



Tower Hamlets Together Board

Tower Hamlets Together (THT) is a partnership of health and care commissioners and providers who are working together to deliver integrated health and care services for the population of Tower Hamlets. Building on our understanding of the local community and our experience of delivering local services and initiatives, THT partners are committed to improving the health of the local population, improving the quality of services and effectively managing the Tower Hamlets health and care pound. This is a meeting in common, also incorporating the Tower Hamlets Integrated Care Board Sub Committee.

Meeting in public on Thursday 1 May 2025, 0930-1130

Tower Hamlets Town Hall

Chair: Neil Ashman

AGENDA

	Item	Time	Lead	Attached / verbal	Action required
1.	Welcome, introductions and apologies: <ol style="list-style-type: none"> 1. Declaration of conflicts of interest 2. Minutes of the meeting held on 3 April 2025 3. Action log 	0930 (5 mins)	Chair	Papers Pages 3-5 Pages 6-10 Pages 11	Note Approve Discuss
2.	Questions from the public		Chair	Verbal	Discuss
3.	Chair's updates		Chair	Verbal	Note
4.	System resilience and urgent issues	0935 (5 mins)	All	Verbal	Note
5.	Operational Management Group update	0940 (5 mins)	Zainab Arian	Verbal	Note
6.	Community Voice: <ul style="list-style-type: none"> • Young People's Voices on Mental Health 	0945 (30 mins)	Coffee Afrik	Papers Pages 12-17	Discuss/ Note



7.	THT Board Community Voice Process	1015 (10 mins)	Jon Williams	Papers Pages 18-21	Discuss/ Endorse/ Approve
8.	Priority area: • Mental Health	1025 (30 mins)	Richard Fradgley	Papers Pages 22-33	Update
9.	Progressing the Development of Integrated Neighbourhood Teams (INTs)	1055 (30 mins)	Tim Hughes	Papers Pages 34-41	Approve/ Endorse/ Discuss
10.	Any Other Business	1125 (5 mins)	Chair	Verbal	Note

Date of next meeting: Thursday 5 June 2025, 0930-1130 – Committee Room 1 – Tower Hamlets Town Hall, 160 Whitechapel Road, London, E1 1BJ

- Declared Interests as at 24/04/2025

Name	Position/Relationship with ICB	Committees	Declared Interest	Name of the organisation/business	Nature of interest	Valid From	Valid To	Action taken to mitigate risk
Charlotte Pomery	Chief Participation and Place Officer	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board City & Hackney ICB Sub-committee City & Hackney Partnership Board Community Health Collaborative sub-committee Havering ICB Sub-committee Havering Partnership Board ICB Audit and Risk Committee ICB Board ICB Population, Health & Integration Committee ICB Quality, Safety & Improvement Committee ICP Committee ICS Executive Committee Newham Health and Care Partnership Newham ICB Sub-committee Patient Choice Panel Redbridge ICB Sub-committee Redbridge Partnership Board Tower Hamlets ICB Sub-committee Tower Hamlets Together Board Waltham Forest Health and Care Partnership Board Waltham Forest ICB Sub-committee	Non-Financial Personal Interest	Pomery McGregor Consultancy Limited	Director of consultancy company, with husband who is also a director of the company. There are no employees and I have not carried out work through the company since 2011 and have never carried out any work in north east London.	2009-06-01		No action required as no conflicts declared.
Chetan Vyas	Director of Quality	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board City & Hackney ICB Sub-committee City & Hackney Partnership Board Clinical Advisory Group Havering ICB Sub-committee Havering Partnership Board ICB Quality, Safety & Improvement Committee Newham Health and Care Partnership Newham ICB Sub-committee Patient Choice Panel Procurement group - core Redbridge ICB Sub-committee Redbridge Partnership Board Tower Hamlets ICB Sub-	Indirect Interest	Some GP practices across NEL	Family members are registered patients - all practices not known nor are their registration dates	2014-04-01		Declarations to be made at the beginning of meetings

		committee Tower Hamlets Together Board Waltham Forest Health and Care Partnership Board Waltham Forest ICB Sub- committee						
James Thomas	Member of the Tower Hamlets Together Board and Place ICB Sub-Committee	Tower Hamlets ICB Sub- committee Tower Hamlets Together Board	Non-Financial Professional Interest	Innovation Unit & Tower Hamlets Education Partnership	Non-Executive Director	2022-09-01		Declarations to be made at the beginning of meetings
Khyati Bakhai	Primary care clinical lead and LTC lead	Primary Care Collaborative sub- committee Tower Hamlets ICB Sub- committee Tower Hamlets Together Board	Financial Interest	Bromley by Bow Health partnership	Gp Partner	2012-09-03		
			Financial Interest	Greenlight@GP	Director for the education and training arm	2021-07-01		
			Non-Financial Professional Interest	RCGP	Author and review for clinical material	2021-03-01		
Richard Fradgley	Director of Integrated Care	Community Health Collaborative sub-committee Mental Health, Learning Disability & Autism Collaborative sub- committee Newham Health and Care Partnership Newham ICB Sub-committee Tower Hamlets ICB Sub- committee Tower Hamlets Together Board	Non-Financial Professional Interest	Compass CIC	Director of Compass CIC	2024-05-31		
Roberto Tamsangan	Clinical Director Tower Hamlets	Clinical Advisory Group Tower Hamlets ICB Sub- committee Tower Hamlets Together Board	Financial Interest	Bromley By Bow Health Partnership	GP Partner	2024-01-01		Declarations to be made at the beginning of meetings

- Nil Interests Declared as of 24/04/2025

Name	Position/Relationship with ICB	Committees	Declared Interest
Eleasar Reas	Senior Transformation Manager and Head of Partnership	Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.
Sunil Thakker	Director of Finance and Partnership Services	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board City & Hackney ICB Sub-committee City & Hackney Partnership Board Havering ICB Sub-committee Havering Partnership Board ICB Audit and Risk Committee ICB Finance, Performance & Investment Committee Newham Health and Care Partnership Newham ICB Sub-committee Redbridge ICB Sub-committee	Indicated No Conflicts To Declare.

		Redbridge Partnership Board Tower Hamlets ICB Sub-committee Tower Hamlets Together Board Waltham Forest Health and Care Partnership Board Waltham Forest ICB Sub-committee	
Jonathan Williams	Engagement and Community Communications	Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.
Matthew Adrien	Partnership working	ICB Quality, Safety & Improvement Committee ICP Committee Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.
Ashton West	Attendee of a committee	Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.
Vicky Scott	CEO	ICP Committee Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.
Zainab Arian	Chief Executive Officer of GP Federation working within NEL ICS	Tower Hamlets ICB Sub-committee Tower Hamlets Together Board Waltham Forest Health and Care Partnership Board	Indicated No Conflicts To Declare.
Somen Banerjee	Director of Public Health	Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.
Fiona Peskett	Director of Strategy and Integration	Community Health Collaborative sub-committee Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.
Warwick Tomsett	Joint post	Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.
Muna Hassan	Community Voice Lead	Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.
Roberto Tamsangan	Clinical Director Tower Hamlets	Clinical Advisory Group Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.



