Tower Hamlets Together:
Discovery Phase Findings and next steps

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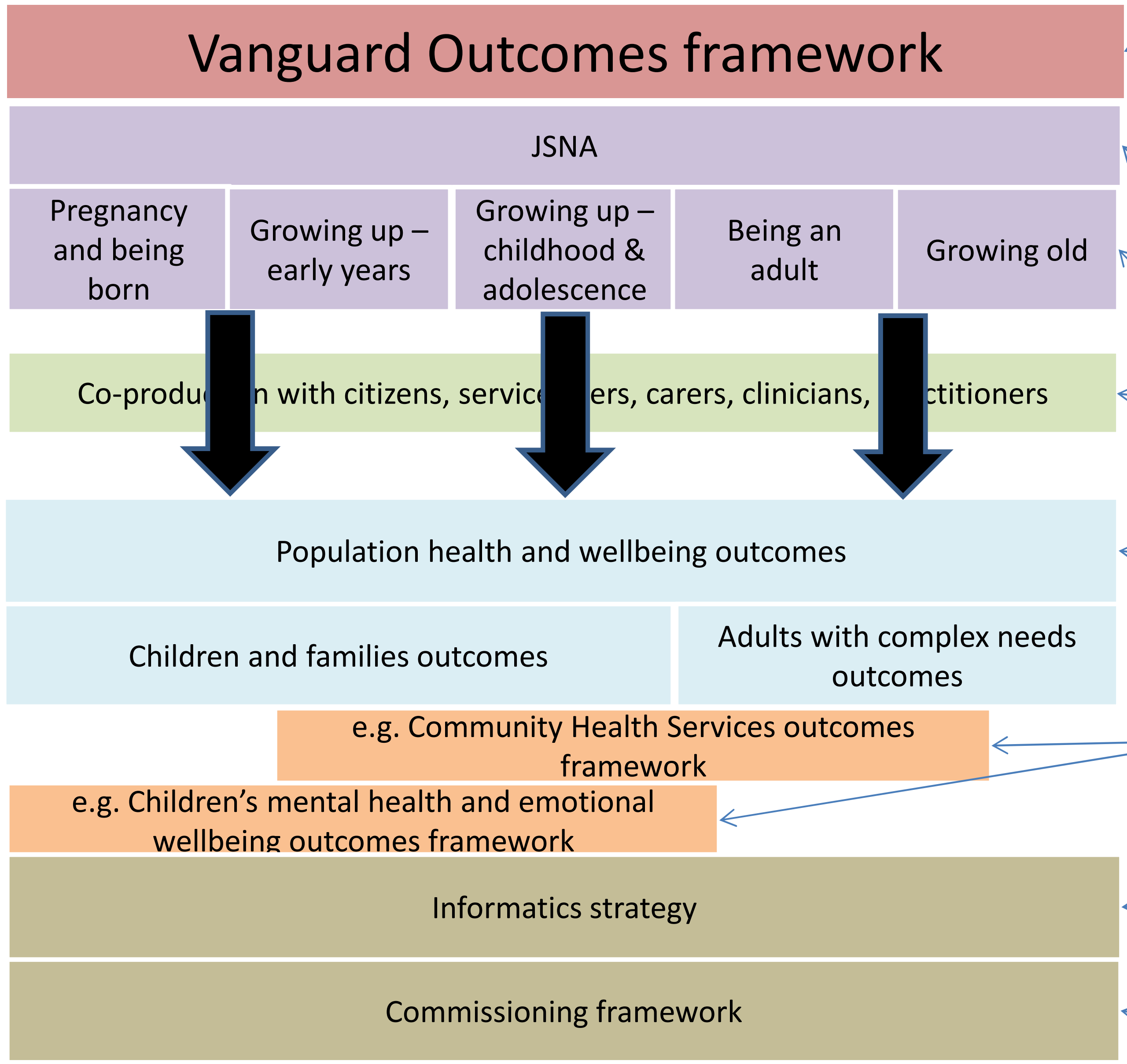
Tower Hamlets Vanguard Outcomes Framework



