

WEST NORTHAMPTONSHIRE COUNCIL

FULL COUNCIL

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Report Title	Integrated Care Northamptonshire Outcomes Framework
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Contributors/Checkers/Approvers

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List of Appendices

None

1. Purpose of Report

- 1.1. To update members on the process undertaken to prioritise metrics for the Integrated Care Northamptonshire (ICN) Outcomes Framework, and the resulting agreed metrics.
- 1.2. The Department of Health and Social Care (DHSC) guidance on developing integrated care partnerships notes the importance of ..."agreement by all actors within the integrated care system on priority outcomes, based on the needs identified in the joint strategic needs assessments"

2. Executive Summary

- 2.1 Key to ensuring that the Integrated Care Northamptonshire partnership moves forward towards its stated ambitions will be agreement of measures with available baselines from which to measure progress.

- 2.2 Using a prioritisation process overseen by the Strategy Development Board (with membership from the constituent partners of Integrated Care Northamptonshire) a proposed Outcomes Framework has been developed.
- 2.3 The proposed framework includes 15 priority metrics across the ten ambitions of the Integrated Care Strategy.
- 2.4 We also present recommendations for areas of data development where existing metrics do not adequately capture health and wellbeing outcomes, for particular groups, in a meaningful way.

3. Recommendations

- 3.1 It is recommended that members:
 - 1.3. Note the priority metrics agreed by Integrated Care Northamptonshire as part of its initial Outcomes Framework.
 - 1.4. Note the multi-agency process undertaken to prioritise metrics for the Outcomes Framework.

4. Reason for Recommendations

To ensure that members are updated on the process undertaken to prioritise metrics for the Integrated Care Northamptonshire (ICN) Outcomes Framework.

5. Report Background

Legislative Background

- 5.1 The Health and Care Act 2022 established Integrated Care Boards (ICBs) and required that all upper-tier local authorities that fall within the footprint of the ICB must establish an Integrated Care Partnership (ICP).
- 5.2 The Act required integrated care partnerships to write an integrated care strategy to set out how the assessed needs (from the joint strategic needs assessment) can be met through the exercise of the functions of the integrated care board, partner local authorities or NHS England (NHSE).

National Guidance

- 5.3 Department of Health and Social Care (DHSC) Guidance on the preparation of integrated care strategies published in July 2022 states that:

“Agreement by all actors within the integrated care system on priority outcomes, based on the needs identified in the joint strategic needs assessments, is a powerful way for the integrated care strategy to bring focus to the system, galvanising joint working and driving progress on the most important outcomes for the local population.

We expect this to be an important aspect of all integrated care strategies, which

can also play an important role in supporting the setting of joint goals for local areas.”

Local Governance

- 5.4 In advance of Northamptonshire partners formally meeting as a new Integrated Care Partnership (ICP) a multi-agency Strategy Development Board (SDB) was established, with membership from the constituent organisations, to develop the Integrated Care Strategy.
- 5.5 Core to the emerging Integrated Care Strategy were its ten ambitions (Table 1) and associated 22 outcomes. For the partnership to be able to measure its progress on delivering these outcomes, however, specific metrics would need to be agreed as part of an outcome framework.
- 5.6 The SDB has had oversight of the development of the outcome framework throughout with, crucially, input from the ICB, both North and West Health and Wellbeing Boards (HWBs), and the ICP (in its inaugural meeting in December 2022) to guide development.

Process

- 5.7 The outcomes framework began as a longlist, developed by the public health team, of nearly 80 metrics that each measured an aspect of the strategy’s outcomes.
- 5.8 Through compiling this longlist and sharing/engaging with key stakeholders it became clear that:
 - 5.8.1 The ten ambitions were comprehensive in their scope and therefore the list of potential corresponding metrics countless, therefore, there would need to be a prioritisation exercise to identify specific areas of work and metrics for the partnership to focus on in its first years.
 - 5.8.2 Three ambitions sat more in the sphere of influence of the ICB, and the remaining seven – focused on the wider determinants of health – sat more in the sphere of influence of the HWBs, therefore, these constituent partners of ICN should ‘own’ their respective ambitions.
 - 5.8.3 Existing metrics, though in some cases valid and useful, in other cases represent data that are routinely collected rather than measures that really matter in terms of health outcomes for the population, therefore, the outcomes framework would need to be complemented by a programme of data development.
- 5.9 Based on these findings, two prioritisation exercises took place using the same methodology, focusing on prioritising metrics for the ICB-led and HWB-led ambitions respectively. The process involved a workshop-style exercise in which senior leaders considered data for Northamptonshire across a broad range of metrics for each ambition and used defined prioritisation criteria or “tests” to select priorities.

