Improving Health and Well-being in Tower Hamlets

A Strategy for Primary and Community Care Services 2006 to 2016
Introduction
Developing the strategy

This strategy outlines proposals for the future development of primary and community care services in Tower Hamlets over the next decade.

These are the services provided by social care staff, primary health care professionals such as GPs, nurses, therapists, pharmacists, dentists and opticians, and by voluntary and community organisations. They provide vital support for local people helping them to stay healthy, to manage illness or long-term conditions and to live independently.

The strategy sets out an ambitious programme for developing services across the council and the local NHS, working with our partners, to improve the health and well-being of our local communities. It builds on the aims of the Community Plan and the comments of local people and organisations during last year’s consultation on priorities for primary and community care services. Local people particularly emphasised the need for:

• more integrated planning and provision of services across organisations and community groups
• networks of services in each neighbourhood
• a bigger role for the voluntary sector. This has the knowledge and expertise to provide services to specific groups
• preventing ill-health and offering early assistance when people become ill or develop a condition
• a broad but co-ordinated approach to ensure the well-being and independent living of young people and vulnerable groups
• advice to influence the life styles and choices of younger people
• more primary and community services closer to home

So the purpose of this strategy is to:

• Outline the vision that we have for primary and community services for the next 10 years
• Set out the aims and outcomes that we are working to achieve
• Describe what this vision would mean in terms of services provided for local people
• Commit the local authority and NHS to an action plan over the next three years to move towards the longer term vision

The strategy also anticipates the challenges of regeneration and an increasing population and reflects national policy for public services.
Responding to local needs

Tower Hamlets has a diverse and growing population. Forty-eight per cent of our population are drawn from minority ethnic groups. The largest of these groups are Bangladeshis who make up 33% of the population. There are also high numbers of children and young people with the number of births expected to rise by 57% over the next 10 years.

Current estimates are that our population will grow from 220,500 to 270,000 over the next ten years (source GLA 8.1 projection). Much of this growth will come as people move into the borough as part of the regeneration and development of areas such as the Lower Lee Valley, the City fringe and the Isle of Dogs. The redevelopment of the older housing estates across the borough may also increase population densities.

Our population is deprived in comparison with other parts of the country. This means lower levels of employment, poorer housing, a higher incidence of disease and reduced life expectancy caused in the main by cancer and coronary heart disease.

In Tower Hamlets:
• 15,000 people are recorded as having high blood pressure
• 8,200 suffer from diabetes
• 10,000 suffer from asthma
• 5,000 suffer from depression
• 37% smoke
• 20% of children are obese and one third are overweight
• more people are dying earlier of coronary heart disease than elsewhere (our standard mortality rate shows 49% worse health than average)
• Half of all children have had experience of dental decay by the age of five.

When it comes to local public services, we know that there are still many improvements to make:
• Many people who are being admitted to hospital with a long term condition could be cared for outside hospital
• Despite general confidence in local primary care services, many people are concerned about getting to see a professional promptly.
• It is still taking too long to get important tests that will assist in confirming a diagnosis
• We need to do more to identify and support carers
• We need to ‘join up’ services more effectively

Building on our partnership

This strategy is the product of joint working that reflects considerable progress already in terms of joint planning and service delivery.

The Tower Hamlets Partnership is responsible for the Community Plan which represents a broad based commitment to make the borough:
• A better place for living safely – reducing crime, making people feel safer and creating a more secure and cleaner environment
• A better place for living well – improving housing, health and social care and promoting healthy living
• A better place for creating and sharing prosperity – bringing investment into the borough and ensuring that all our residents and businesses are in a position to benefit from, and contribute to, growing economic prosperity
• A better place for learning, achievement and leisure – raising educational aspirations, expectations and achievement, providing the widest range of arts and leisure opportunities for all and celebrating the rich cultural diversity of our communities
• A better place for excellent public services – improving public services for local people to make sure they represent good value for money and are provided in ways that meet local needs.

There are many examples of how health and social care services are already working successfully together within the Partnership to deliver the Community Plan goals. These include:
• The single assessment process for older people
• Integrated occupational therapy service across Barts and The London NHS Trust, the PCT and Social Services
• Integrated service for people with learning disabilities across health and social care, with a single point of access, co-ordinated case management and a single assessment process
• Multi disciplinary intermediate care services
• Additional primary care mental health workers working across primary and social care
• Sure Start services for children under four
• Longer opening hours in many GP practices

Our strategy for primary and community care services builds on these successes.
The future – regeneration and growth

This 10 year strategy spans a period of dramatic change for the borough in terms of population growth and regeneration – making Tower Hamlets a better place to live and work.

