Adopting an Outcomes Based Framework

(for commissioning and accountability)

Heywood, Middleton & Rochdale
Clinical Commissioning Group
&
Rochdale Borough Council (Commissioning)

(2019 / 2022).

1. Outcomes Based Framework for Rochdale Borough

<u>What is requested from Board</u>:

Following on from a presentation and discussion at a previous board, Board is now asked to consider and formally approve the adoption of outcomes based commissioning and accountability in Rochdale, and to support this move, approve (in principle) the ten strategic outcomes set out below as the foundation for our local Outcomes Framework.

1.1

To achieve our key health and social care outcomes for Rochdale Borough we need a clear approach that helps us work together for the benefit of residents. This paper describes an approach we can use, starting by setting out a set of ten strategic outcomes. These have been derived from our strategy documents and through recent workshops with senior leaders from across our system. They are written in language which is most likely to have meaning for our residents. Importantly they reflect the interdependency between the determinants of health although it is anticipated that Integrated Commissioning Board (ICB) will focus on those that have a particular relevance to Health and Social Care Integration and Transformation (particularly 1-6).

1.2

These outcomes are described more fully within our Joint Strategic Needs Assessment and feature recurrently in whole or part throughout our plans, strategies and proposals for improving the lives of Rochdale Borough residents. They will be reviewed continuously to ensure that they continue to fit with what is right for our borough.

The ***Ten proposed strategic outcomes*** for Rochdale Borough are:

1. All residents feel healthy and remain in good state of health for as long as possible.
2. All residents are protected from harm, through support in times of need and by safeguarding and protecting those who are vulnerable.
3. All residents have good mental wellbeing, are resilient, enjoy life, and are able to cope with life's challenges.
4. All children are healthy and ready to succeed when they start school and all children and young adults achieve their potential.
5. All residents have the opportunities they need to enable them to help themselves, their loved ones and their communities to achieve their full potential.
6. The borough is a place where people age well, can live with dignity and have equitable access to services and opportunities.
7. The borough is safe, resilient, and clean and has good quality places where people choose to live, work and invest.
8. The borough has thriving growing businesses and new enterprises and creates the conditions for high skill levels and high quality jobs.
9. The borough has sound finances and is able to provide services to meet resident's needs now and in the future.
10. The borough is friendly, fair and co-operative.

1.3

These strategic outcomes are about our people and our place and bring us to a joint understanding of what we are trying to achieve. Each outcome may seem to sit independently from other outcomes, however we know that what works in achieving long-term health, wealth and resilience across populations are approaches that consider these as interdependent.

1.4

A key first step in our approach to achieving these outcomes includes having agreed common understandings about what success looks like; i.e. to picture or imagine what it would be like if an outcome was being achieved. For example, if all children are healthy and ready to succeed when they start school we imagine happy contented children who feel loved and cared about and who easily make friends. We see children who live in good homes, have clean safe places to play, breathe clean air and are protected from diseases and accidents. We can imagine measuring basic things like their teeth, weight and readiness to start school and find that they are doing well.

1.5

Our shared understanding of what success looks like can thus be converted into agreed measures of success. What success looks like is often a matter for debate, we therefore need a collective approach to prioritising different ways to achieve outcomes and choose those we think are the best ones. This choice is crucial as resources are limited and without it we spread ourselves too thinly leading to a lack of progress.

1.6   In brief this approach will therefore assist us to

      i)   choose ways to make progress; i.e. the best ways of making an impact

      ii)   have joined up decisions that describe our relative contributions

      iii)   decide how we will measure if progress is happening

Expected progress and actions must be realistic, focus on system sustainability, and how we can support individuals to maximise their own potential through self-development and self-help.

2.0   **Pathways to progress and Indicators**

2.1   We want to make progress towards achieving borough outcomes hence the proposed approach is to transparently choose a set of *pathways* that we think logically must take us in the right direction and then use indicators to measure progress. OneRochdale Health and Social Care (LCO) have, together with commissioners, started to pull out what some elements of these pathways might be as part of the 'Black Hat' process.

2.2   The pathways or routes to progress we choose will have their own outcomes which are held together in a *framework*. These outcomes are then measured. The chosen pathways to progress need to have an understandable easily told story about how they work.

2.3 The proposed solution is thus to have a small number of agreed pathways to follow and indicators and outcomes that fit together. The indicators of progress need to be measurable, timely, accurate and robust and where we cannot directly measure these then proxy measures will be selected.

2.4 Our local measures will be taken from routinely collected data or they may be the same as Greater Manchester indicators. However, in picking indicators we will avoid only choosing indicators that are easily measurable or only things we are already doing and measuring.

3.0 Our Aspirations - what we want to achieve

3.1 Once an indicator for progress along a pathway is agreed we want to set a target for improvement. To set this target we need an understanding of the past trajectory and some understanding of our possible impact.

3.2 The scale of the opportunity for how we achieve our improvement targets steers the partnerships approach to what we need to do to make change and the extent to which a single intervention is likely to be impactful. Few of our outcomes are the responsibility of one agency (or could hang on a single intervention) and it is likely that a pathway will require multi component interventions that require dispersed accountabilities.

4.0 Performance measures for services

4.1 Unnecessary service monitoring will be avoided, instead many services will remain as they are, until or unless there is an issue so we can concentrate efforts on a small number of pathways to improvement.

