

Tower Hamlets Together

Working together to transform people's health and lives in Tower Hamlets

**TOWER HAMLETS
TOGETHER**

*Delivering better health
through partnership*



Tower Hamlets Clinical Commissioning Group
East London NHS Foundation Trust
Barts Health NHS Trust



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KEY

THT

Tower Hamlets Together

THHWB

Tower Hamlets Health and Wellbeing Board

CCG

NHS Tower Hamlets Clinical Commissioning Group

LBTH

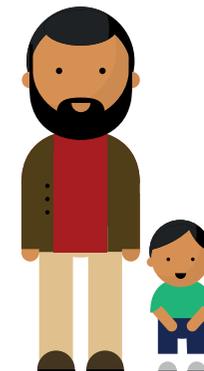
London Borough of Tower Hamlets

ELFT

East London Foundation Trust

STP

Sustainability & Transformation Partnership which is now called the East London Health and Care Partnership



About THT

THT is all about health and social care organisations working more closely to improve the health and lives of people living in Tower Hamlets

This means a more coordinated approach to providing services, reducing duplication and improving the overall experience and outcomes for the people who need them.

THT is a partnership of health and care organisations that are responsible for the planning and delivery of prevention and health and care services.

The partnership includes:

- London Borough of Tower Hamlets
- NHS Tower Hamlets Clinical Commissioning Group
- Tower Hamlets GP Care Group
- East London NHS Foundation Trust
- Barts Health NHS Trust
- Tower Hamlets Council for Voluntary Service

THT values

We are compassionate
We collaborate
We are inclusive
We are accountable



Aims and principles

Aims

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

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



Levels of integration

With the development of the Sustainability and Transformation Partnerships (STP) across England and recent changes to how regulators and Clinical Commissioning Groups will work, the health and care landscape can appear complex and in flux. Some of the Tower Hamlets Together partners work across several East London boroughs and beyond, for example Barts Health also work across Waltham Forest and Newham, and ELFT across City & Hackney, Newham and beyond. In this context, some services will be organised across boroughs where this makes sense.

NEIGHBOURHOODS: Local networks Population size: ~50k	<ul style="list-style-type: none"> ● Understand local need, including predictive analysis ● Coordinate care for the defined population ● Improve service access and quality ● Address inequalities and unmet needs ● Co-produce and co-design health services with patients and residents 	<ul style="list-style-type: none"> ● Help people to stay healthy including the wider determinants of health and positive mental wellbeing ● Use personalised interventions to support care navigation e.g. social prescribing ● Mobilise community assets to improve health and wellbeing
PLACE: Borough: Tower Hamlets Population size: ~250-500k	<ul style="list-style-type: none"> ● Develop local health and care plans to deliver health and social care and voluntary and community services at neighbourhood/network and borough level to address key challenges and improve outcomes ● Ensure borough-based service commissioning and delivery 	<ul style="list-style-type: none"> ● Support the development of neighbourhoods and networks and hold them too account ● Address inequalities within and between neighbourhoods/networks ● Focus on effective use of resources across the system, improving outcomes and quality improvement
MULTI-BOROUGH SYSTEM: Inner North East London Partnership Board (INEL) Population size: 1m+	<ul style="list-style-type: none"> ● Strengthen system support for local health and care integration partnerships and plans ● Enable and support greater provider collaboration, increasing utilisation of existing capacity and resource 	<ul style="list-style-type: none"> ● Scale up transformation efforts to maximise population impact ● Develop and enable a collaborative approach to tackling significant system challenges
REGION: East London Health and Care Partnership (ELHCP) Population size: 5-10m	<ul style="list-style-type: none"> ● Oversight and support of system development and 'once for north east London' infrastructure development e.g. new payment mechanisms ● Deliver on enablers to support system development including digital, workforce and estates ● Hold systems to account for delivery of outcomes-based care ● Develop the evidence base that tests new and innovative solutions for specific population 	<ul style="list-style-type: none"> ● Lead planning and commissioning of service change best planned across the East London Health and Care Partnership footprint ● Overall financial strategy including transformation funds and risk management ● Strategic commissioning development around key priorities and outcomes ● Commission governance and decision making ● Future responsibility for specialised commissioning



Health challenges



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

Mental and physical health in Tower Hamlets



47% of people with a serious mental illness smoke, compared to **20%** of the population



35% of emergency admissions at the Royal London are for people with a mental health condition



30% of people with a serious mental illness are obese compared to **10%** of the population



44% of emergency bed days at the Royal London are for people with a mental health condition



38% of people with a personality disorder have a long-term condition, and are more likely to have three conditions than two or one



10% of people with dementia and known to the Trust are seen in three or more specialities in acute outpatients



45.8% of people with COPD have a mental health condition



37% of people on the Tower Hamlets Integrated Care Programme are currently or previously known to the Trust, **44%** to adult mental health services



42.1% of people with a learning disability have a long-term condition



The **2.3%** of the population known to ELFT use **25%** of the services (including mental health)



