



TOWER HAMLETS HEALTH AND WELLBEING BOARD



SUPPLEMENTAL AGENDA

This meeting is open to the public to attend.

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For further information including the Membership of this body and public information, see the main agenda.

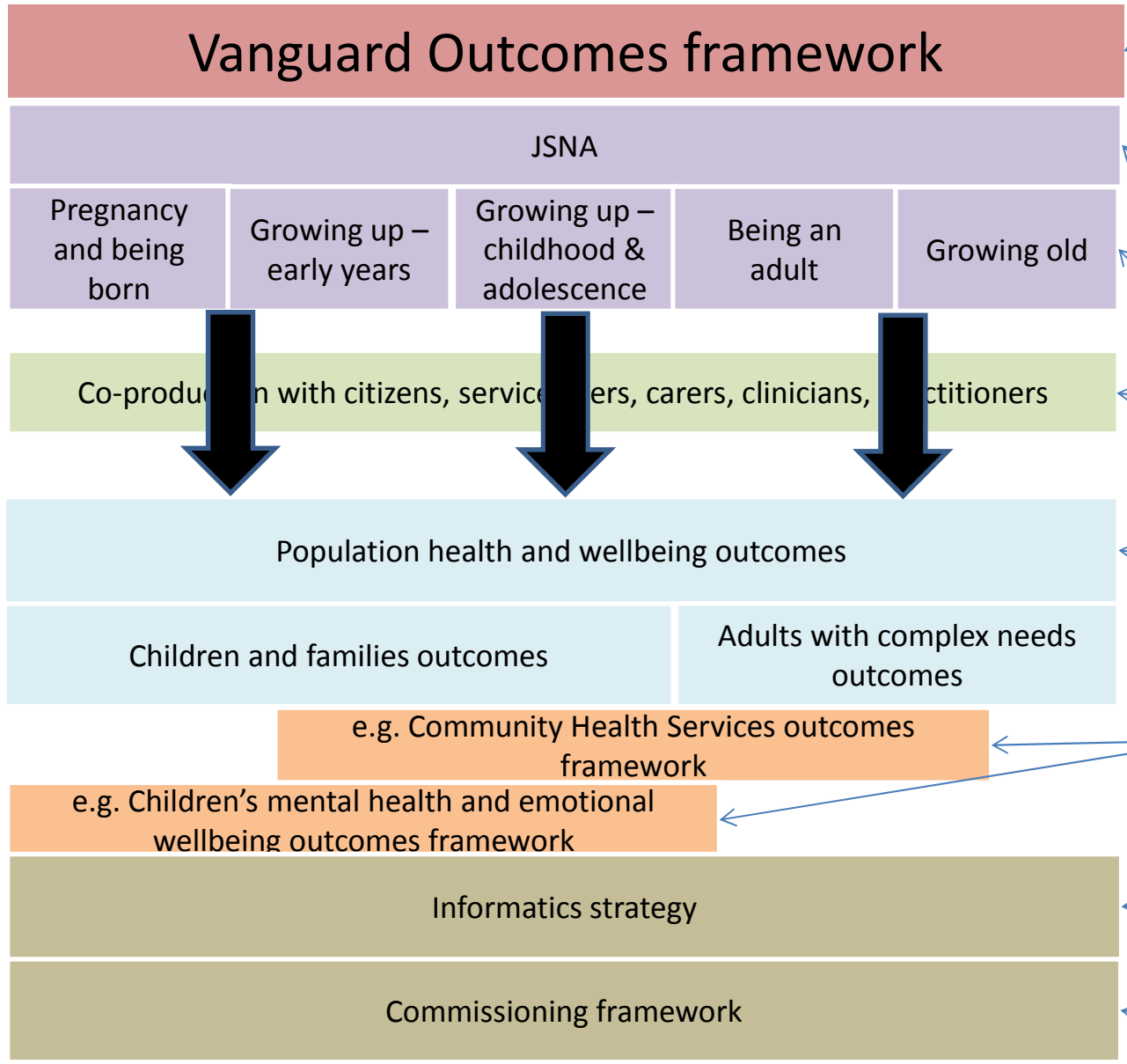
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Tower Hamlets Together: Discovery Phase Findings and next steps

