

# Public Health Integrated Commissioning Market Engagement Event I Outputs Pack

16 June 2023



# Market engagement event 1 | Our vision

Topic		Lead(s)	Timing
1	Welcome and introductions, purpose of today	Jackie Davidson	10am
2	Our vision for Public Health <ul style="list-style-type: none"><li>• The journey so far</li></ul>	Jackie Davidson & David Pinson	10:10am
3	Our vision for collaboration <ul style="list-style-type: none"><li>• Postcards from the future</li></ul>	Bryony Langdon	10:30am
Break/networking			11am
4	Designing our 'core working principles' for working together	Charlotte Parkes & Su Gordon-Graham	11:30am
5	Next steps and Q&A	Jackie Davidson	12:20pm
6	Networking		12:30pm

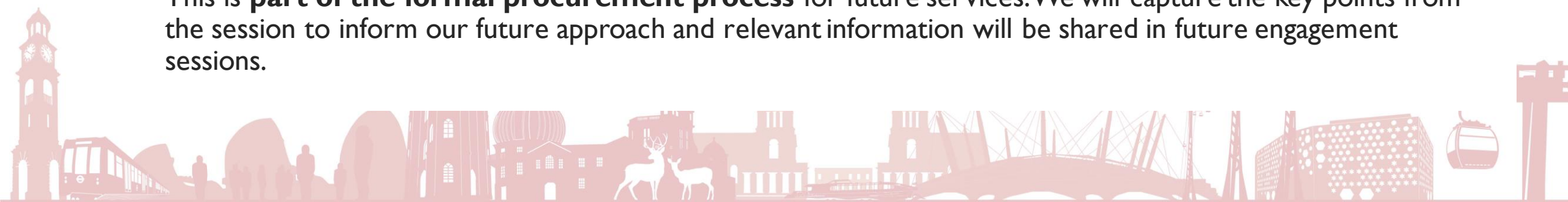
# Today

## PURPOSE OF THIS SESSION

- Opportunity to build and **strengthen relationships**.
- Start to think about how we might want to **work together more closely**, to enhance our impact for service users even further.
- Start developing our 'core working principles', which will build on where **collaboration is already happening** to deliver better outcomes, and identify shared learning and help us as we start re-commissioning Public Health.

## THE WAY WE'D LIKE TO WORK TOGETHER

- Today our focus is on sharing our ambition and putting **service users at the heart** of how we work. Let's keep service users 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 formal 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.



# Our vision for Public Health & the journey so far



# Reminder of our vision for Greenwich

## OUR DEMOGRAPHIC CHALLENGES

- **Healthy life expectancy** in Greenwich **worse** than **regional** and **national averages**; **inequalities** in health and wellbeing across neighbourhoods.
- Continuing **growth** in **demand** for **NHS** and **social care** services, **persisting health problems** and **patient backlogs** following COVID.
- **Growing** number of people with **complex, multiple long-term conditions**.
- **Financial challenges** caused by **increasing demand** and **ongoing pressures**.

*“We know that we need to work in new ways if we are to make change. This will mean working in closer partnership”*



**We want to ensure that in Greenwich people’s health, wellbeing and relationships support them in living their best lives.**

To do this we need to be commissioning for transformational change in the way we deliver our services for people, neighbourhoods and place.

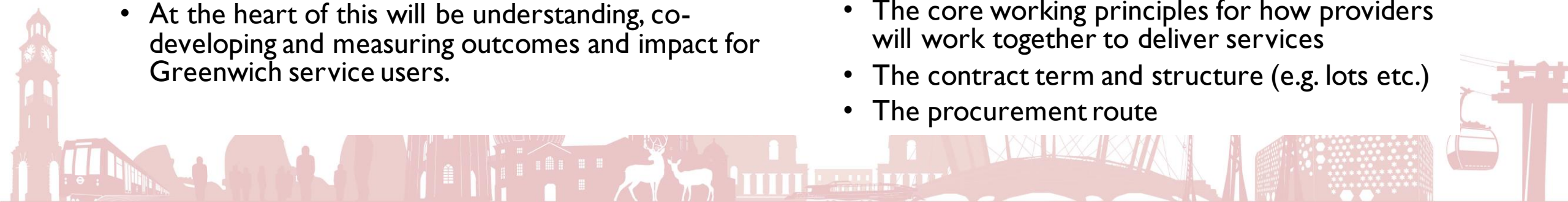
Our ambition is to enable our residents, providers and other stakeholders to co-design the development of our services, based on what matters most to Greenwich people.