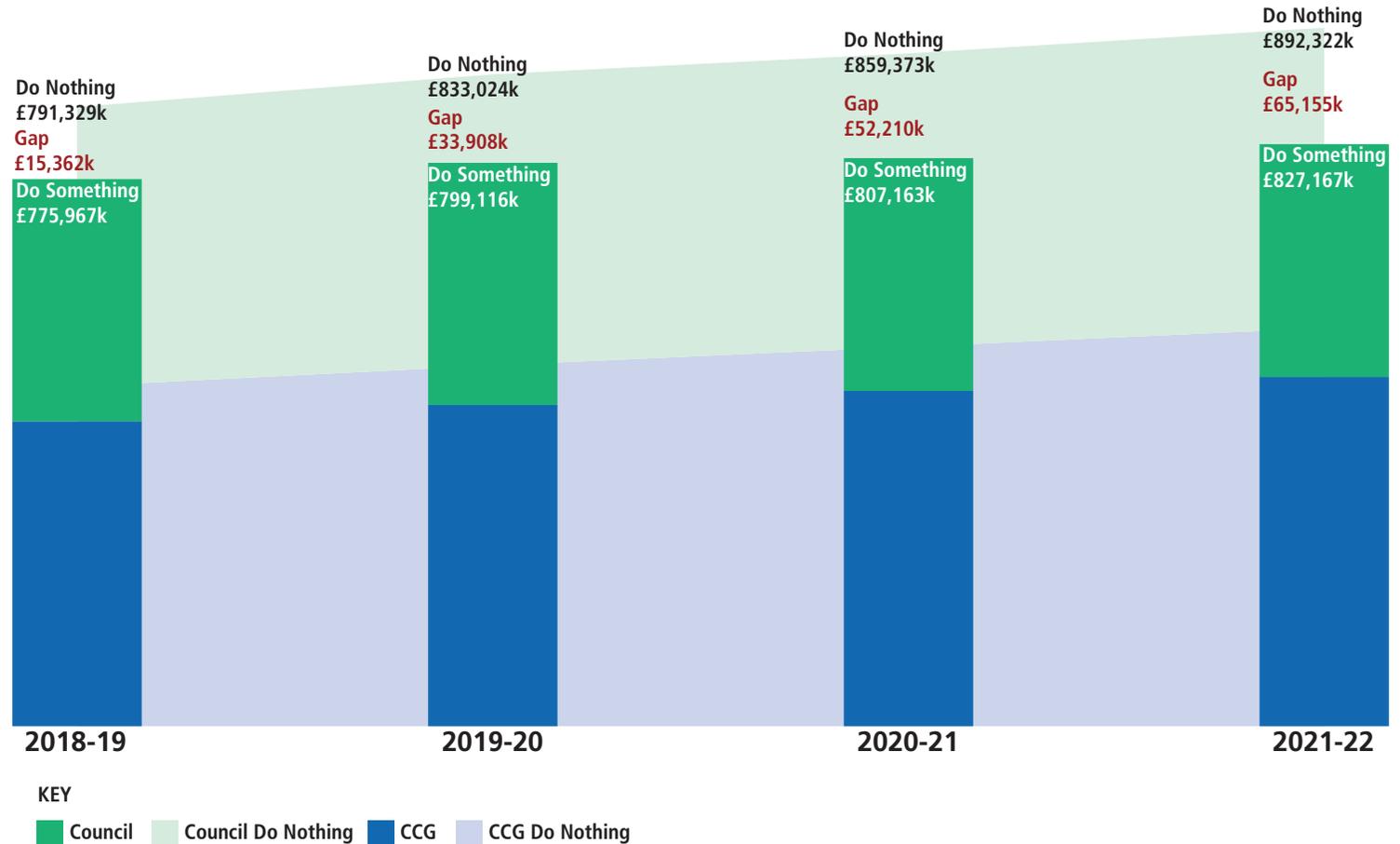
34.3% of people with heart disease have a mental health problem



The **11.2%** on the primary care registers for mental illness use **43%** of the services (including mental health)

Financial challenges

- 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 to 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).



