

# Improving health and well-being in Tower Hamlets 2006–16

Refreshed delivery plan for 2010–12







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# Foreword

All of us in the Tower Hamlets Partnership are working to improve the quality of life in Tower Hamlets and improving health and well-being is at the heart of this.

A healthy community is a key theme of the Tower Hamlets Community Plan. Ways in which we will work to transform health is described in this, our improving health and well-being strategy.

Since our first improving health and well-being strategy was agreed in 2006, great strides have been made in providing more health and social care services closer to where people live. More advice and support is available from health and social care professionals, community organisations, from children's centres, schools and other local centres.

The discussion with the community that took place in refreshing the strategy and looking to the future, showed that local people welcome these changes and want us to develop them further.

We would like to thank you all who took part in that discussion and issues raised are in appendix 2 of this document.

This strategy describes what we will do to ensure services work better together, ensure we provide the services that people need where they need them and, above all, some of the ways in which we will support individuals and their families to stay healthy. It is our ambition to ensure local people receive the best, most cost-effective services, and have the advice and opportunity to manage and improve their health.

*Kevan Collins,  
Chief executive, London Borough of Tower Hamlets*

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# 1 Introduction

The Tower Hamlets Partnership published a discussion document in February 2009 to support a refresh of the Improving health and well-being strategy, originally developed in 2006.

The refresh has involved a review of action taken since 2006 and a re-appraisal of local needs, given up-dated information on population trends and health and well-being issues. Above all, it has involved local people in a discussion of what might make a difference to them over the next three years.

This document brings the refresh to a conclusion and sets out the renewed objectives and commitments of the Partnership for the period 2010–12.

This strategy covers the following:

- A summary of the key proposals contained in the February 2009 discussion document
- A summary of the outcomes from the consultation
- The refreshed objectives and vision for health and services
- The key areas for action

A delivery plan is shown at appendix one. This describes the action to be taken over the next three years in more detail.

## 2 The key proposals set out in the 2009 discussion document

### 2.1

The original 2006 strategy set out five strategic goals:

- Reducing inequalities in health
- Improving the experience of those who use services
- Developing excellent, integrated and more localised services
- Promoting independence, choice and control by service users
- Investing resources effectively

### 2.2

The strategy's context included some challenging health and well-being issues, as well as rapid population growth. There were opportunities too in the form of the London Olympics and Paralympics games.

### 2.3

The vision of services offered in 2006 focused on early action to prevent problems and real enablement of residents to choose services and to retain independence. Services would be closer to communities, and in locations where different services and professionals would be brought together.

### 2.4

A key feature of the 2006 strategy was the development of local networks of services bringing together health and social care, education, housing and leisure services. The networks would also provide a focal point for the integration of third sector services.

### 2.5

The 2009 discussion document then took stock of developments since 2006. There were many examples of closer joint working on healthy lives (tobacco control and healthier lives strategies), the integration of services (Barkantine polyclinic, LinkAge Plus, and the development of 21 children's centres), and the development of primary care networks and investments in improved access to services.

### 2.6

However, the recent Joint Strategic Needs Assessment confirmed the considerable health and well-being challenges that remain. These span issues of deprivation, differentials within the borough on life expectancy, and the importance of providing protection for vulnerable adults and children.

## 2.7

The policy and financial context has changed since 2006. There is now a much greater focus on quality and personalisation of service.

## 2.8

Public spending is in the spotlight with the requirement to ensure not only value for money but also to ensure more efficient use of resources across the agencies.

## 2.9

The 2009 consultation confirmed the relevance of the original five strategic goals and the overall vision. On the basis of the issues and new context it suggested that more attention be given to combined agency work to help residents stay healthy. This agenda would include joint agency work to foster a more conducive environment (safe roads and homes, clean air, green spaces, accessible leisure and action to promote work). The agenda would also include a more locally sensitive local area partnership (LAP) approach to the promotion of healthy living.

## 2.10

The document emphasised the significance of support to families. Empowered parents can promote the health of children, and children can assist in influencing their parents. Services should be brought together where families might be gathered, for example at schools, leisure facilities and at places of worship. Council, NHS and third sector services could also share information on family needs more effectively.

## 2.11

The development of networks remained a key plank of strategy but the thinking had moved on from 2006. The discussion document recommended the development of eight LAP based networks to provide the basis for local needs assessment and the integration of public services.

## 2.12

We are developing these networks further into polysystems (one for each locality and based on a GP registered population of 60-75,000). These will promote health and well-being, maximise prevention and provide the services,

staffing and health and social care settings from which to deliver more integrated services in local neighbourhoods. They will support our strategy of reducing health inequalities and delivering more care in the community, ensuring people only have to go to hospital or in supported care if they need to. They will take into consideration the health and well-being needs that are specific to the area, providing in partnership; health, social and other support to those who live there.

## 2.13

The integration of services need not wait for co-location or the integration of information systems. For example, early opportunities will be taken to tie community mental health teams as well as adult social care to the networks on polysystems.

## 2.14

Finally, the development of personalised care would ensure improvements in user satisfaction as individuals became much more involved in communicating specific needs and preferences and in controlling individual spend.





# 3 The refreshed strategic objectives and vision

## 3.1

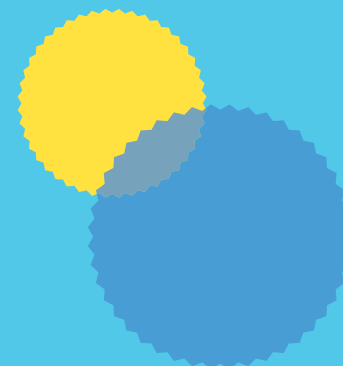
The refresh process has involved a review of action taken since 2006 as well as a re-appraisal of needs given up-dated information on local population trends and health and well-being issues. Above all it has involved local people in a discussion of what might make a difference to them over the next three years.

