

# 2019/20 High Level Planning and Commissioning Intentions Update

## Health & Wellbeing Board

Warwick Tomsett, Joint Director of Integrated Commissioning  
Damian Panesar-Gipson, Head of CCG PMO  
October 2018

**TOWER HAMLETS  
TOGETHER**

*Delivering better health  
through partnership*



- Tower Hamlets Together (THT) is a partnership of commissioners and providers working towards the shared aim of improving the health and wellbeing of people in Tower Hamlets
- THT has developed three life course workstreams which have been delegated the task of developing collective, system wide commissioning intentions for 2019/20 and beyond
- The CCG and the local authority are forging ahead with integrated commissioning, as the best means of meeting the financial challenges ahead and this is supported by the appointment of a Joint Integrated Director of Commissioning to lead this process
- THT are beginning to move to the alignment of system wide planning and commissioning processes as an enabler to developing integrated system intentions
- The priority for THT in developing 2019/20 commissioning intentions is to take a collaborative, co-development approach to removing costs out of the system, joining up service delivery, improving quality and moving away from the commissioner-provider split
- It is acknowledged that this is a developmental year for the THT workstreams in moving towards a system wide joint process to planning and commissioning.

- In addition to the local THT system commissioning priorities development, the North East London Commissioning Alliance (NELCA) are developing a commissioning strategy across NEL
- The strategy will be outlining the overarching vision, strategic priorities and scope of the 2019/20 process to cover NEL, WELC and dovetailing with local commissioning priorities
- The strategy will outline the 13 main workstreams across NELCA\* that will need to have synergy with our local plans
- The strategy is expected to outline a ‘collaborative framework’ approach to commissioning with the major providers across North East London – something which THT has already started with the multiagency workstreams tasked with developing commissioning plans
- Individual Boroughs should ensure that local commissioning development is in alignment with the overarching NEL commissioning strategy and its 13 work streams, whilst allowing for local interpretation, collaboration and innovation
- It is anticipated that the commissioning strategy will be coming to the THT Board in October for engagement

*\* The 13 workstreams are summarised on slide 26*

# Scene Setting: High Level Principles for THT System Wide Commissioning

The following principles were agreed by THT in June to support the workstreams to develop commissioning ideas. The following commissioning intentions outlined in this paper should be developed with these 5 principles in mind. Work streams should return to the principles to help prioritise which intentions are taken forward for development

**1. All money is public money and that all staff work for the benefit of our local population**

**2. Every penny counts, that there is no duplication of services between different agencies**

**3. Services meet the identified needs of our local population**

**4. We will review and reconfigure services and budgets where necessary to ensure that we achieve the maximum health and care improvements from our collective resources.**

**5. Start with ensuring that money in the system is being efficiently utilised as there is no new investment and we are expect to see reductions in budgets.**

# High Level THT Commissioning Intentions – Life Course Work Stream Output Summary

- The following slides outline the high level draft commissioning intentions outputs from the 3 life course work streams and the cross cutting, enabler themes
- These have been developed during July - Sept. The first draft was presented at the August THT Board
- It is clearly acknowledged that this is a snap shot of progress so far and that more work refining and development is needed during the next few weeks
- This interaction separates out those schemes that could be considered 'savings' from those intentions that are more of a strategic review
- In summary, the following commissioning intentions include:
  - 8 Cost reduction/Savings proposals (1 LA, 7 CCG) – circa £2m
  - 12 'Invest to Save' proposals (5 LA, 7 CCG)
  - 2 Cost Pressure schemes (1 LA, 1 CCG)
  - 19 Priority strategic reviews
  - 9 Longer term/lower priority reviews

# Life Course Work Stream Outputs:

Savings

Invest to save

Cost Pressures

# Born Well and Growing Well – High Level Plans 2019/20

## Identified Savings Schemes (Savings, ‘Invest to Save’ + Cost Pressures)

Title	High level description	Saving Type	Status	Next Step	Comment
Care Confident refresh	BWGW currently undertaking a review of Care Confident materials which were developed in the Vanguard programme.	Cost Pressure	Active	LA PID	Refresh materials in light of the evolving health education and social care offer
Tier 3 audiology	To augment the existing T1/2 CHS audiology service we will be looking to market test for an audiologist led – T3 service with consultant input as required.	Invest to save	Active	CCG PID	There is a need to augment existing provision with a nurse led Tier 3 service with consultant input as required across the borough.
Asthma 18/19 QIPP	Coordinate the care of children with asthma/ with a focus on reducing admissions to hospital for children with asthma and prescribing costs. through strengthened pharmacy and other MDT provision	Invest to save	Active	LA PID refresh	Evaluation of 18/29 to determine Y2 impact
Coordinate the care of children with eczema	Focus on reducing admissions to hospital for children with eczema and prescribing costs. through strengthened pharmacy and other MDT provision	Invest to save	New	CCG PID	
Early Years language acquisition project	Develop the early years language acquisition offer for children in an integrated early years language service offer. Locate Barts Speech and Language Therapists in children’s centres for an agreed period Addresses gap in coverage from age 2 to 6 and allows earlier intervention to support language acquisition/ identification and treatment of more sever/ending needs without four year gap in service offer.	Invest to save	New	LA PID	
Community Dietetics 18/19 QIPP	A service development to target inappropriate or prolonged use of enteral feeding and specific feed mixes of high cost where it is appropriate to do so.	Invest to save	Active	CCG PID refresh	Review 18/19 performance and refresh 19/20 impact

Key: **PID** – Project Initiation document (outline proposal document). Schemes should follow a common sense approach to scheme development and sign off. A new THT PID has been developed for health and shared savings schemes. Pure LA savings schemes can be managed by the LA process for example. It is expected that most schemes will need a PID or an outline document for sign off to progress. **Active** – generally means that something is already in place or exists in the system.

