



TOWER HAMLETS HEALTH AND WELLBEING BOARD



SUPPLEMENTAL AGENDA

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Introduction to Tower Hamlets Connect

Information, advice and advocacy service in London Borough of Tower Hamlets

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Darren Ingram, Service Manager, Integrated Commissioning
Larissa Howells, Director of Services, Age UK East London

Agenda Item 3.3



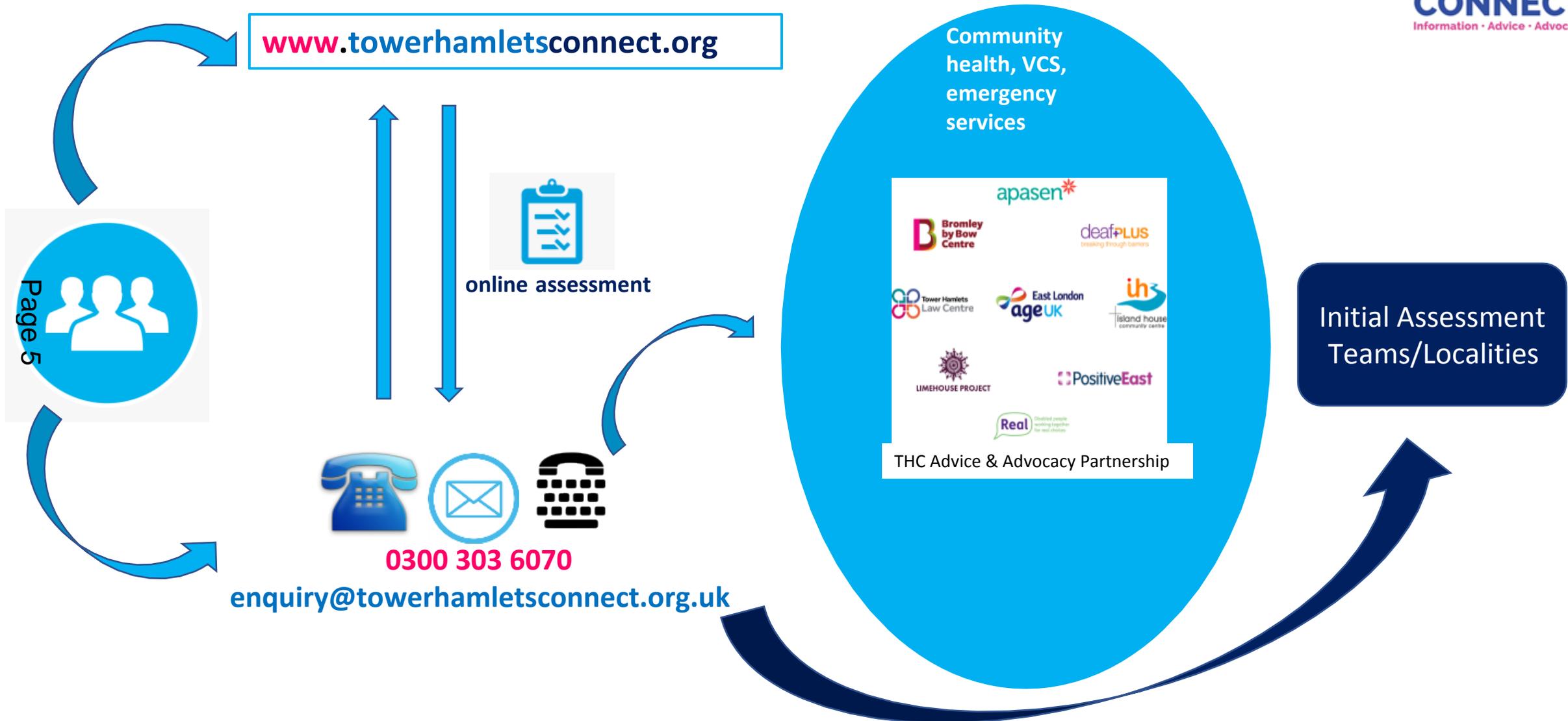


Delivered in partnership with:



- Providing residents with the right help at the right time through the right channel.
- Co-ordinating resources to target the highest need



