Public Health Integrated Commissioning Market Engagement Event 3

16 August 2023

ROYAL borough of GREENWICH

Market engagement event 3 | Our language

Topic		Lead(s)	Timing
1	Welcome and introductions, purpose of today	Jackie Davidson	10am
2	Our Language	David Pinson	10:20am
Break/networking			11:10am
4	Reviewing and continuing to design our ways of working together	Charlotte Parkes	11:30am
5	Taking stock of these sessions so far	Charlotte Parkes	12pm
6	Next steps	Jackie Davidson	12:10pm
7	Networking	All	12:30pm

Today Session 3

PURPOSE OF THIS SESSION

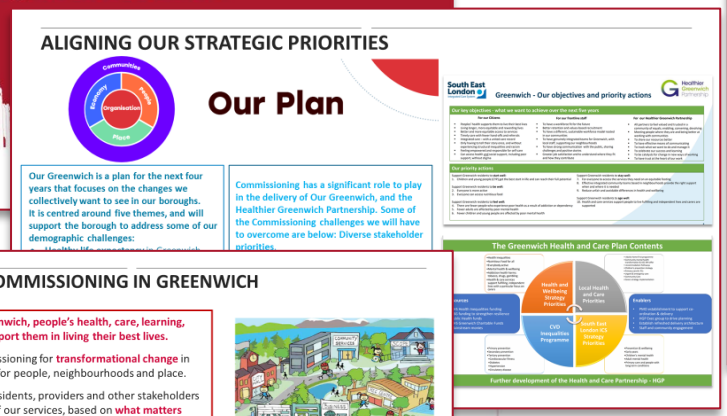
- To build on the market engagement work to date including continuing to build and **strengthen relationships**.
- Gaining a common understanding of what we mean by '**outcomes**' and population health approaches.
- Working through how we might **develop** and **measure outcomes** to improve the population's health.
- To keep developing our **ways of working together**.

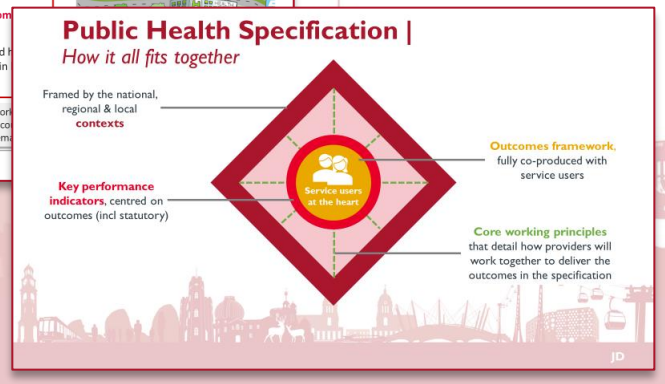
THE WAY WE'D LIKE TO WORK TOGETHER

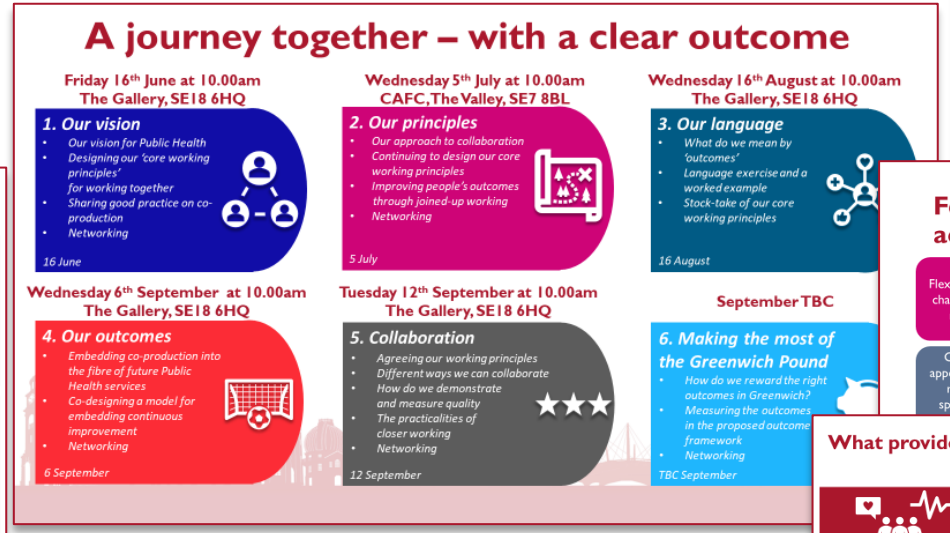
- Today our focus is on sharing our ambition and putting **residents at the heart** of how we work. Let's keep residents at the centre of all our thinking and conversations.
- We welcome **your views and challenge**, so please share your **honest reflections** with us and each other.
- This is **part 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.

