Tower Hamlets Together Discovery Phase Executive Summary

Proposal title>

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cobic

Executive Summary

1.1 Background to Discovery Phase

Cobic has been commissioned to develop a local system-wide health and social care outcomes framework for the Tower Hamlets Together Vanguard. This report sets out our findings from the discovery phase of the programme during which we assessed the initial readiness of the system to deliver the Vanguard objectives of an integrated, person-centred health and care system. The report includes our recommendations on the scope of, and approach to, the further development of the outcomes framework.

1.2 Methodology

Over a six-week period Cobic undertook the following activities:

- 34 interviews with key stakeholders to understand the status and aspirations of the programme
- Reviewed previous public engagement and strategy work and identified gaps
- Review existing 'I statements' and outcomes development work
- Based on these interviews and reviews, and using Cobic's experience of implementing Outcomes Frameworks, set out our assessment of readiness against a number of key areas

1.3 Findings

On the basis of our analysis, there are significant opportunities for Tower Hamlets to progress successfully to a whole population outcomes-based approach. Tower Hamlets has a strong base of work and delivery on outcomes from which to build and develop. Given the established local partnership and engagement routes, we think that the gaps identified in this report can be addressed through a co-design phase. However, the success of the outcomes-based implementation will depend on further work in key areas such as: clear governance; front line staff hearing and seeing a clarity of purpose and aims from senior leadership; and establishment of a programme of staff engagement and communication. The key themes are outlined below and have been collated into a holistic system-wide SWOT analysis (Figure 1).

1.3.1 Key themes from stakeholder engagement

- A strong sense of innovation, extensive range of projects, a focus on and belief in making a difference to residents of Tower Hamlets.
- Great progress has been made with the integration work to-date – and there is an understanding that the existing projects need to be brought together
- A lack of clarity about the aims and impact, and disconnection between those directly involved in specific projects/Vanguard boards and wider management/front-line.
- Good focus and early impact been achieved on the high risk/high cost population groups but desire that emphasis needed to shift to reduce and prevent demand.
- Engagement has tended to be structured around existing services rather than around the person.
- A sense of a lot of 'why' being defined, but not enough of the 'how' – the need to have a facilitator to 'bring it all together'
- Wider consideration around the children's and adults transformation agenda from Local Authority perspective
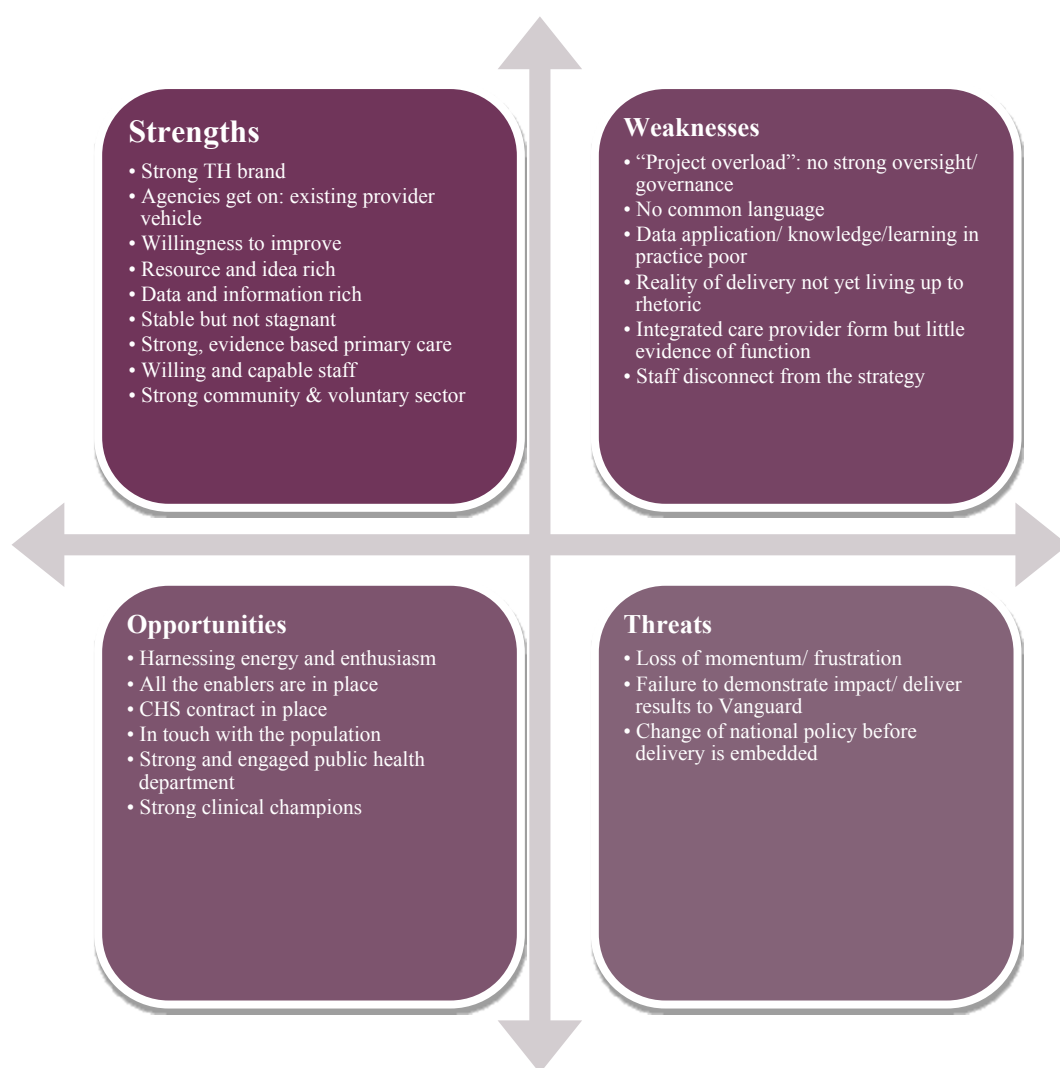- A need for more clarity and strength around the governance of programmes

