



Shared Outcome Framework Resource Slides

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1. Purpose of a Shared Outcomes Framework

Tower Hamlets has been at the forefront of innovation development in health and care and is well recognised for pioneering new work practices and leading the way in new initiatives and projects. These new ways of working and initiatives demonstrate the ambition and passion of stakeholders across the system to tackling the challenges experienced with improving outcomes for its population.

From a system perspective, the next step in improving population health outcomes is the implementation of an Shared Outcomes Framework. The purpose of the Outcomes Framework is to provide a high-level vision to serve as an anchor to help Tower Hamlets health and care system make informed decisions regarding what care provision to develop and what improvement work to prioritise.

Evidence from other health and care systems which have embarked on transformation, demonstrates that having a shared vision and system wide outcomes is vital to develop a common language across the health and care system. This in turn supports stakeholders to move past practical impasses that can arise when teams and organisations have different goals.

Tower Hamlets Together recognise the importance of a Shared Outcomes Framework and how it can act as a vital tool in a time/resource constrained system such as theirs to:

- guide system priority setting and those working in the system are clear about the priorities;
- help those in the system be confident that they support wider system aims and what local people say is important to them;
- provide a common point of reference to empower front line staff, and all in the system, to take large and incremental steps to help meet the outcomes articulated; and
- enable smooth joint working as it offers a clear articulation of shared ambitions.

2. Development of the Shared Outcomes Framework

In 2017-18 Tower Hamlets Together (THT), under the Vanguard programme, developed a set of 'I' statements which identify what matters most to the people of Tower Hamlets. This work was supported by Cobic, co-design with citizens and health and care professionals and validated by the New Economics Foundation.

I-Statements are a personal statement about ones feelings, beliefs and values. The 'I Statements' developed reflect things that citizens of Tower Hamlets want from health and care services or in their lives.

Since 2017-18 the I-Statements are increasingly being used by commissioners, providers and the community, for example to:

- develop tenders for the procurement of health and care services;
- team annual planning within social care;
- develop the Health and Well-being strategy;
- develop services and quality improvements;
- evaluate care and support provided; and
- structure community consultation and engagement activities.

In 2018-19 a Shared Outcomes Framework based on the set of 'I' Statements was developed in partnership with system stakeholders, supported by Bourne Advisors Ltd. The aim of the Outcomes Framework is to act as a 'tool' for which Tower Hamlets Together can use to assess how the health and care system is progressing towards making the I-Statements a 'reality' for the citizens over the next 5-10 years.

The aspiration is for the Outcomes Framework to be adopted fully by all partners within Tower Hamlets so that commissioners, providers and the community can use the outcomes to drive forward improvements in how health and care is commissioned, designed, delivered, evaluated and improved.

The draft Outcomes Framework was co-designed with THT stakeholders, including representatives and leads of the three life course work streams and was completed at the end of June 2019. It is reflective of the broad challenges and needs experienced by the three life course work stream population groups (Born Well Growing Well; Adults Living Well; and Adults with Complex Needs), it includes the following elements:

- set of domains with which categorise / group the I-Statements;
- description that underpins each domain;
- description that underpins each I-Statement; and
- proposed short list of system wide outcomes and/or indicators associated with the I-statements;

The draft Outcomes Framework was signed off by the THT Board in September 2019. In 2020 THT started to adopt the Outcomes Framework to develop a systems dashboard as a way of identifying how the system is progressing to achieving the I-Statements through the various programmes and initiatives that are being delivered locally.

3. Case Use Example: *Personalised Care Programme Audit Tool*

Background

Personalised care is recognised as one of the five major, practical, changes to the NHS service model in the NHS Long Term Plan. Personalisation means people have choice and control over the way their care is planned and delivered, based on what matters to them and their individual strengths and needs.

The Personalised Care Programme in Tower Hamlets, was launched in 2014. Tower Hamlets was a one of nine trailblazing demonstrator sites for integrated personal commissioning between 2015 and 2018 with key partners within Tower Hamlets CCG, London Borough of Tower Hamlets, MIND, Real and Bromley by Bow Centre.

The programme focussed on embedding personalised care and support planning, with the offer of a personal health budget, in 6 cohorts of the population.

Personal Health Budgets, in support of personalised care, are not only a national priority but a legal requirement and a 'right to have' a personal health budget. Those with complex needs, which roughly represents around 5% of a health and care systems population.

