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 3 October 2024, 0930-1100

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

Chair: Zainab Arian, Chief Executive Officer Tower Hamlets GP Care Group CIC

AGENDA

	Item	Time	Lead	Attached / verbal	Action required
1.	**Welcome, introductions and apologies:** a. Declaration of conflicts of interest b. Minutes of the meeting held on 5 September 2024 c. Action log	0930 (5 mins)	Chair	Papers Pages 3-5 Pages 6-11 Page 12	 Note Approve Discuss
2.	**Questions from the public**		Chair	Verbal	Discuss
3.	**Chair's updates** • **Darzi Report: briefing** here		Chair	Verbal	Note/ Info
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:** • **Cornerstone Project**	0945 (30 mins)	Alison Robert, Sumayyah Barrie, Dan Range, Ellen Kennedy and Anna Murphy	Papers Tabled	Update/ Discuss
7.	**Urgent Care Working Group update**	1015 (30 mins)	Kat Davison, Julie Dublin, Juliet Alilionwu	Paper Pages 13-30	Update
8.	**Immunisations plan**	1045 (15 mins)	Moira Coughlan	Paper Pages 31-35	Update/ Discuss
9.	**Any Other Business** • **A new framework for understanding the healthcare needs of people in Tower Hamlets**	1100		Papers Pages 36-47	For info
Date of next meeting: Thursday 07 November 2024, 0930-1130 – Committee Room 1 – Tower Hamlets Town Hall, 160 Whitechapel Road, London, E1 1BJ					

- Declared Interests as at 27/09/2024

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 Clinical Advisory Group Havering ICB Sub-committee Havering Partnership Board ICB Quality, Safety & Improvement Committee Newham Health and Care Partnership Newham ICB Sub-committee Patient Choice Panel Procurement Group 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	Some GP practices across NEL	Family members are registered patients - all practices not known nor are their registration dates	2014-04-01		Declarations to be made at the beginning of meetings
			Indirect Interest	Redbridge Gujarati Welfare Association - registered charity in London Borough of Redbridge	Family member is a Committee member.	2014-04-01		Declarations to be made at the beginning of meetings
James Thomas	Member of the Tower Hamlets Together Board and Place ICB Sub-Committee	Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Non-Financial Professional Interest	Innovation Unit & Tower Hamlets Education Partnership	Non-Executive Director	2022-09-01		Declarations to be made at the beginning of meetings
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	Non-Financial Professional Interest	Compass CIC	Director of Compass CIC	2024-05-31		
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

Name	Position/Relationship with ICB	Committees	Declared Interest
Sunil Thakker	Director of Finance and Partnership Services	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 Newham Health and Care Partnership Newham ICB Sub-committee Redbridge ICB Sub-committee Redbridge Partnership Board Tower Hamlets ICB Sub-committee Tower Hamlets Together Board Waltham Forest Health and Care Partnership Board Waltham Forest ICB Sub-committee	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.
Vicky Scott	CEO	ICP Committee 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 Waltham Forest Health and Care Partnership 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.
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 5 September 2024, 0930-1130 in person and via MS Teams

Minutes

Members:		
Zainab Arian (Chair)	Joint Chief Executive Officer, Tower Hamlets GP Care Group	In person
Sunil Thakker	Director of Finance, NHS North East London	MS Teams
Somen Banerjee	Director of Public Health, London Borough of Tower Hamlets	In person
Vicky Scott	Chief Executive Officer Council for Voluntary Services	In person
Richard Fradgley	Director of Integrated Care & Deputy Chief Executive Officer, East London NHS Foundation Trust	In person
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
Khyati Bakhai	Tower Hamlets Primary Care Development Clinical Lead, NHS North East London	MS Teams
Matthew Adrien	Healthwatch Service Director	MS Teams
Steve Reddy	Interim Corporate Director, Children's Services London Borough of Tower Hamlets	In person
Georgia Chimbani	Corporate Director of Health and Adult Social Care, London Borough of Tower Hamlets	In person
Attendees:		
Eleasar Reas	Deputy Director of Partnership Development – Tower Hamlets Together, NHS North East London	In person
Ashton West	Deputy Director of Partnership Development – Tower Hamlets Together and NHS North East London	MS Teams
Saem Ahmet	NHS North East London ICB, Head of planning and outcomes	MS Teams
Tanvir Ahmed	Senior Planning and Outcomes Manager, NHS North East London	MS Teams
Eleea Islam	THT Partnership BCF Programme Lead	In person
Naveed Mohammed	Head of Strategy, Policy and Improvement, Integrated Commissioning, LBTH	In person
Emily Fieran-Reed	Adult Social Care Improvement, Transformation and Assurance Lead, LBTH	In person
Madalina Bird	Minute taker, Governance Officer, NHS North East London	In person
Apologies:		
Roberto Tamsanguan	Tower Hamlets Clinical / Care Director, NHS North East London	

Neil Ashman	Place Lead and Chief Executive Officer Royal London & Mile End Hospitals, Barts Health NHS Trust	
Warwick Tomsett	Director of Integrated Commissioning, 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, NHS North East London ICB	

Item No.	Item title
1.0	**Welcome, introductions and apologies**
	The Chair, Zainab Arian (ZA) welcomed members and attendees to the September 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 interests 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 1 August 2024 were agreed as an accurate record of the meeting.
1.3	**Actions log**
	All actions on the action plan are in progress. MB to request updates and bring to the next meeting Action 0205-59 – Jon Williams has picked up and work is progressing Add action around the mapping of the available venues in the partnership/ organisations for team away days. Ashton to follow up and to also work on a timeframe Action 0712-51: Important work and really interested to hear next steps/ plan. Action 0606-62: Challenges identified in continuation of social welfare and legal advice following discussions: 1. strategic alignment and 2. funding. Item on the agenda for November Board. Practical issues have been resolved as well. Action can be closed
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: The Board noted the update
4.0	**System resilience and urgent issues**
	Issues flagged, to note: • The Royal London Hospital has been in category OPEL 4 for 14 days in August. Work is continuing to mitigate the challenges at system level • System is now formally in financial recovery

	• Partnership needs to discuss the implications on how the services are run in TH and any issues in the interface between programmes efficiency and impact on each other's services • Members were advised the investigation and intervention process in NEL system is rated in a category 4, which requires the system/ organisation to undergo a rapid process to improve the financial position by reducing or attempting to reduce spend and other factors to get to the forecast position this year. Two organisations engaged to help PA Consulting for ELFT and NELFT and Deloitte for the acute providers • Currently going through phase one investigation process to assess the grip of controls, review spend, non-paid and opportunities, etc. Phase two will be the intervention process which will deploy findings and recommendations from phase one. Conversations needed to take place on what this means not only for TH but for the system as a whole • Members were advised Mpox preparedness is undergoing around screening and vaccination. Low cases in the country currently • General Practice in TH have agreed to take forward collective action with eighth urgent recommendations that will have repercussions around the system. Helpful to have regular updates to the Board going forward and plan around the system
5.0	**Operational Management Group (OMG) highlights**
	Chair (ZA) verbally updated the Board members and attendees highlighting key discussion points: • Good discussion at the last meeting on ICB paper around the population data segmentation that carves up population data into long-term conditions. Great start but the data/ metrics need to be tailored to Tower Hamlets demographics • Work is needed to understand insights and key metrics, decide where this data is best placed to be picked up and monitored with a highlighted report to come to the Board on a regular basis • Current collective action being undertaken by General Practice in Tower Hamlets has not impacted direct patient care but this situation might change in the future • Group has started to look at winter planning. In view of the issues raised, discussions will need to take place around the interfaces of services and outcomes escalated to the Board The Board members noted the update
6.0	**2024-25 Management Information – Tower Hamlets**
	Sunil Thakker (ST) presented the report shared with the pack outlines the year-to-date financial position for the ICS and the ICB, along with a detailed breakdown of ICB information at the Tower Hamlets place level. At the system level: • The year-to-date ICS variance to plan is a deficit of £43.5m. This is made up of a provider deficit to plan of £37.8m and ICB deficit to plan of £5.7m. • The ICS submitted an operating plan forecast deficit of £35m (provider deficit of £35.6m and ICB surplus of £0.6m). In line with the operating plan and required reporting requirements the month 4 forecast year-end deficit is £35m. • The month 4 financial position includes the costs of strike action at the end of June / beginning of July, run rate pressures and slippage on both provider and ICB efficiency schemes. • Whilst the forecast is in line with plan, the year-to-date run rate suggests a significant overspend. There are outstanding risks in relation to the delivery of the yearend reported position across the ICB and system partners. These risks will need to be managed though the financial sustainability workstream and further updates on the progress of this will be given.

	• The mitigating actions in place to manage the risk is an ICB and ICS review of its system wide recovery and sustainability arrangements Comments and questions from the Board included: • The unmitigated gap is required to be met this financial year. The underlying position needs to be addressed, non-recurrent adjustments can't be made year on year • Challenging situation with all NHS organisations in financial recovery mode. • Safety ethical dimension on how the decisions are taken/ on the plan to respond to this financial challenge with some services stopping • Mental Health Collaborative and Community Health Services have stood up a quality impact assessment including equality impact assessment process to help test questions around quality, safety and equity. Service users have been included in the process • Members raised the question on what the role of THT Board is in taking forward the plan. Delegated responsibilities but not clear on what that means in practice • Helpful to understand what the ICB is considering stopping and the governance on how the decisions are made. Also, the impact on the community. Need to be aware of the practical impacts of any service changes and what stapes will be taken to inform the community and staff (list (of services) that the Board can review) • Need wider discussion on areas of joint funding around prevention and how any plans might affect the Council • Any significant service changes need to go through a consultation and through a political scrutiny process (Scrutiny Committee) • ICB Investment Review Group reviews all funding proposals and is also reviewing a number of uprisings in terms of areas of commissioning and de-commissioning with the triple-lock arrangement being recalibrated and enhanced • Section 75 remains as it is, but will be subject to review • Helpful to have Clare Parker that leads on this work for NEL at the next discussion • Good to have a list/ discussion on the organisation's different efficiency schemes/ programme (look at internal processes around financial management, agency spent, robustness of efficiencies programmes, governance) • Good to have a workshop style discussion, ICB together with provider partners to have the necessary information around savings and cost improving programmes • Members to review the Place information in the pack and get back to Sunil with any comments or questions • Future iterations of the report will include the local authority finances, factor in the section 256 and BCF updates. Working with provider colleagues to also include service line reporting ACTION: Members to review the financial place information in the pack and get back to Sunil with any comments or questions
7.0	**Tower Hamlets Performance Place report**
	Saem Ahmed (SA) and Tanvir Ahmed (TA) presented the report shared in the pack that highlights areas of opportunities to improve experience, health and care outcomes for residents, addressing inequalities in access and outcomes for particular groups in the communities. Comments and questions from the Board included: • Interesting to see the information across NEL but the focus should be Tower Hamlets • To understand the data, it would be useful to have the time trends (insights/ trajectory) • Members were advised similar feedback has been received from other Place Partnerships so future reports will include Place summary with area of focus and trends over time

	• Need to know what the report can be used for: control, improvement or insight and needs to seat in a format that can be easily visualised to spot and monitor statistically validated change. Explore SPC charts in future developments. • Need to also look at the social care data and get patient insights for a holistic view • Different parts of the report need to go to the relevant sub-groups and a discussion is needed on what parts of the report needs to come to the Board • Need to link in the new performance framework for mental health learning disabilities and autism across NEL that has Place elements and includes what matters most to the service users • Different data and insights are coming from various data sources, therefore not in one single place and not available at the moment The Board noted the update
8.0	**BCF Review Programme Update**
	Eleea Islam (EI) presented the slides shared in the pack with the ask from the Board to note the update and provide comments and steering before the report is taken to the Health and Wellbeing Board at the end of the month. The Tower Hamlets two-year BCF plan was signed off in July 2023 and it was agreed to review the plan in preparation for the next policy round in 2025-26. Objectives of the review is to inform and improve performance, future planning and reporting, engage key stakeholders, ensuring coproduction embedded in review and ensure alignment to THT priorities, continued contribution to community resilience, maintaining independence, reducing hospital stays. Development of new BCF Plan to include update to HWBB in Dec with proposals. Comments and questions from the Board included: • Review needs to take into account that hospital discharge fund is a non-reoccurring fund and not guaranteed that will be allocated this year. EI to raise with the Regional Leads and NHSE but it is not anticipated that the funding will stop as its funding statutory services. Good point that needs to be raised with finance team for contingency planning in the event that the fund will not be available • Helpful to have a separate meeting to run through the BCF and the individual budget lines to better understand and prepare for the future • Support is needed in the partnership with governance challenges The Board noted the update
9.0	**CQC Peer Review and wider comms around the inspection**
	Emily Fieran-Reed (EFR) and Naveed Mohammed (NM) talked the Board through the presentation shared that updates on the Adult Social Care (ASC), Care Quality Commission (CQC) Inspection preparedness progress made so far with the ask from the Board members to: • Cascade the key messages about ASC CQC inspection to their teams and to identify what they will do to engage and support their teams around this and identify how team can support • Reflect on the key messages about partnership from the self-assessment, what they mean to them and how they'd draw on them in any conversations with inspectors that they may have once we're notified • Share any relevant learning they may have of inspection (and LA CQC inspections specifically) with the team to help them prepare • Identify any other forums that team should be linking with Board noted the update, and the following points were made: • Helpful to have a presentation (and video) with key messages that partners can share with colleagues.

	• Members were advised that children and young people services are due an inspection but the CQC have confirmed they are not overlap with the Ofsted inspection • There is no new government guidance or changes at the moment • Team is also looking at other Ofsted report results (i.e London Borough of Hounslow report) for learning and guidance • Helpful to share specific, if any, learnings on adult social care services and integrated mental health teams/ services ACTION: Team to send a presentation with key messages about ASC CQC inspection that partners can share with colleagues.
	Any Other Business
	• Richard Fradgley updated ELFT has been successful in a bid for national pilot for 24/7 community mental health services in partnership with Look Ahead - a neighbourhood community service which is opened 24 hours/ day serving people that live in the area (fixed hotel beds - place where people who are in crisis can spend a night or 2 with the mental health team). Service will last for two years and was entirely co-produced with service users, voluntary sector and general practice colleagues. • Somen Banerjee also updated that the Council obtained funding from Department of Health to take forward a programme of health checks in workplace settings that will be roll out over the next year and will be focusing on smaller, medium-sized businesses and markets where there is significant levels of un-diagnosed health issues and risk factors • Muna Hassan flagged that there have been increasing concerning calls regarding the council reviewing lease contract that will impact the voluntary community support. Majority of small community support organisations that will no longer be able to pay rent and be forced out of their spaces. • Vicky Scott also advised that City Bridge Foundation has taken the decision to remove Tower Hamlets as one of their priority areas which will hugely affect the voluntary community groups and is a financial crisis Comments from the Board included: • Issues need to be flagged with the Corporate Directors to make sure that the concerns are raised within the council • Helpful to have a discussion at the Board on financial pressures and deficit that the voluntary sector is facing to help support conversations The Chair also updated that TH Care Group turns 10 years on 24 September and invited the THT Board members and the partnership to a part y at the Art Pavilion on 18 September.

Tower Hamlets 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	Update August Board: Meeting is scheduled to speak to the ICB to take forward the work
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	Jon Williams	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	Closed	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	October	Closed	
0509-63	01-Aug	Mapping of the available venues in the partnership/ organizations available for team away days.	Ashton West	tbc	In progress	
0509-64	05-Sep	Members to review the financial place information in the pack and get back to Sunil with any comments or questions	All	tbc	In progress	
0509-65	05-Sep	Team to send a presentation with key messages about ASC CQC inspection that partners can share with colleagues.	Emily Fieran-Reed/ all	tbc	In progress	

Urgent care in Tower Hamlets: Update to the THT Board

Thursday 03-October-24

Kat Davison, TH UCWG Chair; Chief Operating Officer, RLH, Barts Health NHS Trust

Juliet Alilionwu, Interim Head, Ageing Well, London Borough of Tower Hamlets

Julie Dublin, Senior Programme Manager for Unplanned Care (TH), NHS North-East London ICB

Tower Hamlets Urgent Care Work Group update

Areas of delivery focus	Achievements to date
1. TH UEC system coordination and oversight 2. Operational performance monitoring 3. Sponsorship of UEC service/pathway transformation and improvement initiatives 4. Seasonal demand and capacity planning, and risk mitigation	1. Implemented improvement plan to support the service to deliver 95% 4-hour performance. Monitoring meetings in place to provide scrutiny and support. 2. Oversight meetings established to maintain an alignment between same day access in primary care and UTC improvement. 3. Established Urgent Care Same Day Access Group to drive UEC service transformation programme, primarily focussed on streaming and redirection. 4. Draft framework developed to provide escalation process for medically optimised patients in RLH. Identified three cohorts - Tower Hamlets residents, NEL residents and residents outside of NEL. 5. Involvement in the initial phase of the 111 re-procurement. 6. Identified high impact change initiatives as part of UEC recovery plan.
Main next steps	**Challenges, risks, and issues**
1. Ongoing support for RLH 'March to 78%' ED performance improvement initiative. 2. Ongoing UTC improvement programme and optimisation of UTC model as the basis for service re-procurement 3. Review of UEC arrangements and discharge pathways for homeless patients in light of new HM Government guidance. 4. Develop winter plan for 2024-25.	1. Lack of clarity regarding future funding for non-recurrent schemes from 31st March 2024 leads to difficulty retaining staff and uncertainty about continued provision of services such as Virtual Wards beyond 31st March 2025. 2. Challenges discharging medically optimised residents from non-Tower Hamlets patients on the medically optimised list. 3. Issues related to discharging patients into suitable accommodation 4. Funding available to standup winter schemes. 5. Increasing demand for homeless and still awaiting strategy for managing the discharge pathway

Workstream update

ED SAME DAY EMERGENCY CARE

Launched June 2024 consisting 19 recliner chairs to see A&E Emergency Medicine patients with an expected LOS for care of 4 to 24 hours

Feedback: Patients rate their experience as 8 out of 10. Staff have been positive compared to experience of working in Zone D in the evening.