Tower Hamlets Vanguard Outcomes Framework

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- Articulates our ambition to improve health and social care outcomes and experience for Tower Hamlets citizens
- Is co-produced with citizens and clinicians, ensuring legitimacy and ownership
- Has a clear link to national outcomes frameworks and other key national and local requirements

- Health and community intelligence identifies priority area of focus, including health inequalities

- Key lifecourse segments to provide structure derived from JSNA

- Process of development has co-production at its heart

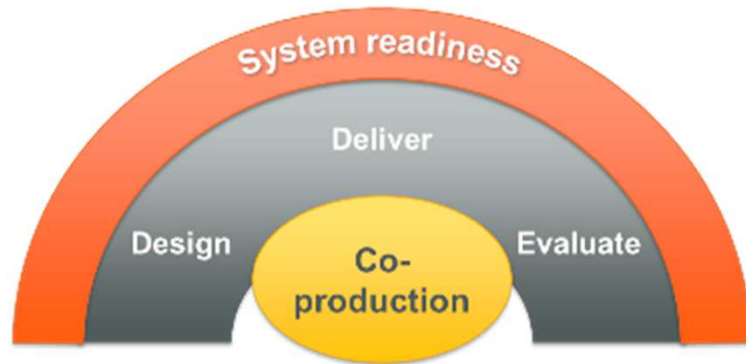
- Articulates our ambition to invest in (1) early years (giving children the best start in life) and (2) prevention, to promote lifecourse outcomes

- Provides clear architecture within which contract and population specific outcomes frameworks link to our overall ambition, developed in line with an agreed pipeline

- Provider Partnership approach to capturing, analysing and publishing outcome data

- Common language for, and approach to outcomes, across commissioners and providers
- Forms basis of capitation contract

System readiness assessment



- TH has already created several outcomes frameworks
- The Vanguard programme and legacy of innovative practice have created a project-rich, data-rich environment

BUT there are opportunities to improve connections between projects and across organisations.

Assessment Area RAG rating

Design

- Population & scope ●
- Outcomes ●
- Finance ●

Delivery

- Co-production ●
- Care model design ●
- Staff culture & development ●

Evaluation



System readiness

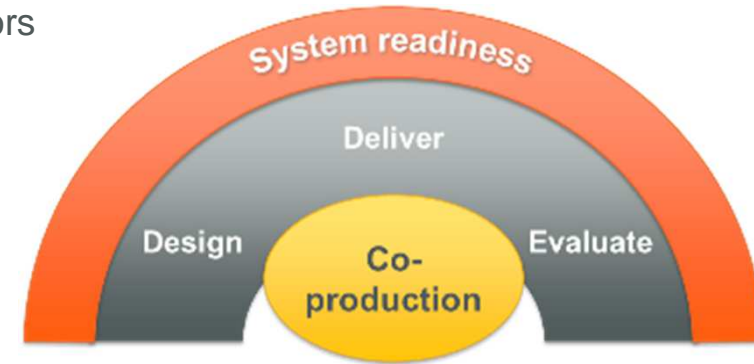
- Resource & investment ●
- Skills & capability ●
- Governance ●

Key: ● System / culture in place
● Partly in place
● Not in place

System readiness assessment

System readiness assessment, measured against key indicators for successful integrated care organisations (right), found that:

- TH has already created several outcomes frameworks
 - The Vanguard programme and legacy of innovative practice have created a project-rich, data-rich environment
- BUT there are opportunities to improve system connectivity

