Clackmannanshire & Stirling Health and Social Care Partnership

Performance Management Framework

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Approved by :	Clackmannanshire & Stirling Integration Joint Board	On:	30/03/16 25/11/20
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Review Date:	**30 October 2021**		

1.0 Context and Introduction

Legislation[1], supporting statutory and non statutory guidance, and the Integration Scheme for the Partnership set out a number of provisions relating to good governance, proportionate to the legislative changes required to implement adult health and social care both operationally and financially. One of these is in respect to the performance management arrangements which are required to be in place.

The main purpose of the integration of health, and social care services in Scotland is to improve the wellbeing of people who use such services, in particular those whose needs are complex and who require services and support from both health and social care.

The Integration Scheme, is therefore to arrange services that can deliver better results for the people of the Clackmannanshire & Stirling Health and Social Care Partnership area. It is essential that there is a process put in place to manage and report performance.

2.0 Requirements

In respect of **legislative requirements** the Integration Joint Board (IJB) will be responsible for effective monitoring and reporting on the delivery of services and relevant targets and measures included in the Integration Functions and as set out in Strategic Commissioning Plan. The Integration Joint Board is also required to prepare and publish an Annual Performance Report, the contents of which are laid down in Regulations of the aforementioned Act, the detail of which is noted in Appendix 1. This includes such aspects as, delivery of the national health and wellbeing outcomes, cognisance of the integration delivery principles, best value, performance in respect of localities, strategic plan review as appropriate.

Lists of the Integration Functions Performance Targets and the **Non-Integration Functions Performance Targets** are currently being reviewed (appendix 2) and will be reviewed annually.

The Scottish Government has developed **National Health and Wellbeing Outcomes** (appendix 3) detailed in regulation supported by a **Core Indicator Set** (appendix 4) to provide a framework for partnerships to develop their performance management arrangements. These can be seen in Appendices 2 & 3. Partnerships are expected to include additional relevant information beyond the minimum prescribed in order to build as full and accurate an assessment as possible as to how the integration of health and social care is delivering for people and communities, and that this be presented in a way that is clear for service users and carers.

Fundamentally it will be the **Strategic Commissioning Plans** that will drive the vision and priorities of the partnerships with the role of performance management key to assessing delivery of service change and improvements to the local communities. Performance management requires therefore to be closely aligned to the cycle of needs assessment and strategic planning.

In order to fulfil these functions it is essential that a specific Performance Management Framework is created to ensure clarity and consistency of approach.

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[1] The Public Bodies (Joint Working)(Scotland) Act 2014

3.0 Purpose of a Performance Management Framework

The role of performance management is to ensure that efforts are **clearly targeted,** that measures are smart and that desired **outcomes and improvements** are achieved. It is **fundamental** to ensuring delivery of improved health and social care, and ensuring the **best experience focusing on person centred care.**

S SPECIFIC	• Your measure is direct, detailed and meaningful
M MEASURABLE	• Your measure is quantifiable to track progress and success
A ATTAINABLE	• Your measure is realistic and you have the tools and resources to achieve it
R RELEVANT	• Your measure aligns with Strategic Goals
T TIME-BASED	• Your measure has a deadline

Through a Performance Management Framework it is essential to ensure an **effective and efficient process and structure** is put in place for the **management and reporting of performance** for the Partnership and the IJB. This will assist to direct the management of resources, and lead to increased accountability for delivery of outcomes and improved decision making across the Partnership.

4.0 Principles of a Performance Management Framework

Performance requires to be measured against the outcomes and indicators designed to deliver the priorities outlined by the IJB through the Strategic Plan.

Key points that drive effective performance management include:

- **Clarity of vision**, objectives, and desired outcomes expected.
- **Communication** of the vision and priorities to those operationally delivering the agenda.
- A **culture** whereby performance management is seen as key to improvement with an understanding and ownership at all levels of the importance of managing performance.
- There is a **line of sight** from strategy to operational delivery with a cycle of feedback at all levels.
- **Collect information once** and use many times ensuring a co-ordinated approach and minimise duplication of time and reporting.

5.0 Approach

In order to ensure that the Partnership can implement the above principles it is important to understand and define the overall approach to performance and the detail by which reporting will be undertaken. The following points are key aspects to consider:

- Indicators and measurement – rationale, linkage, consistency
- Formats and frequency of reporting periods
- Levels of reporting and escalation
- Concepts and tools e.g. Scorecards, Dashboards, Pentana, PowerBI etc.

