Report to:	**East Sussex Better Together (ESBT) Strategic Commissioning Board**
Date of meeting:	**2 October 2017**
By:	**Director of Adult Social Care and Health, East Sussex County Council; and Chief Officer, Eastbourne Hailsham & Seaford and Hastings & Rother Clinical Commissioning Groups**
Title:	**East Sussex Better Together (ESBT) Alliance Outcomes Framework progress update**
Purpose:	**To provide the ESBT Strategic Commissioning Board with an update on progress with development of the ESBT Alliance Outcomes Framework and a sample of performance data for the first quarter of 2017/18**

RECOMMENDATIONS

The ESBT Strategic Commissioning Board is recommended to note progress made with further developing and refining the pilot ESBT Alliance Outcomes Framework, including:

- **Finalising baselines, targets and trajectories for each performance measure;**
- **Developing quarterly reporting arrangements;**
- **Sample trends and direction for Quarter 1 in Appendix 2; and**
- **Further plans for engagement and co-design, including the production of publically accessible performance information.**

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1. Background

1.1 The 2017/18 test-bed year for the formal ESBT Alliance is designed to enable oversight of the whole health and care system from both a commissioning and delivery perspective, supporting us to act collectively in a way that delivers improvements for our local population. Building on our original ESBT work on reporting progress against population health and health inequalities outcomes it has been agreed that for this test-bed year, we need a small group of shared system-wide priority outcomes which we can work towards and further test and refine during the year. Although at a developmental stage, ultimately it is envisaged that this will:

- Enable us to understand if our ESBT Alliance arrangement is working effectively to deliver improvements to population health and wellbeing; experience and quality, and sustainability;
- Enable commissioners, providers and staff working in the system to recognise and use the same outcomes framework to guide their work with patients, clients and carers, and see how their activity or part of the care pathway contributes to delivering the outcomes that are meaningful for local people; and
- Complement the way the ESBT Alliance uses our collective business intelligence to understand the performance of the health and care system as a whole.

1.2 At the ESBT Strategic Commissioning Board meeting on 6 June 2017, a draft outcomes framework with key indicators and performance measures organised within four key outcome domains was agreed as a pilot during 2017/18. The pilot integrated framework and measures is included at Appendix 1 for ease of reference.

1.3 The need for an integrated Outcomes Framework to measure performance of our whole ESBT health and care system is further highlighted as a result of the plans agreed by the ESBT Alliance partners in July 2017 for formal integration by 2020/21, initially through strengthening the Alliance arrangement for April 2018. This will mean putting in place single leadership and performance management of our commissioning resource, as well as moving towards single leadership of how we organise delivery of our services (the subject of a separate report to the ESBT Strategic Commissioning Board).

1.4 As we move towards developing the detailed business case for an integrated health and care organisation by 2020/21, our Alliance Outcomes Framework will also need to take account of the national incentive framework that is in development as part of the standard Accountable Care Organisation Contract for procuring new care models.

2. Pilot ESBT Alliance Outcomes Framework progress

2.1 Since the pilot ESBT Alliance Outcomes Framework was agreed on 6 June 2017, work has continued to develop and refine the framework and finalise baselines, targets and trajectories for each performance measure. Targets are being established for a five year period from 2016-2021 to align with the Strategic Investment Plan (SIP) planning horizon. This will be subject to adjustment according to the future contractual model agreed for Alliance provision, and the learning generated in the pilot period.

2.2 Data sources have been identified for the majority of measures and it is anticipated this will be completed by the end of October. Work is also ongoing to establish targets for the more developmental measures in the framework; however we may not be in a position to set targets for some measures until the end of the current financial year to inform next year's outcomes progress. These are as follows:

- Increase people accessing the support available to them in their local communities
- Waiting time to initiation for home care packages
- Proportion of people who have access to active care coordination
- Activation levels of people receiving services
- Increase in people reporting being treated with care, kindness and compassion

2.3 A small number of additional measures have been proposed to reflect priorities across the system and support measurement of improvements across the system. These will be considered for inclusion in the next iteration of the Outcomes Framework at the end of the pilot year and include:

- Improving mental health of parents
- Identification of carers in primary care
- Health-related quality of life for people with long-term conditions
- Proportion of people feeling supported to manage their long-term conditions.

2.4 Dialogue is also taking place with lead commissioners across our health and care system to align future commissioning activity with the four domains within the draft outcomes framework.

