



**Healthy London
Partnership**

Healthy London Partnership 19/20 Deliverables & Impacts

Supported by and delivering for:



Public Health
England



SUPPORTED BY
MAYOR OF LONDON

London's NHS organisations include all of London's CCGs, NHS England and Health Education England

Executive Summary

- HLP is currently in receipt of £22m funding (YTD) for 19/20, of which £9m is provided by London's CCGs.
- HLP uses this funding to work with system partners to deliver a number of “once for London” transformation programmes.
- Using a standard “logic model” approach, we have estimated the financial and non financial benefits of our largest programmes.
- HLP, along with our partners, could bring £107m of financial benefits to London during 2019/20 with further financial benefits in subsequent years.

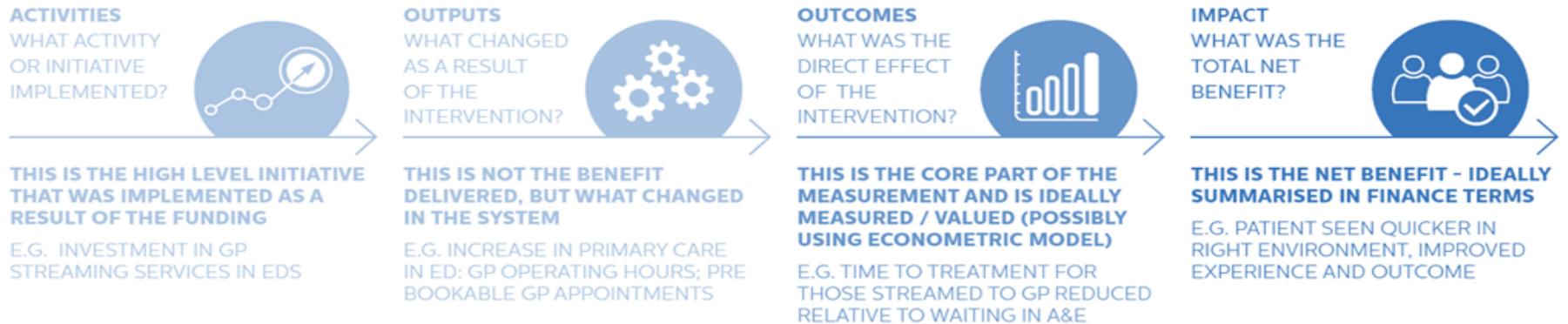
Introduction

- Following discussions with STP Programme Directors, but specifically with NWL and NCL STPs, we have engaged with NCL and NWL STP programme leads to ensure that the HLP programmes are meeting local needs and to identify specific areas where HLP is supporting local priorities. We have also reviewed the programme governance and how HLP can better engage with STPs and vice versus.
- As a next step, we have sought to demonstrate the value of HLP programmes during 2019/20. We have undertaken a rapid analysis to estimate the financial and non financial impacts of activities and additional funding that HLP has attracted. This should allow STPs to include the costs and financial benefits of HLP in their business plans. (Currently costs are captured, but in many cases the financial impacts of the transformation support is not).
- The focus of this exercise is to estimate the immediate impact we will have on the health and care system in 2019/20, however many of the benefits of transformation activity will be longer term. At the request of STPs, we could extend the analysis to include the NPV of programmes which would give a longer term view and be more consistent with the way in which transformation programmes are usually evaluated.
- We welcome feedback on this analysis and the opportunity to discuss this you, your programme boards, CCG chairs etc and to further develop this analysis as needed. This could include extending the detailed analysis undertaken with NWL and NCL into the other STPs.

Methodology

A logic model approach was used to quantify the impact of HLP programmes. This takes the activities and translates them into outputs, outcomes and impacts.

TWO IMPACT PATHWAY



The impacts are both financial and non financial. The calculations are based on used our best judgement, evidence and research from literature, previous evaluations and broad assumptions to estimate at a high level what the benefits are.

- Detailed modelling has not been undertaken to identify causality, e.g. to separate the benefits of HLP programmes versus related transformation activity being undertaken elsewhere in the system.
- This is not intended to be a return on investment analysis, but a high level estimate of the work HLP either directly carries out or supports the wider local system with delivery.
- It has not been possible to provide a financial quantification of all benefits. Therefore the true value that HLP brings will be in excess of the values presented in this update.

Funding and Impact Summary

The following table summarises the funding sources of HLP programmes, including additional funding attracted by HLP, and the estimated financial impacts which are expected to be realised during 2019/20 across London*.

Programme	Core CCG Funding	Core NHSE Funding	Additional and / or Attracted Funding (YTD)	Estimated 19/20 Impacts
Mental Health Transformation	£562,000	-	£770,000	£3,587,000
Mental Health Crisis Care	£99,000	£45,000		
Transforming Primary Care	£458,000	£2,052,000 (GPFV National Programme £)**	£2,100,000	£36,481,000
Transforming Cancer Services	£952,000	-	£638,000	£7,950,000
Urgent and Emergency Care	£1,376,000	-	£1,190,000	£35,640,000
Funding for CMC***	£2,020,000			
Prevention (inc homeless health & FSW)	£356,000	£122,000	£2,606,000	£2,550,000
Children and Young People	£359,000	£125,000	£282,000	£1,148,000
Good Thinking	£380,000	-	£380,000	£232,000
Thrive	£420,000	-	£1,567,000	£2,000,000
Partnerships: Vision	£195,000		£184,000	£0
Partnerships: Workforce	£55,000	-	£100,000	£5,090,000
Partnerships: Estates	£50,000	-	£750,000	£0
Partnerships: Estates (HUDU)	£295,000			
Personalised care	£87,000	-	£588,000	£12,660,000
Other Costs	£2,667,000			
Total	£9,156,000	£1,467,000	£11,155,000	£107,338,000

* Note, this excludes the following benefits:

- The efficiencies from undertaking work at the once for London level rather than within each STP
- The benefits from being able to access the skills of a range of clinical and non clinical experts
- Projects which have not been quantified

** £1.25m is given directly to STPs (£250k each) for local delivery needs. Not part of Core NHSE funding to HLP

*** CMC funding not direct UEC programme funding

Expected Non Financial Benefits - Summary

System Benefits

Efficiency

- MH Trusts will be able to better analyse the clinical outcomes of their services to drive improvements in service user care.
- A more consistent and effective approach to workforce recruitment & retention.
- More integrated patient flows across primary & urgent care services for unscheduled care needs.
- Care Homes work more efficiently.
- Shared knowledge and best practice across all CYP MH partners to ensure highest quality MH offer to young people.
- Leverage political leadership to champion health promoting policies and develop cross-sector and inter-agency collaborations to ensure health objectives are integrated into other areas.
- Greater efficiency and flexibility in NHS estate to reduce unoccupied or unutilised space across London to 2.5% by 2020.