## 3.2

On the basis of this work, the Partnership wishes to re-state its commitment to the five key health and well-being goals of:

- Reducing inequalities in health
- Improving the experience of those who use services
- Developing excellent, integrated and more localised services
- Promoting independence, choice and control by service users
- Investing resources effectively

8.3 Within these goals the Partnership has key targets or goals that would be markers of success in each of the area and these are detailed in the delivery appendix<sup>1</sup>.



# 4 Vision for services

## 4.1

The Partnership has re-committed to the longer term vision for services (2016) as set out in the 2006 strategy; namely that:

- Our services will be the best in the country, and will be recognised by the people of Tower Hamlets as being so
- High quality services will be provided to a dramatically regenerated borough, with a population that is likely to grow by 50%. They will offer equal access and choice to every single person in the borough, reflecting the diversity of the population, and will be overwhelmingly staffed by local people whose demographic profile reflects the community served
- Nobody will ever have the experience of being asked for the same information twice by different health and social care professionals; information will be controlled by the service user, not the professionals, and subject to that control will be instantly available to everybody who needs to see it, wherever and whenever the need arises.
- Care will be experienced as if it were provided by one organisation

in a completely co-ordinated and seamless way, irrespective of the actual organisational arrangements in place.

- The great majority of care and support will be provided in the communities in which people live, not in hospital and not in institutional settings. It will however be supported by the highest quality secondary care services, with maximum ease of access. It will be largely delivered in or close to people's homes, using modern technology to reduce travelling and to ensure prompt response.
- Health, social care, voluntary sector and service user groups will work alongside each other in high quality primary and community care facilities, offering one point of localised access to the full range of services.
- The care and treatment of the individual will be controlled by that individual, supported by the best professional staff. Services will be embedded in their local communities, drawing on all the resources of those communities, and with a clear accountability to those communities.

Individuals will feel informed and enabled to take decisions on their care, whether that is care by themselves or others. Individuals will feel that they really have a choice. This will be underpinned by strong multi-agency safeguarding policies and procedures to maximise positive risk taking that supports individuals to exercise choice and control over their care.

- Appropriate care and support will enable more children to reach their potential, supporting schools in increasing achievement to ensure our young people attain the skills needed to access employment

# 5 The key areas for action for 2010-2012

## 5.1

On the basis of the consultation, the Partnership considers that the five strategic goals provide a practical framework for collective action to achieve the longer term vision.

### **Reducing Inequalities in health and well-being with an emphasis on staying healthy and supporting families**

The partnership will continue to address the broader determinants of health, as outlined in the strategic review of health inequalities, including early years, improving educational attainment, helping people into work and maximising benefit uptake and strengthening communities. We have developed a local development framework for planning which explicitly includes health.

## 5.2

The Partnership will take forward the current strategies on obesity (Healthy weight, healthy lives) and tobacco control to support an environment that makes it easier for people to integrate healthy living into their

daily lives. We will work across the five Olympic host boroughs to ensure that the opportunity is taken to increase engagement in physical activity.

## 5.3

As LAP based networks develop, we will establish local healthy living programmes to be geared to local needs. The LAP structures can be built upon to consult with local people and promote local understanding and ownership for programmes.

## 5.4

The Partnership will take every step to ensure that front line service providers are equipped to convey information and support to residents on living healthily.

## 5.5

The Time for health brand will be a key vehicle for disseminating messages on healthy living and for providing support direct to residents as well as through service providers.



## 5.6

Assessment of risk and the screening for early signs of disease will also be a focus for activity.

## 5.7

Worklessness will be addressed more specifically through specific initiatives to enhance local participation in apprenticeships and local recruitment to entry level positions within the NHS and the local authority. Occupational health programmes will be established across the borough to ensure that those at risk of ill health are supported to remain healthy and stay in work.

## 5.8

The partnership will focus effort on information, education and training for families to enable positive action across the generations on health.

## Improving the experience of people who use services

### 5.9

A focus of service improvement will be on primary care, urgent care, maternity and mental health services. Actions will include the mainstreaming of pilot programmes along with the development of specific new services.

### 5.10

The partnership will implement the multi-agency carer strategy focusing on improved support to carers through improved information and access to services.

### 5.11

For older adults, the completion of local needs assessment work will be key to implementing the recommendations of the National Dementia Strategy.

### 5.12

The next three years will see a focus on service quality. Patient reported outcome

measures will be part and parcel of improved quality assurance across the range of health and social care providers.

## Developing excellent, integrated and more localised services with a focus on the integration of services and care closer to home

### 5.13

Health services within primary care will be improved with additional GP appointments and online or automated telephone bookings. Urgent care will be enhanced through the promotion of the Pharmacy First programme.

### 5.14

Services for children with disabilities will be improved through increased access to co-ordinated multi-agency support and the establishment of a specialist transitions team. Mental health promotion will be embedded in the work of the children's centres.

### 5.15

The key feature of change will be the establishment of local provider networks

within each of the eight LAPs. These networks will comprise primary care practitioners working together and with other key service providers (social care, voluntary sector and other health providers) to provide care packages for those with long term conditions as well providing health promotion services (vaccination and immunisations and smoking cessation).

