



## 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 2 November 2023, 0900-1100**

Tower Hamlets Town Hall, 160 Whitechapel Road, London, E1 1BJ **and by** [MS Teams at this link](#)

**Chair: Amy Gibbs**

### AGENDA

	Item	Time	Lead	Attached / verbal	Action required
1.	<b>Welcome, introductions and apologies:</b> <ul style="list-style-type: none"> <li>a. Declaration of conflicts of interest</li> <li>b. Minutes of the meeting held on 5 Oct 2023</li> <li>c. Action log</li> </ul>	0900 (5 mins)	Chair	Papers  Pages 3-5  Pages 6-10  Pages 11	Note  Approve  Discuss
2.	<b>Questions from the public</b>		Chair	Verbal	Discuss
3.	<b>Chair's updates</b>		Chair	Verbal	Note
4.	<b>Community Voice:</b> <ul style="list-style-type: none"> <li>• Promoting Independence</li> <li>• You said – we did</li> </ul>	0905 (30 mins)	Tony Collins and Chandrika Kaviraj Muna Hassan and Jon Williams	Verbal  Pages 12-18	Discuss
5.	<b>Lifecourse Delivery update:</b> <ul style="list-style-type: none"> <li>• Promoting Independence</li> </ul>	0935 (30 min)	Denise Radley and Ashton West	Papers  Pages 19-31	Update/ Discuss



6.	<b>THCVS's State of the Sector report</b>	1005 (15 mins)	Vicky Scott	Papers Pages 32-38	Update/ Discuss
7.	<b>Tower Hamlets Place Based Winter Plan 2023/2024</b>	1020 (10 mins)	Julie Dublin and Ben Gladstone	Papers Pages 39-49	Note/ Approval
8.	<b>Section 256 Funding process</b>	1030 (15 mins)	Suki Kaur	Papers Pages 50-55	Approval
9.	<b>Care Quality Assurance Framework</b>	1045 (10 mins)	Anne Page and Katie O'Driscoll	Papers to follow	Note
10.	<b>Any Other Business</b>	1055 (5 mins)	Chair	Verbal	Note

**Date of next meeting: Thursday 7 December 2023, 0900-1100 – Committee Room 1 – Tower Hamlets Town Hall, 160 Whitechapel Road, London, E1 1BJ**



- Declared Interests as at 25/10/2023

Name	Position/Relationship with ICB	Committees	Declared Interest	Name of the organisation/business	Nature of interest	Valid From	Valid To	Action taken to mitigate risk
Chetan Vyas	Director of Quality	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board City & Hackney ICB Sub-committee City & Hackney Partnership Board Havering ICB Sub-committee Havering Partnership Board ICB Quality, Safety & Improvement Committee Newham Health and Care Partnership Newham ICB Sub-committee Redbridge ICB Sub-committee Redbridge Partnership Board Tower Hamlets ICB Sub-committee Tower Hamlets Together Board Waltham Forest Health and Care Partnership Board Waltham Forest ICB Sub-committee	Indirect Interest	North East London CCG	Spouse is an employee of the CCG	2014-04-01		Declarations to be made at the beginning of meetings
			Indirect Interest	Some GP practices across NEL	Family members are registered patients - all practices not known nor are their registration dates	2014-04-01		Declarations to be made at the beginning of meetings
			Indirect Interest	Redbridge Gujarati Welfare Association - registered charity in London Borough of Redbridge	Family member is a Committee member.	2014-04-01		Declarations to be made at the beginning of meetings
Denise Radley	Member of the Tower Hamlets Together Executive Board (ICB Sub-Committee)	Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Non-Financial Professional Interest	London Borough of Tower Hamlets	Corporate Director & Deputy Chief Executive of the Council	2016-05-14		
			Non-Financial Professional Interest	Association of Directors of Adult Social Services	Ordinary Member of professional organisation that also has charity status.	2007-09-01		
			Non-Financial Personal Interest	Hertfordshire Partnership NHS Foundation Trust	Ordinary member of local mental health trust in a personal	2016-05-14		

					capacity		
			Indirect Interest	N/A	My partner's cousin (Marc Radley) is a director of CACI, supplier of software to the public sector	2016-05-14	
James Thomas	Member of the Tower Hamlets Together Board and Place ICB Sub-Committee	Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Non-Financial Professional Interest	Innovation Unit & Tower Hamlets Education Partnership	Non-Executive Director	2022-09-01	Declarations to be made at the beginning of meetings
Khyati Bakhai	Primary care clinical lead and LTC lead	Primary Care Collaborative sub-committee Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Financial Interest	bbbhp	Gp Partner	2012-09-03	
			Financial Interest	Greenlight@GP	Director for the education and training arm	2021-07-01	
			Non-Financial Professional Interest	RCGP	Author and review for clinical material	2021-03-01	
Roberto Tamsangan	Clinical Lead	Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Non-Financial Professional Interest	Bromley By Bow Health Centre	Salaried GP	2018-09-01	
			Non-Financial Professional Interest	Medical Practitioner Tribunal Service	Sit as a medical fitness to practice tribunal member	2020-07-01	
			Non-Financial Professional Interest	NHSX/ NHS ENGLAND/IMPROVEMENT	Clinical lead	2020-05-01	

- Nil Interests Declared as of 25/10/2023

Name	Position/Relationship with ICB	Committees	Declared Interest
William Cunningham-Davis	Director of Primary Care Transformation, TNW ICP	Newham Health and Care Partnership Newham ICB Sub-committee Primary care contracts sub-committee Tower Hamlets ICB Sub-committee Waltham Forest Health and Care Partnership Board Waltham Forest ICB Sub-committee	Indicated No Conflicts To Declare.
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.
Amy Gibbs	Independent Chair of Tower Hamlets Together	Tower Hamlets ICB Sub-committee	Indicated No Conflicts To Declare.

		Tower Hamlets Together Board	
Christopher Banks	Partner	Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.
Zainab Arian	Chief Executive Officer of GP Federation working within NEL ICS	Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.
Somen Banerjee	Director of Public Health	Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.



**DRAFT Minutes of the Tower Hamlets Together Board**

**Thursday 5 October 2023, 0900-1100 in person and via MS Teams**

## Minutes

<b>Members:</b>		
Amy Gibbs	Independent Chair of the Tower Hamlets Together Board	In person
Roberto Tamsangan	Tower Hamlets Clinical / Care Director, NHS North East London	In person
Neil Ashman	Chief Executive Officer, Royal London & Mile End Hospitals, Barts Health NHS Trust	In person
Richard Fradgley	Director of Integrated Care & Deputy Chief Executive Officer, East London NHS Foundation Trust	In person
Somen Banerjee	Director of Public Health, London Borough of Tower Hamlets	In person
Vicky Scott	Chief Executive Officer Council for Voluntary Services	In person
Zainab Arian	Joint Chief Executive Officer, Tower Hamlets GP Care Group	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
James Thomas	Director of Community and Children's Services, London Borough of Tower Hamlets	In person
Khyati Bakhai	Tower Hamlets Primary Care Development Clinical Lead, NHS North East London	MS Teams
Muna Hassan	Resident and community representative/Community Voice Lead	In person
<b>Attendees:</b>		
Ashton West	Programme Lead, ICB & LBTH, NHS North East London & London Borough of Tower Hamlets	MS Teams
Fiona Peskett	Director of Strategy and Integration Barts Health – Royal London and Mile-End Hospitals	In person
Elly De Decker	Chief Executive Officer, Bromley by Bow Centre	In person
Julia Davis	Bromley by Bow Centre	In person
Jon Williams	Engagement and Community Communications Manager (Tower Hamlets), NHS North East London	MS Teams
Suki Kaur	Deputy Director of Partnership Development, NHS North East London & London Borough of Tower Hamlets	In person
Tim Hughes	Partnership Programme Lead – Localities & Neighbourhoods Programme, Tower Hamlets Together	In person
Isabel Hoskins	Clinical Lead	In person
Kerry Greenan	Clinical Lead	MS Teams

Zereen Rahman-Jennings	Programme Manager – Community Health Services Health, Adults and Community LBTH	MS Teams
Madalina Bird	Minute taker, Governance Officer, NHS North East London	In person
IT representative	Observing	In person
<b>Apologies:</b>		
Denise Radley	Corporate Director Health, Adults & Community	
Charlotte Pomery	Chief Participation and Place Officer, NHS North East London	
Chetan Vyas	Director of Quality	

Item no	Agenda item
1.	<p><b>Welcome, introductions and apologies</b></p> <p>The Chair, Amy Gibbs (AG), welcomed members and attendees to the October Tower Hamlets Together (THT) Board meeting noting apologies as above.</p> <p>The Chair reminded members of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict with the business of the Board. No additional conflicts were declared.</p> <p>The minutes of the previous meeting held on Thursday 10 August were agreed as an accurate reflection of the meeting.</p> <p>Two actions remain open on the action log:  0106-37 – Somen Banerjee updated the Board on the work around identifying what the Council can do to support the NHS plan so action can be closed  0106-38 – discussion to be picked up through the PCNs as well due to new relationships building</p>
2.	<p><b>Questions from the public</b></p> <p>No questions from the public have been received in advance of the meeting.</p>
3.	<p><b>Chair's updates:</b></p> <p>AG updated the Board, noting the following:</p> <ul style="list-style-type: none"> <li>· Attended the Health and Wellbeing Board to present the THT updated priorities, build awareness of the work the partnership is doing and where the THT Board can relate and fits with their work. Ongoing piece of work around how THT Board relates to the HWB to make sure there are distinct functions but add value to each other (lead by Somen Banerjee)</li> <li>· Engaged with the research project around Somali autism community (work previously presented to the Board). Meeting with the team to take forward the actions.</li> <li>· Discussions are taking place offline to drive forward anti-racism and LGBTQ+ work.</li> </ul>
4.	<p><b>Community Voice</b></p> <p><b>Bromley-By-Bow Centre (BBBC) – primary care access and wider health and care access issues</b></p> <p>Elly De Decker (ED) and Julia Davis (JD) talked the Board members through the circulated presentation and highlighted the work BBBC is doing as a hub in order to enable their community to thrive. In 2010 the Marmot Review conclusively proved that</p>