Reduced Variation / Inequalities

- Improved physical health of people with SMI in MH Trusts as a result of the improvements in physical health care provision.
- Reduced variation in the delivery & access to London EIP services.
- Reduced variation in the experience of perinatal women seeking access to specialised perinatal mental health
- Increased survival rates, reduced variation / inequalities & better experience for cancer patients.
- Reduced health inequalities with equitable social prescribing pathways for all Londoners.
- Improved CYP MH crisis service provision with reduced variability.
- Every Londoner will have an equal opportunity for good mental health through the Thrive programme.

Patient Benefits

Experience & Access:

- Single access point to psychological therapies
- Perinatal women across London are able to access IAPT to meet their perinatal mental health needs.
- Improved patient experience on s136, faster police handovers,
- Enhanced patient experience when accessing primary care
- Improved wellbeing scores, workforce retention and workforce access for people with MH and MSK issues.
- More Londoners receiving personalised care.

Quality & Outcomes:

- Increased survival rates, quality of care for patients with Cancer
- Improved quality of life for patients with HIV
- Improvements in falls prevention, smoking cessation, winter wellness & social isolation.
- Increased quality of life for patients with Asthma and improved school attendance.
- Improved CYP MH treatment and outcomes
- Contribution to fewer suicides in London.

London Mental Health Transformation Programme (MHTP)

19/20 deliverables

Mental Health in Integrated Care Systems (MHICSs):

- *MHICS development:* Provide ICS support to STPs through pan-London planning workshops, framework for MH within ICSs, & content support on ICS development for STP LTP action plan submissions
- *Outcomes in MH:* Embed and promote the use of the HoNOS analytical framework in all London MH Trusts; support Trusts to implement DIALOG within Early intervention in Psychosis (EIP) & Care Programme Approach (CPA) patients
- *MH Data & Analytics:* Develop an analytic tool to estimate whole system MH costs; provide quarterly updates of the London MH Benchmarking Dashboard; hold ~7 workshops to understand STP benchmarking data; review acute MH Bed based care
- *System Coordination:* Coordinate & provide secretariat function for MHICS work stream

Digital IAPT Programme

- Set-up a London digital therapy user network in collaboration with Good Thinking & Thrive
- Scope, pilot & develop a human change programme in existing and future IAPT workforce
- *Digital IAPT Single Point of Access:* design, develop and implement one IAPT referral form & a digital IAPT single point of access API; develop a full specification for IAPT e-triage and e-booking & test functionality; develop a Digital IAPT SPA marketing strategy
- Work with London's MH Trusts and Commissioners to realise the market management opportunities for IAPT technologies to reduce costs and improve products

London IAPT Clinically Led Improvement Programme

- Coordinate and provide secretariat function for IAPT Clinical Reference Group meetings & 25 sub-regional IAPT Delivery Groups
- *MH Data / Analytics:* Produce data-packs providing a systemic overview of expected delivery, efficiencies and workforce for London; establish a baseline for access to evidence based psychological therapies for people with severe mental illness
- *Quality Improvement:* Peer review visits (x12) to identify areas for improvement in challenges to access, waiting times and recovery rates for local populations; work with 5 CCGs and their providers to identify and implement changes necessary to sustainably improve performance

London SMI Mortality Gap Clinically Led Improvement Programme

- Coordinate the Physical Health Leads network of secondary care mental health providers & engage stakeholders with the SMI improvement collaborative output
- Provide data resource mapping specialist smoking cessation for Londoners with SMI
- Provide a quarterly update to Stolen Years - the online resources that support London to reduce the Mortality Gap

Funding

Core (CCG) funding (inc. £99,000 for Crisis Care)	£661,000
Core NHSE funding (for MH Crisis Care)	£45,000
Additional funding (182K national NHSE, 331K NHSEL, 257K from providers)	£770,000

Estimated 19/20 Financial Impact*

Mental Health			Impacts
Digital IAPT - (Market management interventions on Silver Cloud)			£1,200,000
Summary	Core funding	Additional funding	Impacts
London (All)	£706,000	£770,000	£3,587,000

*The financial impacts of the following activities have not been quantified:
MHICSs, SMI Mortality Gap, MH Crisis Care.

Non Financial Impacts

- **MHICS:** MH Trusts will be able to confidently and consistently analyse the clinical outcomes of their services to drive improvements in service user care; STPs will understand the whole system cost of MH services to inform the development of London ICSs
- **Digital IAPT:** Single access point to psychological therapies, round the clock self-help, out of hours therapist support, along with seamless access to IAPT services from different digital platforms. Better patient experience.
- **London IAPT:** CCG / STP are able to progress in achieving / meeting constitutional standards, patients seen quicker in the right setting at the right time.
- **London SMI Mortality Gap:** Improved physical health of people with SMI in MH Trusts as a result of the improvements in physical health care provision

London Mental Health Transformation Programme (MHTP)

19/20 deliverables

London Early Intervention Psychosis (EIP) Clinically Led Improvement Programme

- Coordinate and provide the infrastructure for the EIP clinical reference groups
- *Quality improvement*: Support London EIP services to meet Level 3 in national NCAP audits through STP service development & improvement plans; undertake quality improvement interventions to support the increase use of Outcomes (e.g. HONOS, DIALOG); Pilot Peer supporters with a physical health lead in EIP teams
- *MH Data / Analytics*: Map EIP pathways to understand the EIP impact across MH services & highlight areas for improvement; Develop audit tools for ARMS and CYP
- Launch & update EIP online hand-book to act as regional one stop shop for London EIP resources

London Perinatal Mental Health Clinically Led Improvement Programme

- Coordinate and provide infrastructure for Pan London and STP Perinatal Mental Health Network meetings & deliver Perinatal Mental Health Conference
- *Perinatal MH Pathways in IAPT*: Complete London audit exploring the impact of IAPT guidance document on data capturing, triage and screening and pathway development; Monitor baseline perinatal access and recovery data for each IAPT service; Produce a standard for a consistent approach to delivering perinatal psychology supervision for IAPT Perinatal Leads; Develop and maintain record of digital options available for perinatal women
- *Perinatal MH Pathways in specialist services*: Produce report setting standards and principles for eligibility criteria for access into Perinatal Mental Health Community Services; Support specialist perinatal mental health services to adapt operational policies, including outcomes and interfaces with adult mental health teams; Facilitate development and dissemination of MBU Admission Protocol; Complete a London wide audit of Specialist Perinatal Health Visitors support alongside London's Maternity Transformation Programme
- Complete and evaluate initial regional perinatal training programme together with a workforce training needs assessment of perinatal services across London
- *MH Data / Analytics*: Produce summary of specialist perinatal mental health service processes for capturing inequality and prevalence data; Undertake data baselining exercises across STP's and facilitate STP working visits to help produce LTP submissions