#### 5.16

The development of LAP based networks will be supported by the re-organisation of the community mental health teams and by the integration of adult social care services. These multi-disciplinary teams will work with single points of access and integrated assessment and care management processes.

#### 5.17

The development of new health and well-being centres and refurbishment of facilities will support both the integration of services and localisation of services away from hospitals.

### **Promoting independence, choice and control by service users with a focus on the development of personalised care**

#### 5.18

The Partnership intends that all social care users will be offered the opportunity of controlling their own care through the use of a personal budget.

#### 5.19

The implementation of care packages within the networks for a full range of long term conditions offer the basis for personalised planning within the field of healthcare.

#### 5.20

This will be underpinned by strong multi-agency policies and procedures backed up by training for staff in safeguarding adults. We want to ensure that patients and service users are supported in a safe environment to exercise choice and control over their care.

#### 5.21

This means increasing in awareness of safeguarding vulnerable adults through more training and through increasing awareness across all communities within Tower Hamlets.

#### 5.22

We have seen a significant increase in referrals relating to the financial abuse of adults with mental health problems and of older people. We will increase the training of our staff to identify these risks, and to help people manage their finances safely in the way they want them dealt with.

#### 5.23

Community safety remains a significant concern for many of our community and particularly for service users with disabilities and for older people. We will work across into the Safer Communities Partnership with the police and domestic violence unit, to reduce barriers to independence, helping people to feel safe and confident in their local area and beyond.

## Investing resources effectively

### 5.24

The partnership will exploit opportunities for shared services and resources across the agencies through co-location of service and integration of commissioning functions.

### 5.25

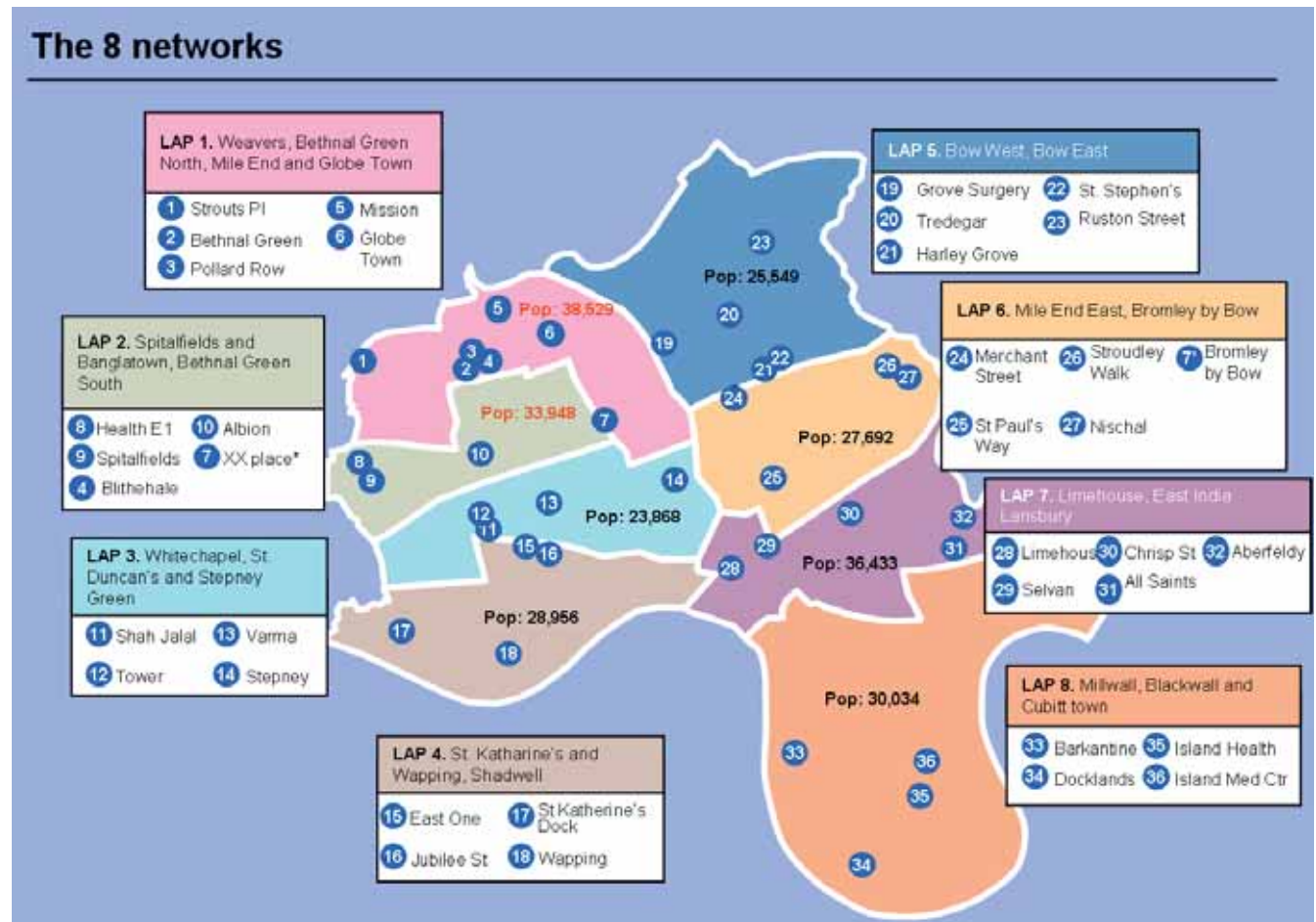
Lead commissioning arrangements will be used to develop and act on economies to be gained through the joint procurement of services.