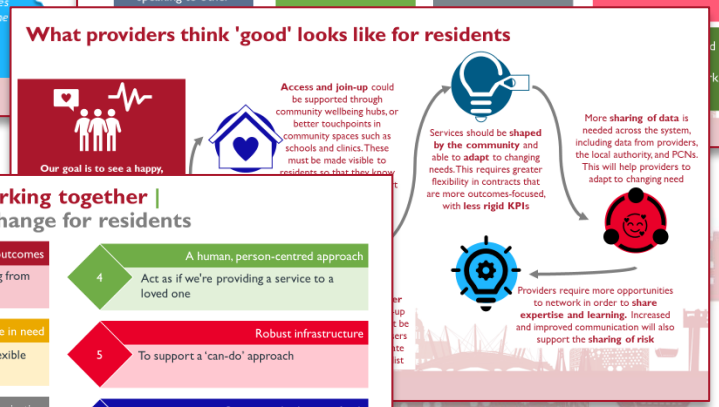
Today | Our Language

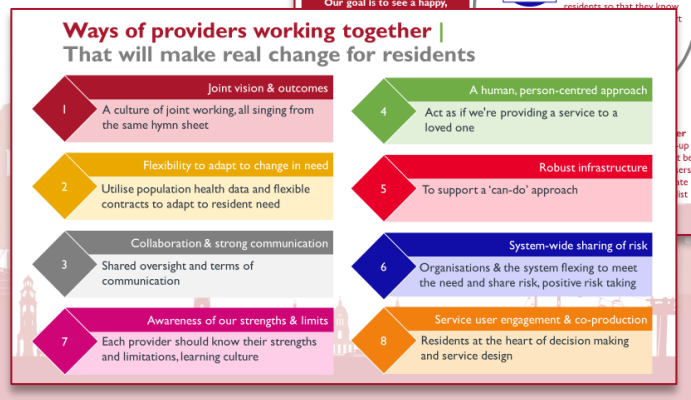
This is the 3rd of 6 market engagement sessions, so far we have focused on our vision and ambitions and have begun to work together to design our new ways of working, delivering holistic services that are based around people not buildings or services, that are outcome focused.











Our Language

DP

A common language – some definitions

Outcome – result or upshot

Output – production; the amount of services produced in a given time

Process – procedure, method or means

Input – contribution or effort

Oxford English Dictionary

An outcome is not a service

A **service** is a **means to an end**, not the end itself

e.g. attending a community group

The ‘end’ is **best described by the individual**.

For example, rather than an outcome being “to lose weight” ….

‘I want to feel confident enough to be able go out and socialise with my friends at the weekend without feeling anxious about it’

In summary: output vs outcome based commissioning

OUTPUT BASED COMMISSIONING

Commissioner
- *Sets out specified service they wish to purchase based on need, data, productivity etc.*