	<p>health is principally driven by what it called “social determinants”. These days it is widely accepted that in our poorest communities, as much as 80% of being healthy is directly connected to the impact of social factors. The Bromley by Bow model uniquely focuses on meeting both social needs and medical needs, side by side.</p> <p>BBBC offer person-centred, holistic and integrated support across health and well-being</p> <ul style="list-style-type: none"> <li>· Health: physical and mental/ primary and secondary/ prevention</li> <li>· Basic needs: food/ heating/ welfare support</li> <li>· Basic skills: community learning/ English as second language/ digital</li> <li>· Opportunity: job seeking support/ social enterprise incubation</li> <li>· Connections: outreach and engagement/ arts, sports, horticulture/ volunteering</li> </ul> <p>Presenters also flagged the challenges faced:</p> <ul style="list-style-type: none"> <li>· Demand increasing while funding remains under pressure. Significant drop in support for basic support like ESOL, non-accredited learning, digital inclusion, employability</li> <li>· Underpinning funding model</li> <li>· Sectors are still not sufficiently joined up: health/statutory/VCS</li> </ul> <p>Comments and questions from the Board included:</p> <ul style="list-style-type: none"> <li>· Members were interested in the feedback BBBC received from patients in response to the model implemented. Two words frequently used in the feedback received are 1. Heaven (sense of tranquillity) and 2. Hope (the fact that people can talk to someone immediately (no appointment required) gives them a sense of hope. They value the fact that it does not feel transactional but feel connected).</li> <li>· Is the model helping with long term outcomes? Is there impact evidence of the model? Processes that have impact? Health metrics? Great opportunity to look at processes of services that have impact in Primary Care.</li> <li>· Need to work on relationships integration, engage widely with community and offer tailored support to those who need it</li> <li>· Integrated conversations with a holistic approach. Linking in Social Prescribing (SP) as often reason for SP referrals are financial pressures concerns. SP/Advice approach build into the model</li> <li>· Great model of integrated care. Need to make sure the funding of VCS is sustainable and resourced across the Board</li> <li>· VCS crucial part of the delivering work</li> <li>· Members commented on the fact that the Centre has a magical quality and suggested they could meet at the location in the future</li> </ul>
<p><b>5.</b></p>	<p><b>Living Well Lifecourse update</b></p> <p>Somen Banerjee (SB) talked the Board members through the paper shared in the pack that outlines the work done in the Living Well life-course</p> <p>Comments and questions from the Board included:</p> <ul style="list-style-type: none"> <li>· Need to make sure data is shared and accessible to all. The interactive core dataset developed spec for a “Epidemiological Data and Insight for Tower Hamlets” (EDITH) tool is to present data at Locality and Borough level by setting up of data access and sharing protocols. Need to work together to share and promote to the CVS different bodies</li> <li>· Members flagged the contributions of the CCPL (Clinical and Care Professional Leads) have been the guiding force in TH with good outcomes in areas like deprivation and inequalities. Need to make the connections and relationships to the action plan going forward as fundamental to improvements</li> <li>· Need to capture the community data. Members flagged that data is not flowing and that there are challenges in the system around the available coding (specifically around ethnicity). There is data in the system but is not being looked</li> </ul>



	<p>at. In TH 95% of people have been coded with their ethnicity in General Practice. Team needs support to get the data from NEL to be able to test</p> <ul style="list-style-type: none"> <li>· Members flagged on the issue that when data is not available there is no follow ups with specific communities to reduce health inequalities.</li> <li>· Need to see measures and outcomes.</li> <li>· Need to be clear and articulate the aspirations around disability and other protective characteristics - system wide approach to TH disability friendly borough</li> </ul>
<p><b>6.</b></p>	<p><b>Tower Hamlets Together refreshed priorities and delivery plan</b></p> <p>Ashton West (AW) presented the draft proposed priorities, delivery plan and governance proposal based on the feedback received at the Development session held in September</p> <p>Members and attendees thanked AW and the team for the work done on capturing and summarising the feedback received so far and commented/ discussed the following:</p> <ul style="list-style-type: none"> <li>· Core priorities need to be sharpened and be more specific (what the objectives and aims are)</li> <li>· Helpful for the Partnership to have metrics and enablers associated</li> <li>· Prevention needs to be high on the agenda</li> <li>· Hospital discharge as an element of keeping people safe in their homes. Need to have a look at what also seats with the Urgent Care Working Group</li> <li>· Need to straighten the relationship between enabler groups and the Delivery Board. How to ensure the groups have the data they need, consistency around methodology (what is the way of working and how to enable the groups to enable the delivery)</li> <li>· Need to raise the profile for Children and Young People. Discussions will be picked up outside the meeting</li> <li>· Housing and dental need to be reflected in the priorities</li> <li>· Antiracism and LGBTQ+ priority needs to be incorporated in the priorities for a fairer and healthier system. Need to have an intersectional approach</li> <li>· Need clarity on the pieces of work taken forward</li> <li>· How does this vision and objectives fit in with TH Partnership Plan that has housing as a priority? Need led evidence of what this group does to feed into TH Partnership Plan</li> <li>· Need to be specific in the way that certain areas that are not to be continued as a Partnership are described</li> <li>· Members agreed that they want fewer, clearer priorities and that those should be things that can be worked on collectively. Need to acknowledge that there is a lot happening across the Partnership that this Board is not necessarily involved in but there will be things that come up during the cycle of the year that are not necessarily part of the priorities that will need to be looked at – need to think on how to manage that, how to deal with and how to recognise the other work that organisations are doing (that are still part of the Partnership) even if is not part of the Board’s priorities</li> <li>· Members flagged the need to be realistic about capacity available to support this work.</li> <li>· Members will email AW re proposed area or project SRO/ governance approach</li> <li>· Separate piece of work on the enabler groups to be brought back to the meeting in the future</li> <li>· Members flagged housing needs to be looked as part of the health crisis and be part of the priorities. Need to think about what THT Board can actually do to contribute</li> <li>· Need also to avoid duplication and to think how can feed into other Boards</li> </ul>

	<ul style="list-style-type: none"> <li>Team to bring back item to a future Board meeting following feedback with assigned SROs and outcomes descriptions</li> </ul> <p><b>ACTION: Add THT refreshed priorities and delivery plan update to the forward planner. To include separate piece of work on the enabler groups</b></p>
7.	<p><b>Locality &amp; Neighbourhoods case for change</b></p> <p>Tim Hughes (TH) talked the Board through the circulated paper that outlines the rationale for the Localities and Neighbourhoods model, what it aims to achieve and how it will achieve that with the ask from the Board to approve the vision, governance structure, next steps/timeline and asked for an SRO representative.</p> <p>Kerry Greenan (KG) also joined the discussion and highlighted that the work aligns with a lot of the recommendations in the Fuller Report and a key priority moving forward. Work will continue over the next few months with locality health and wellbeing boards and committees.</p> <p>Isabel Hoskins (IH) joined the meeting as the Clinical Lead for the programme and stressed that like Fuller this work is requiring Primary Care Networks (groups of General Practices) to take responsibility – building into the day job – it’s about how to change everyday life within the localities and neighbourhoods, and to be comfortable with different priorities in different places.</p> <p>Comments and questions from the Board included:</p> <ul style="list-style-type: none"> <li>Members remarked that it would be great to see a list of questions to address what is the goal/ trying to achieve/ method with which the work is being approached</li> <li>Need to agree a common way of doing things together/ diversity of plan and outcome/ plurality</li> <li>Outcome and improvement approach</li> <li>Members agreed this is a great opportunity to straighten engagement and work together</li> <li>Need to think on how to bring the wide clinical leads into the work - primary care, mental health, community pharmacy as well as planned care, secondary care sectors. Involvement of Clinical Leads in the work is key</li> <li>Need to also think about the impact of wider deterrents (as much as 80% of being healthy is directly connected to the impact of social factors) and the need for strong backing support by the council</li> <li>Need to include VCS/ community groups in the model</li> </ul> <p>Members are happy with the direction of travel in the case for change and the principals.</p>
8.	<p><b>AOB</b></p> <ul style="list-style-type: none"> <li>Stonewall event happening in reception</li> <li>Congratulations to Zainab Arian, new substantive Chief Executive, Tower Hamlets GP Care Group</li> </ul>
<p>Next meeting:  <b>Thursday 2 November 900-1100. Location - Committee Room 1, Tower Hamlets Town Hall, 160 Whitechapel Road, London, E1 1BJ</b></p>	

# Tower Hamlets Together Board Action Log

	Closed this month, or open & due in the future
	Open, due this month
	Open, overdue

Action Ref	Action Raised Date	Action Description	Action Lead(s)	Action Due Date	Action Status	Action Update
0106-37	01-Jun	SB to take forward the work/ conversation re comms for winter and keep the Partnership updated through emails	Somen Banerjee	10 August 2023	Closed	Update 06/07 - work has progressed and will update at next meeting Update 5/10 - SB updated the Board on the work around identifying what the Council can do to support the NHS plan so action can be closed
0106-38	01-Jun	THT Exec to look at LPC / Pharmacy involvement in Partnership – who & how, is there cost associated?	Khyati Bakhai	10 August 2023	Closed	Update 06/07 - pharmacy group in TH is LPC. Community Pharmacy post has been recruited to in NEL Medicine Management Team that is working on bringing together all Local Community pharmacies Update 5/10 - discussion to be picked up through the PCNs as well due to new relationships building
0510-46	05-Oct	Add THT refreshed priorities and delivery plan update to the forward planner. To include separate piece of work on the enabler groups	MB	02 November 2023	Closed	Item added to the forward planner. AW will advise when work done and item can be added on the agenda

The THT Board has a community voice item at the start of its meetings. This is an important part of every Board and demonstrates its commitment to the community having impact on its work. As part of this commitment this report sets out:

- The process by which responses and actions, which come out from the community voice are managed by the Board, and
- How the Board is responding to community voices sessions to date.

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

**Process**

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

**'You Said, We Did' Annual Report**

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

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

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

THT Board	Community Voice	Action	RAG rating	Comment
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THT Board	Community Voice	Action	RAG rating	Comment
December 22	Tower Hamlets LBGTQ+ Forum/ELOP presentation on their health and care experiences	THT Clinical lead attended ELOP/ TH LGBTQ+ Community Forum and heard feedback from local residents on aspects of receiving health and care in the borough and obtained some useful feedback on potential changes which could make their experience better. Chair of THT board also went to meet the group the following month. They met with ELOP and other groups to look at funding projects to improve experience of LGBTQ+ people who access health and care across the borough – an example of a potential project is Pride in Practice.		Funding has been identified to develop this project
January 23	Spotlight – Emmanuel Biadoo and Harry Forshaw raised issues of young people’s involvement in supporting service change and improvement. This included developing young people’s mental health in schools.	Spotlight recommendations reviewed and action by the Children and Family Executive (CFE) at its 3 October meeting. The CFE welcomed Spotlights commitment to coproduction and the CFE aims to increase its use of coproduction. For example, the new Children and Young People Strategy is being coproduction. In terms of psycho-education, CFE has asked for 13 social workers that work at 13 schools on low level early health matters could be trained from the Psychoeducation Programme. Suggested Spotlight join the Adolescent Partnership Working Group for focused work on mental health overall for young people in the borough. Spotlight to be linked to Primary Care to explore young people’s involvement in Patient participation groups.		
February 23	Domestic Violence services - Sufia Alam from the London Muslim Centre and Safia Jama from Women’s Inclusive Team raised issues on black and women of colour’s experience of Domestic	Linked Sufia and Safia to Public Health Leads on Violence against Women and Girls, and Serious violence programmes, who are currently updating the needs analysis of these programmes. Provided copy of minute of THT Board Community Voice session and the WIT Haawa Project – Final Report to inform these analyses.		Violence against Women and Girls Strategy is scheduled for consultation in late 2023. The EM will review to assess how far the strategy addresses the issues raised at the Board.

