Tower Hamlets
Health and
Wellbeing
Board

TOWER HAMLETS

Tower Hamlets Health and Wellbeing Board

Agenda

Thursday, 20 July 2023 at 5.00 p.m.
Council Chamber - Town Hall, Whitechapel

Members:

Chair: Councillor Gulam Kibria Choudhury

Vice Chair: TBC

Councillor Kabir Ahmed, Cabinet Member for Housing Management and Performance
Councillor Saied Ahmed, Cabinet Member for Resources
Councillor Maium Talukdar, Cabinet Member for Education & Childrens Services
Councillor Ahmodur Khan, Chair of the Health Scrutiny Sub-Committee
Councillor Amy Lee, Non-Executive Largest Opposition Group Councillor
Matthew Adrien, Service Director at Healthwatch Tower Hamlets
Dr Neil Ashman, Chief Executive of The Royal London and Mile End hospitals
Zainab Arian, Acting Chief Executive Officer at Tower Hamlets GP Care Group CIC
Dr Somen Banerjee, Director of Public Health, LBTH
Dr Ian Basnett, Public Health Director, Barts Health NHS Trust
Lucie Butler, Director of Nursing and Governance
Amy Gibbs, Chair of Tower Hamlets Together
Fran Pearson, Fran Pearson Safeguarding Adults Board Independent Chair
Vicky Scott, Chief Executive Officer THCVS
James Thomas, (Corporate Director, Children and Culture)
Warwick Tomsett, Joint Director, Integrated Commissioning
Helen Wilson, Clarion Housing/THHF - representative to HWBB

Substitutes: Councillor Suluk Ahmed, Councillor Iqbal Hossain and Councillor Mohammad Chowdhury

[The quorum for this body is 3 voting Members]

Contact for further enquiries:

David Knight, Democratic Services Officer (Committee),
David.knight@towerhamlets.gov.uk

020 7364 4878

Town Hall, 160 Whitechapel Road, London, E1 1BJ

http://www.towerhamlets.gov.uk/committee

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A Guide to the Health and Wellbeing Board

The aim of the Tower Hamlets Health and Wellbeing Board (HWBB) is to improve the health and wellbeing of Borough residents. To achieve this, the Board will carry out the following:

To encourage joint working between health or social services providers in Tower Hamlets for the advancement of the health and wellbeing of Borough residents.

To identify needs and priorities across Tower Hamlets and publish and refresh the Tower Hamlets Joint Strategic Needs Assessment (JSNA) so that future commissioning/policy decisions are based on evidence.

To prepare the Joint Health and Wellbeing Strategy.

To communicate and engage with local people on how they could achieve the best possible quality of life and be supported to exercise choice and control over their personal health and wellbeing. This will involve working with Local Healthwatch to make sure there's a continuous dialogue with the public to ensure services are meeting need.

To carry out new functions as requested by the Secretary of State and as advised in guidance issued from time to time.

The quorum of the Board in the Terms of Reference is a quarter of the membership.

Public Engagement

Meetings of the committee are open to the public to attend, and a timetable for meeting dates and deadlines can be found on the council's website.

London Borough of Tower Hamlets

Tower Hamlets Health and Wellbeing Board

Thursday, 20 July 2023

5.00 p.m.

1. STANDING ITEMS OF BUSINESS

1 .1 Welcome, Introductions and Apologies for Absence

To receive apologies for absence and subsequently the Chair to welcome those present to the meeting and request introductions.

1 .2 Declarations of Disclosable Pecuniary Interests (Pages 7 - 8)

To note any declarations of interest made by members of the Board. (See attached note of Monitoring Officer).

2. MINUTES OF THE PREVIOUS MEETINGS AND MATTERS ARISING

2 .1 Tower Hamlets Health and Wellbeing Board - Monday, 20th March, 2023 (Pages 9 - 16)

2 .2 Tower Hamlets Health and Wellbeing Board - Tuesday, 23rd May, 2023 (Pages 17 - 30)

3. ITEMS FOR CONSIDERATION

3 .1 Better Care Fund (BCF) 2023-25 Plan (Pages 31 - 108)

3 .2 Co Production and the approach to the Health Wellbeing Board future meetings (Pages 109 - 128)

3 .3 Health Wellbeing Board - Terms of Reference (Pages 129 - 142)

3 .4 Health Wellbeing Board's response to the Local Plan (follow up from the previous meeting)

4. ANY OTHER BUSINESS

To consider any other business the Chair considers to be urgent.

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4 .1 THT Monthly Briefing (Pages 143 - 144)

4 .2 Summary – North East London (NEL) Joint Forward Plan (Pages 145 - 154)

Next Meeting of the Tower Hamlets Health and Wellbeing Board
Tuesday, 19 September 2023 at 5.00 p.m. to be held in Council Chamber - Town Hall, Whitechapel

Tower Hamlets Council
Tower Hamlets Town Hall
160 Whitechapel Road
London E1 1BJ

DECLARATIONS OF INTERESTS AT MEETINGS– NOTE FROM THE MONITORING OFFICER

This note is for guidance only. For further details please consult the Code of Conduct for Members at Part C, Section 31 of the Council's Constitution

(i) Disclosable Pecuniary Interests (DPI)

You have a DPI in any item of business on the agenda where it relates to the categories listed in **Appendix A** to this guidance. Please note that a DPI includes: (i) Your own relevant interests; (ii)Those of your spouse or civil partner; (iii) A person with whom the Member is living as husband/wife/civil partners. Other individuals, e.g. Children, siblings and flatmates do not need to be considered. Failure to disclose or register a DPI (within 28 days) is a criminal offence.

Members with a DPI, (unless granted a dispensation) must not seek to improperly influence the decision, must declare the nature of the interest and leave the meeting room (including the public gallery) during the consideration and decision on the item – unless exercising their right to address the Committee.

DPI Dispensations and Sensitive Interests. In certain circumstances, Members may make a request to the Monitoring Officer for a dispensation or for an interest to be treated as sensitive.

(ii) Non - DPI Interests that the Council has decided should be registered – (Non - DPIs)

You will have 'Non DPI Interest' in any item on the agenda, where it relates to (i) the offer of gifts or hospitality, (with an estimated value of at least £25) (ii) Council Appointments or nominations to bodies (iii) Membership of any body exercising a function of a public nature, a charitable purpose or aimed at influencing public opinion.

Members must declare the nature of the interest, but may stay in the meeting room and participate in the consideration of the matter and vote on it **unless:**

- A reasonable person would think that your interest is so significant that it would be likely to impair your judgement of the public interest. **If so, you must withdraw and take no part in the consideration or discussion of the matter.**

(iii) Declarations of Interests not included in the Register of Members' Interest.

Occasions may arise where a matter under consideration would, or would be likely to, **affect the wellbeing of you, your family, or close associate(s) more than it would anyone else living in the local area** but which is not required to be included in the Register of Members' Interests. In such matters, Members must consider the information set out in paragraph (ii) above regarding Non DPI - interests and apply the test, set out in this paragraph.

Guidance on Predetermination and Bias

Member's attention is drawn to the guidance on predetermination and bias, particularly the need to consider the merits of the case with an open mind, as set out in the Planning and Licensing Codes of Conduct, (Part C, Section 34 and 35 of the Constitution). For further advice on the possibility of bias or predetermination, you are advised to seek advice prior to the meeting.

Section 106 of the Local Government Finance Act, 1992 - Declarations which restrict Members in Council Tax arrears, for at least a two months from voting

In such circumstances the member may not vote on any reports and motions with respect to the matter.

Further Advice contact: Janet Fasan, Divisional Director Legal, Governance and Monitoring Officer, Tel: 020 7364 4348.

APPENDIX A: Definition of a Disclosable Pecuniary Interest

(Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012, Reg 2 and Schedule)

Subject	Prescribed description
Employment, office, trade, profession or vacation	Any employment, office, trade, profession or vocation carried on for profit or gain.
Sponsorship	Any payment or provision of any other financial benefit (other than from the relevant authority) made or provided within the relevant period in respect of any expenses incurred by the Member in carrying out duties as a member, or towards the election expenses of the Member. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
Contracts	Any contract which is made between the relevant person (or a body in which the relevant person has a beneficial interest) and the relevant authority— (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged.
Land	Any beneficial interest in land which is within the area of the relevant authority.
Licences	Any licence (alone or jointly with others) to occupy land in the area of the relevant authority for a month or longer.
Corporate tenancies	Any tenancy where (to the Member's knowledge)— (a) the landlord is the relevant authority; and (b) the tenant is a body in which the relevant person has a beneficial interest.
Securities	Any beneficial interest in securities of a body where— (a) that body (to the Member's knowledge) has a place of business or land in the area of the relevant authority; and (b) either— (i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or (ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the relevant person has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE TOWER HAMLETS HEALTH AND WELLBEING BOARD

HELD AT 5.02 P.M. ON MONDAY, 20 MARCH 2023

COUNCIL CHAMBER - TOWN HALL, WHITECHAPEL

Present:

Councillor Gulam Kibria Choudhury (Chair)	–	(Cabinet Member for Adults, Health, and Wellbeing).
Councillor Kabir Ahmed (Member)	–	Cabinet Member for Regeneration, Inclusive Development and Housebuilding.
Councillor Saied Ahmed (Member)	–	Cabinet Member for Resources and the Cost of Living
Councillor Maium Talukdar (Member)	–	Deputy Mayor and Cabinet Member for Education, Youth and Lifelong Learning (Statutory Deputy Mayor)
Councillor Abdul Wahid (Member)	–	Non-Executive Majority Group Councillor
Councillor Amy Lee (Stakeholder)	–	Non-Executive Opposition Group Councillor
Councillor Ahmodur Khan (Stakeholder)	–	Chair of the Health Scrutiny Sub-Committee
Dr Somen Banerjee (Member)	–	Director of Public Health
Ellen Kennedy (Real)	–	Head of Programmes - Real
Fran Pearson (Member)	–	Safeguarding Adults' Board Chair
Fiona Peskett (Member)	–	Director of Strategy and Integration - Royal London and Mile End
Mike Smith (Real)	–	CEO - Real
James Thomas (Member)	–	Corporate Director, Children and Culture
Warwick Tomsett (Member)	–	Joint Director, Integrated Commissioning

Apologies:

Matthew Adrien	–	Service Director at Healthwatch Tower Hamlets
Dr Neil Ashman	–	Chief Executive of The Royal London and Mile End hospitals
Dr Ian Basnett	–	Public Health Director, Barts Health NHS Trust
Chris Banks	–	Chief Executive, Tower Hamlets GP Care Group CIC
Lucie Butler	–	Director of Nursing and Governance
Denise Radley	–	(Corporate Director, Health, Adults & Community)
Helen Wilson	–	Clarion Housing/THHF -

representative to HWBB

Officers in Attendance:

Viknesh Akilan	–	Public Health Officer
Katie Cole	–	Associate Director of Public Health for Children and Families
David Knight	–	(Democratic Services Officer, Committees, Governance)
Joseph Lacey-Holland	–	(Senior Strategy Policy & Performance Officer)
Ranjit Matharu	–	Senior Performance Improvement Analyst
Charlotte Pomery	–	Chief Participation and Place Officer North East London Integrated Care Board

1. STANDING ITEMS OF BUSINESS

1.1 Welcome, Introductions and Apologies for Absence

The Chair Councillor Gulam Kibria Choudhury – Cabinet Member for Adults, Health, and Wellbeing welcomed everybody to the meeting.

1.2 Declarations of Disclosable Pecuniary Interests

No declarations were received at the meeting.

1.3 Information Share

The Board:

- ❖ **Noted** that would be Mike Smith's last meeting and that over the past twelve years, Mike has contributed significantly to Real's growth and development. Under his leadership Real has **(i)** become one of Tower Hamlet's leading pan-disability organisation **(ii)** succeeded in forging strong links within the Council, other statutory bodies.
- ❖ **Noted** that Chris Banks, Co-CEO of the GP Care Group was retiring the Board placed on record its best wishes with his retirement and thanked him for knowledge and frankness in Board discussions.
- ❖ **Noted** that regarding the Junior doctor's industrial dispute these medical professionals make up half of the medical workforce at the trust and includes doctors ranging from those who have recently finished medical school, up to doctors with 10 years' experience.
- ❖ **Noted** that during the industrial action, the Trust consultants took on the work of the junior doctors, supported by nursing staff, pharmacists, and other healthcare professionals.

- **Noted** that that the Trust has prioritised emergency care for those who urgently need it, they also rescheduled some appointments due to take place during the strike action.
- **Noted** that length of the walkout, coupled with the fact it started on a Monday - traditionally the busiest day of the week - had made it more difficult than previous strikes by nurses and ambulance staff.
- **Noted** it will take time to rebook patients who have treatments and appointments cancelled **e.g.,** Patients have to be individually prioritised.

1.4 Feedback from the Tower Hamlets Together (THT) Board (verbal update)

The Board received an update from Amy Gibbs Chair of Tower Hamlets Together (THT) which may be summarised as follows:

The Board

- **Noted** that a major priority for THT currently is the implementation of the fuller review into how to better integrate primary care with other services; neighbourhood level and aligning that with the existing localities development program.
- **Noted this** is about integrating care at very local level around people's needs through working closely with residents, the voluntary sector, and statutory partners.
- **Agreed** that to improve health and wellbeing in the Borough. The Council, the NHS and Community organisations in Tower Hamlets can do better at listening and collaborating with people to make sure health and care services better address people's needs **i.e.** residents can help shape this so local services and opportunities are more in line with what people want.
- **Noted** the THT would be recruiting a new Localities Lead to deliver really integrated care integrated and partnership working across organisational boundaries. In addition, the Localities Lead will also be the responsible for developing the community voice strategy and the implications that this strategy will have for improving population well-being over the long term.
- **Noted** in regard to inclusion work the THT is looking to deliver anti-hate crime and discrimination program for leaders, managers, and HR professionals across the Borough.
- **Noted** that maternal deaths for women from ethnic minority backgrounds remains disproportionately high compared to women from the indigenous population.
- **Noted** some women are opting for private maternity care because they do not feel safe to give birth in the NHS. THT has therefore agreed that this must be a major priority for the local system and a deep dive is planned.

In conclusion, the Chair thanked Amy Gibbs for a most helpful and informative update.

2. HEALTH AND WELLBEING STRATEGY DISCUSSION

2.1 Learning from Coproduction

The Board received a report on provided a high-level overview of the state of health and wellbeing in the borough and to enable the Board to use this evidence to help shape their priorities:

The Board:

- **Noted** that the foundations of wellbeing are feeling safe, having a sense of control over one's life and feeling connected. The Covid-19 pandemic impacted profoundly on our sense of wellbeing. The Borough was faced with an invisible health threat, Covid-19 rules limited the daily routines and kept people separated from their loved ones and everyday connection.
- **Noted** that over and above the impacts of Covid itself, there is the legacy of the adverse impacts on mental and physical wellbeing. Although the data has not yet fully caught up to provide a full picture of the impact of Covid-19 on health and wellbeing in Tower Hamlets.
- **Noted** the primacy of Covid-19 messaging since March 2020 has meant that the core public health messages for residents to help support their health and wellbeing have taken a back seat.
- **Noted** that this report takes the opportunity to restate these messages but in the recognition that if Covid-19 has taught partners anything it is that the way that these messages are communicated needs to be by developed and shaped with the communities of Tower Hamlets.
- **Noted** that THT were to run workshops with a focus on how local health and care services could work together to deliver better services.
- **Agreed** that as local people appreciate what their communities need to improve health and wellbeing in the Borough. The Council, the NHS and Community organisations in Tower Hamlets need to be listening and collaborating with people to make sure health and care services better address people's needs.
- **Agreed** that co-production can form the foundation of safe, effective, inclusive, accessible, and efficient healthcare. Through the collaborative practice of clinicians, researchers, policymakers, health system managers and other professionals, working in a genuine partnership with patients and the public to improve health outcomes.

Accordingly, the Board **agreed** that **(i)** the presentation was really insightful and had provided a real sense of longstanding health inequalities in the Borough; and **(ii)** it is important to continue to use all the partnerships resources to address this injustice.

3. ITEMS FOR CONSIDERATION

3.1 Annual Public Health Report 2022

The Board received and reflected upon the findings of Annual Public Health and considered the implications of the findings for priorities of the health and care systems and wider partnerships. The main points of the consideration of this report is outlines as follows.

The Board

- **Noted** that the Health and Wellbeing Strategy is grounded upon a number of principles that matter most to residents of Tower Hamlets: **(i)** resources to support health and wellbeing should go to those who most need it; **(ii)** feeling connected and included is a foundation of wellbeing and the importance of this should be built into services and programme; **(iii)** being treated equally, respectfully and without discrimination should be the norm when using services; **(iv)** health and wellbeing information and advice should be clear, simple, and produced with those who will benefit from them; **(v)** people should feel that they have equal power in shaping and designing services and programme that impact on their health and wellbeing; and **(vi)** stakeholders should all be working together to make the best use of the assets that they already have that supports people's health and wellbeing.
- **Noted** the importance to have sufficient services to meet the demand for evidence-based community-based drug treatment. Further, the effectiveness of available services varies as much as the diversity of their treatment regimens. Capacity-building can help increase the scale and improve the quality of those interventions.
- **Noted** that maximising the impact of capacity-building requires a comprehensive and systematic approach and it starts with assessment and planning.
- **Agreed** that using an empowerment model for capacity-building can increase the stakeholders and resources engaged in the process.
- **Agreed** better engagement with community stakeholders increases the likelihood that capacity-building outcomes will be sustainable and based on community lived realities.
- **Agreed** on the importance of having the resources (sufficient staff, with appropriate competences and the time) to conduct ongoing, specific, and strategic reviews as specified.
- **Agreed** on the need to monitor a range of recovery outcomes to understand and demonstrate the benefits being derived from treatment.
- **Agreed** on the importance of having access to a diverse range of interventions, intensities, and settings (including residential) to optimise treatment and care.
- **Agreed** that people with a learning disability often have poorer physical and mental health than other people and an annual health check can improve people's health by spotting problems earlier. Therefore, it is important to **(i)** canvass key stakeholders' views on how to improve

access to primary care in general practice settings for people with learning disabilities; and **(ii)** improve the basic monitoring of disability in secondary care systems, primary care, adult social care.

- **Agreed** that concerted, systematic and sustained action is therefore needed to address the multiple and overlapping factors that drive health inequalities – from differences in experiences and quality of healthcare through to the wider determinants of health. This should include, but go beyond, the health and care system. It therefore will require working in partnership across services, sectors, and communities across the Borough.

3.2 Suicide Prevention Strategy

The Board received and reflected upon the Tower Hamlets Suicide Prevention Strategy 2023-2026 that summarises the approach and plans for the refresh of Tower Hamlets' multi-agency suicide prevention strategy. The main points of the consideration of this report is summarised below.

The Board:

- **Noted** that the Tower Hamlets Suicide Prevention Strategy 2023-26 is a partnership strategy based on community lived realities which: **(1)** aims to reduce the rates of suicide and self-harm among Tower Hamlets residents; **(2)** aims to establish supportive environments for people affected by suicide.
- **Noted** that updates on action against the strategy or on any particular issues will be reported to the Health and Well-Being Board.
- **Noted** that the strategy refreshes the previous strategy and aligns to current best-practice Guidance. The strategy will focus specifically on suicide; and refers to, and supports, a range of other strategies which focus on a range of preventive issues.
- **Noted** that the report includes background information about national recommendations for suicide prevention, a summary of local data and progress, a summary of the consultation taken to date and how feedback has been addressed.
- **Noted** that there is a multi-agency steering group that comprises those organisations with an interest in suicide prevention collaborating with each other to make a difference to bring about the following outcomes: **(i)** talking about suicide and taking action to maintain good mental health, so that it is as normal as talking about and maintaining physical health; **(ii)** encouraging people who are experiencing emotional distress to seek help before they become suicidal; and **(iii)** ensure that when people in emotional distress seek help, they receive appropriate support from the people or organisations they approach and that they are offered appropriate options.
- **Noted** that the Group aims to reduce the impact of suicide to ensure that people affected by suicide get the support they need to cope with the impact on their life.

4. UPDATES

4.1 Combatting Drugs Partnership

The Board received and noted an update from the Combating Drugs Partnership (CDP) which is responsible for monitoring performance against the Combatting Drugs Outcome Framework. The main points of the discussion may be summarised as follow:

The Board:

- ❖ **Noted** that CDP is a multi-agency forum formed to implement the Governments national From Harm to Hope strategy locally. The CDP is responsible for partnership work within Tower Hamlets to reduce drug related harm and account for local delivery and performance to central Government.
- ❖ **Noted** that the purpose of the CDP is to work together with partners to combat illegal drugs and the harm they cause in the community. The CDP will be responsible for delivering a set of outcomes relating to drug related harm, set out in the Governments drugs strategy. The partnership will provide a single setting for understanding and addressing shared challenges related to drug-related harm, based on the local context and need.
- ❖ **Noted** that the members of the CDP are those with senior responsibility for delivering the Governments strategic priorities and the agreed local priorities. Members should have the authority to influence strategic direction, service delivery and relevant resources within the agencies they represent. If members are unable to attend, they should send a representative at the appropriate level with decision making authority.

4.2 Serious Violence Duty

The Board noted that received an update on the Serious Violence Duty (The “Duty”) as a key piece of partnership work for 2023/2024 as it relates to the London Borough of Tower Hamlets. The main points of the discussion may be summarised as follows:

The Board **Noted** that:

- ❖ Serious violence has a devastating impact on lives of victims and families and instils fear within communities and is extremely costly to society. The “Duty” is a key part of the Government’s programme of work to collaborate and plan to prevent and reduce serious violence.
- ❖ Serious violence is addressed through a multi-agency approach to understand the causes and consequences of serious violence was a focus on prevention and early intervention and informed by evidence.
- ❖ The “Duty” aims to ensure that duty holders are focussed on their activity to prevent and reduce serious violence whilst also providing

sufficient flexibility so that the relevant organisations will engage and work together in the most effective local partnership for any given area.

- This does not require the creation of new multi-agency structures. Local senior leaders may use existing local structures where possible to comply with the requirements of the “Duty” to ensure coordination of planning activity to prevent and reduce serious violence in Tower Hamlets and to improve community safety and safeguarding.
- The Duty requires the duty holders to collaborate and plan to prevent and reduce serious violence. With a focus on a defined population and the partner agencies need to agree a defined geographic boundary within which they will operate for the purposes of the Serious Violence Duty.
- The Strategic Needs Assessment (SNA) should include a common understanding of the cohorts that are most vulnerable to serious violence and the local strategy need to demonstrate how each area is focussing resources on the defined population most in need of support. Once options have been agreed timelines must be confirmed to satisfy Government deadlines **e.g.,** publish the strategy by the end of January 2024.

5. ANY OTHER BUSINESS

In conclusion the Chair with no other business to discuss:

- called this meeting of the Board to a close; and
- thanked everybody, for their attendance and participation.

The meeting ended at 7.11 p.m.

Chair, Councillor Gulam Kibria Choudhury
Tower Hamlets Health and Wellbeing Board

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE TOWER HAMLETS HEALTH AND WELLBEING BOARD

HELD AT 5.10 P.M. ON TUESDAY, 23 MAY 2023

COUNCIL CHAMBER - TOWN HALL, WHITECHAPEL

Members Present:

Councillor Gulam Kibria Choudhury (Chair)	–	(Cabinet Member for Adults, Health, and Wellbeing).
Councillor Kabir Ahmed (Member)	–	(Cabinet Member for Regeneration, Inclusive Development and Housebuilding)
Councillor Saied Ahmed (Member)	–	(Cabinet Member for Resources and the Cost of Living)
Councillor Maium Talukdar (Member)	–	(Deputy Mayor and Cabinet Member for Education, Youth and Lifelong Learning (Statutory Deputy Mayor))
Councillor Abdul Wahid (Member)	–	(Cabinet Member for Jobs, Skills, and Growth)
Councillor Amy Lee (Stakeholder)	–	Non-Executive Opposition Group Councillor
Councillor Ahmodur Khan (Stakeholder)	–	(Chair of the Health Scrutiny Sub-Committee)
Dr Somen Banerjee (Member)	–	(Director of Public Health)
Fran Pearson (Member)	–	Safeguarding Adults' Board Chair
James Thomas (Member)	–	(Corporate Director, Children and Culture)
Warwick Tomsett (Member)	–	(Joint Director, Integrated Commissioning)
Fiona Peskett (Member)	–	(Director of Strategy and Integration - Royal London and Mile End)

Officers in Attendance:

Francesca Cannarella	–	(SEND Consultant)
Lisa Fraser	–	(Director of Education)
Nick French	–	(Better Care Fund Manager)
David Knight	–	(Democratic Services Officer, Committees, Governance)
Joseph Lacey-Holland	–	(Acting Director of Integrated Commissioning)
Johnny Lui	–	(Spatial Planning and Health Manager)
Ranjit Matharu	–	(Partnership Board Manager)
Sarah Metcalfe	–	(Public Health Officer)
Tom Walsh	–	(Principal Officer - Planning & Building Control)

1. WELCOME, INTRODUCTIONS AND APOLOGIES FOR ABSENCE

The Chair, Councilor Gulam Kibria Choudhury – Cabinet Member for Adults, Health, and Wellbeing welcomed everybody to the meeting.

2. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS

No declarations were received at the meeting.

3. MINUTES OF THE PREVIOUS MEETINGS AND MATTERS ARISING

3.1 Minutes 17th January, 2023

The Chair of the Board moved, and it was: - **RESOLVED.**

That the unrestricted minutes of the meeting held on 17th January 2023 were confirmed as a correct record and the Chair of the Board was authorised to sign them accordingly.

3.2 Minutes 20th March, 2023

The Chair of the Board moved, and it was: - **RESOLVED.**

That whilst formal approval of the unrestricted minutes of the meeting held on 20th March 2023 be deferred until the next meeting. It was **noted** that the Board had considered a number of issues including a report:

A. That provided a high-level overview of the state of health and wellbeing in the borough and **agreed** that **(i)** as local people know what is needed to improve health and wellbeing in the Borough. The Council, the NHS and Community organisations in Tower Hamlets need to be listening and collaborating with people to make sure health and care services better address people's needs; and **(ii)** co-production can form the foundation of safe, effective, inclusive, accessible, and efficient healthcare. It is the collaborative practice of clinicians, researchers, policymakers, health system managers and other professionals, working in a genuine partnership with patients and the public to improve health outcomes.
B. That considered the implications of the findings for priorities of the health and care systems and wider partnerships and **agreed** that concerted, systematic and sustained action is therefore needed to address the multiple and overlapping factors that drive health inequalities – from differences in experiences and quality of healthcare through to the wider determinants of health. This should include, but go beyond, the health and care system. It therefore will require working in partnership across services, sectors, and communities across the Borough. That reflected upon the Tower Hamlets Suicide Prevention Strategy 2023-2026 that had summarised the approach and plans for the refresh of Tower Hamlets' multi-agency suicide prevention strategy

and **noted** that there is a multi-agency steering group that comprises those organisations with an interest in suicide prevention collaborating with each other to make a difference to bring about the following outcomes: **(i)** talking about suicide and taking action to maintain good mental health, so that it is as normal as talking about and maintaining physical health; **(ii)** encouraging people who are experiencing emotional distress to seek help before they become suicidal; and **(iii)** ensure that when people in emotional distress seek help, they receive appropriate support from the people or organisations they approach and that they are offered appropriate options.

4. INFORMATION SHARE

Nil items.

5. ITEMS FOR CONSIDERATION

5.1 Feedback from the Tower Hamlets Together (THT) Board (verbal update)

The Board received an update from Amy Gibbs Independent Chair of Tower Hamlets Together (THT) which can be abridged as set out below:

The Board:

- **Noted** as the people of Tower Hamlets, understand what is needed to improve health and wellbeing in the borough. The Council, the NHS and Community organisations in Tower Hamlets need to be better at listening and collaborating with people to make sure health and care services better address people's needs. Therefore, THT had organised three events to look at **(1)** how information is shared and how much power there for local people to change things; **(2)** the work with and for all the people of Tower Hamlets to create meaningful improvements in health, wellbeing, and equity. Through bringing together health partners, local authorities and the voluntary, community and social enterprise sector, with residents, patients, and service users to improve how we plan and deliver care and support services. The outcome of these discussions will form the basis of a report to the Health and Well-Being Board.
- **Noted** that in regard to the Better Care Fund (BCF) that THT following discussions with residents and stakeholders had agreed that effective performance management of the BCF works best in a culture in which individuals and groups take responsibility for the continuous improvement of services and are prepared to be open with each other. In an open culture, it is also possible to learn from mistakes. It will also help in getting a vital understanding of other organisations' performance drivers, risks and how they link in with local government. With the Health Well Being Board taking a lead in promoting and modelling this.

- **Noted** that THT had considered the implications of the reduction in NEL ICB running costs and the implications for local clinical leadership roles. It is therefore important that options are identified for local funding to sustain the team of multi-disciplinary clinical leads that are in place to support transformation and deeper integration.
- **Noted** that the THT has also considered the Better Care Fund in relation to 2023-25, which is a total pooled fund of £57m and the plan is due by 28 June. This is not new money and THT needs to deliver against 5 national metrics, including a new one on the number of falls in the community and existing ones on avoidable admissions into hospital, number of discharges to normal place of residence, proportion of over 65 still at home 91 days after leaving hospital and permanent admission to residential and nursing care homes. The BCF offers the opportunity for better joint oversight, joint delivery against joint metrics, financial benefits, and improvements in outcomes – Therefore it is important to review the overall logic and impact of the schemes. As well as ensuring that there are robust financial governance about how the BCF is being spent and monitored.
- **Noted** that THT had considered the North East London (NEL - HCP) Health and Care Partnerships strategy that highlights six crosscutting themes which are part of a new approach for working together across north east London.
- **Noted** that the strategy sets out how they will improve quality and outcomes and the key areas that need to be secured as foundations for integrated working. The development of the strategy is a truly collaborative process involving colleagues from across NEL - HCP who despite the challenging timescales had come together to share their expertise and insights with THT.
- **Noted** that the THT will be involved in the NEL-HCP “Our Big Conversation” which is about listening to the people in the communities and understanding their views about health and care in north east London. This will help the NEL-HCP focus on what matters to residents and to collaborate with them to improving quality and outcomes and tackle health inequalities.
- **Noted** that following discussions with REAL, the charity run by and for disabled people, THT has acknowledged that within the Borough the most is not being made out of co-production and generally the focus is on informing, education or consultation and there remains an imbalance of power, knowledge and skills between decision-makers and people who use the services.
- **Noted** REAL set THT a number of challenge and to report back to the Health and Wellbeing Board on the actions including how co-production works best **e.g.,** how to make decisions about when to use co-production.
- **Noted** that THT is looking to develop the relationship with the Health and Well-Being Board (**e.g.,** how to make sure that there is no duplicating), and that both boards are doing specific functions linking with each other where appropriate.

- **Noted** that to facilitate this the Independent Chair is in discussions with the Health and Well-Being Board support team about a more formal way to report to the Board (**e.g.,** a written report and with a frequency of the reporting process that what works best for the Health and Well-Being Board Members).

5.2 SEND Update

The Board considered a summary of progress against areas of improvement identified in the SEND Local Area Inspection. Report also included details on the impact of progress made so far and a summary of the feedback received from both the Department for Education (DfE) and NHS England. A summation of the debate is set out below:

The Board:

- **Noted** that EHCPs are for those children (0-16) or young people (16-19) or adults (19-25) with special educational needs who require support beyond that which an educational setting can provide at SEN support. A child who has educational needs may also have additional health and social care needs and those can be included in the plan so long as they relate to education.
- **Noted** that whilst there had been a sustained increase in demand post-Covid with concentration of need amongst younger children. Positive progress had been made in addressing Education Health and Care Plan (EHCP) timeliness and backlog with a tentative but promising improvement in quality of new EHCPs. Accordingly, LBTH is proud of the progress that has made so far but does recognise that the profound level of change needed to fully embed the revised processes.
- **Noted** that difference the changes made so far are making for parents and young people with regard to: **(1)** co-production which has provided a “face” & humanised process as parents felt both “included” and “listened to”; and **(2)** the process being made noticeably clear **e.g.** One parent involved with Co-production of Family Hubs approach said that they felt incredibly happy and empowered to give their opinion as a parent of a young SEND child and that they were listened to and appreciated for their time.
- **Agreed** that access to safe, affordable, good quality housing can have a positive impact on a person's health and well-being. Housing conditions can influence physical and mental health, and children living in crowded homes are more likely to experience stress, anxiety, and depression. A warm, dry, and secure home is associated with better health, and poor housing is associated with a wide range of health conditions such as respiratory diseases, cardiovascular diseases, injuries, mental health, and infectious diseases. Whereas inadequate living space, low and high indoor temperatures, injury hazards in the home, and accessibility of housing for people with functional impairments are major health risks associated with poor housing

conditions. Therefore, it is important that Board Members should all be working together to make the best use of the available assets that support people's health and wellbeing (**e.g..** helping families in navigating through a process as many may not be aware of the available support and may therefore be suffering in silence).

- ❖ **Noted** that the current figures in relation to the EHCP timeline have been affected by having to clear the existing backlog in referrals for statutory assessment and additional resource have therefore been provided to eliminate that backlog. Whilst at the same time taking a view on how much of that resource should be retained in order to in order to continue to drive up performance.
- ❖ **Agreed** on the importance of developing a more systematic approach for responding to feedback from parents/carers and young people and ensuring direct input to Special Educational Needs and Disability (SEND) Improvement Plan and Improvement Board.
- ❖ **Noted** that collaboration is underway with the Borough's schools on improving inclusivity and what should be ordinarily available in schools to support children with special educational needs.
- ❖ **Agreed** that more government action is needed to ensure that key professionals such as speech and language therapists, occupational therapists, educational psychologists can support family's health and wellbeing.

In conclusion the Health and Wellbeing Board **resolved** to **(1)** note this update; and **(2)** request further updates on a regular basis.

5.3 North East London - Joint Forward Plan (NEL JFP) - Reference Document

The Board considered a draft of the five-year plan that describes the delivery of the Integrated Care Partnership Strategy as well as core NHS services and a supporting reference document that provided further detail on the transformation programmes described in the main plan. The core views expressed are outlined below:

The Board:

- ❖ **Noted** that as a partnership, NHS NEL has more work to do to develop a cohesive and complete action plan for meeting all the challenges they face. They will collaborate with local people, partners, and stakeholders to iterate and improve the plan as they develop their partnership, including annual refreshes, to ensure it stays relevant and useful to associates across the system.
- ❖ **Noted** that this Joint Forward Plan (JFP) is north east London's first five-year plan since the establishment of NHS NEL. In the plan, are described the challenges that NHS NEL face as a system in meeting the health and care needs of the local people, but also the assets held within the partnership.
- ❖ **Noted** that the current model of health and care provision in north east London needs to adapt and improve to meet the needs of the growing and

changing population and the substantial portfolio of transformation programmes are set out on the JFP that are seeking to do just that.

- **Noted** that the plan sets out the range of actions that the NHS NEL are taking to address the urgent pressures currently facing local services, the work they are undertaking collaboratively to improve the health and care of the local population and reduce inequalities, and how NHS NEL are developing key enablers such as the digital infrastructure.
- **Noted** that in Tower Hamlets partners have identified the following ambitions that reflects the health and wellbeing outcomes that matter to residents **(1)** everyone can access safe, social spaces near their home to live healthy lives; **(2)** children and families are healthy happy and confident; **(3)** young adults have the opportunities, connections, and local support to live healthy lives; **(4)** middle aged and older people are supported to live healthy lives and get support early if they need to it; and **(5) a**nyone needing help knows where to get it and is supported to find the right help.
- **Noted** that, Tower Hamlets partners have two local priorities through their Place based Partnership. These are (a) living well; and (b) promoting independence.
- **Commented** that during this year's annual process of refreshing the NEL JFP there would be benefit of moving as soon as practical to a dashboard format using charts and graphs to visualize data in a single view.
- **Agreed** that understanding data in relation to the health trends across North East London is the key to making the best decisions and in the more traditional report format the amount of information had the potential at times be considered overwhelming . Therefore, such important data needs to be in a format that is easy to understand especially to those less well-versed stakeholders within Tower Hamlets (**e.g.,** if you are looking for something specific or looking to hold the decision makers to account, it can be quite difficult).
- **Noted** the issues around screening especially in populations of lower socio-economic status, and in particular ethnic or religious groups.
- **Agreed** that whilst it is important to look at the evaluation of interventions on undiagnosed conditions (**e.g.,** Bowel Cancer, diabetes, and hypertension) to improve uptake especially as mentioned above in those populations of low socio-economic status.
- **Noted** that if one is to consider the available data health then has been improving over the last two decades with detection rates increasing. Although the analysis of the indices of deprivation shows that deprivation remains widespread, and the Borough still continues to have the highest rates of child and pensioner poverty in England and available data will enable more targeted interventions.
- **Agreed** that to deliver outstanding care now and in the future it is important to develop effective partnership working with the third sector, maximising use of their expertise and resilience (**i.e.,** voluntary organisations, charities, community groups, informal self-help groups, and the community work of faith groups).

- **Agreed** that going forward the partners plans need to be more succinct and much clearer about the actions that the partners want to deliver in a meaningful with the support of the third sector.

In conclusion the Health and Wellbeing Board **resolved** to develop a roadmap to achieve sustainable health and care delivery which **(i)** centres on the development of Primary Care Networks to direct the development of extended community teams; **(ii)** tailors provision to meet local needs and reduce health inequalities; **(iii)** provides the right care at the right time in the right place; and **(iv)** provides personalised care by listening to people to understand what matters most and 'working with' people to find solutions rather than doing things 'to' or 'for' them.

5.4 Local Plan and Health Update

The Board considered the main findings from the Spatial Planning and Health JSNA (2023) Air Quality JSNA (2023) and discussed the planning policy actions that should be taken to improve health and wellbeing in the Borough prior to the consultation Local Plan going live in the summer. The principal points of the debate are as follows:

The Board:

- Was **reminded** that in January the Health and Wellbeing Board, members had been informed that the Borough's Local Plan is in the process of being updated, with plans for it to be adopted by autumn 2025.
- **Noted** that the new Local Plan will set out a vision, strategic priorities, and a planning policy framework to guide and manage development in the borough for the next 10 to 15 years, in line with the planning policy requirements set out by national and regional government.
- **Agreed** that the physical environment has a significant impact on health and wellbeing. With the greatest opportunity to influence how the built environment impacts on health being through the Local Plan. Therefore, to inform the new Local Plan, Tower Hamlets Public Health has reviewed the evidence to understand how planning policy can positively impact on residents' health. This review will form the basis of the public health evidence for the emerging Local Plan health policies.
- **Agreed** that the benefit of a local plan that you can design a place in a way that can create homes for people and in a way that also supports health and well-being.
- **Agreed** that **(i)** every resident should be able to access safe, social spaces near their home to live healthy lives; and **(ii)** residents have the opportunities, connections, and local support to live healthy lives (**e.g.,** any resident needing help knows where to get it and is supported to find the right help).
- **Noted** that in conjunction with the Council, Healthwatch's Healthy Neighbourhoods project collected feedback from residents in Tower Hamlets to find out what services are important to them, and how well

these services in different areas of the borough currently support local people. The feedback will then be used to formulate a plan to support the development of local neighbourhoods to improve people's health and well-being.

- **Noted** that the feedback was collected through an online survey between October and December 2022. The survey was shared with local people through various community and voluntary organisations, Barts NHS Health Trust, and Tower Hamlets Council. In addition, the survey link was posted on Healthwatch Tower Hamlets' social media channels and promoted at local events. In addition, the Healthwatch team had also conducted some street surveying in busy areas of the borough, such as the Whitechapel Market, and two focus groups that were hosted by Beyond Sight Loss – a community group of people with visual impairments – and the Tower Hamlets LGBT+ Forum.
- **Agreed** that having public open spaces to facilitate social interaction is really important for local residents, particularly for children as through social and emotional wellbeing, children need to have the opportunity for all types of play, including play with other children. This peer play is crucially important for children of all ages. Peer relationships are unique because they are voluntary, equal, and require negotiation and compromise. Access to green space benefits mental health, lowering the need to treat anxiety and other mental health issues. Green spaces promote physical activity by offering a pleasant environment in which to exercise; linear woodland pathways encourage walking and cycling, while huge sports and community parks promote more formal physical activity.
- **Agreed that i**t is considered that for residents to take ownership of open spaces and to fully use these spaces is a potential deterrent of crime and disorder which needs to be reflected in planning policy (**e.g.,** create green space that encourages play and physical activity).
- **Agreed** that: **(i)** Health Impact Assessments (HIAs) are an important tool that helps community leaders, legislators, and changemakers find out what health and safety impacts of any proposed developments may have on area residents and community members; **(ii)** HIAs can identify the unintended consequences of any plan, project, policy, or other decision before it is put into place and make recommendations to prevent or lessen negative effects; **(iii)** HIAs as referenced earlier can be useful to promote health and mitigate adverse impacts of decisions made outside of the health sector (**e.g.** the evidence around the importance of the natural environment for health and wellbeing, and the importance of creating green spaces, protecting existing ones, and then also areas like community allotments).
- **Agreed** on the need on reducing congestion, carbon emission, and health issues across the Borough but it was also important to understand the wider implications for road safety in an urban environment particularly on the displacement of traffic to adjacent streets and the concern that the displaced traffic could make the

surrounding streets more dangerous (**e.g.** traffic speed; traffic volume; and illegal or hazardous parking and driving behaviour).

- **Agreed** that many residents and businesses are heavily dependent on their cars to get to work, transport stock, and deliver to customers and it is therefore important to consider how that impacts on a whole range of people (**e.g.,** reflect the daily difficulties and challenges residents and businesses face in travelling around the Borough).
- **Agreed** that residents and businesses should not be coerced but educated to make their own decisions and how they choose to live their lives (**i.e.,** Not to encroach on their freedom of choice by the issuing of fixed penalties notices).
- **Agreed** on the importance of **(a)** reaching a consensus on all aspects of the local plan before it goes live; and **(b)** all partner agencies actively participating in and promoting the consultation on the Local Plan when this goes live in the summer.
- **Noted** that the draft new Local Plan has been informed by early engagement that was held from January 2023 to March 2023. The Council's 6-week early engagement stage for the new Local Plan included a range of digital, interactive, and accessible events to ensure maximum outreach across the community. Events were held both online and in-person and included promotion through social media, emails, website, newsletters, press notices and posters/leaflets. Whilst the overall arching plan will have to be finalised to go through Cabinet before the end of summer to begin the formal regulation 18 consultation.
- **Noted** that the relevant equality impact assessments will be carried as required as part of the new Local Plan preparation process. Such assessments being requirements set out in the Town and Country Planning Regulations.
- **Agreed** that it was important to have agreement on the Local Plan and therefore the Board should receive a further draft for consideration to ensure that there is a consensus of opinion before the plan goes live in the summer.

5.5 Better Care Fund (BCF) 2023-25 Plan requirements

The Board was asked to consider the work on the integration, or pooling NHS and Local Authority budgets to create a seamless service for the general public. The Board considered **(1)** the BCF planning process for 2023/25 and the BCF Plan in advance of submission on the 23rd of June 2023; **(2)** the need to have a retrospective sign off of the BCF Plan at the next meeting of the Board; **(3)** if any additional services areas could be included in the second year of the BCF Plan (2024/25). An abbreviated discussion of the prime topics discussed is as follows:

The Board:

- **Noted** that the Better Care fund is now into its 8 year and the intent of the programme is to integrate, or pool existing NHS and Local Authority

budgets to create a seamless service for the general public and providing the possibility of designing and delivering multi-agency services.

- **Noted** that by enjoining services together the partners can create more seamless and better coordinated service experiences for residents (**e.g.,** Producing multi professional teams that share expertise and resources and to create savings and efficiencies from sharing back-office functions).
- **Noted** that the purpose of this report is to primarily develop a joint health, social care and housing services offer to help older people and those with complex needs and disabilities to live at home for longer.
- **Noted** that a minimum of £7.2 billion nationally has already been committed to the BCF this year to enable people to stay well, safe, and independent at home and get the care they need, when they need it by funding things like adaptations to homes for disabled people and rehabilitating people back into their communities after a spell in hospital.
- **Noted** that there is also the requirement to have joint monitoring, performance, and outcomes of anything which is funded through the Better Care Fund, which **(i)** provides a better statistical picture of local needs and any potential gaps in services; **(ii)** reduces the possibility of duplication of services between local NHS and local authority services.
- **Noted** that to receive BCF funding, a local BCF Plan and programme needs to be agreed jointly by the council and the ICB, endorsed by the Health and Well-Being Board (HWBB) and finally approved by NHS England (NHSE). The jointly agreed programme then needs to be incorporated into a formal agreement under Section 75 of the NHS Act 2006. BCF plans set out the local joint vision for, and approach to, integration, including how the activity in the BCF plan will complement the direction set in the NHS Long Term Plan and are also expected to take into account the wider context, including the development of Integrated Care Systems; the requirements of the Care Act, 2014, and wider local government transformation in the area covered by the plan - for example, programmes, such as Integrated Personal Commissioning.
- **Noted** that the Health and Wellbeing Board is required to approve Borough plans and due to the late issuing of guidance and scheduling of Health and Wellbeing Boards this year means Members are being invited to approve a backdated agreement.
- **Noted** that the Health and Wellbeing Board has a statutory duty to approve local Better Care Fund Plans as set out in the national planning requirements. However, due to the late issuing of the National Planning Guidance and the deadline for submission of BCF Plans is the 23rd of June. The Board would have missed its opportunity to submit the 2023/25 plan.
- **Noted** an overview of the timetable for the development and approval of the BCF Plan 2023-2025 in detailed in the table attached at **Appendix A** including the sign off process with the Council Chief

Executive, Health, and Well-Being Board (HWBB) Chair and the Integrated Care Board (ICB) Chair.

- ❖ **Noted** that whilst the sign off will need to be done retrospectively due to the required time line. Board members will be given the opportunity to input and comment remotely prior to the plan's submission (**e.g.,** Members might want to put the whole of Community health services budgets into the Better Care Fund together with the totality of mental health and learning disability services?).
- ❖ **Noted** that there would also be an opportunity at the end of the first year to refresh and change the plan as the Board is not obliged to give fine detail of the second year of the two-year plan in the initial submission.

In conclusion the Health and Wellbeing Board **resolved** to:

1. Retrospectively sign off of the Better Care Fund Plan at the next meeting; and
2. Give consideration of additional services areas the Board may wish to include in the second year of the Better Care Fund Plan.

6. ANY OTHER BUSINESS

6.1 Covid-19 Spring Booster Programme and Evergreen Offer

The Board received an update on the Covid -19 spring booster programme and evergreen offer. An abbreviated record of the prime topics discussed which may be outlined as follows:

The Board:

- ❖ **Noted** that whilst Covid-19 levels are really low in terms of the key messages for residents, it is important that the Board continues to ensure the most vulnerable are protected through the targeted seasonal vaccination offer for those most at risk, which is why the Department of Health and Social Care are prompting the current on this year's spring booster programme that will end in June, 2023. This will top up the protection of those considered at highest clinical risk. Spring booster vaccines will be offered to adults aged 75 years and over, residents in a care home for older adults and immunosuppressed individuals aged 5 years and over.
- ❖ **Noted** that as the spring booster programme is due to end on 30 June and as we now live with the virus without past restrictions on our freedoms, anyone who has not yet taken up the offer of a first or second dose of vaccine is strongly encouraged to get vaccinated.
- ❖ **Noted** that in the autumn there is likely to be a new program which is similar to that for the flu vaccine for Covid and that there is going to be the ongoing routine around Covid vaccination.

6.2 Conclusion of Meeting

With no other business to discuss the Chair called this meeting to a close and thanked the Members and Officers of the Board for their contributions over the past year and the hard work undertaken by partner agencies to make a difference to the lives of local residents.

The meeting ended at 7.05 p.m.

Chair, Councillor Gulam Kibria Choudhury
Tower Hamlets Health and Wellbeing Board

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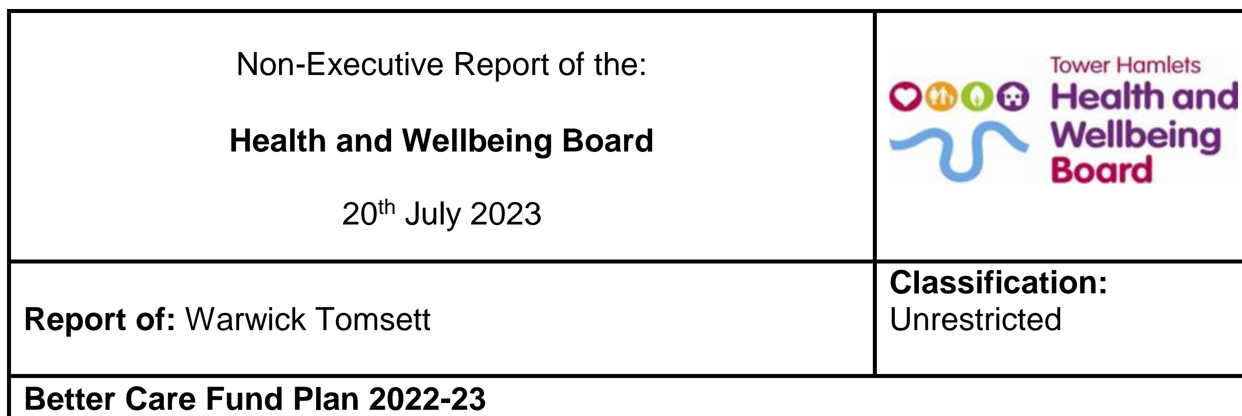

Non-Executive Report of the: **Health and Wellbeing Board** 20th July 2023	Tower Hamlets Health and Wellbeing Board
Report of: Warwick Tomsett	**Classification:** Unrestricted
Better Care Fund Plan 2022-23	

Originating Officer(s)	Suki Kaur Deputy Director of Partnership Development
Wards affected	All wards

Executive Summary

The Better Care Fund (BCF) is aimed at bringing together health and social care organisations to plan, fund and commission integrated services.