5.1 Indicators and context

The focus for the Performance Management Framework is the delivery of the priorities set out in the **Strategic Commissioning Plan,** national outcomes, statutory requirements, and operational efficiency. This will form the basis of performance reporting to the Integration Joint Board and the Annual Performance Report.

As noted, the Scottish Government has developed **National Health and Wellbeing Outcomes** supported by a **Core Indicator Set** to provide a framework for Partnerships to develop their performance management arrangements.

Existing measures and targets from the service plans of the respective parties making up the Partnership, other national measures and agreed **Community Planning** measurements will provide a further basis for development over time. Relevant information and measures in respect of **Clinical and Care Governance** will also require inclusion (Appendix 7).

However it will be important to focus on the desired outcomes on what partnerships are actually trying to achieve and not be skewed by what is measurable or currently being collected.

5.2 Formats and Frequency
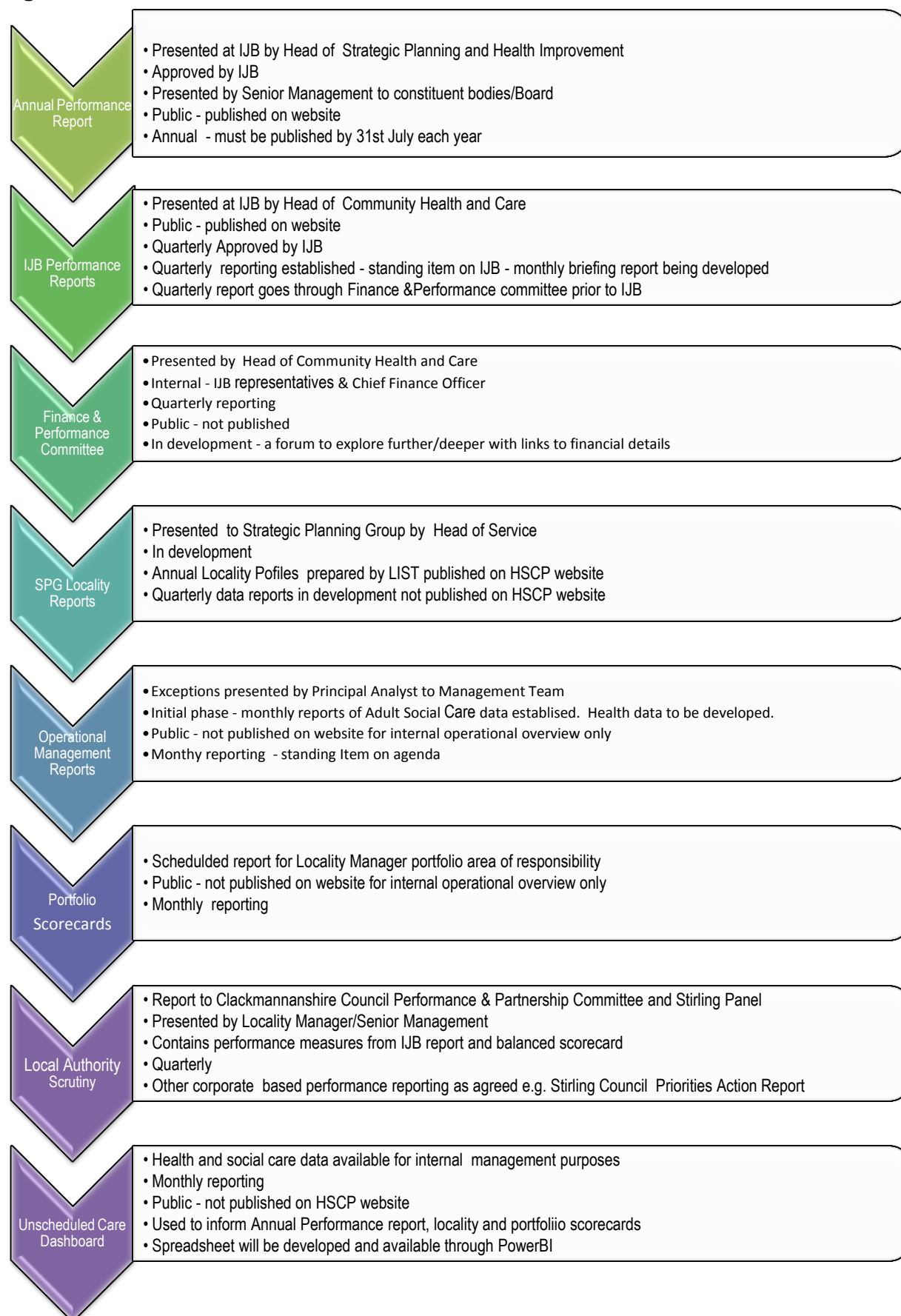
The Framework requires to cover:

- IJB reporting and sub-committees
- Minimum requirements of the Annual Performance reporting for governance and assurance
- Reporting at the varying strategic and operational levels of the Partnership e.g. Management Team, Localities, Portfolios, etc.