- 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 co-production at its heart

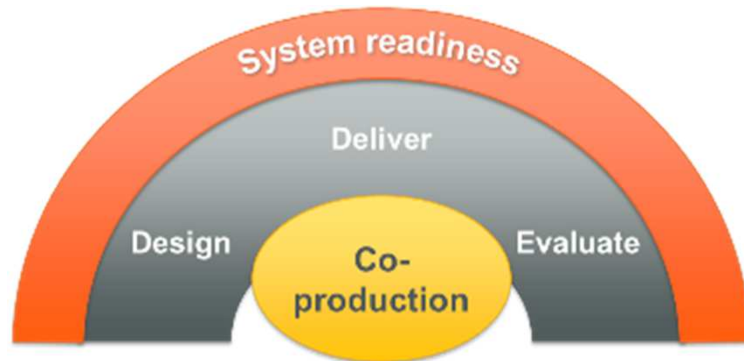
- Articulates our ambition to invest in (1) early years (giving children the best start in life) and (2) prevention, to promote lifecourse outcomes

- 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	Green
•Outcomes	Amber
•Finance	Amber
Delivery	
•Co-production	Amber
•Care model design	Amber
•Staff culture & development	Red
Evaluation	Amber
System readiness	
•Resource & investment	Amber
•Skills & capability	Green
•Governance	Red

Key:
- Green: System / culture in place
- Amber: Partly in place
- Red: Not in place

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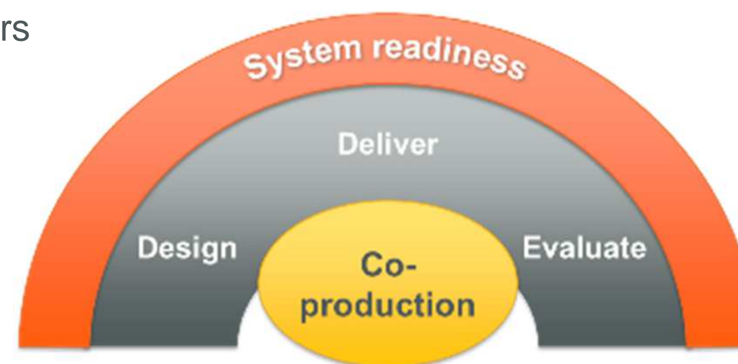
System readiness assessment

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	 ● (green) ● (amber) ● (amber)	✓ Risk stratification and data modelling in place with capitation modelling underway for the whole population ✓ Some frameworks already in place	➢ Further embedding of a person centred approach ➢ Improved connectivity to front-line staff ➢ Alignment of existing frameworks and use of a common language
Delivery • Co-production • Care model design • OD	 ● (amber) ● (amber) ● (red)	✓ Significant engagement on needs ✓ Emphasis on place and wider determinants ✓ Working groups established for 3 THT population areas	➢ Embedding of true co-design ➢ Widening engagement beyond top tier of need ➢ Care model groups to engage frontline staff and users
Evaluation	● (amber)	✓ Robust evaluation in place for integrated care programmes ✓ Good data linkage across health sector, facilitating evaluation	➢ Mechanism for ongoing evaluation required ➢ Short term tracking required (e.g. PDSA cycle) ➢ Connectivity of operational patient-level information
System readiness • Resource & investment • Skills & capability • Governance	 ● (amber) ● (green) ● (red)	✓ Vanguard funding in place ✓ Move to GP networks – strong clinical champions	➢ Need consolidation of human and financial resource ➢ Potentially too many projects – resource spread too thin ➢ Embed system and programme governance around THT

Key:
- ● (green) System / culture in place
- ● (amber) Partly in place
- ● (red) Not in place