Mental Health Crisis care

- Complete multi-agency training focussed on s136 pathway and mental capacity act at all London A&Es and MH Trusts & final evaluation report
- Complete phase 1 of the pan-London s136 pathway evaluation with finalised baseline report
- Revise existing pan-London s136 quarterly reports with new s136 success measures
- Facilitate Implementation Steering Group, particularly focussing on support for place of safety reconfiguration; identify funding opportunities to support local implementation

Funding

Core (CCG) funding (inc. £99,000 for Crisis Care)	£661,000
Core NHSE funding (for MH Crisis Care)	£45,000
Additional funding (182K national NHSE, 331K NHSEL, 257K from providers)	£770,000

Estimated 19/20 Financial Impact*

Mental Health	Impacts		
EIP - (Staff training costs)	£187,000		
Perinatal Mental Health - (Savings from shifting care from specialist services to IAPT)	£2,200,000		
Summary	Core funding	Additional funding	Impacts
London (All)	£706,000	£770,000	£3,587,000

*The financial impacts of the following activities have not been quantified: **MHICs, IAPT, SMI Mortality Gap, MH Crisis Care.**

Non Financial Impacts

EIP

- Reduced variation in the delivery & access to London EIP services
- Increased access to NICE compliant care for < 18s and reduction in transition to adult teams. Increased quality of care.
- Greater patient understanding of what they are experiencing and what their next steps are. Increased patient satisfaction.

Perinatal Mental Health

- Perinatal women across London are able to access IAPT to meet their perinatal mental health needs. Improved quality of care
- Reduced variation in the experience of perinatal women seeking access to specialised perinatal mental health services via maternity, MBUs or secondary care mental health services

Mental Health Crisis care

- Improved patient experience on s136, faster police handovers, reduced in-patient admissions

Transforming Primary Care (TPC)

19/20 deliverables

At Scale and Primary Care Network Development:

- Support STPs to deliver the vision of the next steps commissioning framework & STP primary care strategies
- Primary care networks (PCNs): Assist STPs to establish 100% coverage by 1st July; support London PCN development (e.g. un-block regional issues, develop regional / national support offers, forums, tools, resources & if appropriate, London Frameworks)

Workforce:

- Create a strategic framework to support workforce programmes in the transformation of General Practice & the development of PCNs
- Facilitate the development of STP GP recruitment and retention plans
- Support PCNs to develop into multidisciplinary teams.
- Support the development of practice and PCN-based staff in clinical leadership and the General Practice Development Programme

ETTF – Estates and Digital infrastructure:

- Work with STPs to establish fully approved schemes, which are completed within ETTF timelines
- LIG: Complete 18/19 accrued schemes & review / reprioritise 19/20 schemes in light of STP reduction in BAU capital; transition LEDU governance from London region to LEB

Improving Access:

- Support the on-going delivery & track progress of extended access services across all London CCGs including direct booking; Monitor STP delivery of GPFV resilience programmes

Digital First:

- Ensure that all GP practices are technically able to provide the functionality of the digital-first primary care NHS app to 100% of the population, with at least 25% of appointment available for online booking by 31 July 2019
- Ensure all practices have an up-to-date & informative online presence by April 2020

U&EC and PC Digital Integration:

- Integrate extended access with other services at scale, including the delivery of 100% London NHS 111 direct booking system into extended access services by March 2020
- Support the rollout of GP Connect technology to directly book into GP surgeries
- Ensure all practices offer & promote electronic ordering of repeat prescriptions and use electronic repeat dispensing where clinically appropriate, as a default from April 2019

Primary Care Online Consultations:

- Support STPs to procure, mobilise & evaluate online consultations solutions to support General Practice manage demand more effectively
- Ensure that by March 2020, 75% of practices are offering online consultations to their patients

Funding

Core (CCG) funding	£458,000
GPFV funding for various programmes	£91,800,000
NHSE Programme funding (£1.25mil to STPs)	£2,052,000
Additional attracted funding (ETTF, Darzi Fellowship, Estates and Infrastructure)	£2,100,000

Estimated 19/20 Financial Impact*

Primary Care		Impacts	
Improving access (based on avoided A&E attendances)		£29,801,000	
Workforce (inc. online consultations) (based on GP retention, reduced locum costs and activity shifts)		£6,680,000	
Summary	Core funding	Additional attracted funding	Impacts
London (All)	£458,000	£2,100,000	£36,481,000

*The financial impacts of **Digital First and UEC & PC digital integration** are included in the UEC financial impacts.

Non Financial Impacts

- **Workforce:** A more consistent and effective approach to workforce recruitment & retention while reducing GP workload.
- **ETTF:** Improve clinical / organisational efficiency, health & safety, regulatory compliance & increased access to primary care
- **Improving Access:** Enhanced patient experience when accessing primary care; improved understanding of patient access & workload management; improved system capacity
- **Digital First:** All patients in London will have the right to digital-first primary care, including web & video consultations by April 2021; Reduced duplication & fragmented digital solutions across London CCGs; Enriched supplier market to support future NHS ambitions
- **U&EC and PC Digital Integration:** More integrated patient flows across primary & urgent care services for unscheduled care needs
- **Primary Care Online Consultations:** Enriched & developed supplier market to support future NHS ambitions

Transforming Cancer Services Team (TCST)

19/20 deliverables

Early Diagnosis:

- Roll out National Cancer Diagnosis Audit across London
- Establish Cancer Screening London Improvement Board and pan London work plan for screening
- Produce pan London resources to support the roll out of the Faster Diagnosis Standard
- Develop London strategy to meet target of 75% of all cancers to be diagnosed at stage 1 or 2 by 2028
- Refresh training need analyses & develop Training Needs Assessment tool for more primary care professionals

Cancer waits:

- Prepare for new 28 day faster diagnosis standard – supporting implementation of new measurement rules, new national database, new pathways
- Develop definitive Pan-London performance analysis against national cancer waiting standards through monthly reports, dashboards and metrics packs
- On site cancer waits training & support for increased use of IST tools and techniques

Diagnostic Optimisation:

- Provide user guidance to support new MRI tool & refresh CT tool, with option to automate some data collection for sites with radiology information system(RIS) capability
- Refresh endoscopy tool to enhance reporting capability
- Use new TCST dashboard to track progress of engaged services against national DM01, CWTs & FDS metrics
- Hold Pan-London workshops to show case experience, service improvement tools & provide opportunity for networking and learning

Personalised Care (Supporting people affected by Cancer):

- Refresh & embed Lymphoedema guidance
- Launch & embed Cancer rehabilitation guidance, Psychosocial specification & business case, models / resources for Cancer as a long term condition
- Scope guidance on fertility services

Primary and community care education:

- Refresh & embed training needs assessment tools & launch online education toolkit (ED/PC)
- Develop & embed safety netting(S/N) guidance (PC) & S/N processes in primary care (ED/PC)
- Develop and roll out HEE train the trainer programme (PC only)

Governance and Leadership for Quality and Safety:

- Publish a strategy to reduce inequalities in cancer care & outcomes in London & West Essex
- Provide a London governance and reporting role, supporting the London Cancer Operating Model through TPMO reporting, Performance Delivery Group & Cancer Delivery Board.
- Produce National Cancer Patient Experience Survey data visualisation on Tableau which includes London, Alliance, STP and CCG level patient experience performance.
- Support CCB Patient Advisory Group and agree work plan.

