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 August 2024, 0930-1130

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

Chair: Roberto Tamsanguan

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 11 July 2024 3. Action log	0930 (5 mins)	Chair	Papers Pages 3-4 Pages 5-10 Pages 11	 Note Approve Discuss
2.	**Questions from the public**		Chair	Verbal	Discuss
3.	**Chair's updates**		Chair	Verbal	Note
4.	**System resilience and urgent issues**	0935 (5 mins)	All	Verbal	Note
5.	**Operational Management Group highlights**	0940 (5 mins)	Zainab Arian	Verbal	Note
6.	**Community Voice:** • **Spotlight**	0945 (30 mins)	Samuel Conley	Verbal	Discuss

7.	**MH Collaborative update (24/25 planning and resource allocation)**	1015 (30 mins)	Richard Fradgley	Papers Pages 12-38	Note/ Discuss
8.	**Systematic Review of Social Prescribing and Connector Roles in Tower Hamlets**	1045 (20 mins)	Lianna Martin	Papers Pages 39-55	Update/ Discuss
9.	**Any Other Business**	1105 (25 mins)	Chair	Verbal	Note
Date of next meeting: Thursday 05 September 2024, 0930- 1130					

- Declared Interests as at 25/07/2024

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
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 04/07/2024

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 Waltham Forest ICB Sub-committee	Indicated No Conflicts To Declare.

Warwick Tomsett	Director of Integrated Commissioning	Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.
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	ICB Quality, Safety & Improvement Committee ICP Committee Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.
Muna Hassan	Community Voice Lead	Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.
Somen Banerjee	Director of Public Health	Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.
Warwick Tomsett	Joint post	Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.

DRAFT Minutes of the Tower Hamlets Together Board
Thursday 11 July 2024, 0930-1130 in person and via MS Teams

Minutes

Members:		
Neil Ashman (Chair)	Place Lead and Chief Executive Officer Royal London & Mile End Hospitals, Barts Health NHS Trust	In person
Roberto Tamsanguan	Tower Hamlets Clinical / Care Director, NHS North East London	In person
Warwick Tomsett	Director of Integrated Commissioning, NHS North East London & London Borough of Tower Hamlets	In person
Sunil Thakker	Director of Finance; C&H ICP & Acting Director of Finance; TNW ICP	MS Teams
Somen Banerjee	Director of Public Health, London Borough of Tower Hamlets	MS Teams
Vicky Scott	Chief Executive Officer Council for Voluntary Services	In person
Richard Fradgley	Director of Integrated Care & Deputy Chief Executive Officer, East London NHS Foundation Trust	MS Teams
Muna Hassan	Resident and community representative/Community Voice Lead	MS Teams
Fiona Peskett	Director of Strategy and Integration Barts Health – Royal London and Mile-End Hospitals	In person
Zainab Arian	Joint Chief Executive Officer, Tower Hamlets GP Care Group	In person
Khyati Bakhai	Tower Hamlets Primary Care Development Clinical Lead, NHS North East London ICB	MS Teams
Matthew Adrien	Healthwatch Service Director	MS Teams
Attendees:		
Charlotte Pomery	Chief Participation and Place Officer, NHS North East London ICB	MS Teams
Juliet Alilionwu	Interim Deputy Director for Aging Well	MS Teams
Ashton West	Deputy Director of Partnership Development – Tower Hamlets Together and NHS North East London	In person
Pauline Goffin	System Programme Director Community Services/ Babies Children and Young People	In person
Zereen Rahman-Jennings	Programme Lead – Community Health Services	In person
Shamsur Choudhury	Lead, Bangladeshi Mental Health Forum	MS Teams
Leyla Richards	Covering for Steve Reedy - Interim Corporate Director, Children's Services London Borough of Tower Hamlets	MS Teams
Jon Williams	Engagement and Community Communications Manager (Tower Hamlets), NHS North East London	MS Teams

Madalina Bird	Minute taker, Governance Officer, NHS North East London	In person
Apologies:		
Eleasar Reas	Deputy Director of Partnership Development – Tower Hamlets Together, NHS North East London	
Steve Reddy	Interim Corporate Director, Children's Services London Borough of Tower Hamlets	
Chetan Vyas	Director of Quality, ICB	

Item No.	Item title
1.0	**Welcome, introductions and apologies**
	The Chair, Neil Ashman (NA) welcomed members and attendees to the July Tower Hamlets Together (THT) Board meeting held in public, 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 6 June 2023**
	The minutes of the previous meeting held on Thursday 6 June were agreed as an accurate record of the meeting.
1.3	**Actions log**
	All actions on the action plan are in progress
2.0	**Questions from the public**
	No questions from the public have been received in advance of the meeting.
3.0	**Chair's updates**
3.1	Chair updated on: • New government will have a different set of priorities in both health and social care and the Partnership anticipates a degree of change • Rushanara Ali is now in Government and Jacqui Smith has stepped down as Bart's Chair and is now member of the House of Lords • Stephen Timms politician who serves as a Minister of State in the Department for Work and Pensions The Board noted the update
4.0	**System resilience and urgent issues**
	Issues flagged: • Emergency Department performance worst in London. Situation is not sustainable and improvement is needed • Conversations outside the meeting following initial discussion on what needs to be done if Bart's does not hit the contracted KPI's • Dedicated follow up work locally but also across all NEL • Additional investment has been put in and there is positive example at BHRUT that can be replicated locally

5.0	**Operational Management Group (OMG) highlights**
	Ashton West (AW) verbally updated the Board members and attendees highlighting key discussion points: • Some areas still struggling with representation on the group. Most organisations are represented but need children's social care and also public health. Need to have a look at membership for the strategic conversations and PCN's representation • Section 256 conversation as fair amount of funding due to end this year, what is needed put in place or risks to be flagged at the Board • New place reports from ICB, how to use the data, the subgroups to review on a more regular basis, identify the metrics that show the system pressures, regular highlight report to the group • Disabilities discussion, how to access services and make the communications more accessible as not meeting the statutory standards Comments and questions from the Board included: • Helpful, if possible, to share comms material with the partners • Good to have a separate financial discussion on the section 256 schemes • Need to be clear on what needs to be put in place around disability/ Real work – training to be delivered for partners comms teams. Real also attending the next THT Comms Groups so can agree collective promotion The Board members noted the update
6.0	**North East London Community Services Provider Collaborative**
	Pauline Goffin (PG), System Programme Director Community Services/Babies Children and Young People presented the report shared in the pack to provide the Board members with an update on the progress of this work while sharing the overarching strategic ambitions of the CHS Collaborative and its emerging portfolio of plans. Comments and questions from the Board included: • Priorities outlined connect with some local THT priorities as well so need to make sure that all the right people are connected in – not only providers but also commissioners and in the right places to join up the work. Also connect to the Integrated Neighbourhood Team work – key priority for THT and next stage of work. • What should good community look like across the seven boroughs so that there is a standard to hold everyone accountable to. Work picked up at the Localities and Neighbourhood Board (separate session to try to create the THT vision) • Need to connect all conversations across all stakeholders. • How to use the Neighbourhood to be the vehicle for really good community services • Core offer for TH (to work out how to operationalize on the ground). More conversations to take place with the team to work out what is needed • Need to recognise there are huge waiting lists especially on children and young people services and considerable variation across the patch • Need to get the basics in place. No national vision so can be created on more local level • Need to also flag the commissioning review and significant level of provider sips in these area/ financial constraints • Couple of years transformation plan notwithstanding it is in the context of the real live challenges The Board discussed and commented the report and is happy to support the strategic ambitions of the collaborative.
7.0	**Tower Hamlets Community Health Services Transformation**
	Zereen Rahman-Jennings (ZRJ) presented the report shared in the pack highlighting: • In Tower Hamlets (TH), over fifty specific Community Health Services (CHS) are provided by Barts Health, GP Care Group and East London Foundation Trust

	(ELFT). These are delivered through three discrete contracts collectively worth around £44m. They include both adult and children and young people's services, which are fundamental to the Tower Hamlet's system keeping people well in their homes and participating in their communities. • Following the initial review, the current providers identified potential areas for improvement, from which have emerged five priority areas for transformation, to be addressed as a partnership. The aim is to improve efficiency and outcomes, reduce duplication, ensure sustainability whilst recognising the constraints across the system in terms of demand and capacity, workforce and financial pressures. They have recently adopted a memorandum of understanding (MOU) which outlines how they will work together, and with the Integrated Care Board (ICB), to achieve the contract conditions, and deliver CHS as a whole. They will also ensure the application of appropriate quality improvement (QI) methodology for each transformation area, co-production with patients, carers and wider stakeholders and agreement around refreshed performance measures and outcome framework for each service area. • The areas chosen include single point of access for referral management, intermediate care, rapid response and admission avoidance as one area of focus with several strands, community therapies in the extended primary care team, community dietetics and community diabetes. • The extension for the current contracts agreed through a single tender waiver (STW) in December 23 will allow sufficient time for these programmes of work to progress and conclude; tie in with transformation work being undertaken through the TH localities and neighbourhoods' initiatives, integrated neighbourhood teams (INT) and north east London (NEL) ICB Community Collaborative's transformation strategy. Their approach to developing a "core offer" for CHS as a whole, the six improvement networks and review of local spend, variation in models, workforce and patient outcome will help shape local developments in each Place in NEL. • In future, the providers will continue to work in partnership to improve service delivery, outcome and experience for patients under the umbrella of the Localities and Neighbourhoods Programme whilst contributing to and benefitting from NEL ICB's Community Collaborative activities and aspirations as all these components are intrinsically linked. The Board/Committee was asked to: 1. Note the developments to date 2. Comment on the proposed transformation areas 3. Support plans to develop and deliver services under Localities and Neighbourhoods programme of work 4. Ensure sufficient engagement and input from within each provider organisation and wider system partners 5. Enable providers to identify appropriate resources to support the outlined transformation work 6. Ensure a well aligned and coherent approach with NEL ICB, to designing and delivering a core set of community health services in Tower Hamlets Comments and questions from the Board included: • Contract discussions moving forward • Members acknowledged that the future of community health services and provider arrangements are undecided, and that they may be evolving beyond core business for acute providers. Under the financial circumstances and pressures work neds to move reasonably quickly in several areas. • Separate discussion would be needed on the contract/ Bart's position and more broadly on how the service is constructed in the future

	• Purpose of the contract is to give the framework in which to do the transformation. Conversations also needed on the scope of the contract to move more quickly recognising the extension was in response to the view that it would take that amount of time to get to the transformation • Still need to get the contract position clearer so that work is done at baseline • Need to make sure the design group includes providers of the areas for transformation. Focused work included provider colleagues and social care. With the transitioning of the design group into the localities and neighbourhoods programme of work the membership will expand again and also members of the CHS design group and the integrated NEL teams • Really helpful discussion and papers, both around the Northeast London ambitions around community, recognition of how important these services will be for the provision of health and social care in the future and clear and useful ideas around transformation programs within the existing CHS in TH recognising that there are some contracting difficulties, which will need to be discussed/ sorted quicker then otherwise anticipated. The Board noted the developments to date, offered comments on the proposed transformation areas and supported the asks.
8.0	**Community voice: Mental Health focus**
	Shamsur Choudhury (SC), Operational Lead at Bangladeshi Mental Health Forum (BMHF) for women and men joined the meeting to outline the work of the group, challenges of involving men, the impact of flexible Public Health funding to allow groups innovative early intervention support tailored by the community and how THT Board can improve community involvement/design, a more supportive funding regime for community-based groups such as BMHF. Challenges flagged: • No recognition from formal bodies of the role we play in mental health prevention – hence we get no support / funding (Biggest Challenge). We are working in isolation from system providers – this is not beneficial for the community we serve. • The recent projects have been funded by Public Health (Better Mental Health Fund) – this funding has been life changing for us as a small organisation (there was no bureaucracy in commissioning process). The Funding for these projects is finishing end of July 2024 and most likely our projects will have to stop. There is no connection to the wider system to sustain the work we have done. • The groups we manage are very important to the people that attend, most of them look forward to it on a weekly basis– we need to continue with this work, otherwise we would be neglecting the people that need the most support- these groups are important to maintain attendees and future attendees' wellbeing (work has evidenced that the need in great) • Would like to offer 1-2-1 support (coming from cultural and religious understanding and in preferred community language), seeking funding for this vital work. Chair thanked Shamsur for the great presentation and commented on the fact that the work the Forum does in the community is extraordinary. Comments and questions from the Board included: • Limited capacity with no funding and no possibility to support with language issues/ translation. Need support structurally and financially to develop • Good Public Health approach to supporting organisations/fund and the freedom that the community groups have to use this funding as they see fit to address the inequalities seen and experienced in the community • Good strategic work/ prevention, trust and respect of the community with great benefit/ cost effective

	• Health Inequalities funding and coproduction sessions to get involved in. VCS to reach out with details and offer to support with funding • Explore partnership work with ELFT. Outside conversation needed. Opportunity around the Mental Health Strategy • Need to look at Healthwatch recent report in access to mental health services • Difficult situation in TH around funding/ grants. VCS is doing work around inclusive grants funding to try to analyse the situation and what can be done to help make it more inclusive • Need to progress the anti-racism commissioning work. Approach has been developed and is being tried (approach -things to consider when doing commissioning work can be shared with partners) • Good to invite Shamsur back to a future meeting to address his challenges ACTION: Somen Banerjee to share the approach to an anti-racism commissioning ACTION: Add plans around anti-racist commissioning to the forward planner Chair thanked presenter for the very helpful presentation and work.
9.0	**24 -25 Priorities KPIs mapping**
	Ashton West (AW) and area SROs presented the slides shared in the pack that outline the 24 -25 Priorities KPIs mapping: • Primary Care – Zainab Arian • Localities and Neighbourhoods – Warwick Tomsett • Long Term Conditions – Somen Banerjee • Mental Health – Richard Fradgley • Babies, Children and Young People – Layla Richards (covering for Steve Reddy) First draft, work in progress so might change. Board noted the update, and the following points were made: • Need to look at how to bring the 'I' statements in • Need to describe the process clearly as opposed to outcomes • Group the work to get a more coherent cluster of metrics rather than be challenged across to many domains • Use the NEL Place performance report to look at what metrics can be used without having to create something new/ not duplicate. Use the OMG to align metrics that are being looked at • Bring back the second iteration to the November – ICB dashboard, outcomes by domain, link to I statements and priorities, process in developing metrics/ core metrics committed to this year/ longer than a year • Urgent Care and Discharge programmes need to be picked up ACTION: Add 24 -25 Priorities KPIs mapping to the forward planner for November agenda The Board noted the update
	Any Other Business
	No other business was raised

