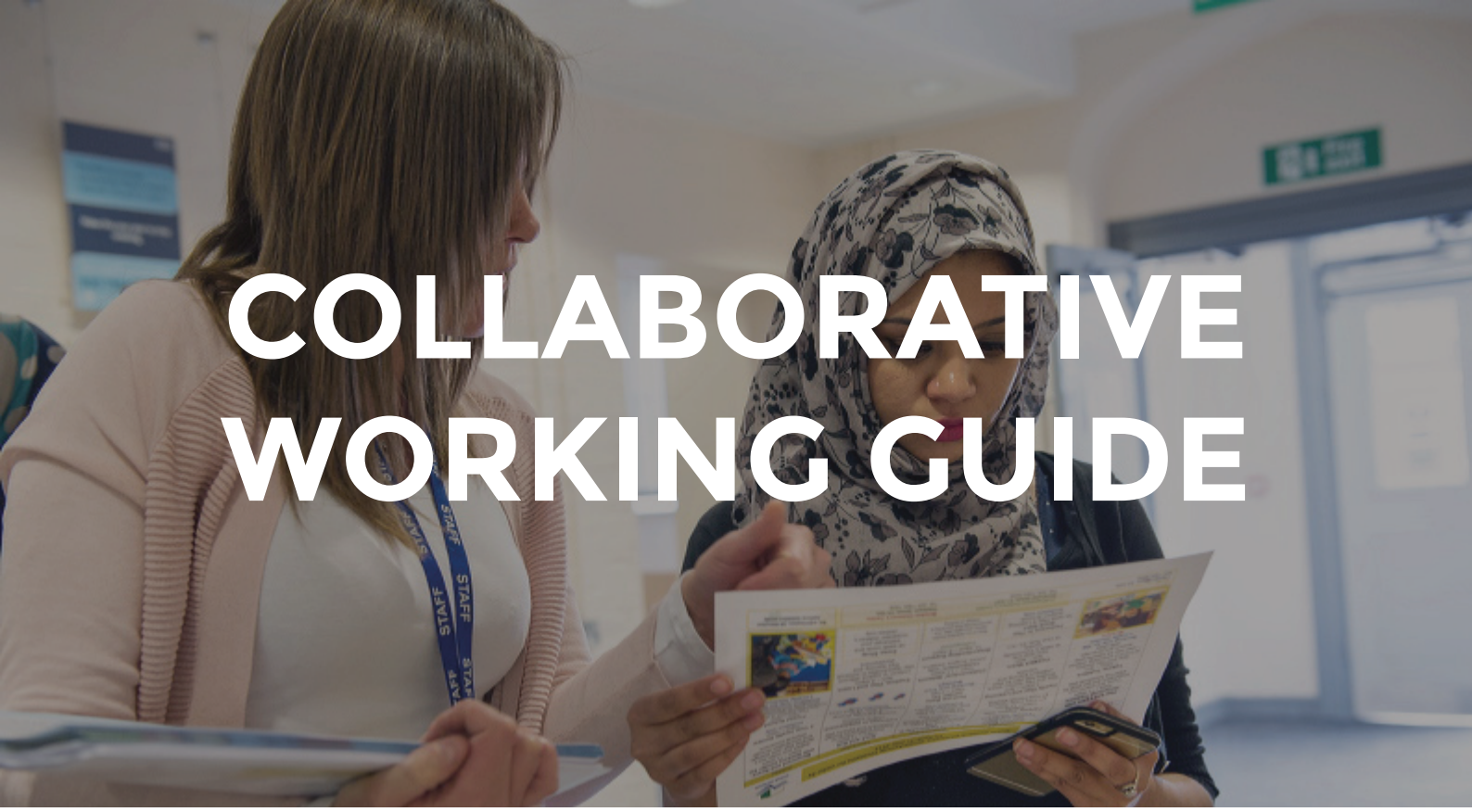


COLLABORATIVE WORKING GUIDE

CONTENTS

PREFACE

WHO ARE WE?

In 2015, the Tower Hamlets GP Care Group won a Prime Minister's Challenge Fund grant to increase access to primary care in the borough. This report is prepared by the Cycle of Demand team, one of the streams of the PMCF work. We wanted to find out why there is such high demand for primary care, and identify sustainable ways to address this demand within the community.

WHAT DID WE DO?

We undertook six months of research, interviewing primary care providers, community and voluntary sector staff, and community members. We collected feedback, worries, suggestions, and hopes for the future of primary care from across the borough. From this research, we identified that closer partnerships between primary care and community services was something people were very interested in, and something that could provide great benefits.

WHY DID WE WRITE THIS GUIDE?

While there is a great need for primary care and community services to work more closely together, we also know that service providers have very little time to implement this idea, and that it can be difficult to know where to start. This guide is intended as a simple, step-by-step 'how-to' guide, with real examples of partnerships in the borough, in order to help anyone take practical steps towards greater collaboration.

WHAT IS PRIMARY CARE?

Primary care is the first point of contact a patient has with the NHS, including a GP surgery, dental surgery, optometrist or pharmacy. Primary care staff include receptionists, nurses, health care assistants, GPs, dentists, pharmacists, optometrists, practice managers, and administrators.

WHAT IS THE COMMUNITY AND VOLUNTARY SECTOR?

Also called the 'third sector', the community and voluntary sector includes charities, volunteer organisations, social enterprises, and neighbourhood groups. Community and voluntary sector groups vary in size from a few members to national organisations, may have paid employees or volunteers, and work across a wide range of services, including spiritual, physical, social, emotional, and mental health care.

