

Structure of framework

1 We have developed and agreed a single, integrated, Outcomes Framework covering the mid-Nottinghamshire population and the Services within the scope of Our Alliance. The Outcomes and indicators within the Framework will provide Us with a view of performance across pathways and population groups.

1 The framework is made up of three core elements:

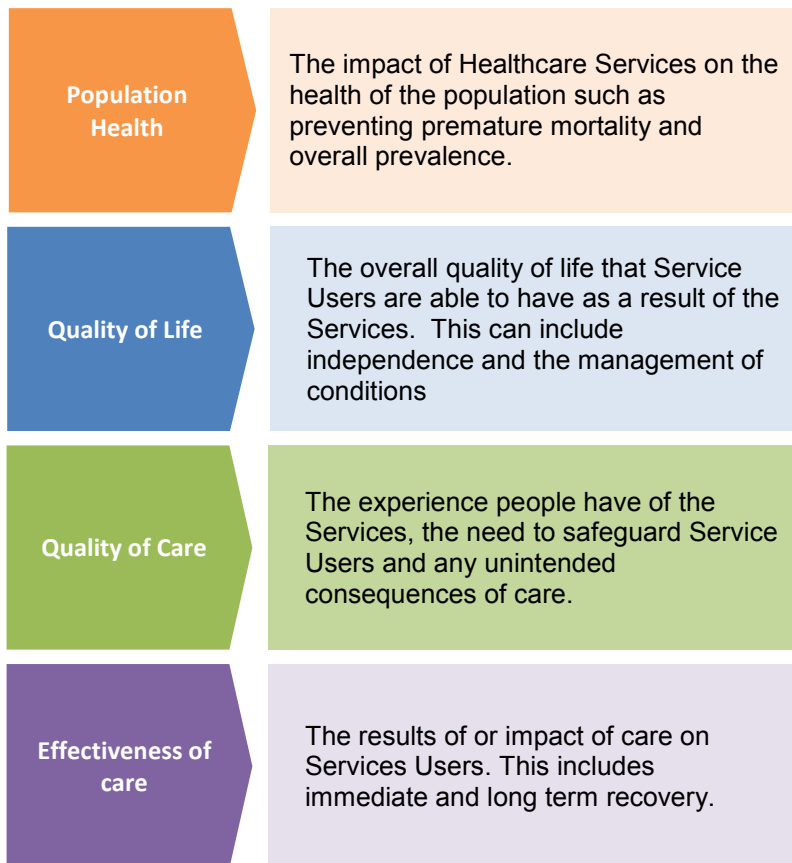
Domains	The high-level grouping or classification of Outcomes that are measuring similar things – for example, safety or Service User experience.
Outcomes	Outcomes are the goals and results of providing the Services and set out a definition for what We should be aiming to achieve. Outcomes are grounded in the needs and wants of people who use the Services. Many of the Outcomes are related and can fit within a number of the domains.
Outcome Indicators	The measures selected to demonstrate the achievement (or not) of the Outcome. These will be as Outcome focused as possible but where there is a case a process/structure measure can be used as a proxy; for example, many people cite access to timely and responsible services as important. One of the ways to measure this is through process measures/standards. Where possible, existing indicators have been used but there will be a requirement to develop some new indicators.

2 The aim of the framework is to strike a balance between an appropriate number of measures to reward performance whilst not presenting an unnecessary burden on Us or to constrain potential models of care.

Outcome Domains

3 We have identified and agreed four Outcomes ‘domains’. Outcomes within these domains will represent performance across the system and for different population groups. Indicators will be selected to demonstrate performance against the Outcomes.

4 The Outcomes domains are as follows:



5 The Outcome indicators that relate to the Outcome domains are as follows:

Domain 1: Population Health

Ref	Outcome	Ref	Indicator	Source
1.1	People are prevented from dying prematurely (reducing the potential years of life lost and premature mortality from the major causes of death)	1.1.1	Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare	NHSOF 1a, CCGOF 1.1
		1.1.2a	Reducing premature mortality from the major causes of death - U75 mortality rate from: CVD	PHOF 4.3, NHSOF 1a
		1.1.2b	Respiratory,	
		1.1.2c	Liver	
		1.1.2d	Cancer	
		1.1.2e	Heart Failure	
		1.1.3	Excess Winter Deaths	PHOF 4.15i
1.2	People are able to stay physically and mentally well (impact on the prevalence of the main long-term conditions)	1.2.1a	(To impact on the prevalence of the main long-term conditions identified in the JSNA). These are: hypertension	Existing data
		1.2.1b	Common Mental Health Disorders	Existing data
		1.2.1c	CKD	Existing data
		1.2.1d	Asthma	Existing data
		1.2.1e	Diabetes	Existing data