# Living Well – high level plans 2019/20

## Identified Savings Schemes (Savings, ‘Invent to Save’ + Cost Pressures)

Title	High level description	Saving Type	Status	Next Step	Comment
Dermatology	Review secondary care dermatology pathway, increase capacity at Barts Health and explore triage options through ERS and RAS	CCG Saving	Active	CCG PID	PID to include benchmarking TH dermatology spend against WEL CCGS (Possible link with BWGW Dermatology review?)
Direct Access MRI	Reduce the number of direct access MRIs	CCG Saving	New	TST PID	This might be an WEL/NELCA wide project
Virtual Biologics Clinic	Implement a virtual MDT model in the biologics clinic	CCG Invest to save	New	Barts PID	Change to existing pathway
Outpatients 18/19 TST QIPP	Reduce the number of outpatient appointments through increased use of RAS and Advice & Guidance, and reduce follow up appointments through improved use of technology	CCG Saving	Active	TST PID	WEL OP transformation led by the TST programme who are currently modelling impact for 19/20
Blood Borne Virus case finding in A & E	Implement HIV, Hep. B and C blood testing when blood tests undertaken as part of diagnostics and connection to treatment	Invest to save	New	LA PID	Increase in testing within A&E and initial increase in diagnosis of Hep B, C and HIV

Key: **PID** – Project Initiation document (outline proposal document). Schemes should follow a common sense approach to scheme development and sign off. A new THT PID has been developed for health and shared savings schemes. Pure LA savings schemes can be managed by the LA process for example. It is expected that most schemes will need a PID or an outline document for sign off to progress. **Active** – generally means that something is already in place or exists in the system.

# Promoting Independence – high level plans 2019/20

## Identified Savings Schemes (Savings, ‘Invest to Save’ + Cost Pressures)

Title	High level description	Saving Type	Status	Next Step	Comment
Personalisation	Continued implementation of the personalised care programme, working with 4 cohorts: adults with learning disabilities/mental health needs/long term conditions and children and young people with special educational needs and disabilities	Cost Pressure?	Active	CCG PID	
Co-ordinate my care (CMC) 18/19 QIPP	Continued roll out of co-ordinate my care (CMC) in primary care, a tool to support care planning and management for individuals at the end of life	CCG Saving ~25k	Active	PID refresh	Started in 18/19. Savings plan for year 2 currently being compiled
Respiratory pharmacist 18/19 QIPP	Continued implementation of a borough based specialist respiratory pharmacist to: <ul style="list-style-type: none"> <li>- Deliver enhanced respiratory review clinics, targeting individuals with moderate to severe asthma (adults and children) and COPD (adults)</li> <li>- Train and support general practice and community health services</li> </ul>	CCG Saving ~200k	Active	PID refresh	Started in 18/19. Savings plan for year 2 to be verified
Homelessness	Implementation of Paramedic / Nurse Practitioner model to support hostels in meeting people’s healthcare needs (Health Scrutiny Review recommendation)	Invest to save	New	LA PID	Impact modelling needed. Link to Primary care homeless transformation
Homelessness	Introduce specialist MH Nurse (AMHP) to provide outreach care and treatment to people living in hostels with chaotic / complex lifestyles	Invest to save ~175k 68k invest	New	LA PID	Potential system saving spread across health and social care system
Continuing healthcare (CHC)	Block contracting of nursing care home beds (with LBTH) in borough to secure an adequate supply of CHC bed provision (including for discharge to assess D2A)	Invest to save 47k invest	Active	LA PID	More work needed to understand potential impact on LoS and D2A
Recovery and wellbeing transformation	Review of existing day services, and information and advice community services including recovery college, well-being and recovery and mental health user led grants; review to inform future model and pattern of services. Procurement required for new services to be in place by July 1st 2019	LA Saving	Active	LA PID	Proposal in advanced sign off status

# Cross Cutting (Urgent and Primary Care) – high level plans 2019/20

## Identified Savings Schemes (Savings, ‘Invent to Save’ + Cost Pressures)

Title	High level description	Saving Type	Status	Next Step	Comment
Urgent Care – RLH front door redesign 18/19 QIPP	Implement a 24/7 Urgent Treatment Centre, co-located in ED with streaming , redirection, assessment and treatment services	CCG Saving ~£1.3 m	Active	Refresh PID	Service launch Dec 18. Full year effect expected for 19/20.
Physician Response Unit (PRU) WEL Model	Mobile rapid response service despatched by LAS to retain patients in the community and avoid conveyance to hospital.	CCG Invest to save	Active	Barts PID	Service to be remodelled for 19/20. Expansion to pilot across WEL
Ambulatory Emergency Care (WEL model)	Develop service to safely manage adult patients requiring emergency care, on the same day, without admission to a hospital	CCG Saving	Active	Refresh PID	Joint specification being worked up across WEL
Frequent Attenders	Develop interventions to identify, manage and co-ordinate care for high intensity users	CCG Invest to save	New	CCG PID	Expansion of pilot to (Newham, Waltham Forest)

Key: **PID** – Project Initiation document (outline proposal document). Schemes should follow a common sense approach to scheme development and sign off. A new THT PID has been developed for health and shared savings schemes. Pure LA savings schemes can be managed by the LA process for example. It is expected that most schemes will need a PID or an outline document for sign off to progress. **Active** – generally means that something is already in place or exists in the system.

