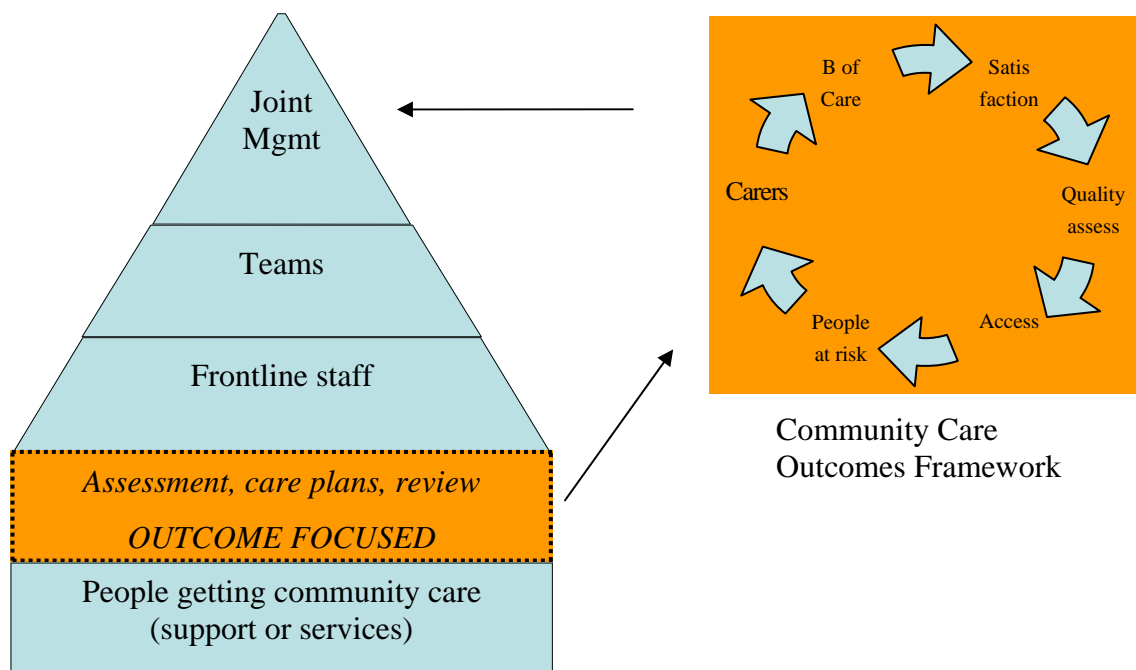


UPDATE ON OUTCOMES FOR COMMUNITY CARE

AUGUST 2008

Welcome to our fourth bulletin on the Outcomes Framework for Community Care. This is an exciting time for the shift to outcomes in community care. Whilst the Concordat between Scottish Government and local authorities means that the Community Care Outcomes Framework can not now be used for any national performance assessment, the Framework still offers local partnerships a robust means of managing outcomes in the local area, and the opportunity to benchmark with other partnerships using the Framework. The diagram below summarises the approach which is now ready to be rolled out where partnerships wish to adopt it.



Assessment, care plans and review lie at the heart of identifying and improving outcomes for people using community care services and their carers. Placing an outcome focus at the centre of assessment, care planning and review can now be supported through

- new National Minimum Information Standards
- the User Defined Service Evaluation Toolkit (UDSET)
- the national e-Care programme, and local e-care support

As a by-product of outcome-focussed activity at the frontline, data will be generated to feed 7 of the measures in the **Community Care Outcomes Framework** (see Annex for details). Use of the framework will promote continuous improvement by enabling local partnerships to:

- 1) understand their performance at a strategic level in improving outcomes for people who use community care services or support, and their carers
- 2) share this information with other partnerships in Scotland and compare performance directly on the basis of consistent, clear information.

The remainder of this bulletin sets out details of the key developments.

1. Assessment, Care Plans and Review

The last Bulletin described the Consultation that took place in regards to the National Minimum Information Standards for All Adults in Scotland. The Standards were issued on 28 July 2008. They cover assessment, care plans and review for people using community care services, and assessment and review for carers.

These Standards update and extend those issued for older people (December 2004) and for all adults (August 2006). The development of the Standards, including those for carers, has been led by the Assessment and Review Co-ordinating Group (ARCG). The group made a conscious effort to link the Standards with the Community Care Outcomes Framework. The Standards support both the objectives and the measurement of 10 (7 directly) of the 16 community care outcomes measures. They set a national minimum, apply to all adult community care groups, and should be adopted routinely by all partnerships.