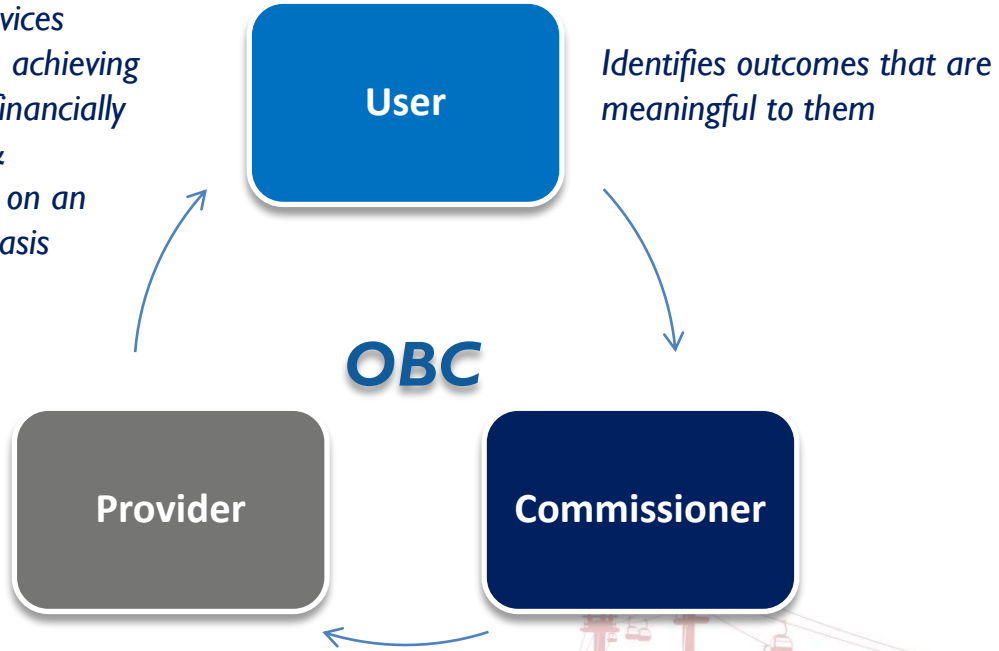
Provider
- *Responds to commissioner specification through delivery of services as specified*

User
- *Receives services from the provider which may not consider personal impact*

TRADITIONAL PRACTICE

OUTCOME BASED COMMISSIONING

Delivers services focussed on achieving outcomes; financially rewarded & incentivised on an outcomes basis

