Classification: Official

Publication reference: PRN01169

NHS Standard Contract 2024/25

Particulars (Full Length)

Contract title:	***Tower Hamlets CHS-ELFT-2024***
Contract ref:	***C295407***

Version 2, April 2024

Following publication of the Network Contract DES: Contract specification 2024/25 – PCN requirements and entitlements and the Network Contract DES 2024/25 Part B Guidance: Non-clinical, the operative provisions and definitions of Schedule 2Aii have been amended slightly and the guidance notes have been updated.

Prepared by: NHS Standard Contract team, NHS England
england.contractshelp@nhs.net

DATE OF CONTRACT	**5th July 2024**
SERVICE COMMENCEMENT DATE	**1st April 2024**
CONTRACT TERM	**18 months commencing** **1st April 2024 to 31st September 2025.**
COMMISSIONERS	**NHS North East London ICB (ODS QMF)**
CO-ORDINATING COMMISSIONER	**NHS North East London Integrated Care Board (QMF)** [redacted]
PROVIDER	**East London NHS Foundation Trust (RWK)** **Principal and/or registered office address:** **9 Alie Street** **Aldgate** **London** **E1 8DE**

CONTRACT AWARD PROCESS *See s15 of the Contract Technical Guidance*	**Single Tender Waiver initiated under PCR 2015 regulations**

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CONTRACT

Contract title: …… Tower Hamlets CHS-ELFT-2024

Contract ref..... C295407

This Contract records the agreement between the Commissioners and the Provider and comprises

1. these **Particulars**, as completed and agreed by the Parties and as may be varied from time to time in accordance with GC13 (*Variations)*;

2. the **Service Conditions (Full Length)**, as published by NHS England from time to time at: https://www.england.nhs.uk/nhs-standard-contract/;

3. the **General Conditions (Full Length)**, as published by NHS England from time to time at: https://www.england.nhs.uk/nhs-standard-contract/.

Each Party acknowledges and agrees

(i) that it accepts and will be bound by the Service Conditions and General Conditions as published by NHS England at the date of this Contract, and

(ii) that it will accept and will be bound by the Service Conditions and General Conditions as from time to time updated, amended or replaced and published by, NHS England pursuant to its powers under Regulation 17 of the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012, with effect from the date of such publication.

IN WITNESS OF WHICH the Parties have signed this Contract on the date(s) shown below

SIGNED by

[redacted] ……

Signature

[redacted]

For and on behalf of
NHS North East London ICB

[redacted] ……

Title

…04/06/2025……..

Date

SIGNED by

[redacted]

……

Signature

[redacted]

for
and on behalf of
NHS North East London ICB

[redacted] ……

Title

10/06/2025……

Date

SIGNED by

[redacted]

Signature

[redacted] **for**
and on behalf of
East London NHS Foundation Trust

[redacted]

Title

22.05.2025

Date

SERVICE COMMENCEMENT AND CONTRACT TERM	
Effective Date *See GC2.1*	**1st April 2024**
Expected Service Commencement Date *See GC3.1*	**1st April 2024**
Longstop Date *See GC4.1 and 17.10.1*	**Yes, 30th September 2024**
Contract Term	**18 months commencing** **1st April 2024 to 31st September 2025**
Commissioner option to extend Contract Term	**NO**
Commissioner Notice Period (for termination under GC17.2)	**6 months**
Commissioner Earliest Termination Date (for termination under GC17.2)	**6 months after the Service Commencement Date**
Provider Notice Period (for termination under GC17.3)	**6 months**
Provider Earliest Termination Date (for termination under GC17.3)	**6 months after the Service Commencement Date**

SERVICES	
Service Categories	**Indicate <u>all</u> categories of service which the Provider is commissioned to provide under this Contract.** *Note that certain provisions of the Service Conditions and Annex A to the Service Conditions apply in respect of some service categories but not others.*
Accident and Emergency Services (Type 1 and Type 2 only) (A+E)	
Acute Services (A)	
Ambulance Services (AM)	
Cancer Services and/or Radiotherapy Services (CR)	
Continuing Healthcare Services (including continuing care for children) (CHC)	**Yes**
Community Services (CS)	**Yes**
Diagnostic, Screening and/or Pathology Services (D)	
End of Life Care Services (ELC)	**Yes**
Mental Health and Learning Disability Services (MH)	
Mental Health and Learning Disability Secure Services (MHSS)	
NHS 111 Services (111)	
Patient Transport Services (non-emergency) (PT)	
Urgent Treatment Centre Services (including Walk-in Centre Services/Minor Injuries Units) (U)	
Service Requirements	
Prior Approval Response Time Standard *See SC29.21*	**Not applicable**
GOVERNANCE AND REGULATORY	
Nominated Mediation Body (where required – see GC14.4)	**CEDR**
Provider's Nominated Individual	[redacted]
Provider's Information Governance Lead	[redacted]

Provider's Data Protection Officer (if required by Data Protection Legislation)	[redacted]
Provider's Caldicott Guardian	[redacted]
Provider's Senior Information Risk Owner	[redacted]
Provider's Accountable Emergency Officer	[redacted]
Provider's Safeguarding Lead (children) / named professional for safeguarding children	[redacted]
Provider's Safeguarding Lead (adults) / named professional for safeguarding adults	[redacted]
Provider's Child Sexual Abuse and Exploitation Lead	[redacted]
Provider's Mental Capacity and Liberty Protection Safeguards Lead	[redacted]
Provider's Prevent Lead	[redacted]
Provider's Freedom To Speak Up Guardian(s)	[redacted]
Provider's UEC DoS Contact	**Not Applicable**
Commissioners' UEC DoS Leads	**Not Applicable**
Provider's Infection Prevention Lead	[redacted]
Provider's Health Inequalities Lead (NHS Trusts and NHS Foundation Trusts only)	[redacted]
Provider's Net Zero Lead (NHS Trusts and NHS Foundation Trusts only)	[redacted]

Provider's 2018 Act Responsible Person	[redacted]
Provider's Wellbeing Guardian (NHS Trusts and NHS Foundation Trusts only)	[redacted]
CONTRACT MANAGEMENT	
Addresses for service of Notices *See GC36*	**Co-ordinating Commissioner:** [redacted] **NHS North East London ICB** **Address:** **NHS North East London 4th Floor,** **Unex Tower 5 Station Street London** **E15 1DA** **Email:** [redacted] **Provider:** [redacted] **East London NHS Foundation Trust (ELFT)** **Address: 9 Alie Street, Aldgate, London E1 8DE** **Email:** [redacted]
Frequency of Review Meetings *See GC8.1*	**Quarterly**
Commissioner Representative(s) *See GC10.3*	[redacted] **Address:** **Health & Adult Social Care -London Borough of Tower Hamlets** **160 Whitechapel Road** **London. E1 1BJ** [redacted]
Provider Representative *See GC10.3*	[redacted] **address: 9 Alie Street, Aldgate, London, E1 8DE** [redacted]

SCHEDULE 1 – SERVICE COMMENCEMENT AND CONTRACT TERM

A. Conditions Precedent

The Provider must provide the Co-ordinating Commissioner with the following documents:

Not Applicable

The Provider must complete the following actions:

The following items are being considered as long stop for the 24/25 Contract:

a) KPI & Performance Report – A new report template/ indicators for 2024_25 was proposed by the Trust. Negotiation has begun but no conclusion by the contract signing deadline. Discussion continues, see full details on Schedule 6B & 4C including timeline

b) Data Quality & Improvement Plan – Due to the point above i.e. review of the current KPI reporting template a number of points have been made & noted under schedule 6B on how to understand & reshape ELFTs current reporting template. The timeline in this schedule will be followed and a conclusion thereafter will be concluded regarding the reporting template.

SCHEDULE 1 – SERVICE COMMENCEMENT AND CONTRACT TERM

B. Commissioner Documents

Date	Document	Description
Not Applicable		

SCHEDULE 1 – SERVICE COMMENCEMENT AND CONTRACT TERM

C. Extension of Contract Term

Not Applicable.

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service name	Tower Hamlets ELFT Community Services Description List (covering); • Extended Primary Care Teams • Frailty Assessment Clinic • Rapid Response Team • Community Rehabilitation Service • Continuing Healthcare Team • Foot Health • Continence Team • District Nursing Evening Service • End of Life • Therapy • Care Navigation • Bed-based Rehabilitation Service
Service specification number	ELFT 001
Population and/or geography to be served	Tower Hamlets Local population
Service aims and desired outcomes	In line with NEL Integrated Care Programme and Tower Hamlets Health & Wellbeing Strategy, Community Health Services in Tower Hamlets will have a person-centered, coordinated care and preventative focus. Services will be high quality and compliant with regulatory and best practice requirements.
Service description and location(s) from which it will be delivered	See attached specification below for full description per service line.
181004.EPCT Service Spec - Draft Final.do NB: This specification doesn't include "Admission Avoidance & Discharge Service (AADS / Intermediate Care)" in detail	

SCHEDULE 2 – THE SERVICES

Ai. Service Specifications – Enhanced Health in Care Homes

This Schedule is applicable because the Provider has a role in delivering the Enhanced Health in Care Homes care model (see https://www.england.nhs.uk/publication/enhanced-health-in-care-homes-framework/) in collaboration with local PCNs in Barking & Dagenham, Havering and Redbridge.