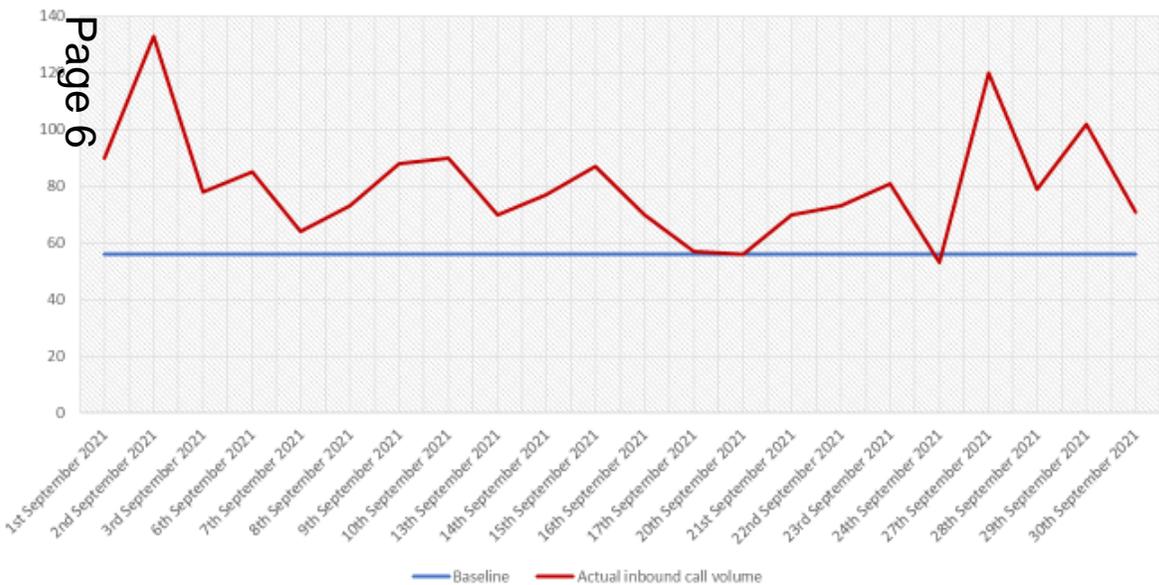


Helpline demand 1st Aug to 30th Sept

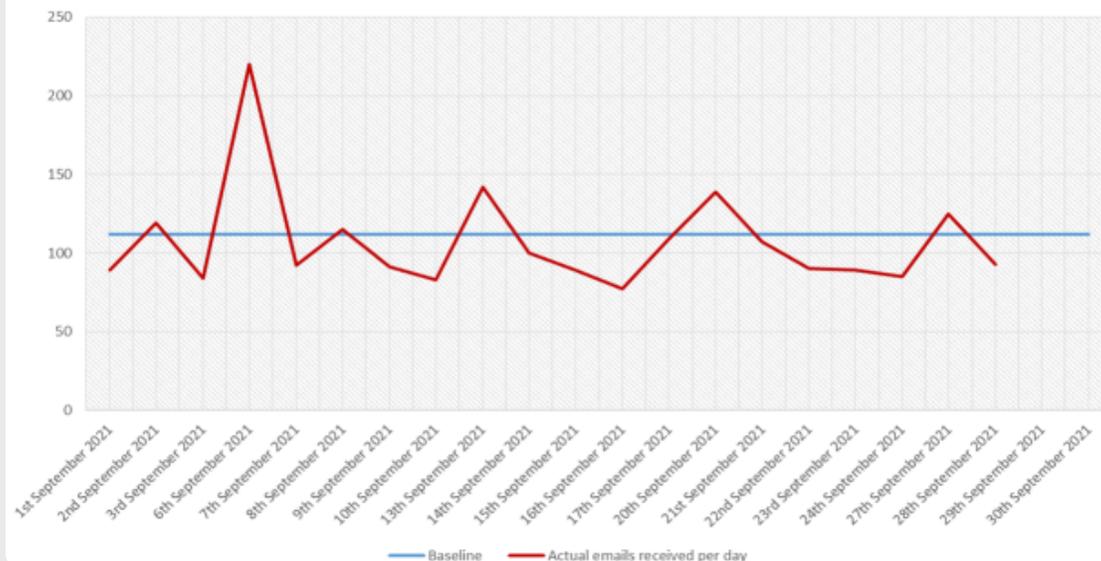
Total calls: **3,014**

Total emails : **4,908**

Call volume to THC helpline vs predicted baseline, September 2021



Emails received per day to enquiries@thcvs predicted baseline, September 2021

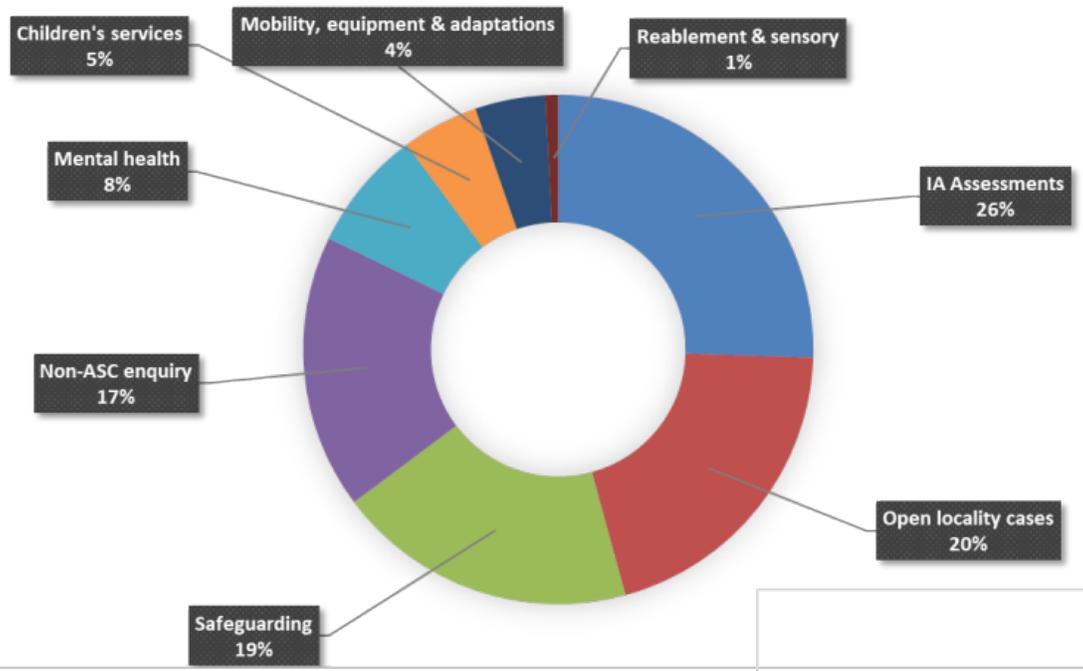




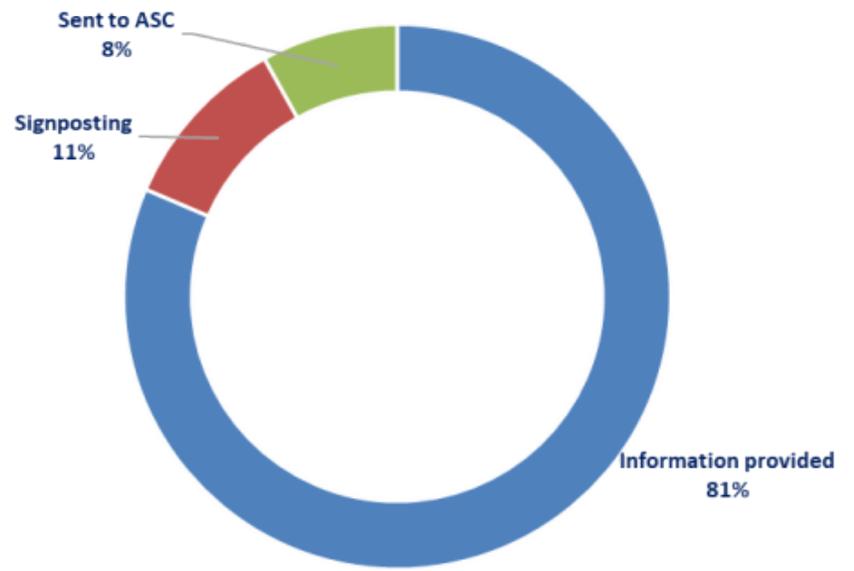
Outreach Advice and Advocacy 1st Aug – 30th Sept

	Referrals	Contacts
community centres, homes, hospitals	196	371
GPs and health centres	235	272
General advocacy	93	182
TOTAL	524	825

Requested ASC Category- referrals 11.10- 15.10



Action taken on THC referrals 11.10 - 15.10



How we help

How we help

Enquiry	Response
<p>Safeguarding referral. Information states person is a substance misuser, street homeless, in significant debt, fearful of being beaten up by the people they owe money to. Suffering from depression, anxiety and is suicidal</p>	<ul style="list-style-type: none"> • Provided info / advise / signposted to HOST, Debt Free London, RESET, GP for possible referral to CMHT, Police. • Advised to present at A&E if in crisis. • Signposted the portal
<p>Mum requesting OT assessment for Autistic child. Reports they try to climb out of windows, touch the cooker when it's on, opens kitchen cupboard doors and runs out into the street.</p>	<ul style="list-style-type: none"> • Explained the process via Children's SPA form • SPA form sent for her to complete along with leaflets about Children's OT and how parents can help themselves. • Suggested locks for kitchen cupboards. • Advised to check out THC Portal for other support
<p>Self-referral from lady for provision of support around the home with housework, shopping, day center attendance. Reports to have no motivation since the death of her husband a few months previously. Advised to be physically quite fit, able to use computers and the internet</p>	<ul style="list-style-type: none"> • Explained eligibility criteria and provided details of organisations where she could purchase care for herself should she wish to do so . • Suggests she speaks with a bereavement counselling service, GP can refer. • Talked through how to search on the THC Portal for lunch clubs / activities that she may enjoy. • Provided details of online and telephone shopping services.