2.5 In line with finalising baselines, targets and trajectories for each performance measure, we are also in the process of drawing together quantitative performance data, where available, for each domain. A sample of performance for the first quarter showing trends and the direction of travel for two measures within each domain is included at Appendix 2. In summary:

- Breastfeeding rates have fluctuated between 2012/13 and 2016/17. Rates were highest in 2012/13 (46%) and dropped to their lowest in 2015/16 (41%), whilst 2016/17 saw an increase again (44%).
- Maternal smoking rates for the ESBT area have reduced, however they remain worse than England for each of the last four years.
- The proportion of adults with learning disabilities in paid employment is increasing and is above the national average.
- The proportion of people 65+ who are still at home three months after a period of rehabilitation is increasing and is above the national average.
- The average length of stay has steadily remained under 8 days since 2014 and in Quarter 1 (2017/18) the average rate has decreased further to its lowest rate (7.20).
- The number of non-elective admissions has decreased since 2014 and this trend seems to have continued in Quarter 1.
- The total number of infections in Eastbourne, Hailsham and Seaford increased in by 43 cases between 2015/16 and 2016/17 whilst in Hasting and Rother these have decreased by 27.
- Using the ESSC methodology of data capturing, there has been a uniform trend in the number of falls since 2014 which have ranged between 2332-2330.

2.6 To support monitoring an oversight of the system we plan to produce quarterly highlight reports to show performance across the system. These will be supported by a one-page summary in an infographic format to present the information to the public and other stakeholders. A full report showing performance against targets will also be produced at the end of each year, and will include both quantitative and qualitative data. Within this we will need to manage the challenges of variations in reporting frequencies and the ongoing development of data at an ESBT level.

2.7 The quantitative data in the outcomes framework will be enhanced by qualitative data in the form of case studies and survey data collected through the ESBT Public Reference Forum[1].

3. Engagement with local people

3.1 Following on from engagement in April and May 2017, we will continue to engage with local people during 2017/18 to further inform and shape the Alliance Outcomes Framework and test the pilot outcome measures. Follow up sessions will be held with the Patient Participation Group Forums and at Shaping Health and Care events in the coming weeks and months.

3.2 A range of accessible materials are being produced to introduce the pilot outcomes framework to the public and other stakeholders:

- The outcomes framework overview document can be seen at Appendix 1.
- A one-page infographic has been designed to introduce the framework to the public in an accessible format (see Appendix 3). Further infographics will be produced highlighting areas of progress each quarter and some areas to improve in the next quarter.
- A two-minute introductory video is planned to explain the outcomes framework in simple terms. This will be available by December.

The Public Reference Forum is managed by East Sussex Community Voice and has the following strategic outcomes:

1. [1] Local people are able to engage and participate in the aims, objectives and workstreams of the East Sussex Better Together Alliance; particularly those less likely to be heard and/or those from protected characteristic communities.
2. East Sussex Better Together Alliance is informed and shaped by local people and its progress and success is measured by local people taking part in the Public Reference Forum.

- Dedicated web pages on the ESBT website will contain an introduction to the outcomes framework, relevant background documentation, quarterly reports and qualitative case studies. The design can be seen at Appendix 4. The page will be available by the end of October and will include an interactive version of the Outcomes Framework with each of the four domains containing the following information for the public to navigate:
    - Introduction
    - List of measures and performance summary document
    - Latest quarterly infographic
    - Relevant case study (after Quarter 3)

4. Next steps

4.1 Work will continue to establish baseline figures and set targets for the five year period. As reporting processes become established, more detailed highlight reports will be available from Quarter 2 onwards. It is proposed that reporting will be quarterly in arrears to allow for data availability.

4.2 Alongside this we will be testing the overall approach and public-facing materials with the public and stakeholders to make sure the pilot outcome measures are the right ones, and that we are communicating our aims and progress clearly.

4.3 We will continue working with lead commissioners to align commissioning activity with the four domains within the draft outcomes framework.

5. Conclusion and reasons for recommendations

5.1 Research and discussions about our new model of accountable care continue to highlight the need for an integrated outcomes framework which to measure improvements on a system-wide basis and test how well our whole health and care system is working.

5.2 The pilot framework has been well-received and will be used to inform our stakeholders about progress made by our ESBT Alliance against our health and care system priorities to deliver improvements to population health and wellbeing, experience, quality and sustainability – including the per capita cost of care.

5.3 Further development of our pilot integrated Outcomes Framework is needed to prepare for the move towards single leadership and performance management of our commissioning resource and strengthened governance by April 2018, as well as the move towards single leadership of how delivery of our Alliance services are organised. An integrated whole health and care system Outcomes Framework will be crucial to ensure oversight of system performance against investment made.

5.4 The ESBT Strategic Commissioning Board is asked to note progress made with further developing and refining the pilot ESBT Alliance Outcomes Framework, including:

- Finalising baselines, targets and trajectories for each performance measure;
- Developing quarterly reporting arrangements;
- Sample trends and direction for Quarter 1 in Appendix 2; and
- Further plans for engagement and co-design, including the production of publically accessible performance information.

