



EAST RENFREWSHIRE  
COMMUNITY HEALTH AND CARE  
PARTNERSHIP

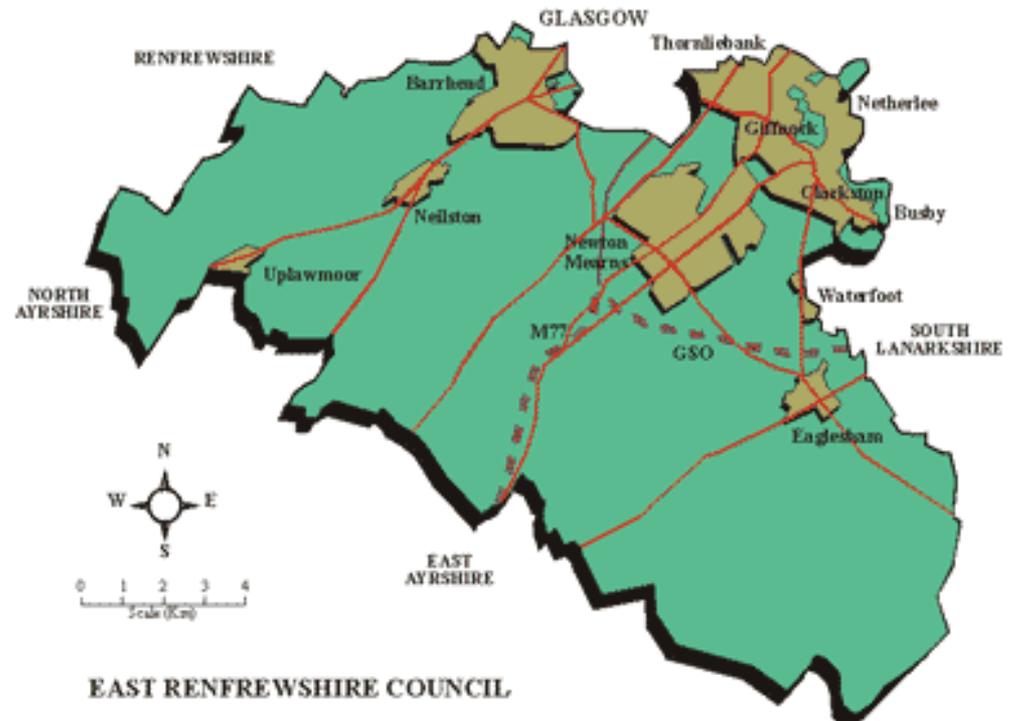
# Evaluating Integrated Services and Outcomes in East Renfrewshire



