SUMMARY

National User and Carer Outcomes and Local Improvement Targets for the Joint Future Agenda

The Health and Community Care Ministerial Steering Group (MSG) is leading the drive to “re-invigorate the Joint Future Agenda”, in order to improve outcomes for individuals and their carers.

As part of this drive, it has decided that local partnerships should be asked to agree local improvement targets which could demonstrate improved outcomes, as a result of better joint working.

It is likely that these local improvement targets will build on existing local performance frameworks which partnerships are already developing, eg on delayed discharges, quicker assessments, and easier access to services.

The paper attached was considered and agreed at the last MSG meeting on 9 February 2004. The MSG proposes that local improvement targets would be reported to the Joint Future Implementation and Advisory Group. It would have the responsibility for scrutinising them and then taking appropriate action, for example, to support local partnerships.

Joint Future Unit, SE/COSLA
NATIONAL USER AND CARER OUTCOMES AND LOCAL IMPROVEMENT TARGETS FOR THE JOINT FUTURE AGENDA

1. **Purpose of paper**

To invite the Ministerial Steering Group to agree to proposals developed jointly by the Scottish Executive and COSLA for setting national user and carer outcomes and local improvement targets for the Joint Future Agenda (JFA). Initially these focus on older people’s services, but could extend more widely.

2. **Background**

The Ministerial Steering Group supports the Deputy Minister’s proposals to “re-invigorate the Joint Future Agenda”, a major part of which is to shift the focus to improving outcomes for individuals and their carers. It believes that the Joint Future Agenda should now focus on better outcomes for citizens and communities, and improving services through making paramount the welfare and expectations of individuals. At its last meeting, the Group invited proposals for a new lead, based on a framework comprising user and carer outcomes set nationally, and underpinned by local improvement targets. This paper sets out early stage proposals.

3. **Context**

The Deputy Minister’s and the MSG’s intention to ensure the further improvement of benefits for individuals needs to be set in the context of a variety of other policies and developments that are all related to improved joint working, for example, Carers Partnerships, Delayed Discharges and Community Health Partnerships. The proposals in this paper indicate where and how these policies and developments can interface and add synergy to the JFA, of which they are a critical part.

The implementation of better joint working is also taking place within the wider context of Community Planning, which should and can provide a real impetus to better outcomes for individuals and their carers.

4. **Implementation of the Joint Future Agenda so far**

To date, the promotion of the Joint Future Agenda has focused on supporting local partnerships to implement joint mechanisms eg:

- single shared assessment systems
- joint committees and joint senior management teams
- aligned budgets
- joint staff forums

As these have now been progressed across Scotland (although not always consistently), the MSG and the Joint Future Implementation and Advisory Group (JFIA Group) wish to move on the focus of joint working to promoting joint services, to measuring outcomes of joint working and to developing a more integrated approach with other policy developments, eg Delayed Discharges and Community Health Partnerships.
We believe that the MSG’s approach should be founded on 2 complementary strands:

- to agree nationally a relatively small number of user and carer outcomes; and
- local improvement targets set locally that underpin these outcomes.

The MSG made clear that it does not see its role as setting detailed local targets (such as single shared assessments should be carried out within 28 days); but wishes to support local partnerships in developing local improvement targets so that they can be confident they are delivering on these national user and carer outcomes.

5. **What do we mean by outcomes and targets?**

It is proposed that the following definitions are used when considering joint working:

- A user and carer **outcome** is a benefit or change for an individual or groups of individuals delivered through better joint working eg “People should have better access to joint health and community care services”. They should be measurable and supported by more precise local targets. (This paper does not refer to ‘service outcomes’, which are about internal service efficiencies).

- An **output** is the direct product of a service or activity and is usually measured in quantitative terms eg “80% of all SSAs take place within 42 days”.

- A **standard** is a desired and measurable aspect of a service eg “An individual should have a single shared assessment (SSA) within 28 days after referral”.

- A **local improvement target is a statement** is of how a service will be delivered or improved locally (eg “Next year we will deliver 80% of all SSAs within 28 days instead of 42 days). It should be Specific, Measurable, Achievable, Relevant, and Time-bound.

6. **National aspirations as set out in the Joint Future Group Report**

The national aspirations identified by the Joint Future Group in 2000 were very broad:

- Better outcomes for people who use community care services and their carers.
- Better use of both the NHS’ and local authorities’ resources.
- Better management of services and more service re-design leading to more joint services.
- Better systems with less bureaucracy and duplication.

This paper is concerned only with the first of these (as it deals with user and carer outcomes). The other 3 refer to service outcomes.

Monitoring the implementation of these national aspirations has already begun under the Joint Performance Information and Assessment Framework (see Annex 2).
7. The development of national outcomes and local improvement targets

The MSG and JFIA Groups believe that the time is now right to identify nationally both user and carer outcomes, and to invite local partnerships to set out how they will measure their delivery of them, through setting their own local improvement targets as soon as possible.

