



## **HEALTH AND WELLBEING BOARD: 26 SEPTEMBER 2019**

### **REPORT OF THE DIRECTOR OF HEALTH AND CARE INTEGRATION**

#### **DEVELOPING A NEW PLACE-BASED HEALTH AND WELLBEING OUTCOMES FRAMEWORK FOR LEICESTERSHIRE**

##### **Purpose of the report**

1. The purpose of this report is to present a draft proposed new place-based dashboard for the Health and Wellbeing Board and seek the Board's feedback on its development so far.

##### **Link to the local Health and Care System**

2. Per the NHS Long Term Plan, it is intended that the NHS in each part of England forms an Integrated Care System by April 2021, to be configured in three organisational tiers known as "system, place and neighbourhood."
3. At the time of this report NHS and Local Authority partners across Leicester, Leicestershire and Rutland (LLR) are currently in the process of discussing the local response to the NHS Long Term Plan.
4. The County Council's Cabinet considered a report at its meeting on 13 September and resolved as follows:
  - a) That the County Council reiterates its recent message to the NHS and other partners, that the County Council:
    - i. strongly supports the integration of health and care services wherever possible and to the benefit of those receiving care in any setting,
    - ii. continues to commit significant resources to that end,
    - iii. in the case of a move to an Integrated Care System (ICS) in Leicester, Leicestershire and Rutland, as required by NHS England, awaits clarification from the NHS as to what this would actually mean in practice before it can indicate its support;
  - b) That County Council officers continue to take part in various groups set up by the NHS under the Better Care Together banner;
  - c) That in recognition of the County Council's wish to see clarity, the proposal put forward by officers to define 'place' in an Integrated Care System (ICS) as at the level of an upper-tier (social care and public health) authority, with 'system' at the

level of the local health economy (Leicester, Leicestershire and Rutland) and 'neighbourhood' at the level of the new primary care networks, be supported, whilst noting that any arrangements for decision-making at place level in this context have yet to be determined;

- d) That clarity in particular is sought from the NHS in respect of decision-making, statutory responsibilities, accountabilities and performance management in an ICS;
- e) That in respect of a proposed ICS partnership board or group, with an independent chair to be appointed by the NHS, the NHS be asked to explain its value and purpose so that the County Council can take an informed decision on an invitation to join; and
- f) That the Cabinet's decision be made known to Leicester City and Rutland Councils.

5. This report is written on the basis that the definition of place at the level of an upper-tier local authority is approved by the NHS, Leicester City and Rutland Councils.
6. The draft dashboard in this report is intended to provide an overview of outcomes and service delivery within the place tier of Leicestershire, which would be as follows:
  - a. **LLR Tier: Better Care Together, the Sustainability and Transformation Partnership (STP/future ICS) tier** – a dashboard has already been developed at this tier and is currently being tested/iterated by the LLR STP programme. The current version of this is attached at Appendix A for reference.
  - b. **Place Tier (e.g. for each place in L, L and R)** –in this case, for Leicestershire, a new proposed dashboard has been developed, attached at Appendix B. The dashboard will inform and be consistent with the County Council's Outcomes Framework and corporate reporting approach, although it incorporates a wider set of outcomes relevant to the broader range of health and wellbeing partners involved. The Place level dashboard will contain some outcome metrics that are also reported at the system level.
  - c. **Neighbourhood Tier-** presenting outcomes metrics and data per each primary care network (PCN) and their populations. This level of reporting will incorporate health and wellbeing outcomes from population profiles at the level of each district council. Existing dashboards developed with the previous GP practice localities are in the process of being developed further and converted to PCN populations and format at the time of this report. The Health and Wellbeing Board will receive further information about these at a future meeting. The Neighbourhood tier dashboards will also contain some outcome metrics that are also reported at Place and/or and System level.
7. The development of the new place-based dashboard for Leicestershire involved undertaking desk top research to consider several source materials and examples. These were reviewed, collated and mapped from the following sources:
  - a. Current outcomes frameworks in use across local authority and NHS partners in Leicestershire e.g. using national outcomes frameworks such as those for NHS

England, Public Health England and Adult Social Care (ASCOF), along with the current LLR STP dashboard (Appendix A)