The BCF Policy Framework sets out four national conditions that all BCF plans must meet to be approved. These are:

1. A jointly agreed plan between local health and social care commissioners and signed off by the Health and Wellbeing Board.
2. Plan for enabling people to stay well, safe and independent at home for longer and provide the right care in the right place at the right time
3. Provide the right care in the right place at the right time
4. Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services.

The Tower Hamlets Better Care Fund has been rolled over from the previous year. A review will be carried out in 2023 of the BCF areas of spend with the intention to make changes to the 2024-25 plan next year.

This paper requests approval of our Better Care Fund Plan for 2023-25 as part of the NHS England Assurance process and in line with national condition 1.

Recommendations:

The Health and Wellbeing Board is recommended to:

1. Approve the Better Care Fund Plan for 2023-25
2. Support a review of the Better Care Fund spend areas during 2023 with the report and recommendations to be presented to the HWBB in December 2023.

1. REASONS FOR THE DECISIONS

The Health and Wellbeing Board has a statutory duty to approve local Better Care Fund Plans as set out in the national planning requirements.

2. ALTERNATIVE OPTIONS

To not provide approval and request amendments. However, note that due to the reoccurring issue of late issuing of national guidance and timelines for a programme that began on 1st April 2023 (plan submitted in June 2023) there is limited scope to make amendments.

3. DETAILS OF THE REPORT

Currently in its eighth year, the aim of the Better Care Fund (BCF) is to deliver better outcomes and secure greater efficiency in health and social care services through increased integration of provision.

To receive BCF funding, a local BCF Plan and programme needs to be agreed jointly by the council and the ICB (used to be the CCG), endorsed by the Health and Well-Being Board (HWBB) and finally approved by NHS England (NHSE). The jointly agreed programme then needs to be incorporated into a formal agreement under Section 75 of the NHS Act 2006. BCF plans set out the local joint vision for, and approach to, integration, including how the activity in the BCF plan will complement the direction set in the NHS Long Term Plan and are also expected to take into account the wider context, including the development of Integrated Care Systems; the requirements of the Care Act, 2014, and wider local government transformation in the area covered by the plan - for example, programmes, such as Personalisation and Health Budgets.

The Health and Wellbeing Board (HWBB) are required to approve Borough plans. The 2023-25 outline plan was presented to the HWBB in May 2023 and the actual plan was returned to NHS England on 28th June. Approval letters are expected by 3rd September. If we gain approval then we will need to have in place a signed Section 75 by the 31st October 2023.

The BCF programme in 2023-24 totals £62.66m which is made up of ICB minimum contribution (£25.8m), the Disabled Facilities Grant (£2.3m), the Improved Better Care Fund (£16.8m) which now includes the previously separate Winter Pressure funding and the new Adult Social Care Discharge Fund (ASCDF £3.2m). Both the ICB and Council make additional contributions to the pooled fund of £13m and £0.77m respectively. The 2023-24 BCF plan for Tower Hamlets has been rolled over from 2022-23, with an uplift of 5.66% applied by the ICB to the social care income. In 2021, we carried out a review of our schemes and set the plan to cover 2022-24 as well.

It is important to note that the Better Care Fund is not additional funding to the council, instead it represents a continuation of existing funding to support the base budget spend on integrated services. A full list of services funded by the Better Care

Fund in 2023-25 is included in the Better Care Fund Planning Template attached to this report.

Key changes to the BCF plan are:

- This is a two-year plan with an opportunity to refresh in 2024-25
- Quarterly BCF monitoring will begin again (this had been paused following Covid-19) in quarter 2 of 2023-24 to monitor progress against the plan
- The BCF objectives link to priorities on reducing pressure on urgent emergency care and social care as well as tackling pressures in delayed discharges
- The demand and capacity tab in the planning template was introduced last year and this is to measure our system readiness for winter and intermediate care provision.
- The Adults Social Care Discharge Fund (ASCDF) was included within the BCF and will be available for both 23-24 and 24-25
- There are five national metrics used to monitor progress of the Better Care Fund one of which is new this year:
  1. Avoidable admissions
  2. **Falls (new to the 23-25 plan)**
  3. Discharge to normal place of residence
  4. Proportion of older people (65+) who were still at home 91 days after discharge from hospital into
  5. Permanent admissions to residential and nursing care homes (65+) per 100,000 population.

Attached to this report are the completed BCF 2023-25 Planning Template and the BCF Narrative Plan. These have been submitted to NHS England.

4. EQUALITIES IMPLICATIONS

The Better Care Fund is focussed on integrating health and social care services to better support people with a diverse range of illnesses and conditions. These include people with mental health problems, people at risk of being admitted to hospital and people being discharged from hospital with appropriate support. It also funds Reablement which supports people to learn or relearn skills necessary for daily living following ill-health or disability; the adaptation of the domestic accommodation of people with disabilities to enable them to live at home, and the training of staff in the use of assistive technology.

As the Better Care Fund is used to fund a number of schemes across health and social care, equalities issues are picked up within each of these individual schemes.

5. OTHER STATUTORY IMPLICATIONS

The Better Care Fund is concerned with achieving best value in the health and social care economy, by ensuring that services are provided most appropriately across the system and that the allocation of resources supports efficiency improvements, as well as better outcomes for service users. It also seeks to reduce the historic

problem of financial savings in one sector being achieved at the expense of additional costs in the other, through better joint planning and shared priorities

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Linked Reports, Appendices and Background Documents

Appendices

- BCF 2023-25 Planning Template
- BCF Narrative Plan
- Summary of the BCF plan 2023-25 (PowerPoint slides)

Local Government Act, 1972 Section 100D (As amended)
List of "Background Papers" used in the preparation of this report

- None

Officer contact details for documents:

Suki Kaur
Deputy Director of Partnership Development
suki.kaur1@nhs.net

Overview

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

Data needs inputting in the cell

Pre-populated cells

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to the Better Care Fund Team: england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).
3. The checklist helps identify the sheets that have not been completed. All fields that appear highlighted in red with the word 'no', should be completed before sending to the Better Care Fund Team.
4. The checker column, which can be found on each individual sheet, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'.

5. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
6. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
7. Please ensure that all boxes on the checklist are green before submission.
8. Sign off - HWB sign off will be subject to your own governance arrangements which may include delegated authority.

4. Capacity and Demand

Please see the guidance on the Capacity&Demand tab for further information on how to complete this section.

5. Income

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's (HWB) Better Care Fund (BCF) plan and pooled budget for 2023-25. It will be pre-populated with the minimum NHS contributions to the BCF, iBCF grant allocations and allocations of ASC Discharge Fund grant to local authorities for 2023-24. The iBCF grant in 2024-25 is expected to remain at the same value nationally as in 2023-24, but local allocations are not published. You should enter the 2023-24 value into the income field for the iBCF in 2024-25 and agree provisional plans for its use as part of your BCF plan

2. The grant determination for the Disabled Facilities Grant (DFG) for 2023-24 will be issued in May. Allocations have not been published so are not pre populated in the template. You will need to manually enter these allocations. Further advice will be provided by the BCF Team.

3. Areas will need to input the amount of ASC Discharge Fund paid to ICBs that will be allocated to the HWB's BCF pool. These will be checked against a separate ICB return to ensure they reconcile. Allocations of the ASC discharge funding grant to local authority will need to be inputted manually for Year 2 as allocations at local level are not confirmed. Areas should input an expected allocation based on the published national allocation (£500m in 2024-25, increased from £300m in 2023-24) and agree provisional plans for 2024-25 based on this.

4. Please select whether any additional contributions to the BCF pool are being made from local authorities or ICBs and enter the amounts in the fields highlighted in 'yellow'. These will appear as funding sources in sheet 5a when you planning expenditure.

5. Please use the comment boxes alongside to add any specific detail around this additional contribution.

6. If you are pooling any funding carried over from 2022-23 (**i.e. underspends from BCF mandatory contributions**) you should show these as additional contributions, but on a separate line to any other additional contributions. Use the comments field to identify that these are underspends that have been rolled forward. All allocations are rounded to the nearest pound.

7. Allocations of the NHS minimum contribution are shown as allocations from each ICB to the HWB area in question. Where more than one ICB contributes to the area's BCF plan, the minimum contribution from each ICB to the local BCF plan will be displayed.

8. For any questions regarding the BCF funding allocations, please contact england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

6. Expenditure

This sheet should be used to set out the detail of schemes that are funded via the BCF plan for the HWB, including amounts, units, type of activity and funding source. This information is then aggregated and used to analyse the BCF plans nationally and sets the basis for future reporting.

The information in the sheet is also used to calculate total contributions under National Condition 4 and is used by assurers to ensure that these are met.

The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing. There may be scenarios when several lines need to be completed in order to fully describe a single scheme or where a scheme is funded by multiple funding streams (eg: iBCF and NHS minimum). In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this sheet please enter the following information:
1. Scheme ID:
- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.
2. Scheme Name:
- This is a free text field to aid identification during the planning process. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.
3. Brief Description of Scheme
- This is a free text field to include a brief headline description of the scheme being planned. The information in this field assists assurers in understanding how funding in the local BCF plan is supporting the objectives of the fund nationally and aims in your local plan.

4. Scheme Type and Sub Type:
- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available in tab 6b.
- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn "yellow". Please select the Sub Type from the drop down list that best describes the scheme being planned.
- Please note that the drop down list has a scroll bar to scroll through the list and all the options may not appear in one view.
- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside. Please try to use pre-populated scheme types and sub types where possible, as this data is important in assurance and to our understanding of how BCF funding is being used nationally.
- The template includes a field that will inform you when more than 5% of mandatory spend is classed as other.
5. Expected outputs
- You will need to set out the expected number of outputs you expect to be delivered in 2023-24 and 2024-25 for some scheme types. If you select a relevant scheme type, the 'expected outputs' column will unlock and the unit column will pre populate with the unit for that scheme type.
- You will not be able to change the unit and should use an estimate where necessary. The outputs field will only accept numeric characters.
A table of each type of output and the units it will prepopulate with is viewable in tab 6b. Expenditure Guidance.

You do not need to fill out these columns for certain scheme types. Where this is the case, the cells will turn blue and the column will remain empty.

6. Area of Spend:
- Please select the area of spend from the drop-down list by considering the area of the health and social care system which is most supported by investing in the scheme.
- Please note that where 'Social Care' is selected and the source of funding is "NHS minimum" then the planned spend would count towards eligible expenditure on social care under National Condition 4.
- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside.
- We encourage areas to try to use the standard scheme types where possible.

7. Commissioner:
- Identify the commissioning body for the scheme based on who is responsible for commissioning the scheme from the provider.
- Please note this field is utilised in the calculations for meeting National Condition 3. Any spend that is from the funding source 'NHS minimum contribution', is commissioned by the ICB, and where the spend area is not 'acute care', will contribute to the total spend on NHS commissioned out of hospital services under National Condition 4. This will include expenditure that is ICB commissioned and classed as 'social care'.
- If the scheme is commissioned jointly, please select 'Joint'. Please estimate the proportion of the scheme being commissioned by the local authority and NHS and enter the respective percentages on the two columns.
8. Provider:
- Please select the type of provider commissioned to provide the scheme from the drop-down list.
- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.
9. Source of Funding:
- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop down list. This includes additional, voluntarily pooled contributions from either the ICB or Local authority
- If a scheme is funded from multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.

10. Expenditure (£) 2023-24 & 2024-25:
- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)
11. New/Existing Scheme
- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forward.
12. Percentage of overall spend. This new requirement asks for the percentage of overall spend in the HWB on that scheme type. This is a new collection for 2023-25. This information will help better identify and articulate the contribution of BCF funding to delivering capacity.

You should estimate the overall spend on the activity type in question across the system (both local authority and ICB commissioned where both organisations commission this type of service. Where the total spend in the system is not clear, you should include an estimate. The figure will not be subject to assurance. This estimate should be based on expected spend in that category in the BCF over both years of the programme divided by both years total spend in that same category in the system.

HM Government England

Better Care Fund 2023-25 Template

2. Cover

Version 1.1.2

Please Note:
- The BCF planning template is categorised as 'Management Information' and data from them will published in an aggregated form on the NHSE website and gov.uk. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information will be supplied to BCF partners to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Tower Hamlets
Completed by:	Ashton West
E-mail:	Ashton.West@towerhamlets.gov.uk
Contact number:	0203 688 2356
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	Yes
If no please indicate when the HWB is expected to sign off the plan:	

	Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:
***Area Assurance Contact Details:**	Health and Wellbeing Board Chair	Councillor	Gulam Kibria	Choudhary	GulamK.Choudhury@towerhamlets.gov.uk
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off	Chief Participation	Charlotte	Pomery	Charlotte.pomery@nhs.net
	Additional ICB(s) contacts if relevant	no	no	no	no@no
	Local Authority Chief Executive	Chief Executive	Stephen	Halsey	Stephen.Halsey@towerhamlets.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)	Acting Corporate	Warwick	Tomsett	warwick.tomsett@towerhamlets.gov.uk
	Better Care Fund Lead Official	Deputy Director	Suki	Kaur	Suki.kaur1@nhs.net
	LA Section 151 Officer	Interim Corporate	Caroline	Holland	caroline.holland@towerhamlets.gov.uk
Please add further area contacts that you would wish to be included in official correspondence e.g. housing or trusts that have been part of the process -->					

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Please see the Checklist below for further details on incomplete fields

	Complete:
2. Cover	Yes
4. Capacity&Demand	Yes
5. Income	Yes
6a. Expenditure	No
7. Metrics	Yes
8. Planning Requirements	Yes

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2023-25 Template

3. Summary

Selected Health and Wellbeing Board: Tower Hamlets

Income & Expenditure

Income >>

Funding Sources	Income Yr 1	Income Yr 2	Expenditure Yr 1	Expenditure Yr 2	Difference
DFG	£2,320,693	£2,320,693	£2,320,693	£2,320,693	£0
Minimum NHS Contribution	£25,839,202	£27,301,701	£25,839,202	£27,301,701	£0
iBCF	£16,810,321	£16,810,321	£16,810,321	£16,810,321	£0
Additional LA Contribution	£1,364,805	£774,839	£1,364,805	£774,839	£0
Additional ICB Contribution	£13,043,575	£13,043,575	£13,043,575	£13,043,575	£0
Local Authority Discharge Funding	£2,356,781	£3,912,256	£2,356,781	£3,912,256	£0
ICB Discharge Funding	£926,545	£1,952,110	£926,545	£1,952,110	£0
Total	**£62,661,922**	**£66,115,495**	**£62,661,922**	**£66,115,495**	**£0**

Expenditure >>

NHS Commissioned Out of Hospital spend from the minimum ICB allocation

	Yr 1	Yr 2
Minimum required spend	£7,342,768	£7,758,369
Planned spend	£15,682,039	£16,569,643

Adult Social Care services spend from the minimum ICB allocations

	Yr 1	Yr 2
Minimum required spend	£10,157,163	£10,732,059
Planned spend	£10,685,463	£11,290,260

Metrics >>

Avoidable admissions

	2023-24 Q1 Plan	2023-24 Q2 Plan	2023-24 Q3 Plan	2023-24 Q4 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Rate per 100,000 population)	35.0	41.0	35.0	29.0

Falls

		2022-23 estimated	2023-24 Plan
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Indicator value	557.9	546.7
	Count	91	89.18
	Population	17052	19639

Discharge to normal place of residence

	2023-24 Q1 Plan	2023-24 Q2 Plan	2023-24 Q3 Plan	2023-24 Q4 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	96.2%	97.3%	96.8%	96.8%

Residential Admissions

		2021-22 Actual	2023-24 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	372	313

Reablement

		2023-24 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	66.4%

Planning Requirements >>

Theme	Code	Response
NC1: Jointly agreed plan	**PR1**	Yes
	PR2	Yes
	PR3	Yes
NC2: Social Care Maintenance	**PR4**	Yes
NC3: NHS commissioned Out of Hospital Services	**PR5**	Yes
NC4: Implementing the BCF policy objectives	**PR6**	Yes
Agreed expenditure plan for all elements of the BCF	**PR7**	Yes
Metrics	**PR8**	Yes

Better Care Fund 2023-25 Template

4. Income

Selected Health and Wellbeing Board: Tower Hamlets

Local Authority Contribution		
Disabled Facilities Grant (DFG)	Gross Contribution Yr 1	Gross Contribution Yr 2
Tower Hamlets	£2,320,693	£2,320,693
DFG breakdown for two-tier areas only (where applicable)		
Total Minimum LA Contribution (exc iBCF)	**£2,320,693**	**£2,320,693**

Local Authority Discharge Funding	Contribution Yr 1	Contribution Yr 2
Tower Hamlets	£2,356,781	£3,912,256

ICB Discharge Funding	Contribution Yr 1	Contribution Yr 2
NHS North East London ICB	£926,545	£1,952,110
Total ICB Discharge Fund Contribution	£926,545	£1,952,110

iBCF Contribution	Contribution Yr 1	Contribution Yr 2
Tower Hamlets	£16,810,321	£16,810,321
Total iBCF Contribution	**£16,810,321**	**£16,810,321**

Are any additional LA Contributions being made in 2023-25? If yes, please detail below	Yes

Local Authority Additional Contribution	Contribution Yr 1	Contribution Yr 2	Comments - Please use this box to clarify any specific uses or sources of funding
Tower Hamlets	£774,839	£774,839	additional LA contribution
Tower Hamlets	£589,966	£0	ASCDF underspend from 22/23
Total Additional Local Authority Contribution	**£1,364,805**	**£774,839**	

NHS Minimum Contribution	Contribution Yr 1	Contribution Yr 2
NHS North East London ICB	£25,839,202	£27,301,701
Total NHS Minimum Contribution	**£25,839,202**	**£27,301,701**

Are any additional ICB Contributions being made in 2023-25? If yes, please detail below	Yes

Additional ICB Contribution	Contribution Yr 1	Contribution Yr 2	Comments - Please use this box clarify any specific uses or sources of funding
NHS North East London ICB	£13,043,575	£13,043,575	Additional ICB contribution for joint priorities - various
Total Additional NHS Contribution	**£13,043,575**	**£13,043,575**	
Total NHS Contribution	**£38,882,777**	**£40,345,276**	

	2023-24	2024-25
Total BCF Pooled Budget	**£62,661,922**	**£66,115,495**

Funding Contributions Comments Optional for any useful detail e.g. Carry over
Adult Social Discharge Funding carried forward from 2022/23 to be utilised in 2023/24 for discharge pressures in first quarter of 2023/24

Better Care Fund 2

3. Capacity & Demand

Selected Health and Wellbeing Board:

Guidance on completing this sheet is set out below, but should be read in conj

3.1 Demand - Hospital Discharge

This section requires the Health & Wellbeing Board to record expected monthly
Data can be entered for individual hospital trusts that care for inpatients from tl
The template aligns tothe pathways in the hospital discharge policy, but separat

If there are any trusts taking a small percentage of local residents who are admi
The table at the top of the screen will display total expected demand for the are
Estimated levels of discharge should draw on:
- Estimated numbers of discharges by pathway at ICB level from NHS plans for
- Data from the NHSE Discharge Pathways Model.
- Management information from discharge hubs and local authority data on rec

You should enter the estimated number of discharges requiring each type of su

3.2 Demand - Community

This section collects expected demand for intermediate care services from com
number of people requiring intermediate care (non-discharge) each month, spli
Further detail on definitions is provided in Appendix 2 of the Planning Requirem
The units can simply be the number of referrals.

3.3 Capacity - Hospital Discharge

This section collects expected capacity for services to support people being disc
- Social support (including VCS)
- Reablement at Home
- Rehabilitation at home
- Reablement in a bedded setting
- Rehabilitation in a bedded setting
- Other short term social care
- Short-term residential/nursing care for someone likely to require a longer-ter

Please consider the below factors in determining the capacity calculation. Typic
Caseload (No. of people who can be looked after at any given time)
Average stay (days) - The average length of time that a service is provided to pe
Please consider using median or mode for LoS where there are significant outlie
Peak Occupancy (percentage) - What was the highest levels of occupany expres
many people, on average, that can be provided with services.

At the end of each row, you should enter estimates for the percentage of the se

3.4 Capacity - Community

This section collects expected capacity for community services. You should inpu
You should include expected available capacity across these service types for eli
split into 5 types of service:

- Social support (including VCS)
- Urgent Community Response
- Reablement or rehabilitation at home
- Other short-term social care
- Rehabilitation in a bedded setting

Please consider the below factors in determining the capacity calculation. Typic
Caseload (No. of people who can be looked after at any given time)
Average stay (days) - The average length of time that a service is provided to pe
Please consider using median or mode for LoS where there are significant outlie
Peak Occupancy (percentage) - What was the highest levels of occupany expres
take into account how many people, on average, that can be provided with serv

At the end of each row, you should enter estimates for the percentage of the se

Virtual wards should not form part of capacity and demand plans because they
Appendix 2 of the BCF Planning Requirements.

Any assumptions made.
Please include your considerations and assumptions for Length of Stay and average numbers of hours committed to a homecare package that have been used to derive the number of expected packages.

3.1 Demand - Hospital Discharge

!!Click on the filter box below to select Trust first!!

Trust Referral Source (Select as many as you need)
BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST
BARTS HEALTH NHS TRUST
HOMERTON HEALTHCARE NHS FOUNDATION TRUST
BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST
BARTS HEALTH NHS TRUST
HOMERTON HEALTHCARE NHS FOUNDATION TRUST
BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST
BARTS HEALTH NHS TRUST
HOMERTON HEALTHCARE NHS FOUNDATION TRUST
BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST

BARTS HEALTH NHS TRUST
HOMERTON HEALTHCARE NHS FOUNDATION TRUST
BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST
BARTS HEALTH NHS TRUST
HOMERTON HEALTHCARE NHS FOUNDATION TRUST
BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST
BARTS HEALTH NHS TRUST
HOMERTON HEALTHCARE NHS FOUNDATION TRUST
BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST
BARTS HEALTH NHS TRUST
HOMERTON HEALTHCARE NHS FOUNDATION TRUST

3.2 Demand - Community

3.3 Capacity - Hospital Discharge

Service Area
Social support (including VCS)
Reablement at Home
Rehabilitation at home
Reablement in a bedded setting
Rehabilitation in a bedded setting
Other short term social care
Short-term residential/nursing care for someone likely to require a longer-term care home placement

3.4 Capacity - Community

Service Area
Social support (including VCS)
Urgent Community Response
Reablement at Home
Rehabilitation at home
Other short-term social care
Reablement in a bedded setting
Rehabilitation in a bedded setting

2023-24 Capacity & Demand Template

Tower Hamlets

unction with the guidance in the BCF planning requirements

demand for supported discharge by discharge pathway.
he area. Multiple Trusts can be selected from the drop down list in column F. You will then be able to enter
:es Pathway 1 (discharge home with new or additional support) into separate estimates of reablement, reh

tted to hospital, then please consider aggregating these trusts under a single line using the '**Other**' Trust op
:a by discharge pathway and by month.

2023-24

quests for care and assessment.

pport for each month.

munity sources, such as multi-disciplinary teams, single points of access or 111. The template does not coll
t by different type of intermediate care.

ents.

harged from acute hospital. You should input the expected available capacity to support discharge across t

m care home placement

ally this will be (Caseload*days in month*max occupancy percentage)/average duration of service or lengtl

ople, or average length of stay in a bedded facility
rs
sed as a percentage? This will usually apply to residential units, rather than care in a person's own home. F

rvice in question that is commissioned by the local authority, the ICB and jointly.

t the expected available capacity across the different service types.

gible referrals from community sources. This should cover all service intermediate care services to support

ally this will be (Caseload*days in month*max occupancy percentage)/average duration of service or lengt

ople, or average length of stay in a bedded facility

rs

sed as a percentage? This will usually apply to residential units, rather than care in a person's own home. F

ices.

rvice in question that is commissioned by the local authority, the ICB and jointly.

represent acute, rather than intermediate, care. Where recording a virtual ward as a referral source, pease

UCR demand is based on CSDS reported activty. There are no commissioned intermediate care beds in Tower Hamlets. Where there is a requirement for an intermediate bed, adhoc arrangements are made with neighbouring boroughs.
VCS - there are no commissioned activity via VCS for intermediate care in the community
Reablement: We have applied a 10% increase in overalll demand for Reablement services compared to 21/22, then apportioned 30% of the overall to 'community'. This apportionment reflects the historic demand split between community and discharge pathway.

Demand - Hospital Discharge
Pathway
Social support (including VCS) (pathway 0)
Reablement at home (pathway 1)
Rehabilitation at home (pathway 1)
Reablement in a bedded setting (pathway 2)

Rehabilitation in a bedded setting (pathway 2)
Other short term social care (pathway 1 & 2)
Short-term residential/nursing care for someone likely to require a longer-term care home placement

Demand - Intermediate Care
Service Type
Social support (including VCS)
Urgent Community Response
Reablement at home
Rehabilitation at home
Reablement in a bedded setting
Rehabilitation in a bedded setting
Other short-term social care

apacity - Hospital Discharge
Metric
Monthly capacity. Number of new clients.
Monthly capacity. Number of new clients.
Monthly capacity. Number of new clients.
Monthly capacity. Number of new clients.
Monthly capacity. Number of new clients.
Monthly capacity. Number of new clients.
Monthly capacity. Number of new clients.

