

Tower Hamlets: introduction to North East London Health and Care Partnership, our Integrated Care System in North East London

Background slides

October 2022

Purpose of today's presentation

- An opportunity to introduce the North East London Health and Care Partnership, covering:
 - Context of North East London
 - What are our purpose and system priorities?
 - How is our Integrated Care System set up?
 - How will we make decisions?
- An opportunity to talk in more detail about Tower Hamlets Together
 - Who are we?
 - What are our values, priorities and outcomes?
 - What is our work programme?
- An opportunity for questions and discussion

The North East London Health and Care Landscape



Our local challenges and opportunities:

- **Health inequalities** – our residents have endured some of the highest covid-19 mortality rates and the pandemic has exposed and exacerbated significant health inequalities, which we have opportunity to address together
- **Variations in health and care outcomes** – we have some of the most economically deprived boroughs in the country, alongside unacceptable variation in life chances and outcomes, which partners are committed to tackling
- **Clinical variation** – there are significant variations in clinical quality and the range of services available to residents, against which providers need to collaborate at scale to ensure greater equity across North East London
- **Workforce** – alongside supporting all staff to recover from the pandemic, we need to recruit and retain sufficient staff and support them to adopt more integrated and innovative ways of working
- **Demand and capacity** – we need to make sure people can access services as quickly as possible and be able to align resources with demand.
- **Use of emergency departments rather than primary care** – there may be a number of reasons for this but we need to look at how we can best manage demand on an already stretched emergency care system, how we can better utilise community services and primary care.
- **Quality** – we want to ensure that we are delivering care that is effective, safe and provides as positive an experience as possible.
- **Estates** – some of the buildings used to deliver care require significant improvements to bring them up to modern standards; we also need to continue to develop our long-term estates strategy to be able to provide care for our significantly growing population



North East London - the fastest growing area in the UK



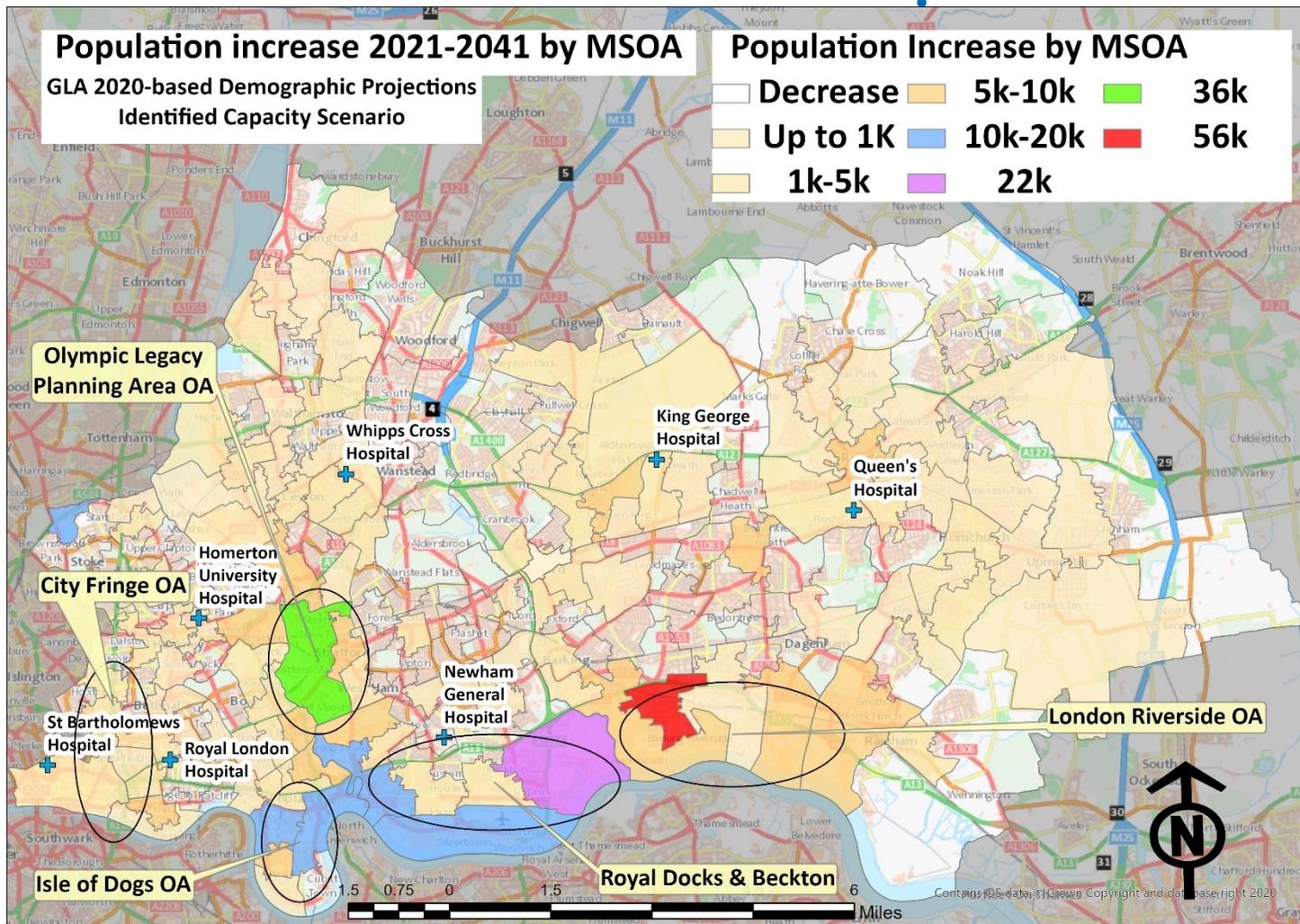
Our population is set to grow by **364k** people over the next **20 years**.

