

Improving Health and Well-being in Tower Hamlets

Discussion document, March 2009



Tower Hamlets Partnership
improving today, shaping tomorrow



NHS

Tower Hamlets

Foreword

The widest range of organisations and community groups are involved in the Tower Hamlets Partnership and are together contributing to improving the quality of life in the borough.

There have been many achievements through partnership working in the borough – but much still needs to be done if we are to end the inequalities that mean life expectancy is lower here than in many other areas of the capital and the country.

We are now looking at our Improving health and well-being strategy to see how we can build on its achievements to provide more care closer to home, and to support individuals and families to take more control of their health.

We want to hear your views on this document, and on how we can help you maintain or improve your health and well-being.

So far we have....

Ensured that 21 children's centres in Tower Hamlets are now providing advice and support for young children and families in very accessible locations. The health advice which includes antenatal care, speech and language, nutrition and weaning, within the centres is increasing...



Introduction



The strategy document, *Improving health and well-being in Tower Hamlets*, was adopted by the Tower Hamlets Partnership in 2006 after discussion with the community and staff of a wide range of organisations – community groups, business, the local authority, health service and many others.

The strategy included an action plan around its themes:

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

Work around those themes has led to a series of improvements in Tower Hamlets. These have included new services and new ways of providing services; the opening of the first in a programme of health and well-being centres, a range of services in children's centres, extended hours in GP practices.

Support, advice and information for local people has led to more than 2,000 people a year choosing to improve their health by giving up tobacco.

The Healthy Town initiative will help people to live a healthier life, encouraging healthy weight in particular.

And the Time for Health campaign is starting to bring information on a wide range of health and well-being issues to the community through overarching publicity campaigns, and the work of health trainers and community organisations.

It is time to check if the aims set out in the strategy are still relevant to local people. It is time to ask the views of staff and volunteers in front-line services about services that can be provided locally, close to where people live.

A look at the strategy will also ensure that it fits well with other local, London-wide and national programmes for improving health.

In refreshing the strategy we will ensure that:

- it supports the Tower Hamlets Community Plan and the aspiration of the Tower Hamlets Partnership theme, One Tower Hamlets – reducing inequalities and strengthening community cohesion
- it reflects information on health and well-being from the Joint Strategic Needs Assessment developed by the Primary Care Trust and local authority



- it reflects the aims of the Healthcare for London programme, as tested by public consultation:
 - Services should be focused on individual needs and choices
 - Localise services where possible, centralise where necessary
 - There should be truly integrated care and partnership working, maximising the contribution of the entire workforce
 - Prevention is better than cure
 - A focus on reducing health inequalities
- views from the public and staff feed into decision-making on the commissioning of services by the local authority and PCT, informing the Local Area Agreement and Commissioning Strategy Plan, and so improving services.

The aims of the Improving health and well-being strategy, Community Plan, Healthcare for London, and a review of hospital services across North East London, are to support the delivery of safe, accessible healthcare and opportunities for people to stay healthy.

The strategy

1.1 The ten year Improving health and well-being strategy was developed during 2005/6 as a local Partnership commitment to improving health and well-being, and developing services in the community.

1.2 It was developed with extensive involvement and consultation with local people, community organisations, service users and staff.

1.3 As an agreed partnership strategy, it has become part of the way organisations think and act.

1.4 Local partner agencies have taken the vision and service model and delivered a range of service improvements. The achievements are impressive.

1.5 As with all strategies however, there is a need to review and refresh thinking in the light of experience and an improved understanding of what is needed by the community. The thinking about services also changes rapidly with insights into the use of new approaches and most especially as service partners explore what can be achieved across organisational and professional boundaries.

1.6 This document aims to bring the strategy up-to-date and sets out some new challenges for local organisations. It begins with a reminder of the key outcomes, vision and propositions in the 2006 strategy; it comments on what has been achieved over the last two years. It comments on the changing local context and draws conclusions on what still feels relevant within the original strategy and what needs to change.

1.7 The overriding aim of the document is to inspire local discussion to set new ambitions whilst at the same time reinvigorating what is still relevant.

The Improving health and well-being strategy – the main propositions

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2.1 The strategy took as its starting point the needs – and views – of a local population where there are more significant levels of deprivation than in many parts of the country. There are higher levels of unemployment, shortages of adequate housing, lower life expectancy and higher reported levels of ill health. Local views were gathered in a wide-ranging public consultation.

2.2 Given that it was looking 10 years ahead, the strategy needed to take into account rapid population growth associated with regeneration, people moving into the borough, and rising birth rates. Another feature was the coming London Olympics and Paralympics, providing a further spur to regeneration and an opportunity to focus on the connection between activity, good health and well-being.

2.3 The strategy set out a vision for community-based services that would offer equal access and choice to local people. Service providers in social and healthcare would integrate to ensure the most effective and efficient response. Children would be secured of the best start in life. Services generally would be regarded as being the best in the country.

2.4 Some key principles drove the vision of services. These included a focus on improved health and well-being for all communities and early intervention to prevent problems; enabling local people to choose to look after themselves and retain independence; services that would be closer to communities and in locations where

different services and professionals would be brought together. Finally, the principles emphasised close agency-working to ensure the maximum advantage for local people in addressing broad social and healthcare needs.

2.5 The success of the strategy was to be measured in the degree to which local inequalities were reduced, individual experience of services were improved, independence, control and choice could be exercised, services were integrated and more local, and finally the degree to which resources had been invested wisely. These were the desired strategic outcomes.

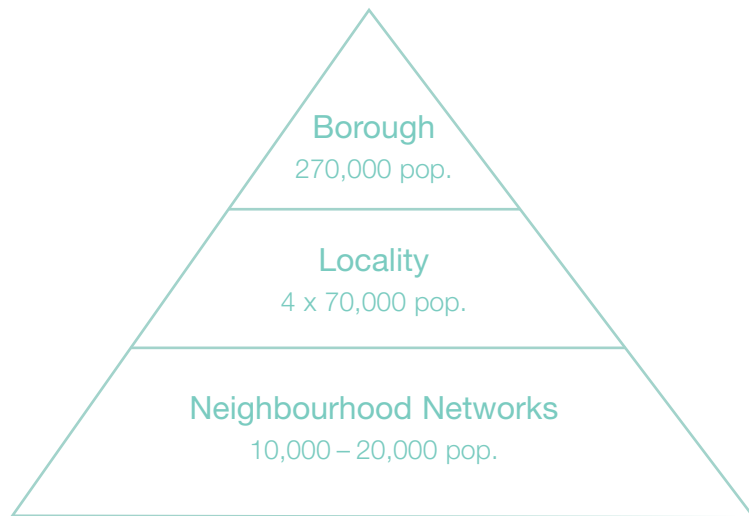
2.6 The strategy then set a vision of integrated health and well-being services organised in local networks, localities and or serving the borough as a whole (the triangle of services overleaf).

So far we have....

Opened The Barkantine, which is the first of the borough's health and well-being centres, offering a birth centre, children's centre, social care, dental care, minor surgery, GP practice, a pharmacist and a mental health team...