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

THT Board	Community Voice	Action	RAG rating	Comment
	<p>the last 3 years, and how to use the learning to improve the health and well-being of disabled people in the Borough. REAL joined the Board setting out the main points/challenges of REAL's work on co-production, planning on the Embedding Disabilities Access Pilots (EDAP) programme and Health Inequalities work streams, by way of framing.</p>			
June 23	<p>GP Access - Matthew Adrien, Director, Healthwatch Tower Hamlets presented highlights of the latest Healthwatch reports relating to GP Access (July-Sept reports)</p>	<p>Comments and questions from the Board included:</p> <ul style="list-style-type: none"> <li>· Healthwatch is working on a breakdown of the GP Practices responses data and will forward when available</li> <li>· GP issues data is driven by lack of access (booking and scheduling appointments, length of waiting lists and inability to contact service by phone, etc). Would be helpful if it can be compared (GP access) with RLH access. Healthwatch is working on a report and will supply the data when available. Also, helpful to see if this was a dominant theme in TH three years ago and how TH compares with Newham and Hackney</li> <li>· Members flagged that the majority of feedback collected in the shared reports is from google reviews which is not the same as the way it's captured by NHS. Is this the way that feedback will be done going forward?</li> </ul>		<p>EM in liaison with Healthwatch to identify any actions the Board can support.</p>

THT Board	Community Voice	Action	RAG rating	Comment
		<ul style="list-style-type: none"> <li>• Members were advised Primary Care Transformation Group will be discussing the discrepancies between networks to understand where the feedback is coming from and share good</li> <li>• CIS system is using social media and will keep using google for feedback as more likely to get transparent data from independent sources rather than the individual GPs</li> <li>• Members flagged that not all parts of the system have access to internet or have communication/ language barriers so not represented in the data</li> <li>• System needs to triangulate different data and look at everything available</li> <li>• Need to see the breakdown on age, sexuality, nationality, etc</li> </ul>		
July 23	Participatory Action Research – Xia Lin, Head of Research, Toynbee Hall	<p>Xia Lin Head of Research and Nasrat Tania, peer researcher, at Toynbee Hall reported on Participatory Action Research (PAR) highlighting: PAR is an approach where everyone is working together (lived experience, policy makers, other stakeholders) to achieve a positive change focusing on research and action. Make decisions on robust data not just about community engagement but looking at how the data is collected and make sure the quality of the data is robust enough to support the decisions followed by actions. The strategy/approach was started to improve services – trust, involve marginalised communities, work together towards a shared goal. PAR connects communities to decision-makers and policy-makers: exposure and empathy, ground up approach, creating a dialogue, empowerment and purpose Experience has shown that ‘who’ is key in every project (are we working with the right people? diverse group, right people that need to be in this conversation? include different perspectives) and values and principles (it’s not about methods, PAR is an approach with values and principles, be transparent, work together)</p> <p>Comments and questions from the Board included:</p>		THT to join Xin Lin and Queen Mary’s University London in a partnership bid for funding to support a Tower Hamlets PAR programme.



THT Board	Community Voice	Action	RAG rating	Comment
		<ul style="list-style-type: none"> <li>· Members agreed the approach needs to be built into services going forward.</li> <li>· Need to link in the work around Health Determinants Research Collaboration which looks at how to build the research infrastructure across the system - start talking about community research</li> <li>· Board agreed it is a great approach process as it encourages the right people to get involved and work in a collaborative way with strong values and principals</li> <li>· Primary Care 'wider team' would benefit from the approach as needs to build trust within the community. Also, community orientation around how General Practice access works</li> <li>· Need to connect research, work and organisations</li> <li>· Neighbourhood Programme aims to work together and co-produce with the community from the beginning</li> </ul>		
August	Autism research in the Somali community - Dr Halima Mohamed	<p>Dr Halima Mohamed, QMUL, reported on LBTH and QMUL funded work to assess the extent and prevalence of autism in the Global Majority with a focus on the Somali community. This is a review and assessment of existing research, which builds on the recognition of Somali community concern about autism in their community. The project would be consulting the community and service providers leading to an event in October to discuss the findings and develop the recommendations with the community and providers/ commissioners, including THT Board members. Board agreed James Thomas and Warwick Thomsett have senior oversight of this work.</p> <p>There was a community event where the research and community recommendations on service support and access were reviewed and recommendations for action co-design. Following this there was meeting with James Thomas and Somen Banerjee to review next steps; CFE are developing actions to address the service support and access issues. Next steps for research are being considered. (NB: Dr Mohamed will be moving on to Oxford University from November 2023 and will continue this work at this University).</p>		Awaiting outcome of recent meetings for confirmation of next steps

THT Board	Community Voice	Action	RAG rating	Comment
October	Bromley By Bow Centre			
November	Carers Centre			

# Promoting Independence

## Lifecourse Group Update 2023/24



02/11/2023

Denise Radley, Corporate Director of Health & Adult Social Care, LBTH & PI Chair



# Promoting Independence 2023/24 Priorities for Integration and Transformation



LCG	Priority
Children & Families	Enhancing mental health & emotional wellbeing access and outcomes for children and young people
	Improving our SEND services, experience and outcomes
	Promoting healthy childhood weight
	Achieving more integrated ways of working together to improve outcomes, with a focus on early years
	Mitigating poverty and economic hardship for children, young people and their families
Living Well	Localities and Neighbourhoods Programme: <ol style="list-style-type: none"> <li>1. Developing system-wide health Intelligence (“data”) for localities and primary care networks/neighbourhoods</li> <li>2. Strengthening Locality &amp; PCN structures to address health inequalities</li> <li>3. Engaging communities to improve health and wellbeing</li> <li>4. Long-term conditions prevention and management: improving pathways between communities and preventative services</li> </ol>
	Improving access to services for disabled residents

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

# Overview of PI Priorities for 2023/24

## Objectives:

- Deliver proactive care approach, implement the coordination of health and care before residents tip-over into crisis
- Prevent deterioration of health and wellbeing i.e. frailty and long term conditions (reduce avoidable use of unplanned care)
- Reduce duplication of work and enhance integrated work across health, social care and VCS

## Deliverables:

- Improve proactive model of care to frailty and homeless/rough sleepers
- Coproduction and residents to co-design model of care and evaluation
- Standardised pathways, risk stratification and toolkits
- Develop business case for expansion
- Robust outcome measures and evaluation plan to continue improve/expand the model

## Strategic alignment:

- Local THT priorities (homeless and long term conditions) and the THT I-statements
- Aligns to NEL proactive care programme with crosscutting themes (1) tackling health inequalities (2) focus on prevention (3) holistic and personalised care (4) coproduction
- Aligns to national priorities (1) improving outcomes in population health and healthcare (2) tackling inequalities in outcomes, experience and access

## Measuring success:

### Frailty

- Reduction of GP activities and avoidable use of unplanned care
- Increase number of care and support planning
- Residents' satisfaction and positive experience

### Homeless/Rough Sleepers

- Reduction on emergency attendance/call outs by 50%
- Fast track safeguarding
- Manage and reduce high risks to individuals by 30%
- Improve the experience of people who are homeless and rough sleepers in the hostels

## Objectives:

- An integrated action plan that outlines the strategic and operational vision of unpaid carer support in Tower Hamlets aligned to the People at Heart of Care white paper
- Celebrate the role of unpaid carers in Tower Hamlets
- Actively recognise the contribution of unpaid carers to the health and care economy
- Support unpaid carers to continue in the caring role by recognising and promoting their wellbeing and independence and provide appropriate support so they can have their own fulfilling lives outside of their caring role, including staff with caring responsibilities
- Proactively identify and recognise unpaid carers accessing the health and care system by working together to minimise/reduce barriers for carers who do not typically recognise themselves as carers
- Reduce inequalities and improve health outcomes for unpaid carers

## Strategic alignment:

- Support for carers running through all NEL priorities and wider transformation programmes
- LBTH strategic plan:
  - Act early to support residents to increase incomes, reduce costs and debt – personalised welfare benefits advice for unpaid carers
  - Deliver improvements in services for adults needing social care – active commitment to co-produce carer services with unpaid carers
- THT I statements (co-produced with residents) =
  - I feel like services work together to provide me with good care
  - I have a good level of happiness and well-being
  - I am supported to live the life I want

## Deliverables:

- Co-produced unpaid carers services contract to go live from April 2024 and support minimum of 2000 unique unpaid carers annually
- Carers offer in Tower Hamlets will include dedicated Carers Academy, a co-ordination of training and learning opportunities for unpaid carers
- Free overnight breaks for carers for up to 30 carers, wellbeing treatments such as counselling, massages, celebration events etc.
- Good quality carers assessment undertaken by the service provider in the community
- Increase the roll out of the carers discharge toolkit in Royal London
- Free carers emergency service to support unknown carers experiencing crisis situations and providing respite in the cared for person's home
- Carers service to be available in GP, hospital and community settings across the borough
- GP practices to proactively record carers on EMIS and signpost carers into the support service, processing referrals into the service directly via EMIS.

## Measuring success:

- Performance improvement in results of the Survey of Adult Carers in England
- Increase number of carers accessing digital support to reduce/delay needs of carers escalating, including promotion and provision of assistive technology
- Increase number of unpaid carers accessing prevention services through personalised and tailored information and advice
- Increase in the number of carers recorded on EMIS
- Increase in the number of carers signposted into carer support service from Royal London and Mile End Hospital and GP practices
- Increase in the number of carers supported via Mental Health services

## Objectives:

- Recognise and promote the value of personalisation workforce, supporting systems to be more proactive thus enabling patients to better self-manage their long term conditions, and reducing/alleviating system pressures in primary care and A&E.
- To increase the number of personalised care support plans completed
- Increase offer of Personal Health Budgets (PHBs) across the borough by extending the offer to beyond the rights to have cohorts
- Review annual health check pathways for people with LD and SMI to enhance experience and improve health outcomes, thereby reducing inequalities and improving health outcomes for LD and SMI population
- Promote choice and control of social care services through provisions of direct payment and personal travel budget to eligible residents.

## Strategic alignment:

- Support for personalised care runs through all NEL priorities and wider transformation programmes
- NHS long term plan aim to increase uptake of PHBS in England to 200k by 2023/24 and embedding universal personalised care making personalised care business as usual by 2024.
- Core20PLUS5 (adults) –reducing healthcare inequalities at national and system level and '5' focus clinical areas requiring accelerated improvement. Authorities have a duty, under the Care Act 2014 to offer the choice of either a managed care package or a direct payment for service users (adults and children) with care and support needs, in doing so they have flexibility, choice and control on how to best meet their eligible needs.
- LBTH strategic plan:
  - Provide high quality and financially sustainable services for adults receiving social care to achieve their goals, be connected to others and live as independently as possible.

## Deliverables:

- Co-production of personalised care support planning template for care coordinators and health and wellbeing coaches embedded in EMIS, enhancing the uptake, quality and data sharing.
- Finalise and roll out of a pooled personal health budget toolkit for front line workers to initiate and promote pooling of PHBs for delivery of bespoke activities for vulnerable cohorts.
- Continue bi-monthly community of practice forum to promote/strengthen knowledge and share good practices of personalised care within the workforce.
- Increase uptake and experience of annual health checks and improve health outcomes for people with LD and SMI.
- Pilot various roll out of PHBs beyond the right to have cohorts, such as continuing offer of PHBs to people under the high intensity user team within Royal London Hospital and for Mental Health patients to support their recovery via The Advocacy Project.
- Increase the uptake of direct payments and pilot the roll out personal travel budgets to eligibles services users

## Measuring success:

- Sustained growth in personalised care workforce in the system
- Increased number of personalised care and support plan completed
- Increased number of pooled PHBs rolled out
- Increase in the take up of PHBS for eligible mental health provisions through personalised and tailored information, advice and practical support via The Advocacy Project and how this influences delivery model in Tower Hamlets
- Insource the direct payment support service and monitor the take up of direct payments and embed learning from the pilot personal travel budgets and roll out across Adult Social Care



## Objectives:

### Adult Social Care

- To follow up on the findings of the Newton Europe report and seek to develop a plan to address some of the identified issues, including:
  - Ø *Over provision of Home care and risk averse practice*
  - Ø *Communications given to service users and families/carers*
  - Ø *Access and provision of Reablement Service*
- To review demand and capacity issues in the Hospital Social Work team, the D2A IA Cluster and Reablement
- To review processes and ways of working in the Hospital Social Work Team, the D2A IA Cluster and the Transfer of Care Hub

### Community Care

- Improve flow of referrals from Emergency Department (ED) and Clinical Decision Unit (CDU) at the Royal London Hospital to facilitate DC and avoid unnecessary acute hospital admission
- Reduce length of stay (LOS) in Acute Assessment Unit (AAU) with a successful interface workin with Barts Health therapists.

