

# Public Health Integrated Commissioning Market Engagement Event 6

21 September 2023



# Market engagement event 6 | The journey so far – what have we achieved together?

Topic	Lead(s)	Timing
1 Welcome and introductions, purpose of today	Jackie Davidson	10 mins
2 Our outcomes framework <ul style="list-style-type: none"><li>• Introduction (Charlotte Parkes, 10 mins)</li><li>• Group exercise (All, 40 mins)</li></ul>	Charlotte Parkes	50 mins
Break/networking		20 mins
3 Playing back early thoughts on the approach to contracting <ul style="list-style-type: none"><li>• Reflecting emerging themes from the last session (David Pinson, 10 mins)</li><li>• Discussion: does this resonate with what you heard last time/what you think? What are the opportunities in contracting this way? What are the risks? (All, 40 mins)</li></ul>	David Pinson/Sarah Reardon	50 mins
4 Next steps <ul style="list-style-type: none"><li>• Our future plans for engagement</li><li>• Indicative high-level timeline</li><li>• Questions &amp; Answers</li></ul>	Jackie Davidson	20 mins
5 Networking		

# Today

## PURPOSE OF THIS SESSION

- Opportunity to keep building and **strengthening relationships**.
- Agree our **core ambitions** for working together.
- Reflecting on colleagues' views on potential ways that we can **work together** to best deliver our outcomes framework.

## 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 **not part of the tender 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.

# The Journey So Far...

This is the last of our six market engagement events. 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. Today we want to reflect on our progress so far and collectively agree our ambitions and outcomes framework.

### ALIGNING OUR STRATEGIC PRIORITIES

#### Our Plan

Our Greenwich is a plan for the next four years that focuses on the changes we collectively want to see in our boroughs. It is centred around five themes, and will support the borough to address some of our demographic challenges:

- Healthy life expectancy in Greenwich notably 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 backlogs.
- Growing number of people with complex long-term conditions.
- Financial challenges caused by increasing demand and ongoing pressures.

Commissioning has a significant role to play in the delivery of Our Greenwich, and the Healthier Greenwich Partnership. Some of the Commissioning challenges we will have to overcome are below. Diverse stakeholder priorities:

- Lack of shared understanding of 'what matters' to communities; limited influence over services.
- Fragmented services often difficult to navigate.
- Siloed working with one-way relationships.
- Limited opportunity for innovation.
- Services and targets based on activities and inputs.

South East London Greenwich - Our objectives and priority actions

The Greenwich Health and Care Plan Contents

Further development of the Health and Care Partnership - HCP

### 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

Service Users at the heart

### 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 systems, 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

### OUR VISION FOR COMMISSIONING IN GREENWICH

We want to ensure that in Greenwich, people's health, care, learning, 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.

This report and its supporting appendices set out the findings from this work, which is intended to inform further conversations within the Council and across the ICB about what a new commissioning structure could look like, as well as recommendations for how this work should be taken forward in conjunction with the remainder of the Horizon 3 Action Plan.

ROYAL GREENWICH NHS South East London

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

DRAFT - FOR TESTING

# ...the Journey So Far

This is the last of our six market engagement events. 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. Today we will reflect on our progress so far and collectively agree our ambitions and outcomes framework.

