

1 HEALTHY SEGMENT

Who's in this group?

- adults in the general population
- not in contact with health services
- no diagnosed conditions
- may have underlying conditions/risk factors
- may have unhealthy behaviours

What's important to them?

- staying healthy and avoiding developing a disease/condition
- convenient access to services when unwell
- longevity
- maintaining independence, usual lifestyle and activities
- quality of life and social interaction

Clinical and Social Outcomes

- **REDUCE** avoidable acute admissions
The incidence of emergency admissions in people aged 18+ with a primary or secondary diagnosis of an acute condition that should not usually require hospital admission (and thus considered potentially avoidable through better primary care management)
- **INCREASE** physical activity
The % of people aged 16+ reporting achieving at least 150 minutes of physical activity per week
- **REDUCE** obesity
The % people aged 18+ whose most recent recorded BMI is 30 or over
- **REDUCE** smoking
The % people aged 18+ whose most recently recorded smoking status is 'current smoker'
- **REDUCE** alcohol consumption
The incidence of alcohol specific admissions in people aged 18+

4 END OF LIFE CARE SEGMENT

Who's in this group?

- people with a terminal illness or advanced progressive deterioration
- people identified to be in their last 6-12 months of life

What's important to them?

- control over their care and place of death
- early conversations and planning
- support to live as actively and as well as possible
- dignity and respect
- psychological support to themselves and their family

Clinical and Social Outcomes

- **INCREASE** people dying at their preferred place
The % of people aged 18+ who died outside of hospital
- **INCREASE** palliative care registrations in people expected to die
The % of people aged 18+ who were on the palliative care register at the time of death
- **REDUCE** the proportion of days disrupted by emergency care for people in their last days of life
The % days disrupted by emergency care in people aged 18+ who are in their last 30/60/90 days of life

Stockport Outcomes Framework at a glance

2 LONG-TERM CONDITIONS SEGMENT

Who's in this group?

- people aged 18 years and over with a LTC
- may have stable/normal function managed by medication, treatment or therapy
- may have serious long-term physical or learning disability
- may have limited reserve, serious exacerbations, progressive deteriorating conditions

What's important to them?

- effective self-management
- preventing/limiting disease progression
- maintaining autonomy
- confidence to manage their condition
- avoiding exacerbations or complications
- avoiding developing more health conditions
- minimal disruption to life
- co-ordinated care in the most appropriate place

Clinical and Social Outcomes

- **REDUCE** premature mortality in people with Serious Mental Illness (SMI)
The number of years of life lost in people aged 18+ with a diagnosis of SMI
- **REDUCE** smoking
The % of people aged 18+ who have a LTC and/or disability whose most recently recorded smoking status is 'current smoker'
- **REDUCE** obesity
The % of the people aged 18+ who have a LTC and/or disability, whose most recent BMI recording is 30 or over.
- **REDUCE** episodes of ill health requiring emergency admission
The incidence of emergency admissions in people aged 18+ with a LTC, disability and/or organ failure.
- **REDUCE** days disrupted by care
The % of days disrupted by hospital care for people with a LTC, disability and/or organ failure aged 18+
- **REDUCE** stroke in people with diabetes and/or circulatory conditions
The incidence of admissions for stroke in people aged 18+ with diabetes and/or circulatory conditions
- **REDUCE** diabetes complications
The incidence of stroke, MI, lower limb amputations, ESRF, and blindness in people aged 18+ with diabetes
- **REDUCE** exacerbations requiring emergency admission in people with organ failure
The incidence of emergency admissions in people aged 18+ with a diagnosis of organ failure
- **INCREASE** cancers diagnosed at an early stage (stage 1 or 2)
The % people of all ages with a new case of invasive cancer who were diagnosed at stage 1 or 2
- **REDUCE** self-harm/injury in people with depression and/or SMI
- **INCREASE** employment for those in secondary Mental Health services
The % gap between working age adults receiving secondary MH services and on the Care Programme Approach recorded as being employed and the % of all respondents in the Labour Force Survey classed as employed
- **INCREASE** adults in contact with secondary MH services living in stable and appropriate accommodation
The % of adults receiving secondary MH services on the Care Programme Approach recorded as living independently, with or without support

3 FRAILTY AND/OR DEMENTIA SEGMENT

Who's in this group?

- people who are frail and/or have dementia
- likely to have comorbidities
- often vulnerable and dependent on others

What's important to them?

- avoid disruption to life / time away from home
- independence
- prevention of falls or distress e.g. pressure ulcers
- stronger recovery following falls, fractures or admission
- timely diagnosis of dementia at an early stage
- quality of life and social interaction

Clinical and Social Outcomes

- **INCREASE** the proportion of days spent at home
The % of days spent at 'home' in people aged 65+ with frailty and/or dementia.
- **REDUCE** pressure ulcers
The incidence of pressure ulcers, either presenting to hospital, or occurring in an admission, in people aged 65+ with frailty and/or dementia.
- **REDUCE** falls
The incidence of falls, either presenting to hospital, or occurring in an admission, in people aged 65+ with frailty and/or dementia.
- **REDUCE** delirium
The incidence of admissions with delirium, either presenting to hospital, or occurring in an admission, in people aged 65+ with frailty and/or dementia.
- **REDUCE** emergency admissions for UTI, constipation & incontinence
The incidence of emergency admissions with UTI, constipation and/or incontinence, either presenting to hospital, or occurring in an admission, in people aged 65+ with frailty and/or dementia.
- **REDUCE** the dementia prevalence gap
The % of people aged 65+ who are estimated to have dementia but NOT have a dementia diagnosis
- **REDUCE** people requiring repeat emergency care within 30 days of discharge
The incidence of emergency readmissions or A&E attendances within 30 days of discharge in people aged 65+ with frailty and/or dementia
- **INCREASE** people back to previous level of mobility following a hip fracture
The % of people aged 60-110 years with a fragility fracture who have returned back to previous levels of mobility at i) 30 or ii) 120 days after a hip fracture

5 PERSONAL OUTCOMES (measures to be agreed)

- Independence
- Proactive and confidence in managing health
- Able to maintain usual lifestyle and activities, having a full life
- Time with friends and family, not being lone
- Well-informed
- Feeling supported and reassured
- Feeling safe and secure
- In control, involved, listened to
- Dignity and respect
- Anxiety / depression
- Pain and symptom control
- Nutrition
- Disability / functions of daily living
- Mental wellbeing