Capacity - Community
Metric
Monthly capacity. Number of new clients.
Monthly capacity. Number of new clients.
Monthly capacity. Number of new clients.
Monthly capacity. Number of new clients.
Monthly capacity. Number of new clients.
Monthly capacity. Number of new clients.
Monthly capacity. Number of new clients.

r the number of expected discharges from each trust by Pathway for each month.
ıabiitation and short term social care)

ɔtion.

ect referrals by source, and you should input an overall estimate each month for the

:hese different service types:

h of stay

For services in a person's own home then this would need to take into account how

: recovery, including Urgent Community Response and VCS support. The template is

h of stay

For services in a person's own home then this would need to

: select the relevant trust from the list. Further guidance on all sections is available in

	Complete:
3.1	Yes
3.2	Yes
3.3	Yes
3.4	Yes

Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
0	0	0	0	0	0	0
2	2	2	2	2	2	2
0	0	0	0	0	0	0
1	1	1	1	1	1	1
78	92	88	88	83	83	82
4	5	4	4	4	4	4
0	0	0	0	0	0	0
20	17	13	20	6	12	5
0	0	0	0	1	1	1
0	0	0	0	0	0	0

20	17	13	20	6	12	5
0	0	0	0	1	1	1
0	0	0	0	0	0	0
10	12	10	7	8	7	7
0	0	0	0	0	0	0
0	0	0	0	0	0	0
10	12	10	7	8	7	7
0	0	0	0	0	0	0
1	1	1	1	1	1	1
10	18	10	8	10	11	10
1	1	1	1	1	1	1

Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
0	0	0	0	0	0	0
81	81	81	82	82	82	79
58	84	65	61	66	56	95
97	97	97	97	97	97	97
0	0	0	0	0	0	0
0	0	0	0	0	0	0
58	78	62	94	135	133	114

Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
3	3	3	3	3	3	3
84	99	94	95	89	89	88
20	17	13	21	7	12	6
20	17	13	21	7	12	6
11	13	10	8	9	8	8
11	13	10	8	9	8	8
11	19	11	9	12	12	11

Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
0	0	0	0	0	0	0
81	81	81	82	82	82	79
58	84	65	61	66	56	95
100	100	100	100	100	100	100
58	78	62	94	135	133	114
0	0	0	0	0	0	0
0	0	0	0	0	0	0

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
0	0	0	0	0
2	2	2	2	2
0	0	0	0	0
1	1	1	1	1
85	84	103	81	82
4	4	5	4	4
0	0	0	0	0
9	6	2	9	10
1	0	0	0	1
0	0	0	0	0

9	6	2	9	10
1	0	0	0	1
0	0	0	0	0
7	7	7	7	7
0	0	0	0	0
0	0	0	0	0
7	7	7	7	7
0	0	0	0	0
1	1	1	1	1
15	18	17	17	18
1	1	1	1	1

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
0	0	0	0	0
79	79	81	81	81
68	47	84	62	92
97	97	97	97	97
0	0	0	0	0
0	0	0	0	0
140	116	113	95	136

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
3	3	3	3	3
91	91	111	87	88
10	7	2	9	11
10	7	2	9	11
7	8	8	7	8
7	8	8	7	8
17	20	19	18	19

Commissioning r commis
ICB

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
0	0	0	0	0
79	79	81	81	81
68	47	84	62	92
100	100	100	100	100
140	116	113	95	136
0	0	0	0	0
0	0	0	0	0

Commissioning r commis
ICB

esponsibility (% of each service type sioned by LA/ICB or jointly	
LA	Joint

esponsibility (% of each service type sioned by LA/ICB or jointly	
LA	Joint

HM Government

NHS England

BCF narrative plan template

This is a template for local areas to use to submit narrative plans for the Better Care Fund (BCF). All local areas are expected to submit narrative BCF plans. Although the template is optional, we ask that BCF planning leads ensure that narrative plans cover all headings and topics from this narrative template.

These plans should complement the agreed spending plans and ambitions for BCF national metrics in your area's BCF Planning Template (excel).

There are no word limits for narrative plans, but you should expect your local narrative plans to be no longer than 25 pages in length.

Although each Health and Wellbeing Board (HWB) will need to agree a separate excel planning template, a narrative plan covering more than one HWB can be submitted, where this reflects local arrangements for integrated working. Each HWB covered by the plan will need to agree the narrative as well as their excel planning template.

Cover

Health and Wellbeing Board(s).

Tower Hamlets Wellbeing Board

Bodies involved strategically and operationally in preparing the plan (including NHS Trusts, social care provider representatives, VCS organisations, housing organisations, district councils).

The 2023-25 BCF plan has been agreed by:

- Stephen Halsey – Interim Chief Executive for the London Borough of Tower Hamlets
- Warwick Tomsett – Acting Corporate Director of Health, Adults and Community for the London Borough of Tower Hamlets
- Councillor Gulam Kibria Choudhury who is the lead member for Health, Wellbeing and Social Care and Chair of the Health and Wellbeing Board.
- Charlotte Pomery – Chief Participation and Place Officer for NHS North East London, our North East London Integrated Care Board (ICB).

The Better Care Fund is overseen by the Health and Wellbeing Board and the Tower Hamlets Together Partnership Board. On 1st July 2022 the Tower Hamlets Together Board became the new place subcommittee of the ICB. Both these Boards are made up of a wider range of stakeholders from across our health and care system including voluntary sector representatives.

The plan will be formerly considered by the Tower Hamlets Health and Wellbeing Board for approval on the 20th July 2023. The board membership includes the London Borough of Tower Hamlets council officers who manage Adults and Health, Children Services, Public Health, NHS North East London Integrated Care Board (NEL ICB), Royal London Hospital (part of Barts Health NHS Trust), East London Foundation Trust, GP Care Group, Healthwatch and Council for Voluntary Sector (CVS). Housing representation is covered indirectly through the Council representatives on the Boards.

In 2021, the Health and Wellbeing Board published its strategy covering 2021-2024. The strategy sets out system wide improvement principles that the Board will focus on and ambitions for a 'Healthy Borough' reflecting the health and wellbeing outcomes that matter to residents (below). The strategy was co-developed with residents, the voluntary and community sector, health and Council. The BCF is a key driver to deliver the strategy, with elements being reconfigured to better meet current and future needs i.e. more investment is being made in prevention.

System wide improvement principles:

1. Better targeting
2. Stronger networks
3. Equalities and anti-racism in all we do
4. Better communications
5. Community first in all we do
6. Making the best use of what we have

Ambitions for a 'healthy borough'

1. Everyone can access safe, social spaces near their home to live healthy lives
2. Children and families are healthy, happy and confident
3. Young adults have the opportunities, connections, and local support to live healthy lives
4. Middle aged and older people are supported to live healthy lives and get support early when they need it
5. Anyone needing help knows where to get it and is supported to find the right help

Our Tower Hamlets 2023-24 BCF plan is an evolution of the 2022-23 arrangements which were approved by NHSE in December 2022. The priorities have been developed through Tower Hamlet Together (THT), the borough based integrated health and care partnership, which includes key members from the Health and Wellbeing Board.

In 2021, prior to the planning guidance being released, we used the initiative to carry out a local review of the BCF. It was important to take stock of what had been delivered, what had worked, lessons learnt and understand how the scale of ambition for integration will be delivered. In essence, the priority for 2021-22 was to develop a plan for the plan and the focus in 2022-23 and 2023-24 has been the continued delivery of this, whilst developing our new governance arrangements through the NEL ICB.

Our aim is to carry out another review during 2023 of our BCF plan with an intention to update the 2024-25 plan for the next return.

There remain challenges that risk our delivery ambitions which we are working together as system partners to mitigate:

1. Staff recruitment poses a real challenge, the pandemic and continued pressures has resulted is a large number of health and care workers leaving without sufficient replacements being available.
2. The cost of living crisis comes on the back of a pandemic, years of austerity and a long term underfunding of social care. Services already stretched are having to work harder to support a great number of residents struggling to afford to live whilst also being impacted by the inflation.
3. This winter will be another challenging year whilst dealing with the backlog of hospital elective work and the imminent flu season. This plan will help with some of those pressures but this will remain an area of focus for our system.

We have a smaller working group between the Council and the ICB which includes finance leads where we work on the details of the plan.

A joint finance report which includes the BCF is presented to the Tower Hamlets Together Board on a quarterly basis alongside a joint performance report. The latest report is due to be delivered on 6th July. This Board is also the Tower Hamlets ICB subcommittee.

For more information about our health and care partnership – Tower Hamlets Together – please visit https://www.towerhamletstogether.com/about/the-board

How have you gone about involving these stakeholders?

The outline plan was shared with the Health and Wellbeing Board on the 23rd May 2023 and will be formerly considered by the Tower Hamlets Health and Wellbeing Board for approval on the 20th July 2023. The board membership includes the London Borough of Tower Hamlets council officers who manage Adults and Health, Children Services, Public Health, NHS North East London Integrated Care Board (NEL ICB), Royal London Hospital (part of Barts Health NHS Trust), East London Foundation Trust, GP Care Group, Healthwatch and Council for Voluntary Sector (CVS). Housing representation is covered indirectly through the Council representatives on the Boards.

The outline plan was also reviewed by the Tower Hamlets Together Board on the 4th May 2023. This board also includes a resident, Healthwatch and the Council for Voluntary Sector.

In summary, our plan is being carried forward from 2022-23 where engagement took place. Each individual scheme within the plan also has its own engagement processes. We plan to carry out a review of our BCF plan in 2023 with the intention of increasing the BCF amount for 2024-25. This will involve extensive engagement.

Governance

Please briefly outline the governance for the BCF plan and its implementation in your area.

Strategic oversight of the Better Care Fund in Tower Hamlets is devolved from the Health and Wellbeing Board to the Tower Hamlets Together (THT) Board which is now also the ICB subcommittee.

Tower Hamlets Together (THT) is a partnership of health and care commissioners and providers who are working together to deliver integrated health and care services for the population of Tower Hamlets. Building on our understanding of the local community and our experience of delivering local services and initiatives, THT partners are committed to improving the health of the local population, improving the quality of services and effectively managing the Tower Hamlets health and care pound.

The Tower Hamlets Together Board/ICB sub committee

- Oversees joint strategic commissioning of services in Tower Hamlets for children and young people, adults and public health.
- Coordinates the development of joint strategies for the relevant service areas and ensure necessary arrangements are in place to implement strategies and procure service changes.
- Oversees strategic market development and management, and oversee plans to re-commission and de-commission services, aligning this work with joint strategic procurement plans.
- Reports key decisions to the Tower Hamlets Together Executive and related Operational Boards as well as to relevant executive and governing bodies of the ICB and Council.
- Acts as the formal subcommittee of the North East London ICB.

The THT Board is based on a joint working group structure and includes members from;

- London Borough of Tower Hamlets (Council)
- North East London Commissioning Integrated Care Board (NEL ICB)
- East London Foundation Trust (ELFT)
- Barts Health
- Tower Hamlets Council for Voluntary Services (TH CVS)
- GP Care Group (GPCG)
- Healthwatch
- Resident representing the community voice

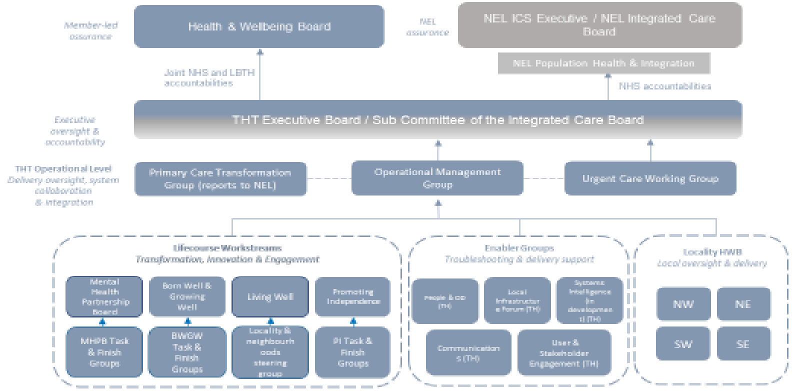
Members have delegated responsibility from the partner employing them to make decisions which enable the THT Board to carry out its objects, roles, duties and functions. The THT Board is responsible for the overall approval of Individual Schemes, ensuring compliance with the Better Care Fund Plan and the strategic direction of the fund. Each scheme specification confirms the governance arrangements in respect of the Individual Scheme and how it is reported to the Tower Hamlets Together Board.

The Partners produce a Quarterly Finance Report which is presented to the THT Partnership (and Health and Wellbeing Board at least annually) and sets out information as required by national guidance and any additional information required by the Health and Wellbeing Board or relevant partners (for e.g. finance data and updates on metrics).

A copy of the Tower Hamlets Together structure is below.

Tower Hamlets | NEL

Borough partnerships: Tower Hamlets



Executive summary

This should include:

- Priorities for 2023-25
- Key changes since previous BCF plan.

Priorities for 2023-25

Our partnership priorities and work programme for 2023-25 is below. The programme is overseen by our Operational Management Group (OMG) which is chaired by our Joint Director of Integrated Commissioning and is attended by key operational leads from across our health and care partnership. The Operational Management Group takes on the operational focus from the Tower Hamlets Together Board and includes the BCF schemes such as reablement, discharge and community health and care teams.

The overall programme management of the individual transformation projects are themed under the following three headings:

a. Care Close to Home - maintaining people's independence in the community
b. Hospital to Home - reducing the time people need to stay in hospital
c. Prevention - building the resilience and wellbeing of our communities

The following are the key priorities from our work programme which fall under each of the three headings above and are delivered by our four integrated lifecourse workstreams:

1. **Children and Young People – Born Well and Growing Well workstream**

- Children's mental health and emotional wellbeing
- Special Education Needs and Disabilities (SEND)
- Healthy Childhood Weight
- Ways of working –including pathways for long term conditions, a shared practice framework, a shared model of locality and Multi-Disciplinary Team working
- Poverty and economic hardship

2. Complex Adults – Promoting Independence workstream

- Establishing a new model of homecare which includes MDT approaches e.g. working closer with District Nursing
- Long term conditions management – diabetes focus
- Enhancing local care coordination – moderate fraility focus
- Ensuring a smooth transitions process for young people with complex needs from CYP to adults services
-

3. **Mainly Healthy Adults – Living Well workstream**

- Improving access to health services for disabled residents
- Developing our localities and neighbourhoods (includes Fuller recommendations) – multi year
  - Developing system wide health intelligence (data) for localities and primary care networks/neighbourhoods
  - Stregthening locality and PCN structures to address health inequalities
  - Engaging communities to improve health and wellbeing
  - Long term conditions prevention and management: improving pathways between communities and preventative services

Our plan is being rolled forward from 2022-23 to 2023-24. We will be reviewing our schemes during 2023 with the intention of increasing the pooled amount for 2024-25. This will involve extensive work.

Key changes in the BCF Plan for 2023-24

To support the delivery areas above, the BCF funded schemes are carried forward from the previous year with the following additions:

· Discharge Fund: Local Authority (LA) Grant and ICB Allocation. The schemes funded by the Discharge Fund fall fully within the BCF plan following the initial roll-out in Quarter 4 (January – March) 2022/23.

The recent fortnightly and monthly discharge reporting has also caused difficulty in its completion due the vast pull on our workforce.

National Condition 1: Overall BCF plan and approach to integration

Please outline your approach to embedding integrated, person centred health, social care and housing services including:

- Joint priorities for 2023-25
- Approaches to joint/collaborative commissioning
- How BCF funded services are supporting your approach to continued integration of health and social care. Briefly describe any changes to the services you are commissioning through the BCF from 2023-25 and how they will support further improvement of outcomes for people with care and support needs.

For at least the last decade, Tower Hamlets has been working towards greater collaboration between health and social care partners and the voluntary and community sector. We have developed from being an NHS England 'Integrated Care Pioneer' in 2013 and part of the national Vanguard programme in 2015 to forming our current Tower Hamlets Together (THT) place-based partnership in 2016. Over the last 6 years this partnership has continued to strengthen and was key to managing our Covid-19 response. In 2023, THT is a mature partnership and we have seamlessly integrated the role of becoming a sub-committee of the ICB into our place-based partnership and we look forward to the greater responsibility, autonomy and impact that will result.

Since 2018 we have had an integrated commissioning service, bringing together commissioners from both social care and health services, such as adults, children's, community and mental health, overseen by a Joint Director of Integrated Commissioning.

Localities and Neighbourhoods Programme (includes Fuller recommendations)
At a place level Tower Hamlets have been taking a whole population approach and in 2016 developed three THT lifecourse workstreams and recently added a fourth focus on mental health through establishing a partnership board. The four workstreams are:

1. Born Well and Growing Well – focussing on maternity, children and young adults
2. Living Well – focussing on mainly healthy adults
3. Promoting Independence – focussing on complex and older adults
4. Mental Health Partnership Board – focussing on mental health for adults and children

On behalf of the THT Board, each workstream takes a leading role in promoting the health and well-being of the sector of the population with which it is concerned. It also has an oversight role of health and social care integration, including service redesign, transformation and innovation. Workstream members identify opportunities to improve outcomes, reduce costs, system duplication and promote joint working in developing system priorities. The workstreams are multiagency and include service users.

At the locality level, THT have four Health and Well Being Committees. These have a wider remit that involve not only the delivery of integrated care but also to make the health and social care system more sustainable which will focus on the wider determinants of health, with the long-term aim of reducing health inequalities. Work is now commencing to further evolve these into health and wellbeing **communities** which are multi-disciplinary teams organised around primary care networks as part of the drive to creating integrated neighbourhood teams.

At the Primary Care Network (PCN) level or neighbourhoods Tower Hamlets have

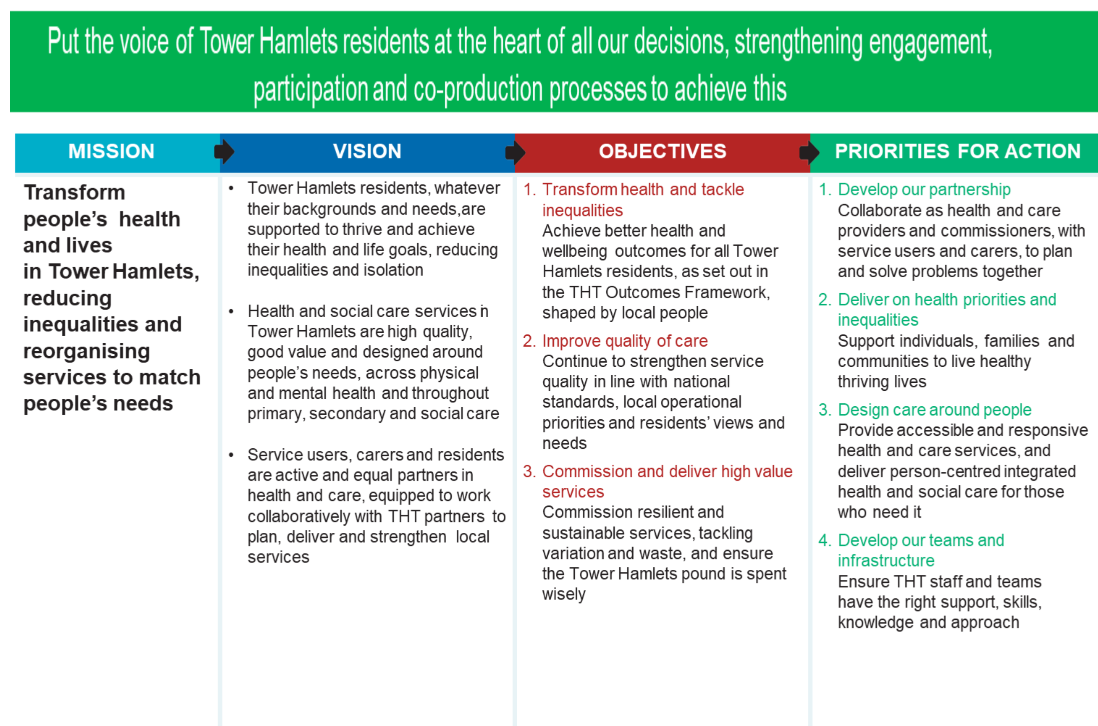
its seven GP networks across the borough, which is another key part of the national approach to integrated care and provides one of the foundations for the Multi-Disciplinary Team ("MDT") arrangements operating across the borough. These are supported by locality-based community health teams and the mental health teams have organised around the locality model too. The council has also aligned its operational adults and children's social care services around localities. The next stage of this work is to review how these teams work as truly integrated teams wrapped around locality or neighbourhood footprints. This links to the Fuller recommendations and the Tower Hamlets Community Health Services Alliance contract review.

Having aligned our health and care services around localities, the next phase of work for THT is to understand what impact this has had and to understand what is required at a neighbourhood/PCN level. Almost £1m has been allocated by the ICB and Local Authority within the Better Care Fund to support the work at the locality and neighbourhood level. This is where we see the greatest potential in achieving our integration ambitions.

It is proposed to work over the next 3 years to develop a blue print for the locality and neighbourhoods' model, understanding requirements at a local and national level across health and social care, benchmarking ourselves against this and then delivery of a roadmap for improvement and implementation as required. This can only be done in collaboration within the THT partnership and with stakeholders across Tower Hamlets at a borough and at a local level (such as residents, PCNs, social care, etc.). This will take into account the review of the BCF we are doing in 2023 with aim of increasing the pooled fund from 2024 onwards.

Tower Hamlets Together – Our System Plan on a Page

Overall our partnerships ambition can be explained through the following joint mission, vision, objectives and priorities for action. At the heart of this plan is the voice of the Tower Hamlets residents.



Our Vision through our system wide Outcomes Framework

As a partnership we have co-produced a series of 'I' statements with local residents that articulate their aspirations for improving health and wellbeing, and include statements such as 'I play an active part in my community', 'I feel like services work together to provide me with good care' and 'I have a good level of happiness and wellbeing'.

These statements are broken down across five domains: 'Wider Determinants of Health', 'Healthy Lives', 'Quality of Life', 'Quality of Care & Support', and 'Integrated Health and Care System'. Each domain and statement has a narrative and a set of indicators to measure progress towards the outcome and proposed aspirational indicators that could be adopted across the system and are increasingly being used by colleagues from providers across the partnership develop and plan services, helping to build a consistent, system-wide approach.

For example the 'I'-statements have been used by commissioners when designing service specifications and by policy teams when developing borough-wide strategies.
For more information on our Outcomes Framework, please visit
https://www.towerhamletstogether.com/the-challenge/outcomes-framework

Domain	I-Statement			
Integrated health and care system	I feel like services work together to provide me with good care	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	I want to see money being spent in the best way to deliver local services	
Wider determinants of health	I am able to support myself and my family financially	I am satisfied with my home and where I live	I am able to breathe cleaner air in the place where I live	I feel safe from harm in my community
Healthy Lives	I am supported to make healthy choices	I understand the ways to live a healthy life		
Quality of Care & Support	Regardless of who I am, I am able to access care services for my physical and mental health	I am able to access safe and high quality services (when I need them)	I am confident that those providing my care are competent, happy and kind	I have a positive experience of the services I access, overall
Quality of Life	I have a good level of happiness and wellbeing	I am supported to live the life I want	My children get the best possible start in life	I play an active part in my community

National Condition 2

Use this section to describe how your area will meet BCF objective 1: **Enabling people to stay well, safe and independent at home for longer.**

Please describe the approach in your area to integrating care to support people to remain independent at home, including how collaborative commissioning will support this and how primary, intermediate, community and social care services are being delivered to help people to remain at home. This could include:

- steps to personalise care and deliver asset-based approaches
- implementing joined-up approaches to population health management, and proactive care, and how the schemes commissioned through the BCF will support these approaches
- multidisciplinary teams at place or neighbourhood level, taking into account the vision set out in the Fuller Stocktake
- how work to support unpaid carers and deliver housing adaptations will support this objective.

Personalisation and Personal Health Budgets

In Tower Hamlets, primary care networks are leading on the promotion of personalisation and the use of personal budgets. This enables people to have choice and control over decision about their care and the budget that is available to meet their needs. The scheme has been expanding and it cuts across various areas and needs i.e. frailty, mental health and homeless and rough sleepers.

Personalised care consists of six components:

- enabling choice, including legal rights to choose
- shared decision making
- personalised care and support planning
- social prescribing and community-based support
- supported self-management
- personal health budgets

Part of enabling choice is to provide residents with information about their condition, in language which can be understood. This will help you recognise the choices you have and how they may it impact on the residents.

Shared decision making - aims to acknowledge 'patient knows best' and allow the health professionals to hear the resident's personal preferences, values, beliefs, circumstances, and goals.

In personalised care, the resident has input into the care they receive. There are new roles being embedded within both primary care networks and secondary care, who are there to build a positive relationship with the patients and explore the goals relating to their health that they want to achieve.