Indicative requirements marked YES are mandatory requirements for any Provider of community physical and mental health services which is to have a role in the delivery of the EHCH care model.

1.0	Enhanced Health in Care Homes Requirements
1.1	**Primary Care Networks and other providers with which the Provider must co-operate** Primary Care Network 1 1 - Strouts Place 2 - Bethnal Green 3 - Suttons Wharf Health Centre 4 - Mission Primary Care Network 2 6 - Blithehale 7 - Health E1 8 - Spitalfields 9 - Albion Primary Care Network 9 10 - Goodman's Fields Health Centre 11 - City Square 12 - Harford Health 13 - Jubilee Street 14 - St. Katharine Dock 15 - Wapping Primary Care Network 5 15 - Grove Road 16 - Tredegar 17 - Harley Grove 18 - St Stephen's 20 - Ruston Street Primary Care Network 6 21 – Merchant Street 22 – St Paul's Way 23 – Stroudley Walk 24 – St. Andrews 25 – Bromley by Bow* 26 – XX Place* **XX Place and Bromley by Bow are counted as one practice in two separate locations* Primary Care Network 7 27 - Limehouse 28 - Gough Walk

29 - Chrisp Street 30 - Aberfeldy Primary Care Network 8 31 - Barkantine 32 - Docklands 33 - Island Health 34 - Island Medical Centre	
1.2 Indicative requirements	
Have in place a list of the care homes for which it is to have responsibility, agreed with the relevant ICB as applicable.	YES
Have in place a plan for how the service will operate, agreed with the relevant ICB(s) as applicable, PCN(s), care homes and other providers [listed above], and abide on an ongoing basis by its responsibilities under this plan.	YES
Have in place and maintain in operation in agreement with the relevant PCN(s) and other providers listed above a multidisciplinary team (MDT) to deliver relevant services to the care homes.	YES
Have in place and maintain in operation protocols between the care home and with system partners for information sharing, shared care planning, use of shared care records and clear clinical governance.	YES
Participate in and support 'home rounds' as agreed with the PCN as part of an MDT.	NO
Operate, as agreed with the relevant PCNs, arrangements for the MDT to develop and refresh as required a Personalised Care and Support Plan with people living in care homes, with the expectation that all Personalised Care and Support Plans will be in digital form. Through these arrangements, the MDT will: • aim for the plan to be developed and agreed with each new resident within seven Operational Days of admission to the home and within seven Operational Days of readmission following a hospital episode (unless there is good reason for a different timescale); • develop plans with the person and/or their carer; • base plans on the principles and domains of a comprehensive geriatric assessment including assessment of the physical, psychological, functional, social and environmental needs of the person including end of life care needs where appropriate; • draw, where practicable, on existing assessments that have taken place outside of the home and reflecting their goals; and • make all reasonable efforts to support delivery of the plan.	NO
Work with the PCN to identify and/or engage in locally organised shared learning opportunities as appropriate and as capacity allows.	NO
Work with the PCN to support discharge from hospital and transfers of care between settings, including giving due regard to NICE Guideline 27 (https://www.nice.org.uk/guidance/ng27).	YES

1.3 Specific obligations

Place holder to include details of care homes to be served.

NOT USED

SCHEDULE 2 – THE SERVICES

Aii. Service Specifications – Primary and Community Mental Health Services

Not Applicable.

SCHEDULE 2 – THE SERVICES

B. Indicative Activity Plan

Not Applicable

(See Schedule 4 and 6 for expected KPI & Performance report).

SCHEDULE 2 – THE SERVICES

C. Activity Planning Assumptions

Not Applicable

SCHEDULE 2 – THE SERVICES

D. Essential Services (NHS Trust only)

Not used

SCHEDULE 2 – THE SERVICES

E. Essential Services Continuity Plan (NHS Trusts only)

Not used

SCHEDULE 2 – THE SERVICES

F. Clinical Networks

ELFT will be expected to participate in any relevant and appropriate emergent groups, networks, screening programmes to maximise outcomes for patients and ensure CPD for staff.

As a minimum this must include the following:

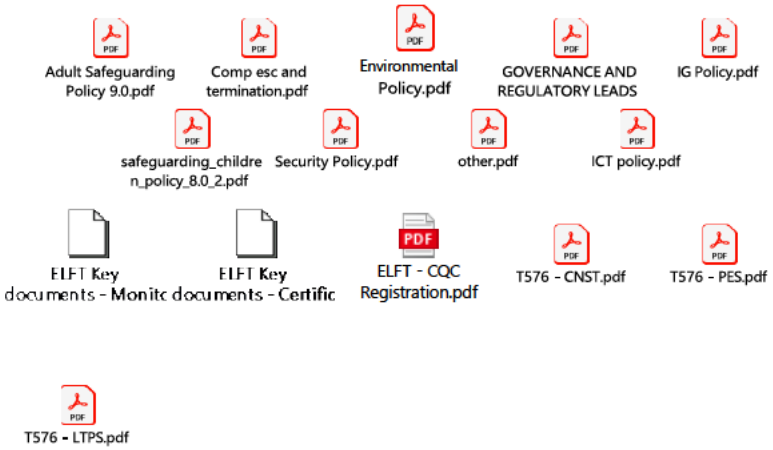
- Engagement and full participation in national audits for Community Health Services.
- Engagement with relevant clinical networks.
- Develop links with key professional bodies e.g. British Association of Occupational Therapy, Health Professionals Council.
- Champion local groups for Community Health Services.

ELFT will be expected to participate fully in the activities of the NEL Community Provider Collaborative.

SCHEDULE 2 – THE SERVICES

G. Other Local Agreements, Policies and Procedures

ELFT Local Policies:



ELFT CQC link: https://www.cqc.org.uk/provider/RWK

*** i.e. details of and/or web links to local agreement, policy or procedure as at date of Contract. Subsequent changes to those agreements, policies or procedures, or the incorporation of new ones, must be agreed between the Parties.**

SCHEDULE 2 – THE SERVICES

H. Transition Arrangements

Not Applicable

SCHEDULE 2 – THE SERVICES

I. Exit Arrangements

In the event the Provider ceases to provide services when the Contract expires or through termination, it is expected that the Provider will work with the Commissioner and successor provider organisation to ensure the smooth transition of patients and ensuring continuity of service delivery. See general condition for further information.

SCHEDULE 2 – THE SERVICES

J. Transfer of and Discharge from Care Protocols

ELFT Policy:

Admissions Transfers and Discharges Policy

SCHEDULE 2 – THE SERVICES

K. Safeguarding Policies and Mental Capacity Act Policies

Provider Policies:

ELFT Safeguarding Children Policy

safeguarding_childre n_policy_8.0_2.pdf

ELFT Safeguarding Vulnerable Adults at Risk Policy

Adult Safeguarding Policy 9.0.pdf

ELFT MH policy.

Mental Capacity Act - Section 117 Policy 2.3

NEL ICB POLICIES:

July 2022 - NHS England Safeguarding Accountability and Assurance Framework

B0818_Safeguarding -children-young-peop

November 2023 – NHS NEL - Safeguarding Children Declaration

NHS_NEL-Safeguardi ng-Children-declarati

Standards 2022 – NHS NEL - Safeguarding-Standards-2022

NHS-NEL-Safeguardi ng-Standards-2022_2

2022-25 – NHS NEL - Safeguarding Supervision Policy

NHS-NEL-SG-Superv ision-policy-2022-25-

2022-25 – NHS NEL – Safeguarding Adults and Children Policy

NHS-NEL-Safeguardi
ng-Adults-and-Childr

SCHEDULE 2 – THE SERVICES

L. Provisions Applicable to Primary Medical Services

Not Applicable

SCHEDULE 2 – THE SERVICES

M. Development Plan for Personalised Care

Not Applicable

SCHEDULE 2 – THE SERVICES

N. Health Inequalities Action Plan

Health inequalities in North East London

Health inequalities in north east London are stark. The population experiences worse health outcomes than the rest of the country on many key indicators – experiences which have only been exacerbated by the COVID-19 pandemic and the cost-of-living crisis

Poverty and deprivation, which are key drivers of health inequalities, are widespread across all of our places in NEL. This effect, although life expectancy in NEL for males and females is similar to the England average, in some places healthy life expectancy is lower than the England average for both males and females.