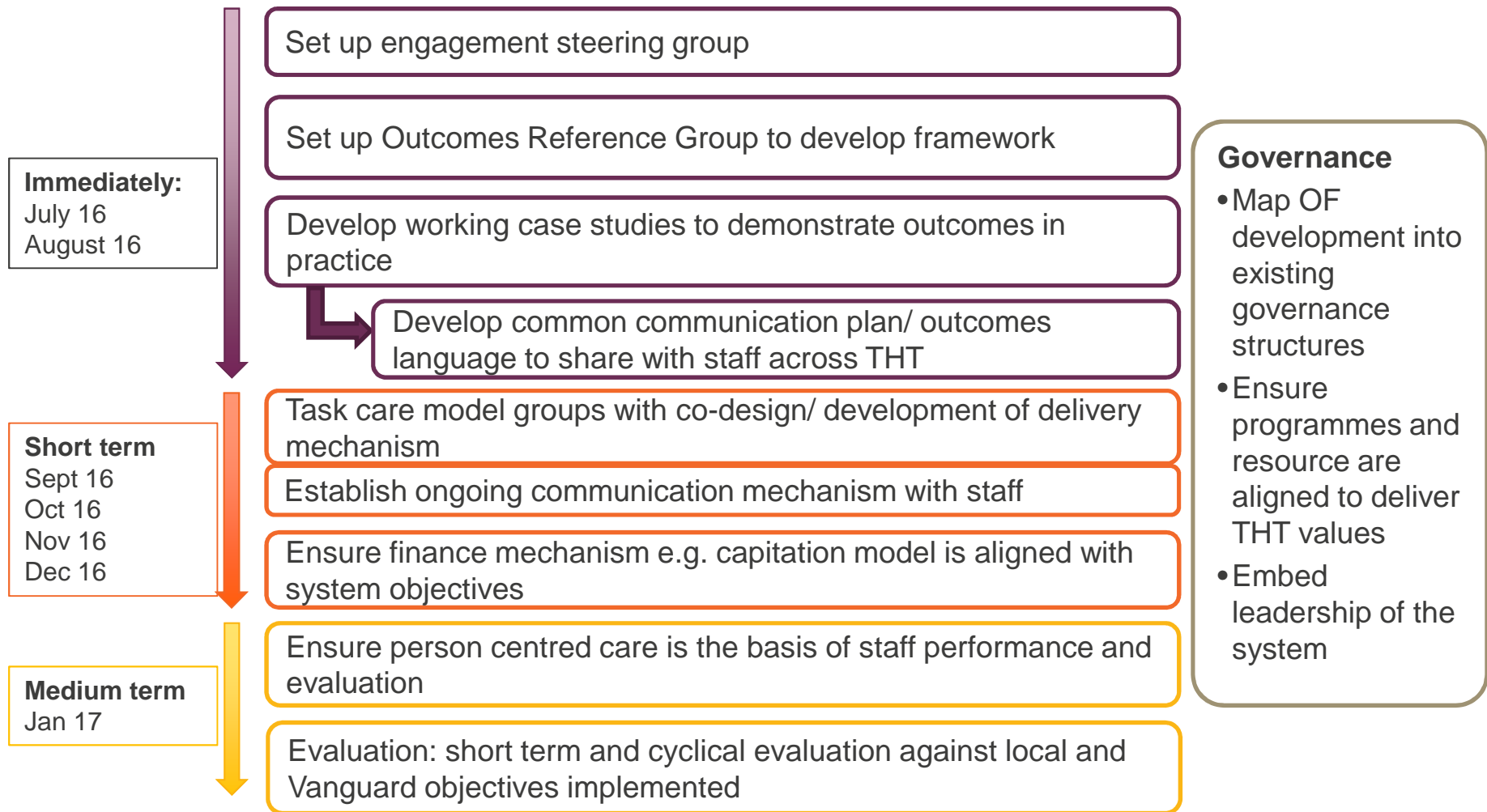


Assessment Area RAG	What's going well	Areas for development
Design <ul style="list-style-type: none"> • Population & scope • Outcomes • Finance 	<ul style="list-style-type: none"> ✓ Risk stratification and data modelling in place with capitation modelling underway for the whole population ✓ Some frameworks already in place 	<ul style="list-style-type: none"> ➢ Further embedding of a person centred approach ➢ Improved connectivity to front-line staff ➢ Alignment of existing frameworks and use of a common language
Delivery <ul style="list-style-type: none"> • Co-production • Care model design • OD 	<ul style="list-style-type: none"> ✓ Significant engagement on needs ✓ Emphasis on place and wider determinants ✓ Working groups established for 3 THT population areas 	<ul style="list-style-type: none"> ➢ Embedding of true co-design ➢ Widening engagement beyond top tier of need ➢ Care model groups to engage frontline staff and users
Evaluation	<ul style="list-style-type: none"> ✓ Robust evaluation in place for integrated care programmes ✓ Good data linkage across health sector, facilitating evaluation 	<ul style="list-style-type: none"> ➢ Mechanism for ongoing evaluation required ➢ Short term tracking required (e.g. PDSA cycle) ➢ Connectivity of operational patient-level information