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**
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	In progress	As part of the primary care bid for S256 funds around THT priority to improve access, some funds were awarded to support this work in TH. Update June Board: TH Primary Care and EQUIP teams are developing a plan for best use of these funds alongside the wider improvement week support through the ICB
0205-58	02-May	WT to start work on a risk register to collate and report collective live risks	Warwick Tomsett	tbc	In progress	
0205-59	02-May	Work on a 'ticket home' leaflet that will allow people to transit safely from one episode of care to their homes as effectively as possible. NA and WT to advise on time frame and Partnership roles	Warwick Tomsett	tbc	In progress	Meeting organised on 25/06 – present were FP/MB from RLH/MEH, Jon Williams and Rachel Vincent. The 14 page discharge leaflet in question is with ELFT – new action now required for Jon and Rachel to follow up with ELFT.
0205-60	02-May	NM and WT to incorporate comments and refine the preferred option into the Joined Boards report/proposal and share with Partnership	Naveed Mohammed and Warwick Tomsett	tbc	In progress	Revised paper being developed incorporating comments from wider stakeholders. Pending presentation at the next HWB in October.
0606-62	06-Jun	VS to request and share with the Board more details on social welfare and legal advice challenges/ gap partners	Vicky Scott	tbc	tbc	
1107-01	11-Jul	Add plans around anti-racist commissioning to the forward planner	MB	01 August 2024	Closed	Item added to the forward planner for November Board
1107-02	11-Jul	Somen Banerjee to share the approach to an anti-racism commissioning	Somen Banerjee	tbc	tbc	
1107-02	11-Jul	Add 24 -25 Priorities KPIs mapping to the forward planner	MB	01 August 2024	Closed	Item added to the forward planner for November Board

THT Partnership Board

01 August 2024

Title of report	1. NEL Mental health Learning Disability & Autism Collaborative 2024/25 plan 2. NEL Mental health Learning Disability & Autism Collaborative approach to 2024/25 allocation
Author	Richard Fradgley, Deputy CEO, ELFT Clare Burns, Director of Partnerships, NELFT
Presented by	Richard Fradgley
Contact for further information	
Executive summary	The attached slides include a summary of the NEL Mental health Learning Disability & Autism Collaborative 2024/25 plan and the NEL Mental health Learning Disability & Autism Collaborative approach to 2024/25 allocation. A technical workshop is being planned for June 2024 for any colleagues who are interested in considering the reports in more detail.
Action / recommendation	The Board/Committee is asked to: Note and comment on the reports.
Previous reporting	NEL MHLDA Collaborative Committee
Next steps/ onward reporting	Place-based partnerships Place-based mental health partnerships NEL MHLDA Programme Board NEL Population Health & Integration Committee
Conflicts of interest	
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	Informed by national and local priorities, and the NEL MHLDA Diagnostic, the NEL MHLDA Collaborative planning process has focussed on improving quality, value, outcomes and tackling inequity.
Has an Equalities Impact Assessment been carried out?	No, though the diagnostic included a significant focus on inequity, and this forms part of the collaborative approach to improvement during 2024/25.
Impact on finance, performance and quality	The planning process has been focussed on improving quality, value, outcomes and tackling inequity in the context of significant financial pressures and complaints. However

	NELFT, ELFT and NELICB have unresolved cost pressures and risks, mitigations for which mitigations are currently being finalised.
Risks	Given service demand pressures in the context of financial constraints, some national performance priorities are at risk, and some service and financial pressures are at this stage are unmitigated – as above, Collaborative partners are currently finalising mitigations.

North East London Health & Care Partnership

NELFT NHS
NHS Foundation Trust

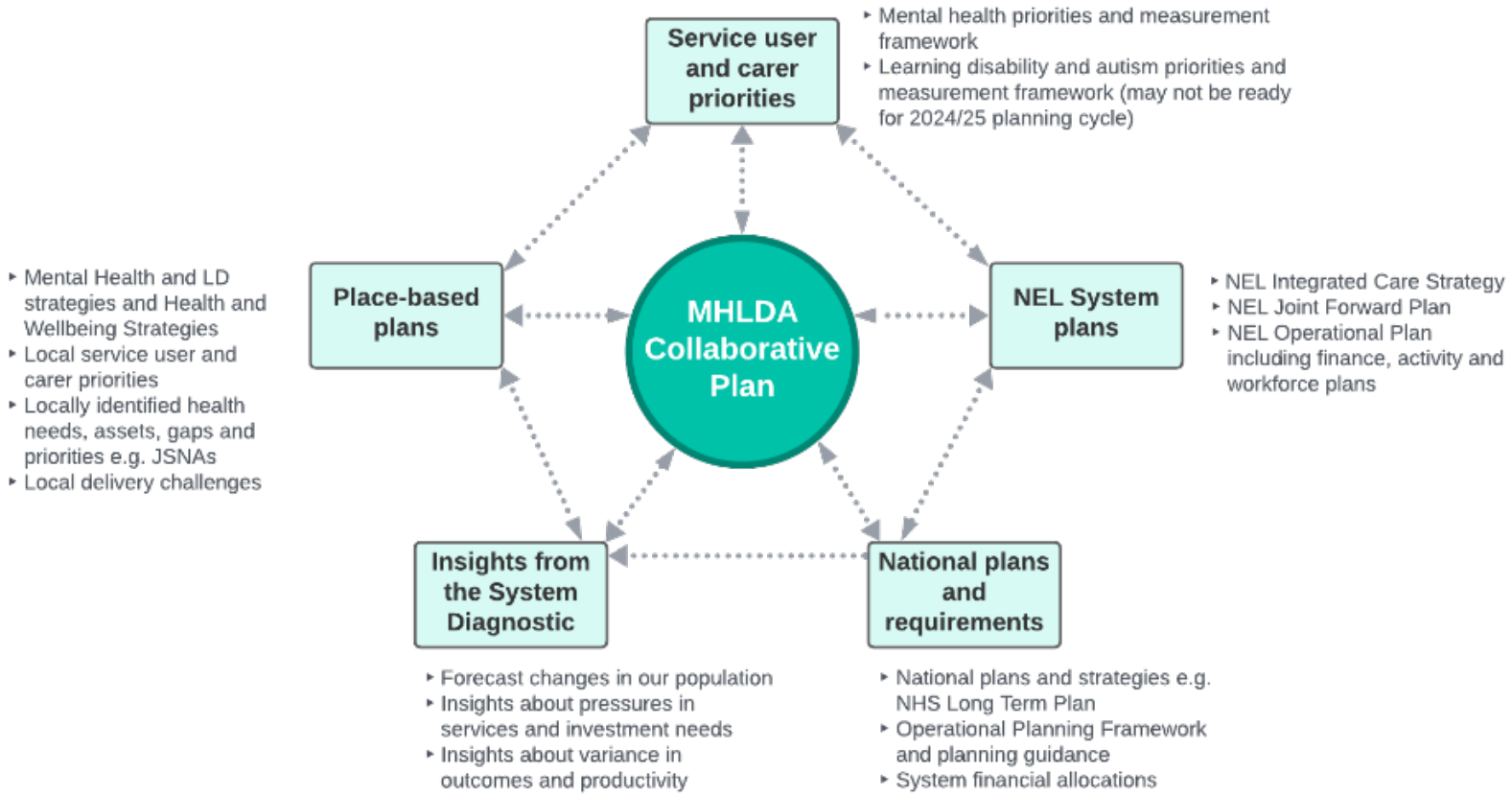
NEL MHLDA Collaborative
2024/25 plan summary

NHS
North East London

NHS
East London
NHS Foundation Trust

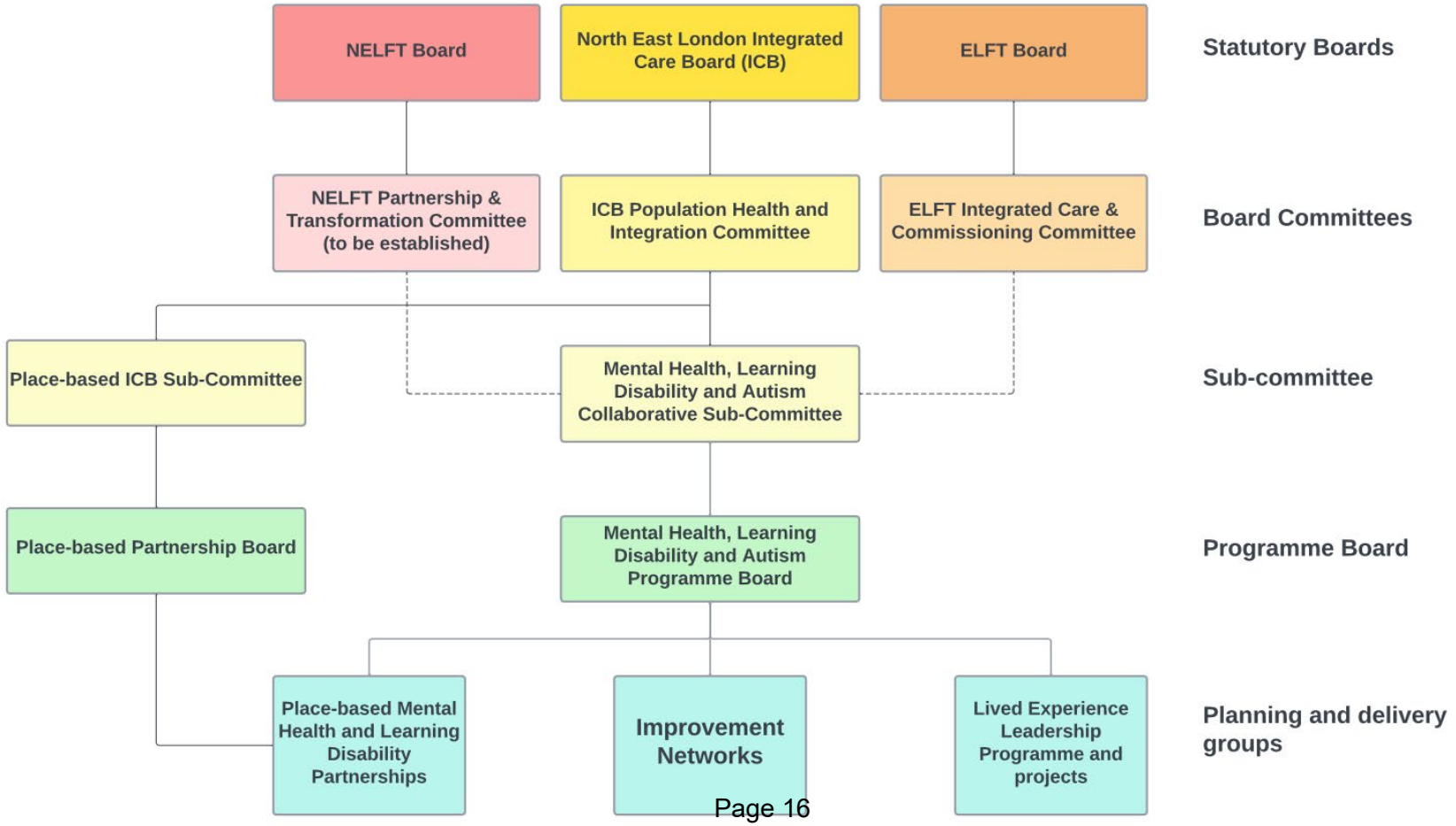
Collaborative planning framework

The North-east London Mental Health Learning Disability & Autism 2024/25 draft plan has been developed in the context of the five key drivers laid out in the *Collaborative Framework for Developing the Mental Health, Learning Disability and Autism Collaborative Plan for 2024/25* as below. 2024/25 has been exceptionally complex and challenging given demand growth and financial constraints within north-east London.



Collaborative planning approach

Whilst our Collaborative structure is still in development (for example, not all places have place-based mental health partnerships yet, and we do not yet have improvement networks established for all priority pathways) we have endeavoured and will continue to endeavour to develop and deliver our plans with the leadership and involvement of the whole Collaborative.



National planning context

The Integrated Care System is held to account for the delivery of the national priorities for mental health, learning disabilities and autism, with the expectation that the Mental Health Investment Standard and MHLDA Service Development Funding is deployed to support their delivery:

1. Increase the number of women accessing perinatal mental health services
2. Increase the number of children and young people accessing mental health services
3. Increase the number of adults and older adults accessing primary care talking therapies achieving reliable recovery (new national metric)
4. Increase the number of adults and older adults accessing primary care talking therapies achieving reliable improvement (new national metric)
5. Increase the number of adults and older adults supported by community mental health services (new national metric)
6. Eliminating inappropriate adult acute out of area placements (new national metric)
7. Increase the number of people with dementia receiving a diagnosis
8. Increase the take-up of physical health checks by people with serious mental illness
9. Increase the take-up of physical health checks by people with learning disability
10. Reduce the number of people with learning disability in inpatient settings
11. Reduce the number of children and young people with learning disability in inpatient settings

We are also required to publish an inpatient quality improvement plan by June 2024 for children, adults and people with a learning disability, and continue to improve on national waiting times standards.

2024/25 financial plan

A key principle of the Collaborative approach to financial planning is that we take a whole system approach, considering both commissioner and provider pressures and issues. This principle is particularly important given the ICS wide approach to financial recovery, and the fact that both the commissioner and provider financial position forms part of our ICS wide financial plan.

