



TOWER HAMLETS HEALTH AND WELLBEING BOARD



SUPPLEMENTAL AGENDA 2 – Integrated Care Presentation.

This meeting is open to the public to attend.

Contact for further enquiries:

Committee Services Officer - Rushena Miah
1st Floor, Mulberry Place, Town Hall, 5 Clove Crescent, E14 2BG
Tel: 0207364 5554
E-mail: rushena.miah@towerhamlets.gov.uk
Web: <http://www.towerhamlets.gov.uk/committee>

Scan this code for the electronic agenda:



For further information including the Membership of this body and public information, see the main agenda.

	PAGE NUMBER(S)
5. DEVELOPING INTEGRATED COMMISSIONING GOVERNANCE	3 - 14
Presented by Warwick Tomsett – Joint Director of Integrated Commissioning. This will be a verbal presentation with accompanying slides at the meeting.	
6.30-6.40pm (10 mins)	

This page is intentionally left blank

Tower Hamlets Health and Wellbeing Board



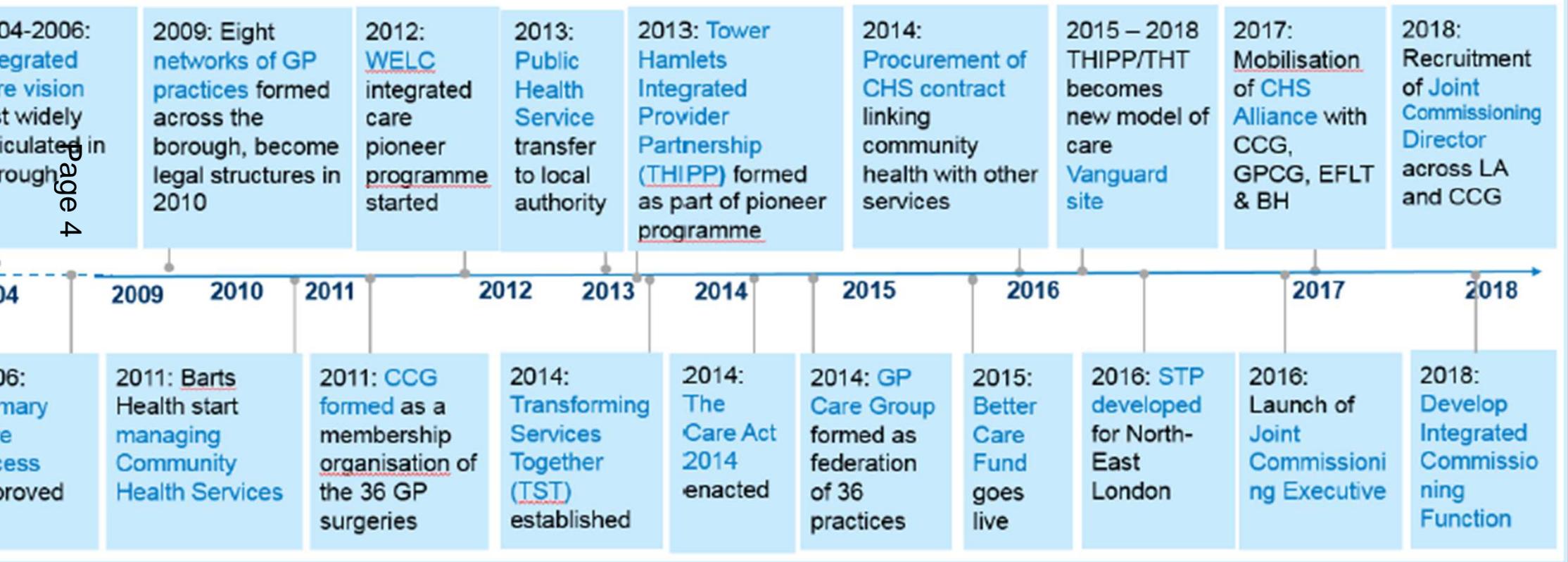
Page 3

Health & Social Care Integration

Agenda Item 5

Tower Hamlets integration journey to date

This timeline illustrates the progression of integration in Tower Hamlets since 2004