The Service Model



2.7 The model was built around neighbourhood networks bringing together public services spanning health and social care, education, housing and leisure services. The networks would also include voluntary and community-based groups who would be much more significant providers of services in future.

So far we have....

Made it easier to see a GP with 200,000 more appointments each year as well as easier access to dentists. A mobile dental service now operates across Tower Hamlets in response to the need to increase the uptake of dental care...

2.8 Local residents would be able to access a range of health promotion, diagnostic and treatment services as well as direct help on housing and benefits. Day services and support for employment would be within easy reach. Health and education services for children would be linked through local children's centres and the extended schools programme. Local Idea Stores would provide a gateway into these local services.

2.9 The networks would have the ability to share information on local needs and to plan services more specifically around them. They would provide the platform for bringing services together to ensure access and equity and to focus on improving health and well-being. They would provide a focus for the local community for information and help to ensure independence of living.

2.10 Finally, the vision of services recognised that not all services could be provided within the networks. More specialist health and social care services would be organised on a locality or borough base but they would be linked to the networks. Users would be helped to secure the service and then signposted back to their local services.

2006-2008 The achievements and learning over the last two years

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3.1 The vision of services has been embraced by partner organisations and acted to shape decisions on the development of services.

3.2 Within health, the model of service has been adopted for more detailed work on sexual health, oral health, mental health, pharmacy and urgent care. Each of these strategies set out plans for the development of local services with more active referral and joint-working across professions.

3.3 The model has also determined the approach to setting up and running the new children's centres and extended schools. Planning for integration of social care services (social workers and assessment teams) with health services (nursing and therapies) has been driven by the aspirations of the model.

3.4 Specific changes have been achieved in services that reflect the desire for local, more integrated services.

3.5 The opening of The Barkantine Health and Well-being Centre on the Isle of Dogs provides a good example of integration of health and social care services. This new facility offers a range of health promotion, diagnostic and treatment services across general medical, dental, pharmacy and broader based therapies. It is home for the integrated health and social community mental health team. It offers a facility for community groups and it brings hospital-based maternity services closer to local people.

3.6 Networks of primary care practitioners have begun to come together on the Isle of Dogs, in Poplar and in Bow. GP practices are coming together to learn and to share specialist skills. Referrals are being made between practices for specific diagnostics and treatments.

3.7 Children's centres have now been established in 21 centres around the borough. They provide a broad range of advice and support for young children and families in very accessible locations. The health service content within the centres is growing quickly.

3.8 The Extended Schools programme has also been developed offering a range of health promotion and social care support for families as part of the normal school network. Schools are working together to share important resources such as specialist social care workers. Early work has been undertaken in local primary and secondary schools to assess the health and well-being profile of local children and then to develop programmes of change.

3.9 Partnership work has been undertaken to address four key lifestyle issues that have a profound impact on health, well-being and inequalities within the borough. These are smoking, exercise, diet and alcohol.

3.10 Partner agencies have been working hard together to deliver approaches to combat the rise of obesity amongst children and adults.

The Healthy Weight, Healthy Lives in Tower Hamlets strategy has brought together partners to work across a range of locations including early years, schools, leisure, workplaces, healthcare and community centres. This is to increase opportunities for physical activity and healthy eating and to provide support for those who want to lose weight. Building on this work, Tower Hamlets has succeeded in obtaining to become one of the nine 'Healthy Towns' – the only one in London – to tackle wider issues that will help people to reach healthy weights, such as access to open spaces, safer routes for walking and cycling and tackling the proliferation of fast food outlets.

3.11 A similar approach has been taken to reduce the use of tobacco. Statutory, voluntary and community organisations have been working to develop and extend smoking cessation services as well as to enforce legislation locally to restrict the use and sale of tobacco products. This action builds on the smoking ban that has played a key role in reducing consumption in public places.

3.12 Alcohol consumption is a pressing issue and there has been much combined effort to develop education and support services to prevent excessive use or address current addictions and dependencies. But the scale is such that more effort will need to be placed on this problem in future.

3.13 A good example of resource sharing across the agencies is to be found within smoking cessation and Find a Doc, where the call centre expertise of the council is being used to help local residents to access services.

3.14 The agencies worked hard to ensure improvements in access to services. The Partnership gave priority to improving access for local residents to local primary care services and neighbourhood renewal funds were deployed to invest in extended hours and additional GP appointments. An 8% improvement in access has been achieved over the past 12 months. Such an approach was also taken to secure improved community dental access through joint investment in the mobile dental services.

3.15 Another example of joint work lies in the LinkAge Plus programme that delivers integrated, preventive, community-based services for older people through five network centres, each hosted by a different community organisation. More than thirty organisations are involved in the LinkAge Plus partnership. Over the last two years, the networks have engaged thousands of older people in the borough in activities, in advice sessions, in volunteering, in health promotion, and a vast range of other opportunities. The programme has a particular focus on reaching out to and engaging isolated older people. It makes 900 outreach contacts every month. The programme developed out of the Improving health and well-being strategy and was jointly commissioned by the council and the PCT.

3.16 Housing services for the homeless have teamed up with health services to fund the work of health visitors working in children's centres and on an outreach basis for families in temporary accommodation.

3.17 Development of third sector involvement in providing services has moved forward over the past two years. Health Trainers have been recruited from the community through third sector organisations to support people in leading healthier lives. This successful programme has been expanded to target new groups. The Expert Patient Programme, also commissioned through the third sector, is a lay-led programme to help patients manage their conditions and make better use of services. The voluntary sector is making an increasing contribution to smoking cessation and continues to be an important part of support for mental health users.

3.18 The programme of capital investment in new health and well-being centres is well advanced. Seventeen schemes are now part of this programme offering a range of up-graded or brand new facilities within each of the localities and LAPs. Many of the schemes will have been completed by 2012 and they will offer locality and neighbourhood hubs to support the co-location of services.

3.19 Work is progressing on the new hospital in Whitechapel and the first phase is planned for completion in 2012. The plans assume much greater provision of general health services within the community and Barts and The London NHS Trust is committed to supporting local community-based networks with more specialist hospital support.

3.20 Work in information sharing across services is underway but proving demanding. EMIS web technology will offer a way of integrating patient information across the full range of health professionals and between hospital and community settings. Single assessment processes for children and for vulnerable adults have been implemented but information technology linking social and healthcare systems is slow to develop. Above all, there are still differences between health and social care service providers that impact on the approach to information sharing and integrated delivery.

3.21 Finally, integration is being supported by joint commissioning across the PCT and the local authority. Currently we have integrated commissioning teams in place for community health and social care services and are in the process of implementing a full set of formalised lead commissioning arrangements from April 2009. For service provision, we are moving forward in integrating community health and social care services for older and other vulnerable people.

Why refresh the strategy?

4

4.1 The work of improving health and well-being will benefit from regular review. This includes looking at what we can learn from the experience of implementing the strategy so far, from changes in national health and social care policy and through the views of local people.