*working for you*

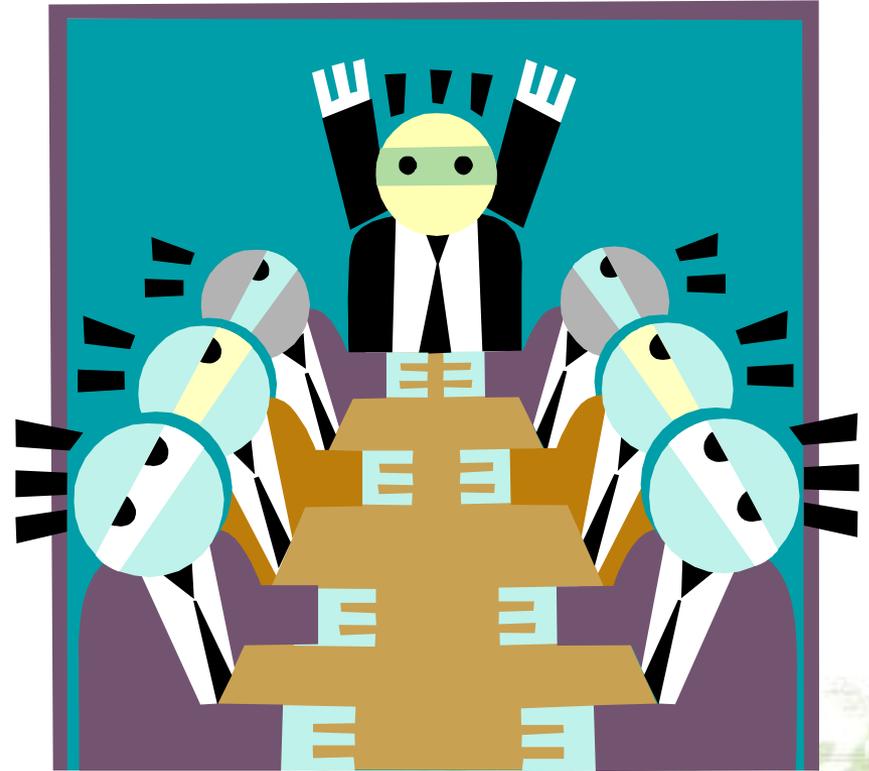
# East Renfrewshire

- South of Glasgow
- 90,000 people
- Relatively affluent
- Highest proportion of people over 65 in NHSGGC

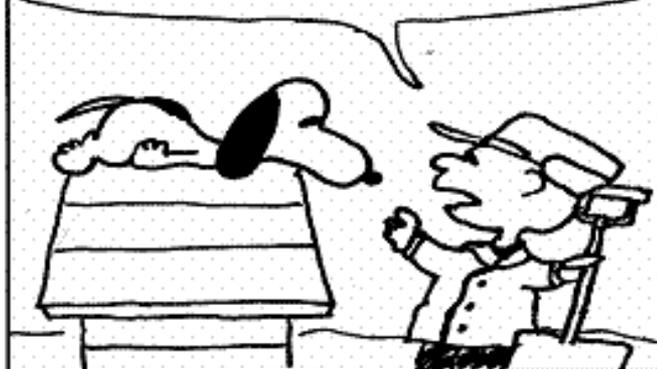


# CHCP

- Single Committee with a “concurrent” agenda
- Single Director accountable to 2 CEs
- Managing all SW and NHS Community services



*Do you know what I'm  
going to build for you?  
An igloo!*



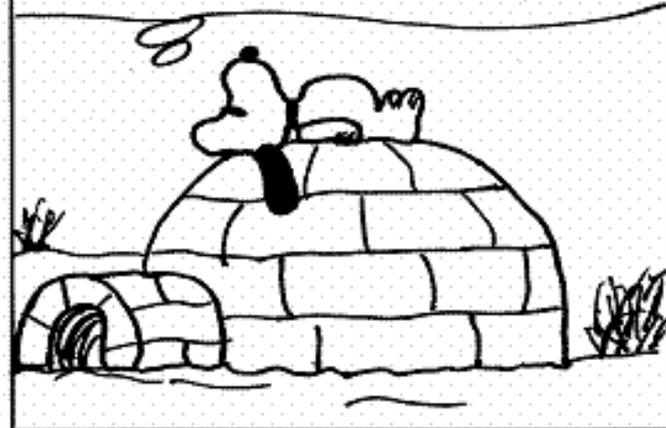
*I think this will be just  
the thing for you to have  
during the cold winter  
months...*



*There you are ol'  
buddy... try it out!*



*I'm not quite sure that I  
see any advantage...*



# Thinking about performance

- Different approaches to performance.
- Old KPI approach of volume and output.
- Shift to impact and outcome.
- Not that volume and throughput are not important but that these are contextual.
- Impact is key. Measure the distance travelled by individuals when we work with them to support them to realise outcomes.
- Use of performance measures
  - as a stick to drive performance (with attendant unintended results) or as
  - a tin opener to understand what contributes to delivery of good outcomes.

