

Public Health Integrated Commissioning Market Engagement Event 2

5 July 2023



Market development workshop 2 | Our principles

Topic	Lead(s)	Timing
1 Welcome and introductions, purpose of today	Jackie Davidson	10am
2 Playing back how we want to work together <ul style="list-style-type: none">• Discussion: does this look right?• Continuing to design our core working principles	David Pinson	10:20am
Break/networking		11:20am
3 Improving people's outcomes through joined-up working	Bryony Langdon	11:40am
4 Next steps	Jackie Davidson	12:20pm
5 Networking		12:30pm

Today

PURPOSE OF THIS SESSION

- Opportunity to keep building and **strengthening relationships**.
- Putting ourselves in **residents' shoes** to think about the practicalities of what their **holistic 'journey'** is through Public Health services.
- To keep developing our **vision** and '**core working principles**', building on the discussion we had in April to get to the next level of detail.

THE WAY WE'D LIKE TO WORK TOGETHER

- Today our focus is on sharing our ambition and putting **residents at the heart** of how we work. Let's keep residents at the centre of all our thinking and conversations.
- We welcome **your views and challenge**, so please share your **honest reflections** with us and each other.
- This is **part of the procurement process** for future services. We will capture the key points from the session to inform our future approach and relevant information will be shared in future engagement sessions.

Public Health Recommissioning

- We have ambitious plans for the future of Public Health services and are looking to invite prospective tenderers to a series of market engagement events for the following services:
 - Drug and alcohol
 - Sexual health (general and specialist)
 - Tobacco treatment
 - Food health
 - Physical activity
 - Live Well services, incl NHS health checks
- We are changing our approach to commissioning Public Health services.
- At the heart of this will be understanding, co-developing and measuring outcomes and impact for Greenwich service users.
- As part of that change in approach, we are inviting potential providers to these market engagement events where we can share our ambition and vision for commissioning the delivery of Public Health services.
- These sessions are an opportunity for us to gather information from providers, as well as answer any questions you may have.
- The purpose of these sessions, and of our engagement with service users over the summer, is to co-produce and co-design the future of these services. This includes:
 - The outcomes framework
 - The core working principles for how providers will work together to deliver services
 - The contract term and structure (e.g. lots etc.)
 - The procurement route