In terms of reporting, performance can be complex and it will therefore be important to ensure that data, information and narrative updates are provided in understandable formats.

5.3 Levels of Reporting and Escalation

Processes for ensuring **appropriate escalation** of issues are key, along with a focus on improvement and a recognition of success. The **balanced approach to measurement** is an approach that facilitates focus on the right issue and level of detail at the right time - see Figure 1 below.

Figure 1

Annual Performance Report
- Presented at IJB by Head of Strategic Planning and Health Improvement
- Approved by IJB
- Presented by Senior Management to constituent bodies/Board
- Public - published on website
- Annual - must be published by 31st July each year

IJB Performance Reports
- Presented at IJB by Head of Community Health and Care
- Public - published on website
- Quarterly Approved by IJB
- Quarterly reporting established - standing item on IJB - monthly briefing report being developed
- Quarterly report goes through Finance &Performance committee prior to IJB

Finance & Performance Committee
- Presented by Head of Community Health and Care
- Internal - IJB representatives & Chief Finance Officer
- Quarterly reporting
- Public - not published
- In development - a forum to explore further/deeper with links to financial details

SPG Locality Reports
- Presented to Strategic Planning Group by Head of Service
- In development
- Annual Locality Pofiles prepared by LIST published on HSCP website
- Quarterly data reports in development not published on HSCP website

Operational Management Reports
- Exceptions presented by Principal Analyst to Management Team
- Initial phase - monthly reports of Adult Social Care data establised. Health data to be developed.
- Public - not published on website for internal operational overview only
- Monthy reporting - standing Item on agenda

Portfolio Scorecards
- Scheduled report for Locality Manager portfolio area of responsibility
- Public - not published on website for internal operational overview only
- Monthly reporting

Local Authority Scrutiny
- Report to Clackmannanshire Council Performance & Partnership Committee and Stirling Panel
- Presented by Locality Manager/Senior Management
- Contains performance measures from IJB report and balanced scorecard
- Quarterly
- Other corporate based performance reporting as agreed e.g. Stirling Council Priorities Action Report

Unscheduled Care Dashboard
- Health and social care data available for internal management purposes
- Monthly reporting
- Public - not published on HSCP website
- Used to inform Annual Performance report, locality and portfoliio scorecards
- Spreadsheet will be developed and available through PowerBI

This is **designed** for best use dependent on level and purpose and to ensure **performance reporting is proportionate**. Appropriate **tolerances against a RAG** status (Red/Amber/Green) are required to ensure effective alerts at each level. This includes core operational plans and objectives as well as national strategic targets, local targets and improvement goals.

All parties within the Partnership use the Pentana Performance Management System. The system has been designed to ensure the required data and information is available against relevant Key Performance Indicators (KPIs) at the right level.

5.4 Concepts and tools

5.4.1 Balanced Scorecards

The approach to levels of reporting and escalation is complemented by the use of Balanced Scorecards with linkages being made across various systems to ensure consistency and sharing of information. Scorecards are now widely used in many organisations designed to give managers a more 'balanced' view of performance.

Scorecards are structured around the National Outcomes. The Partnership's strategy maps links national outcomes with the strategic priorities of the partnership. The aim is to ensure a coherent overview. Operational scorecards will be provided for all services within the Partnership at a range of levels.

5.4.2 Pentana Performance Management System

The web based Pentana Performance Management system holds indicator level data for all three constituent authorities and it is from this system that scorecards are developed and scheduled to run. Work is ongoing to ensure that all data reported is captured in this system, to allow transparency and access performance information. This is a manual process within local authorities but the aim is to move to more automated input when both local authorities update their existing client management systems. There are currently three Pentana systems, but work to create reports and scorecards is hosted on the Clackmannanshire system.

5.4.3 PowerBI

The Partnership has recently purchased a licence to use this resource which will introduce "one click" web based access to performance reports and data visualization via email or hyperlink. This will use data collected across the three constituent Pentana systems and other relevant data.

