Integrated Care System
Nottingham & Nottinghamshire

The Nottingham and Nottinghamshire Integrated Care System System Level Outcomes Framework

v1.1

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Version Control

Version	Modifications	By Who
V1.1	Document development based on March 2019 ICS Board paper, updated to reflect board feedback and additional comments from wider engagement	Elaine Varley

Contents

1. Introduction 4
2. Purpose 4
Figure one: Alignment between ICS System Level Outcomes and Population Segment Outcomes 5
3. Principles 6
4. The Outcomes Framework Design and Structure 7
Figure two: Nottingham and Nottinghamshire Outcomes Framework Design Governance Model 7
Figure three: ICS System Level Outcomes Framework 9
Table one: ICS System Level Ambitions, Outcomes and Measures 11
Health and Wellbeing 11
Independence, care and quality 13
Effective Resource Utilisation 15

1. Introduction

The Nottingham and Nottinghamshire ICS has developed a system level outcomes framework that all partners across the system will work together to jointly deliver, in recognition that such a framework is a core component of a successful Integrated Care System.

When done well, measuring success:

- Shows that outcomes for citizens are being achieved across the system;
- Focuses plans and inform priorities through clearly articulated key performance indicators; and
- Supports organisations to work as one health and social care system to deliver impact and continually improve

Dr Nick Goodwin, CEO, International Foundation for Integrated Care

2. Purpose

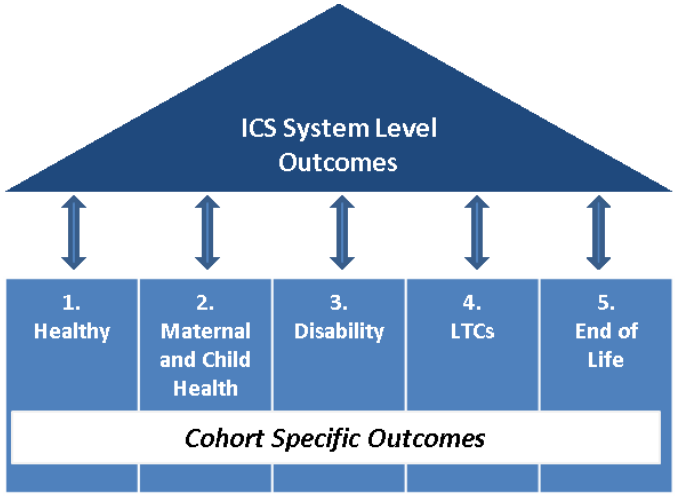
The purpose of the Nottingham and Nottinghamshire ICS System Level Outcomes Framework is to provide a clear view of our success as an Integrated Care System in improving the health, wellbeing and independence* of our residents and transforming the way the health and care system operates (quality and efficiency).

The Framework sets out the short, medium and long term outcomes the whole ICS will work together to achieve, and supports strategic planning by ensuring system improvement priorities and investment enable achievement of the outcomes. Our framework reflects a commitment that everyone should have the opportunity to make choices that support independence and wellbeing.

As our ICS continues to move away from a system based on an individual's service utilisation at a point in time to one based on delivering outcomes for segments of the population with similar needs (as being developed through the population health management workstream), the ICS System Level Outcomes Framework will also act as the 'anchor point' for shaping what the outcomes for each of the population segments should be. This is highlighted in the diagram below.

** 'Health, wellbeing and independence' reflects physical, emotional, mental and social aspects*

Figure one: Alignment between ICS System Level Outcomes and Population Segment Outcomes



The ICS System Level Outcomes Framework does not replace existing frameworks and indicator sets that will still need to be monitored and delivered e.g. the ICS System Integrated Performance Report, the CCG Improvement and Assessment Framework, Quality Outcomes Framework, Adult Social Care Outcomes Framework and Public Health Outcomes Framework. However, it is recognised that the ICS System Level Outcomes Framework development cannot be in isolation from these and the relationships and any interdependencies need to be explicit. Longer term the aim is to reduce the number of outcome frameworks used within the system, where possible, to increase focus and streamline monitoring and reporting.

3. Principles

To help guide the identification of which outcomes should be included in the ICS System Level Outcomes framework a set of principles have been developed.