INTRODUCTION

WHY SHOULD PRIMARY CARE AND COMMUNITY GROUPS WORK TOGETHER?

Both primary care and the community and voluntary sector face growing challenges with increasing pressure on financial resources, demand for services, and workforce pressures.

In primary care, the pressure to meet targets can make it difficult to keep a finger on the pulse of local community organisations and find time to connect with the voluntary sector. For community and voluntary organisations, the NHS system can seem impenetrable, and budget cuts can reduce staff outreach capacity.

With an increasing and ageing population, and in a difficult financial climate, both primary care and community organisations recognise that the way healthcare is provided needs to change.

Primary care practitioners have long recognised that health and wellbeing take place mostly outside of GP surgeries, in homes, workplaces, schools, and community centres. They understand the effects of the wider determinants of health, such as living and working conditions, employment, education, and social and community networks.

Community organisation staff and volunteers know that GP surgeries remain one of the most trusted community resources, and that they are often the only remaining point of contact and help for the most isolated people.

Both primary care and community and voluntary sector organisations recognise the benefits of increased collaboration and communication.

Most importantly, patients themselves experience the benefits of primary care and community organisations working together.

Individual health and wellbeing spans all areas of life, so better communication and collaboration between primary care and the community sector can better address whole-person and whole-community health.

Whole person wellbeing address all aspects of an individual's life including work, housing, relationships, and education, and whole-community wellbeing looks at the health of the whole community as well as individuals.

Whole-person and whole-community health are centred around the patient or community's needs and capabilities, and creates personalised healthcare that puts patients and communities in the driver's seat.

Ways of connecting primary care and community groups include outreach, networking, co-location, and full integration of services.

'Social prescribing' is one method of integration in which primary care providers can direct their patients towards community services. This is by no means the only method, and we don't have to call it 'social prescribing' (which can sound too medical) for it to work. An integrated model of community services and primary care relies on a reciprocal relationship rather than a one-way system.

Whatever we call it, full integration of primary care and community services for the benefit of community wellbeing is a shared goal. Integrated ways of working and communication and collaboration between services provide continuity of care for individuals and address the whole person and whole community.

‘HOW-TO’ GUIDE

WHAT’S IN THIS GUIDE?

In this document, we bring together the ideas and actions we’ve gathered through our research to describe how primary care and community services can work better together. We provide examples of collaborations already happening throughout the borough.

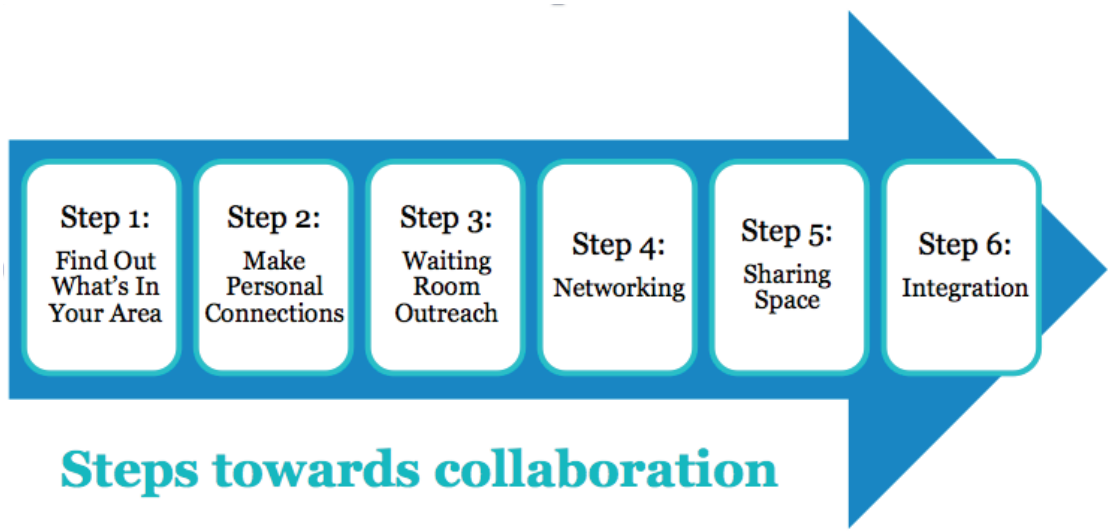
This guide is intended as a series of practical steps that can increase communication and promote collaboration. It is not intended to be an exhaustive list of all cross-sector work in the borough or a definitive catalogue of all ways of working.

We don’t propose a one-size-fits-all approach but instead offer a toolkit of options that can be adapted, developed, or copied according to needs and resources. We hope it can be a source of inspiration and support towards ways of whole-person and whole-community health.

