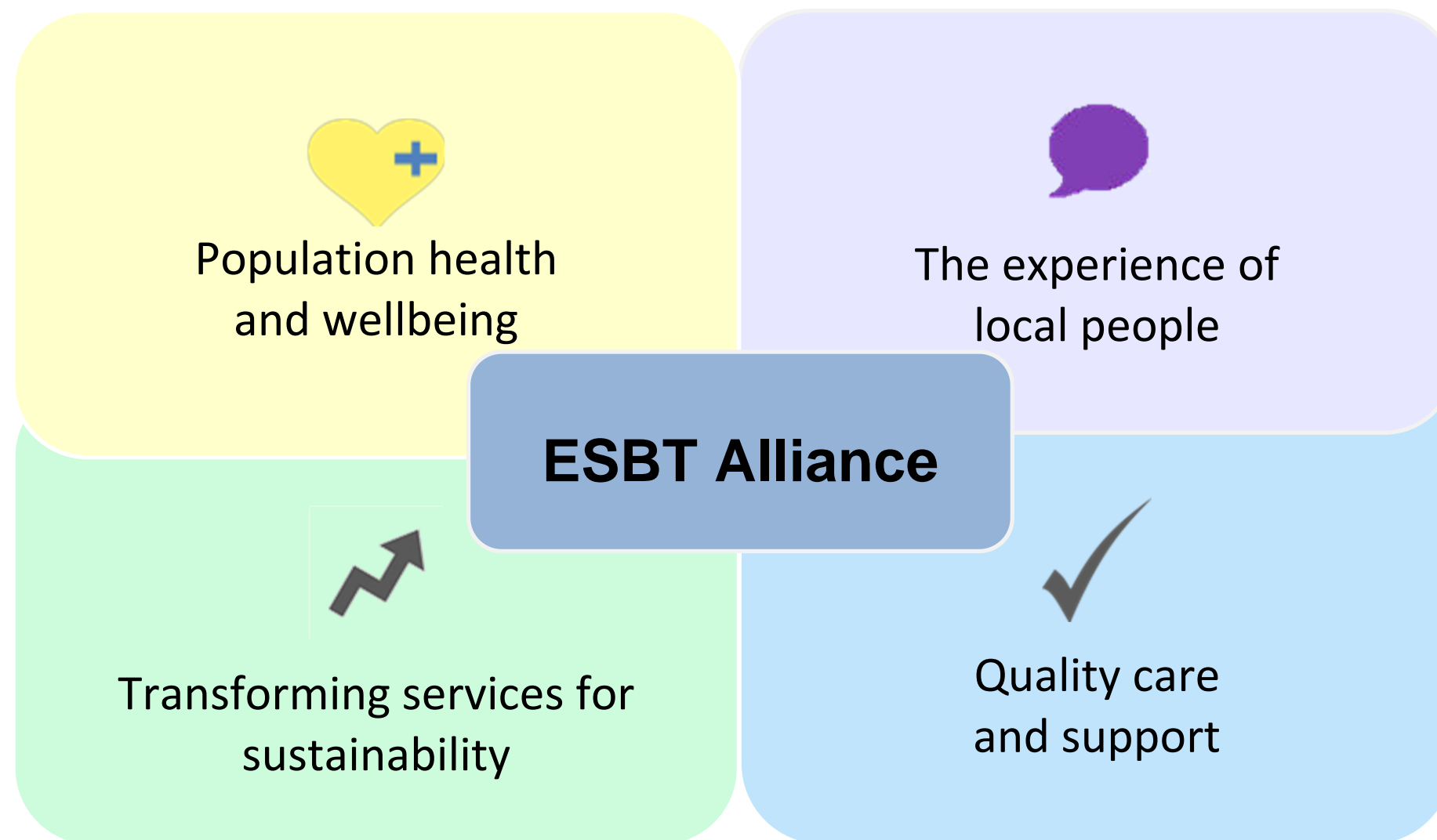# Outcomes Framework

The ESBT Alliance Outcomes Framework shows our commitment to measuring our progress against the health and care priorities that matter to you. For local people using our services in the new ESBT Alliance, that means a way to measure whether the services they receive (activities) will improve their health, well-being and experience of care and support (outcomes). Overall we want to improve the health and wellbeing of our population, the quality and experience of health and care services, and keep this affordable.