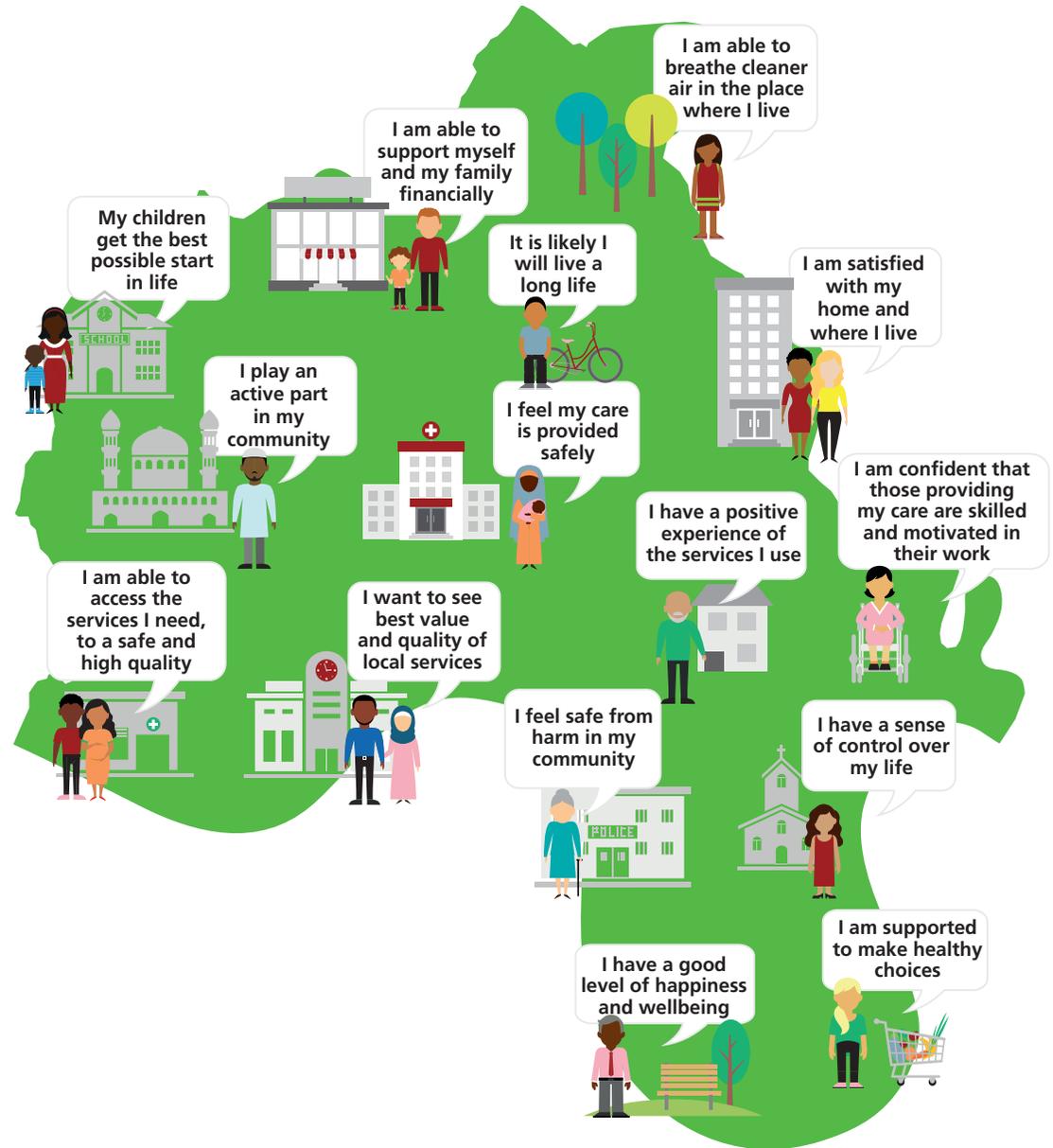
The system plan on a page

MISSION	VISION	OBJECTIVES	PRIORITIES FOR ACTION
<p>Transform people's health and lives in Tower Hamlets, reducing inequalities and reorganising services to match people's needs</p>	<ul style="list-style-type: none">● Tower Hamlets residents, whatever their backgrounds and needs, are supported to thrive and achieve their health and life goals, reducing inequalities and isolation● Health and social care services in Tower Hamlets are high quality, good value and designed around people's needs, across physical and mental health and throughout primary, secondary and social care● Service users, carers and residents are active and equal partners in health and care, equipped to work collaboratively with THT partners to plan, deliver and strengthen local services	<ol style="list-style-type: none">1. Transform health and tackle inequalities Achieve better health and wellbeing outcomes for all Tower Hamlets residents, as set out in the THT Outcomes Framework, shaped by local people2. Improve quality of care Continue to strengthen service quality in line with national standards, local operational priorities and residents' views and needs3. Commission and deliver high value services Commission resilient and sustainable services, tackling variation and waste, and ensure the Tower Hamlets pound is spent wisely	<ol style="list-style-type: none">1. Develop our partnership Collaborate as health and care providers and commissioners, with service users and carers, to plan and solve problems together2. Deliver on health priorities and inequalities Support individuals, families and communities to live healthy thriving lives3. Design care around people Provide accessible and responsive health and care services, and deliver person-centred integrated health and social care for those who need it4. Develop our teams and infrastructure Ensure THT staff and teams have the right support, skills, knowledge and approach

Objective 1: Transform health and tackle inequalities

The THT Outcomes Framework was developed with service users, carers and residents. It sets out the THT's ambition for improving the health of Tower Hamlets residents over the next few years. It is already being used by commissioners and providers for procurement and contracting and in the development of team plans. By April 2019, the Outcomes Framework will be finalised so it can be used as the basis for developing a practical handbook to support those who are using the framework more comprehensively.

