South East London Integrated Care System

SEL Neighbourhood Working Outcomes Framework

July 2025

PPL

An outcomes framework for neighbourhood working

The roll-out of neighbourhood **working reflects an ambitious transformation of our ways of working and operating as a system** - without a clear strategic direction we risk drifting apart in our efforts, and diluting and losing sight of our impact. The development of an outcomes framework **provides our system with an opportunity to clearly articulate what we will expect to see realised through neighbourhood** working, and a means of understanding if we are on track.

It also provides a significant opportunity to come together across the health and care system to set out the change we want to see for patients, staff and South-East London more broadly.

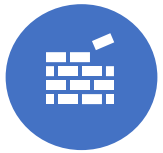
Our outcomes framework will:

Reduce duplication across the system by drawing together all strands of outcomes development into one concise framework

Provide strategic direction to all system partners delivering neighbourhood working, developing a shared understanding of what we are trying to achieve, and balancing consistency and alignment in delivery while creating structured space for local variation

Develop buy-in to the neighbourhood model from all system partners, reflecting and creating alignment with our partners' wider short and long-term priorities

Develop an evidence base from which we can test and learn new and more effective ways of delivering integrated services



Set the foundations for a longer-term shift in incentives and resourcing to deliver shared outcomes aligned with the "three shifts"

Build on what patients and staff have told us is important to them

An outcomes framework for neighbourhood working

The emergent outcomes framework presented in this document has been developed through engagement with colleagues from across the system, and aims to reflect the impact we anticipate for all partners and residents. Crucially, this **cannot stop with health; the impact will be felt across** social care, the voluntary and community sector, and those working within the wider determinants – only with everyone in the system participating and realising this impact can the neighbourhood model achieve its holistic ambitions for transforming how we deliver services. **This outcomes framework attempts to capture the full scope of this ambition reflected by neighbourhood working.**

The framework is structured by four key domains which cover the scope of impact we expect to see from neighbourhood working:

- *System resource and sustainability*
- *Workforce impact and staff experience*
- *Resident experience and community impact*
- *Population Health, Prevention, and Inequalities*

Interwoven across each of these is an emphasis on environmental sustainability. Entries which explicitly relate to the environment are marked with a yellow tree symbol.

The outcomes presented here have been derived from a theory of change which traces connections between outcomes and outputs, and the inputs and activities which the system needs to undertake in order to realise these – this approach provides a means to interpret and disaggregate the complexity of benefits realisation for system transformation, and means we can be confident our outcomes can be realised through the changes we will undertake.

This is a first version of our outcomes framework. We will continue to engage across the system to refine our emergent outcomes and finalise these into a final framework – this will be used as the basis for forthcoming modelling work to develop an impact model which will monitor our progress against our chosen outcomes.

South East London Integrated Care System

Outcomes framework

PPL

System resource and sustainability

Ensuring our services are able to support South East London residents long into the future

Outcomes

The system achieves financial and environmental sustainability and resilience over the long term	Residents stay well for longer, especially those from disadvantaged communities, with a reduced need for crisis management, and improved prevention and early intervention	More residents are accessing services locally, in the community

Example metrics

Reduction in demand for acute services (especially for social issues)	Delays in demand for intensive social care placements	Reduction in commissioning activity, linked to successful demand reduction
Activity increases across community-based services, including VCSE and wider-determinants	Acute length of stay	

Workforce impact and staff experience

Delivering a skilled and motivated workforce ready and equipped to power the transformation

Outcomes

- Staff feel more relevant to and embedded into their communities, and better able to deliver culturally competent care and support.
- Staff feel part of “one team”, feel equal with their system counterparts, and more supported to do their jobs to the best of their ability
- The system has a resilient and sustainable workforce across all partners, and has an improved ability to attract, recruit, and retain staff

Example metrics

- Staff turnover and retention
- Staff movement across the system, and the proportion and distribution of integrated posts
- Existing and new staff survey measures (such as if staff feel able to collaborate across organisational boundaries)
- The proportion of hand-offs
- Workforce utilisation
- Workforce skill mix measurement (including digital skills)

Resident experience and community impact

Transforming the way residents and communities experience their services and manage their health and wellbeing

Outcomes

- Residents, particularly those from underserved communities, trust, and feel valued and understood by, their services and the professionals they interact with, and know that their input has a direct impact on their care and wider services
- Residents and carers have improved confidence in managing their health and wellbeing through accessing the right services, and have reduced anxiety around their needs
- Communities are supported to thrive as local services are improved, more residents are supported to become or remain economically active and in employment, and environmental quality is improved

Example metrics

- Improved patient satisfaction survey measures
- Happiness metrics
- The proportion of self-referrals across services
- Reduction in economic inactivity due to ill health
- Increased utilisation of VCSE services
- Engagement activity levels with local communities

Population Health, Prevention, and Inequalities

Keeping residents and communities well for longer through prevention and addressing inequalities

Outcomes

Inequalities in psycho-social and physical and mental health outcomes experienced by disadvantaged groups are reduced, meaning more residents and carers stay well, independent, and in the community for longer; and eventually experience a good death	Fewer residents reach a crisis point in their health or wider wellbeing, and are able to stay well for longer	Community and resident quality of life is improved, in the ways which matter to residents

Example metrics

Improved prescribing outcomes which evidence prevention and environmental impact	Spend per capita for previously underserved communities	Deprivation
Reduced variation in the prevalence of conditions between different geographies, communities, and age groups	Cancer early detection rates	Vital 5 target performance
Improved collection of early risk indicators		Improved identification of diseases outside of acute settings