Health professionals provide expertise and advice regarding (1) treatment options (2) what the evidence suggests and the risks and benefits of each in language the patient can underdstand

Personalised care support plans (PCSP)

When patients are working with a health professional towards a recognised goal, a personalised care support plan will be created.

This focuses on ‘what matters to me?’ meaning the plan will pay attention to the patient needs and wellbeing.

The patient is central in developing their PCSP. Time is given to explore and develop this, considering what goals are to be achieved, for example: lose weight, reduce blood pressure, increase social relationships.

The PCSP is flexible and unique to each individual.

Social prescribing and community-based support

The social prescriber's role is to support patients with social factors impacting on their overall wellbeing and quality of life.

Social prescribing link workers, will offer time to explore goals which will then be reviewed. They can offer ongoing support for approximately six sessions if needed. The aim is to help improve overall quality of life by connecting residents with local community.

Social prescribers use the personalised care approach to support patients. They offer the time needed to explore your goals and work together with you to create a personalised care support plan (PCSP).

Health and wellbeing coaches (HWBC)

Some primary care networks offer additional support in order to change behaviour, for example increasing activity levels – through the support from a health and wellbeing coach who is trained in behaviour change approaches.

Personal Health Budgets (PHB)

A personal health budget is an amount of money to support someone’s health and wellbeing needs. This is planned and agreed between residents or their representative and the local PCN.

It is not new money, but rather a different way of spending health funding to meet the needs of an individual.

Personal Health Budgets are a way of personalising care, based around what matters to people and their individual strengths and needs. The budget gives disabled people and people with long term conditions more choice, control and flexibility over their healthcare.

Anticipatory Care and Proactive Care Model

Tower Hamlets has been pioneering proactive care model in areas where negative impact of health inequalities can be reduced.

In quarter three of 2022-2023, Tower Hamlets has piloted a frailty care coordination MDT model which is based on early identification of cohorts using validated population health management tools and the delivery of proactive care to support residents' health care and care planning before they become unmanageable.

The care coordination model seeks to develop a multidisciplinary approach using set of defined characteristics and measures as part of the model of care together with personalised care and support plan built into the standard operating procedure and multi-disciplinary working.

Residents within identified cohorts are proactively approached, working out who is suitable for care coordination and who is likely to benefit from it. Defining the cohort has many benefits, it enables the neighbourhood/place to develop appropriate plans and strategies to support the group of residents. This may help to address long-standing issues with service provision in an area and MDT be able to identify those who could receive support via care coordination - this will support the development and expansion of cohorts in the future.

The frailty proactive care coordinated MDT has generated (1) joined-up approach across health, social care and voluntary sectors (2) process and pathway to deliver the monthly care coordination MDT meetings (3) reduction of unnecessary GP visits and duplication of referrals (4) improve communications across health and social care (5) enhance personalised care and support plan and finally (6) identify the need to locality/neighbourhood in early identification, population health management and reducing health inequalities

In preparation to scale up the model (meaning additional primary care network will be involved in the delivery), thorough planning is underway to ensure the expansion of integrated care approach is aligned across the networks.

The expanded model (locality) will need a dedicated 1 WTE network care coordinator (each PCN) to help continue deliver the success of the monthly care coordination MDT. The focus of the expansion will remain on frailty however additional long-term conditions will be considered i.e. COPD, heart failure etc.

In addition, Tower Hamlets Together Partnership has identified another priority for 2023-2024; care coordination of homeless and rough sleepers. The care coordination approach to be used for homeless and rough sleepers will be proactive care model and will operate using 6 key approaches **(1)** case identification **(2)** holistic assessment **(3)** personalised care planning **(4)** MDT working **(5)** coordinated care **(6)** interventions and support.

Housing, safeguarding, adult social care, GP practice, community mental health, rough sleeper navigator and hostel teams are among services involved in the discussion and the planning of the delivery of care coordination MDT.

Care coordination of frailty with long term conditions and homeless and rough sleepers are excellent exemplar of integrated work across the borough – bringing proactive care model to identify residents needing support before they tip into crisis.

The vision for the localities and neighbourhoods enabling people to stay well, safe and independent (links with the Fuller recommendations)

A governance structure is being developed for this work including reporting lines and in order for the vision for our localities and neighbourhoods to be realised it needs to effectively support and work across the system and all workstreams. We have appointed a Programme Lead who will start in post from July 2023. The first job will be to develop a clear vision for our localities and neighbourhoods programme which all partners are signed up to. Though

not yet agreed, the vision for the localities and neighbourhoods could be similar to the below which aligns to our THT vision and aims.

1. Improve the overall health and wellbeing for the Tower Hamlets population
2. Reduce inequality of access to services and reduce inequalities in health and social outcomes for the Tower Hamlets population
3. Focus on the wider social and economic determinants of health for the whole population enhancing early intervention & prevention models
4. Coordinate and plan services with residents around their individual needs
5. Create empowered communities who are better able to support themselves
6. Prevent ill-health and increase their ability to sustainably manage their own wellbeing
7. Listen to and act on what matters to residents and patients
8. Improve the quality of care received and patient experience in a sustainable way

The Approach - the programme approach will commit to a way of working where changes to the delivery of care are co-produced by staff involved in the delivery of care and residents at a local level. Change should not be directed from a central top down position with pre-prescribed models of care.

The programme will put in place a robust governance structure to maintain an overview of the changes being tested across the entirety of the programme, ensuring that these are in-keeping with the agreed vision and goals and ensure that these local bottom up changes are appropriately tested and able to be spread sustainably. We aim to use quality improvement methodology to support the testing of new models of care. This will be underpinned by the triangulation of robust information, provider and resident views

A series of underpinning/cross-cutting work streams will need to provide a foundation to the localities and neighbourhoods specific work. These will look at how to improve underlying processes and communication to support change.

The work will require a strong co-production/bottom up approach to design which allows focused work between primary care and providers, both strengthening working relationships and trust but allowing new models of care to be tested in a controlled way before wider roll out.

We will identify or develop a resident/patient panel to provide overview, challenge and scrutiny for co-production plans across the programme - The Patient Panel will take a lead on developing an initial engagement model for neighbourhood residents and testing this in an agreed neighbourhood.

Below is a highlevel delivery plan on how the Localities & Neighbourhoods Programme will be delivered:

Phase 1 - **Developing the Case for Change** – June 2023

- Understand the national and local drivers for delivery across neighbourhoods and localities.
- Define what neighbourhoods and localities mean for Tower Hamlets staff, residents and agree the vision and goals.
- Development of a structure to support neighbourhood & localities governance
- Undertake formal and informal engagement with residents and staff.
- Development of neighbourhood identities and collaboration across primary care **(*linked to Fuller)***
- Develop a framework for delivery, including identifying how the different requirements of the Primary Care Networks, Health and Wellbeing Strategy fit together at a local level
- Identify what enablers are needed to make this programme work. **(*linked to Fuller***
- Establish within the framework how to measure progress using existing TH outcomes framework

Phase 2 – Develop Locality Models – test and learn – Dec 2023

- Using agreed framework undertake neighbourhoods/locality assessment and identify progress and areas for development.
- Develop the Neighbourhoods and Locality Operating Model, which set out the service model, ways of working and population health approach and a multi-year plan to achieve this.
- Complete delivery of the integrated multi-disciplinary neighbourhood team and care coordination model and look at care pathways that would bring teams together. **(*linked to Fuller)***

Phase 3 - **Transformation in agreed priority areas** – 2024 onwards

- Transformation in the core neighbourhood & locality based services and building on the integrated neighbourhoods team. **(*linked to Fuller)***
- Transformation work in community navigation, community pharmacy, children services, long term conditions and anticipatory care.
- Place based OD and people project to ensure there is a cultural shift to realise the benefits of integrated neighbourhood working. **(*linked to Fuller***
- Develop a model for community and voluntary sector partnerships, and resident involvement in each neighbourhood or locality.
- Develop a model for addressing health inequalities on a neighbourhood and/or locality footprint which brings together the voluntary and community partnership.

Phase 4 - **Formal review, scaling and implementation of new ways of working**

Supporting unpaid carers and housing adaptations in Tower Hamlets

The 2021 census results tell us that there are 18,551 unpaid carers in Tower Hamlets - 6% of the overall borough population of 310,306. Whilst this represents a reduction in the overall number of unpaid carers in the borough compared to the 2011 census when 19,356 unpaid carers were identified, we know that the needs of carers have increased, with more carers providing longer hours of care (25.4% of carers provided more than 50 hours of unpaid care in the 2011 census, compared to 28.6% in 2021).

In 2022/23, the council spent £1.85m on carers' services, and BCF contributes £699k to this from the CCG minimum spend. A range of support is provided to carers caring for someone in Tower Hamlets. This includes respite provisions and in person and digital preventative services, from whole-population measures aimed at promoting health and wellbeing, to more targeted interventions aimed at improving skills or functioning for one person or a particular group. Carers benefit from information, advice, and practical support to help them develop the knowledge and skills to care effectively and look after their own health, wellbeing and welfare.

The Council is committed to making Mandatory Disabled Facilities Grants available to all eligible owner-occupiers and private sector tenants so that they can remain living independently in their own homes. A disabled owner-occupier or tenant may apply for a Disabled Facilities Grant for various purposes which will primarily improve access and comfort.

Mandatory Disabled Facilities Grants will continue to be available to eligible owner- occupiers and private sector tenants. The maximum mandatory Disabled Facilities Grant is £30,000.

Applications for Discretionary Disabled Facilities Grant above the maximum mandatory £30k limit will be considered on a case by case basis by the Home Improvement Agency (HIA) Grants Panel. Approval is subject to the client not be able raise the necessary funds to complete the works, which would then result in the adaptation not being carried out.

In addition, the Disabled Facilities Grant can be used for the following purposes:

- **Relocation Grants** – Relocation grants would enable the Council to assist homeowners to move to a more suitable property where an in situ solution cannot be provided. Grants could cover removal costs, reconnection fees and legal costs.

- **Hospital discharge Grants** – Bed blocking caused when a resident's home is not suitable for them to return to is both expensive to the NHS and not in the patient's interest. Using DFG grant for fast track works including deep cleaning, decluttering and minor repairs can speed up this process and potentially save the public purse thousands of pounds.
- **Dementia Grants** – Dementia grants can be used to replace gas, electric cooking facilities with microwaves and specialist assistive technology such as GIS tracking devices where appropriate.
- **Assistive technology and equipment**

The Council provides comprehensive assistive technology and equipment services including deaf/blind aids. Tenants of Tower Hamlets Homes are able to apply for Disabled Facilities Grants and a more streamlined process has been developed between the Occupational Therapist and Tower Hamlets Homes who have a dedicated budget for adaptations.

Tower Hamlets set-up a board to ensure there is oversight on decisions that will enable adaptations project to be delivered on time, cost and quality requirements. To ensure sufficient resources are released or made available as required by the adaptations project and manage the delivery of the Adaptations project plan and associated mitigation or remedial activity for the effective management of risks, assumptions, issues, and dependencies. The board members are representatives from providers, suppliers, project lead, local authority and service users.

The board also aim to achieve the following outcomes:

- Develop clear understanding of end-to-end process for DFG in Tower Hamlets (for all pathways)
- Develop clear understanding in how it supports improved outcomes for residents and how this is measured
- Reduce duplication and explore opportunities to streamline process for DFG end to end
- Understand how DFG is allocated and utilised to full benefit
- Ensure that DFG guidance for Local Authorities is central to our review of this work

National Condition 2 (cont)

Set out the rationale for your estimates of demand and capacity for intermediate care to support people in the community. This should include:

- learning from 2022-23 such as
  - where number of referrals did and did not meet expectations
  - unmet demand, i.e. where a person was offered support in a less appropriate service or pathway (estimates could be used where this data is not collected)
  - patterns of referrals and impact of work to reduce demand on bedded services – e.g. admissions avoidance and improved care in community settings, plus evidence of underutilisation or over-prescription of existing intermediate care services);
- approach to estimating demand, assumptions made and gaps in provision identified
  - where, if anywhere, have you estimated there will be gaps between the capacity and the expected demand?

  how have estimates of capacity and demand (including gaps in capacity) been taken on board) and reflected in the wider BCF plans.

Demand and Capacity for Intermediate Care to Support People in the Community

Learning from 2022-23

Our demand and capacity plans were mostly aligned in 2022-23. Our work on admissions avoidance is detailed later in this narrative and our performance is good.

Approach to estimating demand, assumptions made and gaps in provision

We used a similar approach to last year in estimating our intermediate care demand and capacity assumptions. We plan to review our intermediate care services inline with NICE guidelines in the coming year working with our partners but currently our community care works well in supporting discharges and we have access to step down beds in a neighbouring borough if required.

We are planning for stakeholders across the partnership to come together at regular meetings to develop our intermediate care pathway. We will use the National Institute for Health and Care Excellence (NICE) guidance and focus on data collection, mapping and exploring existing intermediate care services we can integrate. We will then focus on developing a roadmap and design principles.

Some of the key areas for consideration in our planning group will include:

- Embedding a home first approach including within our integrated discharge hub (IDH)
- Developing our reablement offer to better support independent living
- Ensuring best use of our crisis support teams such as rapid response
- Reviewing opportunities to integrate our therapeutic services
- Further developing a single point of access and “no wrong front door” approach and a joined up (single) assessment
- Aligning with our virtual ward developments for frailty and respiratory pathways

National Condition 2 (cont)

Describe how BCF funded activity will support delivery of this objective, with particular reference to changes or new schemes for 2023-25, and how these services will impact on the following metrics:

- unplanned admissions to hospital for chronic ambulatory care sensitive conditions
- emergency hospital admissions following a fall for people over the age of 65
- the number of people aged 65 and over whose long-term support needs were met by admission to residential and nursing care homes, per 100,000 population.

BCF funded activity supporting unplanned admissions to hospital and falls

Within Tower Hamlets we have a range of services and approaches to reduce attendance and admissions for our residents at acute hospitals and support them in their homes for longer. These include:

- Launched a Falls Pick Up service in the borough as part of our Rapid Response Service. The new pathway is available to Primary Care, Ambulance Crews, self-referral, Care Homes, 111 and 999 to refer into. The service will respond within 2 hours.
- Expanded our 2 hour response time for Community Services. Rapid Response has been expanded to ensure that they are able to respond appropriately within 2 hours where clinically appropriate. The service has been expanded to include nursing, AHP, Social Workers, Domiciliary care and linked to medical advice and support. The service also provided dedicated access to local care homes and an in-reach component to support care homes to better understand what is available and avoid contacting London Ambulance.
- Each Care Home in our borough has a dedicated GP Practice attached as per the requirements of the Enhanced Health in Care Homes model. This includes regular ward rounds of the care homes and robust care plans being put in place, they link into existing community services to ensure timely intervention.
- We have expanded the catchment area of the Physician Response Unit (PRU), which is a joint initiative between Bart's Health and London Ambulance Service. The PRU is a team which is dispatched to the patient's own home. The service in essence brings the Emergency Department to the patient's location through a senior emergency medicine doctor and ambulance clinician attending. Over 50% of patients seen do not get conveyed to hospital.
- The theraists within the Extended Primary Care Teams identifiy people at both risk of falling and those who have fallen to undertake strength and balance exercise programmes.

In addition, NEL has collaborated to develop a pathway for rough sleepers and complex homeless from hospital with the aim to minimise readmissions. This includes a specialist team to work within the Integrated Discharge Hub (IDH) and step down accommodation. The pathway will work on a cross borough level to maximise the opportunity. Service users can stay for a maximum of 4 weeks whilst their next steps are identified. The wider aim is to establish whether this type of model is effective in improving outcomes and reducing system costs.

The council are currently transforming their leisure services and we are working to look at opportunities for "age appropriate" exercise classes to promote strength and balance to reduce falls. The working group are also thinking about how we reach at risk groups who may not go near a leisure centre.

Other BCF funded schemes are also:
Reablement helps people mitigate illness or disability, by learning or re-learning the skills necessary for daily living, following deterioration in health and/or an increase in support needs. To promote and optimise independent functioning, and help people to do as much for themselves as possible, and in particular:

Community Equipment Services in Tower Hamlets include:

- Community Equipment Service
- Telecare Service
- Independent Living Hub
- Wheelchair service / Pharmacy prescriptions

The Community Equipment Service procures stores, delivers, installs, maintains, collects, cleans and recycles daily living, paediatric, moving & handling and sensory impairment equipment, and carries out minor adaptations and alterations to property.

The **Telecare Service** provides a range of front-line services that include: referral processing, alarm installation, alarm call monitoring, emergency visiting response and a regular visiting service. The

service operates 24/7 365 days a year. The service is also the first point of contact for Social Care referrals received Out of Hours, and is responsible for taking referrals relating to Children and Adults Social Care; on behalf of the Out of Hours Emergency Duty Team. Assistive technology delivers and fits a range of innovative technology to residents which enables them to remain at home and independent with sustained life choices, the focus is on prevention and a reduction in hospital admission and readmission. The strategy arm of the team raise awareness among health and social care professionals through training and reinforcing of good practice at team level. The Sight and Hearing service helps anyone who is deaf, blind, suffers from hearing loss, visual loss or a dual sensory loss. The service provides social work support, general information and advice, rehabilitation training and equipment to encourage independent living skills. Work is undertaken with individuals apart from the self-assessment which would need to be re-evaluated in light of any changes and the low vision clinic which is external to the contractual arrangements.

TH Connect (Information, Advice and Guidance service) supports the council to manage demand on its adult social care front door and those of health partners by providing free, quality assured information, advice and advocacy across health, social care and social welfare. Equipping residents with the correct information and advice support at the right time will enables residents to support themselves, live fulfilling lives and to be as independent as possible. The service offers early help and support to residents and carers through a digital portal, a help/advice telephone line service and face-to-face support in community and primary care settings. A key element of the information and advice offer is the Tower Hamlets Together Digital Portal. This website is the digital front door for all residents with or without health or care needs. It provides residents with a suite of information and advice pages, a service directory, and an events calendar.

Linkage Plus is a preventative service which will support this vision by providing Tower Hamlets residents aged 50 and over universal access to:

- Community outreach;
- A wide range of physical and social activities;
- Information and low level Advice, including signposting and onward referrals as required; and
- A range of health-related services

Residential and Nursing Homes

Tower Hamlets spends £13.5 million on residential/nursing care placements per annum.There are currently approximately 380 Service Users in residential/nursing care placements.

The latest ASCOF data shows the people aged 65+ moving to residential/nursing care in 2020/21 was recorded as 317 per 100,000, which is lower than the London rate of 371. Tower Hamlets has a young age profile. It is the only local authority area where less than 6% of residents are aged 65+ compared to 12% in London and 18% in England.

The Council currently commissions from five residential Providers which offer support to 65+ age group, two of which offer nursing provision and four of which are large scale Providers. The Council also procures a significant number of out of Borough placements (47%). Residential Care occupancy levels are running at comparatively high rates at 87% and nursing at 80%.

These figures demonstrate that local market capacity is an increasing issue for the Council and there is limited choice for residents. The Council is currently updating its Housing and Care Strategy to look at care estate needs over the next 10 years and beyond to address these issues.

The Council is also in close dialogue with other neighbouring Boroughs over future residential care provision as Tower Hamlets is a small geography and there may be benefits in looking at these market sufficiency challenges on a sub-regional basis. Land prices are high in the Council's area which can deter new entrants.

65+ Residential and Nursing Care Homes Market

The Councils strategic intention is to move away from an historic overreliance on residential based care packages, in line with its strategic intentions to support people to live independently, by investing in other models of care and supporting people to live independently at home where possible.

The Council is actively developing its future market strategy for bed-based care and expects the new strategy to be in place by April 2024. This new strategy will seek to directly tackle the market sustainability issues and risks outlined above. Key changes are likely to include:

Paying a fairer cost of care - The Council understands the cost pressures arising from the FCOC work and is in the process of reviewing funding arrangements and has set out a funding plan below. This funding plan will seek to provide an increase in the weekly prices the Council pays for Residential and Nursing Care, in line with its local approach to market contracting. The Council believes that this is a major step towards delivering a fairer and consistent cost of care for this market which provides high quality services in Borough.

Sustainable workforce - Strategy work on Housing with Care will address approaches to a sustainable and well-supported workforce, looking at training, development, progression and working with Providers at values-based approaches to attracting and retaining new entrants. This is a critical area of concern for the Council at present and over the medium to long term.

Addressing the mix of bed-based provision in the care estate - The Council fully expects that the trend over the last 12 months and the strategic imperative to keep people living independently is likely to mean that the Council will continue to develop supported living, extra care and Shared Lives options and investment to support people in the community. There will be ongoing developments in support to enable people to live in their own homes such as DFGs, assistive technology, reablement and support for informal carers. However, the strategy work will also consider the future requirements for Residential and Nursing Care. It is also likely that there will be increasing joint planning with neighbouring authorities to seek to ensure that sub-regional provision meets forecast care needs.

New market models - The Council will be bringing a number of new bed-based care contracts to market over the next two years and will seek to introduce a range of new market models which should help Providers to innovate, take more control of their cost base and to improve efficiency as well as providing new benefits to Residents. This is likely to include:

- grouping and/or extending contract lengths to provide better market opportunity and income stream certainty
- moving to coproduced and outcome-based contracts
- working with Providers to drive up quality or service, develop capacity and seeking to ensure fair pay and career development opportunities for carers
- introduction of payment incentives to align Providers and Council objectives
- using technology more effectively to improve the efficiency of delivery models

- working more closely and collaborative with Providers and using “open book” accounting to increase transparency and partnership working

Engagement with our in-borough care home providers took place during March 2023, their feedback indicated:

Workforce - Providers have established workforce recruitment, development and retention initiatives, however support to facilitate and increase international recruitment would be supported. Tower Hamlets will be making a North East London (NEL) wide partnership bid (led by the London Borough of Havering) on behalf of all ASC providers in this sub region. This will include a request for funding for an education, training, induction, and social integration programme to ensure that any workers are equipped to manage their new life in the UK and understand how ASC operates here.

Training - Providers appreciate the training that the local authority provides. A suggestion is that training is provided on site at the care home, this would enable providers to manage staff cover, minimising the need for agency cover. Providers also suggested that the Council could directly employ a dedicated trainer who could provider train the trainer expertise to care home management and deliver tailored training.The Council will continue to promote and support care homes to develop their care home managers core competencies by encouraging participation in the My Home Life programme or other similar programmes will investigate the potential for this to support our in-borough care homes in sustaining quality in care.

Quality improvement - Providers understand the need for contract monitoring, however on-site meetings that are collaborative to discuss issues and inform working practices between the council and the care homes will take place in addition to this.

One of the workstreams of the Adult Social Care Transformation Programme (ASCTP) is the Technology Enabled Care project. It’s first priority is technology for people who need social care, to support people to maintain their independence and using technology to achieve their goals. One of the outputs of this priority is to delay the individuals’ need for homecare, thereby maintaining their independence while allowing the Council to better manage budgets. Two other projects within the ASCTP are Information, advice and early help and Direct Payments, in relation to homecare these projects will allow providers to advertise themselves on the Tower Hamlets Connect website, allowing individuals to purchase services via direct payments or self-funding.

National Condition 3

Use this section to describe how your area will meet BCF objective 2: **Provide the right care in the right place at the right time.**

Please describe the approach in your area to integrating care to support people to receive the right care in the right place at the right time, how collaborative commissioning will support this and how primary, intermediate, community and social care services are being delivered to support safe and timely discharge, including:

- ongoing arrangements to embed a home first approach and ensure that more people are discharged to their usual place of residence with appropriate support, in line with the Government's hospital discharge and community support guidance.
- How additional discharge funding is being used to deliver investment in social care and community capacity to support discharge and free up beds.
- Implementing the ministerial priority to tackle immediate pressures in delayed discharges and bring about sustained improvements in outcomes for people discharged from hospital and wider system flow.

. During 2022 we partnered with Newton Europe and London Boroughs of Waltham Forest and Newham to review our Discharge to Assess pathways.
The purpose of the review was to understand:
How well is our offer working? Understanding our current D2A model and the outcomes we deliver. What are the strengths of our model? What are the biggest issues we face? How do these impact outcomes?
What is the context for change? Understanding the environment for change within the system. Which change enablers are in a strong position? What barriers do we need to overcome to deliver meaningful, lasting change?
How do we build shared priorities? Identifying the system-wide priorities to take forwards. What areas should we focus our efforts on in order to have the biggest impact? How do we build alignment on these?
How do we take this forward? Outlining the key next steps to address the priority focus areas identified for the system. What is our plan to tackle these challenges? What are our measures of success?
The review involved all partners involved in discharge across Adult Social Care, Community Service Providers, Acute sites and primary care. The programme also sought views from residents who had been discharged on our Discharge to Assess Pathways. As part of the review local experts reviewed 61 random selected discharges and interviewed 8 residents who had recently been discharged on the pathway. The review highlighted for Tower Hamlets that 56% of cases reviewed had the right long-term outcomes post discharge highlighting that in less ideal discharges some people going into residential or nursing care when they should have returned home, some people not accessing appropriate rehab and reablement pathways in a timely manner and the use

of interim step-down bed facilities, although often valid reasons for use, not resulting in residents returning home.
Following the review, the priorities for improvement for 2023/24 include:
(1) Putting in place a consistent proactive discharge planning process, with earlier discussions for discharge within the patient’s hospital journey to ensure appropriate planning and focus on supporting residents to return home under Home First Principles. It is anticipated that earlier discharge planning will also increase the use of rehab and reablement pathways and (2) Reduction in use of interim step-down facilities.