- Average LOS 7hrs 17 mins
- Average attendances 37 per day
- Number of patients in Zone D reduced by 10 patients an hour, improving the nurse-to-patient ratio
- Average Type 1 performance improved by 6% improvement with he main impact affecting non-admitted performance.

REACH & PRU

Reduction in activity across REACH & PRU due to service operating in Tower Hamlets, Newham and & Waltham Forest

Received 788 referrals, 617 of these were non conveyed and 171 were conveyed. Avoided 330 ambulances from RLH.
Number of Ambulances avoided in June RLH 295

Proposal to introduce the following initiatives

- enable access to UCAS/ ADASTRA to review calls from the stack and use SHOs and registrars
- LAS Dispatcher based within REACH to identify cases and utilise PRU more effectively

URGENT TREATMENT CENTRE

Improvement plan developed to improve type 3 performance and achieve 95% 4-hour target consistently. Performance has improved significantly, ranging between 95 – 99%. Performance dips periodically and measures implemented to mitigate.

Significant progress made since introducing the following interventions:

- Recruitment across a number of roles including :
  - Interim Head of Service
  - UTC clinical lead - ED consultant 12-week appointment
- Improvement in productivity
- Addressing patient flow issues
- Improve utilisation of redirection pathways
- Provide mutual aid to support streaming to ED during times of surge
- Engaging with PELC (BHR Provider) for lessons learnt

Daily check-in meetings scheduled to provide assurance.

Longer term vision - Workshop planned 30th October to scope longer term plan to optimise streaming and redirection to achieve overall 4-hour target of 78%.

Workstream update

VIRTUAL WARD

Service providing hospital at home for adults with frailty, respiratory, hepatology and cardiology conditions.

Occupancy rates continue to rise, currently at 67%
Average LOS 12.6 days on frailty ward reported July 24
Occupancy rate for frailty ward 67%

Discussed adding the **paediatric hospital at home** service to the Barts list of schemes, as it meets the criteria The addition would improve occupancy and capacity,.

Paediatric ward received avg 55 referrals since April 2023. June data records 50+ referrals and LOS of 145 days..

Evaluation being delivered by PPL who conducted evaluation of virtual wards in SEL, NWL & NHS South-East Region. Evaluation f
Process

- Patient, family carer
- Staff experience
- Patient outcomes
- System impact
- Financial impact

Report due December 24

DISCHARGES

Discharge delays and LOS have reduced due to the introduction of advance discharge planning for some patients and RLH's business continuity measures. ADP being piloted in Newham and Hackney. LOS for Hackney patients saving an average of 18 days.

Out of borough discharges continue to be a challenge.

Equipment continues to be an issue. Discussions are being arranged to consider options e.g use of Enabled Living as an alternative source or, arrangement with another provider.

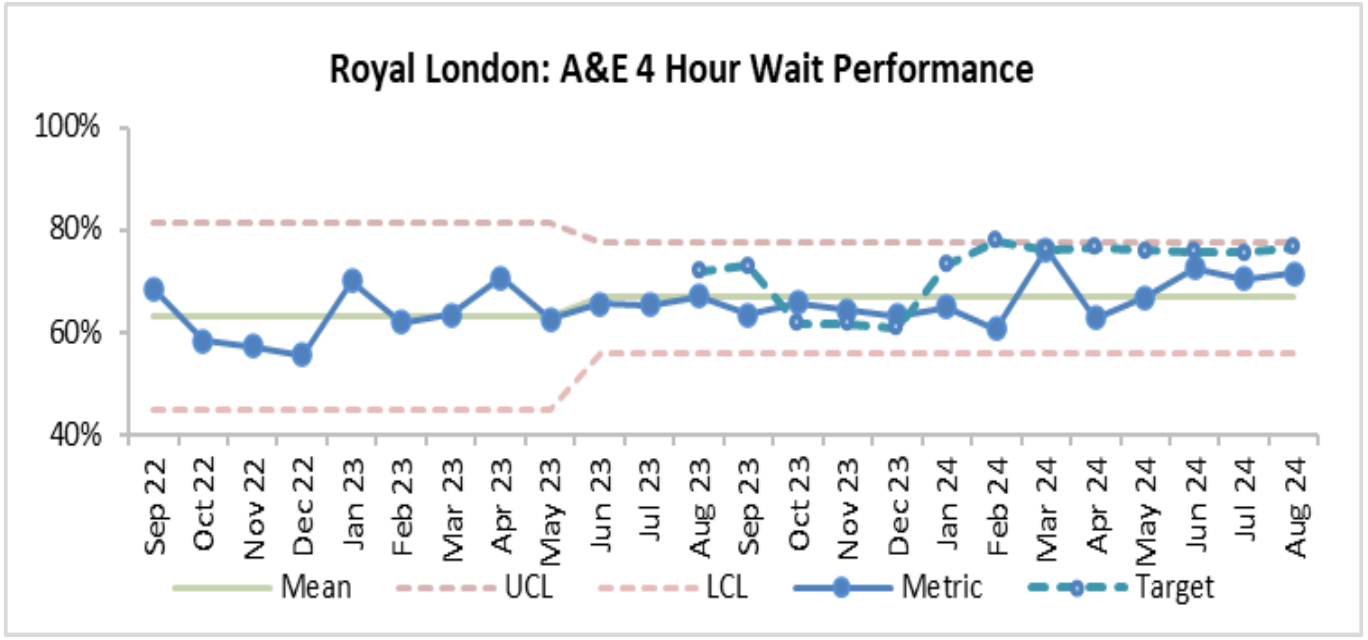
Developing **escalation framework** for Tower Hamlets, NEL and Out of Borough residents to support discharge process. Details includes agreed timeframe for escalations and identifies key contacts.

Undertook exercise to understand how system partners respond to operational pressures based on OPEL action cards

Tower Hamlets paediatric urgent and emergency care group (PUECG)

Areas of delivery focus	Achievements to date
1. Agreed short-term focus on preparing for winter 2024-25—specifically, developing an integrated framework designed to enable swift paediatric discharges from RLH. 2. Engagement with group regarding future priorities, including exploring the value and viability of: • A social care liaison role; and • An early years health visiting role in A&E • Advance discharge planning for some paediatric patient cohorts 3. Longer-term planning for the future.	1. New group established in May-24 at the request of TH urgent care working group (UCWG). Meets bi-monthly, and has now met three times.] 2. Jointly chaired by: • James Courtney, Senior Programme Manager: Children, Young People and Maternity, NHS NEL; and • Kat Davison, Chief Operating Officer, RLH and MEH, Barts Health NHS Trust 3. Reflects wide-ranging multi-professional and interdisciplinary system representation from: • RLH UEC, integrated paediatrics, and children's hospital services • Children and young people's community and mental health services • Local authority housing and adult social care • NHS North East London ICB/LBTH integrated commissioning.
Main next steps	**Challenges, risks, and issues**
1. Finalise discharge escalation framework 2. Progress, finalise and share plans for winter resilience 2024-25 3. Next meeting on 20-Nov-24	1. Ongoing issues around timely discharge and patient flow with complex paediatric patients with long length of stay as a result of the need for coordination of wide-ranging, joined-up provision at discharge. 2. Issues related to families accessing the right services for unplanned care: presenting at RLH ED when other channels (e.g., NHS 111, primary care) might be more appropriate.

A&E 4 Hours Waiting Time

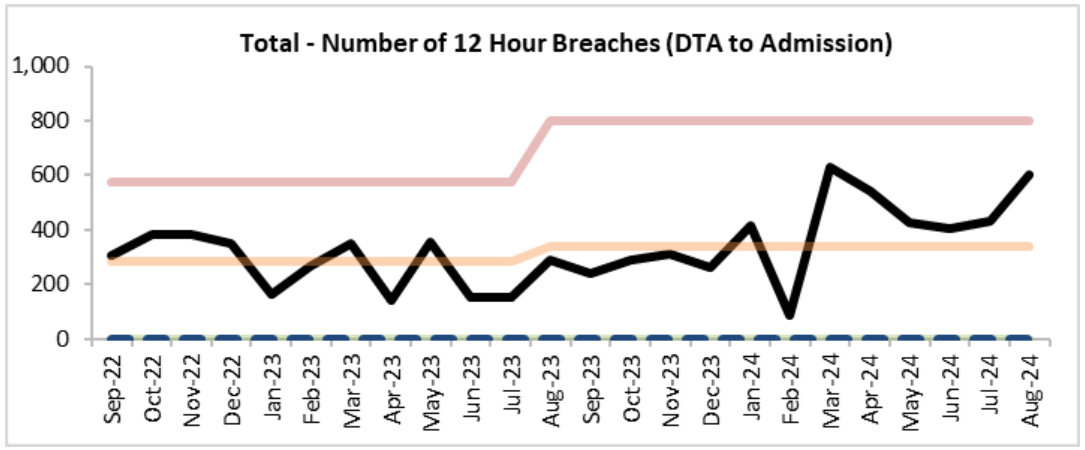


Ambulance Handover Delays in ED

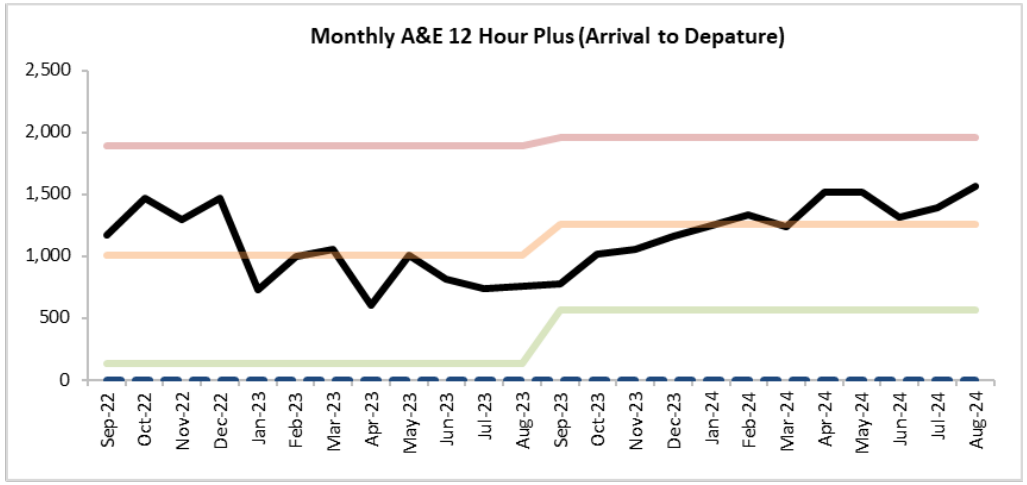
Emergency ambulance handovers < 15 minutes from arrival	%	31.5	%
Emergency ambulance handover delays > 30 minutes	%	31.2	%
Ambulance handover delays >60 minutes	%	2.0	%
Mean ambulance handover delay	mins	3.8	mins
Longest ambulance handover delay	mins	155.0	mins
Total time lost to ambulance handover delays (hours per month)		151.0	

- Overall 4-Hr performance 72% in August
- Improvement in IA waiting time to 18 mins for Adults, with 70% of patients seen within the 15min target
- No longer able to pull 30min Ambulance turnover data from BIU – data shown is from SEDIT but please note the most recent is July 24. LAS SEDIT data demonstrates that 31% of our Ambulance activity was offloaded within 15 and 30 mins in July (this will be skewed by delays in LAS crew pinning off).

A&E 12 Hour LoS Waits



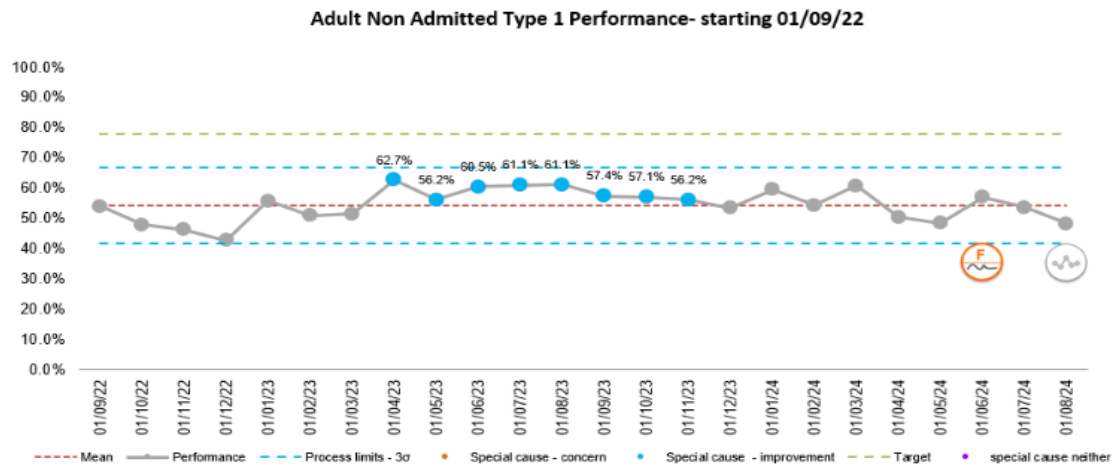
Number of 12 Hour Breaches (DTA to Admission)			
Month/Year	**Total Breaches**	**Mental Health Breaches**	**Physical Health Breaches**
Mar-24	631	2	629
Apr-24	540	0	540
May-24	426	0	426
Jun-24	403	0	403
Jul-24	433	0	433
Aug-24	605	0	605

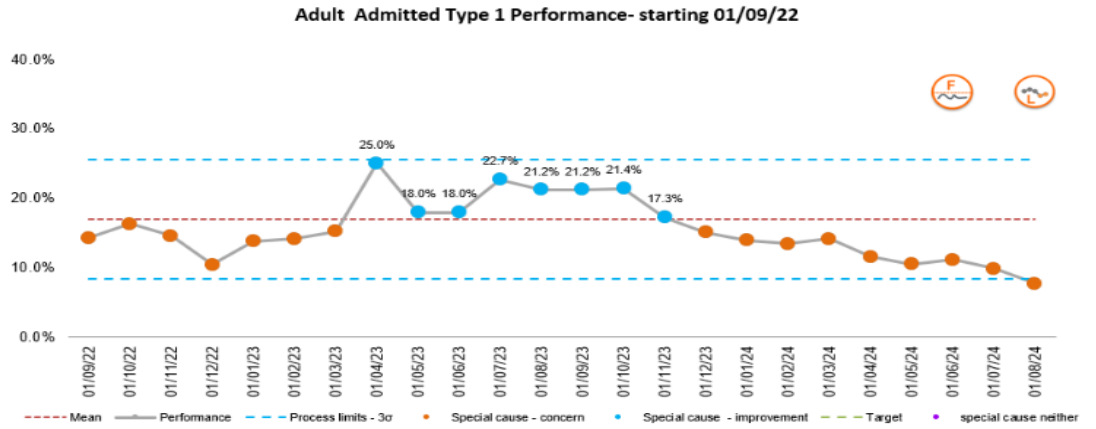


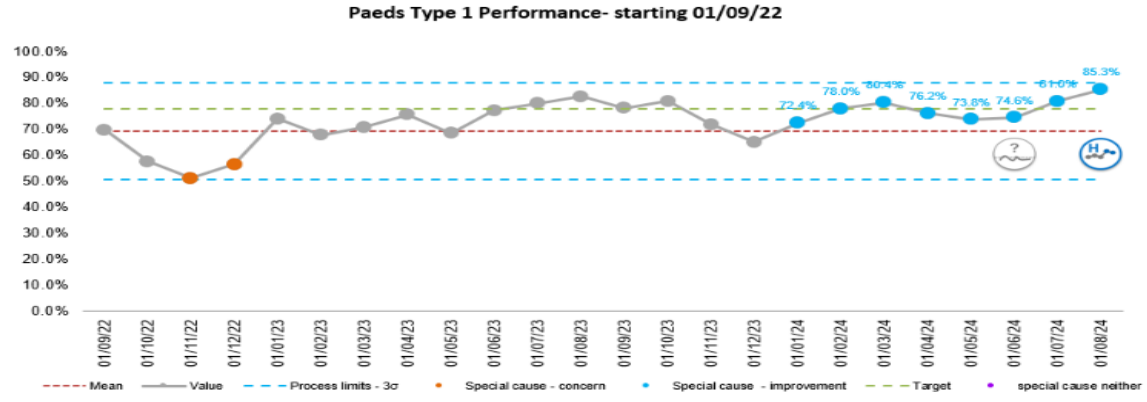
A&E 12 Hour Plus (Arrival to Departure) Last 6 Months	
Month / Year	**No. of 12hr+ LOS (Arrival to Departure)**
Mar-24	1237
Apr-24	1516
May-24	1512
Jun-24	1312
Jul-24	1390
Aug-24	1560

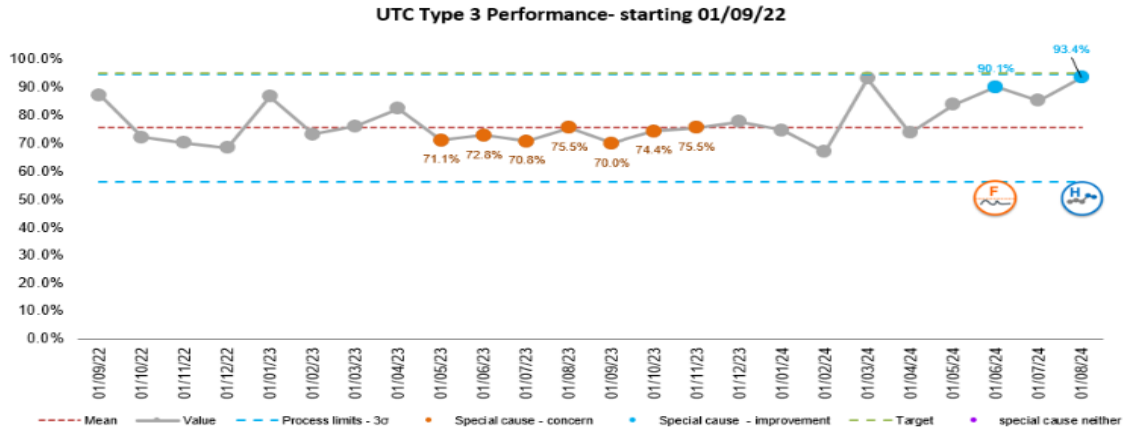
- There were 605 12 hour black breaches in August for patients who went on to have an RLH Inpatient admission
- There were 1560 12-hour black breaches in August overall – this includes RLH inpatients, patients d/c straight from ED and those awaiting psychiatric admission

