

# Tameside & Glossop

## System Outcomes Framework



### WHY WE NEED A SYSTEM OUTCOMES FRAMEWORK?

The whole system aim is to improve the healthy life expectancy of our population

Our 'WHOLE' system outcomes framework sets out what we want to achieve for Tameside & Glossop and how we understand our progress.

This cannot be achieved by health and Care organisations alone

'People should be at the centre of all we do if we want to achieve equitable outcomes, for all our citizens wherever they live and what ever their circumstances'

Therefore:

- our system outcomes framework takes into account the social determinates of health by taking a much broader Health & Wellbeing approach
- It provides a consistent approach for both commissioning and service provision
- It supports the refocusing of resources to achieve our ambition for our population and supports new and innovative ways of working
- It ensures accountability across the system
- It provides guidance and direction
- It pulls together relevant information from a range of sources

Our system outcomes framework as an over arching System Aim and Objective

3 system Outcomes  
7 system themes

Our Outcomes reflect our aspirations for Tameside & Glossop residents and communities and guide our actions in the short, medium and long term.

The indicators through which we will track progress towards the achievement of our outcomes will seek to quantify the key changes we would expect to see as our outcomes are achieved

**This Guide should help you understand how the System Outcomes Framework (SOF) fits with your roles and responsibilities and your organisations roles and responsibilities and across the whole health and social care system.**

The responsibility to improve and protect our residents health and wellbeing outcomes lies with us all-local government, health organisations, partner organisations, local communities and ourselves.

Our whole system health and social care system will be refocused around achieving positive outcomes for our population and reducing inequalities.

Rather than a focus on progress targets the Tameside & Glossop System Outcomes Framework will set the context for the whole system.

The framework sets out a broad range of opportunities to improve and protect health across our area.

Our main objective is to increase Healthy Life Expectancy. This is key to all we do, as keeping our population as healthy as possible for as long as possible will impact on the whole economy including the health and care economy by reducing the burden poor health currently has on the system.

People can only work and participate in our community if they are in good health. Our current Healthy Life Expectancy is **56.4 years for males and 58.8 years for females**-significantly lower than the rest of the country.

This means that from the age of 56.4 years for males and 58.8 years for females, health will be poorer or deteriorating, long term conditions will be prevalent and the burden of poor health on the health and care system will happen much sooner than other areas of the country.

However, Healthy Life Expectancy is not the sole responsibility of one area (health and care), there are many factors that influence health and wellbeing outcomes. A good start in life for our youngest members of society, educational outcomes, housing, the environment, employment and income.

**So this System Outcomes Framework takes all these factors into consideration and allows all of us in our professional, organisational and personal capacity to influence and change the lives and outcomes of our population.**

In some way or another what you do and whatever organisation you are in, this gives you and your organisation the opportunity to help transform the health and wellbeing outcomes of our population. This framework will be the umbrella in which everyone across the system will work towards.

Evaluating your current performance frameworks, scorecards, dashboards and performance reports at both operational and strategic level will allow you to look at the indicators within your working areas and see how they influence the outcomes within the SOF and allow you then to prioritise those that will have the biggest impact for improvement.

**Everything we do, the priorities we strive for and the day to day operational and strategic decisions made need to have an impact on the 35 outcomes in this SOF.**

Look at the themes within the SOF and the outcomes attached to the themes. Add the outcomes that you feel you, the team you work in and the organisation you work for are able to influence or impact on the most.