4.2 Since 2006 we have seen a radical review of London's health services by Lord Darzi and this has been followed up nationally by the Next Stage Review. We have also seen some very important thinking on the delivery of social care through the policy document Transforming Social Care.

4.3 The Darzi reviews re-emphasised the significance of early intervention work and engagement in health promotion. Integration of services was an important theme within proposals to develop new combined health centres in the community. A more systematic and collaborative view of services from birth thorough to death is required to ensure improved quality of care as well as increased choice and personalisation. The review called for more services within the community with a re-shaping of hospital care around very specialist services for trauma or for the complex end of stroke. These proposals were broadly welcomed by local residents during the community consultation.

4.4 There are close links between Lord Darzi's work and Transforming Social Care. Both call for much greater degree of personalisation of services with much greater involvement of users and carers in assessments for support and then in choosing a range of different services as a personal package. For adults in particular, there are

early opportunities to implement personalisation of services for the management of long term conditions.

4.5 Quality of service is also a major theme. There is a need now to broaden the approach taken to establishing clear measures of quality, based upon user requirements, and then to ensure effective processes by which this is assessed and results made available to the public.

4.6 In many ways the 2006 strategy anticipated many of the requirements and in particular the development and integration of services within the community. Improving quality and a more personalised approach to assessment and service delivery are also important.

4.7 More locally the recently completed Joint Strategic Needs Assessment has enabled a more precise view of the community at the borough level but most significantly within Local Area Partnership areas and wards.

4.8 The assessment set out projections for population growth from the current estimated 232,000 residents to 262,000 within five years. The biggest increases will be seen in 19-49 age group and 50-64.

4.9 The assessment confirms key issues of deprivation within the borough with higher than average unemployment (13.4% for men and 14% for women), and the highest rate of overcrowding in London (14% compared with 5% in London).

Educational attainment has improved considerably with just over 44% of pupils achieving 5 grades A-C in GCSE including English and Maths (compared with 26% in 2002). However over 25% of the working age population holds no formal qualifications.

4.10 The assessment confirms lower life expectancy than other parts of the country (males 75.2 and females 80.2 compared with 77.3 and 81.5 nationally). The leading causes of death are cardiovascular disease, cancer and chronic respiratory disease. Two local contributors to ill health and early death are the rates of smoking in the community (37%) and rising levels of obesity (14.7% of children in reception year – the third highest in the country). Levels of use of alcohol are a significant problem.

4.11 For older age groups, self reported ill health is significantly higher than in other parts of the London. Overall local modelling has provided a sense of the impact on quality of life with the most widespread condition being mental health problems (65,000), hypertension (33,000), musculoskeletal (12,000), diabetes (12,000), asthma (11,000), chronic obstructive pulmonary disease (10,000) and coronary heart disease (7,000). Often residents will have more than one of these conditions.

4.12 One of the most significant aspects of the assessment is the differences of experience within the borough. When it comes to life expectancy for males, the range of expectancy varies from 72.2 in Bethnal Green to 80.7 in Millwall ward; for females 77.9 in Bow East to 82.2 in Millwall. When it comes to population



growth, this will be the most rapid in Isle of Dogs (LAP 8), Lower Lee Valley (LAP 6) and the City Gateway (LAP 1). These local issues have significance for the refresh of the strategy and suggest a need for more locally-tuned approaches.

So far we have....

Set up the LinkAge Plus programme delivering community-based services for older people through five network centres hosted by community organisations. The networks engage with 900 older people in the borough each month...

Strategic Priority	Outcomes to be achieved by 2013
Index of Multiple Deprivation	By 2013, average IMD score has improved significantly and is closer to the national average
Life expectancy	By 2013, life expectancy at time of birth will be 77.9 years (male) and 81.6 years (female)
Staying healthy	By 2013, there will be 1253.1 Smoking Quitters per 100,000 population aged 16 and over
Access to services	By 2013, 86% of people will be reporting access to GP of choice within 48 hours (Primary Care Access Satisfaction Survey)
Mental health	By 2013, 55% of patients on the SMI register will have had a review in the previous 15 months and a CPA assessment
Maternity, children and young people	By 2013, no more than 26.4% of children in Year 6 will be obese
	By 2013, 93% of children will have completed their MMR immunisation (1st and 2nd dose) by their 5th Birthday
Vascular disease and diabetes	By 2013, our CVD Mortality rate will be 92 per 100,000 DSR, standard European population for all CVD mortality, (ICD10 I00-I99)
	By 2013, 69% of patients with diabetes will have an HbA1c of 7.5 or less
Cancer	By 2013, 70% of women aged 53-64 will have had breast screening (less than 3 years since last test)

Table 1 lists the strategic outcomes to be achieved by 2013.

4.13 These needs are reflected in other significant agency and partnership plans. The overarching aim of the PCT's Commissioning Strategy Plan (2009-2014) is to reduce health inequalities, increase life expectancy and improve health outcomes.

4.14 The need to ensure protection of vulnerable adults is a priority. Our records of referrals and investigations over the last three years indicate that there is under reporting within certain Black and Minority Ethnic communities within the borough. We have seen a significant increase in referrals relating to the financial abuse of adults with mental health problems and of older people. Community safety remains a significant concern for many of our community and particularly for service users with disabilities and for older people. These issues will require greater attention to ensuring access to services, and collaboration with other agencies (e.g. the police, the Domestic Violence Unit and the courts).

4.15 The Local Area Agreement sets out joint partnership targets to support the achievement of significantly improved levels of educational attainment and local standards of housing, health, environment and safety.

4.16 We have seen the development of strategies covering support for carers and the promotion of independent living. There has been significant work on strategies to combat homelessness and to reduce dependency on temporary accommodation. These strategies are based on broader notions of health and well-being where accommodation is linked to support on health, education and



Dansk Havn 0263
The Barkantine

employment. We have joint strategies covering tobacco, healthy weight and healthy lives and alcohol.

4.17 These strategies suggest a greater combined agency emphasis on the promotion of health and well-being or staying healthy.

4.18 This is further endorsed by the recent refresh of the Children and Young People's plan where the promotion of healthy life choices is regarded as a priority.

4.19 This plan also emphasises the role of families in helping to promote physical and mental well-being for many members of the community. Immediate and extended families can become a conduit for information and advice that can lead over time to lifestyle changes.

4.20 Regeneration and growth was a key theme within the 2006 strategy and continues to be vital. But the thinking about the approach has moved on. The most recent Core Strategy Options Consultation focused on the desire to rejuvenate the old hamlets and to re-establish town centres across the borough. This has significant implications for the positioning of new care facilities since they too will be key tools of regeneration and growth and will play a key part in shaping local centres for prosperity, safety and well-being.

4.21 The Community Plan has four important strands for partnership work and an emphasis on combating worklessness – ensuring employment opportunities are

available for all local people. A workforce to reflect the local community has identified a number of initiatives to increase community employment in the public sector and to ensure that we do not lose employees with health problems. The challenge is now to set out outcomes more specifically and to ensure that these are incorporated into the way in which services are commissioned.

