of those 4% are have a BMI >30, 2% >35 and 1% >40, 5% are current smokers.
2. Hypertension – 85% with BP recorded in the last 12 months, of those 63% considered to be expected levels.
3. CHD – 78% with cholesterol recorded in the last 12 months, of those 67% have cholesterol level that is considered to be healthy, and 69% have blood pressure at expected levels.
4. Stroke – 84% of BP recorded in the last 12 months, of those 61% have blood pressure at what is considered to be initial target levels.
5. Diabetes – 88% BP recorded in the last 12 months, of those 70% within control, 67% with cholesterol recording in the last 12 months within healthy levels and 50% with a HbA1c recording in the last 12 month also within control levels.
6. Mental Health – 26% are recorded as smokers, 36% with a QRISK score in the last 12 months, of those 25% are at risk of CVD.
7. CKD – 86% of patients on a CKD register have had their BP recorded in the last 12 months, of those 67% have blood pressure at what is considered to be initial target levels.
8. COPD –16% have severe or very severe COPD, 36% are current smokers, 49% have had their flu vaccinations, 79% have had pneumococcal vaccination.
9. At September 2023 there are 2554 housebound patients, an increase over the last 12 months, there have been 343 A&E attendances with 37 admissions in the same period, most of these patients also have a recording of frailty and a large proportion do not have carers. Hypertension, depression and diabetes are the top three LTC for this cohort, however the attendance and admission may not be related to the LTC.
10. 0.46% of registered population are on a LD register, 9.58% have mild LD, 5.30% have moderate LD and 5.04% have severe LD. Large proportion of people on an LD register have CVD, dysphagia, epilepsy and respiratory disease.
11. 28.6% of frequent attenders are persistent users, 11.92% are regular users and 4.47% are frequent users. The older population who are white, asian and black british are cohort groups who fall under frequent attenders.

1. Performance and Social Care Demand and access

1. GP appointments - 53% of GP appointments are offered either on the same day or the next day with 46% of appointments offered after 2 days or more.
2. The top reasons for appointments are cough, low back pain, suspected urinary tract infection, and respiratory infection.
3. NEL Community Services - Over 90% of UCR referrals are responded with 2 hours, with consistent performance above target since August 2022.
4. NEL Community services - Across NEL there are long waits in adults but particularly in children's, where NEL is has the fifth highest waits.
5. Referrals to community services are largely from the CHS services or General practice, significant proportion of reason for referrals is recorded as unknown, therefore better recording of data would help understand demand and need.
6. Mental Health services are not delivering access targets for Talking Therapies and SMI healthchecks.
7. LAS call outs - Tower Hamlets are ranked 29 out of 32 places in London, with 32% of ambulance calls are not conveyed into hospital. The chief reason for ambulance calls from care homes are 111 or advise from health care professional, falls, unconscious/fainting and breathing problems. The top 10 illnesses recorded by LAS are sepsis, pain, other medication conditions, head injury and breathlessness.

Key lines of enquiry for consideration:

System Pressures

1. What is driving A&E attendances? How can we shift urgent care into the community?
2. How can we manage needs of our residents better in the community to reduce demand into A&E?
3. What are the high impact interventions?

Resident experience

1. How can we improve access to health services for our residents?
2. How can we improve quality of care for social care services and urgent and emergency care?

Inequalities

1. How are we ensuring physical health services are accessible to people with LD and SMI?
2. How are we ensuring that there is no unmet health need for people with LD and SMI?
3. How do we improve cancer screening uptake for people with LD and SMI?
4. How do we improve uptake for flu vaccination amongst the underserved population?
5. How can we improve access to physical health services for the underserved population?
6. How do we support our most deprived communities over the age of 19 around physical health needs as they generate the largest rates of activity into A&E?
7. How do we take targeted approach to specific cohorts in our communities?
8. How are we addressing the inequalities amongst community groups who have 2 or more LTCs?

Wider determinants

1. What are we doing to address the wider social issues around Housing that may be impacting on poor health outcomes?
2. What are we doing to address the wider social issues around employment that may be impacting on poor health outcomes?
3. What are we doing to address the wider social issues around isolation and general well-being that may be impacting on poor health outcomes?
4. What are we doing with are wider population about healthy living and diet to improve outcomes?

Prevention and Population Health

1. How can we improve physical healthchecks for our LD and SMI population?
2. How can we improve child immunisation rates?
3. How can we improve cancer screening rates across our population? Targeting specifically hard to reach groups?
4. How can we improve uptake for flu vaccinations amongst the at risk and low risk cohorts?
5. How can we support our communities (in particular people with COPD and Asthma) to stop smoking and improve success rates?
6. How can we improve recording of BMI, BP, cholesterol, HBA1c and mental health recording to support proactive care?
7. How are we tackling obesity in our communities to tackle poor health outcomes?
8. How do we support people with LTC to manage their BP, cholesterol, HBA1c and people with mental health at risk of coronary disease in primary care and in our communities?
9. How can we meet the needs of our housebound patients who are frail and manage to reduce avoidable admissions and attendances into hospital?
10. How are we proactively supporting people with LD and LTC such as CVD, dysphagia, epilepsy and respiratory disease.
11. How do we support and meet the needs of regular, persistent and frequent attenders in our communities to reduce unnecessary attendances to A&E.

Performance and Social Care S: Demand and access

1. How can we improve on same day or next day primary care appointments?
2. Can we proactively manage or provide a different model of care around the top 15 reasons for primary care encounters?
3. Large proportion of 111 calls are directed to primary care, would more same-day or next day appointments support this, how can we encourage using other primary care services such as community pharmacists?
4. How can we improve recording of reason for referrals to understand the demand into urgent community response to help with planning?
5. Most of UCR referrals are from the deprived population 65+, could we provide proactive (planned) care for this cohort?
6. How do we reduce long waiting lists for community health service in particular around children's. is it service improvement or do we need to change the model of care?
7. Is there too many handoffs from acute to community? Could we help reduce GP appointments if hospitals can directly refer into community services?
8. How do we improve mental health performance in Talking Therapies, Children and Young People, Specialist Perinatal Mental Health, Dementia diagnosis rate, and SMI healthchecks.
9. How do we support care homes to reduce the number of non-conveyance LAS call outs.
10. How can we improve reporting of Homecare provider into capacity tracker to understand capacity and demand?

System pressures – Headlines Barts Health and LAS

A&E 4 hour

Oct 23

66.9% 4 hour target achieved 14,044 people waited more than 4 hours to be seen

Emergency admissions

Oct 23

Total of 6,512 emergency admissions

Conversion rate

Oct 23

15.37% of A&E attendances are converted into admissions

Trolley waits

Oct 23

1160 patients had 12 hour trolley breaches and 1280 waiting between 4 to 12 hours

LAS handover @ Barts Health

Week ending 10/12/23
15 min breaches – 773
30 min breaches – 429
45 min breaches – 141
60 min breaches - 25

Length of stay

Week ending 30/11/23

7 days + 791
14 days + 461
21 days + 314

Delayed Discharge Reasons @ Barts Health

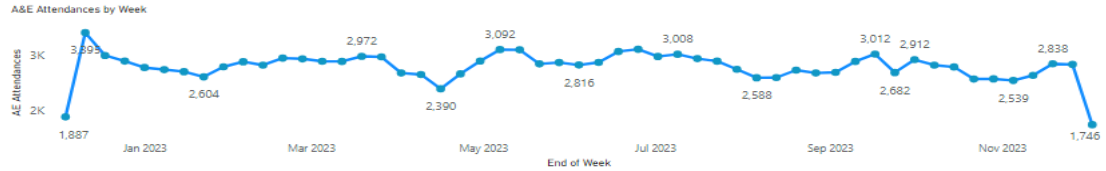
Oct 23

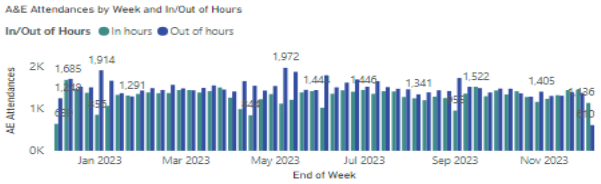
Awaiting a medical decision/intervention including discharge summary	Awaiting community equipment and adaptions to housing	Awaiting medicine to take home	Awaiting therapy decision to discharge	Awaiting transport
11	7	2	2	3

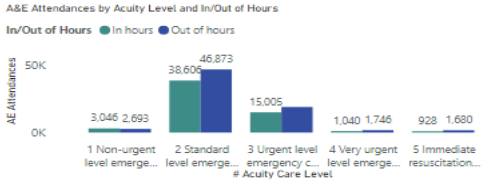
Reporting level: Provider

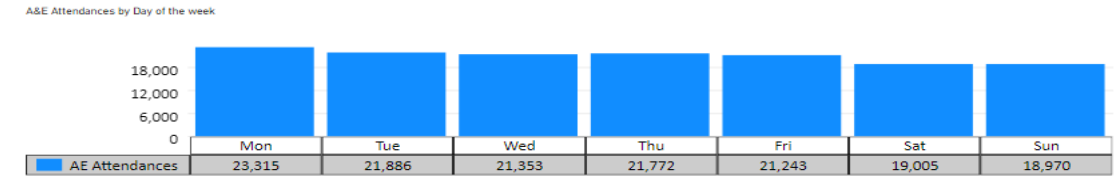
Data source: NHSE published data and LAS

System pressures – Tower Hamlets

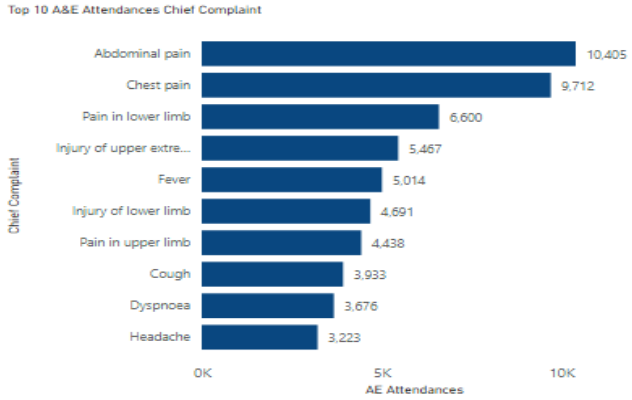


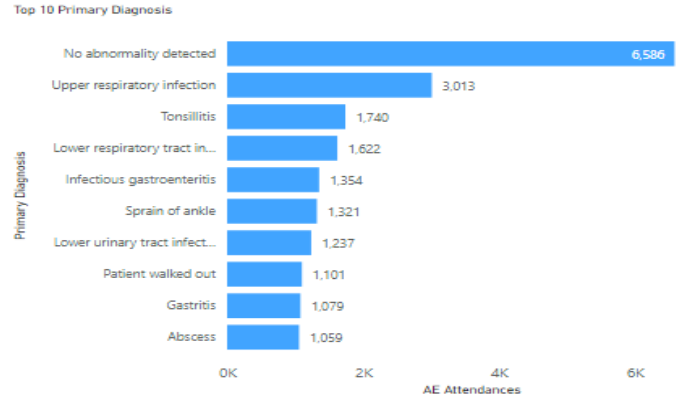


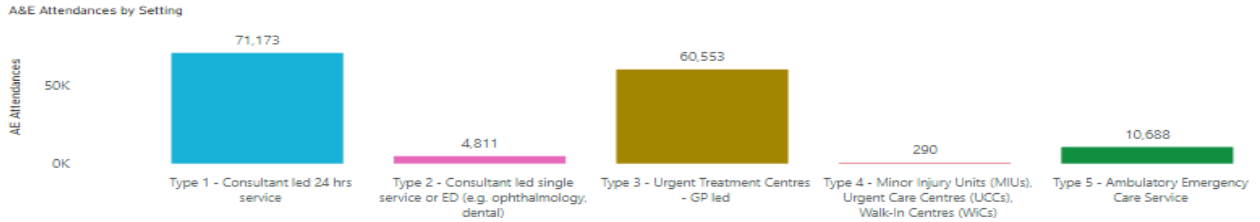


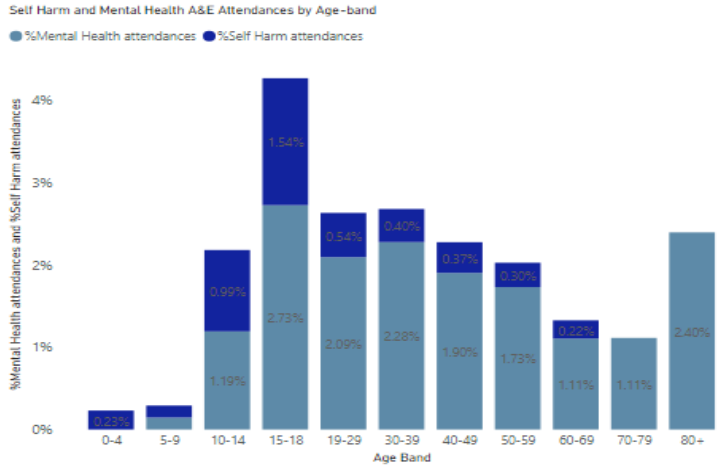


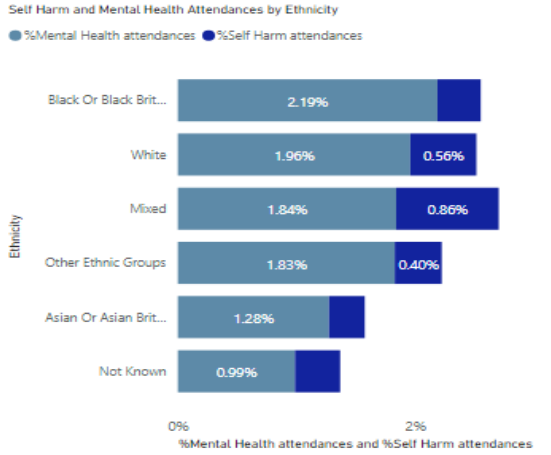
111 data is not available for the period August 2022 to December 2022 and activity from January 2023 are lower than previous period











Data period: 1 April 2023 to 09 December 2023

Reporting level: Provider

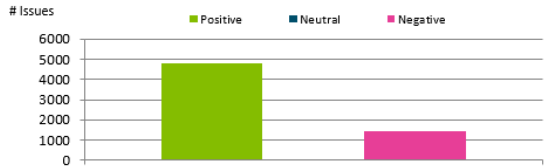
Data source: ECDS through model hospital

Residents Experience

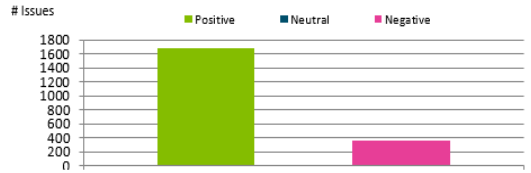
Healthwatch gather this analysis from various sources such as provider websites, social media and surveys. This indicates opportunities to improve service user experience around access across health and care services. Improve service users feeling involved in mental health and social care, and improve the quality and empathy of services in mental health and social care.

Primary Care

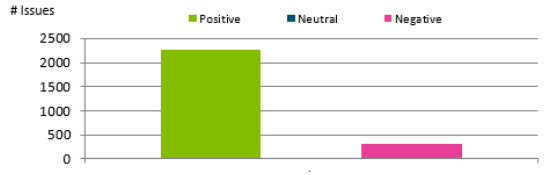
3.1 How do people feel as a whole?



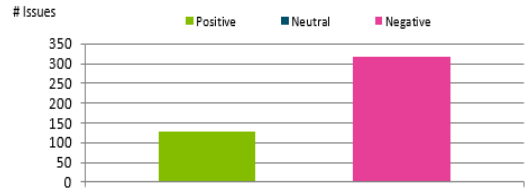
3.2 How well informed, involved and supported do people feel?



3.3 How do people feel about general quality and empathy?

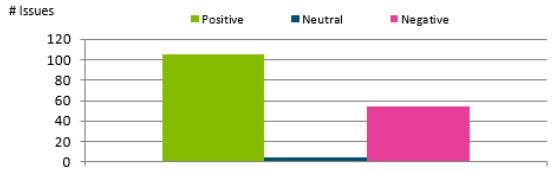


3.4 How do people feel about general access to services?

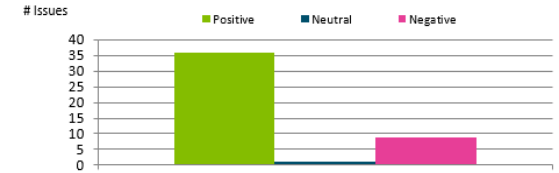


Community Care

3.1 How do people feel as a whole?



3.2 How well informed, involved and supported do people feel?



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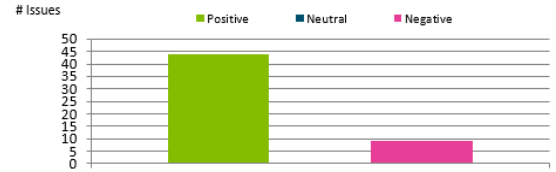
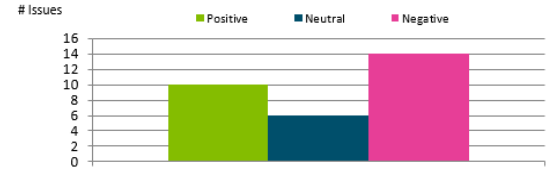
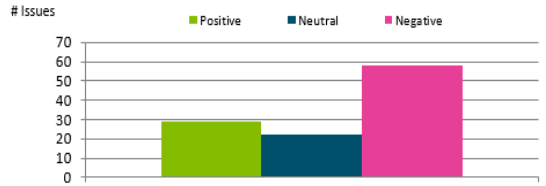


3.4 How do people feel about general access to services?

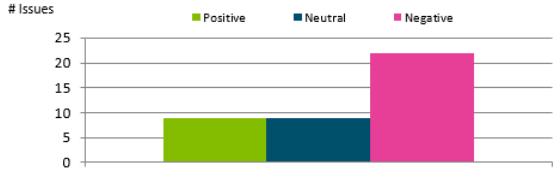


Mental Health

3.1 How do people feel as a whole?



3.2 How well informed, involved and supported do people feel?



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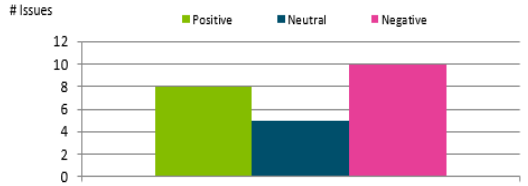

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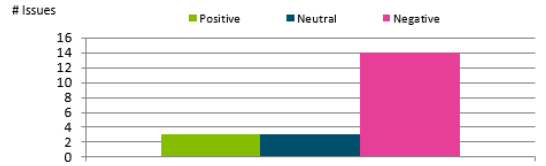
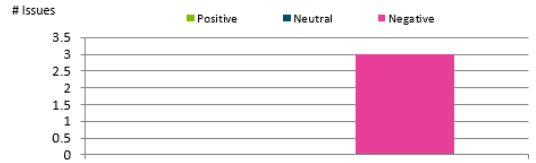