4.2 Service outcomes should fit with achievement of a wider outcome and be SMART - specific, measurable, achievable, realistic, and time bound. It should be achievable and 'stretch' the provider yet not be out of reach

5.0 Using stories to help us to check our progress.

5.1 The change we are making is away from outputs from individual services toward a focus on achievement of outcomes. These outcomes will be held together in frameworks. Local frameworks will cover people, place and organisations. Each framework will be linked directly to a measurable strategic indicator and a Borough outcome. The outcomes and indicators in the framework are linked to actions and activity and will fit together in a logical way to achieve progress towards achieving a Borough Outcome and as such 'tell a story'.

5.2 The outcomes and indicators in a framework are a tool that ICB may wish to scrutinise alongside our story of how we intend to achieve progress. An example template for this framework is included in Appendix 1.

6.0   Summary and Conclusion

6.1   Our intention is to establish a transparent accountable system for making progress towards our Strategic Borough Outcomes. This includes having a clear story and agreed pathways about how progress is going to be made which can be scrutinised by ICB.

6.2   Many different routes to progress can be chosen and we will deliberately pick a small number for each Borough Outcome to concentrate upon. These will be informed and justified by a story of how we think progress can best be made. This includes our local causal understanding of issues and attempts to identify the most important ways to make progress. To monitor progress along chosen pathways indicators will be used. The indicators measure sub-outcomes that fit together in a logical way so that if a target is achieved then it is plausible that progress will be made.

6.3   The pathways and their indicators are held together in local outcomes frameworks that are linked directly to achieving Borough Outcomes. These frameworks are the pathways we have chosen to prioritise and the indicators and sub-outcomes that need to be achieved to make progress.

6.4   At Board meetings when progress is reviewed the underpinning story is also looked at. This provides context and allows relevant discussion of why something may or may not be working well. It also allows consideration of how things can best be joined together to increase impact.

6.5   The approach acknowledges that we have to deliver many services to high standards but focuses effort on some key outcomes. The approach deliberately by-passes much of the complexity to focus on a small number of sub-outcomes that if achieved must lead to progress.

6.6   These sub-outcomes are then described as pathways in our local outcomes frameworks. The pathways are understood using a story which describes what we want to do and who is accountable for achieving what. There will only be a limited number of prioritised pathways which will not cover all services or contracts.

If Board are in agreement to this approach we intend to share progress on key outcomes of interest (at the request of Board) commencing April 2019.

Appendix 1: Outcomes Framework Template

What is the main Borough Outcome for this framework?	1.0 <u>All residents feel healthy and remain in a good state of health for as long as possible</u>
What are the main indicators of progress for the Borough Outcome?	Healthy life expectancy to increase from 58.7 years for woman and 57.8 for men to above 60 years in all residents
	Reducing preventable premature mortality so that the directly standardised mortality rate per 100,000 in people under 75 falls from 451 to 400.
	Increasing the proportion of residents that are satisfied with their life so that the proportion scoring low on the national wellbeing survey falls from 7.1% to less than 5%.
What is the focus of this particular framework?	Reducing the impact of cancer for adult residents (see story section below)
What are the main indicators for reducing the impact of cancer?	Reduction in mortality from all cancers in people under 75
	A decrease in the proportion of lung, breast, bowel and cervical cancers diagnosed at an advanced stage
The Framework Story	Cancer is a leading cause of early death and disability in Rochdale Borough. The impact is greatest in the poorest groups. Improvements in diet, more physical activity and reducing alcohol can prevent the onset of some cancers but stopping smoking is most important. For the most common cancers early diagnosis produces better outcomes. If treatments for all patients follow national guidance outcomes are better. We can improve local outcomes from cancer by getting more people to go to cancer screening, by reducing the prevalence of tobacco smoking and by ensuring treatments match up with best practice.
Pathway One	Increase the uptake of breast, bowel and cervical cancer screening
Pathway Two	Reduce the prevalence of smoking especially in adults over 40
Pathway Three	Increase the proportion of new cancer patients that receive on time all diagnostic tests and access to treatment options as recommended by NICE
Main indicator for pathway one	An increase in the uptake of breast, bowel and cervical screening in eligible residents
Pathway one's indicator story	Currently uptake of cancer screening is low in some groups and overall uptake has fallen over recent years, increasing uptake increases the diagnosis of small cancers. Ways to increase uptake are known, relevant partners include GPs, screening offices, CCG, community workers, residents and pharmacists. Issues can be practical including transport and suitable appointments or can be about winning over hearts and minds.
Service performance targets pathway 1	A) GP practices to increase uptake of cancer screening in line with the Core+2 targets for screening
	B) CCG to work with HealthWatch to identify ways and support five GP practices increase their uptake of cancer screening
	C) Community connectors service to encourage in the next 12 months 500 eligible people who may not use cancer screening to take up the service offer

Story behind service performance targets	The four key areas we want to look at in relation to our strategic indicator are:
	  I. Reducing the impact of cancer for adult residents
	  II. Reducing the impact of cardiovascular disease for adult residents
	  III. Reducing the impact of respiratory disease
	  IV. Reducing the impact of mental ill health.
	This framework focuses on the first of these: reducing the impact of cancer.
	We want to encourage joint working to increase cancer screening uptake. GP practices have agreed stretch targets which can be reported and monitored. The direct impact of community work to increase screening is hard to attribute and a simple measure of contacts provides assurance that the issue is being talked about and promoted.