Managing the Front Door: August Metrics







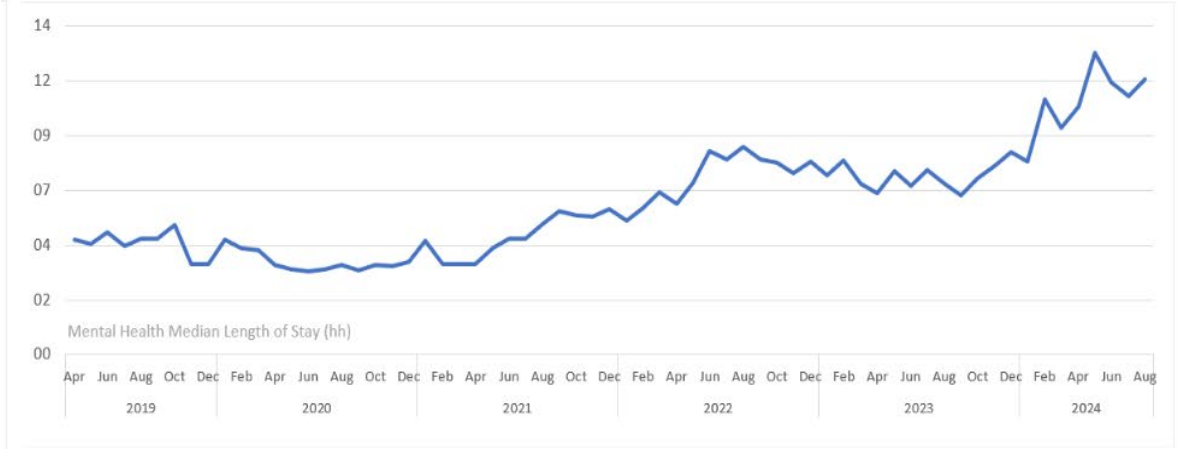


- Adult Non-Admitted Performance in Aug decreased compared to July and has been decreasing since June. This has been driven by the decrease in Admitted performance, limiting flow through the department, and increasing the number of DTA breaches included in the Non-Admitted performance (as they complete their treatment in ED rather than on the wards due to long LOS)
- Adult Admitted Performance has statistically triggered a consistent failure against the target as well as a special cause of concerning variation, since March 24 – in Aug it was 7.7% (the lowest ever recorded Admitted performance)
- UTC Type 3 Performance increased from July to Aug, to 93.5% against their 95% target
- Paediatric Type 1 (Admitted & Non-Admitted) Performance has improved in Aug compared to July, driven by an improvement of both Admitted and Non-Admitted performance

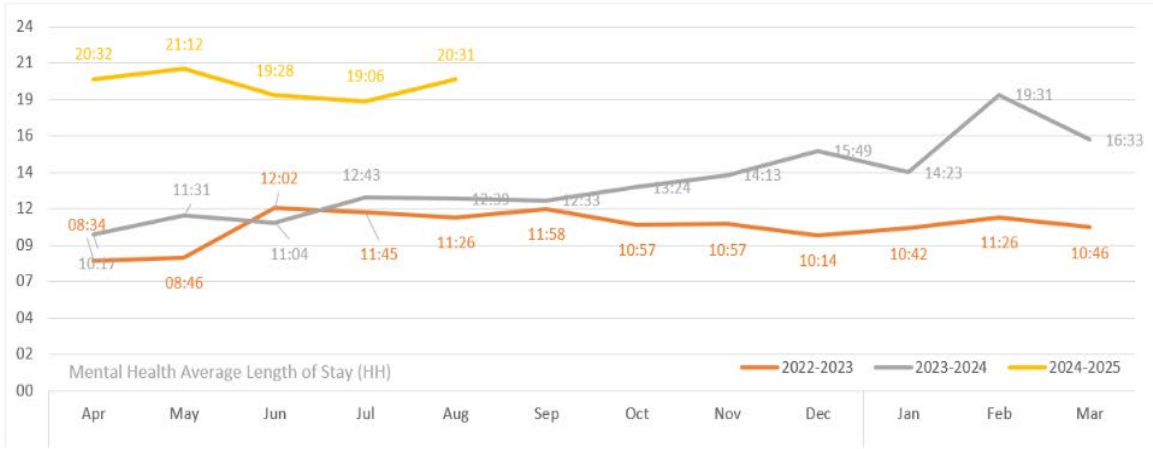
Psychiatry Performance: ED

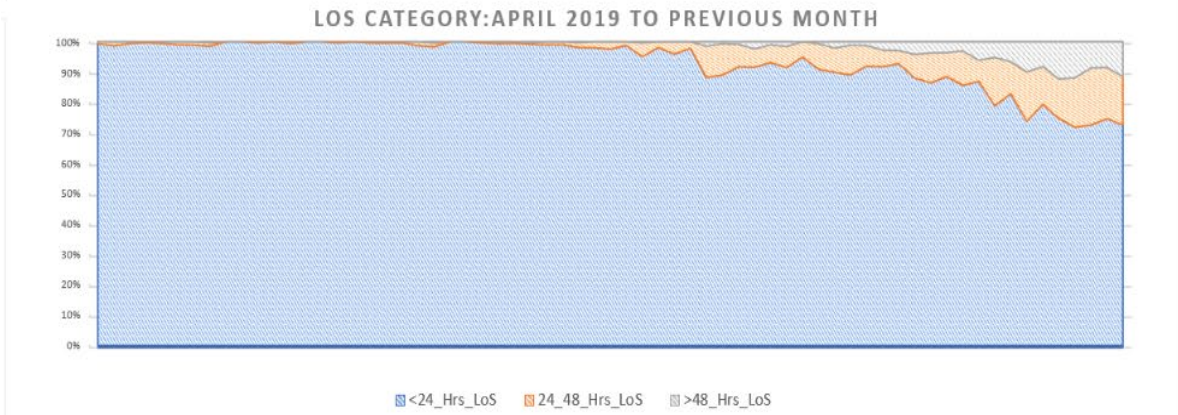
Despite the number of patients who are referred to Psychiatry from ED decreasing in recent months in comparison to 2023 and 2022, the Average time these patients spend in ED (awaiting their inpatient Psychiatric bed), is nearly double that of 2023 and 2022. This means there are more cubicles in ED caring for patients awaiting an inpatient Psychiatric admission, therefore less space patients awaiting A&E or RLH Speciality care, so these patients are seen in 'fit to sit' areas

Median LOS of Psychiatric Patients in ED

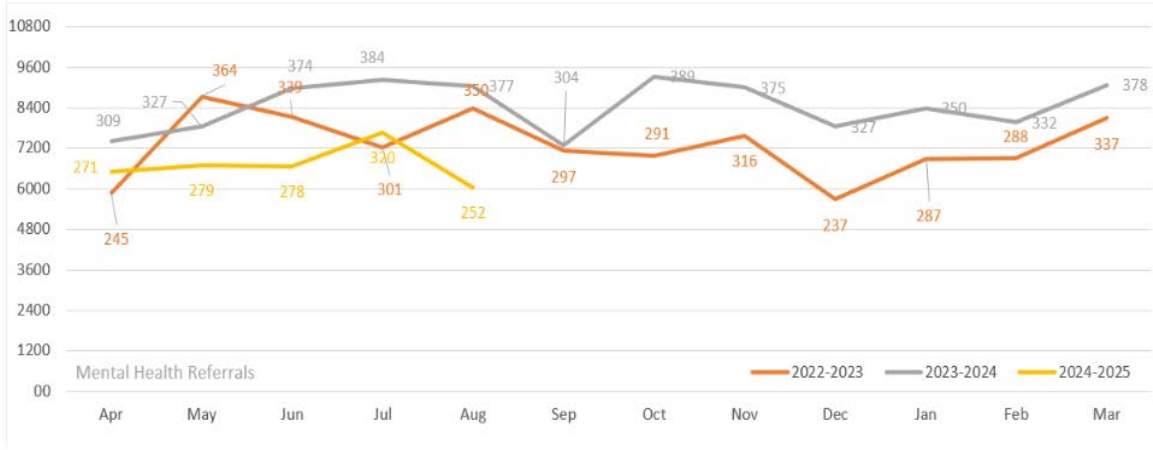


Average LOS of Psychiatric Patients in ED



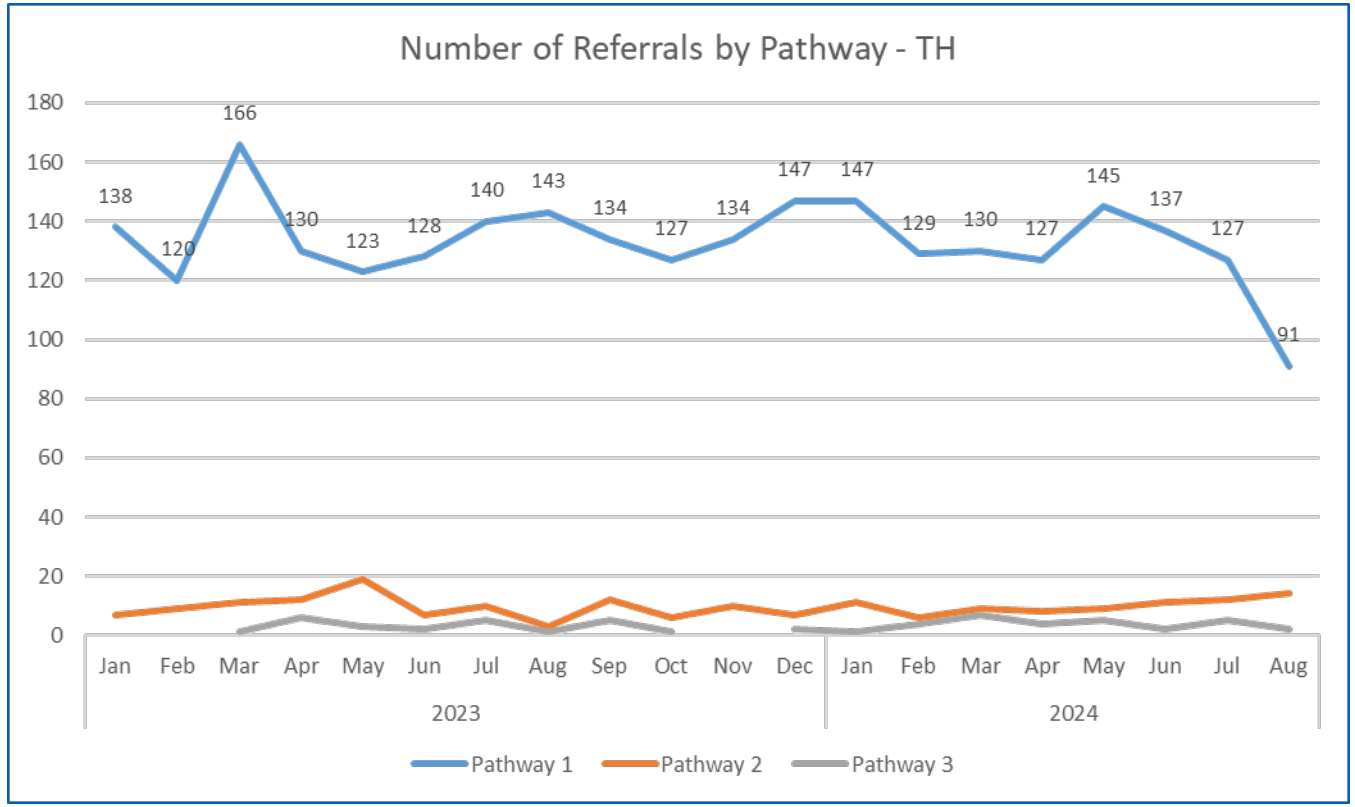


Number of Psychiatric patients with a LOS under 24hrs, between 24-48Hrs and over 48Hrs



Number of Patients referred to Psychiatry from ED

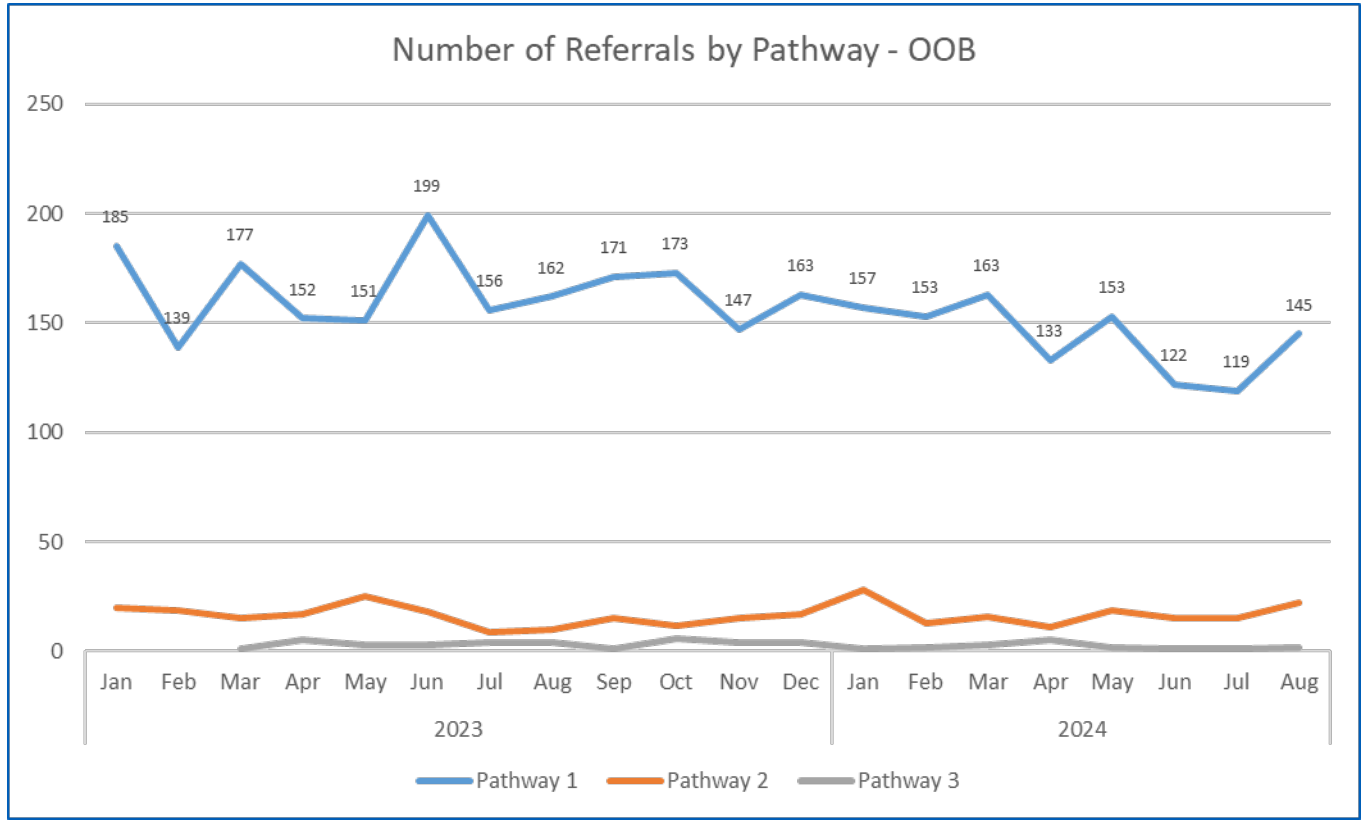
Number discharge of referrals by month – Tower Hamlets



Date	Pathway 1	Pathway 2	Pathway 3
2023			
Jan	138	7	1
Feb	120	9	
Mar	166	11	1
Apr	130	12	6
May	123	19	3
Jun	128	7	2
Jul	140	10	5
Aug	143	3	1
Sep	134	12	5
Oct	127	6	1
Nov	134	10	
Dec	147	7	2
2024			
Jan	147	11	1
Feb	129	6	4
Mar	130	9	7
Apr	127	8	4
May	145	9	5
Jun	137	11	2
Jul	127	12	5
Aug	91	14	2
Grand Total	**2663**	**193**	**57**

When breaking down the number of TH referrals received by month by pathway, the number of pathway 1 referrals received for TH patients has decreased since May 2024, by on average 10 referrals a month. This highlights that less TH patients are being referred on average to TCH. This reduction, in line with current August figures, will also be seen in August's data. Pathway 2 referrals have seen an increase from 12 to 14 referrals in August, identifying a slight increase in the need for TH stepdown, homeless and level 3 rehab placements. Pathway 3 referrals have seen a decrease from 5 to 2 referrals, meaning that in August, there were less patients referred requiring a long-term placement.

