Appendix 1: Strategic Narrative (tab 4)

A) Person-centred outcomes - Your approach to integrating care around the person, this may include (but is not limited to):

- Prevention and self-care
- Promoting choice and independence

1448 out of 1500 words

Tower Hamlets Together (THT)

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'.

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

Tower Hamlets Together was established in 2016 and is a partnership made up of health and care organisation's 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

As noted above Tower Hamlets Together have 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 together, **(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.

Integrating care around the person

Our third priority for action, to design care around people, is especially important to people who have complex health and/or care needs as they are much more likely to be in touch with multiple services. Tower Hamlets Together partners take a 'population segmentation' approach which identifies those who are most at need of coordinated support. The population is primarily divided into three segments; whole population, people with complex needs and healthy people. The aims for each population grouping, as defined by the partnership, are listed below. These aims are addressed through three life-course programme boards known locally as workstreams. 'Born Well, Growing Well' (Children 0-18) 'Living Well' (Healthy Adults) and 'Promoting Independence' (Complex Adults).

Whole population (overseen by Born Well, Growing Well and Living Well workstreams)

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

People with complex needs (overseen by the Promoting Independence workstreams)

- Provide whole person, mental physical health and social care

- Support people to meet life, as well as health goals
- Support people to remain as close to home as possible, with smooth transitions between care settings when these occur

Healthy people (overseen by Born Well, Growing Well and Living Well workstreams)

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

In order to deliver against these key aims the Tower Hamlets Together model of care is also organised around four geographic localities in the borough: north-west, north-east, south-east, and south-west. Each locality is comprised of two networks of 4-5 GP practices which cover a population of around 60-70k. Many of our services are now organised by locality, such as:

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

'Locality Health and Wellbeing Committees' act as local collaborative leadership forums and are continuing to develop a systemic view of local population assets and needs, and develop a broader network of local organisations and individuals to drive improvements in outcomes (e.g. VCS, care homes, home care, faith groups, schools, etc.)

There is significant work underway to support population health improvement on a locality basis, including locality public health leads, locality Joint Strategic Needs Assessments, and the Communities Driving Change programme which is a Health and Wellbeing Board priority (along with Developing an Integrated System).

The benefits of working at the locality level are clear:

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

Tracking Success, Tower Hamlets Together Outcomes Framework (OF)

In order to shape the focus and monitor the impact of integrated, person-centred services, an "Outcomes Framework" has been developed and built around a set of 17 'I' Statements coproduced with Tower Hamlets residents. These identify what matters most to people living and working in the borough, expressed in the first person to make them accessible and relatable to a non-professional audience and ensuring that the system keeps the focus on the impact to the resident/patient/service user. The domains and 'I'-statements are provided below:

I-Statements Categorised by Domains

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

The 'I'-Statements are increasingly being used by commissioners and providers to develop and delivery services (such as Health E1 and Community Development Programme Support), and to shape team planning, practice development and learning and development across the system

Following some further developmental work, the 17 'I'-statements have been organised into five 'domains' which are now being matched to key performance measures and indicators. This will provide a system-wide performance overview for integration on a monthly basis, which will be reported to the THT Board.

While the metrics are still in development, a worked example is anticipated to looks something like this;

Domain: Integrated health and care system

I-statement: "I feel like services work together to provide me with good care"

Metrics: Percentage of patients / users that felt involved as much as they wanted to be in decisions about their care and treatment taken from:

- GP Survey
- Mental Health Survey
- ASCOF
- Adult Inpatient Survey
- Urgent & Emergency Care Survey
- Maternity Survey

In this way our Outcome measures reflect the joint-partnership and give us a window into how we are performing as a system.

Case Study: Personalised Care Programme (PCP)

As a system, we take a strength-based, self-care approach, prioritising (but not limited to) personal budgets, social prescribing, assistive technology and peer support. In 2018/19, 4,719 adults received a short or long-term care service from the Council, of whom 627 received a direct payment. We also continue to make significant progress with our Personalised Care Programme with 186 people signed up to the programme.

We have exceeded our target for Personal Health Budgets (PHB) and Integrated Personal Budgets (IPB) and remain top in London for PHBs. We are also on track to meet the target set for 'personalised care experiences', which includes social prescribing and Patient Activation Measures (PAM), and have achieved 5415 (Nov 2018 figures) out of a target of 6560 set out in our Memorandum of Understanding (MOU) with NHS England.

There continues to be a joint commitment between the CCG, the Local Authority and Voluntary sector partners to work collaboratively to demonstrate how PCP can benefit the following cohorts of people:

- Disabled Children including those in receipt of an Education, Health and Care Plan (EHC)
- Adults with Learning Disabilities
- Adults with two or more Long Term Conditions
- Adults with Mental Health problems primarily focussed on those people on the CPA pathway.

