

Meeting	HEALTH AND WELLBEING BOARD		
Date	7 th September 2011	Agenda item number	7

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

OUTCOMES FRAMEWORKS

PURPOSE OF THE REPORT

1. The purpose of the report is to provide a summary of the main points of the NHS, Public Health and Social Care Outcome Frameworks.

INFORMATION AND ADVICE

2. There are currently 3 outcomes frameworks which have been published by the Department of Health:
 - a. ***The NHS Outcomes Framework 2011/12.*** This was published as a consultation document in July 2010 (*Transparency in Outcomes – a framework for the NHS*), and then issued as a definitive document in December 2010.
 - b. ***Healthy Lives Healthy People: Transparency in Outcomes. Proposals for a Public Health Outcomes Framework.*** This was published on 20th December 2010, as a supplement to the main Public Health White Paper, and was out for consultation until 31st March 2011. The recent government response to the White Paper as a whole, *Healthy Lives, Healthy People – update and way forward*, published on 14th July 2011 indicated that a response to this outcome framework would be published sometime later in 2011.
 - c. ***Transparency in Outcomes: a framework for adult social care.*** This was published on 16th November 2010 as a supplement to *A Vision for Adult Social Care; Capable communities and active citizens*, and was out for consultation until 9th February 2011. This was then published as a definitive document – *Transparency in outcomes: a framework for quality in adult social care* – on 31st March 2011.
3. They are not intended to be seen as completely separate frameworks, and should be viewed as complementary rather than duplicative. They are intended to influence and frame the way in which the Health and Wellbeing strategy is developed and monitored.

The NHS Outcomes Framework 2011/12

4. This framework has 3 purposes:
 - To provide a national overview as to how the NHS is performing
 - To provide an accountability mechanism between the Secretary of State for Health and the National Commissioning Board
 - To act as a catalyst for driving quality improvement across the NHS.
5. 2011/12 will be a transition year where the framework will set the direction of travel for the NHS, but will not be used to hold the NHS to account; the indicators will also be refined, baselines identified, and levels of ambition agreed. In 2012/13 the framework will be used by the Secretary of State for Health to hold the National Commissioning Board to account. Although it is fully acknowledged that there needs to be a link with the other outcome frameworks, the NHS Outcomes Framework will cover outcomes resulting from treatment activity for which the NHS is largely responsible.
6. There are 5 domains:
 - Preventing people from dying prematurely)
 - Enhancing life quality in people with a long term condition) *effectiveness*
 - Helping people to recover from episodes of ill health)
 - Ensuring people have a positive experience of care *patient experience*
 - Caring for people in a safe environment *safety*
7. Each domain has a small number of **overarching indicators**, a small set of **improvement areas** and a supporting set of **NICE Quality Standards**. In total there are 10 overarching indicators, 31 improvement areas and 51 indicators in total.
8. Please see **Appendix A** for examples of outcome measures from each of the domains.
9. In terms of next steps, it had been hoped that the National Commissioning Board (NCB) would have existed in shadow form by April 2011, and the indicators above would have been used by the Secretary of State to agree levels of ambition from 2012/13. However, the timescales for the setting up of the NCB has been put back by at least a year, so the outcome indicators are still being developed, but are unlikely to be used until 2013/14.
10. In addition, not all the indicators within the framework are ready to be used straight away. Thirteen out of the 51 indicators are ready to go without any further work. At the other end of the scale, there are four improvement areas for which completely new indicators will need to be developed. This work is currently ongoing between the Department of Health and the Office for National Statistics (ONS).
11. However, locally it would seem sensible for the outcome measures which are available to be incorporated into the health and wellbeing strategy as it emerges over the coming months, and to refine these in the light of any further national guidance.

Healthy Lives Healthy People: Transparency in Outcomes Proposals for a Public Health Outcomes Framework

12. This framework is being proposed in order to tackle the biggest challenges for health and wellbeing, at national and local level and has 3 purposes:
- To set out the government's goals for improving and protecting the nation's health
 - To provide a mechanism for transparency and accountability across the public health system
 - To provide a mechanism to incentivise local health improvement and inequality reduction through a "health premium".