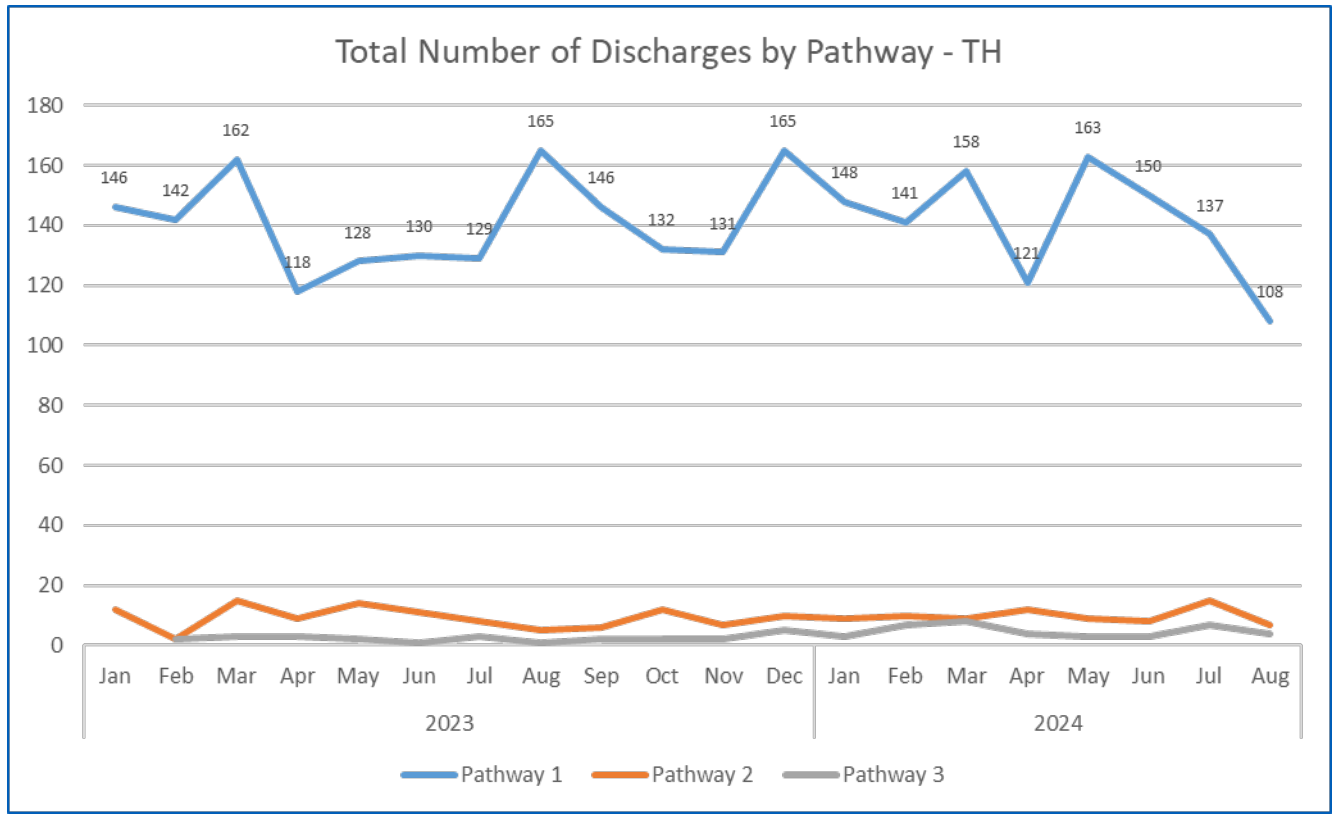
Number of referrals by month – OOB Comparison



Date	Pathway 1	Pathway 2	Pathway 3
2023			
Jan	185	20	
Feb	139	19	
Mar	177	15	1
Apr	152	17	5
May	151	25	3
Jun	199	18	3
Jul	156	9	4
Aug	162	10	4
Sep	171	15	1
Oct	173	12	6
Nov	147	15	4
Dec	163	17	4
2024			
Jan	157	28	1
Feb	153	13	2
Mar	163	16	3
Apr	133	11	5
May	153	19	2
Jun	122	15	1
Jul	119	15	1
Aug	145	22	2
Grand Total	**3120**	**331**	**52**

Looking at the reported referrals for OOB patients, the number of OOB referrals received under Pathway 1 have increased between July and August 2024, by 26 referrals currently, emphasising the increased need for active support for patient's returning home on discharge. This increase has also been seen for Pathway 2 and 3 referrals for OOB patients. Overall, there has been an increase of 14 referrals currently for OOB patients, which compared to TH referrals by month demonstrates that for August, TCH saw more referrals for OOB patients than TH patients.

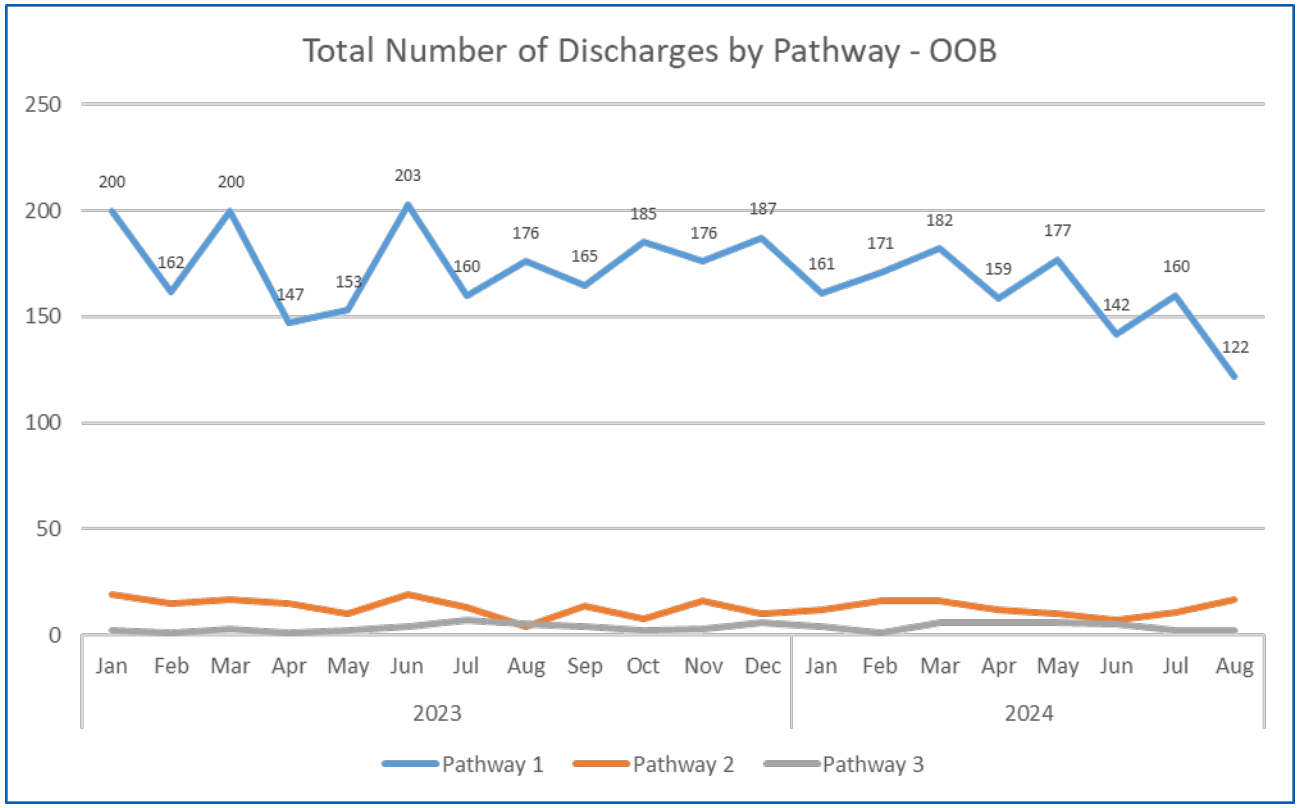
Number of discharges by month on each pathway – Tower Hamlets



Date	Pathway 1	Pathway 2	Pathway 3
2023			
Jan	146	12	
Feb	142	2	2
Mar	162	15	3
Apr	118	9	3
May	128	14	2
Jun	130	11	1
Jul	129	8	3
Aug	165	5	1
Sep	146	6	2
Oct	132	12	2
Nov	131	7	2
Dec	165	10	5
2024			
Jan	148	9	3
Feb	141	10	7
Mar	158	9	8
Apr	121	12	4
May	163	9	3
Jun	150	8	3
Jul	137	15	7
Aug	108	7	4
Grand Total	**2820**	**190**	**65**

Looking at the number of TH discharges recorded, for Pathway 1 discharges, there has been a continued decrease in the number of TH discharges from May 2024, in line with the decrease mirrored in the number of TH referrals received. In terms of Pathway 2 and 3 referrals, this decrease has also been witnessed between July and August, where previously there had been an increase. This continues to highlight that for August, there was a decrease in the overall number of referrals received by TCH for TH patients, reflected in the decreased number of discharges achieved.

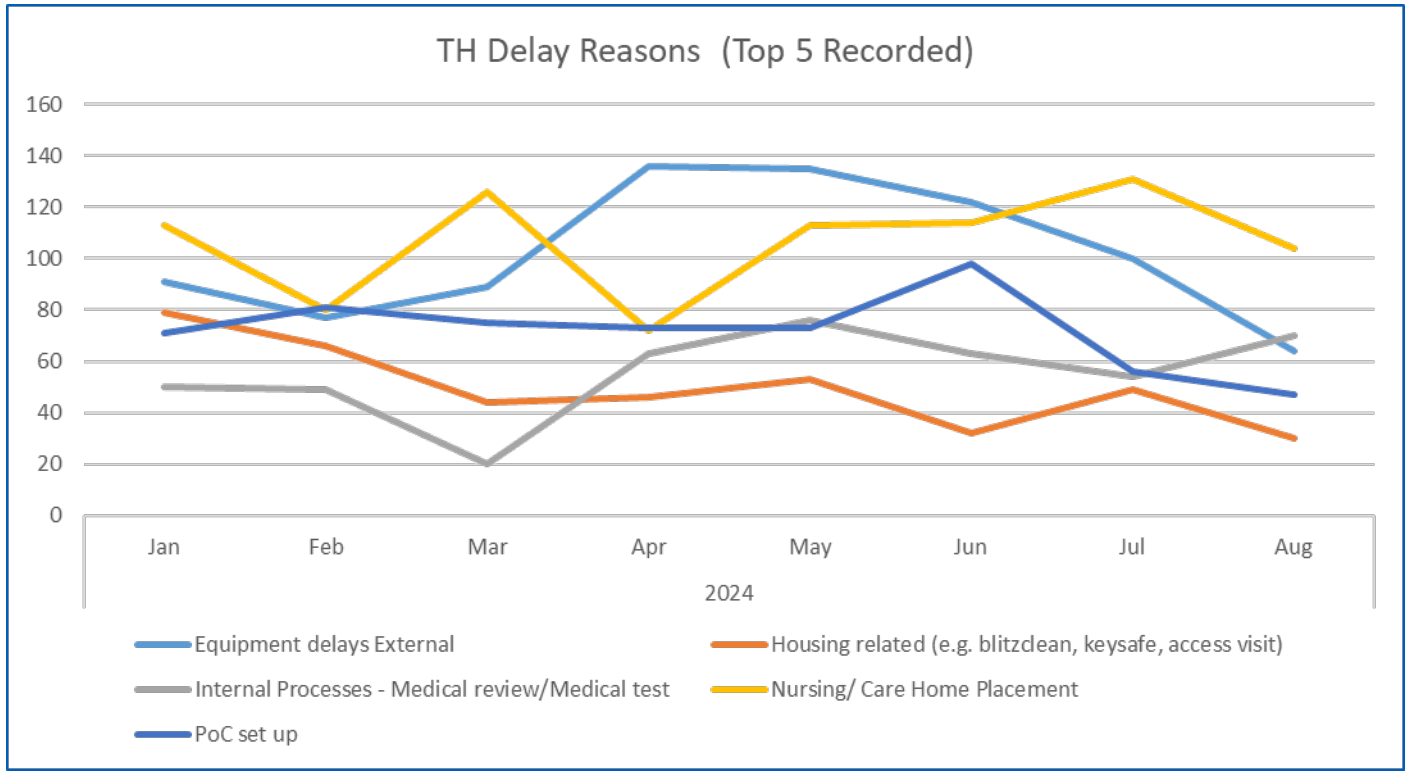
Number of discharges by month on each pathway – OOB Comparison



Date	Pathway 1	Pathway 2	Pathway 3
2023			
Jan	200	19	2
Feb	162	15	1
Mar	200	17	3
Apr	147	15	1
May	153	10	2
Jun	203	19	4
Jul	160	13	7
Aug	176	4	5
Sep	165	14	4
Oct	185	8	2
Nov	176	16	3
Dec	187	10	6
2024			
Jan	161	12	4
Feb	171	16	1
Mar	182	16	6
Apr	159	12	6
May	177	10	6
Jun	142	7	5
Jul	160	11	2
Aug	122	17	2
Grand Total	**3388**	**261**	**72**

Looking at the number of OOB discharges recorded each month by pathway, whilst there has been fluctuation, despite an increase in the number of discharges for OOB patients seen in July 2024, there has been a decrease in the number of discharges recorded for August. This contradicts the increase in OOB referrals seen for this month. As a result, we can argue that it is this discrepancy in the referral and discharge figures for OOB patients in August that has accounted for the increase in the average number of discharge ready numbers seen in August on the TCH MDT lists. Whilst this decrease is reflected again in Pathway 3 discharges for OOB patients, it is important to know that the number of Pathway 2 discharges has increased by 6 over the last month.

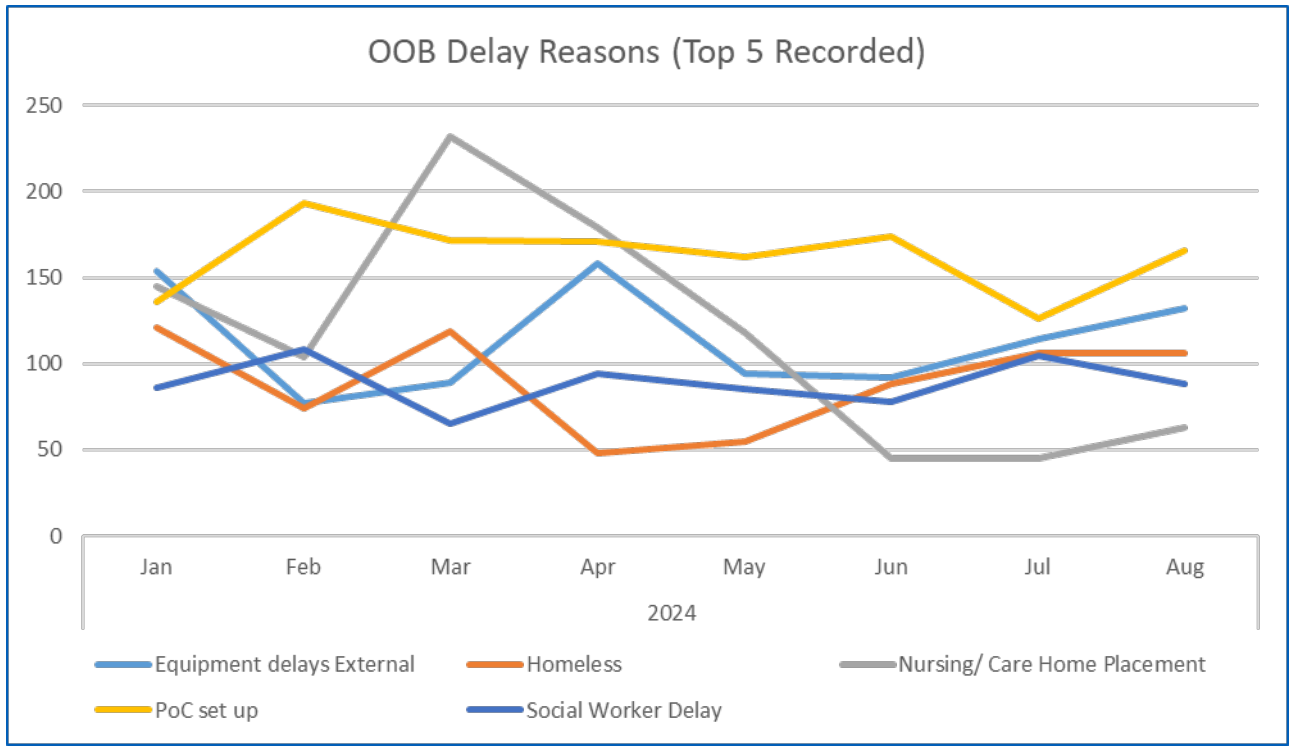
Delay reasons (Top 5 by instances recorded) – Tower Hamlets



Date	Equipment delays External	Housing related (e.g. blitzclean, keysafe, access visit)	Internal Processes - Medical review/Medical test	Nursing/ Care Home Placement	PoC set up
2024					
Jan	91	79	50	113	71
Feb	77	66	49	80	81
Mar	89	44	20	126	75
Apr	136	46	63	72	73
May	135	53	76	113	73
Jun	122	32	63	114	98
Jul	100	49	54	131	56
Aug	64	30	70	104	47
Grand Total	**814**	**399**	**445**	**853**	**574**

Looking at the top 5 delay reasons recorded for Tower Hamlets patients, Nursing/Care Home Placement was the highest recorded delay in July and August 2024, with over 100 recorded delays. However, looking at the top 5 delays in 2024, all saw a reduction in the number of recorded instances, with the exception of Internal Processes – Medical Review/Medical Test, which saw an increase in 16 recorded instances currently in August. This highlights that for TH patients, there has been an increase in referrals for patients that may not be discharge ready.