# Shared Language

<b>Vision</b>	Your end point
<b>End Outcomes</b>	The changes you will bring about for people in East Renfrewshire
<b>Intermediate outcomes</b>	These are also changes you will bring about – but are steps along the way to achieving your end outcome
<b>Activities</b>	What you do to bring about change
<b>Targets</b>	The speed at which you intend to bring about change
<b>Indicators</b>	What you will monitor to demonstrate change

# What is Talking Points?

## Talking Points:

- Personal Outcomes Approach is an evidence-based, organisational approach that puts people using services and their carers at the heart of their support.
- At the centre of the approach is a conversation with an individual using services or unpaid carer that seeks to understand the extent to which they are achieving the outcomes important to them in life.
- These conversations form a core part of relationship building between practitioners, people who use services and their families.  
(Cook and Miller 2012, p7)

## Core elements:

- Engagement, recording and use of information
- Continuous development and implementation programme based on action research and knowledge exchange

# Talking Points

## Service user defined outcomes

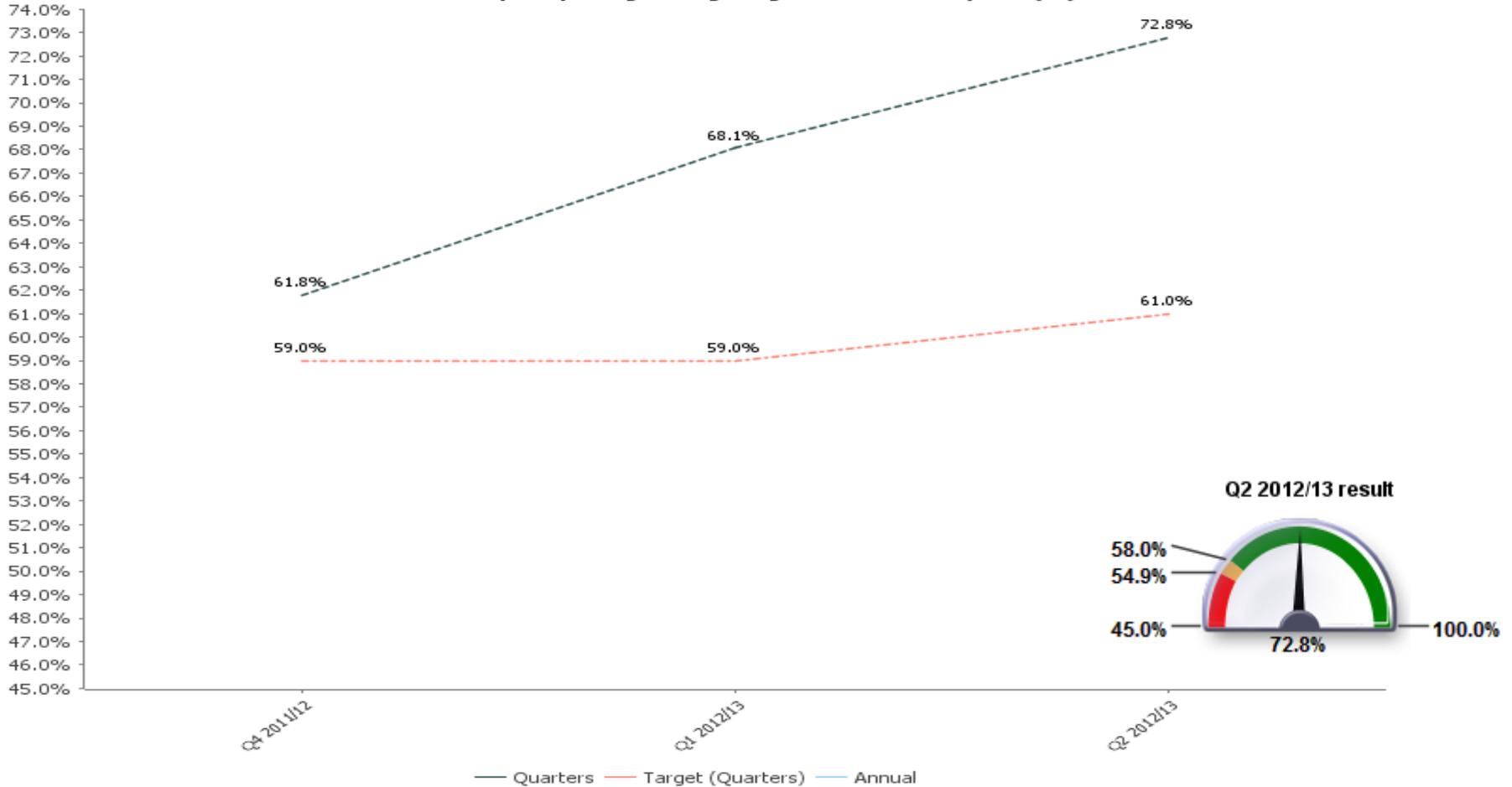
Quality of life	Process	Change
<p>Feeling safe</p> <p>Having things to do</p> <p>Seeing people</p> <p>As well as can be</p> <p>Life as want (including where you live)</p>	<p>Listened to</p> <p>Having a say</p> <p>Respect</p> <p>Responded to</p> <p>Reliability</p>	<p>Improved confidence</p> <p>Improved skills</p> <p>Improved mobility</p> <p>Reduced symptoms</p>