Vision To improve and protect the nation's health and improve the health of the poorest, fastest.

Domains Health Protection and Resilience e.g. Public Health incidents, vaccinations.
Tackling the wider determinants of health e.g. education, employment.
Health Improvement e.g. smoking, obesity, alcohol, teenage conceptions.
Prevention of ill health e.g. breast feeding, screening uptake.
Healthy Life Expectancy and preventable mortality e.g. infant mortality, premature mortality from heart disease, respiratory disease, stroke cancer.

13. In all there are 65 proposed indicators some of which are already routinely collected (e.g. mortality data) but some of which need significant development (e.g. cycling participation). It is clear there is an overlap with the NHS Outcomes Framework (e.g. mortality rates) and these indicators have a shared responsibility between the NHS and local Health and Wellbeing Boards. The Department of Health will issue its response to the consultation process on the framework within the next few months, with an indication of what the national expectations are as to how the measures are to be used. In the meantime, as each section of the new Health and Wellbeing Strategy emerges, the relevant outcomes measures which are available need to be explored as to how they can enable Nottinghamshire to be ambitious but realistic in setting local outcomes measures.

Transparency in Outcomes: a framework for quality in adult social care.

14. The overall goals of this framework are:
- To empower local citizens and support transparency
 - To improve outcomes for those with care and support needs
 - To improve the quality of social care services.
15. There are 5 core elements
- Build the evidence base e.g. the role of NICE will be expanded to include adult social care from 2012/13
 - Demonstrate progress e.g. no national performance management, no targets or league tables

- Support transparency e.g. councils will use the new measures for transparent reporting to their population via a local account
 - Reward and incentivise e.g. a new “excellence” rating for social care providers
 - Secure the foundations e.g. the Care Quality Commission will be strengthened and refocused as an effective quality inspectorate.
16. There are 4 domains and 17 individual measures, some of which are drawn from the NHS or other non council sources. The domains are listed below with a selection of detailed examples of the proposed outcome measures described in **Appendix B**:
- | | |
|----------------|---|
| <u>Domains</u> | <p><i>Promoting personalisation</i> and enhancing quality of life for people with care and support needs.</p> <p><i>Preventing deterioration</i>, delaying and reducing the need for care and support.</p> <p><i>Ensuring that people have a positive experience</i> of care and support.</p> <p><i>Safeguarding adults</i> whose circumstances make them vulnerable and protecting them from avoidable harm.</p> |
|----------------|---|
17. As the consultation document made clear, the framework is not a national performance management tool. Government will not seek to set targets or manage the performance of councils in relation to any of the measures in the framework. ‘Performance management’, where it continues, will be a local responsibility for councils to determine, in partnership with other organisations and the people they serve. The way in which councils use the framework to support the management of their business and report to local people will be a matter for local decision. The best way to use the framework in Nottinghamshire is likely to be in combination with the NHS and Public Health outcomes frameworks to develop a community-wide outcomes framework, for use through the health and wellbeing board as part of the health and wellbeing strategy.

STATUTORY AND POLICY IMPLICATIONS

18. This report has been compiled after consideration of implications in respect of finance, equal opportunities, human resources, crime and disorder and those using the service. Where such implications are material, they have been described in the text of the report.

RECOMMENDATIONS

19. It is recommended that Health and Wellbeing Board:
- a) note the development of the 3 outcomes frameworks
 - b) use the frameworks to agree ongoing priority areas for the Health and Wellbeing Strategy
 - c) ensure the emerging Health and Wellbeing Strategy takes the relevant indicators into account

CHRIS KENNY
Director of Public Health

Financial Comments of the Service Director (Finance) (JH 17/08/2011)

20. There are no direct or immediate financial implications from this report. It is worthwhile noting, however, that the significant changes in health and social care going forward, of which these frameworks are one aspect, will inevitably have financial and resource implications. These may present both challenges and potential benefits for local authorities and will be particularly relevant to decisions around resource allocations and priorities in budget planning. The current robust budget planning processes in Nottinghamshire County Council and strong links with health partners will help ensure the council is in a good position to adapt and help engender positive change in conjunction with its partners and stakeholders.