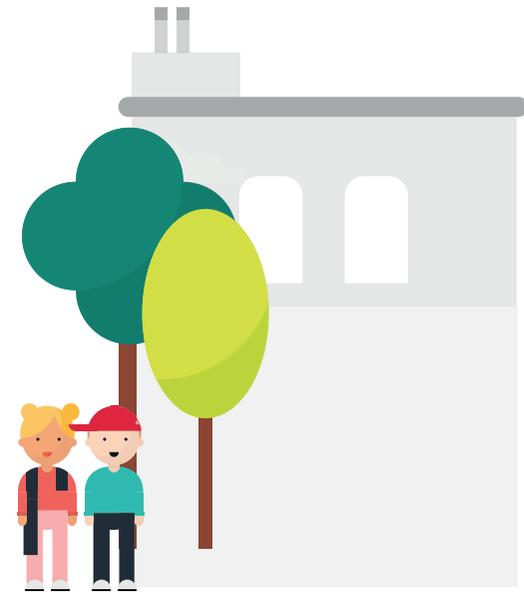
For more information on the framework, visit <https://www.towerhamletstogether.com/the-challenge/outcomes-framework>



Objective 2: Improve quality of care

THT partners are required to deliver on the NHS constitutional standards, Single Oversight Framework for Trusts, Improvement and Accountability Framework for Clinical Commissioning Groups, and Care Quality Commission standards, in addition to locally determined quality and performance priorities, including in particular those identified through service user and carer participation, including Healthwatch.

THT partners recognise that whilst individual organisations are currently held to account against national quality and performance requirements, many of these can only be delivered through partnership working. THT is therefore developing a System Accountability Framework, through which it will have oversight over key system quality and performance priorities, enabling more coordinated approaches across the partnership where this makes sense.



Objective 3: Commission and deliver high value services

All THT partners are working under significant financial pressures, driven by rising demand, rising costs, and reduced income (for NHS providers and commissioners, whilst income has grown, it has not been in keeping with historic levels of growth).

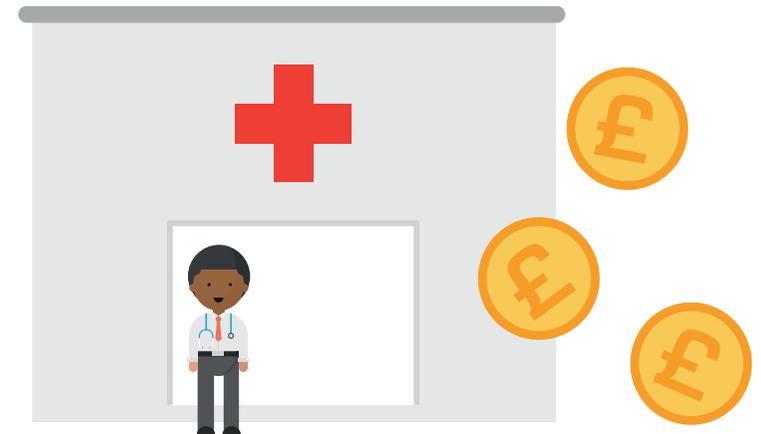
NHS providers have to deliver annual cash-releasing efficiencies through productivity improvement (including responding to the Carter Review and Getting it Right First Time programme), commissioners have to deliver cash-releasing demand management schemes, and councils have to deliver a balanced budget every year with significantly reduced income.

THT partners believe that financial challenges can be best met by working collaboratively to ensure that the Tower Hamlets pound goes as far as possible through:

- Effectively managing demand pressures through self care, prevention and delivering care closer to home
- Reducing duplication, variation and waste within and across partner organisations
- Working on an 'open book' basis
- Developing aligned business planning processes
- Working with the INEL Partnership Board and the East London Health and Care Partnership to consider opportunities for new approaches in contracting and reimbursement

Principles for commissioning for value:

- All money is public money and that all staff work for the benefit of Tower Hamlets residents
- Every penny counts, and there is no duplication of services between different agencies
- Services meet the identified needs of Tower Hamlets residents
- 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
- Assume there is no new investment due to national policies – and budgets will reduce
- Partnership working through THT is 'how we do business' in Tower Hamlets



Key priorities for THT Board

PRIORITY 1

Develop our partnership

- Embed the integrated commissioning arrangements and develop governance options for the CCG and LBTH including pooled budgets (links to objective 3)
- Develop an aligned business planning and joint procurement process with the CCG and LBTH (links to objective 3)
- By April 2019, finalise the Outcomes Framework so it can be used as the basis for developing a practical handbook to support those using the framework (links to objective 1)
- Develop a System Accountability Framework, through which THT will have oversight over key system quality and performance priorities, enabling more coordinated approaches across the partnership where this makes sense (links to objective 2)
- Work with the Inner North East London System Transformation Board to identify transformation priorities at scale

PRIORITY 2

Deliver on health priorities and inequalities

- The Tower Hamlets Health and Wellbeing Strategy and its five priorities lays out the overarching plan for improving the health of Tower Hamlets residents. THT will deliver on these population health priorities and inequalities through the THT workstreams.