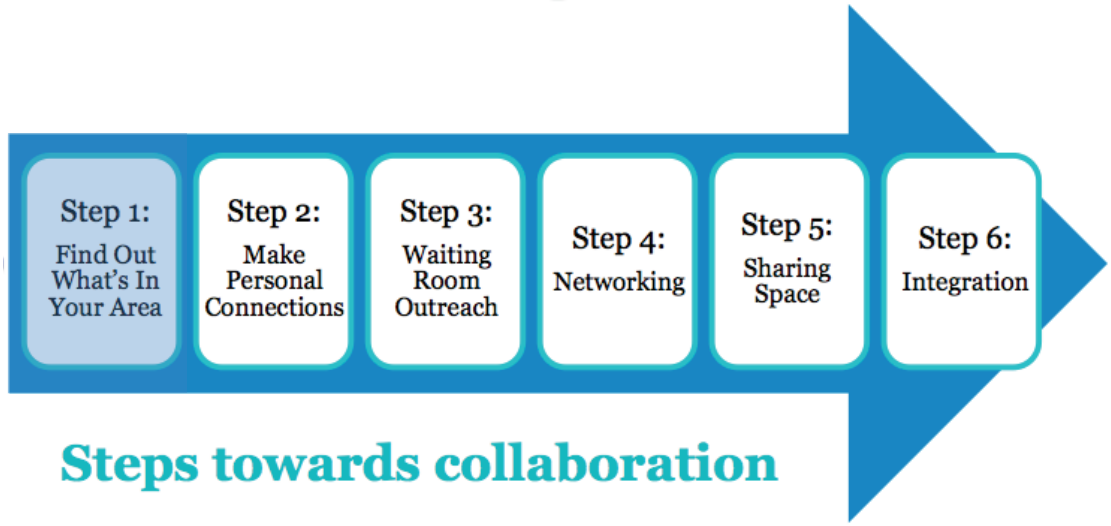
We have identified six different steps towards collaboration between primary care and community services. The stages are intended to follow on from one another – Step 1 is for those just starting on the journey, while Step 2 builds on the information gathered in Step 1 to build stronger relationships.

The final stage, describes examples of community services and primary care integration where services are working in a joined-up way to provide whole community and whole person health care. However, these examples are not the only models of integration. The journey through these steps will be different for each organisation, as will the outcome, depending on the assets and needs of the community.

Further details and contact information for groups mentioned in this guide can be found in the Resources section.



STEP ONE: FIND OUT WHAT'S IN YOUR AREA



If you're just starting out on the journey to develop relationships between primary care and community services, it can be difficult to know where to start. Whether you work in a GP practice or in a community organisation, becoming aware of local organisations, groups, activities, and initiatives is a great way to start building connections. In Tower Hamlets there are various initiatives to make the process of finding groups and services in your local area easier. Anybody can use the catalogues, maps, and directories in this section to get to know which groups are working nearby.

TOWER HAMLETS CATALOGUES

Tower Hamlets Council for Voluntary Services directory lists all community organisations by area, target user group, and type of health and wellbeing service offered.
The Idea Store Online Directory provides up-to-date information about health services and local groups, clubs, and organisations in Tower Hamlets. Services are categorised by type of offer, by location, and cost. Another Idea Store directory, Tower Hamlets 'In The Know' provides information specifically about mental health and wellbeing.
The Community Catalogue is an online resource hosted by the council for adult social care services. You can search the catalogue for information about services, to find local services, or to contact the council's social care team.
The Public Health online catalogue contains information about sexual health, mental health, healthy lifestyle, and maternity programmes.
Tower Hamlets Local Links is an easy-to-use map that is is the result of a Public Health research project, carried out by members of the community trained to use their local knowledge, networks and skills to enable residents to tell their stories about community assets.

HOUSING ASSOCIATIONS AND SOCIAL LANDLORDS

Housing associations are invested in the health and wellbeing of their residents, and want to help them connect with the local services they need to improve their communities. They often have community centres and have neighbourhood teams responsible for specific estates and areas. Housing associations are great sources of information about local groups, organisations, and activities in and around their housing estates, and are keen to work with primary care and community groups to better the health of their residents.

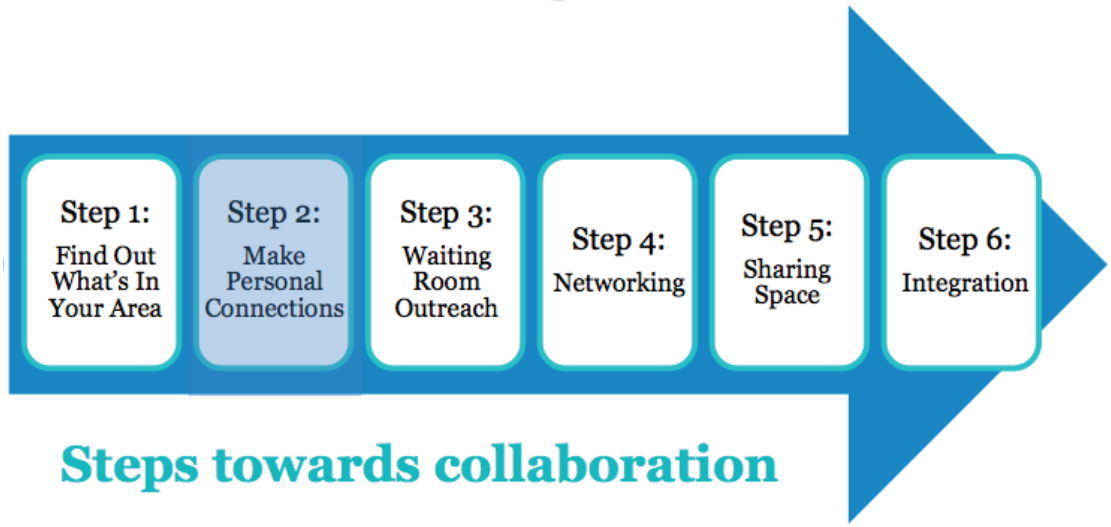
Groups who want to find out what's going on in their area can contact a local neighbourhood team member. They can also reach out to the Tower Hamlets Housing Forum Community Involvement Network, which is focused on organising and delivering community based projects while promoting community engagement with residents.

