

# JOINT PERFORMANCE INFORMATION AND ASSESSMENT FRAMEWORK

## DRAFT ANNUAL EVALUATION STATEMENT 2005/06

### West Dunbartonshire Joint Future Partnership

#### SUMMARY EVALUATION

Our assessment of your local partnership's progress and achievements in relation to all JPIAF Indicators is based on the requirements set out in Circular CCD5/2005 issued on 16 December 2005, together with the additional information and guidance on the whole Systems Indicator (JPIAF 10), Local Improvement Targets (JPIAF 11) and Direct Access to Resources (JPIAF 8) which was issued on 29 March 2006 and 26 April 2006 respectively.

For 2005/6 we looked to consolidate the progress made in JPIAF on the outcomes approach. As a result, JPIAF 10 and JPIAF 11 continued to focus solely on services for older people.

Although there was no requirement to provide Local Improvement Targets (LITS) for other client groups, we are impressed by the number of partnerships who are already extending their LITS. We have included feedback on LITS for other client groups, where these have been submitted. This feedback does not affect the overall evaluation score for these partnerships. In addition we intend to hold an open meeting with partnerships, possibly in September/October, to discuss how the extension of LITS for 2007/8 might proceed.

Local partnerships were invited to provide, as part of their submission, details of how they planned to deliver the next steps on outcomes. You were asked to include plans for developing a joint performance management framework and arrangements for public reporting of local improvement targets. In addition you were asked to illustrate how the development of joint services under the Joint Services Framework *Better Outcomes for Older People* is improving outcomes in your area.

Again, no formal assessment of these areas has been included in the evaluation, although the information has been used to provide an overview of progress within the partnership. We note from your submission that:

Although you have not mentioned *Better Outcomes for Older People* your approach, as evidenced throughout your response and in the setting up of your Older People's Strategy Group, is in line with the Joint Services Framework. Your joint development programmes are set in the context of your long term strategic direction. You do not mention a joint performance framework although you have regular performance reporting on joint working to the Council and the CHP. You are also addressing residual issues concerning data recording and collection. We note your public reporting arrangements, including the involvement of voluntary organisations and community members on your strategy groups.

#### Evaluation Statement

Our assessment of your performance is based on the review of evidence submitted by the local partners in their JPIAF return. This has been augmented by written or oral explanations

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to confirm our understanding of the material contained in the submission, where this was required.

In our view, overall, the performance of West Dunbartonshire shows:

### **Steady progress**

## **SUMMARY EVALUATION**

### **Individual Indicators**

The individual Indicators have been evaluated as follows:-

<b>JPIAF Indicator</b>	<b>Number</b>	<b>Evaluation</b>
Whole systems performance	JPIAF 10	
A) Comparative model	-	Average
B) Holistic approach	-	Steady Progress
Local improvement targets	JPIAF 11	
A) Progress for 2005/06	-	Falling well short of your targets
B) New targets for 2006/07	-	Require substantive development
Single Shared Assessment	JPIAF 6	Steady Progress
Cross agency access to resources	JPIAF 8	Steady Progress

### **Overall Recommendations for Improvement/Action**

We recommend that local partners address the matters identified in each individual JPIAF Indicator page.

**Annual Evaluation Statements Team**  
Audit Scotland  
Scottish Executive Health Department

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#### WHOLE SYSTEMS INDICATOR - JPIAF 10

Our evaluation of local partnerships' performance on this indicator is based on the guidance included in circular CCD5/2005.

JPIAF 10 has two parts as described below: the comparative model and partnership's understanding of the holistic approach and its application. In the model the indicators are proxies for key policy directions. The proxy indicators are not ideal, but give a broad perspective of whole system working. Significant work to develop this indicator, involving representatives of local partnerships, is currently underway.

#### Evaluation Statement

In our view the partnership's performance on JPIAF 10 is:

- on the comparative model – **average.**

The partnership shows below average results on admissions and delayed discharges, despite high levels of service. The balance of care is positive, but with scope to improve further. This may raise issues of systems/resource deployment.

- on its understanding of the holistic approach and its application – **steady progress.**

The partnership has a good grasp of what is required. A more comprehensive analysis of the drivers (causes and effects) is sought - some are in place and some are in the pipeline. The capacity plan provides a new dimension. The partnership has a positive range of LITs related to JPIAF 10. It is beginning to get there – but more robust evidence is needed.

Where further action is implied it is identified in the 'Recommendations' section below.

We have evaluated performance in two categories.

1) Relative performance across the indicators as measured by the comparative model. This information was provided to partnerships in Adam Rennie's letter of 28 February 2006.

2) Partnerships' demonstration in their submissions of their understanding of the holistic approach and its application. This covers the understanding shown by partnerships about the causes and effects within each indicator and the relationship between indicators. We then look at the extent to which partnerships translate their appreciation of a holistic approach into joint strategies and practical actions to meet the partnership's challenges in their local circumstances.

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## WHOLE SYSTEMS INDICATOR - JPIAF 10

Our evaluation then reports at 2 levels:

- Partnerships' relative performance under the comparative model, i.e.: 1) above. The evaluation scores are above average (more than +1.0 rate of dispersion in the model); below average (more than -1.0 rate of dispersion); and average (the others).
- partnerships' demonstrated understanding and related strategic action, i.e.: 2) above. Scores are – meets/close to meeting requirements; good progress; steady progress; and improvement required. Partnerships not submitting evidence automatically results in a zero score for that part of the evaluation.