An example of a pooled PCP project for people with a learning disability is provided below;

- The first pooled PHB was used to fund an adapted CrossFit Programme which involved groups of 4 or 5 patients undertaking a bespoke exercise programme for a period of 12 weeks.
- In addition to the exercise programme, the project included a dietician to support with food portion measurement, regular focus groups arranged internally by our Community Learning Disability Service (CLDS) and group shopping to support patients to better understand food labelling.
- The pilot was successful in reducing client's weight, risk of diabetes and improved knowledge around food groups and portion control. All clients have lost weight and gained a sense of team and motivation.

B) HWB level

(i) Your approach to integrated services at HWB level (and neighbourhood where applicable), this may include (but is not limited to):

- Joint commissioning arrangements
- Alignment with primary care services (including PCNs (Primary Care Networks))
- Alignment of services and the approach to partnership with the VCS (Voluntary and Community Sector)

799 out of 800 words

Tower Hamlets Together (THT) is a partnership of local health and social care organisations working towards the shared aim of improving the health and wellbeing of people in Tower Hamlets. It's plans involve working together to design services that address local priorities through joint planning, joint commissioning, and the alignment of operational health and care teams in the community, whilst at the same time working with wider planning footprints to ensure the system as a whole secures the best possible outcomes and maximum value for the collective investment. The partnership includes Tower Hamlets Council, CCG, GP Care Group, East London Foundation Trust, Barts Health Trust and TH Council for Voluntary Service.

At a place level Tower Hamlets are taking a whole population approach and have developed three lifecourse workstreams which 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

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.

At the neighbourhood level, THT have developed the Locality Health and Well Being Committees which have a wider remit that involves the delivery of integrated care and of the broader population health strategy to embed a prevention approach across the system, which will focus on the wider determinants of health, with the long-term aim of reducing health inequalities.

At the network level Tower Hamlets have the nationally recognised GP Care Group, with its eight Primary Care Networks (PCN) across the borough, which provides one of the foundations for the four locality-based committees and the Multi-Disciplinary Team ("MDT") arrangements now

operating across the borough. These are supported by locality based community health teams and the intention is to integrate mental health teams into this locality model. In addition, the council have aligned its social care delivery to the locality structures. These changes build on a number of initiatives, including the work of the Community Health Teams, the work of the seven-day hospital social work team and the community equipment service and the proactive use of Reablement to reduce pressure on the health system. Our reablement service was recently inspected by the Care Quality Commission (CQC) and is rated as 'good'.

The CCG and the local authority are forging ahead with integrated commissioning, as the best means of meeting the financial challenges ahead and established a Joint Commissioning Executive in 2016, comprised of senior managers from the CCG and the council. The JCE sits within the THT and the Health and Well Being Board governance structure and is responsible for the joint strategic commissioning of services in Tower Hamlets for children and young people, adults and public health. The JCE is responsible for coordinating the development of joint strategies for health and social care and ensuring necessary arrangements are in place to implement these strategies and procure service changes. In addition, it is responsible for strategic market development and management and overseeing plans to recommission and de-commission services, as well as aligning this work with joint strategic procurement plans.

The CCG and council have appointed a Joint Director of Integrated Commissioning under whom the commissioning teams have been brought together. Key priorities here are to further align and pool budgets across commissioning, further align/integrate commissioning and service delivery and develop a framework for governance and accountability for the THT system to include decision making and risk share, within the emerging WEL model.

The THT partnership is underpinned by an 'Alliance' contract, which was awarded to Barts Health, ELFT, and the GP Care Group in 2017, in which the CCG is also a partner. The alliance partnership focusses on developing the community health model designed to address needs in community settings wherever practicable, thereby relieving pressures on the local hospitals. The model is based on the principles of care closer to home and is proactively focused on admission avoidance and speedy discharge from acute settings. The THT outcomes framework is a core component of this contract. These outcomes are being aligned to those in primary care, to ensure there are system wide incentives to support partners in collaborating to meet the health and wellbeing needs of the population.

From its outset THT committed to creating person-centred services, by working with local communities and citizens to deliver the best health and social care possible. One of the ways of doing this is through the lifecourse and the User and Engagement Stakeholder workstreams which involve patients, carers, staff, the voluntary and community sector in the design and planning of services.

For more information please see https://www.towerhamletstogether.com/

B (ii) Your approach to integration with wider services (e.g. Housing), this should include:

- Your approach to using the DFG to support the housing needs of people with disabilities or care needs. This should include any arrangements for strategic planning for the use of adaptations and technologies to support independent living in line with the (Regulatory Reform Order 2002)

726 out of 800 words

The Disabled Facilities Grant (DFG) plays an important part in Tower Hamlets' approach to integrated care. Expenditure of the 2019-20 DFG has been agreed with the local Housing Authority and centres on meeting our duties to provide adaptations and facilities in the homes of disabled people, as set out in the Housing Grants, Construction and Regeneration Act, 1996.