ROYAL FOUNDATION OF ST KATHARINE'S PRECINCT COMMUNITY MAPPING

The Royal Foundation of St Katharine, a mission-based retreat and conference centre in Limehouse, has developed a Community Precinct. Andrea Gibbons at RSFK conducted interviews with 37 local organisations and held two group discussions to find out about local issues and resources. The Precinct continues to collect community members' feedback and ideas by having a map of the borough in the Wellbeing Hub on which people are encouraged to write their favourite places, and a living list where people are asked to write down activities or groups they would like to see.

Groups who work near the Limehouse area can benefit from the RFSK Precinct's community research, and can read Andrea's mapping methods in her final report. The two interactive wall mapping activities are low-cost and easy-to-implement methods of gathering feedback from and connecting with a local community that can be put up in a surgery waiting room or community space.

STEP TWO: MAKE PERSONAL CONNECTIONS



After finding out who's in your local area, the next step is getting to know each other personally. Making personal connections is a vital step towards collaboration and integration. An opportunity to connect is by visiting each other's services. Primary care can encourage their staff to attend a community activity or session to provide health care checks or gather feedback, and community groups and organisations can invite primary care staff to their events.

PRIMARY CARE STAFF ATTENDING FURRY TALES OUTREACH SESSIONS

Furry Tales is a programme at Stepney City Farm that engages isolated older people through animal assisted activities. In a pilot programme funded by a CCG Innovation Bursary, the Bromley by Bow Health Partnership referred patients, and a nurse and health care assistant attended a session. The surgery benefitted from a better understanding of the service and its benefits, and the community group benefitted from a closer relationship with the surgery and verification of the health benefits. Furry Tales delivers sessions across the borough, and health care staff are welcome to visit.

PRIMARY CARE TEAMS VISITING ALZHEIMER'S SOCIETY DEMENTIA CAFES

The Alzheimer's Society runs Dementia Cafes to provide information and peer support for people with dementia and their carers. Cafes provide an opportunity for people and participate in group activities in a supportive environment, and the cafes are well attended. Primary care teams have taken advantage of the cafes to reach their target group of older adults. For instance, mobile opticians have attended to carry out eye examinations. Not only do these visits allow the primary care staff to access their target patients, it allows the Alzheimer's Society to meet more of their service users' needs.

After getting to know local services in their area, primary care can ask organisations if they can provide health education, testing or outreach at their events. Community groups can reach out to primary care staff to offer them the opportunity to engage with their patients during their activities.

COMMUNITY GROUPS PRESENTING AT NETWORK MEETINGS

Two community organisations, MyTime Active and LinkAge Plus, wanted to promote their services to GPs to increase referrals of patients. They reached out to their Public Health Locality Manager

and Network Manager in order to present at an upcoming Network meeting. The groups were able to remind the GPs of their services and increase patient referrals.

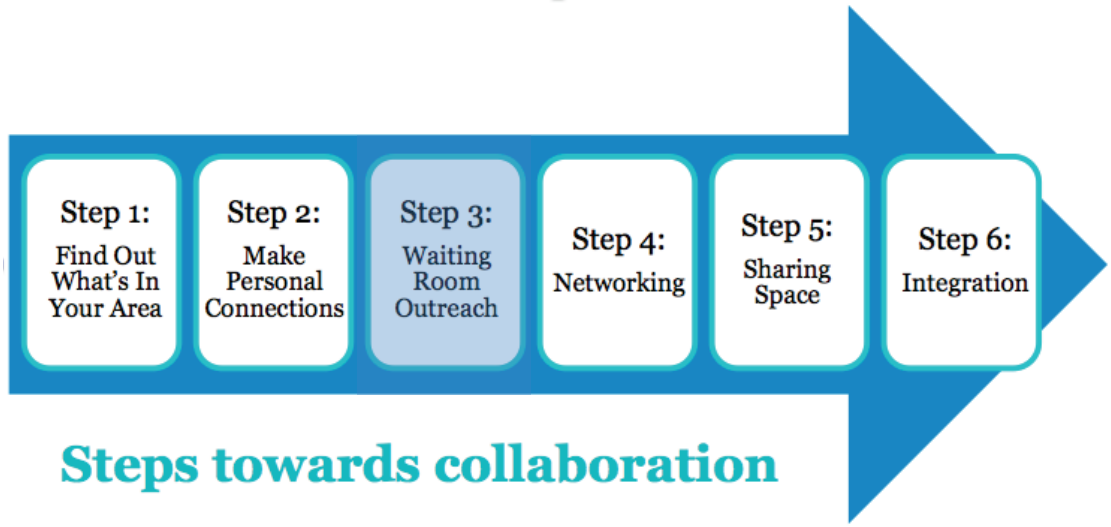
Community groups can reach out to Network and Locality Managers to ask for slots during meetings. This can be further built on by Networks reserving a slot for community groups to present at meetings, or inviting community groups to sit on Network boards.

HARFORD CENTRE NETWORKING EVENT

The Harford Centre contains two primary care centres and many community organisations, but the groups didn't know each other. Susie Hannah, the Practice Manager at Harford Health, wanted to get to know her neighbours. The Cycle of Demand team helped host a networking meeting for the organisations to exchange information and promote collaboration. The groups in the building have now made personal connections with each other, and are building stronger relationships.