In 2024/25, the NHS in north-east London is planning to spend £570.4m on mental health, learning disability & autism in NEL; made up of:

- £419.6m mental health investment standard (MHIS) – growth of £14m after inflation
- £46.8m service development funding for mental health (ring-fenced for national priorities) – growth after inflation of £5.7m
- £99.2m on learning disability, autism and dementia (outside of MHIS) – no growth after inflation
- £4.8m learning disability & autism service development funding (ring-fenced for national priorities) – growth after inflation of £241k

The detail of the financial plan is currently being finalised. However it is proposed that growth funding will support the schemes identified in slides 6, 7 and 8 to follow. In line with the findings of the NEL MHLDA diagnostic, we are proposing to grow funding in some places at a faster rate in order to address changes in demography, and historic patterns of commissioning which have resulted in inequity.

The plan does not mitigate all of the cost pressures and financial risks currently being carried by ELFT, NELFT and NELICB. Further work is underway, including a process of quality impact assessment for cost pressures that can potentially be mitigated.

National guidance on the Hospital Discharge Fund is clear that mental health should be a key area of focus for investment, place-based discussions are underway to support this approach.

Key areas of investment

Key investments in 2024/25 aim to address key national and local priorities, and to reduce cost pressures carried by ELFT, NELFT and NELICB. They will enable us to:

- Support 1100 more children and young people to access core CAMHS services and putting our Child & Adolescent Mental Health Crisis & Home Treatment Teams on a firm and fully funded footing
- Implement our plan to eliminate/reduce reliance on out of area placements in the private sector for adults, reducing length of stay on our inpatient wards
- Invest in safer staffing in our inpatient and community teams, ensuring that our teams are sufficiently staffed to manage increased acuity and complexity, and that they are staffed in line with national standards and benchmarks
- Ensure pressures associated with non-contracted activity and contracts with out of Integrated Care System providers are managed effectively
-
- Support the implementation of our service user and carer priorities
- Support our commitment to work with our acute trust partners to more effectively provide high quality care and support for people with mental health conditions who are in Emergency Departments
- Increase the number of adults supported into employment through our Individual Placement Support services
- Make good progress with other areas of national priorities, as per the performance summary in the next slide below.

Performance

The table below summarises our final 2024/25 plan for delivery of the national priorities for mental health, and three national priorities for learning disability and autism. We have made significant progress since the Committee received our interim plan in March 2024, with an ambition to be compliant with nine of the national priorities by the end of 2024/25. Our planning submission benchmarks well with London.

KEY RISKS

Women accessing specialist community perinatal services: we have been unable to meet the national trajectory for perinatal mental health services since the inception of the NHS Long Term Plan for mental health, in common with many other Integrated Care Systems across the country, and all Integrated Care Systems in London – our performance in 2023/24 was the second highest in London

Access to children and young peoples mental health services: we have been unable to meet the national trajectory for children and young peoples access to mental health services since the inception of the NHS Long Term Plan for mental health, in common with many other Integrated Care Systems across the country, and all Integrated Care Systems in London – our performance in 2023/24 was the highest in London

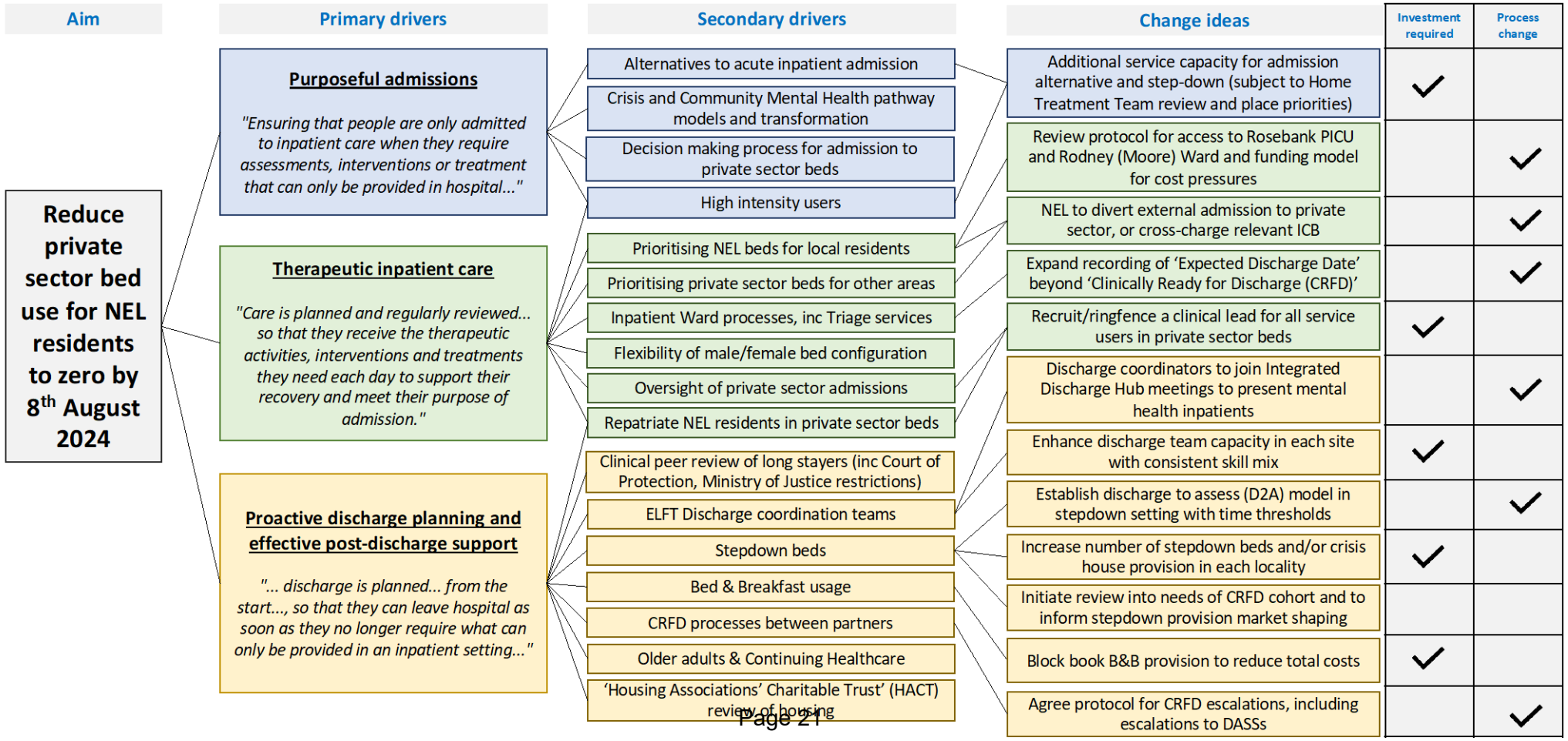
Inappropriate out of area placements: the scale of current out of area placements is significant, with a significant dependency for solutions on other partners including local authority partners

Dementia diagnosis: we believe there are substantial opportunities to improve our performance including through ensuring access to memory service assessment and diagnostics is streamlined, and ensuring recording of diagnosis of dementia in primary care systems is accurate and timely. To deliver on these opportunities will require mobilisation across our seven places, proactive engagement with and leadership by primary care and dementia clinical leads and informatics support.

Mental Health Metric	24-25 NHSE Target	Latest data	Predicted 31.3.24 positon	London ICS Rank	Gap to Target: % change required	NEL 2024-25 Ambition
Inappropriate Out of Area Placements	Zero	1465 OBDs per month (Jan 24) estimated equivalent: 47 beds	80 beds	3rd lowest OA bed days (MHDS)	80 beds	Compliant by Q4 (zero)
Talking Therapies: Reliable Recovery	48%	45% (Nov 23)	45%	3rd highest LTP recovery rate	6%	48% by Feb 25
Talking Therapies: Reliable Improvement	67%	64% (Nov 23)	64%	NA	4%	67% by Feb 25
Talking Therapies Completed Treatments	30,087 p.a.	27,595 p.a. (12 month rolling average)	27,300 (estimated position)	2nd highest LTP access rate	8.2% (2,492 p.a.)	27,595 p.a. (91.7%compliant)
Dementia Diagnosis	66.7%	59.7% (Jan 24)	60.1%	5th highest	9.8% increase	Compliant by Q4 (66.7%)
SMI Physical Health Checks	60% of prevalence	70.8% (31.3.24)	71%	2nd highest	Already Compliant	70%
SMI Access to Transformed Community Services	13,793	25,147 (Dec 23)	25,840	Highest	Already Compliant	24,763
Women Accessing Specialist Community Perinatal Servcies	11.2% of prevalence (3,189 women)	9.3% (2660 women) (Jan 24)	9.6 % (2,730 women)	2nd highest	14% increase (459 women)	9.7%.
Access to CYP Mental Health Services	32,415	25,250	26,004	Highest	19.7% increase (6,411 CYP)	27,493 by Q4
LDA Metric	**NHSE Target 24-25**	**Latest Data**	**Predicted 31.1.24 Position**		**Gap to Target**	**2024-25 Ambition**
Annual physical health checks	**75%**	**84% (March 24)**	**84%**		**Already Compliant**	**75%**
Adult inpatient and adult secure admissions	**58**	**53 (March 24)**	**53**		**Already Compliant**	**58**
CYP inpatient admissions	**7**	**5 (March 24)**	**5**		**Already Compliant**	**7**

Crisis and inpatient plans

Over the last year, there has been a substantial rise in occupancy and associated pressures on mental health crisis and inpatient services services across NEL. This has included a significant increase in the number of people admitted to private sector beds, often far from home. A key area of Collaborative focus for 2024/25 is therefore the delivery of the plan summarised below.



North East London Health & Care Partnership

NEL MHLDA Collaborative
2024/25 planning context - allocations

NHS
North East London

Introduction

This pack lays out our proposed approach to allocation in the North-East London Mental Health Learning Disability & Autism (NEL MHLDA) Collaborative for 2024/25. The pack lays out the context for the approach and case for change, underpinning assumptions, principles for allocation, and then the proposed approach to allocation for 2024/25. As this is a summary and is therefore necessarily brief, we are proposing to run a technical workshop in June 2024 with more time available for colleagues that would like to spend more time considering the method.

The Collaborative is a partnership of NELFT, ELFT, the NEL Integrated Care Board and the seven place-based partnerships, with the aim of improving outcomes, quality, value and equity for people with, or at risk of, mental health and/or learning disability and autism in north-east London.

We need a new approach to allocation in order to address changing demography and need in our seven places, and to address variation and inequity brought about by gaps in commissioning historically. As the context of this paper lays out, addressing variation and inequity is a fundamental requirement on both Integrated Care Systems and provider collaboratives.

We began our journey to change our approach to allocation in 2023/24, with the formation of the NEL MHLDA Collaborative and changes to the way in which we allocated Service Development Funding for children and young people's mental health, and invested in schemes, such as Rodney Ward at Goodmayes, that begin to address gaps and issues in our pathways.

Later in 2023/24 we commissioned a diagnostic to help us to understand more clearly the quality, outcomes, value and equity we achieve for people with or at risk of mental health conditions and/or learning disability and autism in NEL for the c. £547m we spent in the NHS over the course of the year.

The pack mainly focuses on the Mental Health Investment Standard – assumptions include ring-fenced Service Development Fund for children and young peoples mental health access, but not yet other areas of Service Development Fund growth, as these are currently still subject to plan development, in particular with regards to inpatient & crisis care. Other areas of SDF (for example Mental Health in Schools Teams) are allocated on the basis of plans agreed with NHS England.

The approach laid out in this pack begins to deploy more substantively the insights of the diagnostic into how we allocate the Mental Health Investment Standard and Service Development Funding for mental health. Allocation remains a science-informed art, and we are still working through the rich and detailed insights the diagnostic has generated – so the proposed approach is for one year only - 2024/25 - whilst we work through the development of a more medium-term financial plan.

Allocation context & case for change

Context for allocation approach: purpose

- Tackling inequity, unwarranted variation and improving value are fundamental responsibilities of both Integrated Care Systems and provider collaboratives
- Allocation is a key element to improving inequity, tackling unwarranted variation and improving value
- The NEL Integrated Care Strategy and Joint Forward Plan commits us to securing greater equity and creating value, improving quality and outcomes, and deepening collaboration
- Determining and testing new approaches to allocation where there is inequity is therefore a central responsibility of all of us as ICS partners.