DRAFT Minutes of the Tower Hamlets Together Board
Thursday 3 April 2025, 0930-1100 in person and via MS Teams

Minutes

Members:		
Neil Ashman (Chair)	Place Lead and Chief Executive Officer Royal London & Mile End Hospitals, Barts Health NHS Trust	In person
Roberto Tamsangan	Tower Hamlets Clinical / Care Director, NHS North East London	In person
Sunil Thakker	Director of Finance, NHS North East London	MS Teams
Somen Banerjee	Director of Public Health, London Borough of Tower Hamlets	In person
Grace Walker	Deputy Director of Children and Integrated Commissioning (representing Steve Reddy)	In person
Fiona Peskett	Director of Strategy and Integration Barts Health – Royal London and Mile-End Hospitals	In person
Richard Fradgley	Director of Integrated Care & Deputy Chief Executive Officer, East London NHS Foundation Trust	In person
Zainab Arian	Joint Chief Executive Officer, Tower Hamlets GP Care Group	In person
Muna Hassan	Resident and community representative/Community Voice Lead	MS Teams
Georgia Chimbani	Corporate Director of Health and Adult Social Care, London Borough of Tower Hamlets	MS Teams
Vicky Scott	Chief Executive Officer Council for Voluntary Services	In person
Matthew Adrien	Healthwatch Service Director	MS Teams
Attendees:		
James O'Donoghue	Deputy Director of Acute Finance & Tower Hamlets Place	MS Teams
Tim Hugh	Partnership Programme Lead – Localities & Neighbourhoods Programme	In person
Isabel Hodgkinson	Principal clinical lead for integration, Tower Hamlets Together	In person
Kerry Greenan	Clinical Lead for Population Health and Neighbourhoods incl. Homelessness, Tower Hamlets	MS Teams
Madalina Bird	Minute taker, Governance Officer, NHS North East London	In person
Apologies:		
Charlotte Pomery	Chief Participation and Place Officer, NHS North East London ICB	
Layla Richards	Director of Commissioning & Culture, London Borough of Tower Hamlets	
Steve Reddy	Interim Corporate Director, Children's Services London Borough of Tower Hamlets	

Chetan Vyas	Director of Quality, North East London Integrated Care Board	
Jon Williams	Engagement and Community Communications Manager (Tower Hamlets), NHS North East London	
Khyati Bakhai	Tower Hamlets Primary Care Development Clinical Lead, NHS North East London	
Ashton West	Deputy Director of Partnership Development – Tower Hamlets Together and NHS North East London	
Warwick Tomsett	Director of Integrated Commissioning, NHS North East London & London Borough of Tower Hamlets	
Eleasar Reas	Deputy Director of Partnership Development – Tower Hamlets Together, NHS North East London	

Item No.	Item title
1.0	Welcome, introductions and apologies
	The Chair, Neil Ashman (NA) welcomed members and attendees to the April 2025 Tower Hamlets Together (THT) Board meeting held in public, noting apologies as above.
1.1	Declaration of conflicts of interest
	The Chair reminded members of their obligation to declare any interests they may have on any issues arising at the meeting which might conflict with the business of the committee. No additional conflicts were declared.
1.2	Minutes of the meetings
	The minutes of the previous meeting held on Thursday 6 March 2025 were agreed as an accurate record of the meeting.
1.3	Actions log
	All actions in the circulated log are in progress or have closed since the last meeting.
2.0	Questions from the public
	No questions from the public have been received in advance of the meeting.
3.0	Chair's updates
	The Chair updated the Board on the recent news about the impact of the NHS's financial situation on the ICB flagging: <ul style="list-style-type: none"> • Challenging situation across the NHS with NHSE reducing its staffing by 50% to protect resources for frontline staffing • ICBs were told they need to reduce running and programme costs by the same amount (50%) by Q3 • At this stage there is very little further detail to share but clearly a budget reduction of this level will require profound change • Recognising these are difficult and uncertain times for colleagues and organisations and all need to be aware of what is happening and compassionate to those that will have a difficult process to go through but remain focused on the task which is to serve the public of TH • Entering a new very difficult financial year that will require the system to rely on the ability to work together and foster good relationships to achieve common goals • Further information will be shared when available The Board noted the update and had the following comments:

	<ul style="list-style-type: none"> • TH team is fully integrated team. Need to be mindful that half posts will be in the consultation. THT needs to have a role in guiding the ICB • Need to review the Integrated System Financial Plan recently submitted to the regulator and the risk that is now sitting on top of the initial risk assessment because of the changes on the year to go basis (production, staff, etc)
4.0	System resilience and urgent issues
	No additional issues were discussed
5.0	Operational Management Group (OMG) highlights
	<p>Zainab Arian verbally updated on Operational Management Group (OMG) highlighting:</p> <ul style="list-style-type: none"> • Group met the day before after two months break • Good and productive meeting with oversight on quality projects and good work that the system as providers can do especially the work Dr Alex Harborne has led in the Community Health Services, an example of effective cross system improvement • Discussion on system issues to escalate to the Board. Concerns on the ICB situation and the absence of integrated commissioning observed in recent months that has slowed progress • Change in benefit schemes and cuts that have direct impact on the voluntary care sector demand • Potential issues with Health Inequality funding going forward that will have implications on programmes that the partnership has committed to. Clarification needed and brought back to the Board • Partners need to prioritize attendance to the finance meeting and submit their full details cost improvement plans (RLH, ELFT, GP Care Group, Local Authority, Voluntary Services and ICB) as they stand • Need to include ICS Operating Plan submission for a whole system view position
6.0	Community Voice: Experiences of young black men's mental health
	The Chair advised the item has been deferred to next meeting to allow presenters to better prepare and to link into the discussion of mental health report scheduled at the May Board
7.0	Integrated Neighbourhood Teams update
	<p>Tim Hughes updated the Board on the work underway following the workshop on the 12th of March that provided feedback from staff on the design of the model in Tower Hamlets. To take this work forward, more action is required as well as a different approach to governance. Next steps included:</p> <ul style="list-style-type: none"> • Proposal to hold a smaller session for senior leaders across THT including the VCS, Social Services and Clinical Leads from primary care alongside senior leaders from provider partners to develop the model further taking into account the feedback of staff from the workshop. The session should focus on agreeing: <ul style="list-style-type: none"> • a) The geographical boundaries of INTs. In February's THT Board, it was discussed that PCN boundaries would be the INT boundaries but in the workshop Locality boundaries were also discussed • b) the use of QI methodology • c) The resourcing of the OD required to build integrated teams • d) Which organisation will be the 'integrator' • Not all partners have been equally engaged so far and this is an issue. This must be approached in a partnership way across the entirety of THT and the model must incorporate all partners otherwise its success is at risk. Commitment is required from all THT partners to engage in the next session • The mapping will be presented alongside relevant data at the next session

- A new governance structure is proposed given the importance of the work as the current governance structure has not been effective in managing this work so far
- It is proposed that the new steering group is made up of representatives from all THT partners (multiple per organisation may be required to cover all relevant teams and services). The steering group would be directly responsible to THT Board for sign off but would also report periodically to Localities & Neighbourhoods and the Operational Management Group
- The INT committees would be made up of operational staff in each INT to work through operational issues, set local priorities according to population health data from EDITH and in alignment with the long-term conditions (vital 5) work led by Public Health. These could evolve from the current Locality Health and Wellbeing Committees. Each committee would be required to analyse data to understand what and how the INTs will deliver admission avoidance/reduction in length of stay and rapid discharge to discharge to increase patient flow and encourage residents to live independently and avoid a health crisis

Board members thanked TH for his presentation and the following points were discussed:

- Need to start work/ plan as soon as possible and commit to progress
- Implementation is key. Need to use the structures already in place and start engaging people in conversations around collective issues to focus on with each partner sponsoring one of the four localities to progress work
- Key to have a clinical and care professional led approach which is operational managed and supported (borough wide MDT).
- Need to identify the people to help bring together learning from across the four localities
- Bring back and re-create the Team Tower Hamlets feeling and meeting (quarterly events/ meetings that brought together professionals and like-minded people from across all organisations)
- Think about using the evidence around/ and create high performing teams in the neighbourhoods
- Use examples of great work already happening in the system. Ie the work that Dr Alex Harborne is doing that is really unblocking and helping on a day-to-day basis professional time
- Look at ways to use and integrate Population Health Management work
- Need to ensure that the prevention is at the heart of all tasks (Darzi shift from sickness to prevention and the vital-5)
- Need to avoid duplication and make sure governance is as productive as possible moving forward
- Agree a vision, story and where Team Tower Hamlets will be in 3- or 5-years' time. Give people hope as situation is quite bleak at the moment. A clear story that the partnership can sign up to and share, a new way of working
- Need to agree and articulate the Board approach. Important to also bring Health and Wellbeing Board along. Articulate clearly the approach
- Political engagement
- Think of the voluntary and community sector as a fundamental part of the work and integrate
- Commitment from senior leadership from each organisation is key
- Communication needs to be clear to bring everyone along
- Need to address the lack of political input in health (THT or local health). Connect and explain in a better way is also key. Previous conversations indicate interest in having a more localised approach, what work front line practitioners can do in the community

	<ul style="list-style-type: none"> • Need to join different parts of the system. Opportunities to integrate the work around family hubs, children social care reforms, moving to a preventative multidisciplinary team's type approach, etc • Be brave and pilot things rather than wait for a formal plan. Use the pilot to develop teams. Look at ways to foster relationships across teams without boundaries • Need a fish bone approach, invite everybody in all organisations to engage and input into the design of the INTs • Suggestion to use Locality Health and Wellbeing Groups as an existing structure • Need to give permission to staff to get engaged in projects/work • Use Localities as future INTs • QI methodology is less important than the continuous improvement work around team building and learning from one another • Opportunity to use the OD that each partner will bring into the space • Less important to have a nominated integrator. Do work collectively through an act of relational will • Start and build as we go along. Plan to start as soon as possible and commit to progress. Organise comms, connect better with Health and Wellbeing Board and politicians • Task and Finish Group to be convened to articulate Localities, forward plan, aligned partners and their proposals to connect to look at a summer start (June/ July) • Would dedicated resource to keep track, hold to account and give more traction be useful? • Members agreed to organise Sponsors Group in the next few weeks with the aim to launch the approach and bring back at the next THT Board in May • Look at implementing the bidding days approach used in at the Community Keeping Well Programme • Helpful to share the names and contact details of people in the system who have the expertise and are interested to lead and get involved in the work <p>ACTION: Bring plan to new Integrated Neighbourhood Teams across TH to May Board meeting</p>
8.0	Any Other Business
	No other business was raised

Tower Hamlets Board action log

Action Ref	Action Raised Date	Action Description	Action Lead(s)	Action Due Date	Action Status	Action Update
						Closed this month, or open & due in the future
						Open, due this month
						Open, overdue
0712-51	07-Dec	Primary care commissioning team to understand what the Primary Care Improvement Week learnings/project/work and resource implications are and identify where the resources are available in the system and what is required as additional	Warwick Tomsett and Jo Sheldon	tbc	In progress	Update Feb 2025: Learnings identified included: •Internal opportunities for efficiencies: Work ongoing by practices •Interface opportunities for efficiencies: Overlaps with access recovery aims and additional areas also; has been difficult to make progress against these findings though EQUIP are supporting this and Roberto via the Interface group
0205-59	02-May	Work on a 'ticket home' leaflet that will allow people to transit safely from one episode of care to their homes as effectively	Jon Williams	tbc	In progress	Update May: A first draft of the new patient leaflets, is being reviewed by the patient group operated by ELFT
0512-66	05-Dec	JW and MH to work on and bring back concrete actions for the Board to improve Community Voice Process	Jon Williams and Muna	01 May 2025	Closed	Update May: Report on the agenda and Chandrika is in contact with the THT End of Life Group
0901-69	09-Jan	Meeting needed to put together a plan to mitigate the impact of Section 256 and other non-recurrent funding coming to an end in March and how to communicate to the service users	Ashton West	tbc	In progress	Update Feb 2025: Initial meeting held 29/01/25 to understand risks and agree next steps. Follow up planned for late Feb, in the meantime will work with NEL to understand commissioning intentions.
0603-73	06-Mar	Somen Banerjee (SB) to connect colleagues across LBTH, ICB and Barts Health to continue to address issues around data robustness and availability around ethnicity data in primary and secondary care datasets with subject matter experts	Somen Banerjee	03 July 2025	In progress	Update April 2025: 1. Connected to Robert Sinfield – Senior Analysis Manager, Intelligence and Insights Team, NEL ICB 2. Somali segmentation primary care data for headline health indicators provided at Borough level 3. Council still does not have access to line level data that would enable more granular analysis (as requests would need to go through ICB – need additional information governance arrangements) 4. Tower Hamlets Council Public Health intelligence team working on a profile of Somali population based on demographic data for completion by end June (integrated with whatever is available from ICB) 5. Public Health Intelligence team working with ICB team on how to best establish a better flow of line level primary care data
0603-76	06-Mar	THT Team to work with the Finance teams to ensure that more information is contained in future packs to cover the financial positions of primary care in Tower Hamlets.	Ashton West/ Ely Reas	tbc	In progress	James O'Donoghue to contact Saem Ahmed and Tanvir Ahmed to help if they can facilitate the request on financial positions of primary care Tower Hamlets. Waiting for further details and confirmation. Ely Reas to update while Ashton West is on sick leave
0304-77	03-Apr	Progress work and bring plan to new Integrated Neighbourhood Teams across TH to May Board meeting	Tim Hughes	01 May 2025	Closed	Item on the May THT agenda



Young People's Voices on Mental Health

Coffee Afrik CIC

About Coffee Afrik CIC

Coffee Afrik is a multi-award-winning, lived experience-led community organisation operating across Hackney and Tower Hamlets. Through seven hubs and 26 projects, we provide culturally attuned, community-led spaces—including safe spaces for those facing problematic drug use, a research lab, an award-winning youth hub, two women’s hubs, and a systemic litigation space.

- Rooted in principles of love, care, and liberatory harm reduction, we work to disrupt established systems and empower marginalised communities. Our mission is to break cycles of generational trauma, challenge systemic inequalities, and create self-sustaining support networks through advocacy, outreach, and practical solutions.

As a young person What Mental Health Means to Us

Mental health is about well-being, but many young people don't understand what it means.

There is **little awareness of available mental health services**, so many don't know where to get help.

In schools, mental health is often perceived negatively – many young people believe that discussing mental health struggles makes them appear weak or different. The stigma around mental health can discourage open conversations, making it harder for young people to access the support they need

Barriers to Getting Support

Not Accessible for Young People

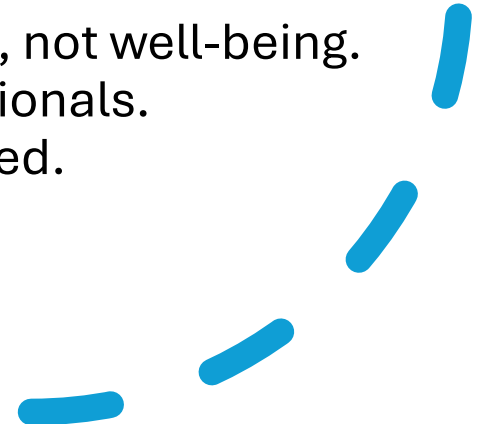
- Services don't feel designed for young people.
- There are not enough safe spaces where young people feel comfortable talking .

Cultural Barriers & Stigma

- Mental health is a taboo topic in many Black and Asian communities
- Many feel scared or too shy to talk about their emotions.
- Pride stops some from seeking help.

A System That Doesn't Understand Us

- Schools focus on grades and performance, not well-being. Lack of cultural awareness among professionals. Young people feel misunderstood and judged.



What Needs to Change?

Education in Schools

Schools need to **educate young people about mental health** in a way that is **relatable** and easily understood, although some schools try its still not effective.