## Measuring success:

- Evidence from data collection revealed reduced LOS in AAU for patients seen in ED from 12 bed days to 6.7 bed days.
- Timely therapy and nurse intervention within 24 hours of DC from ED/CDU. Patient at high risk of re-admission rate will be seen within 2 hours of post ED/CDU DC for a rapid response approach intervention

## Deliverables:

### Adult Social Care

- Analysis of demand and capacity in Hospital SW team, IA D2A Cluster and Reablement team
- Analysis of processes, tools and ways of working in Hospital SW team, IA D2A Cluster and Reablement team
- Analysis of Homecare packages and costs
- Review of Quality Assurance processes in the Hospital Social Work Team
- Work with the Transfer of Care Hub team, focusing on:
  - Ø *Advanced Discharge Planning & Use of Ward Navigators*
  - Ø *Potential for 'In-reach' work into the hospital that could help to manage over prescription of care and risk averse practice in care planning*
- Review of Communications given to service users and families/carers as part of the D2A process including upon discharge from hospital
- Benchmarking with other London boroughs. These include:
  - Ø *Waltham Forest, Barking & Dagenham, Havering, K&C, WCC, Hounslow*

### Community Care

- Reduce unnecessary administrative tasks for a seamless transfer of care from ED/CDU to community pathway requiring intermediate care therapy and nursing input
- Increase therapy resource in the ED/CDU and provide early therapy intervention from ED and CDU to optimise flow
- Provide ongoing therapy input in CDU

What has been achieved so far this year

What are the next steps for the  
remainder of the year

## Achievements:

### Frailty

- Pilot in PCN 7 showed **12% reduction** on primary care activities including GP activities (6 months)
- Successful utilisation of physician associates
- Risk stratification proven to be effective in frailty cohorts
- Secured a budget to expand to locality level for 12 months

### Homeless/Rough Sleeping

- Plan to deliver first care coordination MDT January/Feb 2023
- Model of care, pathways and implementation plans - agreed
- Successful co-production sessions
- Secured funding from the health inequalities fund for 12 months

## Next steps:

### Frailty

- Plan delivery to SE locality
- Expand cohort to CVD (Stroke and Heart Failure)
- Review and adjust model/pathway to fit locality and additional long term condition
- Recruitment of Network Care Coordinator
- Align model to integrated neighbourhood team

### Homeless/Rough Sleeping

- Plan recruitment of social worker and dual diagnosis nurse posts - on going
- Complete evaluation form i.e. resident's feedback based on coproduction

## Achievements:

- **1550 unique carers supported** in the community 2022-23, of which **502 were new carers** – this included provision of information, advice, advocacy services as well as practical support
- **877 contacts with carers** in need of **targeted benefits and welfare advice** integral with the cost-of-living issues as carers are often on low income.
- **304 wellbeing activities** delivered, this included overnight retreats, counselling, peer support groups, training.
- **Extensive co-production of the future carers service and offer in Tower Hamlets** with carers in recognition of their lived and expert experience and health and social care practitioners.
- **Carer confident re-accreditation** – Council successfully re-accredited as a Level 1 Active Carer Confident employer.
- **DHSC** recognised good practice in Tower Hamlets with the active promotion of carers assessments and eligibility of support in the community with a dedicated team of advocates in Bengali, Somali and other community languages

## Next steps:

- **Award carers services contract** to the winning bidder by December 2023, mobilise service and go live from April 2024
- Extensive **promotion of the carers emergency service** that offers real time support primarily to **unknown carers experiencing/at risk of crisis**.
- **Strengthen the digital information and advice offer** to known and unknown carers to encourage a **shift in managing demand proportionately** so carers who need medium to high intensity support are prioritised to access in person services.
- **Survey of Adult Carers in England** during November – January 2024, aspire to see an improvement in overall satisfaction with social services and ease of finding information and advice.
- **Recommend THT to endorse a system change**, that enables practices via **EMIS to directly refer unpaid carers** to carers services provider as carers are often time poor
- Engage with GP networks to **increase the number of carers recorded on EMIS**
- Embed learning from initial roll out of the **carers discharge toolkit and roll out** to more wards in RLH.

## Achievements:

- **2561** personalised care support plan completed in **2022-23**, 1710 recorded in 2021-22, **49% increase**. Projected outturn for 2023-24 is 4000.
- **60%** increase in the number of **Personal Health Budgets (PHBs) 2022-23**
- **8691 contacts** made by care coordinators in primary care 2022-23, 1801 contacted recorded in 2021-22.
- **Co-producing and standardising** related templates on EMIS has strengthened the offer to patients with more choice through a person centred approach and aims to improve **coding and data** collection
- **Additional physical activity** groups successfully set up in the community for people with LD and SMI via pooled PHBs, initiated through the team funding some of the costs in advance to incentivise take up.
- Introduced **PHBs into Royal London Hospital** for people under the high intensity user team; through collaborative working the first patients attendance at A&E has **reduced by 38%**.
- Introduced personalised care practitioners into the annual health check pathway, thereby **alleviating time/resource pressure on GPs** and offering patients a PHB where appropriate.

## Next steps:

- **Strategic and operational review** of the **personalisation programme** in Tower Hamlets that reviews the programme values and vision, as well as maximising opportunities and reducing duplication. The review (April – October 2024) is likely to include asset mapping of social prescribing and personalised care workforce, partnership working, and future arrangements.
- **Manage** personalisation programme with **reduced staff**, 3 FTE to 1 FTE following on from NEL restructure
- Continue to support the growth of number of patients with a personalised care support plan and PHBS
- **Support the personalised care workforce** in Tower Hamlets with good quality information and advice support.
- **Roll out** of pooled **PHB toolkit**
- **Evaluate** the pilot service provided by The Advocacy Project and consider how to **embed the learning into the future** personalisation support in Tower Hamlets
- Explore with integrated commissioning, public health and primary care what arrangements for social prescribing will be going forward
- **Increase uptake of direct payments and personal travel budgets** in social care.



- Achievements:**
- Adult Social Care
- Analysis of Newton Europe report and recommendations
  - Review of demand/capacity in Hospital South West Team
  - Review of HSWT processes and workflow
  - Initiation of Advanced Discharge Planning project with Barts
  - Benchmarking with other Local Authorities
  - Audit of Reablement cases in relation to outcomes and appropriateness of referrals
- Community Care
- No more paper referrals completed; all referrals directly sent to Admission Avoidance and Discharge Service
  - All patients discharged from ED are seen by either a therapists or nurse (depending on needs; joint visit is facilitated if required) within 24 hours of hospital discharge
  - Increased therapy capacity to see all patients requiring therapy input
  - Increased therapy capacity to provide ongoing therapy input in Clinical Decision Unit

- Next steps**
- Adult Social Care:
- Consistent practice in communicating outcomes of D2A to patients and families and carers where appropriate/necessary
  - Refreshed D2A assistance form
  - Bedding in of Advanced Discharge Planning process and outcomes monitoring
  - Review of pilot of assessment resource to HSWT
  - New Comms developed for patients/carers on D2A process
- Community Care
- Looking into whether pressure ulcers are being caused during transport and how to mitigate this
  - QI project to improve the experience of informal carers as part of hospital discharge
  - Recruiting Board Discharge navigators (as used in other Trusts) who will be based on ward and will be linking in with ward staff more directly and with patients and relatives during the discharge process



# Proposed Future of Promoting Independence



- It is proposed that THT focuses on delivering the 7 core priorities – this will mean that lifecourse groups, including Promoting Independence, will not be required to deliver any additional priorities
- For PI this will mean delivering the adult social care and community elements of the core priority focused on the discharge pathway
- It will also require an interface with the Urgent Care Working Group to align delivery of the discharge priority with the hospital team(s)
- PI will continue to be an engagement and collaboration forum which brings together partners from across the system to discuss workstreams and issues arising that impact this cohort, including VCS orgs such as Carers Centre Tower Hamlets, Age UK and Real
- It will also have responsibility for overseeing performance monitoring and delivery of the PI inequalities projects
- It is proposed the group moves to meeting every other month rather than monthly



## Tower Hamlets Together Board

[2 November 2023]

<b>Title of report</b>	The State of the Sector
<b>Author</b>	Tower Hamlets CVS
<b>Presented by</b>	Vicky Scott, CEO
<b>Contact for further information</b>	Vicky Scott, CEO THCVS
<b>Executive summary</b>	A report on the voluntary & community sector in Tower Hamlets
<b>Action / recommendation</b>	The Board/Committee is asked to: Consider ways that the health system can support the VCS as a core partner
<b>Previous reporting</b>	Health & Wellbeing Forum Interfaith Forum
<b>Next steps/ onward reporting</b>	Cooperate
<b>Conflicts of interest</b>	None
<b>Strategic fit</b>	To tackle inequalities in outcomes, experience and access
<b>Impact on local people, health inequalities and sustainability</b>	The voluntary & community sector holds many of the solutions to health inequality, given that 80% of health comes from social determinants. The VCS in Tower Hamlets is large and diverse, and faces unique challenges particularly around funding. VCS organisations can often reach communities that statutory partners struggle to access, and they have the trust of these communities. This makes the sector well-placed to help tackle the most entrenched inequalities.
<b>Impact on finance, performance and quality</b>	There are no additional resource implications/revenue or capitals costs arising from this report as it is for information and context only.
<b>Risks</b>	None





**Tower Hamlets  
Council for Voluntary Service (THCVS)**

# **STATE OF THE SECTOR REPORT 2023**

Full report can be found here: [SOS-REPORT-2023-FINAL.pdf \(thcvs.org.uk\)](https://www.thcvs.org.uk/SOS-REPORT-2023-FINAL.pdf)

# The voluntary and community sector in Tower Hamlets

These figures come from analysis of Charity Commission data. We excluded some national charities with headquarters in Tower Hamlets but included some organisations based in other boroughs that work in Tower Hamlets. In reality the sector is much larger and includes many unconstituted community groups and CICs.