This will mean a far greater focus on local services, join-up, outcomes, collaboration and impact.

Preventing avoidable poor health, promoting and protecting good health and wellbeing and tackling health and care inequalities will remain key priorities.

# 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



# 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
- Conditions for success
- Customer journey mapping
- Sharing good practice on collaboration
- Networking



5 July

## 3. Our language

- What do we mean by 'outcomes'
- Language exercise and a worked example
- Introducing the development of our outcomes framework
- Stock-take
- Networking



26 July

## 4. Our outcomes

- Hearing about the outcomes framework from service users
- Co-designing together with service users the outcomes framework and our core working principles
- 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

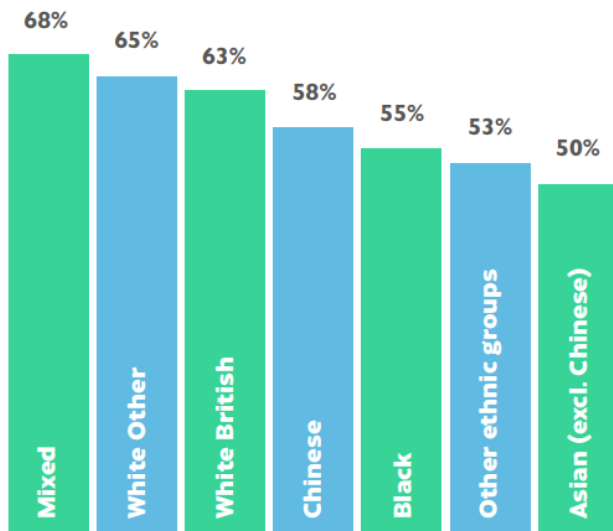
# Our roadmap





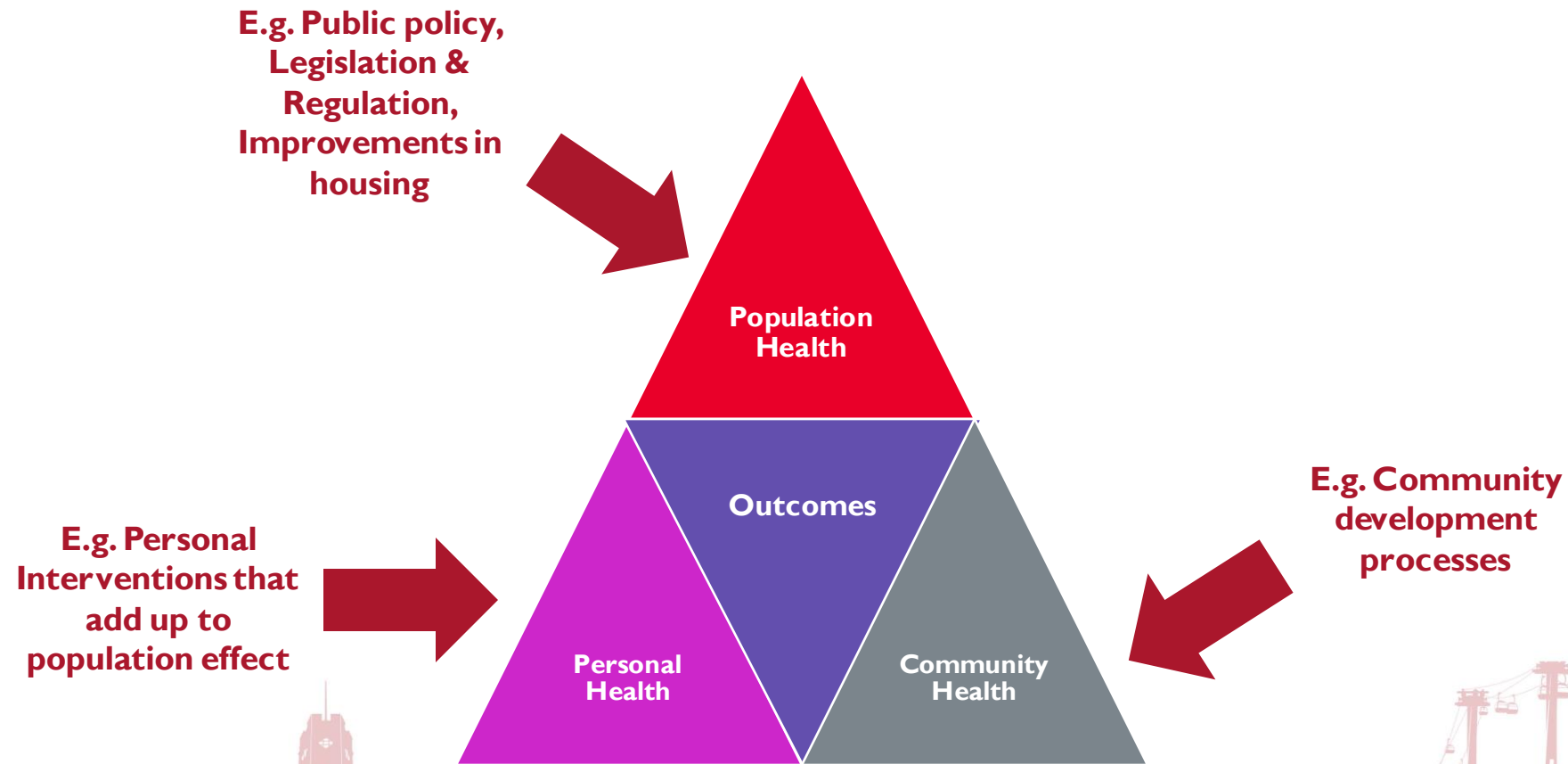
# Public Health in Greenwich

**Ethnicity:** The percentage of people reaching the CMO recommended amounts of activity per week differs between ethnic backgrounds.



- The health of people in Greenwich is **varied** compared with the England average<sup>1</sup>.
- Life expectancy for men and women is **similar** to England, but one of the **lowest** in London<sup>2</sup>.
- In 2021-22, **18.9%** of children were in **low income** families, compared to a UK average of 21.1%<sup>4</sup>. **28.8%** of year 6 children were identified as **living with obesity**: higher than in England and London<sup>5</sup>.
- Rate of new **sexually transmitted infections** were lower than London in 2022 but remained **significantly worse** than the England average<sup>6</sup>.
- Levels of **teenage pregnancy** continue to reduce in Greenwich. However, this remains **worse** than the averages for England and London<sup>2</sup>.
- Rates of new cases of **tuberculosis** in Greenwich were similar to London in 2019-21. The rate remains **significantly worse** than the England average<sup>7</sup>.
- Levels of **breastfeeding initiation** in 2020-21 were **better** than England, but lower than the London average. Levels of **smoking at delivery** in 2021-22 were **better** than England and similar to London<sup>2</sup>.
- There were 524 **alcohol-related** hospital admissions per 100,000 people in 2021-22. This was **better** than the average for London (587) and England (626)<sup>8</sup>.
- There were 117 admissions due to **self-harm** per 100,000 people in 2021-22. This was **better** than the average for England (164), but **high** within London (80)<sup>2</sup>.