Youth workers in schools can offer more **personalized support** and build trust with students.

Accessible Mental Health Hubs

Mental health support should be available in **safe spaces** like, **community centres, mosques, and churches.**

Services should be available outside of clinical settings, where young people feel more comfortable.

Mental health services need to offer more than just therapy, such as **peer support groups, drop-in sessions,** and **mentoring** to provide flexible, approachable options for young people.

Questions for the Board

- Can you **partner with youth workers and hubs** to provide better support?
- Will mental health education become part of **school curriculums**?
- How can young people **help design mental health services**?
- Will decision-makers **listen and act on young people's ideas**?
- How can we reduce wait times for young people seeking help?
- How can young people be included in the planning and decision-making of mental health services?
- How can young people's voices be heard in future mental health policy-making?

Tower Hamlets Together Board

1 May 2025

Title of report	Update of the THT Board Community Voice Process
Author	Jon Williams, Engagement and Community Communications Lead Tower Hamlets
Presented by	Jon Williams, Engagement and Community Communications Lead Tower Hamlets
Contact for further information	Jon Williams, Engagement and Community Communications Lead Tower Hamlets
Executive summary	This report seeks to further embed the THT Board's duty of care towards residents who present the Community Voice to ensure empathy and avoid re-traumatisation, whilst at the same time addressing actions to effectively impact on the issues raised in the Community Voice.
Action / recommendation	The Board/Committee is asked to: (a) discuss and endorse this approach to its Community Voice session. (b) agrees this report is promoted by THT partners and to the Tower Hamlets residents
Previous reporting	Engagement Leads Group – 12 February 2025 meeting
Next steps/ onward reporting	N/A
Conflicts of interest	No conflicts of Interest are raised by this report.
Strategic fit	Which of the ICS aims does this report align with? <ul style="list-style-type: none"> • To improve outcomes in population health and healthcare • To tackle inequalities in outcomes, experience and access • To enhance productivity and value for money • To support broader social and economic development
Impact on local people, health inequalities and sustainability	The Community Voice session provides residents and their representatives access to THT Board to highlight and proposal actions to reduce health inequalities and re-shape services to be more sustainability. This enhancement of the Community Voice process will further embed these impacts.
Has an Equalities Impact Assessment been carried out?	No Equalities Impact Assessment has been undertaken for this report.
Impact on finance, performance and quality	There are no additional resource implications/revenue or capitals costs arising from this report. The cost for reward and recognition to residents has been met from within existing resources

Risks	Failure to operate Community Voice in a way residents trust and value would represent a reputational for the THT Board
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Update on the Community Voice Process at the THT Board

Summary

This report sets out the principles under which Community Voice operates and its enhancement following the discussion to improve the Community Voice at the December 2024 THT Board.

At the December 2024 THT Board the received feedback on the Community Voice process from Chandrika Kaviraj, who had spoken at a previous board. Following that previous meeting Chandrika raised concerns about the Community Voice process and offered advice how to improve it.

The section below, entitled 'Way Forward' was agreed with Chandrika to advise the Board to how to improve the Community Voice process. At the Board members asked this 'Way Forward' to be further articulated into advice to the Board on how to improve the Community Voice process; this is set out under the section entitled THT Board Community Voice Process.

Chandrika has reviewed this report and signed it off. She has requested THT promote this report across THT partners, who should report it in their newsletters and other comms channels, and to Tower Hamlets residents.

Recommendation

1. The Board are asked to discuss and endorse this approach to its Community Voice session.
2. The Board agrees this report is promoted by THT partners and to the Tower Hamlets residents

Way forward

Duty of Care approach

The THT Board will take a duty of care approach in line with the legal duty to provide a reasonable standard of care to patients and to act in ways that protect their safety. A duty of care exists when it could reasonably be expected that a person's actions, or failure to act, might cause injury to another person.

The THT Board recognises its meeting format has the potential to be challenging for some people. It will continue with its practice of the independent Community Voice Lead and Engagement and Community Communication Lead pre-meeting with people speaking to support their presentation and give focus to their ask of the Board.

At the start of the Community Voice session, the chair of the THT Board will explain to the presenters of the Community Voice session who is attending the meeting and the purpose of the session. The chair will emphasis to the Board the importance of actively listening to the presenters, and specifically where someone is sharing their story, to listen first with empathy and secondarily to focus on solutions.

Developmental training

As leaders it is important the THT Board demonstrates their commitment to trauma informed care and safeguarding. As part of the next development day all THT Board members will receive trauma informed care and safeguarding training.

THT Board Community Voice Process

Principles

- Mutual respect, understanding and diplomacy.
- Openness and trust.
- Objectivity, accountability, honesty and integrity.
- Equality, equity, diversity and inclusion.
- We work together to make positive change.¹

Identifying Community Voice Presenters

The independent Community Voice Board Member and NEL ICB Engagement and Community Communications Lead for Tower Hamlets will work with Engagement Leads to identify presenters for the Board's Community Voice Session.

The aim would be to align Community Voice with the Board Forward Plan, which would allow for a more comprehensive response to the Community Voice. However, the independent Community Voice Board Member may identify a presenting issue. Therefore, the Community Voice may not always align with the Forward Plan.

Pre-meet

The independent Community Voice Board Member and NEL ICB Engagement and Community Communications Lead will meet with Community Voice presenters prior to the Community Voice session. This is to:

- Explain how Community Voice operates at the Board, including sharing the Community Voice principles
- To support the presenter's articulation of their issues to the Board
- To advise on slides to the Board including the specific asks of the Board

Board Community Voice

At the Board the Chair will open the Community Voice session and ask Board members to introduce themselves so presenters understand who they are addressing. The Chair will reiterate to the Board the importance of actively listening to the presenters, and specifically where someone is sharing their story, to listen first with empathy and secondarily to focus on solutions. Following the presentation, the Chair will lead the discussion on the Community Voice. At the end of the session the Board will agree actions that arise from the Community Voice.

Community Voice Quarterly Monitoring Report

Actions resulting from the Community Voice will be monitored by independent Community Voice Board Member and NEL ICB Engagement and Community Communications Lead for Tower Hamlets. Progress on the actions will be reported to the Board on a quarterly basis.

Board Training to support Community Voice

The NEL ICB Engagement and Community Communications Lead for Tower Hamlets will identify trauma informed care and safeguarding training for the next Board development session. This will demonstrate the Board's commitment creating a caring and supportive environment for the presenters of the Community Voice.

Reward and Recognition

In line with the NHS NEL Reward and Recognition policy residents who present will be given a £20 Love2Shop voucher.

Jon Williams: Engagement and Community Communications Lead
Report drafted February 2025

¹ These principles originate from Redbridge Council [Community Voice process](#) -