National Condition 3 (cont)

Set out the rationale for your estimates of demand and capacity for intermediate care to support discharge from hospital. This should include:

- learning from 2022-23 such as
    - where number of referrals did and did not meet expectations
    - unmet demand, i.e. where a person was offered support in a less appropriate service or pathway (estimates could be used where this data is not collected)
    - patterns of referrals and impact of work to reduce demand on bedded services – e.g. improved provision of support in a person’s own home, plus evidence of underutilisation or over-prescription of existing intermediate care services);
- approach to estimating demand, assumptions made and gaps in provision identified
- planned changes to your BCF plan as a result of this work.

- where, if anywhere, have you estimated there will be gaps between the capacity and the expected demand?
- how have estimates of capacity and demand (including gaps in capacity) been taken on board) and reflected in the wider BCF plans.

Demand and Capacity for Intermediate Care to Support Discharge from Hospital

Learning from 2022-23

Our demand and capacity plans were mostly aligned in 2022-23. Our work on discharge has been detailed in the narrative above. We focus on a home first approach and support people to be discharged to their normal place of residence and use available 4 weeks funding to bridge the gap between discharge and long-term funding arrangements. Where somebody is unable to return home, we use interim beds available in a neighbourhing borough to support residents around their long-term care needs. The interim beds are available for a maximum of four weeks.

Approach to estimating demand, assumptions made and gaps in provision

We used a similar approach to last year in estimating our intermediate care demand and capacity assumptions. We plan to review our intermediate care services inline with NICE guidelines in the coming year working with our partners but currently there is a lot of emphasise in our system to support discharges and we have access to step down beds in a neighbouring borough if required.

We are planning for stakeholders across the partnership to come together at regular meetings to develop our intermediate care pathway. We will use the National Institute for Health and Care Excellence (NICE) guidance and focus on data collection, mapping and exploring existing intermediate care services we can integrate. We will then focus on developing a roadmap and design principles.

Some of the key areas for consideration in our planning group will include:

- Embedding a home first approach including within our integrated discharge hub (IDH)
- Developing our reablement offer to better support independent living
- Ensuring best use of our crisis support teams such as rapid response
- Reviewing opportunities to integrate our therapeutic services
- Further developing a single point of access and “no wrong front door” approach and a joined up (single) assessment
- Aligning with our virtual ward developments for frailty and respiratory pathways

National Condition 3 (cont)

Set out how BCF funded activity will support delivery of this objective, with particular reference to changes or new schemes for 2023-25 and how these services will impact on the following metrics:

- Discharge to usual place of residence

R**eablement** helps people mitigate illness or disability, by learning or re-learning the skills necessary for daily living, following deterioration in health and/or an increase in support needs. To promote and optimise independent functioning, and help people to do as much for themselves as possible, and in particular:

- Improving their quality of life
- Keeping and regaining skills, especially those enabling people to live independently
- Regaining or improving confidence (e.g. for someone who has had a fall)
- Increasing people's choice, autonomy, and resilience
- Enabling people to be able to continue living at home

The service also seeks to ensure:

- The safe transfer of support between acute care, community health and social care services and to support service users' return to independent living
- The prevention of unnecessary hospital admissions and the facilitation of early supported discharge
- To the provision of information and onward referral to other services, so that users/patients and their carers can make choices about support needs
- The prevention of premature admissions to residential and nursing care.

Community Equipment Services in Tower Hamlets include:

- Community Equipment Service
- Telecare Service
- Independent Living Hub
- Wheelchair service / Pharmacy prescriptions

The Community Equipment Service procures stores, delivers, installs, maintains, collects, cleans and recycles daily living, paediatric, moving & handling and sensory impairment equipment, and carries out minor adaptations and alterations to property.

The **Telecare Service** provides a range of front-line services that include: referral processing, alarm installation, alarm call monitoring, emergency visiting response and a regular visiting service. The service operates 24/7 365 days a year. The service is also the first point of contact for Social Care referrals received Out of Hours, and is responsible for taking referrals relating to Children and Adults Social Care; on behalf of the Out of Hours Emergency Duty Team. Assistive technology delivers and fits a range of innovative technology to residents which enables them to remain at home and independent with sustained life choices, the focus is on prevention and a reduction in hospital admission and readmission. The strategy arm of the team raise awareness among health and social care professionals through training and reinforcing of good practice at team level. The Sight and Hearing service helps anyone who is deaf, blind, suffers from hearing loss, visual loss or a dual sensory loss. The service provides social work support, general information and advice, rehabilitation training and equipment to encourage independent living skills. Work is undertaken with individuals apart from the self-assessment which would need to be re-evaluated in light of any changes and the low vision clinic which is external to the contractual arrangements.

TH Connect (Information, Advice and Guidance service) supports the council to manage demand on its adult social care front door and those of health partners by providing free, quality assured information, advice and advocacy across health, social care and social welfare. Equipping residents with the correct information and advice support at the right time will enables residents to support themselves, live fulfilling lives and to be as independent as possible. The service offers early help and support to residents and carers through a digital portal, a help/advice telephone line service and face-to-face support in community and primary care settings. A key element of the information and advice offer is the Tower Hamlets Together Digital Portal. This website is the digital front door for all residents with or without health or care needs. It provides residents with a suite of information and advice pages, a service directory, and an events calendar.

Linkage Plus is a preventative service which will support this vision by providing Tower Hamlets residents aged 50 and over universal access to:

- Community outreach;
- A wide range of physical and social activities;
- Information and low level Advice, including signposting and onward referrals as required; and a range of health-related services.

National Condition 3 (cont)

Set out progress in implementing the High Impact Change Model for managing transfers of care, any areas for improvement identified and planned work to address these.

During 2022 we undertook a diagnostic in partnership with Newton Europe of our discharge to assess arrangements. The diagnostic covered Newham, Waltham Forest and Tower Hamlets and was designed to help us to identify areas of good practice and areas for improvement for supporting our residents on a discharge to assess model. The diagnostic was aligned to the High Impact Change model and informs our transformation ambitions for improvement.

Discharge Transformation is aligned to the High Impact Change Model with a focus in 2023/24 on improvements in Early Supported discharge planning, home first with increased discharges to people own residence and building on the Pathways Homeless Service to ensure that people are supported to an appropriate place of safety

National Condition 3 (cont)

Please describe how you have used BCF funding, including the iBCF and ASC Discharge Fund to ensure that duties under the Care Act are being delivered?

Adult Social Care Discharge Fund is being utilised to fund 4 week packages of care, the integrated discharge hub and mental health discharges.

An agreement between ICBs and relevant Local Authorities on how the additional funding to support discharge will be allocated for ASC and community-based reablement capacity to reduce delayed discharges and improve outcomes.

Discharge performance has not been identified as a concern in relation to the delivery plan for UEC. Discharge does remain however as a key programme for the partnership with a focus on improvements on Home First.

Through services funded via the BCF, we work closely with local VCSE organisations to support everyone to be able to access:

- Clear advice on staying well through our information and advice portal
- A range of preventative services
- Simple, joined up care and treatment when this is needed.
- Proactive support that keeps people as well as possible, where they are vulnerable or at high risk.

The BCF funded services in Tower Hamlets include community services, community navigators, benefits advice, and access to community-based support for people with sensory and mental health needs.

Tower Hamlets Connect (THC) is one of the points of access to community services.

Support for unpaid carers including young carers, carers who are working and older age carers - further details can be found in the next section.

IBCF

IBCF is being used by the council to address a number of high priority needs, including demographic pressures, safeguarding and ethical care and to meet inflationary pressures within the care system. To strengthen the stability and sustainability of the provider market, it is also proposed to increase nursing home provision in the borough. This will complement already agreed uplifts in care funding to improve the quality of residential/nursing provision and wider support in the community, such as enhancing home care linked to hospital discharge and improving reablement approaches in day support. Further investment of approximately £1.4m in a full year is being made that will benefit health services in the borough. This includes provision to enhance capacity and skills in the Community Health Social Work team to increase the number of people it is able to support on the integrated care pathway. It also includes the enlargement of the Hospital Social Work Team to get more people home quickly and safely and reduce the need for residential placements. In addition, the IBCF is being used to fund social work support to strengthen the continuing

healthcare process. A number of initiatives are being funded that are designed to address unmet need in mental health services. These include projects targeted young people transitioning from children's services to adults' and working with people at risk of anti-social behaviour. For instance, a Community Multi-Agency Risk Assessment Case Conference, MARAC, is being established, along with an Independent Anti-Social Behaviour Victim Advocate post. A scheme for people at risk of self-neglect and self-harming behaviours is also being funded. A number of areas of unmet need and services experiencing demand pressures will also be supported via IBCF. Initiatives include a project to reduce isolation among vulnerable older people. Additional resources are also being directed to the reablement service to address rising demand, and a significant sum has been allocated to commission additional support to address assessment and review backlogs in adult social care. Finally, the IBCF is being used to support the implementation of a number of adult social services transformation initiatives.

Supporting unpaid carers

Please describe how BCF plans and BCF funded services are supporting unpaid carers, including how funding for carers breaks and implementation of Care Act duties in the NHS minimum contribution is being used to improve outcomes for unpaid carers.

The 2021 census results tell us that there are 18,551 unpaid carers in Tower Hamlets - 6% of the overall borough population of 310,306. Whilst this represents a reduction in the overall number of unpaid carers in the borough compared to the 2011 census when 19,356 unpaid carers were identified, we know that the needs of carers have increased, with more carers providing longer hours of care (25.4% of carers provided more than 50 hours of unpaid care in the 2011 census, compared to 28.6% in 2021).

The bi-annual carers' survey of 2021/22 reported a decrease from 2018/19 in the overall satisfaction of carers with services, ease of finding information and advice and involvement in discussions about the cared for. Much of the decrease is likely to be linked to the pandemic and post pandemic resulting in changes to many support services and reduced physical contact, carers reported increase in; carer burn out, isolation and poor mental and physical health.

In 2022/23, the council spent £1.85m on carers' services, and BCF contributes £699.5k to this from the CCG minimum spend. A range of support is provided to carers caring for someone in Tower Hamlets. This includes respite provisions and in person and digital preventative services, from whole-population measures aimed at promoting health and wellbeing, to more targeted interventions aimed at improving skills or functioning for one person or a particular group. Carers benefit from information, advice, and practical support to help them develop the knowledge and skills to care effectively and look after their own health, wellbeing and welfare.

The integrated Commitment to Carers Action Plan (2023-25) has been drafted through extensive co-production that reflects how carers will be supported with an increase in the identification, recognition, and practical support to carers. The draft plan identifies a range of priorities to support unpaid carers; increasing the identification of carers, involving carers in the decision making and care planning process, improving the health and wellbeing, having a life outside of caring and supporting carers stay in work and education and young carers in transition. These priorities informed the future carers offer in Tower Hamlets. Health and social care partners have accepted responsibility to support carers and to align health and social care services that support, educate, and enable carers to continue in their caring role.

The Carers Centre Tower Hamlets is commissioned to provide front door service to unpaid carers to enable them to continue caring and minimising the risk of relationship breakdowns between the cared and the cared for and deliver many of the priorities outlined in the Commitment to Carers Action Plan. The wide range of services includes; dedicated information, advice and advocacy service including services from the Royal London Hospital, day and overnight breaks from caring, carer's assessment, counselling, massage therapy, carer's academy provision of training, education and peer support. Carers Centre supported c.2000 people in 2022/23. Care and support packages include respite services for carers following an assessment as well as provisions of a one off direct payment for carers who do not meet Care Act eligibility but due to their caring role, there is a significant impact on their wellbeing. A refreshed and co-produced service will be reprocured and live from 01 April 2024.

During and after the pandemic, carers reported they were feeling exhausted, socially isolated, and close to burning out and so the council supplemented existing services for 2022/23. This included enhancing advice and advocacy services, provision of funds for carers to access to run activities in their local area, day and overnight breaks, massage therapy, yoga sessions and counselling.

Excelcare is commissioned to provide an emergency respite service in real time to support carers who are not known to adult social care and at risk of/experiencing a crisis and short term support will enable them to continue their caring role. Thereby reducing the risk of relationship breakdown and supporting the carer is accessing support services. This service will be re-procured from 01 April 2024.

The council is co-producing what carers' service and offer should include from April 2024 onwards and will be seeking bids which are aligned to the Commitment to Carers Action Plan and to what carers need to continue in their caring role that enables them to stay safe, well and caring for longer, should they wish to do so. This redesign includes an ambitious intention to review and improve carer support and services across health and social care; ensure that support for carers is developed in a coordinated manner and on a multi-agency basis; review and realign existing systems across the partnership, and the development of a borough-wide information resource for all health and social care staff when engaging with carers, so that carers have a better journey and are recognised as equal and expert partners of care.

Disabled Facilities Grant (DFG) and wider services

What is your strategic approach to using housing support, including DFG funding, that supports independence at home?

The Disabled Facilities Grant (DFG) plays an important part in Tower Hamlets' approach to integrated care.

The local authority provides services to clients requiring adaptations through its Occupational Therapist service and Home Improvement Agency. It works closely with Registered Providers who own the majority of social housing in the Borough. The tenants of the borough's Registered Providers account for around 75% of DFG expenditure. This spend reflects the relatively low level of owner occupied housing in the borough.

We are currently exploring options for a cross divisional DFG Working Group to be established to review the DFG programme, consider a pathway redesign for DFG and the DFG's integration with assistive technology and other Home Care services with a focus on supporting people to maintain their independence in the community for longer. This is being undertaken by the TEC (Technology Enabled Care) Board.

The Working Group will also give some consideration to how it can make better use of the flexibility allowed in DFG spending by the Regulatory Reform (Housing Assistance)(England and Wales) Order 2002 to support innovative solutions such as care technology.

In 2018, our Place Directorate carried out a full review of emerging good practice in regards to the wider use of DFG and engaged with Foundations, the Government's appointed advisory agency for best practice in the delivery of DFGs and extended use of the grant allowed under the RRO. In order to create greater flexibility within the fund and address housing issues on a wider preventative basis, it was agreed by the Mayor in Cabinet in to extend the fund on a discretionary basis to allow the use of the grant in the following areas:

- **Relocation Grants -** Relocation grants enable the Council to assist homeowners to move to a more suitable property where an in situ solution cannot be provided. Although they are rarely likely to be used, grants could cover removal costs, reconnection fees and legal costs.
- **Hospital Discharge Grants –** DFG grants are available for fast track works, including deep cleaning; decluttering and minor repairs which can speed up the hospital discharge process.
- **Dementia Grants –** Dementia grants can be used to replace gas, electric cooking facilities with microwaves and specialist assistive technology such as GIS tracking devices where appropriate.
- **Assistive Technology and Equipment** - The Council provides comprehensive assistive technology and equipment services including deaf/blind aids. DFG spend is used to supplement this service where an unmet demand can be identified.

Tower Hamlets have recently contributed to the first London DFG data survey, although there were not as many submissions as there could have been, Tower Hamlets have proved that they are doing an excellent job and showing a strong mid-table position.

There is always more to do and we hope by the introduction of the TEC Board recommendations and the refresh of the internal DFG policy Tower Hamlets will continue to serve its residents to the best possible standard.

Care Technology

Following the Care Technology diagnostic that was conducted earlier this year the Council is now working on a full business case for a transformed Care Technology function that will deliver the opportunities identified in the diagnostic to improve our offer, reach and support more residents and prevent and delay the need for adult social care services as a result. The Technology Enabled Care

Project Board is established and underway and overseeing a number of projects to take this work forward and to implement a new service model once it has been agreed.

What difference will it make?

- It will mean more people have more control over their care.
- It will improve people's experience of social care by providing the right care at the right time and providing another way of getting support.
- It will reduce delays in the social care process by staff spending less time on administrative tasks.
- It will support people to remain independent in their own homes for longer.
- It can improve the experience carers have when interacting with staff, giving them more control and access to information.

In order to implement and manage this transformation a Technology Enabled Care Board has been established and is underway.

Additional information (not assured)

Have you made use of the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 (RRO) to use a portion of DFG funding for discretionary services? (Y/N)

NO

If so, what is the amount that is allocated for these discretionary uses and how many districts use this funding?

Click or tap here to enter text.

Equality and health inequalities

How will the plan contribute to reducing health inequalities and disparities for the local population, taking account of people with protected characteristics? This should include

- Changes from previous BCF plan
- How equality impacts of the local BCF plan have been considered
- How these inequalities are being addressed through the BCF plan and BCF funded services
- Changes to local priorities related to health inequality and equality and how activities in the document will address these
- Any actions moving forward that can contribute to reducing these differences in outcomes
- How priorities and Operational Guidelines regarding health inequalities, as well as local authorities' priorities under the Equality Act and NHS actions in line with Core20PLUS5.

Within Tower Hamlets, the Tower Hamlets Together (Place-Based) Partnership is committed to identifying and addressing health inequalities and inequalities for those with protected characteristics in our borough and we are undertaking work in a number of ways to do this.

Firstly, identifying where health inequalities exist is paramount to then seeking to address these, and we have done so through utilising regional and local intelligence resources and initiatives, as well as engagement and coproduction with our residents, for example:

Recent population health analysis has been conducted by North East London ICB to understand how our local population's health needs and current outcomes compare against the national average, and has shown that compared to the England average, Tower Hamlets experiences:

- lower healthy life expectancy for females;
- A higher number of children in absolute low income families;
- lower vaccination rates;
- higher air pollution rates;
- worse screening rates for breast, bowel and cervical cancer;
- higher mortality rates for cardiovascular diseases;
- higher prevalence of diabetes;
- higher prevalence of common mental disorders;
- higher under 75 mortality rates for severe mental illness (also the highest in North East London).

Our Public Health team has conducted research to understand where health inequalities exist between different ethnic groups to understand the relationship between ethnicity and access and experience of our services, and has found that:

•Black patients (72%) were less likely to be on optimal anti-hypertensive treatment compared to patients of White (76%) or South Asian (77%) ethnicities;

•South Asian adults make up 34.1% of the GP registered population, but account for 63.3% of the patients with diabetes. Diabetes prevalence is 3.2% in the White population and 7.6% in the Black population;

•Due to Covid, a reduction in NHS Health Checks will have had an impact on identifying those at risk of diabetes. Clinicians have raised concerns that this has disproportionately impacted on BAME communities;

•Whilst there is a large population of Black residents with serious mental illness, fewer residents of Black ethnicity are accessing IAPT;

•Tower Hamlets has one of the largest differences in rates between Black (42%) and Mixed (40%) women attending A&E during pregnancy compared with White (26%) women;

•There are higher rates of asthma incidence amongst children in South Asian and Black groups;

•Preschool children in East London from a White Eastern European, Bangladeshi and Pakistani background are likely to experience significantly poorer oral health than their White British counterparts;

•Unplanned hospital admissions are higher for BME patients compared to White patients, with the highest unplanned admission rates being seen in the Bangladeshi population.

London Borough of Tower Hamlets enacted a Black, Asian and Minority-Ethnic (BAME) Commission, set up in 2021, to understand where inequalities existed for our BAME residents across the wider determinants of health and wellbeing and found that:

•Many BAME residents in Tower Hamlets live in poorer housing, which may be overcrowded, damp and in a state of poor repair. This has a significant impact on health outcomes;

•Black, Asian and Minority Ethnic residents are more likely to be digitally excluded (either through low IT literacy or lack of access to devices);

•Current communication channels and methods do not always reach our diverse communities. Most communication is only in English which excludes people with language barriers;

•The lack of representation of BAME communities can lead to services being less able to appreciate the culture of the people they treat, and being dismissive of symptoms;

•There is a difference of 27 percentage points between the Employment rate for White residents (81%) and the Employment rate for BAME residents (54%).

We have also been looking into the experience of residents with a disability accessing health services, particularly during Covid. Over 50 coproduction workshops have been held, involving 450 disabled residents, with the findings being that nearly all participants reported challenges when accessing health services due to their communication and support needs not being met, and around 50% of participants found 'some' or 'all' Covid health information to be inaccessible and hard to understand.

To address health inequalities, including but not restricted to those mentioned above, our partnership is taking action in a number of ways, in the form of several workstreams. This links to the Core20+5 framework in that all the work we are doing will be delivered across the entirety of Tower Hamlets borough, large parts of which do fall within the most deprived % of the national population. E.g. recent data shows that 30% of the TH population is within the 20% most deprived LSOA's in England, with 60% within the 30% most deprived.

Deprivation for older and younger people is even starker than this: 27.3% of children are in relative low income families and 21.4% in absolute low income families (highest in London) and 44% of older people live in income deprived households (the highest rate in England and more than double the average). In addition, many of our projects are addressing needs of groups likely to be identified within the NEL 'Plus' groups, including BAME communities, people with long term conditions and disabilities, learning disabilities and age/gender.

Through our NEL ICB funded 2022/23 Inequalities Programme we are currently delivering the following projects:

1.An improving equity programme, which any team or community group across the borough can join to address a health inequity through QI methodology, supported by a specialist team and a budget to fund improvement initiatives. We have good QI expertise in our partnership, and have recently won several awards for a QI project we ran to improve children's asthma outcomes. There are currently 16 projects on the programme which include a wide range of projects seeking to reduce health inequalities, e.g. promoting employment for older black males, with another focusing on Bengali women, a crisis café to support substance misusers and various projects related to mental health within BAME groups.

2.A placement programme at Barts Health Trust to offer underemployed young women from Bengali and Somali backgrounds paid employment to gain work experience and hopefully transition into full time employment in the health service, addressing a key wider determinant of health and wellbeing and increasing the diversity of our workforce.

3.An engagement survey, delivered through our VCS partners and through our Equalities Hubs designed on the protected characteristics, to engage with these groups to provide up-to-date insights on their health and wellbeing needs and opinions so we can better understand where inequalities may exist and can be addressed through targeted interventions.

4.A BAME community leadership programme which will improve BAME engagement, representation and community insights across our partnership decision making and delivery systems.

5.A project, delivered through our VCS partners, to coproduce more accessible communications for disabled residents by working with a number of disability coproduction groups and advocacy services and linking these to our partner's comms teams.

6.Funding a bilingual CAMHS family therapist to improve outcomes for children and young people accessing mental health support where there are language barriers within the family – this is especially an issue within our Bangladeshi community.

7.Participating in a NEL wide programme to support selected VCFSE grantees providing social prescribing activities as part of the Community Chest, with micro-grants being subsequently managed locally in each place-based partnership. The focus of the community chest is reducing social isolation.

We are currently finalising our plans for our 2023-26 NEL Health Inequalities funding allocation. This is still subject to sign-off at our partnership board in July but will include a focus on reducing health inequalities across all four parts of our lifecourse approach and will include projects which relate to all 5 of the national inequality focus areas as set out in the CORE20PLUS5 framework:

•Children and young people – with interventions planned for CYP in care, CYP with communication needs, on continuing care plans, transgender/questioning, with mental health needs, and maternity outcomes.

•Adults with mental health and learning disabilities – with a focus on improving the physical health of those with severe mental illness. An LD project is yet to be determined but will be included in this programme to address inequalities within this cohort.

•Older adults and those with complex conditions – focusing on inequalities within dementia access and outcomes, support for unpaid carers of those with dementia and enhancing support available in the community for homeless people.

•Generally healthy adults – focusing on working within primary care networks and with local communities to reduce specific inequalities in each area related to preventing long term conditions from occurring or worsening, including hypertension, COPD and early cancer diagnosis.

•In addition we have ringfenced funding which will specifically be used to fund our community and voluntary sector and will focus on supporting our partnership aims to implement the Fuller agenda through promoting community resilience.

Our partnership has adopted an Anti-racism action plan which seeks to improve racial equity across health and wellbeing through focusing on four key areas: 1) education and training; 2) inclusive leadership; 3) workforce equity; and 4) racial equity in service provision. Work on this programme includes:

•Our partnership's Executive Board having undergone anti-racism training, with a wider training and OD programme for staff, including HR professionals, across the system to embed ant-racist culture and understanding due to commence shortly.

•The partnership has developed a joint Workforce and Organisational Development strategy which includes a priority on workforce equity which aims to agree diversity targets and measure and publish progress against goals to have representative leadership.

•We have coproduced a Culturally Appropriate Communications Checklist with residents from diverse backgrounds which will assist services with communicating more effectively them and move on from a one-size fits all approach – this checklist is currently being trialled before being rolled out to all teams across the system.

•The partnership will undertake three pathway re-design projects, in partnership with communities to identify, unpack and address systemic racism throughout the health and care journey. The first of these will relate to Somali mental health, with a further two areas to be identified.