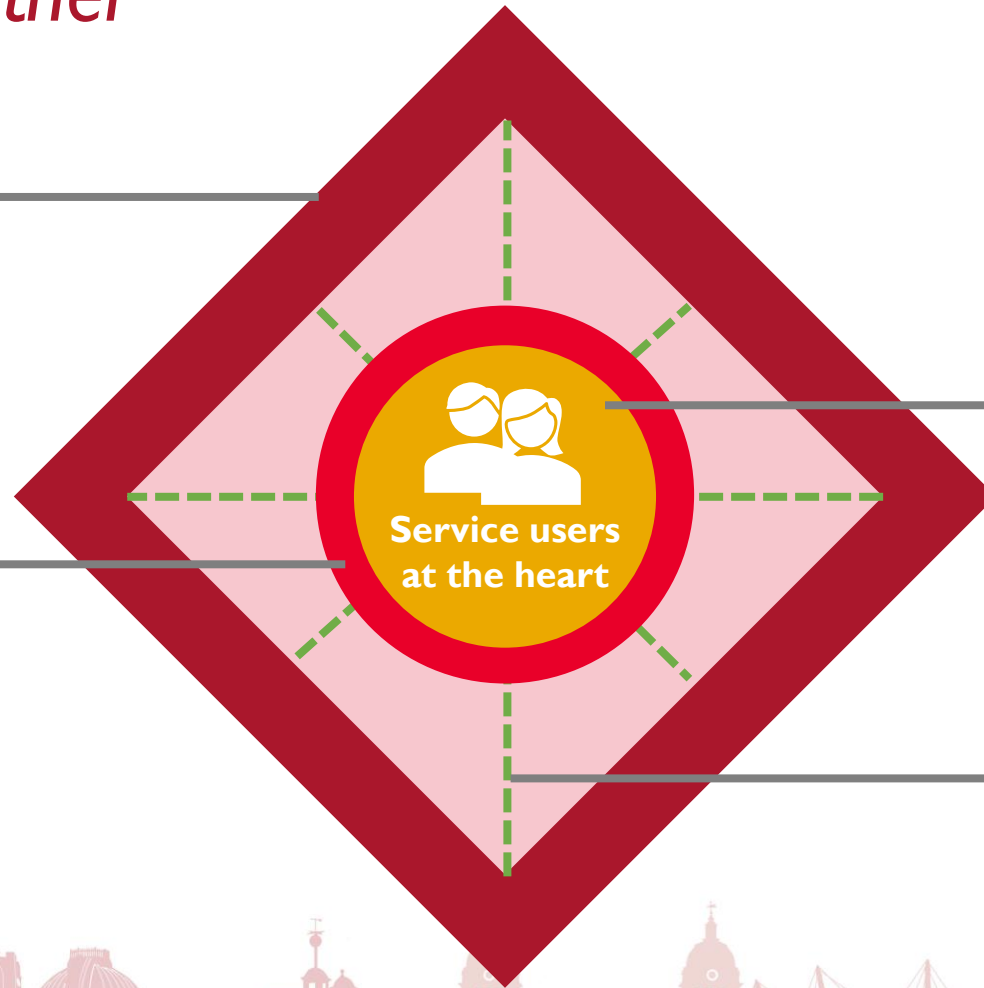


Public Health Specification |

How it all fits together

Framed by the national,
regional & local
contexts

**Key performance
indicators**, centred on
outcomes (incl statutory)



Outcomes framework,
fully co-produced with
service users

Core working principles
that detail how providers will
work together to deliver the
outcomes in the specification



A journey together – with a clear outcome

1. Our vision

- Our vision for Public Health
- Designing our 'core working principles' for working together
- Sharing good practice on co-production
- Networking



16 June

2. Our principles

- Our approach to collaboration
- Continuing to design our core working principles
- Improving people's outcomes through joined-up working
- Networking



5 July

3. Our language

- What do we mean by 'outcomes'
- Language exercise and a worked example
- Stock-take of our core working principles



26 July

4. Our outcomes

- Embedding co-production into the fibre of future Public Health services
- Co-designing a model for embedding continuous improvement
- Networking



16 August

5. Collaboration

- Agreeing our working principles
- Different ways we can collaborate
- How do we demonstrate and measure quality
- The practicalities of closer working
- Networking



6 September

6. Making the most of the Greenwich Pound

- How do we reward the right outcomes in Greenwich?
- Measuring the outcomes in the proposed outcome framework
- Networking



12 September

Our roadmap



Greenwich Market Engagement Event I

16 June 2023 | *Summary impact story*

The logistics



- 2.5 hr, face-to-face session delivered prospective Public Health providers
- Led by Jackie Davidson, David Pinson & Charlotte Parkes; supported by Su Gordon-Graham & Bryony Langdon (IMPOWER)
- Facilitated by Public Health Contract Managers
- Co-produced w/ input from commissioners

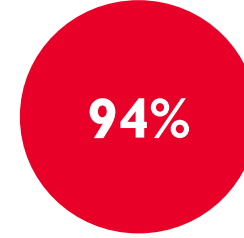
Impact



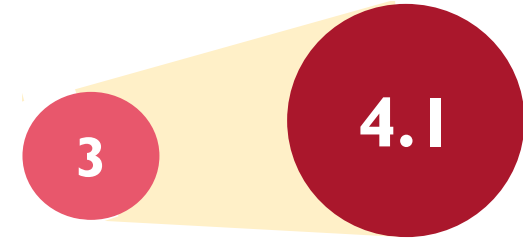
Number of feedback responses
(across c22 attendees)



Avg overall rating of the session
(out of 5)