Tackling health inequalities and improving the health of the population in North East London is central to our agreed system purpose. Our Integrated Care Partnership Strategy, published in January 2023 with the collaboration of all Place Based Partnerships and Wellbeing Boards identifies tackling health inequalities as a key cross-cutting system priority. This approach acknowledges that health inequalities are everybody's business. Health inequalities are complex and multifaceted, requiring system partners to work in collaboration to address the avoidable differences in health outcomes between groups of people, thereby achieving fair outcomes for all; health equity.

In line with NHS England's aims for addressing health inequalities, out work aims to improve access to health care, achieve better experiences of services, and improve health outcomes of our population in NEL.

Health inequalities in Tower Hamlets

The population of Tower Hamlets is both dynamic and diverse, which poses a considerable number of challenges for public health.

Tower Hamlets has a large young population that will eventually contribute to the rapidly rising elderly population. It is important to influence healthy development from a young age by creating environments that promote health and well-being and prevent disease. In turn, this will encourage healthy ageing to better prepare for the increasing ageing population and the subsequent challenges this will bring for health and social care.

The population of Tower Hamlets is highly ethnically diverse with a large Bangladeshi community. Many residents were born outside the UK, and many have a main language other than English. There is also wide gender and sexual diversity in Tower Hamlets. This underscores the need for inclusivity and sensitivity across all domains of health and care services, to ensure that all residents in Tower Hamlets feel valued and have their specific health needs met.

Tower Hamlets has a significant population of people who often face barriers to accessing health and care services, including people who sleep rough, refugees and asylum seekers, people with disabilities, and people who have limited English proficiency. It is important for services to recognise and work towards removing barriers to access, to ensure equitable access to health and care for all.

Stark socio-economic inequalities exist within Tower Hamlets. While there are several areas of high wealth, particular cohorts of people experience high levels of deprivation. The income domain of the IMD indicate children and older people are particularly vulnerable, and the Ethnic Group Deprivation Index reveals that in nearly all areas there are ethnic minority groups living in high deprivation.

Other indicators of social deprivation such as overcrowding, living in HMOs, hours of unpaid care and elderly people living alone are prevalent issues within the borough.

SCHEDULE 3 – PAYMENT

A. Aligned Payment and Incentive Rules

This contract is with an NHS Trust for statutory community health services and therefore the NHS Payment Scheme and Aligned Payment and Incentive Rules (rules 1-5 at section 4) apply.

For the avoidance of doubt the services within this contract are not Low Volume Activity (LVA) and are not Activity-based payments.

Fixed Payment:

The statutory community health services within this contract are Fixed Payment services in 2024/25.

Advice and guidance activity:

Not applicable to community health services.

Locally agreed adjustments:

There have been no locally agreed adjustments to the price payable under these Aligned Payment and Incentive Rules which have been agreed between a Commissioner and the Provider and approved by NHS England under rule 3.

Expected Annual Contract Values Schedule:

Please refer to the separate Expected Annual Contract Values Schedule (Schedule 3D) for more detail of the individual funding items.

Local payment arrangements:

Within the Expected Annual Contract Values Schedule there are funding lines which are pass through costs using non-recurrent funding, sometimes health inequalities funding being passed through from local authorities, these are Local payment arrangements under the NHS PS.

SCHEDULE 3 – PAYMENT

B. Locally Agreed Adjustments to NHS Payment Scheme Unit Prices

Not Applicable

SCHEDULE 3 – PAYMENT

C. Local Prices

ELFT	2024/25
Baseline 2023/24	£21,477,648
Less: CQUIN 1.25%	-£265,156
Less: Non-rec investments:	
OPAT Service funded by S75/256 - Year 2	-£88,002
End of Life Support Care (S256/75)	-£426,988
Integrated Discharge Hub (IDH) (non-recurrently funded by the TH ASC discharge fund)	-£898,599
24/25 Recurrent Baseline	**£19,798,903**
Pay /Prices Uplift 0.6%	£118,793
Convergence (-0.88%)	-£174,753
SR21 (-0.30%)	-£59,397
0.3% Consultant Pay Award	£59,397
CUF Increase (3%)	£593,967
New Developments:	
Integrated Discharge Hub (ICB Adult Social Care Discharge Fund) - Funded from Non-Recurrent Funds. ***This will become non-recurrent funding in 2025/26 in line with NEL discharge hubs.***	£900,000
physical capacity funds: ELFT - Community Heath In-Reach Pharmacist Service	£66,598
Add back: CQUIN 1.25%	£266,294
Baseline 24/25	**£21,569,803**

NOTES

- *Assumes CQUIN at 1.25% to be reviewed annually, dependent on changes in national guidance.*
- *ICB will serve notice in 24/25 to ELFT to make this IDH NR in 25/26, which will be in line with NEL discharge hubs.*

SCHEDULE 3 – PAYMENT

D. Expected Annual Contract Values

2024_25	
	ELFT
Expected Annual Contract Value (including CQUIN)	£21,569,803
Total	**£21,569,803**

SCHEDULE 3 – PAYMENT

E. Timing and Amounts of Payments in First and/or Final Contract Year

Monthly payments will be based on 1/12th of Expected Annual Contract Value.

SCHEDULE 3 – PAYMENT

F. CQUIN

A "pause" to CQUIN for 2024/25 has been confirmed by NHS England.
This Schedule is Not Applicable for 2024/25.

SCHEDULE 4C. – LOCAL QUALITY REQUIREMENTS

	Quality Requirement	Threshold	Method of Measurement	Period over which the Requirement is to be achieved	Applicable Service Specification
	A monthly / quarterly quality report is expected covering the topic areas mentioned below or a document sign posting to appropriate systems / links will be welcomed and arrangement will be expected to be in place for continuity of these reports if the signed post links/ systems fail. To be inserted as per long stop.				
1	Recovery and restoration	To be reviewed and confirmed in this contract term			
2	Workforce	To be reviewed and confirmed in this contract term			
3	Governance reporting	To be reviewed and confirmed in this contract term			
a	Incidents	To be reviewed and confirmed in this contract term			
b	Complaints/ PALS/AIRs and compliments	To be reviewed and confirmed in this contract term			

	Quality Requirement	Threshold	Method of Measurement	Period over which the Requirement is to be achieved	Applicable Service Specification
c	Never events/Independent reviews	To be reviewed and confirmed in this contract term			
d	Infection control	To be reviewed and confirmed in this contract term			
e	Risks (on risk register) with controls and any overdue actions	To be reviewed and confirmed in this contract term			
f.	Freedom of information requests	To be reviewed and confirmed in this contract term			
g	Safeguarding	To be reviewed and confirmed in this contract term			
h	Stat man training-compliance (%):	To be reviewed and confirmed in this contract term			
4	Key KPI (core/non-core) exception reporting and mitigations	To be reviewed and confirmed in this contract term			

	Quality Requirement	Threshold	Method of Measurement	Period over which the Requirement is to be achieved	Applicable Service Specification
5	Patient experience	To be reviewed and confirmed in this contract term			

SCHEDULE 5 – GOVERNANCE

A. Documents Relied On

Documents supplied by Provider

Date	Document
Not Applicable	

Documents supplied by Commissioners

Date	Document
MOU patterning to how the 3 providers will work to deliver TH CHS	MOU v4.docx

SCHEDULE 5 - GOVERNANCE

B. Provider's Material Sub-Contracts

Sub-Contractor [Name] [Registered Office] [Company number]	Service Description	Start date/expiry date	Processing Personal Data – Yes/No	If the Sub-Contractor is processing Personal Data, state whether the Sub-Contractor is a Data Processor OR a Data Controller OR a joint Data Controller
Night Nursing Service (1st April 2018 – 31st March 2020)	 S005b - Newham Tower Hamlets Mari			
Night Nursing Service (31st October 2023 – 31st March 2024)	 011023 310324 CV Newham Tower Han			*Renewal discussion in progress between ELFT & Subcontractor – renewed contract will be shared once complete.*

SCHEDULE 5 - GOVERNANCE

C. Commissioner Roles and Responsibilities

Co-ordinating Commissioner/Commissioner	Role/Responsibility
NHS North East London ICB	Commissioner
North East London NHS Foundation Trust	Provider
North East London Community Health Collaborative	The Community Health Collaborative has been established with a view to enabling the NHS Partner Organisations to work collaboratively, with a shared purpose, and at scale across multiple places in North East London, to reduce inequalities in health outcomes, access and experience; improve resilience (e.g. by mutual aid); and ensure that specialisation and consolidation can occur where this will provide better outcomes and value. Only NHS Providers and the ICB are represented at the community health collaborative.
NEL Community Services Collaborative	The NEL Community Collaborative has been established to deliver better patient experience ensuring residents receive integrated health and support in right place, right time. The Collaborative will improve access, waiting times and outcomes, through co-production and pathway redesign with users and carers. Using digital and population health management will enable better integration across services, improve outcomes and get value for residents. There will also be an opportunity to significantly reduce unnecessary acute hospital admissions, wait times and access issues. The NEL Community Collaborative involves more than 50 local providers of community services including NELFT, ELFT, Homerton Healthcare NHS Foundation Trust, Barts Health NHS Trust and a wide range of local authority and voluntary sector organisations.