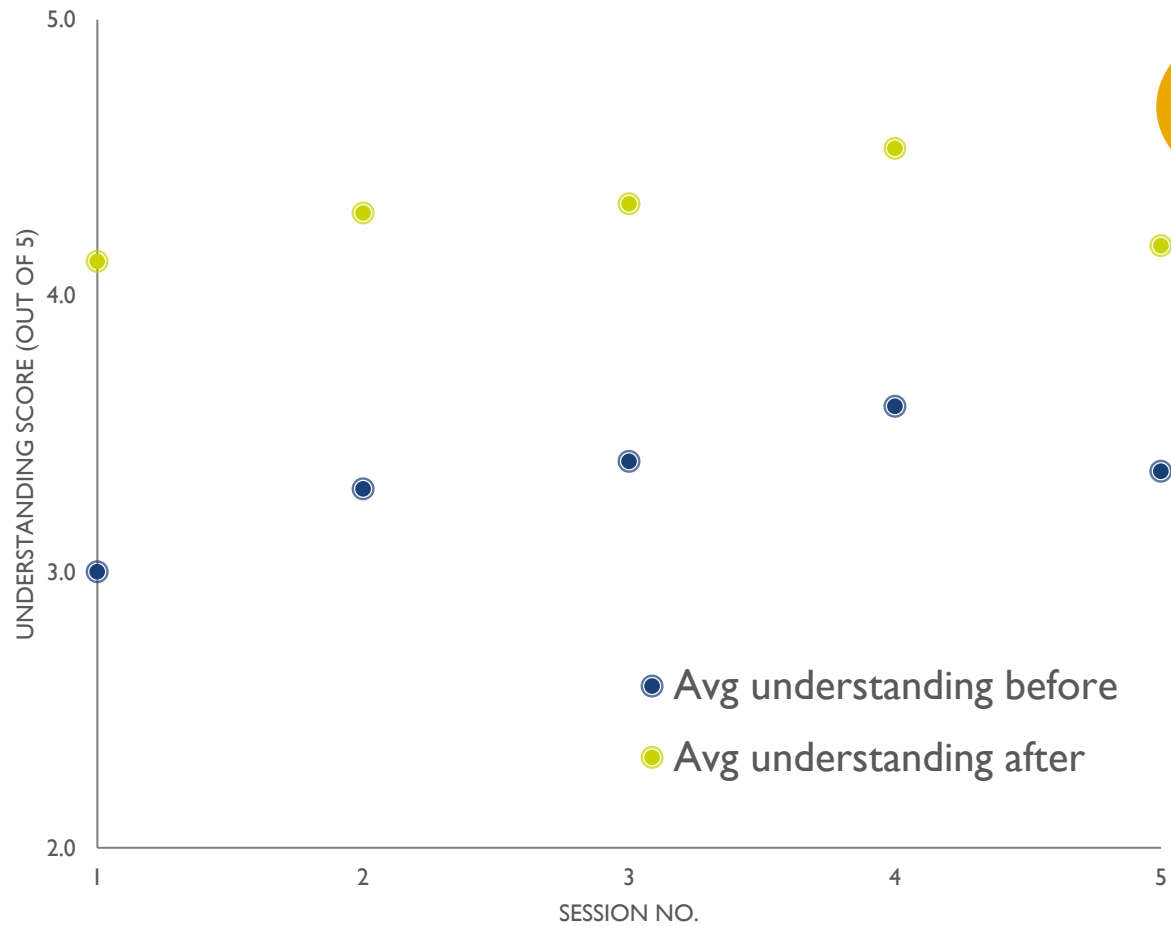
## Ambitions overview: our ways of working together |

The blueprint of how PH providers and commissioners in Greenwich will work together.



# What have our Providers told us?

## Impact of Market Engagement Events



"Great collaborative working between commissioners and providers, more of this please!"

"Have never seen an outcomes framework before so great to get a glimpse of what it looks like."



"Great way of looking at contracted tender process - wish other boroughs would follow this"



"The open and constructive dialogue with the commissioners is proof of the mutual understanding and willingness to collaborate."

"I've noticed a strong drive towards collaboration from my fellow providers. It's refreshing to see."

"Having the local resident talk to us was great! More of that please."

"Great session, important to think about ways we can be innovative but also (be) practical."



"Good session, very enjoyable and stimulating!"

"I'm glad we're moving towards defining outcomes that truly matter, moving away from strict metrics."



"Doing very well in engaging us and I liked the feel of the outcomes framework!"

# Our outcomes framework



# Introduction

- We have spent the last five sessions developing our ambitions, that outline how providers will work together to deliver Public Health services in the future.
- We also discussed what a draft outcomes framework could look like at Market Engagement Event 5 on 12 September.
- Today, we want to spend a bit more time **understanding the practicalities** around measuring impact and reporting on outcomes.





