


<p>Non-Executive Report of the:</p> <p>Health and Wellbeing Board</p> <p>19 November 2019</p>	
<p>Report of: Amy Gibbs, Tower Hamlets Together, Independent Chair</p>	<p>Classification: Unrestricted</p>
<p>Tower Hamlets Together – Bi-Annual update (April 2019 – to date)</p>	

Originating Officer(s)	Warwick Tomsett, Joint Director of Integrated Commissioning
Wards affected	All wards

Executive Summary

Tower Hamlets Together was established in 2016 and is a partnership made up of health and care organisations who are responsible for the planning and delivery of prevention, health and care services. The partnership is made up of;

- London Borough of Tower Hamlets
- NHS Tower Hamlets Clinical Commissioning Group
- Barts Health NHS Trust
- East London Foundation Trust
- Tower Hamlets GP Care Group
- Community and Voluntary Sector

The Tower Hamlets Together partnership has identified four priorities for action which are to -

1. develop our partnership and collaborate as health and care providers and commissioners, with service users and carers, to plan and solve problems
2. deliver on health priorities and inequalities to support individuals, families and communities to live healthy thriving lives,
3. design care around people by providing accessible and responsive health and care services, and deliver person-centred integrated health and social care for those who need it and
4. develop our teams and infrastructure to ensure Tower Hamlets Together staff and teams have the right support, skills, knowledge and approach.

The present report provides an overview of the work undertaken by the Tower Hamlets Together from the appointment of the Independent Chair in April 2019 to date.

Recommendations:

The Health and Wellbeing Board is recommended to:

1. Read and comment on the report

1. REASONS FOR THE DECISIONS

- 1.1 The Tower Hamlets Together Board formally reports into the Health and Wellbeing Board twice annually. This report provides an overview of the work undertaken by the Tower Hamlets Together from the appointment of the Independent Chair in April 2019 to date.

2. ALTERNATIVE OPTIONS

- 2.1 The report is provided for information

3. DETAILS OF THE REPORT

- 3.1 The shared principle mission of our Borough based health and care partnership, Tower Hamlets Together, is to 'transform people's health and lives, reduce inequalities and reorganise services to match people's needs'.
- 3.2 In order to achieve this shared mission, THT has an agreed vision, objectives and priorities for action to ensure that each local organisation is aligned as a system partner to deliver care that is integrated around the person.

Background

- 3.3 Tower Hamlets Together was established in 2016 and is a partnership made up of health and care organisations responsible for the planning and delivery of prevention, health and care services. The partnership is made up of;
 - London Borough of Tower Hamlets
 - NHS Tower Hamlets Clinical Commissioning Group
 - Barts Health NHS Trust
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The diagram below is taken from the Vision document and provides a high level overview of the Tower Hamlets Together Mission, Vision, Objectives and Priorities for Action.

The system plan on a page

MISSION	VISION	OBJECTIVES	PRIORITIES FOR ACTION
<p>Transform people's health and lives in Tower Hamlets, reducing inequalities and reorganising services to match people's needs</p>	<ul style="list-style-type: none"> Tower Hamlets residents, whatever their backgrounds and needs, are supported to thrive and achieve their health and life goals, reducing inequalities and isolation Health and social care services in Tower Hamlets are high quality, good value and designed around people's needs, across physical and mental health and throughout primary, secondary and social care Service users, carers and residents are active and equal partners in health and care, equipped to work collaboratively with THT partners to plan, deliver and strengthen local services 	<ol style="list-style-type: none"> 1. Transform health and tackle inequalities Achieve better health and wellbeing outcomes for all Tower Hamlets residents, as set out in the THT Outcomes Framework, shaped by local people 2. Improve quality of care Continue to strengthen service quality in line with national standards, local operational priorities and residents' views and needs 3. Commission and deliver high value services Commission resilient and sustainable services, tackling variation and waste, and ensure the Tower Hamlets pound is spent wisely 	<ol style="list-style-type: none"> 1. Develop our partnership Collaborate as health and care providers and commissioners, with service users and carers, to plan and solve problems together 2. Deliver on health priorities and inequalities Support individuals, families and communities to live healthy thriving lives 3. Design care around people Provide accessible and responsive health and care services, and deliver person-centred integrated health and social care for those who need it 4. Develop our teams and infrastructure Ensure THT staff and teams have the right support, skills, knowledge and approach

Workstreams

The three workstreams of Tower Hamlets Together are key drivers in establishing system working;

- Born Well & Growing Well (BWGW) - Children
- Living Well (LW) – Healthy Adults
- Promoting Independence (PI) – Complex Adults

The ambition is for each workstream to have its population segment as a shadow budget from all relevant partner service lines and will be responsible for understanding improvement opportunities to deliver outcomes and manage system performance risk.

Over the course of 2019-20 the workstreams have continued to work towards the triple ask:

- Understand and oversee what is happening now, beginning to use the overarching system outcomes as a lens
- Deliver against the priorities set by the workstreams (attached to this report as an appendix) which includes developing the outcomes to be achieved.
- Continue with the quality improvement (QI) projects to enable learning about how to use this methodology within the workstreams population cohort.

On behalf of the THT Board, the three workstreams take a leading role in promoting the health and wellbeing of the sector of the population with which it is concerned. They also have an oversight role of health and social care integration, including service redesign, transformation and innovation.

Sign-off on shared Vision and Priorities

3.4 The Independent Chair of Tower Hamlets Together, Amy Gibbs began in her role at the April meeting of the Tower Hamlets Together Board. The meeting ran as a workshop to which all of the Board members and workstream leads attended to sign-off on the shared Vision and Priorities. The document was agreed following slight wording changes to further express the ambition of the partnership.