System readiness <ul style="list-style-type: none"> • Resource & investment • Skills & capability • Governance 	<ul style="list-style-type: none"> ✓ Vanguard funding in place ✓ Move to GP networks – strong clinical champions 	<ul style="list-style-type: none"> ➢ Need consolidation of human and financial resource ➢ Potentially too many projects – resource spread too thin ➢ Embed system and programme governance around THT

Next steps

1. Develop and apply a **single overarching outcome framework** for the **whole population**
2. Move to a **co-design phase, centred on population groups, and working with residents and staff**
3. Establish **clear governance and strong engagement** to support developing and implementing the framework with staff across health and care sectors
4. **Align work on financial capitation and the structure of the developing framework as early as possible**

Expected activity for phase 2



What is an outcome?

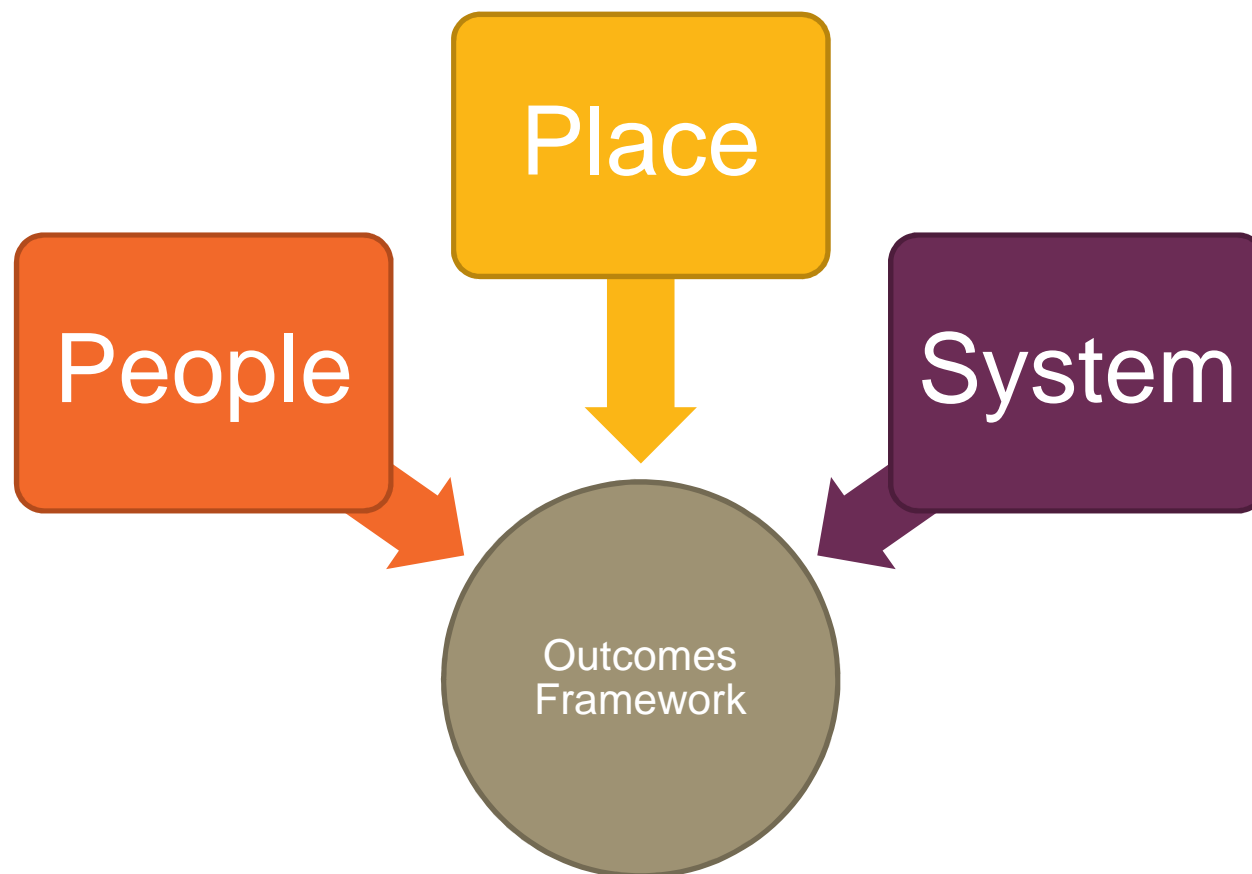
“The results people care about most...including functional improvement and the ability to live normal, productive lives”