### 5.26

Quality and outcome indicators, combined with new forms of contracting for services, will assist in achieving greater value for money.

### 5.27

Transferring care from expensive acute settings, much closer to people's homes will also provide much lower cost care that provides value for money and the most effective use of resources.







# 6 Summary

## 6.1

The refresh process has involved local stakeholders in a review of progress since 2006 and a re-examination of strategy given up-dated information and a changing financial context. Much of the original 2006 thinking and action is relevant. The Partnership has re-affirmed the overriding objectives and vision. The key changes in this refreshed strategy are the more specific localisation of the staying healthy agenda, the implementation of LAP based networks and the pace of change on integration and personalisation of services.



# Appendix 1: Health and well-being refresh – delivery plan 2010–2012

Sub element	Areas for action 2010–12	Milestones 2010–12	Existing strategies
Strategic aim 1: Reduce inequalities in health and well-being			
All age and all cause mortality – LAA delivery plan	<p>The LAA delivery plan brings together the high impact interventions that will reduce inequalities in death rates. Key workstreams are:</p> <ul style="list-style-type: none"> <li>integrated promotion of healthy lifestyles across healthcare, social service, community and workplace settings</li> <li>risk factor identification and control in primary care</li> <li>identification of undiagnosed vascular disease (including diabetes)</li> <li>early detection of cancer, cancer screening and effective cancer treatment.</li> </ul> <p>In the longer term, broader strategies affecting wider determinants of health such as income deprivation, crime and the physical environment will have the biggest impact on mortality.</p> <p>Addition of acute contractual levers to the existing strategies</p>	<p>By 2012</p> <ul style="list-style-type: none"> <li>100 fewer people dying compared to 2008</li> <li>At least 2,300 smoking quits per year compared to a target of 1,800 in 2008</li> <li>At least 50% of 40-74 population screened for vascular risk</li> <li>69% of people with controlled diabetes compared to 51% in 2008</li> <li>70% of 53-70 year old women attend breast screening compared to 50% of 53-64 year old women in 2008</li> </ul>	<ul style="list-style-type: none"> <li>Community plan</li> <li>Commissioning strategic plan</li> <li>Tobacco control strategy</li> <li>Healthy weight, healthy lives in tower hamlets strategy</li> <li>Alcohol strategy</li> <li>Vascular strategy (in draft)</li> <li>Diabetes strategy (in draft)</li> <li>New long term conditions strategy to include vascular and diabetes)</li> <li>Cancer strategy (in draft)</li> <li>Acute contractual levers</li> </ul>
Time for health	<p>Time for health is a campaign to:</p> <ul style="list-style-type: none"> <li>Provide an overarching theme for healthy lifestyle messages</li> <li>Signpost primary care access and service information</li> <li>Ensure Time for health becomes a recognised stamp of how to stay healthy</li> <li>Support residents in taking simple steps to be healthy</li> <li>Encourage all relevant health communications across the borough to become part of Time for health or Healthy borough projects</li> </ul>	<p>During 2010/11 information will be widely disseminated to encourage people to take action in eight areas:</p> <ul style="list-style-type: none"> <li>stop smoking</li> <li>eat healthier</li> <li>drink sensibly</li> <li>get active</li> <li>make time to relax</li> <li>get screened</li> <li>recognise symptoms</li> <li>make effective use of services</li> </ul>	<ul style="list-style-type: none"> <li>NHS Tower Hamlets communications strategy</li> <li>Improving health and well-being strategy 2006</li> <li>Healthy weight, healthy lives</li> <li>Tobacco control strategy</li> <li>Improving sexual health: a strategy for sexual health and improving health &amp; well-being in Tower Hamlets 2007</li> </ul>



Sub element	Areas for action 2010–12	Milestones 2010–12	Existing strategies
	<ul style="list-style-type: none"> <li>• Ensure that all health professionals, local agencies and organisations have access to key messages and supporting materials</li> <li>• Support people living in Tower Hamlets to take action in the eight key areas</li> </ul>	Local area partnership guides to health will be produced, encouraging use of health trainers and increasing awareness of local health and well-being services and facilities	
Healthy weight, healthy lives in Tower Hamlets and Tower Hamlets Healthy borough programme	Healthy weight, healthy lives in Tower Hamlets is a partnership strategy to tackle the increasing prevalence of obesity and includes an overview of the current position, evidence base for effective approaches to the prevention and management of obesity across sectors and detailed multi-agency action plans for early years, children and young people and adults. Building on this work, Tower Hamlets was successful in securing £4.78million (December 2008 – March 2011) from the cross government obesity unit to become one of 9 'Healthy towns' to pilot interventions to tackle the environmental causes of obesity, eg availability of safe walking and cycling routes, access to open spaces, availability of healthy food choices and tackling barriers to healthy lifestyles identified by local communities.	<p>By 2012</p> <ul style="list-style-type: none"> <li>• No more than 15.4% of children in reception and 26.4% of children in Year 6 to be obese</li> <li>• 20 kilometres of cycle routes improved</li> <li>• Increase of 4,000 attendances in parks</li> <li>• 28 new or refurbished playgrounds and 10% increase per year in registered play uptake</li> <li>• 12 new women only swimming sessions per week and 40,000 attendances</li> <li>• 30 restaurants / fast food outlets advised on healthy eating options</li> <li>• At least 30 SMEs to participate in healthy workplace scheme</li> <li>• 21 children's centres to implement healthy snacks policy</li> <li>• At least 2,000 local people to have participated in stakeholder events</li> <li>• At least 600 parents and children to have participated in family learning activities</li> <li>• At least 2,000 obese children and adults to have participated in weight management programmes (2009-2012)</li> </ul>	<ul style="list-style-type: none"> <li>• Healthy weight, healthy lives in Tower Hamlets: a multi-agency strategy to tackle the continuing rise in obesity 2008-2012</li> <li>• Tower Hamlets Healthy borough programme</li> </ul>
Olympics and Paralympics	Working across the five host boroughs to utilise the Olympics and Paralympics to increase physical activity	<p>By 2012</p> <ul style="list-style-type: none"> <li>• 90% 5-16 year olds undertaking at least two hours per week of high quality PE and sport in school</li> </ul>	