% people who definitely or maybe will attend next session



Understanding of the topics before the session, compared to after the session (out of 5)

What went well

“Great engagement session”
-Survey response



“Thank you!”
-Survey response

“Key session with range of organisations. Working from community groups to large organisations. Interesting to hear about community MDT model”
-Survey response

“Great morning to chat with providers”
-Survey response

‘Even better ifs’



“[We need] Ways to keep discussions & collaborations moving forward”
-Survey response

“Interesting concepts but bit vague at this stage”
-Survey response

“Too much presenting”
-Survey response

Suggestions for next time

“[it would be better with] an agenda with the plan [beforehand]”
-Survey response

“Was a great session & I felt being face to face was really beneficial for this kind of conversation”
-Survey response

“[Timings were] too short for discussions”
-Survey response

**Playing back how we want to
work together**



Playing back what we think good looks like

User experience

Joint working

Values

Workforce

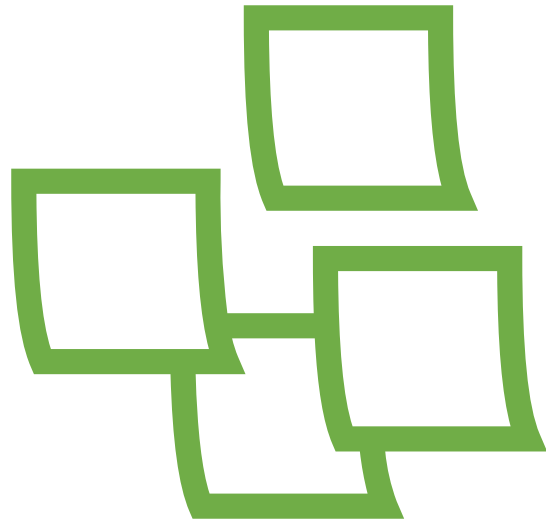
Support at the right time, smooth service user journey	Jointly commissioned services	Data insights shared	Shared values	Agile working
Removing barriers	Integration to avoid duplication	Good communication across services	Shaped by the community	Succession planning for workforce
Easy access	Collaboration across providers	Flexibility	Ownership	Vocational training
Support whilst waiting for services	Sharing of risks		Transparency	

Playing back what we think good looks like

- Please take 10 mins to discuss on your tables:
 1. How does this **feel to you**?
 2. Are there any **gaps**? Is there anything we need to add?



Feedback



Feedback from providers on what will help achieve our commissioning ambitions

Flexibility to adapt to change according to resident need

Shorter waiting lists for residents, with intermediate support whilst they wait

Joint working between providers

Strong and stable workforce with a focus on skill-sharing

Comprehensive appointments, shared record system, speaking to other boroughs

Centralised hubs

Longer contracts to support stability

Aligned pathways

Innovation, pilots of new ideas as the world changes

Trust in data sharing by service recipients

Full partnership working including organisations outside direct providers e.g., housing

Governance around how provider and commissioners work together

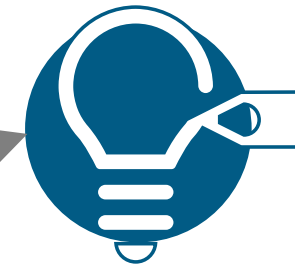
What providers think 'good' looks like for residents



Our goal is to see a happy, healthy Greenwich, with health and wellbeing outcomes improved across the borough

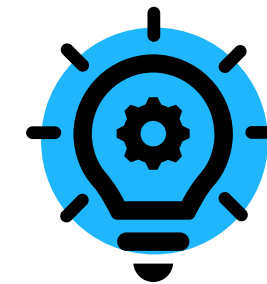


Access and join-up could be supported through community wellbeing hubs, or better touchpoints in community spaces such as schools and clinics. These must be made visible to residents so that they know exactly where to get support