Population health and wellbeing

The experience of local people

ESBT Alliance

Transforming services for sustainability

Quality care and support

The measures and key indicators in this document have been chosen because they are what people have told us is important to them, and will give us a good indication of overall system performance. The ESBT Alliance Outcomes Framework complements the existing Outcomes and Performance Frameworks that the individual ESBT organisations work to for Adult Social Care, Public Health and the NHS, and is designed to provide an overview of how well we are performing together as a system.

Population health and wellbeing

We want to improve health and wellbeing for local people

Outcomes	These indicators and measures will tell us how we are doing...	
Children are supported to have a healthy start in life	The proportion of babies who were fully or partially breastfed	Increase in percentage of babies aged 6-8 weeks who were fully or partially breastfed
	The rate of obesity among children	Reduction in excess weight in children aged 4-5 years Reduction in excess weight in children aged 10-11 years
	The proportion of mothers known to be smokers at the time of delivery	Reduction in percentage of mother known to be smokers at the time of delivery
People are supported to have a good quality of life	The proportion of people reporting a good quality of life	Improve health-related quality of life for older people Improve social-care-related quality of life for adults Increase in number of people who feel they have enough social contact
	The rate of overall mental wellbeing	Increase in proportion of people who say they are not anxious or depressed Decrease in attendances at A&E for self-harm per 100,000 of local population
People are supported to live in good health	The average number of years a person would expect to live in good health	Healthy life expectancy at birth for men Healthy life expectancy at birth for women
	The rate of preventable deaths	Reduction in preventable mortality Reduction in mortality amenable to healthcare

We want to reduce health inequalities for local people

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Inequalities in healthy life expectancy are reduced	The gap in rates of obesity in children between the most and least deprived areas	Reduction in the gap in excess weight of 4-5 year olds between the most and least deprived areas Reduction in the gap in excess weight of 10-11 year olds between the most and least deprived areas
	The gap in health related quality of life for older people between the most and least deprived areas	Reduction in the gap in health-related quality of life for older people between the most and least deprived areas
	The gap in rates of preventable deaths between the most and least deprived areas	Reduction in the gap in preventable mortality between the most and least deprived areas Reduction in the gap in mortality amenable to healthcare between the most and least deprived areas

The experience of local people

We want to put people in control of their health and care

Outcomes	**These indicators and measures will tell us how we are doing...**	
People and their carers feel respected and able to make informed choices about services	The proportion of people using services who feel they have been involved in making decisions about their support	→ Ensure people using services receive self-directed support People receiving services feel they have enough choice over their care and support services People receiving services feel they have as much control as they want over their daily life
	The proportion of carers who feel they have been involved in decisions about services	→ Carers feel they have been involved or consulted as much as they wanted to be, in discussions about the support or services provided to the person they care for Carers feel that their needs as a carer were taken into account in planning their support
People and their carers have choice and control over services and how they are delivered	The number of people in receipt of direct payments for their carer or personal heath budgets	→ Increase in the number of people using services who receive direct payments for their care Increase the number of people in receipt of personal health budgets
	The number of carers in receipt of direct payments	→ Increase in the number of carers using services who receive direct payments

We want good communication and access to information for local people

People can find jargon free health and care information in a range of locations and formats	The proportion of people and carers reporting they find it easy to access and use information about services	→ People find it easy to find information and advice about support, services or benefits. Carers find it easy to find information and advice about support, services or benefits
Health and care services talk to each other so that people receive seamless services	The proportion of people and carers reporting they have only had to tell their story once	→ People who contact us about their support have not had to keep repeating their story Carers who contact us about support have not had to keep repeating their story

We want to deliver services that meet people's needs and support their independence