# Life Course Work Stream: Strategic Review Proposals

# Born Well and Growing Well – High Level Plans 19/20

## Strategic Reviews (SR 1 – Current/Immediate/Short term priority. SR2 Lower priority/Longer term/to be defined)

Title	High level description	Review Type	Status	Potential Saving	Next Step	Comment
Looked After Children Service review	A revised Looked After Children service offer that meets the need of young people in a timely and efficient way , eliminates delays meets or exceeds statutory guidelines and maximises available resources to support vulnerable young people.	SR1	Active	LA Invest to save	NEL Review	NEL CSU review of LAC across NEL. Ofsted inspection recommendations to follow
Maternity and Neonatal system transformation	In addition to supporting sector level works of the Local Maternity System on the Maternity Transformation Programme and the key lines of enquiry, WEL commissioning of the Maternity Voices Partnership will focus attention on patient experience and involvement in transformation.	SR1	Active	TBC	NELCA Led	
Hospital at Home <i>links with SEND and CCNT services</i>	Development of a Hospital at Home offer to integrate care between CCNT/Inpatient and Outpatient care to prevent unwarranted attendances at emergency department/admissions and reduce length of stay.	SR1	New	Cost Neutral	LA PID	
Child Death Review System Development	Local, and regional works will be required to ensure the evolution of the local Child Death Overview Programme in line with the Children and Social Work Act requirements to reframe local systems and deliver wider footprints for delivery of Child Death Review.	SR1	New	TBC	LA PID	Statutory requirement – we have to have a new system in place by summer 2019
Continuing Health Care/personal Budgets	Works are proposed to ensure alignment with the adults pathway and deliver on the personal health budgets agenda. Focus of this work via BWGW will be 0 to 25	SR1	New	TBC	NELCA Led	NELCA and local strategic developments are underway
Strengthening the impact of voice of the voice of the young	There is a need to review and strengthen the mechanisms through which the voice of children and young people, parents carers and communities is captured and used to inform service development and delivery.	SR2	New	Cost Pressure	WSTD	

# Born Well and Growing Well – High Level Plans 19/20

## Strategic Reviews (SR 1 – Current/Immediate/Short term priority. SR2 Lower priority/Longer term/to be defined)

Title	High level description	Review Type	Status	Potential Saving	Next Step	Comment
ED Attendances 0 to 5	A review of ED attendances to be undertaken to understand what can be done to avoid unwarranted attendances and tackle repeat presentations and develop an offer that supports appropriate use of NHS services and empowers parents and carers to make informed choices of when and how to access health services.	SR2	New	TBC	WSTD	
Transition from services (end of service offer AND life course stage transition)	Develop a nuanced and comprehensive transitional arrangement offer targeting general transitions, CYP with long term conditions, mental health and SEND requirements, complex care	SR2	New	TBC	WSTD	
Digital Native Offer	Tailored to young people, gender sensitive and responsive, age appropriate, place based and care at the point of need. Embracing technology – anonymous messenger to specialist (“Health chat” – GPCG has licence but has narrow scope, possibly widen to include MDT options) alongside potential alignment with digital consultation template “eConsult “ for primary care consultations as this is rolled out nationally.	SR2	New	TBC	WSTD	
Healthy Weight Healthy Lives strategy	There is a need to develop a Healthy Weight Healthy Lives pathway addressing the service delivery gaps between provision of general advice and referral for surgery across the system.	SR2	New	Cost Pressure	WSTD	
Adolescent Health Hub	Development of an adolescent health hub - with input across a range of existing public health education and social care service offers, primary care and other service input	SR2	New	Invest to save	WSTD	Inspired by the Well Centre this would initially consist of embedding a GP in a current youth service.
Mental Health and Wellbeing - CAMHS	Place holder for local CAMHS transformation programme	SR1	Active	TBC	CCG PID	

Key: **PID** – Project Initiation document (outline proposal document). Schemes should follow a common sense approach to scheme development and sign off. A new THT PID has been developed for health and shared savings schemes. Pure LA savings schemes can be managed by the LA process for example. It is expected that most schemes will need a PID or an outline document for sign off to progress. **Active** – generally means that something is already in place or exists in the system.

# Living Well – High Level Plans 19/20

## Strategic Reviews (SR 1 – Current/Immediate/Short term priority. SR2 Lower priority/Longer term/to be defined)

Title	High level description	Review Type	Status	Potential Saving	Next Step	Comment
Heart Failure	Reduce the number of outpatient admissions and improve care Option 1- Improve medicines optimisation for known heart failure patients Option 2- Use APL tool to find patients at risk and support these patients through medicines optimisation and other interventions	SR2	Active	CCG Invest to save	WSTD	Need to explore these options and impact as well as cost. Previous scoping work has suggested limited opportunity in this area
Community ENT	Increase the use of RAS, Advice & Guidance and other virtual models. Explore community ENT options	SR1	New	CCG Invest to save	WSTD	Priority area for the CCG. Delivery model – options to be explored.
Physical activity and nutrition in adults	Coproduction of new targeted programme to support physical activity and healthy nutrition in adults	SR1	Active	LA saving	In progress	JCE approved approach 21st Sept 18
An integrated information offer to support health and wellbeing	Work in partnership across the council, NHS and non statutory sector to align resources to provide people in Tower Hamlets with easy access to information around health and wellbeing and connection to local assets and services (including integrating SPAs and alignment to Mental health information and access processes)	SR1	Active	LA saving	Requires detailed work up	Review of information and advice provision. Develop the project brief and plan for this work stream.
A strategic approach to social prescribing	Proposal is to take a strategic view of social prescribing and align approaches across sectors (council, NHS and non statutory) – link across to Promoting Independence workstream	SR1	Active	THT Invest to Saving	CCG Develop PID	Maintained investment of £240K for social prescribing pa + £60K service redesign support (savings approx 400-500k)
A whole system approach to reproductive health	Jointly with Born Well + Growing Well to implement a lifecourse approach to improve reproductive health focusing on 1) pre-conception, 2) conception, 3) contraception (esp. access to LARC), 4) psychosexual services, 5) community gynaecology and menopause	SR1	New	THT Invest to save	Develop PID	TH identified as early adopter area with support identified from PHE to implement whole systems approach to Reproductive Health