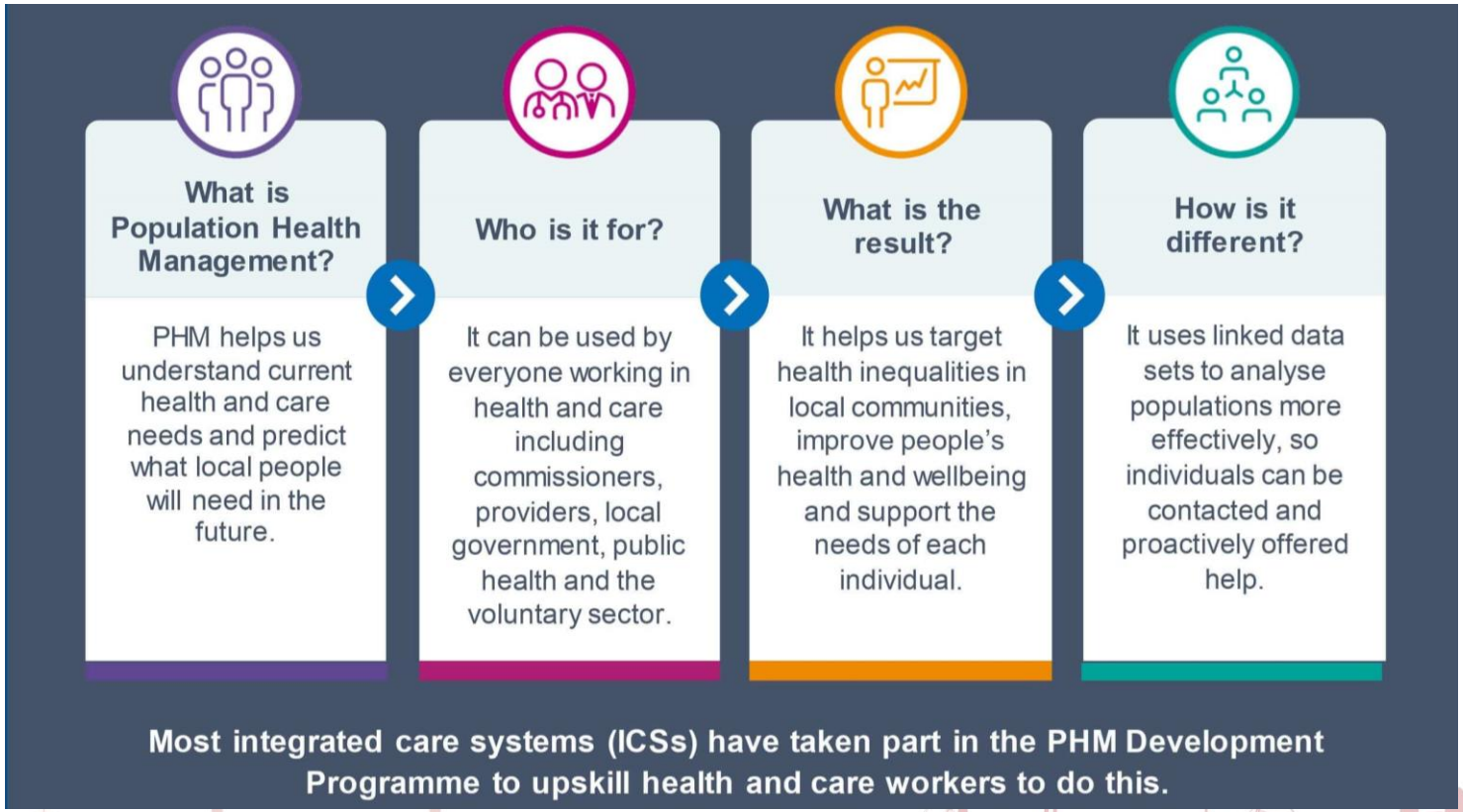


DYNAMIC & RESPONSIVE

Taking a Population Health Management Approach

"Population health is an approach that aims to improve physical and mental health ***outcomes****, promote* ***wellbeing*** *and* ***reduce health inequalities*** *across an entire population"*

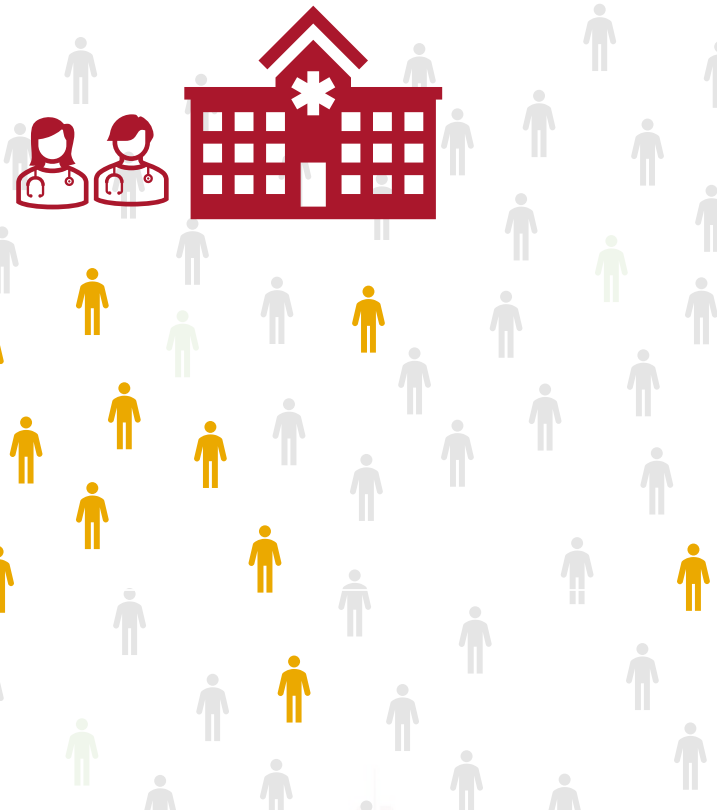
The Kings Fund



Source: NHS, "Population Health Management"
The Kings Fund, "A vision for population health"

DP

Taking a Population Health Management Approach



By understanding our population, we can then work as a partnership to provide flexible, person-centred care to support them

Activity

On your tables, please take 30 minutes to discuss:

- What does a population health approach mean to you?
- How might you use it to achieve outcomes?

Activity 1 Output Summary| What does a population health approach mean to providers?