4.22 The 2012 Olympics and Paralympics presents an opportunity. The legacy of the games will take the form of sporting and accommodation facilities. But for a period there will also be the legacy of interest and motivation around healthier lifestyles. The refresh needs to engage with the more detailed legacy planning as it unfolds. It also needs to take full advantage of the developing interest in the games over the next three years.

4.23 Finally, the processes for service commissioning and provision continue to change. We have already commented on the development of joint agency commissioning and this is likely to receive greater weight with greater financial flexibilities and sharing of budgets.

4.24 Within health, Practice Based Commissioning is rapidly developing and there will soon be greater collaborative working across Tower Hamlets, City and Hackney and Newham. This is part of the programme to strengthen health service commissioning and achieve world class standards (part of the World Class Commissioning Programme).



4.25 The landscape for service providers is also changing with a greater mix of third sector, independent and traditional statutory sector provision.

4.26 The PCT will be developing an 'arms length' relationship with the community health services it has been responsible for directly managing, and we see many opportunities for bringing health and social care services together with a focus on serving very local populations.

4.27 So, a refresh of the strategy is important to reflect on national policy development as well as, more locally, the greater understanding of need and differences and to take on board developing the thinking on what is possible and desirable.

5.1 Much of the original 10-year vision set out in the 2006 strategy is as relevant today as it was then. This includes the development of high quality services provided predominantly in a community setting; the emphasis on joint agency and integrated working; the rooting of services in local communities accessing the full range of local expertise; the partnership between users and care providers.

So far we have....

Developed local networks of GP, nurses, pharmacists and others are forming to share specialist skills so people can have more tests and treatment in their local area rather than having to go to hospital...

Supported the extended schools programme offering social care support for families and health promotion as part of the schools network...

The vision, outcomes and principles

5

5.2 To pick up on two strongly emerging themes over the past two years, the vision should include a greater commitment to combined agency work to enable local people to stay healthy; secondly services should take a more family centred approach to have maximum impact on health and well-being.

5.3 To stay healthy, local people should be assisted to understand the full and long term consequences of decisions on lifestyle. But they should be supported by a social and physical environment that helps them integrate healthy living into their daily lives.

5.4 When it comes to families, the vision for services should set out how agencies should take opportunities to understand and then support families to help themselves. This means services working more closely together when supporting various members of a family. It also means taking advantage of opportunities to offer services at locations and times when families may be together, for example, at schools or leisure centres.

5.5 Personalised services is another emerging theme that requires energy looking ahead. Support is required for users and carers in assessments of their needs leading to much greater choice on solutions whether they be provided by organisations or individuals. To enable choice there will be enhanced information on services and relative performance.

5.6 Health and local authority services and expenditure are a fundamental part of the local economy and must play a major role in supporting regeneration and growth. Our vision of developing services should pay regard to supporting the commitment

to rejuvenating the hamlets and providing neighbourhood centres. It is also important of course that in developing neighbourhoods every opportunity is taken to promote healthy lifestyles.

5.7 We think that the 2006 principles continue to serve local needs well and reflect emerging national and local policy. These principles emphasise early help to promote good health and well-being, support for local people to look after themselves and retain their independence; the integration of agencies and the co-location and easier access for residents; the engagement of local skills and resources and the development of the workforce.

5.8 We feel that the strategic outcomes continue to provide a sound basis for establishing a concrete measure of success and link well with the other key strategies and plans developed in partnership and by the organisations separately. But there are certain aspects which need further weight and priority.

5.9 The reduction of inequalities in health and well-being is an overriding requirement given what we know about the needs locally. We expressed this outcome in terms of life expectancy and infant mortality. But it is not just about extending life. It is also about enhancing well-being and quality of life with access to services, housing and employment. To achieve these outcomes we need to focus on local needs and pursue locally sensitive solutions to engagement, support and services.



5.10 Improving the experience of service users must continue to be our second desired outcome. Our 2006 aspiration was illustrated by reference particularly to early access to services. But the experience is much broader than this and our use of social marketing over the past two years has taught us much about wider expectations of the community for services; the language used, the place presented, the forms of engagement, and the partnership in agreeing goals. These need to be fully recognised in our detailed ambitions.

5.11 Developing excellent integrated and more localised services. We are investing heavily in new health and well-being centres and these will support the outcome. But as important are nurturing strong team and partnership-based arrangements and demonstrating integration from local networks to localities and borough-based specialist support. The 2006 ambition included the role of services as a promoter of employment and skill development but this needs to be re-enforced and given prominence given what we know about the power of education and employment to tackle inequalities.

5.12 Promoting independence, choice and control by service users. Our work on long term conditions combined with developing thinking on personalisation of care adds weight to this outcome. The Council will be moving fast on the personalisation agenda to hit targets for 2011; we think there are real opportunities for extension of the idea to health services.

5.13 Investing resources effectively gave emphasis to saving money through efficiency in collaboration and integration. It also emphasised the development of

more sophisticated commissioning of services based on much better notions of value for money for areas where there is income growth. Given real uncertainties around the national economy as a result of the banking crisis, the agencies will need to work together to optimise the application of various sources of income available for services locally.

5.14 We already know that the growth in Government grant received by the Council will be less than expected inflation for the years 2009/11. The allocations will be 1.7% in 2009/10, and 1.5% in 2010/11, with no allowance for population growth. Indications are that the likely settlement for 2011-2014 will be even tougher.

5.15 Getting maximum value from available resources is going to be key to sustainable success over the next few years. This should be achieved in particular, through a coordinated effort to harvest the benefits of information and communications technologies as they support more effective working across the whole system.

So far we have....

Established joint working against childhood obesity which has led to initiatives that include a 'Bike to school' scheme, more active play sessions in the community and work to limit harmful effects of fast food outlets...

Revisiting the model of services

6

6.1 There are a number of aspects of the 2006 model which require revisiting on the basis of the experience of the last two years and developing local thinking. These aspects are the emphasis needed on staying healthy, the focus on families, the remit and functioning of local networks, the approach to integration of services and finally the promotion of personalisation of services, including choice.

Staying healthy

6.2 Local partners need to take forward the current joint strategies on obesity and tobacco control to support an environment that makes it easier for people to integrate healthy living into their daily lives. This means such things as safe roads, clean environments, green spaces, play areas, accessible leisure facilities, healthy food choices at school and at facilities used by residents and supportive environments for active commuting.

6.3 We need to ensure that every opportunity is taken by frontline providers across a range of settings to assist with information and support to residents on living healthily. This means that within the service model, there is a need to help frontline providers of services in health, social care, community, school and workplace settings to recognise these opportunities, and then enable them to act with direct information and advice, or, signposting to other services. It is essential that support for lifestyle change is integrated into clinical pathways across primary and secondary care.

6.4 We also know that there needs to be a more locally sensitive approach to the promotion of healthy living. For this reason it will be more important in future to be 'LAP-specific' about health and well-being issues and then develop local programmes to impact on obesity and eating, smoking, drug and alcohol consumption, immunisation or cancer screening. Four locality health lifestyle programme managers are being appointed to support this increasing localisation and to expand the resource base across the third, independent and statutory sectors.