1.3.2 Key themes from analysis of Pubic Engagement

- Significant engagement undertaken but less evidence of demonstration of involvement in changing service delivery to meet identified needs
- Focus on top tier needs and very much service-led
- Desire to address the impact of wider determinants of health on people's well-being
- Need to understand and accommodate the cultural and religious diversity in Tower Hamlets
- Some historically under-represented groups identified by population and need

1.3.3 Key themes from analysis of existing Outcomes Frameworks

- Existing investment in the development and co-production of outcomes frameworks provides a good basis on which to build
- There is potential for alignment as existing frameworks overlap in scope (population groups) and implementation
- There is significant variation and inconsistency in the language used to describe outcomes frameworks and hence incomplete understanding of what an 'outcome' is or means in terms of service redesign and delivery

Figure1: SWOT Analysis for Tower Hamlets Together

Strengths
- Strong TH brand
- Agencies get on: existing provider vehicle
- Willingness to improve
- Resource and idea rich
- Data and information rich
- Stable but not stagnant
- Strong, evidence based primary care
- Willing and capable staff
- Strong community & voluntary sector

Weaknesses
- "Project overload": no strong oversight/ governance
- No common language
- Data application/ knowledge/learning in practice poor
- Reality of delivery not yet living up to rhetoric
- Integrated care provider form but little evidence of function
- Staff disconnect from the strategy

Opportunities
- Harnessing energy and enthusiasm
- All the enablers are in place
- CHS contract in place
- In touch with the population
- Strong and engaged public health department
- Strong clinical champions

Threats
- Loss of momentum/ frustration
- Failure to demonstrate impact/ deliver results to Vanguard
- Change of national policy before delivery is embedded

1.4 Readiness Assessment

The assessment criteria outlined below in Table 1 have been derived by Cobic from our reviews of the literature reporting on key indicators for successful integrated and/or accountable care organisations, together with our practical experience of supporting the development of OBC contracts in England. These are combined with the well-established underlying principles required for readiness for change: attitudes, conditions and resources.