1. **Holistic service integration**: Providers view a comprehensive, one-stop shop as essential, reducing the redundancy in sharing patient information and ensuring local services are connected and seamless.
2. **Collaboration beyond boundaries**: The current structure often restricts providers to specific contracts. There's a shared sentiment to encourage broader collaboration, especially in sexual health services.
3. **Data-driven insights**: Providers highlight the necessity of robust data analysis and its dissemination to professionals beyond data experts, ensuring effective identification of unmet needs.
4. **Community insight & involvement**: A deep understanding of one's community and effective use of local networks, including faith and community leaders, is seen as pivotal to service co-creation.
5. **Cultural sensitivity**: There's a strong emphasis on the adaptability of services to fit the diverse cultural fabric of the communities they serve.
6. **Building trust & accessibility**: Providers stress the need to understand patient journeys in depth and are keen to establish deeper trust with residents.
7. **Systematic Overview**: Providers feel that a broader perspective in commissioning, one that understands health inequalities, navigates the challenges of stigmas and bureaucratic constraints, is crucial for the efficient delivery of services.

Activity 1 Output Summary | How might providers use a population health approach to achieve outcomes?

1. **Tailored local services**: Providers believe in tailoring services to local needs, highlighting the importance of understanding place-based challenges and solutions.
2. **Unified service approach**: There's a push towards greater collaborative efforts among providers with analogous services, maximising the collective expertise.
3. **Data-led service targeting**: Providers want to leverage analysed data to home in on populations that require services the most.
4. **Balanced digital & traditional outreach**: A blend of modern digital platforms and traditional community-based outreach is seen as the key to successful service delivery.
5. **Continuous feedback loop**: The importance of actively seeking community feedback and iterating services based on this feedback is a shared sentiment.
6. **Integration & holistic outcomes**: Providers are advocating for stronger inter-provider relationships, integrated service entry points, and a shift from purely KPI-driven models to more holistic outcome-focused ones.
7. **Putting patients first**: Providers stress the need for service designs that are inherently user-centric, focusing on patient goals and needs, and removing barriers to accessibility.

Break

Reviewing and continuing to design our ways of working together

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

4 Each provider should know their strengths and limitations, learning culture

A human, person-centred approach

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

Robust infrastructure that unlocks innovation

6 To support a 'can-do' approach

A culture of shared, positive risk-taking

7 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

CP

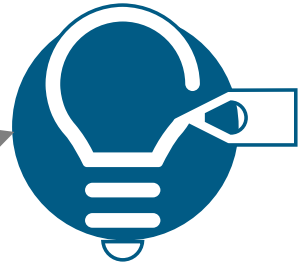
What providers think 'good' looks like for residents

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

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

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

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



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**

CP

Ways of providers working together |
What are our enablers?

- Behaviour change
- Positive risk taking
- Communication champions
- Knowledge transfer opportunities and training
- Longer contracts to ensure consistency for providers and residents to advance outcomes
- Data sharing agreements and data analysis support
- A digital solution to help flag risk

Building on what providers said will help achieve our commissioning ambitions

Flexibility to adapt and innovate according to resident and population needs

Governance around how provider and commissioners work together

Strong and stable workforce with a focus on skill-sharing

Centralised hubs
Aligned pathways

Trust in data sharing and reviewing amongst providers

Joint working between commissioned providers and wider partners

Activity

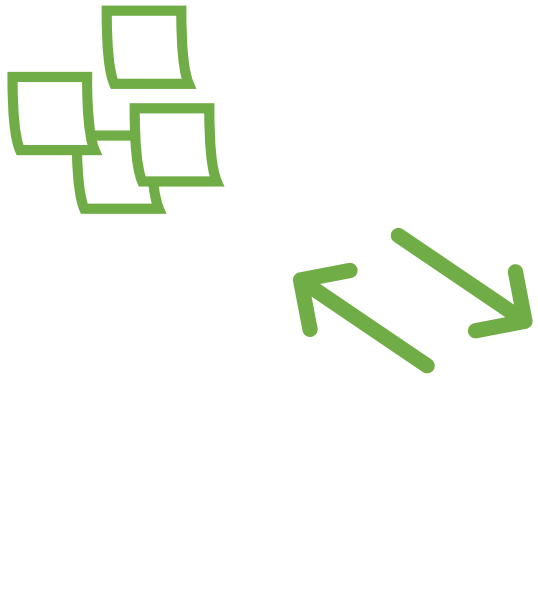
1. Review these ambitions. For each one, discuss:

   a. **What practical things need to be in place to achieve this?**

   b. **What will be the role of providers and commissioners?**

Emerging themes…?