There are two distinct types of standards used throughout the document:

- **Information Standards** which describe the subject matter that must be included without specifying exactly *how* it should be done or recorded.
- **Data Standards** which specify the content at a more prescriptive level and include details on format and codes to be used for each of these standards

The Standards may not contain all the information required to assess the person's care needs. They set out the minimum information which all professional groups within health, social care and housing would expect to record – they are a core set of information to which specialist modules can be added. To meet the standards, local assessment and care management tools, electronic systems and processes should have the capability to record every data item in the standards, but there is no presumption that every item will be recorded for every person.

Following the issue of the standards we will be working in partnership with e-Care colleagues to offer support to local Data Sharing

Partnerships to develop local work plans for staff and a process to be ready for electronic data sharing and compliance with the standards. For more detailed information, contact Jane Arroll (jane.arroll@scotland.gsi.gov.uk or 0131 244 5317).

2. User and carer outcomes: User Defined Service Evaluation Toolkit (UDSET)

The UDSET is based on research which identified the outcomes most important to people who use community care services and their unpaid carers, and has been developed in Scotland to improve the involvement of both groups. Early piloting showed that as well as improving outcomes for individuals and supporting more relevant interventions, this approach can capture valuable data for planning and developing services. Current piloting work on the UDSET is being concluded in seven local partnerships. Six of these pilots have already identified means of extending the user and carer outcomes approach locally.

Work has continued over recent months on ensuring that there is correspondence between the UDSET and the National Minimum Information Standards (NMIS) for assessment, care plans and review, so that user feedback is integral and routine. The NMIS now incorporate a general emphasis on user and carer outcomes as well as related data standards. While the UDSET was originally based on evaluation and review based on outcomes, the approach is being extended into assessment and care planning in some areas.

An independent interim evaluation of UDSET is currently being conducted by the Glasgow School of Social Work and the report will be available in September. Work on determining how user and carer outcomes can be measured, and on managing the data captured by the UDSET, will conclude shortly. Guidance on these subject areas and reports based on analysis of qualitative UDSET data will be available to download on the JIT website by October.

The user and carer outcomes approach builds on and supports good practice, but it also requires a shift in focus. To support this, some partnerships have already contributed reports, tools and training materials that can be used by others. Several sites have also contributed digital stories with staff, service users and carers, which can support changing local cultures, and a collection of UDSET stories will be available by October. Relevant materials are being made available and regularly updated on the JIT website <http://www.jitscotland.org.uk/action-areas/themes/involvement.html>

3. Community care outcomes 2007/08 – developing and providing feedback

The old Joint Performance Information and Assessment Framework system came to an end in 2006/07. Following the letter from COSLA, Scottish Government and the Community Care Outcomes Framework Project Board in January 2008, local partnerships have taken up the opportunity to make two new returns in relation to Community Care in 2007/08. The first is a template recording individuals aged over 65 who have had two or more admissions to hospital as an emergency in the last 12 months, and have not had an assessment of their health and social care needs. Initial feedback from local areas has been very positive about the value of this information to their local system.

The second report covers the 6 'themes' in the Community Care Outcomes Framework, leading into a self-assessment of the how the partnership managed the inter-relationships between the different outcomes in their local system in 2007/08.

Partnership Improvement and Outcomes Division (PIOD) is offering feedback in the form of face-to-face visits to each partnership during September and October. This will also be an opportunity to discuss the experience of the Early Implementer Partnerships, and to consider any support PIOD and JIT can offer to partnerships in the coming year. Proposed dates for these visits have just been sent out.

4. Update on Early Implementer Partnerships

Membership:-

Aberdeenshire	East Renfrewshire	North Lanarkshire
Angus	Midlothian	West Lothian
Dumfries & Galloway		

The 7 partnerships above continue to test out and refine various elements of the community care outcomes framework. In addition the Orkney Partnership, who have been heavily involved in piloting the User Defined Self Evaluation Toolkit (UDSET), will also join the Early Implementers Network this summer.

Work has been carried out to create a self assessment diagnostic tool to help local partnerships assess their current status and readiness for outcomes based performance management. This has now been branded 'POPIT' (Partnership Outcomes Performance Improvement Tool) and will be available from the JIT website (with an appropriate link from the Community Care Outcomes site) over the next few months.