# Living Well – High Level Plans 19/20

## Strategic Reviews (SR 1 – Current/Immediate/Short term priority. SR2 Lower priority/Longer term/to be defined)

Title	High level description	Review Type	Status	Potential Saving	Next Step	Comment
Outpatient and inpatient episodes coded 'digestive'	Inpatient and outpatient episodes coded 'digestive' constitute a significant proportion of all episodes Proposal is to explore further and identify if there opportunities to redesign the pathway to prevent inappropriate referral and identify potential savings	SR2	New	CCG Saving	WSTD	Work wit strategic finance to better understand opportunity
Health Checks	Review/evaluate/potentially re-scope Health Checks to see how these could be used more effectively for prevention and with a wider focus	SR1	Active	LA Saving	LA Develop PID	Phase 1 to review NHS Health Checks Future phase of this work may be extended to consider wider health checks for LD, MH and carers
Reviewing our approach to prevention and management of musculoskeletal disease in Tower Hamlets	Extend the contract for the Integrated Musculoskeletal and Pain Service for an additional 2 years. Living Well workstream to undertake strategic review of MSK services. Develop business case to extend capacity and enable redirection of all Trauma & Orthopaedic referrals through IMAPS	SR1	Active	CCG Savings	In progress	IMAPS extension in progress. Wider pathway review to be considered local + WEL priorities re: MSK
Direct Access MRI	Reduce the number of direct access MRIs	SR1	Active	CCG Savings	TST develop PID	This might be an WEL/NELCA wide project
Primary Care model for the 'mostly healthy'	To implement a new model of primary care for the 'mostly healthy' cohort that utilises digital technology to provide accessible and convenient primary care services	SR2	New	CCG Invest to save	Requires detailed work up	

Key: **PID** – Project Initiation document (outline proposal document). Schemes should follow a common sense approach to scheme development and sign off. A new THT PID has been developed for health and shared savings schemes. Pure LA savings schemes can be managed by the LA process for example. It is expected that most schemes will need a PID or an outline document for sign off to progress. **Active** – generally means that something is already in place or exists in the system.

# Promoting Independence – High Level Plans 19/20

## Strategic Reviews (SR 1 – Current/Immediate/Short term priority. SR2 Lower priority/Longer term/to be defined)

Title	High level description	Review Type	Status	Potential Saving	Next Step	Comment
A strategic approach to social prescribing	Ensure recurrent commissioning of social prescribing, a primary care based scheme to support self-management and holistic management of individual needs, through referrals to community based support services	SR1	Active	THT Invest to Saving	Develop PID	Maintained investment of £240K for social prescribing pa + £60K service redesign support (savings approx 400k -500k)
Respiratory	Strategic review underway to understand factors contributing to respiratory non-elective admissions; findings to inform system changes for the future	SR1	Active	THT Saving	Develop PID	Analysis is underway; anticipate that a PID will be ready for Jan-Feb 2019
Care planning and care co-ordination	Develop and implement a standardised approach to care planning bringing together a number of projects/services as outlined in the primary care Network Incentive Scheme (NIS); care navigator roles within the Extended Primary Care Teams; a pilot project to provide psychological support to people with long term conditions and social prescribing	SR1	Active	NIL	In progress	This is a contractual commitment within the community health services (CHS) contract and is the Quality Improvement (QI) project for the Promoting Independence workstream
Review of employment pathways and outcomes	Review of existing employment services to inform future pattern or services in the context of work path and IAPT Employment advisors pilot; review to inform future model and pattern of services. Procurement required for new services to be in place by Apr- Jul 2019	SR1	Active	TBC	TBC	
Older adults pathways	Initial scoping of the opportunities for developing community provision as an alternative to the current CHC inpatient provision at Thames ward for those with more complex needs associated with dementia. This will primarily explore community support models and an enhanced nursing care offer for this small group of patients.	SR1	Active	TBC	TBC	

Key: **PID** – Project Initiation document (outline proposal document). Schemes should follow a common sense approach to scheme development and sign off. A new THT PID has been developed for health and shared savings schemes. Pure LA savings schemes can be managed by the LA process for example. It is expected that most schemes will need a PID or an outline document for sign off to progress. **Active** – generally means that something is already in place or exists in the system.

# Life Course Work Stream: Primary Care and Cross Cutting

# Cross Cutting Themes – Primary Care high level plans 2019/20

Title	High level description
<b>PRIMARY CARE</b>	
Primary Care model for the ‘mostly healthy’	To implement a new model of primary care for the ‘mostly healthy’ cohort that utilises digital technology to provide accessible and convenient primary care services
APMS Review	Review of General Practice APMS contracts
PMS Review/Reinvestment	Agree investment against released PMS funds
NIS Review	To review the NIS outcomes to ensure they align with the THT outcomes framework Stretch NIS targets to include metrics with broader system impact
Homeless Services	Implementation of the new service model for homeless services
<b>PRIMARY CARE ESTATES</b>	
Reduction of NHS void space to reduce direct cost to THCCG and the wider NHS	THCCG commissioners to consider estates costs (direct to the particular and indirect to the wider NHS)
Work with practices to reduce the remaining historic debt and other complications	Resolve historic debt owed to NHS Property Services by working to resolve the outstanding service charge issues at practices
Strategic and operational delivery of renewal/expansion of THCCG primary care estate	Improvement and increased cost effectiveness of primary care in TH. APMS contract renewal to consider estates issues
<b>PRIMARY CARE ICT AND INFRASTRUCTURE</b>	
Update the CV CoIN (N3) to HSCN	Better interoperability within services on the HSCN, greater bandwidth, upgrade the infrastructure from ADSL lines to Ethernet for future proofing of the network
S106 IT funding for GP Practices	Telephony solutions at better value which are fit for purpose Access to Ipad’s, patient online, local practice services, PODs for patient registration services, apps that support video communication
EMIS Video Consult	Enable GP’s to adopt remote working practices leading to time saved, patients with barriers accessing GP services to remotely access services equality of access

# Cross Cutting Themes – Integrate THT Outcomes Framework into a streamlined contractual process

After using Tower Hamlets Together services we want residents to be able to say...

