Identification of outcomes associated with our local strategic priorities

City and Hackney Place-based Partnership

Why do we need an outcomes framework? How will it be used?

- An outcomes framework can function as a anchor to our purpose as a integrated health and care system and collate our ambitions

- Highlight across improvements in health of population and reductions in inequalities

- Ensure that ambitions reflect resident values

- Embed clear understanding of what we are responsible for and what we can/cannot influence/improve

- Assess needs within the population and progress towards meeting these
  - Identify areas for focus
  - Ensure links between workstream activities and outcomes
  - Monitor progress on improving
  - Hold system to account for delivering changes to improve outcomes – inform what we do and what we stop doing
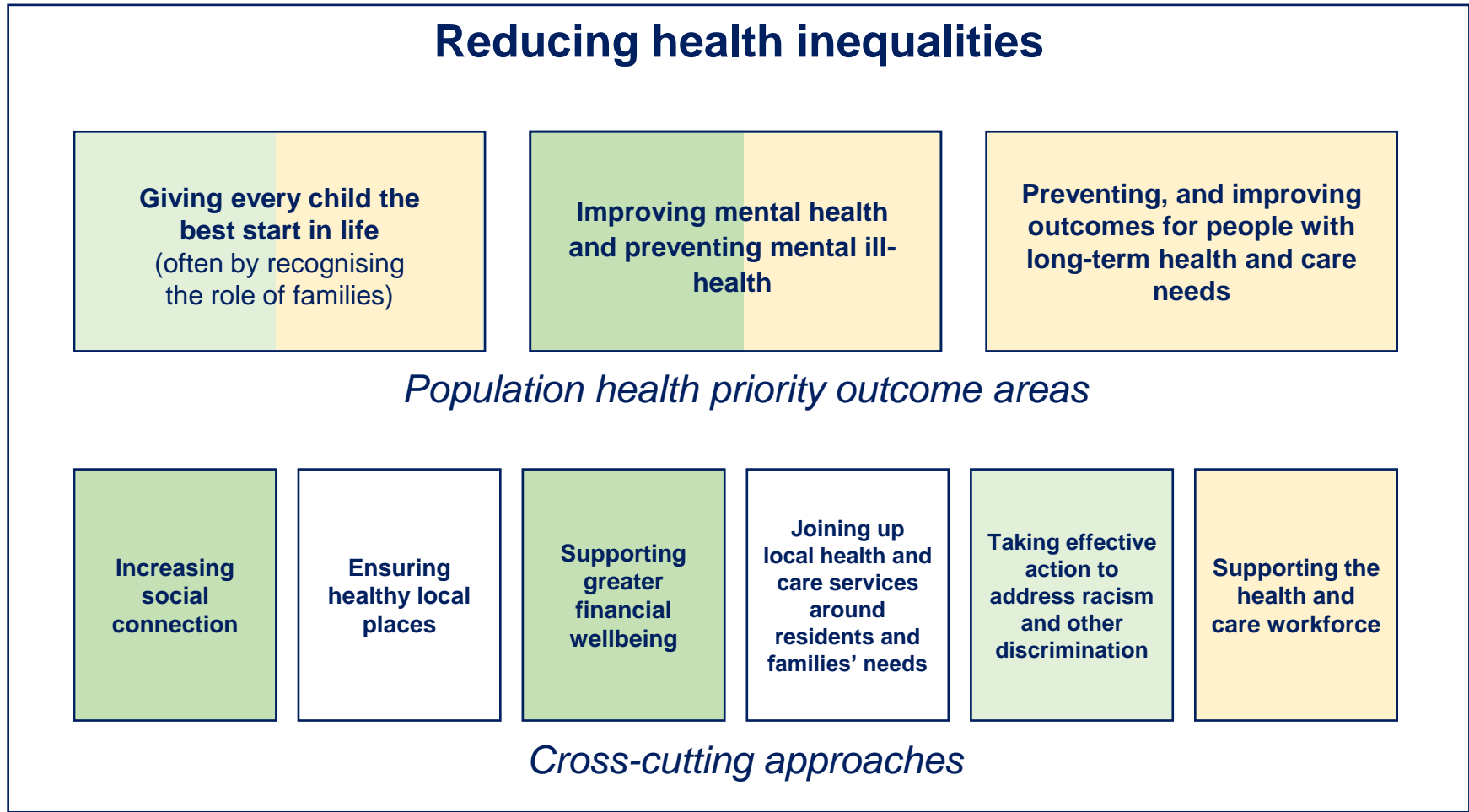
Progress against improvement in outcomes will be reviewed after 12 months, and we will review whether these remain the outcomes we want to work to improve (including which measures most useful; reflection on progress in improving outcomes and any changes in priorities; any changes in policy/planning context; learning from any evaluations/reviews).

