



Plan on a page for the three lifecourse workstreams

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#TH2GETHER



The role of the THT Workstreams

Core purpose

On behalf of the THT Board, the Workstream will take a leading role in promoting the health and well being of the sector of the population with which it is concerned. It will also have an oversight role of health and social care integration, including service redesign, transformation and innovation. Workstream members will identify opportunities to improve outcomes and reduce costs, duplication and promote joint working in support of these objectives. An ethos of partnership working will underpin the programme of work, though it is recognised that, on occasions, difficult decisions may be required by partners in order to deliver improvements for the Tower Hamlets population.

Key functions

The workstreams will support the NHS Tower Hamlets Clinical Commissioning Group with the discharge of its various duties under S26 of the Health & Social Care Act, 2012, including in particular S26 14Z1, the duty to promote integration and S26 14Z11 and 14Z12, the development and revision of commissioning plans. The three workstreams are

- 1) Born Well & Growing Well (BWGW)
- 2) Living Well (LW)
- 3) Promoting Independence (PI)

Over the course of 2019-20 they will continue working towards the triple ask:

- Continue to 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 which includes developing the outcomes to be achieved. This could lead to improve the value of what is offered to the people of Tower Hamlets within our constrained resource to translate into system cost savings
- Continue with the quality improvement (QI) projects to enable learning about how to use this methodology on the chosen population cohort.

The three lifecourse workstreams are key drivers in establishing system working for the people of Tower Hamlets. The workstreams will need to work closely with each other in order to ensure a whole population approach is taken. The ambition is for each workstream to have it's 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.

Membership

- **Chair: THT Board member**
- Bart's Health
- ELFT
- LBTH – commissioner & providers
- LBTH - Public Health
- Voluntary & Independent Sector colleagues
- GPCG
- Patients, Carers and families reps
- CCG

Reporting lines and relationships

The workstreams will be accountable to the Tower Hamlets Together Board, to which it will report periodically. The workstreams will meet regularly in order to deliver against its priorities.

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

Description of population and high level needs		Workstream Governance	
<ul style="list-style-type: none"> Cohort includes maternity, early years, children and young people : preconception through to 18 & 25 for children with SEND, and pregnant women c. 70,000 children and young people in Tower Hamlets; 47,000 of school age Deprivation levels amongst the highest in London - 39% of 0-15 year olds live in income deprived households. School-age population projected to grow, but at a slower rate (10%) than overall population (22%) due to slowing birth rates and families moving out of the Borough Highest proportion of children with free school meal status with GCSE 5 A*-C including English and Maths (60% compared to national average of 33.3%). 	<ul style="list-style-type: none"> 8th highest levels of child excess weight nationally (overweight or obese). Amongst worst for child oral health In 2017 there were 290 children looked after Immunisation for under 5s is amongst highest in London More babies born with low birth weight (8.3%) than national average. Hospital admissions for Asthma for 10-18yr olds higher than rates in London and England as a whole. Approximately 8,000 pupils identified with SEND, amongst highest in country. Demand for specialist CAMHS growing. Evidence demonstrates that our population's socio-economic and ethnic characteristics are key drivers for higher complexity of psychosocial issues. 	Chair	Debbie Jones, Corporate Director Children's, LBTH Maggie Buckell, CCG Governing Body
		WS Lead(s)	Ronke Martins–Taylor & Cheryl Rehal (LBTH/CCG)
		Senior PM	Daniel Devitt (THT)
		Groups reporting to BWGW :	
		<ol style="list-style-type: none"> Mental Health & Emotional Well Being Working Group Children & Young People Pathways (Complex care) Working Group Maternity & Early Years Working Group SEND Improvement Group 	<ol style="list-style-type: none"> Asthma QI project LAC Task & Finish Group Obesity Working Group (with Children & Families Partnership Board) Integrated Therapies Task & Finish Group

