

EAST AYRSHIRE COUNCIL

GOVERNANCE AND SCRUTINY COMMITTEE – 15 FEBRUARY 2008

EAST AYRSHIRE JOINT FUTURE PARTNERSHIP – JOINT PERFORMANCE INFORMATION AND ASSESSMENT FRAMEWORK (JPIAF) EVALUATION 2006/07

Report by the Executive Director of Educational and Social Services

1. PURPOSE OF REPORT

1.1 The purpose of this report is to:

- (i) inform Committee of the outcomes of the evaluation of East Ayrshire Joint Future Partnership's JPIAF submission for 2006/07;
- (ii) seek the endorsement of Committee for the steps being taken by the Partnership to address the recommendations for improvement and action identified within the evaluation; and
- (iii) advise Committee of the new arrangements for reporting on the performance of Joint Future Partnerships for 2007/08.

2. BACKGROUND

2.1 In November 2000, the Scottish Executive published the Report of the Joint Future Group. The report made a series of recommendations designed to promote partnership working and a seamless approach to service delivery between local authorities and the NHS. Subsequently a number of the recommendations were enshrined in guidance. The East Ayrshire Joint Future Partnership is a formal arrangement between the Council and the NHS in relation to the delivery of community and primary care services which has arisen out of this process.

2.2 The JPIAF is a performance management and reporting tool which has been designed to assist local Partnerships to deliver improved outcomes for service users and their carers. It should complement local performance measurement and management frameworks which local Partnerships already have in place or are developing.

2.3 Each Partnership receives an Annual Evaluation Statement (AES). The AES is the Scottish Government's response to each Partnership's annual JPIAF submission. It is an assessment based on performance over the 12 months to April each year and produced by the Annual Evaluation Team (comprised of representatives from Audit Scotland, the Joint Future Unit and the Scottish Executive).

2.4 The purpose of the AES statement is to:

- enable local and national partners to assess progress;
- help partners determine local priorities;
- inform the strategic development of joint working locally;

- ensure that the focus on delivering better outcomes is maintained; and
- help them prepare for the outcomes-led Performance Framework for community care.

2.5 Overall performance is assessed as falling into one of the following categories:

- **Meets or nearly meets** (*the indicator requirements*)
- **Good progress** (*towards meeting the indicator requirements*)
- **Steady progress** (*towards meeting the indicator requirements*)
- **Improvement required** (*to meet the indicator requirements*)
- **No evidence submitted**

2.6 As in previous years, the overall evaluation of JPIAF 2006/07 has been weighted towards the outcome indicators JPIAF 10 and 11 which account for approximately two-thirds of the overall performance rating. JPIAF 2006/07 also reflects an increased emphasis on outcomes as part of the transition to the new Outcomes Framework:

- Self assessment was introduced within JPIAF 10;
- With JPIAF 11, evaluation was limited to comparison of performance against the targets for 2006/07 (as opposed to previously evaluation of the targets themselves);
- JPIAF 6 was refocused on waiting times.

3. EAST AYRSHIRE JOINT FUTURE PARTNERSHIP ANNUAL EVALUATION STATEMENT 2006/07

3.1 The performance of Partnerships across Scotland shows slight improvement. However this improvement is not uniform - progress remains rather variable and in some areas it is not as strong as expected.

3.2 Overall, the performance of the East Ayrshire Joint Future Partnership shows **good progress**. This is the second highest assessment ranking possible and the second year in succession that it has been received. No partnership has ever received the top ranking.

3.3 Evaluation of the Partnership's performance in relation to the individual Indicators is outlined in the table below.

JPIAF Indicator	Number	Evaluation
Whole systems performance A) Comparative model B) Holistic approach (This indicator measures the interaction of a range of factors in shifting the balance of care away from institutional to community based care. Comparisons are drawn with	JPIAF 10 - -	Above Average Good Progress

'benchmark family' authorities).		
Local improvement targets A) Progress for 2006/07 (This indicator measures our performance against a set of local improvement targets which reflect both national targets and local priorities).	JPIAF 11	Meets or is close to meeting its targets
Single Shared Assessment (This indicator measures the performance of partners in expediting single shared assessment arrangements).	JPIAF 6	Meets\close to meets requirements
Cross agency access to resources (This indicator measures the extent to which local authorities and the NHS are able to directly access each other's resources).	JPIAF 8	Meets\close to meets requirements

3.4 Compared to 2005/06, performance improvement within each of the individual indicators has either been maintained or improved. Improvements are demonstrated in the whole systems indicator – comparative model (JPIAF 10), single shared assessment (JPIAF 6) and cross agency access to resources (JPIAF 8).

3.5 The AES contains *Recommendations for Improvement/Action*. The Partnership is not required to formally respond to the AES and it is for partnerships to decide how to address the recommendations through Partnership arrangements. The actions set out below have been agreed through Partnership arrangements.