There has been a strong focus, at recent meetings of the Network, on creating stronger links across the community care spectrum by using a

guest slot on the agenda to raise awareness around the ongoing work and opportunities in other parts of the system. Recent appearances by the Long Term Conditions Collaborative, Scottish Leadership Foundation, eCare – to discuss issues around implementation of electronic data sharing - and various regulation and inspection agencies were found to be very productive and informative.

Partnerships are continuing to make positive progress under the 'workstreams' they have agreed to focus on. The 7 existing Early Implementer partnerships have agreed to investigate the feasibility of an information exchange which would allow them to benchmark their performance as evidenced through the Community Care Outcomes Framework. Possible links with other benchmarking work – including adult social care, and mental health, are also being explored. A project plan is in place and a preferred option for developing the Information Exchange will be identified by December 2008.

The Scottish Leadership Foundation put together proposals for Organisational Development/Training to equip the partnerships to be able to adapt, implement and benefit from the Community Care Outcomes Framework. Seven partnerships have signalled their intention to invest in the first phase of this OD programme. We are currently working to make sure that this work can still be delivered in the light of difficulties at Scottish Leadership Foundation.

5. Definitions of the community care outcomes measures

The Angus partnership recently published a useful report summarising their analysis of the 16 community care outcomes measures from a practice and implementation perspective. In July, a sub-group of the Community Care Outcomes Framework Design Authority spent a day agreeing "final" definitions of the measures (where possible) and this is now being shared with Early Implementers for a final sense check before publication. Some of the measures are subject to the outcome of the work to implement Lord Sutherland's Review of Free Personal and Nursing Care. It is likely that 15 of the measures will be ready for 2009/10.

A clear, consistent set of definitions is a pre-requisite for any use of the Community Care Outcomes Framework by local partnerships for comparing their work with other partnerships. The strong links between these final definitions, the National Minimum Information Standards, and the User Defined Service Evaluation Toolkit present a strong suite of tools to support local work to make sure that outcomes are driving community care services and support in partnerships across Scotland.

If you have any comments or queries regarding this update please contact Colin.Blyth@Scotland.gsi.gov.uk in the first instance.

COMMUNITY CARE OUTCOMES FRAMEWORK

National Outcomes

Improved health

Improved well-being

Improved social inclusion

Improved independence and responsibility

Performance measures and targets

Themes	Measure	Type	Data Source
User satisfaction	% of community care service users feeling safe.	Outcome	NMIS All users assessments & reviews
	% of users and carers satisfied with their involvement in the design of care package.	Outcome	NMIS All user and carer care plans & reviews
	% of users satisfied with opportunities for social interaction.	Outcome	NMIS All user assessments & reviews
Faster access	No. of patients waiting in short stay settings, or for more than 6 weeks elsewhere for discharge to appropriate setting	Output	ISD monthly returns Assessments of people delayed in hospital
	No. of people waiting longer than target for assessment, per 000 population	Output	Client databases - whole health and social care system
	No of people waiting longer than target time for service, per 000 population	Output	Client databases - whole health and social care system (and ultimately NMIS assessments and careplans)
Support for carers	% of carers who feel able to continue their role	Outcome	NMIS - all user assessments, carer assessments & reviews
Quality of assessment and care planning	% of user assessments completed to national standard.	Process	NMIS User assessments
	% of carers' assessments completed to national standard.	Process	NMIS Carer assessments
	% of care plans reviewed within agreed timescale.	Output	NMIS All user and carer reviews
Identifying those at risk	No of emergency bed days in acute specialties for people 65+, per 100,000 pop.	Output	ISD – relevant admissions from whole health and social care system
	No. of people 65+ admitted as an emergency twice or more to acute specialties, per 100, 000 pop.	Output	ISD – relevant admissions from whole health and social care system
	Percentage of people 65+ admitted twice or more as an emergency who have not had an assessment.	Outcome	ISD – relevant admissions from whole health and social care system, local systems
Moving services closer to users/patients	Shift in balance of care from institutional to 'home based' care.	Input	Not yet defined
	% of people 65+ with intensive needs receiving care at home	Outcome	Measure to be developed & will rely on NMIS Assessments and IoRN/other tools.
	% of people 65+ receiving personal care at home	Outcome (proxy)	Scottish Government Analytical Services Division

Measures: 7 outcomes 6 output 2 process 1 input