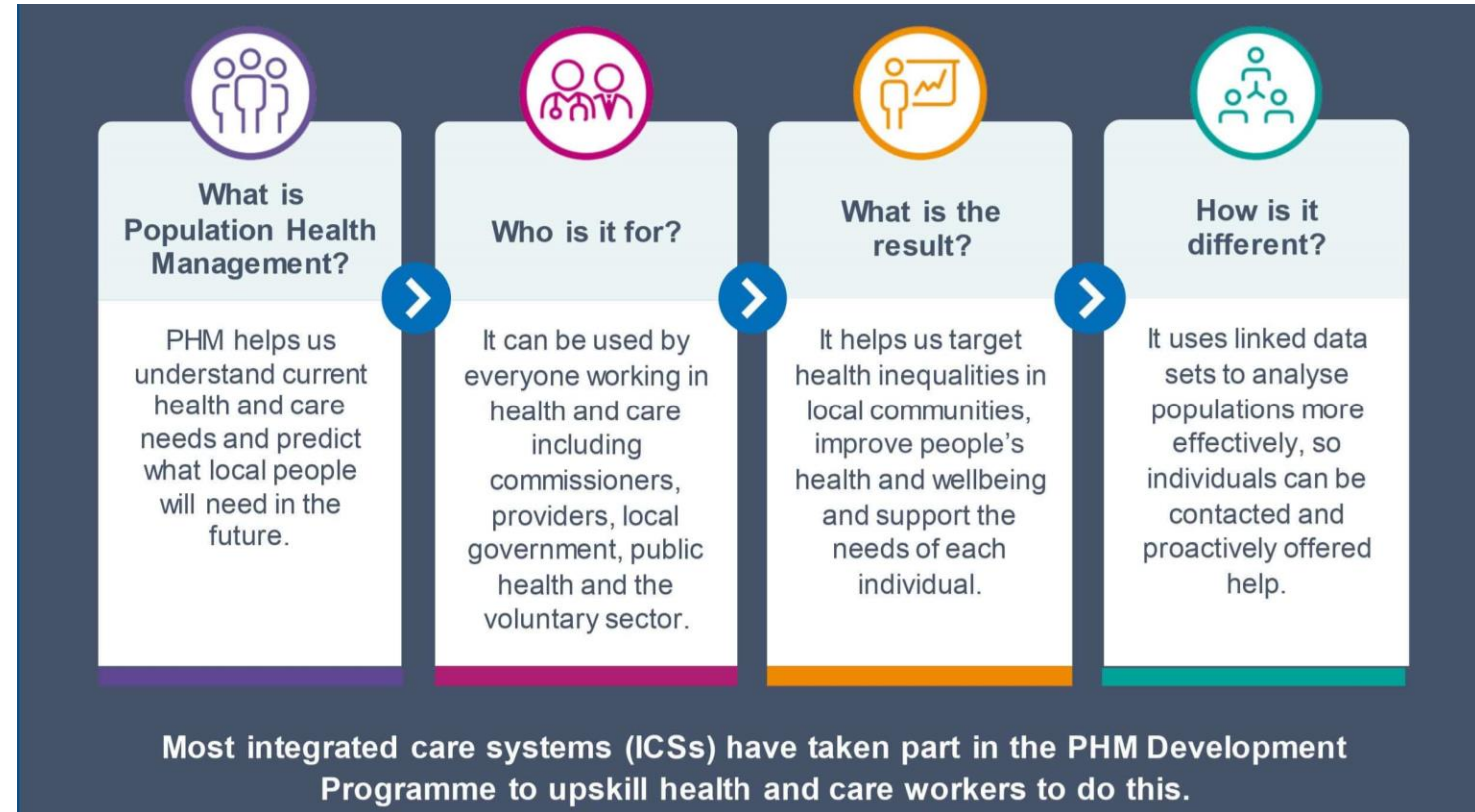
# Maximising population health outcomes



# 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



# Taking a Population Health Management Approach



# Taking a Population Health Management Approach

*Population-level data might tell us that there is a particular challenge in a specific ward that's impacting service users' health*

# Taking a Population Health Management Approach

*Ward-level data might tell us shared characteristics of people who are experiencing that health challenge*