Funding

Core (CCG) funding	£952,000
Additional or attracted funding (477K NHSEL, 25K West Essex CCG, 136K Macmillan & cancer research)	£638,000

Estimated 19/20 Financial Impact*

Cancer	Impacts		
FIT testing (based on activity shifts)	£7,950,000		
Summary	Core funding	Additional funding	Impacts
London (All)	£952,000	£638,000	£7,950,000

*The financial impacts of the following activities have not been quantified:

Cancer waits, Personalised Care, Primary and community care education, Governance and Leadership.

Non Financial Impacts

- **Early Diagnosis:** Increased survival rates, reduced variation / inequalities & better experience for cancer patients
- **Cancer waits:** More patients diagnosed within 28 days & greater availability of pan-London data to support cancer waits delivery. Increased survival rates, quality of care.
- **Diagnostic Optimisation:** Improved MRI, CT & endoscopy capacity to support delivery of cancer waiting times to enhance patient outcomes.
- **Personalised care:** Improved quality of life and experience for people affected by cancer in London
- **Primary and community care education:** Improved survival, quality of life and experience for people affected by cancer in London
- **Governance and Leadership for Quality and Safety:** Reduced inequalities in cancer care, optimal use of resources to improve outcomes and patient experience, service users inform London cancer programme and projects.

Urgent and Emergency Care Integrated Urgent Care Mobilisation & Digital First Programme

19/20 deliverables

Mobilising IUC services:

- Support procurement & mobilisation of IUC services in NWL and SWL & continue embedding support to services that are live in NCL, NEL and SEL
- Model impact of transformation activities to support long term commissioning strategies
- Develop a safe, effective, responsive & sustainable multi-disciplinary Clinical Advisory Service (CAS) model for London's IUC services

Clinical Assessment Service Workforce Development:

- Develop a London IUC provider landscape workforce strategy & explore the use of pan London IUC workforce bank to provide flexible support to providers under pressure

IUC System Improvement:

- Leverage pan London technology solutions as a CAS Enabler to link patients calling NHS 111 to the right clinical skillset & to help clinicians to access patient information

IUC Long Term Opportunities:

- Explore opportunities for the development of new pathways to provide fast access to clinical support as well as opportunities for London to host funded pilots for developing the ambitions of the Long Term Plan

UEC Access to Service Information:

- Support LAS with development of tools to support alternative conveyance to ED. Pilot the use of Service Finder 2, the national digital solution for locating services

Digital First:

- Ensure that all GP practices are technically able to provide the functionality of the digital-first primary care NHS app to 100% of the population, with at least 25% of appointment available for online booking by 31 July 2019
- Ensure all practices have an up-to-date & informative online presence by April 2020

U&EC and PC Digital Integration:

- Integrate extended access with other services at scale, including the delivery of 100% London NHS 111 direct booking system into extended access services by March 2020
- Support the rollout of GP Connect technology to directly book into GP surgeries
- Ensure all practices offer & promote electronic ordering of repeat prescriptions and use electronic repeat dispensing where clinically appropriate, as a default from April 2019

Primary Care Online Consultation:

- Support STPs to procure, mobilise & evaluate online consultations solutions to support General Practice manage demand more effectively
- Ensure that by March 2020, 75% of practices are offering online consultations to their patients

Once for London Digital Transformation of Coordinate My Care (CMC):

- Support CMC and London CCGs implement strategic recommendations to improve technical, operational & commissioning arrangements for Coordinate My Care (CMC) as a pan-London digital solution to support the creation & sharing of End of Life care records.

Funding

Core (CCG) funding	£1,069,000
CCG funding for CMC (Not UEC programme funding direct to Marsden)	£2,020,000
Additional funding NHSEL	£470,000

Estimated 19/20 Financial Impact*

UEC	Impacts
Mobilising IUC services (reduced ambulance conveyances and ED attendances)	£14,375,000
Digital First PC & UEC Digital Transformation (activity shifts)	£5,481,000
UEC & PC Digital Integration (reduced resource)	£1,355,670

Total for IUC & Accelerated Improvement Programme

Summary	Core funding	Additional funding	Impacts
London (All)	£1,377,000	£1,190,000	£35,640,000

*The financial impacts of the following activities have not been quantified:
CAS workforce development, IUC system improvement and long term opportunities.

Non Financial Impacts

- **Mobilising IUC services:** Improved patient outcomes and experience, while reducing pressure on alternative UEC services
- **Clinical Assessment Service Workforce Development:** Improved staff retention, satisfaction & morale
- **IUC System Improvement:** Improved patient satisfaction rates
- **Digital First:** All patients in London will have the right to digital-first primary care, including web & video consultations by April 2021; Reduced duplication & fragmented digital solutions across London CCGs; Enriched supplier market to support future NHS ambitions
- **U&EC and PC Digital Integration:** More integrated patient flows across primary & urgent care services for unscheduled care needs. Increased patient satisfaction and quality of care
- **Primary Care Online Consultations:** Enriched & developed supplier market to support future NHS ambitions. Quicker access and more choice
- **CMC:** Technology enablers leveraged to support the creation of CMC records in primary care and UEC

Urgent and Emergency Care Accelerated Improvement Programme

19/20 deliverables

UEC Secretariat:

- Provide a secretariat function & policy support to the UEC regional governance structure

UEC Improvement Support:

- Co-design with system partners an improvement approach to support the delivery of 40% reduction in long length of stay

Same Day Emergency Care (SDEC):

- Data analysis of both SDEC and frailty data to inform improvement & support focus
- Identify 10 priority SDEC pathways for all Trusts to deliver & exemplar sites, supporting an improvement programme
- Support development of a shared learning platform & identify workforce challenges/solutions

Enhanced Health in Care Homes Programme (EHCH):