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

A. Reporting Requirements

		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
	National Requirements Reported Centrally				
1	As specified in the Schedule of Approved Collections published at https://digital.nhs.uk/isce/publication/nhs-standard-contract-approved-collections where mandated for and as applicable to the Provider and the Services	As set out in relevant Guidance	As set out in relevant Guidance	As set out in relevant Guidance	**All**
1a	Without prejudice to 1 above, daily submissions of timely Emergency Care Data Sets, in accordance with DAPB0092-2062 and with detailed requirements published at https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/emergency-care-data-set-ecds/ecds-latest-update	As set out in relevant Guidance	As set out in relevant Guidance	Daily	**A+E, U**
2	Patient Reported Outcome Measures (PROMS) https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/patient-reported-outcome-measures-proms	As set out in relevant Guidance	As set out in relevant Guidance	As set out in relevant Guidance	**All**
	National Requirements Reported Locally				
1a	Activity and Finance Report	Monthly	In the format specified in the relevant Information Standards Notice (DCB2050)	Monthly	**A, MH**
1b	Activity and Finance Report	Monthly	Excel spreadsheet	Monthly	**All except A, MH**

		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
2	Service Quality Performance Report, detailing performance against National Quality Requirements, Local Quality Requirements and the duty of candour, including, without limitation:	Monthly	Excel spreadsheet	Within 15 Operational Days of the end of the month to which it relates	
2a	details of any thresholds that have been breached and breaches in respect of the duty of candour that have occurred;	Monthly	Monthly	Monthly	**All**
2b	details of all requirements satisfied;	Monthly	Excel spreadsheet	Monthly	**All**
2c	details of, and reasons for, any failure to meet requirements	Monthly	Excel spreadsheet	Monthly	**All**
3	Where CQUIN applies, CQUIN Performance Report and details of progress towards satisfying any CQUIN Indicators, including details of all CQUIN Indicators satisfied or not satisfied	Not used in 2024/25	Not used in 2024/25	Not used in 2024/25	**All**
4	Complaints monitoring report, setting out numbers of complaints received and including analysis of key themes in content of complaints	Monthly	Excel spreadsheet	Monthly	**All**
5	Report against performance of Service Development and Improvement Plan (SDIP)	In accordance with relevant SDIP (Longstop date – 30th Sep 2024)	In accordance with relevant SDIP (Longstop date – 30th Sep 2024)	In accordance with relevant SDIP (Longstop date – 30th Sep 2024)	**All**
6	Summary report setting out relevant information on Patient Safety Incidents and the progress of and outcomes from Patient Safety Investigations, as agreed with the Co-ordinating Commissioner	Monthly	Excel Spreadsheet/ PowerPoint	Excel Spreadsheet/ PowerPoint	**All**
7	Data Quality Improvement Plan: report of progress against milestones	In accordance with relevant DQIP (Longstop date – 30th	In accordance with relevant DQIP (Longstop date – 30th	In accordance with relevant DQIP (Longstop date – 30th	**All**

		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
		Sep 2024)	Sep 2024)	Sep 2024)	
8	Report on outcome of reviews and evaluations in relation to Staff numbers and skill mix in accordance with GC5.2 (*Staff*)	Annually (or more frequently if and as required by the Co-ordinating Commissioner from time to time)	Excel Spreadsheet/ PowerPoint	Excel Spreadsheet/ PowerPoint	**All**
9	Where the Services include Specialised Services and/or other services directly commissioned by NHS England (or commissioned by an ICB, where NHS England has delegated the function of commissioning those services), specific reports as set out at https://www.england.nhs.uk/nhs-standard-contract/dc-reporting/ (where not otherwise required to be submitted as a national requirement reported centrally or locally)	As set out at https://www.england.nhs.uk/nhs-standard-contract/dc-reporting/	As set out at https://www.england.nhs.uk/nhs-standard-contract/dc-reporting/	As set out at https://www.england.nhs.uk/nhs-standard-contract/dc-reporting/	**All**
10	Report on progress against Green Plan in accordance with SC18.2 (NHS Trust/FT only)	Annually	Excel Spreadsheet/ PowerPoint	Excel Spreadsheet/ PowerPoint	**All**
	Local Requirements Reported Locally				
1	**Key Performance Indicators.** TH ELFT KPI Schedule Jan 24 Rep			The Provider must submit any patient-identifiable data required in relation to Local Requirements Reported Locally via the Data Landing Portal in accordance with the Data Landing Portal Acceptable Use Statement.	

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

B. Data Quality Improvement Plans

	Data Quality Indicator	Data Quality Threshold	Method of Measurement	Milestone Date
	Below summaries the key areas reviewed, and decision made to clarify next steps regarding concerns about the 2024_25 ELFT KPI reporting data/ template. The timeline below will be followed and the final decision made will be entered into the contract via a future contract variation (CV);			
	Directorate Management Meetings (DMT) and Directorate Quality and Assurance Meetings (DQAM) • The DMT is an operational forum that allows for the exchange of information between the Trust and stakeholders, and a deep dive report goes to this meeting – the commissioner would be welcome to attend this meeting. • The DMT is not a contract performance meeting and because it is not a contract specific report it may not be used to provide assurance of service deliver. • Where Newham commissioners have been invited to attend, they have not found DMT meetings useful because the focus is operational service issues not relevant for commissioners. • ELFT suggest reviewing the standing membership from NEL ICB at the DMT and DQAM to enable ICB representatives to participate in discussions about performance, quality and experience. For additional insights, ICB representatives will be able to request topics in relation to performance, outcomes and quality on the agenda and engage in discussions within the DMT or Quality and Assurance Group Meetings.			
	Community Services Data Set (CSDS) • CSDS reporting has evolved significantly during post pandemic and now provides detailed information on community service activity. The data is reported each month through the central portal and in line with NHS guidance. • Commissioners do not receive CSDS reports, have had no training in how to interpret the data, and receive no support to analyse the information. • The commissioners in Tower Hamlets have no visibility of CSDS data.			
	Quality Assurance Group • Meetings of the Quality Assurance Group are ongoing and there is a regular quality report that goes to this group. • Jeanette Wiseman attends from the ICB quality team but no commissioners attend. The content of the report is negotiated between the Trust and ICB quality leads.			
	Operating Plan Reporting / System Performance Oversight • Each year national priorities change and there monitoring at system, regional and national level. For example, waiting times and DNA rates are in the operating plan this year. • National reporting is another source of performance data that could be used for contract performance monitoring.			

- The system is in the process of developing Outcome Measures which will be based on patient need and will set new priorities for services with the outcome-based measure replacing activity counting and KPI based performance measurement.

Snowflake and Business Intelligence Dashboards

- Interactive BI dashboard reporting, using the Snowflake cloud based platform, is being developed for use by the NHS in east London.

Data Quality

- Previously data quality sub-groups were used as forums where data quality concerns could be raised, and issues addressed.

Access to Performance Reports

- ELFT continue to provide access to existing performance & quality reports that are circulated internally (by being added to circulation list), which include comprehensive reports on performance, quality and experience. This transparency will foster a better understanding of current performance and ongoing initiatives.

Existing KPI Report

- While alternative sources of data exist they are not currently being used for contract performance reporting.
- The Trust is not sure the KPI report is actually being used for any purpose.
- The Commissioners don't feel able to raise performance issues because there is no regular performance meeting.
- The ICB is open to evaluating these sources and can work with the Trust to understand what each data source offers.