2021/22 Priorities

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- Mapping pathways
- Understanding wider support services
- Identifying service gaps and capacity issues
- Accessibility and equalities impact assessment



Tower Hamlets
CONNECT
Information · Advice · Advocacy

Digital Portal

My favourites ▾ Select Language ▾  A A A C C C



[About us](#)

[Information and advice](#)

[A-Z](#)

[Events](#)

[Community directory](#)

[Contact us](#)



Tower Hamlets Connect

This is an online resource for Tower Hamlets residents, providing information and advice on health and social care, an events calendar and a directory of community services.



I want to have
a good level of happiness
and wellbeing



I want to make
healthy choices



I need support
to live at home



**Don't know where to
start?**
A-Z of info and advice



Digital Portal key features and updates:

- www.towerhamletsconnect.org
- Suite of **integrated information and advice pages** offer across health and social care
- **Integrated directory** of voluntary and community services for users to search for a range of health and social care services online
- Open access **events calendar** that enables organisations to list their own events and accessed by residents in one place
- Information and advice pages on various subjects have been drafted by leads from Tower Hamlets Together and overseen by cross represented working group and
- The look and feel (navigation) of the website has been co-produced with residents and officers from Tower Hamlets Together partners.
- A residents' group is also available test and review content.
- Adult social care pages are being refreshed by an interim web content editor for the council website and on the Digital Portal to ensure there is consistency, seamless read through and strength-based approach as part of the narrative to manage demand at the front door and expect a minimum 10% channel shift from face to face/telephone services to digital platform.
- New content request to: THConnect@towerhamlets.gov.uk

Portal analysis: 19 July to 22 October

Portal visitor information:

1590 visitors, including 359 returning visitors

05:41 average length of time spent on the portal

63% access the portal via desktop, 34% via mobile and 3% via tablet

Most visited categories on information pages after the home page are:

- Health and wellbeing
- Information and advice
- Managing at home
- Care homes & housing options
- Getting out and about

Priorities going forward:

- Strengthen existing information and advice content on the portal and managing new contents process
- Publish an online video for residents, an overview of Tower Hamlets Connect and how to use website
- Phased publicity of the service from November to March 2022 to manage the expected demand on Tower Hamlets Connect, including article in Our East End with Mayor and Lead Member, posters and leaflets, engaging with adult social service providers.
- Embed user testing and feedback via the residents group
- Finalise and publish an online self-assessment form that will support key frontline teams to determine Care Act 2014 eligibility and manage demand into Adult Social Care
- Agree **Phase 2 activities** with the digital portal working group, likely to include:
 - Micro commissioning
 - Professional zone
 - Link into the council's new CRM
 - Link into the NHS app

Any questions?

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Tower Hamlets Health and Wellbeing Board

Update on the Integrated Care System developments and Borough Based Partnerships

ICS progress



- The Health and Care Bill published on 6 July 2021 sets out how the government intends to **reform the delivery of health services and promote integration between health and care in England**, recognising that neither the health system nor local authorities can meet the needs of their populations on their own.
- The Bill **includes specifications on how integrated care systems (ICSs) are to be set up and** it emphasises the new statutory functions:
 - **an Integrated Care Board (ICB)** – taking on the NHS Commissioning functions of CCGs which are to be legally abolished and transferred in to these new ICBs. It will also be accountable for NHS spend and performance across the system
 - **an Integrated Care Partnership** - bringing together a wide range of organisations and representatives concerned with improving the care, health and wellbeing of the population to develop a strategy to address the health and care needs of the system
- In addition, the Bill specifies three other core components of the ICS system: Provider Collaboratives, Place-based Partnerships and Primary Care networks.
- Working in an integrated way is not new for north east London, nor Tower Hamlets, and we have a strong history of working together across the system to provide health and care for patients. Most recently this was very much at the heart of our response to the Covid pandemic and the rollout of our vaccination programme.
- For Tower Hamlets Together, this means evolving into a Place-based Partnership within the North East London Integrated Care System. The remaining slides outlines its purpose, potential forms and functions.