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BACKGROUND DOCUMENTS

None

Appendix 1: Draft outcomes framework overview

Outcomes Framework

The ESBT Alliance Outcomes Framework shows our commitment to measuring our progress against the health and care priorities that matter to you. For local people using our services in the new ESBT Alliance, that means a way to measure whether the services they receive (activities) will improve their health, well-being and experience of care and support (outcomes). Overall we want to improve the health and wellbeing of our population, the quality and experience of health and care services, and keep this affordable.

The measures and key indicators in this document have been chosen because they are what people have told us is important to them, and will give us a good indication of overall system performance. The ESBT Alliance Outcomes Framework complements the existing Outcomes and Performance Frameworks that the individual ESBT organisations work to for Adult Social Care, Public Health and the NHS, and is designed to provide an overview of how well we are performing together as a system.

Population health and wellbeing

We want to improve health and wellbeing for local people

Outcomes	These indicators and measures will tell us how we are doing...	
Children are supported to have a healthy start in life	The proportion of babies who were fully or partially breastfed	Increase in percentage of babies aged 6-8 weeks who were fully or partially breastfed
	The rate of obesity among children	Reduction in excess weight in children aged 4-5 years Reduction in excess weight in children aged 10-11 years
	The proportion of mothers known to be smokers at the time of delivery	Reduction in percentage of mother known to be smokers at the time of delivery
People are supported to have a good quality of life	The proportion of people reporting a good quality of life	Improve health-related quality of life for older people Improve social-care-related quality of life for adults Increase in number of people who feel they have enough social contact
	The rate of overall mental wellbeing	Increase in proportion of people who say they are not anxious or depressed Decrease in attendances at A&E for self-harm per 100,000 of local population
People are supported to live in good health	The average number of years a person would expect to live in good health	Healthy life expectancy at birth for men Healthy life expectancy at birth for women
	The rate of preventable deaths	Reduction in preventable mortality Reduction in mortality amenable to healthcare

We want to reduce health inequalities for local people

Inequalities in healthy life expectancy are reduced	The gap in rates of obesity in children between the most and least deprived areas	Reduction in the gap in excess weight of 4-5 year olds between the most and least deprived areas Reduction in the gap in excess weight of 10-11 year olds between the most and least deprived areas
	The gap in health related quality of life for older people between the most and least deprived areas	Reduction in the gap in health-related quality of life for older people between the most and least deprived areas
	The gap in rates of preventable deaths between the most and least deprived areas	Reduction in the gap in preventable mortality between the most and least deprived areas Reduction in the gap in mortality amenable to healthcare between the most and least deprived areas

The experience of local people

We want to put people in control of their health and care

Outcomes	These indicators and measures will tell us how we are doing...	
People and their carers feel respected and able to make informed choices about services	The proportion of people using services who feel they have been involved in making decisions about their support	Ensure people using services receive self-directed support People receiving services feel they have enough choice over their care and support services People receiving services feel they have as much control as they want over their daily life
	The proportion of carers who feel they have been involved in decisions about services	Carers feel they have been involved or consulted as much as they wanted to be, in discussions about the support or services provided to the person they care for Carers feel that their needs as a carer were taken into account in planning their support
People and their carers have choice and control over services and how they are delivered	The number of people in receipt of direct payments for their care or personal heath budgets	Increase in the number of people using services who receive direct payments for their care Increase the number of people in receipt of personal health budgets
	The number of carers in receipt of direct payments	Increase in the number of carers using services who receive direct payments

We want good communication and access to information for local people

People can find jargon free health and care information in a range of locations and formats	The proportion of people and carers reporting they find it easy to access and use information about services	People find it easy to find information and advice about support, services or benefits. Carers find it easy to find information and advice about support, services or benefits
Health and care services talk to each other so that people receive seamless services	The proportion of people and carers reporting they have only had to tell their story once	People who contact us about their support have not had to keep repeating their story Carers who contact us about support have not had to keep repeating their story

We want to deliver services that meet people's needs and support their independence

People are supported to be as independent as possible	The number of people living at home and accessing support in their communities	Increase in people accessing the support available to them in their local communities Fewer people are permanently admitted to residential and nursing care homes
	The proportion of people with support needs who are in paid employment	Increase in the proportion of adults with learning disabilities in paid employment Increase in proportion of adults in contact with secondary mental health services in paid employment
	The proportion of people who regain their independence after using services	Proportion of people 65+ who are still at home three months after a period of rehabilitation Proportion of people needing less acute, or no ongoing, support after using short-term services
People are supported to feel safe	The proportion of people and carers who report feeling safe	People feel as safe as they want People feel care and support services help them feel safe Carers feel safe and have no worries about their personal safety