5.4.4 Piktochart

The Partnership is working to improve understanding of performance and data through the use of infographics, by engaging better with visual learners. The science of story telling explains that the brain processes images 60X faster than words. This resource is used in the Annual Performance Report and Quarterly Performance reports to the IJB. It is also used in management dashboards such as Unscheduled Care Dashboard highlighting information visually that otherwise would have been described in narrative.

5.5 Performance Management Structure

The landscape of governance and assurance across Local Authorities, Clinical and Care Governance, the NHS Board and the Integration Joint Board is complex considering the overlap and linkages of services and indeed targets and measures that could require to be reported.

Proportionality and co-ordination in a systematic way will be essential to ensure information is consistent and coherent. Working within a 'report once share many times' principle, to ensure a prioritisation of effort on analysing and reporting not duplicating.

6.0 Framework Implementation

Performance reports are routinely provided to frontline services for improvement and a regular report is presented to the Integration Joint Board for assurance on an exception basis.

Recent work has sought to review this framework and strengthen our approach to performance measurement.

The framework takes into consideration recommendations from audit and inspections as outlined in Appendix 6.

SCOTTISH STATUTORY INSTRUMENTS

2014 No. 326

PUBLIC HEALTH

SOCIAL CARE

The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014

Made -	*-*	*-*	*-*	*19th November 2014*
Laid before the Scottish Parliament				*21st November 2014*
Coming into force -	*-*		*-*	*20th December 2014*

The Scottish Ministers make the following Regulations in exercise of the powers conferred by sections 42(3) and 69(1) of the Public Bodies (Joint Working) (Scotland) Act 2014(**a**) and all other powers enabling them to do so.

Citation, commencement and interpretation

1.—(1) These Regulations may be cited as the Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014 and come into force on 20th December 2014.

(2) In these Regulations—

"the Act" means the Public Bodies (Joint Working) (Scotland) Act 2014; and

"service users" has the same meaning as in section 4(2) of the Act.

Prescribed content

2. The following regulations set out the prescribed content of a performance report prepared by an integration authority in terms of section 42 of the Act.

Service planning

3. A performance report must include—

   (a) an assessment of performance in relation to the national health and wellbeing outcomes including—

(i) a description of the extent to which the arrangements set out in the strategic plan and the expenditure allocated in the financial statement have achieved, or contributed to achieving, the national health and wellbeing outcomes;

(ii) information about the integration authority's performance against key indicators or measures in relation to the national health and wellbeing outcomes; and

(**a**) 2014 asp 9.

(iii) in respect of the information included in the performance report by virtue of sub paragraph (ii), a comparison between the reporting year and the 5 preceding reporting years (or, where there have been fewer than 5 reporting years, all preceding reporting years, if any);

(b) an assessment of performance in relation to the integration delivery principles including information about the way in which the arrangements set out in the strategic plan, and expenditure allocated in the financial statement, have contributed to the provision of services in pursuance of integration functions in accordance with the integration delivery principles; and

(c) an assessment of performance in relation to strategic planning including, where applicable, information about the number of significant decisions that have been made by the integration authority to which section 36 of the Act (significant decisions outside strategic plan: public involvement) applies and the reasons for making each such decision.

Financial planning and performance

4.—(1) A performance report must include information about financial performance including—

(a) the total amount spent by, or under the direction of, the integration authority on each of the matters listed in paragraph (2);

(b) the proportion of the total amount paid to or set aside for use by the integration authority spent on each matter listed in paragraph (2); and

(c) if there has been an underspend or overspend against the planned spending set out in the annual financial statement, the amount of underspend or overspend and an assessment of the reasons for this.

(2) The matters referred to in paragraphs (1)(a) and (1)(b) are—

(a) health care services provided in pursuance of integration functions to hospital inpatients;

(b) health care services provided in pursuance of integration functions other than those provided to hospital inpatients;

(c) social care services provided in pursuance of integration functions to service users who are provided with a care home service or adult placement service;

(d) social care services provided in pursuance of integration functions to support unpaid carers in relation to needs arising from their caring role;

(e) social care services provided in pursuance of integration functions not mentioned in sub-paragraphs (c) or (d); and

(f) where one or more key care group has been identified in relation to the local authority area, health care services and social care services provided in pursuance of integration functions to service users within each of those key care groups.

(3) A performance report must include, in respect of the information which is included in the report by virtue of paragraph (1)(b) and (c), a comparison between the reporting year and at least the 5 preceding reporting years (or, where there have been fewer than 5 reporting years, all preceding reporting years, if any).