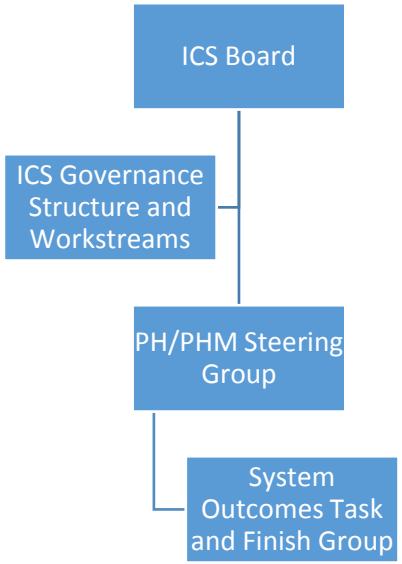
Principle The ICS System Level Outcomes Framework....	What does this mean for the Framework?
Can and will be routinely measured, and used to hold the system to account	• The quality of our measures will be assessed • Available metrics will be drawn upon where possible, without constraining transformation • The system level outcomes selected are those that the system can influence • Holding to account is within the context of demonstrating progress towards achievement (or not) of our outcomes and frequency of data reporting.
Will focus on improving the health and wellbeing for the population overall as well as reducing inequalities across the population	• Outcomes and measures are whole population (physical, mental, emotional and social) and are therefore purposefully generic • Outcomes are not designed to be population or condition / service user specific but may draw on some population or condition / service user specific measures to demonstrate progress.
Will provide a clear foundation for programmes of change to assess their impact against	• Demonstrating progress (or not) will highlight key transformation activity for areas of improvement and their impact – by proxy against the selected outcomes and measures • Recognition that there are number of outcomes frameworks system partners are working to and reporting against.
Should be based on best practice, local need and co-produced with local citizens	• The framework draws on national frameworks and best available evidence and good practice • Engagement and review with local people and partners is integral to the framework development.
Will take into account the statutory duties of the ICS's constituent organisations	• The framework is not designed to capture statutory outcomes • The framework is designed to support the achievement of statutory duties through shared working across the system.
Are not static, and may change and evolve over time	• Engagement with partners across the system is integral to the frameworks design and in turns it evolution.

Principle The ICS System Level Outcomes Framework....	What does this mean for the Framework?
Will focus on unmet need and the prevention of poor health and wellbeing as well as health and care outcomes	• The framework is all age and its design focuses on the maintenance and achievement of good health and wellbeing and keeping our population healthy from the onset for longer.
Recognises that prevention is critical to delivering a fair and affordable ICS, and is central to the achievement of the outcomes framework	• A shift towards prevention activity and interventions is essential.

4. The Outcomes Framework Design and Structure

The ICS System Level Outcomes Framework has been developed within a governance model (figure two) that enables different perspectives, expertise and experience from key partners from across the ICS to come together to design and develop the framework structure. The framework is built on good practice following a review of outcomes frameworks in existence across Nottingham and Nottinghamshire, nationally and internationally, and engagement with colleagues across the system. A small task and finish group has been established to lead the development.

Figure two: Nottingham and Nottinghamshire Outcomes Framework Design Governance Model



The Framework design is based on four core components:

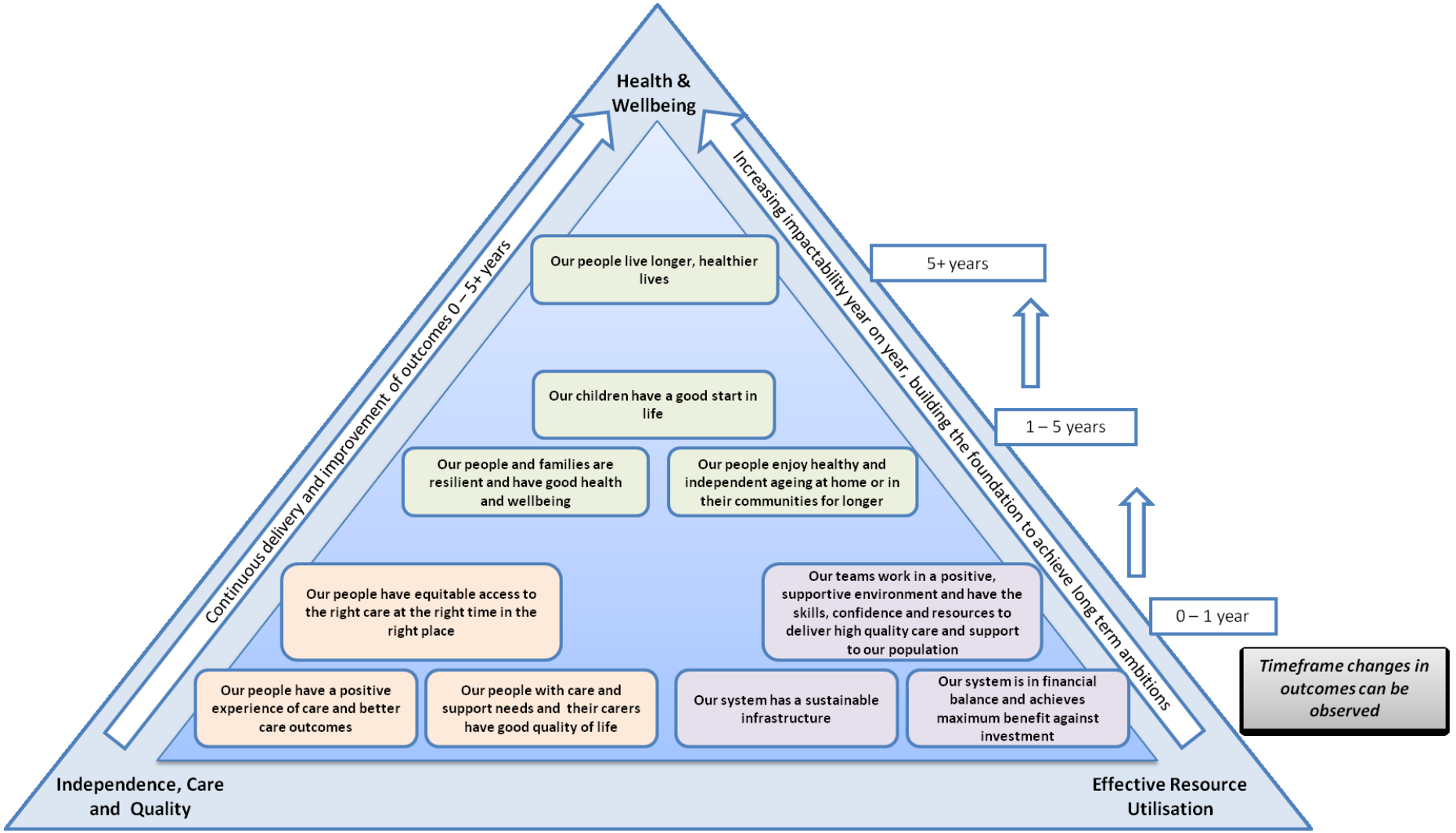
<table>
<tr><td>Domain</td><td>3 domains
High level grouping or classification based on the triple aim:

<table><tr><td>Health and Wellbeing</td><td>The impact of health and care services on the health of our population</td></tr><tr><td>Independence, care, quality</td><td>The overall quality of care and life our service users are able to have and their experiences of our health and care services</td></tr><tr><td>Effective resource utilisation</td><td>The state of our health and care infrastructure and its ability to deliver quality care and improve health and wellbeing long term</td></tr></table></td></tr>
<tr><td>Ambition</td><td>10 ambitions
High level aspiring ambitions for our Nottingham and Nottinghamshire population mapped against the 3 domains</td></tr>
<tr><td>Outcome</td><td>28 outcomes
System level outcomes and results our health and care system will aim to achieve to deliver our ambitions</td></tr>
<tr><td>Measure</td><td>Maximum of 84 measures
Indicators to demonstrate progress towards or achievement (or not) of our outcomes</td></tr>
</table>

The ICS System Level Outcomes Framework is based on the triple aim (improved health and wellbeing, transformed quality of care, and sustainable finances) and the priorities within the Health and Wellbeing Board Strategies, as described in figure three. The Health and Wellbeing Board strategies are informed by the need of our population and have undergone consultation and engagement with local health and social care stakeholders and the public.