Social Care

3.1 How do people feel as a whole?



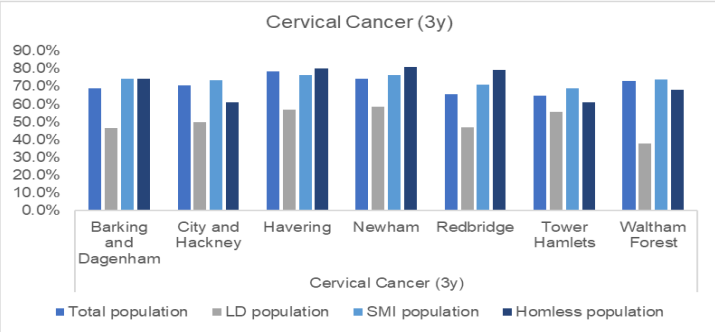
Reporting level: Place

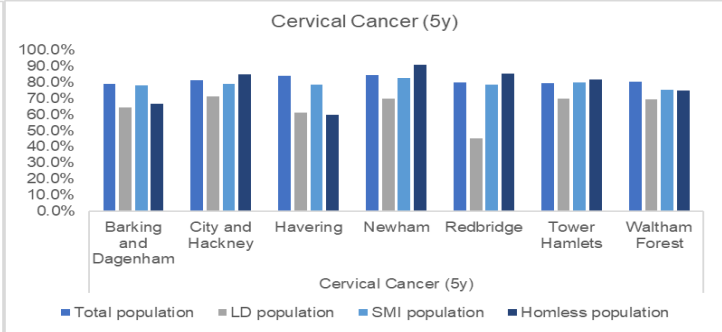
Data source: Healthwatch Community Insights System (CIS)

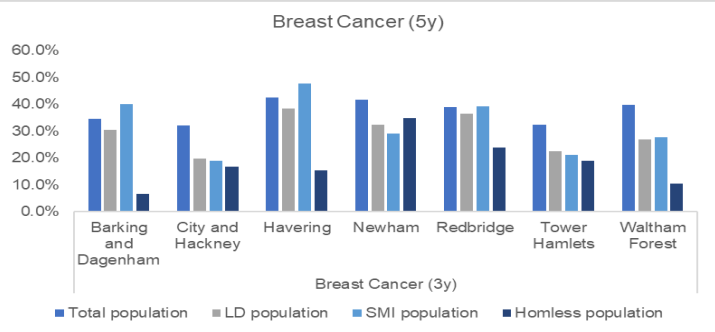
Inequalities – Cancer Screening and Flu Vaccinations

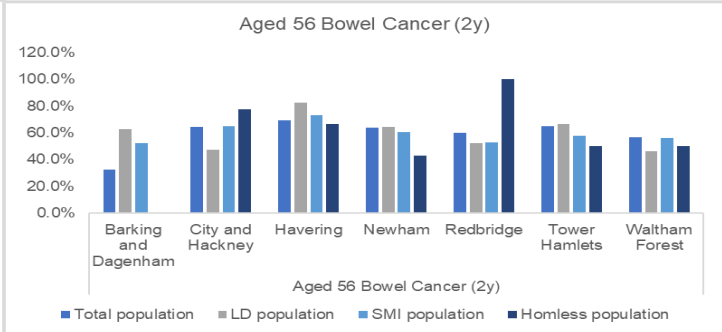
The LD, homeless and SMI population have lower rates of cancer screening across most areas compared to other population groups. The autism, homeless, SMI and traveller community have lower rates of flu vaccination uptake compared to the LD population.

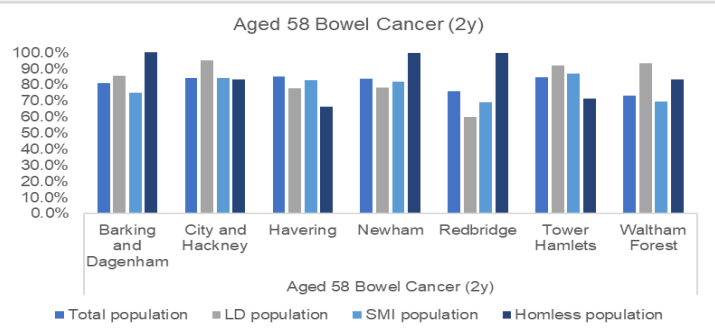
Cancer Screening

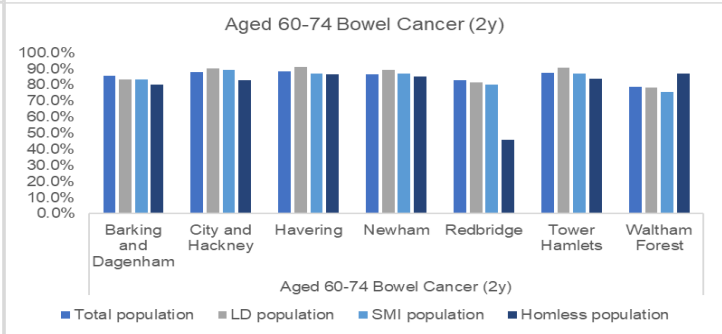




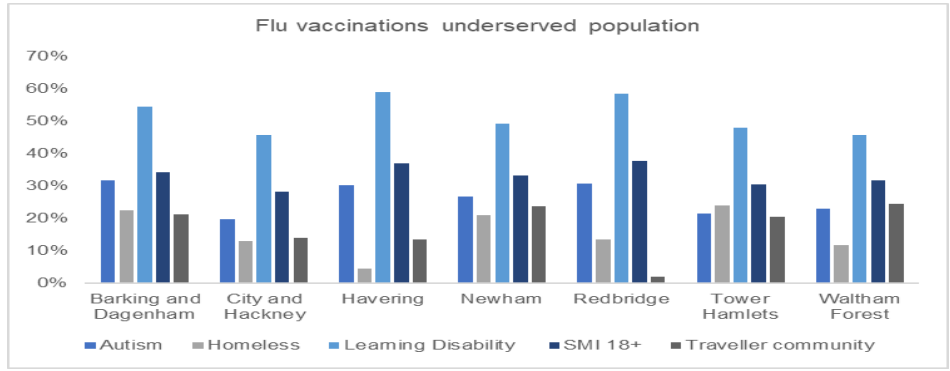








Flu Vaccinations for underserved population



- Cervical cancer (3y) – LD population have lower rates of screening compared to other population groups.
- Cervical cancer (53y) – LD and homeless population have lower rates of screening compared to other population groups.
- Breast cancer (5y) – LD and homeless population have lower rates of screening compared to other population groups.
- Aged 56 Bowel cancer (2y) – SMI population have lower rates of screening compared to other population groups.
- Aged 58 Bowel cancer (2y) – SMI population have lower rates of screening compared to other population groups.
- Flu vaccination for underserved population the homeless and traveller community have the lowest uptake compared to other groups, followed by SMI and autism population.

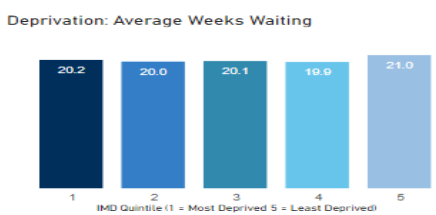
Reporting level: All Places

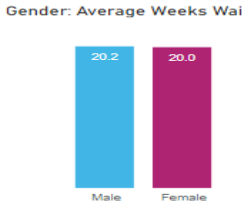
Data source: Clinical Effectiveness Group (CEG)

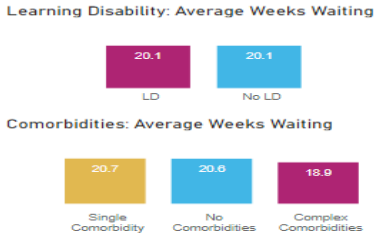
Inequalities – Elective waiting list, A&E attendances and LTC

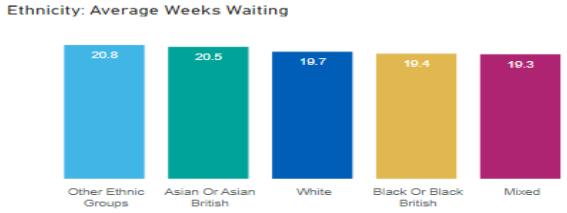
- There is variation in elective waiting list between deprivation levels, LD, Ethnicity and age.
- People with multiple conditions have the highest encounters with A&E, with variation in ethnic groups and age.
- Variation in people with LTC in gender, deprivation age and ethnicity.

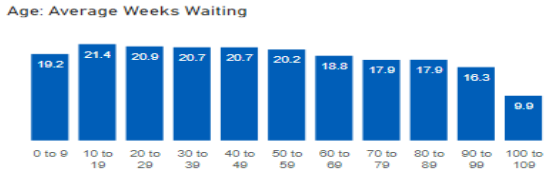
Elective waits

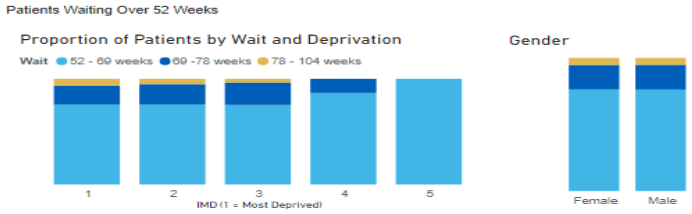


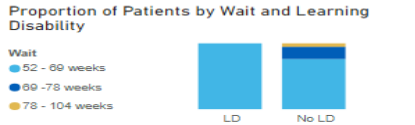


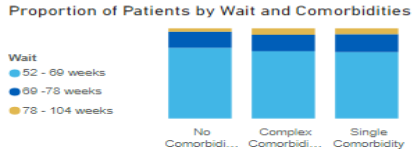


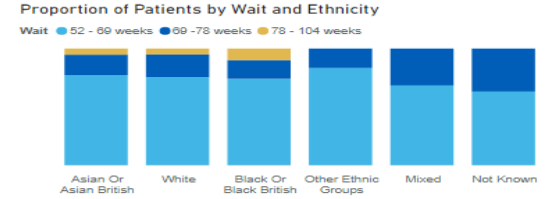


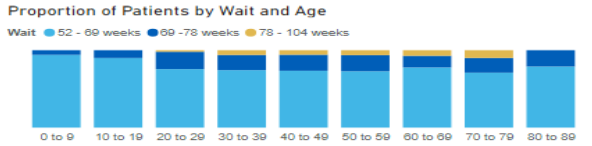




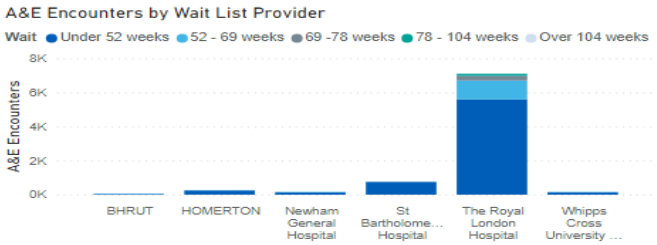


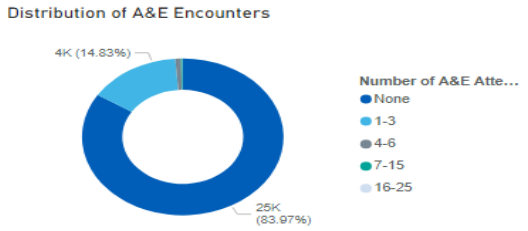


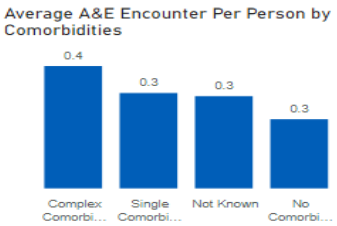


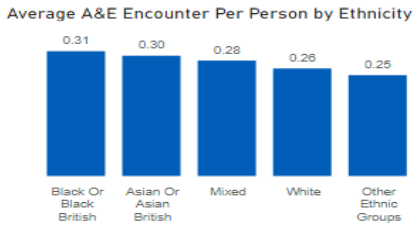


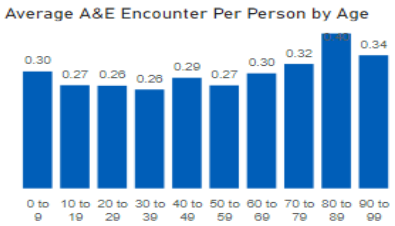
A&E attendances



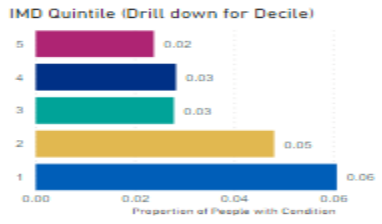


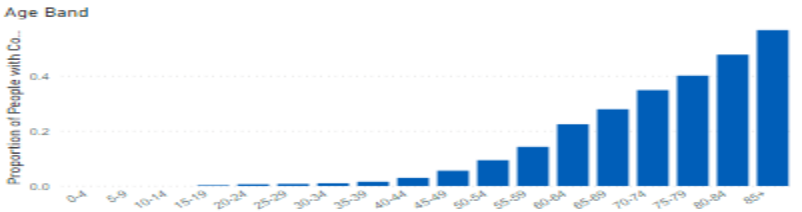


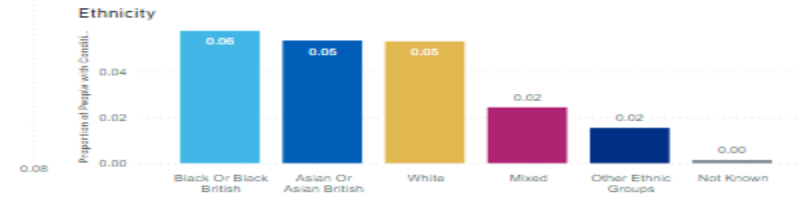




LTC







Reporting level: Place

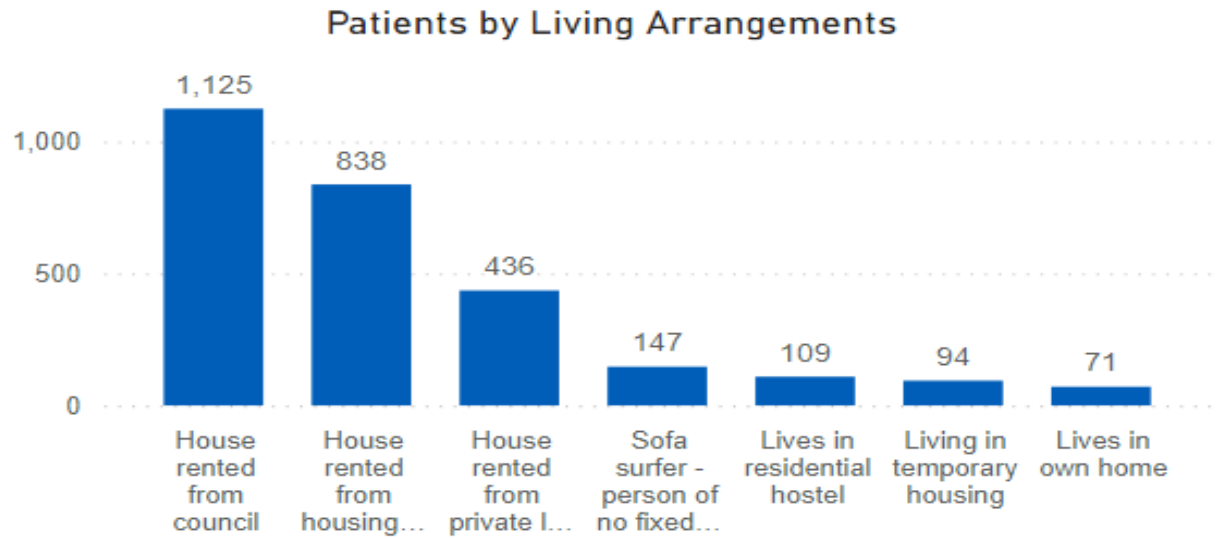
Data source: A&E attendances (SUS) and Elective waiting list (National open waiting list) – both accessed through Power BI tools

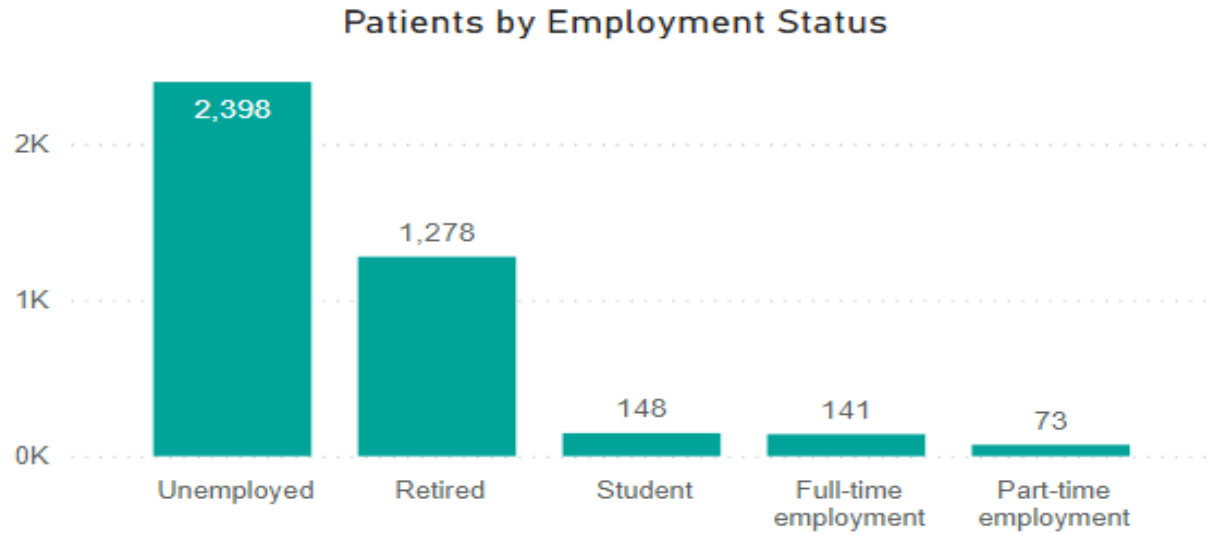
Wider determinants of health – Social Prescribing

The key reason for seeking social prescribing support is housing problems, general well-being, social isolation, general poor health and financial problems. People seeking this support are living in a rented home from council, renting from housing associations or private, with a large proportion unemployed or retired.