(4) In this regulation—

"adult placement service" and "care home service" have the same meaning as in schedule 12 to the Public Services Reform (Scotland) Act 2010(**a**);

"annual financial statement" means an annual financial statement published under section 39 of the Act (strategic plan: annual financial statement) which relates to the reporting year;

"inpatient" means a patient whose treatment requires the patient to be admitted to, and remain in, the place of treatment overnight; and

"key care group" means a group of service users with a shared characteristic or having similar care needs.

Best value in planning and carrying out integration functions

5.—(1) A performance report must include an assessment of performance in relation to best value, including information about how the planning and delivery of services in pursuance of integration functions have contributed to securing best value.

(2) In paragraph (1), the reference to 'securing best value' is a reference to—

(a) the duty to which that integration authority is subject by virtue of Part 1 of the Local Government in Scotland Act 2003(**a**); or

(b) any similar duty contained in guidance issued by the Scottish Ministers, on which the auditor may make findings in respect of the accounts of that integration authority by virtue of section 22(1)(c) of the Public Finance and Accountability (Scotland) Act 2000(**b**),

as the case may be.

Performance in respect of localities

6.—(1) A performance report must include an assessment of performance in planning and carrying out functions in localities, including—

(a) a description of the arrangements made for the consultation and involvement of groups in decisions about localities to which section 41 of the Act (carrying out of integration functions: localities) applies; and

(b) an assessment of how the arrangements described in sub-paragraph (a) have contributed to provision of services in pursuance of integration functions in accordance with the integration delivery principles in each locality.

(2) A performance report must set out, for of each locality identified in the strategic plan, the proportion of the total amount paid to, or set aside for use by, the integration authority spent during the reporting year in relation to the locality.

(3) A performance report must include, in respect of the information which is included in the report by virtue of paragraph (2), a comparison between the reporting year and the 5 preceding reporting years (or, where there have been fewer than 5 reporting years, all preceding reporting years, if any).

Inspection of services

7.—(1) If during the reporting year a scrutiny body has made recommendations as a result of carrying out an inspection of the planning or delivery of a service provided in pursuance of integration functions in the area of the local authority, the performance report must include —

(a) a list of the recommendations; and

(b) in relation to each recommendation, details of the action taken by the integration authority to implement the recommendation.

(2) In this Regulation, "scrutiny body" means Healthcare Improvement Scotland, Social Care and Social Work Improvement Scotland, Audit Scotland and the Accounts Commission.

(**a**) 2003 asp 1.
(**b**) 2000 asp 1.

Review of strategic plan

8. If during the reporting year the integration authority has carried out a review of the strategic plan, the performance report must include—

(a) a statement of the reasons for carrying out the review;

(b) a statement as to whether, following the review, a revised strategic plan was prepared by the integration authority; and

(c) where a revised strategic plan was prepared, a description of the changes made in revising the strategic plan.

Integration joint monitoring committee recommendations

9. If during the reporting year a report prepared by an integration joint monitoring committee under section 43 of the Act (reports) has included a recommendation as to how integration functions should be carried out, the performance report must include a list of all such recommendations and the integration authority's response to each recommendation.

Further provision

10. A performance report may include such other information related to assessing performance during the reporting year in planning and carrying out integration functions as the integration authority thinks fit.

ALEX NEIL
A member of the Scottish Government

St Andrew's House,
Edinburgh
19th November 2014

EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations set out prescribed content that is to be included in performance reports prepared by integration authorities under section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014. Regulations 3 to 6 set out matters that must be included in every performance report prepared by an integration authority, including performance against the outcomes and principles established in the Public Bodies (Joint Working) (Scotland) Act 2014, and financial performance in relation to the planning and carrying out of integrated functions.

Regulation 7 sets out matters that must be included in a performance report when the planning or carrying out of health or social care services in the area of the local authority has been inspected by a health, social care or finance scrutiny body during the reporting year, and recommendations have been made as a result of any such inspection. Regulation 8 sets out matters that must be included in a performance report in the circumstances where an integration authority has carried out a review of its strategic plan during the reporting year. Regulation 9 sets out matters that must be included in a performance report in the circumstances where an integration joint monitoring committee has made a recommendation to an integration authority during the reporting year.

Appendix 2 – List of Performance Targets

Currently under review.