Many of the outcomes will be long term outcomes, and may not see much impact that we can associate with our work within 2 years – this will not be used as evidence to stop working towards a particular outcome.

How did we identify key outcomes

- Use of inequalities statements and key drivers of disability and mortality (within *Inequalities resource pack*, developed by Population Health Hub) and *Impact of Covid19 pandemic on inequalities in City and Hackney* presentation (developed by Public Health) to identify adverse outcomes

- Considered prevention opportunities to tackle the above

- Engaged planning/portfolio leads to ask their perspective on key outcomes

- Key outcomes and 'big ticket areas' identified in Integrated Delivery Plan

Strategic focus areas for the City and Hackney Place-based Partnership

Reducing health inequalities

| Giving every child the best start in life (often by recognising the role of families) | Improving mental health and preventing mental ill-health | Preventing, and improving outcomes for people with long-term health and care needs |

Population health priority outcome areas

| Increasing social connection | Ensuring healthy local places | Supporting greater financial wellbeing | Joining up local health and care services around residents and families' needs | Taking effective action to address racism and other discrimination | Supporting the health and care workforce |

Cross-cutting approaches

- =Hackney HWB focus area
- = Hackney HWB specific 'lenses': (approaches to reducing health inequalities)
- = NEL ICS four partnership priority areas
- = reflecting LTP response / long term C&H partnership ambitions / Neighbourhoods Programme vision

3

Giving children and young people the best start in life: summary

Improvements in the health of the population

- Reduce infant mortality rate
- Reduce rate of neonatal mortality and stillbirths
- Increase CYP immunisation coverage
- Increase % children achieving a good level of development (Foundation Stage)
- Reduced childhood obesity
- Reductions in crisis mental health presentations to ED (and especially repeat presentations) for children and young people
- Reduction in unplanned pregnancies, sexually transmitted infections and increasing access to contraception
- Increasing identification and support re. domestic abuse
- CYP access to services (narrative on access and barriers)
- Placeholder: safeguarding
- Placeholder: oral health

Reductions in inequalities

- Reduce inequalities in maternity and birth outcomes for children and families (women from global majority backgrounds)
- Improve patient experience and outcomes for groups experiencing inequalities in maternity and perinatal mental health care (women from global majority backgrounds)
- Improved health and educational outcomes for those at risk of exclusion (Black Caribbean and mixed heritage boys)
- Improved health and educational outcomes for those with complex health needs, and those with SEND, LD and autism.
- Improvements in mental health and wellbeing outcomes for specific communities (young black men, Orthodox Jewish groups)
- Increases in Looked After Children's health: more timely annual and review health assessments, increases in uptake of immunisations and vaccinations and oral health checks.

Red text = outcome included in 2023-24 IDP and a focus for the next 12m

Improving mental health & preventing mental ill-health: summary

Improvements in the health of the population
• Improve physical health for those with serious mental illness (70% health check rates, smoking prevalence, self-reported health; reduce excess mortality for those with serious mental illness) • Reduce number of recurrent detainments under the MH Act • Reduce inappropriate admissions for patients with dementia for non-medical i.e. social reasons • Reduce number of suicides • Reduce waiting times for CAMHS assessment and treatment: held static with rising demand • Improve experience of care (and waiting lists) • Improve outcomes from CAMHS services • Increase in number of people with serious mental illness receiving a personal health budget (1,500 Personalised Patient Owned Digital Care Plans; 400 PHBs digitalised linked to personalised care plans and 45%+ significant wellbeing improvement for PHBs) • Improving access to substance misuse services (including alcohol)

