

# REPORT TO THE STRATEGIC SYSTEM DEVELOPMENT GROUP

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## Integrated Care Outcomes Framework

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### 1. Purpose of Report

- 1.1. Over the last 12 months partners have been developing a local outcomes framework for integrated care.
- 1.2. At a recent development session, the Health and Wellbeing Board expressed an appetite to adopt this outcomes framework a tool to assess improvements in population health, health inequalities and service integration.
- 1.3. This report describes the engagement that has been undertaken with different organisations and groups over the last 12 months and includes the draft outcomes framework.

### 2. Recommendations

- 2.1. Barnsley Health and Wellbeing Board is asked to -
  - Note the engagement undertaken to develop the outcomes framework
  - Agree to adopt to the outcomes framework subject to any changes that HWB requires
  - Note the proposed next steps to further develop the outcomes framework and its use across the Barnsley system

### 3. Introduction/Background

- 3.1. The work to create a local outcome framework for integrated care was instigated by the Barnsley Integrated Care Partnership (then known as Barnsley Accountable Care Partnership) and the local clinical senate. The aim was to -
  - To set out what we want to achieve through greater collaboration between organisations
  - Support accountability to local people and communities
  - Help to define the services required and how they need to be delivered
  - Underpin future programmes of work and contracting – commissioning for outcomes

## 4. Principles

4.1. The following principles have guided the development of the outcomes framework.

- **Partnership working** – the outcomes framework aims to describe the ambitions of the local system to improve the health and wellbeing of the local population and there has been extensive engagement with different parts of the system to develop the framework.
- **Build on existing strategy (HWB, PH, strategic partnerships and individual organisations)** – the outcomes framework does not seek to replace existing strategy but build on local priorities and plans to describe the collective ambition.
- **Health and wellbeing: not just healthcare** – the determinants of health and wellbeing are much broader than the quality of health and care services commissioned and provided by statutory health and care organisation and therefore a wider system focus is required to positively impact on health and wellbeing in Barnsley.
- **Life course** – the framework should comprise outcomes and indicators that cover the whole life course from maternal and infant health to older people and end of life.
- **Measures that are routinely collected and reported already** – wherever possible the indicators included should be routinely collected and reported. The advantages to this are -
  - There is already a baseline to show progress made
  - It is easier to benchmark with other areas
  - to avoid the need to create new information flows that could be onerous
  - the indicators are well understood.
- **Adopt/adapt good practice** – to use examples from other areas such as work undertaken by Northumberland Clinical Commissioning Group with the Kings Fund.
- **Be ambitious** – the outcomes framework includes areas where we know there is a real need to make improvements and where this has been difficult to date.

## 5. Any stakeholder engagement/ co-production

5.1. There has been significant engagement with different stakeholders in the system. As well as individual statutory organisations the following groups have contributed to the outcomes framework -

- Barnsley Clinical Senate
- Barnsley Community and Voluntary Sector
- Barnsley Integrated Care Partnership
- Safer Barnsley Partnership
- Stronger Communities Partnership
- Safeguarding Adults Board
- Safeguarding Children's Partnership
- Children and Young People's Trust

## **6. Barnsley Integrated Care Outcomes Framework**

6.1. See appendix 1.

## **7. Limitations**

7.1. Whilst there are lots of indicators available from various national frameworks it has not always been possible to find a strong indicator for the outcome we would like measure. Areas include -

- Alcohol-related harm
- Mental health
- Learning disabilities
- Person-reported

7.2. This is not a new issue. In each case we have selected what we believe to be the best available.

## **8. Next steps**

8.1. The current draft only contains some targets where the indicators are already in use locally and targets have been through other strategies and programmes of work for example there is a target for reducing smoking prevalence as part of the public health strategy. It is proposed that HWB agrees targets for all the indicators included in the framework in the future.

8.2. The outcomes framework will form an integral part of the Joint Strategic Needs Assessment (JSNA) when it is published later in the year.

8.3. The current draft uses a simple design that will be enhanced to better show trends, comparators and highlight potential issues of concern.

8.4. It is intended that the outcomes framework is produced at a neighbourhood level (Area Council) in the future. Not all of the indicators selected are available at that level so this will include working with the local teams to agree suitable proxies.