3.6 JPIAF 10 (Whole Systems Indicator)

Recommendation for Improvement/ Action: The picture is very positive, but we are looking for more analysis of the drivers of performance and less comparative data. Similarly we are looking for a clearer direction of travel.

The Partnership will continue to develop more evidence/ analysis of the drivers of performance with an increasing shift towards prevention, including:

- Increasing use of SPARRAs (Scottish Patients At Risk of Readmission and Admission) data, a risk prediction algorithm to identify patients aged 65 years and over at greatest risk of emergency inpatient admission, across GP practices to identify highest risk patients;

- The ongoing development of a care planning approach in line with the management of long term conditions to shifting the balance of care from crisis and acute admissions to emphasise prevention and support and self management, with a particular emphasis on targeting the most deprived communities with associated health issues;
- The recent appointment of a Community Health and Wellbeing Co-ordinator who will enhance the whole systems working approach across community planning, long term conditions management and the Changing Lives agendas.

3.7 JPIAF 11 (Local Improvement Targets (LITs))

Recommendation for Improvement/ Action: We recommend that local partners take steps to address the matters identified in our detailed evaluation comments on areas for further action.

CORE AREA	EVALUATION	COMMENT
Reducing Emergency Admissions	Lacks information to measure performance.	
Partnership response: further work will be undertaken to screen information which is available on local systems.		
Intensive Home Care	More than meets target.	Target sufficient. Exceeds national target although baseline figures do not add up.
Partnership response: the Partnership continues to exceed national targets in this area year on year and has increased the number of older people receiving intensive home care packages by 8.6%. (N.B. the issue with the baseline figures was due to a typographical error of which the Scottish Government had been advised).		
Delayed Discharge	More than meets target.	Target sufficient.
Partnership response: this is a national target and the Partnership has consistently achieved the targets set by the Scottish Government year on year. Work is ongoing to maintain this level of performance.		
Rapid Response	Meets or is close to meeting target.	Target needs development. Mixed performance - exceeded targets on admissions and service recipients but performance on early discharges fell back. Across the piece targets not felt to be sufficiently stretching.
Partnership response: the Rapid Response Service has provided a vital role in shifting the balance of care, providing an alternative support service which both prevents unplanned admissions to and delayed discharges from hospital. While the number of people receiving care from the rapid response team in East Ayrshire continues to rise, the focus of the service has shifted to the prevention of admission. This is in line with the management of long term conditions and local Health Efficiency and Access (HEAT) targets.		

Developing our approach to discharge planning continues to be a priority for the Partnership: the Ayrshire wide Discharge Planning Agreement has been revised and all appropriate staff are receiving training in relation to this. Consequently this may lessen the need for Rapid Response input to fill gaps with discharges.

Single Shared Assessment	More than meets target.	More than meets 3 targets. Meets 2 targets. Targets all sufficient.
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Partnership response: one of the key aims of the Partnership is ensuring people receive an improved quality of care through faster access to services and better quality services. 2006/07 saw significant improvements in waiting times for assessments. Single Shared Assessment is a key mechanism for ensuring that services are person centred. In 2006/07 657 Single Share Assessments were undertaken. The numbers of referrals for assessment started within 3 weeks increased to 77.6% (62% in 05/06); and the number of assessments completed within 6 weeks of referral increased to 92.1% (45% in 05/06). Partners continue to work together on an Ayrshire-wide basis to further develop their approach to single shared assessment.

Better Support of Carers	Falls short of target.	Falls well short of assessment targets. For respite more than meets 1 target, falls short for 1 and falls well short for 2. Assessment – target needs development. Increase of 10% not appropriately challenging given number of carers in area. Need to distinguish groups of carers and intensity of caring. Welcome qualitative targets to improve carer satisfaction, information and engagement. Respite – target sufficient. Considerable investment in intensive home support and community based respite welcome.
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Partnership response: The Partnership's performance falls below our intended targets (16 were undertaken against a target of 32). (Uptake of Carers' Assessments is an issue nationally). Whilst carer's assessments are offered, uptake can be determined by the willingness of carers to receive an assessment. The Partnership is implementing a range of initiatives designed to promote the uptake of carer's assessments to address this area of priority. These include working in partnership with East Ayrshire Carers Centre and Carers Scotland: a pilot has been undertaken providing person centred carers assessments for 20 people. Initial feedback has been very positive, and this will shortly be formally evaluated. The recruitment of an Area Coordinator will also facilitate this process. Consideration to the development of a more challenging target will be undertaken during the review of 07/08 targets and development of targets for 08/09.

Equipment and adaptations	Targets not deemed sufficient.	No FINAL or final indicators.
Partnership response: the Partnership recognises the importance of equipment and adaptations provision in promoting early supported discharge from hospital, preventing delayed discharge and reducing emergency admissions and we will review our targets in line with the new outcomes framework.		