The four core purposes of Integrated Care Systems:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development

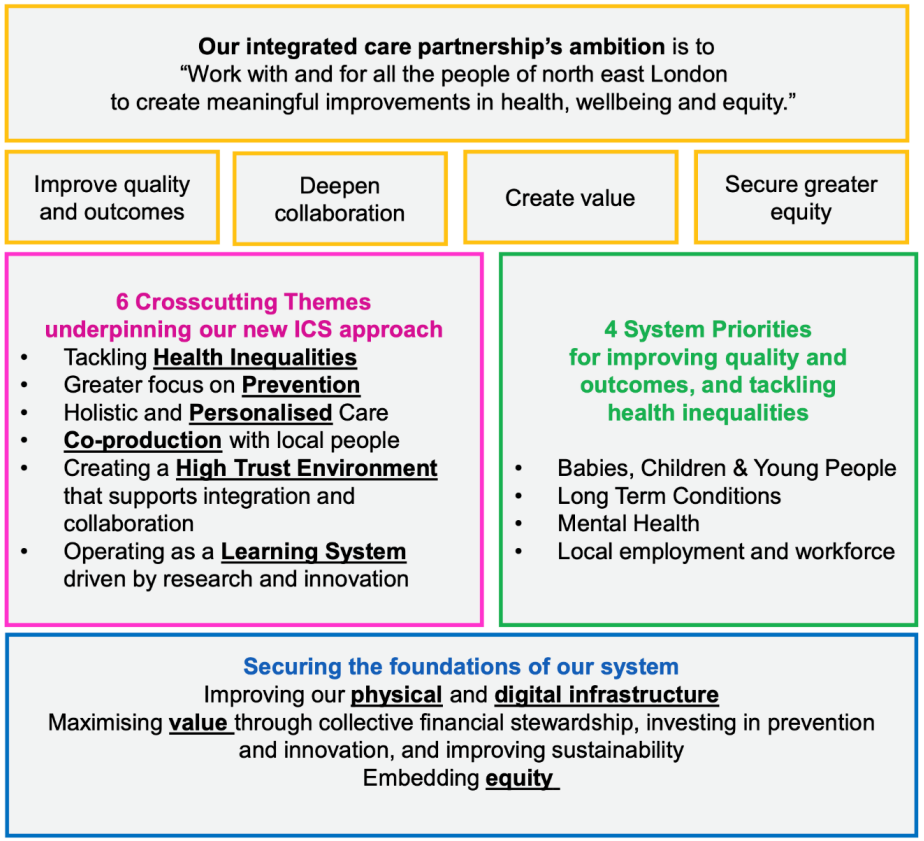
https://www.england.nhs.uk/integratedcare/what-is-integrated-care/

The purpose of provider collaboratives:

- reduce unwarranted variation and inequality in health outcomes, access to services and experience
- improve resilience by, for example, providing mutual aid
- ensure that specialisation and consolidation occur where this will provide better outcomes and value.

https://www.england.nhs.uk/wp-content/uploads/2021/06/B0754-working-together-at-scale-guidance-on-provider-collaboratives.pdf

NEL Joint Forward Plan summary:



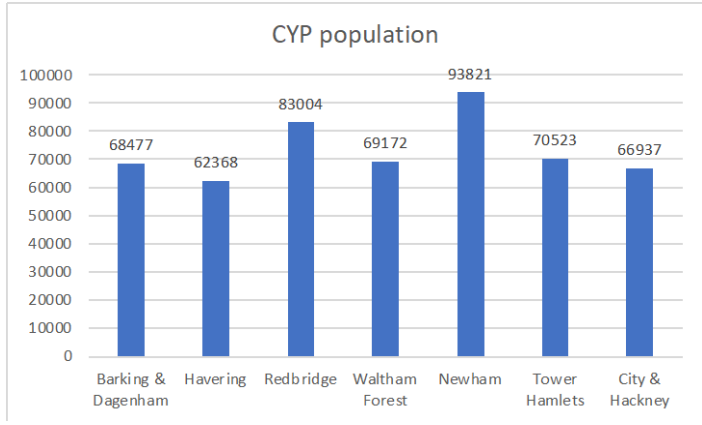
Population

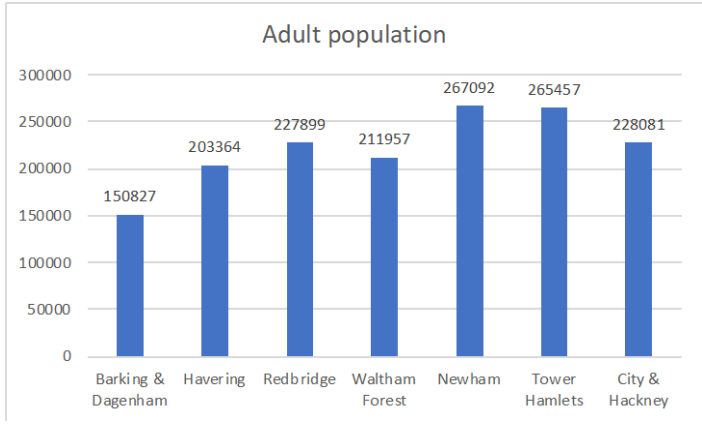
2023 population (GLA) for children and adults is summarised in the table opposite, along with some of the markers for population need. To note:

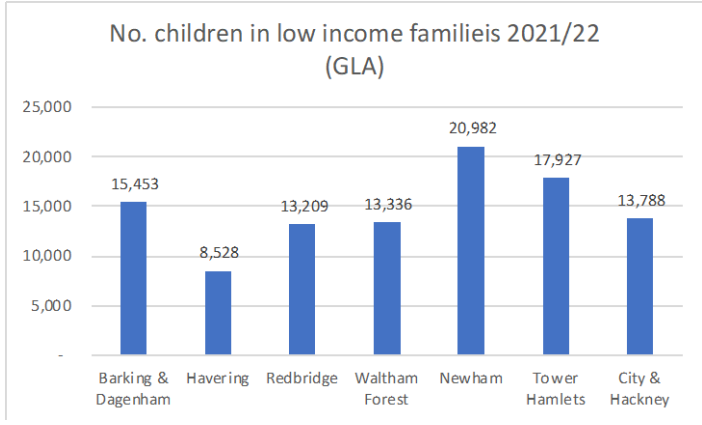
- Newham and then Redbridge have the highest populations of children and young people
- There is no nationally recognised and up to date prevalence/weighting formula specific to children & young people's mental health. Given the relationship between poverty & mental health, a proxy of children living in low-income families is shown, where Newham and then Tower Hamlets have the highest levels of need
- Newham and Tower Hamlets have the highest adult populations; whilst City & Hackney and Newham have the highest needs-weighted population for mental health
- Newham, Tower Hamlets and Redbridge have the highest total populations (all over 300k)
- Tower Hamlets and Newham have the highest rates of poverty
- The highest numbers of adults with serious mental illness (schizophrenia or bipolar disorder) are in Tower Hamlets, Newham and City & Hackney. Serious mental illness is the highest driver of spend in mental health.

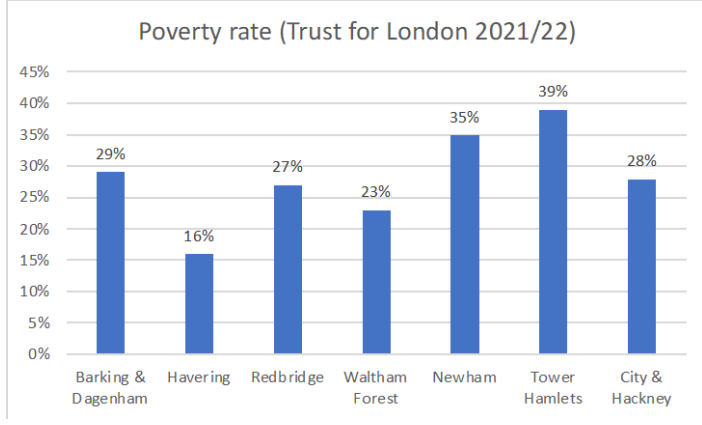
References:

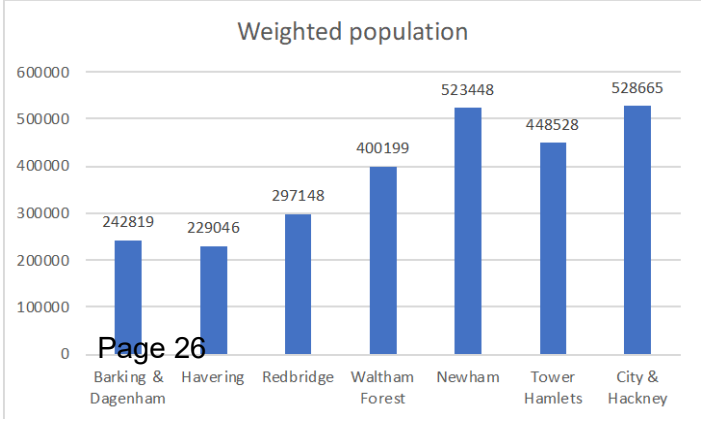
GLA Population Projections (london.gov.uk)
Poverty rates by London borough | Trust for London
Children in low income families: local area statistics - GOV.UK (www.gov.uk)
NHS England » Allocations
Statistics » Mental Health: Physical Health Checks for people with Severe Mental Illness (england.nhs.uk)

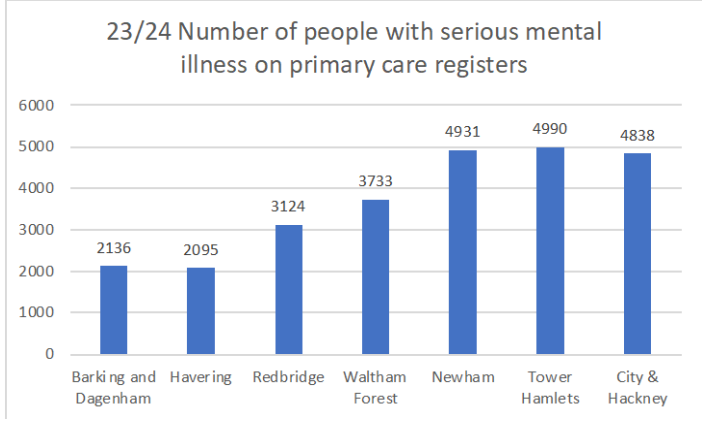












Comparative investment into mental health

Whilst the slides to follow lay out the more detailed context/case for change for allocation within north-east London, it is important to note that:

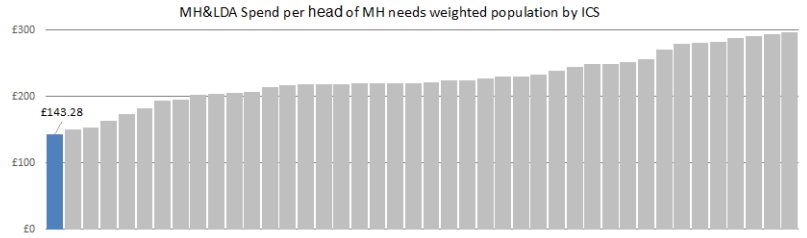
- compared to other Integrated Care Systems nationally, North-East London Integrated Care Board invests the least into mental health by needs-weighted population, the 9th lowest by raw population
- NELICB invests the least in mental health proportionately compared to other London Integrated Care Systems
- The 2023/24 gap from current expenditure to median expenditure nationally is £36m; the gap to top quartile is £89m
- In order to adequately address the parity of esteem gap for mental health in NEL, it is essential that ICS partners work together to release funding into mental health as part of our medium-term financial plan.

4.1 NATIONAL ALLOCATION

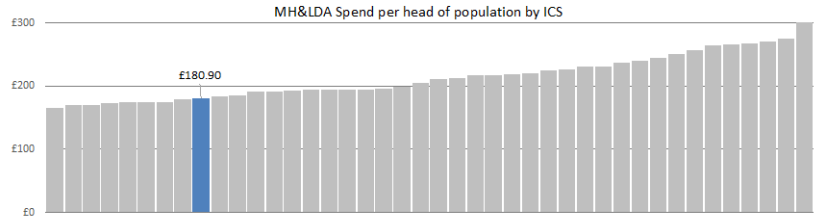
This means that NEL ICS is spending significantly less on MH&LDA services than its need weighting would indicate

Looking at MH&LDA spend per needs weighted head of population, NEL is the lowest ICS in the country.

NEL ICS is forecast to spend £424m for 22/23, once with a needs weighted population of 2.95m



Looking at MH&LDA spend per head of population, NEL is the 9th lowest ICS in the country, this is without controlling for the MH need in the population.



Source: NHS Mental Health Dashboard Q3 22/23

	total ICB expenditure £bn	other	Continuing Care	Primary Care	MH	CHS	acute
North East London ICB	4,631,473	2.4%	4.0%	20.5%	10.0%	10.3%	52.8%
North Central London ICB	3,603,967	4.6%	4.2%	19.6%	12.2%	9.9%	49.6%
North West London ICB	5,172,888	2.3%	5.3%	20.3%	11.2%	8.9%	52.0%
South East London ICB	4,404,625	2.7%	3.5%	19.0%	12.9%	10.5%	51.5%
South West London ICB	3,357,674	4.5%	5.2%	19.8%	10.6%	8.2%	51.6%
London ICB Total	21,170,627	3.2%	4.4%	19.9%	11.3%	9.6%	51.6%

Ambition = left shift

data from ICB plan submissions for 2023/2024

NCL other includes higher 'programme spend' than other ICBs

SWL other includes higher 'reserves' than other ICBs

as with all submissions there may be some differences in how spend is categorised, so should be treated as indicative only

there is variation within ICS in terms of distribution of spend across different places linked to historic patterns of funding and commissioning

worst

best

2023/24 spend

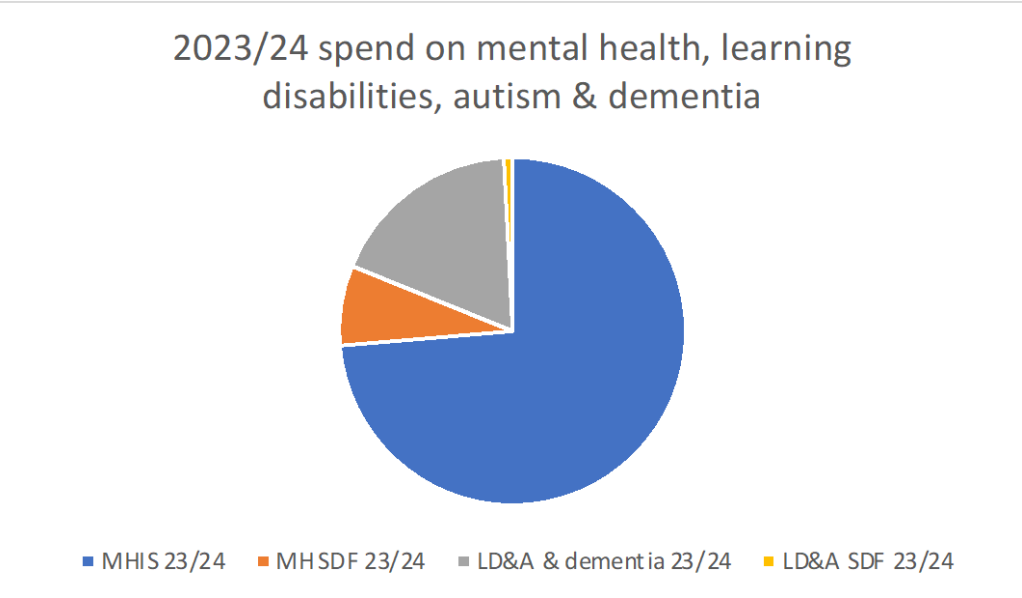
There are three main sources of funding for NHS spend on mental health, learning disabilities, autism and dementia:

The **mental health investment standard (MHIS)** includes a requirement on Integrated Care Boards to invest at least their uplift into mental health each year, a core NHS England commitment further to the statutory duty placed on the NHS to achieve parity of esteem between mental and physical health in the 2012 Health & Care Act. The MHIS can only be spent on children and young peoples and adult mental health – learning disability, autism and dementia services cannot be funded via the MHIS and are therefore funded from **general ICB allocations**.