### 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.

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#### LOCAL IMPROVEMENT TARGETS - JPIAF 11

Local Improvement Targets continue to focus on older peoples services for 2005/6. Our assessment of the local partners' achievement of the JPIAF Indicator 11 requirements takes account of Circular CCD9/2004 issued on 30 July 2004 setting out the requirements and evaluation criteria for Local Improvement Targets, Circular CCD5/2005 setting out the JPIAF requirements for 2005/6 and the additional guidance issued to you on 29 March 2006.

#### Evaluation Statement

Based on the information supplied for the JPIAF exercise for 2005/6 we have the following comments:

We consider that for progress on your 2005/06 targets you are **falling well short of your targets.**

We consider that for your new targets for 2006/07 you targets **require substantive development.**

#### Detailed Evaluation Comments

The criteria we used for evaluating JPIAF 11 are included in Circular CCD5/2005.

#### Progress for 2005/06

We have evaluated your progress against the LITS Targets you set for 2005/6.

Core Area	Evaluation	Comment
Reducing Emergency Admissions	Lacks information to measure performance	We note that you will not have the information required to report on progress until October.
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.
Delayed Discharge	More than meets target	Baseline for 2005 was 33 not 43. Outcomes for 2006 was 23 not 25.
Rapid Response	Lacks information to measure performance	Position not clear from information provided.

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Single Shared Assessment	More than meets target	We commend the development of targets across care groups.
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.

### New targets for 2006/07

The seven core areas for LITS for 2006/7 have also been evaluated on the basis of the information you supplied as follows:

Core Area	Evaluation	Comment
Reducing Emergency Admissions	Requires substantive development	We note that you will be unable to revise your baseline until October.
Intensive Home Care	Insufficient	No information provided so impossible to tell whether or not you are likely to achieve National Target.
Delayed Discharge	Sufficient	
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.
Single Shared Assessment	Sufficient	We commend the development of targets across care groups.
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

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		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.
Equipment and Adaptations	Insufficient	No targets for 2006-07 covering completion of assessment to delivery [including installation and training in use].

### **Extended Local Improvement Targets**

We welcome the considerable work you have done in developing Local Improvement Targets for other care groups.

### **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.

### **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.

### **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.

### **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.

### **Recommendations for Improvement/Action**

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We recommend that local partners take steps to address the matters identified in our detailed evaluation comments on areas for further development and implementation.

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#### **SINGLE SHARED ASSESSMENT - JPIAF 6**

The Single Shared Assessment Indicator (JPIAF 6) is aimed at providing quantitative data on the number and nature of SSAs and the time period from referral to first delivery of service where an SSA has been conducted. The indicator seeks to provide information about local improvement on assessment and increasing the speed of access to services. In turn, this is expected to inform analysis of whole system priorities and local improvement targets.

For JPIAF 2005/6, partnerships were advised to report on the number and waiting times under SSA for the 3 month period October – December 2005.

#### **This year JPIAF 6 consisted of two PI's.**

JPIAF 6 - PI 1. Number of persons with completed community care assessments by agency of lead assessor, type of assessment and service user group

JPIAF 6 – PI 2. Number of persons with completed community care assessments by time interval from first identification to first service start, and service user group.

#### **Evaluation Statement**

Our assessment of the local partnerships progress is based on the documentation provided by the local partners and is determined by the relative implementation of SSA across client groups and by the relative spread of assessors to services. In addition we have given PI 2 (spread of service provision) double the weighting of PI 1 (counting SSA), to reflect the greater impact this has on outcomes for service users and their carers.

We consider you are making **steady progress** .

#### **Detailed Evaluation Comments**

Table 1 stats incomplete for columns 4, 5, 6 and 7.

#### **Recommendations for Improvement/Action**

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

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#### CROSS AGENCY ACCESS TO RESOURCES - JPIAF 8

Our assessment of the local partnership's progress and achievements in relation to JPIAF 8 is based on the JPIAF requirements for 2005/6 as set out in Circular CCD5/2005, issued on 16 December 2005, and the additional guidance issued on 26 April 2006.

As part of the drive for faster access to services lead assessors should be able to access directly a range of resources/services across social work, health and housing. This PI seeks information on the resources accessible in social work, health and housing through SSA, and whether directly or by referral/requests to service providers. In 2005-06 we asked partnerships for the first time to indicate the proportion of the resources from each partner which can be directly accessed by other professionals, reporting access to services for older people and for other community care groups separately.

#### Evaluation Statement

The evidence submitted demonstrates **steady progress** in relation to cross agency access to resources following SSA for all community care groups.

#### Detailed Evaluation Comments

Performance has been evaluated by examining the partnership's own scoring of their levels of direct access together with the information on which services this access applies to. This has been balanced with evidence from JPIAF 6 on how extensively SSA has been implemented and on the spread of lead assessors across agencies.

We note that your return is based on a number of services, rather than the total resource in your joint resourcing agreement, but these services have not been specified. You have also not made it clear where you are specifying direct access or direct referral.

#### Recommendations for Improvement/Action

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

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