Meeting structure, standing items and joint investment

3.5 The structure of Board meetings has been developed with the following items now coming to each meeting of the THT Board;

- *Systems Performance Reporting* (currently as a dashboard)
- *Community Participation and Voice*
- *Workstream spotlight* at which one of the three workstream Chairs are invited to provide feedback on the work undertaken by the workstream in the previous quarter
- *Enabler spotlight*, a six-monthly rotation of THT enablers including; Estates, Workforce, Learning Disability Partnership Board, Mental Health Partnership Board, System Intelligence and Urgent Care.

3.6 The Development Working Group (a sub-group of the Board) has also been streamlined into a “Chair’s Planning Group”. The Chairs Planning group acts as a secretariat and focuses on driving forward activity agreed by the Board, more proactively managing Board agendas and forward plans, horizon scanning and problem solving, as well as overseeing further system development. In addition, an informal workstream leads meeting has been established, to ensure those leading on the enabler and life-course groups are supported to carry out their roles, build peer links and share successes and challenges.

3.7 The Board has also signed-off on proposals for additional joint investment. We will soon be recruiting a part-time THT communications specialist and a full-time System Programme Manager to support all three life-course workstreams.

Community Participation and Voice

3.8 Coproduction and community voice are both core priorities of the Board. To this end we have developed a stakeholder engagement action plan, which sets out how we will improve our public and patient involvement. Julia Slay, CCG Governing Body lead for engagement and lay member has joined the Board as a non-voting member and is taking this work forward.

3.9 We have also explored moving the Board out into the community and have now held Board meetings at CREATE, a day service for people with a learning disability and Shadwell Fire Station. On each occasion we invited service users/staff at the venue to come and speak with us about their experience of health and social care in the Borough.

Systems Performance Dashboard

- 3.10 As a Board we have further developed the System Performance Dashboard – which is designed to provide members with an overview of the current performance of the system. The dashboard is made up of key metrics aligned to our priorities, so we have a collective view across the system. There is broad agreement that we need to strengthen adult social care and children’s services metrics and an action plan has been developed to ensure we have covered these outstanding data gaps
- 3.11 In recent months we have piloted Power BI, an interactive tool that we will be adopting to improve our access to and analysis of performance information both at a Board level and throughout the partnership so we can understand trends and take action across the system.

Outcomes Framework

- 3.12 In the last six months the work on the Outcomes Framework has progressed significantly. In September we held our final developmental workshop on the THT Outcomes Framework which has been co-designed with stakeholders from across the partnership and is based on the i-statements that were previously co-produced with local residents. To create a usable Outcomes Framework, the 17 i-statements have been grouped into five domains:
- Integrated health and care system
 - Wider determinants of health
 - Healthy lives
 - Quality of care and support
 - Quality of life
- 3.13 Each domain and I Statement now has a narrative, a set of indicators to measure progress towards the outcome and proposed aspirational indicators that we could adopt across the system. Both the i-statements and the draft Outcomes Framework have already been used in commissioning, programme improvement and team planning – with the focus in the I Statements helping to shift thinking and consider wider implications and impacts of how we design services.

Next steps - Developing our models of care and WEL

- 3.14 As a partnership we have reached a common understanding of what good models of holistic care would look like to support the varying needs of different population groups as identified by the workstreams. Fully implementing these models now require changes in how we collectively work to support these different groups. Work undertaken by Carnall Farrar has confirmed our thinking and suggested as next steps that we focus on;
- Developing a consistent and borough wide approach to identification and engagement of patients in the complex cohort
 - Rationalise the existing multi-disciplinary teams (MDT) to remove overlap and duplication of effort
 - Developing an organisational development offer for MDTs frontline staff to support closer team working and joint accountability
 - Develop a consistent case management approach across the borough
 - Implement a single assessor process for the complex cohort

- 3.15 While Tower Hamlets Together’s priorities and the above read across to the 10 WEL priorities set-out in the WEL Plan it is clear that in order to deliver the transformation identified by the system, effective borough-based partnerships such as Tower Hamlets Together are essential in driving forward integration across organisations and at the frontline.

4. EQUALITIES IMPLICATIONS

- 4.1 The Tower Hamlets Together partnership and its members all consider equalities information and identify where key inequalities exist and seek to address them.

5. OTHER STATUTORY IMPLICATIONS

- 5.1 None

6. COMMENTS OF THE CHIEF FINANCE OFFICER

- 6.1 The report provides an overview of the work undertaken by the Tower Hamlets Together Board for the first 6 months of 2019-20. There are no direct financial implications of this report.

7. COMMENTS OF LEGAL SERVICES

- 7.1 The Health and Social Care Act 2012 (“the 2012 Act”) makes it a requirement for the Council to establish a Health and Wellbeing Board (“HWB”). S.195 of the 2012 Act requires the HWB to encourage those who arrange for the provision of any health or social care services in their area to work in an integrated manner.
- 7.2 This duty is reflected in the Council’s constitutional arrangements for the HWB which states it is a function of the HWB to have oversight of the quality, safety, and performance mechanisms operated by its member organisations, 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. It is consistent with these duties for the Board to review the work undertaken by the Tower Hamlets Together Board for the first 6 months of 2019-20.

Linked Reports, Appendices and Background Documents

Linked Report

- None

Appendices

- THT Vision, Mission and Priorities FINAL
- THT Board Workstream Priorities on a page

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.

- None

Officer contact details for documents:

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