# Taking a Population Health Management Approach



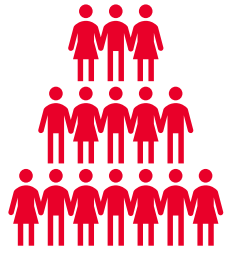
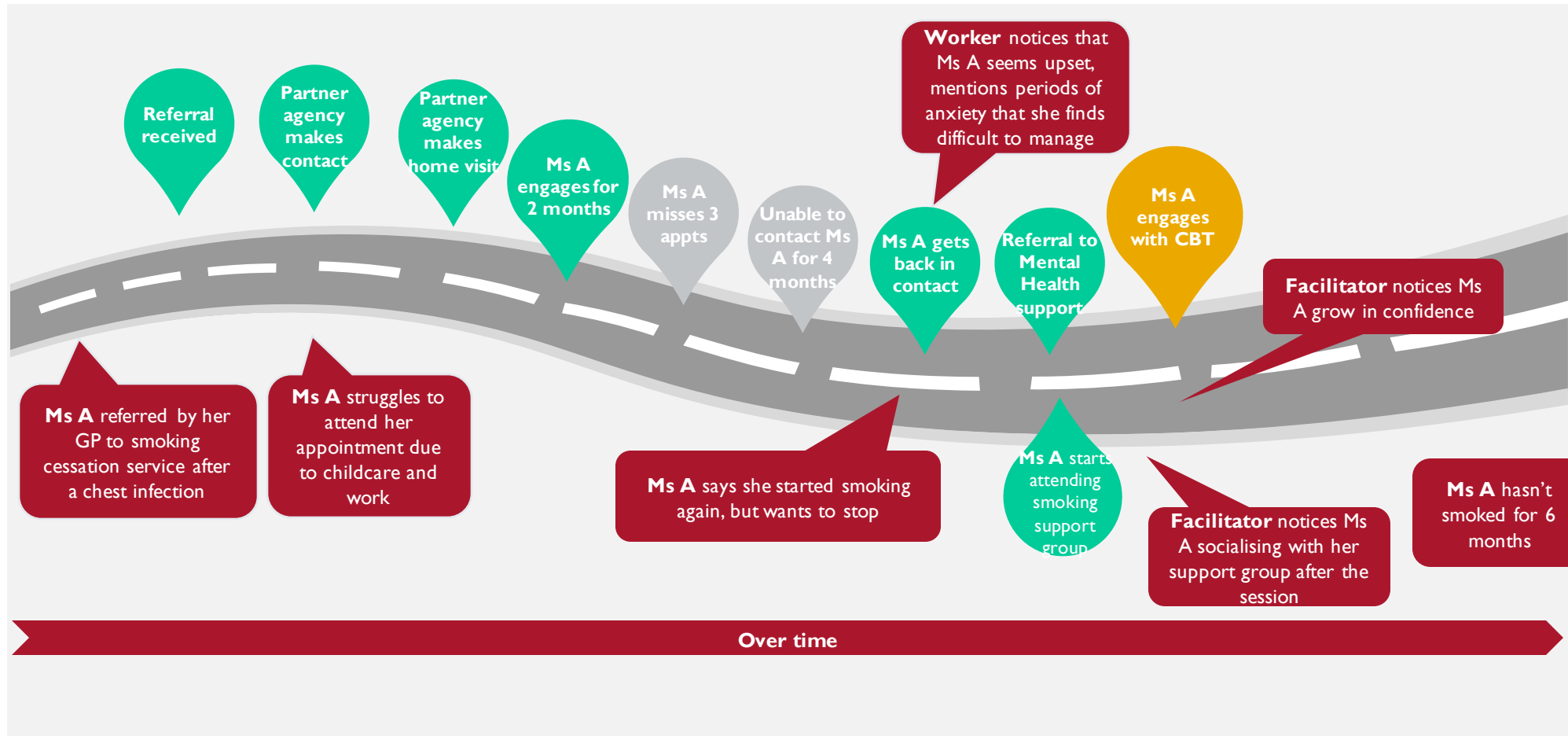
*By understanding our population, we can then work as a partnership to provide flexible, person-centred care to support them*



# Population Health Management in Greenwich



Improving outcomes for individual people...



