WEST DUNBARTONSHIRE JOINT FUTURE PARTNERSHIP

MANAGEMENT RESPONSE TO ANNUAL EVALUATION STATEMENT

JPIAF 2005/06/07

The West Dunbartonshire Partnership recognise that we are falling short of some of our targets and substantive work is required in a number of areas. The Partnership has established the Older People's Strategy Group (with Dementia and Delayed Discharge subgroups) and a Capacity Planning Group. Through the work of these groups, a workplan has been established to review all services for older people in West Dunbartonshire. The key actions in the workplan form the basis of this response to the Draft Annual Evaluation Statement. The following report will outline the detailed response and proposed actions the partnership intends to implement to address the recommendations in the draft evaluation:

Evaluation – JPIAF 10

Recommendations for Improvement/Action
The partnership should review its ability to deliver on the key result areas. More generally, it clearly understands whole systems working, but needs to evidence more fully what drives performance, and put in place a comprehensive strategic/financial/performance framework.

Management Response

We have reviewed our ability to deliver on the key result areas and as part of the Older People's Strategy Group (OPSG) a detailed workplan has been developed (attached for information). We understand the need to look at the whole network of services that inter-link to provide a joined up approach to care across community services (health, housing and social work), and specialist services such as acute and secondary hospital care. The draft financial framework for the Capacity Plan is due to be completed by the end of the calendar year, and will form the basis of our joint commissioning strategy. This, as part of the work of the OPSG, will allow us to robustly performance-manage our progress towards the requirements of the Better Outcomes for Older People Framework. Additional performance management and accountability mechanisms include:

- Management reports to the Joint Strategy Group
- Management reports to the CHP Management Team
- Management reports to the Best Value Review Group
- Reports to the Strategic Best Value Review Group (chaired by the Chief Executive of WDC)
- Reports to the Community Care Planning and Implementation Partnership
- Reports to the CHP Board
- Reports to the Health Improvement & Social Justice Partnership
- Reports to the Audit and Performance Review Committee
- Reports to the Social Justice Committee
- CHP Corporate Objectives and Local Delivery Plans
- Delayed discharge and the prevention of unnecessary hospital admissions have been identifies as a key corporate priority in the Corporate Plans of both NHS and West Dunbartonshire Council

In respect of Older People's Services we are also undertaking a Best Value Review, which will report to the Older People's Strategy Group by January 2007. The outcomes of that review will be incorporated into the workplan and developing the joint commissioning strategy.

Of particular concern to our partnership is the increasing numbers of unplanned hospital admissions in respect of people aged 65 years and over. We believe that one possible explanation for this is that, due to the high levels of need that we are supporting in the community, the community-based population is much more frail than has been the case historically. Specific steps to address this are outlined under the response to JPIAF 11 (reducing emergency admissions), and we have engaged the support of the Scottish Executive Joint Improvement Team in order to develop a clear action plan. The first stage of that process was a workshop day on 18th September 2006, and the outcomes, including action plan are currently being produced. This is a clear indication that we have recognised the issue, and have been proactive in seeking solutions to address it.

Evaluation – JPIAF 11

Core Area	Evaluation	Comment	Management Response
Reducing Emergency Admissions	Lacks information to measure performance	We note that you will not have the information required to report on progress until October.	New information and baseline information now included in the LITs submission. However, we have recognised for some time that we have a high number of unplanned hospital admissions. We therefore invited the Joint Improvement Team to our November 2005 HISJP Committee, and shortly after that, made a formal approach to the Team asking for support to improve our performance. Work with the JIT to date has led to a full day workshop event (18th September) where an action plan was agreed and is currently being finalised. The Partnership has also agreed the following specific actions: • Implement the JIT Action Plan including the development of an early identification system such as SPARRA • Acute sector colleagues have agreed to undertake a substantial case review on our behalf, to consider / identify the most common catalysts that led to unplanned admission • Work with the Lomond Care Team and COPT / IRIS to identify service gaps and continue to develop an anticipatory care model • Identify levels of unplanned care home admissions and review usage of step up / step down and respite services • Carry out an analysis of unplanned and repeated hospital admissions within the delayed discharge sub-group to inform service redesign • Develop and draft an Implementation Plan to implement the Care Management Policy and Standards
Intensive Home Care	Lacks information to measure performance	Not measuring number of people in long term care and no information provided so impossible to tell if on track.	We currently fund 613 people in long term care placements, which represents a reduction of 6% from last year's figure of 654. This has not been a Local Improvement Target in the past, because any target should be based on the outcomes of our joint commissioning strategy, to ensure that it is set in a realistic and properly structured context. This measure would not, however, be covered within homecare (or intensive homecare) as care plans are developed on the basis of assessed need rather than substitution for long-term care at a cost threshold.