Legal Services Comments (SG 15/08/2011)

21. The Health and Wellbeing Board is the appropriate body to consider the matters set out in this report.

Background Papers Available for Inspection

22. None.

Electoral Divisions Affected

23. Nottinghamshire.

HWB16

APPENDIX A

NHS Outcomes Framework 2011/12 Domains

Domain 1 Preventing people from dying prematurely

<i>Overarching indicators</i>	Mortality from causes amenable to healthcare Life Expectancy at 75.
<i>Improvement Areas</i>	Reducing premature mortality from the major causes of death: <ul style="list-style-type: none">○ Cardiovascular disease○ Respiratory disease○ Liver disease○ Cancer survival. Reducing premature death in people with severe mental illness Reducing deaths in babies and young children <ul style="list-style-type: none">○ Infant mortality○ Perinatal mortality.

Domain 2 Enhancing life quality for people with long term conditions

<i>Overarching indicators</i>	Health related quality of life.
<i>Improvement Areas</i>	Ensuring people feel supported Improving functional ability Reducing time spent in hospital Enhancing quality of life for carers Enhancing quality of life for people with a mental illness

Domain 3 Helping people to recover from episodes of ill health

<i>Overarching indicators</i>	Emergency admissions and readmissions.
<i>Improvement Areas</i>	Improving outcomes from planned procedures Preventing respiratory infections in children Improving recovery from trauma Improving recovery from stroke Improving recovery from fractures Helping older people recover independence following illness.

Domain 4 Ensuring people have a positive experience of care

<i>Overarching indicators</i>	Patient experience of primary and hospital care.
<i>Improvement Areas</i>	Improving people's experience of outpatient care Improving hospital responsiveness to personal needs Improving people's experience of A+E services Improving access to primary care services Improving women's experience of maternity services Improving the experience of care for people at the end of life Improving experience of care for people with a mental illness Improving experience of care for children and young people.

Domain 5 **Treating and caring for people in a safe environment and protecting them from avoidable harm**

Overarching indicators Patient safety incidents.

Improvement Areas Reducing the incidence of avoidable harm (e.g. venous thromboembolism, healthcare associated infection, pressure ulcers, medication errors)
Improving the safety of maternity services
Delivering safe care to children in acute settings.

Adult Social Care Outcomes Framework 2011/12 Domains

The following tables provide additional technical information as examples of the types of measures included in the 2011/12 Adult Social Care Outcomes Framework. (This is supplemented by a handbook of data definitions published in July 2011.)

Domain 1

Measure	1A. Social care-related quality of life			
Criteria for assessment	Relevant and meaningful to the public	Yes	Influenced by adult social care	Partial
	Comparable between local areas and over time	Yes	A measure of social care outcome or consistent	Yes
	Can be disaggregated by equalities	Yes	Currently collected	Yes
Domain / Outcome statement	1. Enhancing quality of life for people with care and support needs (Overarching Measure)			
Rationale	This indicator gives an overarching view of the quality of life of users based on outcomes identified through research that are relevant to adult social care.			
Definition	This is a composite measure using responses to questions from the Adult Social Care Survey covering eight domains (control, how people are treated, personal care, food and nutrition, safety, occupation, social participation and accommodation). Questions indicate whether the individual has unmet needs in any of the eight areas. It is proposed that the domains are given equal weight, with the measure calculated using a simple cumulative score based on responses to each question. <i>Source: Adult Social Care Survey</i>			
Frequency of collection	Annual			
Disaggregation available	Equalities: Age, Gender, Ethnicity, Religion, Sexual orientation			
	Client groups: Physical disability (18-64), Learning disability (18-64), Mental health (18-64), Older people (65+).			
Longer-term development goals	Undertake further work to develop an 'adjusted' measure that improves the comparability of the measure between councils. A longer-term ambition is to develop a 'value-added' measure which quantifies the contribution of social services to quality of life.			