**Around me**

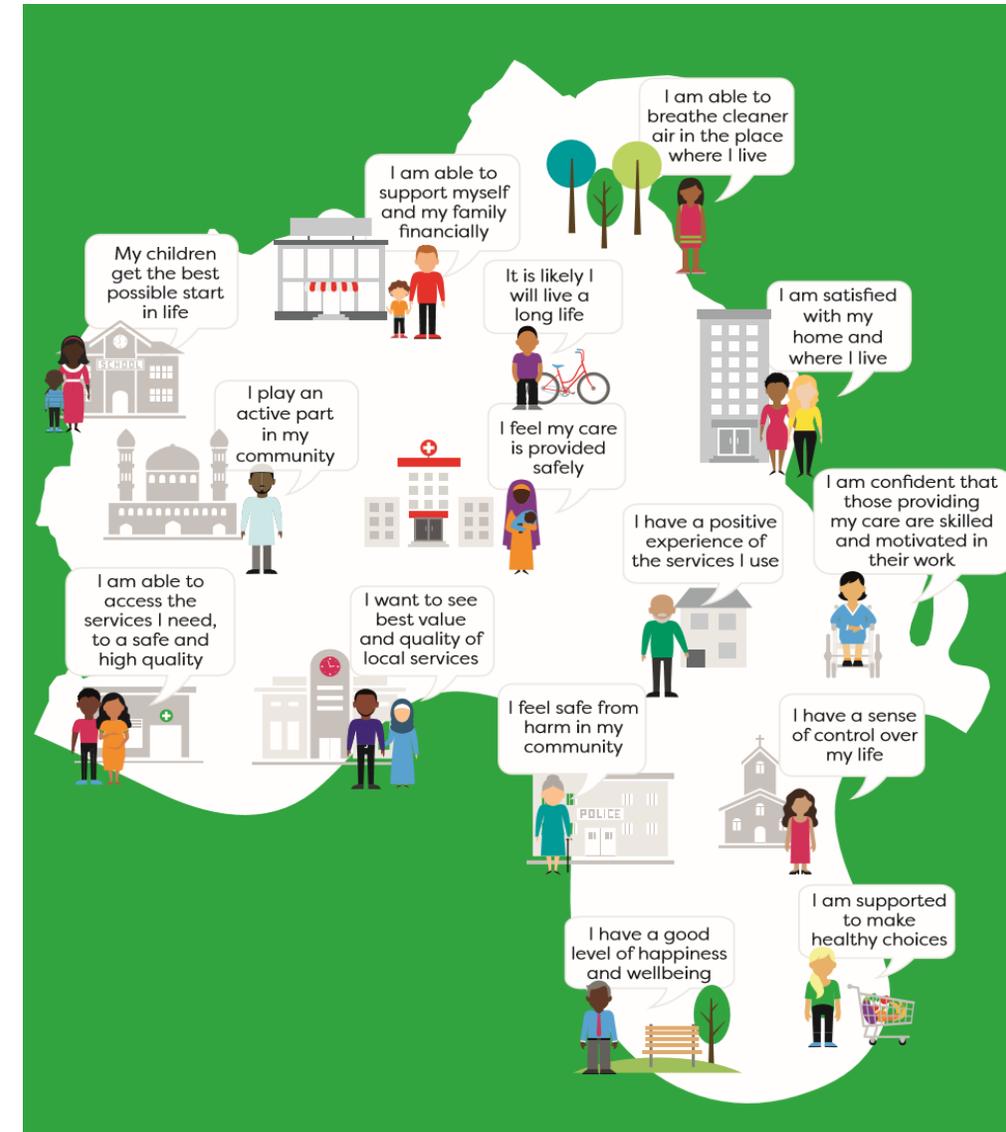
- I feel safe from harm in my community
- I play an active part in my community
- I am able to breathe cleaner air in the place where I live
- I am able to support myself and my family financially
- I am supported to make healthy choices
- I am satisfied with my home and where I live
- My children get the best possible start in life

**My doctors, nurses, social workers and other staff**

- I am confident that those providing my care are competent, happy and kind
- I am able to access the services I need, to a safe and high quality
- I want to see money is being spent in the best way to deliver local services
- I feel like services work together to provide me with good care

**Me**

- It is likely I will live a long, healthy life
- I have a good level of happiness and wellbeing
- Regardless of who I am, I am able to access care services for my physical and mental health
- I have a positive experience of the services I use, overall
- I am supported to live the life I want