Appendix 3 - National Health and Wellbeing Outcomes

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities, long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected
4. Health and social care services are centred on helping to maintain or improve the quality of life of service users.
5. Health and social care services contribute to reducing health inequalities
6. People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being.
7. People who use health and social care services are safe from harm.
8. People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do.
9. Resources are used effectively in the provision of health and social care services, without waste.

Appendix 4 - Core Indicator Set

Outcome indicators are based on survey feedback, to emphasise the importance of a personal outcomes approach and the key role of user feedback in improving quality.

While national user feedback will only be available every 2 years, it is expected that Integration Authorities' performance reports <u>will be supplemented each year with related information that is collected more often.</u>

1) Percentage of adults able to look after their health very well or quite well.
2) Percentage of adults supported at home who agree that they are supported to live as independently as possible.
3) Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.
4) Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated.
5) Percentage of adults receiving any care or support who rate it as excellent or good
6) Percentage of people with positive experience of care at their GP practice.
7) Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.
8) Percentage of carers who feel supported to continue in their caring role.
9) Percentage of adults supported at home who agree they felt safe.
10) Percentage of staff who say they would recommend their workplace as a good place to work.*

Indicators derived from organisational/system data primarily collected for other reasons. These indicators will be <u>available annually or more often</u>.

11) Premature mortality rate.
12) Rate of emergency admissions for adults.*
13) Rate of emergency bed days for adults.*
14) Readmissions to hospital within 28 days of discharge.*
15) Proportion of last 6 months of life spent at home or in community setting.
16) Falls rate per 1,000 population in over 65s.*
17) Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections.
18) Percentage of adults with intensive needs receiving care at home.
19) Number of days people spend in hospital when they are ready to be discharged.
20) Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency.
21) Percentage of people admitted from home to hospital during the year, who are discharged to a care home.*
22) Percentage of people who are discharged from hospital within 72 hours of being ready.*
23) Expenditure on end of life care.*
* Indicator under development

Appendix 5 – Strategy Map

National Health & Wellbeing Outcomes	Strategic Plan Priorities					
	Care closer to home	Primary Care Transformation	Caring, connected communities	Mental Health	Supporting people living with Dementia	Alcohol and Drugs
People are able to look after and improve their own health and wellbeing and live in good health for longer.					✔	
People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	✔					
People who use health and social care services have positive experiences of those services, and have their dignity respected.	✔	✔	✔	✔	✔	✔
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	✔	✔	✔	✔	✔	✔
Health and social care services contribute to reducing health inequalities.	✔	✔	✔	✔	✔	✔
People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.	✔	✔		✔	✔	
People who use health and social care services are safe from harm.	✔	✔	✔	✔	✔	✔
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.		✔		✔		
Resources are used effectively and efficiently in the provision of health and social care services.	✔	✔	✔	✔	✔	✔

Appendix 6 – Audit and Inspection

Internal Audit - 2018

https://clacksandstirlinghscp.org/wp-content/uploads/sites/10/2018/11/Wednesday-21-February-2018.pdf

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JOINT INSPECTION (ADULTS) The effectiveness of strategic planning in the Clackmannanshire and Stirling Partnership NOVEMBER 2018

https://clacksandstirlinghscp.org/wp-content/uploads/sites/10/2018/11/Wednesday-28-November-2018.pdf

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Appendix 7 Clinical and Care Governance

Framework - https://clacksandstirlinghscp.org/wp-content/uploads/sites/10/2018/11/Clinical-Care-Governance-Framework.pdf

CLINICAL AND CARE GOVERNANCE MONTHLY REPORT			
SUBJECT AREA	**SERVICE AREA**	**ITEM OF SIGNIFICANCE/NOTE**	**RAG**
PERFORMANCE	Referrals		
	Assessments		
	Reviews		
RESOURCE/STAFF MANAGEMENT	Absence		
	Vacancies		
	Recruitment in progress		
	Performance (staff)		
FINANCE MANAGEMENT	Staff Budget		
	Resource budget		
	Financial overview		
ASSURANCE	Statutory		
	Inspections		
	Audits		
QUALITY	Complaints		
	Compliments		
	Good Practice to prompt		
LEADERSHIP	Induction		
	Training		
	Supervision/PRD		
	Other		
INVOLVEMENT AND COLLABORATION	Joint working		
	Trade Unions		
	Other		
RISKS AND HAZARDS	Health and Safety		
	Waiting times		
	Others		
IN-MONTH PRIORITIES			
TEAM LEADER SUMMARY			
GENERAL MANAGER SUMMARY			