In 2017, the Personalised Care Programme team commenced work with the East London Foundation Trust to embed personalised care and support planning with the offer of a Personal Health Budget (PHB) with the Community Mental Health and Learning Disability services.

Challenge

An independent review of Personal Health Budgets (PHBs) and personal care and support planning was undertaken between November 2019 and February 2020. This was with the aim of identifying local actions required to further develop the programme and spread and adopt areas of good practice across Tower Hamlets health and care system.

The review highlighted there was a pressing need for robust data to help stakeholders understand the benefits, outcome and impact of Personal Health Budgets and personal care and support planning for those whom receive them (people with lived experiences) and the wider health and care system.

The programme team was challenged by stakeholder to consider how existing data collected by the programme could be better utilised to evidence the benefits and impact. Where there are gaps in existing data, to consider what additional data is required, how the data could be collected with ease as to not burden front line workers and people with lived experiences.

The programme team responded to the challenge by adopting the Shared Outcomes Framework to develop an audit tool to evidence the benefits, outcome and impact of Personal Health Budgets and personal care and support planning.

Approach

The programme team needed to develop the audit tool swiftly and had minimal resources for its development. The team chose to adopt the Shared Outcomes Framework as they felt it would provide a structure within which to arrange and categorise existing data with ease to provide meaningful insights about the benefits, outcome and impact of the programme.

The Framework provided guidance for what outcomes could be measured by the programme across the five health and care domains and which I-Statements the programme could potentially work towards achieving for its population group.

The programme team developed the audit tool in collaboration with a Senior Financial Strategy Analyst (Tower Hamlets CCG) and an Independent Consultant (Bourne Advisors Ltd).

The tool was developed through a series of working sessions and after each session the consultant drafted sections of the audit tool 'specification'.

The Analyst built the audit tool in Excel using the 'specification' as a guide for its structure, content and function. The Analyst worked with the Project Manager to test the tool with a small sample of data.

The Analyst and Project Manager provided feedback regarding which elements of the tool worked well and which required further development. The audit tool went through three revisions based on testing.

Steps taken to adopt the Shared Outcomes Framework

The following steps were taken to adopt the Shared Outcomes Framework to develop the audit tool:

1. Data collected by the programme was assessed for quality (e.g. completeness, duplication, timeliness, validity, accuracy and consistency). Where issues were found with data collected, the reasons for this were identified and approaches for quality assurance approaches recommended.
2. The data collected were grouped to form the main sections and sub-sections of the audit tool (e.g. demographics; nature of cohorts; care packages and support services received; referring provider; process of application; identified needs of cohorts; value of PHBs and type of interventions paid for by PHBs).
3. The information provided in PHB application forms, personal care and support plans and data from the evaluations of the two shared PHB initiatives (Cross Fit and Singing for Lungs Health) were reviewed within the context of the Shared Outcomes Framework to identify:
 - personalised care outcomes for each of the five health and care domains; and
 - gaps in data currently collected.The process of review required existing data and information to be mapped to the five health and care domains and system wide outcomes in the Shared Outcomes Framework.
4. Once the programme outcomes had been identified they were mapped against the description of the I-Statements and categorised.

The audit tool provides a starting point from which to assess the programmes benefits, outcomes and impact, however it will need to be further developed to bridge gaps in data collection by identifying appropriate indicators to measure the outcomes.

Next Steps

In response to the Covid-19 pandemic the programme team in collaboration with CLDS and CMHT's have developed a Digital Inclusion offer to meet the health and well-being needs of population groups most digitally excluded. Support will be provided through direct payments as a result of obtaining a Personal health budget and the offer integrates personalised care and support planning and shared decision making. The aim is to support a minimum of 50-75 people by end of January 2020.

The programme team will pilot the audit tool as a means of evaluating the impact and outcomes achieved by the Digital Inclusion offer. Integral to this is a 'test and learn' quality improvement approach that will be developed and embedded into the process of data collection and sharing of data to inform the further development of the Digital Inclusion offer.

The data collected by the audit tool will be triangulated with other data collected by the health and care system to feed into other work planned around improving the customer journey and experience of accessing and utilising personal health budgets, personalised care and support planning and shared decision making.

***Appendix 1** includes the section of the audit tool which refers to the type and nature of interventions paid for by a PHB and **Appendix 2** includes the section on the Domains, I-Statements and outcomes.*

4. Case Use Example: *Population Health Service Pilot Outcomes Framework*

Background

Tower Hamlets CCG developed a service specification for a Supplementary Service scheme to pilot a Population Health approach to the delivery of healthcare for the registered patients and wider local population living in the vicinity of the St. Andrews and St. Paul's Way Health Centre.

