# Tower Hamlets Together Report

## Health and Wellbeing Board - 17 November 2020

## Amy Gibbs, Independent Chair

TOWER HAMLETS TOGETHER

*Delivering better health through partnership*

# Contents

# 1. Our mission, vision, objectives and priorities for action

| MISSION | VISION | OBJECTIVES | PRIORITIES FOR ACTION |
|---|---|---|---|
| **Transform people's health and lives in Tower Hamlets, reducing inequalities and reorganising services to match people's needs** | • Tower Hamlets residents, whatever their backgrounds and needs,are supported to thrive and achieve their health and life goals, reducing inequalities and isolation<br><br>• 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<br><br>• 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 | 1. Transform health and tackle inequalities<br>Achieve better health and wellbeing outcomes for all Tower Hamlets residents, as set out in the THT Outcomes Framework, shaped by local people<br><br>2. Improve quality of care<br>Continue to strengthen service quality in line with national standards, local operational priorities and residents' views and needs<br><br>3. Commission and deliver high value services<br>Commission resilient and sustainable services, tackling variation and waste, and ensure the Tower Hamlets pound is spent wisely | 1. Develop our partnership<br>Collaborate as health and care providers and commissioners, with service users and carers, to plan and solve problems together<br><br>2. Deliver on health priorities and inequalities<br>Support individuals, families and communities to live healthy thriving lives<br><br>3. Design care around people<br>Provide accessible and responsive health and care services, and deliver person-centred integrated health and social care for those who need it<br><br>4. Develop our teams and infrastructure<br>Ensure THT staff and teams have the right support, skills, knowledge and approach |

2) How the partnership responded to COVID - examples of partnership working, and how we are embedding good practice and lessons learned into our future plans and ways of working

# Working Together - Key developments since March 2020

**At the start of the Covid-19 outbreak in London, a decision was taken to co-ordinate the Tower Hamlets response through the Health Protection Board, chaired by Tower Hamlet Council's Director of Public Health**, with senior representation from all local partners. Reporting to the Health Protection Board were various silver operational groups, including a Health & Social Care Operational Group, Children's Operational Group and Community Mobilisation Operational Group. There has been significant learning, with much more to do, but examples of the achievements across the partnership since the beginning of March 2020 include:

- **Collaboration with providers** – we refocused to ensure daily contact with our main providers – care homes, home care agencies and hostels had priority focus but also including our day centres and our mental health and learning disability providers, as well as our carers centre and local link services. We provided high levels of support in terms of public health advice, PPE mutual aid arrangements and testing.
- **Integrated Discharge Hub –** a multi-disciplinary team established from ELFT's Admissions Avoidance Discharge Service, the Councils Hospital Social Work Team, ELFT Continuing Healthcare Team and LBTH Reablement and Brokerage. The team are responsible for all hospital discharges from the Royal London Hospital, including non-Tower Hamlets patients. Between March – May over 300 patients were referred, with just over 50% of these Tower Hamlets residents. 90% of patients were successfully discharged home. 10% were discharged to nursing and residential homes, supported accommodation, and newly commissioned step-down facilities. 25% of patients were discharged the same day, and over 50% within 1 day.
- **Adapting services** – primary care provided staff and patient testing directly in Care homes and GP's provided support for homeless people in the special hostels. GP practices switched swiftly to remote consultation including health checks where possible to limit unnecessary contact/journeys, using video/telephone consultation
- **Community mobilisation** – supported the co-ordination of the community efforts around wellbeing, befriending etc.
- **Home monitoring service –** provided by General Practice for COVID symptomatic patients to avoid face to face care, reduce conveyances and enable safe discharge home

- **Shielding –** worked closely across the partnership to ensure the most vulnerable in our borough were identified, contacted, and supported. A contact operation was established with GPs, Council and health partners calling vulnerable residents.
- **Homelessness & rough sleeping** – close working with housing meant an effective approach in terms of homelessness, rough sleepers and our large hostel population. This has included additional accommodation for homeless people and linking GPs and health service support around those sites; and ensuring our settings are prepared for managing outbreaks, supporting social distancing and self isolation etc.
- **PPE** – rapidly created a team, a process and a supply chain to ensure we had sufficient PPE for staff and for our commissioned services, and with clear guidance in place about when and how to use this – despite the difficulties nationally with PPE.
- **Children's Placements** – increased the system wide collaboration between the Children's Integrated Commissioning Team, the Children's Placement Team, SEND and Children with Disabilities, utilising existing structures and arrangements, namely the local area risk register meetings to care plan and source placements, using our collective capacity and resources to increase capacity. This approach kept some of the children with the most complex and challenging behaviours safe and at a reduced risk of requiring tier 4 MH services.
- **Financial support and market sustainability** – moved swiftly to change payment and contractual arrangements for our home care providers and commissioned care homes

# Working Together - what has worked well & learning from our Covid-19 response

**Many changes have taken place across our services since March 2020 to respond and transform to meet the demands upon them, as well as to recognise the lessons-learnt both for future management of Covid-19 and approaches to our health and wellbeing as a whole.** E.g. the rapid adoption of digital technologies is perhaps one of the most obvious effects of the outbreak, and just one example of how we have moved as a partnership from a process of piloting or being *'stuck'* on certain issues over many months to rapid implementation of major changes across the whole of Tower Hamlets.