	Step	Milestone Date
	For each data source / report listed above:	
1	Determine what is currently being reported.	Early August
2	What is the report being used for and could it be used for contract performance management.	Late August
3	Does the data source / report duplicate information reported through another source.	Early September
4	Establish what data source / reports can be used for contract performance management.	Late September
5	Establish if any reporting gap exists. On the understanding that we should not create duplicated reporting requirements the KPI report should seek to address any remaining reporting gaps.	30th September 2024 – the long stop date

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

C. Service Development and Improvement Plans

		Milestones	Timescales	Expected Benefit
	Five (5) priority areas for transformation have been identified following review of the services within TH CHS, this was approved in the Tower Hamlets Together Board, July 2024. These five areas will be addressed as a partnership amongst the three providers who deliver TH CHS. Reporting and monitoring of these 5 priority areas will be done primarily at Tower Hamlets Together Board, Tower Operational Management Group (OMG), Tower Hamlets Localities and Neighborhoods Programme Boards. **For completeness, the providers are to keep the contracting team informed on progress made on the 5 priority areas and share any relevant documents confirming progress as described in the PIDs below and as shared with the boards mentioned above.**			
1.	**GPCG – Single point of access (SPA)** – (Timescale 12-18 months) ➢ **Case for change:** errors in processing and managing referrals, lack of triage function with clinical input, duplication of referrals, no navigation support, lack of performance measures, inflexibility operating methods (for CYP referrals) ➢ **Approach:** develop a shared vision, apply QI methodology, review forms, update standard operating procedure, bring in IT expertise to develop the digital platform and interoperability, improve triage function through an MDT arrangement, explore interface with TH Connect and functionality to allow self-referrals from patients  PIDv2 SPA.doc			The aim is to improve efficiency and outcomes, reduce duplication, ensure sustainability whilst recognising the constraints across the system in terms of demand and capacity, workforce and financial pressures.
2.	**ELFT - intermediate care, rapid response and admission avoidance** (Timescales 12 – 18 months) ➢ **Case for change:** exceptional demand and chaotic A&E performance, pressures around performance in acute setting to keep people out of hospital, manage frequent flyers, ensure compliance with NHSE Framework for Intermediate Care, develop the hospital end of the pathway, find ways to reduce: bed days, number of admissions; review conveyancing decisions to support admission avoidance, reduce readmission. Focus efforts with risk averse therapists, improve care planning with hospital teams, increase support from primary care and reduce patient home visits. ➢ **Approach:** understand current activities in different areas in intermediate care, identify change areas and test; focus on both discharge and avoid admission, ensure robust links to primary care and focus on			The aim is to improve efficiency and outcomes, reduce duplication, ensure sustainability whilst recognising the constraints across the system in terms of demand and capacity, workforce and financial pressures.

	"Home first". (Note that there is also a review from NHS England). PID Intermediate Care Transf v4 28 05	
3.	**ELFT – Extended Primary Care Team (EPCT) community therapies** (Timescale - 12 months) ➢ **Case for change:** critical to delivering out of hospital care, keep people independent and at home; no clear pathway, especially between the different providers; need to agree optimum waiting time to ensure good patient experience and outcome, achieve consistency in approach and delivery in an integrated neighbourhood model. ➢ **Approach:** review current service provision, understand contribution to therapy provision by system partners (acute, primary care, community, social care rehab / reablement); increase integration, remove duplication, streamline pathways with appropriate outcome measures and performance indicators (unplanned hospital admission, conveyances, bed days, readmission, patient experience, measure outcomes of individuals e.g. how they are coping, their mobility, EQ5DL etc) PID Comm Therapy Prim Care v1 11 03 2	The aim is to improve efficiency and outcomes, reduce duplication, ensure sustainability whilst recognising the constraints across the system in terms of demand and capacity, workforce and financial pressures.
4.	**Barts – Community Dietetics** ➢ **Case for change:** demand outstripping capacity (referrals accepted per month have increased from 34 to 53 between 2018 and 2023, since August 2020 the total number on the caseload has increased from 299 to 526), non-urgent waiting times currently exceed 25 weeks, malnutrition increases the risk of hospital admissions and lengthens hospital stays, significant numbers of inappropriate referrals to the service. There is also the risk of inappropriate prescribing of oral nutritional supplements without access to expert dietician advice. Delays in waiting times have led to increase in the number of incidents due to patients deteriorating or dying whilst waiting for an initial dietetic assessment. Incidents have increased from 2 in 2019 to 11 in 2023. ➢ **Approach:** Work with primary care and other stakeholders to reduce inappropriate referrals, diversify ways the service is delivered to manage demand and bring in line with capacity, assess what savings can be	The aim is to improve efficiency and outcomes, reduce duplication, ensure sustainability whilst recognising the constraints across the system in terms of demand and capacity, workforce and financial pressures.

	made in primary care oral nutritional prescribing, explore and implement a 'Patient initiated follow up' model (PIFU).  PID Dietetics V4.docx	
5.	**Barts – Community Diabetes**- ➢ **Case for change:** develop more effective and productive pathway aligned with public health and primary care, integrated in the right way. Further discussions are underway with service leads, clinical teams and primary care to determine local need. Dialogue needs to involve place based long term conditions leads. **Barts – Phase 2 – CYP services** - this area faces a number of challenges, not least around demand and capacity. This will be picked up in the next phase of transformation work. A number of different workstreams are underway (local, TNW, NEL); needs to use population health data to plan sustainable services and manage the challenges of non-recurrent funding and dovetail local plans with NEL Community Collaborative led plans.	The aim is to improve efficiency and outcomes, reduce duplication, ensure sustainability whilst recognising the constraints across the system in terms of demand and capacity, workforce and financial pressures.
	Tower Hamlets Together Board, July 2024 presentation of the 5 priority areas;  CHS Design - THT Committee report Ju	

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

D. Surveys

Type of Survey	Frequency	Method of Reporting	Method of Publication
Friends and Family Test (where required in accordance with FFT Guidance)	As required by FFT Guidance	As required by FFT Guidance	As required by FFT Guidance
National Quarterly Pulse Survey (NQPS) (if the Provider is an NHS Trust or an NHS Foundation Trust)	As required by NQPS Guidance	As required by NQPS Guidance	As required by NQPS Guidance
Staff Survey (appropriate NHS staff surveys where required by	As required by Staff Survey Guidance	As required by Staff Survey Guidance	As required by Staff Survey Guidance

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

E. Data Processing Services

NOT USED IN 2024/25

The Provider will act as a Data Processor on behalf of one or more of the Commissioners for the purposes of this Contract.

These are the Data Processing Services to be performed by the Provider, as referred to in the Provider Data Processing Agreement set out in Annex B to the Service Conditions.

Processing, Personal Data and Data Subjects

1. The Provider must comply with any further written instructions with respect to processing issued by the Co-ordinating Commissioner.

2. Any such further instructions will be deemed to be incorporated into this Schedule.

Description	Details
Commissioner(s) for which Data Processing Services are to be performed	*[Indicate ALL or list relevant Commissioner(s)]*
Subject matter of the processing	*[This should be a high level, short description of what the processing is about i.e. its subject matter]*
Duration of the processing	*[Clearly set out the duration of the processing including dates]*
Nature and purposes of the processing	*[Please be as specific as possible, but make sure that you cover all intended purposes. The nature of the processing means any operation such as collection, recording, organisation, structuring, storage, adaptation or alteration, retrieval, consultation, use, disclosure by transmission, dissemination or otherwise making available, alignment or combination, restriction, erasure or destruction of data (whether or not by automated means) etc. The purpose might include: employment processing, statutory obligation, recruitment assessment etc]*
Type of Personal Data	*[Examples here include: name, address, date of birth, NI number, telephone number, pay, images, biometric data etc]*
Categories of Data Subject	*[Examples include: Staff (including volunteers, agents, and temporary workers), Co-ordinating Commissioners / clients, suppliers, patients, students / pupils, members of the public, users of a particular website etc]*
Plan for return and destruction of the data once the processing is complete UNLESS requirement under law to preserve that type of data	*[Describe how long the data will be retained for, how it be returned or destroyed]*

SCHEDULE 7 – PENSIONS

Not Applicable

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

Contact: england.contractshelp@nhs.net

This publication can be made available in a number of alternative formats on request

NHS Standard Contract Variation agreement

CHS ELFT CV017_ 2023_24 CQUIN.

Prepared by: NHS Standard Contract Team, NHS England
nhscb.contractshelp@nhs.net
(please do not send variation agreements to this email address)

Republished: March 2021

Publication Approval Number: 05026

Contract/Variation Reference: CHS-ELFT-2017/ CV017

Proposed by: NHS North East London Integrated Care Board (NHS NEL ICB)

Date of Variation Agreement: DATE TO BE INSERTED AFTER FULL SIGNATURE IS RECEIVED.

Capitalised words and phrases in this Variation Agreement have the meanings given to them in the Contract referred to above.