This growth is **1.5x higher** than the rate across **London** and over **4x higher** than the **rest of England**.

This is **larger than any of our current boroughs** (Newham is our largest 354k).

77% of that growth is concentrated in 5 places driven by the GLA Opportunity Areas (OA) indicated on the map.

- Our major town centres at Stratford, Ilford, Barking and Romford will all be completely transformed with dense and high rise residential developments replacing retail.
- The current capacity and configuration of health and care services across NEL is not of the quantum required to meet the huge growth in demand driven by this population growth.
- We need to be radical in our planning and transformation of services to meet this growth on top of our current financial and demographic challenges.



Our co-produced partnership purpose and priorities

Our
purpose

We will work with and for all the people of North East London to create meaningful improvements in health, wellbeing and equity

Our
approach

Improve
quality and
outcomes

Secure
greater
equity

Create
value

Deepen
collaboration

Our
system
priorities

Supporting local
employment
and workforce

Improving
outcomes for
people with long
term conditions

Enabling babies,
children and
young people to
have the best start

Enhancing mental
health and
wellbeing

Integrated care systems (ICSs)

Key planning and partnership bodies from July 2022

NHS England

Performance manages and supports the NHS bodies working with and through the ICS

Care Quality Commission

Independently reviews and rates the ICS

Statutory ICS

Integrated care board (ICB)

Membership: independent chair; non-executive directors; members selected from nominations made by NHS trusts/foundation trusts, local authorities, general practice; an individual with expertise and knowledge of mental illness

Role: allocates NHS budget and commissions services; produces five-year system plan for health services

Integrated care partnership (ICP)

Membership: representatives from local authorities, ICB, Healthwatch and other partners

Role: planning to meet wider health, public health and social care needs; develops and leads integrated care strategy but does not commission services

Cross-body membership, influence and alignment

Influence

Influence

Partnership and delivery structures

Geographical footprint

System

Usually covers a population of 1-2 million

Provider collaboratives

NHS trusts (including acute, specialist and mental health) and as appropriate voluntary, community and social enterprise (VCSE) organisations and the independent sector; can also operate at place level

Place

Usually covers a population of 250-500,000

Health and wellbeing boards

ICS, Healthwatch, local authorities, and wider membership as appropriate; can also operate at system level

Place-based partnerships

Can include ICB members, local authorities, VCSE organisations, NHS trusts (including acute, mental health and community services), Healthwatch and primary care