Tower Hamlets Together Board

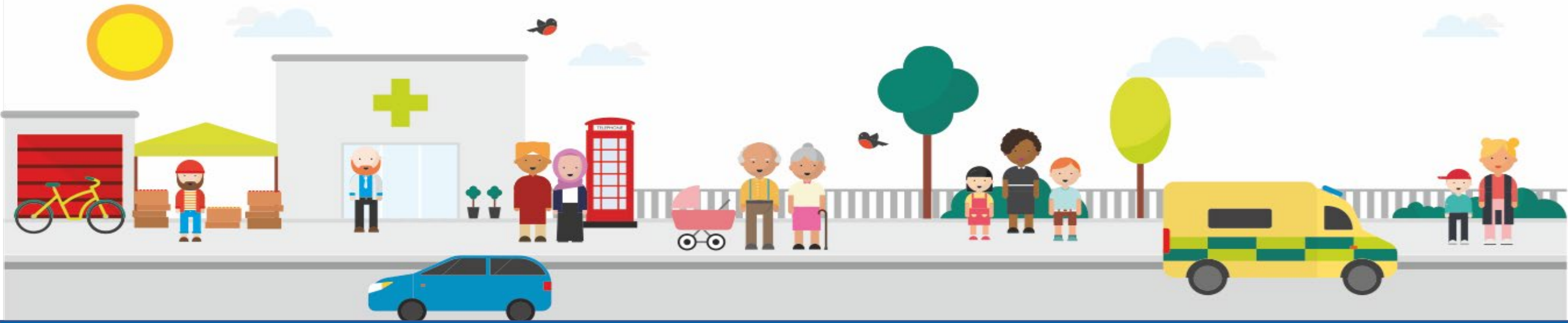
1st May 2025

Title of report	Mental Health Programme Planning and Priorities 2025 -2026
Author	Carrie Kilpatrick
Presented by	Richard Fradgley
Contact for further information	_____
Executive summary	<p>The presentation provides a broad overview of the key priorities for the Tower Hamlets Mental Health Partnership Programme as we move into 2025 26.</p> <p>Included are a summary of the priority actions or deliverables, within the context of the NEL wide priorities and high impact areas of focus for the same period.</p> <p>The Mental Health Partnership Board, which is now in its third year, has a continued focus on 5 core objectives which have been identified as key to our local system partners and board membership. Delivery of these priorities will support the NEL wide system priorities and high impact areas which are listed in the latter part of the presentation.</p>
Action / recommendation	The Board/Committee is asked to note the priorities of the Tower Hamlets Mental Health Programme within the context of the system wide priority areas,
Previous reporting	NEL MHLDA Programme Board
Next steps/ onward reporting	Tower Hamlets Mental Health Partnership Board
Conflicts of interest	NA
Strategic fit	<p>Which of the ICS aims does this report align with?</p> <ul style="list-style-type: none"> • To improve outcomes in population health and healthcare • To tackle inequalities in outcomes, experience and access • To enhance productivity and value for money
Impact on local people, health inequalities and sustainability	Delivering the programme will improve equity of access, outcomes and experience for Tower Hamlets residents with a mental health issue.

Has an Equalities Impact Assessment been carried out?	NA
Impact on finance, performance and quality	<ul style="list-style-type: none"> • Service users admitted to facilities away from their borough which are challenging for carers and relatives • Increased use of private mental health beds • Increased use of Bed and breakfast facilities to support discharge • Increased Length of stay in private provision due to reduced local coordination of care
Risks	NA

Mental Health Programme Planning and Priorities 2025-26

1/05/2025



National and Collaborative Priorities

National

National priorities for Mental Health:

1. Reduce out of area placements and length of stay in acute MH beds
2. Reduce length of stay in emergency departments
3. Increase access to children and young people’s mental health services

National priorities for Learning Disability and Autism:

1. Reduce reliance on inpatient care for people with a learning disability and autistic people, delivering a minimum 10% reduction

Northeast London

NEL priorities for Mental Health:

1. Improving the community offer for people with a serious mental illness

NEL priorities for Learning Disability and Autism:

1. Redesign pathways for children and adults with neurodevelopmental conditions (e.g. Autism and ADHD)

Our Programme is overseen by the Tower Hamlets Mental Health Partnership Board which meets on a bi-monthly basis. The Partnership is supported by our Mental Health Provider Alliance – now in its 3rd year.

The Board adopted 5 core priorities for a 2-year period from 2024 - 2026:

1. Develop and enhance community based mental health care
2. Enhance Tower Hamlets mental health crisis pathway services
3. Deliver and coordinate a mental health prevention and promotion plan
4. Improve health outcomes and experience for those with SMI
5. Refresh of Adult Mental Health Strategy

Learning Disability Partnership Board

More recently the Partnership has relaunched the Adults Learning Disability Partnership Board, holding its introductory meeting in March of this year. Formulation of our Learning Disability Partnership Framework will be a key priority for 2025-2026 with an ambitious target to develop a partnership Strategy Plan by October of 2025. Consultation is currently underway to set our key priorities for the coming year

Tower Hamlets Place based Priorities : Our focus in 25-26

Develop and enhance community based mental health care

- Pilot community-based mental offer in PCN1, including an increased outreach offer.
- Implement a single Dementia Community Inclusion pathway
- Establish a Quality Improvement supported accommodation pathway Project to reduce growing out of area placements & spend
- Refresh Local Authority/ ELFT Section 75 Agreement for Community Services
- Refresh local Talking Therapies offer as part of agreeing a longer-term contract.
- Enhance Mind Connecting Communities provision across the borough.

Enhance Tower Hamlets mental health crisis pathway services

- Continue discharge to assess model within capacity & flow project.
- Pilot new integrated substance misuse offer within inpatient and community settings to increase access and effectiveness of treatment
- Establish a Quality Improvement supported accommodation pathway Project to reduce growing out of area placements & spend
- Review and recommission Crisis House
- Review and remodel Rehab House offer to provide a more agile step-down offer.

Deliver and coordinate a mental health prevention and promotion plan

- Develop an action plan for the Prevention Concordat for Better Mental Health.
- Collaborative community asset mapping exercise to identify opportunities to participate in mental health prevention and promotion activities across THT
- Involve and co-produce mental health and wellbeing interventions with member organisations of the Tower Hamlets Mental Health Voluntary and Community Sector Alliance
- Publicise & support VCS to improve their wellbeing to ensure alignment, collaboration, and networking.
- Launch THRIVE Framework Across Tower Hamlets
- Recruit Mental Health Champions among THT
- Provide learning and development opportunities for people working in all THT organisations

Improve health outcomes and experience for those with SMI

- Pilot community-based mental offer in PCN1, including an increased outreach offer.
- Continue discharge to assess model within capacity & flow project.
- Implement a single Dementia Community Inclusion pathway with ELFT/ LA contracts
- Review and recommission IPS service to deliver against national targets
- Deliver Physical health in SMI equalities projects to increase health check take up

Refresh of Adult Mental Health Strategy

- Refresh MH JSNA
- Develop Mental Health Local borough Strategy



North East London

Operational Plan Trajectories:

MHLDA Operational Plan Trajectories

Metric	Latest position available	Where have we landed	Description/Plan
Inappropriate Out of Area Placements	61 as of Jan 25	Non-Compliant with zero target, projection to 28 in Q4 of 25-26	Target reduction to 28 placements in Q4 of 25-26, in addition we plan to be zero in 26/27. Relates to receiving the capital submission monies
Average Length of Stay	52.6 as of Dec 25	Compliant in year	Ask was to reduce ALOS to below baseline position – review taking place to test whether further reductions are possible.
Talking Therapies Reliable Recovery	45.75% as of Jan 25	Compliant in year - Increase performance	Denominators increased to reflect additional 14 HITs and 5 PWPs . Numerators adjusted to 47% / 67% respectively
Talking Therapies Reliable Improvement	65.22% as of Jan 25	Compliant in year - Increase performance	Same denominator and numerator adjustments as Reliable Recovery
Perinatal Access	8.19% as of Jan 25	Not-compliant with LTP target of 10%	ELFT: 10% based on revised figures NELFT: 8% based on our figures 25-26 guidance is reasonable improvement
CYP Access	26,640 as of Jan 25	Non-compliant against national ask of 32,415	NHSE have asked us to create a more ambitious trajectory, re-submission required by 25 th April 25
IPS Access	Working through data quality issues	Compliant with national ask	Access is increasing in-line with funding, bonus to providers for hitting employment targets will also be added
Annual Health Checks for Learning Disabilities	71% as of February	Target is 75% which is Compliant with national ask in 25-26	All targets for LDA Trajectories, we are achieving at the end of 24/25, therefore aiming to maintain current performance
In-Patient Admissions for Adults with Learning Disabilities	35 as of end of 23-24	Complaint	34 admissions by the end of Q4 which is Complaint with national ask in 25-26
In-Patient Admissions for Adults with Autism	10 as of end of 23-24	Complaint with national ask in 25-26	11 admissions by the end of Q4 which is Complaint with national ask in 25-26

