



# Doncaster Council

## Report: Health and Well Being Strategy Update – Outcomes Framework for Health and Well Being Board

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Date: 23 January 2018

### To the Chair and Members of the Health and Adult Social Care Overview and Scrutiny Committee

Health and Well Being Strategy Update – Outcomes Framework for Health and Well Being Board

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Cllr N Ball Cllr R Blake	All	No

### EXECUTIVE SUMMARY

1. This paper gives an update to the Scrutiny Panel on the potential outcomes framework for the Health and Wellbeing Board. The Outcomes Framework, once agreed, will allow the board to drive delivery and be sighted on key information identified as important for the board. It will also allow the board to understand and delegate where appropriate to other parts of the Team Doncaster partnership leaving the board to focus on the key areas that don't have the same level of focus.
2. The outcomes framework has been developed with the Health and Wellbeing Board steering group and also discussed at a Health and Wellbeing Board workshop in October 2017.
3. The outcomes framework needs to connect to other parts of the Team Doncaster partnership to ensure there is no duplication but also to maximise the reach and impact the board can have on improving people's quality of life in Doncaster.

### EXEMPT REPORT

4. NA

### RECOMMENDATIONS

5. The Health and Adult Social Care Overview and Scrutiny Panel is asked to:-
  - a) Note and comment upon the proposed Outcomes Framework 2018-2021 presented in this paper.

## **WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?**

6. Good performance management arrangements of the priorities set out in the Health and Wellbeing Board outcomes framework will ensure services improve and peoples experience of the local health, care and wellbeing system is positive.

## **BACKGROUND**

7. Regular performance reporting has outlined the position for the areas of focus identified in the Health and Wellbeing Strategy (HWS). This has given the board a good sense of progress in these areas over the previous 3 years but has not provided a good enough link across all the areas of focus nor towards the rest of the priorities identified in the HWS. The Health and Wellbeing Board agreed in September 2017 to use the matrix proposed in this paper as a way of monitoring outcomes and progress in the future, subject to further development work with the Health and Wellbeing board steering group and a board workshop.
8. The Health and Wellbeing Board workshop (Oct 2017) considered the required content and the presentation of any future outcomes framework at the board. The workshop, which was supported by the Health and Wellbeing Board steering group, ensured there will be wider buy in to the framework and that the measures and narrative reflect the key priorities of the Board.

## **MAKING CONNECTIONS**

9. There is a need to monitor progress towards a wider set of outcomes across the health and care system allowing the Board to have a strategic understanding of current performance. There is also a need for the Board to make connections; vertically upwards to the wider Doncaster Growing Together (DGT) programme and South Yorkshire and Bassetlaw structures, downwards to the emerging Doncaster accountable care partnership and also horizontally to other Team Doncaster thematic partnerships. The outcomes framework needs to align with the policy context which will include the Doncaster Growing Together programme, the Health and Wellbeing Strategy and the Doncaster Place Plan.
10. The strategic plan for the borough, Doncaster Growing Together, has seen the development of an overall outcomes framework for the borough and development of key strategic programmes. The DGT outcomes framework will be measured by indicators which are 'whole population level'<sup>1</sup> across the four policy areas, working, caring, living and learning, which can be described as Tier 1 indicators. These population level indicators need to be incorporated where it covers key parts of the Health and Care system, but there will also be some population level indicators that are not included in DGT but are important to the Health and Wellbeing Board, which can be described as Tier 2 Indicators. Furthermore the outcomes framework that is being proposed for the board will influence and inform the creation of a set of key performance

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<sup>1</sup> Whole Population level - measures that indicate how an entire population is performing as distinct to a 'Service level' which would measure how a particular organisation or service is performing.

measures for the Doncaster Accountable Care Partnership (ACP) which should concentrate on key service level measures that will contribute to the population measures but really measure the quality of the services we provide, which could be described as Tier 3 measures.

- There are some clear areas of responsibility that can be covered by multiple theme boards i.e. the Children and Families Executive Group will cover young people’s health issues, ‘starting well’ in this framework. Having a co-ordinated response to ensure we maximise the Board’s focus on the issues that matter most will become increasingly important.