Neighbourhood

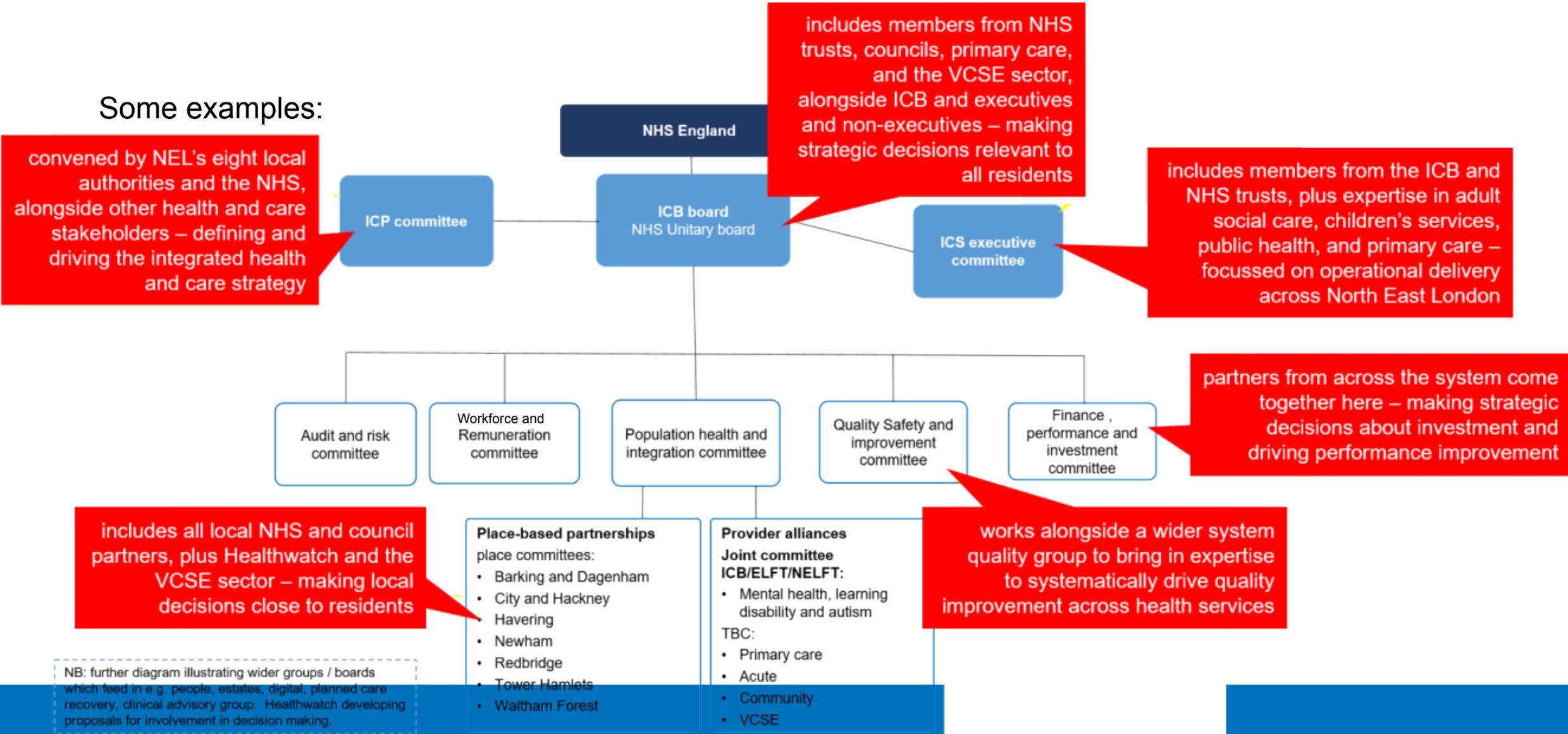
Usually covers a population of 30-50,000

Primary care networks

General practice, community pharmacy, dentistry, opticians

Decision making in our Integrated Care System

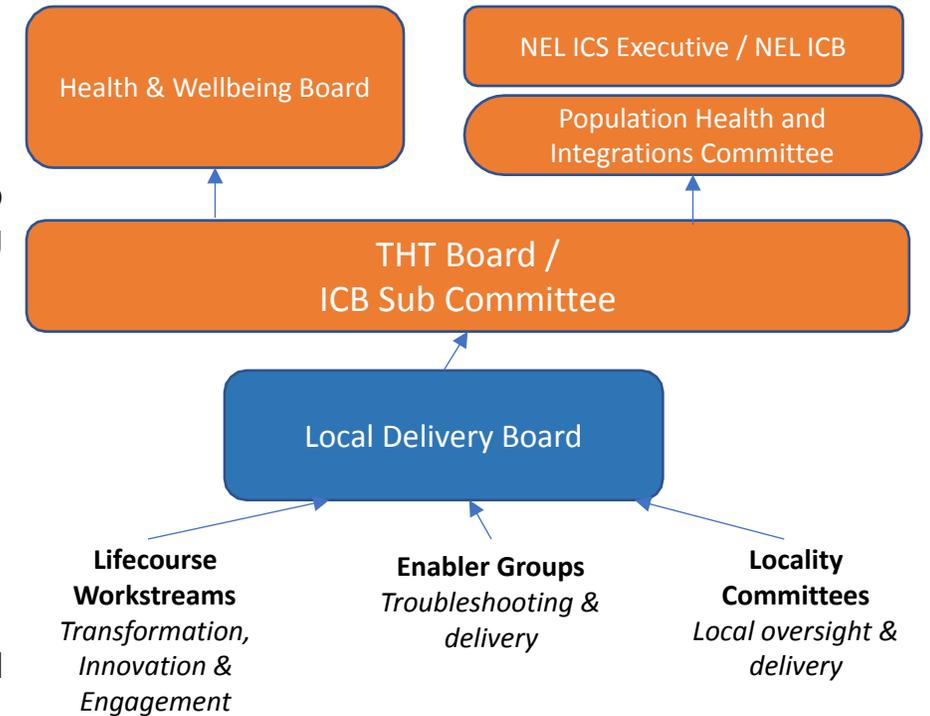
Some examples:



Tower Hamlets Together (THT)



- Tower Hamlets Together is our local partnership of organisations delivering health and social care in the borough. It includes the Council, the NHS, and the local community and voluntary sector.
- The partnership has an agreed set of values, aims and priorities for working together, and these are aligned to the Tower Hamlets Health and Wellbeing strategy. These are set out in the THT borough plan.
- The partnership works through a number of groups, bringing together senior leaders, managers and practitioners and community and resident representatives to work together to deliver the borough plan – with the aim of ensuring our services are joined up and delivering good outcomes for people who are using them.
- These groups include our ‘lifecourse workstreams’ which focus on different age groups in the population – ‘born well, growing well’; ‘living well’; ‘promoting independence’ – as well as groups that focus on the different areas of the borough – our ‘locality committees’ – and ‘enabler groups’ looking at how parts of our systems work together, such as workforce; IT and estates; engagement. These groups report through the local delivery board which tracks progress against our borough plan, using our outcomes framework (i-statements).
- The Tower Hamlets Together Board is where all the partnership groups report to and has been the ‘engine room’ for the design and delivery of integrated working across health and care partners. It is made up of senior officers from the local authority, NHS, and CVS as well as community and resident representatives, and has an independent chair. It ‘owns’ the THT borough plan.
- The THT Board is a sub group of the Health and Wellbeing Board and reports back on a regular basis. It has no formal delegation from the Council.
- Under the new ICS arrangements, the THT Board also acts as the local Integrated Care Board (ICB) for the NHS, and therefore also reports to the North East London ICS Board. Currently, the THT Board has no delegation from the NHS but this may change in the future.
- Elected members have opportunity to influence the work of THT at a local level through the Health and Wellbeing Board, as well as through the usual Council decision making process and statutory scrutiny role.



The THT values, priorities and outcomes



THT values
 We are compassionate
 We collaborate
 We are inclusive
 We are accountable

MISSION	VISION	OBJECTIVE	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

In collaboration with staff and residents, we have developed specific population outcomes based on the following:

- Residents live the healthiest lives possible, especially the most deprived and vulnerable
- Children and young people have a great start to life and achieve their full potential
- Residents are able to access the health and social care services they need in a timely manner
- Residents are satisfied with the health and care services they receive and feel that their needs are being well met
- The system exceeds the required national performance standards within the available resources.

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	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	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

Tower Hamlets Together, Our 2022-2023 Work Programme



Local Delivery Board – overall programme management of the transformation projects themed under the following five headings:

1. Care Close to Home - maintaining people's independence in the community
2. Hospital to Home - reducing the time people need to stay in hospital
3. Prevention - building the resilience and wellbeing of our communities
4. Mental Health and Learning Disabilities
5. Children and Young People

Key Priorities:

- THT system pressures: managing the need and demand at the 'front door' – primary care; Urgent Treatment Centre; social care and elective recovery
- Covid-19 vaccinations programme
- Localities integration development programme
- Integrated discharge pathway

Children and Young People – Born Well and Growing Well

- Children's mental health and emotional wellbeing
- Special Education Needs and Disabilities
- Childhood Obesity
- 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

Mainly Healthy Adults – Living Well

- Improving equal and informed access to contraception
- Embedding a trauma informed approach to care
- Integrating pharmacies into the local system
- Primary Care Network coproduction with local communities to address health inequalities
- Improving access to health services for disabled residents
- Improving access to oral health services

Complex Adults – Promoting Independence

- 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 frailty focus
- Ensuring a smooth transitions process for young people with complex needs from CYP to adult services