Transforming services for sustainability

We want to demonstrate financial and system sustainability

Outcomes	These indicators and measures will tell us how we are doing...	
People have access to timely and responsive care	The waiting times for primary care GP services and community support and care services	Waiting time to get a GP appointment Waiting time to initiation for home care packages
	The referral times for health treatment	Constitutional NHS standards are met Increase in proportion of people referred with first episode of psychosis who are seen within 2 weeks
	The length of stay in hospital	Reduction in length of stay in hospital for identified cohort Reduction in delayed transfer of care out of hospital
People access acute hospital services only when they need to	The number of people accessing hospital in an unplanned way	Reduction in number of A&E attendances Reduction in number of non-elective admissions Reduction in emergency admissions for chronic ambulatory care sensitive conditions
Financial balance is achieved across the system	The average Year of Care Costs	Reduction in average Year of Care Costs

We want to deliver joined up information technology

People and staff working within the system have access to shared and integrated electronic information	The proportion of people and staff in all health and care settings able to retrieve relevant information about an individual's care from their local system	Proportion of systems feeding in to the integrated personal record Proportion of systems feeding in the integrated reporting system Proportion of systems feeing in to the citizen record

We want to prioritise prevention, early intervention, self care and self management

Interventions take place early to tackle emerging problems, or to support people in the local population who are most at risk	The flow of investment from acute hospital services to preventative, primary GP, and community health and care services	Increase the proportion of funding invested in preventative, primary and community provision
	The proportion of services developed to intervene proactively to support people before their needs increase	Activation levels of people receiving services Number of people being screened for frailty Number of people who have a care plan from a proactive service Proportion of people accessing services through case finding Proportion of people who have access to active care coordination

Quality care and support

We want to provide safe, effective and high quality care and support

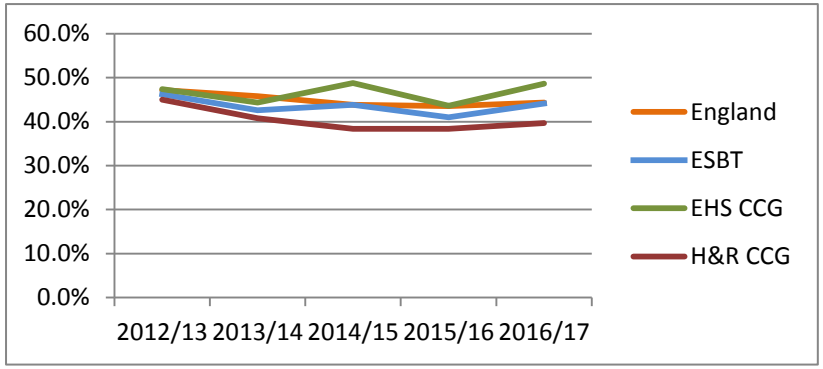
Outcomes	These indicators and measures will tell us how we are doing...	
People are supported by high quality care and support	The proportion of people reporting satisfaction with the services they have received	Increase in number of people who report they are satisfied with the care and support they receive Increase in number of carers who report they are satisfied with the care and support they receive Increase in number of people reporting being treated with care, kindness and compassion Increase in proportion of bereaved carers reporting good quality of care in the last three months of life
	The effectiveness of the health and care intervention the person has received	Improve the health gain people experience after elective procedures Increase in number of older people still at home 91 days after discharge from hospital
People are kept safe and free from avoidable harm	The number of healthcare-related infections and serious incidents	Reduction in healthcare-related infections Reduction in number of serious incidents in healthcare
	The effectiveness of the safeguarding enquiry	Increase in the number of adults who were asked what their desired outcomes of the safeguarding enquiry are, and of those how many were fully/partially achieved
	The number of falls in the population of local people	Reduction in the number of falls in East Sussex

We want to deliver person centred care through integrated and skilled service provision

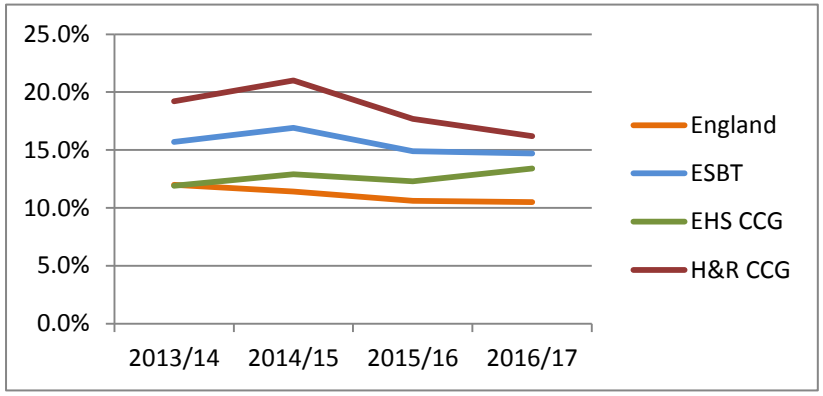
People and their families are engaged in the settings of their outcomes and the management of their care	The proportion of people involved in setting the outcomes they want to achieve from their health and care services	Increase in proportion of people using services who are involved in determining the outcomes that are most important to them Increase in percentage of patients self-reporting improved outcomes in their general health following the elective procedure
People are supported by skilled staff, delivering person-centred care	The levels of staff satisfaction	Increase in staff satisfaction levels Reduction in staff turnover
	The proportion of staff who have received training in person-centred care	Increase in percentage of staff who have completed at least 80% of their mandated training Increase in proportion of staff who have the Care Certificate Increase in staff who have completed person-centred care and support planning training