1. In consideration of their respective obligations under the Contract (as varied by this Variation Agreement) the Parties have agreed the Variation [full details of which are set out] below:

This Contract Variation with ELFT confirms 2023_24 TH CHS CQUIN. The table below (fig 1) details in full the threshold and description of each applicable CQUIN;

Fig 1: TH CHS ELFT 2023_24 CQUIN Table

Community Health CQUINs	Payment threshold	Tower Hamlets	Proposal from the services
CQUIN01: Flu vaccinations for frontline healthcare workers	**75% (min)** **80% (max)**	✓	We are in agreement to proceed with the rollover next year. However, high risk as the target will be challenging to meet given it is based on a minimum of 75% frontline staff "receiving" Flu vaccination. Due to the difficulties we are encountering, we will likely not be able to achieve this goal, and this is widely acknowledged at the national level. This year, we'd like to have our contract reflect a caveat stating that there will be no financial risk if we can demonstrate that we've done everything in our power to offer it to employees.
CQUIN12: Assessment and documentation of pressure ulcer risk	**70% (min)** **85% (max)**		We are in agreement to proceed with the rollover next year.
CQUIN13: Assessment, diagnosis and treatment of lower leg wounds	**25% (min)** **50% (max)**		In Newham, we are in agreement to proceed with the rollover next year. In Tower Hamlets the ambulant patients are managed by the external organisation AccelerateCIC therefore ELFT figures for this CQUIN will only include the house bound leg ulcer patients who are managed

			by our District Nurse teams that will be included in the CQUIN. Tower Hamlets team will be provided with training and education from ELFT tissue viability services to ensure best practice is met for all patients.
CQUIN14: Malnutrition screening for community hospital inpatients	**70% (min) 90% (max)**		We are in agreement to proceed with the rollover next year.
		1.25% [0.625% each]	

2. The Variation is reflected in the revised Particulars bearing the contract reference and variation number set out above and the Parties agree that the Contract is varied accordingly

3. The Variation takes effect on **1st April 2023**.

4. The Co-ordinating Commissioner is authorised by all Commissioners to sign this Agreement on their behalf.

IN WITNESS OF WHICH the Parties named below have signed this Variation Agreement on the date(s) shown below

Signed by	
for and on behalf of NHS NEL ICB	
Signature	
Title	
Date	

Signed by	[redacted]
for and on behalf of	**East London NHS Foundation Trust**
Signature	[redacted]
Title	[redacted]
Date	29/03/2023

Classification: Official

Publication reference: PRN01624

NHS Standard Contract 2025/26

Particulars (Full Length)

Contract title:	*Tower Hamlets Talking Therapies*
Contract ref:	*C409827*

Version 2, May 2025
In this version 2 of the 2025/26 Particulars, the links in items 1 and 1a in National Requirements Reported Centrally in Schedule 6A have been updated.

Prepared by: NHS Standard Contract team, NHS England
england.contractshelp@nhs.net

DATE OF CONTRACT	**28th November 2025**
EXPECTED SERVICE COMMENCEMENT DATE	**1st April 2025**
CONTRACT TERM	**2 years commencing 1st April 2025 to 31st March 2027**
COMMISSIONERS	**NHS North East London Integrated Care Board**
CO-ORDINATING COMMISSIONER *See GC10 and Schedule 5C*	**NHS North East London Integrated Care Board 9th floor – 20 Churchill Place, Canary Wharf, London, E14 5HJ**
PROVIDER	**NHS East London NHS Foundation Trust Principal and/or registered office address: 9 Alie Street, Aldgate, London, E1 8DE**

CONTRACT AWARD PROCESS *See s15 of the Contract Technical Guidance*	**Other**

CONTENTS

PARTICULARS

SERVICE CONDITIONS

GENERAL CONDITIONS

Definitions and Interpretation

CONTRACT

Contract title: Tower Hamlets NHS Talking Therapies

Contract ref: C409827

This Contract records the agreement between the Commissioners and the Provider and comprises

1. these **Particulars**, as completed and agreed by the Parties and as may be varied from time to time in accordance with GC13 (*Variations)*;

2. the **Service Conditions (Full Length)**, as published by NHS England from time to time at: https://www.england.nhs.uk/nhs-standard-contract/;

3. the **General Conditions (Full Length)**, as published by NHS England from time to time at: https://www.england.nhs.uk/nhs-standard-contract/.

Each Party acknowledges and agrees

(i) that it accepts and will be bound by the Service Conditions and General Conditions as published by NHS England at the date of this Contract, and

(ii) that it will accept and will be bound by the Service Conditions and General Conditions as from time to time updated, amended or replaced and published by, NHS England pursuant to its powers under Regulation 17 of the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012, with effect from the date of such publication.

IN WITNESS OF WHICH the Parties have signed this Contract on the date(s) shown below

SIGNED by

……
Signature

[redacted]

……
Title

……
Date

SIGNED by

……
Signature

[redacted]

……
Title

……
Date

SIGNED by

[redacted]

……
Signature

[redacted]

……
Title

[redacted]
for
and on behalf of
NHS East London NHS Foundation Trust

06.02.2026
……
Date

SERVICE COMMENCEMENT AND CONTRACT TERM	
Effective Date *See GC2.1*	**1st April 2025**
Expected Service Commencement Date *See GC3.1*	**1st April 2025**
Longstop Date *See GC4.1 and 17.10.1*	**N/A**
Contract Term	**2 years commencing** **1st April 2025 – 31st March 2027**
Commissioner option to extend Contract Term *See Schedule 1C, which applies only if YES is indicated here*	**NO**
Commissioner Notice Period (for termination under GC17.2)	**12 months**
Commissioner Earliest Termination Date (for termination under GC17.2)	**12 months after the Service Commencement Date**
Provider Notice Period (for termination under GC17.3)	**12 months**
Provider Earliest Termination Date (for termination under GC17.3)	**12 months after the Service Commencement Date**

SERVICES	
Service Categories	**Indicate all categories of service which the Provider is commissioned to provide under this Contract.** *Note that certain provisions of the Service Conditions and Annex A to the Service Conditions apply in respect of some service categories but not others.*
Accident and Emergency Services (Type 1 and Type 2 only) (A+E)	
Acute Services (A)	
Ambulance Services (AM)	
Cancer Services and/or Radiotherapy Services (CR)	
Continuing Healthcare Services (including continuing care for children) (CHC)	
Community Services (CS)	
Diagnostic, Screening and/or Pathology Services (D)	
End of Life Care Services (ELC)	
Mental Health and Learning Disability Services (MH)	YES
Mental Health and Learning Disability Secure Services (MHSS)	
NHS 111 Services (111)	
Patient Transport Services (non-emergency) (PT)	
Urgent Treatment Centre Services (including Walk-in Centre Services/Minor Injuries Units) (U)	
Service Requirements	
Prior Approval Response Time Standard *See SC29.21*	**Not applicable**
GOVERNANCE AND REGULATORY	
Provider's Nominated Individual *See SC1.4*	[redacted]
Provider's 2018 Act Responsible Person *See SC3.17*	[redacted]
Commissioners' UEC DoS Leads *See SC6.18*	**Not Applicable**

Provider's UEC DoS Contact *See SC6.18*	**Not Applicable**
Provider's Health Inequalities Lead (NHS Trusts and NHS Foundation Trusts only) *See SC13.8*	[redacted]
Provider's Net Zero Lead (NHS Trusts and NHS Foundation Trusts only) *See SC18.2*	[redacted]
Provider's Infection Prevention Lead *See SC21.1*	[redacted]
Provider's Accountable Emergency Officer *See SC30.1*	[redacted]
Provider's Child Sexual Abuse and Exploitation Lead *See SC32.2*	[redacted]
Provider's Mental Capacity and Liberty Protection Safeguards Lead *See SC32.2*	[redacted]
Provider's Prevent Lead *See SC32.2*	[redacted]
Provider's Safeguarding Lead (adults) / named professional for safeguarding adults *See SC32.2*	[redacted]
Provider's Safeguarding Lead (children) / named professional for safeguarding children *See SC32.2*	[redacted]
Provider's Controlled Drugs Accountable Officer (NHS Trusts, NHS Foundation Trusts and English Independent Hospitals only) *See SC33.12*	[redacted]
Provider's Wellbeing Guardian (NHS Trusts and NHS Foundation Trusts only) *See GC5.9*	[redacted]
Provider's Freedom To Speak Up Guardian(s) *See GC5.10*	[redacted]
Provider's Caldicott Guardian *See GC21.3*	[redacted]
Provider's Data Protection Officer (if required by Data Protection Legislation) *See GC21.3*	[redacted]
Provider's Information Governance Lead *See GC21.3*	[redacted]

Provider's Senior Information Risk Owner *See GC21.3*	[redacted]
CONTRACT MANAGEMENT	
Addresses for service of Notices *See GC36*	**Co-ordinating Commissioner:** [redacted] **Address: 9th floor – 20 Churchill Place, Canary Wharf, London, E14 5HJ** [redacted] **Commissioner:** [redacted] **Address: 9th floor – 20 Churchill Place, Canary Wharf, London, E14 5HJ** [redacted] **Provider:** [redacted] **Address: East London NHS Foundation Trust Principal and/or registered office address : 9 Alie Street, Aldgate, London, E1 8DE** [redacted]
Frequency of Review Meetings *See GC8.1*	**Monthly**
Commissioner Representative(s) *See GC10.3*	[redacted] **Address: 9th floor – 20 Churchill Place, Canary Wharf, London, E14 5HJ** [redacted]
Provider Representative *See GC10.3*	[redacted] **Address: East London NHS Foundation Trust Principal and/or registered office address : 9 Alie Street, Aldgate, London, E1 8DE** [redacted]
Nominated Mediation Body (where required – see GC14.4)	**CEDR**

SCHEDULE 1 – SERVICE COMMENCEMENT AND CONTRACT TERM

A. Conditions Precedent

The Provider must provide the Co-ordinating Commissioner with the following documents in accordance with GC4.1:

1. Evidence of appropriate Indemnity Arrangements

T576 - PES.pdf T576 - CNST.pdf T576 - LTPS.pdf

2. Evidence of CQC registration in respect of Provider and Material Sub-Contractors (where required)

ELFT - CQC Registration.pdf ELFT Provider Licence 10039.pdf

The Provider must complete the following actions in accordance with GC4.1:

Not Applicable

SCHEDULE 1 – SERVICE COMMENCEMENT AND CONTRACT TERM

B. Commissioner Documents

Date	Document	Description
Not Applicable		

SCHEDULE 1 – SERVICE COMMENCEMENT AND CONTRACT TERM

C. Extension of Contract Term

Not Applicable

.