**Underpinning these more profound changes have been the efforts of colleagues across Tower Hamlets, supporting each other and those they are caring for, throughout the evolution of the pandemic.** E.g. we have seen our Primary Care Networks and practices come together as never before to work together and to ensure the resilience of our primary care system upon which the rest of our joint working relies; mirrored in the collaboration across broader acute, community, mental health, public health, social services and our voluntary and community sector.

**Our recovery plan recognises the importance of continuing this work, and particularly, of ensuring that those on the frontline continue to have the autonomy to make the decisions needed in the interest of the individuals and communities of which they are a part.** E.g. There is particular learning around how we protect our care homes and successfully shield those at greatest risk from Covid-19 infection, as we also work on the wider health and wellbeing needs of individuals as a whole.

**We will stand-up preventative services as a priority and over the coming months, our resources for managing winter pressures; and will build on the wider contribution of the voluntary and community sector,** including in social prescribing, supporting self-management, identifying and aiding victims of abuse, and managing the impact of Covid-19 on the wider socio-economic determinants of health.

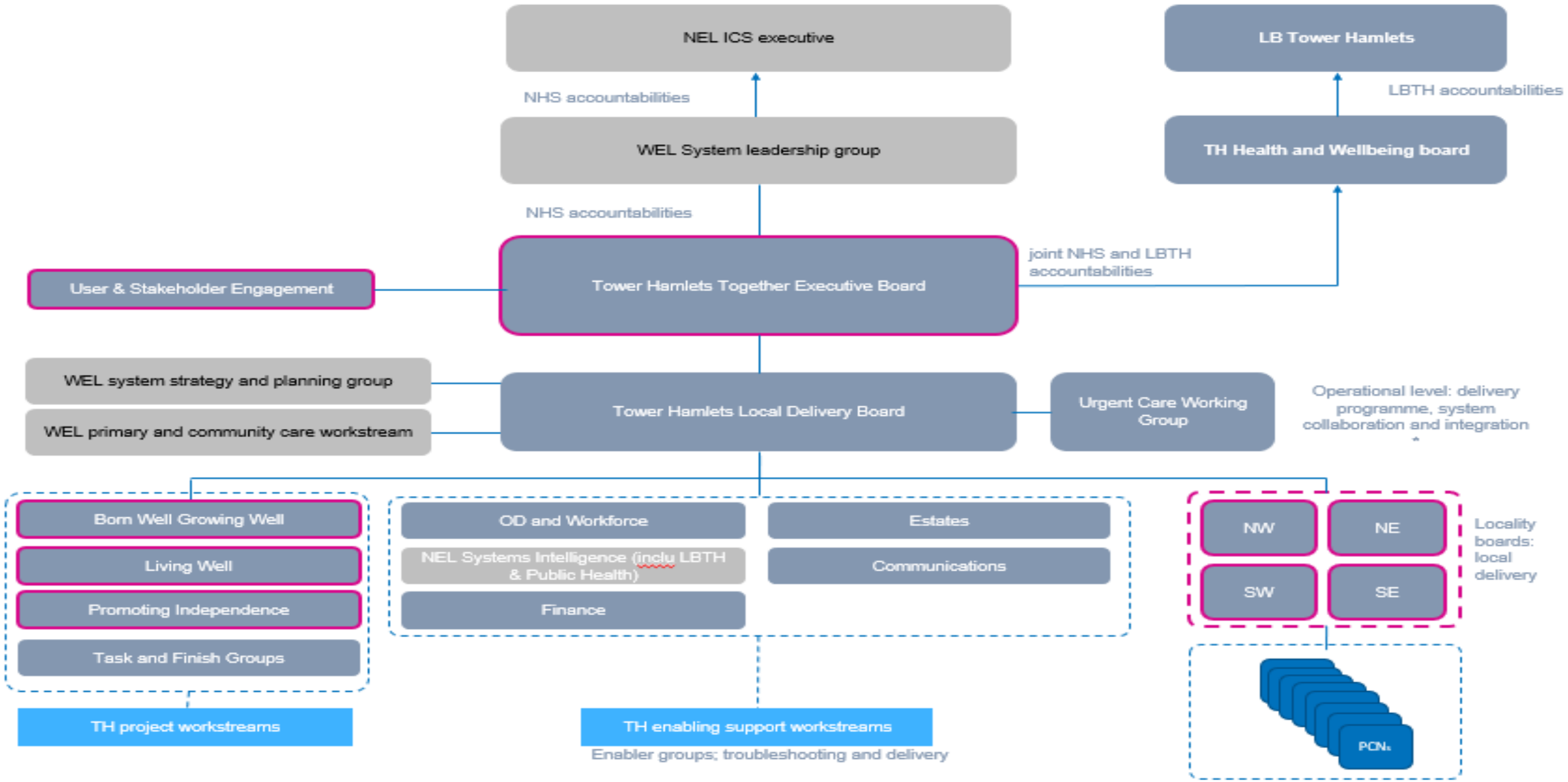
**We want to change the way we deliver support to people, through developing the market place and through closer working with our voluntary and community sector and ensuring that any gaps are addressed for the BAME community** – this includes looking at how we will work with the faith community to support development of the offer.