Reductions in inequalities
• Reduce detainments under MH Act for minoritised ethnic groups (community treatment orders and civil admissions; including reflection on changes in bed base) • Improve access to MH services by minoritised ethnic groups (number and %) • Reduce inequalities in engagement in IAPT services • Improving offer and uptake of wellbeing/mental health offer for all people with LTCs, especially where LTC control is poor • Reduce inappropriate MH admissions for minoritised ethnic groups • Patient and carers race equalities framework

Preventing, and improving outcomes for people with, long-term health and care needs

Improvements in the health of the population	Reductions in inequalities
- Reduce premature mortality from respiratory disease and cardiovascular disease - Improve health-related quality of life for people with long term conditions - Reduce long term support needs met by admission to residential and nursing care homes - Reduce reliance on 'double handed' care packages - Service user satisfaction with social care - An increased % of people reporting they feel involved in their own care - Support more people to live independently for longer, with improved wellbeing - Ensuring that people with long term health needs are better supported in their own home through a more personalised and proactive approach - Increase one year survival from all cancers/lung cancer/colorectal cancer - Improve cancer patient experience - Improve patient experience of urgent care services - Reduce inappropriate use of the urgent care system – improve management of crises outside of urgent care - Reduced mortality and morbidity from emergency presentations and speedier recovery from crisis episodes	- Accurate diagnosis of diseases to enable correct management and treatment in community - Improved hypertension blood pressure control in Black populations - Improved diabetes outcomes - Reducing the number of late HIV diagnosis - Accessibility of services to LD/autism - LD/autism patients receiving full health check - Reduction in use of services by high intensity A&E users - For the homeless population - A reduction in the number of residents in vulnerable housing - An improvement in vaccination rates - An increased engagement with health, social care and wider services *Placeholder: carers (TBC – from Carers Partnership Board)* *Placeholder: resident accessibility and understanding of health information and inequalities in this?*

In addition to working towards the relevant specific outcomes, as a system we are also committed to a number of 'ways of working', which will enable us to deliver improved integration and outcomes

These are:

- Coproduction of services and any transformation of services with residents
- Personalisation of care
- Taking strengths based approaches and Making Every Contact Count
- Consideration of health inequalities, proportionate universalism and critical appraisal of whether services will unintentionally widen health inequalities
- Taking preventative approaches where possible (as well as focusing on rising need)
- Commitment to continual improvement and learning (including focus on openness to barriers and failures and using these towards improvement)

As well as monitoring our progress on delivering specific population health and inequalities outcomes within the outcomes framework, we need a way of assessing how well we have considered the above checklist in developing and transforming services. This could be an annual self-assessment by transformation area leads *(wider system input?)* including questions such as:

1. How well have we considered this in all of our work this year? Are there any standout examples of where we have done this really well?
2. What have we done less well?
3. How could we improve on this next year? What would we need to do that?
4. How well have we supported our workforce to be able to consider these elements?

This process could also be used to assess our embodiment of our values as a system (cf 360 feedback process – completed by system teams and leads).

To use the newly agreed City and Hackney place-based partnership outcomes framework to enable different teams, services and organisations to feel a clear sense of their contribution to improving the lives of our residents (and these outcomes), and how they contribute to the shared vision across the City and Hackney partnership.