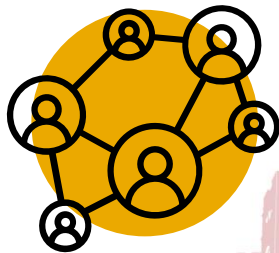
Services should be **shaped by the community** and able to **adapt** to changing needs. This requires greater flexibility in contracts that are more outcomes-focused, with **less rigid KPIs**

More **sharing of data** is needed across the system, including data from providers, the local authority, and PCNs. This will help providers to adapt to changing need

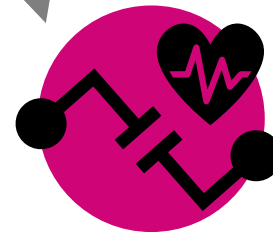


Providers require more opportunities to network in order to **share expertise and learning**. Increased and improved communication will also support the **sharing of risk**

Accessibility is key. It's vital that residents get the right support at the right time in the right place



There should be a **smoother resident journey** with join-up of pathways. Waiting lists must be reduced, and some service users should be offered intermediate support whilst on a waiting list



Reviewing and continuing to design our core principles



Introduction

Framed by the national,
regional & local
contexts

Key performance
indicators, centred on
outcomes (incl statutory)



We now want to spend some time continuing to build the ‘core working principles’ that we discussed at the last session.

These core working principles set out how we want providers to work together to deliver Public Health services in the future

Core Working Principles

Joint vision & outcomes

Person-centred

Culture

Integrated and holistic approach across services	Shared accountability	'In the shoes of the service user' human approach	Unity, trust not blame	Data sharing across organisations to reduce health inequalities
Shared oversight & terms of engagement	Culture of joint working	Service users tell their story only once	Can-do approach solutions-based approach	Prevention model
Co-ordinated services, all organisations aligned	Collaboration across providers	Collaboration to make every contact count	Enhancing each other's work	Risk sharing profiling and prioritisation
Genuine collaboration trust transparency	Shared understanding of milestones and outcomes	Flexible offer & easy access	Celebrate the small wins and improvements	Agile working

Core Working Principles

Connection

Shared outcomes with clear structures to facilitate this

Need to be able to navigate the 'who's who' of commissioning

Cross training/sharing skills

Communication

All using patient-centred comms

Patients/service users only telling their story once

Connection champions

Culture

Permission to fail

Reward across providers

Regular opportunities for providers to meet

All using patient-centred comms

Buildings

Maximise use of community spaces/facilities i.e. vacant spaces

Swap spaces between providers

Centralisation of service on locality basis/hubs

Office buildings need to stop being sold for redevelopment

Practical Changes

Digital solution to flag risk

Data analysis support

Longer contracts to reduce competition and advance outcomes

Mobile units

Core working principles

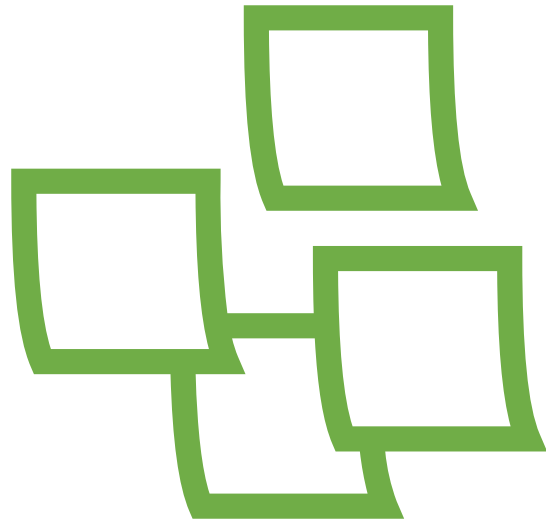
- You will see the core working principles that we have just discussed. On your tables, please review the content of the core working principles and:
 - Is there anything **missing**?
 - Identify the top 10 most **important** core working principles from the long list
 - Discuss what **'good'** looks like for Greenwich against each of the top 10 you have chosen