The **Service Development Fund (SDF)** is national transformation funding to support the delivery of the NHS Long Term Plan 2019/20 – 2023/24, and, subsequently, national transformation priorities. The SDF funds mental health and learning disability & autism ring-fenced priorities.

Since 2019/20, the Service Development Fund has supported the delivery of the NHS Long Term Plan for Mental Health. SDF was allocated to priority mental health programmes as laid out in the National Implementation Plan for Mental Health and devolved to Integrated Care Systems incrementally each year to support transformation and growth, ringfenced to those priorities.

The purpose of the National Implementation Plan for Mental Health was to start to address the huge inequity in outcomes, quality, value and equity experienced by people with mental health conditions in England – the "parity of esteem" gap, and the SDF is and was a key element of enabling this.
https://www.longtermplan.nhs.uk/wp-content/uploads/2019/07/nhs-mental-health-implementation-plan-2019-20-2023-24.pdf



In 2023/24, the NHS in north-east London planned to spend £546.5m on mental health, learning disability & autism in NEL; made up of:

- £402m mental health investment standard (MHIS)
- £41m service development funding for mental health
- £99m on learning disability, autism and dementia (outside of MHIS)
- £4.5m learning disability & autism service development funding

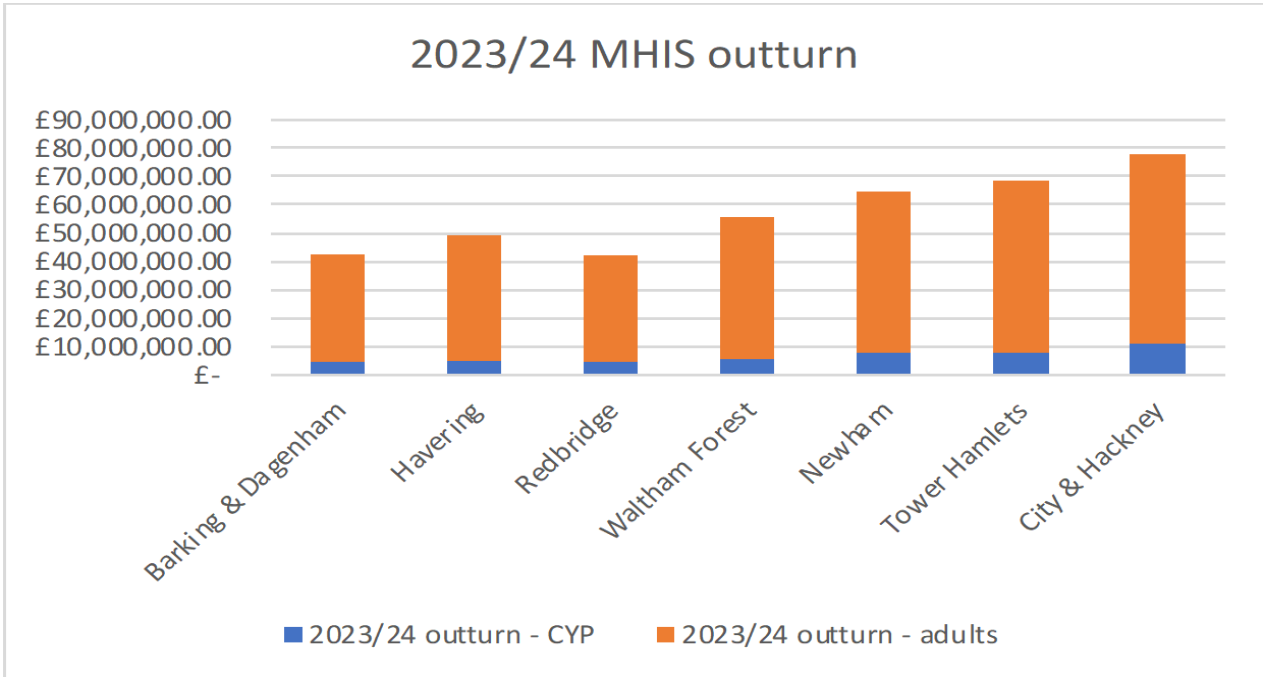
2023/24 MHIS spend by place

Historically, some Clinical Commissioning Groups invested more in mental health than others, often in response to higher levels of mental health need, sometimes because of lower levels of comparative global allocations, sometimes because they placed less priority on mental health, or had gaps in mental health commissioning infrastructure.

As a consequence, there are clear differences in allocation between NEL places for children and adults. Some of this is warranted, when it is in the context of need, but some of it is unwarranted – as demography and patterns of need have changed over the years, some areas for particular populations now appear under-funded.

Historically (up until 2022/23), the allocation method was that each place applied the allocation uplift to previous year outturn/contract value. The effect of this approach was that due to low baseline spend, some places have grown more slowly than others with higher baseline spend.

The mental health investment standard is a minimum not a maximum. The Integrated Care Board is free and able to spend above the MHIS. For example in 2021/22, Waltham Forest had above MHIS investment of c. £2.5m which is now incorporated into the baseline.



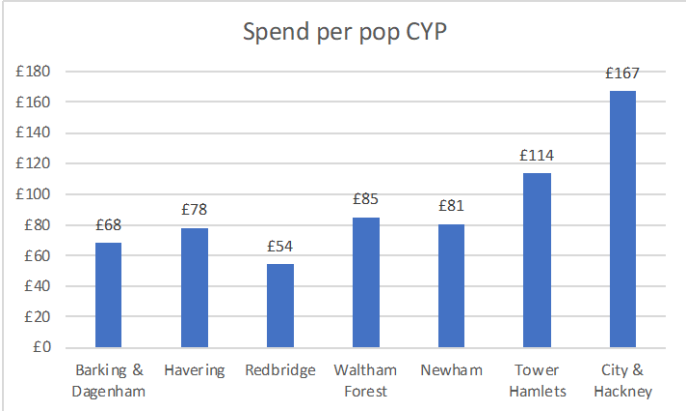
Place	Total 2023/24 MHIS outturn	2023/24 outturn - CYP	2023/24 outturn - adults
Barking & Dagenham	£ 42,428,000.00	£ 4,684,000.00	£ 37,744,000.00
Havering	£ 49,399,000.00	£ 4,881,000.00	£ 44,518,000.00
Redbridge	£ 42,306,000.00	£ 4,523,000.00	£ 37,783,000.00
Waltham Forest	£ 56,036,000.00	£ 5,867,000.00	£ 50,169,000.00
Newham	£ 64,720,000.00	£ 7,567,000.00	£ 57,153,000.00
Tower Hamlets	£ 68,494,000.00	£ 8,009,000.00	£ 60,485,000.00
City & Hackney	£ 77,877,000.00	£ 11,189,000.00	£ 66,688,000.00
Total	£ 401,260,000.00	£ 46,720,000.00	£ 354,540,000.00

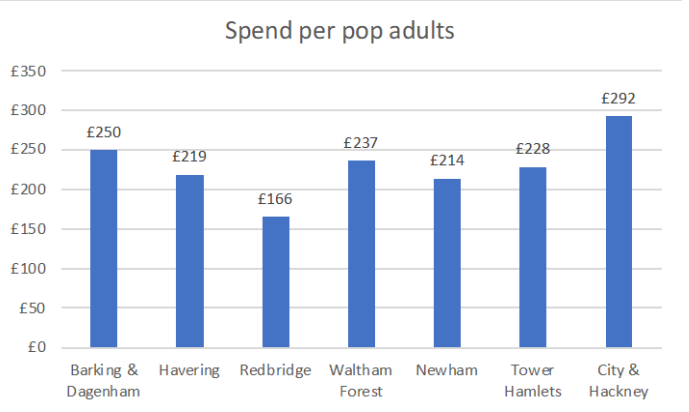
Comparative 2023/24 MHIS spend by place

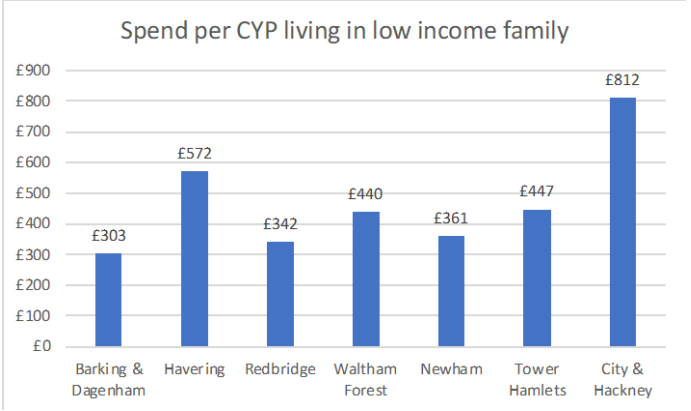
More detailed analysis of spend per head of population by place, for raw and weighted populations for children and adults can be found in the graphs on this slide which give details of 2023/24 spend per head of population.

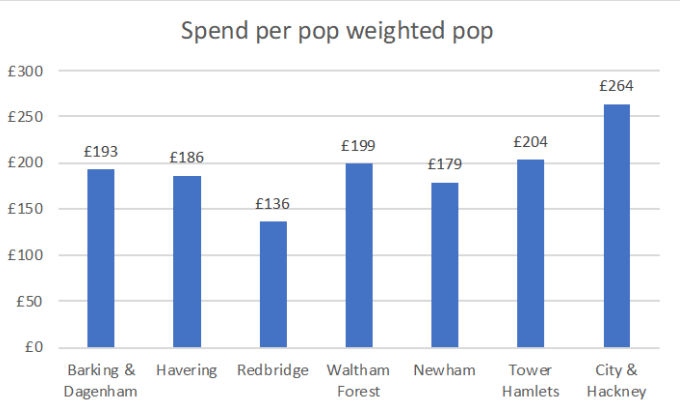
The table below shows:

- Redbridge has the lowest comparative spend for four of the five populations
- City & Hackney has the highest comparative spend for four of the five populations
- Barking & Dagenham has comparatively low levels of spend for children and young people, but is comparatively higher for adults
- Newham has generally low levels of spend for adults and is lower for children and young people.

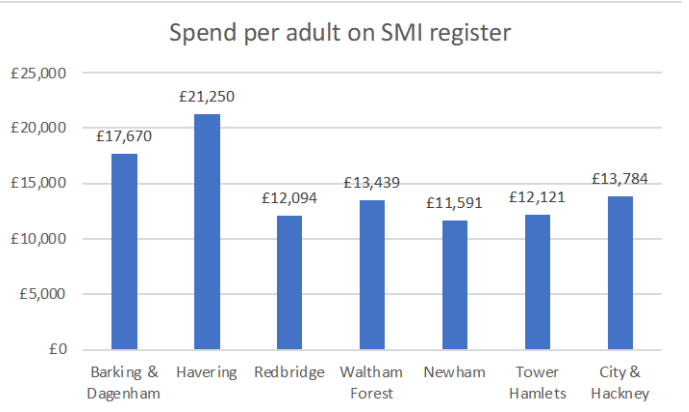








Place	Spend per CYP (population)	Spend per CYP living in low income family	Spend per adult (population)	Spend per weighted population (adults)	Spend per adult on SMI register
Barking & Dagenham	£68	£303	£250	£193	£17,670
Havering	£78	£572	£219	£186	£21,250
Redbridge	£54	£342	£166	£136	£12,094
Waltham Forest	£85	£440	£237	£199	£13,439
Newham	£81	£361	£214	£179	£11,591
Tower Hamlets	£114	£447	£228	£204	£12,121
City & Hackney	£167	£812	£292	£264	£13,784
Mean	£92	£468	£229	£195	£14,564



Issues with historic approach to allocation

As noted above, historically (up until 2022/23), the allocation method for the mental health investment standard was that each place applied the allocation uplift to previous year outturn/contract value. The effect of this approach was that due to low baseline spend, some places have grown more slowly than others with higher baseline spend.

This approach is problematic because, as we have seen above, our populations have changed and are changing, with some places growing more quickly than others over the past few years and continuing to do so in the future, and population structure and need changing too. A flat application of % uplift to pre-existing contract values in each place does not allow for these changes to be taken into account. In addition, some places may have had gaps in mental health commissioning in the past, resulting in low levels of investment into baseline funding.

The allocation method for service development fund where there has been local flexibility has often been weighted population (some service development fund priorities are negotiated with regional/national NHSE, such as mental health in schools teams, so there is no flexibility with this area of SDF – for other areas, community mental health services for example, there is flexibility). Weighted population is a national formula, based on a range of inputs. Whilst weighted population is a helpful measure, it does also have issues:

- It is a whole population measure, so does not take into account children and young people specifically
- It includes registered SMI population as a key driver, however this is problematic because it tends to be the case that areas that are better reimbursed will tend to have higher SMI registered populations due to service availability
- It has not been updated since 2019.