Purpose:

- Allow the C&H system to take wider, more expansive view on what we consider (data, insight, evidence, case studies, observations) when looking at whether (and how) we are improving outcomes for our residents (and we doing the right things to improve outcomes)?
- Allow a wide range of stakeholders to input into the development of a shared model of how different teams/services/activities contribute to improving outcomes for our residents
  - o Allow different teams/services to take ownership of outcomes for residents – sense of agency
  - o Creating a shared sense of purpose: improve staff wellbeing
- Build trust between organisations (acknowledging this hasn't always been there in the past) to enable honest and supportive conversations about what is working and whether anything different is needed
- Generate a shared understanding of 'a learning culture' and having the time and space to reflect on what we know and how to use that to maximise the impact of our resources

The City and Hackney place-based partnership outcomes framework sets out the outcomes we are trying as a partnership to improve. There are several projects to try to evaluate the contribution of different programmes and projects (e.g. those within the Neighbourhoods programme) to improving these outcomes. The proposal is about using an appreciative enquiry approach to look at our outcomes and asking which of our services that contribute to particular outcomes (and how?) and could we be doing anything more to enable us to improve outcomes more?

What do we want to achieve?

We want to use this approach with the strategic focus areas for our place-based partnership:

1. Giving children and young people the best start in life

2. Improving mental health & preventing mental ill-health

3. Preventing, and improving outcomes for people with, long-term health and care needs

Proposed outputs:

1. Pack for outcome area ("How well are we working to improve outcomes?")
   - Collation of evidence on improving outcomes
     - What working well (with evidence)
     - What not working well (with evidence)
     - Is what we are doing effective?
     - Who is not accessing services, and do we know why?
   - Can we set trajectories for improvement?
   - Where are our risks to not improving outcomes?
   - What needs to change?

2. Scorecard for DG, NH&CB, H&CB
   - Outcomes – improvement, evidence and trajectory
   - System barriers and enablers

What do we know about *e.g. CYP emotional heath and wellbeing* in City and Hackney			
Narrative on how well we are improving this outcome currently (with evidence sources) - What working well (with evidence) - What not working well (with evidence) - Is what we are doing effective? - Are we moving towards what residents want? - How well are we embedding our cross cutting themes - How well are we embedding prevention and inequalities? - What needs to change? (services as well as supporting elements e.g. data collection)	What is enabling improvement in this area?	What is blocking improvement in this area?	Estimate of future position/ improvement - Narrative (with evidence) - Risks Outputs (links): - Evidence summary with narrative - Relevant teams (+ who involved in this process)

Outcome areas to be worked through

1. CYPMF
- Improving CYP emotional/mental health and wellbeing (including CAMHS)
- Improving outcomes for Looked after Children
- Improving outcomes for CYP with SEND, LD and autism
- Increasing coverage of CYP immunisations
- Reducing infant mortality