Timeline

- **Chair of the new Integrated Care Board** - In July Marie Gabriel, currently Independent Chair of the ICS was confirmed as the Chair designate for the Integrated Care Board
- **Dis-establishment of the CCG** - Subject to the legislation being finalised, it is expected that the CCG will be abolished and there will be a new Integrated Care Board in **April 2022** with current CCG and wider functions
- **Recruitment to Executive Roles** – CEO will be announced in November followed by other statutory roles (Chief Finance Officer, Direct of Nursing, Medical Director) ahead of the new ICB forming in April

Decision-making



North East London
Health & Care
Partnership

- The ICS design framework from July 2021 and the *Thriving Places* guidance issued in September 2021 both support the principle of subsidiarity through place-level decision making:
 - There is an ‘opportunity for a significant amount of system decision-making at place level, where appropriate’, which will require the ‘allocation of decision-making functions between system and place’; and
 - ‘We expect statutory bodies may set a budget for place-based partnerships to support local financial decisions, where it has agreed with the place-based partnership to delegate decision-making functions to the partnership’
- The guidance leaves it to each system to decide upon an appropriate allocation of decision-making authority.
- It suggests that which takes place at place may relate to: local health and care strategy and planning, service planning, service delivery and transformation, population health management, connecting support in the community, promoting health and wellbeing, and alignment of management support across partners.
- Our design for this needs to be driven by the functions that are best delivered at place level and how decisions can be taken as close to patients and residents as appropriate.
- The NEL ICS design process must establish over the coming months:
 - what functions will be reserved to the integrated care board;
 - what functions will be delegated to and exercised by place-based partnerships and provider collaboratives; and
 - what conditions the ICB, as the accountable body, will place on such delegation.
- NHS England anticipates that governance arrangements will continue to evolve after 1 April 2022.
- A NEL wide working group established to develop a framework for formal delegation to place-based partnerships.

NEL ICS programme high-level milestones



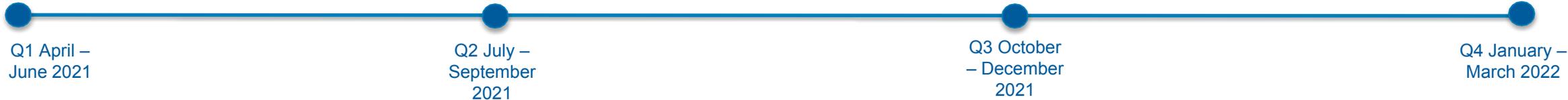
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- Update ICS system development plan - **COMPLETE**

- ICB Chair designate appointed - **COMPLETE**
- ICS CEO recruitment process **UNDERWAY**
- Draft proposed new ICS NHS MoU arrangements for 22/23 - **COMPLETE**
- Begin due diligence planning - **COMPLETE**

- ICS CEO confirmed by end of November
- Carry out recruitment process for designate finance director, medical director, director of nursing and other board level roles
- Engagement on local ICS NHS Constitution and governance arrangements for ICS NHS body and ICS Partnership
- Commissioning functions – discussions with partners and decisions on commissioning arrangements at system and place level to be finalised by end of Q3
- Updated System Development plan to NHSE

- By end of Q4 - readiness to Operate Statement to be signed off by CEO
- A final functions and decision map due before end of Q4 to be completed alongside the model constitution
- Constitution approved by NHSE before end of Q4
- Designate partner members and any other designate ICB senior roles confirmed by end of Q4



Potential responsibilities at place-based partnership level



North East London Health & Care Partnership

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- The ICS design framework does not prescribe a fixed set of functions or responsibilities for place-based partnerships.
- Rather, it simply recognises them as key to the coordination and improvement of service planning and delivery, and as forums for partners to address wider determinants of health.
- This provides a strong basis for each partnership to reflect on its own ambitions for the early years of the new integrated care system.
- The table to the right lists ten functions that form the basis for a strong and ambitious place-based partnership.

#	Function	Detail
1	Understanding and working with communities	Developing an in-depth understanding of local needs This involves bringing together data and insights from different agencies to build up a rounded picture of the needs and strengths of different communities, which where necessary drives a differentiated health and care offer including at the levels of primary care networks and neighbourhoods
2		Connecting with communities This means being the level at which most public engagement relating to health and care happens, focused on how care pathways are experienced from a user perspective and local service changes (rather than wider system change)
3	Joining up and co-ordinating services around people's needs	Jointly planning and co-ordinating services This involves joining up planning and delivery across NHS, local government, VCS, and independent sector services for more co-ordinated and personalised care and to avoid duplication. The focus is on community-based services, including primary care, community health services, social care, and some community mental health services, plus their interface with acute care
4		Driving service transformation This means leading the implementation of place-based, cross-partner transformation schemes that promote more person-centred and preventive approaches to care. It also means connecting local partners to wider pan-ICS changes, ensuring that new delivery models take local factors into account.
5		Collectively focusing on the wider determinants of health This involves widening the local planning and delivery conversation beyond services to the social and community networks and the physical, social, and economic contexts that impact on health and wellbeing outcomes. This includes housing, green space, employment, and leisure
6	Addressing social and economic factors that influence health and wellbeing	Mobilising communities and building community leadership This means investing in building community leadership capacity, including by supporting community-led organisations and creating roles such as community health champions that give local people influence over local health outcomes, as well as engaging constructively with elected councillors and VCS representatives
7		Harnessing partners' economic influence as anchor institutions This means leveraging partners' roles as local employers and purchasers of goods and services to play an active role in promoting the health, wellbeing, and economic resilience of communities, in line with the vision for this likely to be set at system level for some partner organisations
8	Supporting quality and sustainability of local services	Supporting the best use of financial resources This requires partnerships to look at the collective resources available to improve health and wellbeing and, either directly or by influencing partners (according to where budgets sit formally), aligning these behind local priorities. This includes making best use of opportunities to pool functions and funds across the NHS and local government
9		Supporting local workforce development and deployment This means complementing ICS-level work on longer-term workforce planning, recruitment and training by influencing how the collective health and care workforce across a place is deployed and developed in support of desired service changes. Workforce development is therefore an area where the division of efforts across places and systems will need careful working through with tailored local solutions. It is linked to partners' roles as anchor institutions.
10		Driving improvement through oversight of quality and performance This involves not creating an additional assurance layer at place level but a distinct role for place-based partnerships in forming informal local accountability mechanisms that can help drive improvement in local services, including through peer support and challenge between the leaders of different organisations as well as clinical peer review.

