

<b>Cabinet Decision – Grants Determination Sub-Committee</b>  7 <sup>th</sup> November 2018	
<b>Report of:</b> Denise Radley, Director, Health, Adults and Community	<b>Classification:</b> Unrestricted
<b>Healthcare ICT Infrastructure: Approval of the allocation of S106 and CIL Funding, totalling £1,502,608, for improvements to ICT infrastructure to improve access to and capacity of health facilities.</b>	

<b>Originating Officer(s)</b>	Dominic Hinde, National Management Trainee, Public Health Matthew Phelan, Healthy Environments Programme Lead, Public Health
<b>Wards affected</b>	Borough-wide
<b>Key Decision?</b>	Yes
<b>Community Plan Theme</b>	A healthy and supportive community

### **Executive Summary:**

This report relates to the release of up to £1,502,608 of section 106 and CIL resources to NHS Tower Hamlets Clinical Commissioning Group (CCG) to deliver ICT infrastructure in primary care and digital access for health services. This funding is divided into:

1. £827,594.63 of CIL
2. £675,013.37 of s106

Population growth in Tower Hamlets will increase demand for primary care services. The primary care workload is around 33% more than current funding can pay for, and 86% of GP staff believe general practice will need to change to meet current and future demands<sup>1</sup>. This project will aim to manage demand for face-to-face GP appointments, through infrastructure to increase efficiency in practices, and the development of a Tower Hamlets health app to enable patients to access more services remotely through digital mediums. The project will also tackle health inequalities by targeting increased ease of access to GP services, including full online registration in multiple languages.

Within the context of increasing financial challenges it is becoming ever more difficult for health services to fund this type of project, and alternative funding sources are

<sup>1</sup> EQUIP Tower Hamlets CCG <https://www.health.org.uk/programmes/innovating-improvement/projects/using-live-operational-data-and-improvement-science-help>

being pursued. The NHS in Tower Hamlets has a successful record in delivering health infrastructure initiatives aimed at increasing the capacity and accessibility of primary care services, funded through CIL and S106 contributions in partnership with the Council. As such, a capital investment is appropriate through this route.

### **Recommendations:**

The Grants Determination Sub-Committee is recommended to:

1. Approve the grant funding of £1,502,608 to NHS Tower Hamlets CCG to provide digital access for healthcare services and to increase capacity in primary care through ICT infrastructure.

### **1. REASONS FOR THE DECISIONS**

- 1.1 Tower Hamlets is one of the most deprived boroughs in the country and the population is expected to rise from 297,800 in 2016 to 364,500 in 2026<sup>2</sup>, increasing the demand for GP services. Tower Hamlets GPs are already facing unprecedented levels of stress, leading to recruitment and retention challenges. To meet future capacity without requiring the delivery of numerous new facilities, primary care services in the borough will need to work differently.
- 1.2 Public consultation, carried out by Tower Hamlets CCG in 2016, outlined the differing needs of the majority of the population who are generally healthy, and those with more complex needs. The healthier residents prioritised speed and responsiveness of primary care services, requesting more online access. This project aims to allow those with less complex needs to interact with primary care online where appropriate, thus freeing up capacity for face-to-face appointments for those residents with more complex health needs. This type of service redesign will be important in meeting future capacity, given the cost and difficulties in obtaining new premises.
- 1.3 The project aims to tackle Tower Hamlets' significant health inequalities by ensuring easy access to primary care services. The project will enable online GP registration in multiple languages without the need to attend the surgery, and will provide tablets on which to register at GP surgeries and urgent care centres. It will also use the app and technology installed at GP surgeries to signpost to LBTH-commissioned health improvement services.
- 1.4 The project is funded partially through S106 and partially through CIL. The

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<sup>2</sup> GLA Population Project, 2014 round , Short Term Trend

elements funded through S106 will be spent in accordance with the individual S106 obligations, as agreed with the contributors. The elements funded through CIL align to the council's Regulation 123 list and the Annual Infrastructure Statement.

- 1.5 The project is aligned with the strategic priorities for improved health facilities to enable more people in Tower Hamlets to live healthily, and ICT investment to facilitate smarter, integrated working. Delivering an integrated health system was identified as a priority within the Health and Wellbeing Strategy 2017-2020, and the project is aligned to the desired outcomes of the Tower Hamlets Together Outcomes Framework.

## **2. ALTERNATIVE OPTIONS**

- 2.1 Do nothing; this would not achieve the objective to increase capacity and accessibility in primary healthcare and would leave the impact of development across the Borough upon health services unmitigated.
- 2.2 Tower Hamlets has one of the lowest healthy life expectancies for both men and women in the country and health inequalities particularly for BME people are a significant challenge for our communities. Improving capacity and accessibility to GP services will provide additional resource for the council's Public Health service (through commissioning) and local health partners to tackle these health inequalities and improve outcomes for local residents.