- *Secretariat*: Provide a secretariat function and policy support to the EHCH programme
- *Enhanced Primary Care*: Support access to consistent, named GP/primary care service; Support Pan-London Medication Optimisation in Care Homes; Provide NHS 111 *6 advice
- *Harnessing Digital Technology*: Align local support with digital roadmaps; Support care homes to complete the Data Security & Protection Toolkit (DSPT); Support 85% of care homes to use NHS mail (or secure email) & digitally enabled transfers of care; Deliver National communications toolkit to raise awareness of DSPT & NHSmail
- *Improved transfers of care to care homes*: Identify & spread London good practice models; Agree a common evaluation approach to enable upscaling and local adoption; Support improved use of CarePulse (London's real time bed capacity digital platform)
- *Care Home Readiness and Operational Responsiveness*: Review impact & outcomes of NHS 111 *6 on care homes & wider IUC UEC systems; Deliver seasonal campaigns to highlight deterioration risk factors; Improve signposting to alternative community pathways
- *Data Management - Using data to measure improvement*: Produce monthly EHCH Care Home Dashboard; Establish EHCH Data Management Group; Publish recommendations for improved care home data set; Support mobilisation of Social Care Quality Platform
- Localised Improvement Support focused on admission avoidance & reducing DTOC/LOS: Evaluate & provide recommendations for BHR Trusted Assessor Model for Care Homes; Support NWL with Rapid Evaluation of care home training "Is my Resident Well"

Management of Community Expected Death:

- Identify scale of challenge across each STP area & perform multi-agency process mapping to identify key challenges with processes & multi-agency training needs assessment
- Align response algorithms & develop an agreed Pan-London pathway across providers

Alternative Community Pathways:

- Agree IUC clinical pathways amenable to referral to community rapid response services
- Support IUC Clinical Advisory Service to refer directly to 2 hours rapid response services
- Establish a mechanism to transfer lower acuity 999 calls into IUC & ensure carers / professionals receive timely clinical advice to avoid unnecessary 999 incidents

Funding

Core (CCG) funding	£307,000
Additional NHSE funding (25K national, 695K NHEL)	£720,000

Estimated 19/20 Financial Impact*

UEC	Impacts		
UEC Accelerated Improvement Programme (reduced LOS)	£9,029,000		
Enhanced Health in Care Homes Programme (avoided conveyances, ED attendance and stay from *lines)	£5,399,999		
Total for IUC & Accelerated Improvement Programme			
Summary	Core funding	Additional funding	Impacts
London (All)	£1,377,000	£1,190,000	£35,640,000

*The financial impacts of the following activities have not been quantified: **CAS workforce development, IUC system improvement and long term opportunities.**

Non Financial Impacts

- **Same Day Emergency Care**: London Trusts are supported to achieve the SDEC and acute frailty milestones. Improve patient outcomes.
- **Enhanced Primary Care**: Increased patient satisfaction, seen in the most appropriate place, quicker.
- **Harnessing Digital Technology**: Care Homes able to work more efficiently, improving patient experience.
- **Improved Transfers of care to care homes**: Reduced variation & duplication of development process, increased project management cost & time efficiencies
- **Care Home Readiness and Operational Responsiveness**: Improved usage and user experience of NHS 111 *6
- **Alternative Community Pathways**: Reduced risk of hospitalisation & improved patient experience for patients with low-acuity conditions; Reduced ED waiting times

HLP projects: Prevention

19/20 deliverables

HIV

- Obtain commitment from all NHS organisations to become HIV stigma free.
- Create a free training resource for NHS staff on HIV to decrease stigma.
- Run a social behaviour change campaign.
- Form an improvement collaborative for London's HIV response.
- Improve integration of care along current pathway from diagnosis through to end of life.
- Co-design new model of care with community members.
- *Fast – Track Cities Initiative (FTCI)* - Organise clinic and community service visits for International Mayors and cultural events for delegates. Organise mass engagement from across all sectors during the week of the FTCI conference and maximise press coverage.

Social Prescribing

- Publish final Social Prescribing Vision for London in partnership with the GLA in May 2019 and socialise to partners e.g. Social Prescribing Network, NHSE, London STPs.

Healthy London Shared Investment Fund

- Support 3 local areas to use service design methodologies to implement local models of intervention for people with low level mental health challenges and musculoskeletal conditions so they can return to or stay in work.
- Explore funding and support mechanisms for the Healthy London Fund to continue to work with partners across London to tackle a range of health and wellbeing challenges.

Fire as a Health Asset

- Coordinate London's contribution to the national evaluation of Fire Safe and Well pilot.
- Appraise options for scaling a Fire Safe and Well approach across London with STP, regional stakeholders and other key partners.
- Build on learning from the pilots, identifying opportunities for on-going partnership with blue light agencies.
- Support development of the LFB Community Health Strategy in 19-20 and explore opportunities to tackle other STP or SPB health priorities.

Homeless Health

- Hold stakeholder event to explore provision issues in detail, highlight good practice and agree next steps for partners at borough, STP and regional levels in London. Develop action plan to achieve consistently safe and timely discharge of homeless patients.

Prevention System Leadership and Secretariat

- Lead reporting to the SPB on prevention in the London Vision and devolution, NHSE on LTP delivery and into the GLA on HIS.
- Provide oversight for regional delivery of flagship pan-London prevention programmes and related delivery groups across ADPH/GLA/PHE/HLP/NHSE.
- Convene and administrate board meetings and engagement sessions, communicating to the wider system the role/purpose of the board, summarising board meetings, reports and progress.

Funding

Core (CCG) funding	£356,000
Core (NHSE) funding	£122,000
Additional or attracted funding (2,013K HIV, 593K SIF)	£2,606,000

Estimated 19/20 Financial Impact*

Prevention	Impacts		
HIV (impact of HIV prevention will begin in year 2)			£0
Social Prescribing – link worker scheme (ROI of SP)			£2,550,000
Fire as a Health Asset (additional resource from LFB)**			£800,000
Prevention secretariat function (funding and in-kind support. Joint London prevention priorities)**			£8,000,000
Summary	Core funding	Additional funding	Impacts
London (All)	£356,000	£2,606,000	£2,550,000

*The financial impact of *Homeless Health* has not been quantified.

**Not included in total value.

Non Financial Impacts

HIV: Reduction in % of HIV patients reporting concerns of discrimination in a healthcare setting, avoiding seeking healthcare when needed and being refused treatment; improved quality of life score; improved awareness of HIV and impacts of stigma.

Social prescribing: Reduced health inequalities with equitable social prescribing pathways for all Londoners.

Healthy London Shared Investment Fund: Improved wellbeing scores, workforce retention and workforce access for people with MH and MSK issues.

Fire as a Health Asset: improvements in falls prevention, smoking cessation, winter wellness & social isolation.