**Last but not least, we recognise that we could not have done any of this without the commitment of our staff, across all health and local authority services.** Their welfare must be a core part of our plan for providing a high-quality response to all of our patients and residents, in the months and years to come.

3) How we used this experience to refocus our governance structure – the refreshed Tower Hamlets Together Executive and Local Delivery Board organisational structure

Tower Hamlets | WEL / NEL | Embedded service user input

# Borough partnerships: Tower Hamlets



# Tower Hamlets Executive Board

**Core Responsibilities:**

- To improve health & wellbeing of Tower Hamlets residents
- To oversee borough-level integration across health, social care and voluntary sector services, providing effective challenge to each other as system leaders and within/across our organisations
- To hold accountability for agreed resources and service transformation priorities
- To make progress towards integration during the pandemic, maintaining momentum, clarity of shared purpose, and freedom for operational staff to innovate
- To ensure patient voice is at the heart of all our work

**Key Functions:**

- Oversee and hold to account the Tower Hamlets Local Delivery Board and receive regular reports on progress of strategy, transformation and delivery
- Approve the approach to health and social care integration in the borough to best address local needs, providing oversight and monitoring performance against agreed outcomes
- Provide visible and engaged collective leadership to the health and care system, articulating to staff and citizens the benefits of the partnership and of integrated working beyond our respective organisations
- Resolve the 'wicked issues' that sometimes arise from working across organisations whose priorities may not always align
- Oversee the delivery of the Better Care Fund (BCF)
- Represent the Borough health and social care organisations at the Borough Health and Wellbeing Board and the NEL ICS.

# Tower Hamlets Local Delivery Board

**Core Responsibilities:**

- Deliver the Borough Plan
- Scope includes the whole system of community services – across health, social care and the voluntary sector and alignment with the Urgent Care Working Group
- Oversight of the integrated delivery of community services across health, social care and the community and voluntary sector, in line with the THT partnerships vision, aims and principles
- On behalf of the THT Executive develop and deliver the overarching Borough programme plan
- Ensure the locality model is clear and supports integration of health and care through the Locality Health and Wellbeing structures linking strongly to the Primary Care Networks.
- Support innovation and engagement including through the lifecourse task & finish groups
- Ensure systems intelligence data informs discussions on delivery
- Resolve issues that are preventing the successful delivery of integrated services or escalate to THT Executive Board
- In the event of a pandemic or Covid19 outbreak, ensure appropriate action is taken across the system and to report to the Pandemic Committee / Covid19 Health Protection Board

4) How we used this experience to inform the revised borough plan and priorities?

What key interventions are we focussing on for this winter?

How are we keeping an eye on joint financial pressures?

# Interventions for adults

## Tower Hamlets integrated primary, social & community care

Care provided in the **community and in people's homes** is a critical enabler of some of the key requirements of the WEL **hospital system**, including:

- doubling critical care capacity;
- working off the elective backlog in twelve months; and
- achieving a non-elective bed occupancy of 92%.

