



# Developing a Whole System Dataset: Beyond the hype to within grasp



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# WHAT IS TOWER HAMLETS TOGETHER?

TOWER HAMLETS  
**TOGETHER**  
Delivering better health  
through partnership

Barts Health   
NHS Trust



  
*Tower Hamlets  
Clinical Commissioning Group*

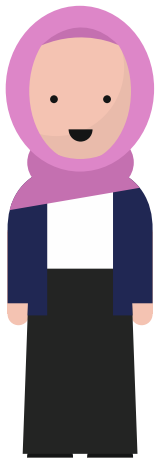
East London   
NHS Foundation Trust



# TOWER HAMLETS



**TOWER HAMLETS  
TOGETHER**  
*Delivering better health  
through partnership*



# OUR VISION

**NHS**  
Tower Hamlets  
Clinical Commissioning Group



Barts Health **NHS**  
NHS Trust



East London **NHS**  
NHS Foundation Trust

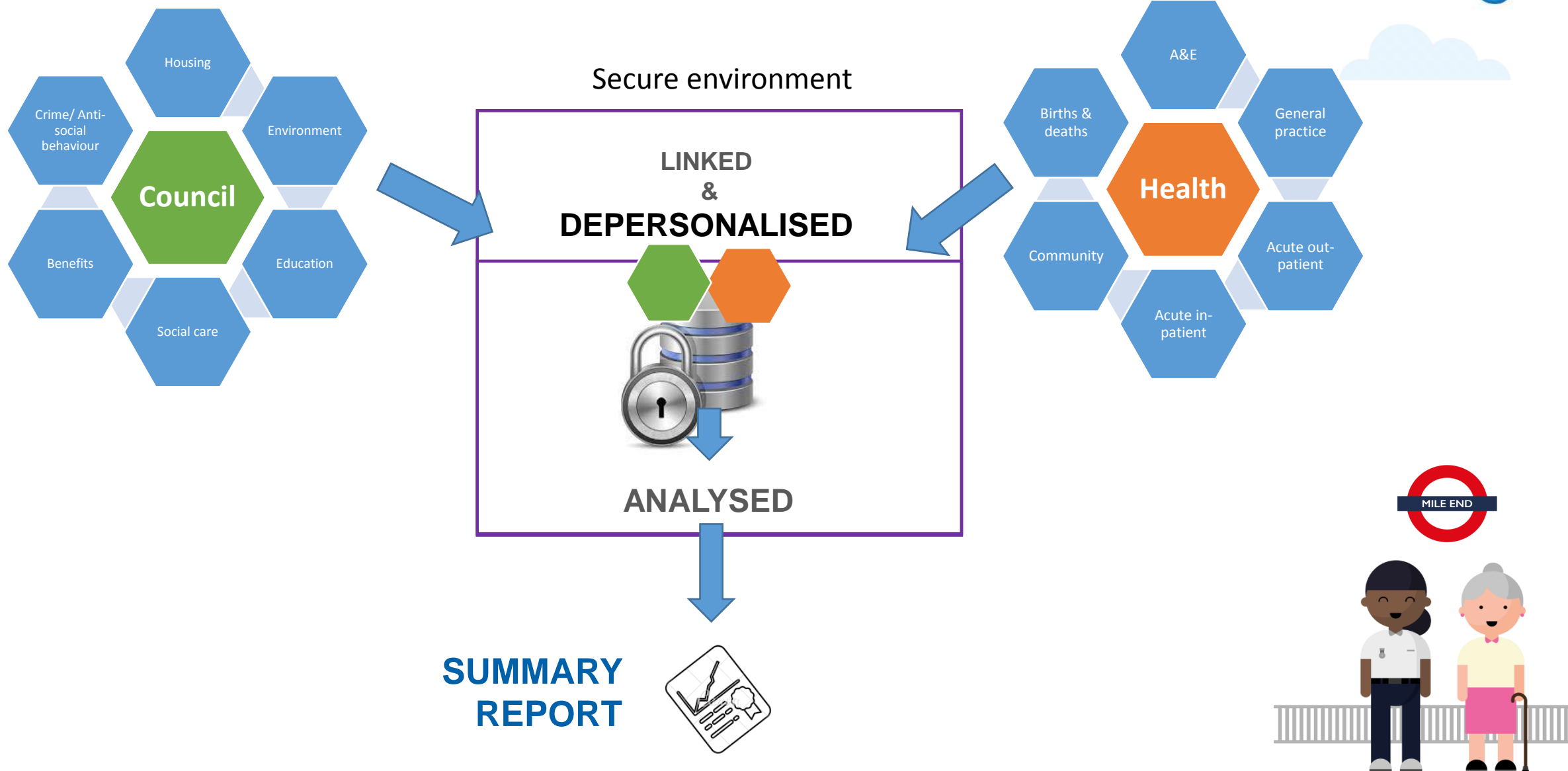
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# INFORMATION INCLUDED