Appendix 2: Quarter 1 performance data from a sample of performance measures for each domain

<table>
<tr><th>Domain</th><th>Outcome</th><th>Performance measure</th><th>Performance</th></tr>
<tr><td rowspan="2">Population health and wellbeing</td><td rowspan="2">Children are supported to have a healthy start in life</td><td>Increase in the percentage of babies aged 6-8 weeks that were fully or partially breastfed

Definition: Percentage of all infants due a 6-8 week check that are totally or partially breastfed.</td><td>


<table>
<tr><th></th><th>2012/13</th><th>2013/14</th><th>2014/15</th><th>2015/16</th><th>2016/17</th><th>Q1 (2017/18)</th></tr>
<tr><td>England</td><td>47.2%</td><td>45.8%</td><td>43.8%</td><td>43.5%</td><td>44.3%</td><td></td></tr>
<tr><td>ESBT</td><td>46.2%</td><td>42.6%</td><td>43.8%</td><td>41.0%</td><td>44.1%</td><td>42.50%</td></tr>
<tr><td>EHS CCG</td><td>47.4%</td><td>44.3%</td><td>48.8%</td><td>43.6%</td><td>48.6%</td><td>45.00%</td></tr>
<tr><td>H&R CCG</td><td>45.0%</td><td>40.8%</td><td>38.4%</td><td>38.4%</td><td>39.7%</td><td>39.80%</td></tr>
</table>
</td></tr>
<tr><td>Reduction in the percentage of mothers known to be smokers at the time of delivery

Definition: Percentage of women known to be smokers at the time of delivery.</td><td>


<table>
<tr><th></th><th>2013/14</th><th>2014/15</th><th>2015/16</th><th>2016/17</th><th>Q1 (2017/18)</th></tr>
<tr><td>England</td><td>12.0%</td><td>11.4%</td><td>10.6%</td><td>10.5%</td><td></td></tr>
<tr><td>ESBT</td><td>15.7%</td><td>16.9%</td><td>14.9%</td><td>14.7%</td><td>14.9%</td></tr>
<tr><td>EHS CCG</td><td>11.9%</td><td>12.9%</td><td>12.3%</td><td>13.4%</td><td>9.5%</td></tr>
<tr><td>H&R CCG</td><td>19.2%</td><td>21.0%</td><td>17.7%</td><td>16.2%</td><td>16.0%</td></tr>
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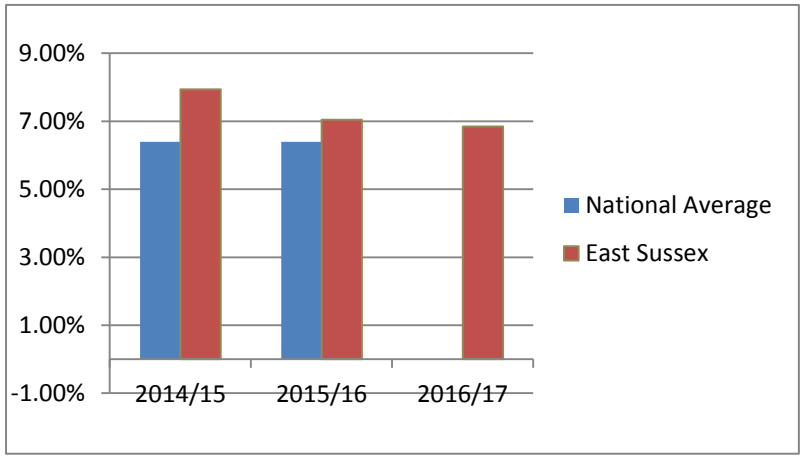
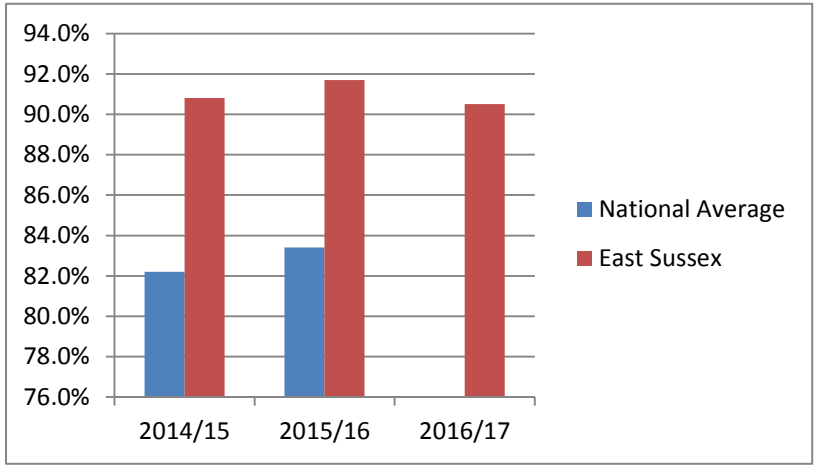
<table>
<tr><th>Domain</th><th>Outcome</th><th>Performance measure</th><th>Performance</th></tr>
<tr><td rowspan="2">The experience of local people</td><td>The proportion of people with support needs who are in paid employment</td><td>Increase in the proportion of adults with learning disabilities in paid employment