5.10 The prioritisation criteria applied included:

1. There is an identified need at a county level (Northamptonshire benchmarks poorly compared with its peers)
2. Both North and West of the county recognise a need (this is not a specific need in one “Place”)
3. Focusing on this metric area will have an impact on shifting the population health curve
4. Focusing on this metric will have a significant impact on reducing health inequalities
5. There will be real value added from the Partnership working together on this
6. This is an issue amenable to local action

Results

5.11 The prioritisation exercise has identified 15 priority metrics (Table 1 below) for the partnership to focus on across nine of the ten ambition areas with the tenth ambition area having a qualitative feedback focus.

Table 1. Proposed Initial ICN Outcomes Framework - Strategy Ambitions and Priority Metrics

AMBITION	AVAILABLE SYSTEM PRIORITY METRICS
Best start in life	% Children achieving good level of development at age 2-3
Access to the best available education and learning	Gap in Attainment Level 8 for pupils who are Looked After or eligible for Free School Meals
Opportunity to be fit, well and independent	% Adults current smokers (Adult Population Survey) % Adults classified as overweight or obese Adolescent self-reported wellbeing (Schools Health Education Unit Survey) Standardised rate of emergency admissions due to Chronic Obstructive Pulmonary Disease (COPD)
Employment that keeps them and their families out of poverty	Gap in employment for those in touch with secondary mental health services
Housing that is affordable, safe and sustainable in places which are clean and green	Number of households owed a prevention duty under Homelessness Reduction Act
To feel safe in their homes and when out and about	Number of re-referrals to the multi-agency risk assessment conference (MARAC) for children experiencing domestic abuse

Connected to their families and friends	% Adult social care users who have as much social contact as they would like
The chance for a fresh start, when things go wrong	Number of emergency hospital admissions for those of no fixed abode
Access to health and social care when they need it	% Cancer diagnosed at stage 1/2 % of people discharged from hospital to their usual place of residence Rate of ED attendances for falls in those aged 65+ % Eligible Looked After Children and Adults with a Learning Disability or Serious Mental illness (SMI) receiving an annual health check
To be accepted and valued Simply for who they are	Qualitative feedback as part of community engagement exercises

5.12 Alongside the existing metrics identified, we also identified areas for which there were metrics that don't allow us to understand health outcomes for residents as well as we would like and therefore data development areas have been proposed (Table 2 below).

Table 2. Suggestions for areas of required data development

AMBITION	DATA DEVELOPMENT SUGGESTIONS
Access to the best available education and learning	<i>Need to better explore wellbeing in school aged children Need to better measure quality of education and outcomes for SEND pupils</i>
Housing that is affordable, safe and sustainable in places which are clean and green	<i>Need to explore available data on quality of homes and exposure to cold/damp/mould conditions</i>
To feel safe in their homes and when out and about	<i>Need to look at data linkages with NARP/Police observatory to track outcomes for CYP experiencing ACEs</i>
Connected to their families and friends	<i>Need to look at data collection for socially excluded groups and opportunity for data linkages to start tracking outcomes (CORE20PLUS5 link)</i>
The chance for a fresh start, when things go wrong	<i>As above, need to explore more connected data systems to understand outcomes for people with experience of rough sleeping/criminal justice</i>

5.13 The format of reporting of the outcomes framework and supporting documentation including relevant activity performance indicators will be developed with the support of the public health team, in conjunction with performance leads from constituent partners in the next phase of work.

6. Issues and Choices

- 6.1 The issues and choices faced in developing the outcomes framework included prioritising metrics for the Integrated Care Partnership as detailed above.

7. Implications (including financial implications)

7.1 Resources and Financial

- 7.1.1 While there are no direct resource or financial implications arising from this paper, the purpose of the outcomes framework is to support all system partners to prioritise their spend to maximise population health outcomes.

7.2 Legal

- 7.2.1 There are no legal implications arising from the proposals.

7.3 Risk

- 7.3.1 There are no significant risks arising from the proposed recommendations in this report.

7.4 Consultation

- 7.4.1 While the public have not formally been consulted on this first version of the ICN Outcomes Framework, part of the prioritisation process involved testing out emerging priority themes against the findings of community LAP discussions and stakeholder engagement findings.

7.5 Consideration by Overview and Scrutiny

- 7.5.1 Scrutiny have not been involved in discussions around the ICN Outcomes Framework to date.

7.6 Climate Impact

- 7.6.1 One of the “Live Your Best Life” ambitions is to have “housing that is affordable, safe and sustainable in places which are clean and green”. While the prioritised system metric for this ambition focuses specifically on housing rather than climate, given both West and North Northamptonshire councils’ carbon commitments we expect many other areas of action to contribute to the achievement of this ambition.

7.7 Community Impact

- 7.7.1 The Health and Care Act 2022 requires Integrated Care Partnerships to positively impact the health and wellbeing of local communities
- 7.7.2 The approach outlined in the strategy ensures that the issues and inequalities relevant to Local Area Partnerships (LAPs) are the focus of how services work with local communities to improve outcomes as set out in the outcomes framework.

8. Background Papers

8.1 [Guidance on the preparation of integrated care strategies \(www.gov.uk\)](http://www.gov.uk)