# OUR PROCESS



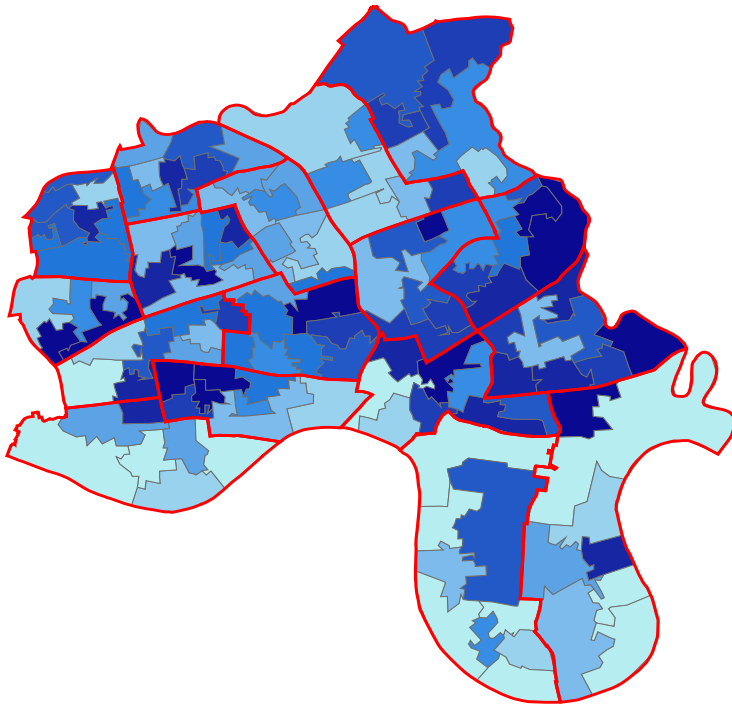
# PROGRESS TO DATE

1. Steering Group and project scope
2. Stakeholder engagement
3. **Patient and Public Involvement**
4. Linking local authority data
5. Ensure health data governance group needs are met (NHS Digital, NHS England)
6. Conditional Section 251 approval gained the Confidentiality Advisory Group (CAG)
7. Data warehousing and safe haven framework established
8. *How to* guidance document in development

