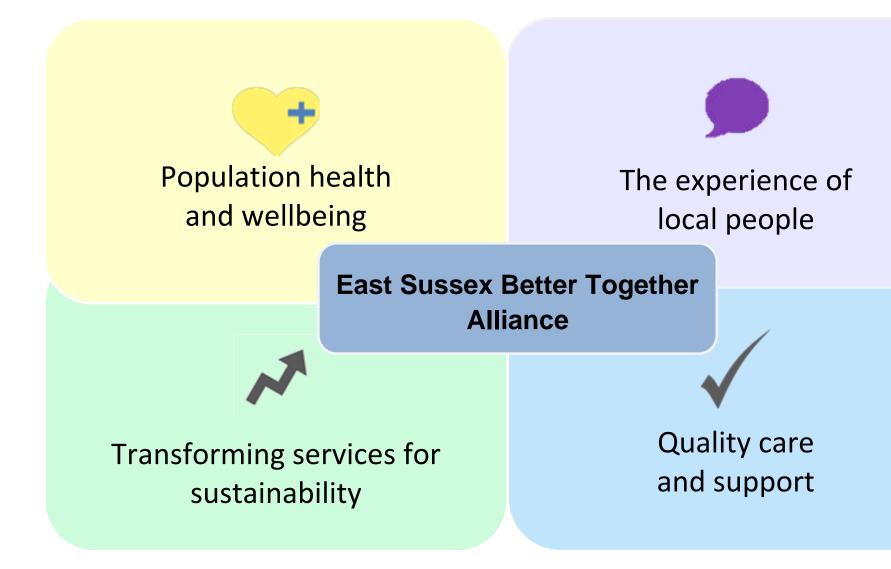


East Sussex Better Together (ESBT) **Outcomes Framework**

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.



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	w we are	e 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 week
		The rate of obesity among children		Reduction in excess weight in children aged 4-5 Reduction in excess weight in children aged 10-
		The proportion of mothers known to be smokers at the time of delivery		Reduction in percentage of mother known to be
	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 peo Improve social-care-related quality of life for adu Increase in number of people who feel they have
		The rate of overall mental wellbeing		Increase in proportion of people who say they ar Decrease in attendances at A&E for self-harm pe
	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				ities for local people
	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 areas Reduction in the gap in excess weight of 10-11 y 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 I least deprived areas
		The gap in rates of preventable deaths between the most and least deprived areas		Reduction in the gap in preventable mortality before Reduction in the gap in mortality amenable to he deprived areas

eks who were fully or partially breastfed

-5 years 0-11 years

be smokers at the time of delivery

people

dults

ave enough social contact

are not anxious or depressed per 100,000 of local population

vear olds between the most and least deprived

1 year olds between the most and least

of life for older people between the most and

between the most and least deprived areas healthcare between the most and least

The experience of local people

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

	the main to par people in centrel of their nearth and care				
	Outcomes	These indicators and measures will tell us ho	w we a	re doing	
i	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 People receiving services feel they have enough People receiving services feel they have as much	
		The proportion of carers who feel they have been involved in decisions about services		Carers feel they have been involved or consulted discussions about the support or services provide Carers feel that their needs as a carer were taken	
	People and their carers have choice and control over services	The number of people in receipt of direct payments for their care or personal heath budgets		Increase in the number of people using services v Increase the number of people in receipt of person	
	and how they are delivered	The number of carers in receipt of direct payments		Increase in the number of carers using services w	
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 a Carers find it easy to find information and advice a	
	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 n Carers who contact us about support have not ha	
We want to deliver services that meet people's needs and support their independer					
	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 Fewer people are permanently admitted to reside	
		The proportion of people with support needs who are in paid employment		Increase in the proportion of adults with learning Increase in proportion of adults in contact with sec employment	
		The proportion of people who regain their independence after using services		Proportion of people 65+ who are still at home thr Proportion of people needing less acute, or no on 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 f Carers feel safe and have no worries about their p	

ted support h choice over their care and support services ch control as they want over their daily life

ed as much as they wanted to be, in ded to the person they care for

en into account in planning their support

s who receive direct payments for their care sonal health budgets

who receive direct payments

e about support, services or benefits. e about support, services or benefits

e not had to keep repeating their story had to keep repeating their story

ence

ble to them in their local communities dential and nursing care homes

ng disabilities in paid employment secondary mental health services in paid

three months after a period of rehabilitation ongoing, support after using short-term

n feel safe ir personal safety

Transforming services for sustainability

We want to demonstrate financial and system sustainability

Outcomes	These indicators and measures will tell us ho	ow we a	re doing	
People have access to timely and responsive care	The waiting times for primary care GP services and community support and care services		Increase in number of people who report they are GP appointment Waiting time for home care packages	
	The referral times for health treatment		Constitutional NHS standards are met Increase in proportion of people referred with first 2 weeks	
	The length of stay in hospital		Reduction in length of stay in hospital Reduction in delayed transfer of care out of hospi	
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 a	
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				
People and staff working within the system have access to shared and integrated electronic information	The proportion of people and staff in all health and care settings able to retrieve relevant information about an individual's care from their local system		Proportion of systems feeding in to the integrated Proportion of systems feeding in the integrated re Proportion of systems feeing in to the citizen reco	
We want to prioritise prevention, early intervention, self care and self management				
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 pre-	
	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 Number of people who have a care plan from a pe	

Proportion of people who have access to active care coordination

are satisfied with their experience of making a

rst episode of psychosis who are seen within

spital

ambulatory care sensitive conditions

ed personal record

reporting system

cord

ent

reventative, primary and community provision

proactive service

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 receive Increase in number of carers who report they are receive Increase in proportion of bereaved carers reportin months of life
	The effectiveness of the health and care intervention the person has received		Improve the health gain people experience after e Increase in number of older people still at home 9
People are kept safe and	The number of healthcare-related infections and serious incidents		Reduction in healthcare-related infections Reduction in number of serious incidents in health
free from avoidable harm	The effectiveness of the safeguarding enquiry		Increase in the number of adults who were asked safeguarding enquiry are, and of those how many
	The number of falls in the population of local people		Reduction in the number of falls in East Sussex
Wew	want to deliver person centred care three	ough ir	ntegrated and skilled service provis
			Increase in staff satisfaction levels

People are supported	The levels of staff satisfaction	Reduction in staff turnover
by skilled staff, delivering person-centred care	The proportion of staff who have received training in person-centred care	Increase in percentage of staff who have comple Increase in proportion of staff who have the Care

re satisfied with the care and support they

re satisfied with the care and support they

ting good quality of care in the last three

elective procedures 91 days after discharge from hospital

lthcare

ed what their desired outcomes of the ny were fully/partially achieved

vision

pleted their mandatory training are Certificate