Deliver the 10 High Impact Actions for mental health discharges: Ensuring system discharge plans include mental health acute pathways, reducing average LOS in adult acute mental health beds, improving local bed availability and reducing need for inappropriate out of area placements:

25/26 improvement plan	Key delivery actions
<p>Consolidate 24-25 initiatives and ensure new services are fully operational:</p> <ol style="list-style-type: none"> 1. ICAH in ED to become fully operational in 25/26 2. Implement centralised access point for Crisis Assessment via NHS 111Crisis assessments, now delivered by local Crisis Assessment Teams on a place-based model. In 2025–26, plans to further digitalise pathway to support real-time visibility of patient flow and discharge barriers, improving responsiveness, coordination, and system oversight. 3. Increased access to step-down beds; crisis house to be fully operational. 4. National pilot site - testing a more integrated 24/7 community MH model in Tower Hamlets, inspired by Trieste. The aim is to reduce ED admissions and divert activity by providing earlier, community-based intervention. 5. Enhance women’s crisis offer to ease admission pressures. 6. Strengthen community alternatives to admission (trauma-informed, relational care, neurodiversity). 7. Embed trauma-informed and neurodiverse care inpatient; scale use of Dialog+ for continuity. 8. Joint ELFT/NELFT bed strategy to manage pressures; ELFT to explore capacity, NELFT planning to create additional beds. 9. System focus on CRFD: Discharge support & care coordination. 	<p>Reduce out of area placements – high impact. Across NEL, we are exploring:</p> <ul style="list-style-type: none"> • Increase capacity in ELFT beds – sharing across the NEL footprint. <ul style="list-style-type: none"> - Improve pathway for women in MH crisis and severely agitated states - Continue focused discharge coordination for patients, who are clinically ready for discharge <p>Inpatient flow and quality improvement – medium impact Driven by our clinical and service user-led Inpatient Improvement Network: Implement commissioning guidance for inpatient services, to reduce LoS and improve experience including:</p> <ul style="list-style-type: none"> - Review and develop skill mix of staff on inpatient wards to provide better therapeutic interventions, trauma informed, and care to patients with neurodiversity - Review estates for older adult/frailty wards to ensure a NEL wide approach and COP. - Tackling racism on wards & in the system. - Environmental improvements that enable safer and higher quality care - Continued focus on relational security on inpatient wards, and the wider rollout of DIALOG+ <p>Piloting new models of care – high impact Sharing the learning from 24/7 MH service pilot in TH, exploring possibilities for testing similar initiatives in other boroughs, including:</p> <ul style="list-style-type: none"> - Embed crisis and home treatment team functions within CMH teams and (where possible) creating community-based alternatives to admission (e.g. guest beds) - Reduce number of separate ‘specialist’ teams within places & focusing on continuity of care. - Deliver more assertive and intensive MH care to people who might find services difficult to engage

Reduce 12 hour waits in A&E through: maximising the use of crisis alternatives, including 111 mental health option, crisis resolution and home treatment teams, and community mental health services to keep people well at home; ensuring robust system oversight and implementation of the mental health OPEL framework:

25/26 improvement plan	Key delivery actions
<p>By strengthening crisis alternatives, enhancing diversion pathways, optimising ED processes, embedding structured escalation, & piloting innovative care models, initiatives will significantly reduce 12-hour waits, improve patient outcomes, and alleviate system pressures across NEL ICB.</p> <ol style="list-style-type: none"> CAH 24/7 Crisis Hub/Assessment Suite: Provide dedicated MH crisis assessment space as alternative to EDs for those in crisis. Enhance Collaboration with LAS for Diversion to MH Assessment Hubs: implement diversion pathways for people in MH crisis to improve experience, prevent unnecessary ED attendance and reduce pressure on acute services. Optimise Emergency Department Pathways for Mental Health Patients: Joint Acute and MH teams review process inefficiencies contributing to 12-hour+ delays. Structured improvement plan to improve flow and patient experience. OPEL Framework: implemented across acute sites, introducing a structured escalation process for system-wide oversight. Plans underway to integrate MH representation within escalation, involving MH Trusts, site liaison leads, and ICB inpatient teams. Learning from best practice to inform refinements, ensuring more responsive system coordination and improved crisis management. Newham Enhanced Care Teams Pilot: Enhanced Care Teams pilot provides dedicated specialist observation staff for individuals experiencing acute MH distress in EDs. Given the success, there is demand for rollout across NEL EDs, though funding remains a challenge 	<ul style="list-style-type: none"> ICAH 24/7 (Crisis Hub/Assessment Suite) Opening: High Impact Collaboration with LAS for Diversion to Assessment Hubs: Medium to High Impact NEL working closely with LAS within three joint working groups focused on: Self-harm interventions, Alternatives to ED admissions, and management of intoxicated people. Working groups, involve LAS, 111 press 2, and NEL ICB Crisis Assessment Team leads, and are establishing clear pathways to reduce unnecessary ED conveyances and ensure people in crisis access appropriate assessment hubs instead. Improving Pathways in EDs: Medium Impact Joint MH and Acute care teams conducting site-based analysis to identify and address key factors driving extended 12 hour + waits in ED's. Work ed by the NEL Lead Nurse for MH in ED's, who is acting as the key liaison between the MHLDA Collaborative and Acute Trusts. Their focus is on delivering operational improvements on the ground to enhance patient flow, reduce delays, and ensure a better experience for people accessing urgent MH support. OPEL Framework: High Impact Newham Enhanced Care Teams Pilot: High Impact

Deliver effective courses of treatment within NHS Talking Therapies and reduce ill-health related inactivity, through access to Individual Placement Support (IPS):

25/26 improvement plan	Key delivery actions
<p>Talking Therapies: We will deliver effective courses of treatment within NHS Talking Therapies through:</p> <ul style="list-style-type: none"> • Greater utilisation of pre and post therapies clinical offers to address waiting times, promote engagement and maintain therapeutic gain. • Specific treatment for targeted populations. • NELFT to transition to IAPTus to enhance clinical operations, performance monitoring and management. • Standardise efficiencies of Talking Therapies offer through our Improvement Network <p>IPS:</p> <ul style="list-style-type: none"> • Enhance employment support through structured training, mentoring and improved outcome tracking. • Strengthen equality and diversity focus including race equity plans, data reviews and multilingual materials. • Expand mental health assessments to support overall well-being, beyond job placement. • Increase efficiency and productivity through CRM automation, system integration and admin support. • Expand to meet our NHSE access target for 25-26 • Outreach plans to increase patient awareness and self-referrals 	<ul style="list-style-type: none"> • Talking Therapies: Move to IAPTUS clinical software to improve efficiency and collaborative working across NEL • Implement digital efficiencies and trial digitally assisted therapies - high impact • Greater utilisation of pre- and post- therapy interventions to address waits, timely engagement, optimise therapeutic effect and maintain gain - high impact • Targeted interventions for BAME/ specific needs (young black men, Bangladeshi population, specific languages, etc.) to improve outcomes - high impact <p>IPS</p> <ul style="list-style-type: none"> • Implement structured training and mentoring programmes for IPS teams to improve employment support effectiveness. - medium to high impact • Expand MH Assessments & Strengthening EDI Focus: beyond job placement to improve well-being and resilience. Embed race equity plans, multilingual materials, and data reviews to address inequalities - high impact • Improve Digital Integration & Cross-Sector Collaboration: Increase efficiency with CRM automation and system integration to streamline referrals and tracking. Strengthen partnerships between IPS services and local cross-sector support networks. Integrate IPS systems with local services' digital platforms for seamless data sharing - high impact. • Contract monitoring processes track progress against agreed milestones and performance targets - medium impact