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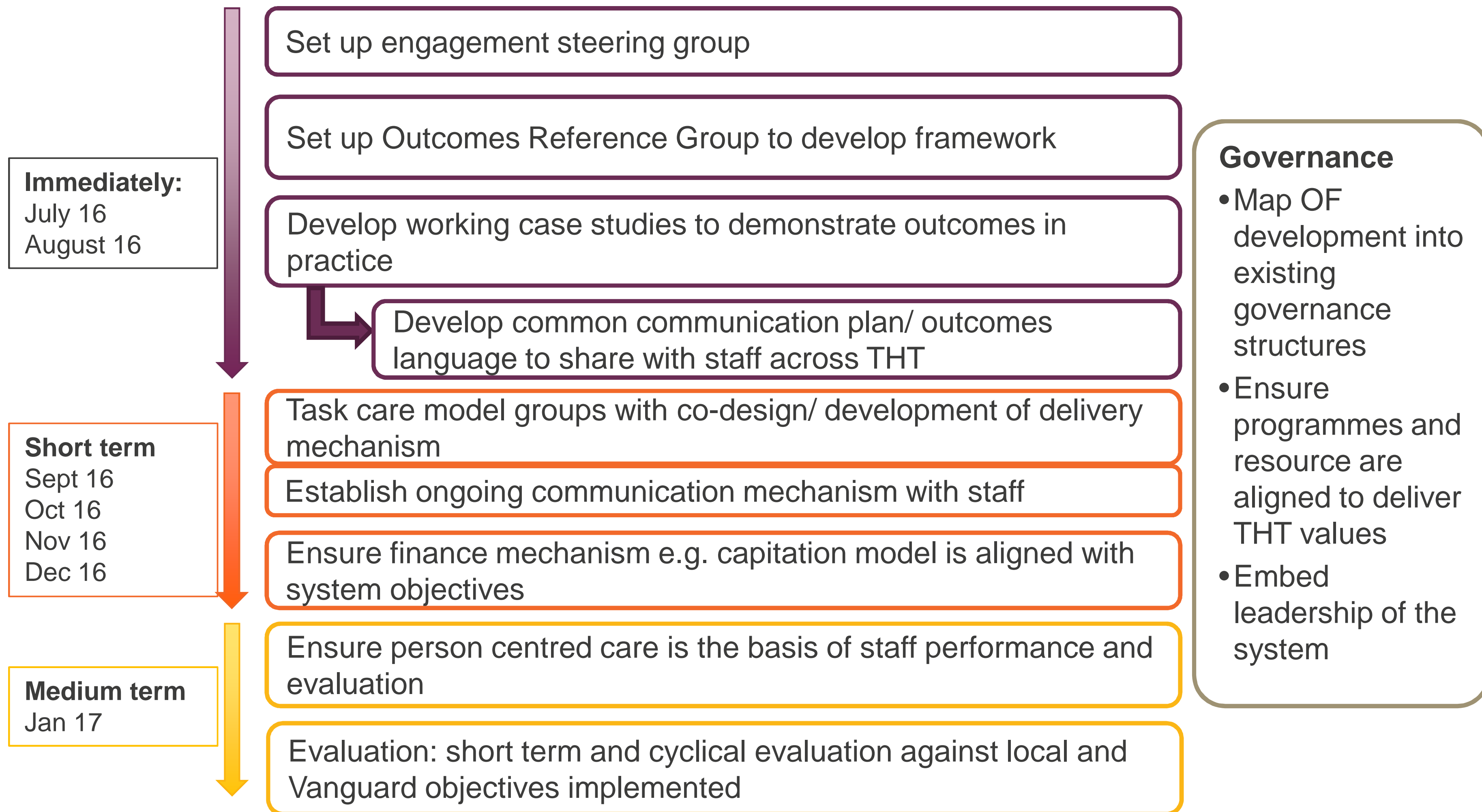
Next steps