The specification aligned current local and national strategies that aim to provide services to address both population clinical needs and the wider determinants of health to improve patient health outcomes.

A major element of the service specification was the need for a contractor to deliver a set of outcomes based on a range of work programmes which are in line with the CCGs strategic priorities.

The contractor would be required to design, test and trial, implement and refine appropriate systems of access to health care and support to deliver the set of outcomes. In addition, they would need to develop a continuous improvement approach so that the impact of the work programmes can be evaluated. Core to the service design and its delivery to achieve the outcomes of the work programmes is co-production with patients and the wider stakeholder groups.

As part of the development of the service specification Tower Hamlets CCG undertook market testing with a local primary care provider to ensure that the specification was fit for purpose.

Challenge

Tower Hamlets CCG identified the need to provide potential contractors with a high level outcomes framework for the population health service pilot (which would be included in the service specification).

The CCG wanted to set the outcomes framework for the population health service pilot within the wider context of the health and care systems priorities and outcomes, therefore chose to adopt the Shared Outcomes Framework. This would enable potential contractors to better design and implement the work programmes to:

- deliver outcomes that would support the health and care system address improvements in population health; and
- support the system to tackle issues of wider determinants of health which are known to impact the clinical needs of the local population.

The CCG set out to co-design the high level outcomes framework for the population health service pilot in collaboration with a primary care provider and independent consultants as part of the market testing process.

Approach

The Shared Outcomes Framework provided guidance for what outcomes could be delivered through the population health service pilot work programmes across the five health and care domains and which I-Statements the pilot could potentially work towards achieving for its population group.

The population health outcomes framework was developed through a series of working sessions with a primary care provider and independent consultants as part of the market testing process.

After each working session the consultant would develop and restructure sections of the population health outcomes framework and send it back to the group for review and feedback for further development.

The members of the group drew on the information already known about the population group, the evidence base and their respective areas of expertise (e.g. primary care service delivery; approaches to population health, contracting; evaluation and performance management etc.) to challenge the content and format of the population health pilot outcomes framework.

Steps taken to adopt the Shared Outcomes Framework

The following steps were taken to adopt the Shared Outcomes Framework to develop the population health pilot outcomes framework:

1. The group reviewed and discussed the identified population needs; related work programmes; the associated actions required to deliver the work programmes; potential activities as an output of the work programmes; and the funding resources available to deliver the pilot.
2. The group applied a Logic Model Approach to work through the key elements of the pilot. The logic model represents the theory of how the pilot would bring about its intended outcomes. It presents the shared relationships among the aims of the pilot, its resources, potential activities, anticipated outputs; short to medium term outcomes and its longer term impact on population health.
3. The Logic Model for the pilot was developed in MS Excel and set within the context of the Shared Outcomes Framework. The group arranged all existing information (from step 1) into the elements of the Logic model (mentioned in step 2) and mapped this against the five health and care domains, system wide outcomes and associated I-Statements. Where there were gaps in meeting key aspects of the Shared Outcomes Framework, these were developed if there was a clear rationale in relation to the identified population needs and work programmes of the pilot.

The Population Health pilot Outcomes Framework provides a high level 'view' of how the pilot will set about to achieve population health outcomes within the context of the CCG's and wider health and care systems priorities.

Next Steps

Due to the Covid-19 pandemic the tendering process for the population health pilot was placed on hold. Tower Hamlets CCG aims to review the service specification and population health outcomes framework in light of the current context and strategic priorities.

Further market testing with primary care providers will need to be undertaken to ensure that any revisions to the service specification and population health outcomes framework is able to address the complexity of population needs as a result of the pandemic.

It is anticipated that the tendering process will commence October 2021. The CCG is unable to share outside of the formal tendering process the service specification or the population health outcome framework that was developed.