## **3. DETAILS OF REPORT**

- 3.1 Tower Hamlets CCG identified through consultation a need for primary care to be delivered differently in order to meet demand. It has outlined several areas in which capacity and access can be improved, both through improvements to GP surgeries and through increased online access to services. A one-off capital investment is requested to allow the CCG to deliver these key improvement works.
- 3.2 The Tower Hamlets Commissioning Strategy Plan and Improving Health and Wellbeing Strategy, owned by various partners including Tower Hamlets CCG and London Borough of Tower Hamlets, have given a commitment to support the improvement of facilities to enable services to be integrated and localised, reducing the need for hospital visits.

### ICT Infrastructure Programme

- 3.3 The project has five components:

- Improving the ease of registering for GP services in Tower Hamlets through online access: this will create a single point of access where patients can register with their GP in multiple languages, targeting the large unregistered population and improving health outcomes by facilitating access to GP services.
- Creating a Tower Hamlets health mobile app: this will be an integrated central hub for Tower Hamlets health services, allowing patients to find and book appointments, take online video appointments, answer health questionnaires, receive signposting to other services, and request repeat prescriptions. It will give residents ownership over their own health, improve access to information and services, and reduce the pressure on GP time.
- Provision of surgery pods in practices: this will allow patients to check their own vital signs, including weight and blood pressure, and to answer a series of clinical questionnaires, increasing the capacity of GP practices. This will also provide us with the opportunity to embed health promotional advice and referral into LBTH-commissioned lifestyle services such as smoking cessation and adult weight management.
- Provision of laptops equipped with 'EMIS Anywhere' and Skype to GP surgeries: this will provide GPs with remote access to view and edit patient records, allowing more flexible working arrangements for GPs, and helping to alleviate a growing recruitment and retention crisis.
- Improving the front-line technology at GP surgeries: this will include installing new phone systems, check-in screens and bespoke tablets, allowing GPs to better manage demand, improve patient flows and efficiency, promote health improvement services, and ensure that those patients engaging with the health system are signposted appropriately.

3.4 The funding breakdown for the project is set out below:

<b>Table 1</b>			
<b>Financial Resources</b>			
<b>Description</b>	<b>Amount</b>	<b>Funding Source</b>	<b>Funding (Capital/ Revenue)</b>
EMIS Anywhere	£195,330	S106/CIL	Capital & Revenue
Webcams	£2,880	S106/CIL	Capital
Skype for Business Licensing	£93,000	S106/CIL	Revenue
Surgery POD	£134,480	S106/CIL	Capital & Revenue
Patient Information Screen	£39,850	S106/CIL	Capital
Arrival Screens	£27,450	S106/CIL	Capital

Mounted tablets	£76,000	S106/CIL	Capital
Telephone System	£80,000	S106/CIL	Capital
Online Registration Development	£56,000	CIL	Capital & Revenue
Patient Access Mobile App Development	£650,000	CIL	Capital & Revenue
Senior IT Change Project Manager Band 8a Full time 18 months 3 days/week	£81,852	CIL	Revenue
Data scientist Band 7 Spine 27 Full time 18 months 3 days per week	£65,766	CIL	Revenue
<b>Total</b>	<b>£1,502,608</b>		

3.5 The expected timescales are outlined below:

<b>Table 2</b>			
<b>Project Outputs/Milestone and Spend Profile</b>			
<b>ID</b>	<b>Milestone Title</b>	<b>Baseline Spend</b>	<b>Baseline Delivery Date</b>
1	<b>GP Hardware/licensing</b>		
2	Confirm hardware allocation with practices and set up a supplier project management team	N/A	December 2018
	<ul style="list-style-type: none"> <li>Procurement of EMIS anywhere from Egton (Accredited Supplier)</li> </ul>	£195,330	January 2018
	<ul style="list-style-type: none"> <li>Procurement of Patient information Screens from Egton (Accredited Supplier)</li> </ul>	£39,850	January 2018
	<ul style="list-style-type: none"> <li>Procurement of Arrival Screen from Egton Accredited Supplier</li> </ul>	£27,450	January 2018
4	Procurement of Webcams	£2,880	December 2018
5	Purchase Licensing for Skype for Business	£93,000	February 2019
	Training for practices using Skype	N/A	February 2019
6	Procurement of the pods	£134,480	March 2019
7	Procurement of tablets	£76,000	May 2019
	Training for tablet usage and security profile check	N/A	April 2019
8	Procurement of telephone system suppliers	£80,000	April 2019
9	Online registration form development	£56,000	November 2018
	Pilot registration form in practices and finalise roll out	N/A	December 2018
10	Patient access Mobile application development procurement	£650,000	March 2019
	Pilot utilisation/ Quality check/ Large Scale roll out in collaboration with multi stakeholders i.e. council and local business	N/A	January 2020
	Promote Patient Access Mobile App in local borough through Comms and Engagement	N/A	February - April 2019
11	Senior IT Change Project Manager Project coordination and provider supervision ("hands on" project management)	£81,852	February 2019 - July 2019