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



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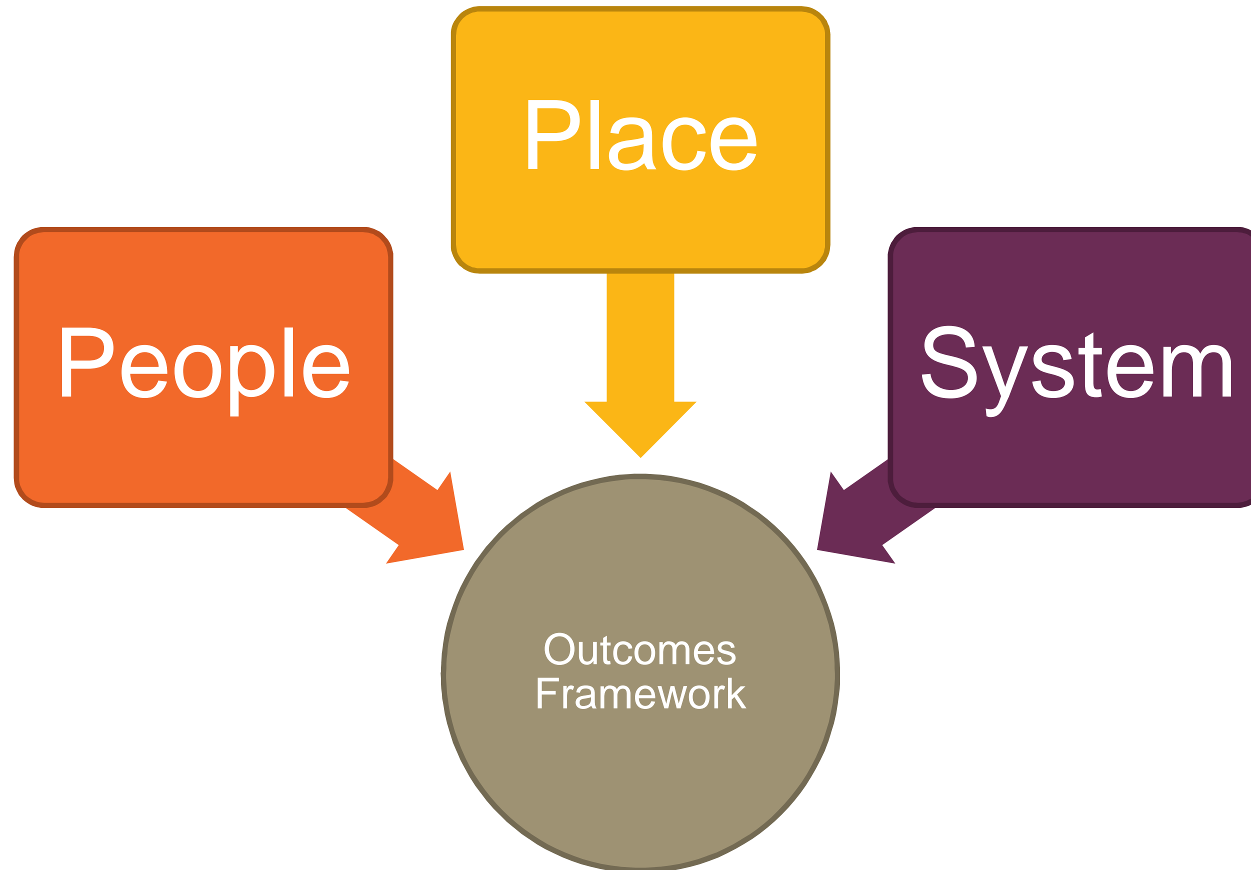
What is an outcome?

> "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)