6.5 The existing LAP structures can be built upon to provide a powerful means of consulting locally with people on relevant health and well-being issues and then to plan specific initiatives based on tangible local outcomes.

6.6 Not all health promotion services would be LAP-based but the drive of services would be centred on local priorities.

Being family centred

6.7 Although there are many local residents who live on their own, the impact of immediate and extended families on health and well-being, is immense. Enabled parents can promote the health of their children, and children can assist in influencing their parents. We need to work more effectively across the generations.



6.8 Our services could work more effectively with families. We can bring together services where families may be gathered, for example at schools, leisure facilities, and at places of worship.

6.9 Our services could also share information on family needs more effectively. There are many occasions where health and social care professionals are working to support the same family but may be unaware of doing this. Integrated teams working to the same assessment process, for example the Family Assessment Framework, can have a much greater impact by working together.

6.10 Localised planning and delivery of health and well-being programmes should seek every opportunity to optimise exposure to immediate and extended families to maximise impact.

The remit and functioning of local networks

6.11 The 2006 strategy envisaged 23 very local networks bringing a range of health and local community services together, either co-located or tied through information transfer and strong communications. The remit extended to everything from joint needs assessment to the planning and delivery of integrated services. The services range from health to social care, housing, employment and education. They would extend to local community resources and community groups.

6.12 Networks are beginning to form on the basis of the energy and drive of local professionals. There is clear evidence of network development amongst primary care contractors, community service providers, children's services and education. The Idea Stores have the potential to provide some binding around the networks in terms of information. But the networks have yet to develop sufficiently to offer the power of collective local ownership of the health and well-being agenda.

6.13 We consider now that locality and LAP-based networks are more likely to offer a more suitable structure to bring the elements together. Instead of 23 there might be eight larger networks. These numbers make it easier for the integration of scarcer health and local authority staff and resources.

6.14 The Joint Strategic Needs Assessment demonstrated the value of local assessment work and in future local networks can commission and use the results of assessments to inform collective action on key health and well-being issues. This does not detract from important borough-based analysis and action, but given the aim of reducing inequalities, it is more likely that local action will have greater impact.

6.15 Localities and LAPs can bring the networks of children's centres, extended schools, primary and secondary services together to review local needs and to agree both collective action and action taken separately. They would be joined by social services, housing, leisure and planning.



6.16 We see health improvement resources and programmes becoming much more localised. For example, programmes to combat obesity, smoking, drugs and alcohol will have significant local commitment and be driven from the localities or LAPs with local ownership.

6.17 The LAP steering groups supported by neighbourhood managers can provide an umbrella structure for local assessment and planning of change.

6.18 Within the LAPs we see the development of a number of different networks each with their own remit and structure. This is already developing with the Tower Hamlets teams that are dedicated to improving local safety and improved environment.

6.19 Within health, local primary care professionals have combined to commission services through Practice Based Commissioning. This has recently developed from the borough base to localities.

6.20 Professionals are also combining on a broader basis (GPs with other primary care contractors and community health professionals) for the purposes of learning and agreeing some specialisation of services. In some areas of the borough, co-location of services brings social and healthcare together with strengthening links to the voluntary sector and community groups. It is an evolving picture, based in part on opportunities afforded by new facilities, but more a function of the enthusiasm and energy of local leaders.

6.21 In the longer term, we favour a model that integrates local commissioning of services with the provision of community-based services.

6.22 As joint commissioning with the local authority proceeds for adults, mental health, those with disabilities and children, there will be scope to devolve aspects locally into the networks to provide a more comprehensive basis for the commissioning of health and social care services.

6.23 In the short term the development of localised commissioning and provision may develop in parallel.

6.24 Networked service provision offers some early benefits to local residents of more accessible and higher quality care especially in the area of long term conditions. This will mean the offer of new forms of organisation for primary care contractors in addition to the traditional independent contractor model. The health networks will then provide the platform for greater integration of services.

6.25 It is very important to secure the involvement of local networks to shape the content and service offer within each of the new facilities.

6.26 The planning of the new facilities takes on board population growth and we will be working hard to align development with the broader notion of rejuvenation of the hamlets as part of the Core Options Strategy.

6.26 Table 2 below shows the planned schemes within each of the localities with their anticipated completion dates.

Locality	Scheme	Estimated Completion date
North West	Bethnal Green Health Centre refurbishment	2010
	QEH	2012
	Mile End	2012
	Whitechapel	2012-14
	Dunbridge Street	2010
South West	Harford Street	2010
	Goodman's Field	2012
	Exmouth Estate	2010
South East	Newby Place	2010
	Farrance Street	2011-12
	ASDA/Island Health	2012
	Wood Wharf	2019
	Docklands	2009
	Barkantine	Completed
North East	Ryan's Yard	2011
	St Clements	2012
	St Andrews	2010-11



The integration of services

6.27 Progress has been achieved within mental health and children's services in integrating health and social care. This comes on the heel of early work undertaken to integrate services for those with learning disabilities.

6.28 Planning work was undertaken in 2007 to bring together social work, district nursing and home care within each of the four localities and supported by single assessment processes, computerised integration of information, and the co-location of service professionals. The council are committed to examining how this integration could be achieved within eight local LAP-based networks.

6.29 Community mental health teams are already organised on a locality basis with early moves to co-locate services with other community-based services. The Barkantine is a good example of this. The East London Foundation Trust (for mental health services) is currently undertaking a review of the community-based assessment and continuing care teams with a view to achieving closer integration with other local services.

6.30 Integration of services can be achieved on an interim basis without formal co-location and sharing of information systems. It will be important for each of the local networks to develop transitional plans for integration in the absence of immediate facilities and information support activities.

6.31 Another aspect of the original strategy that requires re-emphasis is the integration of broader based housing, employment and leisure services.

The development of personalised care

6.32 Thinking is developing within the local authority on the approach to be taken to developing personalised services.

6.33 The concept of personalisation is less to do with the individual financial arrangements for engaging services and more to do with the principle of active engagement of user and carers in assessment of needs and then active user decision making and choice on service solutions.

6.34 The assessment process might be undertaken within Idea Stores or health and well-being centres either as a self assessment or supported assessment by professionals. Packages of short or long term support would be agreed with users and these packages might utilise the services of integrated teams or a range of different independent providers.

6.35 In the first instance the development of personalisation of services might be limited to social care and there are ambitious objectives to see this achieved for



all such services by 2011. But there is potential for the principles of personalised planning to be extended to health services. We should aspire to have in place a personalised care plan for all those with long term conditions with a designated lead professional.

6.36 This movement has major implications for the degree to which integrated provider solutions might cut across choice of solution. It has implications for the commissioning of services given the tension that might exist between aggregate procurement of services for local people and the instability that comes with individual procurement of individualised services.

6.37 For the local authority the personalisation of services may fit within a broader context of the provision of universal assistance and information to all residents on services irrespective of subsequent eligibility for financial support.