12	Data scientist Support the team in their day to day work with data analysis and inform the decision making process.	£65,766	February 2019 - July 2019
<b>Total</b>		<b>£1,502,608</b>	

#### **4. COMMENTS OF THE CHIEF FINANCE OFFICER**

- 4.1 This report relates to the release of up to £1,502,608 of section 106 and CIL resources to NHS Tower Hamlets Clinical Commissioning Group (CCG) to deliver ICT infrastructure in primary care and digital access for health services.
- 4.2 Funding for the request and inclusion in the current Capital Programme has been included in the Quarter 2 Revenue and Capital Budget Monitoring report being considered by Cabinet on 31<sup>st</sup> October 2018.
- 4.3 The request for use of revenue and capital funds is compliant with section 106 and CIL terms of use.

#### **5. LEGAL COMMENTS**

- 5.1 The Council is not under any legal duty to make any grant payment to anyone, it however has general power of competence under Section 1 of the Localism Act 2011 to do anything that individuals generally may do and that includes giving a gift to anyone in the form of a grant, subject of course to specified restrictions and limitations imposed by other statutes. The Council therefore has discretion under the 2011 Act, and under the Council's constitution the *Grants Determination Sub-committee* has power delegated from the Mayor, as to whom a grant may be made, whether this is made and for what purpose.
- 5.2 The corporate director is advised to ensure the grant agreement includes an obligation on the CCG to ensure that procurement of the works and services are carried out in a manner that is consistent with law and that the Council will not be obliged to increase the grant on account of any increased project cost.
- 5.3 When considering whether to approve the grant, consideration should be given to the arrangements in place to ensure that the power that is exercised is consistent with the Council's best value arrangements. The Council is obliged as a best value authority under section 3 of the Local Government Act 1999 to "make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness" (the Best Value Duty). Paragraph 7 below considers this in further detail.
- 5.4 When making grant decisions, the Council must have due regard to the need to eliminate unlawful conduct under the Equality Act 2010, the need to advance equality of opportunity and the need to foster good relations between persons who share a protected characteristic and those who do not (the public sector equality duty). A proportionate level of equality analysis is required to discharge the duty and information. This report suggests approval of this grant

will enhance resources for public health services in a way that will tackle health inequalities and improve outcomes for local residents.

## **6. ONE TOWER HAMLETS CONSIDERATIONS**

3.6 The proposed improvements will increase capacity and access to provide more primary care services to all service users in the local population. These enhancements will benefit service users, in particular those who are more reliant upon health services including families with children, older people and those with complex health issues (including the disabled).

3.7 The project will not adversely affect people with protected characteristics.

3.8 An Equalities Impact Assessment of the proposal has been completed and can be found in the background documents.

## **7. BEST VALUE (BV) IMPLICATIONS**

7.1. The delivery of this project ensures the Council meets its Section 106 obligations and spends funds in accordance with the agreement.

7.2. The project directly supports the HWB strategy to improve and develop local services; it also supports the Tower Hamlets' Commissioning Strategic Plan 2012 – 2015.

7.3. Additionally, best value principles are being supported through investing in access to primary care services. In this way, preventative steps are being taken to reduce demand upon hospital services which can often be more costly.

## **8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT**

8.1. There are no implications.

## **9. RISK MANAGEMENT IMPLICATIONS**

9.1. There is a risk that if the project is not approved, the benefits identified for the project relating to increased and improved access to local services, improved patient experience, increased GP registrations in the borough, and increased GP capacity will not be realised.

9.2. In addition if this is not approved then as it is proposing the delivery of works in accordance with S106 requirements then there is a risk of non-fulfilment of S106 requirements, particularly those which are time sensitive.

## **10. CRIME AND DISORDER REDUCTION IMPLICATIONS**

10.1. There are no crime or disorder implications.

## **11. SAFEGUARDING IMPLICATIONS**

11.1. There are no safeguarding implications

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### **Linked Reports, Appendices and Background Documents**

#### **Linked Report**

- NONE

#### **Appendices**

- NONE

#### **Background Documents**

- Healthcare ICT Infrastructure Equalities Impact Assessment

#### **Officer contact details for documents:**

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