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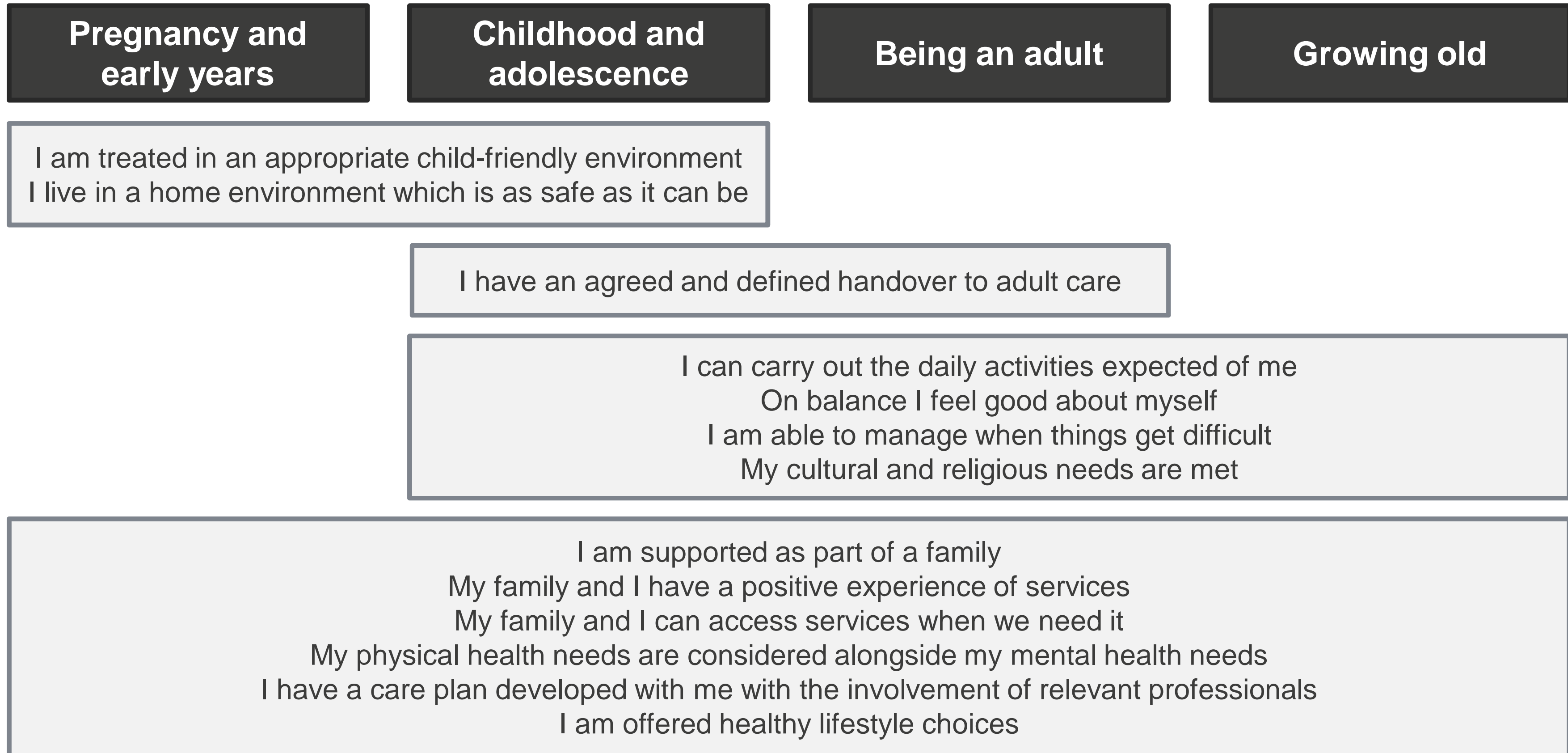
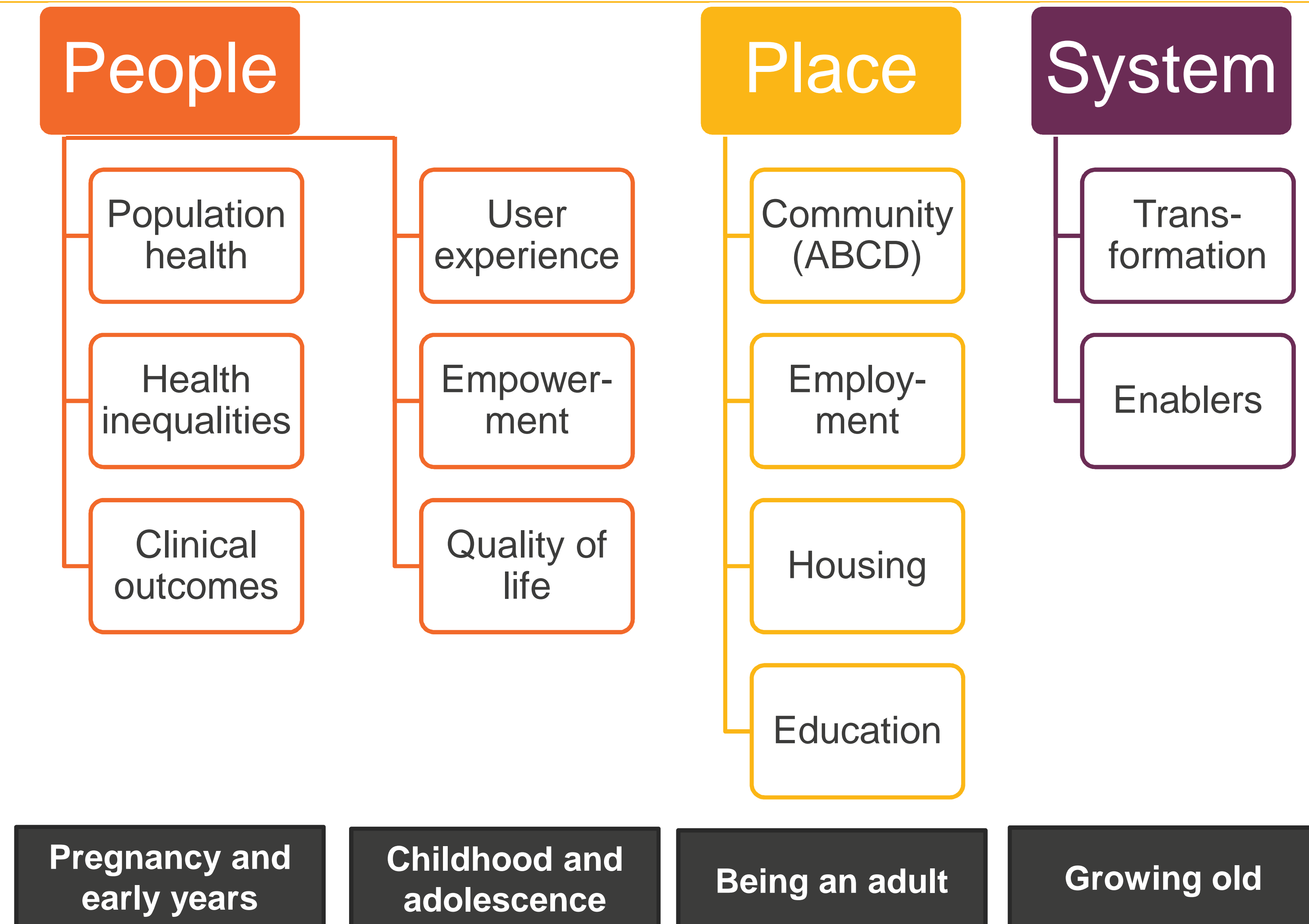
Whole system OF - Population Segments