Tower Hamlets is at the heart of the Mayor's Plan for London that seeks to develop the capital as a diverse world city, supporting its strengths through culture, tourism, learning, government and finance. Key growth areas include the finance and business sector. Tower Hamlets is being asked to deliver more houses and jobs than anywhere else.

The successful London Olympics Bid generates opportunities for east London. Provisional estimates show new and permanent employment opportunities of around 11,000 jobs for east London with some 7,000 temporary jobs coming with the main construction phase beginning in 2007. New jobs will be accompanied by improved transport and general infrastructure.

There will be local benefits with more facilities for sports, leisure and learning. The challenge will be for local public services to respond and match the need for local education, housing and health and social care.

The Thames Gateway Development had already made allowance for an increase in the Tower Hamlets population of around 50,000 by 2016; it may be that the Olympics will give this added pace.

To ensure support for these developments, the Tower Hamlets Partnership is negotiating with Government a Local Area Agreement (LAA) and, within that, a Local Public Service Agreement (LPSA). This will set out a framework of “outcomes” – real benefits for local people – linked to our Community Plan goals. Services will extend partnership working to achieve these benefits.

The LAA may allow local public organisations greater freedom and flexibility in using resources. This offers an opportunity for thinking about further service changes to strengthen our focus on improving the experience of those who use local services. This strategy for primary and community care services is a contribution to that.

Also, our Borough Regeneration Strategy focuses on people, employment and prosperity to support both immediate local needs and the wider agenda for London. Improvements in health and well-being are important in enabling local residents to play an active part in the community and to benefit from the opportunities that come with regeneration. Investment in public services also contributes directly to rising prosperity through employment opportunities.

Local hospital developments during the years of this strategy will also have a major impact on the quality of local services and will provide jobs for the local community, offering long-term careers across the public sector:

• a new hospital at Whitechapel which will blend world class specialist and teaching resources with the services of a new local hospital for Tower Hamlets.

• new mental health inpatient services on the Mile End Hospital site. This will see the transfer of services from Victorian facilities at St Clement’s.

Access to services is made easier both for local residents and those who work in Tower Hamlets by NHS Walk-in Centres. The Whitechapel Walk-in Centre, one of the first in the country, is being joined by two commuter walk-in centres, one close to the borough at Liverpool Street, and one at Canary Wharf.

Improving Health and Well-being in Tower Hamlets: A Strategy for primary and community care services, February 2006
Reflecting national policy

Our strategy is developed from local needs and national policies that offer opportunities for positive change.

The White Paper Our health, our care, our say: a new direction for community services focuses on a strategic shift that will locate more services in local communities and closer to people’s homes.

It has five key themes:

- Personal and responsive health and social care services that reflect people’s needs and wishes – more personalised care, information and support that is convenient to patients and users. This includes more convenient opening hours at primary care centres, new locations for GPs, more NHS Walk-in Centres
- Prevention, public health and well-being – a focus on prevention as much as cure
- Tackling inequalities and increased partnership working – councils and the NHS working better together to meet health and well-being needs for communities
- More focused support for people with long-term conditions – more control and choice for people about their health and care
- More services provided outside hospitals, closer to where people live – more home-based care and community facilities, such as renal dialysis being offered at local health centres rather than hospitals

The Choosing Health White Paper sets out how people can change their lifestyles to improve their health and reduce the risk of ill-health.

On adult services: the Green Paper on adult social care focused on ways in which community services could be developed to ensure independent living can be maintained.

On children’s services: The Children Act 2004 addresses the issues raised in Every Child Matters and requires every local authority to draw up a Children and Young People Plan. A draft Tower Hamlets plan was published this year.

The Tower Hamlets Partnership will help ensure joint working to improve life chances in the five key outcome areas for children: be healthy, stay safe, enjoy and achieve, make a positive contribution and achieve economic well-being. Integrated approaches around Children’s Centres, extended schools and extended youth provision will help us achieve these outcomes.