The MSG and JFIA Groups believe that this approach will encourage the setting of locally appropriate and realistic targets, and will lead to commitment by local partnerships to achieve these targets. Additionally, this approach will enable more advanced partnerships to continue to have a challenge. Overall, this approach should ensure continuous improvement across Scotland.

The 2 Groups believe that jointly agreed targets and PIs for which two or more statutory organisations are held equally accountable or responsible can do more for service improvement than any amount of exhortation to work together. If necessary, time must be given to local partnerships to implement consistent systems for the setting and monitoring of local targets which could potentially be utilised later for nationally consistent performance assessment purposes.

A means of reporting on developing local targets is about to be put in place. Under the Joint Performance Information and Assessment Framework (JPIAF), local partnerships will inform the Scottish Executive of their local performance frameworks for joint working, by 30 April 2004. From this the Scottish Executive (through the JPIAF Annual Evaluation Team) can ascertain local partnerships’ progress on developing and measuring local targets as part of their local performance frameworks.

The preferred approach is for the MSG to agree a model comprising a set of high level user and carer outcomes for joint working set nationally, and for these to be underpinned by locally determined targets for continuous improvement. The JFIA Group would then be charged with scrutinising local improvement targets, monitoring partnerships’ targets (as analysed by the JPIAF Annual Evaluation Team) and their delivery of them, and for it to be part of the first line of support where under-performance is an issue.

8. Developing National User and Carer Outcomes for Citizens and Communities

Not only are the infrastructures in place already that make setting of national outcomes appropriate now, but additionally the Scottish Executive is developing a more joined up approach in relation to the Joint Future Agenda, Delayed Discharges and Community Health Partnerships.

Major “building blocks” which can assist in achieving the national user and carer outcomes are already in place:-

- Single Shared Assessments.
- more appropriate services, which may be joint services.
- better partnership working.

Alongside these, Ministers have identified a number of desirable results which are widely shared. From these, we suggest national user and carer outcomes could be identified for the major areas of partnership working as follows:
1. **Supporting more people at home, as an alternative to residential and nursing care, through locally agreed joint service developments such as:**

   - Increasing the range and use of domiciliary services eg Care and Repair, equipment and adaptations (including SMART technology) and intensive home care packages.

2. **Assisting people to lead independent lives through reducing inappropriate hospital admissions, reducing time spent inappropriately in hospital and enabling supported and faster discharges from hospital through service developments such as:**

   - Providing more “half-way house” services, eg step up, step down, rehabilitative services etc.
   - More rapid response services.

3. **Ensuring people receive an improved quality of care through faster access to services and better quality services, through developments such as:**

   - Single shared assessment
   - Self assessment
   - Quicker integrated care packages being delivered.
   - Greater satisfaction of service users and carers.
   - The range and quality of their care package and the way in which staff from different organisations work together to assist them.
   - One stop access to jointly delivered care packages.

4. **Better involvement of carers through developments such as:**

   - Carers partnerships and carers strategies.
   - Better quality of services for carers, fit for the purpose and fit for their future.
   - Increasing the range and flexibility of carers’ services.
   - Clear signposting and promotion of the range of care packages and support available to individuals and groups.

9. **Local improvement targets**

These outcomes would then be translated into local improvement targets (see below) by each local partnership. The setting of these local improvement targets would, in the first place, be done by local partnerships. After the first year, however, the Scottish Executive may wish to be involved in this process. There are a number of local improvement targets for joint working that could clearly be utilised by local partnerships. In time, if desired, these could be brought together in a single national joint working framework of outcomes and targets. For each national user and carer outcome, there should be local improvement target(s). Annex I indicates how the 2 levels could come together.
Conclusion

The Ministerial Steering Group is committed to pursuing a Joint Future Agenda that assists service users and carers to overcome problems, in order to enhance their quality of life.

The shift from joint working structures and processes to better outcomes for individuals and their carers places trust in partnerships, but it also places a responsibility on them to consider how they use their resources, including their human resources, to plan for, shape and deliver and evaluate the outcomes from the services for which they are accountable, either individually or collectively.

The Ministerial Steering Group is currently looking at ways in which real and practicable support can be provided to partnerships both in terms of shaping the agenda and also in measuring the impact of their actions to support continuous local improvement.

The Ministerial Steering Group is therefore invited to agree to the approach on setting outcomes for individuals and their carers, nationally underpinned by local improvement targets, as set out in the paper. This approach if agreed, will be set out in the “Re-invigorating the Joint Future Agenda” letter setting out the next steps for Joint Future, to be issued shortly.