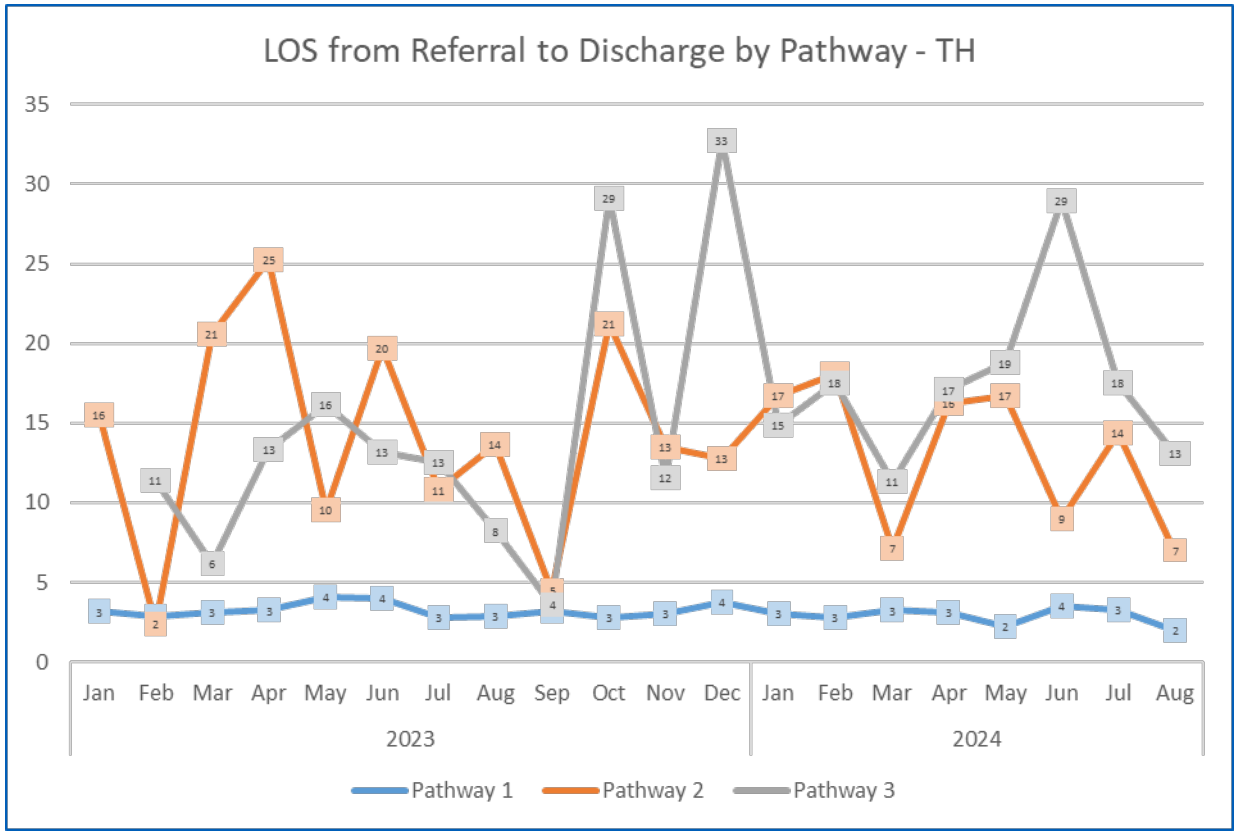
Delay reasons (Top 5 by instances recorded) – OOB Comparison



Date	Equipment delays External	Homeless	Nursing/ Care Home Placement	PoC set up	Social Worker Delay
2024					
Jan	154	121	145	136	86
Feb	77	74	104	193	108
Mar	89	119	232	172	65
Apr	158	48	179	171	94
May	94	55	118	162	85
Jun	92	88	45	174	78
Jul	114	106	45	126	105
Aug	132	106	63	166	88
Grand Total	**910**	**717**	**931**	**1300**	**709**

Looking at the top 5 delays recorded for OOB patients in 2024, POC set up has remained the highest delay reason recorded, increasing from 126 to 166 delays. This highlights, in line with the increase in referrals and discharges, that there are more OOB patients requiring POC for discharge home, with an increase in the delays regarding time taken to source POC. As well as this, there was also a noted increase in Equipment Delays and Nursing/Care Home Placements, when compared to July. There was a decrease in the number of recorded instances for Social Worker delays, highlighting that social workers are being allocated and responding quicker than noted in July.

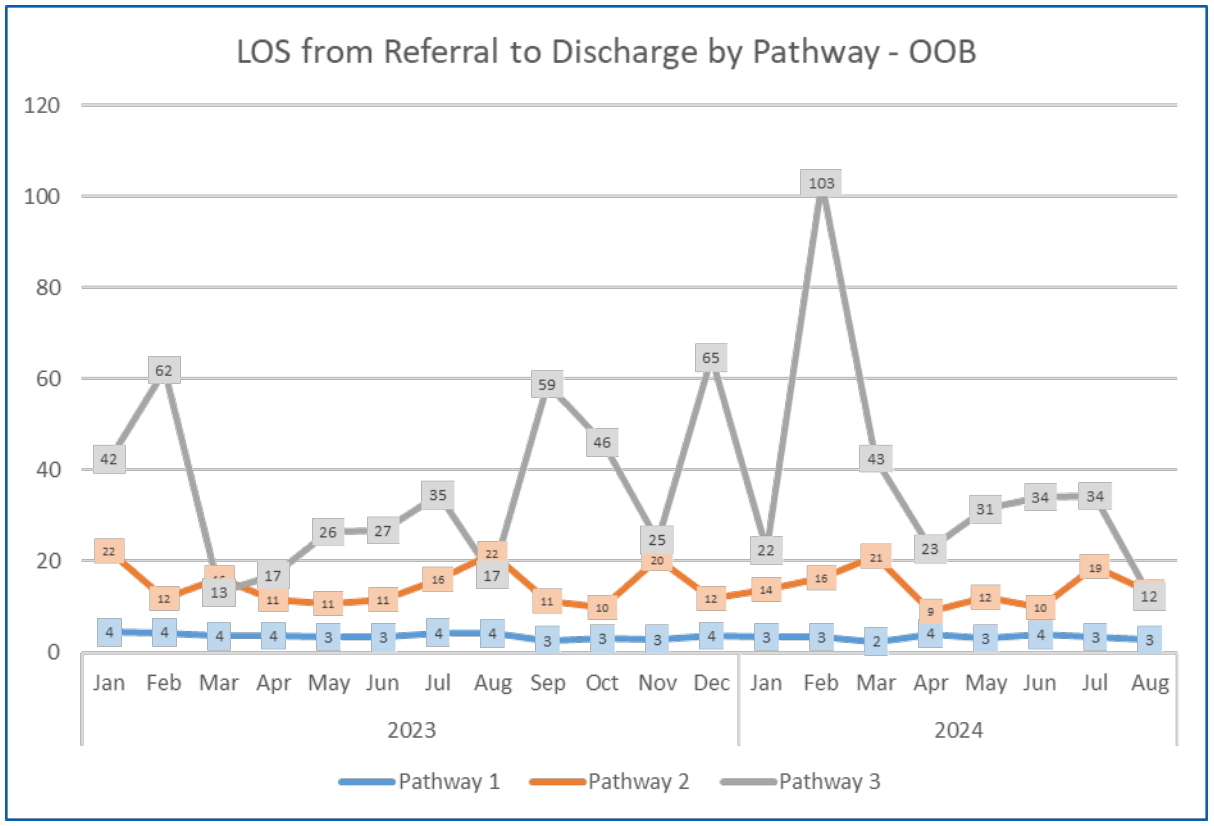
LOS from referral to TOCH to discharge (in days) by pathway – Tower Hamlets



Date	Pathway 1	Pathway 2	Pathway 3
2023			
Jan	3	16	
Feb	3	2	11
Mar	3	21	6
Apr	3	25	13
May	4	10	16
Jun	4	20	13
Jul	3	11	13
Aug	3	14	8
Sep	3	5	4
Oct	3	21	29
Nov	3	13	12
Dec	4	13	33
2024			
Jan	3	17	15
Feb	3	18	18
Mar	3	7	11
Apr	3	16	17
May	2	17	19
Jun	4	9	29
Jul	3	14	18
Aug	2	7	13
Grand Total	**3**	**15**	**16**

Looking at the average LOS from referral to discharge for TCH patients, Pathway 3 continues to see the most fluctuation as a result of the differing number of referrals received and discharges achieved each month. In August, there was a decrease in Pathway 3 LOS, where there was a 5-day reduction in the average LOS. This reduction in LOS for August has been noted in every Pathway, with a reduction of 1 day for Pathway 1 referrals and 7 days for Pathway 2 patients. As a result, currently for August, the overall average LOS has reduced from 5 days to 3 days.

LOS from referral to TOCH to discharge (in days) by pathway – OOB Comparison



Date	Pathway 1	Pathway 2	Pathway 3
2023			
Jan	4	22	42
Feb	4	12	62
Mar	4	16	13
Apr	4	11	17
May	3	11	26
Jun	3	11	27
Jul	4	16	35
Aug	4	22	17
Sep	3	11	59
Oct	3	10	46
Nov	3	20	25
Dec	4	12	65
2024			
Jan	3	14	22
Feb	3	16	103
Mar	2	21	43
Apr	4	9	23
May	3	12	31
Jun	4	10	34
Jul	3	19	34
Aug	3	13	12
Grand Total	**3**	**15**	**35**

Compared to TH, there was a similar case of LOS reduction, where each Pathway either remained the same on average, or saw a reduction. Pathway 1 LOS remained at 3 days, with Pathway 2 saw a reduction of 6 days. Pathway 3 LOS saw the most noticeable difference, with a reduction of over 50% in days, where there was a reduction of 22 days, demonstrating that on average, August saw less time required to source a long-term placement.

NRS Delay Data

Number of TH Equipment Delays Recorded	Responsibility		
Month	NRS	TCH	Grand Total
Jan	52	38	90
Feb	36	35	71
Mar	68	13	81
Apr	114	21	135
May	114	21	135
Jun	93	26	119
Jul	76	21	97
Aug	37	19	56
Grand Total	**590**	**194**	**784**

Number of TH Equipment Delays Recorded	Responsibility		
Month	NRS	TCH	Grand Total
01/08/2024	1		1
02/08/2024	1	3	4
03/08/2024	2	3	5
04/08/2024	3	3	6
05/08/2024	2	1	3
06/08/2024	2	1	3
07/08/2024	2		2
08/08/2024	1		1
09/08/2024	2		2
13/08/2024	2		2
14/08/2024	1	1	2
15/08/2024	3		3
16/08/2024	3		3
17/08/2024	3	2	5
18/08/2024	3	2	5
19/08/2024	1	1	2
20/08/2024	1	2	3
21/08/2024	1		1
23/08/2024	1		1
24/08/2024	1		1
26/08/2024	1		1
Grand Total	**37**	**19**	**56**

Tower Hamlets Together Board

[03/10/2024]

Title of report	23/09/2024
Author	Matthew Cruice: Head of Screening, Immunisations and Vaccinations, North-East London Integrated Care Board (NEL ICB)
Presented by	Moira Coughlan: Deputy Director of Vaccinations, Immunisations and Screening NEL ICB
Contact for further information	Moira Coughlan
Executive summary	This paper provides the Board with a summary position for the Autumn/Winter COVID vaccination programmes delivered across Tower Hamlets and, where relevant, North-East London more broadly. The paper describes how North-East London ICB will support NHS England (the responsible commissioner) to deliver a successful campaign to local communities, including: 1. Programme objectives and key priorities 2. State of readiness 3. Risks and opportunities
Action / recommendation	The Board/Committee is asked to: Note and support COVID vaccination plans for Autumn/Winter 2024.
Previous reporting	• Assured by NHS England (London) • Shared with NEL ICB Clinical Advisory Group (CAG)
Next steps/ onward reporting	N/A
Conflicts of interest	None
Strategic fit	Which of the ICS aims does this report align with? • To improve outcomes in population health and healthcare • To tackle inequalities in outcomes, experience and access
Impact on local people, health inequalities and sustainability	The COVID-19 vaccine helps protect against the more severe consequences of COVID-19 infection, which in some population groups continues to be a serious, and in some cases life-threatening, event. Successful vaccination campaigns can significantly reduce the risk of infection and/or serious illness, meaning fewer people will need to be looked after in hospital, which is better for the individual, others who may rely on hospital

	services during the winter, and for those aiming to ensure the available health service budget is managed in the most cost-effective way possible.
Has an Equalities Impact Assessment been carried out?	Each year, the Joint Committee for Vaccinations and Immunisations (JCVI) make a recommendation to NHS England about which population groups should be included in the seasonal vaccination programmes. This is based on evidence, risk and cost-effectiveness. NEL ICB has completed a comprehensive Equality and Health Inequality Impact assessment, to ensure any potential adverse impact on the local population's health and wellbeing is identified and mitigated, both in terms of planning and delivery.
Impact on finance, performance and quality	Funding for the COVID-19 campaign is allocated by NHS England, who commission delivery providers in consultation with NEL ICB colleagues. There are no additional resource implications/revenue or capitals costs arising from this report. The full 2024/25 campaign costs have been met from within existing resources.
Risks	Key risks relate to uptake of the vaccination programme and are detailed in section 3 of this report.

1.0 Background

1.1 Vaccination saves lives and protects people's health. It ranks second only to clean water as the most effective public health intervention to prevent disease. Through vaccination, diseases that were previously common are now rare, and millions of people each year are protected from severe illness and death. COVID-19 and flu vaccines have saved tens of thousands of lives in England.

COVID-19 is a respiratory virus which most people typically feel better from within a few weeks. For some it can take significantly longer to recover, lead to more complex health conditions and, in some cases, be a cause of death. People who take up the offer of vaccination are less likely to experience the more severe consequences of the virus. As such, there continues to be a concerted effort to vaccinate vulnerable populations when the risk is highest. This is currently during Spring and Autumn/Winter.

NHS England (NHSE) is responsible for ensuring the delivery of the COVID-19 vaccination programme across England. In North-East London, NEL ICB are the key delivery partner of NHSE, ensuring a successful campaign is delivered to people living in Tower Hamlets, Newham, Waltham Forest, City & Hackney, Barking, Havering and Redbridge, who meet the criteria as set out by NHSE.

NHSE has recently asked for each Integrated Care Board (ICB) to set out detailed plans for the Autumn/Winter 2024/25 for the Covid-19 Vaccination Programme. NHS NEL ICB have completed this process, and their plans have been assured by NHSE.

The people eligible for COVID-19 vaccination can be found here: NHS England » Flu and COVID-19 Seasonal Vaccination Programme: autumn/winter 2024/25

1.2 The Board is asked to review and note the plans outlined in this report and for Board members to support a successful campaign where they are able.

1.3 NHS England outlines three clear priority areas, including:

- Improving access
- Ensuring vaccination delivery in convenient local places:
- Ensuring a more joined-up prevention and vaccination offer

This paper provides assurance that plans are in place to deliver against all of these key priorities.

2.0 Summary of Plans

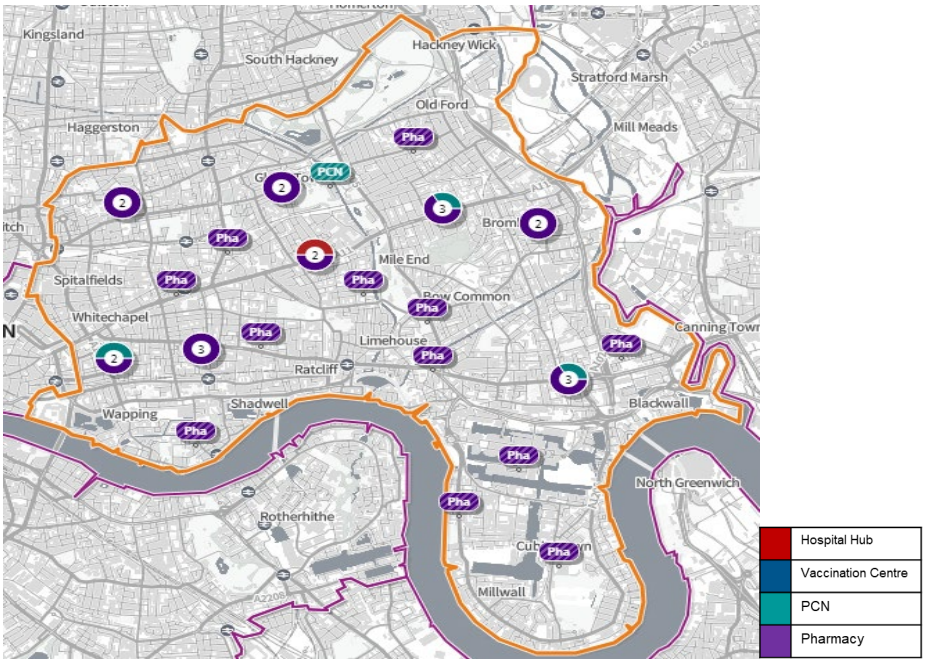
2.1 Improving access

- People eligible for COVID-19 receive a letter from NHS England (national), informing them they are eligible for vaccination and asking them to book via the National Booking Service (NBS) or use a local walk in clinic.
- Local practices encourage eligible patients to participate, using a range of communication methods to ensure there is a clear understanding of eligibility and how to book appointments
- Regional and East London promotional campaigns will raise awareness across the community, utilising digital signposting to key campaign materials (in various languages) and to the booking service
- An ongoing programme of engagement and communications, delivered through commissioned outreach providers supports continual learning and improvement.

2.2 Vaccination delivery in convenient and local places:

2.2.1 Fixed site delivery

- A mixed model of vaccination delivery has been commissioned, with over 190 sites available across NEL, and 35 sites in Tower Hamlets
- Sites have been identified to ensure equitable access across NEL and within TH
- People will be able to access vaccinations in primary care, hospitals and pharmacy.



2.2.2 Outreach:

In addition to the core offer of fixed COVID-19 vaccination sites, NHSE have also commissioned an outreach provider, whose role it will be to develop, agree and deliver plans that target areas of low uptake, working with partners across the health and care system and taking into consideration the range of demographic factors that may contribute to an individual not taking up the offer of vaccine at first invite.

Outreach provision will be offered beyond the end of the standard campaign, with clinical activity contracted to the 31st January 2025. The same providers will then continue to deliver community engagement and education, to the 31st March 2025, gathering feedback and evidence that will support subsequent plans and continual improvement.

2.2.3 Care homes and Housebound:

Providers will also deliver a comprehensive vaccination programme to those residing in care homes or those that are eligible and house bound.

2.2.4 Front line Health and Social Care Workers

Front line health and social care workers can self-declare to any of the sites listed above. Additionally, there will be an offer for both COVID-19 and flu vaccination at the Barts Health NHS Trust (Royal London Hospital and Mile End Hospital) sites and the East London Foundation NHS Trust (Mile End) site as part of the Trusts' internal programmes.