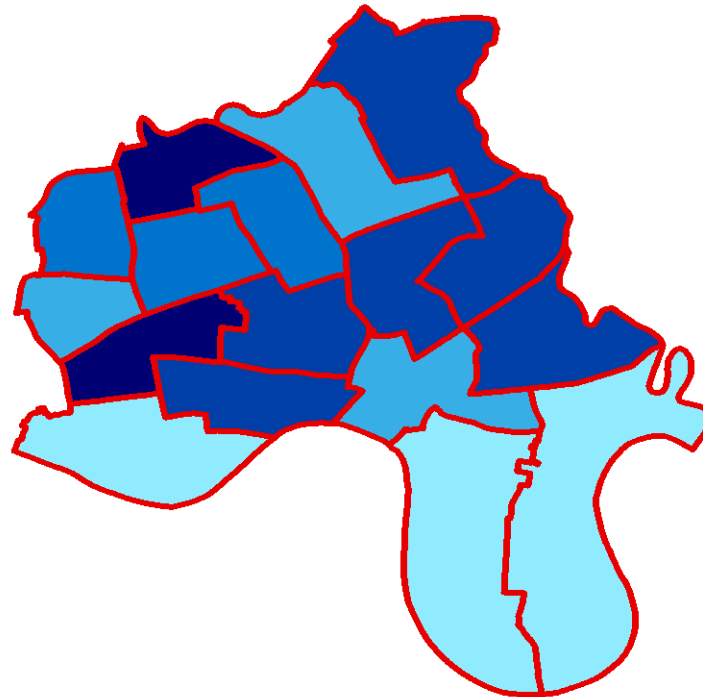


# PLANNED OUTPUTS: UNDERSTANDING HEALTH INEQUALITIES BETTER

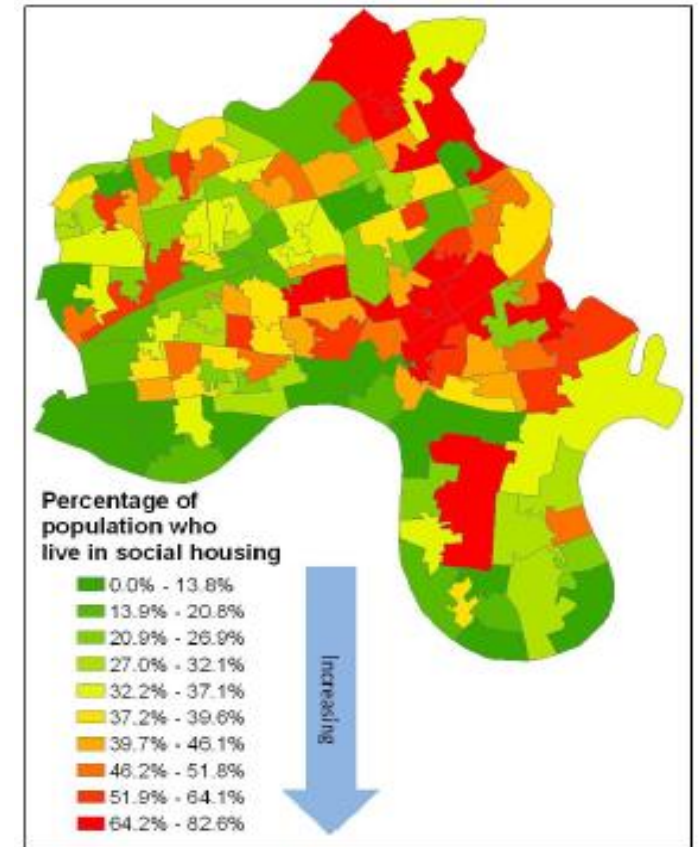
Deprivation



Ill health and death e.g. Circulatory disease mortality rates



Social determinants e.g. Social housing tenure



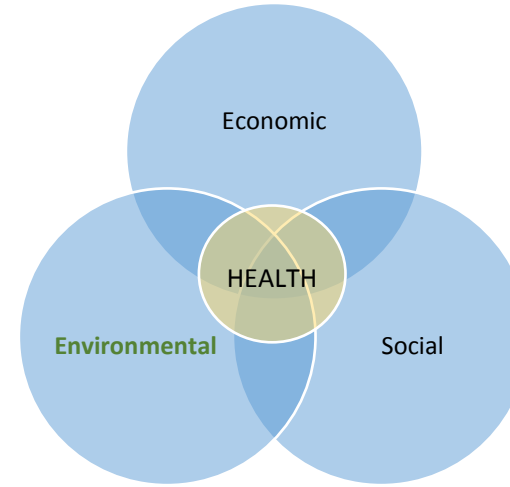


# PLANNED OUTPUTS: NEEDS-BASED PLANNING



## Child

- Living in poor social housing
- Single parent household
- On benefits
- More than three children in household



## Evidence driven change

Understanding of local children's asthma admissions to A&E and length of stay correlation with poor quality housing or environment.

## Intervention

Support resource allocation for prevention e.g. double glazing schemes. Embed housing interventions into asthma treatment pathways