Reason for Referral	Patient Count
Housing problem	4,687
General well-being	4,034
Social isolation	3,913
General health poor	3,445
Financial problem	2,993
Employment problem	505
Educational problem	222
Transport problems	222
Relationship problems	179
Substance misuse	144
Deprivation of Food	131
Bereavement support	78

Support offered	Activity
Diet education	4,233
Signposting to voluntary community service	2,509
Exercise education	869
Signposting to community exercise group	817
Social support	480
Emotional and psychosocial support and advice	476
Benefits counselling	369
Signposting to Citizens Advice	282
Signposting to health and wellbeing worker	193
Advice on drugs of addiction	160
Employment education	112
Education about alcohol consumption	88
Art therapy	48
Health education - parenting	29
Signposting to bereavement support service	12
Education about self management of diabetes	8
Signposting to dementia support service	7





Reporting level: Place

Data source: various systems accessed through Power BI

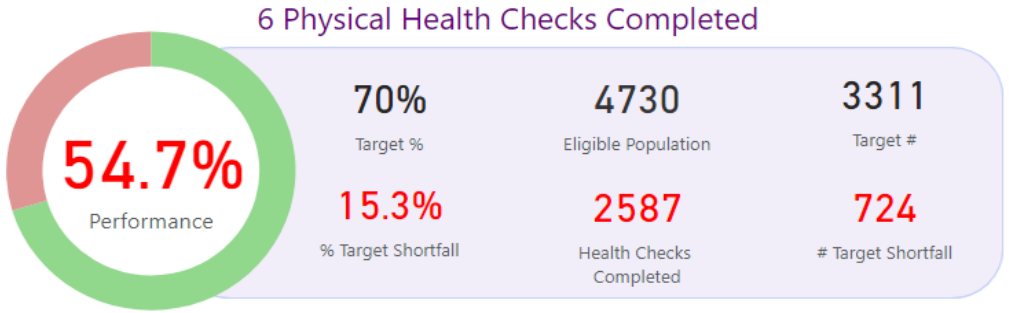
Prevention – LD and SMI Healthchecks

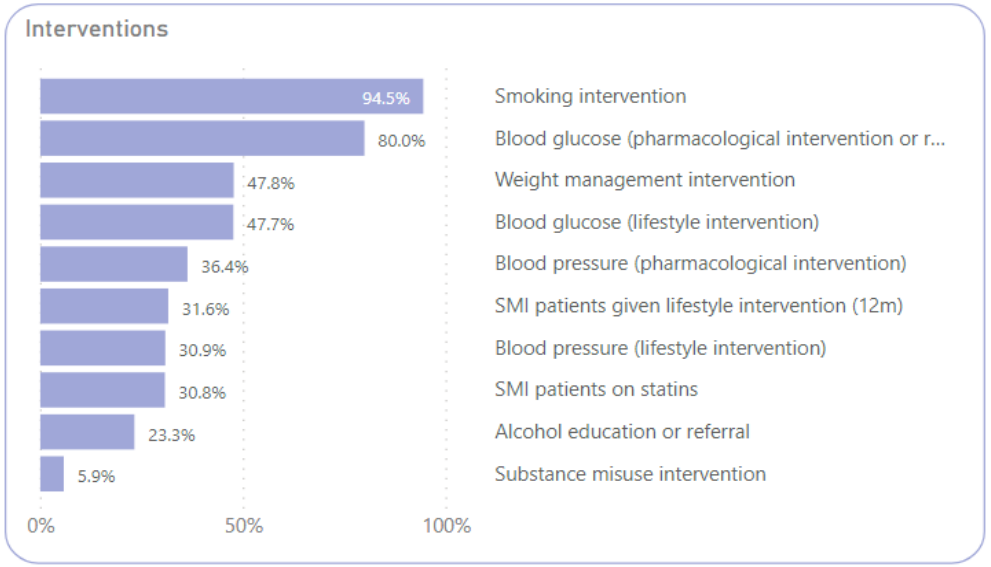
- **There are currently 67 people aged 14-17 and 749 people 18+ adults with LD who have not had their annual LD healthchecks.**
- **724 people with SMI have not had their physical healthchecks, of those people who have the largest inteverntions are around smoking intervention and blood glucose intervention.**

LD Healthchecks Aged 14 - 17

LD Healthchecks Aged 18+

SMI Healthchecks





Reporting level: Place

Data source: Clinical Effectiveness Group (CEG)

Prevention – Flu vaccinations and children immunisation

- **Flu vaccination uptake across all cohorts range from the lowest 8% to 57%, there is generally a higher uptake in the high risk compared to the lower risk cohort. Carers in particular have a one of the lowest uptake of vaccinations.**
- **Child immunisations coverage ranges from 86% to 92% for 12m, 87% to 93% for 24m and 82% to 91% for 5y.**

Flu Vaccinations

NEL	1. Patients aged 65 and over (exc care home & housebound)	2. Patients living in residential or care home	3. Patients who are housebound (Age 65 or over or with clinical risk)	4a. Patients aged 50-64 at clinical risk (exc housebound)	5. Patients aged 18-49 at clinical risk (exc housebound)	6a. Pregnant patients at clinical risk	6b. Healthy Pregnant Patients	7. Patients over 6 months and under 18 at clinical risk	8a. Children aged 2-3 yrs at clinical risk	8b. Healthy Children aged 2-3 yrs	9a. Primary School Children at clinical risk	9b. Healthy Primary School Children	10a. Secondary School Children at clinical risk	10b. Healthy Secondary School Children	11. Carers
Barking and Dagenham	56%	65%	59%	45%	27%	33%	22%	17%	41%	27%	25%	16%	22%	11%	25%
Redbridge	64%	67%	70%	50%	30%	51%	24%	18%	43%	15%	28%	19%	24%	10%	31%
Waltham Forest	55%	71%	56%	37%	25%	51%	29%	12%	71%	26%	22%	16%	16%	9%	21%
City & Hackney	52%	65%	62%	39%	22%	27%	21%	11%	17%	18%	17%	11%	16%	10%	19%
Havering	68%	79%	74%	48%	27%	52%	23%	19%	75%	24%	44%	36%	27%	19%	35%
Newham	53%	44%	60%	45%	30%	44%	31%	17%	33%	30%	27%	16%	22%	10%	24%
Tower Hamlets	54%	57%	42%	48%	28%	36%	29%	13%	27%	22%	22%	14%	17%	8%	22%
NEL	59%	67%	60%	45%	27%	42%	26%	15%	50%	19%	27%	18%	21%	11%	25%

Child Immunisations

	Barking Total		City and Hackney Total (Not including North		Havering Total		Newham Total		Redbridge Total		Tower Hamlets Total		Waltham Forest Total	
Patients becoming 12m within Q		**743**		**570**		**824**		**1,366**		**1,112**		**978**		**1000**
	Coverage	*Activity*	*Coverage*	*Activity*	*Coverage*	*Activity*	*Coverage*	*Activity*	*Coverage*	*Activity*	*Coverage*	*Activity*	*Coverage*	*Activity*
DTaP/IPV/Hib/HepB	88.30%	**656**	84.70%	**483**	90.50%	**746**	87.00%	**1,188**	90.70%	**1,009**	90.20%	**882**	89.50%	**895**
Men B	87.80%	**652**	84.40%	**481**	90.00%	**742**	86.20%	**1,177**	90.40%	**1,005**	89.70%	**877**	90.50%	**905**
PCV	91.80%	**682**	89.30%	**509**	92.70%	**764**	90.40%	**1,235**	93.00%	**1,034**	92.40%	**904**	92.10%	**921**
Rotavirus	83.60%	**621**	81.60%	**465**	88.60%	**730**	85.70%	**1,170**	88.80%	**988**	86.00%	**841**	89.20%	**892**
Patients becoming 24m within Q		**831**		**580**		**826**		**1,366**		**1,140**		**1048**		**986**
	Coverage	*Activity*	*Coverage*	*Activity*	*Coverage*	*Activity*	*Coverage*	*Activity*	*Coverage*	*Activity*	*Coverage*	*Activity*	*Coverage*	*Activity*
DTaP/IPV/Hib/HepB	87.00%	**723**	91.00%	**528**	92.00%	**760**	92.40%	**1,262**	88.30%	**1,007**	92.80%	**973**	90.50%	**892**
MMR	82.40%	**685**	85.30%	**495**	85.00%	**702**	84.80%	**1,159**	80.50%	**918**	86.50%	**906**	83.80%	**826**
HiB/Men C	83.20%	**691**	85.30%	**495**	86.00%	**710**	85.60%	**1,169**	82.90%	**945**	87.30%	**915**	84.70%	**835**
PCV (Booster)	81.60%	**678**	84.70%	**491**	85.10%	**703**	83.90%	**1,146**	81.90%	**934**	86.90%	**911**	84.10%	**829**
Men B (Booster)	82.40%	**685**	86.00%	**499**	85.10%	**703**	85.30%	**1,165**	83.90%	**957**	87.50%	**917**	85.80%	**846**
Patients becoming 5y within Q		**854**		**626**		**923**		**1,316**		**1,179**		**939**		**1032**
	Coverage	*Activity*	*Coverage*	*Activity*	*Coverage*	*Activity*	*Coverage*	*Activity*	*Coverage*	*Activity*	*Coverage*	*Activity*	*Coverage*	*Activity*
DTaP/IPV/Hib/HepB	78.70%	**672**	88.50%	**554**	89.30%	**824**	86.80%	**1,142**	84.60%	**997**	90.50%	**850**	87.80%	**906**
MMR (Primary)	82.30%	**703**	87.70%	**549**	90.70%	**837**	85.00%	**1,118**	85.20%	**1,005**	90.70%	**852**	85.80%	**885**
DTaP/IPV (Booster)	75.60%	**646**	74.80%	**468**	83.50%	**771**	79.00%	**1,039**	76.50%	**902**	82.30%	**773**	77.20%	**797**
MMR (Booster)	76.80%	**656**	76.00%	**476**	84.50%	**780**	80.00%	**1,053**	80.80%	**953**	82.90%	**778**	78.60%	**811**
HiB/Men C	82.40%	**704**	86.90%	**544**	90.50%	**835**	85.30%	**1,122**	84.00%	**990**	90.80%	**853**	86.20%	**890**

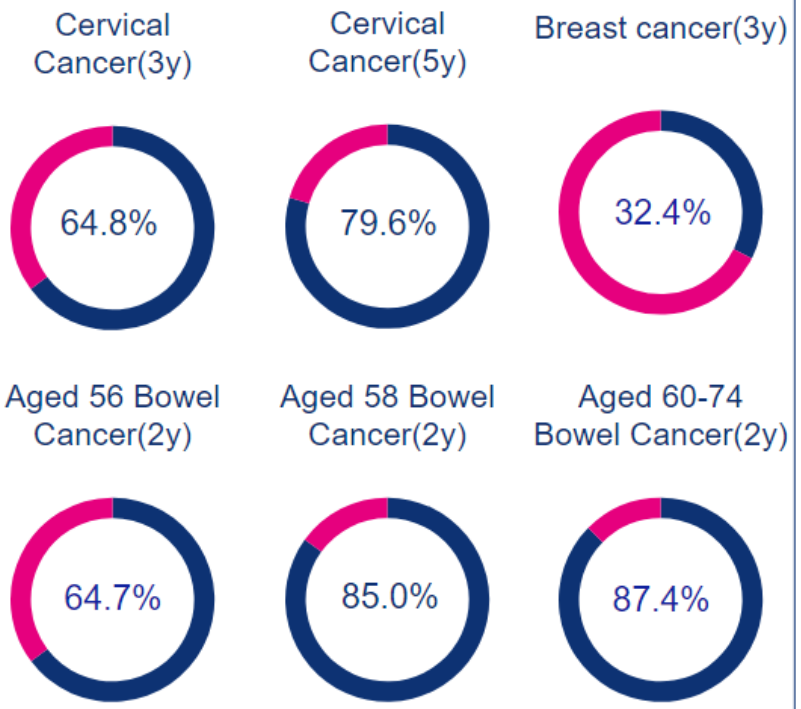
Reporting level: All Places *Data source: Clinical Effectiveness Group (CEG)*

Prevention – Cancer screening

Cancer screening across all six areas is below 100%, however Cervical cancer, Breast cancer, aged 56 Bowel cancer are below the 70% acceptable standard. Across all areas there is between 395 and 28.3k unscreened population.

Target 100%	Acceptable Level 70%	Achievable Level 80%

Screening Uptake Percentage



	Eligible Population	Screened Population	Unscreened Population
Cervical Cancer(3y) 25-49yrs	80.5K	52.2K	28.3K
Cervical Cancer(5y) 50-64yrs	16.0K	12.7K	3,261
Breast Cancer(3y)	22.8K	7,405	15.4K
Aged 56 Bowel Cancer(2y)	2,908	1,881	1,027
Aged 58 Bowel Cancer(2y)	2,632	2,237	395
Aged 60-74 Bowel Cancer(2y)	24.3K	21.2K	3,059

Reporting level: Place

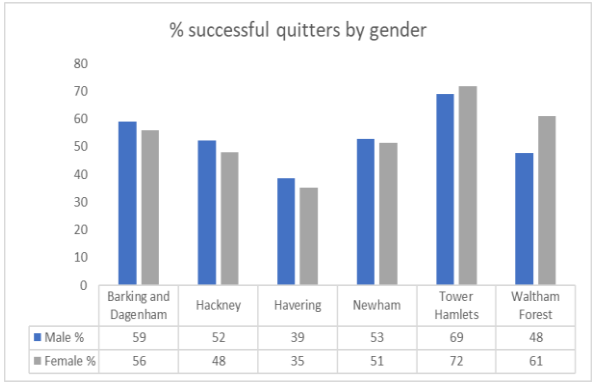
Data source: Clinical Effectiveness Group (CEG)

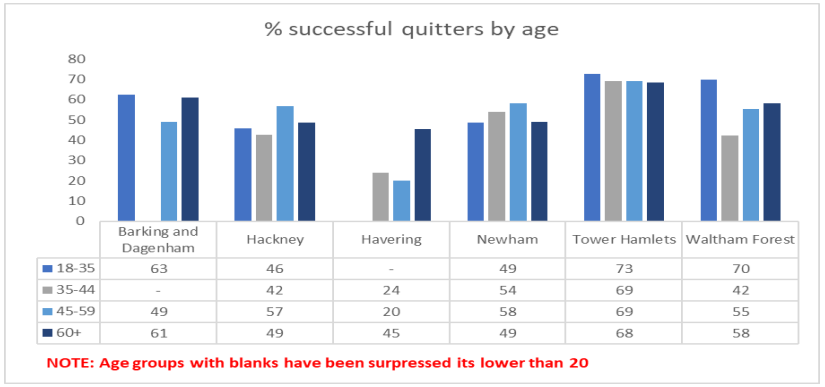
Prevention – Quit smoking

1,161 per 100,000 smokers have successful quit (70%), females, the younger and adult and white population have higher success rate compared to other population groups.

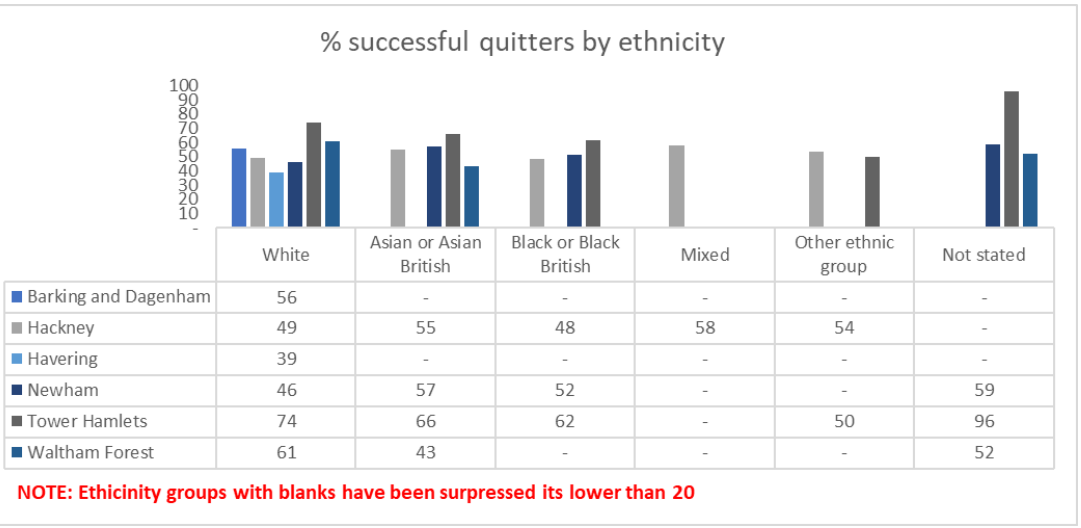
Persons setting a quit date and outcome per 100,000 smokers, by region and local authority (LA)

LA name	Setting a quit date	Successful quitters (self-reported)	Not quit	Not known/lost to follow up	Successful quitters (self-reported), confirmed by CO validation	% succcessful
City of London	*	*	*	*	*	
Barking and Dagenham	626	358	235	33	283	57%
Hackney	1,881	944	525	412	35	50%
Havering	258	94	164	-	85	36%
Newham	1,057	552	431	74	165	52%
Redbridge	:	:	:	:	:	
Tower Hamlets	1,662	1,161	488	13	268	70%
Waltham Forest	712	391	235	86	82	55%

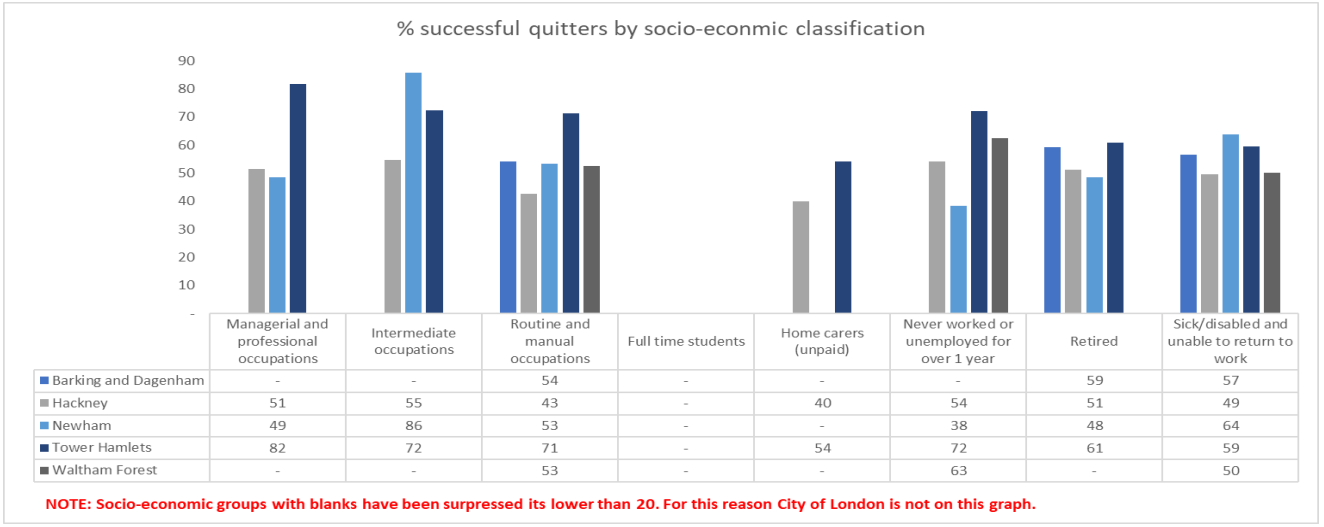




NOTE: Age groups with blanks have been surpressed its lower than 20



NOTE: Ethicinity groups with blanks have been surpressed its lower than 20



NOTE: Socio-economic groups with blanks have been surpressed its lower than 20. For this reason City of London is not on this graph.

- * = suppressed where the denominator is greater than 0 and less than 20, as it is deemed the resulting percentage output is not robust enough for comparative purposes.
- : = not available
- Smoking prevalence data can be found here [Local Tobacco Control Profiles - Data - OHID (phe.org.uk)]

Guide to data:

- **BMI** is 18.5 to <25, it falls within the healthy weight range. If your BMI is 25.0 to <30, it falls within the overweight range. If your BMI is 30.0 or higher, it falls within the obesity range.
- **High blood pressure** is considered to be from 140/90mmHg or more if your reading was taken at a pharmacy, GP surgery or clinic (or an average of 135/85mmHg if it was taken at home), however if you're over the age of 80, high blood pressure is considered to be from 150/90mmHg or more if your reading was taken at a pharmacy, GP surgery or clinic (or an average of 145/85mmHg if it was taken at home).
- **Cholesterol** < 5mmols (last 12m) - healthy level.
- Reducing **blood pressure (BP)** to below 140/90 mmHg benefits those who have had a previous stroke or TIA, this is the desired initial target for patients and their doctors before considering further reductions.
- **HbA1c** < 59 (last 12m) ideal **blood glucose level** for people with diabetes.
- **Mental Health** QRISK score is a system that we use to identify those patients who are at risk of coronary disease. 20% and higher are high risk of develop cardiovascular disease.