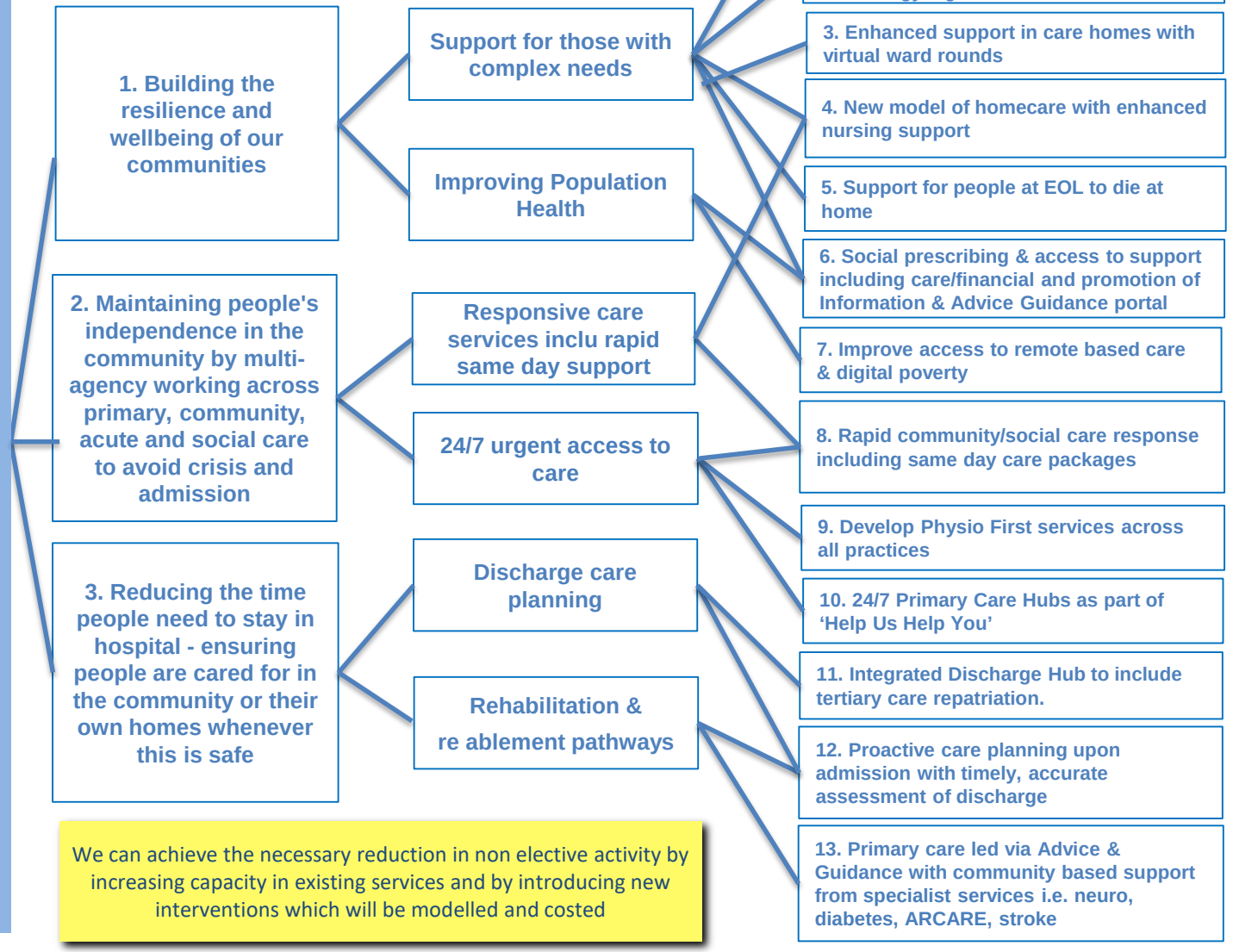
Care provided outside of hospital must support this by sustaining an overall reduction in non-elective non-covid activity of ~17%, through:

- admissions avoidance; and
- minimising time in hospital.