# Our Outcomes Framework

- As you will be aware, at the last session we discussed how our new approach will reflect a shift to **commissioning for outcomes**. For us to achieve this we need to develop our outcomes framework. We talked about what approaches we would need to take to ensure that residents get the outcomes they need.
- On your tables, there are a small number of the metrics that we discussed at the last session. Please take 40 minutes to discuss:

**How would you demonstrate the **impact** that you've had on these residents, both from a '**metrics**' point of view, the perspective of their **experience** and how would you do this collaboratively?**

Things to consider:

- Common assessment frameworks
- Data systems
- How you track
- Honorary contracts

# Table I Summary

**How would you demonstrate the impact that you've had on these residents, both from a 'metrics' point of view, the perspective of their experience and how would you do this collaboratively?**

## **Metrics & feedback:**

- Focus areas in food and health: Which has the most significant impact? Examples: salt reduction, fibre increase.
- Importance of a unified key metric/message that all participate in.
- Balancing quantitative and qualitative approaches: The goal is to improve life quality.

## **Case studies and aggregated outcomes:**

- Beyond individual case studies: How to collate outcomes from multiple sources?
- 30-minute social time post-sessions: Measuring collaborative impact remains a challenge.

## **Reporting & assessment:**

- Consideration of a common assessment form or unified reporting framework.
- Use of KPI documents and annual reports, supplemented by questionnaires.
- South West London approach: Each organisation uses a consistent reporting section within a shared template, encompassing narratives, metrics, and feedback.
- Unified reporting system with consistent tools for outcome measurement.
- Longer contract durations to better gauge impact.

## **Tools & frameworks:**

- The absence of a current tool for outcomes suggests a potential use for visual aids like word clouds.
- Emphasise designing outcomes collectively, possibly with an agreed-upon baseline.
- Need for standardised training on tool/framework utilisation.
- Centralised data system with shared consent mechanisms.

## **Additional considerations:**

- Digital solutions or a single access point.
- Transitioning to outcomes-based payments.
- Overcoming the individualistic mindset and fostering a more collaborative approach.

# Table 2 Summary

**How would you demonstrate the impact that you've had on these residents, both from a 'metrics' point of view, the perspective of their experience and how would you do this collaboratively?**

## **Feedback and metrics:**

- Collect feedback using online surveys, ensuring the data is captured and subsequently shared.
- In specific areas, like sexual health, there are metrics such as opting into HIV and pregnancy programs. Recognising challenges in achieving targets when unaware of opt-out reasons, efforts should be made to capture residents' voices. This helps improve service delivery.

## **Collaborative approaches:**

- Employ methods like focus groups and encourage residents to become champions or ambassadors for initiatives.
- It's vital to benchmark against best practices in other regions and adopt any relevant learnings.

## **Strategic feedback:**

- Providers should strategise on reviewing feedback to discern emerging needs, identify successful strategies, and rectify areas of concern.
- There's a correlation with having flexible contracts, granting the liberty to implement necessary changes as situations demand.
- A challenge arises in how to collate and collaborate at this strategic level, especially with constrained budgets. Considerations could include pooling resources or incorporating resources into future contracts.
- Commissioners likely have a pivotal role in bringing stakeholders together, fostering innovation, and driving positive change.

## **Uniformed feedback collection:**

- While trying innovative methods to engage hard-to-reach groups, the feedback collection process should be consistent across services. This standardisation will enable integration into a broader strategic platform.

# Table 3 Summary

How would you demonstrate the impact that you've had on these residents, both from a 'metrics' point of view, the perspective of their experience and how would you do this collaboratively?

## Data collection & sharing:

- Universal use of consistent questions; shared responsibility for data dissemination.
- Utilise hubs that offer diverse services (cross-cutting), enabling effective triaging, including joint use of staff resources. Consider exit interviews for insights.
- Emphasise honorary contracts for seamless cross-organisation collaboration, reducing redundant visits to multiple sites.
- Surveys as a tool for impact tracking, but with a recognition of their limitations. Need for alternative and nuanced methods.
- Capture qualitative feedback from direct conversations.
- Centralised approach for capturing impact, given resource constraints.
- Distinction between data collection and monitoring; leveraging data for impactful decisions, e.g., synchronising appointments for residents using multiple services.
- Data sharing's crucial role: Could local authorities recommend specific platforms? Compatibility with national and local platforms.
- The necessity for robust yet proportionate data handling; ensuring informed consent.