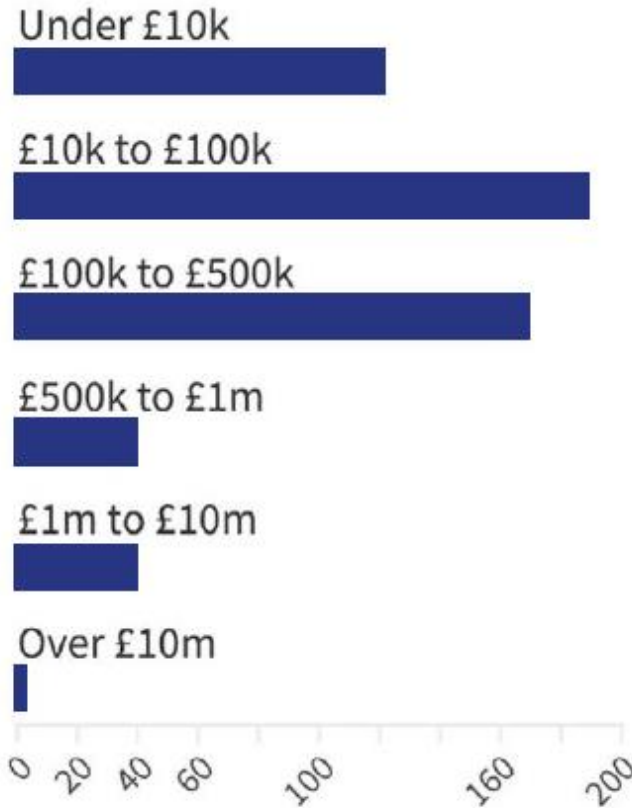
**551** charities operate in Tower Hamlets

In 2021-22 (the latest year with full financial data), they had an income of nearly **£200m** and spending of **£180m**

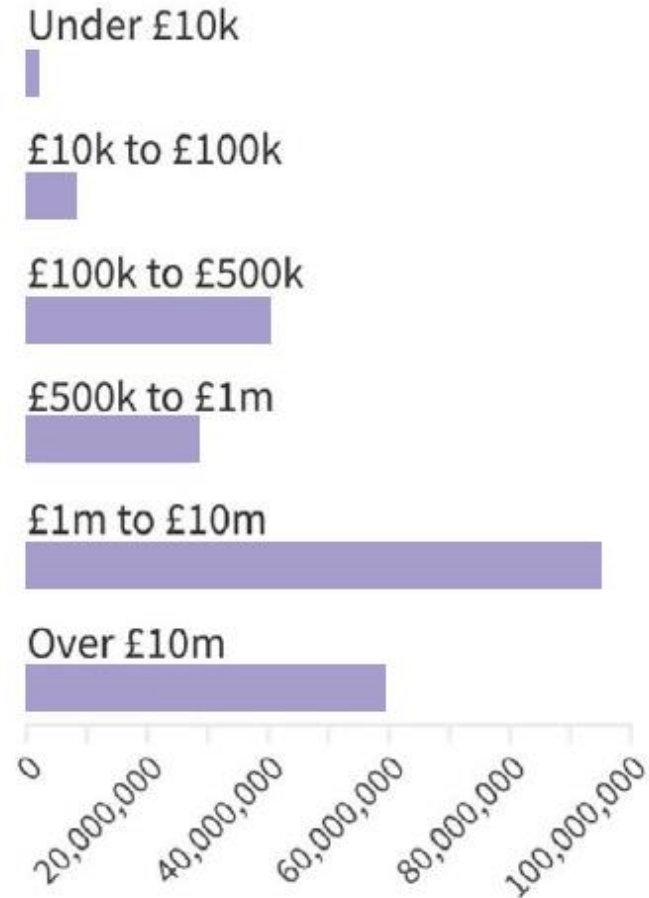
These charities employ an estimated **4,300 people** with over **25,000 volunteers** and nearly **3,200 trustees** recorded with the Charity Commission

## How big are charities in Tower Hamlets? by annual income

### Number of charities



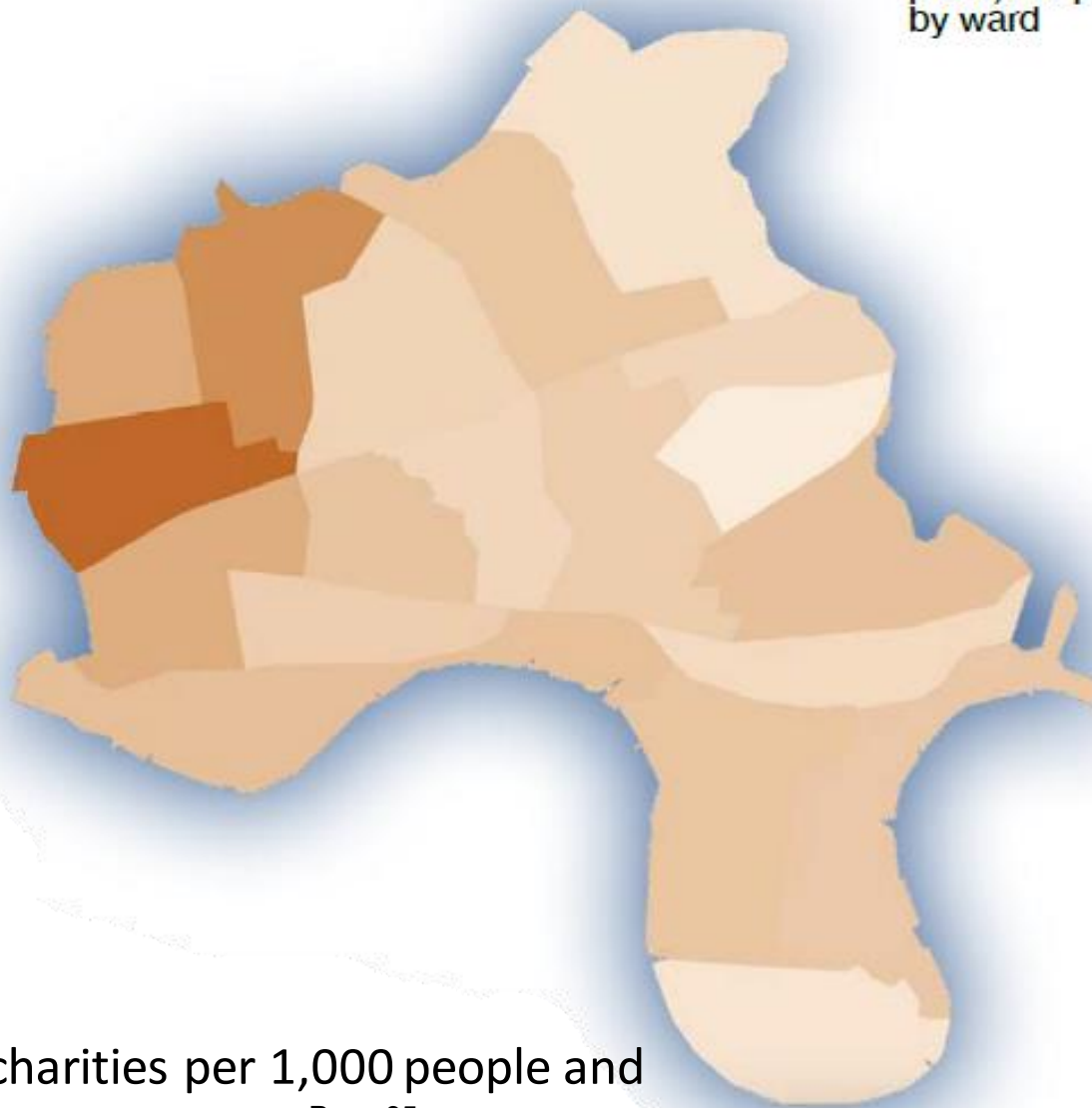
### Total income



0.67 3.35

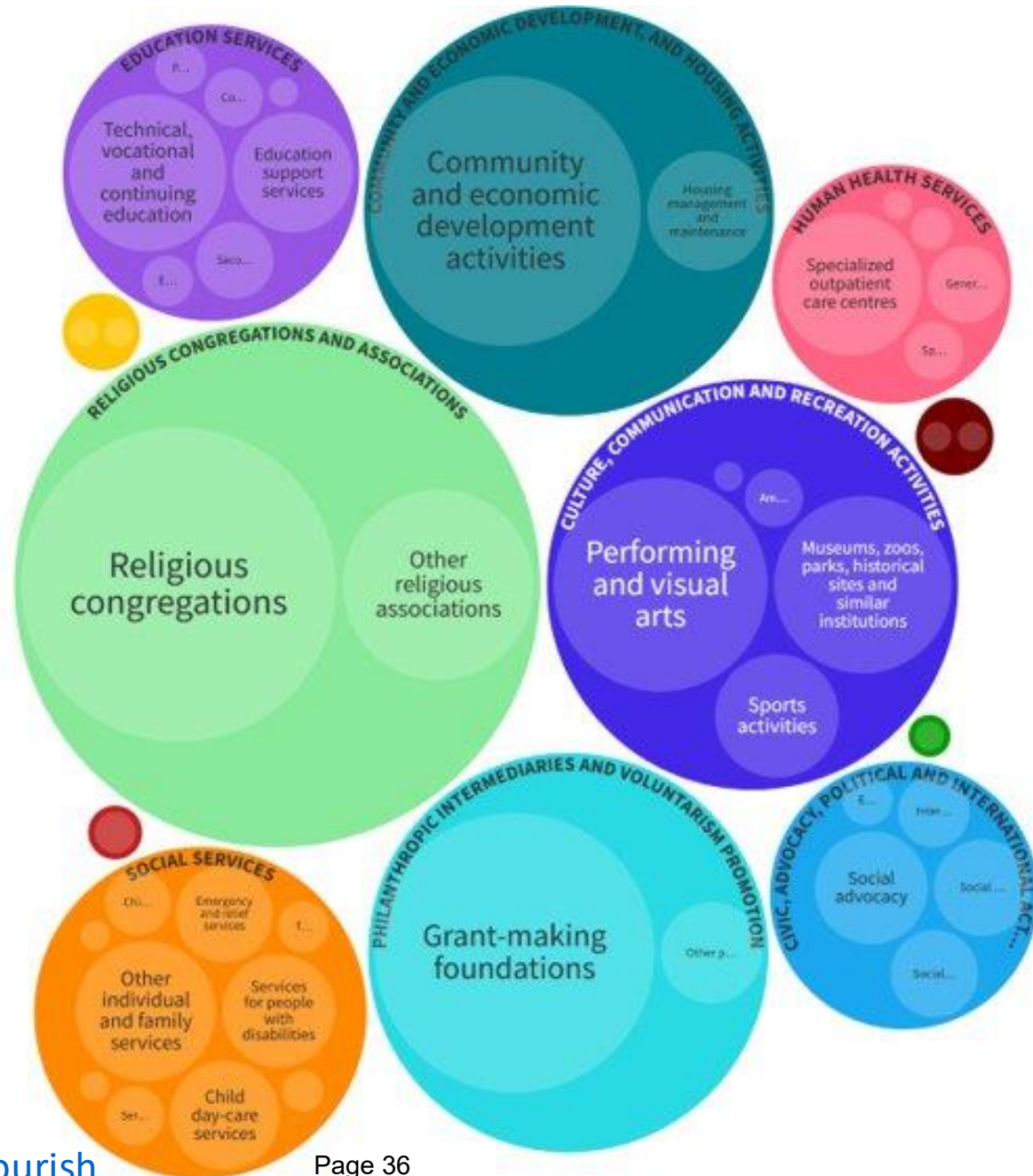
Map showing  
number of charities  
per 1,000 people,  
by ward