Better Care Fund 2023-25

Overview and sign off
20th July 2023

TOWER HAMLETS TOGETHER
Delivering better health through partnership

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TOWER HAMLETS
GP CARE GROUP
thcvs
Council for Voluntary Service
NHS
Barts Health NHS Trust
East London NHS Foundation Trust
Tower Hamlets Clinical Commissioning Group

Better Care Fund 2023-25

Key headlines

- The 2023-25 guidance was issued on 4th April 2023 and as per previous years local systems submitted final plans (planning & narrative templates) to the national team on 28 June 2023. These are attached to this report.
- This is a two year plan with an opportunity to refresh in 2024-25
- Quarterly BCF monitoring will begin again (this had been paused following Covid-19) in quarter 2 of 2023/24 to monitor progress against the plan
- The BCF objectives link to priorities on reducing pressure on urgent emergency care and social care as well as tackling pressures in delayed discharges
- The demand and capacity tab in the planning template was introduced last year and this is to measure our system readiness for winter and intermediate care provision.
- The Adults Social Care Discharge Fund (ASCDF) was included within the BCF and will be available for both 23/24 and 24/25
- There are five national metrics used to monitor progress of the Better Care Fund one of which is new this year:

1. Avoidable admissions
2. Falls ***(new to the 23-25 plan)***
3. Discharge to normal place of residence
4. Proportion of older people (65+) who were still at home 91 days after discharge from hospital into
5. Permanent admissions to residential and nursing care homes (65+) per 100,000 population.

- There is always misunderstanding that the core BCF is new additional monies but other than the iBCF (a grant paid to local authorities) and now the ASCDF, **the BCF is not additional money** and is instead repurposed from existing revenue. The social care income from the ICB forms part of the social care core budget to fund hospital discharge teams, social workers, reablement, equipment, brokerage etc.
- Services which are badged against the BCF in the ICB are form part of the community health services contract such as the Extended Primary Care Teams, discharge related services, rehabilitation, primary care demand related services. See slide 4 for a high level breakdown.
- How this money is allocated as well as risk and gain share agreements are reviewed annually and form the basis of the Section 75 agreement between the local authority and the ICB.

Tower Hamlets Better Care Fund 2023-25

- The planning requirements are assessed against the contents of our planning and narrative templates which are provided as appendices to this report.
- In Tower Hamlets we have rolled over our 2022/23 BCF plan into 2023/24.
- In 2023, we will review the BCF spend areas and reflect these in the 2024 national BCF refresh. (slide 5 for timeline and overview)
- The BCF is received by the ICB and amounted to £38.5m in 2023/24. This was an increase of 5.66% from that received in 2022/23 and now includes the hospital discharge fund.
- The Disabled Facilities Grant (£2.3m), Improved Better Care Fund and Winter Pressures Grant (£16.8m) are received by the Council. The Winter Pressures Grant has been merged with the iBCF since 2020/21
- Both the ICB and Council make additional contributions to the pooled fund
- This provides a total pooled fund of £62.6m in 2023/24.
- The 2024/25 planned income is also included in the table which shows a continuation of the ASCDF
- The next slide provides a high level breakdown of schemes and spend for 2023/24.

	2023/24 Plan	2024/25 Plan
Minimum ICB Contribution	£25,839,202	£27,301,701
Additional ICB Contribution	£13,043,575	£13,043,575
ICB ASCDF	£926,545	£1,952,110
CCG Total	**£38, 556,871**	**£42,297,386**
iBCF & Winter Pressures	£16,810,321	£16,810,321
DFG	£2,320,693	£2,320,693
Additional LA Contribution	£1,364,805 (includes ASCDF underspend from ICB 22/23)	£774,839
LA ASCDF	£2,356,781	£3,912,256
LA Total	**£22,852,600**	**£23,818,109**
BCF Total	**£62,661,922**	**£66,115,495**

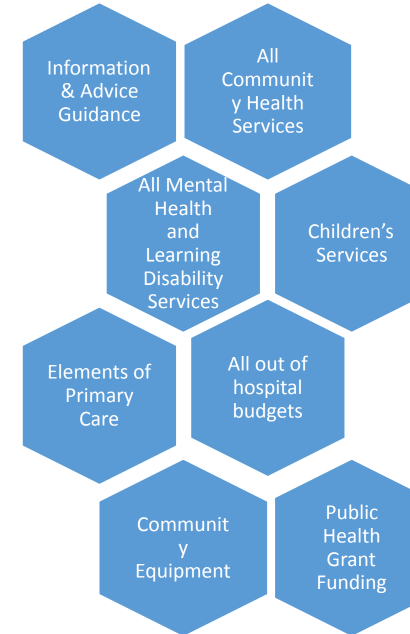
2023-24 BCF schemes (high level)

Scheme Name	Commissioner	Provider	Expenditure (£)
Improved Better Care Fund	Local Authority	Local Authority	£16,810,321
Reablement Team	Local Authority	Local Authority	£2,482,259
Disabled Facilities Grant	Local Authority	Local Authority	£2,320,693
Community Equipment Services	Local Authority/ICB (pooled)	Local Authority/Private Sector & Charity/VCS	£2,622,589
7 Day Hospital Social Work Team	Local Authority	Local Authority	£1,759,400
Community Health Team (Social Care)	Local Authority	Local Authority	£1,373,979
Carers support	Local Authority	Charity/VCS	£699,469
Locality Programme (LA contribution)	Local Authority	Local Authority	£635,998
LinkAge Plus (ICB contribution)	Local Authority	Charity/VCS	£343,395
LinkAge Plus (Council contribution)	Local Authority	Charity/VCS	£320,739
Adult Learning Disability Services	Local Authority	Local Authority & MH Provider	£267,870
Local Authority Support to Health and Social Care Integration	Local Authority	Local Authority	£255,965
Brokerage Service - Support for Hospital Discharge	Local Authority	Local Authority	£117,048
Dementia Diagnosis and Community Support	Local Authority	Charity/VCS	£84,317
Adult Social Care Discharge Fund	Local Authority	Local Authority	£2,356,781 (+£589,966)
Social Worker input into the memory clinic	Local Authority	Local Authority	£60,256
Practice Development - OT Joint Practice Lead	Local Authority	Local Authority	£31,698
Initial Assessment Service	Local Authority	Local Authority	£128,940
AMHP Service	Local Authority	Local Authority	£70,081

Scheme Name	Commissioner	Provider	Expenditure (£)
Integrated Community Health Team (incorporating Extended Primary Care Team)	ICB	NHS Community Provider	£15,276,998
ICB Discharge Funding	ICB	NHS Community Provider/LA	£926,545
Integrated Clinical and Commissioning Quality NIS (Primary Care)	ICB	ICB	£4,677,506
St Joseph's Hospice	ICB	Charity / Voluntary Sector	£2,425,271
RAID	ICB	NHS Mental Health Provider	£2,550,905
Barts Acute Palliative Care Team	ICB	NHS Acute Provider	£974,344
Admissions Avoidance Discharge Service (inclu D2A)	ICB	NHS Community Provider	£850,955
Locality Programme (ICB contribution)	ICB	ICB	£528,300
Adult Autism and Diagnostic Intervention Service	ICB	NHS Mental Health Provider	£338,580
Psycholgical Support for People with LTCs (MH PC)	ICB	NHS Mental Health Provider	£150,000
Community Geriatrician Team	ICB	NHS Community Provider	£140,001
Mental Health Recovery College	ICB	NHS Mental Health Provider	£133,913
Age UK Take Home and Settle Service	ICB	Charity / Voluntary Sector	£114,000
Age UK Last Years of Life	ICB	Charity / Voluntary Sector	£93,641
Spot Purchase	ICB	NHS Acute Provider	£88,000
Out of Borough Social Worker	ICB	Local Authority	£61,200

What's likely to be included in our review of the Better Care Fund for 2024-25?

- A national uplift of 5.66% to social care and community income
- A complete review of the BCF spend areas (scope to be determined with the Operational Management Group and links to the CHS review) see timeline below.
- An assessment of the intermediate care pathway using the NICE guidelines
- Review and gap analysis of the Tower Hamlets falls prevention services
- The review to consider further alignment and pooling of budgets from 24/25 when we have the opportunity to refresh BCF – potential to increase pool for out of hospital budgets within the BCF.
- The goal of pooling (and alignment) is to improve outcomes, improve people's experience of using services, and achieve greater system efficiency
- Pooled and aligned services (both in and out of the BCF) will also form a key component of the relationship between 'Borough Based partnerships' and Integrated Care Systems (ICS)
- A review was undertaken pre-Covid to look at which service areas would be suited for pooling (or aligning). As part of this review we looked at the services listed in the boxes to the right.



Outline timeline of review:	
Agree review scope	August 2023
Engage with services and desktop review	September – October 2023
Test recommendations with services	November 2023
Report findings to HWB & THT Boards	December 2023
National BCF update	Jan-March 2024 tbc nationally

Timetable and sign off

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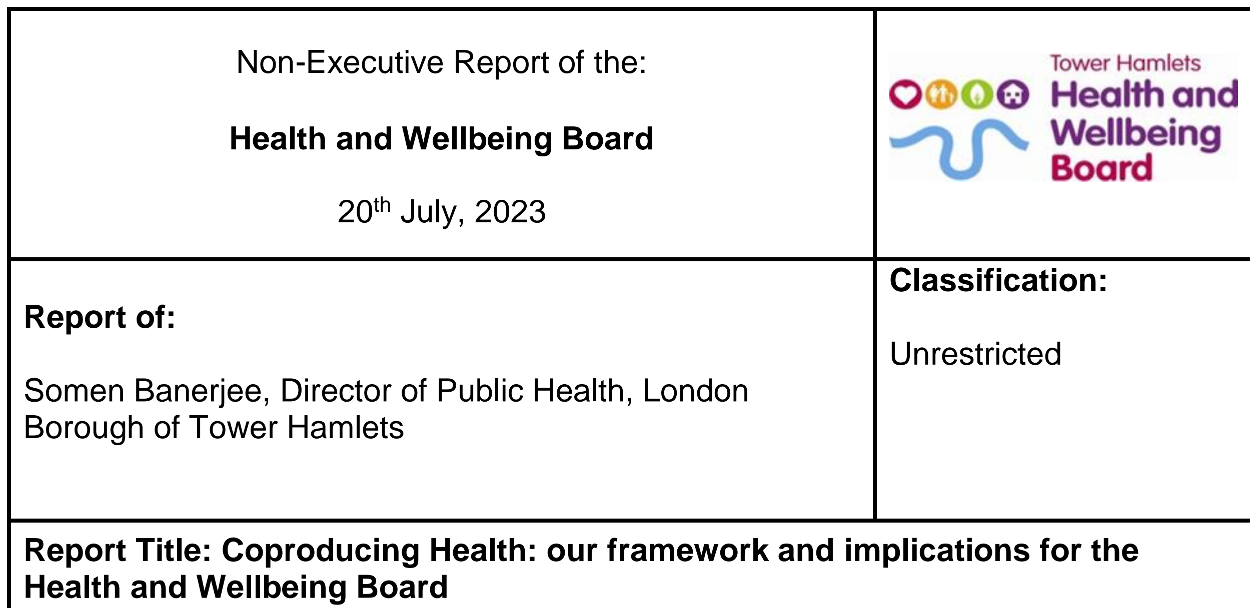
BCF planning requirements published	4th April 2023
Presentation on BCF 2023-25 requirements to the THT Board	4th May
Presentation on BCF 2023-25 requirements to the Health and Wellbeing Board	23rd May
Optional draft BCF planning submission (including intermediate care capacity and demand plan) submitted to regional BCF team	19th May
Sign off process with LBTH CEO, HWBB Chair and ICB	Early –mid June
BCF planning submission (including intermediate care and short term are capacity and demand plans: and discharge spending plan) from local HWB areas (agreed by ICBs and local government)	28th June
Presentation on the BCF 2023-25 return to the THT Board	6th July
Retrospective sign off from Health and Wellbeing Board	20th July
Scrutiny of BCF plans by regional assurers, assurance panel meetings and regional moderation	28 June – 28 July
Regionally moderated assurance outcomes sent to BCF team	28 July
Cross regional calibration	3 August
Approval letters issued giving formal permission to spend (NHS minimum)	3 September
All section 75 agreements to be signed and in place	31 October

Agenda Item 3.2



Non-Executive Report of the: **Health and Wellbeing Board** 20th July, 2023	Tower Hamlets Health and Wellbeing Board
Report of: Somen Banerjee, Director of Public Health, London Borough of Tower Hamlets	**Classification:** Unrestricted
Report Title: Coproducing Health: our framework and implications for the Health and Wellbeing Board	

Originating Officer(s)	Somen Banerjee, Director of Public Health, London Borough of Tower Hamlets Jon Williams, John Williams, NHS NEL Engagement and Community Communications Manager
Wards affected	All wards

Executive Summary

The fifth improvement principle of the Tower Hamlets Health and Wellbeing Strategy is that 'people should feel that they have equal power in shaping and designing services and programme that impact on their health and wellbeing'. This is at the heart of coproduction.

Over the past 6 months, partners and residents have come together to agree nine shared principles of coproduction across the health and care system.

This item will cover

1. The process through with these principles have been developed
2. Exploration of the implications for the approach of the Health and Wellbeing Board for future meeting

Recommendations:

The Health and Wellbeing Board is recommended to:

- Reflect on the coproduction principles (currently in draft)
- Comment on the proposed approach to future Health and Wellbeing Board meetings and how coproduction principles are build into the meeting.

Health and Wellbeing Strategy:

The Health and Wellbeing Strategy is grounded upon 6 principles that matter most to residents of Tower Hamlets. Detail how this report relates to these principles:

1. Resources to support health and wellbeing should go to those who most need it
See principle 5
2. Feeling connected and included is a foundation of wellbeing and the importance of this should be built into services and programme
See principle 5
3. Being treated equally, respectfully and without discrimination should be the norm when using services
See principle 5
4. Health and wellbeing information and advice should be clear, simple, and produced with those who will benefit from them
See principle 5
5. People should feel that they have equal power in shaping and designing services and programme that impact on their health and wellbeing

This agenda item is about how the system works together through a common set of coproduction principles to enable people feel that they have equal power in shaping and designing service and programmes that impact on their health and wellbeing
6. We should all be working together to make the best use of the assets we already have that support people's health and wellbeing.
See principle 5

1. **REASONS FOR THE DECISIONS**

   1.1. To provide a set of agreed principles for coproduction that underpin improvement principle 5 of the Tower Hamlets Health and Wellbeing Strategy
   1.2. To use this to shape the approach of the Health and Wellbeing Board to future meetings

2. **ALTERNATIVE OPTIONS**

   2.1. To not have agreed coproduction principles across the system and to not apply this to the approach of the Health and Wellbeing Strategy

3. **DETAILS OF THE REPORT**

   3.1. See attached slideset

4. **EQUALITIES IMPLICATIONS**

Coproduction is at the heart of addressing inequalities in health. Applying consistent principles to programmes as well as to the approach of the Health and Wellbeing Board across the health and care system is fundamental.

Linked Reports, Appendices and Background Documents

Linked Report
- INSERT LINK

Appendices
- INSERT LINK

Local Government Act, 1972 Section 100D (As amended)
List of "Background Papers" used in the preparation of this report
List any background documents not already in the public domain including officer contact information.

- These must be sent to Democratic Services with the report
- State NONE if none.

Officer contact details for documents:

Somen Banerjee, Director of Public Health, London Borough of Tower Hamlets
Somen.banerjee@towerhamlets.gov.uk

Coproducing Health: Our framework and implications for the Health and Wellbeing Board

Somen Banerjee, Director of Public Health, London Borough of Tower Hamlets

John Williams, NHS NEL Engagement and Community Communications Manager

Link to Health and Wellbeing Strategy principles..

1. Resources to support health and wellbeing should go those who most need it
2. Feeling connected is vital to wellbeing and importance of this should be built into services and programmes
3. Being treated equally, respectfully and without discrimination should be the norm when using services
4. Health and wellbeing information and advice should be clear, simple and coproduced with those who it is targeted at
5. People should feel that they have equal power in shaping and designing services
6. We should all be working together to make the best use of the assets that we already have

Overview

- Nine coproduction principles
  - What are these and how have they been developed?
- Implications
  - What do these principles mean for our approach as a Health and Wellbeing Board?

Draft Coproduction Guidance

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How we got here 1

- Coproduction Task and Finish Group
  - Mapping Coproduction in Tower Hamlet
- First event in April – barriers and opportunities to coproduction
  - Barriers
    - Time and capacity
    - Feedback
    - Reward and Recognition
    - Information is power
  - Opportunities
    - This is not rocket science – and we are not alone
    - Power Sharing – creating solutions collectively
    - Health and care – focus on health inequalities
    - Engagement is everyone's business
    - Transparency

How we got here 2

- Second event in May – understanding coproduction in practice
  - Diabetes focus
    - Real barriers to raising people's awareness of diabetes, their time to care for themselves and challenges of changing to healthy diets.
    - Top down interventions need to end - we must work with people with diabetes/potential to develop diabetes to develop solutions; *all interventions must start with the people we seek to support, i.e. coproduced*
    - Food promotion is over powering and should be tackled by working with communities to explain high risks of certain foods
    - Diabetes should be tackled at 'whole family' level
    - There needs to be a consistent approach to services offered across the borough
    - Mental Health support needs to be better incorporated as part of the treatment pathway
    - Social prescribers better supported to signpost to diabetes services and early intervention opportunities

More detailed report being prepared for Public Health

Draft Coproduction Guidance

General overview - Practical Guidance on Coproduction

- Draft Guidance based on ActEarly Principles – Tower Hamlets and Bradford
- Principles provide a framework for coproduction.

  ‘top-down approach is not effective, inclusive or equitable’.

- ActEarly three core values, to ensure the inclusivity of the coproduction:

  Equality: people make as equal a contribution to design and delivery of services as staff

  Agency: people’s values should be respected and enabled by coproduction and not defined by staff

  Reciprocity: All parties are supported to contribute and thereby benefit from the coproduction.

Principle 1: Power should be shared amongst all partners

Avoid tokenistic engagement – people must be the starting point for any service improvement.

If this does not happen there would be a continuation of a 'top-down' approach, which is viewed as ineffective and undermining coproduction.

A clear sense the only way forward was working inclusively with people who use services.

Principle 2: Embrace a wide range of perspectives and skills to ensure these are represented in the project

Effective coproduction happened when all voices who had an interest were heard.

How this can happen should be creatively developed within a project.

The important point here is an ability of a project to create a space(s) for all voices to be heard.

There was a particular recognition that people who use services and frontline staff voices remain undervalued.

Principle 3: Respect and value the 'lived experience' and how different forms of knowledge can be expressed and transmitted

A strong recognition for the need to value 'lived experience' and for creative ways for knowledge to be shared and expressed.

People highlighted concerns about community feeling disconnected and engagement being tokenistic.

Openness and use of 'lived experience' and other forms of knowledge were seen as a way to build trust with communities in service improvement.

Principle 4: Ensure there are benefits for all parties involved in the co-production activities.

Effective coproduction happened when everyone could see the benefit from their involvement in coproduction.

There can be wider gains when all parties benefit, as this builds trust that communities are listened to, and can see actions as a result of their involvement.

Important to support people and the voluntary and community sector through effective reward and recognition.

This supports them to have the time and space to be involved the coproduction.

Principle 5: Go to communities. Do not expect communities to come to you.

Community involvement needs to significantly improve and communities feel far away from services.

There is a clear need to build community confidence in engagement and overcome the view it is only tokenistic.

Given the distance communities feel, it is important that time is invested into gaining community confidence.

Principle 6: Work Flexibly

Important everyone working in a coproduction activity agreeing the pace of the work.

Everyone has other commitments; however, staffs' institutional commitments can push them into a position of wanting to stick to their timescales.

Recognition staff can use quite rigid processes, e.g. sticking to an internal reporting schedule.

Coproduction is an evolving process of discovery that can change as the activity is carried out.

Being rigid undermines both the coproduction and people's trust that their concerns are being addressed appropriately.

Principle 7: Avoid jargon and ensure communities have access to the right information at the right time

The use of jargon was recognised as a key barrier to building effective and enduring relationships between staff and people.

Language used needs to be inclusive.

Staff presentation of information is a barrier - people struggling or not understanding information, can make them disconnect and undermine their willingness to take part or fully engage

Principle 8: Relationships with communities should be built for the long-term and not for the short-term.

People feel the relationship with services and providers was transactional. Statutory organisations struggle to build long-term trusted relationships with communities. Voluntary and community sector organisations appear to be different; this sector's approach is more effective at building trust with the community.

Communities need to be seen as active partners, rather than as passive providers of information. Where communities help services, services need to feedback to them about how their information had impact.

Principle 9: Co-production activities with communities must be adequately resourced.

Funding is seen as a very challenging issue. Funding tends to be short-term and usually insufficient (e.g. voluntary and community sector struggle to recover their full costs).

Engagement and coproduction, whilst seen as one of the keys ways the services need to build their community connections, struggle to have sufficient resource to move beyond small scale coproduction and engagement activities.

First pass on implications for HWB Board 'Walking the walk'

Principle	Implications for Health and Wellbeing Meetings
Power should be shared amongst all partners	Coproduction of the agenda
Embrace a wide range of perspectives and skills to ensure these are represented in the project	Bring a range of voices into Health and Wellbeing Board meetings
Respect and value the 'lived experience' and how different forms of knowledge can be expressed and transmitted	Use creative ways to bring in community insight to the Board
Ensure there are benefits for all parties involved in the co-production activities.	Ensure people's time for involvement with Health and Wellbeing Board is properly recognised
Go to communities. Do not expect communities to come to you.	Think about having meetings outside the council, widen IT access and promote within communities
Work Flexibly	Being realistic about available resources to take forward work, prioritising what comes to the Board
Avoid jargon and ensure communities have access to the right information at the right time	Hold ourselves to account to use inclusive language and call out jargon
Relationships with communities should be built for the long-term and not for the short-term.	Health and Wellbeing Board playing its role to bring together commissioners, providers and communities in long term relationship
Co-production activities with communities must be adequately resourced.	Health and Wellbeing Board playing its role in working as a system to ensure coproduction integral and resourced

Proposal for discussion – what would this look like?

Implications for Health and Wellbeing Meetings
Coproduction of the agenda
Bring a range of voices into Health and Wellbeing Board meetings
Use creative ways to bring in community insight to the Board
Ensure people's time for involvement with Health and Wellbeing Board is properly recognised
Think about having meetings outside the council, widen IT access and promote within communities
Being realistic about available resources to take forward work, prioritising what comes to the Board
Hold ourselves to account to use inclusive language and call out jargon
Health and Wellbeing Board playing its role to bring together commissioners, providers and communities in long term relationship
Health and Wellbeing Board playing its role in working as a system to ensure coproduction integral and resourced

Six HWBB events a year

Jan – sharing JSNA with residents
March – sharing THT progress and coproduced priorities with residents
May to Dec – 4 deep dive events – topics coproduced with residents (Localities, Children/Families, Living Well, Promoting Independence)

Events approach

1. Community café type methodologies
2. Participation by residents and stakeholders
3. Simple structure
    1. What do we know?
    2. What are we doing?
    3. How can we improve?
4. Board member debrief at end
5. Session written up, shared, actions followed up
6. HWBB network set up to continue discussions

Questions

- Does this seem the right direction?
- Balancing formal roles
  - BCF
  - HWBB
  - JSNA
  - Consultation on a range of strategies

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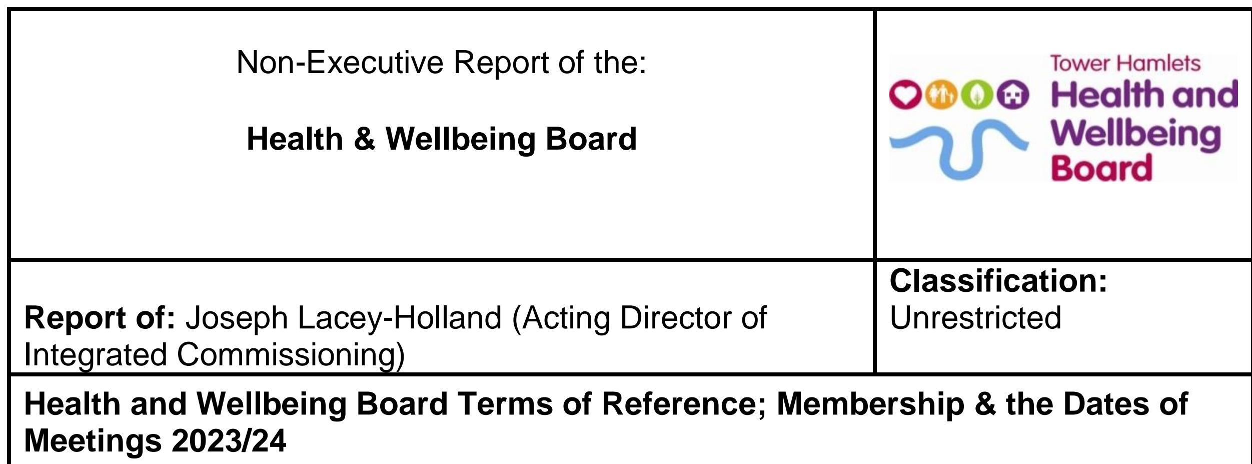

Non-Executive Report of the: **Health & Wellbeing Board**	Tower Hamlets Health and Wellbeing Board
Report of: Joseph Lacey-Holland (Acting Director of Integrated Commissioning)	**Classification:** Unrestricted
Health and Wellbeing Board Terms of Reference; Membership & the Dates of Meetings 2023/24	

Originating Officer(s)	Ranjit Matharu (Partnership Board Manager in Strategy)
Wards affected	All

Executive Summary

This report sets out the Terms of Reference for the Municipal Year 2023/24.