Page 4

Integrated Health and Care in North East London

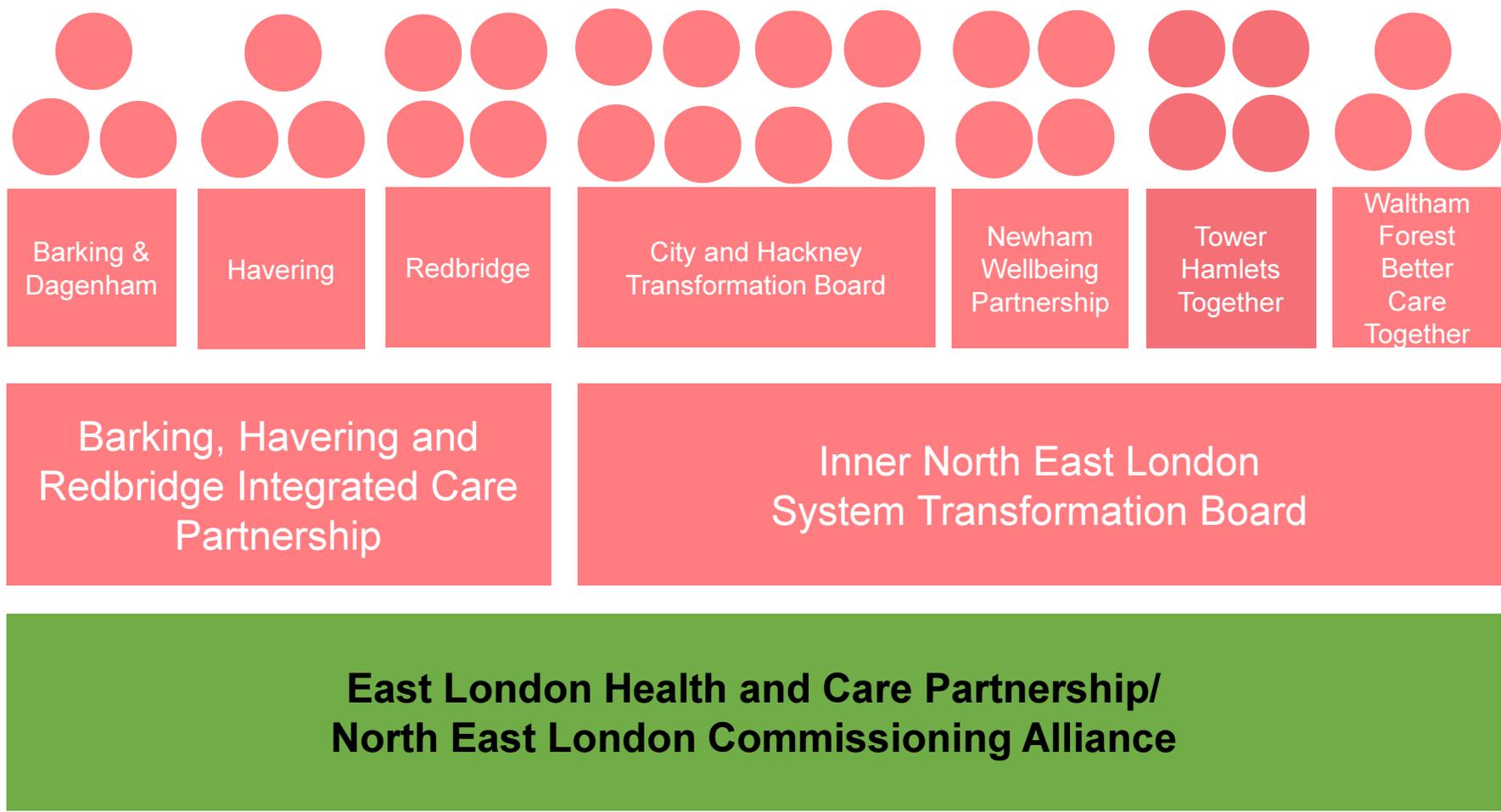
Networks/
neighbourhoods/
localities

rough/
ce

Page 5

ulti-
rough

North east
London



Needs Analysis;
Key delivery unit
Primary care
networks

Delivery of Comm
Based Care, prim
care at scale, out
hospital care;
Integrated care
partnerships; JS