International Consortium for Health Outcome Measurement, 2013

What can outcomes do?

- Describe the “so what” of care
- Create mandate between public and providers
- Set the overarching ambitions for the service
- Provide a way for commissioners to hold providers to account

Whole system Outcomes Framework (OF)



Whole system OF - Population Segments

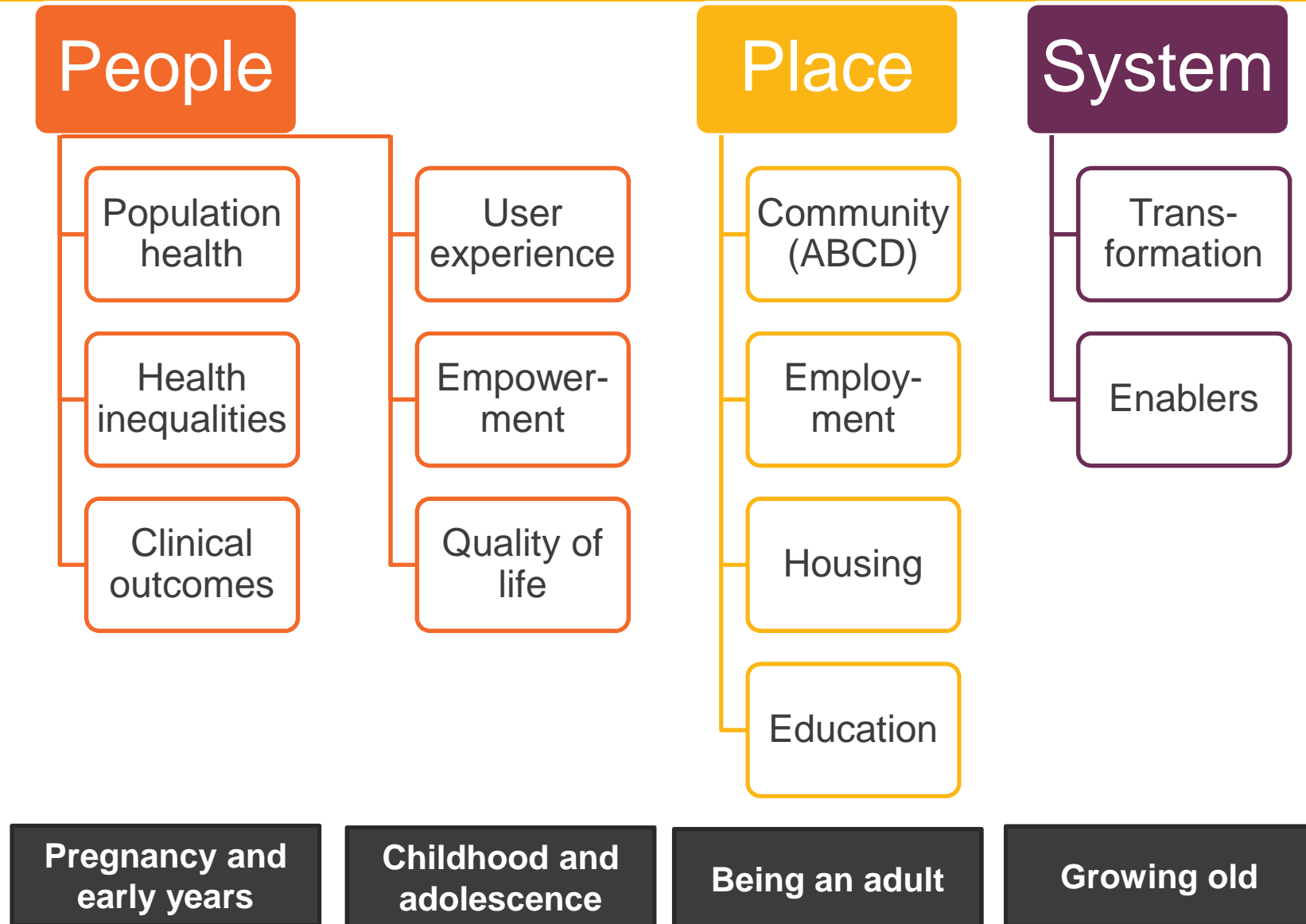


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Ref: CAMHS outcomes framework
CHS outcomes framework

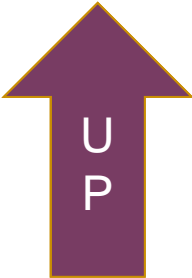
Whole system OF – potential objectives

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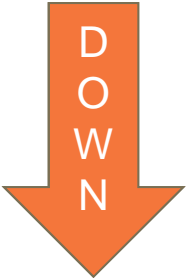
So what? Case Study: Bedfordshire musculoskeletal care

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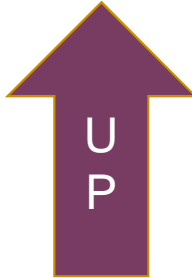
Shared Decision Making

35% of patients having a dedicated discussion choose alternatives to surgery



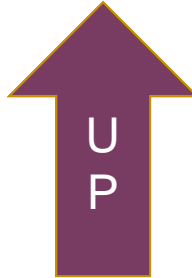
Referrals to hospital care

24% reduction in referrals to hospital-based care



Patient Outcomes

Tracked across whole pathway
7,700 measures collected
84% positive health gain (from 70% in 1yr)



Community-based care

From 32% of total spend in 2012 to 48% now.
On track for 52% by 2018

Example Case Study: Musculoskeletal care

Outcomes Framework applied to MSK:

People

- Excess weight in adults/ children
- Health equity audit on e.g. access to / use of physio by LSOA
- % with confirmed osteoporosis prescribed bone protection agents
- % with rheumatoid arthritis achieved target DAS28