PRIORITY 3

Design care around people

- Develop locality team specification, and mobilisation plan including the integration of mental health and social care into locality teams (links to objective 3)
- Work towards joint assessment and delivery processes for moderate complexity population
- Maximise the digital and technological opportunities for providing care
- Deliver the new model of Urgent Treatment Centre
- Deliver the High Impact Change Model for Delayed Transfer of Care
- Deliver the A&E improvement plan

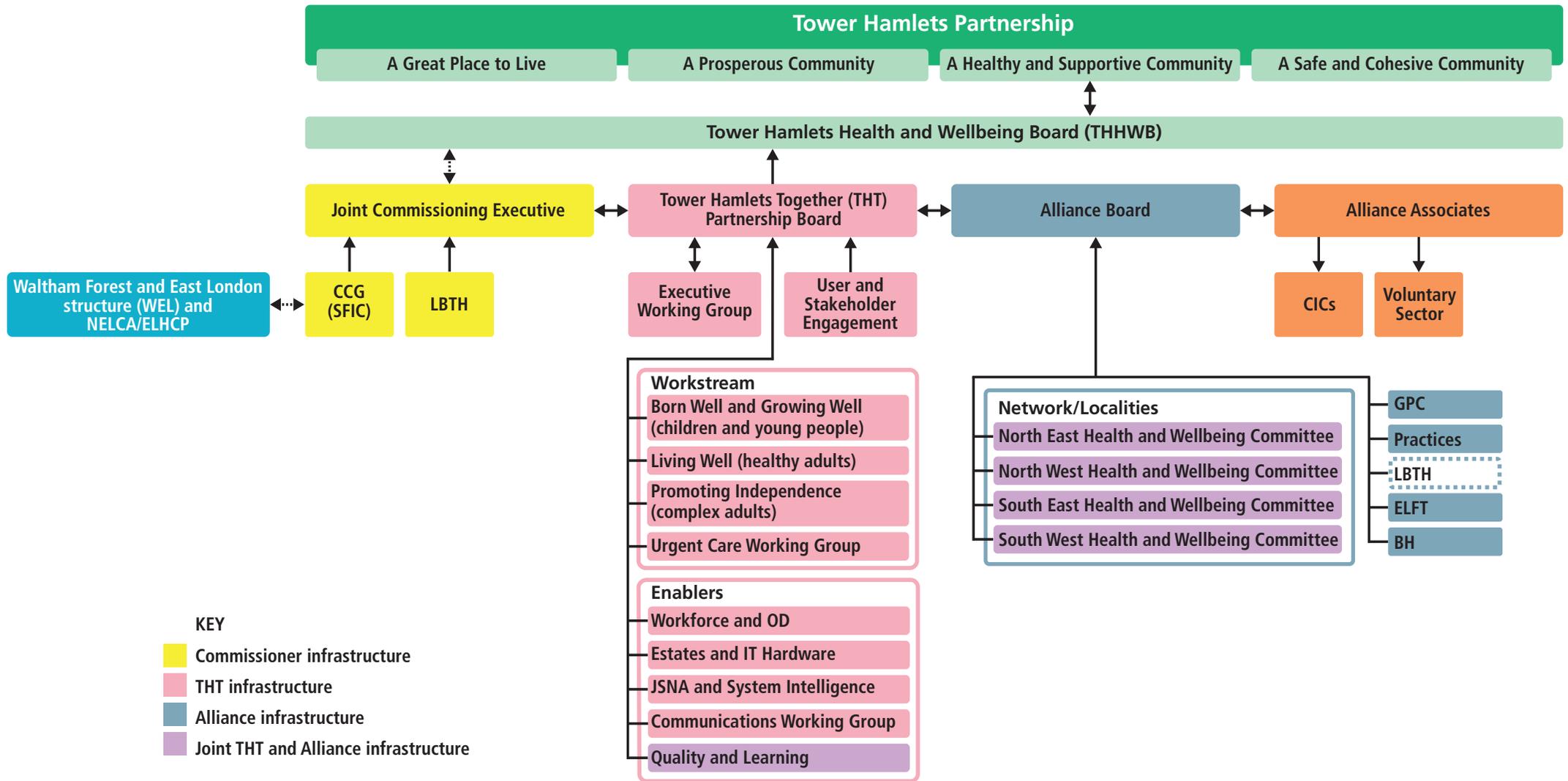
PRIORITY 4

Develop our teams and infrastructure

- Undertake Quality Assurance process to understand gaps against Care Quality Commission system inspection (Key Lines Of Enquiries)
- Through OD work support the Locality and Health and Wellbeing Committees to increase their capacity and capability. Revise the terms of reference and broader membership
- Develop system leadership forums for team and service managers
- Develop plans for infrastructure to support delivery of the partnerships work e.g. capital, IT, estates, OD and Workforce developments
- Develop an integrated workforce strategy and joint training plan working with INEL

Put the voice of Tower Hamlets residents at the heart of all our decisions, strengthening engagement, participation and co-production processes to achieve this

Priority 1: Develop our partnership



KEY

- Commissioner infrastructure
- THT infrastructure
- Alliance infrastructure
- Joint THT and Alliance infrastructure

NOTE:

This structure is still in development.
 THT interfaces with other partnerships not shown on this governance chart such as Mental Health and LD, Children's and Families and the Primary Care Development Collaborative