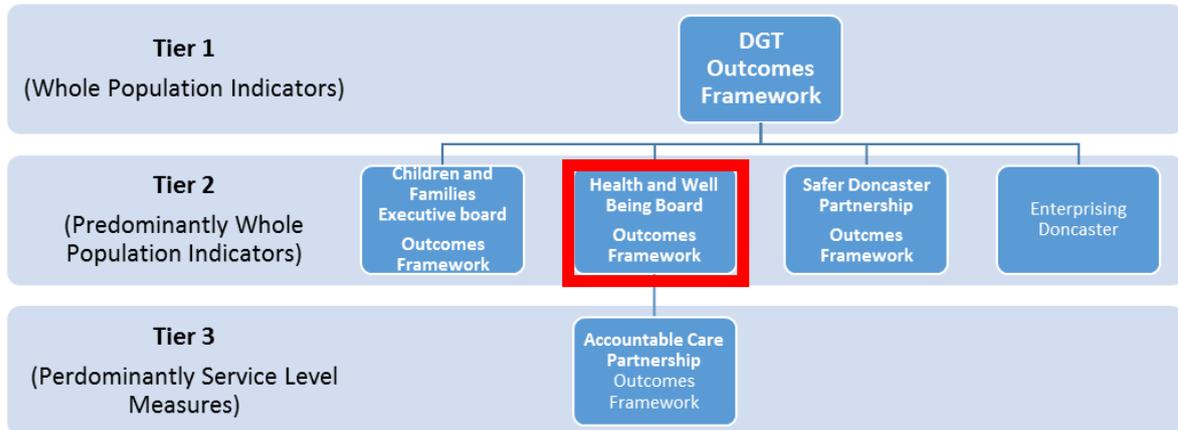


Figure 1: Outcome Framework Tiers and Connection to HWBB

### Health and Wellbeing Board Outcomes Framework 2018-21

- The framework is based upon two criteria so a matrix can be formed, firstly against a life course categorisation (All Age, Starting Well, Living Well and Ageing Well) and secondly against a segmentation of care (Wellbeing, Prevention, Care and Support). This is consistent with the current Doncaster Health and Wellbeing Strategy.

	All ages	Starting well (ages 0-17),	Living well (ages 18-64),	Ageing well (ages 65+),
Wellbeing				
Prevention				
Care				
Support				

Figure 2: HWB Outcomes Framework Matrix

- There are two assumptions that can be made as we make links to other frameworks. Firstly that the starting well age categorisation will be delivered by the Children and Young People’s plan outcomes framework that will be monitored by the Children and Families Executive Board. Secondly the Indicators that are currently in the Doncaster Growing Together outcomes framework will need to be monitored by the Health and Wellbeing Board.
- A set of statements have been devised for each section of the matrix to be clear about what it is that the board is trying to achieve in each matrix cell i.e. what is important in the Prevention category and in the Ageing well life course category. These statements describe what each cell of the matrix means to Doncaster residents as well as the outcomes that will demonstrate success; a full list is included within **Appendix A**. Furthermore reporting against key

indicators against each cell of the matrix is important and an example of how this might look is included in **Appendix B**, as well as showing the range of indicators that will be used. A further detailed report for the different matrix cells will be produced.

## IMPACT ON THE COUNCIL'S KEY OUTCOMES

15.

	<b>Outcomes</b>	<b>Implications</b>
	<p>All people in Doncaster benefit from a thriving and resilient economy.</p> <ul style="list-style-type: none"> <li>• <i>Mayoral Priority: Creating Jobs and Housing</i></li> <li>• <i>Mayoral Priority: Be a strong voice for our veterans</i></li> <li>• <i>Mayoral Priority: Protecting Doncaster's vital services</i></li> </ul>	<p>The HWB Outcomes Framework will demonstrate the contribution the board is making to the key strategic priorities to the Borough.</p>
	<p>People live safe, healthy, active and independent lives.</p> <ul style="list-style-type: none"> <li>• <i>Mayoral Priority: Safeguarding our Communities</i></li> <li>• <i>Mayoral Priority: Bringing down the cost of living</i></li> </ul>	
	<p>People in Doncaster benefit from a high quality built and natural environment.</p> <ul style="list-style-type: none"> <li>• <i>Mayoral Priority: Creating Jobs and Housing</i></li> <li>• <i>Mayoral Priority: Safeguarding our Communities</i></li> <li>• <i>Mayoral Priority: Bringing down the cost of living</i></li> </ul>	
	<p>All families thrive.</p> <ul style="list-style-type: none"> <li>• <i>Mayoral Priority: Protecting Doncaster's vital services</i></li> </ul>	
	<p>Council services are modern and value for money.</p>	
	<p>Working with our partners we will provide strong leadership and governance.</p>	

## RISKS AND ASSUMPTIONS

16. NA

## LEGAL IMPLICATIONS

17. Local Authorities and Clinical Commissioning Groups (CCGs) have equal and joint statutory duties to prepare a Health and Wellbeing Strategy under powers outlined in the Local Government and Public Involvement in Health Act 2007 section 116A (as amended by the Health and Social Care Act 2012 section 193). There is no statutory requirement to have an outcomes framework but it will assist in the Board in carrying out its role.

## **FINANCIAL IMPLICATIONS**

18. There are no direct financial implications from this report. Actions arising from the framework will be subject to separate reports and those will consider any financial implications.

## **HUMAN RESOURCES IMPLICATIONS**

19. There are no specific Human Resources implications in relation to this update.

## **TECHNOLOGY IMPLICATIONS**

20. There are no anticipated technology implications in relation to this update paper. Where requirements for new, enhanced or replacement technology to support the Outcomes Framework are identified, these would need to be considered by the ICT Governance Board (IGB).

## **EQUALITY IMPLICATIONS**

21. The theme of health inequalities was raised throughout the workshop session and has been identified as a key theme in the development of an outcomes framework for the board. Understanding inequalities in health and care outcomes and how we can measure that as part of the Outcomes Framework is a vital part of our success. As we develop the framework there may be a need to establish new flows of data and information to support a more sophisticated view of health inequalities in Doncaster. It may also guide how the Joint Strategic Needs Analysis (JSNA) may be developed in future years.

## **CONSULTATION**

22. Identified previously in the paper as part of the background (Paragraph 8)

## **BACKGROUND PAPERS**

23. There are not background papers.

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