5. Shared Outcomes Framework

Domain	Description	I-Statements
Integrated health & care system	This is about the integration of health and social care organisations collaborating on the variation in health inequalities and health outcomes of its population. This is to bridge the gap in health inequalities.	<ul style="list-style-type: none"> • I feel like services work together to provide me with good care • I believe the trust, confidence and relationships are in place to work together with services to decide the right next steps for us as a whole community • I want to see money being spent in the best way to deliver local services
Wider determinants of health	Given that these are deemed the most important factor of whether citizens are healthy or not, it is acknowledged that these issues cannot be addressed through the health and care system alone and requires a much broader approach to tackling these issues.	<ul style="list-style-type: none"> • I am able to support myself and my family financially • I am satisfied with my home and where I live • I am able to breathe cleaner air in the place where I live • I feel safe from harm in my community
Healthy Lives	This reflects the health behaviours and life styles of citizens which are leading risk factors associated with the most common physical causes of morbidity and mental health issues.	<ul style="list-style-type: none"> • I am supported to make healthy choices • I understand the ways to live a healthy life
Quality of care & support	This is reflected as the extent to which care, support and information is provided to the residents of Tower Hamlets to improve population health outcomes and overall satisfaction and experience of accessing and engaging with health and care provision.	<ul style="list-style-type: none"> • Regardless of who I am, I am able to access care services for my physical and mental health • I am able to access safe and high quality services (when I need them) • I have a positive experience of the services I access, overall • I am confident that those providing my care are competent, happy and kind
Quality of life	This is reflected as the physical, social, emotional and cultural wellbeing of the population and how the health and care system works in partnership with citizens to support the achievement of life and health goals.	<ul style="list-style-type: none"> • I am supported to live the life I want • I have a good level of happiness and well-being • My children get the best possible start in life • I play an active part in my community

Domain: Integrated health & care system

I-Statement	Description	System wide outcomes / measures
I feel like services work together to provide me with good care	Citizens benefit from care and support that is person-centred and co-ordinated across health and care for physical and mental health. Co-design is seen as a fundamental element of how partners within the system create and deliver integrated health and care provision to better meet the needs of the THT population.	<ul style="list-style-type: none"> • Increase in patient reported measures of shared decision making • Reduction in re-admission for the Complex Care cohort and those with Children and Obstetrics diagnosis • Reduction in non-elective admissions for children with Asthma • Increase in the use of East London shared patient record • Increase in people dying in place of choice • Increase in citizens engaging in the co-design of integrated health and care services • Increase patient reported outcome measures of integrated care
I believe the trust, confidence and relationships are in place to work together with services to decide the right next steps for us as a whole community		Under review & development
I want to see money being spent in the best way to deliver local services		Under review & development

Domain: Wider Determinants of Health

I-Statement	Description	System wide outcomes / measures
I am able to support myself and my family financially	Citizens are provided with opportunities for seeking employment, education, and training, including support and advice to enable individuals make informed decisions regarding their finances.	<ul style="list-style-type: none"> • Reduction in households falling into poverty and being prevented from becoming homeless • Increase in families / households which are better off financially after receiving advice to maximum their household income • Reduction in job seeker claimants • Increase in young people (16-24) in education, employment or training • Reduction in level of deprivation of older adults (pensions) • Reduction in levels of child poverty
I am satisfied with my home and where I live	Citizens have access to affordable, safe and appropriate housing that meets their individual and their family's needs.	<ul style="list-style-type: none"> • Reduction of households on the common housing register which are living in overcrowding conditions • Increase in non-decent private sector properties made decent following interventions • Reduction of properties that are known as having multiple occupancies
I am able to breathe cleaner air in the place where I live	Citizens are free from harmful air pollutants and take an active role in developing a cleaner and greener community.	<ul style="list-style-type: none"> • Decrease in number of days per year when pollution is "high" • Increase in people walking, cycling and taking public transport
I feel safe from harm in my community	Citizens feel safe, secure and comfortable within their community, and residents treat each other with respect and dignity.	<ul style="list-style-type: none"> • Decrease in residents who feel crime and ASB is a problem in their local area • Increase in residents that feel safe in their local area after dark / during day • Increase in pupils feeling safe

Domain: Healthy Lives

I-Statement	Description	System wide outcomes / measures
I understand the ways to live a healthy life	Citizens demonstrate their understanding of how to live a healthy life through the actions they take to mitigate against risk factors associated with the common physical causes of morbidity.	<ul style="list-style-type: none"> • Decrease disease prevalence in adults (obesity, Cancer, COPD and cardio vascular disease) • Reduction of sexually acquired diseases • Decrease prevalence of obesity in children • Reduction of acquired infectious diseases in children • Improvements in oral hygiene in children • Decrease prevalence of smoking • Reduction in substance misuse • Increase in physical activity • Increase in pupils attitude towards healthy behaviours • Increase in Physical Checks In Primary Care for those with mental illness and learning disabilities • Increase in uptake of Primary Health Checks • Increase in uptake of Screening Programmes • Increase uptake / population coverage of Vaccinations • Increase in patient activation
I am supported to make healthy choices	Under review & development	