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Schedule 2a NHS Standard TCs Specific

SCHEDULE 2 – THE SERVICES

Ai. Service Specifications – Enhanced Health in Care Homes

Not Applicable

SCHEDULE 2 – THE SERVICES

Aii. Service Specifications – Primary and Community Mental Health Services

Not Applicable

SCHEDULE 2 – THE SERVICES

B. Indicative Activity Plan

Not Applicable

SCHEDULE 2 – THE SERVICES

C. Activity Planning Assumptions

Not Applicable

SCHEDULE 2 – THE SERVICES

D. Not used

SCHEDULE 2 – THE SERVICES

E. Not used

SCHEDULE 2 – THE SERVICES

F. Clinical Networks

Not Applicable

SCHEDULE 2 – THE SERVICES

G. Other Local Agreements, Policies and Procedures

ELFT Business Continuity Plan

ELFT Business Continuity Plan.pdf

*** i.e. details of and/or web links to local agreement, policy or procedure as at date of Contract. Subsequent changes to those agreements, policies or procedures, or the incorporation of new ones, must be agreed between the Parties.**

SCHEDULE 2 – THE SERVICES

H. Transition Arrangements

Not Applicable

SCHEDULE 2 – THE SERVICES

I. Exit Arrangements

Not Applicable

SCHEDULE 2 – THE SERVICES

J. Transfer of and Discharge from Care Protocols

Admissions, Transfer and Discharges Policy

SCHEDULE 2 – THE SERVICES

K. Safeguarding Policies and Mental Capacity Act Policies

ELFT Safeguarding Children's Policy safeguarding_childre n_policy_9.1.pdf
ELFT Safeguarding Vulnerable Adults at Risk Policy ELFT Safeguarding Vulnerable Adult at Ri
Metal Health Safeguarding Policy mental_capacity_act_ policy_3.0.pdf

SCHEDULE 2 – THE SERVICES

L. Provisions Applicable to Primary Medical Services

Not Applicable

SCHEDULE 2 – THE SERVICES

M. Development Plan for Personalised Care

Not Applicable

SCHEDULE 2 – THE SERVICES

N. Health Inequalities Action Plan

The italicised notes below give advice on what sort of content should or can be included in this Schedule. Delete these italicised notes; include your own local agreed text or state Not Applicable.

The guidance below sets out some considerations to be taken into account in populating Schedule 2N. Schedule 2N should be used to set out specific actions which the Commissioner and/or Provider will take, aimed at reducing inequalities in access to, experience of and outcomes from care and treatment, with specific relation to the Services.

Successfully tackling health inequalities will necessitate close working with other local organisations from the statutory sector and beyond. The actions set out in Schedule 2N should be rooted in wider systems for partnership working across the local area.

Detailed suggestions for inclusion are set out below. The Parties should also refer to the five strategic priorities for tackling health inequalities on the NHS England Equality and Health Inequalities Hub.

The Commissioner and Provider may find the resources published by the Healthcare Financial Management Association (HFMA) useful; see Addressing health inequalities: Resources to help NHS finance staff take a leading role in addressing health inequalities.

Better data and intelligent use of data

See the Equality and Health Inequalities Hub: Data and insight.

The Commissioner and Provider can also use NHS England's Statement on Information on Health Inequalities to identify key information on health inequalities and set out how they have responded to it in annual reports.

Schedule 2N can be used to set out:

- *how the Parties will work with other partners to bring together accessible sources of data to understand levels of variation in access to and outcomes from the Services and to identify and prioritise cohorts of disadvantaged individuals, families, and communities, capitalising on growing understanding of population health management approaches and applications. This may include using data at national, regional and local levels and the use of the Health Inequalities Improvement Dashboard (HIID);*
- *how they will use this intelligence base to analyse and prioritise action at neighbourhood, "place" and system level (see Place Based Tool Guide);*
- *what action the Provider will take to ensure that data which it reports about its Services is accurate and timely, with particular emphasis on attributing deprivation, ethnicity, disability, sexual orientation, and other protected characteristics; and*
- *how the provider will improve the way in which its analysis and reporting (internally and to the Commissioner) of its performance (including in managing waiting lists) breaks down the position by deprivation and ethnicity – and what actions it will take to address identified disparities, and to prevent inequalities from widening.*

See also: High Intensity Use programme; Reporting on health inequalities to NHS Trust Boards; Innovation for Healthcare Inequalities Programme.

Community engagement

Schedule 2N can be used to describe how the Parties will work with partners to map established channels of communication and engagement with locally prioritised cohorts identified in the Core20PLUS5 approach for adults and for children and young people), to

identify barriers or gaps to meaningful and representative engagement, and to develop action plans to address these.

Engagement activity should consider the variety of cohorts identified in the CORE20PLUS5 approach, for example:

- *the most deprived communities (identified by the English indices of deprivation)*
- *groups whose members share protected characteristics e.g. ethnic minority communities; disabled people; LGBTQ+ people*
- *the socially excluded (known as inclusion health groups) such as people experiencing homelessness or rough sleeping; asylum seekers and Gypsy, Roma and Traveller communities*
- *digitally excluded groups*
- *geography – urban, rural and coastal inequalities.*

Through these and other routes shared intelligence (such as local data, insight and understanding from the Health Inequalities Improvement Dashboard, population health management data and public health data profiles) can form the basis for practical goals and actions to be agreed, and set out in this Schedule, to meet established needs.

Access to and provision of the Services

Schedule 2N can be used to describe:

- *what actions the Parties will take to ensure that appropriate patients are identified for referral to the Services, by GPs and other referrers, with particular emphasis on disadvantaged groups as identified in the Core20PLUS5 approach;*
- *how the Provider can support those referring into its Services through formal and informal means, such as shadowing schemes, educational programmes, health literacy programmes, advice and guidance services;*
- *how the Provider can develop and improve its services so that they respond more appropriately to the needs of disadvantaged groups as identified in Core20PLUS5, ensuring a culturally competent and appropriate approach;*
- *(with reference to SC12) what communication channels the provider will use to engage with patients (e.g. digital channels; single point of access/hub; face-to-face direct; channels suitable for patients facing digital exclusion and digital poverty);*
- *how the Provider can reduce unwarranted variations in access, experience and outcomes for those using the Services especially in delivering elective recovery.*

See also: A national framework for NHS – action on inclusion health.

Implementation, monitoring and evaluation

Schedule 2N can set out clear timescales for the agreed actions described above, as well as arrangements through which the Parties will jointly monitor progress against these timescales and evaluate whether improved outcomes are achieved. This should involve other partners as appropriate, and include engagement with the prioritised disadvantaged groups, including those receiving the service but also those who might benefit but are not accessing the services.'

Schedule 2N can also be used to set out how the Commissioner and Provider will provide feedback to the partners they have worked with on delivering this plan.

SCHEDULE 3 – PAYMENT

A. Aligned Payment and Incentive Rules

Not Applicable

SCHEDULE 3 – PAYMENT

B. Locally Agreed Adjustments to NHS Payment Scheme Unit Prices

Not Applicable

SCHEDULE 3 – PAYMENT

C. Local Prices

-

Payment Schedule	**Monthly payment will be 1/12 of the annual contract value**

SCHEDULE 3 – PAYMENT

D. Expected Annual Contract Values

Year	Contract Value
25/26	£6,163,549
26/27	£6,163,549
Total for 2 years	**£12,327,098**

SCHEDULE 3 – PAYMENT

E. Timing and Amounts of Payments in First and/or Final Contract Year

Not applicable

SCHEDULE 3 – PAYMENT

F. CQUIN

Not Applicable

SCHEDULE 4 – LOCAL QUALITY REQUIREMENTS

SCHEDULE 5 – GOVERNANCE

A. Documents Relied On

Documents supplied by Provider

Date	Document
LTPS Confirmation Cover Scheme	T576 - LTPS.pdf
CQC Certification of Registration	CQC Certificate of Registration.pdf
Monitor Authorisation Certificate	Monitor Authorisation Certifica