Allocation principles & method

Allocation principles

There are strong views / perceptions amongst stakeholders that historic patterns of investment by place, and the potential for any proposals to allocate resources differently generates much debate. Below is a proposed set of principles to enable us to consider allocation method in a way that is fair and reasonable:

- Allocation against need is an **art, not a science** (though it is informed by evidence, including that we have gathered from the diagnostic) – as a consequence it will not be perfect, but should help us to move towards an allocation which is perceived by stakeholders to be reasonable and fair
- We should take a **levelling-up approach** to implementing the findings of the diagnostic. This means only including allocation growth (after inflation) in the allocation model, and not reducing investment by place (unless driven to do so through national planning rules)
- We should move at **a speed that is comfortable** for providers and places. Therefore, the allocation framework will be modelled over a period of ten years so that by the end we have either reduced to zero, or substantively reduced, the variation in spend by need, per place
- We are clear that adjustments in spend are not the only way in which **providers and places can support each other**. For example, ELFT has supported NELFT with inpatient admissions for some time now, at no additional cost to either NELFT or the ICB
- This is about place allocations which include **VCSE** contracts and services delivered by **other organisations and agencies** than ELFT and NELFT. At present the proposal is based on NHS spend only, i.e. does not include local authority spend.
- **Spend is not the same as cost**. Cost did not form part of the diagnostic and providers may have made cross-place adjustments over time that should factor into the framework. NELFT and ELFT will work together to develop a method to establish cost as part of the allocation framework for 2025/26 and beyond.

Allocative method (children & young peoples mental health)

In 2023/24, prior to the diagnostic, we used a locally developed approach to allocate children & young peoples mental health SDF

Our approach was in the context of the facts laid out in these slides above, in summary:

- Under-funding of children and young people's mental health services in some places, as a consequence of historic patterns of commissioning and other factors
- Changing demographics in each of our places
- Entrenching inequity of the previously used allocative method (application of allocation growth to historic spend/contract values in each place)
- Inadequacy of mental health needs weighted population as a mechanism of determining need in children & young peoples mental health services
- Adopting a "levelling up" approach, through which all places receive some growth, but places that are under-funded receive a higher allocation.

Our 2023/24 allocative method used three key factors to determine allocations for each place:

- 33% based on size of population of children and young people (GLA 2023/24 population estimates for 0-18 year olds based on census, using the % of the population of CYP in place divided by the whole NEL population of CYP to determine the place-based share)
- 33% based on size of population of children & young people living in low-income families (GLA 2021/22 estimates for children living in low-income families, using the % of the population of CYP living in low-income families in place divided by the whole NEL population of CYP living in low-income families to determine the place-based share)
- 33% based on distance from target allocation, using the average spend per head of population of children & young people as target allocation; and only targeting growth at those places that were below target allocation (Barking & Dagenham, Redbridge, Waltham Forest & Newham)

Our 2024/25 allocative method uses the same principles as above but refines the model to allow for further pace in allocation growth for under-funded places by adding a fourth dimension, distance from target for allocation based on children living in low income families, as detailed below:

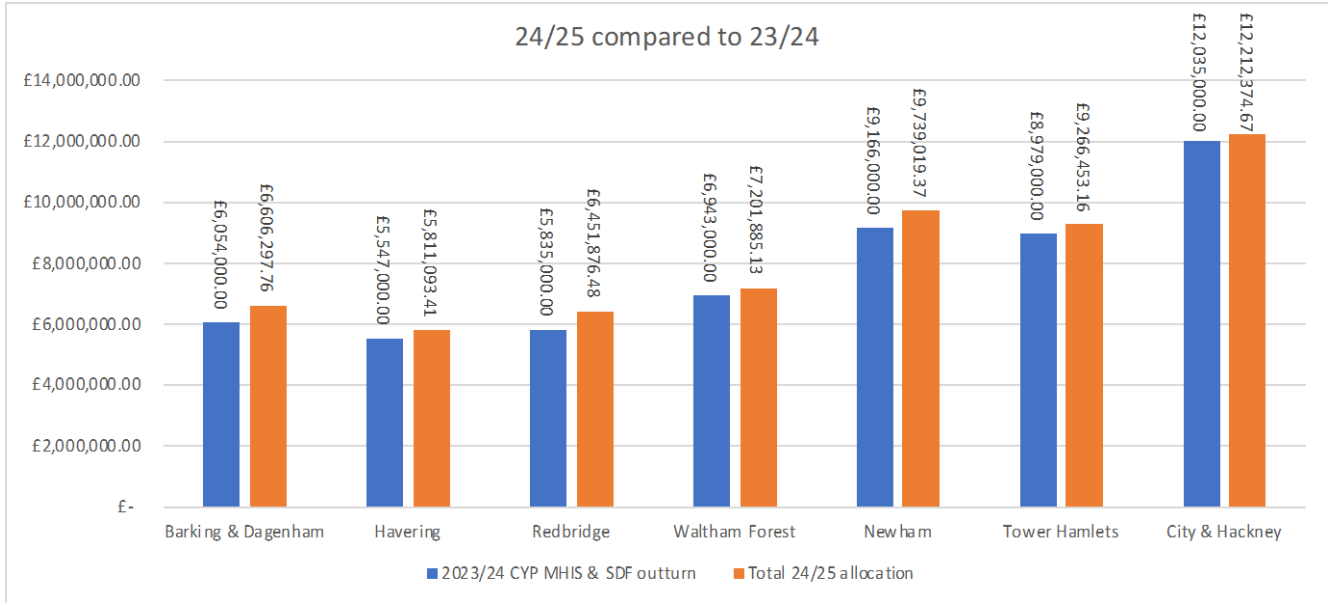
- 25% based on size of population of children and young people (GLA 2023/24 population estimates for 0-18 year olds based on census, using the % of the population of CYP in place divided by the whole NEL population of CYP to determine the place-based share)
- 25% based on size of population of children & young people living in low-income families (GLA 2021/22 estimates for children living in low-income families, using the % of the population of CYP living in low-income families in place divided by the whole NEL population of CYP living in low-income families to determine the place-based share)
- 25% based on distance from target allocation, using the average spend per head of population of children & young people as target allocation; and only targeting growth at those places that were below target allocation (Barking & Dagenham, Redbridge, Waltham Forest & Newham)
- 25% based on distance from target allocation, using the average spend per head of population of children & young people living in low income families as target allocation; and only targeting growth at those places that were below target allocation (Barking & Dagenham, Redbridge, Waltham Forest & Newham)

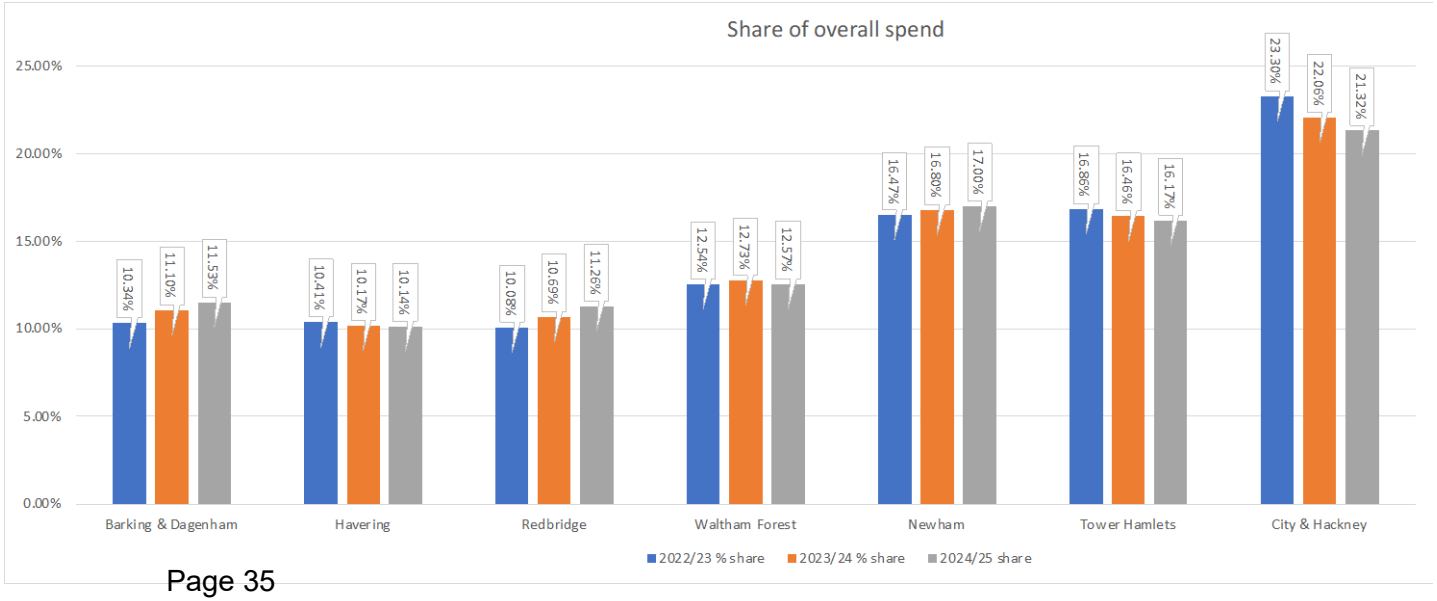
Next steps include reviewing in more detail the NEL MHLDA diagnostic model for children & young peoples mental health allocative approach.

Children & young people's mental health 2024/25 allocation summary

The proposed approach to allocation laid out above results in the following allocations (excluding inflation) in 24/25, whilst the cumulative impact of 23/24 and 24/25 in share of total ICS spend on children and young people's mental health can be seen in the table below. It should be noted:

- All places continue to receive some growth
- Where a place has a high CYP population, or high levels of need (based on CYP living in low-income families) or is significantly below average spend, then their share of 24/25 growth is larger, enabling them to grow more quickly
- Mental health in schools teams SDF is allocated in line with the plan agreed with NHS England and so is not included here.





Allocation method (adults)

There are five proposed drivers for the allocation model:

- **Population size** (2021 census and GLA 2028 forecast; medium housing growth)
- **Population need** (GP registers for depression, serious mental illness, dementia and learning disability; NHSE needs weighting formula)
- **Activity** (community mental health, inpatient and local authority)
- **Risk** (Public Health England fingertips measures, plus weighted measures)
- **Outcomes** (Public Health England fingertips weighted measures, plus top outcome 12 measures)

These 5 drivers can be **weighted** equally or differentially, depending on how we think they should be apportioned. In this example they have been weighted equally

The model shows whether each borough should receive a **higher proportion** of the NEL allocation for MHLDA (a positive number, in blue) or a **lower proportion** (a minus number, in red). It is possible to make additional overlays to this data:

- Add in market forces factor (yes/no)
- Add in local authority spend data (NHS only / NHS & LA)

The diagnostic model also allows us to consider allocations for specific populations (for example people with common mental health problems and people with serious mental illness and people with learning disability).

The one-year allocation proposal for 2024/25 adjusts for market forces, is based on NHS spend only, and weights population need.

The raw data that sits behind the drivers is shown here. We would be able to update the backing data at appropriate intervals to ensure that the model is drawing from the most up-to-date evidence. The outcomes measures are weighted in such a way that there is not a perverse incentive for places to perform poorly.

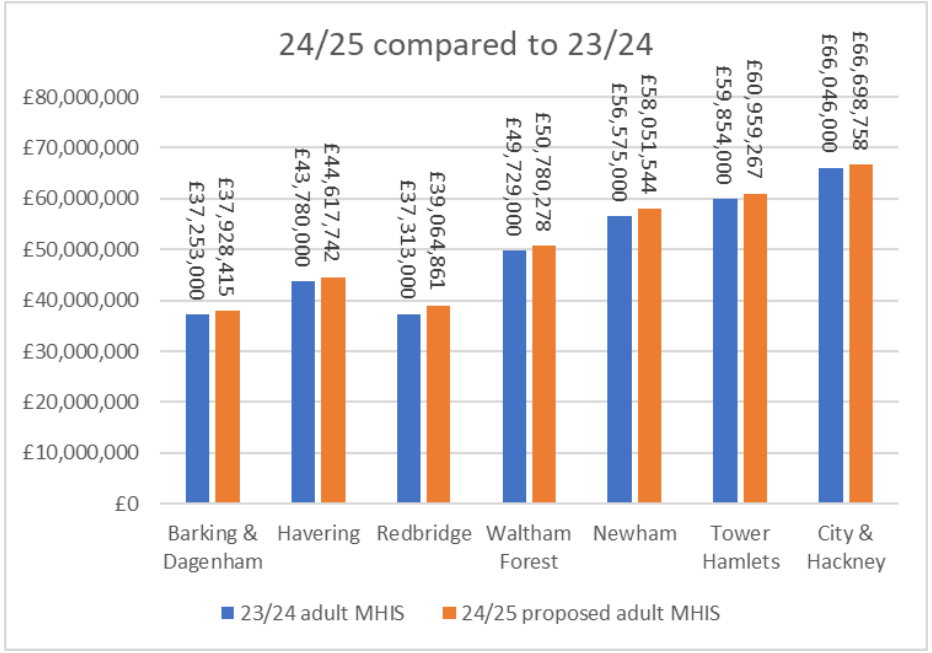
	BD	HV	RB	WF	CH	NH	TH
population	0.2	2.4	4.9	-0.6	-5.7	-0.1	-1.2
need	-1.8	-1.1	1.7	0.5	-0.5	1.1	0.0
activity	0.1	0.1	1.8	0.6	-0.6	-0.5	-1.5
risk	1.9	1.9	4.6	-1.0	-6.2	1.2	-2.4
outcomes	0.0	2.8	5.1	-0.4	-5.6	0.0	-1.8
ALL	0.1	1.2	3.6	-0.2	-3.7	0.3	-1.4
SMI	0.5	-0.3	4.0	0.6	-4.4	0.3	-0.8
CMH	-7.2	0.5	1.0	-3.9	-3.7	7.3	6.1
DEMENTIA	-3.6	5.9	-6.0	3.9	7.6	-2.8	-5.1
LD	-8.0	0.4	4.1	-8.7	7.0	2.7	2.5
CYP	3.5	2.5	3.8	0.0	-7.7	0.1	-2.2
WEIGHTED	-0.9	0.4	3.3	-0.8	-2.9	1.0	-0.2