6.38 The development of personalised care and choice hinges on the active development of a market for services as well as the promotion of information on availability of services, their key features and relative performance.

6.39 We should also aim to unify the system for responding and learning from comments and complaints.

So far we have....

Opened a health hotline at the council's call-centre that offers information on finding services and staying healthy, in a variety of languages...

Made improvements in the quality of services, with more investment in doctor and nurse training...

Conclusion

7

It is important local people are able to stay healthy and that services work more effectively with families to have maximum impact on health and well-being.

This discussion document confirms the concept of localised and integrated services within networks at locality and borough level, but promotes the broader responsibilities for health and well-being promotion.

Within localities and Local Area Partnerships there may be a number of different networks. In the first instance we see health networks being organised to focus on health and well-being for those with long term conditions.

Integration of health and social care services requires information technology support and facilities for co-location but much can be achieved in advance through joint planning and joint training and development. Personalised services will become more important and this will be a challenge for locality-based commissioners as their role becomes one of enabling individual decision making and not directing it.

Some questions:

For local people:

We are investing in making it easier for you to see a health or social care professional and to improve the quality of services.

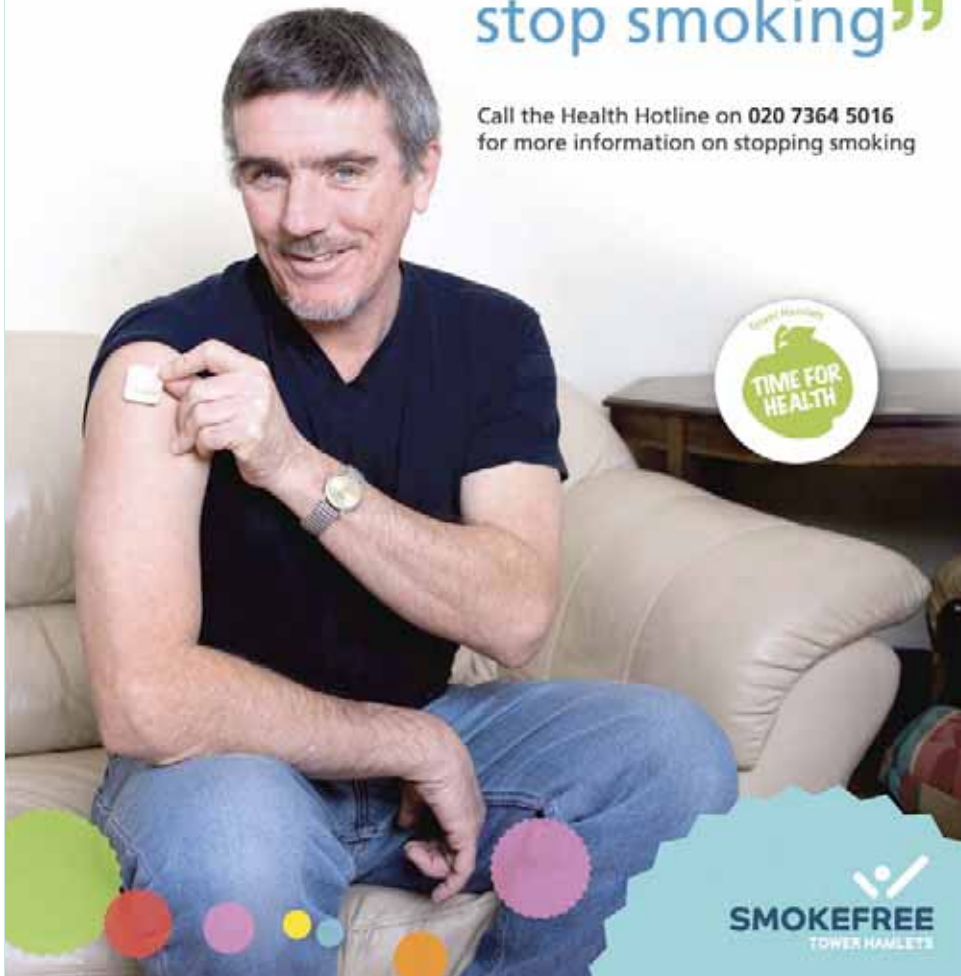
- Have you seen improvements to your local services?
- What is your experience of using health or social care services recently?
- Networks are starting with GP practices working together and with schools, community organisations. Should this be the shape of services to come across the borough? How could that help improve health?
- Have we gone far enough in improving access to services locally; what are your priorities for what you would like to see in your area?

What stops you and your family from living a healthier lifestyle?

- What would help you and the community in your area to maintain or improve health?
- Do you look after yourself?
 - if you were invited for screening, would you go?
 - have your children had the MMR jab?
 - have you given up smoking?
 - do you take any exercise?
 - does your family eat fast food?

“I got patches
to help me
stop smoking”

Call the Health Hotline on 020 7364 5016
for more information on stopping smoking



So far we have....

Commissioned community organisations such as Health Trainers and Faith in Health to advise individuals and communities how to lead healthier lives....

For staff of organisations providing services:

- How can we work better together locally, for the benefit of local people, supporting the aims of the Improving health and well-being strategy and the Community Plan?
- Are you working differently now compared with two years ago?
- Are there things that prevent us from working together more – what are they and how could these be changed?
- How could you live a healthier lifestyle, where you work, here in Tower Hamlets?

Have your say on the strategy and how we improve health and well-being:

www.thpct.nhs.uk/consultation

www.onetowerhamlets.net

Or write to us at:

FREEPOST RRYE-RZABKBSX

Improving Health and Well-being Consultation

Tower Hamlets Partnership

Anchorage House

5 Clove Crescent

London E14 2BG

Health and Well-being Refresh – Delivery Plan

Sub-element	Areas for Action 2009-12	Milestones 2009-12	Existing Strategies
Strategic Outcome 1: Reduce inequalities in health and well-being			
All age and all cause mortality – LAA delivery plan	The LAA Delivery Plan brings together the high impact interventions that will reduce inequalities in death rates. Key workstreams are integrated including promotion of healthy lifestyles across healthcare, social service, community and workplace settings; risk factor identification and control in primary care; identification of undiagnosed vascular disease (including diabetes); early detection of cancer, cancer screening and effective cancer treatment. 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><i>By 2012</i></p> <ul style="list-style-type: none"> • 100 fewer people dying compared to 2008 • At least 2300 smoking quits per year compared to 1800 in 2008 • At least 50% of 40-74 population screened for vascular risk • 69% of people with controlled diabetes compared to 51% in 2008 • 70% of 53-64 year old women attend breast screening compared to 50% in 2008 	<ul style="list-style-type: none"> • Community Plan • Commissioning Strategic Plan • Tobacco Control Strategy • Healthy Weight, Healthy Lives Strategy • Alcohol Strategy • Vascular Strategy (in draft) • Diabetes Strategy (in draft) • Cancer Strategy
<i>Time for Health</i>	<p><i>Time for Health</i> is a two-year campaign to:</p> <ul style="list-style-type: none"> • Provide an overarching theme for healthy lifestyle messages • Signpost primary care access and service information • Ensure <i>Time for Health</i> becomes a recognised stamp of how to stay healthy • Support residents in taking simple steps to be healthy • Encourage all relevant healthy communications across the borough become part of <i>Time for Health</i> • Ensure that all health professionals, local agencies and organisations have access to key messages and supporting materials • Support people living in Tower Hamlets to take action in key areas 	<p><i>During 2009/10 information will be widely disseminated to encourage people to take action in seven areas:</i></p> <ul style="list-style-type: none"> • stop smoking • eat healthier • drink sensibly • get active • make time to relax • get screened • recognise symptoms • and make effective use of services <p><i>By July 2010 there will be (compared with July 2009):</i></p> <ul style="list-style-type: none"> • 10% more Tower Hamlets' residents recognise the <i>Time for Health</i> symbol and understand its messages; • 5% will have made at least one small step to change/improve their health • the number of calls to the health helpline will have increased by at least on topic areas • more stakeholders will be part of the <i>Time for Health</i> campaign 	<ul style="list-style-type: none"> • Communications Strategy • Improving Health and Well-being Strategy 2006 • Healthy Weight, Healthy Lives • Tobacco Control Strategy