Definition: The proportion of working age adults with a Primary Support Reason (PSR) of Learning Disabilities who are known to the council, who are recorded as being in paid employment within the financial year.</td><td>


<table>
<tr><th></th><th>2014/15</th><th>2015/16</th><th>2016/17</th><th>Q1 (2017/18)</th></tr>
<tr><td>National Average</td><td>6.40%</td><td>6.40%</td><td></td><td></td></tr>
<tr><td>East Sussex</td><td>7.94%</td><td>7.05%</td><td>6.85%</td><td>6.94%</td></tr>
</table>
</td></tr>
<tr><td>The proportion of people who regain their independence after using services</td><td>Proportion of people 65+ who are still at home three months after a period of rehabilitation

Definition: The proportion of older people aged 65 and over discharged from hospital to their own home or to a residential or nursing care home or extra care housing bed for rehabilitation, with a clear intention that they will move on/back to their own home who are at home or in extra care housing or an adult placement scheme setting three months (91 days) after the date of their discharge from hospital.</td><td>


<table>
<tr><th></th><th>2014/15</th><th>2015/16</th><th>2016/17</th><th>Q1 (2017/18)</th></tr>
<tr><td>National Average</td><td>82.2%</td><td>83.4%</td><td></td><td></td></tr>
<tr><td>East Sussex</td><td>90.8%</td><td>91.7%</td><td>90.5%</td><td>94.6%</td></tr>
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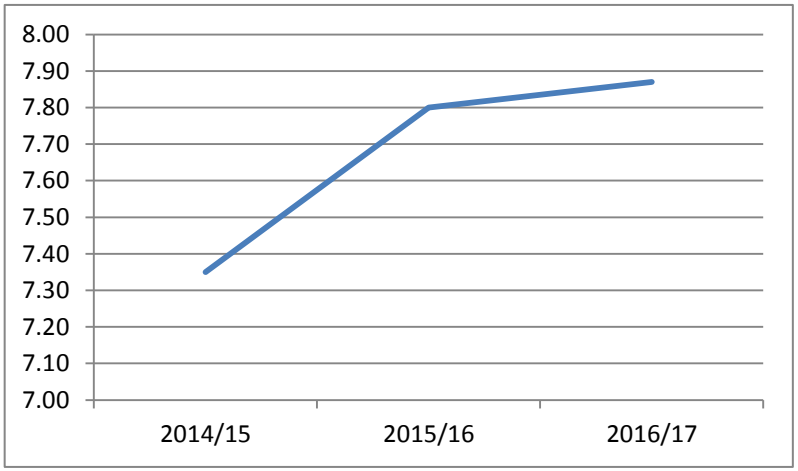
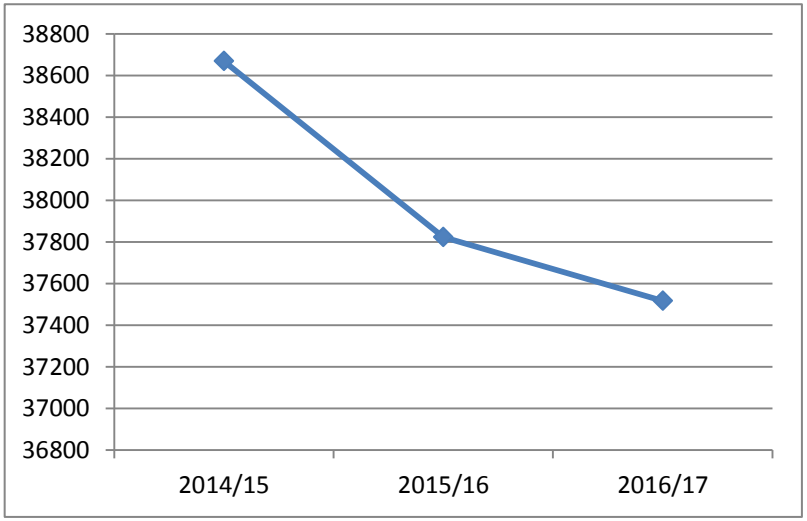
<table>
<tr><th>Domain</th><th>Outcome</th><th>Performance measure</th><th>Performance</th></tr>
<tr><td rowspan="2">Transforming services for sustainability</td><td>The length of stay in hospital</td><td>Reduction in length of stay for identified cohort