Priority 1: Functions of key committees

THHWB

- Oversees the development and implementation of the health and wellbeing strategy
- Has responsibility for the oversight of the Better Care Fund
- Has statutory responsibility for furthering the integration of health and social care

Joint Commissioning Executive

- Brings together the CCG and LBTH to promote joint health and social care commissioning

THT Board

- Brings each statutory health and care partner together
- Accountable to the THHWB and CCG Board
- Supports the THHWB with its statutory responsibilities for integration of health and social care
- Supports the CCG Board with the discharge of its various statutory duties around commissioning intentions
- Keeps current system performance under review and ensures collaborative problem-solving with any system issues

Workstreams

- Are collaborative leadership systems developed by the THT Board that targets specific populations
- Take a lead role in promoting health and wellbeing at target populations
- Has an oversight role of health and social care integration including service redesign, transformation and innovation
- Identifies opportunities to improve outcomes, reduce costs, reduce duplication and promote joint working

Urgent Care Working Group

- Accountable to the A&E Delivery Board
- Brings together partners to improve the quality and productivity of urgent and emergency care
- Its priority is a system wide accountability for the delivery of the 95% ED standard at the Royal London Hospital
- Responsible for delivering the best practice interventions as identified by NHS England through the eight High Impact Changes

Locality Health and Wellbeing Committees

- Locality health and wellbeing committees, as local collaborative leadership forums,

will increasingly develop a systemic view of local population assets and needs, and develop a broader network of local organisations and individuals to drive improvement (e.g. VCS, care homes, home care, faith groups, schools etc.)

- Attended by all system partners
- Focuses on building a broad range of local relationships as well as problem solving

Enabler Workstreams

- Supports joint planning around key infrastructure priorities including workforce, system intelligence, quality and learning and communications

Provider Alliance

- An alliance of NHS providers which formally contract to provide community health services

Development Working Group

- Responsible for the ongoing development of the THT system
- Ensures the actions approved by the THT Board are planned for and delivered

Priority 2: Deliver on health priorities and inequalities

Born Well and Growing Well: ensuring every child in Tower Hamlets has the best start in life

2019/20 Priorities	2020/21 Priorities	2021/22 Priorities
Increase and broaden access to mental health support for children and young people to help promote good mental health	Develop joint packages to support children with learning disabilities, ASD or challenging behaviour and reduce waiting times for specialist services	Unify our positive behaviour support models to build resilience amongst children and young people, with greater consistency across the TH system
Support mothers and families to give their unborn babies the best start in life by connecting up services before pregnancy and beyond	Redesign services to address the barriers often faced by children with SEND and support them to reach their full potential (TH SEND Strategy)	Improve levels of healthy weight and dental health in children and young people
Make our health, care and accommodation support integrated and responsive to the needs of children who are Looked After	Establish targeted, holistic care to meet the needs for the most vulnerable adolescents in the borough	Integrate transition services through school years to smooth and support the journey into early adulthood when a person is ready (0-25 services in line with NHS LTP)
Reduce the need to rely on hospital care and help children, young people and their families to live independently by improving our community-based care	Integrate therapeutic services across home, early years and school settings to improve participation in school and increase independence	Enhance the model of care for children with significant or multiple vulnerabilities, most complex needs, or palliative, including keyworkers and integrated working (in line with NHS LTP)

Priority 2: Deliver on health priorities and inequalities

Living Well: working together to help people live healthily

2019/20 Priorities	2020/21 Priorities	2021/22 Priorities
To improve early identification of cancer by supporting more people to take up vital cancer screening services	To improve the experience and outcomes of the Living Well population using primary care through transformation of how primary care is accessed and provided to a young, mobile, population	<p>The LW work stream aim is that over the next 3 years the following iStatements are true for more of the Tower Hamlets Living Well population:</p> <ul style="list-style-type: none"> ● I have a good level of happiness and wellbeing ● I understand the ways to live a healthy life ● I am supported to make healthy choices ● I am able to access safe and high quality services when I need them ● I feel like services work together to provide me with good care ● Regardless of who I am, I am able to access care services for physical and mental health
To improve prevention and early identification of long term conditions such as heart disease, stroke and diabetes by reviewing our model for providing health checks	To improve outcomes for people with common mental health issues such as depression and anxiety by strengthening what is currently provided and exploring population level programmes that aim to address the scale of the issue in the borough	
To improve early identification, management of people with musculoskeletal conditions (such as back pain, hip and knee problems) through commissioning of a new service.	To improve the experience of residents accessing reproductive health services (e.g. sexual health, contraception, termination of pregnancy) through a joint commissioning approach across the CCG and Local Authority	
To improve prevention, early identification and management of diabetes by reviewing current services and understanding resident experience of living with diabetes.	To improve the connection of residents to services and assets that will support their health and wellbeing by developing a strategic approach to social prescribing through the Tower Hamlets Together system	
	To improve how the Living Well population can easily access high quality and reliable information and advice by bringing together Tower Hamlets Together partners to develop an integrated offer	

Priority 2: Deliver on health priorities and inequalities

Promoting Independence: ensuring that vulnerable and older people remain as independent for as long as possible