Homeless Health: Reduced health inequalities; homeless patients supported to recover and build on benefits of hospital stay; reduced delayed discharges, transfers of care and hospital readmissions.

Secretariat: Partners' activities aligned towards achieving joint commitments and assuring delivery - 'holding each other to account'.

HLP projects: Children and Young People

19/20 deliverables

Trailblazers

- Convene partners across Trailblazer Pilot areas for: workshops and themed seminars, shared learning, manage online portal to further share learning and issues.
- Provide input into "wave 2" of trailblazer programme; to include support resources to potential bidders and co-delivered webinars with NHSE and Department for Education.
- Provide input to 4 week waiting time pilots; bring together the pilot sites for shared learning.

Child Death Overview Panel (CDOP)

- Support London Child Death review Partners to develop and implement plans to meet the new statutory requirements.
- Develop & roll out free-to-access eLearning for London child death review professionals.
- Finalise and publish a Bereavement Experience Measure to support the collection of data from bereaved families and carers.
- Support NHSE with discussions and transition to any new central network to lead on child death review and subsequent learning; publish final report summarising the programme.

CAMHS

- Improve quality/completeness of mental health outcomes and crisis data and deliver CYP Mental Health Commissioning Leadership Development Programme.
- Develop a London CYP Mental Health Workforce Strategy.
- Develop (with clinicians), finalise, test content for Paediatric Critical Care in Practice (PCCP) eLearning mental health modules. Roll out PCCP modules.
- Develop STP mental health crisis action plans.; develop a MH crisis electronic safety and coping plan (funding dependent).
- Undertake baseline mapping of EIP services.
- Undertake eating disorders demand and capacity review, self assessment against the access and waiting time standard and develop a case study.
- Develop self assessment template for circulation/completion. Analyse responses and develop a report on findings.

Asthma

- Pilot Digital Health Passport for the asthma care plan; evaluate for further development.
- Deliver subject matter expertise to the development and roll out of asthma networks.
- Deliver pan-London #AskAboutAsthma awareness campaign.
- Update London asthma standards in line with national guidance from NICE and British Thoracic Society and advice from AIG; support self-assessment work.
- Scope potential to scale interventions to other STPs.
- Market and promote the NHS app, including new CYP content, and develop NHS Go Local to tailor features to local need.

CYP System Leadership and Secretariat

- Refresh membership of CYP board and clinical leadership group, continue to engage around CYP Friendly City model to define clearer system wide commitments.

Funding

Core (CCG) funding	£359,000
Core NHSE funding	£125,000
Additional or attracted funding (133K NHSE national (CAMHS), 134K NHSEL (TB, CDOP))	£282,000

Estimated 19/20 Financial Impact*

CYP	Impacts		
Child Death Overview Panel (CDOP) (e-learning provision)	£192,000		
Asthma (reduced admissions)	£886,000		
CYP Mental Health Workforce Strategy, Case for Change and resource pack	£70,000		
Summary	Core funding	Additional funding	Impacts
London (All)	£359,000	£282,000	£1,148,000

*The financial impacts of the following activities have not been quantified:
Trailblazers, CYP System Leadership and Secretariat.

Non Financial Impacts

- Trailblazers:** Shared knowledge and best practice across all CYP MH partners to ensure highest quality MH offer to young people.
- Child Death Overview Panel (CDOP):** CDRPs have requisite knowledge and understanding to meet statutory responsibilities, child death reviews completed to a high standard. Increased collection of bereavement experience and learning from child deaths to support system and service changes..
- CAMHS:** Improved CYP MH treatment and outcomes; improved CYP MH crisis service provision with reduced variability.
- Asthma:** Reduced ED presentations/admissions for asthma among CYP; improved use of self-management plans. Increased quality of life for patients and improved school attendance. Access to self-management tools and resources to those who might not otherwise be able to access healthcare services.
- CYP System Leadership and Secretariat:** Greater direction and input from a wider set of stakeholders in order for programme to meet deliverables.

HLP projects: Good Thinking

19/20 deliverables

Roll-out - Increase number of users to 500,000 new users by end March 2020 by:

- Roll out materials to support Local Authority and NHS organisations in London to adopt Good Thinking as a source of self-care for employee well-being (aim 75% by Mar 2020).
- Approach London's top 100 employers to adopt Good Thinking as a source of self-care for employee well-being.
- Approach and work with London's universities using Good Thinking to support student wellbeing for 50% of universities.
- Utilise search engine optimisation to encourage organic finds of Good Thinking site; continue to increase and refine social media marketing campaigns.

CYP discovery & expansion

- Include 16–17 year olds by July 19 and commence social media marketing for 16 -17 year olds.
- Establish Safeguarding Advisory Board to ensure effective online safeguards in place.
- Undertake discovery work to understand 16-17 year olds' views on an online well being service.
- Establish young digital health ambassador programme to encourage use by young people and offer them digital experience.
- Roll out to London's schools using Trailblazers and support from Mayor of London.

Online Community discovery and expansion

- Work with online community managers to develop materials to help them support community users with mental health issues; embed Good Thinking within existing online communities.
- Community Managers Association (CMA) - Build a first of its kind training resource to help community managers feel less overwhelmed and challenged, to feel they are doing a good job and to better support their own wellbeing and health.
- Bring together a motivated group of online communities to form a Community Manager Association (CMA) working to improve mental health in communities.
- Grow a dedicated, private online network for community managers to connect with peers for on-going support, with access to free HS resources, toolkits and training.
- Use CMA network and wider feedback channels to provide community managers with resources that help them in their work/duties; to include knowledge of how to better support members in difficulty/crisis.

IAPT

- Work with digital IAPT service to rollout direct referral to existing digital IAPT services.

Apps

- Strengthen apps on site and establish robust framework for app inclusion and evaluation.
- Assess and add apps and additional resources using the established approval process to the Good Thinking menu of options.
- Develop and publish app evaluation framework.

Funding

Core (CCG) funding (Match funding)	£380,000
Additional funding (DPH/LA)	£380,000

Estimated 19/20 Financial Impact*

Good Thinking			Impacts
Efficiency (reduction in running costs)			£232,000
Summary	Core funding	Additional funding	Impacts
London (All)	£380,000	£380,000	£232,000

*The financial impacts of the following activities have not been quantified: IAPT, Apps.

Non Financial Impacts

- Decrease in self reported levels of mental wellbeing concern: sleep, anxiety, stress and low mood across London.
- More people will find and develop ways to manage their mental wellbeing concerns before they escalate.
- Fewer people will require urgent help from secondary care services.
- Improvements in user satisfaction with the GT service.

HLP projects: Thrive

19/20 deliverables

Participation

- Widen participation in all Thrive LDN activities.