These need to drive reductions in non-elective non-covid activity of – WXH: 20%, RLH: 20%, and NUH: 14%.

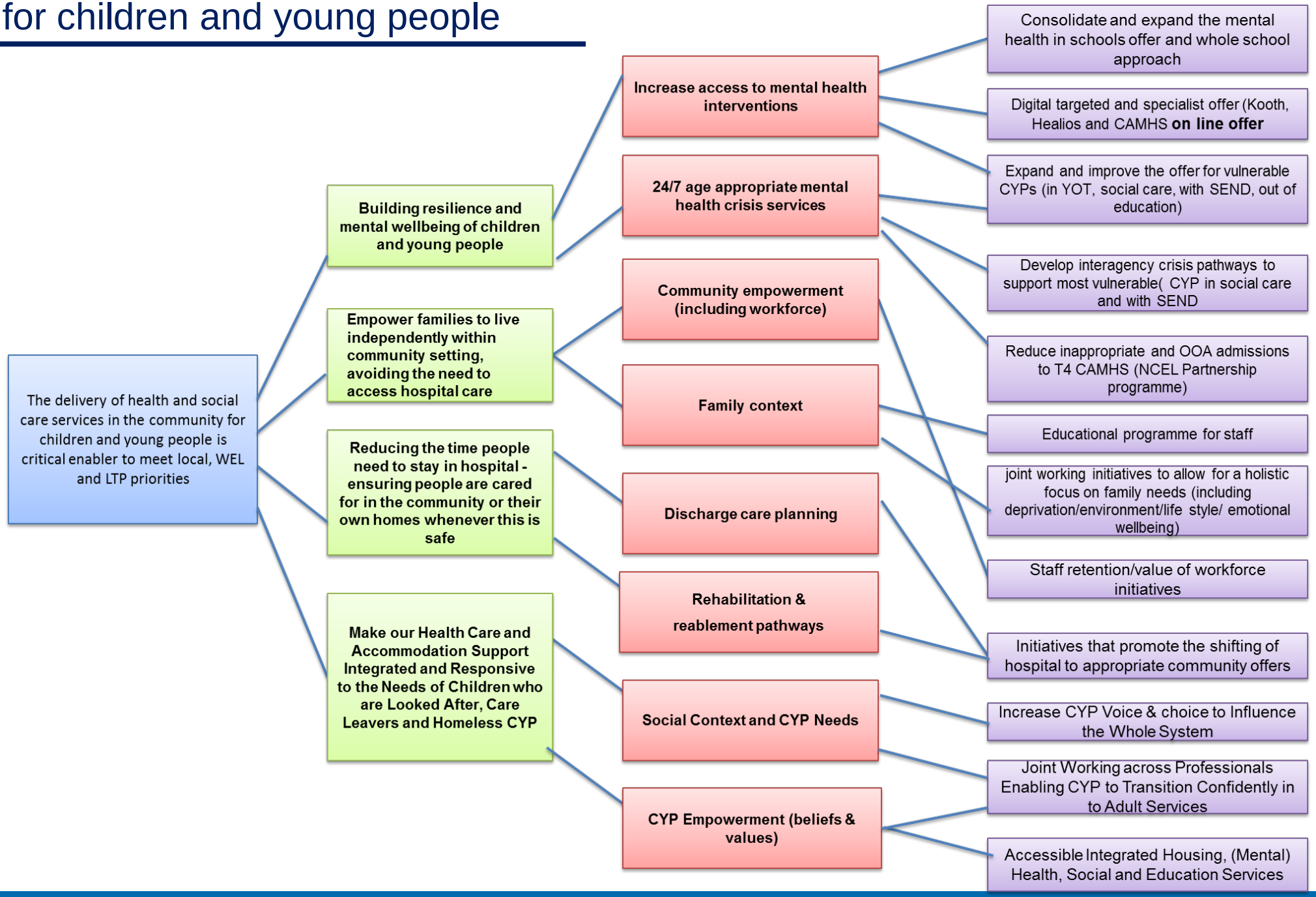
Care provided in social care is key to the overall aim and will be measured by