Domain: Quality of Care and Support

I-Statement	Description	System wide outcomes / measures
Regardless of who I am, I am able to access care services for my physical and mental health	Citizens have equitable access to health and care services for their physical and mental health needs.	<ul style="list-style-type: none"> • Reduction in service wait times across the 9 strands of equality • Improved access to IAPT services for BME groups and older adults • Reduction in emergency admissions under the Mental Health Act for BME groups • Increase in Healthy Life Expectancy • Increase in people who require an advocate who were provided with one • Increase in people who required an interpreter who received one
I am confident that those providing my care are competent, happy and kind	Health and care professionals provide assurance to citizens that they have the required capabilities and competencies to meet their needs. They deliver care with compassion, respect and dignity, feel valued and enjoy what they do.	<ul style="list-style-type: none"> • Increase in staff satisfaction and experiences of their role and the organisation they work for • Decrease in staff bullying and harassment • Decrease in staff sickness / absence • Decrease in staff turn over and vacancies • Increase in patient experience of trust and confidence • Increase in patient experience of being treated with dignity and respect
I have a positive experience of the services I access, overall	Citizens have a positive experience of the care and support they receive, that part of this experience reflects the extent to which they feel safe and secure.	<ul style="list-style-type: none"> • Increase in patient & carer satisfaction across all care settings • Increase in patient & carer experience across all care settings • Increase in patient's whom access services and feel safe & secure
I am able to access safe and high quality services (when I need them)	Under review & development	

Domain: Quality of Life

I-Statement	Description	System wide outcomes / measures
<p>I have a good level of happiness and well-being</p>	<p>Citizens are enabled and empowered to develop and maintain healthy relationships and supportive social networks within their community with the aim of reducing loneliness, social isolation and social exclusion. Those with informal carer responsibilities and / or whom have long term conditions and multiple co-morbidities are supported to minimise the burden of carer responsibilities and burden of disease.</p>	<ul style="list-style-type: none"> • Improved quality of life for those who access social care; are carers; have long-term conditions; and are older adults. • Increase in adult social care users and carers who have had as much social contact as they would like • Decrease in population feeling lonely • Improvement in health status and health satisfaction • Improved Healthy Life expectancy; at birth; at 65; and of those with Mental Health issues. • Increase in life satisfaction • Increase in feeling that life activities are worthwhile • Increase in positive emotions related to happiness and decrease in anxiety & mental well-being • Increase in satisfaction of relationships • Improved mental well-being for pupils
<p>I am supported to live the life I want</p>	<p>Citizens are supported to achieve and maintain independence and control including sustaining day to day living activities. Focussing on a strength-based approach, supporting them to live life to the best of their ability with a focus on recovery and enablement.</p>	<ul style="list-style-type: none"> • Increase in people who have control over their daily life (who use services) • Increase in people with a learning disability or/and mental health issues in paid employment • Increase in people with a learning disability or/and mental health issues living independently • Increase in people gaining employment after receiving IAPT • Increase in CPA adults in employment • Improved access to social prescribing • Increase in people and carers who use services who receive self-directed support • Increase in people and carers who use services who receive direct payments and / or a personal health budget • Improvements in Education, Health and Care plans for 0-25 year olds

I-Statement	Description	System wide outcomes / measures
My children get the best possible start in life	Children are supported to develop to their full potential and are prepared for the challenges of school life and transition into adulthood and beyond, critical to this is parenting / carer support and early education.	<ul style="list-style-type: none"> • Decrease in low birth weight (adjusted for ethnicity) • Decrease in mothers smoking at time of delivery • Improved maternal health • Improved breastfeeding initiation & breastfeeding prevalence at 6-8 weeks (for those mothers who wish to breastfeed) • Increase of New Birth Visits (NBVs) completed within 14 days • Increase of children receiving 2-2.5 year development review • Increase in school readiness for early years children • Increase in children meeting expected level of development at preschool and end of reception • Increase in pupils attitude towards achieving potential and feeling they have greater resilience for the future • Improved school attendance • Decrease in young people who are not in education, employment or training
I play an active part in my community	Citizens feel that they belong to a cohesive community, are enabled to play a role in community activities designed to promote shared learning and peer support and are developed and led by local people.	<ul style="list-style-type: none"> • Increase in positive attitudes as to whether people of different backgrounds get along well together. • Increase in voluntary work in the past year • Increase in pupils attitudes to the local area • Increased engagement in arts or cultural activity