...To meaningfully shift the dial on our population health challenges in Greenwich

Cumulative impact on population through individual outcomes



# Our vision for collaboration



# Defining our vision for collaboration

- We've talked about the **strategic context** in Public Health in Greenwich,
- Now, we want to consider what “**good**” looks like for collaborating together, both now and in the future
- If you haven't already, please make sure you're seated at the **right table!**

We will take the discussion from today and pull together an initial, draft vision. This is the **start** of the process and will all be **tested** and **iterated** over time



# Mixing up our tables

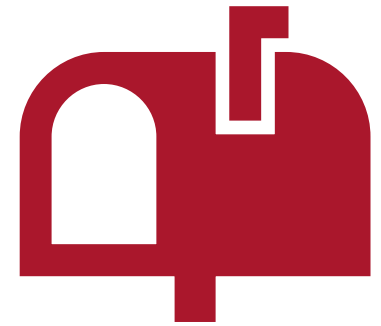


# Postcards from the future

Imagine we have travelled 5 years in the future – it is now **June 2028**.

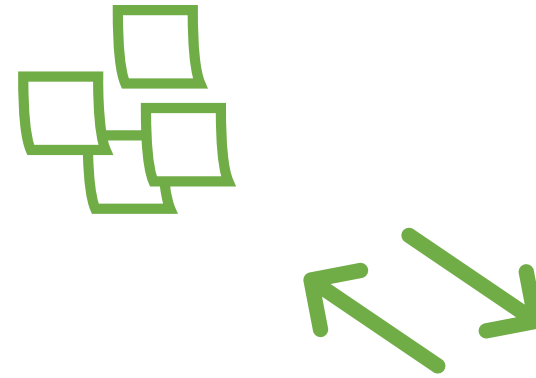
Public Health in Greenwich has achieved all that we set out to do, with Greenwich people's health, wellbeing and relationships supporting them to live their best lives.

- Take 5 minutes to **individually** come up with a **postcard from the future** describing Public Health in Greenwich, using no more than 2 or 3 sentences to describe how this new world looks and feels
- Come together as a **group** to discuss your respective postcards, and write a headline (or two) as a group that draws on the best bits from everyone
- Prepare to **share** your headlines with the rest of the group



# Emerging themes...?

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



# 'Postcards from the Future' Themes

## 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	

# Break



# Designing our 'core working principles' for working together





# Introduction

- Collaboration between providers with different specialisms will be critical to maximise our collective impact on people in Greenwich
- We have dedicated time today to start to think about how this might look in practice, which we'll keep discussing and refining in future sessions

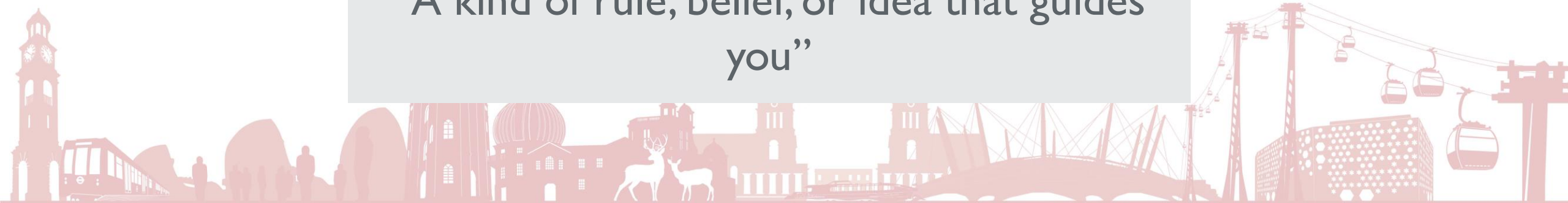


# What are ‘core principles’?

“A fundamental truth or proposition that serves as the foundation for a system”

“An accepted or professed rule of action or conduct”

“A kind of rule, belief, or idea that guides you”



# What do we mean by 'core working principles'?

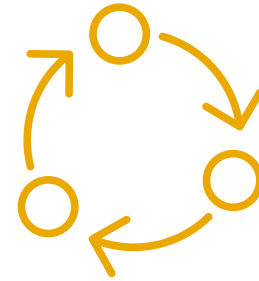
**Core working principles** are how we are going to work strategically, practically, and operationally across Public Health services, to get the best outcomes for service users

These are about '**how**' we're going to work together, not '**what**' we're going to do



# What do *you* mean by 'core working principles'?

What do **core working principles** mean for you?