## How are charities spread throughout Tower Hamlets?



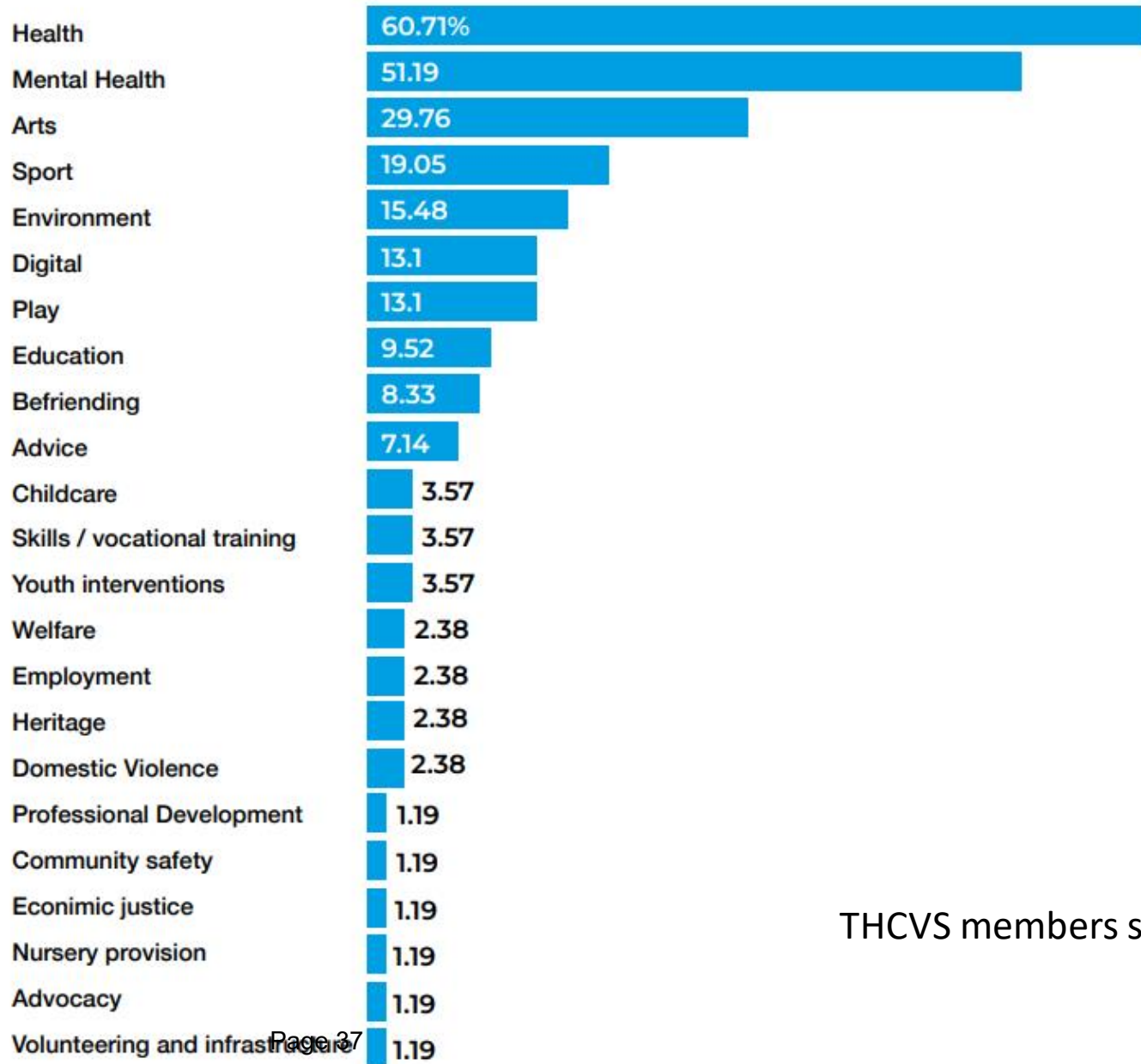
Interactive maps showing number of charities per 1,000 people and  
charity spending per head here: [Charities by ward | Flourish](#)

# What do charities in Tower Hamlets do?





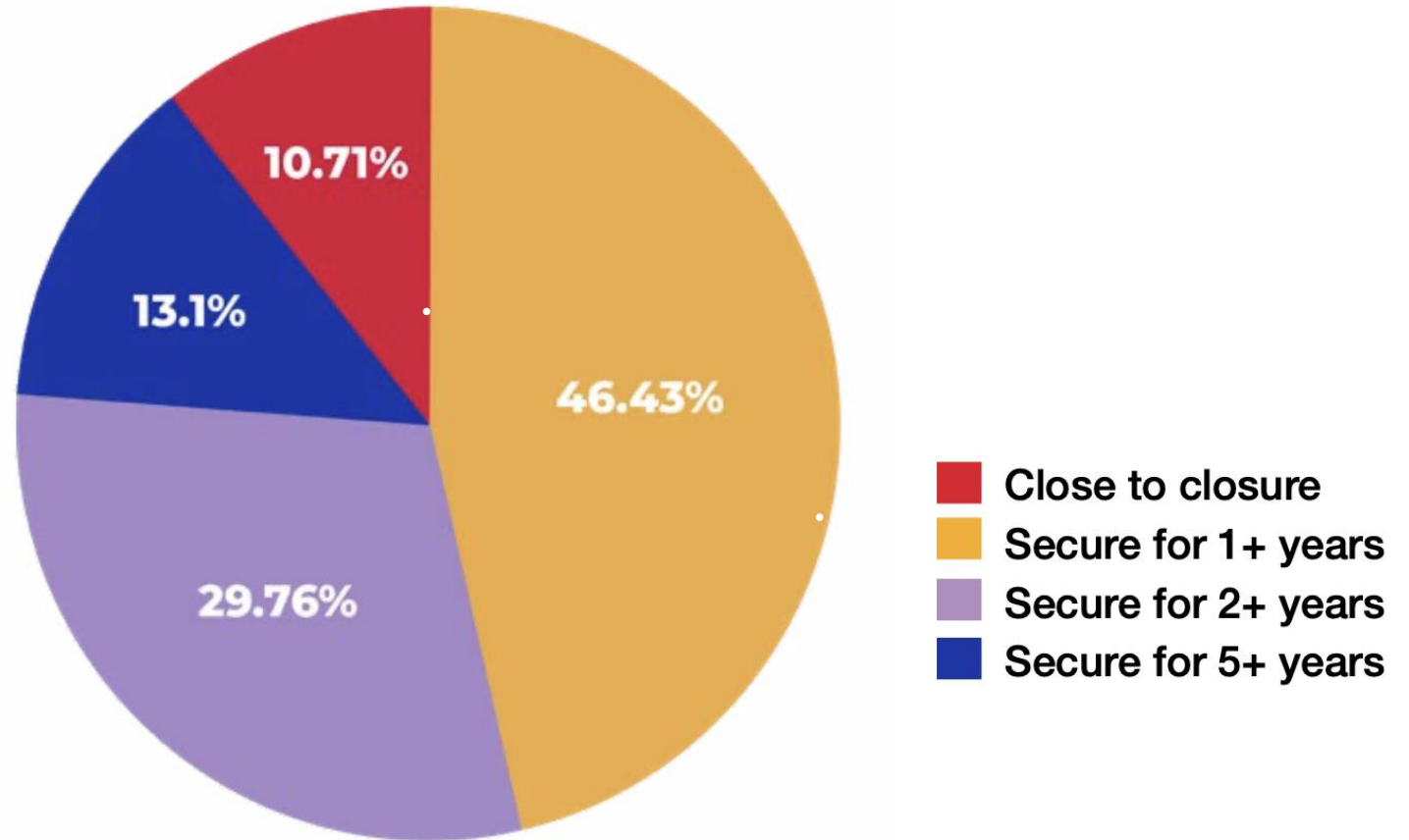
## What main themes do you provide activities under?



THCVS members survey



## How do you rate your organisation's security?





# Tower Hamlets Together Board

[insert date of meeting]

<b>Title of report</b>	Tower Hamlets Place Based Winter Plan 2023/2034
<b>Author</b>	Julie Dublin – Senior Programme Manager, Unplanned Care
<b>Presented by</b>	Julie Dublin – Senior Programme Manager, Unplanned Care
<b>Contact for further information</b>	Julie Dublin
<b>Executive summary</b>	<p>The paper provides details of the initiatives identified to support Urgent and Emergency Care (UEC) resilience and performance during winter October 2023 to March 2024. The plan has been developed in collaboration with stakeholders representing system partners, from across health and social care. The schemes are targeted to achieve the following goals:</p> <ul style="list-style-type: none"> <li>• Strengthening the provision and access of alternative pathways to reduce UEC footfall and attendance</li> <li>• Optimising flow through Acute, Mental Health and Community trust sites.</li> <li>• Engaging in proactive population health management to keep people well in the community</li> </ul> <p>These schemes are over and above services provided as business as usual.</p> <p>North East London (NEL) Integrated Care Board (ICB) is identified as a tier one UEC system. Systems identified as tier one, are considered the most challenged and eligible to apply for targeted funding. The local authority has submitted a proposal for an allocation to the Department of Health &amp; Social Care (DHSC) and await the outcome of the bid.</p> <p>The NHS has earmarked £200k for winter schemes and no new additional funding has been announced.</p> <p>The schemes are categorised into three funding pools. Where funding is required, indicative values are available against the local authority initiatives. The remaining schemes must be costed to quantify what is achievable within the budget.</p>
<b>Action / recommendation</b>	<p>The Board/Committee is asked to:</p> <ol style="list-style-type: none"> <li>1. Note the 2023/2204 winter plan</li> </ol>

	<p>2. Recommend that the Tower Hamlets Urgent Care Working Group through the relevant sub-groups, oversees the implementation and monitoring of the initiatives.</p> <p>3. Recommend that the THT Board receives a progress report at the next meeting.</p>
<b>Previous reporting</b>	<p>The winter plan has been presented to the:</p> <ul style="list-style-type: none"> <li>· Tower Hamlets Urgent Care Working Group – initial draft (October meeting)</li> <li>· Health Scrutiny Sub-Committee October meeting.</li> <li>· Integrated Commissioning Team SMT (October meeting)</li> </ul>
<b>Next steps/ onward reporting</b>	<ul style="list-style-type: none"> <li>· A prioritisation exercise to identify schemes to be funded at the November Urgent Care Working Group which has oversight of delivery</li> <li>· Tower Hamlets Health &amp; Wellbeing Board (December meeting)</li> </ul>
<b>Conflicts of interest</b>	None.
<b>Strategic fit</b>	<ul style="list-style-type: none"> <li>· To improve outcomes in population health and healthcare</li> <li>· To tackle inequalities in outcomes, experience and access</li> </ul>
<b>Impact on local people, health inequalities and sustainability</b>	<p>The proposed schemes provide additional capacity within health and social care to improve access, support discharge and during the winter period.</p> <p>No equality impact assessment is required.</p>
<b>Impact on finance, performance and quality</b>	<p>The initiatives are categorised into requires funding, funding in place or no funding required. The impact of the interventions is:</p> <ul style="list-style-type: none"> <li>· to prevent avoidable admissions and readmissions</li> <li>· to reduce discharge delays</li> </ul>
<b>Risks</b>	<p>There is a risk that::</p> <p>the level of funding required exceeds £200k budget</p> <p>the DHSC grant may not be approved</p>



## 1.0 Introduction/ Context/ Background/ Purpose of the report

- 1.1 This paper is to inform the Board details for the Tower Hamlets 23/24 winter plan. A workshop was held on the 29<sup>th</sup> August 2023 involving representatives from system partners, primary care, acute and community care, mental health, London Ambulance Service and the local authority, to scope the Tower Hamlets winter plan. The draft plan was discussed at the 5<sup>th</sup> October Urgent Care Working Group (UCWG) and is being developed.
- 1.2 The Tower Hamlets local plan feeds into the wider North East London (NEL) Integrated Care System (ICS) winter plan which has identified three critical areas:
- The delivery of capacity plans across all services
  - The delivery of agreed winter priorities
  - The implementation of a robust UEC operating model drawing on best practices across the country
- 1.3 Some elements are being co-ordinated at an NEL level, such as winter communications plan to support patients to access health care widely, for instance, and there is further opportunity to develop other initiatives/schemes at an NEL level.
- 1.4 The Board is asked to note the content of the winter plan.