Population Health – General Health, Hypertension and CHD

- General Health 16+ 25% with BMI reading last 12 months, of those 4% are have a BMI >30, 2% >35 and 1% >40, 5% are current smokers.
- Hypertension – 85% with BP recorded in the last 12 months, of those 63% considered to be expected levels.
- CHD – 78% with cholesterol recorded in the last 12 months, of those 67% have cholesterol level that is considered to be healthy, and 69% have blood pressure at expected levels.

General Health	Age 16+	% list size	16+ and BMI (last 12m)	% 16+	BMI ≥30 & <35	% 16+	BMI ≥ 35 & <40	%16+	BMI ≥ 40	%16+	Smoking status (last 12m) incl. never smoked	% 16+	Age 16+ and current smoker (last 12m)	% 16+
B&D	185,018	74.30%	62,902	34.00%	13,866	7.50%	6,023	3.30%	3,888	2.10%	121,855	65.90%	12,280	6.60%
C&H	285,439	82.40%	83,940	29.40%	14,471	5.10%	6,489	2.30%	4,170	1.50%	183,364	64.20%	18,270	6.40%
Hav	225,062	80.30%	68,499	30.40%	14,219	6.30%	6,257	2.80%	3,899	1.70%	153,435	68.20%	11,342	5.00%
New	380,830	81.70%	130,593	34.30%	24,408	6.40%	9,376	2.50%	5,330	1.40%	252,351	66.30%	21,474	5.60%
Red	292,313	80.00%	88,490	30.30%	15,689	5.40%	5,571	1.90%	3,062	1.00%	196,436	67.20%	11,949	4.10%
TH	327,585	84.20%	82,378	25.10%	12,581	3.80%	4,827	1.50%	2,816	0.90%	195,266	59.60%	16,673	5.10%
WF	266,170	81.20%	74,729	28.10%	14,049	5.30%	5,663	2.10%	3,488	1.30%	172,699	64.90%	15,082	5.70%

Hypertension	Hypertension Register	% list size	Hypertension and BP (last 12m)	% Hypertension Register	Hypertension and BP < 140/90 (Patients aged under 80) < 150/90 (Aged 80 and over) (last 12m)	% Hypertension Register
B&D	29,507	11.90%	24,771	83.90%	17,444	59.10%
C&H	31,234	9.00%	27,195	87.10%	19,387	62.10%
Hav	40,061	14.30%	33,446	83.50%	21,834	54.50%
New	47,724	10.20%	40,680	85.20%	29,469	61.70%
Red	42,636	11.70%	35,401	83.00%	23,985	56.30%
TH	28,297	7.30%	24,143	85.30%	17,945	63.40%

CHD	CHD register	% list size	Cholesterol (last 12m)	% CHD register	Cholesterol < 5 (last 12m)	% CHD register	BP ≤ 150/90 (last 12m)	% CHD register
B&D	3,985	1.60%	115	2.90%	79	2.00%	2,563	64.30%
C&H	5,531	1.60%	4,158	75.20%	3,354	60.60%	3,754	67.90%
Hav	6,519	2.30%	153	2.30%	126	1.90%	3,524	54.10%
New	7,699	1.70%	6,379	82.90%	5,298	68.80%	5,418	70.40%
Red	7,755	2.10%	1,301	16.80%	1,088	14.00%	4,574	59.00%
TH	5,662	1.50%	4,403	77.80%	3,817	67.40%	3,896	68.80%
WF	5,904	1.80%	4,153	70.30%	3,423	58.00%	3,505	59.40%

Reporting level: All Places

Data source: Clinical Effectiveness Group (CEG)

Population Health – Stroke, Diabetes and Mental Health

- **Stroke – 84% of BP recorded in the last 12 months, of those 61% have blood pressure at what is considered to be initial target levels.**
- **Diabetes – 88% BP recorded in the last 12 months, of those 70% within control, 67% with cholesterol recording in the last 12 months within healthy levels and 50% with a HbA1c recording in the last 12 month also within control levels.**
- **Mental Health – 26% are recorded as smokers, 36% with a QRISK score in the last 12 months, of those 25% are at risk of CVD.**

Stroke	Stroke/TIA register	% list size	Patients on Stroke/TIA register with BP recorded	% of stroke register	Patients on Stroke/TIA register with BP <140/90 (12m)	% of stroke register
B&D	2,422	1.00%	2,053	84.80%	1,536	63.40%
C&H	3,200	0.90%	2,801	87.50%	2,228	69.60%
Hav	4,507	1.60%	3,748	83.20%	2,837	62.90%
New	3,653	0.80%	3,089	84.60%	2,337	64.00%
Red	3,838	1.00%	3,219	83.90%	2,355	61.40%
TH	3,838	1.00%	3,219	83.90%	2,355	61.40%
WF	3,441	1.00%	2,869	83.40%	2,150	62.50%

Diabetes	Diabetes register	% List size	BP (last 12m)	% Diabetes Register	BP < 145/85 (last 12m)	% Diabetes Register	Cholesterol < 5mmols (last 12m)	% Diabetes Register	HbA1c < 59 (last 12m)	% Diabetes register	Flu jab (From August 2023)	% Diabetes Register
B&D	17,940	7.20%	16,055	89.50%	12,321	68.70%	382	2.10%	8,977	50.00%	8,364	46.60%
C&H	16,767	4.80%	15,179	90.50%	11,967	71.40%	10,461	62.40%	9,012	53.70%	7,068	42.20%
Hav	18,345	6.50%	15,883	86.60%	12,438	67.80%	356	1.90%	9,548	52.00%	9,986	54.40%
New	33,237	7.10%	29,590	89.00%	23,504	70.70%	29,832	89.80%	18,297	55.10%	16,114	48.50%
Red	27,578	7.50%	24,192	87.70%	19,210	69.70%	2,663	9.70%	14,443	52.40%	14,529	52.70%
TH	22,578	5.80%	19,897	88.10%	15,848	70.20%	15,129	67.00%	11,314	50.10%	10,345	45.80%
WF	19,168	5.80%	16,518	86.20%	12,845	67.00%	11,111	58.00%	10,110	52.70%	3,048	15.90%

Mental Health	Mental Health register	% list size	No. of Mental Health Patients with smoking status recorded (last 12m) or never smoked	% Mental Health Register	No. of Mental Health patients recorded as a Smoker	% Mental Health Register	No. of Mental Health Patients who are current smokers & referred to the Stop Smoking Clinic	% Mental Health Register	No. Of Mental Health Patients who are recorded as quitters	% Mental Health Register	Patients with Mental Health with QRISK recorded in the last 12m	% Mental Health Register	Patients with Mental Health with QRISK 20% or higher in the last 12m	% patients with QRISK recorded	Patients with Mental Health with BP & QRisk on the same day in the last 12m	% Mental Health Register
B&D	2,088	0.80%	1,767	84.60%	590	28.30%	27	1.30%	185	8.90%	499	23.90%	82	16.40%	206	9.90%
C&H	4,945	1.40%	4,020	81.30%	1,403	28.40%	149	3.00%	433	8.80%	2,429	49.10%	444	18.30%	1,573	31.80%
Hav	2,070	0.70%	1,680	81.20%	482	23.30%	5	0.20%	178	8.60%	450	21.70%	79	17.60%	274	13.20%
New	5,085	1.10%	3,863	76.00%	1235	24.30%	216	4.20%	737	14.50%	2,021	39.70%	457	22.60%	1,427	28.10%
Red	3,142	0.90%	2,732	87.00%	683	21.70%	12	0.40%	244	7.80%	845	26.90%	165	19.50%	369	11.70%
TH	4,992	1.30%	3,980	79.70%	1,289	25.80%	162	3.20%	352	7.10%	1,814	36.30%	460	25.40%	1,013	20.30%
WF	3,846	1.20%	3,290	85.50%	1,101	28.60%	35	0.90%	432	11.20%	1,568	40.80%	290	18.50%	880	22.90%

Reporting level: All Places *Data source: Clinical Effectiveness Group (CEG)*

Population Health – CKD and COPD

- **CKD – 86% of patients on a CKD register have had their BP recorded in the last 12 months, of those 67% have blood pressure at what is considered to be initial target levels.**
- **COPD –16% have severe or very severe COPD, 36% are current smokers, 49% have had their flu vaccinations, 79% have had pneumococcal vaccination.**

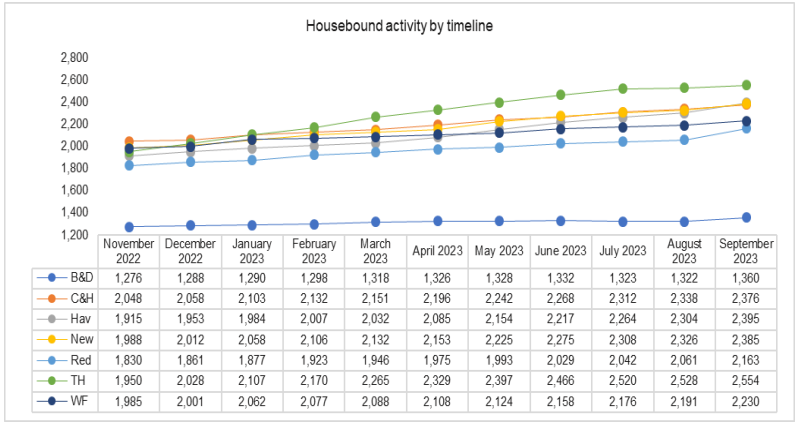
CKD	No. of patients on CKD register	% List Size	BP Recorded (last 12m)	% CKD register	BP < 140/90	% CKD register	No of patients with new diagnosis of CKD (last 6m)	% CKD register
B&D	5,582	2.20%	4,683	83.90%	3,312	59.30%	447	8.00%
C&H	6,302	1.80%	5,616	89.10%	4,206	66.70%	966	15.30%
Hav	9,285	3.30%	7,718	83.10%	5,623	60.60%	771	8.30%
New	12,394	2.70%	10481	84.60%	7844	63.30%	764	6.20%
Red	8,717	2.40%	7,327	84.10%	5,288	60.70%	1,075	12.30%
TH	8,054	2.10%	6,895	85.60%	5,432	67.40%	478	5.90%
WF	11,343	3.50%	9,306	82.00%	6,850	60.40%	874	7.70%

COPD	No. of patients on COPD register	% List Size	No of patients with severe or very severe COPD (FEV1<50)	% COPD register	No. of COPD Patients with smoking status recorded (last 12m) or never smoked	% COPD	No. of COPD patients recorded as a Smoker	% COPD	No. of COPD Patients who are current smokers & referred to the Stop Smoking Clinic (12m)	% of current COPD smokers	No of COPD with flu vaccination (From August 2023)	% of COPD register	No of COPD with pneumococcal vaccination ever	% of COPD register	No of COPD patients referred to pulmonary rehab ever	% of COPD register
B&D	3,390	1.40%	523	15.40%	3,103	91.50%	1,191	35.10%	56	4.70%	1,904	56.20%	2,537	74.80%	2,081	61.40%
C&H	3,476	1.00%	641	18.40%	3,142	90.40%	1,302	37.50%	173	13.30%	1,794	51.60%	2,492	71.70%	2,756	79.30%
Hav	4,344	1.60%	494	11.40%	3,791	87.30%	1,049	24.10%	8	0.80%	2,749	63.30%	3,572	82.20%	2,308	53.10%
New	3,705	0.80%	670	18.10%	3,453	93.20%	1,270	34.30%	176	13.90%	1,954	52.70%	2,843	76.70%	2,793	75.40%
Red	2,388	0.70%	343	14.40%	2,144	89.80%	606	25.40%	11	1.80%	1,511	63.30%	1,865	78.10%	1,429	59.80%
TH	3,549	0.90%	559	15.80%	3,056	86.10%	1,263	35.60%	241	19.10%	1,749	49.30%	2,800	78.90%	2,979	83.90%
WF	2,726	0.80%	403	14.80%	2,474	90.80%	789	28.90%	41	5.20%	518	19.00%	1,853	68.00%	1,706	62.60%

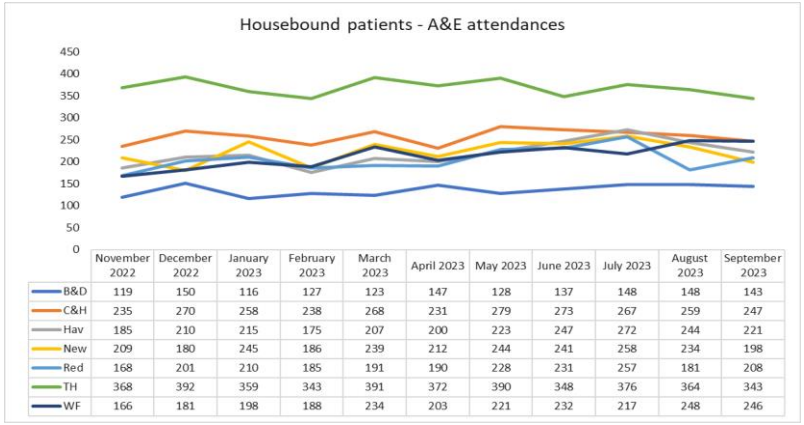
Reporting level: All Places *Data source: Clinical Effectiveness Group (CEG)*

Population Health – Housebound patients

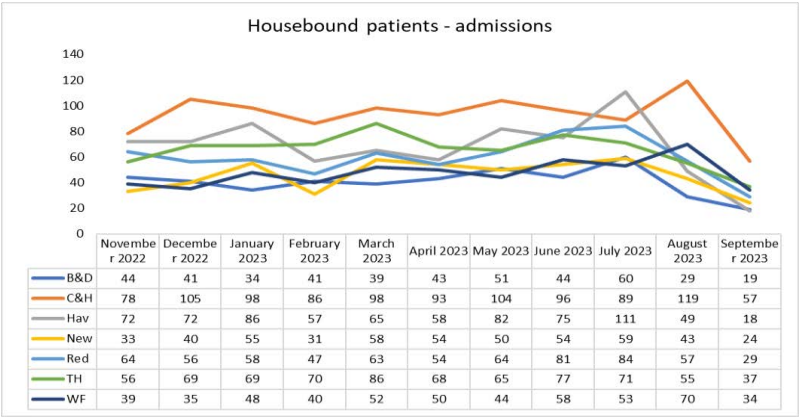
At September 2023 there are 2554 housebound patients, an increase over the last 12 months, there have been 343 A&E attendances with 37 admissions in the same period, most of these patients also have a recording of frailty and a large proportion do not have carers. Hypertension, depression and diabetes are the top three LTC for this cohort, however the attendance and admission may not be related to the LTC.



	November 2022	December 2022	January 2023	February 2023	March 2023	April 2023	May 2023	June 2023	July 2023	August 2023	September 2023
B&D	1,276	1,288	1,290	1,298	1,318	1,326	1,328	1,332	1,323	1,322	1,360
C&H	2,048	2,058	2,103	2,132	2,151	2,196	2,242	2,268	2,312	2,338	2,376
Hav	1,915	1,953	1,984	2,007	2,032	2,085	2,154	2,217	2,264	2,304	2,395
New	1,988	2,012	2,058	2,106	2,132	2,153	2,225	2,275	2,308	2,326	2,385
Red	1,830	1,861	1,877	1,923	1,946	1,975	1,993	2,029	2,042	2,061	2,163
TH	1,950	2,028	2,107	2,170	2,265	2,329	2,397	2,466	2,520	2,528	2,554
WF	1,985	2,001	2,062	2,077	2,088	2,108	2,124	2,158	2,176	2,191	2,230



	November 2022	December 2022	January 2023	February 2023	March 2023	April 2023	May 2023	June 2023	July 2023	August 2023	September 2023
B&D	119	150	116	127	123	147	128	137	148	148	143
C&H	235	270	258	238	268	231	279	273	267	259	247
Hav	185	210	215	175	207	200	223	247	272	244	221
New	209	180	245	186	239	212	244	241	258	234	198
Red	168	201	210	185	191	190	228	231	257	181	208
TH	368	392	359	343	391	372	390	348	376	364	343
WF	166	181	198	188	234	203	221	232	217	248	246



	Novembe r 2022	Decembe r 2022	January 2023	February 2023	March 2023	April 2023	May 2023	June 2023	July 2023	August 2023	Septembe r 2023
B&D	44	41	34	41	39	43	51	44	60	29	19
C&H	78	105	98	86	98	93	104	96	89	119	57
Hav	72	72	86	57	65	58	82	75	111	49	18
New	33	40	55	31	58	54	50	54	59	43	24
Red	64	56	58	47	63	54	64	81	84	57	29
TH	56	69	69	70	86	68	65	77	71	55	37
WF	39	35	48	40	52	50	44	58	53	70	34

Place	Indicator	Nov-	Dec-	Jan-	Feb-	Mar-	Apr-	May-	Jun-	Jul-	Aug-	Sep-	Trend
B&D	Mild Frailty	172	175	173	175	180	179	177	172	172	167	180	
	Moderate Frailty	236	242	247	255	263	264	270	276	273	269	275	
	Severe Frailty	205	207	211	211	215	226	235	239	233	236	243	
C&H	Mild Frailty	246	240	256	246	246	249	257	259	263	254	261	
	Moderate Frailty	496	499	503	517	522	534	534	537	535	543	541	
	Severe Frailty	889	901	927	950	963	983	1,008	1,028	1,062	1,076	1,101	
Hav	Mild Frailty	345	342	339	340	348	374	390	402	412	414	424	
	Moderate Frailty	462	478	495	504	507	518	533	548	549	564	578	
	Severe Frailty	335	352	369	376	410	417	434	461	479	490	518	
New	Mild Frailty	222	228	235	241	242	240	250	260	258	260	273	
	Moderate Frailty	445	446	459	467	480	486	506	506	512	513	530	
	Severe Frailty	647	655	679	703	726	742	768	797	830	851	865	
Red	Mild Frailty	383	387	393	394	393	398	396	404	408	407	432	
	Moderate Frailty	468	475	474	490	491	492	497	503	505	510	537	
	Severe Frailty	460	468	470	481	495	515	522	533	535	545	578	
TH	Mild Frailty	79	85	90	92	102	108	119	124	128	125	128	
	Moderate Frailty	221	231	238	255	268	275	286	300	306	308	325	
	Severe Frailty	535	557	579	593	625	648	660	683	706	731	767	
WF	Mild Frailty	333	331	344	336	334	335	335	342	340	331	338	
	Moderate Frailty	493	495	521	537	540	543	548	539	542	554	561	
	Severe Frailty	486	493	506	517	525	543	555	583	595	605	616	