- Numbers of cases through Information and Guidance
- Number of people still at home after receiving re ablement
- Number of contacts not progressed to an assessment.
- Number of contacts progressed to Care Act assessment.
- Number of contacts that receive a care package after an assessment.
- Number of residents being supported through assistive technology
- Number of residential care home admissions




We can achieve the necessary reduction in non elective activity by increasing capacity in existing services and by introducing new interventions which will be modelled and costed

# Interventions for children and young people



# Winter Plan interventions

**Below is a screenshot from our Local Delivery Board Programme Plan. These are filtered specifically to show the winter plan interventions. Those highlighted in green overlap to the driver diagram interventions:**

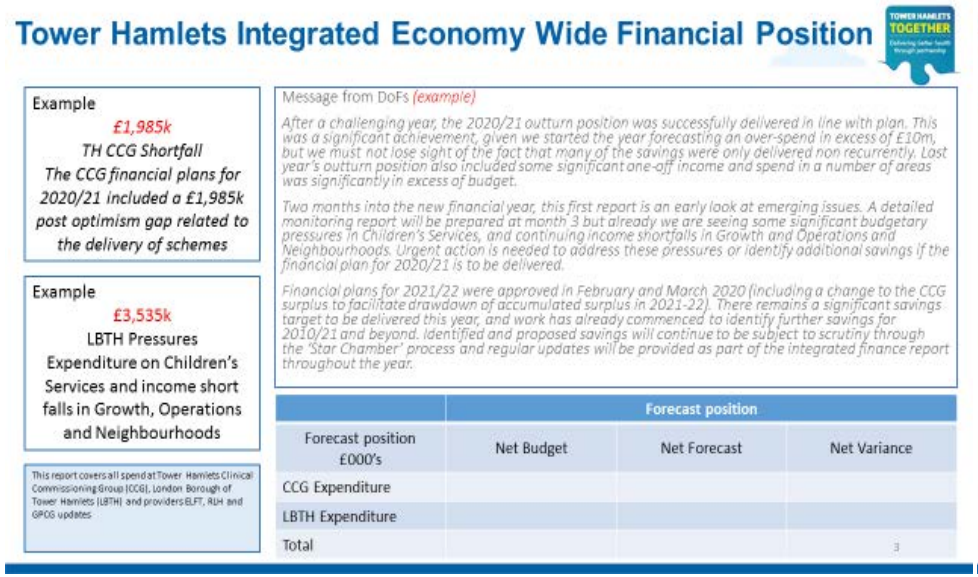
| Delivery Lead | Delivery Workstream | Plan (Winter, Urgent Care, Borough, Provider) | BCF or IBCF | Lead Provider(s) | Area and Activity Detail |
|---|---|---|---|---|---|
| Rahima Miah | Care Homes Bronze Group | Borough Plan Winter Plan | No | LBTH, ELFT, GPCG | Improve the **support** offer to **care homes** (including for people with SMI and LD) through enhancing support in care homes and offerring virtual ward rounds |
| Rahima Miah | Promoting Independence | Borough Plan Winter Plan | No | LBTH, ELFT, GPCG | Establishing a **new model of homecare** which includes MDT approaches e.g. working closer with District Nursing |
| Rahima Miah | Promoting Independence | Borough Plan Winter Plan | No | LBTH | **Redesign of older people's day centre provision** |
| Ruth Walters | TH Local Delivery Group | Primary Care Provider Plan Winter Plan | No | GPCG | Plan and delivery for the increased **uptake of the flu vaccine.** Review planning assumptions, promotion & delivery options. Shared plan req incl hubs/DNs/Vacc UK. |
| Petra Nittel | TH Local Delivery Group | Borough Plan Winter Plan | Yes | ELFT, GPCG, BH | Improve home based care for people at the **end of life** by supporting people to die at home |
| Petra Nittel & Claudia Brown | THT Local Delivery Group | Borough Plan Winter Plan | Yes | ELFT, LBTH | Develop a more **integrated rapid response** offer including therapies, nursing, social care response including same day care packages. To include step down & step up provision |
| Petra Nittel & Claudia Brown | THT Local Delivery Group | Borough Plan Winter Plan | Yes | ELFT, LBTH | **Integrated Discharge Hub** - improve discharge processes so they are responsive and safe, in line with national Hospital Discharge guidance. IDH to include tertiary care repatriation and **proactive care planning** upon admission with timely, accurate assessment of discharge |
| Claudia Browne | Promoting Independence | Borough Plan Winter Plan | Yes | ELFT, LBTH | Develop an **Integrated Rehab and Reablement service** |
| Vicky Scarborough | UCWG | Winter Plan | No | ELFT, GPCG, LBTH | Addititional Bed Capacity - an additional 100 beds have been sourced to support the WEL system within the community to enable patients to be stepped down. Consider wider impact from a local borough perspective. |
| Kelvin Hankins | TH Local Delivery Group | Winter Plan | Yes | ELFT, Barts | Intermediate Care - utilisation and availability of **rehabilitation bed based care** |
| Helen Byrne | THT Local Delivery Group | Borough Plan Winter Plan | No | Barts Health | Develop **specialist CHS integrated pathways development** with PCN based teams (diabetes, stroke, neuro, respiratory, cardiac). This requires primary care led advice & guidance with community based support from specialist services i.e. neuro, diabetes, ARCARE, stroke |
| Bill Williams | TBD | ELFT Provider Plan Winter Plan | No | ELFT | Delivery of expanded **CAMHS crisis service** - provide 24/7 mental health crisis services for children & young people |

# System Finance Reporting

The THT Board receives a quarterly finance report from LBTH and the CCG. The last report was in September 2020. Key headlines were

- The CCG reported a £2.6m overspend to the end of July, of which £1.6m was due to Covid-19. NHS England approved retrospective top-up funding to achieve a break even position and the CCG were awaiting the prospective financial envelope for October onwards from NEL.
- The biggest drivers of Covid-19 costs are in primary care and community health services.
- In adult social care, the council forecasts a £5m overspend, made up of Covid-19 expenditure and ongoing pressures from previous years. With 4,000 users being supported, there are high costs within nursing / residential placements and home care, with high numbers of small care packages. Overall, the council faces a major financial gap of £30m, having spent an additional £60m during the first four full months of lockdown, with the government only committing £30m of extra funding so far.
- Board members raised the need for future financial reports to include children's services and other relevant areas of council spending and flagged overspends within both learning disabilities and mental health services, where we have integrated teams, and forthcoming cuts to council services, due to the £30m gap.
- We reflected on the system challenge that the NHS has been covered for Covid-19 costs while the council has not fully and also bears the legacy of previous austerity measures. The Exec Board agreed to a closed session ahead of budget and savings proposals, to share plans early and develop a partnership response. This fits with ongoing work to explore the scope for greater alignment of NHS and council budgets to unlock transformation and spend funds most effectively across the whole system.

The next finance report is due to the THT Board meeting in December 2020. We will be spending the whole meeting looking at system performance and finances. The team have also developed a joint finance template for future reports, which will start with a joint statement from the DoFs. Screenshots below.



Tower Hamlets Integrated Economy Wide Financial Position

Example
£1,985k
TH CCG Shortfall
The CCG financial plans for 2020/21 included a £1,985k post optimism gap related to the delivery of schemes

Example
£3,535k
LBTH Pressures
Expenditure on Children's Services and income short falls in Growth, Operations and Neighbourhoods

This report covers all spend at Tower Hamlets Clinical Commissioning Group (CCG), London Borough of Tower Hamlets (LBTH) and providers ELFT, RUH and GPOS updates

Message from DoFs *(example)*

*After a challenging year, the 2020/21 outturn position was successfully delivered in line with plan. This was a significant achievement, given we started the year forecasting an over-spend in excess of £10m, but we must not lose sight of the fact that many of the savings were only delivered non recurrently. Last year's outturn position also included some significant one-off income and spend in a number of areas was significantly in excess of budget.*