Sub element	Areas for action 2010–12	Milestones 2010–12	Existing strategies
	<p>To undertake a physical activity social marketing campaign</p> <p>To ensure the Olympic legacy</p>	<ul style="list-style-type: none"> <li>• Meet PSA 22 targets (when set) for 5-16 year olds – two hours PE and three hours sport outside of curriculum. For 16-19 year olds – 3 hours of sport/PA</li> <li>• Increase active exercise to 27.7% as measured by Sport England Active People Survey</li> </ul>	<ul style="list-style-type: none"> <li>• Community plan</li> <li>• 2012 Olympic and Paralympic Games strategy</li> </ul>
Worklessness	Work outcomes will be maximised through community employment, early intervention and preventative measures	<ul style="list-style-type: none"> <li>• Fit for work programme rolled out</li> <li>• Occupational health programme in place across borough</li> <li>• 80% entry level and apprentice positions filled locally</li> <li>• Programmes to support people with disabilities and MH in place</li> </ul>	<ul style="list-style-type: none"> <li>• Community employment strategic plan: building health into programmes for work and maximising health outcomes from work</li> <li>• Employment for vulnerable adults (in draft)</li> </ul>

Strategic Aim 2: Improve the experience of people who use our services

Carers strategy	Implement multi-agency carers strategy, focusing on improved support to carers, improved information, and improved access to health care	<ul style="list-style-type: none"> <li>• Increase access for carers to sports and leisure services through specific concessions 2010–2011</li> <li>• All carers can access respite or breaks services that are available during the day and night by March 2011</li> <li>• 20% of primary care practices to have established carers register by March 2011</li> </ul>	Multi-agency carers strategy 2008
Maternity care	Continue improvement work and investment into maternity services that has achieved significant improvements in access to care and user experience	<ul style="list-style-type: none"> <li>• Increase the percentage of maternity service users reporting satisfaction with services (to Picker London average by March 2010, national average by March 2011).</li> </ul>	<ul style="list-style-type: none"> <li>• CYP strategy</li> <li>• NHS Tower Hamlets commissionings strategic plan</li> <li>• Maternity services improvement plan</li> </ul>

Sub element	Areas for action 2010–12	Milestones 2010–12	Existing strategies
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	<p>Continue progress on achieving 1:1 care in labour and higher levels of consultant cover on labour ward in line with national recommendations</p> <p>Further develop user engagement through the maternity services liaison committee including bespoke support to lay members</p> <p>Undertake targeted outreach to support early booking and user engagement</p> <p>Mainstream the breastfeeding support team and expand capacity to include weaning support</p> <p>Continue and expand the family nurse partnership pilot</p> <p>Addition of acute contractual levers to the existing strategies</p>	<ul style="list-style-type: none"> <li>Increasing the number of women completing a full health and social care assessment by 12 completed weeks of pregnancy to 72% by 2011/12</li> <li>Increasing the number of babies exclusively breastfed at 6-8 weeks to 70% by 2010</li> <li>Improving the health outcomes for mothers and babies and reduce likelihood of children entering care through intensive targeted work with 100 vulnerable families</li> <li>Extend intensive pregnancy support for vulnerable mothers based on the work of the Family Nurse Partnership</li> <li>Expand the hours that the children's community nursing team operate towards a seven-day service</li> </ul>	<ul style="list-style-type: none"> <li>Tower Hamlets health improvement strategy for maternity services</li> <li>Acute contractual levers</li> </ul>
Mental health (CMHT, Older people, substance misuse)	<p>Improving access to psychological therapies, developing alternatives to hospital admission and tackling race equality issues</p> <p>Expanding crisis intervention and early detection services</p> <p>Improving systematic management using care programme approach and physical health and primary/secondary care interface</p> <p>Implementation of the national dementia strategy</p> <p>Offering an improved range of treatment options for people with alcohol misuse problems</p> <p>Increase range of day opportunities for people with mental illness including use of universal services</p>	<ul style="list-style-type: none"> <li>Expanding access to psychological therapies especially for minority communities and for treatment of mild – moderate common mental disorders</li> <li>Extend services to support alternatives to hospital admission including expanding the home treatment team</li> <li>Secure locality premises for community mental health teams</li> <li>Reconfigure community mental health services to link more closely to networks</li> <li>Offer an extra 5,000 patients cognitive behavioural or other psychological therapies as part of the establishment of the improving access to psychological therapies service</li> </ul>	<ul style="list-style-type: none"> <li>Improving health and well-being strategy 2006</li> <li>A mental health strategy for Tower Hamlets</li> <li>Dementia strategy (in draft)</li> </ul>