Data source: Data extracted from Secondary Uses Service (SUS inpatient data based on discharge date and admission method being an Emergency Admission. As a mean Length of Stay (LoS) can be disproportionately affected by small numbers of outlier values a truncated mean is shown, which excludes the top 10% of values.</td><td> 

<table>
<tr><th>Year</th><th>2014/15</th><th>2015/16</th><th>2016/17</th><th>2017/18: Q1</th></tr>
<tr><td>No. of days</td><td>7.35</td><td>7.80</td><td>7.87</td><td>7.20</td></tr>
</table></td></tr>
<tr><td>The number of people accessing hospital in a planned way</td><td>Reduction in the number of non-elective admissions

Data source: Extracted from SUS inpatient data based on discharge date and an admission method recorded as emergency admission methods, including through an Emergency Care Department and via a General Practitioner</td><td> 

<table>
<tr><th>Year</th><th>2014/15</th><th>2015/16</th><th>2016/17</th><th>2017/18: Q1</th></tr>
<tr><td>No. of people</td><td>38,669</td><td>37,823</td><td>37,517</td><td>9,342</td></tr>
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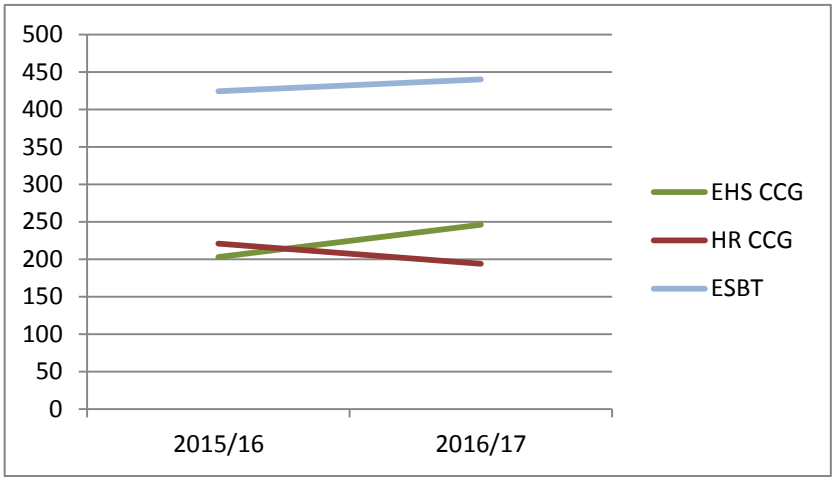
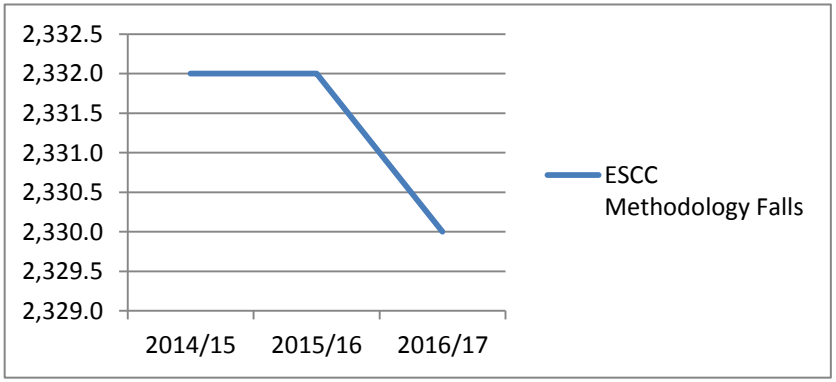
<table>
<tr><th>Domain</th><th>Outcome</th><th>Performance measure</th><th>Performance</th></tr>
<tr><td rowspan="2">Quality care and support</td><td>The number of healthcare-related infections and serious incidents</td><td>Reduction in healthcare related infections

Data Source: Public Health England Data Capture System

Definition: The infections being captured are: e.coli Bacteraemia, Clostridium Difficile and MRSA Bacteraemia.</td><td>