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

Living Well: working together to help people live healthily

Description of population and high level needs	Workstream Governance			
<ul style="list-style-type: none"> The Living Well population refers to the adult population that is healthy (of which a segment may be accumulating high risk for future health issues) or experiencing relatively low complexity health issues (e.g. common mental health issues, or long term conditions that have not yet reached a level that significantly impacts on independent living). 	Chair	Somen Banerjee - Director of Public Health, LBTH		
<ul style="list-style-type: none"> The health needs of this population relate particularly to primary and secondary prevention (i.e. preventing the onset of illness or preventing progression of long term conditions) as well as management of self limiting conditions (e.g. mild infectious disease, low level musculoskeletal issues, sexually transmitted infections, mild mental health issues). These conditions may be related to wider issues (e.g. housing, income, employment, living environment, family life) and addressing these maybe integral to maintaining or improving health and wellbeing. 	WS Lead(s)	Chris Lovitt - Associate Director of Public Health. LBTH CCG lead – tbc		
<ul style="list-style-type: none"> Relevant characteristics of the Tower Hamlets Living Well population include demography (mobility, young population, ethnicity), lower healthy life expectancy, high deprivation, poorer diet, higher smoking prevalence, higher levels of sexually transmitted infections, higher HIV prevalence, higher levels of substance misuse (including problem drinking in those who drink alcohol) lower screening uptake and a higher burden of common mental health issues, diabetes and cardiovascular disease. 	Senior PM	Keith Williams – Public Health, LBTH		
Groups reporting to LW :				
<table border="0"> <tr> <td data-bbox="1361 491 1800 777"> <ol style="list-style-type: none"> Social prescribing Steering Group Information and Advice Group QI Working Group – LARC in primary care, EHC in community pharmacy </td> <td data-bbox="1800 491 2233 777"> <ol style="list-style-type: none"> Reproductive Health Steering Group Public Health Commissioning PMO Health Checks Steering Group North East London Diabetes Group </td> </tr> </table>			<ol style="list-style-type: none"> Social prescribing Steering Group Information and Advice Group QI Working Group – LARC in primary care, EHC in community pharmacy 	<ol style="list-style-type: none"> Reproductive Health Steering Group Public Health Commissioning PMO Health Checks Steering Group North East London Diabetes Group
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2019/20 Priorities	2020/21 Priorities	2021//22 Priorities
To improve early identification of cancer by supporting more people to take up vital cancer screening services	To improve the experience and outcomes of the Living Well population using primary care through transformation of how primary care is accessed and provided to a young, mobile, population	The LW work stream aim is that over the next 3 years the following statements are true for more of the Tower Hamlets Living Well population: <ul style="list-style-type: none"> I have a good level of happiness and wellbeing I understand the ways to live a healthy life I am supported to make healthy choices I am able to access safe and high quality services when I need them I feel like services work together to provide me with good care Regardless of who I am, I am able to access care services for physical and mental health
To improve prevention and early identification of long term conditions such as heart disease, stroke and diabetes by reviewing our model for providing health checks	To improve outcomes for people with common mental health issues such as depression and anxiety by strengthening what is currently provided and exploring population level programmes that aim to address the scale of the issue in the borough	
To improve early identification, management of people with musculoskeletal conditions (such as back pain, hip and knee problems) through commissioning of a new service.	To improve the experience of residents accessing reproductive health services (e.g. sexual health, contraception, termination of pregnancy) through a joint commissioning approach across the CCG and Local Authority	
To improve prevention, early identification and management of diabetes by reviewing current services and understanding resident experience of living with diabetes.	To improve the connection of residents to services and assets that will support their health and wellbeing by developing a strategic approach to social prescribing through the Tower Hamlets Together system To improve how the Living Well population can easily access high quality and reliable information and advice by bringing together Tower Hamlets Together partners to develop an integrated offer	

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

Description of population and high level needs		Workstream Governance	
<ul style="list-style-type: none"> The Promoting Independence cohort of residents aged 90+ expected to double over the next decade as well as the complexities of having a population that's young and mobile with major implications across housing, care and nursing provision. Accidental falls continue to have a significant impact on quality of life and independent living. The highest premature death rates for circulatory disease, cancer and respiratory disease. Obesity, smoking, alcohol and drug use, and infectious diseases are all significant problems in the borough More than 19,356 people identifying as unpaid carers in the 2011 census and more likely to be suffering from ill health themselves. 	Chair	Denise Radley- Corporate Director Health, Adults & Community, LBTH	
	WS Lead(s)	Rahima Miah – Deputy Director Integrated Commissioning, CCG Keith Burns – Service Manager Ageing Well, LBTH	
	Senior PM	None identified	
	Groups reporting to PI		
	1. Care Co-ordination Steering Group 2. Mental Health Partnership Board 3. Continuing Healthcare Steering Group		4. Learning Disabilities Partnership Board 5. Various Long Term Conditions Groups
2019/20 Priorities	2020/21 Priorities	2021//22 Priorities	
Embed a personalised model of care to include holistic person centred planning and the offer of a personal health budget	Establish and agree how the personalisation model of care can be funded, on a sustainable basis, going forward, including the impact on the community and voluntary sector	<p>The PI work stream aim is that over the next 3 years the following iStatements are true for more of the Tower Hamlets adults with complex needs population:</p> <ul style="list-style-type: none"> I feel like services work together to provide me with good care I am able to access safe and high quality services (when I need them) I have a good level of happiness and wellbeing I am supported to live the life I want I have a positive experience of the services I access, overall Regardless of who I am, I am able to access care services for my physical and mental health 	
All adults living with complex needs accessing multiple health and care professionals have a coordinated approach to their care	Strengthen the market development and management of nursing and care agency providers for those requiring continuing healthcare funding		
All adults living with frailty in Tower Hamlets receive a joined up approach to their care from all the professionals and services who work with them	Integrate reablement and rehabilitation care to support people to recover in a more suitable setting following discharge from hospital		
To improve identification and management of those with respiratory issues by reviewing current services and understanding resident experience of living with respiratory. This is a joint priority across Waltham Forest and Newham CCGs			