Table 1: Assessment of system readiness for outcomes based care

Focus and RAG	What's going well	Areas for development
Design 🟢 • Population and scope 🟡 • Outcomes 🟡 • Finance	Clear intention to build whole population. Risk stratification and data modelling in place Some frameworks already in place Work on capitation modelling underway	Person centred approach not yet embedded Lack of connectivity to front-line staff Alignment of existing frameworks Common language
Delivery 🟡 • Co-production 🟡 • Care model design 🔴 • OD	Significant engagement on needs Strong sense of place and importance of wider determinants of health Working groups established for 3 THT population areas	Co-design with frontline staff and local people needs to be embedded in model reform Engagement has been service-led and focused on the top tier of need Care model groups need to engage with frontline staff and users
Evaluation 🟡	Robust evaluation in place for existing integrated care programmes Good data linkage in place across health sector, facilitating evaluation	Mechanism for ongoing evaluation to demonstrate Vanguard objectives required Connectivity of operational patient-level information PDSA cycle (or similar) to demonstrate and learn from short term achievements/ failures
System readiness 🟡 • Resource and investment 🟢 • Skills and capability 🔴 • Governance	Vanguard funding in place Move to GP networks – strong clinical champions	Need consolidation of human and financial resource across the system to align with THT objectives Potentially too many projects – resource spread too thin System and programme governance needs to be embedded around THT

1.5 Summary

In summary Tower Hamlets is in a strong place from which to develop and apply an outcomes framework to improve the health outcomes of local people. It has already created several outcomes frameworks for some cohorts of its residents; the Vanguard programme and the existing legacy of innovative practice have created a project-rich, data-rich environment. However, due to the pace of change, the opportunity for connectivity and linkage across the system has sometimes been missed.

1. A single overarching outcome framework for the whole population of Tower Hamlets would provide a common language, shared narrative, and consistent approach to measurement and communication. It would need to build on and encapsulate the work already achieved but also allow a focus and phasing to the priorities to be addressed.
2. Our assessment is that the Framework should build on (but not repeat) the strong public engagement already achieved, and, rather than start a new engagement exercise, instead move to a public co-design phase. This phase should be centred on population groups rather than services, thereby shifting the approach to person-centred models.
3. Clear governance and strong engagement will facilitate the development and implementation of Outcomes Frameworks with staff across health and care sectors. We recommend that governance and engagement are considered in parallel so that the framework can be embedded across commissioners and providers of health and care and delivered by December 2016.
4. The scope of this analysis did not include financial and contractual form. We understand work is underway within Tower Hamlets regarding capitation. It is recommended that the early in the next

phase we aim to align the work on capitation and the structure of the developing framework. The Vanguard programme board must ensure that the resulting incentive model is aligned with the outcomes and service changes the commissioners seek for their population.

1.6 Recommendations for Phase 2: Development and Implementation

Focus	Recommendation
1. Public Engagement	• Coordinate and support a small cross-borough engagement steering group to support the engagement programme in the next phase • Focus on wider population, particularly prevention
2. Outcomes Framework Structure	• Construct an overarching whole population outcomes framework, bringing together existing work on outcomes and providing an infrastructure and rationale for integrated person-centred care. • Establish an outcomes reference group to test and challenge the draft outcomes framework structure • Promote and disseminate clarity of language around outcomes across the system
3. Staff Engagement	• Ensure there is a strong and embedded mechanism for staff engagement and communication across and within THIPP, with authority from senior leaders to ensure this can happen • Staff involvement in co-design • Middle management support for change management
4. Governance	• Ensure central oversight via one board during governance re-structure • Embed programme to deliver outcomes framework within existing governance structures
5. Consolidation	• Consolidate multiple programmes ongoing in Tower Hamlets and optimise use of finite resource to achieve THT/ THIPP objectives • Programme governance dependent on system governance structures in place (as above)
6. Co-design and delivery of services	• Establish mechanisms for co-design and co-delivery of services in order to achieve outcomes and support integration across health and social care • Need to involve the voluntary sector in design and delivery, and to assist in building community health capital • Ensure there is read through from the outcomes framework to front-lines teams.
7. Communications	• Establish stakeholder comms group to communicate to wider stakeholder groups on what is being co-designed and co-delivered (ideally use existing channels and forums)