# Talking Points in East Renfrewshire

- “Early Implementer”
- 4+ years seeking to understand personal outcomes
- Significant organisational commitment
- Major culture change for many social care staff in particular
- No claim to have a “cracked” it
- But: Shared Assessment and Service Reviews framed in terms of Personal Outcomes

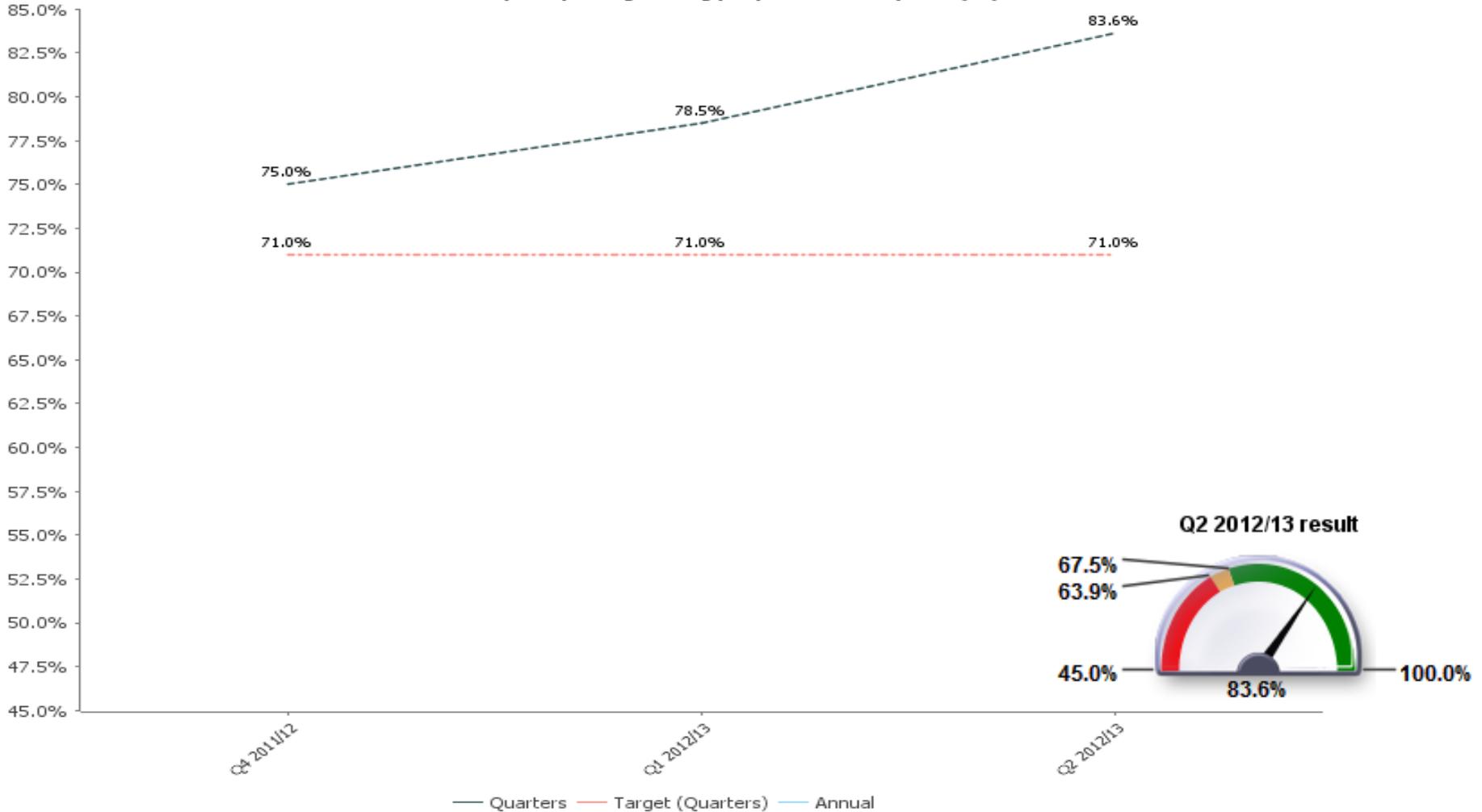
# Things to do

CHCP HCC065 People reporting 'having things to do' needs fully met (%)

