

Scottish Community Care Benchmarking Network

Integration of Adult Health and Social Care

Response to Proposals on the Integration of Adult Health & Social Care

Introduction

This response is based on a workshop organised by the Scottish Community Care Benchmarking Network (SCCBN) attended by members from 12 Health & Care Partnerships in July 2012, and a wider consultation on the draft report of the workshop to all its members.

The workshop, and this response, focus on questions 3 and 4 of the consultation.

Question 3: *This proposal will establish in law a requirement for statutory partners –Health Boards and Local Authorities – to deliver, and to be held jointly and equally accountable for, nationally agreed outcomes for adult health and social care and for support to carers. This is a significant departure from the current, separate performance management mechanisms that apply to Health Boards and Local Authorities. Does this approach provide a sufficiently strong mechanism to achieve the extent of change that is required?*

SCCBN Response

Before addressing the specific question, we would draw your attention to SCCBN's strong promotion of an outcomes approach, particularly personal outcomes, within the current Health & Care Partnerships in Scotland. The SCCBN has a voluntary agreement with 31 Health and Care Partnerships to pursue the following aims:

- a. Participate in the transition *to* an Outcomes based approach to performance
- b. Facilitate the sharing and development of best practice and service excellence in Community Care through benchmarking, the exchange of information and identifying 'what works.'
- c. Use Benchmarking activity and analysis as a step to improving results for people who use services and their carers through better and more focused reporting of joint performance
- d. Encourage and facilitate members' progress towards achieving efficiency effectiveness and value for money value, including any agreed standards or targets within the NHS Performance Management Framework

The SCCBN would, therefore, strongly identify with the proposal to introduce a new set of nationally agreed outcome measures and standards for adult health and social care and **would like to see added a specification that they are suitable for benchmarking.**

The proposal outlined in consultation question 3, has two components:

- I. A statutory requirement rather than a permissive regime on delivery and joint accountability
- II. Nationally agreed outcomes.

On analysing the ambitions as laid out in Chapter 3 and Annexe A of the consultation papers, the view of the SCCBN is that there can be no simple yes or no answer to the question. Rather it is a case of there being strengths, opportunities and challenges which need to be carefully considered as part of any implementation plan.

I. Statutory requirement on delivery and joint accountability

SCCBN members expressed concern about the potential impacts of a shift from a voluntary or negotiated arrangement based on rationale and reason to a no-option legislative approach.

While we recognise that the legislative approach may be intended to bring focus and clarity of purpose, our concern is that there may be a detrimental effect on those Health & Care Partnerships which are already functioning well, by requiring them to change. SCCBN suggests that those partnerships which have effective joint arrangements are seen as models of good practice to learn from, and used to embed better joint performance management arrangements.

Further, whilst a legislative approach may prove useful in reducing implementation times and help gain buy in, it may not necessarily improve vision, leadership, relationships or culture. In terms of the relationship between local partners and central government, SCCBN is particularly concerned about any change to the positive ethos, attitudes or behaviour which stem from the Concordat in 2007.

ii. Nationally agreed outcomes

The statement of intent by government to provide national leadership in terms of what is required in relation to national outcomes is regarded by the Benchmarking Network to be a positive move. Outcomes have been a prominent feature of Scottish policy for several years and government have stated that less time should be spent on measuring what goes in to services and how the money has been spent. More time and effort should be spent on evaluating what funding achieves for individuals and communities.

We have the following comments on what we believe are necessary components and features of an outcomes framework.

1. Firstly, the scope of the outcomes needs to be made clearer i.e. whether it is limited to older people or to people of all ages.

2. Secondly, as noted above, the Benchmarking Network welcome the proposed shift from an emphasis on inputs and outputs to an **outcome focussed approach**. However, the shift to an outcomes approach needs to distinguish between personal outcomes, set by the individual, outcomes set by professionals and outcomes set at system level (the latter tending to dominate at present). In our view, **a personal outcomes approach** to measuring success is essential to:

- focus more on quality of life
- develop an evidence base on what's working/making a difference
- focus on and evaluate service user experience
- focus on and evaluate what is really working for service users and carers in the **whole system**
- rebalance the scorecard from an image of drivers which are constantly about efficiency and financial savings to one which has quality as a priority
- give ownership and responsibility to frontline staff

3. The shortcomings of traditional and existing performance measurement and management are well documented, e.g., inconsistent methodology, perverse incentives, unconnected measurement silos etc. To address these limitations, we believe that the following are required:

- A radical rethink of the current NHS target-based approach to support an outcomes-focused approach
- Partnership-wide engagement to develop performance frameworks which are meaningful for all levels and parts of the organisation and particularly for frontline staff - it will undoubtedly be challenging to agree joint outcomes which are equally applicable to both health and social care
- Sufficient attention and time needs to be directed at agreeing more change indicators within the proposed Quality Measures Framework to facilitate a joint culture of continuous improvement

4. Health and Care Integration Outcomes 6 & 7 (Engaged workforce and Effective Resource Use) introduce elements of organisational learning and development as well as value for money which is essential to the creation of a balanced scorecard. Their place in the personal outcomes quality framework needs to be made clear and explained in terms of contribution analysis.

5. Finally, there are issues of availability/reliability/disaggregation of data. Some issues are caused by the incompatibility of the numerous IT systems used by Local Authorities, the NHS Primary and Secondary Care, others by attitude and misunderstanding of protocols. Information systems must be truly integrated to resolve existing complications in sharing and effectively using data to improve service users' quality of life.

In conclusion, the ambition to improve outcomes must be shared by all, be person-centred and mean the same thing to staff in the NHS and staff working in social care settings. A focus on personal outcomes provides the opportunity to concentrate on what matters to people who use Health and Care services. This has potential benefits, not just for the individuals

involved, but for organisations and staff.

Outcomes must reflect choice and a focus on impact. In an integrated approach, we must capture ‘what works’ for the service user/patient and share the learning across all services.

Question 4: *Do you agree that nationally agreed outcomes for adult health and social care should be included within all local Single Outcome Agreements?*

SCCBN Response

SCCBN consider that there can be no simple ‘yes’ or ‘no’ answer to this question at present. We believe that further consideration and articulation of the purpose of SOAs is needed – the proposal suggests a shift away from the current reflection of local priorities. The implications of the review of community planning must also be considered.

Single Outcome Agreements capture activity in Community Planning Partnerships and provide a forum to reflect cross-cutting issues. However, we consider nationally defined outcomes to be too rigid, high level and not necessarily effective in performance management terms in the context of local priorities and activities.

Further, much of the impact and collaborative gain achieved through Community Planning Partnerships is “beneath the waterline” for Single Outcome Agreements (SOA).

We understand that a report of the review of Community Planning is expected in the autumn. In the meantime, the following need to be considered and clarified:

- What will be the governance and accountability arrangements for SOA partners outside of scope of the joint accountability of the Health & Social Care Partnerships?
- How would integration outcomes fit into the national framework (7 additional outcomes)?
- SOAs are currently at a high level – “above the waterline”: should their focus be more operational, building on higher level outcomes in the Community Plan?

We suggest that the community planning process be considered as a way of bringing together and understanding the “whole picture” rather than attempting to introduce joint targets through the SOAs.

In general, it was felt that fundamental differences exist in the make-up of Local Authorities and Health Boards which bring complexity, at times, to governance of joint performance and

priorities. Though some pilot sites are underway for the election of NHS Board members, a significant issue exists in relation to the elected member/public appointment difference which may impact on matters of objectivity and accountability.