- b. Core outcomes from the Health and Wellbeing Board's joint health and wellbeing strategy
  - c. Leicestershire County Council's corporate outcomes framework
  - d. Other STP/Integrated Care System dashboard examples (e.g. Nottingham and Sandwell)
  - e. National tools, such as the Integration Logic Model, by the Social Care Institute for Excellence
8. From this analysis partners have produced the proposed structure shown at Appendix B, as an initial prototype for discussion with the Health and Wellbeing Board. This is intended to provide a consolidated, focused view of three key areas:
- a. Leicestershire's overall population health and wellbeing outcomes
  - b. The delivery of integrated health and care in Leicestershire and, (in due course)
  - c. The addition of specific outcomes related to joint commissioning activities between Leicestershire County Council and the County CCGs.
9. The draft place-based dashboard (Appendix B) incorporates Better Care Fund Metrics (reported nationally, quarterly), a range of other national metrics routinely reported via local government and NHS routes, monthly and/or quarterly, and a set of core population health and wellbeing outcomes and metrics, some of which are only reported upon annually.
10. The first tab reports on the core set of population health and wellbeing outcomes and metrics
11. The second tab reports on the "delivery of health and care services" and the content of this this is still work in progress. The current content is primarily about services for adults and older people in line with the Integration Executive's scope of work. This tab incorporates:
- a. The Better Care Fund metrics
  - b. A core set of other national health and care metrics
  - c. A number of outcome metrics prioritised by the LLR workstream for Integrated Community Services. (The implementation of new models of integrated community services is being conducted across all 3 parts of L, L and R to an agreed framework across LLR, hence seeking to measure the impact of these changes using a consistent set of outcome metrics).
  - d. A range of other outcomes and metrics which reflect the key priorities from across our integration programme, e.g. areas of work where we continue to transform and integrate health, care, housing and prevention services, per Leicestershire's "plan on a page" (Appendix C)
12. There are further additions planned for this tab element of the dashboard in relation to Mental Health services. Discussions are in progress with the leads for these areas at the time of this report.
13. Some outcomes for children and young people are already included as part of the health and wellbeing outcomes tab of the dashboard, as these form part of the national population health and wellbeing outcomes data set.

14. There is scope to add to the “delivery of health and care services” tab of the dashboard with a sub set of outcomes and metrics associated with models of service delivery for children and young people. The intention is not to duplicate the work of the Children and Families Partnership Board in this regard, but to discuss further with that Board how this should best be focused and captured in the overall health and wellbeing board dashboard.
15. The commissioning outcomes section will be developed during Q3 and Q4 of 2019/20 linked to the workplan of the new Joint Commissioning Group.
16. It is intended that a more visually impactful presentation of this dashboard can be developed, e.g. visual/graphical representation which can sit in front of the excel sheet format.
17. Following feedback from the Health and Wellbeing Board on the overall content of the prototype dashboard, the overall format going forward will be discussed with the Business Intelligence team at Leicestershire County Council and the Midlands and Lancashire Commissioning Support Unit.
18. It is then intended that the Health and Wellbeing Board will receive this dashboard quarterly.

### **Feedback on progress to date**

19. The Health and Wellbeing Board is asked to provide feedback on progress to date, in particular:
  - a. Does this initial format and content of the proposed place-based dashboard meet with the expectations of the Board?
  - b. Should any adjustments to the overall current content, format and layout be made?
  - c. Are there any key outcomes or metrics missing that the Board would expect to be included, or any that the Board thinks should be removed at this tier of dashboard?
  - d. Will this type of information assist the Board with:
    - i. Having a joint, rounded, summary level view of the overall performance of the health and care system within Leicestershire.
    - ii. Focusing the Board’s priorities and workplan using the presenting data?
  - e. Any other actions the Board recommends?

### **Recommendations**

20. It is recommended that;

- a) The Health and Wellbeing Board provides feedback on the progress to date on the development of a new place-based dashboard, specifically addressing the questions raised at paragraph 19 of the report;

b) The Health and Wellbeing Board note:

- i. That the Leicestershire Integration Executive will oversee further developments of this dashboard, on behalf of the Health and Wellbeing Board, working with respective subgroups of the Health and Wellbeing Board and of the Integration Executive.
- ii. That the Integration Executive will receive the dashboard bi-monthly meetings, the Integration Delivery Group and Joint Commissioning Forum will receive the dashboard monthly, and the Health and Wellbeing Board to receive it quarterly.
- iii. That the Leicestershire Integration Executive will ensure coordination with those officers developing the LLR-wide and Neighbourhood level dashboards, to ensure consistency for those metrics that require reporting at all 3 levels, also to avoid unnecessary duplication and to agree the tier(s) of reporting required for specific metrics
- iv. That there will be a report at a future meeting of the Health and Wellbeing Board about the developing of Primary Care Networks dashboards.

### **Officer to Contact**

Cheryl Davenport  
 Director of Health and Care Integration  
[cheryl.davenport@leics.gov.uk](mailto:cheryl.davenport@leics.gov.uk)  
 0116 305 4212

### **Relevant Impact Assessments**

#### Equality and Human Rights Implications

21. The placed based dashboard for Leicestershire will assist the Board in measuring its impact of performance in respect of health and care equality/ inequalities, as such this is just one of a number of sources of this intelligence, which include amongst others, the JSNA.

#### Partnership Working and associated issues

22. The tracking and delivery of health and care metrics and outcomes in order to produce the Leicestershire dashboard involves the collaboration of all health and care partners in Leicestershire, along with their business intelligence teams and associated tools.
23. The dashboard is intended to support the Health and Wellbeing Board and its subgroups discharge their duties more effectively based on data and evidence and support joint planning, prioritisation and commissioning decisions across agencies so that resources are allocated in the most effective way, and will be impactful in order to achieve the desired outcomes for our population.

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