			A key recommendation of the Capacity Plan is to review all current health and social work services, including Rapid Response; interdisciplinary care; Augmented Homecare and Intensive Homecare. The Partnership will produce a detailed financial framework to assess the affordability of service redesign which will ensure the focus of care in the community for older people In the interim we continue to deliver a high volume of homecare services as described in the LITs.
Delayed Discharge	More than meets target	Baseline for 2005 was 33 not 43. Outcomes for 2006 was 23 not 25.	We are working to sustain the current downward trend, however the Partnership has concerns that the Scottish Executive 2008 target will be difficult to meet. To address this we intend to review how we are currently spending resources linked to the work referred above through Capacity Planning. Key areas the partnership must implement in the short term are the establishment of early identification systems, and robust care management systems to prevent hospital admissions, re-admissions and therefore delayed discharges. These actions are included in both the JIT workplan and the OPSG Workplan. We are also reviewing the operation of the Discharge Protocol through the Delayed Discharge subgroup.
Rapid Response	Lacks information to measure performance	Position not clear from information provided.	We now have established clear baseline information across both health systems. The LIT figures represent numbers of people responded to within a 2 hour period by Lomond Care Team and Clydebank Community Older People's team. While the figure appears to represent a decreased level of activity, it is important to note that we are now using a new 2 hour definition, where the previous definition was in respect of a 24 hour response. The change in definition is in response to revised Scottish Executive guidance on the definition of rapid response. Many other referrals are responded to within the timeframe of 2 – 24 hours which are not included in the figures. Future development of rapid response services will form part of the overall service review.
Single Shared Assessment	More than meets target	We commend the development of targets across care groups.	The SSA process and information sharing would be greatly facilitated through electronic information-sharing capability. We would welcome a national solution to this problem led by the Scottish Executive.
Better Support of Carers	Falls well short of targets	Although the target for the number of people receiving respite is more than met, no information has been provided on residential and home-based respite and carers' assessments fell well short of target.	Our revised LITs template now has updated information on residential and home-based respite. We regard that support for carers encompasses a wider range of provision than respite services alone. We have two fully funded but independently run carers' centres which provide drop-in support services to over 600 carers. We are working with our Community Care Planning and Implementation Partnership (which includes Carers Forum; Community Care Forum etc); Carers Centres and Carers Strategy Group to promote greater uptake of the Carers Support Plan (assessment) but recognise that the original target was over-ambitious. We are also reviewing these plans to ascertain if needs are being met. Operational staff have reported that carers remain reluctant to complete a support plan, either under the self-assessment model or with a worker helping. We are keen to know if other partnerships are experiencing this difficulty, and to learn from any successful areas.