Taken together these policy documents emphasise:

- Empowering users and their families to understand what they can do to prevent ill health and manage long term health conditions, putting them in control of their care
- A more proactive and preventative model of service getting to users quickly so that they do not have to rely on hospital or institutional care
- Greater recognition of the role and contribution of the voluntary and independent sector to ensure a richer mix of services

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Choice for users in terms of services and providers

Giving users more direct influence on services through direct payments and the development of individualised budgets

Core and basic standards to be achieved by all providers and allowing people to choose with confidence, knowing that there is a guarantee of quality

Integrated planning and service delivery across organisations to offer the best possible quality of care and outcome for users whilst minimising waiting times

Achieving the best value for money

The voluntary sector is already hugely important in developing and providing social care in Tower Hamlets and we want to support the extension of that role into health care. We will be looking to increase our commissioning of local groups to ensure that culturally sensitive services reach all local people. This will also provide more job and skills development opportunities for local people. An example of this is the new ‘health trainers’ initiative, where members of the local community will be recruited and trained to provide advice and information to make sure people get the support they need.

There have been a number of changes in primary care in particular that offer opportunities to re-design services within the community. These changes will allow independent contractors (GPs, pharmacists, dentists) to work together to make it easier for local people to receive advice and care. They put the focus on improving health through professionals working together for local people, including groups with specific health needs.

In general practice – new contractual arrangements for services offer the potential for a broader range of enhanced services to be delivered near people’s homes with a greater mix of service providers. Additionally, a quality improvement incentive scheme is now in place nationally. Taken together these arrangements allow for more services provided to a higher quality.

In pharmacy – new contractual arrangements provide the support and stimulus for pharmacists to spend more of their time in front of the counter advising patients on medication and associated issues as a key member of the health care team. Other contractual arrangements mean that minor ailments are now seen, diagnosed and treated by pharmacists, reducing the need for local people to see a GP. Medication review and repeat dispensing will also automatically be undertaken by pharmacists rather than doctors. Pharmacists will also run important public education campaigns.

In dentistry – new contractual arrangements came into force in April 2006. This will see a fundamental shift in the way dentists are paid, and a new, much simpler charging system for patients. The PCT will receive new commissioning powers, helping us to address the unequal supply of dentistry across the borough over time.

Finally, the 2005 policy document, Commissioning a Patient Led NHS, sets out a development programme within the NHS designed to build a strong commissioning process to enable improvements in health. The most important element of this change lies in the delegation of budgets to local general practices to commission health services. It also opens up the possibility of more joint commissioning of health and social care services between the Council and the PCT.
Our 10 year vision

W e describe our ambitions in a vision for services for 2016. Later on we describe the improved outcomes in health and well being that we are aiming to secure through this vision.

In 2016:

• 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 half as big again as it is now. 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 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 responses.

• 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 a partnership between the individual and 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 be care by themselves or others. Individuals will feel that they really have a choice.

• Appropriate care and support will enable all children to reach their potential, supporting schools in increasing achievement to ensure our young people attain the skills needed to get jobs.
There are a number of principles that will guide decisions about developing services and investing resources. These will ensure we are moving towards achieving the vision of how services will be in 2016.

- Services must be focused on delivering improved health and well-being for all our communities. In thinking about service development, we will focus on the improvements that will make a difference to the community’s health and well-being. We want specific benefits for local people and benefits to each of our communities.

- Services and the way they are delivered should be geared, above all, to preventing ill-health or institutional care, to ensure people receive support early, promoting independence and choice.

- We are already investing in services to support people in their own homes and wherever possible outside of institutional care. In future we will do more to help people and their families to look after themselves, with local services more responsive at an earlier stage to prevent people becoming more unwell and needing hospital or residential treatment, and to help them stay independent and do the things they want to do.

- Health and social care is the responsibility of the Tower Hamlets Partnership as a whole. Services related to employment, assistance with benefits, education, housing, environment and leisure each have a critical role in improving health and reducing health inequalities. Similarly, the quality of services and access to them are vital in enabling people to be active in their communities, to prevent social isolation and to help people to maintain their independence. We want to ensure that all local agencies are working to improve health and well-being.

- Buildings, processes, information, and training will be shared where possible. We already have a record of success in achieving integration of health and social care systems with single assessments for older people and in intermediate care, occupational therapy, services for adults with learning disabilities and for vulnerable children. Locating staff from different organisations in the same centres, aligning working practices, single points of access for the public to services and joint management are all things that can support this cultural change and will be pursued as a priority wherever possible.