*Two months into the new financial year, this first report is an early look at emerging issues. A detailed monitoring report will be prepared at month 3 but already we are seeing some significant budgetary pressures in Children's Services, and continuing income shortfalls in Growth and Operations and Neighbourhoods. Urgent action is needed to address these pressures or identify additional savings if the financial plan for 2020/21 is to be delivered.*

*Financial plans for 2021/22 were approved in February and March 2020 (including a change to the CCG surplus to facilitate drawdown of accumulated surplus in 2021-22). There remains a significant savings target to be delivered this year, and work has already commenced to identify further savings for 2020/21 and beyond. Identified and proposed savings will continue to be subject to scrutiny through the 'Star Chamber' process and regular updates will be provided as part of the integrated finance report throughout the year.*

| | Forecast position | | |
|---|---|---|---|
| Forecast position £000's | Net Budget | Net Forecast | Net Variance |
| CCG Expenditure | | | |
| LBTH Expenditure | | | |
| Total | | | |

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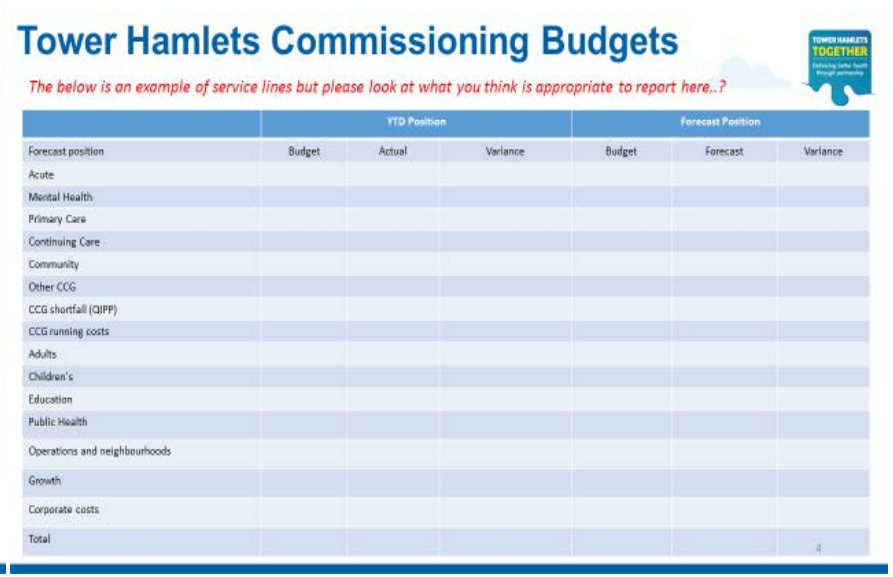
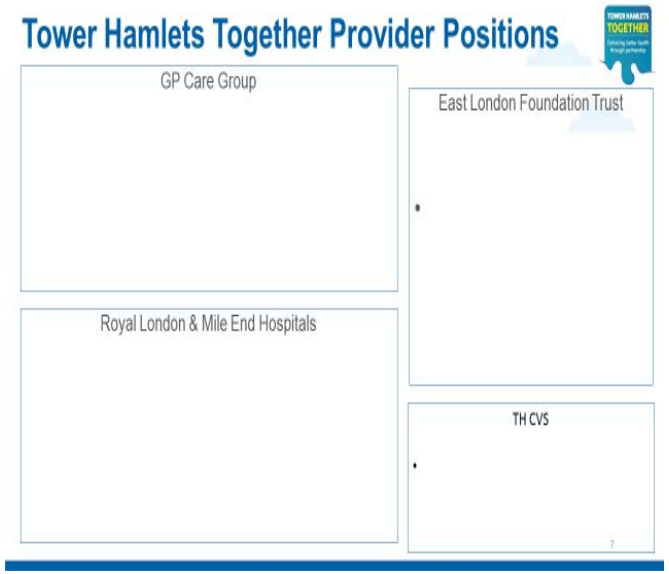


Tower Hamlets Commissioning Budgets

*The below is an example of service lines but please look at what you think is appropriate to report here..?*

| | YTD Position | | | Forecast Position | | |
|---|---|---|---|---|---|---|
| Forecast position | Budget | Actual | Variance | Budget | Forecast | Variance |
| Acute | | | | | | |
| Mental Health | | | | | | |
| Primary Care | | | | | | |
| Continuing Care | | | | | | |
| Community | | | | | | |
| Other CCG | | | | | | |
| CCG shortfall (QIPP) | | | | | | |
| CCG running costs | | | | | | |
| Adults | | | | | | |
| Children's | | | | | | |
| Education | | | | | | |
| Public Health | | | | | | |
| Operations and neighbourhoods | | | | | | |
| Growth | | | | | | |
| Corporate costs | | | | | | |
| Total | | | | | | |