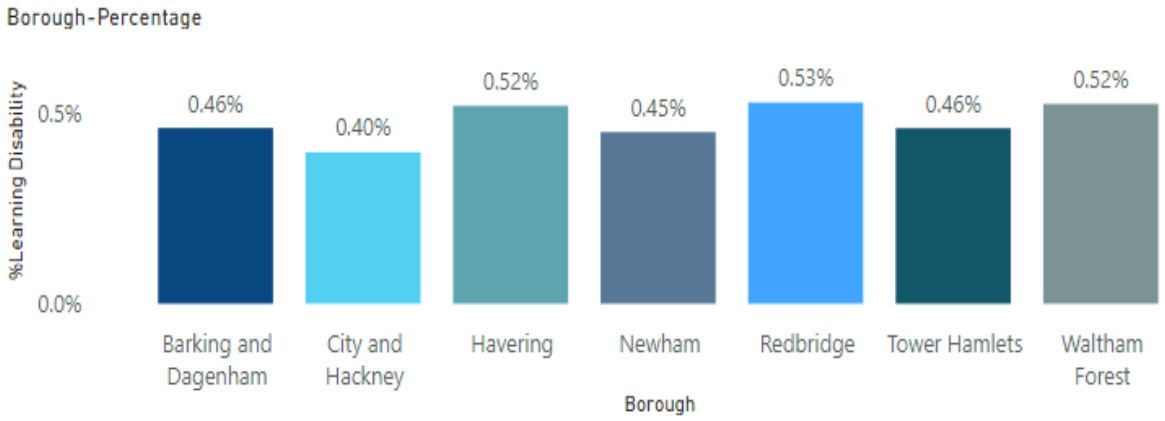
Long Term Condition	B&D	C&H	Hav	New	Red	TH	WF
Asthma	50	82	34	101	126	175	88
Atrial fibrillation	30	26	156	36	97	39	99
Cancer	82	67	66	93	143	121	120
Chronic kidney disease	106	75	189	159	76	219	220
Chronic obstructive pulmonary disease	141	39	70	48	47	124	58
Coronary Heart Disease	38	46	77	14	72	59	137
Dementia	178	191	213	101	252	234	141
Depression	191	435	282	205	182	356	183
Diabetes mellitus	110	124	160	220	249	338	175
Epilepsy	73	33	43	76	16	66	77
Heart failure	11	0	22	13	17	50	43
Hypertension	771	998	1,205	1,001	915	656	1,186
Learning Disability	437	255	388	513	560	267	275
Mental health	67	139	40	130	87	157	131
Obesity	28	96	93	107	71	78	71
Palliative care	20	100	193	44	104	15	51
Peripheral arterial disease	22	90	0	22	11	8	11
Rheumatoid arthritis	25	25	60	55	11	54	41
Stroke and transient ischaemic attack	93	97	107	83	93	79	202

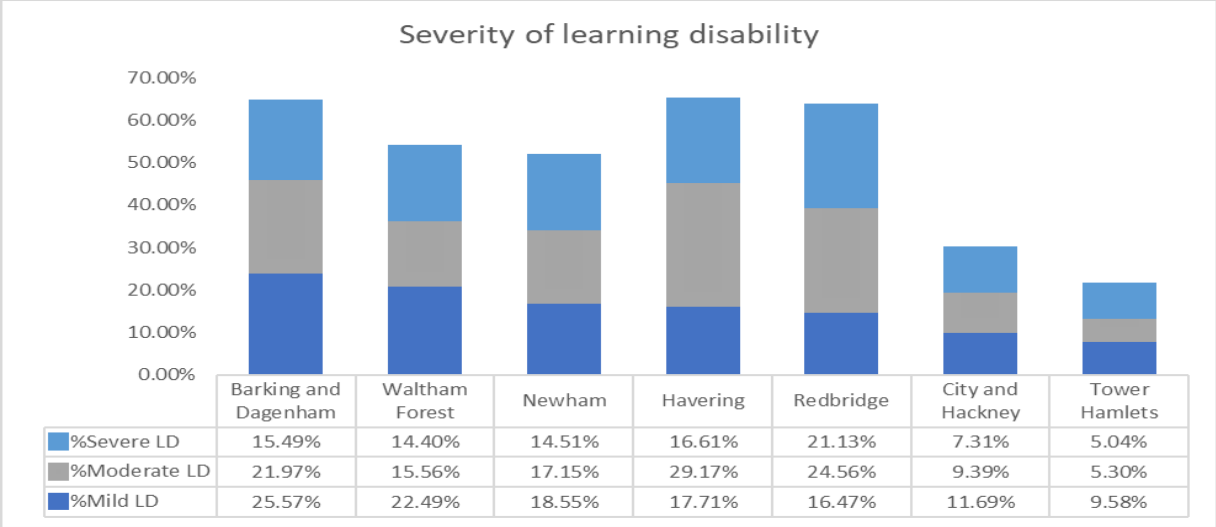
Place	Indicator	Nov-	Dec-	Jan-	Feb-	Mar-	Apr-	May-	Jun-	Jul-	Aug-	Sep-	Trend
B&D	Carer	252	250	251	251	260	261	259	265	266	271	285	
	Without carer	1,024	1,038	1,039	1,047	1,058	1,065	1,069	1,067	1,057	1,051	1,075	
C&H	Carer	633	631	650	661	669	680	686	691	699	704	717	
	Without carer	1,415	1,427	1,453	1,471	1,482	1,516	1,556	1,577	1,613	1,634	1,659	
Hav	Carer	313	322	335	334	344	345	354	362	367	377	382	
	Without carer	1,602	1,631	1,649	1,673	1,688	1,740	1,800	1,855	1,897	1,927	2,013	
New	Carer	588	594	600	616	629	639	654	669	690	697	710	
	Without carer	1,400	1,418	1,458	1,490	1,503	1,514	1,571	1,606	1,618	1,629	1,675	
Red	Carer	435	445	456	472	479	496	502	504	508	516	536	
	Without carer	1,395	1,416	1,421	1,451	1,467	1,479	1,491	1,525	1,534	1,545	1,627	
TH	Carer	1,057	1,098	1,139	1,176	1,231	1,267	1,302	1,346	1,385	1,392	1,420	
	Without carer	893	930	968	994	1,034	1,062	1,095	1,120	1,136	1,136	1,134	
WF	Carer	421	432	441	452	455	463	463	471	475	484	504	
	Without carer	1,564	1,569	1,621	1,625	1,633	1,645	1,661	1,687	1,701	1,707	1,726	

Reporting level: All Places *Data source: Discovery*

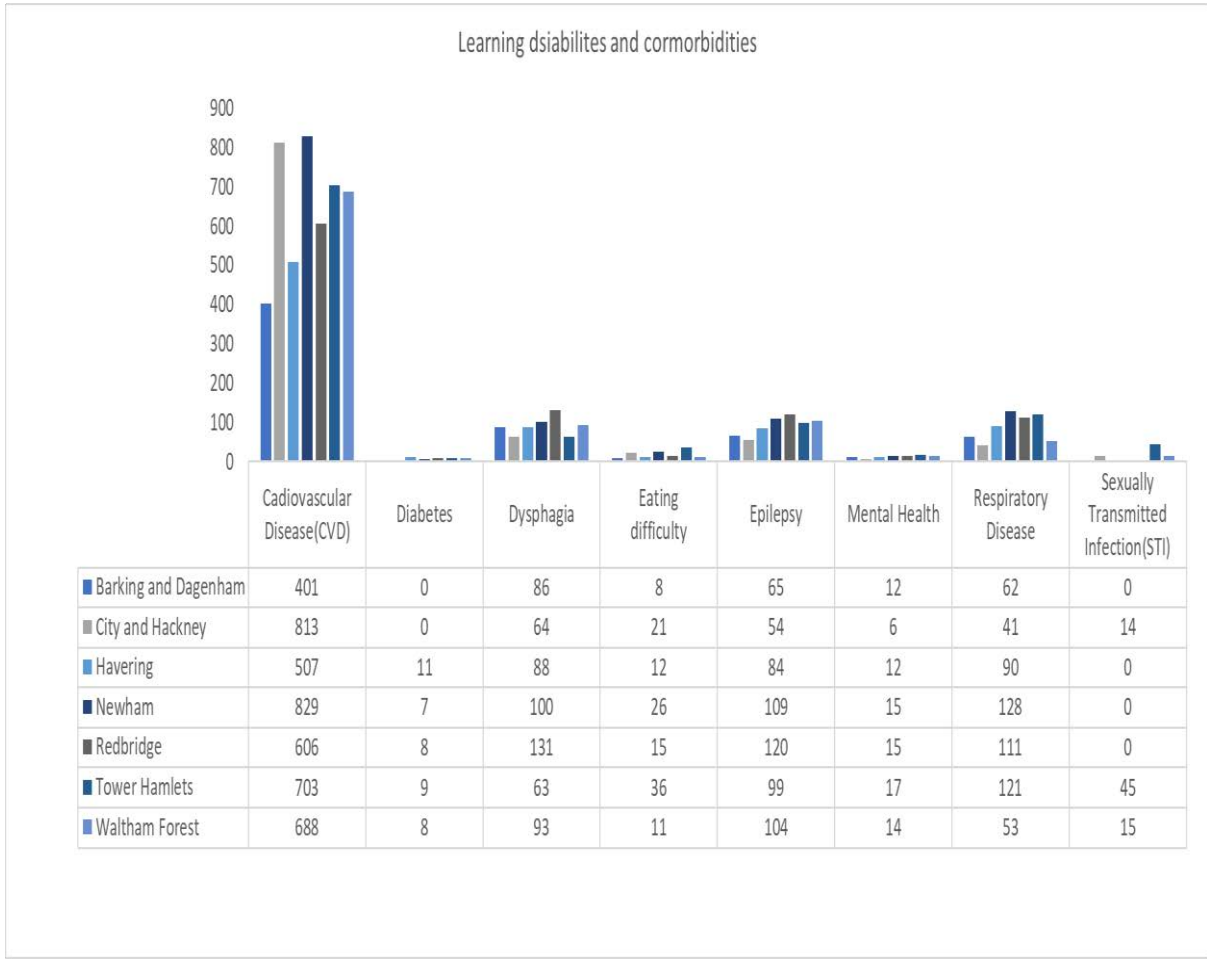
Population Health – Learning disabilities

0.46% of registered population are on a LD register, 9.58% have mild LD, 5.30% have moderate LD and 5.04% have severe LD. Large proportion of people on an LD register have CVD, dysphagia, epilepsy and respiratory disease.





	Barking and Dagenham	Waltham Forest	Newham	Havering	Redbridge	City and Hackney	Tower Hamlets
%Severe LD	15.49%	14.40%	14.51%	16.61%	21.13%	7.31%	5.04%
%Moderate LD	21.97%	15.56%	17.15%	29.17%	24.56%	9.39%	5.30%
%Mild LD	25.57%	22.49%	18.55%	17.71%	16.47%	11.69%	9.58%



	Cadiovascular Disease(CVD)	Diabetes	Dysphagia	Eating difficulty	Epilepsy	Mental Health	Respiratory Disease	Sexually Transmitted Infection(STI)
Barking and Dagenham	401	0	86	8	65	12	62	0
City and Hackney	813	0	64	21	54	6	41	14
Havering	507	11	88	12	84	12	90	0
Newham	829	7	100	26	109	15	128	0
Redbridge	606	8	131	15	120	15	111	0
Tower Hamlets	703	9	63	36	99	17	121	45
Waltham Forest	688	8	93	11	104	14	53	15

Reporting level: All Places

Data source: Discovery

Population Health – A&E frequent attenders

Suppression-

Activity which is less than 10 is suppressed and displayed as 0 in this dashboard.

A&E High Intensity users definition:

Persistent attender: a patient with a attendances grouped either

a) a period of 4 or more attendances within any 3 month period OR

b) multiple instances of 3 month periods with 3 or more attendances

Frequent attender: a patient with attendances either

a) clustered into a single three month period OR

b) attended 3 or 4 times within a 3 month period, followed by 1-2 ad-hoc attendances outside of that period

Regular attender: Patients that have five or more attendances in total across the year but none of the attendances are clustered into 3 or more within a 3 month period.

Population Health – A&E frequent attenders

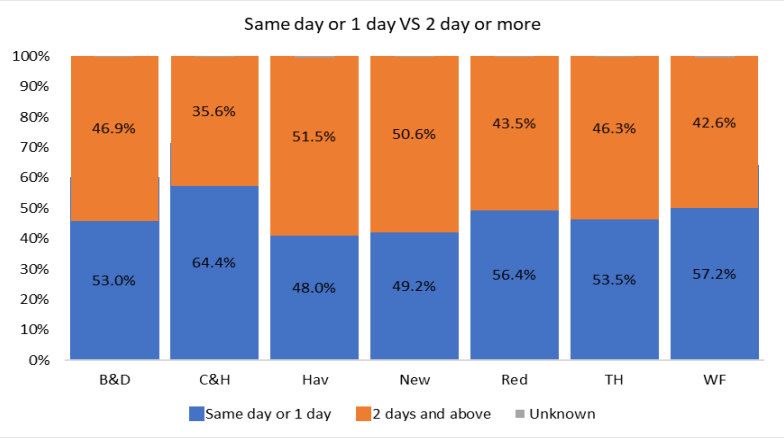
28.6% of frequent attenders are persistent users, 11.92% are regular users and 4.47% are frequent users. The older population who are white, asian and black british are cohort groups who fall under frequent attenders.

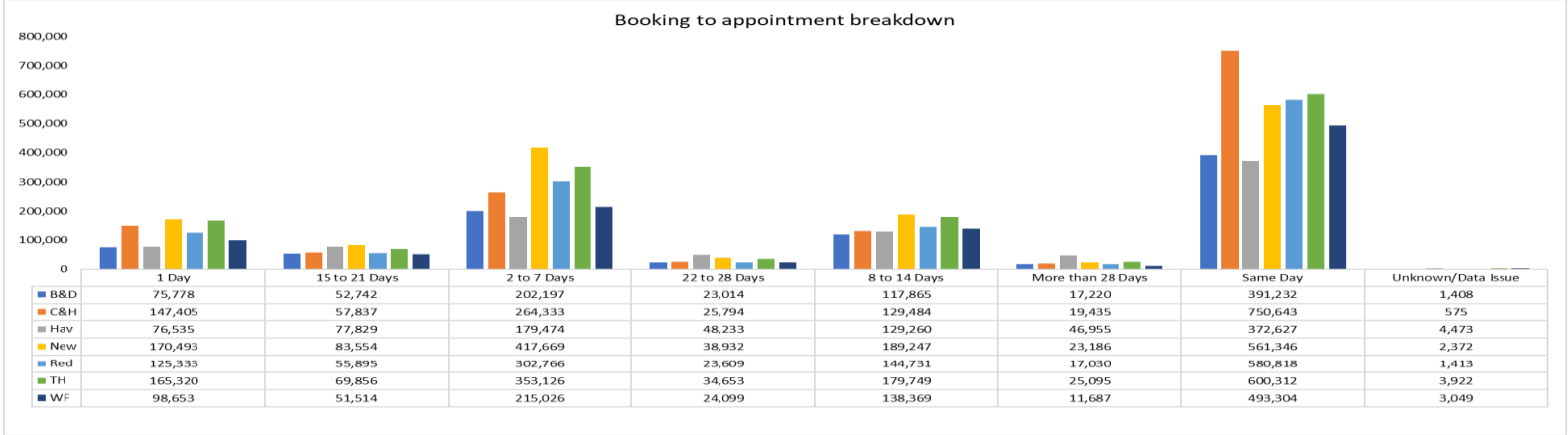
Reporting level: Place

Data source: Secondary Uses Service (SUS)

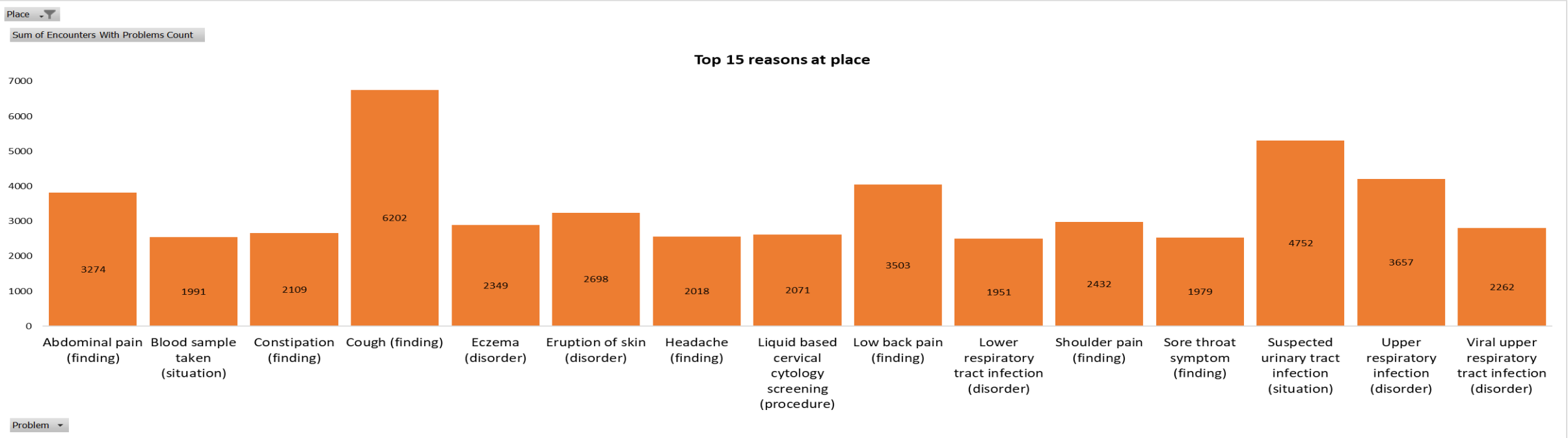
Performance (Primary Care) – GP appointments

- **53% of GP appointments are offered either on the same day or the next day with 46% of appointments offered after 2 days or more.**
- **The top reasons for appointments are cough, low back pain, suspected urinary tract infection, and respiratory infection.**





	1 Day	15 to 21 Days	2 to 7 Days	22 to 28 Days	8 to 14 Days	More than 28 Days	Same Day	Unknown/Data Issue
B&D	75,778	52,742	202,197	23,014	117,865	17,220	391,232	1,408
C&H	147,405	57,837	264,333	25,794	129,484	19,435	750,643	575
Hav	76,535	77,829	179,474	48,233	129,260	46,955	372,627	4,473
New	170,493	83,554	417,669	38,932	189,247	23,186	561,346	2,372
Red	125,333	55,895	302,766	23,609	144,731	17,030	580,818	1,413
TH	165,320	69,856	353,126	34,653	179,749	25,095	600,312	3,922
WF	98,653	51,514	215,026	24,099	138,369	11,687	493,304	3,049



Data period: Jan 2023 to September 2023

Reporting level: All Places

Data source: GPAD (GP appointment data) – NHS Digital and Clinical encounters – Compass dataset (discovery) accessed through power BI tools

Performance (Community Services) - 2 hour Urgent Community Response (NEL ICB LEVEL)

This data is not available at place level

Across NEL we are delivering against the 2 hour UCR standard, of 50% of referrals are either self-referrals or from the GP, reason for referral are recorded as unknown (largest proportion) followed by catheter and rehabilitation. Majority of UCR referrals are from 65+, white and from the most deprived part of our population.