* Adapted from The King's Fund: *Developing place-based partnerships – the foundation of effective integrated care systems*

THT Borough Partnership Board



- Established partnership arrangements through THT and into HWBB
- Opportunity to build on strengths – where can we do more and how can delegation and form help
- Understand the conditions that will come with delegation
 - How will we demonstrate system accountability for outcomes, delivery, resources, quality, performance?
- What will our provider landscape look like across the partnership?
 - Development of provider collaboratives
 - Development of primary care and PCN's
 - Continued engagement of CVS

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Existing strengths

THT operating framework:

- Aims and Principles
- Vision, mission, objectives
- Agreed priorities and plan
- Outcomes framework
- ToR for partnership groups

THT integration examples:

- Asthma and wheeze project; H@H;
- Jointly funded and commissioned services eg Tower Connect; Linkage Plus; CAMHS
- Multi-disciplinary teams in place
- Response to Covid19 – helpline; IDH; support to CEV children and young people
- Workforce and OD strategy
- Strong focus on engagement and co-production
- Race equality and work with BRAP
- Opportunities for further integration through some of the redesign and re-commissioning underway eg homecare; rehab and reablement; SALT; ASD pathway

Developing options for delegation to place based partnerships



Many of the statutory functions that the ICB has could be delegated to a place. The following options are most likely:

- Commissioning functions for specified services;
- Communications and engagement functions;
- Contracting and financial management (including through control of a delegated budget);
- Service planning, transformation and delivery management;
- Strategic planning;
- Quality, risk and financial monitoring and management.

In each case, the functions would be delegated for the place area and would be subject to agreed NEL governance arrangements.

Form



- *Thriving Places* reiterates the five governance options for place-based partnerships from the ICS design framework.
- These will be agreed for April 2022 between the central ICS leadership team and each partnership. The aim is to make use of what each place has already created and to transition each partnership into the statutory ICS structure with a minimum of disruption.
- Further considerations may be needed re membership as the place-based partnership mature.

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1. Consultative forum	2. Committee	3. Individual executives	4. Joint committee	5. Lead provider
A collaborative forum to inform and align decisions by relevant statutory bodies, such as the ICB or local authorities, in an advisory role. In this arrangement, the decisions of statutory bodies should be informed by the consultative forum	A committee provided with delegated authority to make decisions about the use of resources, with terms of references and scope set by the statutory body and agreed to by the committee	Statutory bodies may agree to delegate functions to individual members of staff to exercise delegated functions, and they may convene a committee to support them, with membership that includes representatives from other organisations	A committee established between partner organisations, such as the ICB, local authorities, and statutory NHS providers, potentially with representatives of non-statutory providers to participate but without being members	A lead provider manages resources and delivery at place-level, as part of a provider partnership, under a contract with the ICB and/or local government, having lead responsibility for delivering the agreed outcomes for the place for the defined set of services
Helpful for engaging the widest range of partners to discuss and agree shared strategic direction together	Helpful for making decisions based on a range of views, while facilitating delegated authority for the use of resources	Helpful for engaging partners in the decision-making of statutory bodies, while retaining a single SRO for decisions	Helpful for making joint decisions between relevant partners	Helpful for giving provider leaders greater ownership and direction over service delivery and coordination

Could start here



Aim for here

Next Steps



There will now be opportunities to consider key areas and agree the TH place-based partnership approach to them. These relate to the Integrated Care Board (ICB) functions and will need to be agreed with the ICB.