Sub-element	Areas for Action 2009-12	Milestones 2009-12	Existing Strategies
<i>Healthy Weight, Healthy Lives in Tower Hamlets</i> and the <i>Healthy Tower Hamlets</i> Programme	<i>Healthy Weight, Healthy Lives in Tower Hamlets</i> 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 & 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 nine ‘Healthy Towns’ to pilot interventions to tackle the environmental causes of obesity, e.g. 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><i>By 2012</i></p> <ul style="list-style-type: none"> No more than 15.4% of children in Reception and 26.4% of children in Year 6 to be obese 20 kilometres of cycle routes improved Increase of 4,000 attendances in parks 28 new or refurbished playgrounds and 10% increase per year in registered play uptake 12 new women only swimming sessions per week and 40,000 attendances 30 restaurants/fast food outlets advised on healthy eating options At least 50 SMEs to participate in healthy workplace scheme 21 Children’s Centres to implement Healthy Snacks Policy At least 2,000 local people to have participated in stakeholder events At least 600 parents and children to have participated in family learning activities At least 2,000 obese children and adults to have participated in weight management programmes (2009-2012) 	<ul style="list-style-type: none"> <i>Healthy Weight, Healthy Lives in Tower Hamlets: A multi-agency strategy to tackle the continuing rise in obesity 2008-2012</i> <i>Healthy Tower Hamlets Programme</i>
Olympics	Working across the five Olympic boroughs to utilise the Olympics and Paralympics to increase physical activity. <ul style="list-style-type: none"> To undertake a Physical Activity social marketing campaign To ensure the Olympic legacy includes improved access to facilities 	<p><i>By 2012</i></p> <ul style="list-style-type: none"> 90% 5-16 year olds undertaking at least two hours per week of high quality PE and sport in school Meet PSA 22 targets (when set) for 5-16 year olds – 2 hours PE and 3 hours sport outside of curriculum. For 16-19 year olds – 3 hours of sport/PA Increase active exercise to 27.7% as measured by Sport England Active People Survey 	<ul style="list-style-type: none"> Community Plan 2012 Olympic and Paralympic Games Strategy
Worklessness	Work Outcomes will be maximised through community employment, early intervention and preventative measures.	<ul style="list-style-type: none"> <i>Fit for Work</i> programme rolled out Occupational Health programme in place across Borough 80% entry level and apprentice positions filled locally 	<ul style="list-style-type: none"> Community Employment Strategic Plan: Building health into programmes for work and maximising health outcomes from work

Sub-element	Areas for Action 2009-12	Milestones 2009-12	Existing Strategies
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 healthcare	<ul style="list-style-type: none"> • Carers to have 24 hour access to respite care by March 2011 • Single telephone number for carer advice and information by March 2010 • 20% of primary care practices to have established carers register by March 2011 	Multi-Agency Carers Strategy 2008-11
Access to services (GP, Dentistry, Hospital, Urgent care)	Further improve services so that local people have access to services as close to home as possible. This will include: <ul style="list-style-type: none"> • Expanding primary care workforce • Developing primary care networks and polyclinics • An early focus on diabetes and immunisation with systematic and rigorous feedback to practices and performance management 	<ul style="list-style-type: none"> • Provide an extra 300,000 GP appointments by 2012 • GP access will meet the London average, by 2009 rising to top quartile nationally by 2012 • Introduce online and/or automated telephone appointment booking 24 hours a day, 7 days a week • At least 98% of patients attending A&E and walk in centres will be assessed and treated within 4 hours • Pilot minor surgery in primary care • Increase dental care to provide for an additional 8,000 patients • Increase the takeup of the Pharmacy First scheme to support management of minor ailments by at least 30% 	<ul style="list-style-type: none"> • Improving Health and Well-being Strategy 2006 • PCT Commissioning Strategic Plan
Maternity Care	<ul style="list-style-type: none"> • Continue improvement work and investment into maternity services that has achieved significant improvements in access to care and user experience • Continue progress on achieving 1:1 care in labour and higher levels of consultant cover on labour ward in line with national recommendations • Further develop user engagement through the Maternity Services Liaison Committee including bespoke support to lay members • Undertake targeted outreach to support early booking and user engagement • Mainstream the breastfeeding support team and expand capacity to include weaning support • Continue and expand the family nurse partnership pilot 	<ul style="list-style-type: none"> • Increase the percentage of maternity service users reporting satisfaction with services (to Picker London Average by March 2010, National Average by March 2011) • Increasing the number of women completing a full health and social care assessment by 12 completed weeks of pregnancy to 72% by 2011/12 • Increasing the number of babies exclusively breastfed at 6-8 weeks to 63% by 2010 • Improving the health outcomes for mothers and babies and reduce likelihood of children entering care through intensive targeted work with 100 vulnerable families 	<ul style="list-style-type: none"> • CYP Strategy • Commissioning Strategic Plan • Maternity Services Improvement Plan

Sub-element	Areas for Action 2009-12	Milestones 2009-12	Existing Strategies
Strategic Aim 2: Improve the experience of people who use our services			
Mental health (CMHT, Older people, substance misuse)	<ul style="list-style-type: none"> Improving access to psychological therapies, developing alternatives to hospital admission and tackling race equality issues. Expanding crisis intervention, early detection and mental health day hospital Improving systematic management using care programme approach and physical health and primary/secondary care interface 	<ul style="list-style-type: none"> Reconfigure community mental health services to link more closely to networks Expanding access to psychological therapies especially for minority communities and for treatment of mild – moderate common mental disorders Develop further the Somali mental health initiative Extend Services to support alternatives to hospital admission including opening an acute day hospital and expanding the Home Treatment Team Open a new Crisis House Expand the community rehabilitation and recovery service Secure locality premises for community mental health teams 	<ul style="list-style-type: none"> Improving Health and Well-being Strategy 2006 A Mental Health Strategy for Tower Hamlets
Quality of services (Commissioning for quality, CQVIN, Patient reported measures)	<ul style="list-style-type: none"> Strengthen further quality assurance with providers including monitoring and patient measures Develop a strategy to localise high quality care for all with the full engagement of commissioners, providers, clinicians and patients and the public. 	<ul style="list-style-type: none"> Strengthen processes, reporting and relationships with all providers by March 2010 Implement Patient Reported Outcome Measures (PROMS) from April 2009 Develop quality reports for the Risk and Clinical Governance Committee and strengthen the quality assurance visit programme and the role of the NEDs Implement CQUIN for BLT in 2009/10 and ELFT and CHS in 2010/11 Quality and Local Care Strategy agreed by March 2010 	<ul style="list-style-type: none"> Improving Health and Well-being Strategy 2006