What are the **themes** that have emerged from what different groups have discussed?



Activity 2 Output Summary I Strong and stable workforce with a focus on skill-sharing

What practical things need to be in place to achieve the ambitions?	What will be the role of providers and commissioners?
• **Cross-specialism information sharing**: Staff should be equipped with training and opportunities to interact with multi-disciplinary teams. • **Regular capability review**: Providers should conduct quarterly meetings to review staff capability and service quality. • **Skill-upgradation**: Discussions should centre on how to upskill staff for improved service delivery. • **Best practice sharing platform**: A dedicated platform where services can pool their best practices for communal benefit.	• **Coordination & communication:** Commissioners will need to play a pivotal role in coordinating efforts across various providers. They will also need to champion communication to ensure alignment in workforce development. • **Training & professional development:** Various initiatives like shadowing, mentoring, lunch-and-learn sessions, and secondments can be promoted. This could be underpinned by contracts that mandate a training fund for staff. • **Innovative collaboration:** Emphasis on different ways of working to ensure multi-disciplinary cooperation and dynamic skill sharing among providers.

Activity 2 Output Summary | Centralised hubs & Aligned pathways

What practical things need to be in place to achieve the ambitions?	What will be the role of providers and commissioners?
• **Knowledge hub**: A space for service and providers to access essential information. • **Digital integration**: A digital interface where service users can search for and be directed to relevant services. • **Technology refinement**: The tech interface should be user-friendly and streamlined for efficient usage. • **Clear support pathways**: Establish definitive pathways for users navigating public health services.	• **Information centralisation & sharing**: Providers will be entrusted with centralising pertinent information. Removing bureaucratic hurdles (red tape) that hamper information sharing should be prioritised. • **Reviewing infrastructure**: Shared physical spaces are envisioned, enabling users to avail services from different providers in a single location. • **Pathway design & marketing**: Commissioners could design service pathways in conjunction with providers. Moreover, they could also oversee the marketing of available services, ensuring residents are aware and can access them. • **In-depth understanding**: There is an implicit expectation for both providers and commissioners to develop a deeper understanding of conditions, further enhancing the design and delivery of services.

Activity 2 Output Summary I Flexibility to adapt and innovate according to resident and population needs

What practical things need to be in place to achieve the ambitions?	What will be the role of providers and commissioners?
• **Feedback mechanisms**: Emphasis on listening to patient needs. • **Flexible contractual terms**: Service contracts should enable adaptability and be oriented towards emerging needs. • **Program sustainability**: Prioritising the sustainability of programs. • **Open communication**: A need for transparent communication with relevant stakeholders.	• **Adaptive frameworks**: Providers and commissioners should be aware of and adaptive to government plans. The use of flexible contracts with adaptable KPIs will be crucial. • **Transparent communication**: Open lines of communication will be encouraged. Transparency in data sharing and adaptability strategies will be paramount. • **Trust building**: Emphasis on building trust through consistent data sharing and effective collaboration.

Activity 2 Output Summary I Governance around how providers and commissioners work together

What practical things need to be in place to achieve the ambitions?	What will be the role of providers and commissioners?
• **Achievable reporting & KPIs**: The benchmarks set should be realistic and placing residents front and centre with room for manoeuvrability as community needs shift. • **Flexibility**: There should be allowances for adaptability where necessary. • **Clear communication**: Emphasise the importance of openness, clarity, and regular communication between parties.	• **Oversight & accountability**: Commissioners will need to challenge providers in order to maintain standards. Considering accreditation and ensuring appropriate evidence sharing will be essential. • **Collaborative frameworks**: Both providers and commissioners are expected to be open, clear, and communicative, ensuring that governance structures are supportive and not restrictive in the new commissioning model.