Recommendations:

The Health and Wellbeing Board is recommended to:

1. To note that Councillor Gulam Kibria Choudhury (Cabinet Member for Adults, Health, and Wellbeing) was appointed Chair of the Health and Wellbeing Board at the Council AGM on the 23rd May 2023.

2. Note and comment the Terms of Reference; Membership and the Dates of Meetings 2023/24.as set out in the attached Appendices.

3. Agree the Terms of References to go a future Full Council as per the requirements of the constitution.

1. REASONS FOR THE DECISIONS

1.1 It is necessary for all council committees including the Health and Wellbeing Board to note its Terms of Reference for the Municipal Year 2023/24.

2. ALTERNATIVE OPTIONS

2.1 The Board could choose not to consider the Terms of Reference however, this is not recommended as the Health and Wellbeing Board is expected to meet its core functions as stated in the Terms of Reference.

3. DETAILS OF THE REPORT

3.1 Traditionally following the Annual General Meeting of the Council, it has been the practice for committees to note their Terms of Reference at their first meeting of the relevant Municipal Year.

3.2 The Board's meetings for the remainder of the year are scheduled to take place bi-monthly and will take place at 5.00pm.

3.3 It is clear from the Health and Social Care Act 2012 that Health and Wellbeing Boards are different to other Section 102 Committees, particularly in relation to the appointment of Councillors. The regulations do not require political proportionality and enables Directors of the Local Authority to become members of the board.

3.4 The membership of the Board in Tower Hamlets reflects the requirements of the Health and Social Care Act 2012 and allows other members that Tower Hamlets regard as important to the Health and Wellbeing of its residents.

3.6 This in effect means the Board is able to review its membership and make necessary priorities in Tower Hamlets. There is more than one elected councillor on the Board but there is no restriction on the total number of elected Members that can be board members. The Council is free to decide, in consultation with the Health and Wellbeing Board, which members of the Board should be voting members.

3.7 Appendix one outlines the Board's current Terms of Reference.

4. EQUALITIES IMPLICATIONS

4.1 Not applicable.

5. OTHER STATUTORY IMPLICATIONS

5.1 Not applicable.

6. COMMENTS OF THE CHIEF FINANCE OFFICER

6.1 There are no direct financial implications arising from this report. Service expenditure incurred to meet Health and Wellbeing priorities will be funded through existing resources.

7. COMMENTS OF LEGAL SERVICES

7.1 Section 194 of the Health and Social Care Act 2012 requires the establishment of a Health and Wellbeing Board and sets out how the Board must be constituted. The membership proposed in the revised Terms of Reference meets those requirements.

7.2 With regard to Councillor nominations, the Act requires that where the authority operates executive arrangements, as the Council does, then the Mayor must nominate these Councillors. If changes in the Councillor Membership of the Committee are proposed then a report has to go to the Mayor to nominate these Councillors.

7.3 In accordance with section 14 (6) of the Local Government Act 2000 (as amended) any arrangements made by the Mayor for the discharge of an executive function by an executive member, committee or officer are not to prevent the Mayor from exercising that function.

7.4 Any changes to the Terms of Reference must be agreed by full Council pursuant to Article 4.02(d) of the Constitution. The terms of reference, quorum, membership and dates of meetings are consistent with the legal framework and Part 3.3.23 of the Council's Constitution.

Linked Reports, Appendices and Background Documents

Linked Report
NONE.

Appendices

- Appendix 1 – Terms of Reference
- Appendix 2 – Membership
- Appendix 3 - Dates of Meetings 2023/24

Local Government Act, 1972 Section 100D (As amended)
List of "Background Papers" used in the preparation of this report.
List any background documents not already in the public domain including officer contact information.

- These must be sent to Democratic Services with the report.
- State NONE if none.

Officer contact details for documents:
Or state N/A

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Tower Hamlets Health and Wellbeing Board

TOWER HAMLETS

Health & Wellbeing Board

Terms of Reference

Date:	June 2023
Version:	1

Purpose of the Report

The Terms of Reference of the Health and Wellbeing Board (HWBB) were last reviewed in March 2021, and at that time the Board agreed to undertake a further review in March 2022. The introduction of Integrated Care Systems and the governance arrangements to support them will impact the role and operation of the HWBB, and the planned review is therefore timely to ensure these new arrangements can be considered and appropriate changes are made.

Requirement from the Health and Wellbeing Board (HWBB)

1. Note and support the draft revised terms of reference of the Health and Wellbeing Board subject to any final amendments prior to submission to Council being determined by the Director of Public Health and in consultation with the Chair of the HWBB.

2. Consider and make recommendations on the arrangements for development sessions for the Board.

3. The terms of reference be further reviewed by the Board in March 2023.

Terms of reference

1.1. The purpose of the Health and Wellbeing Board is as follows:

Lead, steer and advise on strategies to improve the health and wellbeing of the population of Tower Hamlets.

To have oversight of assurance systems in operation
To encourage integrated working between persons who arrange for the provision of any health or social services in Tower Hamlets for the advancement of the health and wellbeing of the people in Tower Hamlets.

To provide advice, assistance or other support in order to encourage partnership arrangements under Section 75 of the NHS Act 2006.

Lead the needs assessment of the local population and subsequent preparation of the borough's Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy. It will ensure that both are updated at regular intervals and that integrated care strategies that are prepared by the Integrated Care Partnership (ICP) are taken into account in this process.

To encourage those who arrange for the provision of any health-related services in Tower Hamlets (**e.g.** services related to wider determinants of health, such as housing) to work closely with the HWBB.

To encourage persons who arrange for the provision of any health or social care functions in Tower Hamlets and those who arrange for the provision of health-related services in Tower Hamlets to work closely together.

To identify needs and priorities across Tower Hamlets and publish and refresh the Tower Hamlets Joint Strategic Needs Assessment (JSNA) so that future commissioning/policy decisions are based on evidence.

To prepare the Joint Health and Wellbeing Strategy.

To develop, prepare, update and publish the local pharmaceutical needs assessments.
To be involved in the development of any NHS local strategy delivery plans and commissioning plans that applies to Tower Hamlets and to give its opinion to the NHS North East London and the Integrated Care Partnership on any such proposed plan.

To communicate and engage with local people on how they could achieve the best possible quality of life and be supported to exercise choice and control over their personal health and wellbeing. This will involve working with Local Healthwatch to make sure there's a continuous dialogue with the public to ensure services are meeting need.

Consider and promote engagement from wider stakeholders.

To have oversight of the quality, safety, and performance mechanisms operated by member organisations of the Board, and the use of relevant public sector resources across a wide spectrum of services and interventions, with greater focus on integration across outcomes spanning health care, social care and public health. Areas of focus to be agreed from time to time by members of the Board as part of work planning for the Board.

Such other functions delegated to it by the Local Authority.

Such other functions as are conferred on Health and Wellbeing Boards by enactment.

TERMS OF REFERENCE

2. Purpose of the Report

2.1. The purpose of the Health and Wellbeing Board is as follows:

Lead, steer and advise on strategies to improve the health and wellbeing of the population of Tower Hamlets.

- collectively, the Health and Wellbeing Board will develop and maintain a vision for a healthier Tower Hamlets, which is free from inequalities taking action across the life course, from pre-birth to end of life.
- Review how the service benchmarks against statutory frameworks
- Identify key performance exceptions, trends and variances and develop improvement measures.
- Review in detail any major performance variations, providing constructive challenge.
- Ensure action plans are developed and for improvement activities to be monitored via the Quality Assurance Board.
- Identify key strategic risks in operational performance and developing mitigation responses.
- Agreeing performance measure targets or outcomes.
- Be assured that performance data meets service needs and overall strategy.
- Review and contribute to the development of any performance frameworks.

3. Membership

The Health and Wellbeing Board brings together political, professional and community leaders from across the health and care system in the borough. The membership consists of a mixture of mandatory members, who are required under statute to be members of the Health and Wellbeing Board, and some additional members who have been invited to join the Board. The membership is as follows:

Chair

- Cabinet Member for Adults, Health and Wellbeing (LBTH)*

Vice Chair

- Clinical representative of NHS North East London Clinical Commissioning Group (NEL CCG)*

Elected Representatives of LBTH

- Cabinet Member for Housing Management and Performance*
- Cabinet Member for Resources
- Cabinet Member for Education & Childrens Services
- One Non-Executive Majority Group Councillor nominated by Council.
- One Non-Executive Largest Opposition Group Councillor nominated by Council.

Local Authority Officers – LBTH

- Director, Public Health*
- Corporate Director, Children and Culture*
- Corporate Director, Health, Adults and Community*

Partners

- Representative from Tower Hamlets Healthwatch
- Representative from Barts Health NHS Trust
- Representative from East London Foundation Trust
- Representative from the London Metropolitan Police
- Representative from the London Fire Service
- Representative from the THCVS
- Representative from the Tower Hamlets Housing Forum
- Representative from Community
- Mayor's advisor for Older People, LBTH
- The Young Mayor or nominated Deputy Young Mayor (LBTH)
- Independent Chairs of Tower Hamlets Safeguarding Boards (Adults and Children's)
- Independent Chair of Tower Hamlets Together Board
- Chair of the Health Scrutiny Sub-Committee, LBTH

4. Administration

1. To have oversight of assurance systems in operation
2. To encourage integrated working between persons who arrange for the provision of any health or social services in Tower Hamlets for the advancement of the health and wellbeing of the people in Tower Hamlets.

3. To provide advice, assistance or other support in order to encourage partnership arrangements under Section 75 of the NHS Act 2006.

4. To encourage those who arrange for the provision of any health-related services in Tower Hamlets (e.g. services related to wider determinants of health, such as housing) to work closely with the HWBB.

5. To encourage persons who arrange for the provision of any health or social care functions in Tower Hamlets and those who arrange for the provision of health-related services in Tower Hamlets to work closely together.

6. To identify needs and priorities across Tower Hamlets and publish and refresh the Tower Hamlets Joint Strategic Needs Assessment (JSNA) so that future commissioning/policy decisions are based on evidence.

7. To prepare the Joint Health and Wellbeing Strategy.
8. To develop, prepare, update and publish the local pharmaceutical needs assessments.

9. To be involved in the development of any NHS local strategy delivery plans and commissioning plans that applies to Tower Hamlets and to give its opinion to the NHS North East London and the Integrated Care Partnership on any such proposed plan.

10. To communicate and engage with local people on how they could achieve the best possible quality of life and be supported to exercise choice and control over their personal health and wellbeing. This will involve working with Local Healthwatch to make sure there's a continuous dialogue with the public to ensure services are meeting need.

11. Consider and promote engagement from wider stakeholders.

12. To have oversight of the quality, safety, and performance mechanisms operated by member organisations of the Board, and the use of relevant public sector resources across a wide spectrum of services and interventions, with greater focus on integration across outcomes spanning health care, social care and public health. Areas of focus to be agreed from time to time by members of the Board as part of work planning for the Board.

13. Such other functions delegated to it by the Local Authority.
14. Such other functions as are conferred on Health and Wellbeing Boards by enactment.

HEALTH AND WELLBEING BOARD (Includes executive and non-executive Councillors, local authority officers, Healthwatch and NHS representatives. In addition, non-voting co-opted members including NHS Providers and the Young Mayor, amongst others.)		
Executive Members *(To note only)*	*Non-Executive Member*	*Councillor Stakeholders* *Labour Group (1)*
Cabinet Member for Adults, Health and Wellbeing (Chair) Cabinet Member for Education & Children's Services Cabinet Member for Housing Management and Performance Cabinet Member for Resources	*Aspire Group (1)* Non-Executive Majority Group Councillor • Councillor Ahmodur Rahman Khan Substitutes Councillor Iqbal Hussain, Councillor Suluk Ahmed	Non-executive - largest opposition group councillor • Councillor Amy Lee Substitutes Cllr Mohammad Chowdhury Note – the Chair of the Health Scrutiny Sub-Committee is also a Stakeholder

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Tower Hamlets Health and Wellbeing Board meeting 2023/2024

- 20 Jul 2023 5.00 p.m.
- 19 Sep 2023 5.00 p.m.
- 5 Dec 2023 5.00 p.m.
- 6 Feb 2024 5.00 p.m.
- 16 Apr 2024 5.00 p.m.

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Amy's Monthly Briefing

Amy Gibbs, Independent Chair of Tower Hamlets Together

Here's a double edition of my usual monthly briefing, covering the May and June THT Board meetings. Both had a strong focus on co-production and community intelligence, health inequalities and finances.

In May we heard from REAL, the charity run by and for disabled people, who set THT four challenges for co-production. Their outgoing CEO, Mike Smith, highlighted that while the partnership has done some good work so far, we're not getting the most out of co-production and are generally at the informing, education or consultation end of the ladder of participation, which is still tokenism. In most instances there remains an imbalance of power, knowledge and skills between decision-makers and people who use our services – which active independent facilitation can help overcome.

REAL set us four challenge questions, which we began to work through in the session (via their active independent facilitation!), and we need to report back to the Health and Wellbeing Board on our actions in response:

1. Co-production works best in pilots and smaller projects – how can we learn, scale up the learning and make things business as usual?
2. How are we going to resource co-production work going forward? Co-design should include planning services, co-decision making in allocation of resources, co-delivery of services including the role of volunteers, and co-evaluation of the service – but we're not doing this systematically
3. How are we going to make decisions about when we use co-production?
4. If we want genuine increases in our THT I-Statement results (the co-produced outcomes framework), especially "choice and control", we need to do things differently – to improve outcomes and get value for money

We developed lots of ideas to work up further, including having protected time for co-production that allows for continuation, a register of co-production that we can learn from, commitment to co-production as one of THT's values – with resource attached and costed up as part of everything we do, and taking responsibility as leaders for the commissioning resource and power we hold, to build co-production into all the work we do, even when conditions in council and NHS drive us to do the opposite. Our Community Voice Lead and engagement team are already doing some of this work, via a series of THT workshops on co-production to develop guidance, which will culminate in a 29 July public meeting and a full report back to the Board in September.

In June, we had a deep dive into GP access. Healthwatch presented intelligence data from 1,418 people on their experiences, which highlighted that people want greater access, communication, empathy, involvement and support. Overall sentiment from the feedback was 40% positive and 58% negative. Overall satisfaction has declined by 10% this quarter and complaints about administration and communications have increased by 20%. Positive areas of feedback include support, quality and staff attitude, while negative areas were booking, waiting lists and access by telephone. Looking at the feedback by locality, network 9 had particularly high positive feedback (55%) and also generally lots of feedback of all kinds, indicating healthy engagement from patients. Some practices received no feedback at all which is an issue. The majority of people reported negative experiences with receptionists, very good experiences with clinicians and relatively good experiences with nurses. Most worryingly, the 18-month tracker is not showing an improvement or increase in positive comments. The Board asked for an ethnicity breakdown of the feedback and also a comparison with 3 years ago and with other boroughs. Our Board Primary Care Lead is also taking the report to the primary care development group to look at the variation between PCNs and practices.

NEL also reported on the national and ICB-level initiatives being taken forward to address primary care access issues, which are exacerbated by rapid population growth and a highly mobile population, meaning a high turnover of patients. A core target is patients being offered assessment or signposted at point of contact, with an appointment within 2 weeks - with a portion of PCN funding attached to achievement of certain metrics. We discussed the urgent need for a partnership communications drive to engage with residents and build trust with the wider primary care workforce (i.e. not just seeing a GP), including by harnessing the energy and networks that flourished in the pandemic, such as the Covid Champions and community connectors. We also want to embrace the power of pharmacy services as part of primary care and bring them more into the partnership.

At both Board meetings, we discussed the health inequalities funding being delegated from North East London to all place partnerships. This amounts to £833,000 for Tower Hamlets in total - £500k per place plus an extra £333k weighted by a health inequalities formula. THT's Operational Management Group has been liaising with the lifecourse workstreams to determine the criteria and process for allocating funds. The Board gave a steer at both meetings that we are keen to maximise the impact of this funding - so principles include not using it to "plug gaps" in statutory services run by large organisations, working out an equitable split between lifecourses that relates to both the NHS CORE25PLUS clinical areas of needs and locally set partnership priorities - and ring-fencing a substantial amount for the voluntary sector who are rooted in the communities we most need to reach. The final process will be agreed at the July Board.

At both Board meetings, we also considered the implications of the 30% reduction in NEL ICB running costs and the implications for local clinical leadership roles. THT is actively identifying options for local funding to sustain the team of multi-disciplinary clinical leads we have in place to support transformation and deeper integration.

In May, we also considered the Better Care Fund 2023-25, which is a total pooled fund of £57m and the plan is due by 28 June. This is not new money and we need to deliver against 5 national metrics, including a new one on the number of falls in the community and existing ones on avoidable admissions into hospital, number of discharges to normal place of residence, proportion of over 65 still at home 91 days after leaving hospital and permanent admission to residential and nursing care homes. We had a lively debate about the benefit of putting services into the BCF, which is a vehicle but not the only route to integration. The Board agreed it is timely to look at what is within and outside of the BCF currently, as it has built up incrementally. The BCF offers the opportunity for better joint oversight, joint delivery against joint metrics, financial benefits and improvements in outcomes - so we need to review the overall logic and impact of the schemes we agree to put in and ensure there is robust assurance and financial governance about how the BCF is being spent and monitored.

We also reviewed key NEL developments including the Joint Forward Plan and upcoming Big Conversation with residents. I'm really looking forward to a big focus on children and families, including the special educational needs and disabilities improvement plan and inspection preparation, at the July Board.

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North East London

Summary – North East London (NEL) Joint Forward Plan

Background

We are required by law to publish a plan that explains how health and care organisations across north east London will work together to enable you and your family to get the care that you need. This could be physical care – seeing your GP, getting hospital treatment or care at home, or it could be mental health care when you are struggling or having a crisis. That is what we call our Joint Forward Plan.

The plan also spells out who will take the lead in getting you the help and care you need.

We haven't come up with this plan by ourselves. We've already talked to lots of people and organisations involved in caring for our population (GPs, hospital doctors, councils, Healthwatch and local charities) to agree this plan as the way forward to improve the health of everyone who lives here.

We'll also be reviewing the plan each year to make sure it's tackling the long-standing local issues we face, as well as the new things we're bound to face as more people come to live here.

Rest assured, we'll be coming to you and asking for your views every step of the way.

Introduction

This Joint Forward Plan describes how the local NHS and our partners (Local Councils, charities, voluntary groups and others) plan to improve the health and care of local people for the next five years.

We can't simply keep doing what we do now. More and more people are moving into our area and we already have some of the worst pockets of poor health, and the longest waits to see GPs or get treatment in hospitals and A&E in London.

Our residents also have some of the highest rates in the country for child and adult obesity, diabetes and heart disease. Many are living in poor or insecure housing and in low income families which lead to poorer health.

That's why local doctors, hospitals, Councils, voluntary groups and community services such as mental health, must work better, and smarter, to use the limited money and staff available to us to improve things for everyone. This document tells you how we plan to do that and includes links to more detailed information on our plans if you want to read it. We're also being honest about the things that need to happen for our plan to work.

Challenges and Opportunities

We need a completely new approach to how we work together to deliver health and social care for local people across north east London. We also need to spend more time and resources on prevention – helping people to take better care of themselves before they get sick and then need to rely on the NHS and others. If we don't do this, we'll never be able to afford to properly care for you and your families in the future. Things have to improve.

Improving how we work
We've improved the way we work together to plan and deliver health and social care so we can get more for our money, and so we can focus on prevention and on earlier diagnosis and better care in the right place. This means a new approach to everything from emergency care in hospitals to looking after people with ongoing health issues, from GPs and mental health to those needing tests and more routine operations.

Different parts of our local health and care 'system' have been working hard to tackle most of these things for years, but we've never all come together before to agree the best way forward and to come up with a plan like this. So, what are we doing?

Our priorities (1/5)

Long term conditions

We're putting in place seven day a week services for everyone with symptoms of a mini stroke, focussing on prevention and better care for those with Type 2 diabetes and improving our heart failure care services right across the area. We'll also help more kidney patients to have dialysis at home where appropriate.

This part of our plan relies on us having enough staff for the new clinical teams, getting the funding we need and getting everyone working in health and care locally to sign up to our plan.

Mental health

Our plans will see shorter waits in A&E for people with mental health needs, more support workers, better access to Talking Therapies for anyone that needs it, more personalised care and a focus on mental health service users helping us to develop and improve those services. We'll also be offering mental health support in every secondary school across our area.

We need to tackle high rates of staff vacancies in some areas and make sure that we bring together everyone that works in mental health to be as coordinated as possible to plan and deliver the very best care for children and people who need help.

Our priorities (2/5)

Maternity

We're working to ensure all women are offered dedicated care throughout their pregnancy, that we greatly reduce some of the things that can go wrong – especially for women in deprived areas, and that GPs and other baby services work more closely with our maternity staff. We also want more women to breastfeed their babies.

This part of our plan relies on us recruiting/training more maternity staff and being able to fund more research into the future demands on our maternity services so we have the right service in place for women now and in the years to come.

Babies, children and young people

We're making sure that children aged 5-11 who are overweight, get the help they need to be healthy. We're planning more help for families with very small children nearer to where they live, supporting children with special needs to be ready to for starting school and more support for families who are struggling to know where to go for help when they need it.

Our plans rely on families with obese children recognising that they need help, on recruiting more staff and on more funding to care better for those children with special needs.

Our priorities (3/5)

Employment and workforce

We're employing another 900 staff in the next year for the health and care services described above and we want everyone to be paid fairly. Our plans will see more GPs and clinical staff in practices and less reliance in our hospitals on expensive temporary staff, with more full-time nurses and doctors. We also want to employ more local people to train and work here in the NHS.

Our plans rely on more funding to bring in the extra staff we need and also on keeping the staff we have – many are suffering from 'burn out' as a result of the pandemic and the constant pressure they are under.

Community health services

We're working with local Healthwatch and the voluntary sector to help people coming out of hospital to be able to stay safely at home, we're focussing care on those with several health conditions, employing 2,000 more staff to help the terminally ill and their families and ensuring that all our services can see one single care record for a patient.

This part of our plan relies on us getting the funding, solving some of the privacy issues around sharing records and attracting those new staff and/or training local people.

GPs and pharmacists

We're making use of latest technology so people can more easily get help from their GP, including remote appointments, helping some GP practices to improve levels of care and their quality ratings, introducing more pharmacy services and improving all our 'same day' services.

This part of our plan relies on us being able to fund some of the technological changes we want to make and on everyone involved participating in our plan and making the necessary changes.

Our priorities (4/5)

Urgent and emergency care

We're making it easier for you to book urgent appointments, finding ways to educate and support people who use the service when they don't really need to, working with the ambulance service to only bring people who need hospital care to A&E, and finding new, streamlined ways to care for people who need same day, urgent care.

This part of our plan relies on us getting the funding we need, getting to grip with the different ways this care is delivered across our area now and continuing to make it as easy as possible for residents to know how and where to get the care they need.

Cancer

We're working to be able to detect cancers earlier, giving people a better chance of a full recovery. At the moment we're focussing on earlier diagnosis of lung, prostate, pancreatic and liver cancers and working towards personalised care and support for all our patients. We also want to increase the numbers of people coming forward for screening so we can catch cancers earlier.

This part of our plan relies on solving some of the staffing issues at local hospitals which mean we can't do as many, or turn around tests as quickly as we'd like to.

Our priorities (5/5)

Operations and tests

We're reducing waiting times for people currently on lists for an operation and opening new centres across the area for people to get faster ultrasound and CT scans and tests for cancer and other conditions. We're also increasing the number of operations taking place in our hospitals' theatres and working hard to bring all our services up to the same high standard for all our residents.

This part of our plan relies on us being able to recruit more staff, expand some operating theatres and improve our technology to help quicker decision making.

Health inequalities

We know that health care, and people's experience of it, isn't the same in different parts of north east London. This is particularly the case for people living in our more deprived areas, those from ethnic minorities, for carers, those with learning disabilities, autism and for the homeless. We plan to improve this so that everyone, no matter who they are or where they live, gets the best care possible and lives a healthier life.

Once again, we need the funding and the staff with the right skills and expertise to put our plans in place.

North east London – improving all the time

The way the NHS works with local councils and the voluntary sector has changed a lot in recent years. Most of the health and care issues that local people have, however, remain the same.

This latest plan looks to get the very best value for every pound we spend and to use and support our brilliant staff – now and in the future - in the best, most productive way possible. We are looking at how we can work together to streamline care and stop duplication, which is frustrating for patients and our staff. The plan will be updated as the years go by because we need to plan, but also adapt to new challenges such as lots more people coming to live here.

We want to involve local people as much as possible in everything we do. That's why we'll be coming to you to ask for your help and ideas as we work together to improve the health and lives of everyone across our area.

For more information about who we are and how we are working with our partners to improve health and care for people across north east London, click here.