Development

- Undertake a mental health and wellbeing needs assessment of London Higher Education student populations.
- Continue to develop Thrive LDN Employment Network.

Citywide Movement

- Facilitation of a citywide network to support Thrive LDN Champions.
- Delivery of a co-developed, place-based leadership development programme.
- Deliver partnership with This is Me campaign.
- Deliver Are we OK London? Campaign.
- Develop localised campaign with and for STPs/boroughs.
- Continued signposting and promotion of Good Thinking.
- Collaboratively develop and deliver a programme of cultural activities and/or events between June and October 2019.
- Delivery of standardised Thrive LDN resources for all boroughs.
- Delivery of Thrive Local partnerships (Londoners said) with some STPs and boroughs.
- Increased participation with Londoners from intersectional communities in all Thrive LDN activity.
- Support community-led projects with and for intersectional communities in London through a small grants scheme.

Preventative Interventions

- Bi-monthly Thrive LDN Suicide Prevention meeting.
- Annual Thrive LDN Suicide Prevention conference.
- Input to regional and STP suicide prevention meetings.
- Develop multi-agency suicide prevention Information Sharing Hub.
- Provide a range of training packages on suicide prevention to education institutions across London.
- Publish guidance on reducing access to medication as a suicide means for front line professionals.
- In Y2, train 2000 YMHA Champions.
- Award 10-12 project grants (in addition to the 26 projects grants already awarded) to Young Londoners through Young Londoners Inspired.

Funding

Core (CCG) funding	£420,000
GLA	£1,245,000
Additional or attracted funding (YTD) (71.5K NHSEL, 220K LA, 30K UoL)	£321,500

Estimated 19/20 Financial Impact*

Thrive	Impacts		
Suicide prevention (reduction of suicide rates)	£2,000,000		
<i>Thrive has attracted 3.2M for young London inspired over 2 years. (from GLA, lottery fund, I will)</i>			
Summary	Core funding	Additional funding	Impacts
London (All)	£420,000	£1,567,000	£2,000,000

*The financial impacts of the following activities have not been quantified:
Participation, Development, Citywide Movement.

Non Financial Impacts

- Every Londoner will have an equal opportunity for good mental health.
- Embedded proportionate universalism ;ensuring Thrive activity reaches those who need it most.
- Reduction in the prevalence of poor mental health in London.
- Change initiatives are led locally and sustainably, to address inequality.
- Change is led by Londoners from intersectional communities, for Londoners from intersectional communities, addressing inequality.
- Cultural groups enabled to grow the Thrive LDN movement.
- Contribution to fewer suicides in London..
- Increased mental health awareness of Londoners.
- Improved mental health and wellbeing of young Londoners.

HLP projects: London's Health and Care Vision

19/20 deliverables

Development of an all-encompassing Health and Care Vision for London on behalf of London's Health and Care Strategic Partnership Board, including the following:

- Undertaking extensive pan-London professional engagement and supporting local partnership engagement (through the development of tools and resources and the mobilisation of a Comms and Engagement Group with representation from partners and STPs) to determine:
 - London's health and care priority areas
 - Shared London-wide commitments
 - Measures to help track progress and tackle inequalities
 - Delivery plan development (which includes identifying new tangible actions that could be delivered by partner organisations across the priority areas)
- Engagement is supported by collating an evidence base of academic research (including research of other global cities) and data capturing and analysis to help identify priorities and tangible action.
- Development of a pan-London measures dashboard which health and care partners can access including the measures for each priority
- Development of a strategic annual review process to understand progress against our priority areas as well as help to shine a light on good practice and consider opportunities across the partnership.
- Undertaking global cities comparison benchmarking to determine whether we are achieving our goal of being the healthiest global city.
- Developing the London health and care vision narrative which includes the final London-wide commitments, associated measures and delivery plan.
- Plan and deliver the vision's launch at the October LHB conference.

Funding

Core (CCG) funding	£195,000
Partnerships funding	£184,000

Estimated 19/20 Financial Impact*

No expected financial benefits in year.

Summary	Core funding	Additional Funding	Impacts
London (All)	£195,000	£184,000	£0

Non Financial Impacts

- Helping to unify our H&C system around an all-encompassing London vision for health and care.
- Identifying action that is best done at a regional-level across H&C partners where agreed shared principles are met.
- Increasing the visibility of H&C partners contribution to more clearly see what everyone is doing in a priority area and how everyone plays a part (also helps to spread learning across London).
- Helping to facilitate local H&C transformation at pace, including borough level integrated place-based care.
- Ability to leverage political leadership to champion health promoting policies and develop cross-sector and inter-agency collaborations to ensure health objectives are integrated into other areas
- Bring a sense of coherency to London's complex H&C system to create a collective voice and help in national negotiations.
- Mobilising the population through a single vision, using engagement as a public health intervention in itself

HLP projects: Workforce

19/20 deliverables

Apprenticeships

- Economic modelling on degree level apprenticeships and the new Trainee Nursing Associate role, analysing costs to organisations and return on investment.
- Mapping and sharing of good practice around getting the best out of the apprenticeship agenda.
- Work with the system in preparedness for the launch of T-Levels in 2020/21, and understand the opportunities and challenges this may pose to the system.
- Demonstrate cost-benefits of recruiting apprentices and share across the system.

STPs Masterclasses

- Deliver a masterclass session on integrated health and social care workforce, looking at Wakefield and their workforce transformation strategy as an example of best practice.
- Deliver a workforce partnership event; this will link to the London Vision, Interim NHS People's Plan and the LWB priorities.
- Deliver masterclasses on other topics associated with the London Workforce Board priorities e.g. Apprenticeships and Skills.

CapitalNurse

- Clarifying and supporting routes into nursing: nursing degree apprenticeships; nursing work experience; international recruitment; support for student nurses; newly qualified nurse employment offer.
- Support specific nursing areas: general practice; learning disability; mental health
- Support our current nurses: digital career framework, year 2 preceptorship, career clinics and rotation schemes, support for experienced nurses.
- Develop our current nurses to have the right skills mix in the right places: London wide skills passports and qualifications in specialisms e.g IV, critical care, theatre, neonatal, perinatal, CAMHs.

Cost of Living

- LWB/LEB joint piece of analysis to understand the extent to which housing is impacting the recruitment and retention of health and care staff in London and, to work up and pilot initiatives aimed at addressing this concern.
- A cost of living analysis for nurses, and for this to be shared with key stakeholders.
- A review of health emergency badge findings, looking at allowing professionals attending in-home appointments to park in restricted areas.

Skills

- Set up an STP network to look at the skills and apprenticeship agenda on a London level
- Build partnerships to support the wider system in understanding the skills needs of current staff and local communities and where we can maximise opportunities to up-skill.
- Map skills related funding including funds that have been devolved to the GLA, and support STPs and other organisations, as applicable, to apply for and obtain this funding.
- Look at the support and opportunities available for those with special educational needs and disabilities (SEND) across health and care.