Ensure that learning disability and autistic people are admitted into a mental health hospital for the purpose of assessment and treatment that can only be delivered in an inpatient setting:

25/26 improvement plan	Key delivery actions
<p>NEL is meeting the overall million per population target for the inpatient admissions of people with a learning disability and autistic people. In 2025/26 we will continue to minimise admissions by:</p> <ol style="list-style-type: none"> 1. Continue investment in our Intensive Support Teams, who provide targeted support for individuals in the community who may be at risk of admission. 2. Develop NEL wide strategy to reduce out of area placements. 3. Review key working service, to ensure effective reduction of CYP admissions. 4. Utilise our inpatient quality oversight group to improve our discharge planning and post-admission CeTR performance. 5. Launch a digital DSR in NEL; standardising procedures and improving identification of people at risk of admission. 6. Introduce a CeTR oversight panel, providing scrutiny on CeTRs, delayed discharges, long stay and out of area placements, and review lessons learned from admissions that could have been avoided. 	<ol style="list-style-type: none"> 1. Reduce out of area placements - high impact <ul style="list-style-type: none"> - Achieve discharge of 4 OOA placements by end of Q2 - Review performance of local ISTs, including service user feedback - Q3 - Establish new NEL out of area policy in Q1 2. Improve pre- and post-CeTR performance for adults - high impact <ul style="list-style-type: none"> - Provide training in Q1/Q2 to mainstream wards to improve identification of autistic patients. - Agree new CeTR referral pathway in Q1 - Establish CeTR oversight panel in Q1 3. Launch the Digital Dynamic Support Register - high impact <ul style="list-style-type: none"> - Develop NEL information and referral pack in Q1 - System go live by the end of Q1

Tower Hamlets Together Board

1st of May 2025

Title of report	Progressing the Development of Integrated Neighbourhood Teams (INTs)
Author	Tim Hughes, Partnership Programme Lead – Localities & Neighbourhoods
Presented by	Tim Hughes, Partnership Programme Lead – Localities & Neighbourhoods
Contact for further information	Tim Hughes, Partnership Programme Lead – Localities & Neighbourhoods
Executive summary	Following the INTs paper presented at April's THT Board, this paper aims to support continued progress by: agreeing the geographical boundaries of the INTs, approving the convenor role description, confirming the proposed convenor organisations for each INT, and appointing a Senior Responsible Officer (SRO).
Action / recommendation	The Board is asked to: <ul style="list-style-type: none"> • Approve the proposed geographical boundaries of the INTs • Endorse the role description for INT convenors • Agree the proposed named organisations as convenors for each INT • Appoint an SRO for INTs
Previous reporting	THT Board - 3 rd of April 2025
Next steps/ onward reporting	To be decided by the Board
Conflicts of interest	None
Strategic fit	Which of the ICS aims does this report align with? <ul style="list-style-type: none"> • To improve outcomes in population health and healthcare • To tackle inequalities in outcomes, experience and access • To enhance productivity and value for money
Impact on local people, health inequalities and sustainability	INTs are expected to provide improved outcomes for residents through preventative, joined up care with a particular focus on complex cohorts and long term conditions (vital 5).
Has an Equalities Impact Assessment been carried out?	No
Impact on finance, performance and quality	There are no additional financial implications of this report although the Board is asked to consider what commitment

	can be given within current resource to support the development of this work moving forward. The implementation of INTs is expected to improve performance and quality.
Risks	As discussed in April's Board, a key risk is limited political engagement. To mitigate this, a dedicated session focussed on healthy neighbourhoods is planned for the Health & Wellbeing Board on the 13th of May.

1.0 Introduction, Context and Purpose of the Report

- 1.1 Nationally, regionally and locally, the development of Integrated Neighbourhood Teams (INTs) is a key strategic objective in delivering joined-up, person-centred care.
- 1.2 At the April meeting of the THT Board, a paper was submitted detailing the proposed next steps in the development of INTs in Tower Hamlets.
- 1.3 To enable continued progress and maintain momentum, this paper seeks approval from the Board for the next steps.
- 1.4 The Board is asked to:
 - Approve the proposed geographical boundaries of the INTs
 - Endorse the role description for INT convenors
 - Agree the proposed named organisations as convenors for each INT
 - Confirm the INTs SRO

2.0 Geographical Boundaries of INTs in Tower Hamlets

- 2.1 As previously discussed at the Board, aligning INTs with the existing locality structure has been identified as the most suitable model for Tower Hamlets.
- 2.2 While not all services currently follow these boundaries, many THT structures already do. Primary Care Network (PCNs) boundaries also align well, with each locality containing two PCNs, except in the South West, where the PCN and locality are coterminous.
- 2.3 Adopting smaller boundaries would pose challenges for effective partnership engagement, given capacity constraints across the system.
- 2.4 it is therefore proposed to establish four INTs with the following approximate population sizes (2022 ONS mid-year estimates) detailed below:

Locality	Population
North East	83,420
North West	70,261
South East	97,202
South West	74,906

- 2.5 These population sizes align with wider North East London INTs, which typically range between 30,000 and 100,000 people.
- 2.6 This reflects the national picture: according to HSJ analysis, most INTs across England serve populations within this same range, with only around 10% covering more than 100,000.

3.0 Role of the INT Convenor

3.1 The April THT Board agreed that each INT should have a designated convenor from within the THT partnership.

3.2 The proposed role of the INT convenor includes, but is not limited to:

- Providing visible leadership within the neighbourhood to support a culture of collaboration and integration
- Ability to use existing organisational support and resources to help move INTs forward
- Leading organisational development to foster integrated working within the INT
- Facilitating local discussions to identify and set shared priorities that align with Public Health's Vital 5 strategy
- Overseeing the development and delivery of local plans
- Sharing learning and best practice across INTs
- Supporting issue resolution and escalation when necessary
- Nominating an INT representative to sit on the borough wide INT steering group
- Ensuring that residents and community voices are reflected in decision-making, through co-production or engagement mechanisms
- Contributing to performance monitoring by supporting data sharing and evaluation of local outcomes
- Championing health equity and addressing inequalities within the neighbourhood
- Building and maintaining strong relationships with stakeholders, including local authority teams, voluntary sector organisations, and primary care

3.3 A more detailed role description can be found in the appendix.

3.4 The Board is asked to approve the role description and suggest any amendments.

Suggested Convenors for each Locality INT

3.4 To maintain momentum, we have proposed THT partners as convenors for each locality. This decision is based on individual preferences, the location of existing key activities, and the capacity to quickly mobilise using existing resources.

3.5 A key point to consider is that the Tower Hamlets CVS or wider voluntary sector has not been included as a potential convenor. Due to limited funding and time, the approach below relies on organisations using their own resources. However, CVS could still play a valuable role in bringing the resident and community voice into the INTs — and this is something we could look to develop further together, using the learning from the Neighbourhood Forums pilot.

3.6 Please note that Tower Hamlets Council (LBTH) has not yet confirmed its ability to take on the Convenor role. Given recent leadership changes and other pressing priorities, further discussions with LBTH leadership are needed to fully understand the role and the level of commitment required. These discussions will take place in due course, ensuring that all necessary information is provided.

Locality	Lead Convenor
North East	TBC
North West	East London Foundation Trust
South East	GP Care Group
South West	Royal London Hospital

3.7 The Board is asked to agree the suggested list of convenors per INT.

4.0 Senior Responsible Officer (SRO)

4.1 Given the strategic importance of INTs to THT and the recent gap for clear leadership and accountability, the appointment of an SRO is urgently recommended.