Community groups and primary care practices that are located near each other can make many personal connections at the same time by organising a larger event. Once you have identified local organisations, setting a date and time and inviting representatives to the meeting is a small time investment that results in great benefits and connections.

STEP THREE: WAITING ROOM OUTREACH



The GP surgery is a central community location, and the waiting room is an area that is often under-utilised for promoting health and wellbeing. Waiting room outreach can allow community groups to better reach the community members they would like to engage with and primary care providers to help their patients better connect with the community. The practice is valuable real estate, and outreach can turn waiting time into productive connections.

LINKAGE PLUS OUTREACH WORKER

LinkAge Plus is a project for Tower Hamlets residents who are over 50 to increase wellbeing and reduce isolation by providing information and by referring and signposting. Natasha Middleton, the outreach worker for the Sundial Centre in Bethnal Green, promotes the service in GP waiting rooms in order to connect with people who may be isolated. LinkAge Plus is based out of five hubs across the borough: Age UK East London, Neighbours in Poplar, St Hilda's Sonali Gardens, Toynbee Hall, and Peabody Sundial Centre.

Surgeries who would like to provide their patients with better connections to local resources can reach out to community group outreach workers to talk about waiting room outreach. Community groups who are interested in doing waiting room outreach can reach out to primary care staff to ask if they can reach out to their patients in the waiting room, or coordinate with other community groups to work together in the waiting room.

LIMEHOUSE PROJECT

The Limehouse Project aims to alleviate the difficulties and realise the aspirations of the most disadvantaged members of local communities. They provide information, advice, and advocacy; education, training and employment; and educational and recreational activities. The Limehouse Project advisor holds a drop in service in GP waiting rooms across the borough for help with benefits, welfare, debt, health and education.

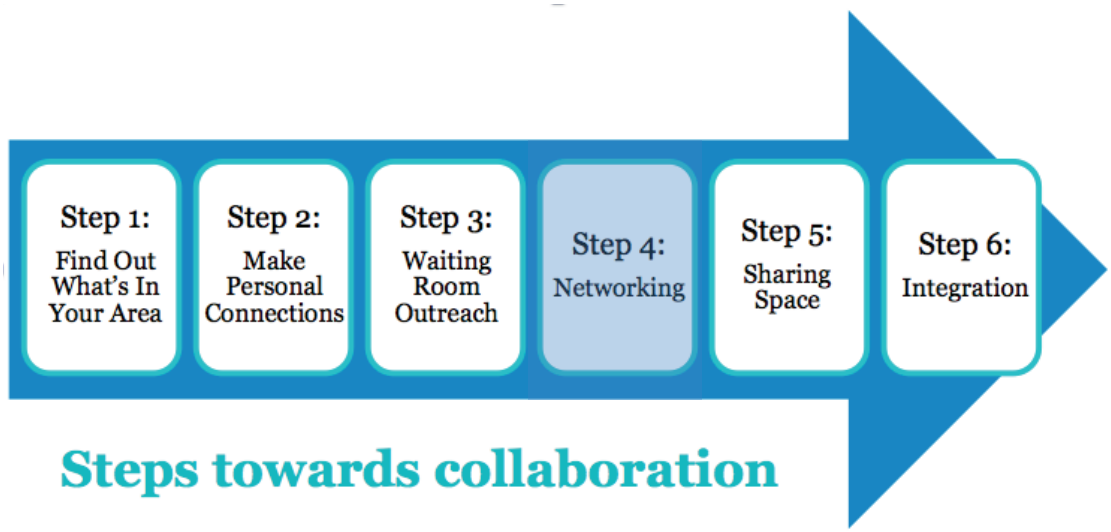
To facilitate waiting room outreach, GP surgeries can provide simple facilities such as a table and chairs, or a noticeboard for community groups to post their leaflets. Surgeries can also designate a staff member as the contact person for community outreach groups so that they have one point of contact and to promote better relationships.

SWITCHING OFF POVERTY PROJECT

The Switching Off Poverty project works with the Limehouse Project but focuses specifically on helping people to save money by reducing their energy consumption. They help patients save on energy bills and heat their home efficiently in the winter, and are interested in working in more GP surgery waiting rooms across the borough.

Community groups can designate an employee or volunteer as a waiting room outreach person, join up with other community groups to promote multiple services at the same time, and designate a day and time for regular outreach.

STEP FOUR: NETWORKING



After making personal connections and developing waiting room outreach, primary care and community groups can organise networking events to reinforce relationships and build new connections. A small amount of time invested in building networks can pay dividends in terms of strong relationships and continued integration.