Collaborative
working between
providers;
Strategic
partnerships;
Provision at scale

Setting overall
clinical strategy
(Senate);
Linking with
national and
London

Health challenges in Tower Hamlets

Tower Hamlets borough faces a number of significant health challenges, including:



Healthy Life Expectancy

- Has amongst the lowest healthy life expectancy in the country (although this improved significantly for men in data release 2014-16)
- Varies significantly across the borough and is linked to deprivation
- Lower for females, which is unusual



Deprivation

- Third highest proportion of the population living in the most deprived areas
- This suggests that the impacts of deprivation could be becoming increasingly concentrated in the borough



Early death and long-term health issues

- Early deaths from the major killers (cancer, cardiovascular disease and respiratory disease, liver disease) remains well above the national average
- Levels of diabetes are higher compared to elsewhere
- Levels of common mental health issues (e.g. anxiety and depression) are amongst the highest in the country



Health behaviours

- Higher levels of low birth weight indicate poorer maternal health
- Higher levels of childhood obesity and poor oral health
- The diet of the adult population is significantly less healthy than elsewhere
- High levels of smoking and substance misuse
- High levels of sexually transmitted infections and HIV
- Low uptake of screening services (bowel, breast, cervical)



Physical environment

- Supports the health and wellbeing of its residents significantly less than elsewhere
- High levels of crime impact adversely on people's sense of safety



Social and economic factors

- Low levels of employment contribute to lower self-perceived health
- Income deprivation impacts on health, particularly on children/families and older people
- Excellent educational outcomes for children will mitigate the impacts of deprivation and affect future life expectancy
- High levels of insecure housing and overcrowding lead to poor sense of wellbeing

Financial challenge

There are also significant financial pressures on the system:

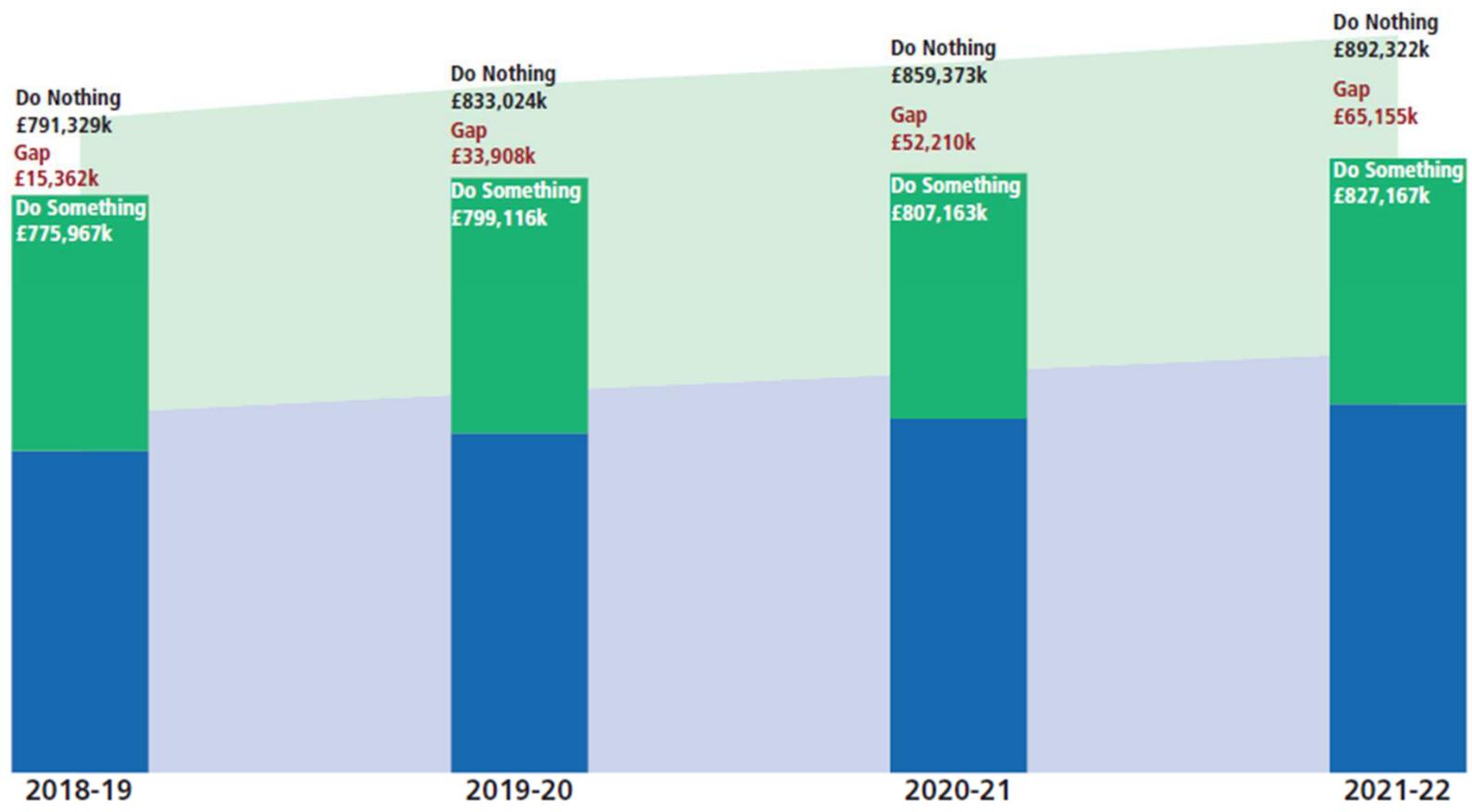
This is the commissioner forecast demand against allocation