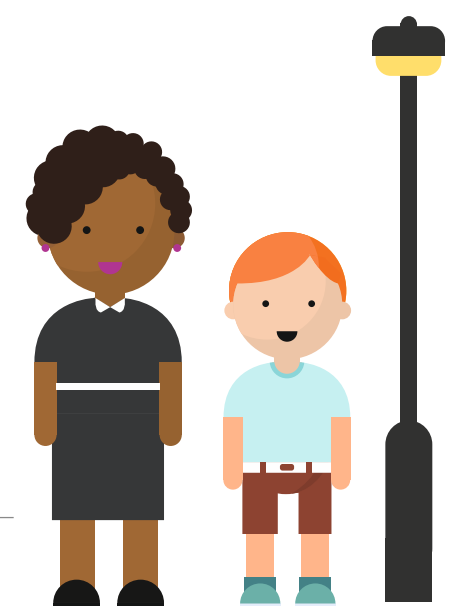
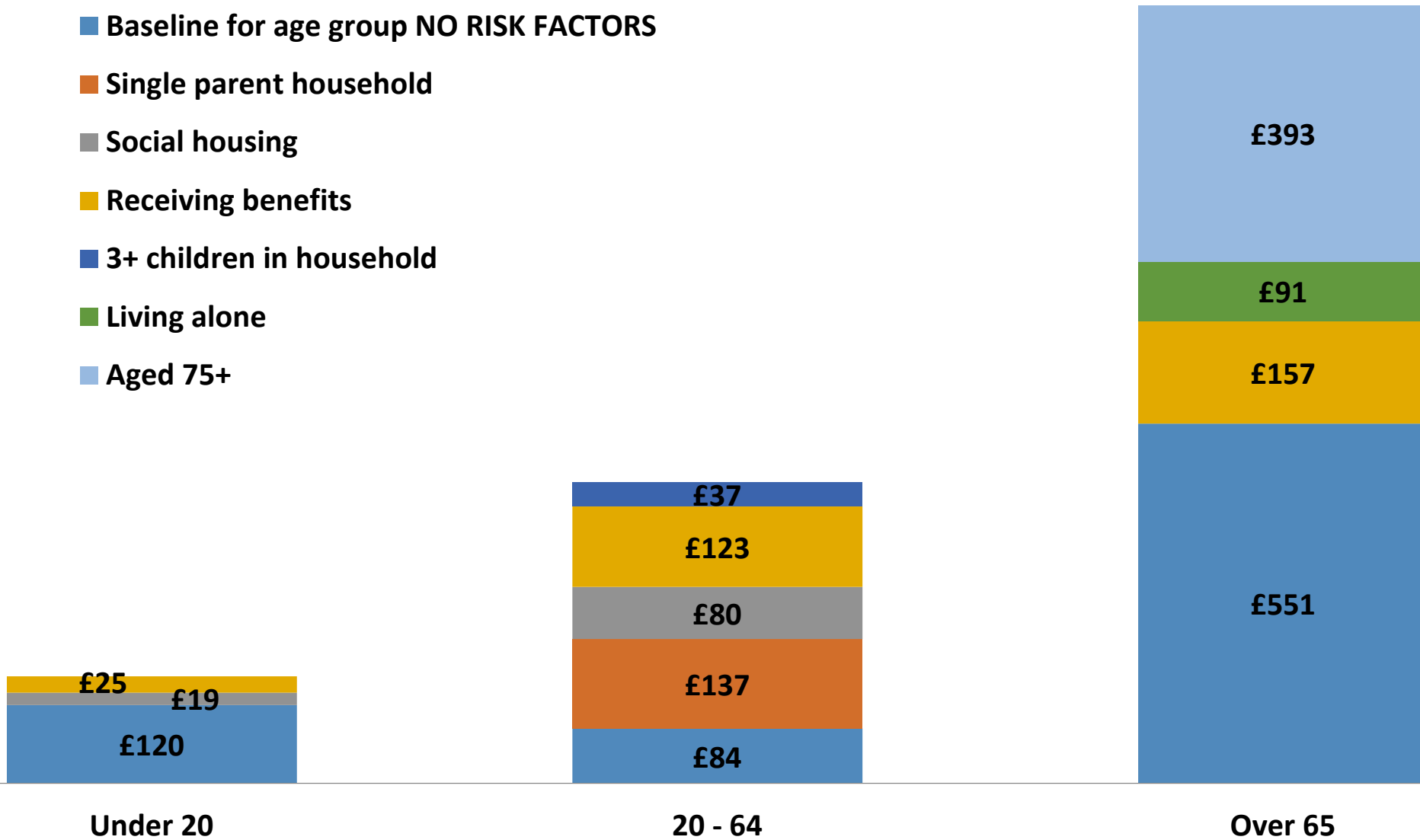


# PLANNED OUTPUTS: NEEDS-BASED SPENDING

## ADDITIVE COST MODELING

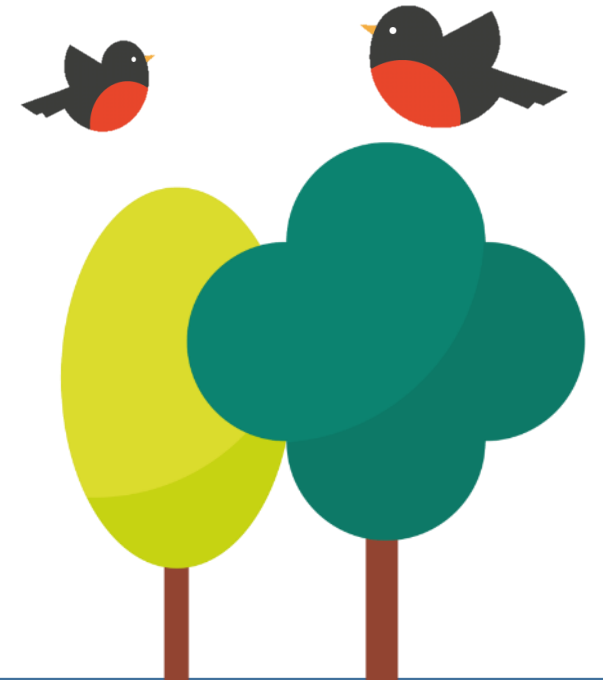


- Baseline for age group NO RISK FACTORS
- Single parent household
- Social housing
- Receiving benefits
- 3+ children in household
- Living alone
- Aged 75+



# NEXT STEPS: TOWARDS 'PROPORTIONATE UNIVERSALISM'

- If wider determinants can explain the variation within capitated budgets, how can resources be allocated to match this need?
- Can universal services adapt flexibly to known need, eg. health visiting?
- How do we better target services to those with greatest (unmet) need?
- What will the implications be for capitated budgets and our accountable care system?



# THANKS FOR LISTENING

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## WHERE TO FIND OUT MORE ABOUT THT

- Visit our website:  
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