## 2.0 Body of report

- 2.1 The winter plan focuses on supporting the Urgent Emergency Care system to:
- Focus on high-risk populations including respiratory and frailty
  - Develop clear, accessible and direct pathway into NEL services
  - Increase understanding and awareness of our services
  - Enhance our collaboration
- 2.2 The winter plan also includes delivery of four high impact change areas identified through a self-assessment undertaken against a national maturity matrix (see table below). These will be delivered through the winter plan, and reports into sub-group of the UCWG

High Impact Change	Champion	Job Title	Sub Group
SDEC	Tom Cornwell	Divisional Director of Operations -Emergency Care & Trauma	Front Door Group
Frailty	Tom Cornwell	Divisional Director of Operations -Emergency Care & Trauma	Front Door Group
In patient flow	Jennifer Jarvis	Head of Discharge	Discharge SRO
Intermediate Care	Petra Nittel	Deputy Director for Community Health Services	To be identified

## 3.0 Governance and monitoring approach

- 3.1 Delivery of the Tower Hamlets plan will be through sub-groups reporting into the Urgent Care Working Group on a monthly basis and into the established THT Executive Board / Sub-committee of the Integrated Care Board for executive oversight and accountability.
- 3.2 The winter plan will sit within the Urgent Emergency Care governance structure, supported by groups at an NEL system and local level to ensure system leaders are informed on progress and risks, support opportunities as needed and make decisions to drive the direction of the programme.
- 3.3 The combined impact of the winter plan will support:
- Avoid admissions, supporting vulnerable people to stay well at home
  - Reduction in demand on acute beds – either through admission avoidance or discharge
  - Flow through and out of the hospital setting
  - Reduction in demand on other out of hospital service

#### 4.0 Funding

- 4.1 The funding available for Tower Hamlets place from the NHS is £200k. It is unclear at this stage if additional funding will be released.
- 4.2 The Local authority has submitted a bid for grant funding from Department of Health & Social Care (DHSC) to support the UEC system during winter. The funding is available to tier 1 local authorities, for additional capacity to reduce admission avoidance, reduce delays in hospital discharge and increase VCSE capacity. The local authority is awaiting the outcome of the submission.

#### 5.0 Risks and mitigations

- 5.1 The risk are as follows:

Risk No	Risk	Mitigation	Level
<b>Risk 1</b>	Insufficient resources to implement the schemes requiring funding	Undertake prioritisation exercise and agree schemes to implement	High
<b>Risk 2</b>	Delay in securing DHSC funding will impact on recruitment and mobilisation of local authority schemes	Base the prioritisation exercise on the NHS resource and include local authority schemes	High
<b>Risk 3</b>	Delays to implementation will impact on effectiveness of pilot schemes that have no funding requirement	Mobilise pilot schemes funded with existing resources no funding required	Low

Risk 1: Highlight any risks that need to be brought to the Board or its Committees attention and the mitigations that are in place.

**5.0 Conclusion / Recommendations**

5.1 The plan is being prepared for discussion at the November 2<sup>nd</sup> Urgent Care Working Group and agreement as to how to take forward.

The Board is asked to note the report.

**6.0 Attachments**

6.1 List appendices as:

- Appendix 1: Tower Hamlets Winter Plan

**7.0 Report prepared by:** Julie Dublin, 2<sup>nd</sup> November 2023

# Tower Hamlets Winter Plan

v1 22.09.2023

The place based Winter Plan has been developed through collaboration across the Tower Hamlets Place Based Partnership. In early September we undertook a system workshop to identify what we had in place to support residents during winter, what else did we need to do and identify actions required to ensure residents are explored.

The plan covers the actions being taken to support residents, the governance of the plan, the funding agreed and the potential funding asks, performance metrics for delivery, demand and capacity plans and risk log.

## Top Priorities

Recognising the list of actions required our top 3 changes are Winter are:

Priorities	Expected Impact	Change Owner	
<p><b>Top 3 Priorities - GE Thoughts</b> 1) OOB Social worker - Inequity in provision across boroughs, different processes, difficulty in engagement 2) Direct Access to SDEC for Primary Care 3) Streaming Away to Same Day Access Primary Care HUBs at IA - including streaming to OOA HUBs and CPCS 4) If Homelessness impacting on LoS in RLH - would support for someone with specialism in this to support early discharge help?</p>			
What else do we need to do to support residents for Winter?	Actions Identified	Funding in place (Yes/No/NA)	Group / Person responsible for delivery
<p>We have had very little in put from LAS and Community Services in to this plan. What are their priorities and what support do they need? Also need Mental Health In put. How do we stop long waits in ED? <b>GE</b></p>			
<p>&gt;12 hour waits in ED - we know there is evidence to support worsening LoS and high mortality in patients. What can be done to reduce 12 hour waits in ED? Can we focus on this as a system? <b>GE</b></p>			

Priorities	Expected Impact	Change Owner	
What else do we need to do to support residents for Winter?	Actions Identified	Funding in place (Yes/No/NA)	Group / Person responsible for delivery

Priorities	Expected Impact	Change Owner	

What else do we need to do to support residents for Winter?	Actions Identified	Funding in place (Yes/No/NA)	Group / Person responsible for delivery

## Wider Action Plan

Goal	What Support do we already have in place?	What else do we need to do to support residents for Winter?	Actions Identified	Funding in place (Yes/No/NA)	Group / Person responsible for delivery
<b>Engaging in proactive population health management to keep people well in the community.</b>	Flu/COVID vaccination campaign for eligible people		Supporting Children, Young People and their Families		
	LBTH education offer (in particular, 0-19 service, Health Visitors to advise and support with young children)	Clear around pathways where people are more likely to use services e.g. children's asthma - Ensuring asthma plans/reviews are completed quickly - Informing families about what services to accessible in the event of an attack		No funding required	
	LBTH leisure offer, health and wellbeing				
	Tower Hamlets Connect				
	Social prescribing				
	LBTH community spaces/warm rooms programme		Targeting of services		
	LBTH winter preparedness public comms campaign	Winter Communications	NEL Winter Comms Plan	Funding in place	NEL Communications and Engagement Team
	Community pharmacy	Produce simple, one-page comms for staff particularly those services visiting patients in their home – adopt a make every contact count (MECC) approach - on what's available so they can advise residents		Funding Required	Tower Hamlets UCWG
	Idea store/Mosques - familiar, trusted spaces accessed by TH residents	Simple one pager showing different pathways and placing in ED and other spaces		Funding Required	Front Door Group
	Support to homelessness	Think about the wider socio-economic issues and how those lead to people being in hospital, when they don't need to be. What do we do/need to support people to move back into the community		No funding required	Tower Hamlets UCWG
	Using data understand which cohorts in the population are most impacted during winter and how we target them to help us use our resources		No funding required	Tower Hamlets UCWG	
<b>Optimising flow through Acute, Mental Health and Community trust sites.</b>	Transfer of Care Hub		Increasing capacity of the discharge pathway		
	Step-down provision - Gloria House - Leggett Road - East Ham Care Centre	ELFT pharmacist pilot, participated in discharge process - RLH support the pilots - AAT through CDU and ED		Funding Required	Discharge SRO Group
		OOB Social worker - Inequity in provision across boroughs, different processes, difficulty in engagement		Funding Required	Discharge SRO Group
		Early referral arrangement for pathways 1, 2, 3. BH needs to implement electronic referral form in Cerner		No funding required	Discharge SRO Group
		Recruit to ward discharge coordinator role(s)		Funding in place	Discharge SRO Group
	Ongoing changes to RLH transfer of care hub		Funding in place	Discharge SRO Group	

		Homeless provision - Early identification of homeless patients - Pick up OOA earlier - Improve capacity/resilience in PHT - Stratification so that TCH addresses simpler cases, with more complex ones routes to PHT		Unclear if funding is required	Tower Hamlets UCWG
		Strengthen mental health home treatment team at crisis pathways—piloting in next six months.		Funding in place	??
Strengthening the provision and access of alternative pathways to reduce UEC footfall and attendance	Rapid Response Teams	Supporting Children, Young People and their Families			
	Physician Response Unit (PRU)				
	Geriatric MDT led service				
	Community MDT				
	Advance care planning	Increasing demand in services			
	REACH support with pathways before ED	Frailty virtual ward doing admission avoidance through a SPA with REACH	Launch a admission avoidance pathway from October	Funding in place	Tower Hamlets UCWG
	SDEC/admission avoidance/alternative care pathways	Launch of the Respiratory Virtual Ward		Funding in place	Tower Hamlets UCWG
	Mental health crisis response/crisis café/crisis line	Develop direct access to SDEC for primary care	Develop direct access to SDEC for GPs—aim to operationalise before winter	No funding required	Front Door Group
	Neighbourhood mental health teams—information needed on how people can self-refer.	Primary Care access to advice and guidance from specialist services	Develop a simple means for GPs to access advice and guidance	No funding required	Front Door Group
				Unclear if funding is required	Tower Hamlets UCWG
		Stream away appointments in Primary care hubs	New hubs commissioned and in place from 1st October 2023	Funding in place	Front Door Group
		Respiratory hubs		Funding in place	TH Primary Care Team
		Therapy resource in ED	Relaunch the therapy in ED Pilot	Funding Required	Front Door Group
		Engagement with our population			
		Advance care planning— awareness/education with LAS and colleagues		No funding required	End of Life Care Board
	Nursing homes and care homes in TH. - Work with dedicated GP and named rapid response for these homes - Identify a designated contact point for queries - Comms for nursing station (in-hours/OOH) with contact details for rapid response, St Joseph's, GP OOH		No funding required	Tower Hamlets UCWG	
	Develop public-facing comms campaign around the mental health crisis pathway		Funding Required	Tower Hamlets UCWG	
	Make sure relevant service teams are informed about services available in other boroughs, for out of area patients		Funding Required	Tower Hamlets UCWG	

## Tower Hamlets Place Based Winter Plan Programme Plan - October 2023 to March 2024

Goal	Activities	Actions Identified	Lead	Funding in place (Yes/No/NA)	Group / Person responsible for delivery	Funding source	Performance Metrics	Comments	
Engaging in proactive population health management to keep people well in the community.	Clear around pathways where people are more likely to use services e.g. children's asthma	Ensuring asthma plans/reviews are completed quickly informing families about what services to accessible in the event of an attack	Primary Care	No funding required					
	Winter Communications	NEL Winter Comms Plan	Suley Ahmed Dawn Barton	Funding in place - ongoing	NEL Communications and Engagement Team				
	Produce simple, one-page comms for staff particularly simple one pager showing different pathways and placing in ED and other spaces			Funding Required	Tower Hamlets UCWG				
	Think about the wider socio-economic issues and how those lead to people being in hospital, when they don't need to be. What do we do/need to support people to move back into the community			No funding required	Tower Hamlets UCWG				
	Using data understand which cohorts in the population are most impacted during winter and how we target them to help us use our resources			No funding required	Tower Hamlets UCWG				
	ELFT pharmacist pilot, participated in discharge process - RLH support the pilots - AAT through CDU and ED			Funding Required	Mental Health Partnership Board				
Optimising flow through Acute, Mental Health and Community trust sites.	OOB Social worker - inequity in provision across boroughs, different processes, difficulty in engagement			Funding Required	Discharge SRO Group				
	Early referral arrangement for pathways 1, 2, 3, BH needs to implement electronic referral form in Corner			No funding required	Discharge SRO Group				
	Recruit to ward discharge coordinator role(s)			Funding in place	Discharge SRO Group				
	Ongoing changes to RLH transfer of care hub			Funding in place	Discharge SRO Group				
	Homeless provision - Early identification of homeless patients - Pick up OCA earlier - Improve capacity/resilience in PHT - Stratification so that TCH addresses simpler cases, with more complex ones routes to PHT		Mike Fill		Unclear if funding is required	Tower Hamlets UCWG			
	Strengthen mental health home treatment team at crisis pathways—piloting in next six months.				Funding Required	Mental Health Partnership Board			
	Increase SW in A&E/admission avoidance provision to facilitate early discharge		Paul Swindell		Funding required		Included in DHSC submission		
	Additional capacity in brokerage to process requests during out of hours and weekend		Paul Swindell		Funding Required		Included in DHSC submission		
	Increased capacity within initial assessment service supporting both admission avoidance and discharge process		Paul Swindell		Funding required		Included in DHSC submission		
	Reablement therapy resource enabling prompt discharge and DZA into the community on a rehabilitation pathway		Paul Swindell		Funding Required		Included in DHSC submission		
	Additional capacity in Take Home & Settle hospital scheme		Paul Swin		Funding Required		Included in DHSC submission		
	Additional winter beds		Paul Swindell		Funding Required		Included in DHSC submission		
	Pilot DZA early follow-up		Paul Swindell		Funding Required		Included in DHSC submission		
	Waiting list management - reducing wait time		Paul Swindell		Funding Required		Included in DHSC submission		
	Support mental health residents to access supported accommodation upon hospital discharge		Paul Swindell		Funding Required		Included in DHSC submission		
Put in place some back-up arrangements / additional capacity for community equipment to support discharge from RLH.		Aneta Wjock		Funding in place	Discharge SRO Group				
Frailty virtual ward doing admission avoidance through a SPA with REACH	Launch of the Respiratory Virtual Ward	Launch a admission avoidance pathway from October							
	Develop direct access to SDEC for primary care	Develop direct access to SDEC for GPs—aim to operationalise before winter	Gemma Eyres, Clinical Lead Julie Dublin/Sophie Buck	Funding in place	Tower Hamlets UCWG				
	Primary Care access to advice and guidance from specialist services	Develop a simple means for GPs to access advice and guidance	Gemma Eyres, Clinical Lead Julie Dublin/Sophie Buck	No funding required	Front Door Group				
	Segment the homeless population, recognising that different cohorts have different needs, e.g.:			No funding required	Front Door Group				
	- Those without care needs		Mike Fill (rapid response)		Unclear if funding is required	Tower Hamlets UCWG			
	- Those with no recourse to public funds (what is accessible)								
- What accommodation is available if patient has a need									
- What support is available in the community i.e. kitchens									