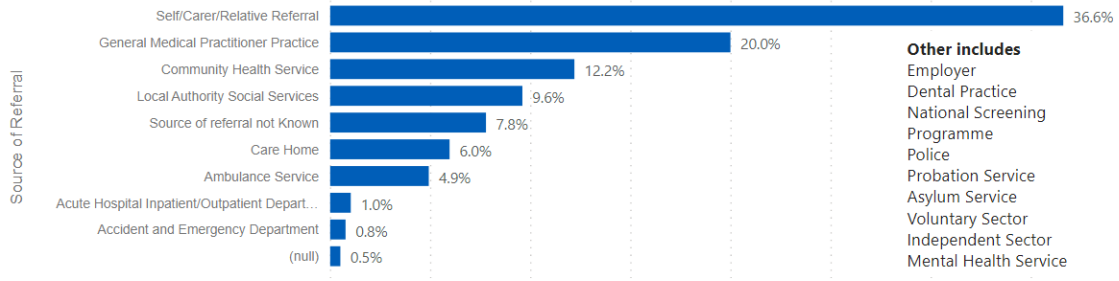
Percentage of 2-hour standard UCR referrals achieved in September 2023 (excluding non applicable referrals)

86%

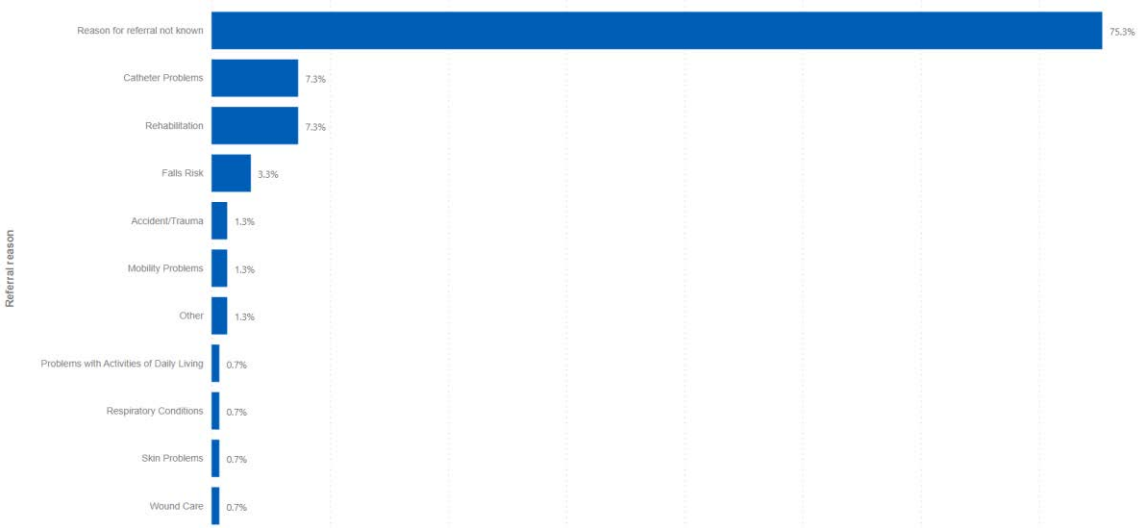
Total number of 2-hour standard UCR referrals received in September 2023 (Primary)

745

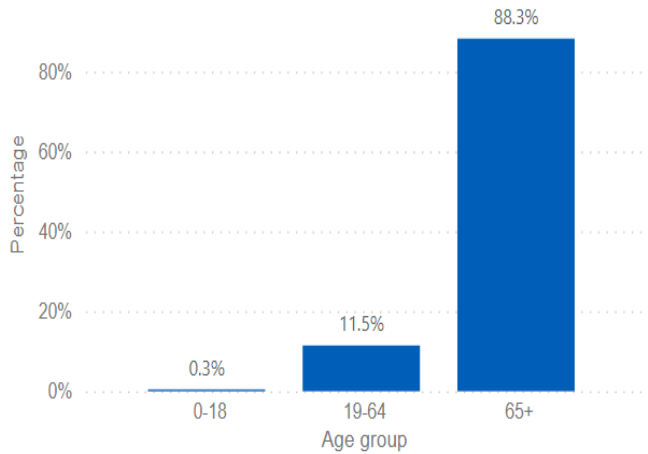
Referral source



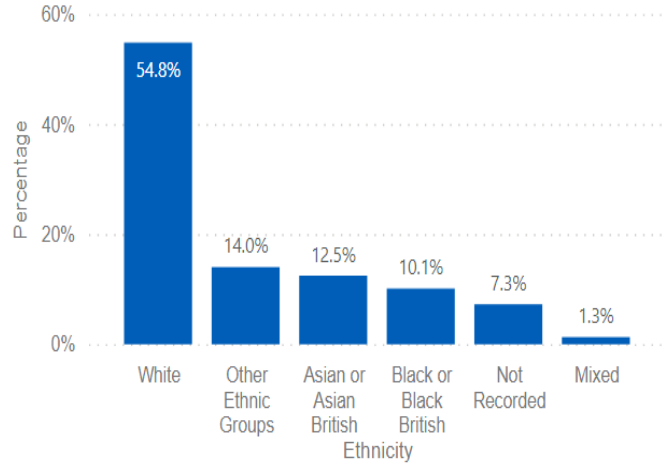
Referral reason



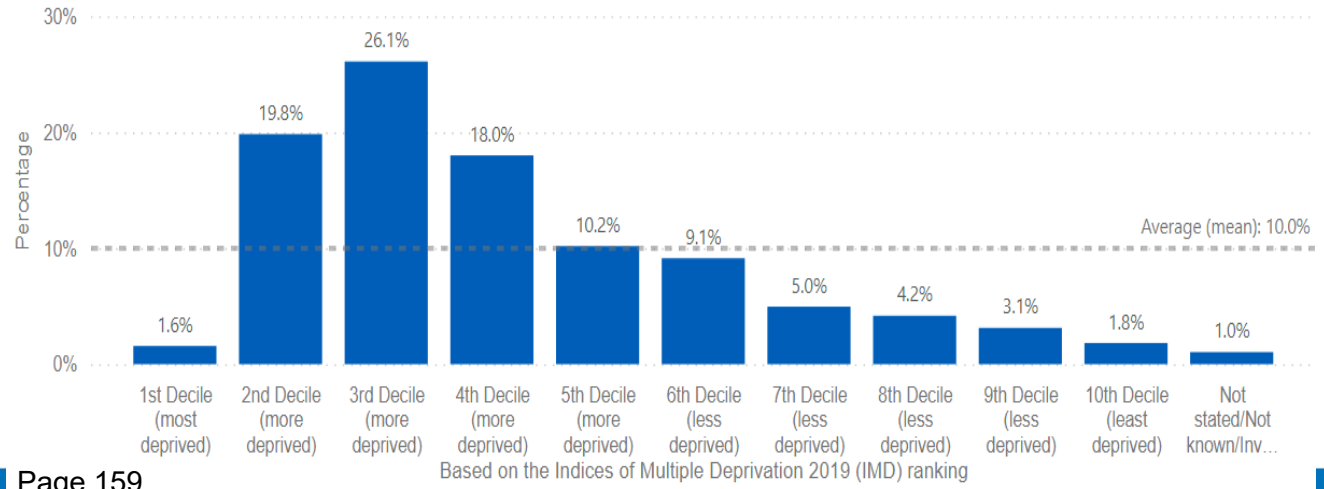
Number of 2-hour UCR referrals (all) by age group, September 2023 (Primary)



Number of 2-hour UCR referrals (all) by ethnicity, September 2023 (Primary)



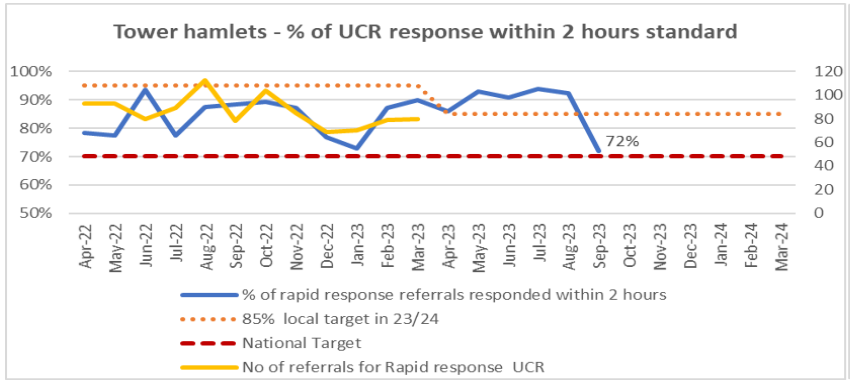
Number of 2-hour UCR referrals (all) by deprivation, September 2023 (Primary)

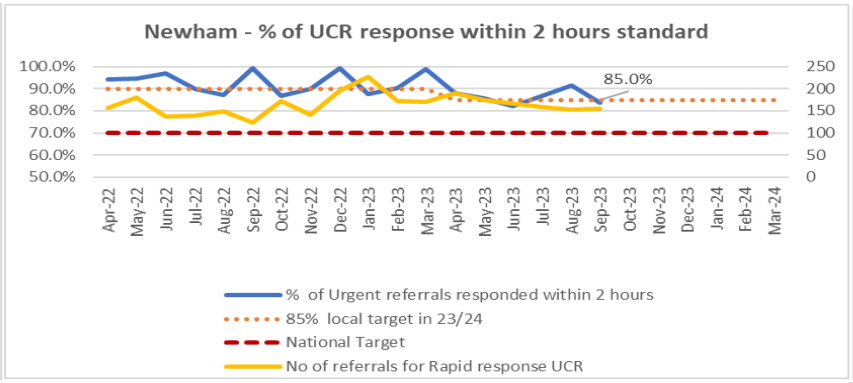


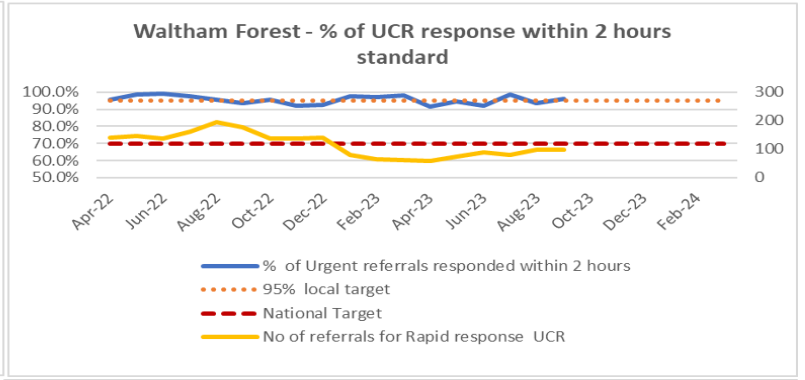
Data period: September 2023 | ***Reporting level: NEL*** | **Data source: NHS Digital**

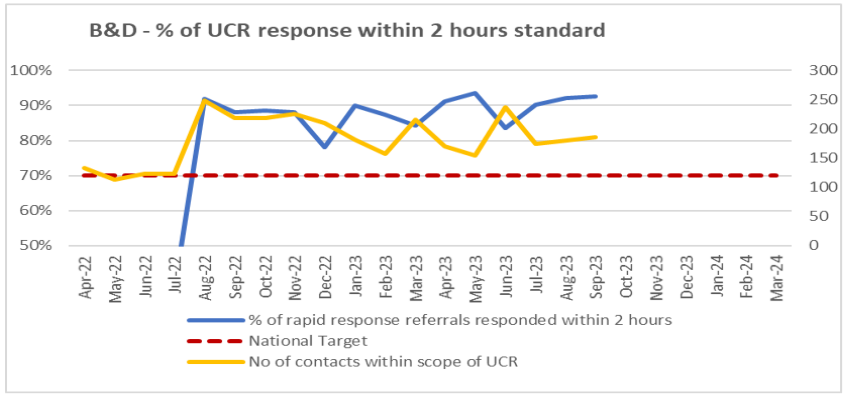
Performance (Community Services) - 2 hour Urgent Community Response

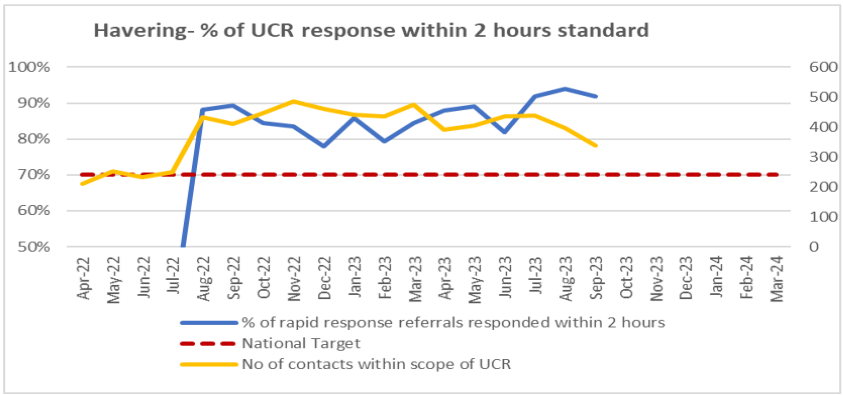
Over 90% of UCR referrals are responded with 2 hours, with consistent performance above target since August 2022.

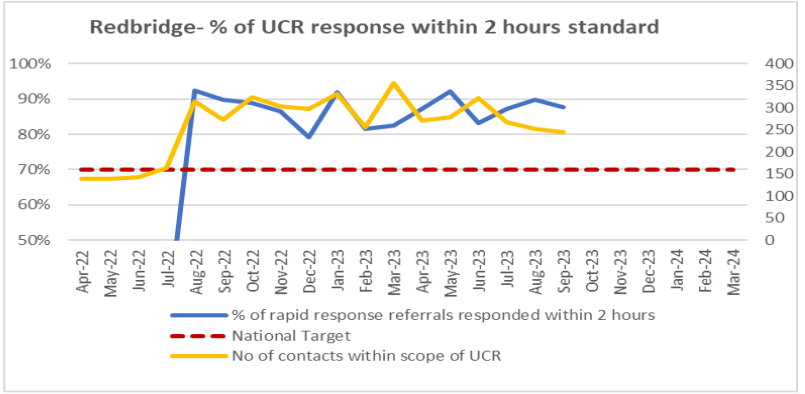


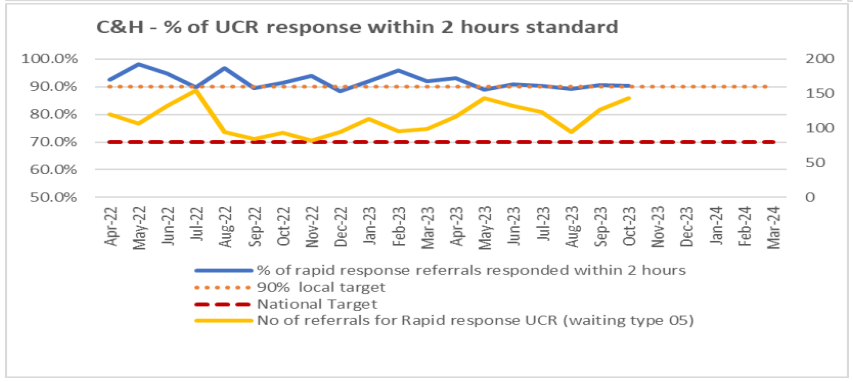












- The above charts shows the trend of UCR 2 hour standard referrals based on local data. April to July numbers in 2022 for B&D, Havering and Redbridge were low due to telephone activities not being included. Telephone activities were included from August as per national guidance.

Data period: September 2023

Reporting level: All Places

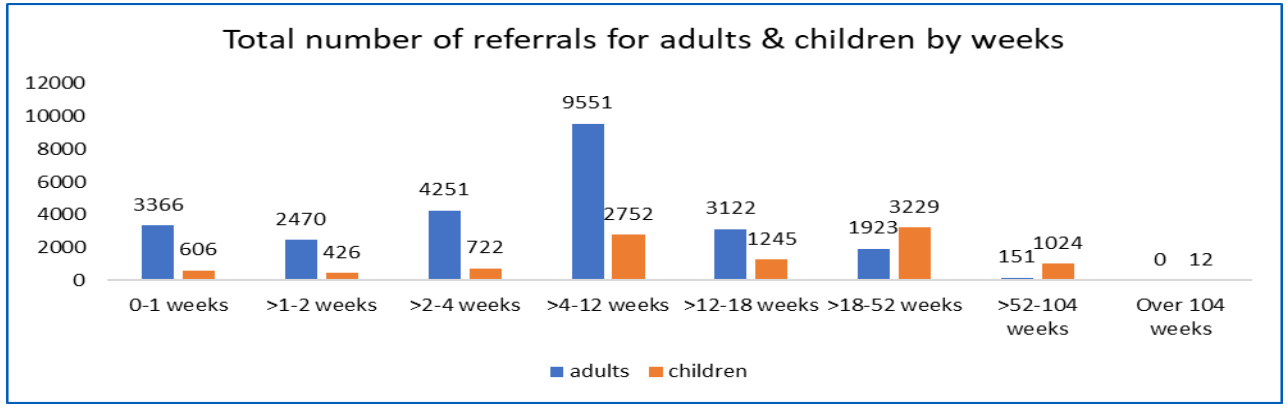
Data source: Provider contract report NEL UCR report

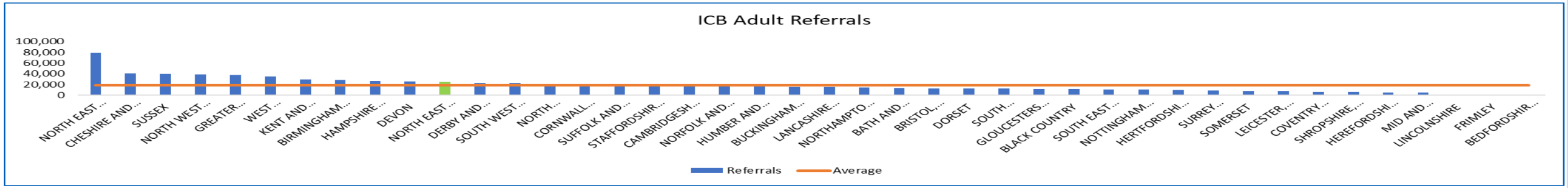
Performance (Community Services) - Waiting times (NEL ICB LEVEL)

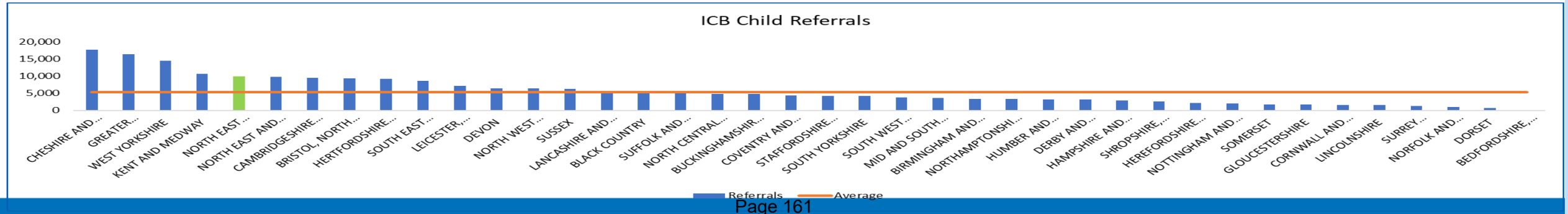
Caveat: Reporting may not be consistent nationally

The waiting list data is not exclusive to NEL residents only, and therefore may include or of area waits also if a provider providers community health services for more than one ICB. However, according to the sitreps there are 24,834 adults and 10,016 children on a waiting list. Significant proportion of waits are over 4 weeks. This makes NEL in the top 15 for adults and top 5 for children for waiting list size compared to the rest of the country.