Domain 2

Measure	2A. Permanent admissions to residential and nursing care homes, per 1,000 population			
Criteria for assessment	Relevant and meaningful to the public	Yes	Influenced by adult social care	Yes
	Comparable between local areas and over time	Yes	A measure of social care outcome or consistent	Partial
	Can be disaggregated by equalities	Partial	Currently collected	Yes
Domain / Outcome statement	2. Delaying and reducing the need for care and support (Overarching measure)			
Rationale	Avoiding permanent placements in residential care homes are a good indication of delaying dependency, and local health and social care services will work together to reduce avoidable admissions. Research suggests where possible people prefer to stay in their own home rather than move into residential care.			
Definition	<p>Numerator: Number of council-supported permanent admissions to residential and nursing care during the year (including transfers from temporary to permanent placements), per 1,000 population. Excludes fully self-funded clients. <i>Source: ASC-CAR</i></p> <p>Denominator: Size of adult population in area. <i>Source: Office of National Statistics</i></p> <p>We will explore how the measure can be adjusted to account for factors beyond the control of councils, such as age and need. This should improve the comparability of the measure between councils.</p>			
Frequency of collection	Annual			
Disaggregation available	Equalities: Age.			
	Client groups: Physical disability (18-64), Learning disability (18-64), Mental health (18-64), Older people (65+).			
Longer-term development goals	None identified – subject to feedback on operation of measure in 2011/12.			

Domain 3

Measure	3A. Overall satisfaction of people who use service with their care and support			
Criteria for assessment	Relevant and meaningful to the public	Yes	Influenced by adult social care	Yes
	Comparable between local areas and over time	Partial	A measure of social care outcome or consistent	Yes
	Can be disaggregated by equalities	Yes	Currently collected	Yes
Domain / Outcome statement	3. Ensuring people have a positive experience of care and support. <i>People who use social care and their carers are satisfied with their experience of care and support services.</i> (Overarching measure)			
Rationale	This measures the satisfaction with services of people using adult social care, which is directly linked to a positive experience of care and support. Analysis of surveys suggests that this question is a good predictor of the overall experience of services and quality ⁶ .			
Definition	<p>Numerator: Those that answer extremely or very satisfied in response to the question "How satisfied are you with the care and support services that you receive?"</p> <p>Denominator: All those that answered the question. Source: Adult Social Care Survey</p>			
Frequency of collection	Annual			
Disaggregation available	Equalities: Age, Gender, Ethnicity, Religion, Sexual orientation			
	Client groups: Physical disability (18-64), Learning disability (18-64), Mental health (18-64), Older people (65+).			
Longer-term development goals	None identified – subject to feedback on operation of measure in 2011/12.			

Domain 4

Measure	4A. The proportion of people who use services who feel safe			
Criteria for assessment	Relevant and meaningful to the public	Yes	Influenced by adult social care	Yes
	Comparable between local areas and over time	Yes	A measure of social care outcome or consistent	Partial
	Can be disaggregated by equalities	Yes	Currently collected	Yes
Domain / Outcome statement	4. Safeguarding people whose circumstances make them vulnerable and protecting from avoidable harm (<i>Overarching measure</i>)			
Rationale	<p>This measures one component of the overarching 'social care related quality of life' measure. It provides an overarching measure for this domain.</p> <p>Safety is fundamental to the wellbeing and independence of people using social care (and others). There are legal requirements about safety in the context of service quality, including CQC's essential standards for registered services. There is also a vital role of being safe in the quality of the individual's experience.</p>			
Definition	<p>Numerator: In response to the question "Which of the following statements best describes how safe you feel?" the number of people who respond, "I feel as safe as I want".</p> <p>Denominator: All those that respond to the question. <i>Source: Adult Social Care Survey</i></p> <p>The description of 'feeling safe' used in the ASCS will be amended to remove the reference to 'fear of being attacked or robbed', since this was considered to have the potential to distract from social care-related outcomes.</p> <p>Development work will consider whether to include those who respond: "Generally I feel adequately safe, but not as safe as I would like" to the numerator.</p>			
Frequency of collection	Annual			
Disaggregation available	Equalities: Age, Gender, Ethnicity, Religion, Sexual orientation			
	Client groups: Physical disability (18-64), Learning disability (18-64), Mental health (18-64), Older people (65+).			
Longer-term development goals	See measure 1A.			