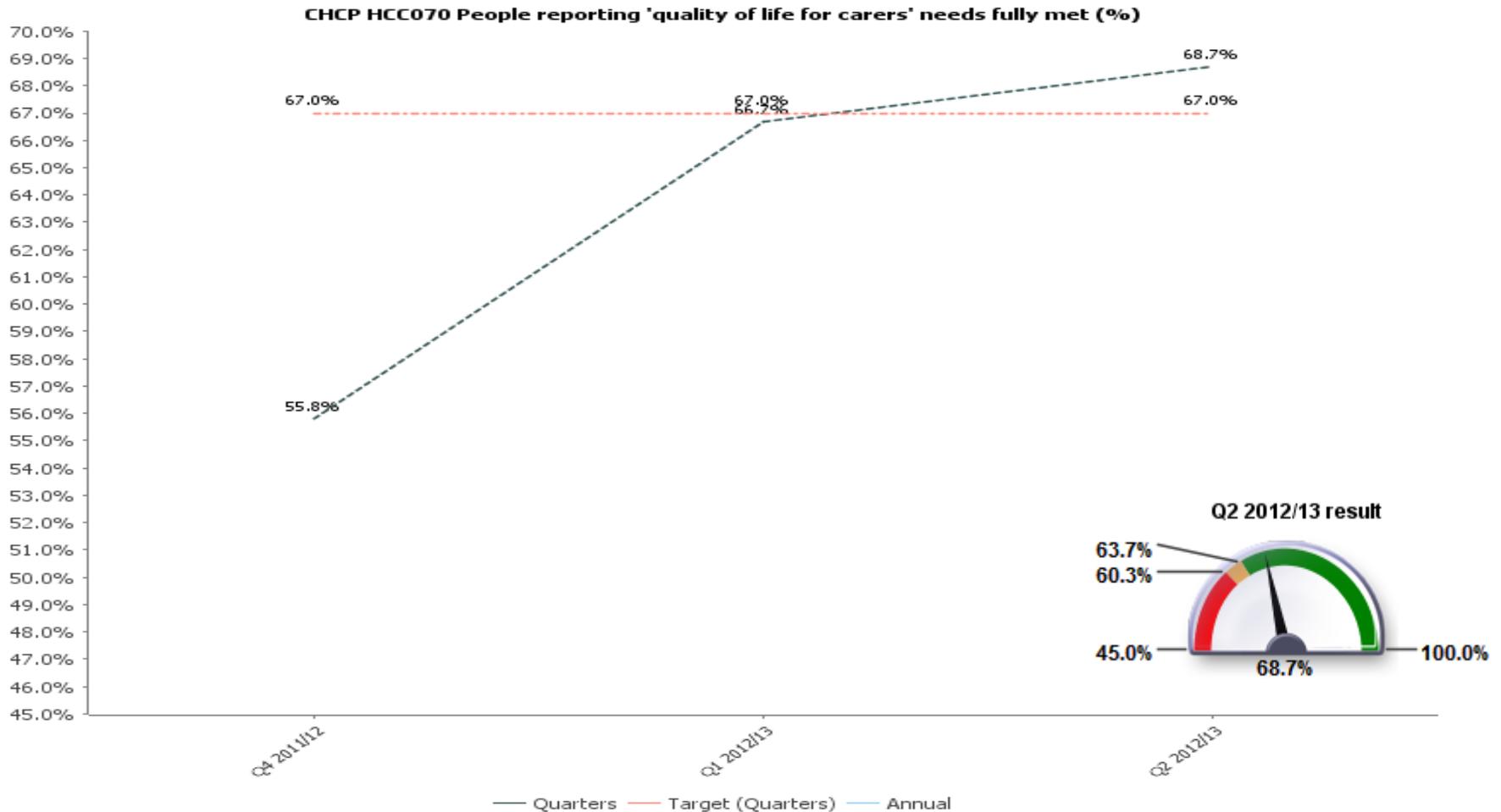


# Seeing People

CHCP HCC066 People reporting 'seeing people' needs fully met (%)



# Quality of Life for Carers



# Reshaping Care Performance Report

## Reshaping Care for Older People - Performance Report

Report Author: Erik Sutherland



Measure	Bullet Chart	April 2012	May 2012	June 2012	July 2012	August 2012	September 2012	October 2012	November 2012
		Value	Value	Value	Value	Value	Value	Value	Value
Delayed discharges bed days lost to delayed discharge		514	612	539	533	444	381	292	342
Delayed discharges bed days lost to delayed discharge for Adults with Incapacity (AWI)		30	60	60	62	62	30	31	30
Delayed discharge: people waiting more than 28 days to be discharged from hospital into a more appropriate care setting		3	3	1	0	3	2	1	1
Delayed discharge: people waiting fewer than 28 days to be discharged from hospital into a more appropriate care setting		8	15	12	18	8	7	12	8
People 65 and over unplanned acute bed days	November 2012 r 3,718	3,914	3,628	3,417	3,521	3,760	3,617	3,369	3,718
People 65 and over unplanned acute bed days rate per 1,000	November 2012 r 238	251	233	219	226	241	232	216	238
People reporting 'having things to do' needs fully met (%)		63.8 %	63.9 %	68.6 %	78.7 %	72.4 %	72.8 %	70.3 %	69.0 %
People reporting 'seeing people' needs fully met (%)		73.5 %	74.8 %	78.5 %	85.7 %	84.3 %	83.6 %	80.0 %	76.0 %
People reporting 'quality of life for carers' needs fully met (%)		64.1 %	63.8 %	66.7 %	73.6 %	70.7 %	68.7 %	71.3 %	72.3 %
Percentage of carers of community care service users offered an independent carers assessment		Not measured for Months							
Number of people self directing their care through receiving direct payments and other forms of self-directed support.		138	147	152	156	159	161	168	171
Total number of homecare hours provided as a rate per 1,000 population aged 65+		577.9	582.9	591.6	591.6	608.8	615.6	611.9	606.5
Percentage of those whose care need has reduced following re-ablement.		87.5 %	88.9 %	100%	88.9 %	93.3 %	100%	85%	80%
Care home residents (total)	November 2012 r 550	510	509	526	539	561	563	552	550