# Designing our core working principles

- We will now break into table groups to cover core working principles in more depth
- On your tables, everyone will spend **30 minutes** to write what core working principles need to be in place for you to collaborative in a truly outcome-focused, seamless and innovative way
- Come together and discuss, picking out the key themes that emerge



# Core Values Themes

## Joint vision & outcomes

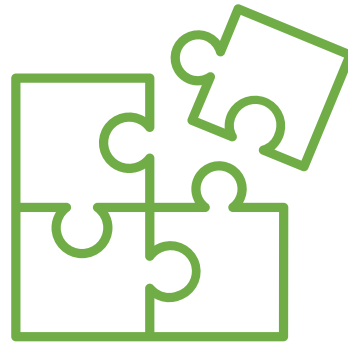
## Person-centred

## 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

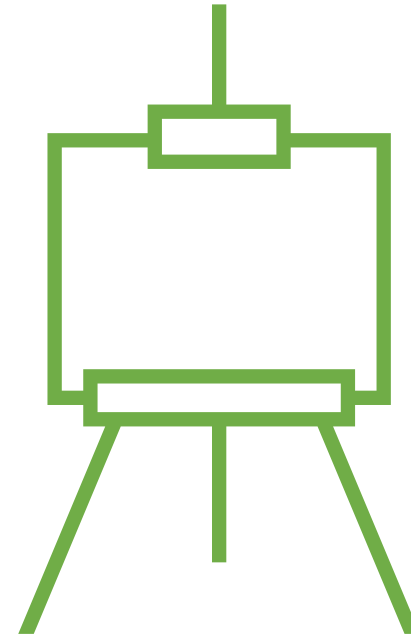
# What needs to be in place for core working principles to work?

Take 10 mins on your tables to brainstorm what needs to be in place to **enable** us all to work in the way that you've described in the core working principles



# Emerging themes...?

What are the **themes** that have emerged from each table?





# Core Values Enablers

## 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

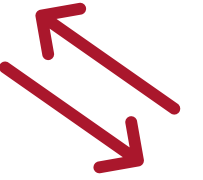
Digital solution to flag risk

Data analysis support

Longer contracts to reduce competition and advance outcomes

Mobile units

# An ask...



As we've said, today is the **beginning** of the conversation on what the future of Public Health services should look like.

We would request that everyone present **takes these discussions back** to their organisations, discuss the core working principles with their teams and **feedback that insight** to us at the next event.



# Next steps

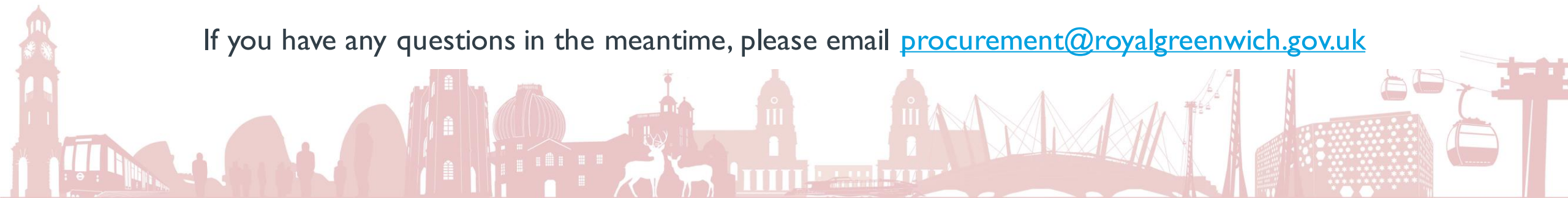


# Q&A



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](mailto:procurement@royalgreenwich.gov.uk)

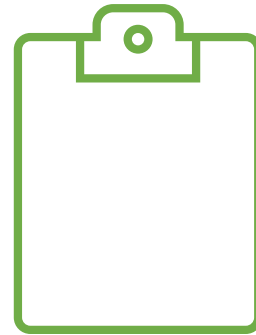


# Next Steps

- 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](mailto: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