4



Tower Hamlets Together Provider Positions

GP Care Group

East London Foundation Trust

Royal London & Mile End Hospitals

TH CVS

7

# 5) We remain focussed on delivering our Outcomes Framework

# Our Vision Through Our System Wide Outcomes Framework

The outcomes we are all signed up, as partners, to delivering were developed 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 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 |

# How we are using our Outcomes Framework

**Since its inception, the outcomes framework has been used in an agile and organic way. Its use now covers the whole commissioning cycle through design, implementation, evaluation and learning. Some of the examples cover strategy development/refresh, structuring tender processes, reviewing contracts, team planning and OD work. Here are some examples:**

- **Primary Care tender:** In commissioning a primary care provider to deliver improved population health outcomes for TH residents, the CCG's Primary Care Commissioning Team, a GP practice and the LBTH Public Health Team used the Outcomes Framework to develop a high level population health outcomes tender framework. The team looked at the outcome areas using the framework to develop interventions and activities they'd expect to see on offer from the service bidder. The proposal was structured with information on how the provider would go about delivering the outcomes and making the I statements a reality for the TH residents. Due to Covid-19 this work was paused but has now recommenced.

- **Personalisation Care Programme (Personal Health Budgets):** In an attempt to identify the difference the Personalisation programme had made to peoples lives and on the health system as a whole, an audit tool was developed using the outcomes framework. The team used existing data to complete the audit tool and mapped the benefits to users against the domain *quality of life.* Now the team are using the audit tool to measure outcomes people expect to experience after using the Personal Health Budget. The I statement are being used for what users would like to work towards. A pilot is due to begin on a specific Covid-19 project looking at digital inclusion. ELFT, LBTH and the CCG will work together on this to offer 75-80 Personal Health Budgets to users experiencing issues with digital access. They will be using the outcomes to measure what will have been achieved for the user deploying the Budget. Overall aims of this project are to build resilience, reduce time people spend in hospital and improve peoples independence.

- **Locality profiles:** Healthwatch took each I statement to rate how residents in each of the four localities across the borough felt about the Tower Hamlets health and care services and whether the I statements were a true reality for them. They used the I statements to structure the questions and produced a report on each locality on how residents felt.

- **Health and Well Being Board (HWBB) strategy refresh:** In refreshing the HWBB strategy, the Outcomes Framework was used to structure the themes of the workshops with various stakeholders across the Borough.

- **Communities Driving Change Programme:** The Outcomes Framework was used to structure the evaluation of the programme and the I statements were used to conduct surveys.

- **Revamped the Community Health Services (CHS) Alliance Contract:** The CHS outcomes were reviewed against the THT Outcomes Framework, which were mapped against each other for better alignment. The I statements which were most relevant for this population group were embedded into the contract.

- **THT Board Performance Dashboard:** Work has commenced to align the existing THT performance dashboard against a set of relevant outcomes and I statements. A selection of high priority I statements have been picked for the Board report to measure performance against delivery of the selected I statements. These are on the next slide.

# THT Outcomes Framework – I statements

We are currently in the process of reviewing the I statements and reviewing the availability of the data to support the key statements identified.

The I statements have been ranked based on the below and will be reviewed with a view to establishing a set of baseline indicator for monitoring and review. We suggest starting with the phase 1 priority I statements (dark blue)

| Domains | I Statements | | | |
|---|---|---|---|---|
| **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 |

| Phase 1 (Priority) | Phase 2 (Potential) | Phase 3 (Aspirational) |
|---|---|---|

*Source: Tower Hamlets Together Outcomes Framework*

# 6) Citizen voice and service user engagement

# Engaging with service users to understand need and improve services

The THT Partnership is committed to putting local people at the heart of our work, understanding service user experience and using feedback to ensure our services are delivering for our residents in the way they should. At every Exec Board, we invite a service user to give their story and reflect on what we can do as a partnership to address any issues or concerns raised.

Recent examples of this have included:

- A dental hospital patient who has been left with no further support midway through his treatment, due to the covid-19 restrictions on dentistry, with serious consequences. In response, the Board will hold a deep dive session on this critical topic early next year and drive greater engagement with local dentists and improve connections across the system.
- Two SEND parent ambassadors who spoke with passion about their voluntary work and the major challenges families raise with them, including barriers to approaching professionals, lack of diagnosis or identification of needs, lengthy delays in getting Education, Health and Care Plans, and fears about safety of SEND transport during Covid-19. In response, the Board committed to helping the SEND parent ambassadors to raise the profile of their work with health professionals, e.g. they will attend the next GPCG quarterly forum, and to look into the wider performance of Education, Health and Care Plans as a strategic issue.

In addition, a focused engagement workstream is in place with a dedicated lead, which is currently focused on:

- Addressing the issues of digital inclusion that have been particularly highlighted during the first phase of the Covid 19 Pandemic;
- Developing a reward and recognition policy that recompenses service users/carers and voluntary and community sector (VCS) organisations to encourage, and demonstrate the value that THT places on, their input.