4.2 The SRO will:

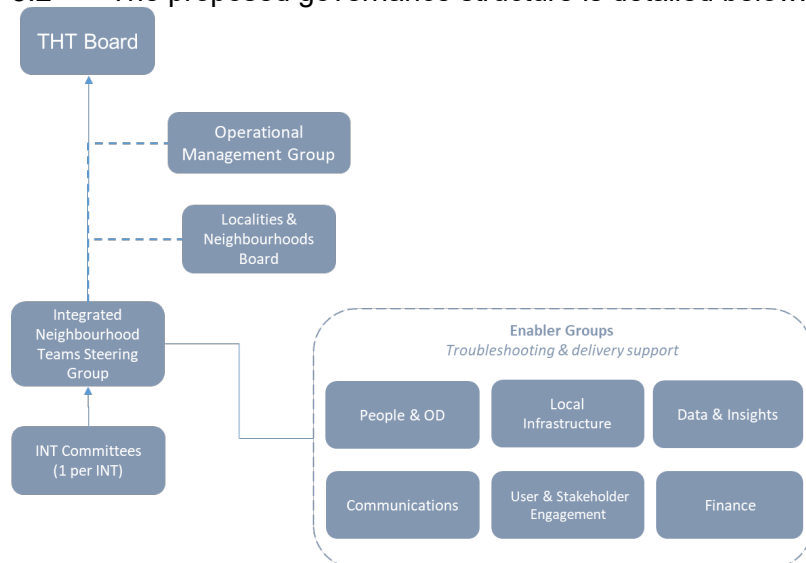
- Provide strategic direction and oversight
- Chair both the INT Steering Group and the Neighbourhoods Programme Board
- Hold monthly meetings with the Programme Lead to agree Steering Group agendas
- Address and escalate issues of partner non-engagement as appropriate
- Support resolution of challenges arising within the Steering Group
- Review INT-related papers before they are presented to the THT Board

4.3 The Board is recommended to appoint an SRO, noting that Richard Fradgley, Director of Integrated Care & Deputy Chief Executive Officer at East London NHS Foundation Trust, has expressed an interest in taking on the role.

5.0 Governance

5.1 Given the recommendations detailed in this paper and their effect on the governance of the Programme, the Board is reminded of the proposed governance structure that was discussed in April's THT Board.

5.2 The proposed governance structure is detailed below:



5.3 The Steering Group would be chaired by the INTs SRO and be made up of representatives from all THT partners (multiple per organisation may be required to cover all relevant teams and services) who are able to progress this work sufficiently, including the appointed leads from each convenor.

5.4 The Steering Group would be directly responsible to THT Board for sign off but would also report periodically to Localities & Neighbourhoods and the Operational Management Group.

5.5 The INT committees would be made up of operational staff in each INT to work through operational issues, set local priorities according to population health data from EDITH and in alignment with the long-term conditions (vital 5) work led by Public Health. These could evolve from the current Locality Health and Wellbeing Committees. Each committee would be required to analyse data to understand what and how the INTs will

deliver admission avoidance/reduction in length of stay and rapid discharge to increase patient flow and encourage residents to live independently and avoid a health crisis.

6.0 Next Steps

6.1 Following this Board, the next steps for the development of INTs are:

- Designing the organisational development programme
- Formalising the mapping of existing activities for each INT to help inform discussions on setting local priorities and their corresponding plans
- Prepare data packs for each INT to inform local priority setting
- Asset mapping for each INT
- Develop outcome measures

7.0 Risks and Mitigations

7.1 As discussed in April's Board, a key risk is limited political engagement. To mitigate this, a dedicated session focussed on healthy neighbourhoods is planned for the Health & Wellbeing Board on the 13th of May.

8.0 Recommendations

8.1 The Board is asked to:

- Approve the proposed geographical boundaries of the INTs
- Endorse the role description for INT convenors
- Agree the proposed named organisations as convenors for each INT
- Appoint an SRO for INTs

9.0 Appendices

9.1 INTs convenor role description.



INT Convenor Role
Description THT May ;

10.0 End

10.1 Tim Hughes, Partnership Programme Lead – Localities & Neighbourhoods
17th April 2025

INT Convenor Role Description

Tower Hamlets Together (THT)

Role Title: Convenor of Integrated Neighbourhood Team (INT)

Purpose of the Role:

The Convenor will provide leadership to the Integrated Neighbourhood Team (INT) in Tower Hamlets, ensuring effective integration of services, collaboration between partners, and the delivery of locally tailored health and care priorities. The Convenor will play a critical role in driving organisational development, ensuring community engagement, and supporting the team in achieving its goals in line with the broader strategic objectives of THT. The Convenor will be the organisation, each organisation will appoint a Lead and each Convenor will be expected to draw upon resource within their own organisation. They will also be supported by the Partnership Programme Lead for Localities and Neighbourhoods.

Key Responsibilities:

1. Leadership & Integration

- Provide visible leadership within the neighbourhood to foster a culture of collaboration and integration across all partners.
- Lead organisational development activities that enable integrated working and improve service delivery within the INT.
- Champion the principles of integrated care, working closely with THT partners to remove barriers to effective collaboration.

2. Facilitating Local Priorities

- Lead discussions within the INT to agree and refine local priorities based on the needs of the community and strategic goals of THT.
- Oversee the development and delivery of local plans that address these priorities, ensuring they align with broader system-level objectives.

3. Collaboration & Engagement

- Build and maintain strong relationships with a wide range of stakeholders, including local authority teams, the voluntary sector, primary care, and community representatives.
- Ensure the voices of residents and communities are central to decision-making processes, advocating for co-production and engagement mechanisms where possible.

4. Sharing Best Practices & Learning

- Facilitate the sharing of best practices, innovative approaches, and lessons learned across the borough's INTs to encourage continuous improvement.

- Support knowledge exchange and collaboration between teams, fostering a borough-wide culture of shared learning.

5. Issue Resolution & Escalation

- Support the resolution of issues within the INT, ensuring barriers are identified and addressed in a timely and efficient manner.
- Escalate issues that cannot be resolved at the INT level to the appropriate Board or Steering Group, providing clear recommendations and updates.

6. Performance & Outcomes Monitoring

- Contribute to performance monitoring, supporting the team in evaluating local outcomes and ensuring these are tracked and reviewed regularly.
- Ensure data is shared appropriately within the INT to measure progress and make informed decisions about service delivery.

7. Health Equity & Inequalities

- Ensure that health equity and the reduction of inequalities are key considerations in all INT planning and activities.
- Address gaps in access and outcomes for underrepresented or vulnerable groups within the neighbourhood.

8. Representation & Governance

- Appoint a representative from the INT to sit on the borough-wide INT Steering Group, ensuring coordination and alignment between neighbourhoods.
- Attend relevant THT leadership meetings as necessary, contributing to strategic discussions and decision-making.

Person Specification for the Lead Role:

- **Experience** in leadership roles within health, social care, or community-based services.
- A **strong understanding** of integrated care models and how they can improve outcomes for individuals and communities.
- Demonstrated **ability to work collaboratively** with a wide range of stakeholders, including statutory and non-statutory partners, residents, and service users.
- Proven **skills in managing complexity**, including resolving conflicts, addressing issues, and making decisions that balance local priorities with system-wide objectives.
- A commitment to **health equity**, with experience working to reduce health inequalities.

- Strong **communication skills**, with the ability to engage, motivate, and inspire diverse teams and stakeholders.
-

Reporting and Accountability:

The Convenor will report directly to the THT Board and will be accountable for the successful delivery of the neighbourhood-level priorities in collaboration with partners. They will also provide updates to the INT Steering Group and other relevant governance structures as necessary.

Duration of Appointment:

The Convenor role is expected to be held for a term of [insert time period], subject to performance review and Board approval.