Domain 2: Quality of Life

Ref	Outcome	Ref	Indicator	Source
2.1	People who use health and care services and their carers report a good quality of life	2.1.1	Social care related quality of life	ASCOF 1A
		2.1.2a	Health-related quality of life for Carers	CCGOF 2.15
		2.1.2b	Health-related quality of life for people with long-term conditions	NHSOF 2
		2.1.2c	Health-related quality of life for older people	PHOF 4.13
2.2	People can remain independent, with or without support, and are able to manage the risks associated with this	2.2.1	Permanent admissions to residential and care homes, per 100,000 population (both over 65 and 18-65) (All admissions)	ASCOF 2A, BCF (just over 65)
		2.2.2	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into <u>reablement/rehabilitation services</u>	NHSOF 3.6i, ASCOF 2B
2.3	People are able to have choice and control over their condition and the services they receive	2.3.1	Proportion of people who use services who have control over their daily life	ASCOF 1B
		2.3.2	Proportion of people using social care who receive self-directed support, and those receiving direct payments	ASCOF 1C
		2.3.3	EOL: % of patients dying in place of preference	TBC
		2.3.4	Proportion of patients and service users who feel that they were involved as much as they wanted to be in decisions about their care and support	PIRU (app.C)
2.4	People can manage their condition and/or frailty to prevent complications	2.4.1	Proportion of people feeling supported to manage their (long-term) condition	NHSOF 2.1, BCF, CCGOF 2.2
		2.4.2	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Examples include Infections, Nutritional, endocrine and metabolic, Diseases of the blood, Mental and behavioural disorders, Neurological disorders, Cardiovascular diseases, Respiratory diseases)	HES, CCG 2.6, NHSOF 2.3i
		2.4.3	Complications in relation to a diagnosed long-term condition - Diabetes: Complications associated with diabetes including emergency admission for diabetic ketoacidosis and lower limb amputation - (See measure 1.1.2 for mortality from heart failure and CVD) - (See 2.4.2 for exacerbations relating to COPD and CVD)	CCG OF 2.8
		2.4.4	Injuries due to falls in people aged 65 and over	PHOF 2.24i
2.5	People are able to make a meaningful community and social contribution	2.5.1	Proportion of adult social care users who have as much social contact as they would like	ASCOF / PHOF 1.18i
		2.5.2	Proportion of adult carers who have as much social contact as they would like	ASCOF / PHOF 1.18ii

Domain 3: Quality of Care

Ref	Outcome	Ref	Indicator	Source
3.1	Users are safeguarded against unintended or potential harms	3.1.1	Providers are expected to comply with all national standards and duties in relation to safety and safeguarding. These will form part of the contract and a selection of measures may be used as a pass/fail for incentivisation.	Link to NHSOF 5b
3.2	People have access to timely and responsive services	3.2.1	Overall satisfaction of people with accessibility and convenience to health and care services	IQI PEXIS1
		3.2.3	% reduction in attendances at A&E for primary care conditions	NEW
3.3	People who use services have a good experience of care	3.3.1	Patients experience of Integrated Care (Placeholder)	NHSOF and ASCOF (TBC) - currently under development
		3.3.2	Patient experience of hospital care (composite measure of inpatient, outpatient and A&E)	NHSOF 4b
		3.3.3	Overall satisfaction of people who use services with their care and support (Social Care)	ASCOF 3A
		3.3.4	Overall satisfaction of carers with social services	ASCOF 3B
		3.3.5	EOL: Bereaved carers' views on the quality of care in the last three months of life	CCG OF

Domain 4: Effectiveness of Care

Ref	Outcome	Ref	Indicator	Indicator Source
4.1	Services are effective and reduce the need for readmissions	4.1.1	Emergency admissions for acute conditions that should not usually require hospital admission	CCGOF 3.1, NHSOF 3.3a
		4.1.2	Emergency readmissions within 30 days of discharge from hospital all admissions	CCGOF 3.2
4.2	Service users make their expected and sustained recovery following treatment	4.2.1	Proportion of service users achieving their personal and social goals agreed at the beginning of support or treatment	NEW
		4.2.2	Care hours required at the end of reablement and/or rehabilitation services (The % of reablement cases where care package is (1) eliminated or (2) reduced, at the end of the reablement period).	Existing Data / NEW SCIE
		4.2.3	Proportion of stroke patients reporting an improvement in activity/lifestyle on the Modified Rankin Scale at 6 months	NHSOF 3.4 (In development)
		4.2.4	Proportion of patients with fragility fractures recovering to their previous levels of mobility / walking ability at 30 / 120 days	NHSOF 3.5
		4.2.5a	Increased health gain as assessed by patients for elective procedures a) hip replacement,	NHSOF 3.1, CCGOF 3
		4.2.5b	b) knee replacement,	
		4.2.5c	c) groin hernia,	
		4.2.5d	d) varicose veins	
4.2.6	Cancer: One and five year survival rates for all cancers	NHSOF 1.4 / CCG OF		
4.3	Maternity services effective to prepare mothers and babies for an excellent start in life	4.3.1	Indicators to be developed and confirmed by the maternity working group	TBD
4.4	Carers are able to provide high-quality support	4.4.1	Carers report that they have access to expertise to be effective carers (% of carers who, in the last 12 months, have found it easy or difficult to find information and advice about support, services or benefits)	Carers Survey
		4.4.2	Carers reporting that they have had the support they need to stay well and manage their wellbeing (% of carers who feel that they have enough encouragement and support)	ASCOF / Carers Survey