Provider	Adults	Compared to July 23	CYP	Compared to July 23
Barts	8,485	3%	936	8%
ELFT	7,069	14%	2,983	3%
Homerton	4,512	10%	1,484	19%
NELFT	4,462	1.2%	4,613	24%
Mildmay UK	7	22%		
Accelerate CIC	299	7%		
Total	24,834	6%	10,016	14%







Data period: August 2023 | ***Reporting level: NEL*** | **Data source: National Community Waiting List sitrep**

Performance (Mental Health) – Operating plan targets

Mental Health services are not delivering access targets for Talking Therapies and SMI healthchecks.

NEL operating plan summary

- **Talking Therapies (IAPT) Access:** Local data for September 2023 shows that the trajectory for month six was not met at an ICB level, being 0.1% below the target. There is ongoing work to increase capacity through recruitment and group work, improving GP engagement and marketing, and increasing referrals, discussed at the monthly Talking Therapies meeting. There remains an underlying inequality of access between the 7 places, with access rates varying between 22% and 30%. Due to an issue with the data being recorded by NHSE, the ICB level figure has been taken from local data rather than using the published figure, as such may not match the published figure.
- **Talking Therapies (IAPT) Recovery Rate and Waiting Times**: The target of 50% for Talking Therapies recovery was achieved in September 2023 (2.8% above plan). The 10% target for less than 90 day waits between first and second appointment was not achieved, with NEL ICB being 8.7% above plan in September. This position continues to be driven by Havering, Redbridge, and Waltham Forest, continuing a trend since 2022/23. Talking Therapies waiting times are to be the target of a deep dive in the NEL Talking Therapies Collaborative meeting in 2023/24.
- **Children and Young People's (CYP) Access:** NEL ICB achieved the 2023/24 one contact trajectory in September, exceeding the target by 2%. CYP one contact has continued to show a marked increase across recent months, and this has resulted in achieving the target in recent months. Other London ICS's are also showing shortfalls in their access rates compared to targets in 2023/24. Work continues to expand MHSTs in schools, to develop a CYP digital offer, and PCN pilots across several boroughs in NEL, as the 2023/24 trajectory includes areas of Community access, Digital access and MHST access.
- **Perinatal Access**: Published data for September 2023/24 shows the trajectory being missed at NEL ICB level (less than 1% below trajectory). Perinatal access has shown sustained improvement over the last year, and is at the highest level over the last two years, however the improvements are not enough to reach agreed trajectories. Work is ongoing to recruit additional staff, and identifying additional funding. The initial meeting of the NEL Perinatal Improvement Network took place in October, with a focus on priorities for the group moving forwards.
- **Dementia:** Dementia remains an area of risk, and has consistently reported under the national target since April 2020. Published data shows the September figure is 6.5% below plan, although performance has been trending upwards in recent months. Only Tower Hamlets have consistently achieved the 66.7% target. NEL ICB will be launching a Dementia Improvement network in late 2023/24, which should allow for a systemwide focus on improving pathways and outcomes for Dementia patients.
- **Early Intervention in Psychosis (EIP):** EIP continues to be the only Operating Plan metric that consistently hits the target, being 13% above plan at NEL ICB level in September 2023. The trend remains volatile, likely due to seasonal variance.
- **Inappropriate Out of Area Placements:** Published data for August 2023 (latest data) shows an increase in the number of IOAPs (460 bed days), and continues to show a volatile trend over the last 6 months. It is important to note that this number is influenced by Providers outside of the NEL ICS, who have placed patients within NEL Providers. Work is ongoing with Providers to reduce this number.
- **Severe Mental Illness (SMI) Physical Health Checks:** Despite performance being challenged in 2022/23, NEL ICB and all Boroughs hit the 60% target at the end of the year. Performance had continued to improve in 2023/24, however has dipped in recent quarters. This dip in performance combined with the updated 70% NHSE target for SMI PHC means that the ICB is now 15% below target. Funding has been made available for SMI together with a MHLDA approved plan for turnaround with substantial investment. This includes data access and employment of administrative staff, as well as peer support networks and additional clinics. However, there remain challenges in the appetite of primary care to prioritise this, particularly in Barking and Dagenham, Havering, and Redbridge. Other ICS' have also been struggling to achieve the target, while NEL is ranked 3rd out of the five ICS in London.
- **CYP Eating Disorders:** Following the retirement of the CYP ED strategic data collection service (SDCS) at the end of Q4 22/23, waiting times are now being captured via MHSDS. Metric development is still on-going. Performance for Urgent and Routine referrals is compliant in September 2023. Urgent cases are at 100%, while Routine cases are at 95%. CYP ED services have continued to see a surge in demand above anticipated levels since Q2 2020/21, compared to the same period in the previous year.
- **SMI Community Access**: The operating plan submission for 2023/24 saw the inclusion of a new metric, SMI Community Access, with an ask of a 5% increase in performance by Q4. Data for September 2023 shows NEL ICB continues to meet the trajectory, being 10% over target. NEL ICB has established a clinical improvement network for Community Access, which has developed stronger clinical ownership around service improvement and shared learning.

NHS Talking Therapies, for anxiety and depression

Metric & Data Description	Borough	Trajectory	Actual	Variance	Trajectory	Actual	Variance	Trajectory	Actual	Variance	Performance Trend
Talking Therapies - Access rate		Aug-23 (NEL-Published & Borough-Local) - Monthly			Sep-23 (Local data) - Monthly reporting			Q2 (Qtr To date up to Sep-23) - Qtr cumulative			6 Month Trend
	NHS NEL ICB	25.54%	27.13%	1.59%	26.15%	26.05%	-0.11%	76.92%	78.53%	1.61%	
	Barking and Dagenham	24.09%	23.68%	-0.40%	24.67%	24.27%	-0.39%	72.55%	72.23%	-0.32%	
	Havering	23.15%	23.90%	0.75%	23.71%	24.24%	0.53%	69.73%	73.35%	3.62%	
	Redbridge	21.05%	22.89%	1.84%	21.56%	22.97%	1.41%	63.40%	65.98%	2.58%	
	Newham	27.89%	28.61%	0.72%	28.56%	27.50%	-1.06%	84.00%	84.30%	0.30%	
	Tower Hamlets	28.88%	33.65%	4.76%	29.58%	27.65%	-1.93%	87.00%	90.14%	3.14%	
	Waltham Forest	21.77%	23.96%	2.18%	22.30%	23.52%	1.22%	65.58%	70.51%	4.93%	
	City and Hackney	29.88%	32.81%	2.93%	30.60%	30.38%	-0.22%	90.00%	92.97%	2.97%	
Talking Therapies - Recovery rate		Aug-23 (NEL-Published & Borough-Local) - Monthly			Sep-23 (Local data) - Monthly reporting			Q2 (Qtr To date up to Sep-23) - Qtr cumulative			6 Month Trend
	NHS NEL ICB	50.00%	50.87%	0.87%	50.00%	52.84%	2.84%	50.00%	51.28%	1.28%	
	Barking and Dagenham	50.00%	54.19%	4.19%	50.00%	50.73%	0.73%	50.00%	52.75%	2.75%	
	Havering	50.00%	57.45%	7.45%	50.00%	54.51%	4.51%	50.00%	54.27%	4.27%	
	Redbridge	50.00%	48.82%	-1.18%	50.00%	49.22%	-0.78%	50.00%	49.58%	-0.42%	
	Newham	50.00%	52.34%	2.34%	50.00%	53.37%	3.37%	50.00%	52.14%	2.14%	
	Tower Hamlets	50.00%	53.17%	3.17%	50.00%	51.52%	1.52%	50.00%	51.58%	1.58%	
	Waltham Forest	50.00%	53.14%	3.14%	50.00%	55.36%	5.36%	50.00%	54.44%	4.44%	
	City and Hackney	50.00%	59.67%	9.67%	50.00%	53.24%	3.24%	50.00%	57.23%	7.23%	
Talking Therapies - > 90 day waits between 1st and 2nd appt		Aug-23 (NEL-Published & Borough-Local) - Monthly			Sep-23 (Local data) - Monthly reporting			Q2 (Qtr To date up to Sep-23) - Qtr cumulative			6 Month Trend
	NHS NEL ICB	10.00%	16.40%	6.40%	10.00%	18.73%	8.73%	10.00%	16.73%	6.73%	
	Barking and Dagenham	10.00%	6.08%	-3.92%	10.00%	2.09%	-7.91%	10.00%	5.61%	-4.39%	
	Havering	10.00%	12.28%	2.28%	10.00%	16.14%	6.14%	10.00%	14.39%	4.39%	
	Redbridge	10.00%	14.12%	4.12%	10.00%	17.91%	7.91%	10.00%	15.58%	5.58%	
	Newham	10.00%	5.73%	-4.27%	10.00%	6.09%	-3.91%	10.00%	5.76%	-4.24%	
	Tower Hamlets	10.00%	6.43%	-3.57%	10.00%	12.89%	2.89%	10.00%	8.83%	-1.17%	
	Waltham Forest	10.00%	48.44%	38.44%	10.00%	56.39%	46.39%	10.00%	46.32%	36.32%	
	City and Hackney	10.00%	27.40%	17.40%	10.00%	21.43%	11.43%	10.00%	24.02%	14.02%	

Reporting level: All Places

Data source: ICS Operating plan report

Performance (Mental Health) – Operating plan targets

	Metric & Data Description	Borough	Trajectory	Actual	Variance	Trajectory	Actual	Variance	Trajectory	Actual	Variance	Performance Trend
Children and Young People's Mental Health Services	Children and Young People (CYP One+ contacts 12M rolling) Access Number		Aug-23 (NEL-Published & Borough-Local) - 12 Months rolling			Sep-23 (NEL-Published & Borough-Local) - 12 Months rolling			Q2 (Qtr To date) = Latest month 12m rolling			6 Month Trend
		NHS NEL ICB	22,997	23,470	473	23,350	23,785	435	23,350	23,785	435	
		Barking and Dagenham	2,941	2617	-323	2,986	2579	-407	2,986	2579	-407	
		Havering	3,131	3545	414	3,179	3604	426	3,179	3604	426	
		Redbridge	2,702	2681	-21	2,743	2736	-7	2,743	2736	-7	
		Newham	3,560	3532	-28	3,615	3559	-56	3,615	3559	-56	
		Tower Hamlets	3,451	3581	129	3,505	3597	92	3,505	3597	92	
		Waltham Forest	3,311	3251	-60	3,362	3298	-64	3,362	3298	-64	
		City and Hackney	3,901	4264	363	3,961	4412	451	3,961	4412	451	
Perinatal	Access to specialist community Perinatal mental health services %		Aug-23 (NEL-Published & Borough-Local) - 12 Months rolling			Sep-23 (NEL-Published & Borough-Local) - 12 Months rolling			Q2 (Qtr To date) = Latest month 12m rolling			6 Month Trend
		NHS NEL ICB	8.13%	8.00%	-0.13%	8.26%	8.09%	-0.16%	8.26%	8.09%	-0.16%	
		Barking and Dagenham	7.70%	7.09%	-0.61%	7.82%	7.28%	-0.54%	7.82%	7.28%	-0.54%	
		Havering	10.75%	11.21%	0.46%	10.92%	11.45%	0.53%	10.92%	11.45%	0.53%	
		Redbridge	6.52%	6.52%	0.00%	6.62%	6.58%	-0.04%	6.62%	6.58%	-0.04%	
		Newham	6.89%	8.12%	1.23%	7.00%	8.23%	1.23%	7.00%	8.23%	1.23%	
		Tower Hamlets	6.40%	6.51%	0.11%	6.50%	6.67%	0.17%	6.50%	6.67%	0.17%	
		Waltham Forest	9.85%	9.06%	-0.79%	10.00%	9.17%	-0.83%	10.00%	9.17%	-0.83%	
		City and Hackney	9.85%	8.19%	-1.66%	10.00%	7.97%	-2.03%	10.00%	7.97%	-2.03%	
Dementia	Dementia Estimated diagnosis rate (patients aged 65+)		Aug-23 (Published data) - Monthly reporting			Sep-23 (Published data) - Monthly reporting			Q2 (Qtr To date up to Sep-23) - Qtr cumulative			6 Month Trend
		NHS NEL ICB	66.70%	60.18%	-6.52%	66.70%	60.24%	-6.46%	66.70%	60.20%	-6.50%	
		Barking and Dagenham	66.70%	55.64%	-11.06%	66.70%	55.76%	-10.94%	66.70%	55.91%	-10.79%	
		Havering	66.70%	55.65%	-11.05%	66.70%	55.65%	-11.05%	66.70%	55.60%	-11.10%	
		Redbridge	66.70%	64.21%	-2.49%	66.70%	64.33%	-2.37%	66.70%	64.19%	-2.51%	
		Newham	66.70%	54.50%	-12.20%	66.70%	55.27%	-11.43%	66.70%	54.72%	-11.98%	
		Tower Hamlets	66.70%	74.51%	7.81%	66.70%	75.24%	8.54%	66.70%	74.57%	7.87%	
		Waltham Forest	66.70%	60.46%	-6.24%	66.70%	60.06%	-6.64%	66.70%	60.52%	-6.18%	
		City and Hackney	66.70%	65.28%	-1.42%	66.70%	64.55%	-2.15%	66.70%	65.05%	-1.65%	

	Metric & Data Description	Borough	Trajectory	Actual	Variance	Trajectory	Actual	Variance	Trajectory	Actual	Variance	Performance Trend
EIP	Early Intervention in Psychosis %		Aug-23 (Published) - Monthly			Sep-23 (Published) - Monthly			Q2 (Qtr To date up to Sep-23) - Qtr cumulative			6 Month Trend
		NHS NEL ICB	60.0%	71.9%	11.9%	60.0%	73.3%	13.3%	60.0%	73.33%	13.33%	
IOAP	Inappropriate Out of Area Placements bed days		Jul-23 (Published) - Monthly			Aug-23 (Published) - Monthly			Q2 (Qtr To date up to Aug-23) - Qtr cumulative			6 Month Trend
		NHS NEL ICB	0	400	400	0	460	460	0	860	860	
Severe Mental Illness (SMI) Physical Health Checks	SMI % Annual physical health check (all six)		Jun-23 (Published) - Quarterly reporting			Sep-23 (Published) - Quarterly reporting			Q2 (Published data) - Latest complete Qtr			Quarterly Trend
		NHS NEL ICB	70.00%	56.06%	-13.94%	70.00%	55.25%	-14.75%	70.00%	55.25%	-14.75%	
		Barking and Dagenham	70.00%	51.86%	-18.14%	70.00%	49.53%	-20.47%	70.00%	49.53%	-20.47%	
		Havering	70.00%	45.34%	-24.66%	70.00%	39.90%	-30.10%	70.00%	39.90%	-30.10%	
		Redbridge	70.00%	56.27%	-13.73%	70.00%	52.68%	-17.32%	70.00%	52.68%	-17.32%	
		Newham	70.00%	55.97%	-14.03%	70.00%	54.11%	-15.89%	70.00%	54.11%	-15.89%	
		Tower Hamlets	70.00%	51.72%	-18.28%	70.00%	53.52%	-16.48%	70.00%	53.52%	-16.48%	
		Waltham Forest	70.00%	60.06%	-9.94%	70.00%	59.76%	-10.24%	70.00%	59.76%	-10.24%	
		City and Hackney	70.00%	64.35%	-5.65%	70.00%	65.34%	-4.66%	70.00%	65.34%	-4.66%	
CYP Eating Disorders (ED)	CYP ED: Urgent Referrals (seen within 1 week)		Jul-23 (Published) - Quarterly reporting			Aug-23 (Published) - Quarterly reporting			Q2 (Published data) - Latest complete Qtr			Monthly Trend
		NHS NEL ICB	95.00%	87.00%	-8.00%	95.00%	100.00%	5.00%	95.00%	93.50%	-1.50%	
	CYP ED: Routine Referrals (seen within 4 weeks)		Jul-23 (Published) - Quarterly reporting			Aug-23 (Published) - Quarterly reporting			Q2 (Published data) - Latest complete Qtr			MonthlyTrend
		NHS NEL ICB	95.00%	95.00%	0.00%	95.00%	95.00%	0.00%	95.00%	95.00%	0.00%	
Community MH services for Adults and older Adults with SMI	People receiving two+ CMH conrtacts (12M Rolling) Access Number		Aug-23 (NEL-Published & Borough-Local) - Monthly			Sep-23 (NEL-Published & Borough-Local) - Monthly			Q2 (Qtr To date) - Latest month 12m rolling			6 Month Trend
		NHS NEL ICB	21,132	23,130	1,998	21,289	23,435	2,146	21,289	23,435	2,146	
		Barking and Dagenham	1,473	1539	66	1,484	1638	154	1,484	1638	154	
		Havering	1,744	2096	352	1,757	2224	466	1,757	2224	466	
		Redbridge	2,116	3055	939	2,131	2775	644	2,131	2775	644	
		Newham	4,056	4755	699	4,087	4480	393	4,087	4480	393	
		Tower Hamlets	3,904	4322	418	3,933	4197	264	3,933	4197	264	
		Waltham Forest	3,559	4094	535	3,585	4109	523	3,585	4109	523	
		City and Hackney	3,888	3751	-137	3,917	4030	113	3,917	4030	113	

Reporting level: All Places

Data source: ICS Operating plan report

Performance (Social Care) –LAS call outs to care homes

Tower Hamlets are ranked 29 out of 32 places in London, with 32% of ambulance calls are not conveyed into hospital. The chief reason for ambulance calls from care homes are 111 or advise from health care professional, falls, unconscious/fainting and breathing problems. The top 10 illnesses recorded by LAS are sepsis, pain, other medication conditions, head injury and breathlessness.