3.8 JPIAF 6 (Single Shared Assessment)

Recommendation for Improvement/ Action: We recommend the Partnership ensures more staff are trained for electronic recording in assessment and care management.

The Partnership will continue to progress the training of staff for electronic recording in assessment and care management. Training in Single Shared Assessment and Care Management will be rolled out across a wider range of partners, including Housing. The phased implementation of electronic information sharing is due to commence in summer 2008. This is a nationally driven agenda with timescales contingent upon work being undertaken across the country between the Scottish Government, local authorities and software companies such as Anite which supplies the SWIFT system utilised by Social Work.

3.9 JPIAF 8 (Cross agency access to resources)

Recommendation for Improvement/ Action: Continue good performance.

3.10 The Partnership will continue to evidence good performance in relation to this indicator and will continue to develop a whole systems approach.

4. OUTCOMES-LED PERFORMANCE MEASUREMENT: 2007/08

4.1 Work has been undertaken at a national level over the last eighteen months to move community care performance management and reporting towards an outcome based approach. This work has subsequently been overtaken by the development of the Concordat between national and local government and the associated requirement to produce Single Outcome Agreements effective from 1 April 2008. Work is continuing at a national level with a view to the development of a community care indicator that could be included in Single Outcome Agreements.

4.2 The objectives of the national outcomes approach have been to:

- focus on the benefits for service users and carers;
- drive performance in community care;
- re-focus on partnership working;
- ensure joint responsibility of service delivery; and
- clarify reporting both locally and nationally.

- 4.3 For 2007/08 the Scottish Government is asking Partnerships to report on six measures and five targets.

Measures for 2007- 08	Targets for 2007-08
(OC8a) Percentage of older people aged 65+ with intensive care needs receiving services at home	By 2008, 30% of older people with intensive care needs will receive those services at home
(OC8b) Percentage of older people aged 65+ receiving personal care at home	<i>No target set by Scottish Government</i>
(OP6) Number of patients waiting more than six weeks to be discharged into a more appropriate care setting	<ul style="list-style-type: none"> • Reduce number of patients delayed by over six weeks by 50% by April 2007, as compared to the April 2006 targets, and to zero by April 2008 • Reduce number of patients delayed in short stay beds by 50% by April 2007, as compared to April 2006 outcomes, and to zero by April 2008
(OP7a) Number of emergency bed days in acute specialties for older patients aged 65+ per 100,000 population	Reduce emergency in-patient days for older patients aged 65+ by 10% by 2008, compared with 2004/05
(OP7b) Number of older patients aged 65+ admitted for any reason two or more times in a year as an emergency to acute specialties per 100,000 population by 2008, compared with 2004/05	Reduce number of older people aged 65+ admitted as an emergency two or more times in a year by 20%
(OC2) Number of older people aged 65+ with two or more emergency admissions in a year who have not had an assessment of their health and social care needs per 100,000 population	<i>No target set by Scottish Government</i>

- 4.4 Five of these are already measured nationally and further data will not be sought from Partnerships.
- 4.5 Only indicator OC2 will require the submission of information by Partnerships. For this indicator, data will be sought for a sample quarter in order to establish a baseline. No target will be set.
- 4.6 In addition Partnerships will have the option - if they so choose - of submitting an annual commentary on their performance. To help them in the task the Scottish Government will provide Partnership's with a suite of nationally collated information. The commentary – for which a template has also been provided – should consider the interplay between the six nationally reported measures and our own Local Improvement Targets.
- 4.7 The Joint Future Partnership will consider in detail the proposals set out by the Scottish Government.

5. POLICY/LEGAL IMPLICATIONS

- 5.1 Nil

6. FINANCIAL IMPLICATIONS

- 6.1 Whilst there are no financial implications directly arising from the AES, the projected demographic changes in East Ayrshire will see significant rises in the number of older people in the face of a decreasing overall population. This means that the additional cost to the Council of maintaining service delivery and performance at existing levels will be considerable.

7. COMMUNITY PLANNING IMPLICATIONS

- 7.1 The development of a National Outcomes Framework and the expansion of Local Improvement Targets to encompass the whole of Community Care is consistent with our approach to community planning and in particular supports the Improving Health theme of the Community Plan.

8. RECOMMENDATIONS

- 8.1 It is recommended that Committee:
- (I) Endorse the steps being taken by the Partnership to address the recommendations for improvement and action identified within the evaluation; and
 - (II) Otherwise note the contents of the report.

Graham Short
Executive Director of Educational and Social Services
6 February 2008

LIST OF BACKGROUND PAPERS

Joint Performance Information and Assessment Framework, Final Evaluation Statement 2006/07, East Ayrshire Joint Future Partnership.

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