Quality and performance

Finance

Public and patient involvement

Clinical and care professional leadership model

Strategic estates planning

Delivery of the THT strategy

- Further THT workshop in November
- Opportunity to engage with Browne Jacobson at a local level
- Agree proposals for form and governance – April and beyond
- Explore further the options for delegation – including commissioning activity
- Continue engagement in the discussion on provider collaboratives and what this means locally
- Continue to develop our locality plan (with primary care and PCN's and CVS) – includes locality development fund
- A maturity process by which NEL ICS signs off the recommended form requested by the borough partnership will be developed by the NEL ICS.(by April 2022)

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BAME Commission

Project plan: research on causes of health inequalities amongst BAME communities

Astrid Grindlay, Public Health Registrar

Astrid.Grindlay@towerhamlets.gov.uk



Recommendation:



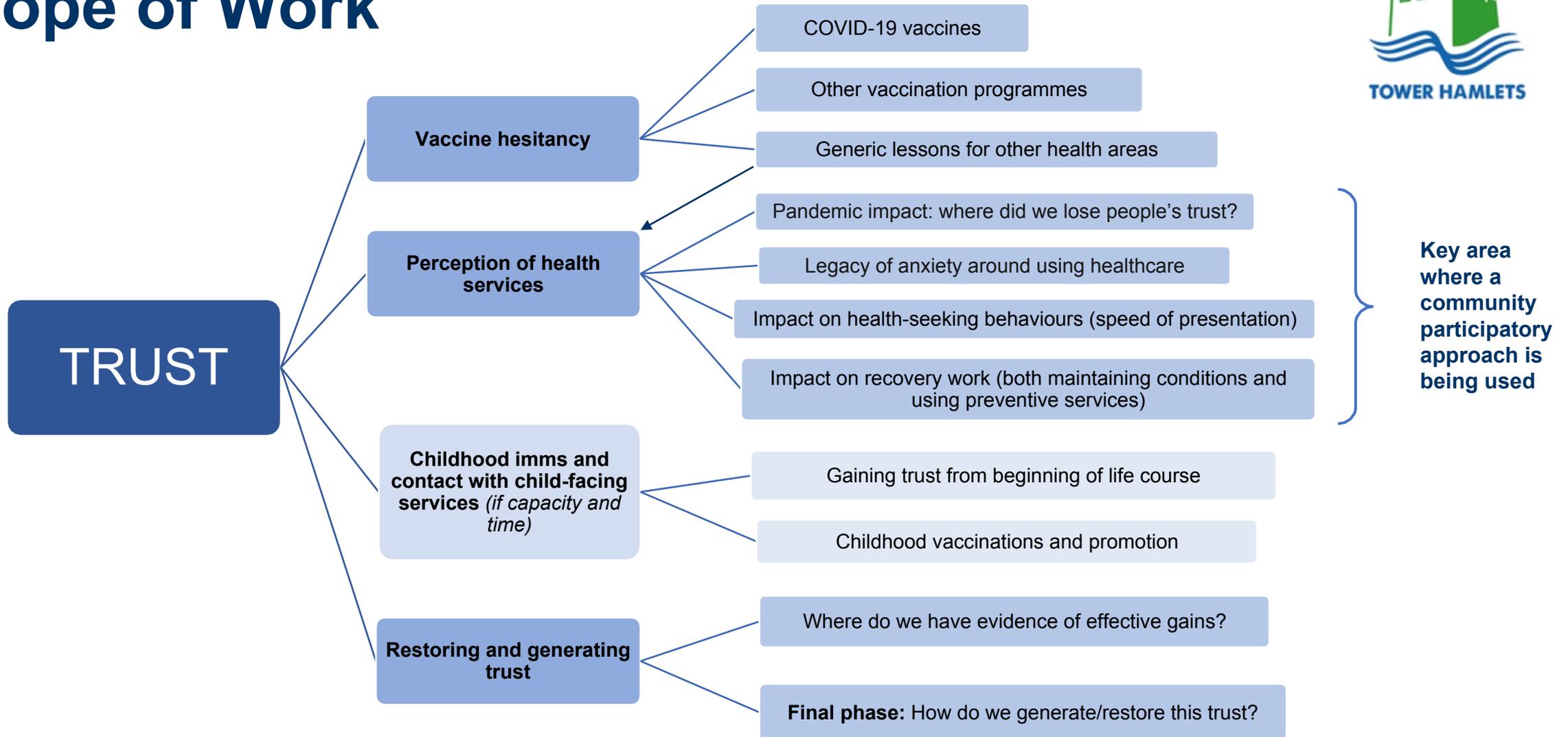
“The Health and Wellbeing Board, by the end of 2021, undertake detailed external research on causes of health inequalities amongst BAME communities which puts engagement of the community at the forefront of its work to identify issues and solutions”



Scope of Work



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DISAGGREGATION OF DATA INTO GRANULAR ETHNIC GROUPS



Research Phases



Phase 1: *“What we already have”*

- Synthesise information already collected from relevant literature
- Analyse qualitative insights data (collected by Public Health team) by project scope topics
- Integrate findings from existing vaccine hesitancy work (i.e. West Co, Social Action for Health, Community Navigators etc.)