Sub element	Areas for action 2010–12	Milestones 2010–12	Existing strategies
		<ul style="list-style-type: none"> <li>• Expand the community rehabilitation and recovery service</li> <li>• Implement the recommendations of the Somali mental health needs assessment</li> <li>• Open a new crisis house and rehabilitation unit</li> <li>• Monitor the use of the serious mental illness register in primary care and care programme approach in secondary care</li> <li>• Complete the older adults' mental health needs assessment and implement the recommendations of the national dementia strategy</li> <li>• Establish a new enhanced alcohol service and alcohol liaison nurses in A &amp; E</li> </ul>	
<p>Quality of services Commissioning for quality, (CQUIN), Patient reported measures (PROMS)</p>	<p>Strengthen further quality assurance of all services in our providers demonstrating the three dimensions of quality, safety, patient experience/effectiveness.</p> <p>Develop a strategy to localise high quality care for all with the full engagement of commissioners, providers, clinicians and patients and the public</p> <p>Addition of acute contractual levers to the existing strategies</p> <p>CQUIN and PROMS to be further embedded across all providers as appropriate</p>	<ul style="list-style-type: none"> <li>• Implement the quality assurance strategy as agreed by the NHS Tower Hamlets board in May 2010—meeting the specific milestones laid down in it for 2010/11</li> <li>• Strengthen benchmarking arrangements by working with the NHS Sector Acute Commissioning Unit and the London Commissioning for Quality Network and Quality Observatory during 2010/11</li> <li>• CQUIN schemes in place for Barts and The London NHSTrust, East London NHS Foundation Trust and community health services from April 2010 – on-going refinement of the process will take place during 2010/11</li> <li>• Continuously strengthen processes, reporting and relationships with all providers during 2010/11</li> </ul>	<ul style="list-style-type: none"> <li>• Improving health and well-being strategy 2006</li> <li>• Acute contractual levers</li> </ul>

Sub element	Areas for action 2010–12	Milestones 2010–12	Existing strategies
		<ul style="list-style-type: none"> <li>Review of quality assurance arrangements for third sector and smaller contracts to ensure processes embedded consistently across commissioners during 2010/11</li> <li>Embed the PROMS methodology across all providers in 2011/12 building on the outcome of the national patient reported outcome measures (PROMS) programme which is due to report early in 2010</li> </ul>	

### Strategic Aim 3: Developing excellent integrated and more localised services

Access to services (GP, dentistry, hospital, urgent care,)	<p>Further improve services so that local people have access to services as close to home as possible. This will include:</p> <ul style="list-style-type: none"> <li>expanding primary care workforce</li> <li>developing primary care networks (polysystems) and polyclinics</li> <li>an early focus on diabetes and immunisation with systematic and rigorous feedback to practices and performance management</li> <li>focus on identification of early intervention in dementia presenting</li> </ul>	<ul style="list-style-type: none"> <li>Provide an extra 300,000 GP appointments by 2012 from 2006 baseline</li> <li>Satisfaction with GP access will exceed the London average by 2010 rising to the top quartile by 2012</li> <li>Introduce online and/or automated telephone appointment booking for GP services 24 hours a day, 7 days a week</li> <li>At least 98% of patients attending A&amp;E and walk in centres will be assessed and treated within 4 hours</li> <li>Pilot minor surgery in primary care</li> <li>Increase dental care to provide for an additional 8,000 patients</li> <li>Increase the take-up of the Pharmacy First scheme to support management of minor ailments by at least 30%</li> </ul>	<ul style="list-style-type: none"> <li>Improving Health and well-being strategy 2006</li> <li>PCT Commissioning strategic plan</li> <li>Dementia mental health services for older people strategy (in draft)</li> <li>Access and urgent care strategy</li> <li>Emergency dental strategy</li> </ul>
Integrated care Pilot	<p>Achieving integration of health and social care services within specific programmes:</p> <ul style="list-style-type: none"> <li>Primary care investment programme</li> <li>Adult nursing and social care integration</li> <li>Integration of long term conditions</li> </ul>	<ul style="list-style-type: none"> <li>Successfully accepted onto 18 month pilot</li> <li>Evaluation to be completed by April 2011</li> <li>Quarterly reports to DH on progress</li> </ul>	<ul style="list-style-type: none"> <li>Improving health and well-being strategy 2006</li> <li>Community plan</li> <li>Service integration and network development programmes</li> </ul>



Sub element	Areas for action 2010–12	Milestones 2010–12	Existing strategies
Health and well-being centres (polyclinics) and links to the core strategy	<p>Continue programme to deliver health and well-being centres that provide the hub of primary care services across the borough</p> <p>To develop four polysystems covering a population of 60,-75,000. Each polysystem will consist of paired networks and a polysystem hub with spokes</p> <p>Integrate fully the planning and delivery of the centres with the borough's core strategy to foster sustainable localities with easy access to local health services</p>	<ul style="list-style-type: none"> <li>• Detailed planning of polysystem service plans and hub and spoke business cases</li> <li>• Open the planned health and well-being centres in 2010, 11 and 12</li> <li>• Contribute to the Tower Hamlets Partnership infrastructure investment programme to deliver the core strategy</li> </ul>	<ul style="list-style-type: none"> <li>• Community plan</li> <li>• Improving health and well-being strategy 2006</li> <li>• Core strategy (draft)</li> <li>• Commissioning strategic plan</li> </ul>
Service integration into multi-disciplinary teams	<p>Fully integrated multi-disciplinary teams will be established in all networks, with single points of access, referral, assessment and care management processes</p> <p>Community mental health services will be reshaped to align with networks. Learning disability services to be reorganised in multi-disciplinary functional teams. A fully integrated reablement pathway will be in place for all people discharged from hospital and all new referrals for care and support in the community</p>	<ul style="list-style-type: none"> <li>• Integrated health and social care teams in place by March 2010</li> <li>• Community mental health services reconfigured by March 2010</li> <li>• Reablement programme covering hospital discharge and intake. Model launched by 2010</li> <li>• Full roll out of reablement programme during 2010/11</li> <li>• Reconfigured community learning disability service in place March 2010</li> </ul>	<ul style="list-style-type: none"> <li>• Improving health and well-being strategy 2006</li> <li>• A mental health strategy for Tower Hamlets</li> <li>• Transforming social care (LBTH)</li> </ul>
Children's agenda (children's centres integration, etc)	<p>Better support parents and families in giving children the best, healthiest, start in life</p> <p>Improve access to care for children with disabilities through a coordinated, multi-agency approach</p> <p>Please note further details are available in the children and young peoples' strategy</p>	<p>By 2012</p> <ul style="list-style-type: none"> <li>• Strengthen and improve our maternity services</li> <li>• Extend intensive pregnancy support for vulnerable mothers based on the work of the Family Nurse Partnership</li> <li>• Expand the hours that the children's community nursing team operate towards a seven-day service</li> </ul>	<ul style="list-style-type: none"> <li>• CYP strategy</li> </ul>