Sub-element	Areas for Action 2009-12	Milestones 2009-12	Existing Strategies
Strategic Aim 3: Developing excellent integrated and more localised services			
Integrated Care Pilot	Achieving integration of health and social care services within specific programmes	Second submission of bid 6 February 2009. Final pilots announced 3 March 2009.	<ul style="list-style-type: none"> Improving Health and Well-being Strategy 2006 Community Plan Service integration and network development programmes
Health and Well-being Centres and links to the Core Strategy	<ul style="list-style-type: none"> Continue programme to deliver 14 (of 17) health and well-being centres that provide the hub of primary care services across the borough 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. 	<ul style="list-style-type: none"> Open five health and well-being centres in 2010, three in 2011 and six in 2012 Contribute to the Tower Hamlets Partnership infrastructure investment programme to deliver the Core Strategy 	<ul style="list-style-type: none"> Community Plan Improving Health and Well-being Strategy 2006 Core Strategy (draft) Commissioning Strategic Plan
Service integration (social care-nursing)	Fully integrated social care and nursing teams will be established in all networks, with single points of access, referral, assessment and care management processes. Community mental health services will be reshaped to align with networks. 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.	<ul style="list-style-type: none"> Integrated health and social care teams in place by March 2010 Community mental health services reconfigured by March 2010 Pilot reablement programme launched April 2009 Full roll out of reablement programme during 2010/11 	<ul style="list-style-type: none"> Improving Health and Well-being Strategy 2006 A Mental Health strategy for Tower Hamlets Transforming Social Care (LBTH Cabinet, Jan. 2009)

Sub-element	Areas for Action 2009-12	Milestones 2009-12	Existing Strategies
Strategic Aim 3: Developing excellent integrated and more localised services			
Children's agenda (children's centres integration etc)	<ul style="list-style-type: none"> Better support parents and families in giving children the best, healthiest, start in life Improve access to care for children with disabilities through a coordinated, multi-agency approach <p>NB These section will be finalised following the consultation on the Children and Young People's Strategy.</p>	<p><i>By 2012</i></p> <ul style="list-style-type: none"> Strengthen and improve our maternity services Extend intensive pregnancy support for vulnerable mothers based on the work of the Family Nurse Partnership Expand the hours that the Children's Community Nursing Team operate towards a seven-day service Increase short-break provision for children and families Increase access to co-ordinated, multi-agency support for all disabled children Deliver services in more accessible settings in the community such as children's centres, schools and GP surgeries Ensure that mental health promotion is embedded in the work of children's centres Investigate the potential to join up existing systems to provide more efficient and coordinated services 	CYP Strategy
Development of Networks (health and well-being)	Development of pilot sites and implementation of specific packages of care	<ul style="list-style-type: none"> Development of business case to support increase of resources into primary care Set up three networks in 2009, three networks in 2010 and two in 2011 Development and implementation of five care packages in 2009 and further ten in 2010/2011 	<ul style="list-style-type: none"> Improving Health and Well-being Strategy 2006 Primary Care Diagnostic

Sub-element	Areas for Action 2009-12	Milestones 2009-12	Existing Strategies
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"> Development of overarching strategy in 2009 	
Year of Care	<ul style="list-style-type: none"> Continue pilot of Diabetes “Year of Care” - a patient centred care planning approach to annual reviews in diabetes Use social marketing approach to raise further awareness of diabetes self-care 	<ul style="list-style-type: none"> Comprehensive programme of patient education tailored to local cultural and language needs Networks of practices linking with secondary care systematically reviewing identification and management of patients Introduce new diabetic nursing workforce 	Year of Care Implementation Plan
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	

Sub-element	Areas for Action 2009-12	Milestones 2009-12	Existing Strategies
Strategic Aim 5: Invest Resources effectively			
Shared resources/ services	<ul style="list-style-type: none"> Develop further Tower Hamlets Partnership Strategic Commissioning to deliver the key health Community Plan and LAA targets 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 Develop the Partnership's response to the anticipated reduction in resources from 2011/12 	<ul style="list-style-type: none"> Partnership seminar to develop approach in February 2009 Partnership framework and programme agreed by March 2010 Partnership asset and shared service audit to inform increased in use of shared assets and services (March 2010) Use Joint Intelligence Group local population modelling to enhance future service planning (March 2010) 	<ul style="list-style-type: none"> Community Plan Improving Health and Well-being Strategy 2006
Integrated commissioning	Lead commissioning arrangements for community health and social care services fully implemented	<ul style="list-style-type: none"> First Joint Strategic Needs Assessment published March 2009 Initial joint commissioning priorities based on JSNA agreed March 2009 Lead commissioning arrangements implemented April 2009 Strategic review of third sector commissioning completed July 2009 Joint commissioning strategies agreed March 2010 	<ul style="list-style-type: none"> Improving Health and Well-being Strategy 2006
Best value (commissioning for productivity)	<ul style="list-style-type: none"> Implement comprehensive commissioning and procurement framework and processes that meets DH principles and Rules for Competition and Collaboration Developing tariffs for community services to better evaluate service impact and improvement 	<ul style="list-style-type: none"> Further develop commissioning and procurement framework that promotes value for money (and other issues including quality) Continue to embed cost and quality indicators within contracts and SLAs for services Enhance further procurement support to commissioners Develop tariff for District Nursing and three other services by 2012 	Commissioning Strategic Plan

Sub-element	Areas for Action 2009-12	Milestones 2009-12	Existing Strategies
Strategic Aim 5: Invest Resources effectively			
Market development	<ul style="list-style-type: none"> • Develop further market responsiveness by improved modelling of health needs and demands, building user involvement, managing providers and promoting improved health outcomes • Further develop new service providers – particularly Third Sector - to deliver more localised and higher quality services 	<ul style="list-style-type: none"> • Continual modelling of healthcare market and providers • Using intelligence and information on health outcomes and service quality to manage better existing providers and where needed, seek new providers to replace existing providers or meet gaps in services. • Increase capacity in primary care to shift demand away from acute sector. This includes investment in polyclinics, community-based services and GP networks • Review of acute services in North East London 	<ul style="list-style-type: none"> • Commissioning Strategic Plan • Primary Care Diagnostic • JSNA



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