YTD Apr'23 - Oct'23

Rank	ICB	Locality (based on pre-merged CCG)	Incidents	Conveyed	Non conveyed	Non conveyed %	Blue Calls	% Blue call
3	NHS North Central London Integrated Care Board	Barnet	1320	904	416	32%	224	17%
22		Camden	461	292	169	37%	62	13%
6		Enfield	953	651	302	32%	186	20%
27		Haringey	280	182	98	35%	48	17%
29		Islington	189	125	64	34%	36	19%
23	NHS North East London Integrated Care Board	Barking and Dagenham	424	301	123	29%	92	22%
32		City and Hackney	104	75	29	28%	33	32%
4		Havering	1150	802	348	30%	213	19%
28		Newham	209	144	65	31%	59	28%
10		Redbridge	788	549	239	30%	147	19%
29		Tower Hamlets	189	128	61	32%	34	18%
19		Waltham Forest	484	312	172	36%	75	15%
14	NHS North West London Integrated Care Board	Brent	617	472	145	24%	160	26%
31		Central London (Westminster)	147	102	45	31%	19	13%
7		Ealing	907	728	179	20%	216	24%
26		Hammersmith and Fulham	292	234	58	20%	68	23%
9		Harrow	859	681	178	21%	183	21%
8		Hillingdon	895	684	211	24%	176	20%
11		Hounslow	676	503	173	26%	137	20%
25		West London (Kensington and Chels	334	259	75	22%	65	19%
5	NHS South East London Integrated Care Board	Bexley	1017	714	303	30%	175	17%
2		Bromley	1327	1005	322	24%	249	19%
16		Greenwich	548	411	137	25%	94	17%
15		Lambeth	570	428	142	25%	109	19%
20		Lewisham	477	339	138	29%	78	16%
24		Southwark	361	257	104	29%	74	20%
1	NHS South West London Integrated Care Board	Croydon	1374	1056	318	23%	295	21%
12		Kingston	648	537	111	17%	166	26%
17		Merton	532	411	121	23%	126	24%
21		Richmond	469	374	95	20%	103	22%
18		Sutton	488	386	102	21%	145	30%
13		Wandsworth	629	470	159	25%	133	21%
Grand Total			19718	14516	5202	26%	3980	20%

By Month

Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
157	191	183	196	204	182	207
53	66	68	68	61	74	71
112	139	132	122	143	129	176
43	46	40	37	39	34	41
38	35	17	20	28	26	25
53	58	65	45	54	86	63
12	13	15	13	16	16	19
160	168	139	166	168	183	166
32	29	29	32	24	26	37
132	88	119	126	108	102	113
34	21	28	24	29	31	22
69	63	57	71	74	71	79
95	64	91	95	87	86	99
21	17	21	21	23	26	18
131	138	119	129	118	133	139
30	41	40	48	35	44	54
123	123	110	117	125	129	132
123	124	118	144	132	113	141
87	91	97	97	91	105	108
38	46	49	43	61	42	55
136	162	115	140	137	158	169
184	204	188	166	178	205	202
76	78	78	91	83	71	71
86	95	75	93	76	72	73
53	68	61	69	83	62	81
59	47	46	55	58	53	43
214	190	194	185	207	189	195
84	112	76	115	81	98	82
75	82	82	66	74	79	74
48	79	60	74	75	72	61
62	68	57	79	71	74	77
72	91	83	87	82	111	103
2692	2837	2652	2834	2825	2882	2996

Chief Complaint	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Total
NHS 111 / Internal Pathways Transfer	9	8	6	5	11	9	5	53
Falls	4	1	6	7	5	2	4	29
Unconscious / Fainting (Near)	4	2	5	1	2	3	7	24
Health Care Professional (Admission) Protocol / Inter F	4	2	3	2	3	5	-	19
Breathing Problems	4	2	2	2	2	3	3	18
Haemorrhage / Lacerations	2	2	1	1	1	1	-	8
Chest Pain / Chest Discomfort (Non-Traumatic	2	-	2	1	2	-	-	7
Sick Person (Specific Diagnosis)	2	1	-	3	-	-	-	6
Convulsions / Fitting	1	1	-	-	-	2	2	6
_unknown	-	1	1	-	1	1	1	5
Traumatic Injuries (Specific)	1	-	1	1	-	1	-	4
Stroke (CVA) / Transient Ischaemic Attack (TIA)	1	-	-	-	1	-	-	2
Cardiac or Respiratory Arrest / Death)	-	-	-	1	-	1	-	2
Abdominal Pain / Problems	-	-	-	-	1	1	-	2

Illness types recorded for Incidents attended at Care Home locations in Barking and Dagenham by month
*** There may be multiple illness types recorded for each incident and also multiple vehicles arriving. If two vehicles record the same code this is only counted once**

Illness Type	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Total
Sepsis	4	3	2	1	3	6	19
Pain - Other	4	2	2	1	4	3	16
Other medical conditions	5	2	2	-	2	2	13
Head Injury – Minor	3	1	3	1	2	3	13
Breathlessness (Dyspnoea)	2	1	-	1	3	4	11
Vomiting	2	-	-	1	1	4	8
No injury or illness	1	1	2	2	1	-	7
Minor injuries (other)	1	1	1	-	2	1	6
Urinary tract infection	-	1	1	-	1	2	5
Catheter problems	2	-	1	1	-	1	5
Abdominal pains	-	-	1	-	1	3	5
Pain - Chest	1	1	1	1	1	-	5
Pyrexia of unknown origin	3	-	-	1	1	-	5
Stroke Fast Positive	1	1	-	-	-	2	4
Generally unwell	1	-	2	-	-	1	4
Minor cuts & bruising	1	-	-	2	1	-	4
Epileptic fit - recovering	-	1	1	-	-	2	4
Laceration/incision (superficial)	-	-	1	-	-	2	3
End of life care (organ failure)	1	-	1	-	-	1	3
Lower Respiratory Tract Infection	-	1	1	-	-	1	3
Confusion/distressed/upset	-	-	2	-	-	1	3
Closed Fracture	-	-	-	1	1	-	2
Collapse - reason unknown	1	-	-	1	-	-	2
Diarrhoea	2	-	-	-	-	-	2
Dizzy/near faint/loss of coordination	-	-	-	1	1	-	2
Epistaxis	1	-	1	-	-	-	2
Haematemesis / Upper GI	-	1	-	1	-	-	2
Haematuria	1	1	-	-	-	-	2
Headache	-	1	-	-	1	-	2
Hyperglycaemia	-	-	1	1	-	-	2
Hyperventilation/Panic attack	1	-	1	-	-	-	2
Hypotension	-	1	-	1	-	-	2
Palliative care	1	-	-	-	1	-	2

Data period: October 2023

Reporting level: All Places

Data source: LAS Care Home report

Performance (Social Care) – Care home and Home care

- **93% occupancy reported by Tower Hamlets care homes.**
- **No home care providers reported in Tower Hamlets.**

Care Home										
Total CV-19 Residents	CV-19 Symptomatic / Confirmed Today		Locations with >= 0 cases	Infection Rate	Current Outbreak?		Accepting Admissions		Occupancy %	
	Staff	Residents			Yes	No	Yes	No		
Barking and Dagenham	3	0	0	1	1%	0	7	3	4	63%
London Borough of Havering	2	0	0	1	1%	1	5	3	3	97%
London Borough of Newham Council	0	0	0	0		0	7	4	3	93%
London Borough of Redbridge Council	1	0	0	1	0%	0	18	9	9	92%
London Borough of Tower Hamlets Council	0	0	0	0		0	1	1	0	93%
London Borough of Waltham Forest Council	0	0	0	0		0	5	3	2	96%

Home Care																
Local Authority	Service Users	Total Staff	Staff Absent (COVID)	Additional Hours			Staff Vaccinations			Directly Employed Total Hours Paid	Total Hours Paid Overtime	Total Hours Agency staff Paid	Total absence recorded		Total Returned packages of care	
				# Hours	Yes	No	COVID (Full Course)	COVID Booster (Autumn 23)	Flu (Autumn 23)				Hours Absence	Days Absence	NHS/LA	Self-Funded
NEL	**581**	**593**	**1**	**3627**	**10**	**3**	**551**	**26**	**31**	**99690**	**6**	**12158**	**0**	**160**	**0**	**0**
City of London	37	114	1	0	0	1	106	0	0	19393	0	0	0	7	0	0
London Borough of Barking and Dagenham (3 / 85)	83	72	0	600	2	1	69	6	6	47448	6	15	0	0	0	0
London Borough of Havering (4 / 84)	130	121	0	360	3	1	119	0	0	5927	0	0	0	23	0	0
London Borough of Newham Council (4 / 64)	259	250	0	1667	4	0	227	19	23	21392	0	6613	0	130	0	0
London Borough of Waltham Forest Council (1 / 41)	72	36	0	1000	1	0	30	1	2	5530	0	5530	0	0	0	0

Data period: November 2023

Reporting level: All Places

Data source: Capacity tracker

Tower Hamlets Together Board

[1st Feb 2024]

Title of report	Creating a North-East London Life Sciences Cluster for the benefit of our local Population
Author	Grant Bourhill, MD Barts Life Sciences
Presented by	Grant Bourhill
Contact for further information	
Executive summary	A range of transformative innovations are appearing that will change modern healthcare. Most of this innovation will be developed externally and we have a unique opportunity to create a Life Sciences environment in North-East London – in Canary Wharf and Whitechapel - that accelerates innovation into a healthcare setting. While we have many of the fundamental foundations, the critical issue remains a distinct lack of high-quality real estate attracting private sector co-location at scale. To accelerate the latest healthcare innovations, a cluster must form to attract and retain dynamic Life Science companies with a built environment and service offer that supports collaboration, innovation and growth. Whitechapel in particular is a compelling location, with the opportunity to develop a Life Sciences Cluster around the Royal London Hospital and Queen Mary University of London. The co-location of public and private sector organisations drawn from across academia, industry (both small and large) and the NHS, all focused on improving healthcare, will be a unique proposition at this scale. A Whitechapel Life Sciences Cluster should be game-changing for the community we serve: - Creating 1000's of high-quality jobs for the North-East London community, alleviating economic determinant of health - Raising aspiration and educational/career opportunities - Improving health outcomes
Action / recommendation	The Board/Committee is asked to: · Provide a Letter of Support for the existing Planning Application submitted by NHS Property Services on behalf of the DHSC
Previous reporting	N/A.
Next steps/ onward reporting	N/A.

Conflicts of interest	Tower Hamlets Officers may feel conflicted with supporting a planning application.
Strategic fit	Initiative aligns with all priorities: · 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	· Faster development of new treatments, helping reduce health inequalities. · 1000's of new high-quality jobs, where ideally as many as possible would be captured by our local community. We know that high quality employment is a major factor affecting an individual's health. For those in the community with non-healthcare interests, the Cluster should also provide a wide range of other high-quality employment opportunities, for example in business development, supply-chain management, marketing, and data analytics to name a few. · A sea change in aspiration and opportunity for Tower Hamlet's school children to pursue a future Life Sciences career
Impact on finance, performance and quality	N/A
Risks	N/A

Queen Mary University of London | NHS Barts Health NHS Trust

BARTS LIFE SCIENCES

DISCOVERY / DIVERSITY / DELIVERY

Creating a North-East London Life Sciences Cluster for the benefit of our local population

Tower Hamlets Together Board

1st February 2024

Executive Summary

- INNOVATIONS IN HEALTH CARE
  - A range of transformative innovations are appearing that will change modern healthcare – AI-assisted decision tools; Data-driven predictive analytics in real time; Precision therapies based on genomics; Robotics; Remote healthcare; to name but a few.
  - Most of this innovation will be developed externally and we have a unique opportunity to create an environment in North-East London that accelerates new innovation into a healthcare setting.
  - While we have many of the fundamental foundations, the critical issue remains a distinct lack of high-quality real estate attracting private sector co-location at scale. To accelerate the latest healthcare innovations, a cluster must form to attract and retain dynamic Life Science companies with a built environment and service offer that supports collaboration, innovation and growth.

- LIFE SCIENCE CLUSTERS
  - The commercial real estate market is transitioning post-Covid, with many investors and developers creating health-focused lab-based Clusters, rather than pure office facilities, to drive greater occupancy.
  - Clusters are appearing internationally, nationally and across London, with Clusters aligning with NHS Trusts and Universities.
  - Whitechapel in particular is a compelling location, with the opportunity to develop a Life Sciences Cluster around the Royal London Hospital and Queen Mary University of London.

- A ONCE IN A GENERATION OPPORTUNITY
  - Curating a North-East London health-focused “Super-Cluster”, integrating industry, the NHS and education providers that:
    - Creates the ability to rapidly test, develop and deploy innovation, accelerating ideas from “bench-to-bedside”
    - Delivers benefits for our local community across health, high-quality employment, education, and enhanced public realm.

Contents

1. Context

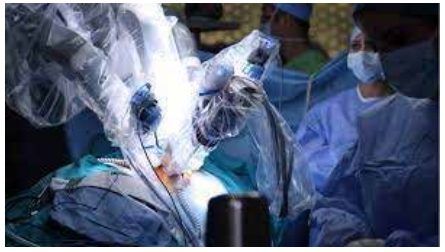
Healthcare across North-East London is facing unprecedented pressures

- A rapidly growing population
- An ageing population
- Many in our community facing health issues, exacerbated by deprivation
- Our ethnic minority residents having a higher prevalence of avoidable disease
- Covid backlogs
- Workforce shortages
- Financial constraints
- +....

1. Context

Healthcare pressures are occurring against a backdrop of remarkable scientific and technological breakthroughs....

AI-assisted decision support



Robotics & automation

Genomics

Health-tech devices

Remote monitoring

Advanced therapies & biomarkers

Augmented reality

Data science analytics & personalised risk assessment

AI-assisted operational management & patient scheduling

2. The opportunity

Curate a North-East London Life Sciences Cluster integrating NHS, Academia and Industry, focused on improving health for our diverse community, and people all over the world

This will :

- Accelerate innovative healthcare approaches into practice
- Boost high-quality employment locally and
- Raise aspiration and educational opportunity

To achieve this, we need to:

a) Expand our innovation development and translational capability to enable external engagement.
b) Create compelling facilities, assets and market offers that encourage external partners to work with us.
c) Support the creation of new physical facilities in North-East London that attract relocation and growth of innovative partner organisations. **The opportunity in Whitechapel adjacent to the RLH and QMUL is highly compelling**
d) Work in partnership with a wide range of organisations to realise the desired benefits.

3. Barts Life Sciences (BLS)

Queen Mary University of London | NHS Barts Health NHS Trust

BARTS LIFE SCIENCES

DISCOVERY / DIVERSITY / DELIVERY

A powerful partnership between Barts Health NHS Trust and Queen Mary University of London

Established to realise the opportunity and accelerate innovation into a healthcare setting across Barts Health

Barts Health

- One of the largest Trusts in the UK
- 2.5m patients covering 97 nations
- Largest number of commercial clinical trials
- 3 national oncology biobanks
- Largest cardiovascular centre in the country

Queen Mary University of London

- 7th in UK for research quality
- 32,000 students and 4,600 staff
- Centres of excellence in biomedical research, cardiovascular, inflammation, in vitro modelling, data science
- New Institutes: Precision Healthcare & Digital Environment

4. Activities

We have been laying the critical foundations to realise the opportunity

Ability to test & deploy new innovations

- Growing data science and healthtech capability
- 9 innovations deployed, for example, first of its kind AI tool that detects heart disease from an MRI scan in just **20 seconds**
- Others currently being trialled, for example, a tool highlighting **20% more** patients with diabetes and **350% more** patients with diabetic foot

Create compelling facilities & assets

- Creating internal facilities that external partners will want to use e.g. new larger Clinical Research Facility in the RLH, opening Spring 2025
- Creating assets that external partners will want to use e.g. Secure Data Environment, launching Winter 2024
- Creating assets that can be used widely across the Trust e.g. generalisable AI tools

Local Skills and training

- Creating skills & training hubs with FE Colleges to equip the healthcare workforce of the future - **500+** Londoners participated to date
- Working with LBTH and others, created and published Life Science career pathways, informing routes into a wide range of Life Science roles – now assessing gaps in provision

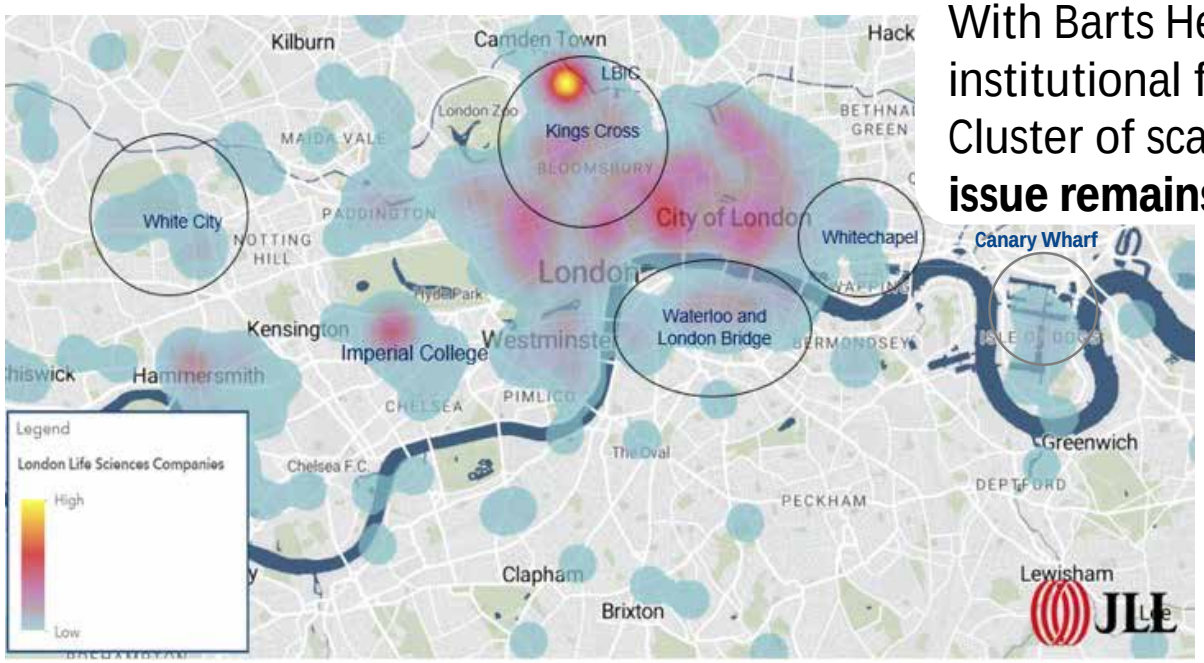
Partnerships

- Working with a range of external industrial and academic partners
- Engaging with existing and emergent clusters in North-East London:
  - Canary Wharf (being constructed)
  - Whitechapel (planning submitted by DHSC)

- Can our data science capability help the THT Board with their priority areas e.g. Asthma?

5. Life Sciences Clusters - London

Life Science clusters across London are still developing, aligning around major Trusts and Universities



With Barts Health and QMUL, North-East London has the critical institutional foundations to support a dynamic Life Sciences Innovation Cluster of scale, focussed on Whitechapel and Canary Wharf. **The critical issue remains a distinct lack of private sector co-location at scale.**

Image courtesy of JLL (June 2021)

6. Whitechapel – a compelling opportunity

Opportunity to create one of the largest, most concentrated Life Sciences Clusters

The Whitechapel Life Science Cluster would be one of the largest concentrations of life sciences innovation and delivery in the country

The Cluster would form around the Royal London Hospital and build on the existing links between Barts Health NHS Trust and Queen Mary University of London

The co-location of public and private sector organisations drawn from across academia, industry (both small and large) and the NHS, all focused on improving healthcare, will be a unique proposition at this scale

Provides ease of access to the new, 5x larger, Clinical Research Facility in the Royal London, ensuring our community has faster access to new treatments

The Cluster will enable the faster development of new treatments and help to reduce health inequalities for the diverse communities of East London

One Planning Application submitted by NHS PS on behalf of DHSC, with 2 private sector applications imminent. **We would welcome the THT Board providing a Letter of Support**.

7. Community benefits

A once-in-a-generation opportunity to transform lives

Creating 1000's of high-quality jobs for the North-East London community, alleviating economic determinant of health

Raising aspiration and educational/career opportunities, such as enhanced apprenticeships

Improving health outcomes

a. Our area is top in the country for blood pressure and cholesterol control.
b. Our research means we can target treatment to the most common version of the Hepatitis virus in Bangladeshi and Pakistani communities.
c. Our Bangladeshi and Pakistani residents have 5x the rate of diabetes compared to the rest of the UK. We are now trialling a digital tool identifying 20% more patients with diabetes.

8. Whitechapel Landowners Forum

A Whitechapel "Landowners Forum" has formed with organisations focused on realising the opportunity in Whitechapel.

The Forum is meeting regularly and brings together private and public sector bodies with the credentials and track record to maximise the unique opportunities that could be delivered by the proposed Life Sciences cluster in Whitechapel:

- Barts Health NHS Trust
- Barts Life Sciences
- BGO
- Lateral
- NHS Property Services
- Queen Mary University of London