- Services should be delivered as close to the communities in which people live or work as possible, and in partnership with those communities. We want the community to have easy access to services and feel that they know and can trust their local providers. We want people to be aware of and to receive a wide range of resources locally. However we need to recognise that certain specialised services will need to be delivered in centres which may not be in the community because there are limited numbers of specialist staff or equipment.

- Working in partnership across organisations and the community to recognise and use the wealth of resources that exist. We need to draw on knowledge and skills across organisations and communities recognizing fully the role and contribution that can be made by the third sector, voluntary and community groups. Sustainability will be an important factor in taking decisions on investment in learning and development.

- Investing in and supporting the workforce is key to delivering a service that is focused on the needs of individuals. Workforce development is not just about recruiting more people to do more of the jobs we already have. It is about new kinds of jobs, less dependent on conventional qualifications, and working across traditional organisational boundaries.
Our first principle is that what we will do will make a difference to local people: their health and well-being. The “outcomes” are described below but the specific goals, quantified indicators of progress and the action plans for the next three years are set out in appendix one.

Over the next 10 years we aim to:

1. Reduce inequalities in health and well-being. By 2016 we will have secured improvements in life expectancy for all groups and a reduction in inequalities. We give particular attention to coronary heart disease, cancer, and sexual health as well as smoking, obesity and drug misuse. We address inequalities in terms of life expectancy, infant mortality, access to services, employment opportunities as well as housing. These services will be culturally appropriate and supported by increased interpretation and advocacy delivered by a number of local organisations.

2. Improve the experience of people who use our services. By 2016 we will have improved the quality of community-based services. Waiting times will be minimal as a result of investments in community services. We expect users to report a much higher level of satisfaction.

3. Develop excellent, integrated and more localised services. By 2016 we will have a co-ordinated and integrated network of community based services with a single assessment process. Services will be delivered in modernised buildings nearer to where people live and work. Services will be much more accessible to local people in terms of location and opening times. The expansion of locally based services will provide increased employment opportunities for local people in health and social care.

4. Promoting independence, choice and control by service users. Within 10 years, we will have reduced dependency on hospital and residential care for those who wish to remain at home. Carers will be much better supported. Local people will feel they have a choice of care and they will feel much more in control.

5. Invest resources effectively. Over the next 10 years we will have generated significant savings through more sharing of costs across organisations. We will also have achieved efficiencies by bringing together information systems and assessment processes. The way we commission services for local people from a range of providers will be based upon sound assessments of need and good comparative information on the quality, effectiveness and cost of different service solutions. Incentives will be in place to reward the best providers of service.

Improving Health and Well-being in Tower Hamlets: A Strategy for primary and community care services, February 2006
We will achieve the five strategic outcomes if we organise primary health and social care services in a different way. Figure one below illustrates how we see the future for these services.

At present, primary care and some other health services are organised in four localities across the borough. Each locality is made up of two Local Area Partnership (LAP) areas (see maps in appendix two).

For the future, we see the essential building blocks for developing services as something smaller than a locality. We see neighbourhood networks bringing together public services spanning health and social care but also including other key contributors to health and well-being. Within the statutory sector this includes education, housing and leisure services. The networks also include voluntary and community based groups who we see as being much more significant providers of support to communities and individuals.

This arrangement is designed to offer choice and a range of services very locally, whilst at the same time acknowledging some specialist services at the locality or borough level. At the heart of the new model is the development of a strong network of services at the neighbourhood level.
Neighbourhood networks

The network brings together local public services to promote the health and well-being of the neighbourhood. There is a very important relationship between the neighbourhood and the Local Area Partnership. The networks will be a smaller than the Local Area Partnerships but the boundaries will coincide to ensure that there can be effective communication and working between the networks and the LAPs. This will be very important in sharing information and perspectives on local needs and the effectiveness of services, as well as in planning the most effective service response.

The network would be a geographical grouping covering 10,000 to 20,000 people. Networks below 10,000 can be considered where there is a prospect of significant growth in the population. A minimum 10,000 to 12,000 is suggested so that there can be multi-disciplinary teams to ensure choice for users and quality of service. This size also offers economies of scale for administrative and professional support for front-line staff. There may be a case in future for networks to grow in size.

The size of the network may be smaller where there is particular intense need for services. The network should encompass existing general practices and their catchment areas. Where possible the network should include one key general practice that can lead on service development, education and training. The network boundaries should correspond to Children’s Centres and the LAP boundaries.

