| APPENDIX 3 Outcomes Framework – Adult Integration | า |
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| | | | | Integrated Health & Social Care Programme | | | | |
|---------|--------------|---|--|---|---|----------------|--|--|
| | | | Outcomes Framework | Questions/ measure | Source | Who | Date | |
| Better | | 1 | I have choice and control over the services I get. | 1. Were you involved as much as you wanted to be in decisions about your care treatment | Long term condition 6 (LTC 6) questionnaire Questions 2 | Emily Brown | LSE CCG practices took park 2012. 2013 participation TBC | |
| | | 2 | Services see and treat me as an individual. | Questions based on previous evaluative work and evidence from user outcomes literature 1. Doctor or nurse took notice of views about how to deal with | Staff/ service user evaluation framework -UoL Department of health GP patient survey | V. Ward n/a | Jan 2014 - interviews Results - March/April 2014) December 2012 /June 2013 | |
| | er & carer | | | health problem? Questions based on previous evaluative work and evidence from user outcomes literature | Staff/ service user evaluation framework -UoL | V. Ward | Jan 2014 - interviews Results - March/April 2014) | |
| | Service user | 3 | I feel there is time for staff to listen to me. | 1. Having discussions has helped improve how I manage my health problem. Responses include all those who have had discussions in past 12 months about how best to deal with long-standing health problem | Department of health GP patient survey | n/a | December 2012 /June 2013 | |
| Simpler | | 4 | Teams share information (with my consent), so I don't have to tell my story to too many different people. | 1. Do you think the support and care you receive is joined - up and working for you? | Long term condition 6 (LTC 6) questionnaire Question 5 | Emily Brown | LSE CCG practices took park 2012. 2013 participation TBC | |

| | | | I know who go to if I need to | 1. How would you describe the amount of information you | Long term condition 6 (LTC 6) questionnaire | Emily Brown | LSE CCG practices took park 2012. |
|--------------|-------|---|--|---|--|--------------|-----------------------------------|
| | | 5 | discuss my support. | received to help you manage | Question 3 | | 2012 2012 2013 participation TBC |
| | | | your health? | | | | |
| | | | | 1. Ratio of patients admitted via | Activity dashboard | Thomas Mason | |
| | | | I am seen in hospital swiftly if | A&E V direct from community | | | |
| | | 6 | that's the best place for me, | 2. Average length of stay in | | | |
| | | 0 | and I am supported to get | acute hospital; days | | | |
| | | | back home again. | 3. Discharged with a discharge | | | |
| | | | | plan? | | | |
| | | | | Questions based on previous | Staff/ service user evaluation | V. Ward | Jan 2014 - interviews |
| | | | Formal services help me to | evaluative work and evidence | framework -UoL | | Results - March/April 2014) |
| | | | 7 make good use of everyday, community services and support. | from user outcomes literature | | | |
| | | 7 | | Have the integrated teams been | Adult social care | | |
| e | | | | provided with a list of all | Leeds community healthcare | | |
| Better value | | | | community based support | | | |
| эr v | | | | services for their area? | | | |
| ette | | 8 | 8 I can get the support I need to manage my own condition. | 1. Did you discuss what was | Long term condition 6 (LTC 6) | Emily Brown | LSE CCG practices took park |
| ă | | | | most important for you in | questionnaire | | 2012. |
| | | | | managing your own health? | Questions 1&6 | | 2013 participation TBC |
| | | | | 2. How confident are you that | | | |
| | | | | you can manage your own | | | |
| | | | | health? | | | |
| ter | | | Service users receive a more | Questions based on previous | Staff/ service user evaluation | V. Ward | Jan 2014 - interviews |
| | | | | evaluative work and evidence | framework -UoL | | Results - March/April 2014) |
| | JL | 9 holistic response because we're integrated. | | from user outcomes literature | | | |
| Better | Staff | | Number and skill mix of staff | Activity and Finance Evaluation | T.Farragher | Dec-13 | |
| | | | we re micgrated. | involved with individual | (no. of process outcomes) - UoL | Thomas Mason | |
| | | | | patients/clients | | | |