- % with osteoarthritis with improved Oxford hip/knee score after interventions
- Friends and family test
- % with a care mgmt plan (as per NICE Clinical Guideline 177 – osteoarthritis)
- Use of Patient Activation Measures (PAM)

Place

- % with as much social contact as they would like
- Utilisation of outdoor space
- Time off work with lower back pain
- Returning to usual place of residence following hospital treatment: fractured proximal femur

System

- Waiting times for care
- Readmissions to hospital within 30 days
- DTOCs
- Appropriate IT systems
- Effective governance structures
- Staff engagement & training levels

Rethink roles of each specialist and interactions between them:

- Invest in high skill triage to co-ordinate patient journeys
- Systematise care, patient-level data, and patient information
- Move care into lowest possible cost settings (e.g. day case into community)
- Link people with MSK issues to peers and high quality information
- Help staff undertake goal-orientated care
- Monitor health-related quality of life as routine part of care



- More enhanced scope physios in triage and front line roles, including as care managers
- Creation of new 'patient advisor' roles to guide people through choices available to them
- Consultants concentrate on complex cases, team leadership, team training and up-skilling
- 'Peer patients' trained to support other people with MSK issues
- More sophisticated use of data, e.g. 'air traffic control'-style monitoring of supply/demand; peer-to-peer comparison of professional performance