The framework structure reflects the different timeframes over which system level outcomes relating to these ambitions can be tracked and improvements observed, and is based on the assumption that improvements in outcomes that can be measured in the short and medium term will build a strong foundation to drive achievement and deliverability of our long term ambitions.

Figure three: ICS System Level Outcomes Framework



The ICS System Level Outcomes Framework identifies a total of ten ambitions in accordance with the aims and priorities of the ICS and Health and Wellbeing Boards, against which 28 outcomes have been defined to demonstrate delivery and achievement towards these ambitions.

Health and Wellbeing

- 4 ambitions
- 12 outcomes

Independence, care and quality

- 3 ambitions
- 8 outcomes

Effective resource utilisation

- 3 ambitions
- 8 outcomes

Outcomes measurable at year 1 to 5+ years

Outcomes measurable monthly/quarterly in year 1 through to 5+ years

These outcomes will be underpinned by a small number of proxy system level measures (limited to 3 per outcome in the first instance) – identified in table one.

Table one: ICS System Level Ambitions, Outcomes and Measures

Health and Wellbeing

Ambitions	System Level Outcomes	Measures
Our people live longer, healthier lives	• Increase in life expectancy	• Life expectancy at birth (Male) • Life expectancy at birth (Female)
	• Increase in healthy life expectancy	• Healthy life expectancy at birth (Male) • Healthy life expectancy at birth (Female)
	• Increase in life expectancy at birth in lower deprivation quintiles	• Inequality in life expectancy at birth (Male) • Inequality in life expectancy at birth (Female)
Our children have a good start in life	• Reduction in infant mortality	• Stillbirth rate • Infant mortality – rate of deaths in infants aged under 1 year per 1,000 live birth
	• Increase in school readiness	• Percentage of children at or above expected level of development in all give areas of development at 2-2.5 years • Percentage of children achieving a good level of development at the end of reception
	• Reduction in smoking prevalence at time of delivery	• Smoking status at time of delivery • Smoking at booking (not currently available but expected that this will be added to PHOF during 19/20)

Ambitions	System Level Outcomes	Measures
Our people and families are resilient and have good health and wellbeing	• Reduction in illness and disease prevalence	• Smoking prevalence in adults • Admission episodes for alcohol-related conditions • Percentage of adults (aged 18+) classified as overweight or obese
	• Narrow the gap in the onset of multiple morbidities between the poorest and wealthiest sections of the population	• Smoking prevalence in adults – socio-economic gap in current smokers (APS) (not currently available but expected to be added to PHOF during 19/20) • Comorbidity rates
	• Increase the number of people who have the support to self-care and self-manage and improve their health and wellbeing	• People referred for self-management support, health coaching and similar interventions • Self-reported wellbeing (people with a low satisfaction score) • Hospital admissions as a result of self-harm (10-24 years)
Our people will enjoy healthy and independent ageing at home or in their communities for longer	• Reduction in premature mortality	• Under 75 mortality rate: all causes (Persons) • Mortality rate from causes considered preventable • Suicide rate
	• Reduction in potential years of life lost	• Potential years of life lost due to smoking related illnesses • Years of life lost due to alcohol-related conditions (Persons) • Years of life lost due to suicide

Ambitions	System Level Outcomes	Measures
	• Increase in early identification and early diagnosis	• Number of people completing an assessment tool • Number of people who benefit from community signposting/social prescribing • Diagnostics rates

Independence, care and quality

Ambitions	System Level Outcomes	Measures
Our people will have equitable access to the right care at the right time in the right place	• Reduction in avoidable and unplanned admissions to hospital and care homes	• Permanent admissions of older people (aged 65 and over) to residential and nursing care homes directly from a hospital setting per 100 admissions of older people (aged 65 and over) to residential and nursing care homes – implement Discharge planning on admittance • Identify % of avoidable unplanned admissions and increase evidence based interventions • Increase % of self-management techniques, consider the impact of socio-economic deprivation and other socio-demographic factors among people with long-term conditions
	• Increase in appropriate access to primary and community based health and care services	• Number of delayed transfers of care for medically fit patients • Proportion of older people (65 and over) still at home 91 days after discharge from hospital into reablement/ rehabilitation services • % improvement in waiting times and waiting for treatment