The network will provide the focus for a range of health and well-being services including the promotion of health and well-being, the provision of urgent and non urgent care for short term and acute illness and support for people with long term conditions.

Local people will see these services available, some at each GP practice, others at one site within the network:

- **Diagnostics**
  - Core health promotion and illness service currently provided by GPs
  - Immunisations – children and flu/BCG. (Fu vaccinations may also be provided by pharmacists.)
  - Family planning (including EDC)
  - Routine sexual health
  - Routine minor surgery
  - Routine care for long term conditions (basic care for diabetes, coronary heart disease, stroke, chronic obstructive pulmonary disease)
  - Routine antenatal care
  - Palliative nursing care
  - Emergency contraception
- **Other network services**
  - More complex minor surgery
  - Retinal screening (through local optometrists)
  - Primary care psychology
  - Smoking cessation services
  - Self management groups (Expert Patient Programme)
  - Health trainers
  - Falls classes and assessment
  - Primary care psychology
  - Self help and advocacy groups
  - Benefits advice and information
  - Housing advice and information
  - Safef nursery neighbourhood teams
  - Children’s Centres
  - School health services
  - Extended schools – supervised play, extended child care and leisure activities, parenting advice and support, outreach health and social care services
  - Playgroups and childminders
  - Youth facilities
  - Lifelong learning
  - Lunch clubs for older people
  - Sheltered housing for older people

For the network to include this range of services, it must be broader than general practice and will embrace other primary care providers, community health services, local authority services and the local networks of community groups and voluntary organisations.

The networks would include:

- **Other primary care providers**:
  - Local dentists play a key role in the promotion of oral health.
  - Pharmacists, through their new contract, are beginning to extend their role in the diagnosis and treatment of minor illnesses and have an important role in the surveillance and more general health promotion.

- **Community health services**:
  - Community and practice based nurses play a vital role in health surveillance and health promotion, as well as palliative care, maintenance support for people with complex long term health needs and care during periods of recovery following acute illness. This group includes district nurses, practice nurses, nurse practitioners, health visitors, school nurses, midwives and health care assistants. These staff will work with individual practices and as part of multi-disciplinary teams working with Children’s Centres and extended schools and providing integrated care to older people. The development of community matrons, case managers and assistant practitioners will enhance this skill mix and enable health care to be both more responsive and proactive. Networks will include access to specialist nurses, occupational therapists, physiotherapists, speech and language therapists and dietitians. The networks will include psychologists working in primary care. Other primary care mental health care workers will also work for the network to include this range of services, it must be broader than general practice and will embrace other primary care providers, community health services, local authority services and the local networks of community groups and voluntary organisations.
closely with the community mental health teams that serve each locality, making appropriate referrals to them and working with them to support clients in the community.

• Local authority children’s services. There will be at least two Children’s Centres in each of the LAP areas (up to 18 across the borough by 2010). Each will provide education, health and social care support for children and their parents. Although the centres will vary in size and scope, there is an opportunity for the services of primary care providers to be integrated within the centres to ensure families and children, who may not visit practices or be registered with local doctors or dentists, receive care.

All professionals working with children will work collaboratively, using a single assessment approach and helping local people to navigate their way through all care possibilities so that they can be in control of their own situations and exercise choice. All schools are expected to offer extended school provision either individually or through networks by 2010. Extended schools will be open from 8am-6pm, but will also provide opportunities for health promotion, family support and access to health and social care. There is potential for developing more of this work in partnership with the youth service, including Connexions. Idea Stores across the borough should provide a focus for information on services and health and well-being. Health prevention work in Children’s Centres, schools and youth services will have an essential part to play in our health promotion. Through working in close partnership across children’s services we will be able to ensure earlier intervention, with more accessible support for children and their families.

• Local authority social care services. Social care services are an integral part of the network with an increasing degree of integration between the services currently provided by district nursing and home care and other social services staff. Given their size and scope, these services are more likely to be organised on a locality basis but will align themselves with the networks so that they can work closely with primary care and those caring for people with long term conditions.

• Local authority housing services. The ownership of social housing is changing with the transfer of properties to registered social landlords (RSL) or purchase by individual tenants. There is a growing private rental market. Networks will include RSLs and council housing staff.