The council's funding shrinks and the CCG funding increases year on year

The CCG QIPP target increases from 0.3% to 2.7% as a proportion of the funding set by NHS England.

The council's efficiency target increases from 4% to nearly 16% as a proportion of the council funding

The gap between the 'Do Something' and 'Do Nothing' position is expected to be met by the transformation activities (e.g. QIPP, CIP, council savings plans etc).

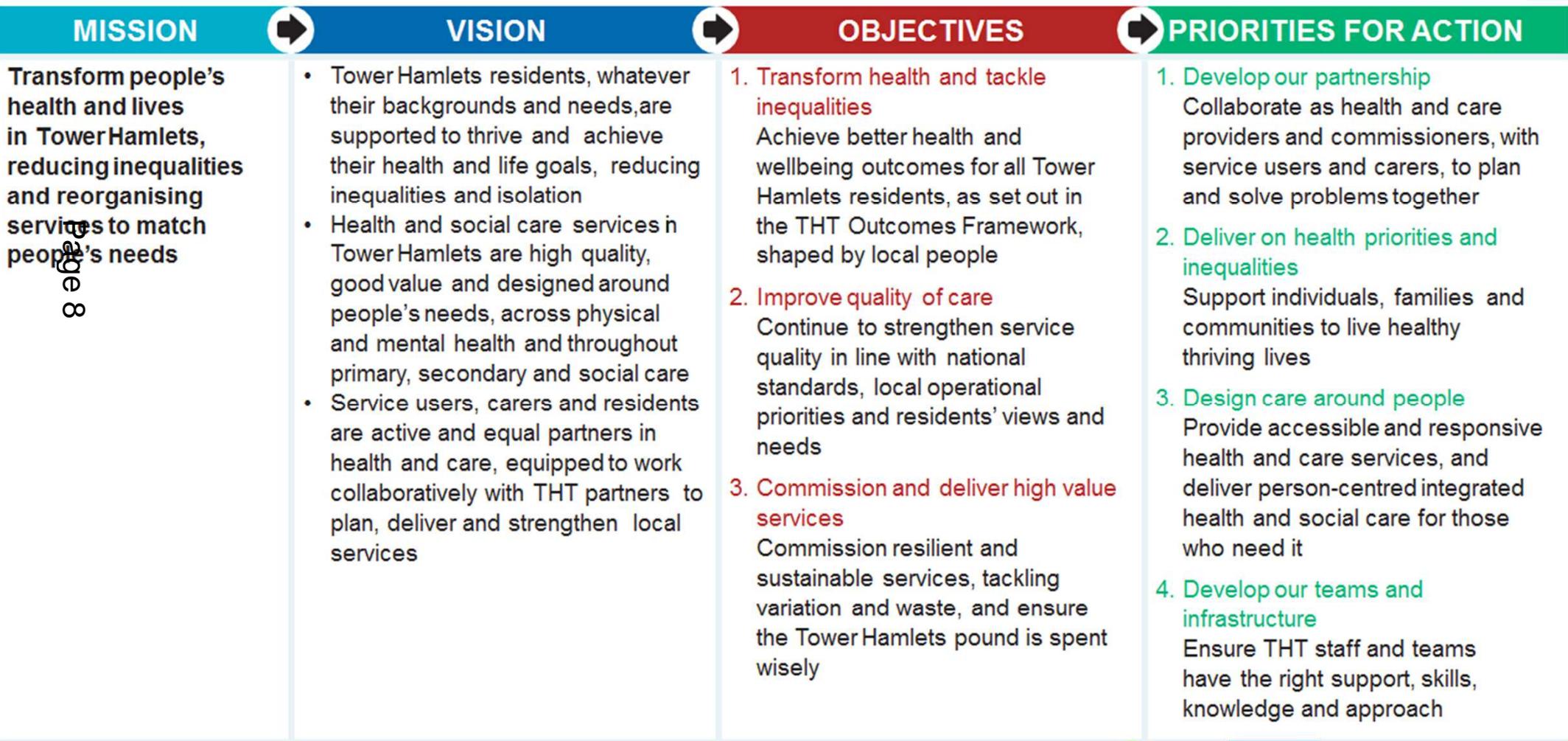


KEY

- Council
- Council Do Nothing
- CCG
- CCG Do Nothing



THT integrated system plan



THT aims & principles

Aims

- Empower people to meet their own needs
- Enable people to meet their own aspirations
- Improve health, wellbeing and quality of life
- Co-produce services and care with people who use them
- Simplify the system, make it easier to understand and access
- Ensure the right support, in the right place, at the right time – as close to home as possible
- Be flexible and responsive to meet personal needs, wishes and outcomes
- Deliver value for money, making best use of resources across the system
- Develop self supporting, thriving communities

Pages 9

Principles

1. All money is public money and that all staff work for the benefit of Tower Hamlets residents
2. Every penny counts, and there is no duplication of services between different agencies
3. Services meet the identified needs of Tower Hamlets residents
4. THT will review and reorganise services and budgets where necessary to ensure that it achieves the maximum health and care improvements from its collective resources
5. Assume there is no new investment due to national policies – and budgets will reduce
6. Partnership working through THT is 'how we do business' in Tower Hamlets



Delivering for residents – outcomes

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

Page 10 Place	I feel safe from harm in my community
	I play an active part in my community
	I am able to breathe cleaner air in the place where I live
	I am able to support myself and my family financially
	I am supported to make healthy choices
	I am satisfied with my home and where I live
	My children get the best possible start in life
System	I am confident that those providing my care are competent, happy and kind
	I am able to access safe and high quality services (when I need them)
	I want to see money is being spent in the best way to deliver local services
	I feel like services work together to provide me with good care
People	I understand the ways to live a healthy life
	I have a good level of happiness and wellbeing
	Regardless of who I am, I am able to access care services for my physical and mental health
	I have a positive experience of the services I use, overall
	I am supported to live the life I want
Tower Hamlets Together	I believe the trust, confidence and relationships are in place to work together with services to decide the right next steps for us as a whole community

T achievements

Operational

Structured adult social care teams into 4 localities to align with community health services