Ambitions	System Level Outcomes	Measures
	• Increase in the number of people being cared for in an appropriate care settings	• Permanent admissions of older people (aged 65 and over) to residential and nursing care homes • Discharge planning undertaken on admittance • % Improvement in delayed transfer of care
Our services meet the needs of our people in a positive way	• Increase in the proportion of people reporting high satisfaction with the services they receive	• The proportion of adults with learning disabilities and/or mental health needs who have been supported into paid employment • Patient Reported Outcome (PROMS)Measures • % of safeguarding service users who were satisfied that their outcomes were achieved
	• Increase in the proportion of people reporting their needs are met	• % of patients that have been identified and involved in shared decision making • Number of people who have a personal health budget • Improved systematic process for collating people's personal requirements for their care
	• Increase in the number of people that report having choice, control and dignity over their care and support	• Number of people who receive a personal health budget and people who have a personalised care and support plan • % of safeguarding service users who were satisfied that their outcomes were achieved • Carer feedback

Ambitions	System Level Outcomes	Measures
Our people with care and support needs and their carers have good quality of life	• Increase in quality of life for people with care needs	• Health related quality of life for older people • Gap in the employment rate between those with a long-term health condition and the overall employment rate • Adjusted social care quality of life – impact of social care services
	• Increase in appropriate and effective care for people who coming to an end of their lives	• % of people who have three or more emergency hospital admissions during the last 90 days of life • % of people on GP palliative care register per 100 people who died • % of people at end of life whose needs are met in accordance with their priorities and preferences about when, how and where their care is delivered

Effective Resource Utilisation

Ambitions	System Level Outcomes	Measures
Our system is in financial balance and achieves maximum benefit against investment	• Financial control total achieved	• Monthly performance against system control total • System PSF received • Underlying Financial position

Ambitions	System Level Outcomes	Measures
	• Transformation target delivered	• CIP/QIPP performance • Performance against ICS opportunities pack
Our system has a sustainable infrastructure	• Increase in the total use and appropriate utilisation of our estate	• Utilisation figures of all Acute and Community PFI and LIFT facilities i.e. Non-Clinical Space, Carter Metric and Unoccupied Floor Space • Proportion of estate that is in a poor or unusable state
	• Alignment of capital spending for new and pre-existing estate proposal with clinical and service improvement objectives	• Audit of capital planning spend against 'spending objectives'
	• Increase in collaborative data and information systems	• % of organisations providing regular data for analytics use and records available to share digitally (by organisation) • % of staff using digital records as primary record keeping method (by organisation) • % of transfers of care (by organisation)and referrals to social care from acute settings being conducted electronically
Our teams work in a positive, supportive environment and have the skills, confidence and resources to deliver high quality care and support to our population	• Sustainable teams with skill mix designed around our population and mechanisms to deploy them flexibly to respond to care & support needs	• System workforce tracker: vacancies, agency reliance & turnover - monitored 6 monthly from March 2018 baseline • Teams representative of the population we serve (diversity measures, impact of widening participation measures via Talent Academy) • Availability & take up of flexible employment option

Ambitions	System Level Outcomes	Measures
	• Increase in skills, knowledge and confidence to take every opportunity to support people to self-care and take a flexible, holistic approach to people's needs with a strong focus on prevention and personalised care	• MECC & personalisation embedded in HR processes: recruitment, induction, essential learning, appraisal • Number of people trained in relevant skills & knowledge & evidence of impact from appraisal • Referrals to lifestyle & support services
	• Increase in the number of people reporting a positive and rewarding experience working and training in the Nottinghamshire health and care system	• Staff survey measures & CQC for non NHS employers: job satisfaction, access to learning & development, health, wellbeing & safety, sickness absence due to anxiety & stress • Retention of staff & trainees/students in Nottinghamshire (flow tool) • Trainee & student survey outcomes (learning environment)

For each measure in the framework baselines, benchmarking and trajectories will be identified and a dashboard developed for reporting performance. These measure will be continually reviewed for data quality and appropriateness, and iterated as appropriate.