The local authority provides services to clients requiring adaptations through its Occupational Therapist service and Home Improvement Agency. It works closely with Registered Providers which 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.

Since the integration of DFG into the Better Care Fund, a cross divisional DFG Working Group has been established within the council to review the DFG programme, consider a pathway redesign for DFG and the DFG's integration with assistive technology and other Home Care services. The Working Group is also currently giving 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 by ring-fencing part of our allocation for innovative projects to tackle wider housing and social care issues, including for example, hoarding.

Since 2008, the grant level had been capped at £30,000 per household, however this was not deemed as adequate enough to cover the cost of some extensions. In November 2017, the Mayor in Cabinet agreed to amend the existing policy to enable discretionary grants beyond the £30,000 limit, primarily to enable the Council to facilitate extensions to properties where alternative, suitable, and less expensive adaptations could not be provided.

In 2018, we 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 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.

Independent Living Project (ILP)
The Independent Living Project was initiated in July 2018 and reports into our Frontline Services Programme Board and the Tower Hamlets Together "Living Well" workstream and aims to develop a cohesive model for the provision of assistive technology/telecare, equipment and adaptations to enable more people to live as independently as possible for as long as possible and that allows people to access support quickly when they need it, without the need to unnecessarily come into the health and social care system and to ensure that requests are dealt with as quickly as possible.

The key aim of the Independent Living project is to develop an overarching vision for the future of assistive technology, equipment and adaptations that provides support earlier to residents when they need it and optimises independence by supporting vulnerable people in their own homes.

At present the project is working towards;

- Simplifying the DFG funded adaptation work between of the Adaption team and the Private Home Improvement Team (PHIT) to ensure consistent adaptation requirements by developing joint standards and have charter arrangement as to how the Adaptations team and the housing partners work in the future.
- Developing a formal process to secure contracts with suppliers and contractors (Telecare and PHIT).

- Developing a closer working arrangement with the discharge to assess (D2A) team.

C) System level alignment, for example this may include (but is not limited to):

- How the BCF plan and other plans align to the wider integration landscape, such as STP/ICS plans
- A brief description of joint governance arrangements for the BCF plan

1298 out of 1500 words

The Tower Hamlets Together place based partnership will ensure that the development and delivery of the commissioning strategy is aligned with, and exploits opportunities for added value in developments with the East London Health and Care Partnership (ELHCP - the North East London STP) and at other relevant footprints including the Waltham Forest & East London System (WEL).

Some of the Tower Hamlets Together partners already work across several East London boroughs and beyond, for example Barts Health also work across Waltham Forest and Newham, and ELFT across City & Hackney and Newham and beyond. In this context, Tower Hamlets commissioning & provider partners are also working together across the East London Health and Care Partnership and the WEL systems to plan and deliver services and manage problems at scale, where this makes sense. Across North East London we have broadly agreed what happens at the various levels of integration as per the below, however discussions on the design of the Integrated Care System continue as we develop our response to the NHS Long Term Plan:

NETWORK – LOCALITY HEALTH AND WELLBEING COMMITTEES including PCNs:
• Understanding local need, including predictive analysis
• Coordinating care for the defined population
• Improving service access and quality
• Addressing inequalities and unmet need
• Co-producing and co-designing health services with patients and the public
• Helping people to stay healthy to include the wider determinants of health and positive mental wellbeing
• Using personalised interventions to support care navigation e.g. social prescribing
• Mobilising community assets to improve health and wellbeing

BOROUGH/PLACE - TOWER HAMLETS TOGETHER:
• Developing local health and care plans to integrate delivery of health and social care, voluntary and community services at
• Neighbourhood/network and borough level to address key challenges and improve outcomes
• Ensuring borough-based service commissioning and delivery
• Supporting the development of neighbourhoods and networks and to hold them too account
• Addressing inequalities within and between neighbourhoods/networks
• Focus on effective use of resources across the system, improving outcomes and quality improvement

MULTI-BOROUGH - WEL:
• Strengthen system support for local health and care integration partnerships and plans
• Enable and support greater provider collaboration, increasing utilisation of existing capacity and resource
• Scale up transformation efforts to maximise population impact
• Develop and enable a collaborative approach to tackling significant system challenges

REGION - EAST LONDON HEALTH AND CARE PARTNERSHIP (ICS):
• Oversight and support of system development and ‘once for north east London’ infrastructure development e.g. new payment mechanisms