Sub element	Areas for action 2010–12	Milestones 2010–12	Existing strategies
		<ul style="list-style-type: none"> <li>• Increase short-break provision for children and families</li> <li>• Increase access to co-ordinated, multi-agency support for all disabled children</li> <li>• Deliver services in more accessible settings in the community such as children's centres, schools and GP surgeries linked to polysystem plans</li> <li>• Ensure that mental health promotion is embedded in the work of children's centres.</li> <li>• Investigate the potential to join up existing systems to provide more efficient and coordinated services</li> <li>• Specialist transitions team for disabled children in place by March 2010</li> </ul>	
Development of Networks (health and well-being)	<p>Development of the primary care investment programme within the integrated care programme– priorities:</p> <p>i) Development of networks (polysystems)</p> <p>ii) roll out the network care packages</p> <p>Develop the care package priorities for 2010/11/12 and onwards</p> <p>Expanding primary care workforce</p> <p>Alignment of networks with care closer to home and development of polysystems</p> <p>An early focus on diabetes and immunisation with systematic and rigorous feedback to practices and performance management</p>	<ul style="list-style-type: none"> <li>• Development of business case to support increase of resources into primary care.</li> <li>• Set up 8 networks in 2009/10</li> <li>• Development and implementation of 3 care packages in 2009/10 and a further 8-12 in 2010/11/12</li> <li>• Develop 4 polysystems and progress business cases for polysystem hubs and spokes</li> </ul>	<ul style="list-style-type: none"> <li>• Improving health and well-being strategy 2006</li> <li>• Primary care strategic plan</li> <li>• Integrated care pilot plan</li> </ul>

Sub element	Areas for action 2010–12	Milestones 2010–12	Existing strategies
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Strategic aim 4: Promoting independence, choice and control

Long term conditions	Implementation of care packages and the overall care pathway for a number of LTC or disease areas such as diabetes linked to the network development, personalised direct budgets and Year of Care pilot	<ul style="list-style-type: none"> <li>• Publication of overarching strategy in 2010</li> </ul>	
Year of Care	<p>Continue pilot of Diabetes “Year of Care” - a patient centred care planning approach to annual reviews in diabetes</p> <p>Use social marketing approach to raise further awareness of diabetes self-care</p>	<ul style="list-style-type: none"> <li>• Comprehensive programme of patient education tailored to local cultural and language needs</li> <li>• Networks of practices linking with secondary care systematically reviewing identification and management of patients</li> <li>• Introduce new diabetic nursing workforce</li> </ul>	<ul style="list-style-type: none"> <li>• Year of Care implementation</li> </ul>
Personalisation	Fully implement the transforming social care programme	All social care users to be offered the opportunity of controlling their own care through the use of a personal budget by March 2011	

Strategic aim 5: Invest resources effectively

Shared resources / services	<p>Develop further Tower Hamlets partnership strategic commissioning to deliver the key health community plan and LAA targets</p> <p>Exploit opportunities for shared services and resources through the Tower Hamlets Partnership including bids to attract external resources and through the co-location and sharing of services</p> <p>Develop the Partnership’s response to the anticipated reduction in resources from 2011/12</p>	<ul style="list-style-type: none"> <li>• Partnership to hold a seminar to evaluate pilot projects on strategic commissioning including child poverty and community cohesion and consider the lessons from the government’s Total Place pilots in late 2010 to inform its approach</li> <li>• Partnership framework and programme agreed by March 2010</li> <li>• Partnership asset and shared service approach to increase the use of shared assets and services (by March 2010)</li> </ul>	<ul style="list-style-type: none"> <li>• Community plan</li> <li>• Improving health and well-being strategy 2006</li> </ul>
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# Appendix 2: The consultation with local residents

## How the refresh strategy was developed

The partnership engaged local people in a discussion of progress and obtained their feedback and ideas on further change needed. This was achieved through a number of meetings and processes of engagement over April and May including:

- LAP based meetings in March and April that involved 482 local residents, and cross section of our communities.
- A Tower Hamlets Involvement Network (THINK) event at the London Muslim Centre in April that involved over 100 people
- Sample surveying of 100 local residents through face to face interviews
- Consultation with the Older People's Reference Group and members of the local Muslim community

The emphasis of the refresh discussion was on engagement with the community but some discussions took place with a range of professionals. This included the Tower Hamlets Local Medical Committee and local pharmacists

## Feedback on how health services have changed since 2006

On the whole an improvement in local health services has been recognised by local residents. The 2008/09 Tower Hamlets council residents' survey showed that 65% of local people think that local health services are "good or excellent" compared to 50% in 2005/06. This also compares favourably with the London average which was 58% in 2008/09.