# Mental Health & Learning Disabilities Commissioning Intentions

# Mental Health – High Level summary plans (Promoting Independence)

	High level description
<b>Community services review</b>	<ul style="list-style-type: none"> <li>• Review of existing day services, and information and advice community services including recovery college, well-being and recovery and mental health user led grants to understand:</li> <li>• Review to inform future model and pattern of services</li> <li>• Procurement required for new services by July 1<sup>st</sup> 2019</li> </ul>
<b>Review of employment pathways and outcomes</b>	<p>Review of existing employment services to:</p> <ul style="list-style-type: none"> <li>• Assessment of performance in securing sustained employment for those in secondary care and for those with mental health issues</li> <li>• Pathway review to inform future pattern or services in the context of work path and IAPT Employment advisors pilot</li> <li>• Review to inform future procurement</li> <li>• Procurement required for new services to be in place by April/ July 2019</li> </ul>
<b>Older adults pathways</b>	<ul style="list-style-type: none"> <li>• Initial scoping of the opportunities for developing community provision as an alternative to the current CHC inpatient provision at Thames ward for those with more complex needs associated with dementia.</li> <li>• This will primarily explore community support models and an enhanced nursing care offer for this small group of patients.</li> <li>• Like to work with those on the ward – clinical audit</li> </ul>
<b>Dementia Diagnosis rates – reduction to 6 weeks in the context of the prime minister challenge 2020</b>	<p>Working with ELFT to understand bottlenecks from referral to diagnosis to deliver the PM challenge of referral to diagnosis within 6 weeks – current KPI is 18 weeks.</p> <p>Focus on earlier intervention and timely post diagnosis packages of care</p>
<b>Accommodation pathways ( 2019-2020)</b>	<ul style="list-style-type: none"> <li>• Review of current resettlement capacity and recommendations for future model. Key deliverables to include: <ul style="list-style-type: none"> <li>- Delivery of reviews for Out Of Borough (OOB) patients</li> <li>- Sustained pathway for those in residential care through to independence</li> <li>- Increased number of moves from residential care through to independent housing/ supported housing</li> <li>- Clear pathway for step down for forensic patients</li> <li>- Updated panel processes for jointly funded packages</li> </ul> </li> </ul>
<b>Review of crisis care to deliver Mental Health 5 Year Forward View requirements</b>	<ul style="list-style-type: none"> <li>• Review of mental health crisis pathways in Tower Hamlets</li> <li>• Investment in local crisis pathways for mental health to deliver key requirements of 5YFV Mental Health</li> <li>• Will require realignment with other key work streams i.e.: <ul style="list-style-type: none"> <li>- Urgent care centres</li> <li>- 111 procurement</li> <li>- Other commissioned services</li> </ul> </li> </ul>

# Mental Health – High Level summary plans (Living Well)

	High level description
Medically Unexplained Symptoms	Proof of Concept pilot delivered through this year. Funding from 2018/19. Run a pilot through a network with referral and case finding of patients in primary care.
Chronic Fatigue	Development of a local Chronic Fatigue Syndrome pathway. Including options for the delivery of: <ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Graded exercise and</li> <li>• Psychological support.</li> </ul>
Psycho sexual service	Reviewing local demand in Tower Hamlets for PS services – continued service option from 1 <sup>st</sup> April when LA no longer provide as part of the pan London psycho sexual service.
Health Based Places of Safety	Current places of safety for those detained by Police under the Mental health Act are located at The Royal London, Newham Centre for mental Health and Homerton Centre for Mental Health. Following the development of key quality standards the HLP is recommending the centralisation of current sites across London.  This project will agree and implementing revised configuration for Health Based Places of Safety across the ELHP footprint.
Improving Psychological therapies	<ul style="list-style-type: none"> <li>• Expansion to treat more people with long term physical health conditions .</li> <li>• Sustaining reduced waiting times for secondary care psychology</li> <li>• Improving access to psychological intervention for people with bi polar disorders, personality disorders and psychotic disorders</li> <li>• Ensuring the routine collection of outcome measures are embedded in local services</li> </ul>
Improved physical health for those with SMI	Work with primary and secondary care Providers in considering how local initiatives might support delivery of improvements in the number of people with Serious Mental Illness receiving annual physical health checks either within primary or secondary care. We will look to develop and pilot an integrated model to deliver this from April 2019.
Review of crisis care to deliver Mental Health 5 Year Forward View requirements	<ul style="list-style-type: none"> <li>• Review of mental health crisis pathways in Tower Hamlets</li> <li>• Investment in local crisis pathways for mental health to deliver key requirements of 5YFV Mental Health</li> <li>• Will require realignment with other key work streams i.e.: <ul style="list-style-type: none"> <li>- Urgent care centres</li> <li>- 111 procurement</li> <li>- Other commissioned services</li> </ul> </li> </ul>
Perinatal	Rolling out improved perinatal services across the ELHCP footprint. reviewing whether there is benefit in moving to a centralised hub in INEL and spoke team that works across the 3 Boroughs.

# Mental Health – High Level summary plans (Born Well and Growing Well)

Scheme Name	High level description
Joint CAMHS service specification and investment review	to move to a single integrated service specification for core CAMHS provision. This will clearly detail the relative investments, aligned with clear structures and delivery of performance targets and outcomes. The review will be completed and specifications agreed prior to heads of terms being agreed.
RtT 4 week waiting time pilot waiting times	Pilot a 4 week waiting time
MHST in Schools Trail blazers	Set up 2 Mental Health in schools team to deliver: Evidence based mental health interventions to CYP and their parents in schools or community settings near schools Early intervention and preventative initiatives Training and support school staff Contribute to developing schools’ strategy for joined up approach to mental health, emotional wellbeing and resilience
ELC and TH CYP MH crisis pilot	Review the ELC CYP MH crisis time-limited transformation pilot and the Tower hamlets community crisis pilot to establish sustainability requirements against effectiveness and outcomes
Health and Justice	Provide Mh liaison and diversion service for CYP in contact with the justice system
CAMHS consultant support for SEND panel	Review the function of the CAMHS Lead for SEND and EHC planning to evaluate outcomes and impact on EHC decision making processes
Eating Disorders Pathway	Review the capacity of the Eating Disorders service to deliver a NICE concordant eating disorders service that meets access and waiting times standards
Health and Justice	Provide Mh liaison and diversion service for CYP in contact with the justice system