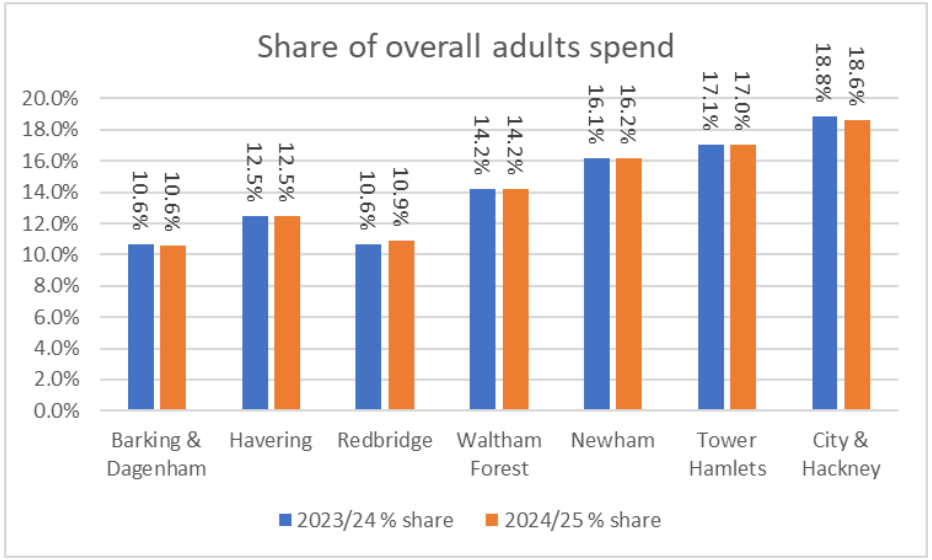
		BD	HV	RB	WF	CH	NH	TH
SPEND	NHS	42.00	40.31	41.21	56.17	72.63	67.78	66.34
	LA	29.38	34.37	38.43	41.15	51.39	43.67	54.75
	TOTAL	71.38	74.68	79.64	97.32	124.02	111.45	121.09
POPN	POPN 2021	218,876	262,052	310,263	278,425	267,727	351,029	310,299
	POPN 2028	242,250	270,093	337,036	297,920	276,089	373,226	354,312
NEED	NWF	1.01	0.78	0.88	1.24	1.56	1.24	1.28
	QOF (x4)	0.088	0.100	0.131	0.150	0.181	0.183	0.168
ACTIIVTY	AMSU NHS-COM	2,301	2,684	2,882	3,645	2,759	3,276	3,277
	AMSU NHS-IP	113	111	165	188	358	296	230
	AMSU LA	99	79	87	107	120	107	110
RISK	RISK (ALL)	1.45	1.18	1.20	1.22	1.21	1.30	1.24
	RISK (W)	1.36	1.09	1.17	1.13	1.06	1.27	1.06
OUTCOMES	OUTCOMES (W)	1.06	1.09	1.08	1.09	1.05	1.07	1.08
	OUTCOMS (12)	1.06	1.08	1.10	1.09	1.06	1.07	1.04

Adults mental health 2024/25 allocation summary

The proposed approach to allocation laid out above results in the following allocations (excluding inflation) in 24/25, whilst the cumulative impact of 23/24 and 24/25 in share of total ICS spend on adult mental health (excluding SDF) can be seen in the table below. It should be noted:

- All places continue to receive some growth
- Where a place has a high population, or high levels of need or activity, or has significant risk factors or outcomes, then their share of 24/25 growth is larger, enabling them to grow more quickly
- Not all adult mental health funding has yet been allocated as plans are still being finalised, in particular ring-fenced Service Development Funding for inpatients, and MHIS contingency funding.





Summary of proposed approach to allocation growth

The overall changes to proposed allocation for each place as % of total share of growth for 2024/25 is shown below, against the historic approach to allocation (in blue). It can be seen that:

- Contracts within each place continue to attract inflation linked to baseline contract value (so the value is the same as the historic approach to allocation)
- Children and young peoples growth is higher than the historic approach in some places, lower in others, for the reasons laid out in this paper
- Adults growth is higher than the historic approach in some places, lower in others, for the reasons laid out in this paper.

Transformation Partners
in Health and Care

Systematic Review of Social Prescribing and Connector Roles in Tower Hamlets

Tower Hamlets Together Board - Aug 2024

Lianna Martin – TPHC Lead

Who we are...

Transformation Partners in Health and Care (TPHC)

Formerly Healthy London Partnership, the personalisation programme at TPHC have been working with a range of partners including integrated care systems, acute providers, local councils, the voluntary and community sector, as well regional and national NHS organisations, to support the city to embed social prescribing and community centred approaches since 2017 - Find out more about our work HERE.

Lianna Martin – Lead for Systematic Review of Social Prescribing and Connector Roles in Tower Hamlets

- Passionate about the difference social prescribing and the related roles can make to the lives of Londoners that need it the most.
- Over 20 years' experience working in social enterprise, VCSE and health sectors.
- 3+ years supporting London system to embed personalised care roles, connecting local systems to each other to share what's working (in a formal, regional role funded by NHSE)
- Entreprenurial approach to tackling systemic issues, creating practical initiatives to elevate social prescribing and supporting residents.

See Appendix 1 for additional members of the team supporting this work

Purpose of the review

With large levels of deprivation, Tower Hamlets has been host to pioneering work proactively tackling health inequity, working to improve the population's health and prevent serious illness by address the social determinants of health, over the years.

As a result, there are a variety of roles in Tower Hamlets that support people's non-clinical needs, operating in a number of settings, that may benefit from more joined up working.

There is appetite and an opportunity to think longer term and more strategically about how these services might interconnect, and to consider the ecosystem and resource required to support their work and in turn residents that need this support the most.

This short-term piece of work aims to:

- Better understand the core roles providing social prescribing and connector services in Tower Hamlets
- Understand how these roles interconnect, overlap and might better relate to each other
- Illustrate what is happening in the wider system that is pertinent to these roles
- Explore and illustrate models of working adopted in other boroughs
- Make recommendations to build a more effective network and offer indications on how to build a longer-term strategy, via partnership working

See Appendix 2 for the original draft scope of the work

What has happened so far...

Convened multistakeholder forum: Initiation meet end of March organised by Public Health, including some of the key stakeholders of the work to share the scope proposed for feedback (see appendix 2 for initial aims presented to group)

Listening exercise to refine scope: TPHC (Lianna Martin) met with a number of stakeholders with important insights to understand perceived opportunities and challenges and what each would value / hope for from this piece of work (see appendix 3 for examples of stakeholders)

Exploring wider context: Connecting with local & national colleagues to explore what parallel pieces of work may be happening and examples of work could provide inspiration

Mapping and insight gathering: having mapped the key stakeholders, surveys and 1-1 interviews have been conducted, as well as data collection where available

What we heard...

Conducting informal, 1-1 discussions with the breadth of Tower Hamlets based stakeholders for the work, we were asking what they would find useful from a systematic review of social prescribing and the connector roles in the borough. Here is a flavour what people were sharing;

1. **Value in this this piece of work / what would people be keen we achieve**
    a. Definite appetite to better understand who is doing what, with whom – better connectedness in the system
    b. Lots of mapping has happened over the years, enthusiasm for this piece of work to create some universal visibility
    c. Need for a common language on the roles
    d. Awareness of Community Navigator (Public Health funded) roles, curiosity of what they do and how they could better connect with broader picture – how might they complement what is there?
    e. Lots of appetite to use these roles in more settings with additional cohorts of residents
2. **Strengths and weaknesses of current arrangements**
    a. Concerns about the long-term investment in social prescribing
    b. VCSE activities being cut – universal concern about pressures on the voluntary sector
    c. Concerns residents are being passed around and work to be done to develop a more streamlined system
    d. Great borough wide infrastructure for Social Prescribing Link Workers – in an ever-fracturing system, appetite for this type of convening and support to broaden its scope
    e. Huge levels of need for social prescribing and proactive, population health aapproaches such as '5 SDH questions' being rolled out highlighting demand, that is outstripping current capacity - question marks over efficiency of services vs capacity issue

Concurrent pieces of work

- **Stocktake of personalised care across NEL** : Review lead by the ICS to propose what activities might be need to support the delivery of personalised care and what is the role of the ICS vs place and PCN(recently published)
- **Development of the neighbourhood model in Tower Hamlets:** Pilot PCNs for working model to be identified and convened Autumn 2024
- **5 questions relating to the Social Determinants of Health included in every Long-Term Condition (LTC) review:** Currently being delivered across the borough / ICS
- **Development of specialist roles:** developing a 'Start for Life' social prescribing role, secondary care adopting the approach, integral aspect to one of the pillars of the Long Term Conditions work etc
- **State of the Sector report from Tower Hamlets CVS**: VCSE sector developing a new strategy to strengthen the sector
- **Stocktake of SWLA provision in borough:** Apr – Aug 24, borough level assessment of the need for and provision of advice services in Tower Hamlets
- **Other reviews conducting similar pieces of work:** Newham, Brent, each of the 5 boroughs in North Central London for example

Potential outputs for the work

Visualising the Tower Hamlets landscape:

- Clarity on different roles, who they are working with, where they are based
- Database & digital map to illustrate what connecting & SP services are where, who they support, how they work, what outcomes they aim for and measure etc.

Case studies of models of working:

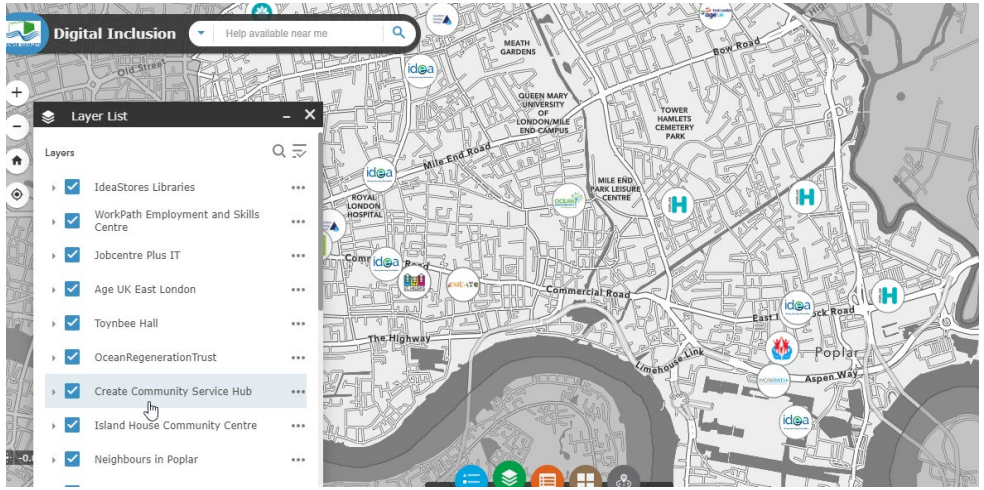
- Some highlights of what a good system for connector services looks like
- Case studies of other boroughs and highlights of other services

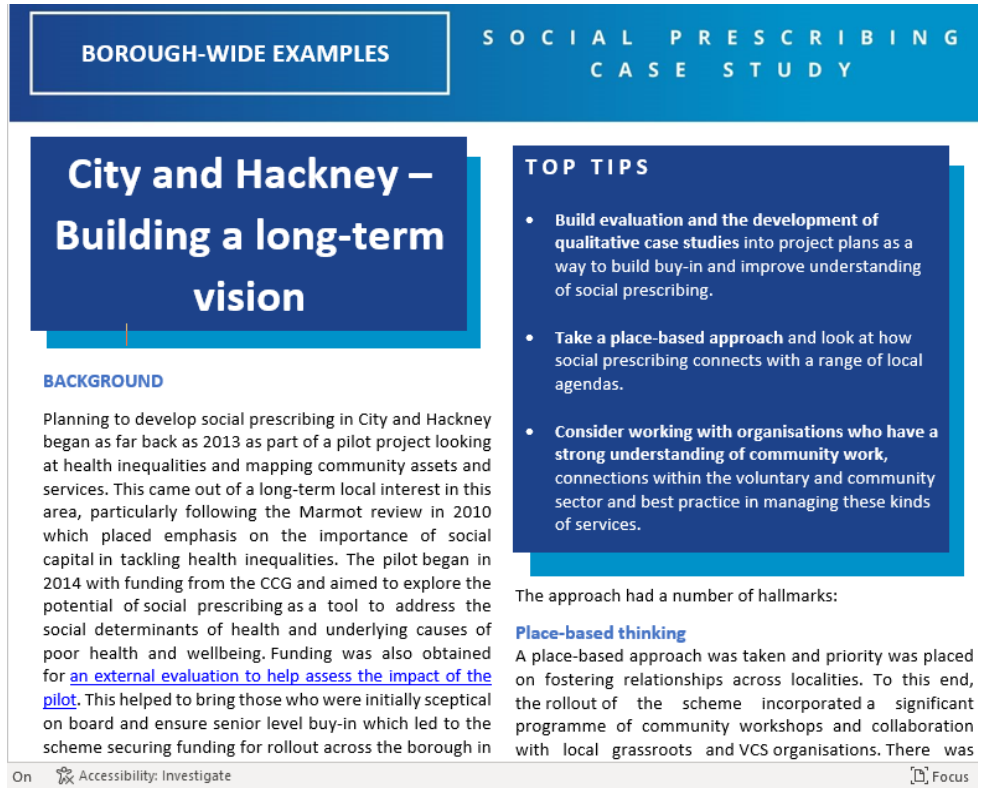
Documentation of the work / written review:

- Written report and slide deck with overview of work, findings and key recommendations

Sustainable forum for cross borough working:

- Database of relevant stakeholders across the borough
- Multi stakeholder task and finish group to support the work
- Co-production session at end of review to discuss recommendations and to inform next steps / explore what problems to solve and what investment may have most impact




BOROUGH-WIDE EXAMPLES

SOCIAL PRESCRIBING CASE STUDY

City and Hackney – Building a long-term vision

BACKGROUND

Planning to develop social prescribing in City and Hackney began as far back as 2013 as part of a pilot project looking at health inequalities and mapping community assets and services. This came out of a long-term local interest in this area, particularly following the Marmot review in 2010 which placed emphasis on the importance of social capital in tackling health inequalities. The pilot began in 2014 with funding from the CCG and aimed to explore the potential of social prescribing as a tool to address the social determinants of health and underlying causes of poor health and wellbeing. Funding was also obtained for an external evaluation to help assess the impact of the pilot. This helped to bring those who were initially sceptical on board and ensure senior level buy-in which led to the scheme securing funding for rollout across the borough in

TOP TIPS

- **Build evaluation and the development of qualitative case studies** into project plans as a way to build buy-in and improve understanding of social prescribing.
- **Take a place-based approach** and look at how social prescribing connects with a range of local agendas.
- **Consider working with organisations who have a strong understanding of community work,** connections within the voluntary and community sector and best practice in managing these kinds of services.