NEL ICB will promote and lead a whole systems approach, using the resources and expertise described above to ensure an improvement in uptake beyond the 24.2% achieved in Tower Hamlets during the 2023 Autumn/Winter campaign.

2.3 Ensuring a more joined-up prevention and vaccination offer

The Autumn/Winter campaign will build on previous experiences of effective joint working, as well as considering how vaccinations are one aspect of a more holistic offer that promotes general winter wellness and utilises making every contact count (MECC) strategies to improve campaign effectiveness.

- MECC – Borough based Primary Care teams will work collaboratively with ICB and place based experts to co-design and deliver MECC events to increase vaccination awareness, uptake (during active phases of the campaign) and reduce wider health inequalities.
- Governance – ICB colleagues will ensure a collaborative approach to programme governance with borough-based teams, co-ordinating a joined up approach to planning, delivery and assurance throughout the campaign.

3.0 Risks and mitigations

Risk 1: Communities where we have seen lower uptake in previous campaigns may decide not to come forward and take up offer of vaccination, despite community engagement and ongoing work with key partners to build trust within these communities.

Mitigations:

- We will continue to instil public confidence in vaccines and the importance in maintaining personal health and well-being, addressing key safety concerns about vaccination, via active community engagement and tailored communication resources and assets.
- Vaccination and Screening Groups formed with a focus on specific communities to co-produce and to engage more actively via *Trusted Leaders, Trusted Voices and Trusted Places* approach.
- We will maintain momentum to continue to sustain partnership working to understand and access the different assets across organisations, utilising existing networks to access communities to maintain a two-way dialogue and continue to build trust and confidence, and ensuring a wider health conversation and offer.
- Focused interventions to be tested within specific boroughs and communities and impact to be robustly evaluated, in order to share learning and agree future approaches to engagement and building trust and confidence with our communities.

Risk 2: There is a risk of not achieving a higher uptake in key cohorts due to competing priorities of other immunisation programmes in London, and amidst winter pressures and ongoing recovery of NHS services.

Mitigations:

- Workforce assessments have been completed by each ICB as part of their A/W planning process, and assurance provided on adequate vaccinating workforce resource.
- Bespoke funding continues via the COVID-19 vaccination programme to ensure good access and coverage, and availability of roving services.
- Greatly increased provider network compared to previous campaigns via the revised provider sign-up process.
- Use of additional resource via Find and Treat team for outreach to health inclusion groups.
- Data-based approach to monitor activity in real-time and adjust services throughout the season.
- Thorough forecasting and demand profiling has been undertaken and will be under ongoing review.
- ICB communication plans, focusing on low uptake areas, complemented by regional and national assets, resource and media campaigns.
- Effective communication between programme teams to identify opportunity for alignment and most efficient use of resources.

4.0 Recommendation

The recommendation of the NEL ICB is that:

a. The Board supports the plans for the COVID-19 Autumn/winter 2024/25 vaccination programme as described in this document, inviting the team to present the outcome and learning of the event following the campaign closure in quarter 4 of 2024/25
b. The Board members, where appropriate, engage with ICB colleagues to ensure local intelligence drives the campaign throughout

5.0 **Report prepared by**: Matthew Cruice, Head of Screening, Immunisations and Vaccinations for North-East London Integrated Care Board
Date of report: 24.09.2024

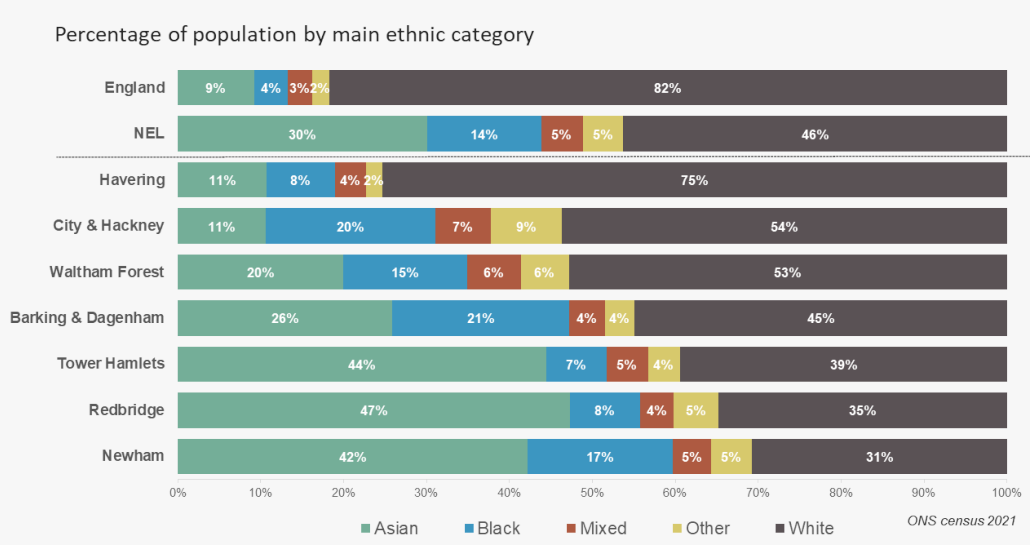
NHS
North East London

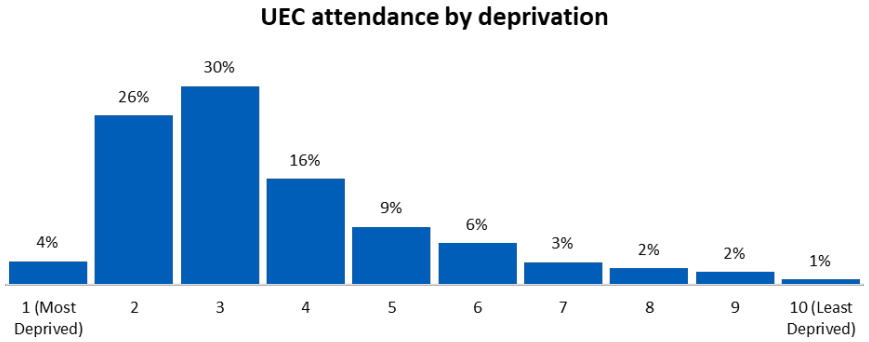
A new framework for understanding the healthcare needs of people in Tower Hamlets

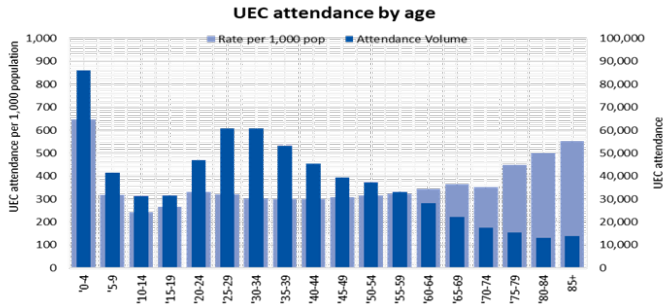
The developing approach to population segmentation and population health management across NEL

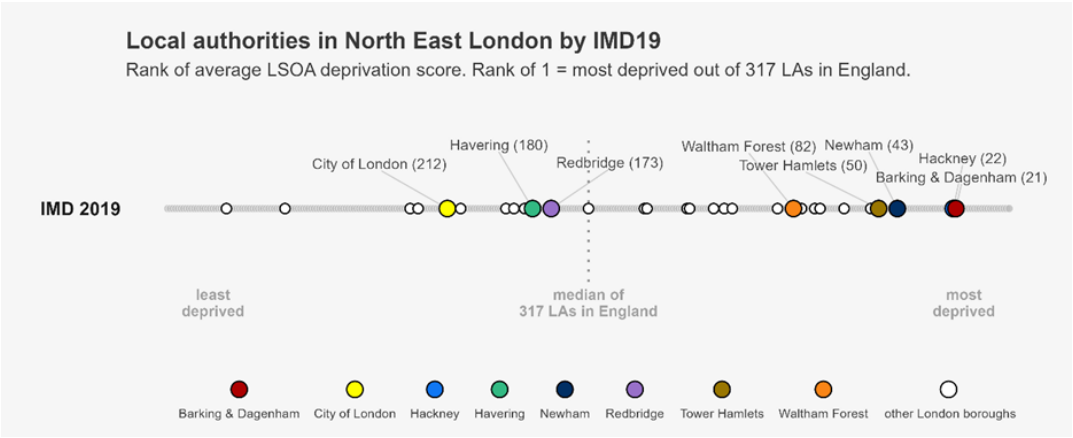
June 2024

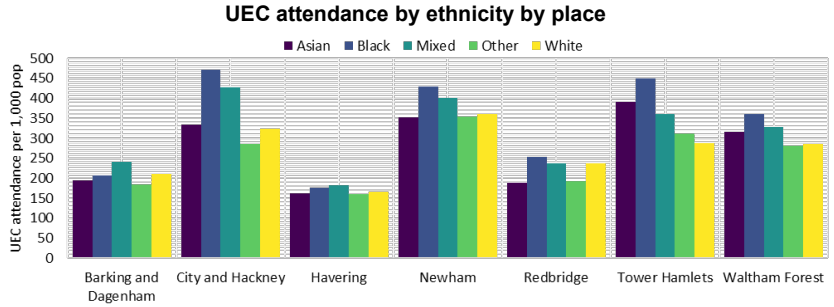
Traditional ways of looking at our population don't always inform action…









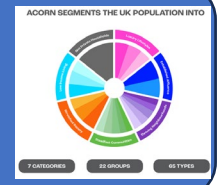


…a new way of viewing our population: Whole population segmentation model

- Our 2.44m registered population grouped into segments according to health status and healthcare need
- This will give system-wide view of interaction with healthcare (and soon other systems – e.g. adult social care) and informs what we need to do differently
- Associated outcomes framework for each segment
- Population modelling aligned to segments in development
- Will enable true move towards outcomes based commissioning

Our proposed population segmentation journey

- We want to deliver a segmentation model that reflects the rich lives of local people
- This will require an iterative approach as we build the linked dataset to include e.g. housing, wider determinants
- Our approach is up to us! We can adapt it over time
- A segmentation model is not our approach to population health!

	Now		Future
World view/ philosophy	Services	Health need	Holistic need
Data	Provider data	Linked data incl NHS organisations	Linked data incl NHS organisations; local authority data; acorn wider determinants 
Segment definition/ Analysis	Service level	Health focused segments	Holistic population segments inc non-health data

Iterative development as analytics/data are available and uses cases evolve

The developing segmentation approach in North East London

NHS North East London

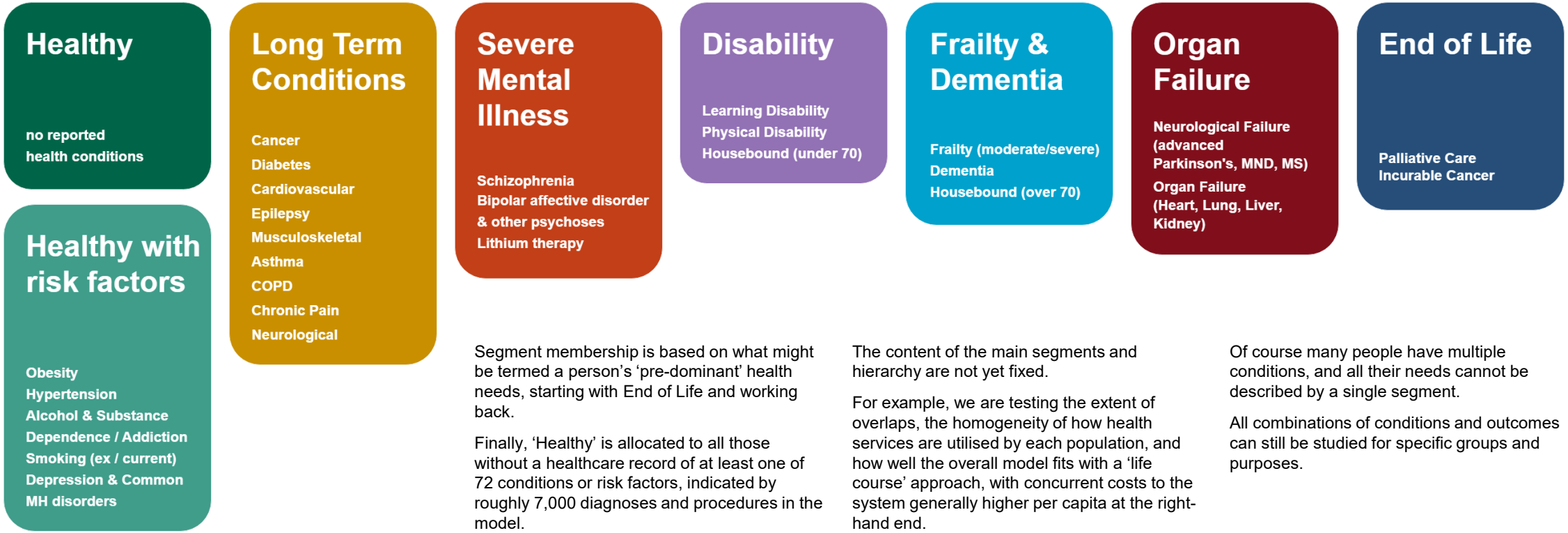
Our emerging population segmentation model is based on individuals and applied to a whole population.

We use the ICB's rich data sources to study people's healthcare records across all parts of the healthcare system, covering 70+ conditions, indicated by over 7,000 diagnoses and procedures in the model.

All 2.4m people registered with a North East London GP practice are and exclusively assigned to a **single** segment, based on a person's 'pre-dominant' health needs.

With clearly separated segments it becomes easier to identify distinct characteristics, needs, and risk factors associated with each group. This enables the development of targeted interventions and customised care plans specific to each segment's unique needs.

The goal is to support clear decision-making with consistent and accurate monitoring of population group outcomes over time, applied across all parts of our health system and localities.



Segment membership is based on what might be termed a person's 'pre-dominant' health needs, starting with End of Life and working back.

Finally, 'Healthy' is allocated to all those without a healthcare record of at least one of 72 conditions or risk factors, indicated by roughly 7,000 diagnoses and procedures in the model.

The content of the main segments and hierarchy are not yet fixed.

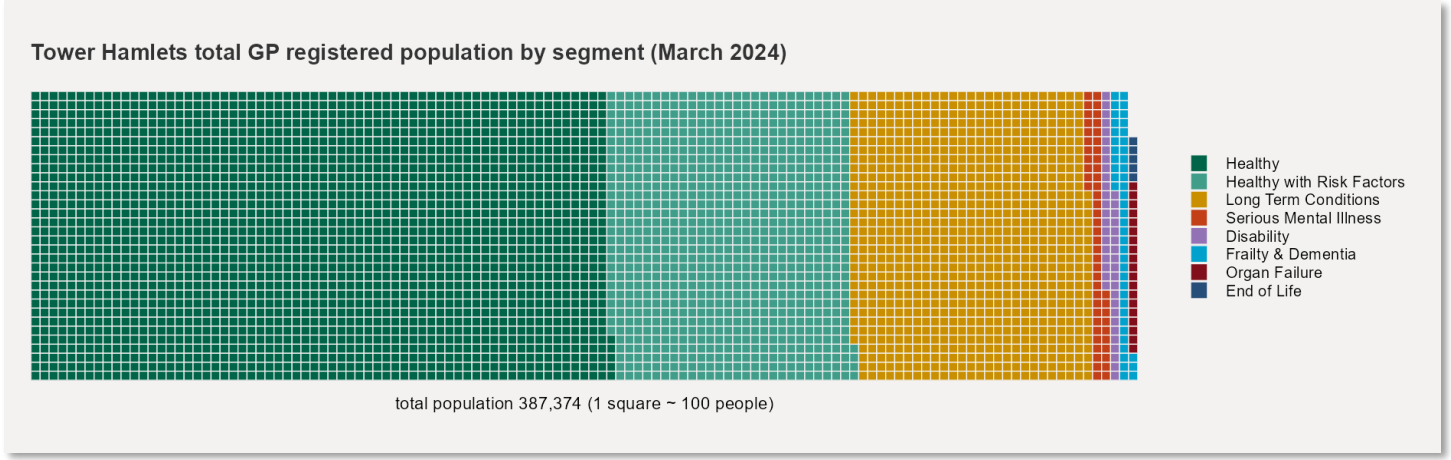
For example, we are testing the extent of overlaps, the homogeneity of how health services are utilised by each population, and how well the overall model fits with a 'life course' approach, with concurrent costs to the system generally higher per capita at the right-hand end.

Of course many people have multiple conditions, and all their needs cannot be described by a single segment.

All combinations of conditions and outcomes can still be studied for specific groups and purposes.

The Tower Hamlets population segmented

NHS North East London

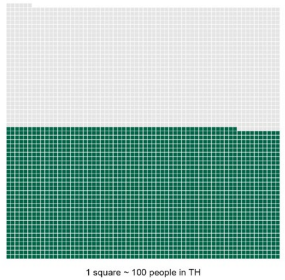


All 385,000+ people registered with a Tower Hamlets GP practice are each assigned exclusively to a **single** main segment.

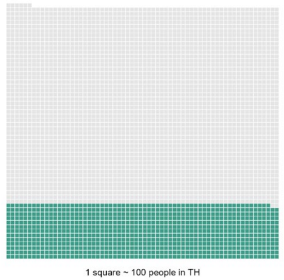
Non-overlapping segments make for accurate measurement, targeted interventions, and clearer decision-making over time.

This means that whether we want to look at the population at Place, Primary Care Network, practice or neighbourhood level geographically, how we describe, benchmark, and monitor the level of healthcare need and cost is consistent throughout.