## Case studies & impact measurement:

- Cross-organisation case studies, especially for residents using multiple services. How to differentiate impacts?
- Emphasise outcome over output; measure tangible impacts like reduced hospital admissions.
- Audit concerns on accessing individual data; ensuring purpose and consent.
- Two-way information sharing, emphasising co-located services and place-based hubs.

## Service Planning & behavioural insights:

- Strategic and proactive service planning to avoid reactive adjustments.
- Consideration for service sequencing versus parallel access; avoid overwhelming residents but cater to diverse needs.
- Recognise behavioural patterns, e.g., compensatory behaviours upon quitting certain substances.
- Emphasis on training staff in applied behavioural science.
- Categorising resident journeys into 'levels' and fostering a culture of continuous learning.
- Potential for health/wellbeing hubs initiated by the council to offer comprehensive services and be an information resource for both residents and providers.

# Feedback



# Break



# Early thoughts on the approach to contracting



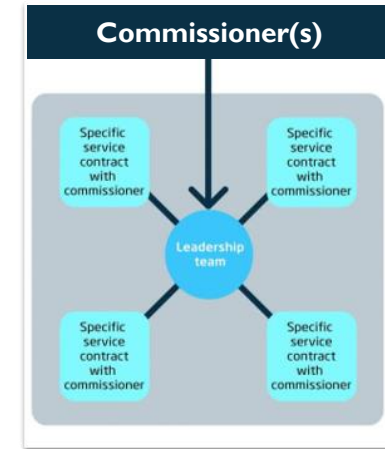
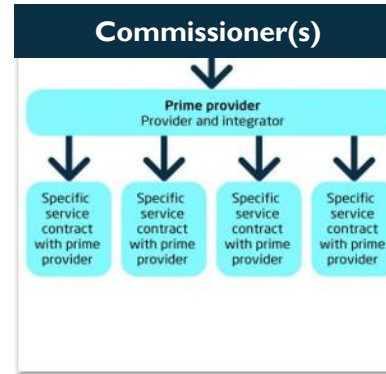
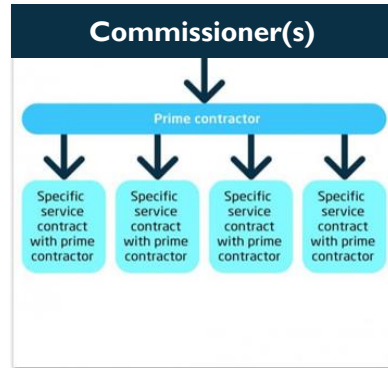
# Introduction

- At our last session, we also discussed **potential models of collaboration**, i.e. what are the ‘structures’ that would support and enable us to collectively work together best to achieve positive outcomes for the people who access Public Health services.
- We would like to play back the high-level summary of what we heard, and explore the **practicalities** of contracting further.





# Summary of feedback on contracting models



## Opportunities

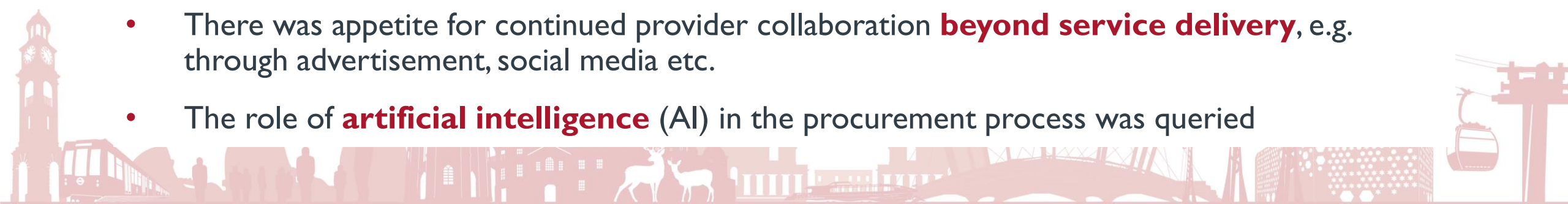
- Bidding process might be easier for smaller providers
- Generally (not always) there was support for Prime Provider models
- Partnership Boards could be beneficial
- More shared ownership could improve quality
- Costs more equitably distributed