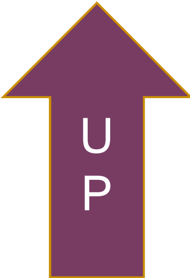
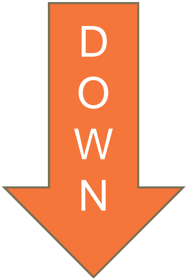
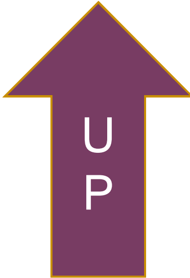
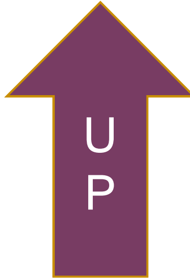


Ref: CAMHS outcomes framework
CHS outcomes framework

Whole system OF – potential objectives



So what? Case Study: Bedfordshire musculoskeletal care

			
Shared Decision Making	Referrals to hospital care	Patient Outcomes	Community-based care
35% of patients having a dedicated discussion choose alternatives to surgery	24% reduction in referrals to hospital-based care	Tracked across whole pathway 7,700 measures collected 84% positive health gain (from 70% in 1yr)	From 32% of total spend in 2012 to 48% now. On track for 52% by 2018

Data from Bedfordshire MSK, courtesy of Circle, Jan 2016

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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