What 'good' looks like for Greenwich



Feedback



Ways of providers working together |

That will make real change for residents

Joint vision & outcomes

1

A culture of joint working, all singing from the same hymn sheet

Flexibility to adapt to change in need

2

Utilise population health data and flexible contracts to adapt to resident need

Collaboration & strong communication

3

Shared oversight and terms of communication

Awareness of our strengths & limits

7

Each provider should know their strengths and limitations, learning culture

A human, person-centred approach

4

Act as if we're providing a service to a loved one

Robust infrastructure

5

To support a 'can-do' approach

System-wide sharing of risk

6

Organisations & the system flexing to meet the need and share risk, positive risk taking

Service user engagement & co-production

8

Residents at the heart of decision making and service design

Ways of providers working together |

What are our enablers?

Behaviour change

Positive risk taking

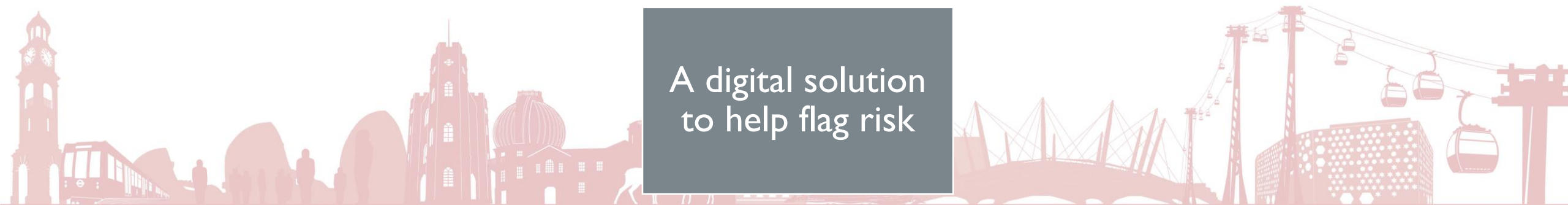
Communication
champions

Knowledge
transfer
opportunities and
training

Longer contracts
to reduce
competition and
advance outcomes

Data sharing
agreements and
data analysis
support

A digital solution
to help flag risk



Break



Improving people's outcomes through joined-up working



Introduction

- At the last session, we talked about our description for how we will collaborate together, and what our **'core working principles'** might be to help guide us working closer together moving forward.
- Now, we want to use a few practical examples to think about how this might work **'on the ground'**, and what **challenges** we might have to overcome to work more **seamlessly** together for the benefit of residents.



Improving people's outcomes through joined-up working

Around the room there are four 'pen portraits' that represent people who might benefit from Public Health services.

Taking into account the new approach to delivering Public Health services, on your tables, please take 35 mins to:

1. Describe a maximum of three **outcomes** that person might want to achieve, and draft what you think those outcomes might be
2. How could **more joined up working** help that person achieve the outcomes you've described?
3. Write down a **quote** that you'd like that person to say at the end of their journey



Pen portraits | Mahmood



Mahmood has just moved into the borough, and is working hard to open his own restaurant. He is feeling overwhelmed as this is his first business venture, and also because he has recently broken up with his partner, Steven. To cope with this stressful time Mahmood has started smoking again, after he was able to quit for a few years.

Mahmood doesn't have much time for anything outside of work at the moment, but when his business quiets down he's looking forward to exploring his local area, including the dating scene. He's never gone to a sexual health clinic, as he's not sure he needs to



Pen portraits | Sam

Sam looks after her ill mum, being a young carer has been difficult as she aspires to kick start a career for herself, but she has very limited spare time. Between caring for her mum and trying to find a part-time job, Sam doesn't feel like she has time to cook or exercise.

In the last 6 months Sam has started recreationally using crack and cocaine to help her relax. Her mum doesn't know about this, but has started asking Sam about why her behaviour is changing.



Pen portraits | Shahida



Shahida has recently moved to the borough with her two young children. Between her very demanding job and going through the process of enrolling her children into a suitable primary school, she constantly feels stressed, and has recently been diagnosed with anxiety. She's always had a glass of wine to unwind in the evening, but in the last six months that has gone up to almost a bottle a night.