POPLAR/LIMEHOUSE WELLBEING NETWORK

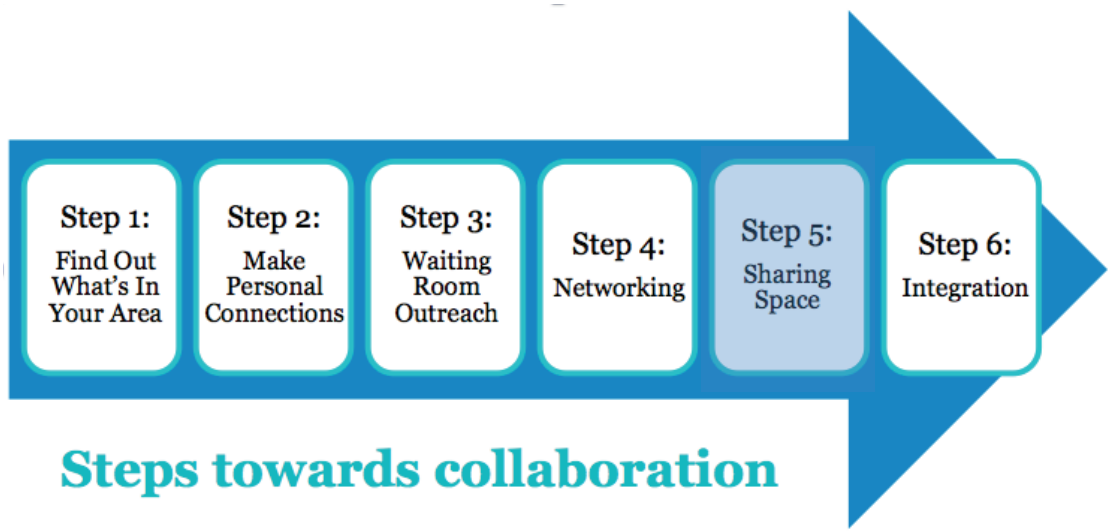
The network is a collaboration between primary care, public health, faith groups and community and voluntary organisations. The annual network conference is an opportunity for primary care providers and community service organisations to meet each other, be updated on each others services, and continue collaboration for the future.

E2 BREAKFAST

Wilma Bol, the Networker for Wellbeing at The Mission Practice, wanted to better know local community groups in her area. She started a breakfast networking event every six weeks for all local groups to meet each other. She began by emailing every organisation she knew, and asking them to pass the invitation on to any other groups. Each breakfast is hosted by a different group, and all attendees contribute £1 towards the cost of food. Wilma emails out the list of attending organisations each time, and adds all newcomers to the mailing list. The breakfast has now been running two years, with new attendees each time. It has helped groups connect with other services that their users might benefit from, and helped Wilma keep updated with local projects and services so that she can direct her patients to them.

Though both primary care and community organisations have very busy schedules, finding time for one staff member every two months to attend a regular networking meet-up can ensure that both sides have personal connections with the other, that everyone is aware of new initiatives, and that anyone looking to collaborate can find partners for their projects. Groups that work in the Bethnal Green area can contact Wilma to be included in the E2 Breakfast email directory and attend the events. Groups in other areas can consider hosting their own regular networking events.

STEP FIVE: SHARING SPACE



For community services and primary care already invested in working closely together, sharing or jointly using space can be a great next step towards whole community health care. Though physical constraints may limit a community service moving into a GP surgery premises, there are many other ways of taking advantage of services already located near each other and sharing space and resources.

WILLIAM DAVIS PRIMARY SCHOOL AND BLITHEHALE HEALTH CENTRE HEALTH CLUB

Simon Brownleader, a GP at Blithehale Surgery, wanted to connect with William Davis Primary School across the road, and the head teacher of the school was also interested in connecting with the surgery. They run an after school health club where students in years 4, 5 and 6 come to the surgery once a week. The surgery allows a staff member to give 45 minutes of their time each week for a term, presenting about health issues such as lifestyle, exercise, diet, and first aid. The club has been running for five years, and a doctor who presented to the club for a term is now a governor of the school.

Though primary care and primary school staff have very busy schedules, taking the initiative to reach out to each other initially takes only a small amount of time, and can lead to long-term partnerships that increase whole community health.

CHATTER NATTER PATIENT-LED SUPPORT GROUP AT XX PLACE

The XX Place Patient Participation Group and staff wanted to know how to improve their surgery. A patient suggested having a social group for residents to meet and socialise on a regular basis, and a staff member offered to help her set it up and provide space for the group in the surgery. The group named itself 'Chatter Natter', and they meet every other week at the practice, and advertise in the waiting room. The practice helped the group to form by providing a regular meeting space, and practice staff attend every meeting, while the patients have ownership of the group and direct the group activities. The group helps out with health promotion events at the surgery, and the closer relationship between this group and the surgery staff has helped them address issues more creatively in the Patient Participation Group.

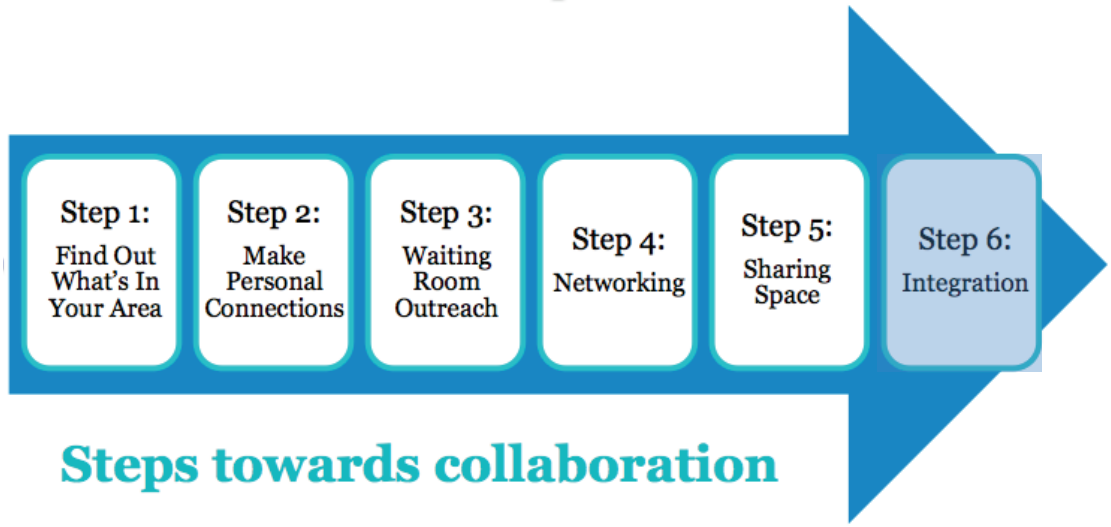
Patient Participation Groups provide ways for patients to work together with GPs to improve services and to promote health and improved quality of care. Practices can offer PPG members space and support to set up community groups, and those groups can in turn help the practice to address community health needs.