2019/20 Priorities	2020/21 Priorities	2021/22 Priorities
Embed a personalised model of care to include holistic person centred planning and the offer of a personal health budget	Establish and agree how the personalisation model of care can be funded, on a sustainable basis, going forward, including the impact on the community and voluntary sector	The PI work stream aim is that over the next 3 years the following iStatements are true for more of the Tower Hamlets adults with complex needs population:
All adults living with complex needs accessing multiple health and care professionals have a coordinated approach to their care	Strengthen the market development and management of nursing and care agency providers for those requiring continuing healthcare funding	<ul style="list-style-type: none"> ● I feel like services work together to provide me with good care ● I am able to access safe and high quality services (when I need them) ● I have a good level of happiness and wellbeing ● I am supported to live the life I want ● I have a positive experience of the services I access, overall ● Regardless of who I am, I am able to access care services for my physical and mental health
All adults living with frailty in Tower Hamlets receive a joined up approach to their care from all the professionals and services who work with them	Integrate reablement and rehabilitation care to support people to recover in a more suitable setting following discharge from hospital	

Priority 3: Design care around people

Integrated care is important to people who have complex health and/or care needs and are likely in touch with multiple services. Many of the THT partners take a 'population segmentation' approach which identifies those who are most at need of coordinated support. Given the varying populations THT serves, there are a number of sub-populations its partners will need to focus on.

Key aims

Whole population

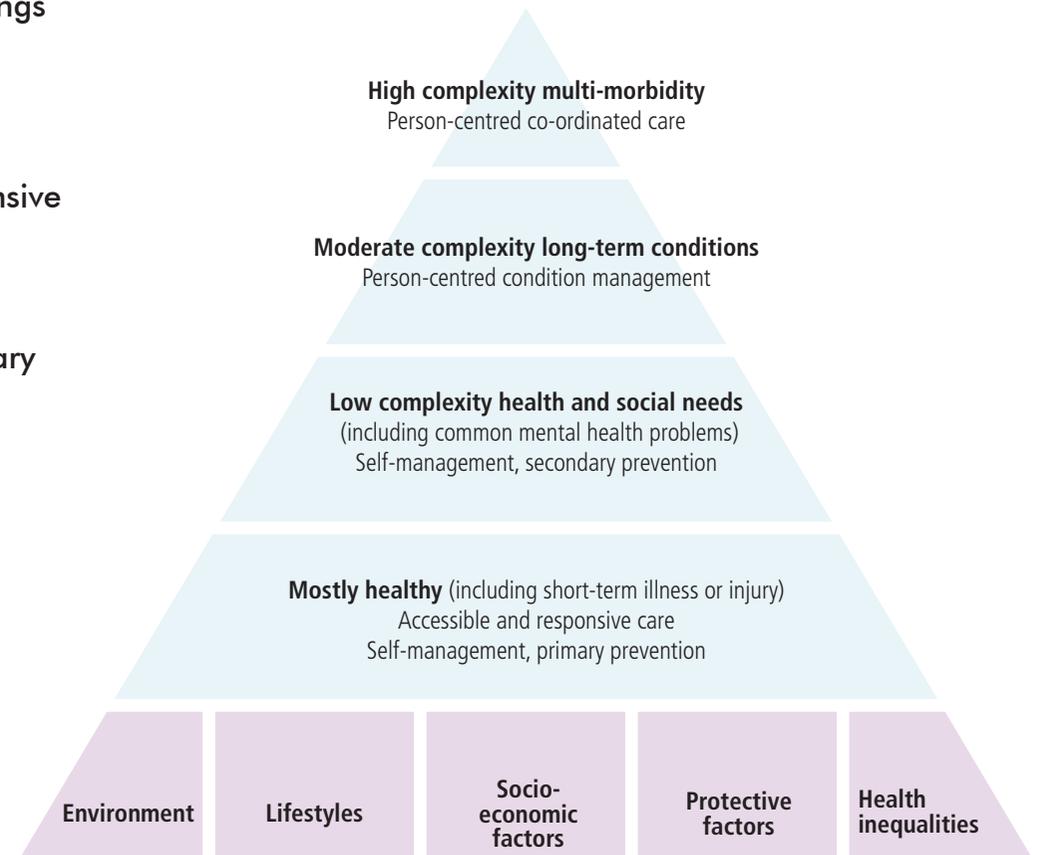
- Support individuals and communities to self-care
- Simplify the health and care system, making it easier to understand and access
- Deliver a streamlined urgent care pathway
- Tackle the wider determinants of health and reduce health inequalities
- Ensure service users and carers are equal and active partners

People with complex needs

- Provide whole person, mental physical health and social care
- Support people to meet life, as well as health goals
- Support people to remain as close to home as possible, with smooth transitions between care settings when these occur

Healthy people

- Provide accessible and responsive assessment and diagnostic services and support for self-management
- Promote primary and secondary prevention and access to universal services



Priority 3: Deliver care close to people

The THT model of care is organised around four localities – north west, north east, south east, south west. Each locality is comprised of two networks of 4-5 GP practices, and covers a population of around 60-70k.