Documents supplied by Commissioners

Date	Document
Not Applicable	

SCHEDULE 5 - GOVERNANCE

B. Provider's Material Sub-Contracts

Sub-Contractor **[Name]** **[Registered Office]** **[Company number]**	**Service Description**	**Start date/expiry date**	**Processing Personal Data – Yes/No**	**If the Sub-Contractor is processing Personal Data, state whether the Sub-Contractor is a Data Processor OR a Data Controller OR a joint Data Controller**
Name: Mind in Tower Hamlets and Newham **Address:** 13 Whitethorn Street London E3 4DA **Company Number:** 2643905	Employment Advice Services (EAS)	1st April 2024	Yes	Data Processor

SCHEDULE 5 - GOVERNANCE

C. Commissioner Roles and Responsibilities

Co-ordinating Commissioner/Commissioner	Role/Responsibility
Not Applicable	

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

A. Reporting Requirements

		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
	National Requirements Reported Centrally				
1	As specified in the Schedule of Approved Collections published at: https://digital.nhs.uk/data-and-information/information-standards/governance/latest-activity/nhs-standard-contract-approved-collections where mandated for and as applicable to the Provider and the Services	As set out in relevant Guidance	As set out in relevant Guidance	As set out in relevant Guidance	**All**
1a	***NOT USED***				**A+E, U**
2	Patient Reported Outcome Measures (PROMS) https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/patient-reported-outcome-measures-proms	As set out in relevant Guidance	As set out in relevant Guidance	As set out in relevant Guidance	**All**
	National Requirements Reported Locally				
1a	Activity and Finance Report	Monthly	In the format specified in the relevant Information Standards Notice (DCB2050)	[For local agreement]	**A, MH**
1b	***NOT USED***				**All except A, MH**
2	Service Quality Performance Report, detailing performance against National Quality Requirements, Local Quality Requirements and the duty of candour,	Monthly	[For local agreement]	Within 15 Operational Days of the end of the	

		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
	including, without limitation:			month to which it relates	
2a	details of any thresholds that have been breached and breaches in respect of the duty of candor that have occurred;				**All**
2b	details of all requirements satisfied;				**All**
2c	details of, and reasons for, any failure to meet requirements				**All**
3	Where CQUIN applies, CQUIN Performance Report and details of progress towards satisfying any CQUIN Indicators, including details of all CQUIN Indicators satisfied or not satisfied	[For local agreement]	[For local agreement]	[For local agreement]	**All**
4	Complaints monitoring report, setting out numbers of complaints received and including analysis of key themes in content of complaints	[For local agreement]	[For local agreement]	[For local agreement]	**All**
5	Report against performance of Service Development and Improvement Plan (SDIP)	In accordance with relevant SDIP	In accordance with relevant SDIP	In accordance with relevant SDIP	**All**
6	Summary report setting out relevant information on Patient Safety Incidents and the progress of and outcomes from Patient Safety Investigations, as agreed with the Co-ordinating Commissioner	Monthly	[For local agreement]	[For local agreement]	**All**
7	Data Quality Improvement Plan: report of progress against milestones	In accordance with relevant DQIP	In accordance with relevant DQIP	In accordance with relevant DQIP	**All**
8	Report on outcome of reviews and evaluations in relation to Staff numbers and skill mix in accordance with GC5.2 (*Staff*)	Annually (or more frequently if and as required by the Co-ordinating Commissioner from time to time)	[For local agreement]	[For local agreement]	**All**

		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
9	Where the Services include Specialised Services and/or other services directly commissioned by NHS England (or commissioned by an ICB, where NHS England has delegated the function of commissioning those services), specific reports as set out at https://www.england.nhs.uk/nhs-standard-contract/dc-reporting/ (where not otherwise required to be submitted as a national requirement reported centrally or locally)	As set out at https://www.england.nhs.uk/nhs-standard-contract/dc-reporting/	As set out at https://www.england.nhs.uk/nhs-standard-contract/dc-reporting/	As set out at https://www.england.nhs.uk/nhs-standard-contract/dc-reporting/	**All**
10	Report on progress against Green Plan in accordance with SC18.2 (NHS Trust/FT only)	Annually	[For local agreement]	[For local agreement]	**All**
	Local Requirements Reported Locally				
1	THTT Quarterly Report.docx Template IAPT 08 V Tower Hamlets 2025_	Quarterly	Word and Excel Spreadsheet	The Provider must submit any patient-identifiable data required in relation to Local Requirements Reported Locally via the Data Landing Portal in accordance with the Data Landing Portal Acceptable Use Statement. [Otherwise, for local agreement]	

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

B. Data Quality Improvement Plans

This is a non-mandatory model template for population locally. Commissioners may retain the structure below, or may determine their own. Refer to s43 of the Contract Technical Guidance.

	Data Quality Indicator	Data Quality Threshold	Method of Measurement	Milestone Date
1	**As and when required**			

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

C. Service Development and Improvement Plans

This is a non-mandatory model template for population locally. Commissioners may retain the structure below, or may determine their own. Refer to s41 of the Contract Technical Guidance for recommended topics for SDIPs.

		Milestones	Timescales	Expected Benefit
1	**As and when required**			

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

D. Surveys

Type of Survey	Frequency	Method of Reporting	Method of Publication
Friends and Family Test (where required in accordance with FFT Guidance)	As required by FFT Guidance	As required by FFT Guidance	As required by FFT Guidance
National Quarterly Pulse Survey (NQPS) (if the Provider is an NHS Trust or an NHS Foundation Trust)	As required by NQPS Guidance	As required by NQPS Guidance	As required by NQPS Guidance
Staff Survey (appropriate NHS staff surveys where required by Staff Survey Guidance) **[Other]** **[Insert further description locally]**	As required by Staff Survey Guidance	As required by Staff Survey Guidance	As required by Staff Survey Guidance

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

E. Data Processing Services

PARTIES

(1) East London NHS Foundation Trust of 9 Alie St, London, E1 8DE;

(2) North East London Integrated Care Board of 9th floor – 20 Churchill Place, Canary Wharf, London, E14 5HJ

Party: means a Party to this Agreement

Agreement: means this contract identified and as set out in the attached DP Schedule;

Contractor Personnel: means all directors, officers, employees, agents, consultants and contractors of the Contractor and/or of any Sub-Contractor engaged in the performance of its obligations under this Agreement

Law: means any law, subordinate legislation within the meaning of Section 21(1) of the Interpretation Act 1978, bye-law, enforceable right within the meaning of Section 2 of the European Communities Act 1972, regulation, order, regulatory policy, mandatory guidance or code of practice, judgment of a relevant court of law, or directives or requirements with which the Contractor is bound to comply;

GDPR CLAUSE DEFINITIONS:

Data Protection Legislation: means: (i) prior to 25 May 2018, the Data Protection Act 1998; and (ii) on and after 25 May 2018, Regulation 2016/679 of the European Parliament and of the Council on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulations), the Data Protection Act 2018 (subject to Royal Assent) to the extent that it relates to processing of personal data and privacy; and all Law relating to the processing of Personal Data and privacy, including where applicable the guidance and codes of practice issued by the Information Commissioner.

Controller, Processor, Data Subject, Personal Data, Sensitive Personal Data, Personal Data Breach, Data Protection Officer: take the meaning given in the GDPR and the Data Protection Act 2018.

Data Loss Event: means any event that results, or may result, in unauthorised access to Personal Data held by the Contractor under this Agreement, and/or actual or potential loss and/or destruction of Personal Data in breach of this Agreement, including any Personal Data Breach.

DPA 2018: means the Data Protection Act 2018.

Data Protection Impact Assessment: means an assessment by the Controller of the impact of the envisaged processing on the protection of Personal Data.

Data Protection Schedule or DP Schedule means the schedule attached to these provisions**.**

Data Subject Access Request: means a request made by, or on behalf of, a Data Subject in accordance with rights granted pursuant to the Data Protection Legislation to access their Personal Data.

GDPR: means the General Data Protection Regulation (Regulation (EU) 2016/679)

Protective Measures: means appropriate technical and organisational measures which may include pseudonymising and encrypting Personal Data, ensuring confidentiality, integrity, availability and resilience of systems and services, ensuring that availability of and access to Personal Data can be restored in a timely manner after an incident, and regularly assessing and evaluating the effectiveness of the such measures adopted by it.

Sub-Processor: means any third Party appointed to process Personal Data on behalf of the Contractor related to this Agreement

A1. DATA PROTECTION

A1.1 The Parties acknowledge that for the purposes of the Data Protection Legislation, the only personal data that will be processed is contact details of personnel involved in the contract. Each Party will be an Independent Data Controller for the information respectively held. No personal information will be processed or shared, solely performance data will be shared.

Signed by [redacted]

[redacted]

…… ……

for and on behalf of **East London NHS Foundation Trust**

Date: 22/01/2026

Signed by

……

for and on behalf of **North East London Integrated Care Board**

Date:

Signed by

……

SCHEDULE 7 – PENSIONS

Not Applicable

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

Contact: england.contractshelp@nhs.net

This publication can be made available in a number of alternative formats on request

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