The approach had a number of hallmarks:

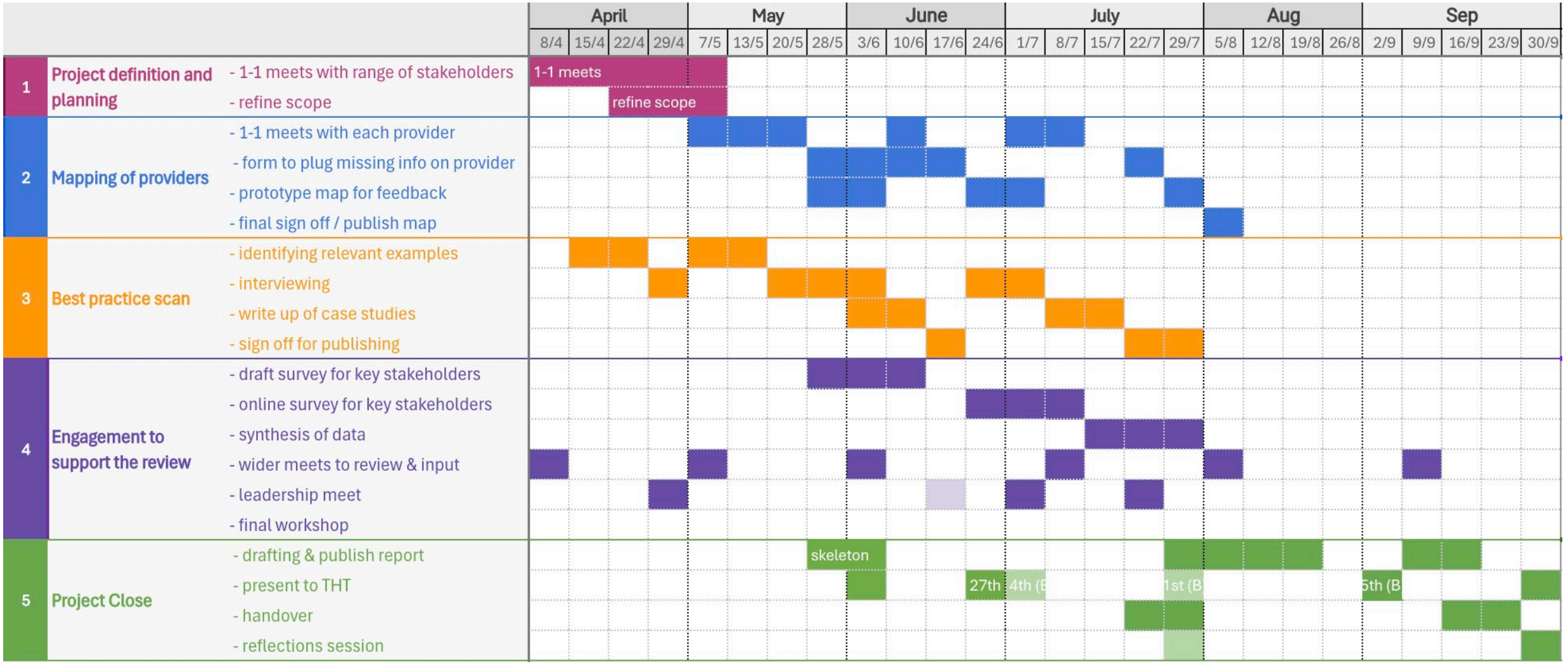
Place-based thinking

A place-based approach was taken and priority was placed on fostering relationships across localities. To this end, the rollout of the scheme incorporated a significant programme of community workshops and collaboration with local grassroots and VCS organisations. There was

On Accessibility: Investigate Focus

Proposed activity & timeline

PLEASE NOTE – this is an approximation & dates may change



Which roles are we looking at?

'MAIN CONNECTOR SERVICES'

This will refer to the services that are predominantly made up of social prescribing, care co-ordination and/or health coaching , this being their main function;

1. Social Prescribing Link Workers (based largely in primary and secondary care)
2. Care Co-ordinators
3. Health and Well Being Coaches
4. Care Navigators
5. Mental Health Community Connectors
6. Public Health Community Navigators

Will include specialist roles, such as:

- Social Welfare Legal Advice Social Prescribers
- Social Prescribers supporting families specifically

These roles are shared across the local authority, primary and secondary care, the voluntary sector and the East London Foundation Trust (ELFT), with different funding sources (such as NHS Additional Roles Reimbursement Scheme, local NHS funding and council funding).

'LIGHT TOUCH CONNECTOR SERVICES'

Whilst most roles supporting residents of Tower Hamlets may have some aspects of social prescribing, signposting, co-ordination or navigation, given capacity and time limits of this work, roles in the following types of organisations will be considered in the broader mapping;

1. Resident Hubs
2. Family Hubs
3. Social Welfare Advice
4. Housing Associations

The multistakeholder forum supporting this work

Purpose of forum:

- To convene key stakeholders concerned with connector services supporting residents in Tower Hamlets, building a more formal network
- To inform the outputs from the Systematic Review of Social Prescribing and Connector Roles

Planned activity:

- Monthly, online meet ups for review team to present work for feedback and thoughts
- Online forms and surveys to feed into the work
- Specific workshop activities as and when required

Stakeholders to represent:

- ✓ Commissioners
- ✓ Public health
- ✓ Providers & hosts of social prescribing and connector roles (GP Fed, BBBC, ELFT, PCN rep, secondary care rep etc)
- ✓ People / organisations with important insights for work (VCSE, housing & key services, primary care etc)
- ✓ Clinician (with interest in neighbourhood or HI)
- ✓ Frontline staff representatives
- ✓ Resident representative / Healthwatch
- ✓ Colleagues running concurrent pieces of work

Challenges / opportunities coming up so far....

- **Capacity issue in connector services:** patients' issues worsening because of long waiting lists & staff dealing with huge numbers, reference to more time & more appropriate referrals needed
- **Capacity issue in VCSE:** opportunity to improve feedback loop on what services are commissioned / recommissioned & where increased capacity is needed
- **Directory of services:** appetite to centralise / digitise and catagorise according to locality
- **Admin & reporting burdensome:** desire to simplify
- **Need for greater awareness about the roles:** appetite for more structured networking across the system, and sharing of intel / resources etc
- **Housing and homelessness:** mentioned as a challenge, driver of demand for the service, cause of concern in almost all responses

Proposed order of engagement & events

1. **Jul:** data collection and analysis
2. **Aug:** share draft findings with Forum for discussion (what is missing, does this sound right, what ideas do people have)
3. **Aug:** draft recommendations & report
4. **Sep: s**hare with Forum for feedback on priority
5. **Oct:** Present to THT board key findings and recommendations
6. **Oct:** Share outcome of board (potential for a final forum meet)

APPENDIX

APPENDIX 1: Who is doing the work...

Bylan Shah - Deputy Director of Transformation

- Oversight of work and accountable for delivery
- Maintaining relations with client in addition to regular project meets to assess satisfaction / ensure work is on track

Lianna Martin – Freelance Senior Programme Manager

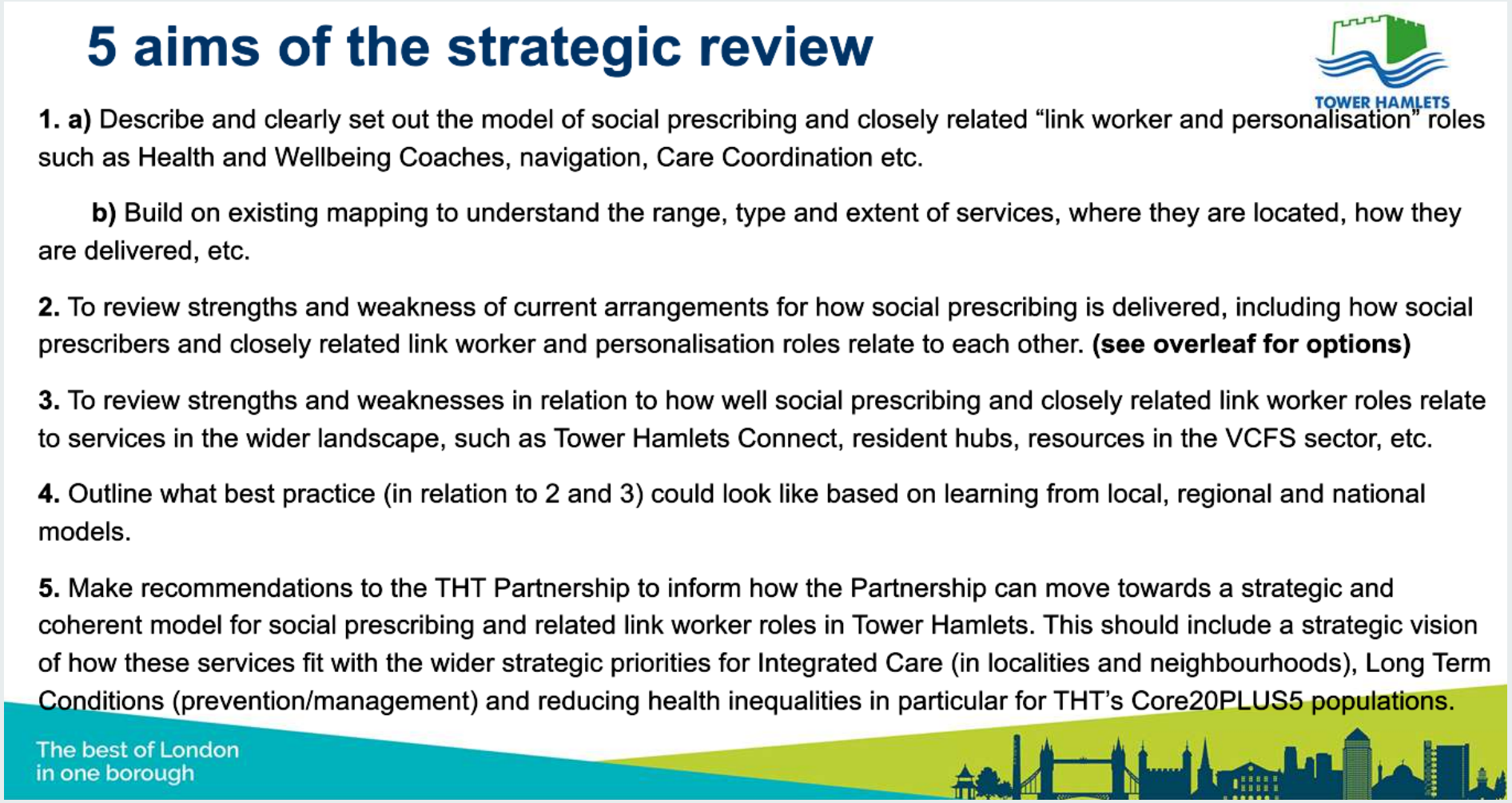
- Leading on the delivery, connecting in with stakeholders and conducting the research
- Producing the outputs

Beth Medforth - Workforce and System Transformation Lead

- Project coordination & stakeholder management
- Contributing to the development of useful outputs, such as provider mapping and case studies

APPENDIX 2: Draft scope for the work presented 21st March…

Stef Abrar presented an overview of the specification: full slide deck shared in initiation meeting with a range of stakeholders: here



APPENDIX 3: Stakeholder engagement...

TYPES OF STAKEHOLDERS	HAVE MET
1 Providers of Social Prescribing and Connector roles	Network Lead for PCNs 6, 7&8; Practice funded SPLW (Mission Practice); THCAN; GP Federation; Frontline workers; Bromley by Bow Centre; East London Foundation Trust; Residents Hubs Manager
2 People / organisations with important insights for work / connections to roles	Public Health & Integrated Com. Leads; Akbal Ahmed - THC; Eleasar Rees - Tower Hamlets Together; Residents Hubs Manager; Dan Hopewell - Bromley By Bow Health; THCVS; Primary Care Leads; Training Hub; Health Watch
3 Leads of concurrent pieces of work in TH	Lead for SWLA stocktake Tower Hamlets; Task and Finish of SP Review in NCL; NEL ICB lead for Personalised Care; Tower Hamlets Together lead; 5 Questions work; Public Health lead for Leisure Insourcing
4 Leads of similar work elsewhere	Public Health funded SP Manager Barnet; NWL ICB lead for SP; Public Health SP lead - Newham; National Academy for SP; Borough SP Managers in Newham, B&D, Waltham Forest; NHSE lead for SP

See full breakdown of people engaged (and databased in development) in Appendix 1.1 & Appendix 1.2

APPENDIX 4: Providers of main and light touch connector services

Main Connector Services:

- **Social Prescribing Link Workers** (based largely in primary and secondary care, employed by GP Care Group, Bromley by Bow, PCNs and practices
- **PCN employed personalised care workers:** care co-ordinators and health and wellbeing coaches
- **Care Navigators** (ELFT)
- **Mental Health Community Connectors** (ELFT)
- **Community Navigators** (Public Health TH)

Light touch connector services:

- **Resident facing roles in a number of council services such as:** THC, housing associations, resident and family hubs, leisure centre etc.
- **Specialist workers such as:** Social Welfare Advisors, Safeguarding Officers / Family Liaison Officers in schools, frontline workers in VCSE (e.g. Look Ahead), Police?
- **Heath organisations:** PCN roles: general staff and allied health professionals, mental health professionals