Many of the care services are already organised by locality, such as:

- Extended primary care teams of district nurses and therapists
- Community mental health teams
- Longer term social work teams
- Home care agencies (two commissioned per locality)
- Community-based support services e.g. Linkage Plus, day centres

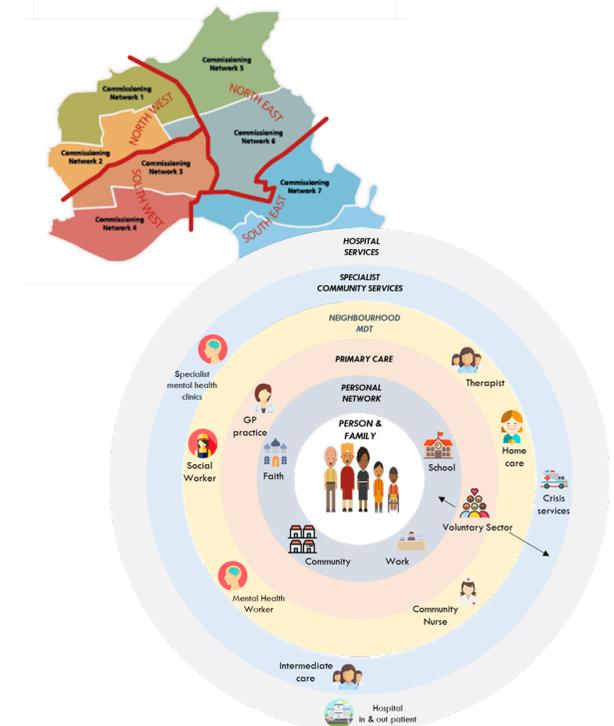
Locality health and wellbeing committees, as local collaborative leadership forums, will increasingly develop a systemic view of local population assets and needs, and develop a broader network of local organisations and individuals to drive improvement (e.g. VCS, care homes, home care, faith groups, schools, etc.)

There is significant work underway to support population health improvement on a locality basis, including locality public health leads, locality JSNAs, and the communities driving change programme (HWBB priority).

Neighbourhood based multi-disciplinary teams are a foundational component of the national Integrated Care System Strategy, and a 2018/19 NHS Planning Guidance requirement.

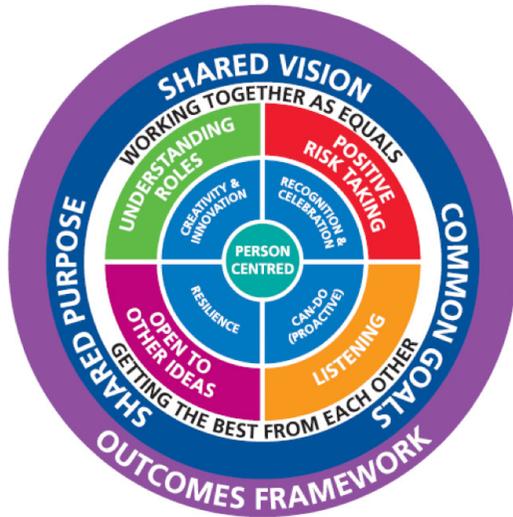
The principles of a neighbourhood based around a population of c. 50,000 is that:

- Teams of local health and care practitioners will know the communities they serve best
- A population of 50,000 is sufficiently small to allow health and care practitioners to build a strong and personal network between them
- For people with complex needs, in particular, it is important to deliver integrated care close to home, with health and care practitioners working closely to provide streamlined person-centred care
- There are opportunities for broader networks of local organisations and individuals to be formed around neighbourhoods, with a focus on building community involvement, resilience and capacity e.g. the Communities Driving Change programme
- There are opportunities, over time, for neighbourhoods to take on micro-commissioning responsibilities



Priority 4: Develop our teams and infrastructure

WHEEL OF PARTNERSHIP



For more info on wheel of partnership, visit <https://www.towerhamletstogether.com/our-work/wheel-of-partnership>

Staff

During 2017, a competency model known as 'The Wheel of Partnership' was developed, identifying the skills, knowledge and behaviours that enable successful integrated working and person centred care.

A key priority is to ensure the conditions are right for staff to work across organisational boundaries.

More person-centred integrated care can only be delivered if THT ensures that relationships are good, between practitioners and service users and between its staff and linked organisations.

It recognises that it is asking many of its staff to work differently, strengthening professional roles, but also to look beyond their professional and organisational roles to think about the needs and assets of service users in the round, and to think system rather than organisation. This requires collective investment into changing and/or aligning its values, behaviours, skills and knowledge.

Learning systems

Evidence based and data driven decision making is at the core of successful learning systems.

This must happen at all levels (strategic, operational, direct care and self management). It fosters a better understanding of value, what interventions really work and improves conversations in the system and with people about care packages and how resources are used.

THT understands the importance of good quality linked data to support planning, delivery, and ultimately decision-making.

Infrastructure to deliver the vision

THT also recognises the importance of implementing the right infrastructure (technological, digital, workforce and estates) to enable integration. It will be a key focus of the Board to understand the current and future opportunities.