Shahida has been slowly gaining weight over the last few months, and her doctor recently told her that she's now 'overweight'. She has also been referred to a dietician for her oldest child, who has a high BMI.



Pen portraits | Luke

Luke, a frail, transgender man in his 70s, suffers from multiple health issues including COPD and diabetes which require him to frequently visit health professionals and be attended to by his carer. This leaves him very frustrated as it is time consuming and takes away from time doing what he loves, like cooking.

Luke has lived in the borough a long time, but has started to feel lonely. He might be interested in volunteering or helping his community, but he's not sure where to start.



Feedback



Case Study Headlines



Mahmood

- Asking him his views and working with him on the support he wants
- Connect him into other services
- Making every contact count
- Connect NHS acute into the community
- Quote: “My business is thriving” and “I was surprised that I got business advice and they could help with my health too”



Shahida

- Outcomes: enrolling children into primary school, accessing mental health support, engagement with a family dietician
- Joined up working: Health visitor supports her with school applications, refers her to MH services, alcohol services and family dietician, a data system that allows all services to share information, using AI to assess risks and share the information with the right services



Sam

- Care/carers assessment would be useful – respite support (Sam), care support (mum)
- Single point of assessment drawing on range of provider services to deliver support or specialist care
- Outcomes – Build resilience for mother
- Enabling capacity for Sam to achieve her aspirations – training, employment, career



Luke

- Outcomes: Luke feels happier, less isolated and more in control. Improved management of health conditions
- Joined up working: consolidated appointments, local access or transport, increased ability to find out about Luke sooner, support for carer, health literacy culture
- Quote: “I feel more in control of my life”

Next steps

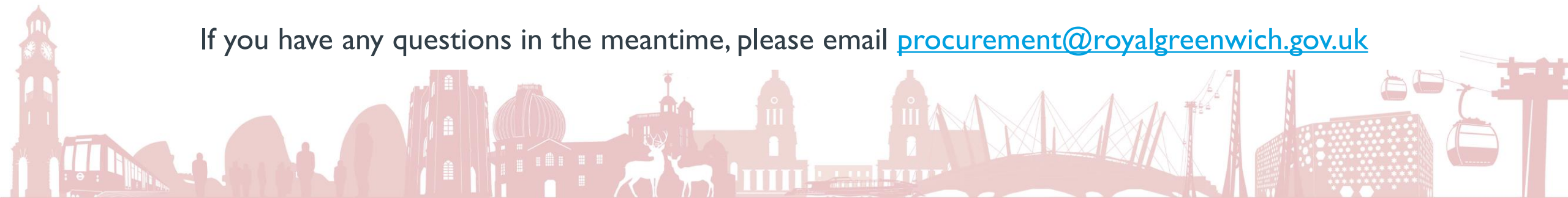


Q&A



We will take any questions from these sessions and collate an ongoing 'FAQ' document, which will be shared via ProActis along with the session output after each of these meetings.

If you have any questions in the meantime, please email procurement@royalgreenwich.gov.uk

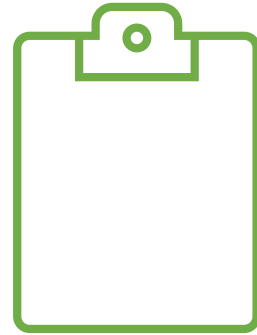


Next Steps

- The outputs from today will be collated, written up and shared via ProActis
- Our forward plan of market engagement events is below – contact procurement@royalgreenwich.gov.uk if you or someone you know would like any further info about them, or to RSVP:

Market Engagement Event		Date
1	Our vision	16 June
2	Our principles	5 July
3	Our language	26 July
4	Our outcomes	16 August
5	Collaboration	6 September
6	Making the most of the Greenwich pound	12 September

Feedback



Please take 2 minutes to tell us how you found today,
and what we can improve on for future sessions



Thank you

