

# Developing a Shared Outcomes Framework for Solihull

October 2022

## PURPOSE

Thriving Places 2021 <sup>i</sup>states that a place-based outcomes framework is important, '*...to ensure there is collective ownership of the partnership's vision, priorities, plans and delivery, and the co-operation required to deliver this*'.

Shared outcomes are a way of bringing organisations and people together and are a key component to support integration. They help us clarify our aspirations for the local population and they drive our shared priorities. In addition, they direct the way we behave and help us communicate a consistent message across the partnership.

The outcomes we have chosen recognise the broad focus on the economy, education, employment and physical and social environment, all of which have a significant impact on people's health and health inequalities.

We know that the outcomes in this framework will take a long time to turn around and are not within the gift of any one organisation or service to change. As a system, we all have a contribution to make. We will develop an understanding of the contribution of individual strategies, plans and services to the whole and ensure a clear thread between our outcomes and the plans that sit below them.

This framework will require refining over time, and this will be an iterative process.

## HOW WE DEVELOPED THIS OUTCOMES FRAMEWORK

In developing this framework we have considered the following documents

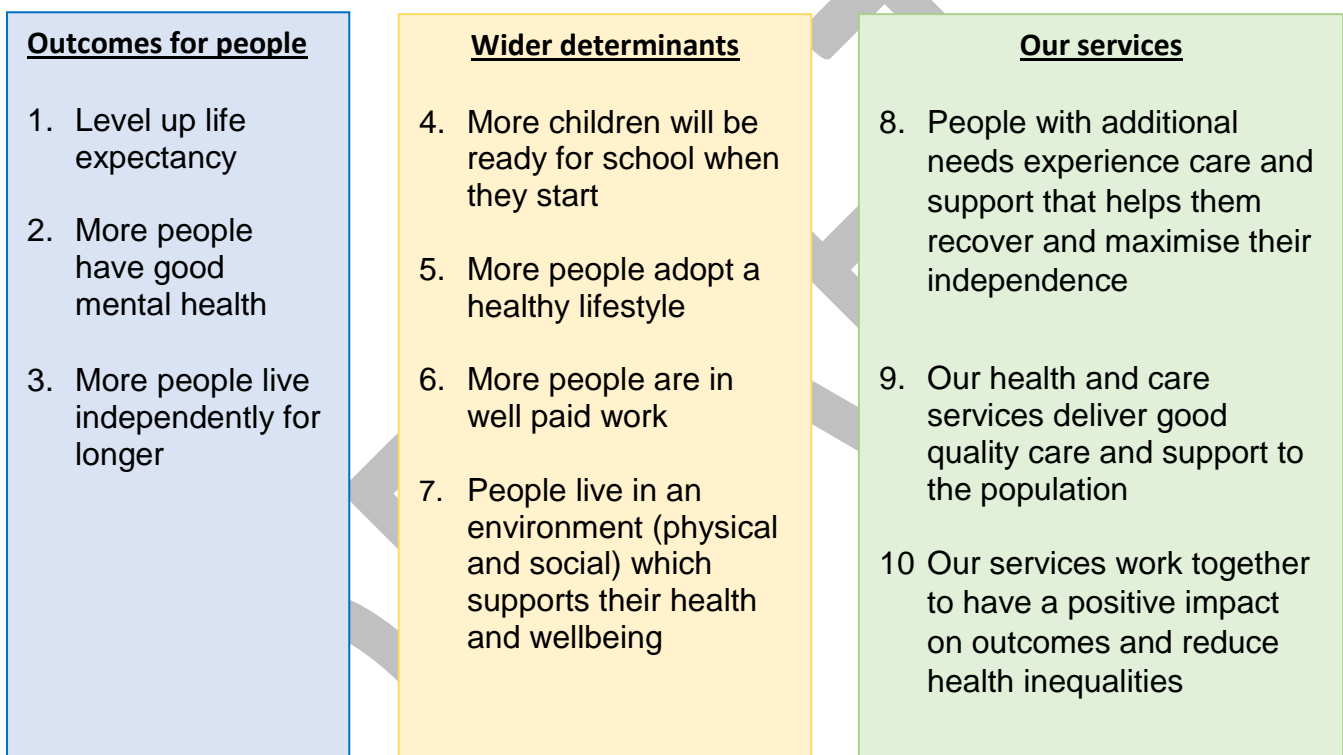
- The priorities within Birmingham and Solihull Integrated Care System's Inception Framework to:
  - Improve population health and healthcare
  - Tackle unequal outcomes and access
  - Enhance productivity and value
  - Support the broader social and economic development of Birmingham and Solihull
- Thriving Places 2021 and the importance of developing a place-based outcomes framework
- The BSOL Health Inequalities Strategy
- Solihull's Health and Wellbeing Strategy and Health Inequalities Strategy, the Council Plan and the Council's Inclusive Growth Framework