## Risks

- Could lack feedback mechanisms
- ‘Top-down’ approach could mean less collaboration
- Providers with direct access to commissioners could have more autonomy and influence
- Relationships take time to build
- Providers with direct access to commissioners could have more autonomy and influence
- Need to avoid smaller providers being overshadowed by larger ones
- Risk management needs to be carefully thought through
- Relationships take time to build

# Further contracting considerations

- Ensuring that any bidding process was **accessible to smaller providers** will be very important
- A **longer bidding window** (e.g. more than 6 weeks) would support providers to develop partnership models
- There was strong support for **financial incentives**, though these would need to be considered carefully
- Could there be an opportunity to **ease staffing challenges** through more seamless collaboration?
- There will be a need to balance the stability of longer-term contracts with **flexibility** to enable providers to **respond to need** over time
- There was appetite for continued provider collaboration **beyond service delivery**, e.g. through advertisement, social media etc.
- The role of **artificial intelligence** (AI) in the procurement process was queried



# Our top tips



Register on the ProActis portal

Reflect on the outcomes – how would you work in partnership to deliver them? How would you measure them?



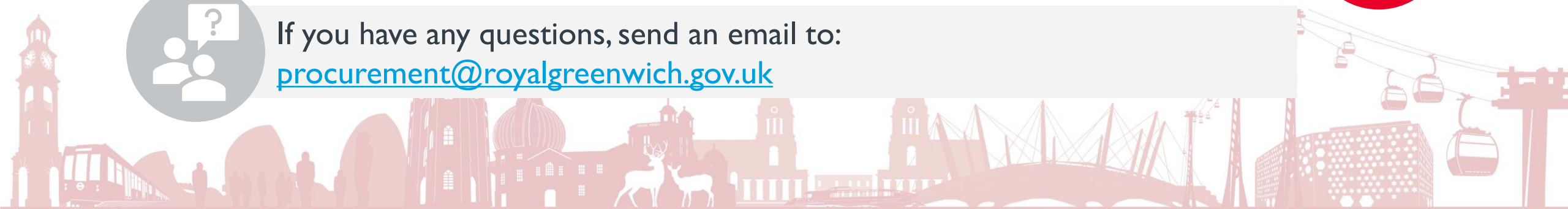
Keep networking!

Start to think about any partners you might want to work with as part of the bidding process



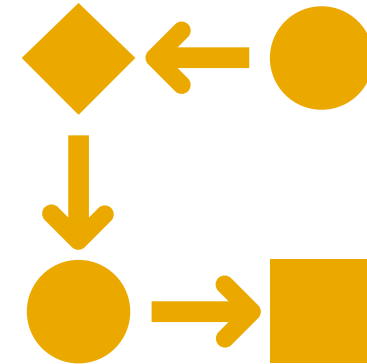
If you have any questions, send an email to:

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



# Discussion

- On your tables, please take 30 minutes to discuss:
  1. To deliver Public Health services collaboratively, what could **'good governance'** look like?
  2. What are the **practical next steps** that your organisation would need to think about or consider to prepare to work in this way?



# Table I Summary

**To deliver Public Health services collaboratively, what could 'good governance' look like?**

**Shared principles:**

- Commitment to principles, supported by a Memorandum of Understanding (MoU) with consequences for non-adherence.
- Establishment of a steering group.

**Equality & representation:**

- Equal voice for all providers regardless of size.

**Management & understanding:**

- Addressing breaches and their management.
- Clarity on roles, responsibilities, and objectives ("what, who, and why").

**Risk & consequences:**

- Management of partners who do not collaborate; determining when a commissioner should intervene.
- Financial penalties for lack of collaboration.
- Addressing long contracts with no mechanisms to manage underperforming providers.

**Mentoring & resource sharing:**

- Partnership between large and small providers, which includes sharing resources, leading roles, and emphasising social value through teaching evaluation.

**Consistent quality:**

- Adopting a common or quality framework.
- Unified training supported by contracts.
- Emphasis on shared values.