# CHCP Committee Performance Report

## Perspective

### 02 Customer

Measure	Q2 2011/12	Q3 2011/12	Q4 2011/12	Q1 2012/13	Current Target	Traffic Light
	Value	Value	Value	Value		
Percentage of parents/carers reporting being kept informed during Child Protection investigation	93	100	100	100	93	Green
Percentage of parents/carers reporting that support and services had been helpful at Child Protection review	100	94	94	100	98	Green
Percent positive Viewpoint responses to "Do you feel safe at home?" question.	100%	100%	97.3%	95.0%	90%	Green
People reporting 'feeling safe' needs fully met (%)	96.1%	95.9%	95.4%	97.1%	94.0%	Green
People reporting 'having things to do' needs fully met (%)	68.9%	71.7%	61.8%	68.1%	59.0%	Green
People reporting 'seeing people' needs fully met (%)	79.9%	77.4%	75.0%	78.5%	71.0%	Green
People reporting 'staying as well as you can' needs fully met (%)	75.9%	81.6%	77.4%	79.4%	73.0%	Green
People reporting 'living where you want to live' needs fully met (%)	94.6%	92.9%	95.5%	92.2%	86.0%	Green
People reporting 'being respected' needs fully met (%)	96.6%	94.2%	95.1%	95.2%	94.0%	Green
People reporting 'quality of life for carers' needs fully met (%)	67.0%	70.5%	55.8%	66.7%	67.0%	Green

# Personal Outcomes and Process Improvement

- Meeting *Carer's Outcomes*
- When figures dipped we reviewed case sample to find out why
- Has encouraged us to keep thinking carefully about how we engage with carers
- Without the data we would not have been alerted to a potential issue

# Personal Outcomes and Service Design

- Talking Points have been adopted as a universal language by stakeholders involved in Reshaping Care for Older People in East Renfrewshire.
- This gives joint planning arrangements clearer focus
- Particularly strong stakeholder ownership of the outcomes around *Seeing People* and *Having things to do*



# From metrics to meaning (Patterson, Nolan et al 2011)

- Undoubtedly metrics must always have a place in a service where resources are finite, demands potentially infinite, and multiple departments are competing for a slice of the cake.... It seems to us that the balance has swung too far in one direction (p194)
- What is required... Is an approach to culture change that translates our key findings from the complexities of a final report into a form that *speaks* to practitioners in a language that they can relate to (p190)
- All the evidence from the literature and this study points to the complexity of culture change and the need for consistent re-iteration of *the message* over the long term, with many change initiatives taking years if not decades to realise (p197)

# From metric to meaning: models of culture change

(Patterson et al 2011)

## **Perform or perish**

Pace: quick fix, short term

External: top-down, off the shelf, one size fits all

Punitive and transactional leadership

Metrics matter: superficial, quantitative

Scored

## **Relational and responsive**

Complexity: long term, focus on people, brokering

Local factors fully addressed, tailored solutions

Empowering, inspiring and transformational leadership

Meaning matters: relational, dynamic, qualitative

Profiled

# Reflection on what we're here to do

- What is the purpose?
- Collective agenda around use of resources
- Individual agenda focuses on interactions between agents of the state and public and outcomes
- Performance arrangements need to align the two

# National Outcomes

## for Adult Health and Social Care

- Need to balance nationally agreed outcomes and local priorities
- Nationally agreed outcomes to be defined in terms of individuals' experience of wellbeing, independence and control over how they wish to live their lives.
- “...shift in outcomes for individuals in their day-to-day experience of health and social care support.”