NETWORK 3 HEALTH TRAINERS

Asma Karim, Network 3 Manager, and Jobrul Islam, team leader of the Stifford Centre Health Trainers, wanted to increase referrals from GPs to Health Trainers. Asma asked GPs in her network what would increase referrals, and they replied that removing the paperwork would help. Asma added a feature in the patient records system so the GPs could tick a box if a patient was interested in healthy lifestyle advice. At the end of each month, Asma invites the Health Trainers to Whitechapel Health Centre to call those patients. Asma also organises competitions between surgeries to see who can refer the most patients to the Health Trainers. The Health Trainers can use the practice's resources to contact identified patients and benefit from patient recognition when they call from the practice. The Health Trainers are able to contact more patients who are interested in their services, the surgeries in the Network are able to direct more patients to healthy lifestyle support, and the patients are better able to access the services they want.

Other community groups and practices can think about taking advantage of sharing space or resources in this way to maximise connection and collaboration.

STEP SIX: INTEGRATION



The examples in this section come from groups who have been working on the integration of primary care and community services for many years. These are by no means the only groups in the borough who are doing this work, nor are any of these examples the definitive way forward for integration. Integration will look different in each situation, depending on the groups involved and the community being served.

THE BROMLEY BY BOW CENTRE SOCIAL PRESCRIBING PROJECT

The Bromley by Bow Centre is a community centre in Bromley by Bow that began in 1984 as a church that offered space to artists and community projects. Three decades of strong connections with the community have established a broad range of integrated services. In 1997, the centre convinced the NHS to allow them to found a GP surgery and Healthy Living Centre owned by the patients. Since then, health care professionals at six practices in the Bromley by Bow Health Partnership and Network 6 have been able to refer patients to a Social Prescribing coordinator, who signposts them to non-clinical programmes and projects to help address whole-person and whole-community health. Examples of referred activities include physical activity, meditation, support groups, and volunteering. Social Prescribing provides integrated care centred on an individual patient's needs and capabilities, and extends the health resources available to a GP to include community groups and services. The integration between traditional primary care services and community and voluntary sector services at Bromley by Bow allows them to treat the whole person and the whole community, allowing patients to help choose the path of their care and providers to work alongside them instead of for them.

WOMEN'S HEALTH AND FAMILY SERVICES PATIENT OPEN CONSENT

Women's Health and Family Services is a multicultural community health charity focused on health and empowerment issues for disadvantaged women and their families. WHFS won a CCG Innovation Bursary to explore the potential of a Patient Open Consent Project to increase referrals from GPs to community services. Currently, a GP has to seek patient consent to share their contact details with a community service, which often slows down the process. The proposed Patient Open Consent system would allow patients to pre-consent to having their contact details shared with approved community services if they have a condition, such as diabetes, and would benefit from the organisation's services. WHFS interviewed community members and GPs to get feedback about the idea, and found that people were generally in favour. While Patient Open Consent is not currently operational in any surgery, it has laid the groundwork for increasing appropriate referrals from primary care to community services in the future.

THE MISSION PRACTICE NETWORKER FOR WELLBEING

The Mission Practice is a GP surgery in Bethnal Green with a focus on 'whole person health', addressing physical, social, emotional, mental, and spiritual health. They knew that many of their patients came in with non-medical issues that would be best addressed in the community, but that they didn't have time to discover and signpost to the local community services. The practice partnered with The Shoreditch Group and applied for grant funding to hire Wilma Bol as a part-time 'Networker for Wellbeing'. Wilma worked to get to know as many local groups and services as possible, and created an online directory for anyone to use (wholeperson.me). Wilma meets with patients and provides them individual coaching and signposting to the local services they need. Wilma has access to EMIS so can read patient's records and include notes for the patient's GP to read. Wilma's role has had a beneficial impact for the practice: the patients she sees have 20.8% fewer A%E visits, 13% fewer home visits, and 6.3% fewer home visits, and instead have 25.5% increased telephone consultations. By investing in Wilma's role, The Mission Practice has been able to better with local community groups, and help their patients find the right wellbeing resources for them.

BLUE SKY THINKING

Looking forward to upcoming changes in service provision and community needs, what can we think about doing differently?

As patients have increasing access to and control over their records, integrating community groups into patient records can support joined-up health care and collaboration.

Ways to approach this include creating a 'choose and book' style service for community groups and organisations into the primary care patient record system.

Likewise, community groups could be able to provide feedback into the records system so that any relevant information about patients' wellbeing can be communicated from community groups back to primary care.

Electronic patient record systems could also include alerts for GPs about new community services, especially ones that have been commissioned by the CCG or have passed quality assurance thresholds.

Another area of innovation is 'reverse commissioning', where community services and primary care can come together to suggest new collaborations and partnerships to be funded by the CCG.

When primary care providers and community and voluntary sector organisations have closer relationships and greater collaboration, they will have an even better understanding of the needs of the community and can propose innovative integrated solutions and convince Clinical Commissioning Groups to provide funding for whole person and whole community initiatives.