We have included outcomes that:

- Focus on the issues that are relevant in Solihull;
- Focus on improving the health of the population;

- Focus on reducing inequalities between people, communities and neighbourhoods;
- Need to be achieved through working in partnership;
- Will improve social, environmental and economic value;
- Will support financial sustainability and the delivery of effective services;
- Are achievable;
- Are able to be measured, which may include metrics that demonstrate progress towards the outcome;

## OUTCOMES



## DATA/METRICS CRITERIA

In order for a metric to be considered for inclusion in the Solihull Outcomes Framework, it should:

- Have an element that helps us understand reduction in inequalities;
- Be 'SMART' (Specific, Measurable, Attainable, Relevant, and Time-bound);
- Have an established reporting process, to allow easy access to current and historical data;

- Have meaningful comparators, e.g. nearest neighbour, regional average, national average;
- Be available at a granular data level where appropriate, e.g. ward level, LSOA level, PCN;
- Be reportable in a timely way to ensure it is meaningful;
- Include a relevant target or milestone to monitor performance.
- Enable us to measure progress and evidence the impact of our initiatives

In addition, we will include metrics that are qualitative, e.g. narrative, text, commentary, where we may want to monitor progress towards an outcome and where data is not available or does not give a full picture. We will continue to review these with analysts and programme leads to ensure the metrics are appropriate.

We will include citizen-reported measures where appropriate. We will also ensure, where possible, that our data is broken down to compare the difference in the 20% most deprived areas and the average for the borough, enabling greater understanding of health inequalities.

There are a number of strategies and plans relating to Solihull place that support the delivery of these outcomes. Each strategy has its own performance measures and some of these are being used here as headline metrics to demonstrate progress. A list of strategies and how they map to our outcomes is shown at Appendix One.

### Proposed Metrics

Outcomes	Metrics
1. Level up life expectancy	Comparing people living in 20% most deprived in Solihull vs 20% most deprived in England, and levelling up bottom 20% of Solihull to the England average as well as Solihull best vs worst to see if the gap is widening or closing (and from which end) This will include: <ul style="list-style-type: none"> <li>• Life expectancy at birth</li> <li>• Healthy life expectancy</li> <li>• Inequality in life expectancy at birth</li> </ul>
2. More people have good mental health	<ul style="list-style-type: none"> <li>• Emotional wellbeing of Young People – HRBQ undertaken in schools (Do you worry about the way you look compared with other children?; Do you worry about friendships?; Have you been bullied at or near school in the last 12 months?)</li> <li>• Suicide rates</li> <li>• PHOF indicators               <ul style="list-style-type: none"> <li>○ % School pupils with social, emotional and mental health needs</li> <li>○ Hospital admissions for MH conditions &lt;18yrs</li> <li>○ Estimated prevalence of common mental health disorders                   <ul style="list-style-type: none"> <li>▪ % of population aged 16+</li> <li>▪ % of population aged 65+</li> </ul> </li> </ul> </li> </ul>