6. Appendices



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Appendix 1: Summary of Interventions

Type of intervention	Categories	
Physical Activity	<ul style="list-style-type: none"> • Fitness Classes (Yoga, Dance, Swimming, Trampoline, Martial Arts) • Gym membership • Fitness instructor / personal trainer 	<ul style="list-style-type: none"> • Singing for lungs health • CrossFit • Equipment (e.g. bike, trampoline, treadmill)
Diet / Nutrition	<ul style="list-style-type: none"> • Weight watchers / Slimming world membership • Dietician 	<ul style="list-style-type: none"> • Equipment (e.g. Weighing scales & utensils) • Supplements
Technology	<ul style="list-style-type: none"> • Laptop / computer • Broadband • Television • Fitbit 	<ul style="list-style-type: none"> • Mobile • Camera • Apps (e.g. Proloquo2go communication) • Pedometer
Education / Training	<ul style="list-style-type: none"> • Art / photography • Creative writing • Singing classes • Studio time / Open Mic 	<ul style="list-style-type: none"> • Course & Training • Sewing machine & vice • Residential course (e.g. creative writing retreat)
Social / Leisure	<ul style="list-style-type: none"> • Day center access 	<ul style="list-style-type: none"> • Annual cinema subscription
Assisted living	<ul style="list-style-type: none"> • Personal care assistant • Physical aids (e.g. tray table & lap belt) 	<ul style="list-style-type: none"> • Incontinent swim shorts • Transport (oyster card admin fee)
Household items / improvement	<ul style="list-style-type: none"> • Household appliance (e.g. washing machine, mini cooler) • Furniture (e.g. desk & chair, sturdy bedframe) 	<ul style="list-style-type: none"> • Decorating
Therapeutic	<ul style="list-style-type: none"> • Talking therapies (e.g. CBT, psychotherapy, counselling – BSL specialist) • Massage • Speech & language (e.g. Bengali) 	<ul style="list-style-type: none"> • Hydrotherapy • Borrow my Doggie
Sensory equipment	<ul style="list-style-type: none"> • Sensory Play (e.g. tuff tray, chewing toy, magic sand, foam) 	<ul style="list-style-type: none"> • Furniture (e.g. Rompa rocking chair)

Appendix 2: Personal Health Budget Domains, I-Statements and Outcomes

THT Outcome Domains	I-Statement	Outcomes related to the interventions paid for by Personal Health Budgets
Quality of life	1. I have a good level of happiness and wellbeing	<ul style="list-style-type: none"> • Reduction in social isolation & loneliness • Improved mental health & wellbeing (e.g. reduction in anxiety and depression) • Improved self-esteem and confidence • Reduction in burden of disease • Improved relationships with family and partners • Development of new friendships • Improved resilience
	2. I am supported to live the life I want	<ul style="list-style-type: none"> • Improved activities of daily living • Improved social skills • Improved speech and communication skills • Reduction in carer burden • Improved learning and development
	3. I play an active part in my community	<ul style="list-style-type: none"> • Increased engagement in peer support groups • Increase engagement with community activities

THT Outcome Domains	I-Statement	Outcomes related to the interventions paid for by Personal Health Budgets
Health behaviours	1. I understand the ways to live a healthy life	<ul style="list-style-type: none"> • Improved self-management for disease symptoms • Improved medication routine • Improved sleeping patterns • Reduced risk of type 2 diabetes • Reduction in substance misuse • Increase in physical activity • Improved nutrition and diet • Reduction in weight loss; BMI; clothes size • Improvement in psychical strength / agility • Improved sexual health (e.g. practice safer sex)
Quality of care and support	1. Regardless of who I am, I am able to access care services for my physical and mental health	<ul style="list-style-type: none"> • Improved satisfaction with physical and mental health • Better support provided to enable the client to travel to and attend health and care appointments • Improved shared decision making • Improved personal choice and control over care provision

THT Outcome Domains	I-Statement	Outcomes related to the interventions paid for by Personal Health Budgets
Integration of health and care	1. I feel like services work together to provide me with good care	<ul style="list-style-type: none"> • Reduction in use of secondary care services • Reduction in Primary Care attendance • Reduction in need for nurse specialist
Wider determinants of health	1. I am able to support myself and my family financially 2. I am satisfied with my home and where I live	<ul style="list-style-type: none"> • Return to employment paid • Increased opportunities and desire for engagement in voluntary work. • Improved satisfaction with living situation/ accommodation/ housing