CONCLUSION

Both staff in primary care and the community and voluntary sector recognise the need to work through integrated means to fully address whole person needs of patients and service users.

For organisations, the two areas of difficulty tend to be a lack of knowledge or awareness of their services within primary care, as well as a lack of funding and support to carry out these services.

On the other side, it can be difficult for General Practitioners to fully apply their clinical expertise to treat patients when patients come to them with a whole host of issues that cannot be addressed within the space of a 10-minute consultation.

The need to outsource to the community to address these wider needs is well known. For primary care, it may be hard to know where integration needs to start, such as whether the focus should just be paid to commissioned services.

At the end of the day, it is vital to have an understanding of the other side. The models of collaboration that we have suggested pose paths to work together that have worked for both sides in the passed, and could therefore be useful routes to move ahead together in the future.

While this guide and the examples in it are by no means exhaustive, we hope it can serves as a tool for those looking to create relationships between primary care and community and voluntary sector services and help increase collaboration.

RESOURCES

STEP ONE: FIND OUT WHAT'S IN YOUR AREA

THCVS Directory
www.thcvs.org.uk/organisation-directory

Idea Store Online Directory
www.ideastoreonlinedirectory.org

Idea Store 'In The Know' for Mental Health
www.ideastoreonlinedirectory.org/kb5/towerhamlets/cd/mentalhealth.page

Tower Hamlets Council Community Catalogue
www.communitycatalogue.towerhamlets.gov.uk

Public Health Online Catalogue
www.towerhamlets.gov.uk/lgnl/health__social_care/public_health/public_health.aspx

Tower Hamlets Local Links
www.towerhamletslocallinks.org.uk

Royal Foundation of St Katharine's Community Precinct Mapping Report
www.blog.rfsk.org/downloads/RFSK_Community_Report.pdf

Tower Hamlets Housing Forum
www.towerhamlets.gov.uk/lgnl/housing/housing_associations/tower_hamlets_housing_forum/thhf_members.aspx

STEP 2: MAKE PERSONAL CONNECTIONS

Furry Tales
www.furry-tales.org.uk
Telephone: 0207 790 8204
Email: ione@furry-tales.org.uk

Alzheimer's Society
www.alzheimers.org.uk
Telephone: 020 8121 5626
Email: bill.gibbons@alzheimers.org.uk

STEP THREE: WAITING ROOM OUTREACH

LinkAge at Age UK East London
www.ageuk.org/eastlondon
Appian Court Resource Centre
87 Parnell Road, E3 2RS
Telephone: 0208 981 7124
Email: communityoutreachservices@ageukeastlondon.org.uk

LinkAge at Neighbours in Poplar
www.neighboursinpoplar.org.uk
St Matthias Community Centre
113 Poplar High Street, E14 0AE
Telephone: 0207 987 0257 or 07813 478 891
Email: nip65@msn.com

LinkAge at Peabody Sundial Centre
www.peabody.org.uk
11 Shipton Street, E2 7RU
Telephone: 0207 021 4137
Email: sundial@peabody.org.uk

LinkAge at St Hilda's Sonali Gardens
www.sthildas.org.uk
79 Tarling Street, E1 0AT
Telephone: 0207 265 9292
Email: linkage@sthildas.org.uk

LinkAge at Toynbee Hall
www.toynbeehall.org.uk
28 Commercial Street, E1 6LS
Telephone: 0207 392 2914 or 0207 392 2933
Email: linkageplus@toynbeehall.org.uk

The Limehouse Project
www.limehouseproject.org.uk
789-197 Commercial Road, E14 7HG
Telephone: 020 7538 0075

Switching Off Poverty Programme
Telephone: 020 7538 0075
Email: z.syeda@limehouseproject.org.uk

STEP FOUR: NETWORKING

Networking Breakfasts
Email: wilma.bol@nhs.net

STEP FIVE: SHARING SPACE

Island House
www.island-house.org.uk
T: 020 7531 0310
E: admin@island-house.org

Stifford Centre Health Trainers
www.stifford.org.uk/projects-2/healthtrainers
Whitechapel, St Dunstan's, Stepney Green, Shadwell and St Katherines & Wapping
Telephone: 0207 790 3632 or 0207 791 5519

Osmani Trust Health Trainers
www.osmanitrust.org/projects/health-trainers
Weavers, Spitalfields and Banglatown, St Peters and Bethnal Green
Telephone: 0207 247 8080

Poplar and Limehouse Wellbeing Network Health Trainers
Limehouse, Poplar, Lansbury, Canary Wharf, Blackwall and Cubitt Town and Island Gardens
Telephone: 0207 517 2600

Bromley by Bow Health Trainers
www.bbbc.org.uk/health-trainers
North East Ward Cluster: Bow East and West, Mile End, Bromley North and South
Telephone: 0208 709 9845

SECTION SIX: INTEGRATION

Bromley by Bow Social Prescribing
http://www.bbbc.org.uk/

Women's Health and Family Services Open Consent Project
www.whfs.org.uk/index.php/what-we-do/patient-open-consent

The Mission Practice Networker for Wellbeing
Email: wilma.bol@nhs.net

FURTHER RESOURCES

Tower Hamlets Joint Strategic Needs Assessment
www.towerhamlets.gov.uk/lgnl/health__social_care/joint_strategic_needs_assessme/joint_strategic_needs_assessme.aspx