The council continues to face housing pressures, with long waiting lists and severe overcrowding. It is committed to the Housing Choice programme, which will continue, with the support of tenants, to transfer stock to registered social landlords. The main aims of this programme are to improve the physical stock, deal with overcrowding and tackle other environmental problems. The council still retains a small housing stock, and continues to work to improve this through direct investment and through better management and integration with other services. When the Housing Choice
For services and staff that share buildings and processes of assessment and delivery, the network will feel a close partnership. For all, the network will offer opportunities for speedy and effective cross-referral with a closer identity around a neighbourhood’s key health and well-being priorities.

It is working to ensure that new supply goes further towards meeting local demand and that the new housing, of whatever tenure, is of high quality, is sustainable in management and maintenance terms and contributes to the health and well-being of the community. Given the significance of good accommodation to physical and mental health and well-being, it is important that the local networks are able to integrate with housing services, council and RSL.

- Local authority leisure services. There are already formal referral links between health services and leisure. The networks should also include more frequent contact with leisure services to shape future provision as well as to make sure facilities locally and across the borough are fully contributing to community health and well-being.

- Voluntary sector. Within the area of each network there will be voluntary and community groups organised to support specific residents. The council’s Third Sector Strategy already commits it to taking opportunities to increase the role of the third sector in delivering services currently provided by the council. This will be broadened to cover health related services. For example, the health trainers’ initiative aims to provide advice and support in local communities and neighbourhoods on being healthy by recruiting local people to be trained to give this support. The PCT will commission this service through the third sector to enable this service to be tailored to the needs of our diverse communities.

The network is made up of the skills and knowledge of professionals and community members as well as buildings and facilities. An effective network assumes common purpose in terms of the promoting of health and well-being, the opportunity to plan and shape services and the ability for day to day referrals and access to a broad range of services.

The networks have the potential to:

- Share information on the pressing needs of local people within the neighbourhood
- Plan the development of local services to meet changing needs
- Provide high levels of access to a range of services and skills
- Ensure equal access to all local people
- Ensure that facilities can be shared within the community
- Bring together health, social care, children’s services, housing, leisure and the voluntary sector in a focused way around user/patient pathways and protocols
- Provide a platform for shared learning and development

The networks will share ways of working and doing business for the promotion of excellent care for individual patients as well as effective planning of services for a local population.
Across the LAPs

Some specialist services would be organised across a larger area such as two Local Area Partnerships.

These services include:

- Walk in treatment services
- Ultrasound and ECG
- Community mental health teams
- Integrated services for older people and people with long term conditions – social work, home care, community nursing and occupational therapy working together
- Foot health
- Dermatology (working alongside foot health/leg ulcer and tissue viability)
- Specialist musculo-skeletal referral service
- Breast screening (on a mobile rota working across localities)
- Optometry (through NHS or contracted services)
- NHS dentistry (through High Street dentists or PCT-employed dentists)
- Community dental services for those with special needs
- Young people’s sexual health/family planning
- Day opportunities and employment support services for vulnerable people, delivered by voluntary, independent and statutory providers
- Idea Stores
- Environmental health services
- Leisure and cultural facilities
- Housing – lettings, housing benefit and landlord services
- Holiday schemes for children and young people

Borough level

Some services will need to be organised and delivered on a borough basis because the level of demand and the skills required justify concentrating these in a single location or, at most, two sites. It will be important that these services – although they will have catchment areas which are borough wide or across two or more localities – still develop strong links and relationships with individual networks and LAPs. For health services, it is anticipated that the location of these services will be away from the hospital at Whitechapel or at least separate from the hospital.

Such services would include:

- Specialist diagnostic services such as CT, MRI, endoscopy and some plan-X-ray, non-obstetric ultrasound. These may be based at a particular site but some are likely to be in mobile units
- Specialist referral services including consultant/specialist GPs screening of referrals and booking services

Your Neighbourhood

This is what you might see and experience within a neighbourhood looking into the future.

When you have need of information, advice or support, you may ring a local neighbourhood support line or talk to a local community worker or health trainer. They will be able to direct you to the most appropriate professional. You may get information from a local One Stop Shop or, if you have a computer, then you may access some information direct on-line.

Or you may go along to a local service in the neighbourhood. This might be:

- The local health centre or surgery
- An expanded new health and well-being centre that combines a number of primary and community care services (social services, general medical services, pharmacy, dental services, local community workers)
- The local children’s centre or extended school
- Local pharmacist
- Local dental surgery

You may turn up with or without a booking.