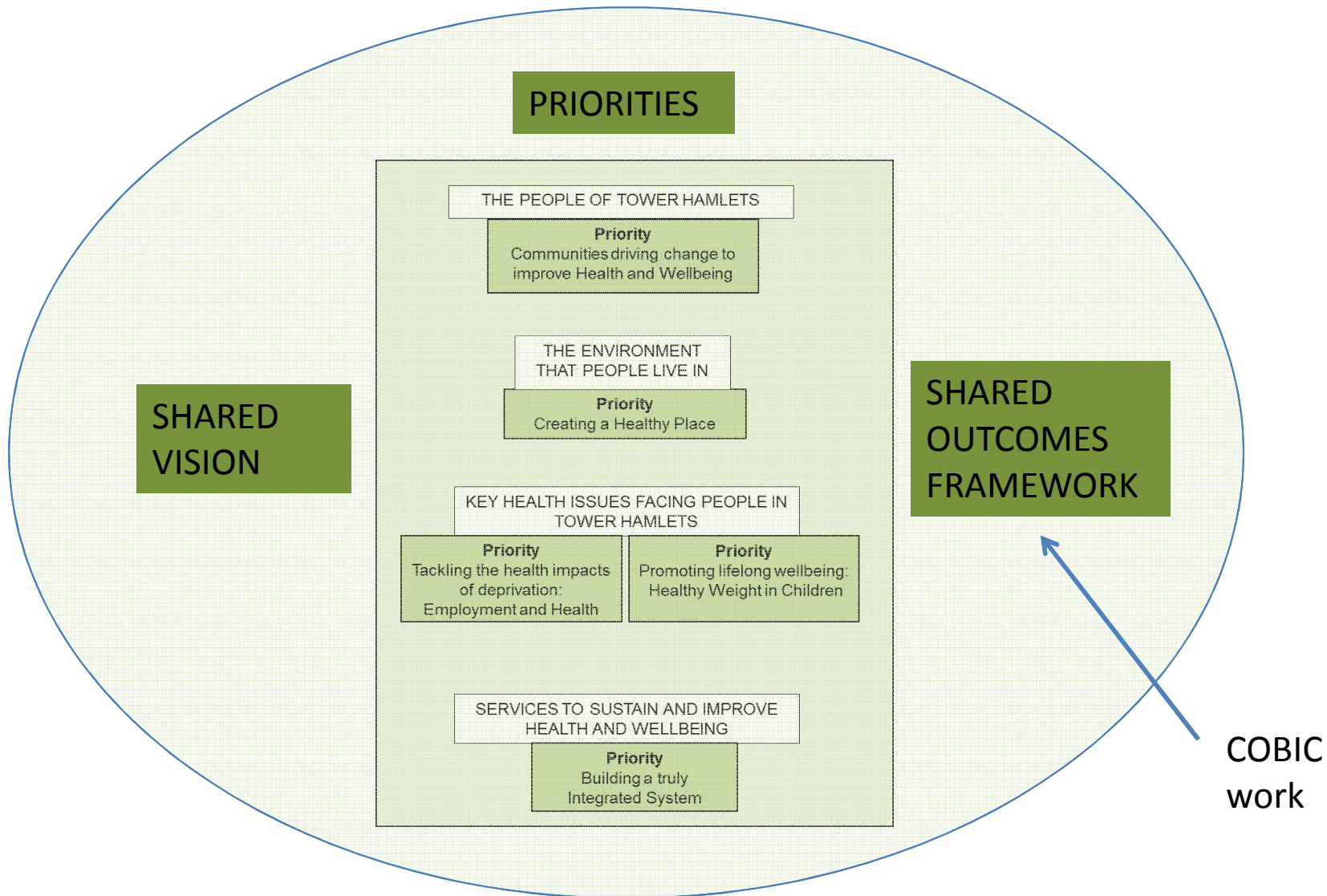


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Tower Hamlets Health and Wellbeing Board: Strategic Priorities 2016-20



Tower Hamlets Health and Wellbeing Board Strategy 2016-20



Communities driving change to improve health and wellbeing

In 3 years...