Funding

Core (CCG) funding	£55,000
Partnerships funding	£100,000

Estimated 19/20 Financial Impact*

Workforce	Impacts		
Capital Nurse (Nurse retention and reduced turnover 1%)	£5,000,000		
STP Masterclasses (pan-London)	£15,000		
Housing and Transport business case	£75,000		
Summary	Core funding	Additional funding	Impacts
London (All)	£55,000	£100,000	£5,090,000

*The financial impacts of the following activities have not been quantified:
Apprenticeships, Cost of Living, Diversity and Inclusion.

Non Financial Impacts

Apprenticeships:

- More apprentices attracted into health and care careers through increased awareness; increased retention post-training. Reduced vacancies in the health and social care sector.

STPs Masterclasses:

- Better integration between health and care, and aligning priorities across London, to enhance patient experience.

CapitalNurse:

- Reduced nursing vacancies across London through improved training and preceptorship, contributing to better patient safety.

Cost of Living

- Improved retention rates following subsidised travel and housing initiatives. Increased utilisation of NHS estate.

Skills

- Improved links between STPs, local authorities and education providers on adult skills needs.

HLP projects: Estates

19/20 deliverables

LEB's progression to phase 3 of devolution 'shadow decision making'

- Develop a clear and prioritised capital investment pipeline and disposal pipeline with status tracked over the next 10 years.
- Finalise the draft London Health and Care Estates Strategy following sign off from NHS London Region and London Health Board.
- Agreement from Devolution partners to progress to shadow decision making.

Enhance Pan-London Utilisation

- Develop a Best practice guide and utilisation toolkit to maximise usage of NHS Estate in London and make more efficient use of available revenue to avoid unnecessary investment.
- Provide business case development support to STPs, ensuring a “getting it right first time” approach is adopted and implemented across all London STPs
- Develop a programme management approach to the delivery of current and future major schemes in London and provide an appropriate level of scrutiny and monitoring to key dependencies and provide support when needed.
- Develop S106 and CIL toolkits and provide utilisation support to STPs
- Procure, implement and maintain a definitive database of all London's NHS, acute, primary care and mental health estate, providing STPs with a “one stop shop” for London's health estates data.
- Design, develop and implement shell and core toolkits and provide utilisation support to STPs.
- Continue to grow and develop the established partnerships with DHSC and the GLA, building on the successes of joint working projects to date and continuing to seek collaborative opportunities.
- Develop and maintain a definitive database for London's surplus and/or unfit NHS estate and continue to engage with partners and STPs to explore opportunities which support the Long Term Plan, the Mayors Housing Targets, Homes for Londoner's and NHS Staff programmes and incorporating the Mayor's “Six Tests”.

Share and spread learning from individual projects to improve, shape and enhance future programme delivery.

Support Providers to offer Homes for NHS Staff

- Develop a Homes for NHS Staff Toolkit.

Actively stimulate the flow of projects being brought forward through LEDU and shape the offer to meet the needs of NHS staff.

Funding

Core (CCG) funding	£50,000
Partnership funding	£350,000
GLA Housing and Land funding	£400,000
Core CCG funding for HUDU	£295,000

Estimated 19/20 Financial Impact

Estates		Impacts	
Capital investment*		£0	
Utilisation*		£0	
Summary	Core funding	Additional funding	Impacts
London (All)	£345,000	£750,000	£0

*The benefit is not realised by the STP unless it generates a revenue saving associated with the commissioning of clinical services. Efficiencies in utilisation deliver non-cash releasing benefits unless it means a site can be released.

Non Financial Impacts

LEB's progression to phase 3 of devolution

- More effective health & care investment planning; opportunities to raise capital clearly linked to robust and sustainable estates strategies that support local health & care plans.
- Surplus land released for primary and community care, housing, schools and wider public sector ambitions.
- More efficient and transparent processes and decisions in health & care estate development, informed by wider considerations.

Enhance Pan-London Utilisation

- Greater efficiency and flexibility in NHS estate to reduce unoccupied or unutilised space across London to 2.5% by 2020.
- Reduced need for future capital investment by maximising use of existing estate.
- Improved clinical outcomes through fit for purpose healthcare estate.

Support Providers to offer Homes for NHS Staff

- Improved recruitment and retention of NHS staff in London.

HLP projects: Personalised Care

19/20 deliverables

GLA rapid review. Support the GLA's rapid review

STP MoUs, mentoring and ongoing support. Working with the STPs around their social prescribing and developing plans to spread and scale wider personalised care offers. Work includes:
Developing STP roadmaps, Mentoring and sharing best practice, Supporting social prescribing, Supporting personalised care activity

Personalised care baselining and benchmarking dashboard. Support the development of mechanisms to count personalised care interventions & support the development of a London Personalised Care Dashboard.

London Vision – Personalised care. Development of a shared commitment for London and a process for measuring impact and progress over the next 3-5 years.

Digital personalised care. Ensuring that digital activity is aligned with the overall social prescribing and personalisation agenda and considered as part of it.

Fire safe and well pilots. Coordinate London's contribution to the national evaluation of Fire Safe and Well.

Social investment fund, social prescribing pilots
The Healthy London Fund (HLF) to test models of non-clinical support that complement and enhance investment in social prescribing link workers.

Primary care programme. Development of primary care networks including care navigator roles.

Clinical programmes, incorporation of personalisation. Share best practice between programmes and to learn from those elsewhere.

Funding

Core CCG funding	£87,000
Additional or attracted funding (in-year) from NHSE national in kind support	£88,000
Additional funding from MOUs (NHSE National)	£500,000

Estimated 19/20 Financial Impact*

Personalised care		Impacts	
PHBs (systems savings reduced admissions)		£12,660,000	
MOUs (money given directly to STPs from NHSE national)		£500,000	
Summary	Core funding	Additional Funding	Impacts
London (All)	£87,000	£588,000	£12,660,00

*The financial impacts of the following activities have not been quantified:
Digital personalised care & wider personalised care activities

Non Financial Impacts

Patient Choice

Increased choice associated with modest but significant reductions in waiting times in a specific range of contexts (e.g. hip and knee replacement surgery)

Social Prescribing - A range of positive health and well-being outcomes, such as improved in quality of life and emotional wellbeing.

Shared Decision Making

Supports patients to understand benefits and harms of options available and reduces uptake of high risk, high cost interventions by up to 20%

Personalised Care & Support Planning

well-being, satisfaction and experience improves through good personalised care and support

Supported Self-Management

peer support helps people feel more knowledgeable, confident and happy, and less isolated and alone.