Activity 2 Output Summary | Trust in data sharing amongst providers

What practical things need to be in place to achieve the ambitions?	What will be the role of providers and commissioners?
• **Formalised data sharing protocols**: Implement data-sharing agreements to set standards. • **Systems compatibility**: Providers should have compatible systems to streamline data flow. • **Consistent data transfer**: Ensure data gets transferred between both old and new providers. • **Contractual data sharing**: New providers should agree to share data at the end of their contracts.	• **Data licensing & regulation**: RBG will need to consider granting the necessary licenses with providers. Moreover, commissioners will be involved in overseeing GDPR legislation and ensuring data sharing is proportionate and doable. • **Mediation**: Commissioners will play a mediator role in discussions around data sharing, ensuring alignment between providers. • **Digital infrastructure**: Commissioners will consider procuring digital systems for residents/patients to provide data sharing consent.

Activity 2 Output Summary I Joint working between commissioned providers and wider partners

What practical things need to be in place to achieve the ambitions?	What will be the role of providers and commissioners?
• **Unified platforms**: Develop and implement digital platforms that allow seamless communication, planning, and project tracking between commissioned providers and partners. • **Regular coordination meetings**: Schedule regular touchpoints or meetings to ensure alignment in goals, expectations, and deliverables. These can be monthly or quarterly based on the nature and intensity of projects. • **Feedback mechanisms**: Establish a two-way feedback system where both providers and partners can voice concerns, share insights, and suggest improvements. • **Collaborative projects**: Encourage and prioritise projects that necessitate collaboration, ensuring that teamwork isn't just a stated goal but a practical reality. • **Shared objectives and KPIs**: While individual entities may have their KPIs, shared objectives can foster a sense of joint responsibility and mutual interest in success	• **Facilitating collaboration**: Commissioners will need to facilitate joint work, emphasising networking and skill sharing. • **Innovation**: Contracts could be structured to incentivise innovation among providers, with potential funding set aside for innovative projects. • **Budgeting & financial constraints**: Considerations around financial constraints, especially pertaining to NHS's non-roll-over budget system, will be crucial.

Stock-take: what have we covered so far, and what next?

CP

Taking stock

- This is the third session out of six for us to work with the market on the future of Public Health services.
- We want to pause and reflect on how these sessions have been:
  - What's been helpful?
  - What's not been helpful?
  - How we can make our remaining sessions as useful and practical as possible?

Activity 3 Output Summary! What has been helpful?

1. **Collaborative interest**: Providers have shown a keen interest in collaboration which has led to productive and honest conversation with a view to improving service delivery.
2. **Shared vision & experience**: Commissioners are listening and incorporating provider experiences to cultivate a shared vision.
3. **Community-centric design**: Emphasis on keeping community/resident voices central in the design process.
4. **Group learning**: Providers feel they are learning a lot from group discussions.
5. **Collaborative understanding**: Recognising the importance of collaboration and understanding the available resources and tools.

Activity 3 Output Summary1 How we can make our remaining sessions as useful and practical as possible?

1. **Provider attendance transparency**: There's a lack of clarity on who is attending in terms of providers. A transparent attendance list is sought.
2. **Bidding/ applying information**: Providers seek to understand what they would be bidding or applying for and what the new framework and spec would look like.
3. **Process clarity**: A clearer communication about the ongoing process and its stages was reflected.
4. **Activity structuring**: Mixing tables up for activities is considered beneficial for future events.
5. **Examples of best practice**: Working through existing best practices in other areas, providing insights into expectations from providers.

Feedback

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.

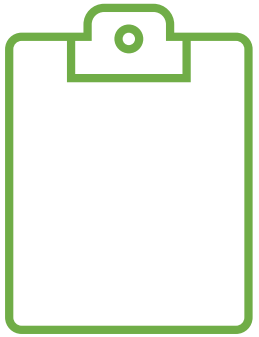
If you have any questions in the meantime, please email procurement@royalgreenwich.gov.uk

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	16 August
4	Our outcomes	6 September
5	Collaboration	12 September
6	Making the most of the Greenwich pound	TBC September

Feedback



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

Thank you