2. Long term health and care needs
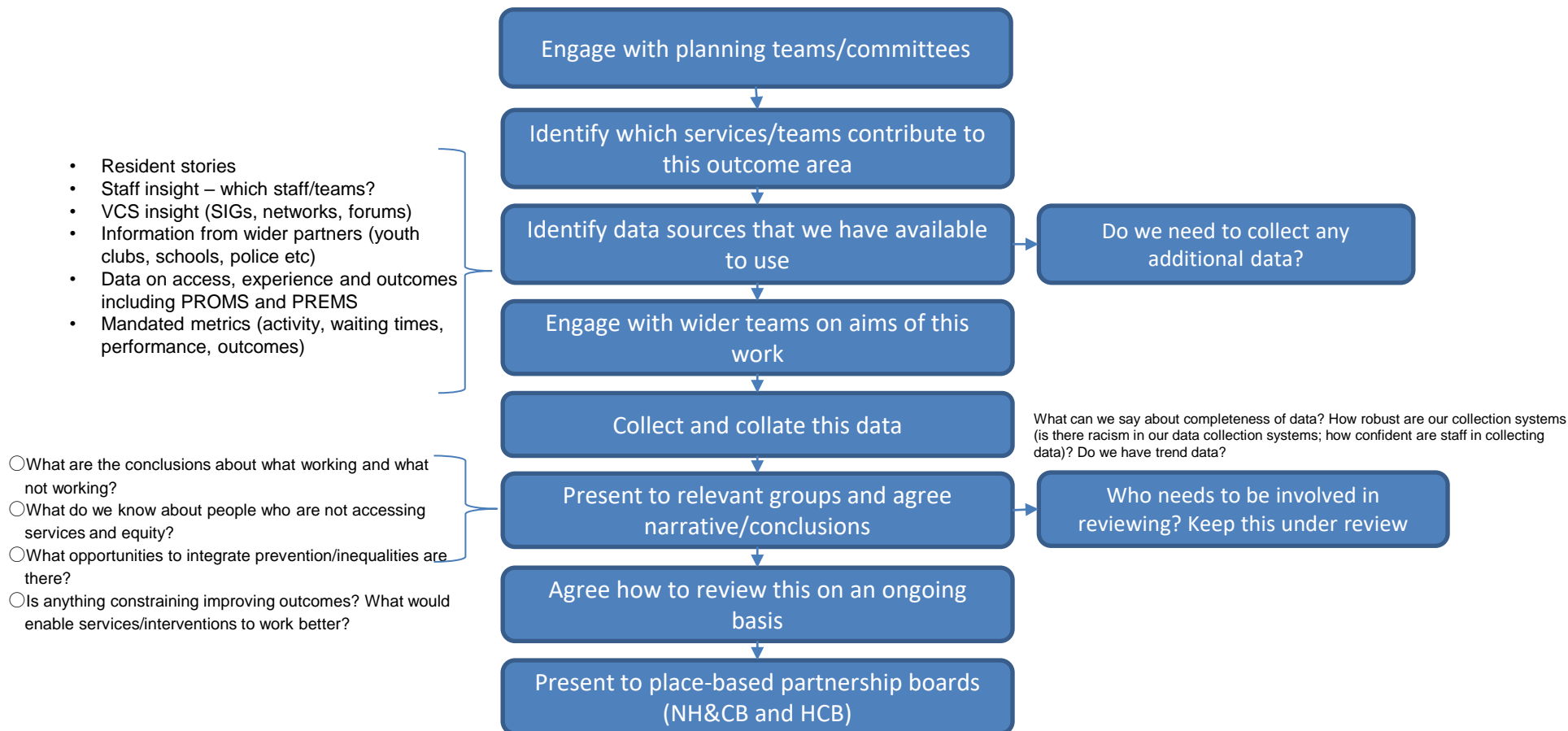- Improving outcomes for residents with long term conditions
- Improving outcomes for those experiencing homelessness
- Improving use of urgent and emergency care
- Improving outcomes for those with learning disabilities

3. Mental health
- Increasing coverage of physical health checks for residents with mental health conditions
- Improving experience of care
- Improving equity of access

Process for each outcome area

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│   Engage with planning teams/committees  │
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│  Identify which services/teams contribute│
│           to this outcome area           │
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│  Identify data sources that we have      │───────▶│  Do we need to collect any│
│           available to use               │        │     additional data?      │
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│  Engage with wider teams on aims of this │
│                  work                    │
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│       Collect and collate this data      │
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│  Present to relevant groups and agree    │        │  Who needs to be involved │
│          narrative/conclusions           │        │  in reviewing? Keep this  │
└─────────────────────────────────────────┘        │      under review         │
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│   Agree how to review this on an ongoing │
│                  basis                   │
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│   Present to place-based partnership     │
│       boards (NH&CB and HCB)             │
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- Resident stories
- Staff insight – which staff/teams?
- VCS insight (SIGs, networks, forums)
- Information from wider partners (youth clubs, schools, police etc)
- Data on access, experience and outcomes including PROMS and PREMS
- Mandated metrics (activity, waiting times, performance, outcomes)

What can we say about completeness of data? How robust are our collection systems (is there racism in our data collection systems; how confident are staff in collecting data)? Do we have trend data?

○ What are the conclusions about what working and what not working?
○ What do we know about people who are not accessing services and equity?
○ What opportunities to integrate prevention/inequalities are there?
○ Is anything constraining improving outcomes? What would enable services/interventions to work better?

- We have recruited the support of the Local Government Association to:
  - Support with development for the City of London HWB, in terms of the HWB strategy priorities and implementing a health in all policies approach. This would consist of planning and facilitating a development session, preceded by interviews with individual HWB members
  - Similar support also being provided to Hackney HWB

City & Hackney **Population Health Hub**