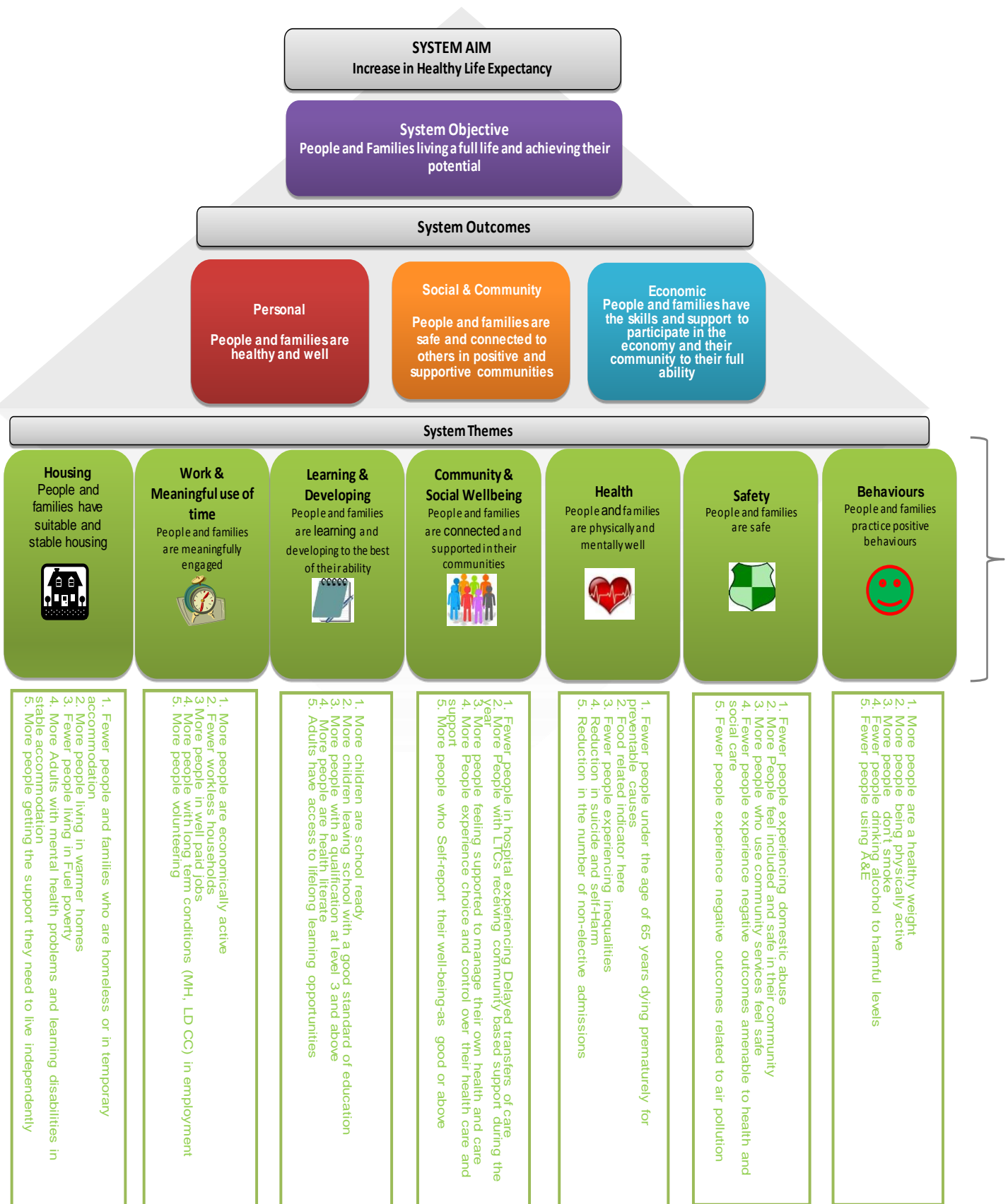
Add these to your current dashboards, reports etc.

Think about the performance or outcome measures you and your organisation are working towards, which ones will have the greatest or any impact on the SOF outcomes, flag these indicators

The SOF will go to Health and Wellbeing Board on a bi-annual basis, if everyone takes ownership of the outcomes within the SOF then we will start to see improvements in the SOF (reds turning amber or green)

Some of the indicators within the SOF can be lifted and dropped into contracts, some may be additions to current contracts or priorities or sit alongside current contract/priorities. SOF may also be used to identify priorities for your organisation or service.

# TAMESIDE & GLOSSOP SYSTEM OUTCOMES FRAMEWORK



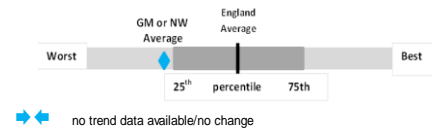
The Theme Indicators

Key:

- Significantly better than England average
- Not significantly different from England average
- Significantly worse than England average
- No significance can be calculated

- should see change in the short term
- should see change in the medium term
- should see change in long term

England Key:



Themes	Indicator	Period	Direction of Travel	Local Number	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
HOUSING	1 Eligible homeless people not in priority need (rate/1000)	2015/16	↑	168	1.7	0.9	4.0		4.0
	2 households in temporary accommodation (rate/1000)	2015/17	↑	75	0.8	3.1	35.0		0.1
	3 Fuel poverty (%)	2014/15	↑	9834	10.2	10.6	15.1		5.8
	4 Adults with a learning disability who live in stable and appropriate accommodation (Persons) (%)	2015/16	↓	423	93.8	75.4	18.9		94.4
	5 Adults in contact with secondary mental health services who live in stable and appropriate accommodation (Persons) (%)	2015/16	↓	n/a	1.3	58.6	1.6		92.6
	6 Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital (%)	2013/14	↓	385	87.5	59.7	50.0		100.0
	7 Permanent admissions into residential care per 100,000	2013/14	↑	205	119.2	105.0	214.6		0.0
Work & meaningful use of time	8 Economically active (%)	2016	↑	107400	75.4	78.1	100.0		0.0
	9 Workless households (%)	2015	↓	18000	18.0	14.9	100.0		0.0
	10 Claimant count for ESA and Incapacity benefit	2016	↓	11900	8.5	5.8	12.8		2.2
	11 Average earnings by residence (£)	2016	↑	460	460.0	545.0	413.1		785.1
	12 Gap in employment rate LTCs (percentage point)	2016	↓	n/a	7.8	8.8	14.9		0.4
	13 Gap in employment rate Mental health (percentage point)	2016	↔	n/a	68.0	67.2	77.8		48.3
	14 Gap in employment learning disability (percentage point)	2016	↑	n/a	93.8	74.9	41.9		94.4
Learning and Development	15 Utilisation of outdoor space for exercise/health reasons (%)	2015/16	↑	n/a	14.5	17.9	5.1		36.9
	16 School readiness (%)	2015/16	↑	n/a	63.0	69.3	59.7		78.7
	17 School readiness (children entitled to free school meals) (%)	2015/16	↑	n/a	51.2	54.4	68.6		40.6
	18 GCSEs achieved (5A*-C including English & Maths) (%)	2015/16	↑	1381	57.7	57.8	44.8		74.6
	19 GCSEs achieved (5 A*-C inc. English and maths) for children in care (%)	2015/17	↔	8	22.2	13.8	6.4		34.6
	20 Level 3 qualifications (%)	2016	↑	65100	47.3	56.7	32.9		82.4
	21 16-18 year olds not in education employment or training (%)	2015/16	↓	280	3.8	4.2	7.9		1.5
22 Working age population with no skills/qualifications (%)	2016	↓	12800	9.3	7.8	24.8		2.1	
Community and social wellbeing	23 Total delayed transfers of care (rate/1000)	2015/16	↑	36	20.8	10.6	29.5		0.0
	24 Delayed transfers of care attributable to adult social care (rate/1000)	2015/16	↑	24	13.9	4.7	15.4		0.0
	25 Adults who received any community based support during the year per 100,000	2014/15	↓	5912	3437.0	2482.0	983.0		6165.0
	26 Proportion of people who receive self-directed support (%)	2015/16	↑	4875	67.1	61.9	25.3		100.0
	27 Proportion of people who use services who have control over their daily life (%)	2015/16	↓	n/a	68.6	76.6	60.5		90.2
	28 Deaths in usual place of residence (%), Persons, All ages	2015	↑	765	35.1	46.0	28.5		56.9
	29 < 65 mortality rate per 100,000	2014/15	↓	397	228.4	174.9	351.2		115.4
Health	30 Under 75 mortality rate from cardiovascular diseases considered preventable (Persons)	2014/15	↓	450	80.5	48.1	89.5		27.2
	31 Under 75 mortality rate from cancer considered preventable (Persons)	2014/15	↓	581	103.5	81.1	129.3		59.6
	32 suicide rate per 100,000	2014/15	↑	75	13.2	10.1	17.4		5.6
	33 Emergency Hospital Admissions for Intentional Self-Harm: Directly age-sex standardised rate per 100,000	2015/16	↓	647	290.4	196.5	635.3		55.7
	34 Emergency admissions for acute conditions that should not usually require hospital admission per 100,000	2015/16	↑	4606	2097.0	1318.9	10582.8		29.3
	35 CHD admissions (all ages) per 100,000	2014/15	↓	1736	747.8	539.7	1055.0		295.7
	36 Cumulative percentage of the eligible population aged 40-74 who received an NHS Health check	2013-2016	↔	15927	23.8	27.4	11.0		55.7
SAFETY	37 Cancer diagnosed at early stage (stages 1&2) (%)	2015	↓	455	49.5	52.4	0.0		63.1
	38 Domestic abuse (16+ yrs) per 1000	2014/15	↓	n/a	22.5	20.4	38.4		9.4
	39 Hip fractures in people aged 65 and over per 100,000	2015/16	↓	249	708.0	589.0	820.0		391.0
	40 Proportion of people who use services who feel safe	2015/16	↑	n/a	67.2	69.2	55.1		80.4
	41 Air pollution: fine particulate matter (Mean - µg/m3)	2015	↓	n/a	7.4	8.3	11.8		5.5
	42 Fraction of mortality attributable to particulate air pollution	2015/16	↓	n/a	4.2	4.7	6.7		3.2
	43 Summary Hospital-level Mortality Indicator (SHMI) - SHMI data at trust level	2015/16	↓	1357	1.1	1.0	1.2		0.7
BEHAVIOURS	44 Hospital Summary Mortality Ratio (HSMR)	2016/17	↓	n/a	94.5	98.9	120.0		66.9
	45 Emergency readmissions within 30 days of discharge from hospital (Persons)	2015/16	↔	3765	12.9	11.8	14.5		8.8
	46 % of reception children of a healthy weight	2015/16	↓	2391	76.5	77.9	85.7		69.9
	47 % of year 6 children of a healthy weight	2015/16	↓	1820	66.1	65.8	77.1		56.6
	48 % of adults of a healthy weight	2013/15	↓	59624	33.5	35.2	53.5		23.8
	49 Density of fast food outlets per 100,000 people	2013/15	↔	242	109.2	88.2	198.9		33.3
	50 physical inactivity levels (%)	2013/15	↑	60692	34.1	28.7	43.7		17.5
	51 smoking prevalence (%)	2015	↓	38622	21.7	16.9	26.8		9.5
	52 Smoking Prevalence in adults in routine and manual occupations (%)	2015	↓	*	28.0	26.5	36.3		15.8
	53 SATOD (%)	2015/16	↓	400	15.8	10.6	26.0		1.8
	54 Hospital Admission episodes for alcohol-related conditions - narrow definition ( per 100,000 Persons)	2015/16	↑	1754	821.0	647.0	1163.0		390.0
55 A&E attendances per 1000 people (hospital trust level data)per1000 population	2016/17	↑	85639	336.0	426.6	494.0		22.0	