# Mental Health – High Level summary plans (Born Well and Growing Well)

Scheme Name	High level description
CAMHS consultant support for SEND panel	Review the function of the CAMHS Lead for SEND and EHC planning to evaluate outcomes and impact on EHC decision making processes
Eating Disorders Pathway	Review the capacity of the Eating Disorders service to deliver a NICE concordant eating disorders service that meets access and waiting times standards
CSA Emotional Hub	Emotional support service for CYP and families with experience of SA, delivered jointly with paediatric assessment
MH and EWB programme for parents and under 5 children	Review the outcomes of the projects to assess value and sustainability
SD/ ADHD pathway review	work across a range of health, education and social care providers to review the Autistic Spectrum assessment and diagnostic pathway for children and young people.
Step Forward	Counselling and emotional wellbeing service for CYP 14-21
Peer led building resilience programme	programme of training co-produced with young people and delivered by young people in primary and secondary schools
CHAMP service Children social workers supporting parents with mental health illness	Review of the service to consider impact and value for money
Transition CQUIN	Details TBC
CAMHS contract	Transformation programme to be confirmed

# Learning Disabilities – High Level summary plans (Promoting Independence)

	High level description
Improved health and wellbeing and reduced health inequality for adults with learning disability	<p>Health checks and screening rates for our residents with Learning Disability will continue to be an area of local and national focus. We intend to build on the progress already made and continue to increase the number of LD patients that are proactively supported with their physical health in general practice.</p> <ul style="list-style-type: none"><li>• Sustain promotion of annual health checks and health action plans and distribution of accessible information about health improvement</li></ul>
Health Checker Scheme	<ul style="list-style-type: none"><li>• Expansion of Service user led Health quality checker scheme</li></ul>
Help in Hospital Scheme	<ul style="list-style-type: none"><li>• Develop a protocol so people have support from a familiar carer when they go to hospital and develop information sharing so staff understand people's needs .</li><li>• Development of a refreshed hospital passport template – mote accessible.</li></ul>
Transforming Care Carer led Intensive Support Training	<ul style="list-style-type: none"><li>• Training in positive behavioural support delivered across INEL TCP area in positive behavioural support. Delivered by Carers to Carers.</li></ul>

# NELCA Commissioning Strategy Work Stream Summary

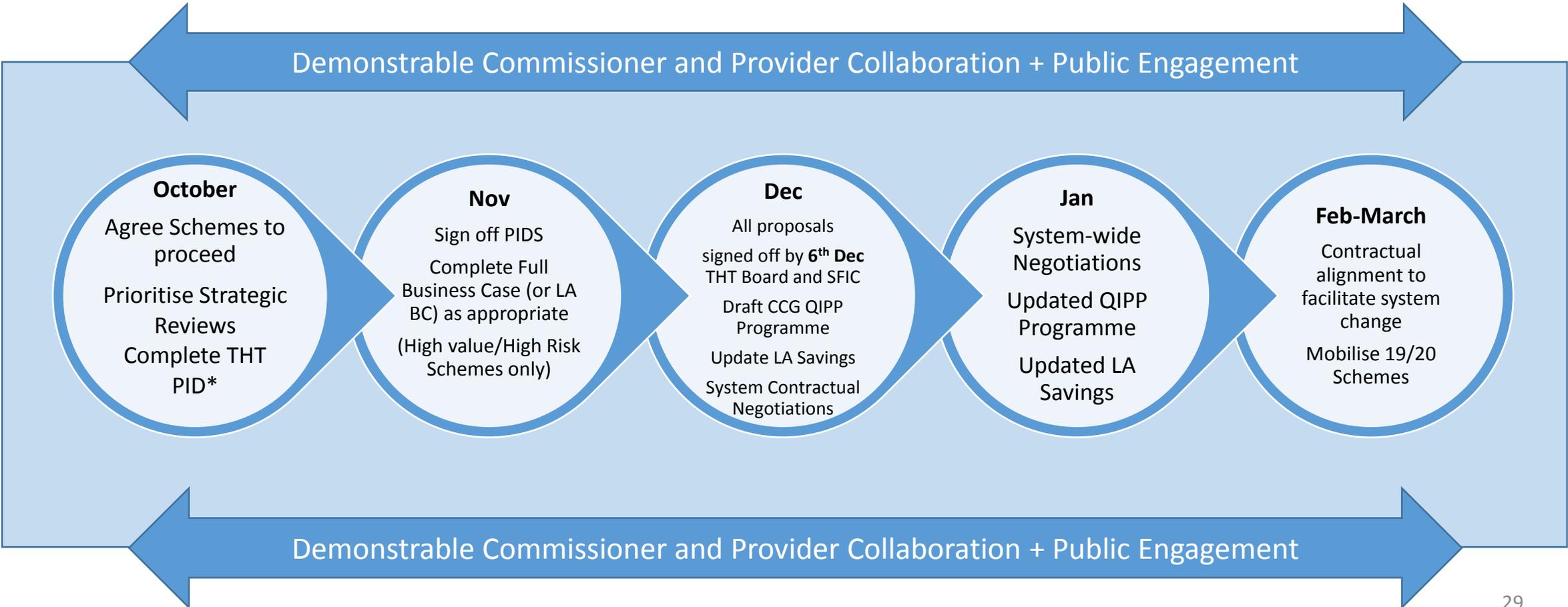
# NELCA 13 Work Stream – high level summary plans

