# Tower Hamlets Together: Discovery Phase Findings and next steps





## **Tower Hamlets Vanguard Outcomes Framework**

## Vanguard Outcomes framework

#### **JSNA Pregnancy** Growing up -Growing up -Being an and being childhood & Growing old early years adult adolescence born n with citizens, service ers, carers, clinicians, ctitioners Co-produ

Population health and wellbeing outcomes

Children and families outcomes

Adults with complex needs outcomes

e.g. Community Health Services outcomes framework

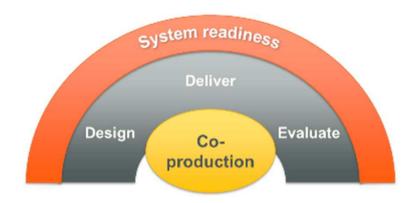
e.g. Children's mental health and emotional wellbeing outcomes framework

Informatics strategy

Commissioning framework

- 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 coproduction 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.

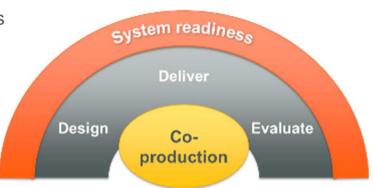
## **Assessment Area RAG rating** Design Population & scope Outcomes Finance **Delivery** Co-production Care model design Staff culture & development **Evaluation System readiness** Resource & investment Skills & capability Governance cobic Key: System / culture in place Partly in place Not in place

# 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  • Population & scope • Outcomes • Finance	<ul> <li>✓ Risk stratification and data modelling in place with capitation modelling underway for the whole population</li> <li>✓ Some frameworks already in place</li> </ul>	<ul> <li>Further embedding of a person centred approach</li> <li>Improved connectivity to front-line staff</li> <li>Alignment of existing frameworks and use of a common language</li> </ul>
Delivery	<ul> <li>✓ Significant engagement on needs</li> <li>✓ Emphasis on place and wider determinants</li> <li>✓ Working groups established for 3 THT population areas</li> </ul>	<ul> <li>Embedding of true co-design</li> <li>Widening engagement beyond top tier of need</li> <li>Care model groups to engage frontline staff and users</li> </ul>
Evaluation	<ul> <li>✓ Robust evaluation in place for integrated care programmes</li> <li>✓ Good data linkage across health sector, facilitating evaluation</li> </ul>	<ul> <li>Mechanism for ongoing evaluation required</li> <li>Short term tracking required (e.g. PDSA cycle)</li> <li>Connectivity of operational patient-level information</li> </ul>
System readiness  Resource & investment Skills & capability Governance	<ul> <li>✓ Vanguard funding in place</li> <li>✓ Move to GP networks – strong clinical champions</li> </ul>	<ul> <li>Need consolidation of human and financial resource</li> <li>Potentially too many projects – resource spread too thin</li> <li>Embed system and programme governance around THT</li> </ul>
4		Key: System / culture in place Partly in place Not in place

## 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

Set up engagement steering group

Immediately:

July 16 August 16

Short term

Sept 16

Oct 16

Nov 16

Dec 16

Jan 17

Develop working case studies to demonstrate outcomes in practice

Set up Outcomes Reference Group to develop framework



Develop common communication plan/ outcomes language to share with staff across THT

Task care model groups with co-design/ development of delivery mechanism

Establish ongoing communication mechanism with staff

Ensure finance mechanism e.g. capitation model is aligned with system objectives

Ensure person centred care is the basis of staff performance and evaluation

Evaluation: short term and cyclical evaluation against local and Vanguard objectives implemented

### Governance

- Map OF development into existing governance structures
- Ensure
   programmes and
   resource are
   aligned to deliver
   THT values
- Embed leadership of the system



Medium term

## What is an outcome?

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

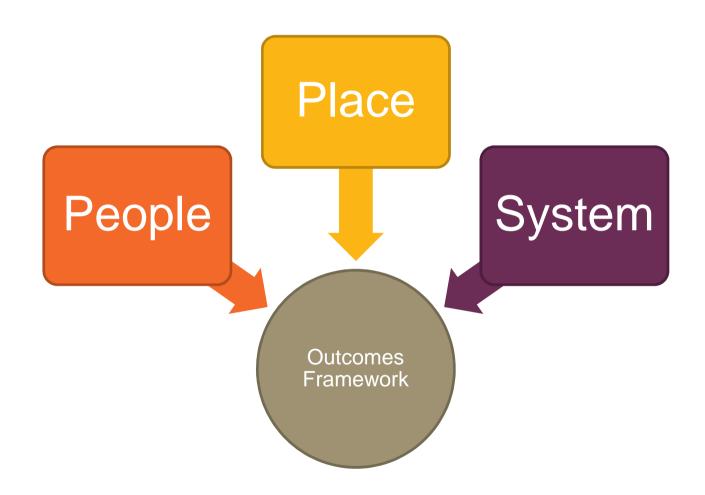
International Consortium for Health Outcome Measurement, 2013

## 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

Pregnancy and early years

Childhood and adolescence

Being an adult

**Growing old** 

I am treated in an appropriate child-friendly environment I live in a home environment which is as safe as it can be

I have an agreed and defined handover to adult care

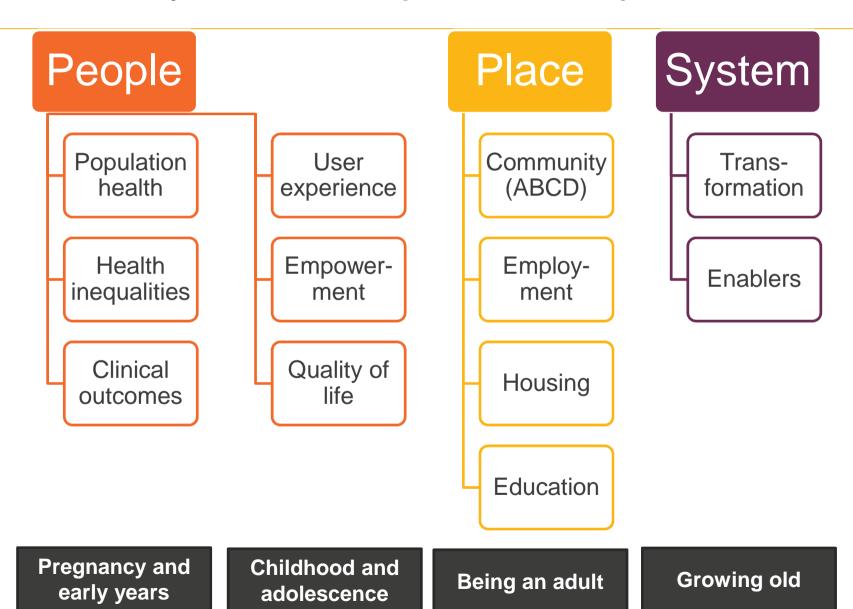
I can carry out the daily activities expected of me
On balance I feel good about myself
I am able to manage when things get difficult
My cultural and religious needs are met

I am supported as part of a family
My family and I have a positive experience of services
My family and I can access services when we need it
My physical health needs are considered alongside my mental health needs
I have a care plan developed with me with the involvement of relevant professionals
I am offered healthy lifestyle choices

Ref: CAMHS outcomes framework
CHS outcomes framework



# Whole system OF – potential objectives



# So what? Case Study: Bedfordshire musculoskeletal care



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 coordinate 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 goalorientated 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