**What are the practical next steps that your organisation would need to think about or consider to prepare to work in this way?**

**Existing resources & frameworks:**

- Sharing current services and frameworks.
- Inventory of existing resources.
- Collaborative design of quality frameworks.

**Collaboration portals & networking:**

- Decision-making on collaborations.
- Allocating networking time and exploring opportunities for partnerships.
- Sharing details and updates uniformly.
- Exploring future contracting options with greater detail.
- Organising networking events upon finalising details.
- Sharing capabilities and service offerings.
- Increasing opportunities for face-to-face interactions.

**Structured meetings & themes:**

- Group meetings with designated themes.
- Brief presentations on individual expertise and experience.
- Regular meetings that emphasise social value frameworks.

**Training:**

- Development of a unified training model.

# Table 2 Summary

## To deliver Public Health services collaboratively, what could 'good governance' look like?

- Adopt a governance approach that is less restrictive but proportionate.
- Quarterly meetings to share learnings and provide mutual support.
- Strengthen community and safeguarding governance structures.
- Incorporate resources and time into contracts for enhanced engagement, ensuring representatives can attend meetings.
- Encourage an environment that allows for experimentation without blame for failures.
- Embrace a shared risk model.

## What are the practical next steps that your organisation would need to think about or consider to prepare to work in this way?

- Establish a central data-sharing platform with designated personnel for collating, monitoring, and disseminating data.
- Ensure the use of compatible IT systems to streamline reporting and data collation.
- Commissioners should facilitate governance meetings and allocate resources for optimal attendance and engagement.
- Clearly define roles, responsibilities, and a shared understanding of the essence of good governance.

# Table 3 Summary

**To deliver Public Health services collaboratively, what could 'good governance' look like?**

**Targets & models:**

- Recognise the challenges of joint targets.
- Consider the context: For services in a hub, focus could be on the inflow of people.
- Consideration: Conduct the tender first, then develop the service model?

**Bidding & relationships:**

- Exercise caution during bidding to ensure inclusivity.
- A preference for individual area bids before forming collaborations.
- Importance of building relationships during the bidding process.

**Role of commissioners & service providers:**

- Commissioners play a pivotal role in interlinking services; fostering a bidirectional partnership is key.
- Emphasis on information sharing.
- Consideration: Can multiple services be delivered by more than one provider?

**Learning from others & shared spaces:**

- Valuable to learn from successes and failures in other Local Authorities.
- Address the practicalities of shared spaces, like community centres.
- A stated preference for 'lots'.

**Commissioning & alliance model:**

- How would outcome-based commissioning function? A desire to move away from the silos of traditional referrals.
- Advocacy for the Alliance Model:
  - Joint risk management.
  - Suitability for co-location.
  - Power-sharing between trusts and charities.
  - Enhancing accountability and transparency.
  - A solution-oriented approach.

**What are the practical next steps that your organisation would need to think about or consider to prepare to work in this way?**

**Roles & networking:**

- Clearly define roles and responsibilities.
- Identify potential collaboration partners.
- Engage in new forms of networking, distinct from current practices.
- Visit other organisations to understand their operations.

**Understanding the landscape:**

- Familiarise with the practical procurement model.
- Awareness of key players in the Greenwich area.

# Feedback





# Next steps



# Next steps

Co-production of outcomes with residents

Internal governance

Development of procurement strategy

Provider network event

Tender opportunity live and procurement process begins

New model of service delivery goes live



Communication of contract opportunities and high-level timelines

Any further resident engagement or consultation

Mobilisation



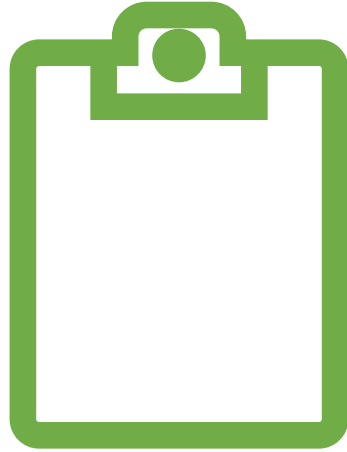
# Q&A



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)

# Feedback



Please take 2 minutes to tell us how you found today,  
and what, if anything, might be useful to cover in any  
future sessions

# Thank you