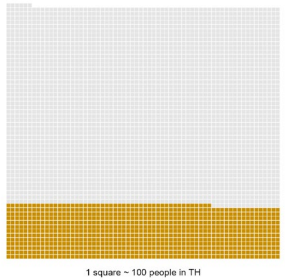
The Healthy segment is 52.2% of the population or 202,229 people



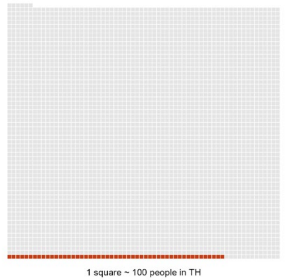
Healthy with Risk Factors is 22% of the population or 85,043 people



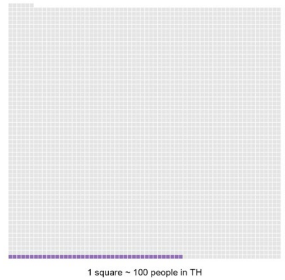
Long Term Conditions is 21.6% of the population or 83,625 people



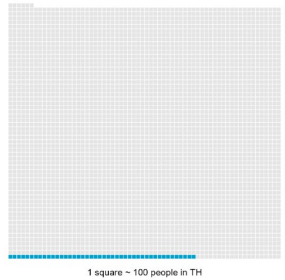
Serious Mental Illness is 1.4% of the population or 5,254 people



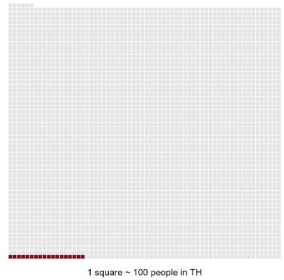
Disability is 1.1% of the population or 4,276 people



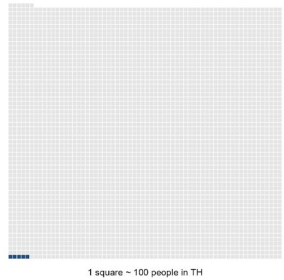
Frailty & Dementia is 1.2% of the population or 4,548 people



Organ Failure is 0.5% of the population or 1,887 people

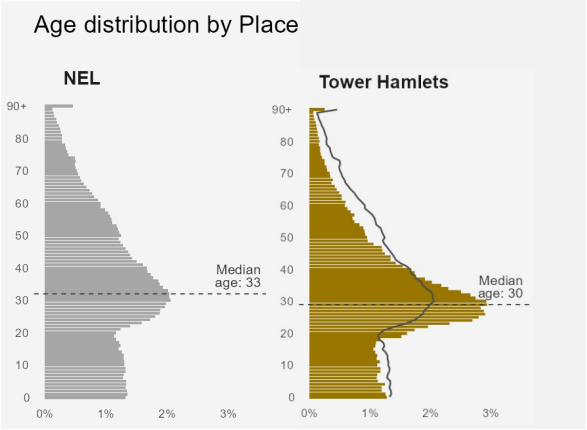


End of Life is 0.1% of the population or 512 people



Comparing the Tower Hamlets segmentation to other places in NEL

The age structure of the Tower Hamlets population has a younger median age to all NEL (30 compared with 33), with lower proportions of people in the older age groups above 50, and greater proportions of people between age 20 and 40.

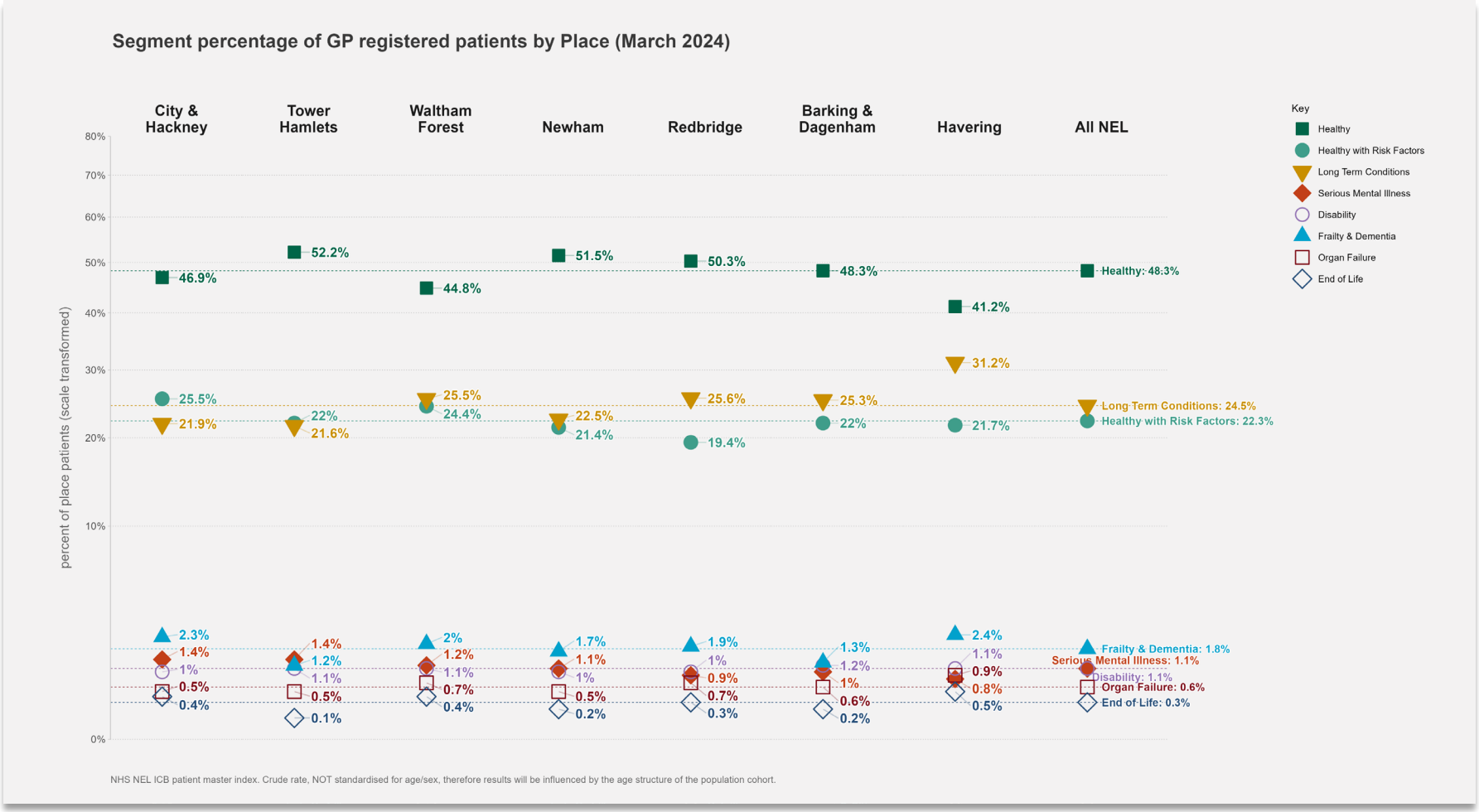


The distribution of people across the model is similar to NEL across the main segments, but with LTC the lowest. Tower hamlets has the lowest overall proportion of people with Frailty & Dementia. This is likely to be an artefact of larger numbers of people in the younger adult age groups, and lower in the older ages, as noted above.

However, these figures are not yet age standardised, which would reveal whether people are more likely to be less well for other reasons than age and sex, such as deprivation.

Comparing the overall proportion of segment membership is a partial picture. Studying segments in more detail reveals other elements about the level of need in Tower Hamlets, and more about how the population moves between them.

Place



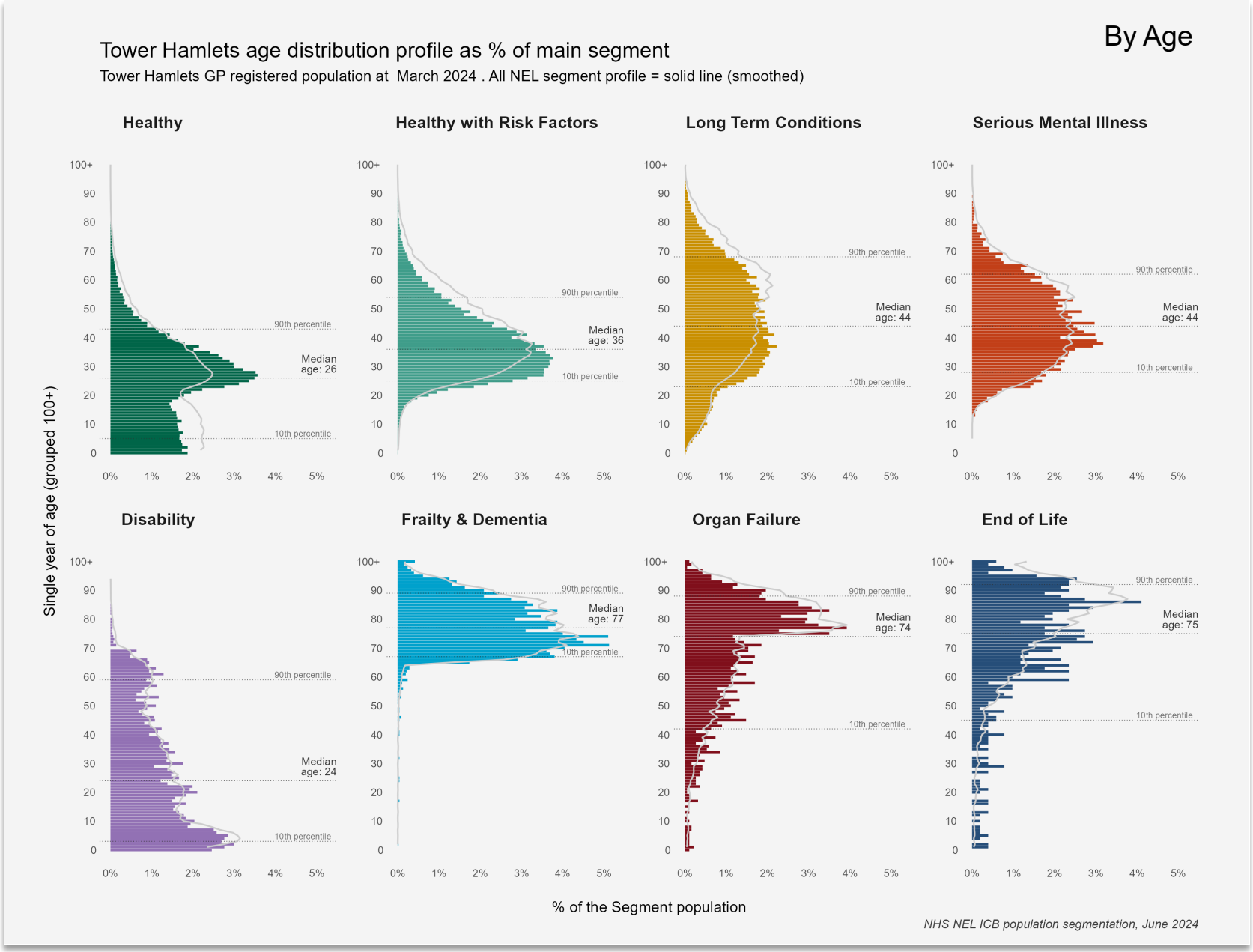
Exploring the segments in more detail to reveal variation in need and progression through segments

One way to look at the population is to consider how soon, or how late people are moving into segments and conditions.

At Place level, the age structure of the Tower Hamlets population has a younger median age to all NEL (30 compared with 33), with lower proportions of people in the older age groups above 50, and greater proportions of people between age 20 and 40. The distribution across segments, at Place level reflects this across the main segments, with a low level of LTC and Frailty & Dementia.

However, if we compare the age distribution *within* segments, and compare to a reference (NEL in this case), we can start to see how the level of need, onset, or likelihood of being diagnosed with a condition varies.

For example, in Tower Hamlets there are higher proportions of people at a younger age within the Healthy with Risk Factors and LTC segments. For LTC, the median age in Tower Hamlets is 6 years younger than all NEL (age 44 and 50 respectively). This is also the case for End of Life, with a median age for TH of 75, compared to 81 for the whole of NEL.



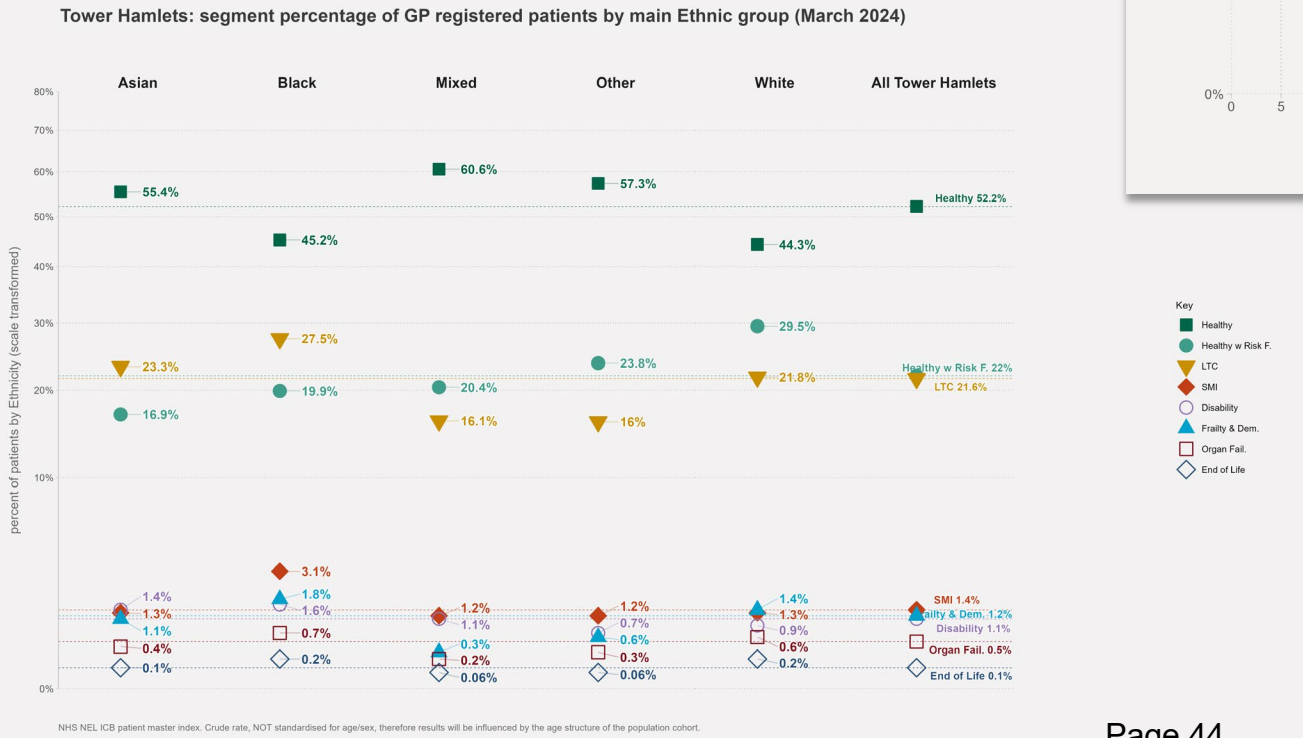
When segments are studied by ethnicity or deprivation variation often emerges

We can use the model to study each place or characteristic using consistent segments and definitions, over time and life-course, identify and monitor changes in health inequalities.

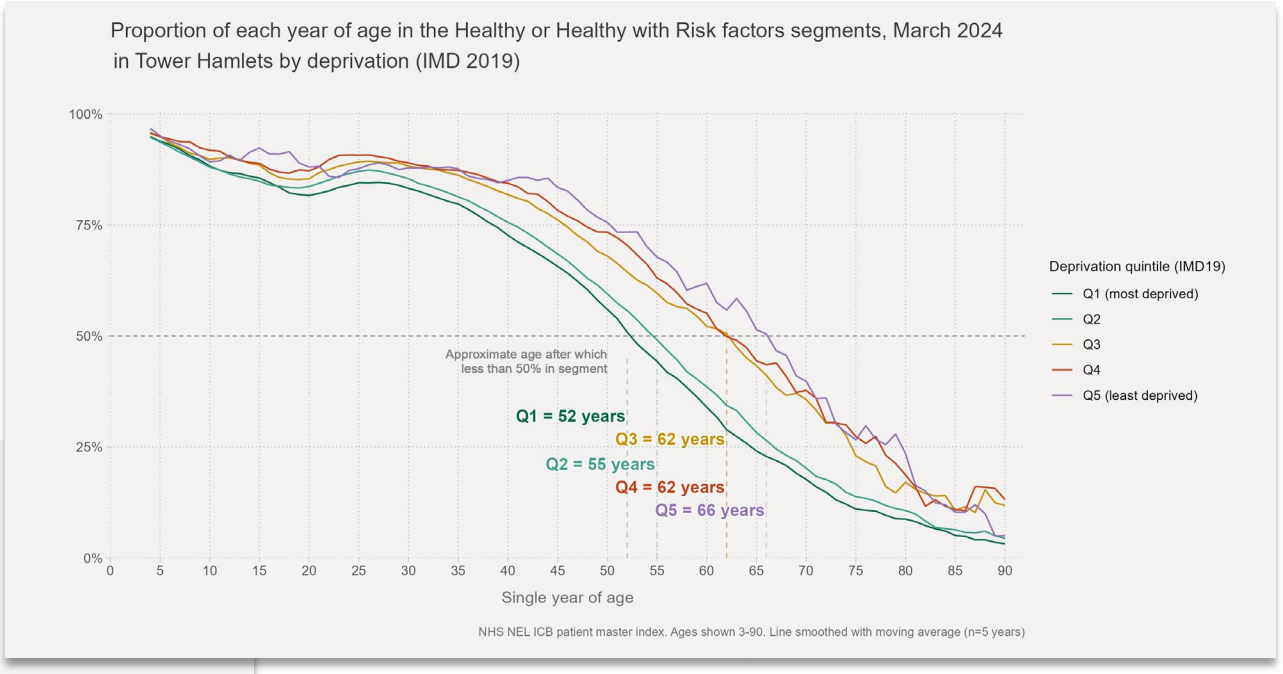
For example, the Black population in Tower Hamlets appears to have a larger proportion (27.5%)* in the Long Term Condition (LTC) segment than is normally the case across the whole GP registered population (21.6%, chart below).