- More people feeling in control of their health and wellbeing
- More people supporting each other around their health and wellbeing
- More people taking collective action on issues that impact on their health and wellbeing
- People having a greater role and influence in shaping their local services

Next 12 months

- Identify and support residents into leadership roles in local communities to address health and wellbeing issues
 - Identify issues that matter to people and their impacts on health and wellbeing
 - Identify people in the community and across the system who have the energy and passion to make a difference
 - Galvanise a different system response using a Health Creation approach
- Promote a shared culture across frontline organisations to help people feel in control of their health and provide mutual support (also see integrated system priority)
- Connect the Health and Wellbeing Board to the community
 - 1 engagement event in each locality per year 1 month before board meeting
 - Follow up with Board meeting in the location involving dialogue with residents
 - Explore use of social media as a channel of engagement with the Board

Creating a Healthy Place

In 3 years

- Better and more creative use of open spaces
- Better connections between green spaces
- Reduced exposure to air pollution
- Greater confidence of local residents in using spaces for healthy activities

Next 12 months

- Identify three areas in the Borough for engagement with local residents and partners on priorities for improving their environment to support health and wellbeing
- Develop a process enabling the health and wellbeing impacts of major developments and policies in the borough to be assessed routinely
- Support the Air Quality Plan and implement a communication and engagement campaign with the public and local organisations on air quality
 - Increasing awareness of issue and how to reduce impacts
 - Introducing pledges from organisations to minimise impacts

Employment and Health

In 3 years...

- More people who are unemployed are supported to maintain or improve their health
- More people living with a physical or mental health condition have an equal chance of good employment
- More local employers actively support the health and wellbeing of their employees

Next 12 months

- Align health and care services with the integrated employment hub
 - Review existing health and care employment programmes and how they would link to the hub
 - Use social prescribing as a lever to strengthen links between health and employment services
 - Review best practice elsewhere
- HWBB partners organisation to sign up to the London Healthy Workplace Charter
 - Undertake self assessment
 - Identify priorities for improvement and identify shared priorities for action

Health weight and nutrition in children

In 3 years...

- More 10-11 year olds with a healthy weight
- More schools and early years providers fully engaged in promoting child health and wellbeing
- More parents and communities engaged around improving healthy weight and nutrition in children

In 12 months...

- Strengthen existing programmes in schools
 - Identify and support a 'health representative' on the governing body of every school
 - Provide parents with information on what a school is doing for their child's health and wellbeing
 - Promote the 'Healthy Mile' in schools
 - Invite a representative from the Tower Hamlets Education Partnership onto the Health and Wellbeing Board
- Develop and implement a community engagement and communications strategy around healthy weight and nutrition in children with particular emphasis on high risk groups

An Integrated System

In 3 years

Joined up health and social care for all
(a vision which is based on community engagement
and ownership) with more people saying:

- “I have easy access to information, advice and guidance which helps me to find what I need”
- “It’s easy to get help from my GP practice and I can contact my Care Co-ordinator whenever I have any questions”
- “There are different people involved in supporting me but everyone listens to what I want and helps me to achieve my goals”

In 12 months

- Self- assessment – pilot “Stepping up to the Place” audit tool
- Shared vision & “golden thread” – build on THT and develop through community engagement
- Our “2020” Plan for Integration
- ‘Campaign’/movement to support culture change (see also Communities priority)

Next steps

- **Consultation document**
 - Mayors advisory board in Sept/Oct
 - Sign off at HWBB 18th October
- **Consultation starting 24th Oct (to end Nov)**
 - People
 - Organisations eg CCG GB, LMC, CVS, BH, ELFT, THHF etc
- **Post consultation**
 - Mayors Advisor Board Dec
 - Sign off at HWBB 13th Dec
 - Sign off at Cabinet 10th Jan
- **Launch**
 - End Jan (potentially at locality health conversation event)