Evaluation – New targets for 2006/07

Core Area	Evaluation	Comment	Management Response
Reducing Emergency Admissions	Requires substantive development	We note that you will be unable to revise your baseline until October.	Our baseline has now been revised but there remain issues around verification of data as operationally, data systems are still located within the two locations that were in place under the old health board system (NHSGG and NHSA&C). Our planned actions are outlined above in the first section of the JPIAF 11 evaluation.
Intensive Home Care	Insufficient	No information provided so impossible to tell whether or not you are likely to achieve National Target.	Information was provided in the May 2006 LITs and is restated in the revised LITs submission. We have calculated our LITs based on the number of interventions (rather than hours of service) as this reflects more accurately high levels of support and flexibility of service delivery.
Delayed Discharge	Sufficient		See comments above.
Rapid Response	Requires substantive development	Composite score for targets DD 3 and DD w. DD 3's target is less than 04/05 outturn – despite greater expectations in 2006-07. (and target not clear – only after consulting council was the baseline this outturn (not the target) for 2005-06.) Is this questionable. Modest increase in through input against much greater expectations in 2006-07.	See comments above.
Single Shared Assessment	Sufficient	We commend the development of targets across care groups.	See comments above.
Better Support of Carers	Requires substantive development	The carers assessment target is not as comprehensive as we would expect, and, though related to the baseline, makes only moderate impact on the relatively low levels of carer assessments provided for an authority of this size. The respite target is well differentiated, although it makes little impact on the relatively low level of both residential and home-based respite provided in West Dunbartonshire.	See comments above.
Equipment and Adaptations	Insufficient	No targets for 2006-07 covering completion of assessment to delivery [including installation and	Equipment and Adaptations targets are still under development (guidance arrived very close to the JPIAF submission deadline). The specific areas referred to in the comments were not included because our information systems are being redeveloped in light of us becoming full partners in the

		training in use].	GGILES Partnership by April 2007. In-principle approval has been given and we wish to design our performance management arrangements to maximise the benefits of that partnership. The re-design will take account of the need to report on the specific areas mentioned. We are also in the process of a Best Value Review of equipment and adaptations, which is due to report by December 2006.

Evaluation – Extended Local Improvement Targets

Targets for Drugs

The national outcome links to targets which are mainly SMART. The targets you have set are in line with national priorities and we are pleased you are using local indicators as well as setting baselines and realistic targets to be achieved.

Management Response

We have a joint Health and Social Work Addictions Service and the LITs were developed by the strategy group which includes service users and carers.

Learning disability

We note that you have a number of stretching, measurable targets that reflect national policy. We welcome health checks and health logs which should improve health and well-being. These could be developed further to address range of support needed.

Management Response

We have a joint Health and Social Work Learning Disability Service and the LITs were developed by the strategy group which includes service users and carers.

Physical disability/ acquired brain injury/ sensory impairment

We welcome the partnership approach to setting targets and developing SSA for Acquired Brain Injury and sensory impairment. We expect this will lead to more outcome focus for service users.

Management Response

We have a joint Health and Social Work Acquired Brain Injury Service and the LITs were developed by the strategy group which includes service users and carers. Our Physical Disability strategy group, as well as our Sensory Impairment strategy group, are joint with Health, Social Work; service users and carers, and voluntary sector organisations. These groups developed their own respective LITs.

Mental health

Whilst all the targets are reasonable they tend to focus on process rather than service user outcomes. It would have been good to see other LITs focusing on moving services from hospital to the community and a LIT in relation to Section 26. Your comment about carers rejecting assessments is interesting and it may be that they would prefer advice, support and guidance rather than assessment. The development of the Mental Health Delivery Plan is likely to include attention to targets and benchmarking that should assist you in the future.

Management Response

The newly formed West Dunbartonshire Mental Health Strategy Group is still working against a legacy of two historically different systems. Harmonisation of provision is regarded as one of the key operational priorities, harmonisation of data collection and recording and performance management is a key strategic priority. We therefore welcome the constructive comments in the draft evaluation statement and the Mental Health Strategy Group will be working towards further development of LITs.

Evaluation – SINGLE SHARED ASSESSMENT - JPIAF 6

Further work required on IT systems and information sharing to enable accurate reporting.

Management Response

The SSA process and information sharing would be greatly facilitated through electronic information-sharing capability. We would welcome a national solution to this problem led by the Scottish Executive. In addition we recognise that Partnerships are at different stags although the lack of progress is an issue. The introduction of the National Practice Forum may be helpful in this regard.

Evaluation – CROSS AGENCY ACCESS TO RESOURCES - JPIAF 8

We note that the partnership is considering extending the agreement on direct access to other key agencies/staffing groups to ensure wider implementation of the Joint Working by including e.g. Independent Agencies

Management Response

We continue to recognise cross agency access to resources as a key element of joint working that can lead to better outcomes for the people who use the service. Single Shared Assessment is our main vehicle for delivering this, but we also have in place referral protocols between interagency mental health, addictions and homelessness services.

September 2006