By deprivation quintile there are less people in the Healthy or Healthy w/ Risk factors segments at a younger age for the most deprived areas. The point at which there is under half of the population in either of these segments (and therefore a majority in recorded worse health) occurs 10+ years earlier for quintile 1 than the least deprived areas (chart right).

Ethnicity*



Deprivation

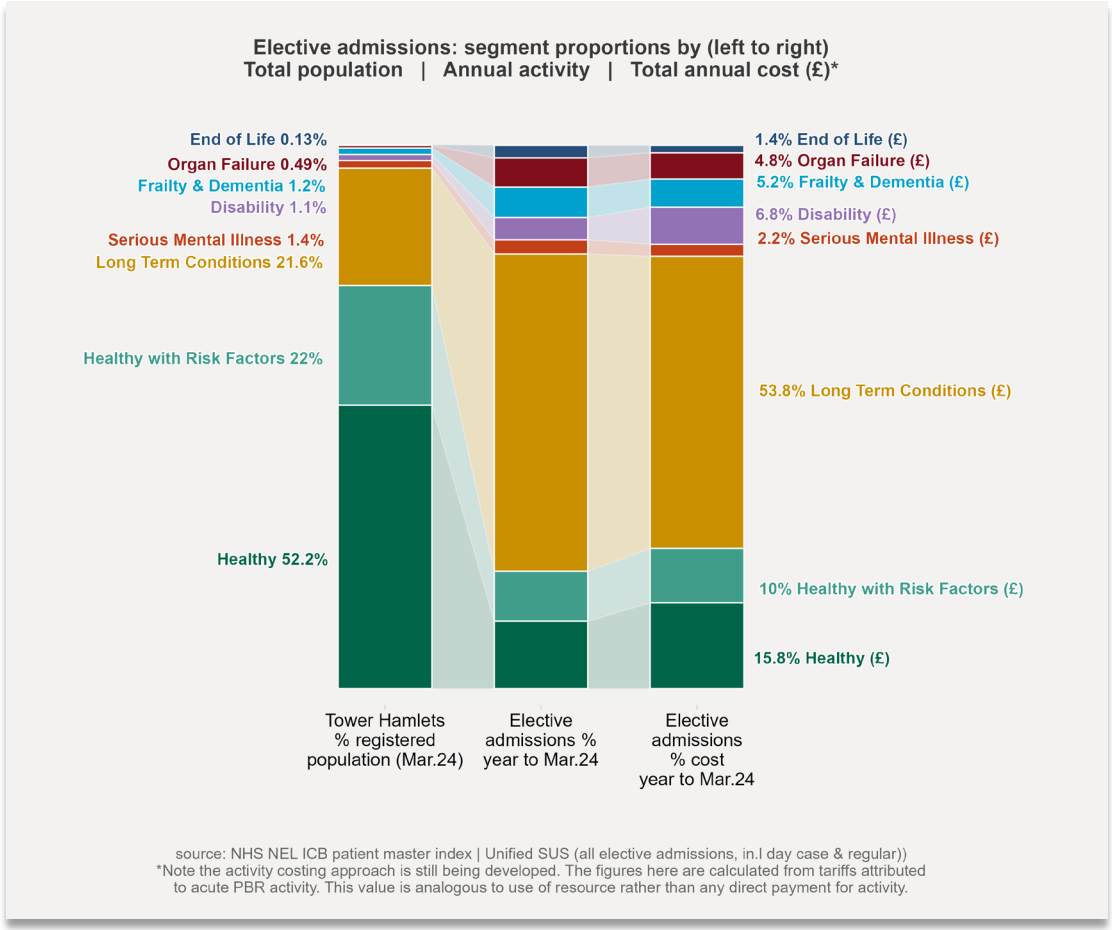


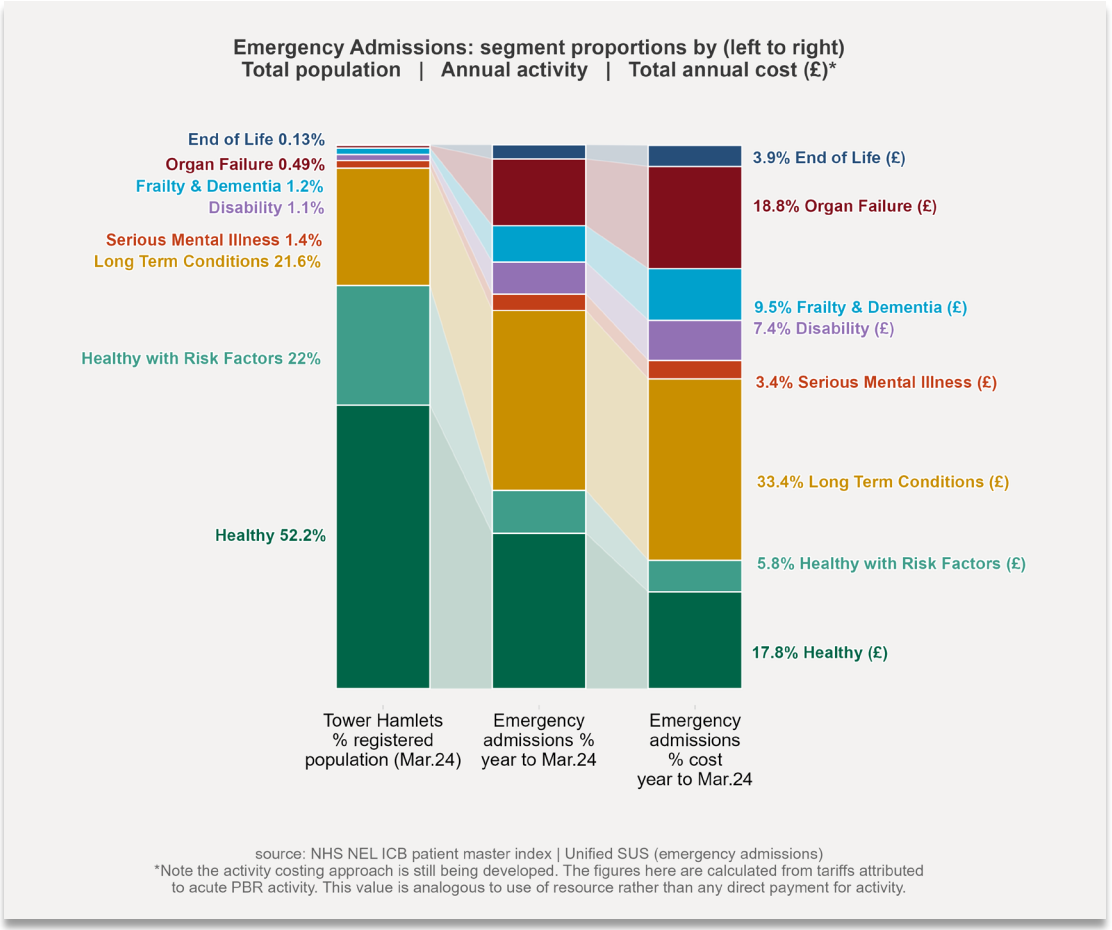
** Note that these figures are not yet age / sex standardised, to account for example for Tower Hamlets' generally larger proportions of younger people in some ethnicities.*

Healthcare utilisation and cost* varies greatly between segments and service type, compared with the distribution of the population

NHS North East London

Segments based on health status of the Tower Hamlets population show a very different profile when defined by service activity, such as by elective admissions (left chart), or non-elective emergency admissions (right).





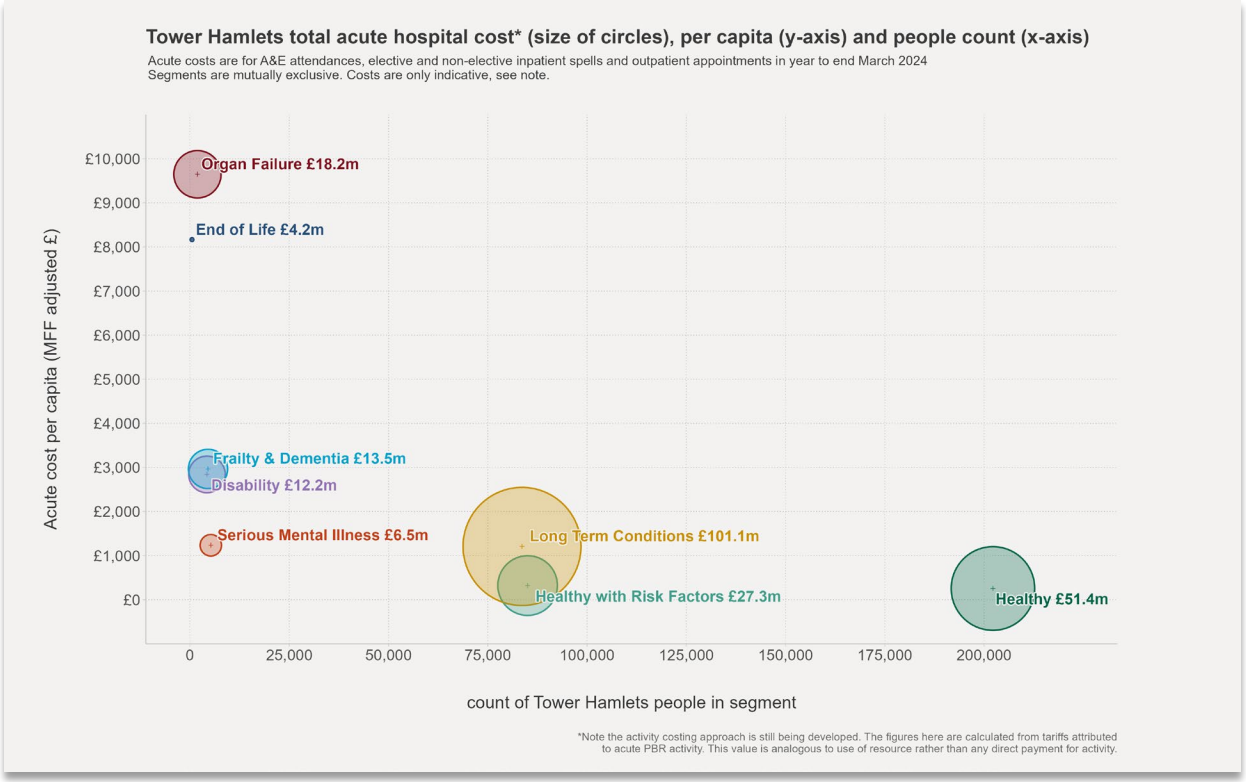
** The activity costing approach is still being developed across the segmentation, strategic forecasting tool and place-based reporting work. The figures currently used as output in the segmentation model are calculated from National Cost Collection (NCC) data, with Market Forces factor (MFF) adjustments. This value is analogous to use of resource rather than any direct payment for activity. This NCC data is submitted annually by providers and gives an average cost for activities by provider, service and HRG. .*

Healthcare utilisation and cost* varies greatly between segments and service type, compared with the distribution of the population

NHS North East London

Benchmarking can be used to identify variation in how a population uses services, and variation in associated cost. This helps target improvements and service changes according to a population's general health status and other characteristics and will help monitor these as they progress, tackling avoidable costs or allocating resources better according to need.

Cost of healthcare demand per capita generally rises with the hierarchy of the segments, based on the acuteness of condition of the predominant healthcare needs of an individual.



	Healthy	Healthy with Risk Factors	Long Term Conditions	Serious Mental Illness	Disability	Frailty and Dementia	Organ Failure	End of Life
People registered with a GP practice in Tower Hamlets	202,229	85,043	83,625	5,254	4,276	4,548	1,887	512
A&E attendances	51,164	23,818	45,583	5,621	3,917	4,123	4,344	863
total cost (£ MFF adjusted)	£12,214,325	£5,944,628	£12,336,435	£1,446,942	£1,063,945	£1,366,812	£1,509,416	£328,971
A&E attendances per capita	0.3	0.3	0.5	1.1	0.9	0.9	2.3	1.7
cost (£) per capita	£60	£70	£148	£275	£249	£301	£800	£643
Emergency admissions	4,883	1,345	5,662	505	1,001	1,145	2,103	441
total cost (£ MFF adjusted)	£10,899,820	£3,562,102	£20,398,952	£2,089,807	£4,500,087	£5,819,932	£11,520,330	£2,361,162
Emergency admissions per capita	0.02	0.02	0.07	0.10	0.23	0.25	1.11	0.86
cost (£) per capita	£54	£42	£244	£398	£1,052	£1,280	£6,105	£4,612
OP attendances	96,932	62,252	208,468	9,101	14,318	19,520	13,738	4,098
total cost (£ MFF adjusted)	£20,297,492	£12,676,537	£40,914,599	£1,819,535	£3,141,443	£3,637,098	£2,727,555	£756,016
OP attendances per capita	0.5	0.7	2.5	1.7	3.3	4.3	7.3	8.0
cost (£) per capita	£100	£149	£489	£346	£735	£800	£1,445	£1,477
Elective admissions	4,610	3,416	21,641	970	1,519	2,056	1,982	838
total cost (£ MFF adjusted)	£8,033,035	£5,122,948	£27,410,110	£1,128,897	£3,445,928	£2,664,383	£2,448,077	£734,877
Elective admissions per capita	0.02	0.04	0.26	0.18	0.36	0.45	1.05	1.64
cost (£) per capita	£40	£60	£328	£215	£806	£586	£1,297	£1,435
GP encounters	199,753	114,925	242,763	19,643	16,566	27,973	13,377	4,942
GP encounters per capita	1.0	1.4	2.9	3.7	3.9	6.2	7.1	9.7
Community contacts	13,392	12,610	15,413	37,908	7,257	3,140	1,851	351
Community contacts per capita	0.1	0.1	0.7	1.1	9.6	10.5	14.4	33.4
MH contacts	13,392	12,610	15,413	37,908	7,257	3,140	1,851	351
MH contacts per capita	0.1	0.1	0.2	7.2	1.7	0.7	1.0	0.7

** The activity costing approach is still being developed across the segmentation, strategic forecasting tool and place-based reporting work. The figures currently used as output in the segmentation model are calculated from National Cost Collection (NCC) data, with Market Forces factor (MFF) adjustments. This value is analogous to use of resource rather than any direct payment for activity. This NCC data is submitted annually by providers and gives an average cost for activities by provider, service and HRG. .*

Augmenting the data and targeting interventions and outcome measures

NHS North East London

Healthy
no reported health conditions

Healthy with risk factors
Obesity
Mild Frailty
Hypertension
Alcohol & Substance Dependence / Addiction
Smoking (ex / current)
Depression & Common MH disorders

Long Term Conditions
Cancer
Diabetes
Cardiovascular
Epilepsy
Musculoskeletal
Asthma
COPD
Chronic Pain
Neurological

Severe Mental Illness
Schizophrenia
Bipolar affective disorder & other psychoses
Lithium therapy

Disability
Learning Disability
Physical Disability
Housebound (under 70)

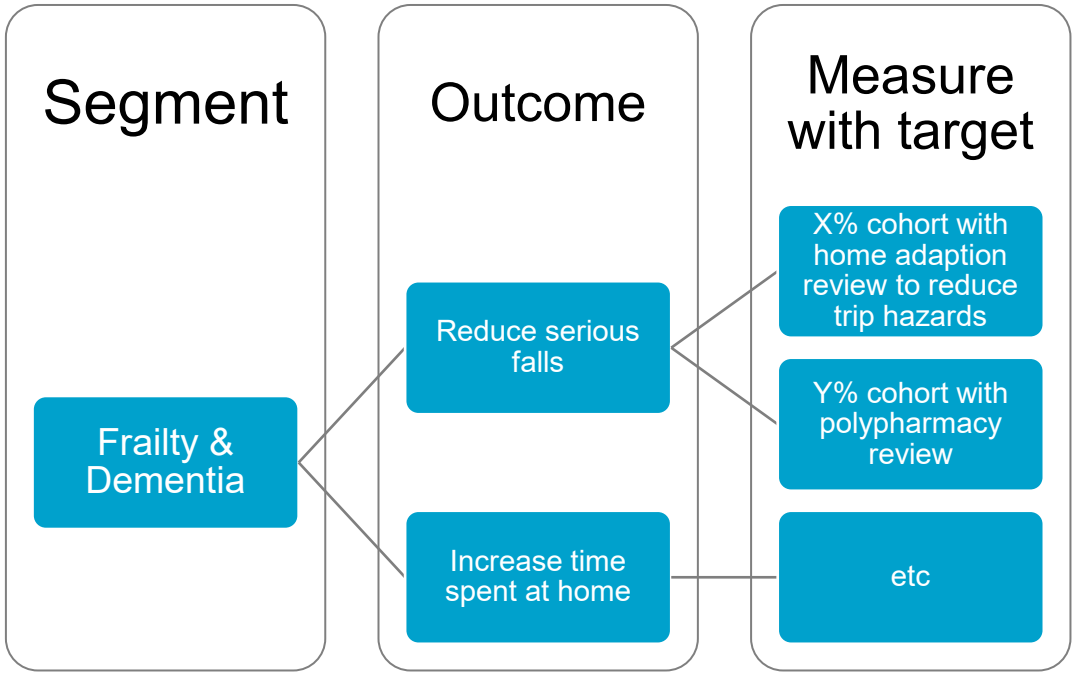
Frailty & Dementia
Frailty (moderate/severe)
Dementia
Housebound (over 70)

Organ Failure
Neurological Failure (advanced Parkinson's, MND, MS)
Organ Failure (Heart, Lung, Liver, Kidney)

End of Life
Palliative Care
Incurable Cancer

Cross-cutting characteristics & themes
Gender (women's health) Ethnicity Age groups Acorn geodemographics
Ever/currently homeless Autism Deprivation etc

We will augment the main segmentation with other data, such as geodemographics (to help tailor our interventions to suit the population) and develop outcome measures to target interventions and monitor changes over time.



What outcomes do people in each population cohort want?

Each segment will have a set of outcomes and measures so we can describe and measure what 'good' looks like for each segment

Measuring flow and predicting changes due to population growth