• Delivering on enablers to support system development including digital, workforce and estates
• Holding systems to account for delivery of outcomes-based care
• Develops the evidence base that tests new and innovative solutions for specific population
• Leading planning and commissioning of service change best planned across the East London Health and Care Partnership footprint.
• Overall financial strategy including transformation funds and risk management
• Strategic commissioning development around key priorities and outcomes
• Commissioning governance and decision making
• Future responsibility for specialised commissioning

The Waltham Forest and North East London (WEL) partnership covers three of the local boroughs within the East London Health and Care Partnership known as WEL (spanning the London Boroughs of Tower Hamlets, Waltham Forest and Newham). Within WEL there are three CCGs and councils and three NHS trusts: Barts Health, East London Foundation Trust and North East London Foundation Trust serving a population of 1.2 million people.

There are a number of challenges shared across the WEL system:
• Some of the expected highest population growth in London.
• Amongst the highest levels of mental health need in the country.
• Poor health outcomes including obesity and cancer.
• Healthy life expectancy amongst the lowest in the country.
• Life expectancy lower than the London average.
• A deprived population living for too long with one or more health issues.
• Over-reliance on emergency services, with late diagnosis and variable access to primary (non-hospital) care.

WEL are focusing on the significant challenges that are common across partners, building on the existing work of place-based partnerships within and across boroughs, ongoing collaboration between trusts, community organisations, councils and commissioners.

There are a number of cross cutting issues underpinning this work:
• A growing population with an increasing number of long term conditions means we need to continue to strengthen prevention and support healthier lives including mental wellbeing.
• We need to improve our urgent-care system, ensuring patients are seen in the right setting; continue to improve how people are referred from one service to another; and more services need to be provided in the community, closer to people's homes.
• Our workforce needs to reflect these changing demands, with relevant skills and roles in relevant settings.
• We need to carry on tackling inefficiencies, particularly in IT systems and estates, all in the context of continued financial challenge and the need to make the system as sustainable as possible.

Ten priorities for collaboration across Waltham Forest, Newham and Tower Hamlets (WEL)
With our cross cutting issues in mind, following a number of conversations with partners to discuss how to tackle these issues, and where working together across WEL is able to deliver the biggest impact, we have confirmed the following ten priority areas:
1. Outpatients
2. MSK
3. Urgent Care
4. Diabetes
5. Community ENT
6. Respiratory

7. Children's
8. Frailty
9. Mental Health
10. Primary and Community Care Development

East London Health and Care Partnership (ELHCP, STP)
The ELHCP will focus on certain areas, where it makes sense to do so over a larger footprint – such as workforce and financial sustainability. The WEL CCGs have moved towards a single management structure which reflects the Barts Health footprint and will aid delivery of the ten priorities. Tower Hamlets' BCF-funded initiatives will dovetail with the ELHCP and WEL wherever it is appropriate to do so. The transformation vision for the ELHCP is delivered through a shared framework developed for better care and wellbeing by:

• Promoting prevention and personal and psychological well-being;
• Promoting independence and enable access to care close to home;
• Ensuring accessible quality acute services for those who need them;
• Ensuring that personalisation is maintained by mainstreaming integrated personal commissioning.

The main areas of work for ELHCP are below, however, the areas of work may change following the consultation with local stakeholders about the NHS long term plan and the changes expected in the social care 'green paper'.

1) People and services priority areas for ELHCP:
a. Cancer
b. End of Life
c. Maternity
d. Mental Health
e. Prevention
f. Primary Care
g. Emergency and Urgent Care

2) Foundations: the enabler priority areas for ELHCP:
a. Estates
b. Digital
c. Workforce

Joint governance arrangement for the BCF plan
The BCF is jointly governed by the Tower Hamlets Joint Commissioning Executive (JCE), Tower Hamlets Together (THT) Board and the THT Promoting Independence workstream, which includes providers and commissioner including voluntary sector organisations. THT is a formal subsidiary partnership of the Health and Wellbeing Board.

The impact of local plans has been agreed with relevant health and social care providers through scrutiny processes when developing the current year's programme and through the partnership boards and workstreams. Public, patient and service user engagement is via the THT workstreams.

To provide assurance that any projected reductions in planned emergency activity are feasible, the reductions in the BCF template match the operating plan QIPP. Risk management is happening as part of the ongoing assurance concerning provider and commissioner operating plans. There is a shared understanding of the path to successful delivery on the part of all partners involved in the delivery of the BCF programme. This is achieved through the partnership system referred to above

and through the day-to-day inter-organisational management liaison arrangements for the services provided, underpinned by the oversight provided by the borough's BCF working group of senior managers from the CCG and the council.

An integrated dashboard which includes the BCF metrics plus others are reviewed monthly at the JCE and THT Board meetings.