You would expect to see a trained and qualified person who would be able to make an assessment, advise and provide immediate help, or make arrangements for you to see the most appropriate professional as soon as possible. There might be another person in the same building, such as a GP, who specialises in a particular field, or there may be a visiting consultant, a visiting psychologist or any one of a number of services that will be available.

Rather than having to go to the hospital, you would expect to see these specialists locally. For some health issues you will be referred to professionals working close by in the neighbourhood or perhaps further afield in a hospital and special centre.

There are services that you would expect to see provided within the local network but not necessarily at each building. This will be the case for some diagnostics (for example blood testing and electrocardiograms), and complex minor surgery.

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The range of screening opportunities for people to protect their health: breast, cervical and antenatal. In future there will be a broader range of more locally available information on health and well-being and services located at surgeries, Children’s Centres, Idea Stores, community centres and offered by a range of paid and unpaid workers. Every time people see someone in the care system, they will receive advice on prevention and well-being. If there are more general problems to do with employment, accommodation or environment, then workers will know who might help with the issue and be able to refer.

- For the management of longer term conditions. Currently there are many members of the community with complex conditions and needs who move rapidly from relative good health to situations of crisis with the need for intense care, possibly in hospital. In future these people will be known to the network and case managers will keep in contact to offer a range of services locally to keep to a minimum the need for hospital or residential care. Some of these services will be provided by professionals but many will be organised and delivered by members of the community themselves.

Choice and the new arrangements

The local network binds a range of service providers together to meet the needs of local people on their doorstep or very close to it. It will be responsive to urgent and general needs. The network will know its local communities and people will be put in touch with paid and volunteer resources to support them. Some services can be provided in the community but because of their more specialist focus, skill or equipment, they will be provided from a more limited number of facilities.

The combination of different services offers a much richer mix of options for local people in terms of when, where and who they see for help.

- For urgent care people may still choose to go to their local surgery for assistance but they may learn about particular pharmacists who can help with assessment and treatments. In the past people might have opted for a visit to the local A&E, but looking ahead there will be the option of a visit to a more local minor illness centre.

- For health promotion and general information on well-being. People pick up a lot of information from the media on general health promotion. Local health trainers will be a front line resource in providing local support and all health care professionals will make the most of their extensive one to one contact with people in the community. This includes advice on issues such as stop smoking services, but also the range of screening opportunities for people to protect their health: breast, cervical and antenatal. In future there will be a broader range of more locally available information on health and well-being and services located at surgeries, Children’s Centres, Idea Stores, community centres and offered by a range of paid and unpaid workers. Every time people see someone in the care system, they will receive advice on prevention and well-being. If there are more general problems to do with employment, accommodation or environment, then workers will know who might help with the issue and be able to refer.

The model at the network and wider level is illustrated in four maps at appendix two. These maps show the model as applied to a range of health services and do not yet include all other public services that will be embraced by the model.

The maps show:

- Proposed networks of 10 to 20,000 people. The networks are named and details of the current GP practices and numbers of residents included are given. Within the networks, the locations of pharmacies and Children’s Centres are shown.

- How the proposed networks keep, wherever possible, within the eight Local Area Partnerships (LAP) boundaries. This will help facilitate closer community links to develop and to enable collaborative working with Children’s Centres for example.

- The locations of proposed new health and well-being facilities. These suggested locations have arisen from detailed discussions between the PCT and local regeneration and town planning officers and fit in with likely developments across Tower Hamlets over the next 10-15 years. The new facilities will house the kinds of services that would be expected within a network as well as some of the services that would be available at only one location within the LAPs or at one or two locations only within the borough.

There is a more detailed note on the purpose and derivation of the maps at appendix two.
Implementing the new model will require investment in:

- Joint processes such as extending single and common assessments, the development of unified care pathways, testing user satisfaction and the development of more detailed plans
- Information systems and technology to support assessments and case management as well as providing members of the public with information on health and well-being issues, services and how to get services
- Buildings, either in partnerships with third party providers of facilities or in NHS or local authority facilities to support new services
- Workforce, with the recruitment of more staff from the local community and the training and development of current staff for extended and new roles
- Organisational development to support new working relationships so that local networks are effective.

Some of the actions will take the form of commissioning developments from current and future providers of services. But the action might also take the form of direct investment and work by the local authority and PCT.

We have set out in appendix one an ambitious but realistic programme of action for the next three years of the strategy.