In particular participants in the community consultation recognised how much easier it is to see their local GP with extended opening hours and improved booking systems. The extended role of other primary care practitioners, such as the pharmacist, has been well received by patients as an additional source of health and well-being advice.

The Barkantine polyclinic was identified as a good example of a centre offering a broader range of services locally. The availability of blood testing in local practices and the establishment of walk-in centres was also well received. Secondary care, in particular specialist care for cancer and heart disease, was viewed very favourably as meeting the needs of residents.

The consultation identified considerable variation in the experience of black and asian minority groups in accessing and receiving services. A lack of cultural sensitivity and the use of language and behaviour were seen as a barrier to many minority communities accessing services.

Local residents did express concerns about not being able to access local NHS dental services despite the significant increase in investment and number of people attending NHS dental surgeries in the borough. Residents also had concerns that waiting room times at GP surgeries were sometimes excessive.





Some participants identified gaps in provision ranging from therapy support for those with mental health problems, a lack of information and support for carers, to perceived deficiencies in the current range of day centre support for those with disabilities.

Given changes in the structure of the voluntary sector locally, there was an expressed desire for capacity building, network development and relationship development to ensure improved engagement with the third sector and better commissioning outcomes.

### **Priorities emerging from the consultation**

During the consultation with local residents, voluntary sector representatives and clinicians some clear themes and priorities for improving health and well-being emerged including;

- Supporting healthy lifestyles and improving access to information
- Improved joint working

- Improved access to services including GP surgeries, health centres and hospital services
- Integrated care for those with health and social care needs

The staying healthy agenda was understood by many of the participants. They sought much more information and support to assist choice on lifestyle and behaviour change.

Education and training on healthy eating, exercise and lifestyle was seen as a key objective to supporting families to improve their health either at home or through schools and community centres.

Change was sought in terms of the availability of information on services in different languages with greater use of different media and technology to communicate to the public and with individuals on services. Solutions ranged from the use of local television for common information and messages, to texting and mobile phones, in addition to post and internet.

Younger people advocated a tough line to be played by the authorities on the regulation of under age purchase of tobacco and drink. But they also sought to have more positive and “cool” imagery around healthy lifestyles. Some participants advocated the use of incentives to promote the giving up of smoking or other harmful activities.

Many participants including those representing young people wanted further joint working between NHS Tower Hamlets and the local authority to promote easy access to physical activity and to use planning mechanisms to promote walking and cycling. Some wanted the local authority to be more active in controlling the sale of fast food locally although they recognised the constraints of law in this regard.


The principle of integrated working at a local level for those with health and social care needs was identified as a priority and a way of improving the health and well-being of many people. The potential of extending it to other areas such as drug use with close working required of the NHS Tower Hamlets, the local authority and the police to combat











use of drugs and to promote of treatment services.

The training of local people in health and well-being skills was seen to be a way of opening up opportunities for the local community to enter health and social care related employment.

When it came to changes in services, many were in favour of the development of integrated health centres (or polyclinics) but were keen to preserve very local access to some primary care services through their local surgery. It was felt that local access to services might be enhanced through the offer of clinics within local community centres, pubs and mobile units.

Local voluntary organisations saw great potential to expand their role in acting as health promoters as well as care providers. The development of the personalisation agenda offered particular opportunities for local people to choose a voluntary sector solution.

Given changes in the structure of the voluntary sector locally, there is an expressed desire for some capacity building as well as support for network development.

Voluntary sector representatives are also keen to establish closer connection with those commissioning support from their sector, and to ensure that they better understood the commissioning process.



### How the comments link to the propositions contained in the refresh discussion document

The consultation participants' focus on children, older people and particularly on life style issues, suggests support for the emphasis given to the staying healthy agenda promoted in the discussion document. There is interest and enthusiasm for greater information, education and training to assist with choice on lifestyle.

Moreover, the fact that the LAPs differed in terms of their priorities, would also suggest that the LAP specific health improvement approach as advocated in the document, is an appropriate one.

The recommendations made by participants for information, education and training for families seems to endorse the view of the discussion document that a focus on family support would be welcomed. It also cast attention on the development of family friendly facilities so that families can take part in health enhancing activities together

The development of local networks (including health polysystems) is seen as a way of bringing professionals and local community groups together. Care will need to be given to ensuring access to new facilities by a range of groups.

The four polysystems may offer more opportunities in this regard.

Voluntary sector organisations would clearly welcome being part of local delivery networks but have a concern about their ability, on account of their small size, to relate to eight networks.

Clearly the approach being advocated by many residents to integrate work across NHS Tower Hamlets, the local authority and other agencies supports the integration of services at different levels (borough working on policy, LAP level on health and well-being improvement and within networks to deliver certain services).

There is support for the development of new health and well-being centres (polyclinics) locally offering the opportunity for greater integration of health and social care.

However it is clear that many of those consulted wish to see some services provided very locally within practices or at home through enhanced outreach services.

Voluntary sector organisations in particular welcome the opportunities afforded by the promotion of personalised care.

Given changes in the structure of the voluntary sector locally, there is an expressed desire for some capacity building as well as support for network development.

Voluntary sector representatives are also keen to establish closer connection with those commissioning support from their sector, and to ensure that they better understood the commissioning process.