| | | | Integration enables us to use | Questions based on previous | Staff/ service user evaluation | V. Ward | Jan 2014 - interviews |
|--------------|--|----|---|---------------------------------|---------------------------------|--------------|-----------------------------|
| | | 10 | planning and meeting time | evaluative work and evidence | framework -UoL | | Results - March/April 2014) |
| | | | more effectively. | from user outcomes literature | | | |
| | | | We are able to take a more | Hospital episode statistics for | Emergency admission episodes | CSU BI Team | Monthly |
| | | 11 | preventative approach to | admitted patient care (HES APC) | 2011-2012, Pg. 7 | | |
| | | | support. | | http://www.hesonline.nhs.uk | | |
| | | | I can spend more time with | Questions based on previous | Staff/ service user evaluation | V. Ward | Jan 2014 - interviews |
| | | 12 | users and carers because | evaluative work and evidence | framework -UoL | | Results - March/April 2014) |
| er | | | we're integrated. | from user outcomes literature | | | |
| Simpler | | | I am clear about my role and | Interview staff regarding | Staff/ service user evaluation | V. Ward | Jan 2014 - interviews |
| Sin | | 12 | responsibilities and how they | success of information flow | framework -UoL | | Results - March/April 2014) |
| | | 13 | fit with other roles in the whole system. | | | | |
| | | | whole system. | Questions based on previous | Staff/ service user evaluation | V. Ward | Jan 2014 - interviews |
| | | | | evaluative work and evidence | framework -UoL | V. Ward | Results - March/April 2014) |
| | | 14 | There is less duplication | from user outcomes literature | | | |
| | | | because we're integrated. | Number of people assigned to a | Activity and Finance Evaluation | T.Farragher | Dec-13 |
| | | | 3 | dedicated case manager | (no. of structure outcomes) - | Thomas Mason | |
| | | | | | UoL | | |
| ne | | | | Questions based on previous | Staff/ service user evaluation | V. Ward | Jan 2014 - interviews |
| Better value | | | Processes (assessment, | evaluative work and evidence | framework -UoL | | Results - March/April 2014) |
| ter | | 15 | recording and review) are | from user outcomes literature | | | |
| Bet | | | streamlined and transparent. | - development of standard | | | |
| | | | | operating procedures | | | |
| | | | | Questions based on previous | Staff/ service user evaluation | V. Ward | Jan 2014 - interviews |
| | | | We have clear ways of | evaluative work and evidence | framework -UoL | | Results - March/April 2014) |
| | | 16 | sharing learning and best | from user outcomes literature | | | |
| | | | practice between teams. | - Exact measure requires | | | |
| | | | | clarification | | | |

| | | | | Q.34 Health status is derived | Department of health GP | n/a | June 2013 |
|--------------|--------|----|--------------------------------|--|---------------------------------|----------------|----------------------------------|
| | | | | from responses to which asks | patient survey | | http://results.gp- |
| | | | | respondents to describe their | C2.1, CCG outcomes indicator | | patient.co.uk/report/13/result.a |
| | | | | health status using the five | set 2013/14 | | <u>spx</u> |
| | | | Integrated teams have led to | dimensions of the EuroQuol 5D | | | |
| | | 17 | improved health and well- | (EQ-5D) survey instrument: | | | |
| <u> </u> | | | being. | Mobility | | | |
| Better | | | | Self-care | | | |
| Be | | | | Usual activities | | | |
| | | | | Pain/discomfort | | | |
| | | | | Anxiety/depression | | | |
| | | | Information flow between | Interview service users & staff | Staff/ service user evaluation | | Jan 2014 - interviews |
| | System | 18 | teams and to and from the | regarding success of | framework -UoL | | Results - March/April 2014) |
| | | 10 | wider system (Third sector) is | information flow | | | |
| | syst | | better. | | | | |
| | 0, | 19 | Integrated teams have led to | 1. Referral data from LCH & ASC | Activity and Finance Evaluation | T.Farragher | Dec-13 |
| | | | shorter times from referral to | (T. Mason) | (no. of process outcomes) - UoL | Thomas Mason | |
| er | | | response. | 2. Average length of delayed | | | |
| Simpler | | | | transfers of care | | | |
| Sil | | | There is a shared care plan | How many people being seen by | Adult social care | Richard Graham | |
| | | 20 | across all relevant partners. | the IHSC teams have ONLY one | | | |
| | | | | personalised support plan | | | |
| | | | Integrated teams have | Care homes | Activity and Finance Evaluation | T.Farragher | December 2013 |
| lue | | | helped people stay at home | 1. Number of people being | (no. of process outcomes) - UoL | | CCG level data |
| r va | | 21 | (and not go into hospital or | admitted to care homes | | | |
| Better value | | | care homes), or to come | 2. Length of stay | | | |
| Be | | | home more quickly following | 3. No patients admitted from | | | |
| | | | a stay in hospital or care | hospital V from home | | | |

| | | home. | Hospital specific- | Activity and Finance Evaluation | Thomas Mason | |
|--|----|------------------------------------|--------------------------------|---------------------------------|--------------|-----------------------------|
| | | | 1. Number of hospital acute | (no. of process outcomes) - UoL | | |
| | | | admissions | | | |
| | | | 2. Length of stay | | | |
| | | | User/carer views on whether or | Staff/ service user evaluation | V. Ward | Jan 2014 - interviews |
| | | There is flexibility in roles (for | not staff are working more | framework -UoL | | Results - March/April 2014) |
| | 22 | simple tasks) within | flexibly | | | Patient level data |
| | 22 | neighbourhood teams and | Number and skill mix of staff | Activity and Finance Evaluation | T.Farragher | Dec-13 |
| | | the wider system. | involved with individual | (no. of process outcomes) - UoL | Thomas Mason | |
| | | | patients/clients | | | |