Strengthening the provision and access of alternative pathways to reduce UEC footfall and attendance	Stream away appointments in Primary care hubs	New hubs commissioned and in place from 1st October 2023 (extended existing provision, model be reviewed from 1st April 24)	Jo Sheldon	Funding in place	Front Door Group			
	Respiratory hubs		Will Cunningham (SRO) Jo Sheldon (Head of Primary Care)	Funding in place	TH Primary Care Team			
	Therapy resource in ED	Relaunch the therapy in ED Pilot		Funding Required	Front Door Group			
	Advance care planning— awareness/education with LAS and colleagues		Claire Dow	No funding required	End of Life Care Board			
	Nursing homes and care homes in TH. - Work with dedicated GP and named rapid response for these homes - Identify a designated contact point for queries - Comms for nursing station (in-hours/OOH) with contact details for rapid response, St Joseph's, GP OOH			No funding required	Tower Hamlets UCWG			
	Develop public-facing comms campaign around the mental health crisis pathway			Funding Required	Tower Hamlets UCWG			
	Make sure relevant service teams are informed about services available in other boroughs, for out of area patients			Funding Required	Tower Hamlets UCWG			
	crisis Alternatives - Mental health	Increase capacity	Day Njovana	Funding Required	Mental health Partnership Board			
	ED support - Mental health	Band 4 nurses - to support ED	Day Njovana	Funding Required	RLH Front Door Group			
	Discharge Team - Mental health	Increase capacity in discharge team	Day Njovana	Funding Required	Mental health Partnership Board			
	Increase capacity within VCSE	Increase capacity in discharge team	Local Authority	Funding Required		Included in DHSC submission		
	Discharge/Step Down	Expansion of InReach Team with an InReach Nurse to identify patients that can be discharged earlier than planned discharge date, order equipment and consumables and communicate with family, carers and hospital, social care and community health teams to support timely discharge orders, resulting in reduction of bed days.	Petra Nittel	Funding Required	Discharge SRO Group	ICB allocation	50 patients per month	agency rates and Mo-Friday office hours. approx 40k
	Step down P1	Expansion of OPAT Nursing to 7 days a week (Currently only 5 days) resulting in more patients being discharged on IV Therapy. Reduce LOS	Petra Nittel	Funding Required	Discharge SRO Group	ICB allocation	6 additional patients with 2 - 3 doses per day	Agency rates and weekends assumed, approx 60k
	Therapy resource in ED	Relaunch the therapy in ED Pilot	Petra Nittel	No funding required	Front Door Group	ELFT	see last project evaluation	Scheme will run until 31/03/2024
ELFT pharmacist pilot, participated in discharge process - RLH support the pilots - AAT through CDU and ED	relaunch the pilot	Petra Nittel	No funding required	Discharge SRO Group	ELFT	see last project evaluation	Scheme will run until 31/03/2024	





## Tower Hamlets Together Board

Thursday 2<sup>nd</sup> November 2023

<b>Title of report</b>	Tower Hamlets Section 256 Funding
<b>Author</b>	Suki Kaur, Deputy Director of Partnership Development
<b>Presented by</b>	Suki Kaur, Deputy Director of Partnership Development
<b>Contact for further information</b>	Suki Kaur, Deputy Director of Partnership Development
<b>Executive summary</b>	The presentation aligned with this report outlines the areas agreed for Section 256 funding in 2022 and the proposed plan for using the remainder of the funding.
<b>Action / recommendation</b>	The Board/Committee is asked to: <ol style="list-style-type: none"> <li>1. Agree areas to focus the remaining funds and</li> <li>2. Approve the timeline and process for allocation of the remaining funds</li> </ol>
<b>Previous reporting</b>	The previous allocation agreements were presented to the THT Board and agreed by the Exec in September 2022
<b>Next steps/ onward reporting</b>	See slides
<b>Conflicts of interest</b>	N/A
<b>Strategic fit</b>	<ul style="list-style-type: none"> <li>· To improve outcomes in population health and healthcare</li> <li>· To tackle inequalities in outcomes, experience and access</li> <li>· To support broader social and economic development</li> </ul>
<b>Impact on local people, health inequalities and sustainability</b>	This plan, if agreed, has proposals which will reduce health inequalities for our residents in a number of different and measurable ways.
<b>Impact on finance, performance and quality</b>	There are no additional resource implications/revenue or capitals costs arising from this report at this time. The funding is non-recurrent. Individual business cases will need to be reviewed for their impact.
<b>Risks</b>	None at present.

# Tower Hamlets Section 256 Funding

2<sup>nd</sup> Nov 2023

**TOWER HAMLETS  
TOGETHER**

*Delivering better health  
through partnership*



# Section 256 innovation fund summary



- In 2022 the ICB transferred circa £6.7m to Tower Hamlets to support innovation via a Section 256. These funds are held in LBTH reserves for the partnership for schemes which support demand management, increase efficiencies, build community resilience and support elective recovery.
- A bidding process was employed for partners to submit ideas against a strict criteria for usage of this fund and the THT Exec panel made recommendations to the THT Board for the final schemes to be approved.
- During 2022-2023 circa £3.6m of this was utilised to support the hospital discharge team, end of life care, autism, various childrens & young people schemes, social care, mental health assessments and waiting list backlogs due to Covid-19.
- In 2022 ELFT were allocated almost £1.2m from the S.256 and Barts were allocated £1.9m and LBTH were allocated £506k. There has been slippage in some schemes due to delayed start dates (mainly due to recruitment issues) which has pushed delivery into 2023/24.
- In 2022 the THT Board agreed to hold some funds back to support any unforeseeable hospital discharge related costs and other system pressures during winter if no national or ICB funds were announced.
- Subsequently, hospital discharge costs have been broadly covered by the Adult Social Care Discharge Fund (ASCDF) which has been used to fund care packages, the integrated discharge hub, individual community and mental health schemes.
- This means approx. £3m is remaining from the Section 256 for allocation. A bidding process will be recommenced following THT Board approval.
- Two schemes which have been agreed outside of the formal process in 2023 due to urgent time pressures are the clinical and care professional leadership staffing from April – October 2024 and the continued reduction of the autism assessment waiting times for children. These are reflected in the table on slide 4.

# A reminder of the S.256 criteria for allocation



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

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

# Total S.256 spent and allocated to date



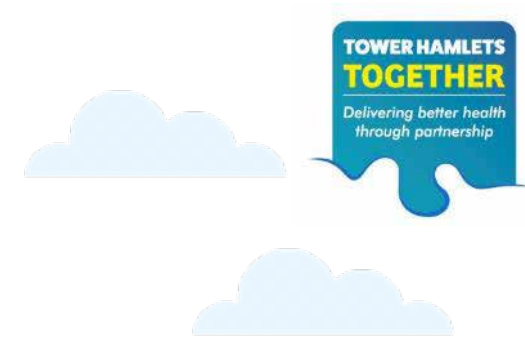
Total S.256 Funding Available		Total Spent or Allocated		Total Remaining	
£6,766,000.00		£3,682,997		£3,083,003	
Scheme name (allocated/spent)	Provider	2022/23	2023/24	2024/25	2024/25
Hospital at Home (Adult Social Care)	LBTH	£506,474			
Royal London Digitisation of Discharge Workstream	Bart's Health	£178,778	£248,531		
Outsourcing of Multi-compartmental Compliance Aids to improve patient flow across the Royal London Hospital	Bart's Health		£98,460 (funding not spent and scheme changed to in housing) waiting for response from BH	£98,460	
Clinical Associate in Psychology (CAP) in the Emergency Department	ELFT	£21,000	£149,066		
OPAT Service that supports four times a day administration	ELFT	£21,544	£88,002		
End of Life care	ELFT	£105,768	£426,997		
CYP Mental Health Ambassadors	Spotlight (Poplar Harca Ltd)	£40,000	£40,000		
CYPMH Waiting List Management	ELFT StepForward Docklands Outreach	£250,000			
CYP Autism Waiting List Management	Bart's Health	£175,000	£379,000		
First Contact Physio (Paediatric MSK)	Bart's Health		£81,667		
Community children's therapies assessment pathways: Reducing the Covid-19 backlog and improving efficiency and integration	Bart's Health		£272,000		
Paediatric Audiology	Bart's Health		£110,000		
Community Paediatric Atopic Service- Asthma, Allergy, Wheeze and Eczema	Bart's Health		£300,000		
Clinical and Care Professional Leadership (April-October 2024)	NEL ICB			£92,250	
<b>Total</b>		<b>£1,298,564</b>	<b>£2,193,723</b>	<b>£190,710</b>	

# Questions for the Board

## Where do you want to focus the remaining funds?

- Remaining funds are £3,083,003
- Which areas do we want to focus this fund on?
- Shall we use the 7 THT priority schemes for allocation of this fund?
- Shall we allocate it all or roll some forwards?
- Shall we spend on less schemes but bigger areas rather than little schemes? Otherwise administration capacity is constrained
- Some requests already received are for funding for the CYP autism waiting list management (£550-£750k), social welfare advisors in all GP practices and RLH
- Please note the Adult Social Care Discharge Fund has been announced for 2024/25 which will support the IDH and other packages of care costs.

# Next steps and timeline



- 2<sup>nd</sup> Nov 2023 – THT Board paper to approve process and criteria for allocation of remaining S256
- Nov 2023 – evaluation of effectiveness of the funded schemes
- Nov 2023 – work with THT Exec to prepare business cases and ideas
- Nov 2023 bidding process
- Dec 2023 agreement and allocation
- Dec/Jan2024 – contracts/variations where required