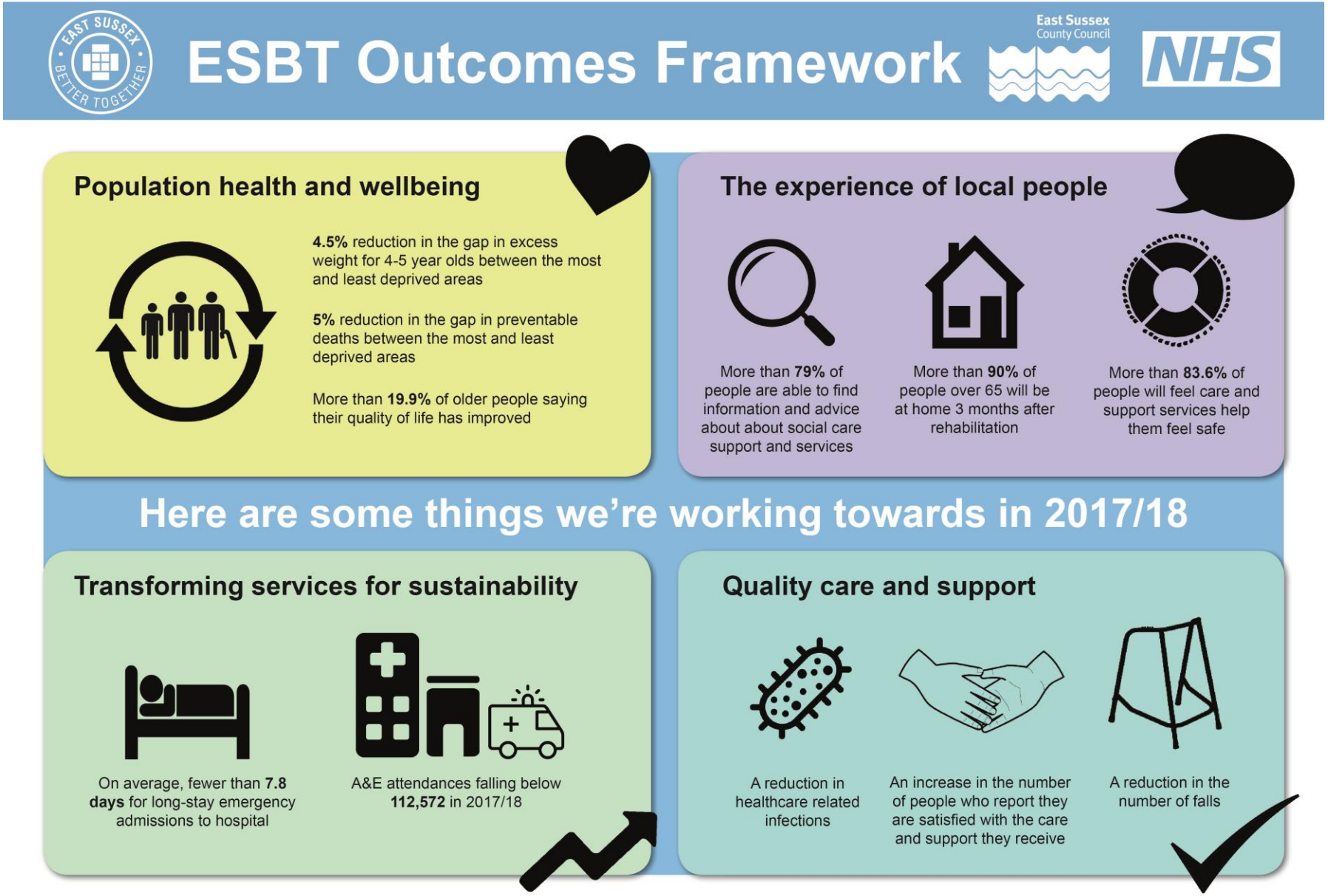
<table>
<tr><th>Year</th><th>2015/16</th><th>2016/17</th><th>Q1 (2017/18)</th></tr>
<tr><td>EHS CCG</td><td>203</td><td>246</td><td>61</td></tr>
<tr><td>HR CCG</td><td>221</td><td>194</td><td>57</td></tr>
<tr><td>ESBT</td><td>424</td><td>440</td><td>118</td></tr>
</table>
</td></tr>
<tr><td>The number of falls in the population of local people</td><td>Reduction in falls

Data Source: ESCC use residents of East Sussex, diagnosis codes in first episode and includes specialised commissioning data.

Emergency admissions for falls injuries classified by first diagnosis code, external cause and an emergency admission code. Age at admission 65 and over.</td><td>


<table>
<tr><th>Year</th><th>2014/15</th><th>2015/16</th><th>2016/17</th><th>2017/18: Q1</th></tr>
<tr><td>No of Falls</td><td>2,332</td><td>2,332</td><td>2,330</td><td>577</td></tr>
</table>
</td></tr>
</table>

Appendix 3: Infographic showing a selection of targets for 2017/18



Appendix 4: Web pages design and layout