Phase 2: *“Additional data to collect”*

- Health data to complement the community participatory work around perceptions of services
- Focused pieces of additional work which need to be done around vaccine hesitancy
- Service provider engagement

Phase 3: *“Community-based participatory research”*

- Generating additional insight; this will then be built on by co-developing focused actions
- Primary focus a) carrying out a deep dive in to the perception of health services and how the experience throughout Covid has impacted on trust b) to consider how grief and loss has impacted on the relationship of trust, and how we can begin to build up trust through this void of grief and trauma c) to explore how residents feel that their ethnicity impacts on how they use and perceive health services and d) to generate actions on how trust can be restored between BAME residents and services



Strengthening our research capabilities in Tower Hamlets

November 2021

Update to the Tower Hamlets Health and
Wellbeing Board



Aims for today

This short session seeks input from HWB into the development of plans for strengthening our research system in Tower Hamlets.

This is about to **provide the underlying infrastructure, collaborations, and processes to enable research** on several 'wider determinants' of health.

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The Health And Wellbeing Board is recommended to:

1. Note the content of this update;
2. Consider and provide steer on the questions on [slide 10](#);
3. Provide its support for a bid to the NIHR funding opportunity Health Determinants Research Collaborations - in the form of a letter from the Chair of the HWB Committee.



Introduction

- Becoming **more research active** can bring benefit to HWB partners, and to our residents. Several of the ambitions of the Health and Wellbeing Strategy require action on the wider determinants of health
- We wish to develop **research collaborations**; and a **research infrastructure** to support them.
 - support the shared vision and objectives that we have collectively committed to in the **Tower Hamlets Plan**, including action on several of the wider determinants of health
 - focus on delivering better **outcomes for our communities**.
 - **enable research done here to have impact** locally, nationally and internationally
- NIHR ‘**Health Determinants Research Collaboration**’



Foundations for strengthening research in Tower Hamlets



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• **Data infrastructure for research**



Research collaboration



• **Culture, resource and capacity**



Community engagement, citizen science, co-production



Academic research

Developing a research function

Initial direction

1. **A Tower Hamlets Research Collaboration function would enable us ensure key local decision making is research-led.** We will develop a culture and processes to ensure all corporate policies and programmes are guided by latest research.
2. **A Tower Hamlets Research Collaboration function would support world-class research to happen here.** We will provide the infrastructure to enable us, through partnership, to general research aligned to our strategic objectives.
3. **Disseminating our research** - contributing to the national and international research based and knowledge; **and acting as a 'beacon of learning and best practice'**



How we are going about developing our research function and collaborations

- We have begun to engage widely with partners:
 - Internal LBTH workshops with Strategy and Public Health colleagues – **w/c 11/10/21**
 - Workshop with higher education / academic partners – **22/10/21**
 - Workshop with larger, research-active VCS organisations – **27/10/21**
 - Workshop with smaller VCS organisations – **1/11/21**
- Next steps
 - Consultation with HWB, TH Partnership Exec Group, LBTH SLT – **early November**
 - Development of proposed workstreams and functions – by working group – **early November**
 - Submission of bid for NIHR HDRC funding – **23/11/21**
 - Development of research strategy – **early 2022**



Questions for the Health and Wellbeing Board

- A. What would good collaboration on research look like in Tower Hamlets? What would be the features of a research system that really enables HWB partners to use research, and generate research?
- B. What pockets of strong research capabilities within the Borough can we build on?
- C. What research infrastructure (e.g. data linkages, citizen panels, community researchers, research-active schools etc) could support strengthened research, to improve key determinants of health in the Borough?



Opportunity to bid for NIHR funding to support development of research function

What is a HDRC

- Research and development **infrastructure funding** for local authorities
- Initially **five** collaborations with a view to increasing in future years
- Likely value - **£5 million per collaboration**, over five years, with the option to continue (post a four year review)
- A **single** Local Authority will be the contracting organisation
- Different from PHR's business as usual as are not research project funding focused

What would HDRC's do

- Focus on **wider drivers of population health and health inequalities**, explicitly addressing the needs of disadvantaged groups and areas within the relevant geography
- Have a named and experienced **Director**
- Foster a **culture** of research and development
- Build local authority research **capacity and resource**
- Enable and facilitate local authority research activity, **partnerships and collaborations**
- **Lead** a systematic and structured approach to research and evidence use throughout the LA
- Enable effective **dissemination** of research evidence.



Thank you

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Annex

NIHR Funding call for Health Determinants Research Collaborations