<p>3. More people live independently for longer</p>	<ol style="list-style-type: none"> <li>1. Percentage of people, resident in the HWB area , who are discharged from acute hospital to their normal place of residence</li> <li>2. % of LD registered patients who have received an annual health check</li> <li>3. Number of emergency hospital admissions due to falls in people aged 65 and over</li> </ol> <p>To be added to Place Survey (subject to further discussion) 'I am able to care for myself'.</p>
<p>4. More children will be ready for school when they start</p>	<ul style="list-style-type: none"> <li>• Proportion of children on track with their development at 2 years (% who receive a check at 2 years combined with, out of those who receive a check the % who have a good level of development)</li> <li>• Proportion of children on track with their communication development at 2 years (as above)</li> <li>• Child development at 4 years (ASQ) (as above)</li> </ul> <p>Citizen reported measure to be considered following work on the definition of 'school readiness'</p>
<p>5. More people live in an environment (physical and social) which supports their health and wellbeing</p>	<ul style="list-style-type: none"> <li>• Air quality – measure be confirmed (Air Quality Strategy under development)</li> <li>• Adults Place Survey (APS) – general satisfaction with your area</li> <li>• Social connectedness <ul style="list-style-type: none"> <li>○ Proportion of respondents to the place survey who said never or hardly ever felt lonely</li> <li>○ Proportion of people using social care services had as much social contact as they would like</li> <li>○ Proportion of respondents to the APS with a low life satisfaction rating.</li> <li>○ Proportion of respondents to the APS with a low happiness satisfaction rating.</li> <li>○ Proportion of respondents to the APS with a high anxiety rating.</li> </ul> </li> <li>• Volunteering – Place Survey <ul style="list-style-type: none"> <li>Proportion of respondents to the place survey who have formally volunteered.</li> <li>Proportion of respondents to the place survey who have informally volunteered</li> </ul> </li> <li>• Housing (to be confirmed through the Strategic Housing Board) <ul style="list-style-type: none"> <li>• Homelessness Prevention and the housing outcomes for people who are homeless (SCH)</li> <li>• Annual Rough Sleeper count (SMBC)</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• Category 1 Hazards (houses that are reported and considered hazardous according to set criteria). Comparison with other local authorities (SCH)</li> <li>• Number of people on the housing register (SCH)</li> <li>• Number of affordable homes vs need. Annual measure (SMBC)</li> <li>• Disabled Facilities Grant (including measure around how many people feel the adaptation has enabled them to remain at home (SCH)</li> </ul> <p>Transport including active travel and public transport – tbc following development of Transport Strategy</p>
<p>6. More people adopt a healthy lifestyle</p>	<ul style="list-style-type: none"> <li>• Active Travel to be confirmed</li> <li>• Smoking prevalence in adults (18+) current smokers (APS) PHOF</li> <li>• Obesity - % of adults and children (School years - Reception and Year 6) classified as obese PHOF and public health data</li> <li>• Substance misuse</li> <li>• Health check data – PHOF <ul style="list-style-type: none"> <li>○ Proportion of eligible population aged 40-74 offered NHS Health check in the quarter</li> <li>○ Proportion of eligible population aged 40-74 who received an NHS Health Check in the quarter</li> <li>○ Total number of NHS Health checks completed in the quarter</li> </ul> </li> <li>• Physical activity <ul style="list-style-type: none"> <li>○ Percentage of physically active adults in Solihull (PHOF indicator linked to Active Lives Survey)</li> <li>○ Similar to above question but for CYP through the HRBQ survey</li> </ul> </li> </ul>
<p>7. More people are in well-paid work</p>	<ul style="list-style-type: none"> <li>• Prop of Universal Credit claimants in work</li> <li>• % of economically inactive people that want to work</li> <li>• Proportion of children 0-15 living in a low income family</li> </ul>
<p>8. People with additional needs experience care and support that helps them recover and maximise their independence</p>	<p>Tbc but to include:</p> <ul style="list-style-type: none"> <li>• Carer support - number of people supported by Carers Trust</li> <li>• Number of people accessing specialist equipment</li> <li>• Number of people accessing Assistive Technology</li> <li>• Number of people accessing Early Help</li> <li>• Number of people going through rehabilitation pathway</li> <li>• Number of people accessing online support for carers</li> <li>• Number of people accessing support from district nursing and community physio (tbc)</li> <li>• Number of people accessing support through their GP</li> <li>• Number of people accessing social prescribing?</li> <li>• GP survey</li> </ul>

<p>9. Our health and care services deliver good quality care and support</p>	<ul style="list-style-type: none"> <li>• CQC ratings for care providers</li> <li>• User surveys – ASCOF Measures</li> <li>• Levels of complaints and compliments from social care</li> <li>• Children’s Mind of my Own – feedback from children</li> <li>• GP surveys</li> <li>• Feedback from social work reviews</li> <li>• Healthwatch - quality of services as rated by users</li> <li>• Health service surveys eg family and friends</li> <li>• Carer satisfaction surveys</li> <li>• Large scale investigations (safeguarding)</li> </ul>
<p>10. Our services work together to have a positive impact on outcomes and reduce health inequalities</p>	<p>Tba</p>

## CONSULTATION AND ENGAGEMENT

To develop this framework we have engaged with a range of partners through a number of programme boards (eg Mental Health POD, Ageing Well etc), the Solihull Intelligence and Insights Group, Solihull Together and the Solihull Health and Wellbeing Board. In addition, we have worked closely with Healthwatch and colleagues working in housing, employment, environment and public health.

## NEXT STEPS

We have committed to producing an initial scorecard to the Solihull Health and Wellbeing Board in January 2023. It is proposed that this will replace the Health and Wellbeing scored.

<sup>i</sup> <https://www.england.nhs.uk/wp-content/uploads/2021/06/B0660-ics-implementation-guidance-on-thriving-places.pdf>