Joint Future Unit, SE/COSLA
### NATIONAL OUTCOMES AND LOCAL TARGETS

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<thead>
<tr>
<th>National Outcome</th>
<th>Possible Local Targets</th>
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<tbody>
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<td>1. Supporting more people at home, as an alternative to residential and nursing care.</td>
<td>Local improvement targets could be set as follows:</td>
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<td>• Increased numbers of people receiving intensive home care or care at home packages.</td>
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<td></td>
<td>• Proportion of older people over 65 in residential/nursing care in relation to those being supported at home.</td>
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<td>• More people receiving care at home services related to eg equipment and adaptations, domiciliary services such as Care and Repair.</td>
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<td>• More access to more social care and community health services eg chiropody, physiotherapy and occupational therapy.</td>
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<td>• Reducing lengths of stay in residential/nursing homes through better home care services.</td>
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<td></td>
<td>No local improvement targets to be set by the MSG in the first place. Local improvement targets to be set by local partnerships and will depend on local circumstances.</td>
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<td>2. Assisting people to lead independent lives through reducing inappropriate admission to hospital, reducing time spent inappropriately in hospital and enabling supported and faster discharge from hospital.</td>
<td>Local improvement targets could be set as follows:</td>
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<td>• Reducing inappropriate emergency admissions of over 65+ to hospital.</td>
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<td>• Reducing delayed discharges.</td>
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<td>National Outcome</td>
<td>Possible Local Targets</td>
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<tr>
<td>3. <strong>Ensuring people receive an improved quality of care through faster access to services and better quality services.</strong></td>
<td>Local improvement targets could be set as follows:</td>
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<td>• Improvements in waiting time for assessments to be started.</td>
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<td>• Improvements in time taken for assessments to be completed.</td>
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<td>• Improvements in time taken for the first part of a care package to be delivered</td>
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<td></td>
<td>• User and carer surveys. These should be undertaken locally and local improvement targets set based on their results. [This will also be undertaken in a nationally consistent way by the new JPIAF indicator 12, which is being developed and will be implemented nationally in 2004-05.]</td>
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<td>• Increasing number of self assessments.</td>
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<td>No local improvement targets for these areas to be set nationally in the first place. Local improvement targets to be set by local partnerships. Some of these areas are covered by JPIAF Indicator 6 which will be implemented nationally for 2004-05.</td>
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<td>4. <strong>Better involvement of carers.</strong></td>
<td>Local improvement targets could be set as follows:</td>
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<td>• More carers accessing respite care.</td>
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<td>• More flexible respite services being provided.</td>
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The Scottish Executive has, in partnership with other organisations such as Audit Scotland, set up a national performance assessment framework for joint working. It completed its first year, 2002-03, on 1 April 2003. As it is still in early stage development, it did not take a very rigorous approach to follow up after this first year, and plans to do so after the evaluation for 2003-04.

The JPIAF for 2002-03 identified progress in achieving benefits for individuals through setting up:

1. Local joint management and governance arrangements for services for older people.
2. Local joint resourcing arrangements for services for older people.
3. Local joint Human Resource arrangements, including local joint staff forums.
4. Local development and implementation of single shared assessment processes.

Next year, it will measure these issues in relation to arrangements for services for all the major community care groups. The first year of the JPIAF measured mainly, but not wholly, processes and not improved outcomes for individuals.

The Development of the JPIAF in 2003-04

The JPIAF will introduce 3 new performance indicators for 2003-04. These will reinforce the SE’s and local partnerships’ intentions to move from a focus on processes to outcomes. These new PIs cover:

2. A performance indicator about the local whole-system approach to joint working. It will involve 5 local key outcomes, ie trends in delayed discharges, levels of care at home, levels of institutional care, numbers of SSAs undertaken and levels of emergency admissions to hospital for people over 65 years.
3. A local performance assessment framework indicator – this will require local partnerships to report to the Scottish Executive on their own local performance frameworks for joint working, which they are required to set up by the Scottish Executive’s Circular CCD7/2001. This new PI is in line with the Scottish Executive’s emphasis that local partnerships must identify for themselves on what they think are the key outcomes and targets for their joint working. The Scottish Executive accepts that local managers need to invest time with elected members, board members, partners, staff and users in agreeing the outcomes and objectives for their services. However, it believes that local partnerships should have progressed local performance
frameworks and should be reporting these and the measurable improvements to the Scottish Executive and their own stakeholders.

One PI will be dropped for 2003-04, since all partnerships have agreed information-sharing protocols.

A fourth new PI will be introduced in the following year, 2005-06, which will measure, in a nationally consistent way, how satisfied users and carers are with SSA. The SSA indicator will also be developed to include waiting times for SSAs and for care packages.

These national PIs will therefore focus on the national outcomes for users and carers, as outlined in the main paper.