Title	High level description
1. Urgent and Emergency Care	<ul style="list-style-type: none"> <li>Urgent treatment centres; reducing extended lengths of stay; ambulatory Emergency Care; reducing minors breaches; Home Visiting Services; Winter Planning</li> </ul>
2. Cancer	<ul style="list-style-type: none"> <li>Alliance diagnostic hub for NEL; Rapid assessment and diagnostic pathways for lung, prostate and colorectal cancers; Stratified follow up and recovery package-breast cancer; Pathway change for the management of major colorectal cancer surgery</li> </ul>
3. Medicines Optimisation	<ul style="list-style-type: none"> <li>NEL Joint Formulary; Care Home Pharmacists; Discharge to Pharmacy; Primary Care and Secondary Care/High cost drugs</li> </ul>
4. End of Life (EOL)	<ul style="list-style-type: none"> <li>Single Hospice at Home model; Implementation of Coordinate My Care (CMC); Improve access and uptake of EoLC education and training</li> </ul>
5. Transforming Care	<ul style="list-style-type: none"> <li>Redesign (and potential new model of care) for the Assessment and Treatment Unit</li> </ul>
6. Continuing Healthcare (CHC) and Personal Health Budgets (PHB)	<ul style="list-style-type: none"> <li>Alignment to national commitments and standards</li> </ul>
7. Mental Health	<ul style="list-style-type: none"> <li>Improve Crisis &amp; Psychosis Pathways; Improve Community Mental Health; Improve Suicide Prevention; Improve services for children and young people</li> </ul>
8. Maternity	<ul style="list-style-type: none"> <li>PPI engagement and Maternity Voice Partnerships; Neighbourhood Midwives; Shared Maternity Specification for all maternity Providers; Shared KPIs for all providers</li> </ul>
9. Prevention	<ul style="list-style-type: none"> <li>Childhood Obesity; Smoking Cessation; Diabetes Prevention; TB pathway review; Workplace Health</li> </ul>
10. Workforce	<ul style="list-style-type: none"> <li>Physician Associate Training Programme; Apprentice Provider scheme; Development of integrated roles across providers; Development of workforce to meet Stepping forward (MH)</li> </ul>
11. Digital	<ul style="list-style-type: none"> <li>Data sharing; Facilitate use of e-Referral Service; Improve clinical safety ; Improving the flow of medicines data around the system; Implementation of new systems or modules to support STP/ICS initiatives; Improve uptake and use of tools and services</li> </ul>
12. Provider Productivity	<ul style="list-style-type: none"> <li>Bank staffing and agency caps; Improve quality and reduce cost of pathology services; Explore opportunities to consolidate mental health inpatient beds and free up estate at the Homerton for alternative use; Reduce the number of referrals and support patients to be managed in primary care</li> </ul>
13. Primary Care	<ul style="list-style-type: none"> <li>Primary Care Data Improvements; GP Retention &amp; New Employment Models For Newly Qualified GPs; GPN Leadership Development; Implement a sustainable NEL system wide plan for quality and efficiency; Reduce variation in quality and secure universally high performance</li> </ul>

# Business Case and Sign Off process and Timelines

# Proposal Development and Business Case Process

All identified schemes that have been authorised to proceed should complete a Project Initiation Documents (PID) or appropriate Local Authority proposal paperwork as appropriate. The proposal should include an outline of the change, how the scheme will be mobilised and clearly articulated tangible financial and quality benefits (and how they will be realised). All schemes that are considered 'High Value/High Risk' may need to complete a more detailed Full Business Case (FBC) after the initial PID is signed off.



\*All PIDS should be known to the appropriate life course group where practicable. Ideally, PIDs and FBCs would be shared with life courses groups especially as providers and stakeholders should be contributing to the scheme development (we need to be seeing providers all over the business cases development). Life course groups should take a common sense approach to monitoring business case development and take a lead in establishing how much or little they want to be involved. It is up to commissioners to ensure that the appropriate level of oversight and input has been received from the appropriate workstream group members and workstream chairs before ultimate sign off at the 5th Dec THT Board (papers due 22nd Nov) and the Dec 19th SFIC (papers due 5th December)

# THT Commissioning Intentions – sign off and engagement timeline

Month	CI Stage	THT Board	JCE	SFIC	Born Well Growing Well	Living Well	Promoting Independence	
<b>Commissioning Intentions Letters Sign off &amp; Send by end of Sept Completed</b>								
<b>October 2018</b>	Develop & Sign off Business Cases	11.10.18 CI UPDATE	19.10.18 CI UPDATE	17.10.18 UPDATE ON BC DEVELOPMENT	30.10.18 SUPPORT BC DEV	30.10.18 SUPPORT BC DEV	02.10.18 SUPPORT BC DEV	
		<b>Initial business case proposals for savings schemes (QIPP and LA) to be progressed as appropriate</b>						
<b>November 2018</b>		1.11.18 RECOMMEND BUSINESS CASE APPROVAL TO SFIC	16.11.18 REPORT ON BUSINESS CASE PROGRESS	21.11.18 SIGN OFF BUSINESS CASES	No meeting	29.11.18 REFINE 19/20 WORK PRIORITIES	06.11.18 REFINE 19/20 WORK PRIORITIES	
		<b>Collaborative System Negotiation - Agree QIPP and LA Savings programmes and contract negotiation/changes</b>						
<b>December 2018</b>		6.12.18 ALL BUSINESS CASES APPROVED	21.12.18 REPORT ON BUSINESS CASE PROGRESS	19.12.18 SIGN OFF BUSINESS CASES	4.12.18 REFINE 19/20 PRIORITIES	20.12.18 REFINE 19/20 PRIORITIES	04.12.18 REFINE 19/20 PRIORITIES	
<b>Jan 2019</b>	Contract Negotiations + Submit Operating plan	3.01.19 FINALISED QIPP + LA SAVINGS	18.01.19	TBA FINALISED QIPP + LA SAVINGS	4.01.19 TEST PRIORITIES	29.01.19 TEST PRIORITIES	03.01.19 TEST PRIORITIES	
<b>Feb 2019</b>		7.02.189	TBA	TBA	19.02.19 19/20 WORK PLAN	27.02.19 19/20 WORK PLAN	05.02.18 19/20 WORK PLAN	

# Planning Governance 2019/20 - Sign off process reminder

System Management  
Committee  
Oversee 2018/19 delivery