People are supported to be as independent as possible	The number of people living at home and accessing support in their communities	→ Increase in people accessing the support available to them in their local communities Fewer people are permanently admitted to residential and nursing care homes
	The proportion of people with support needs who are in paid employment	→ Increase in the proportion of adults with learning disabilities in paid employment Increase in proportion of adults in contact with secondary mental health services in paid employment
	The proportion of people who regain their independence after using services	→ Proportion of people 65+ who are still at home three months after a period of rehabilitation Proportion of people needing less acute, or no ongoing, support after using short-term services
People are supported to feel safe	The proportion of people and carers who report feeling safe	→ People feel as safe as they want People feel care and support services help them feel safe Carers feel safe and have no worries about their personal safety

Transforming services for sustainability

We want to demonstrate financial and system sustainability

Outcomes	These indicators and measures will tell us how we are doing...	
People have access to timely and responsive care	The waiting times for primary care GP services and community support and care services	Waiting time to get a GP appointment Waiting time to initiation for home care packages
	The referral times for health treatment	Constitutional NHS standards are met
	The length of stay in hospital	Reduction in length of stay in hospital for identified cohort Reduction in delayed transfer of care out of hospital
People access acute hospital services only when they need to	The number of people accessing hospital in an unplanned way	Reduction in number of A&E attendances Reduction in number of non-elective admissions Reduction in emergency admissions for chronic ambulatory care sensitive conditions
Financial balance is achieved across the system	The average Year of Care Costs	Reduction in average Year of Care Costs

We want to deliver joined up information technology

Outcomes		
People and staff working within the system have access to shared and integrated electronic information	The proportion of staff in all health and care settings able to retrieve relevant information about an individual's care from their local system	Increase in proportion of staff able to retrieve relevant information about an individual's care from their local system using the NHS number Increase in number of settings across which relevant health and care information is currently being shared (through open APIs or interim solution) Implementation of Digital Integrated Care Records has started

We want to prioritise prevention, early intervention, self care and self management

Outcomes		
Interventions take place early to tackle emerging problems, or to support people in the local population who are most at risk	The flow of investment from acute hospital services to preventative, primary GP, and community health and care services	Increase the proportion of funding invested in preventative, primary and community provision
	The proportion of services developed to intervene proactively to support people before their needs increase	Activation levels of people receiving services Number of people being screened for frailty Increase early interventions for people with psychosis Number of people who have a care plan from a proactive service Proportion of people accessing services through case finding Proportion of identified cohort who have access to active care coordination

Quality care and support

We want to provide safe, effective and high quality care and support

Outcomes	These indicators and measures will tell us how we are doing...	
People are supported by high quality care and support	The proportion of people reporting satisfaction with the services they have received	Increase in number of people who report they are satisfied with the care and support they receive Increase in number of carers who report they are satisfied with the care and support they receive Increase in number of people reporting being treated with care, kindness and compassion Increase in proportion of bereaved carers reporting good quality of care in the last three months of life
	The effectiveness of the health and care intervention the person has received	Improve the health gain people experience after elective procedures Increase in number of older people still at home 91 days after discharge from hospital
People are kept safe and free from avoidable harm	The number of healthcare-related infections and serious incidents	Reduction in healthcare-related infections Reduction in number of serious incidents in healthcare
	The effectiveness of the safeguarding enquiry	Increase in the number of adults who were asked what their desired outcomes of the safeguarding enquiry are, and of those how many were fully/partially achieved
	The number of falls in the population of local people	Reduction in the number of falls in East Sussex

We want to deliver person centred care through integrated and skilled service provision

Outcomes		
People and their families are engaged in the settings of their outcomes and the management of their care	The proportion of people involved in setting the outcomes they want to achieve from their health and care services	Increase in proportion of people using services who are involved in determining the outcomes that are most important to them Increase in percentage of patients self-reporting improved outcomes in their general health following the elective procedure
People are supported by skilled staff, delivering person-centred care	The levels of staff satisfaction	Increase in staff satisfaction levels Reduction in staff turnover
	The proportion of staff who have received training in person-centred care	Increase in percentage of staff who have completed at least 80% of their mandated training Increase in proportion of staff who have the Care Certificate Increase in staff who have completed person-centred care and support planning training