Developed a social care initial assessment team with strong links to health partners

Pilot of jointly triaged short-term support, e.g. reablement

Supporting independence programme for people with Dementia, including Shared Lives

Admission Avoidance & Discharge to Assess Service to support older patients to leave hospital quicker

Multi-Disciplinary Rapid Response Team and Physician Response Unit to prevent A&E attendance

Provided access primary care hubs

A new rapid access integrated frailty assessment service outcomes

A robust support service for Care Homes resulting in a reduction of A&E attendances

Prescribing roll out promoting self care and prevention

Established Locality Health & Wellbeing Committees bringing together local professionals

Strategic

Created a joint integrated commissioning team with a Joint Director

Development of system-wide commissioning intentions and priorities

Development of the THT Outcomes Framework and linked data

Creation of Life Course work-streams to develop population health approach



Page 11



Key challenges for further integration



Beyond basic core principles there is no detailed 'blueprint' for achieving integration. Arrangements can vary in composition, scope and governance arrangements from area to area.

Coordinating multiple levels of activity for commissioning and service delivery, for example at the 'neighbourhood', 'place' (borough), 'system' (WEL), STP/ICS (ELHCP) levels.

Different cultures, systems and processes in health and social care, and across different health organisations (e.g. mental health and primary care).

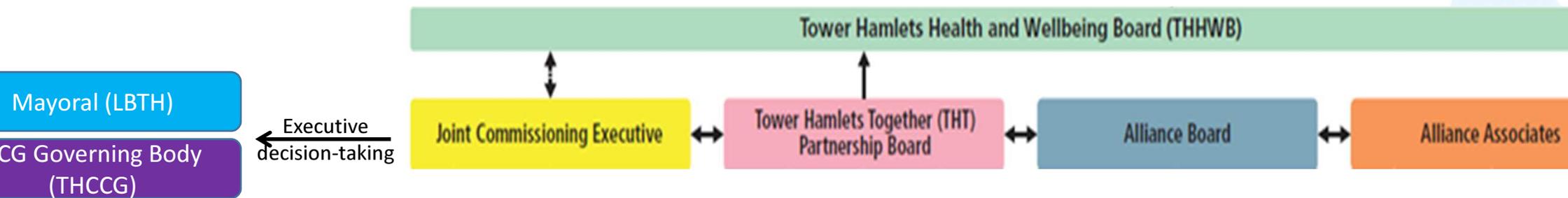
Different accountabilities for the NHS and local government - bureaucratic (NHS England) and clinical (CCG Governing Bodies) vs democratic (elected councillors).

No new legislative underpinning to integration creating possible tensions between accountabilities of statutory organisations and between different levels of activity. NHS LTP does not account for the expected Government Green Paper on the Future of Social Care.

Page 12

Integrated governance in Tower Hamlets

Integrated governance in Tower Hamlets currently takes the following form:



Board	Role
Health & Wellbeing Board	<ul style="list-style-type: none"> Statutory board that agrees the local health & wellbeing strategy Apex of the borough's health & social care partnerships Focus on system leadership & delivering improved outcomes for residents
Joint Commissioning Executive	<ul style="list-style-type: none"> Provides leadership to better align resources across health, adult social care, children's services and public health Responsible for joint strategic commissioning of services and ensure arrangements are in place to implement agreed strategies Supports strategic market development and oversight of recommissioning and de-commissioning services
Tower Hamlets Together (THT)	<ul style="list-style-type: none"> Responsible for supporting HWB to further health & social care integration in the borough & supporting CCG to develop commissioning strategy Building effective relationships across the borough including VCS, communities etc. Promotes population health & oversees service redesign, transformation and innovation, calling to account system failures/underperformance
Alliance Board	<ul style="list-style-type: none"> Responsible for delivering the Alliance contract which comprises community health services

How the system could look

Mayoral
delegation

CCG Delegation

Provider
delegation

Integrated health and social care governance



Aligned or pooled funds – decisions (£346m community health and social care across the system)

Collaborative funds – eg acute spend across WEL - oversight and recommendations