**ITEM No …13……..**

**REPORT TO:** **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 27 FEBRUARY 2018**

**REPORT ON:** **TARGETS AND INDICATORS IN HEALTH AND SOCIAL CARE: A REVIEW**

**REPORT BY:** **CHIEF OFFICER**

**REPORT NO:** **DIJB7-2018**

## 1.0 PURPOSE OF REPORT

To inform the Integration Joint Board of the key points and recommendations from 'Targets and Indicators in Health and Social Care: A Review' (Professor Sir Harry Burns, November, 2017) To inform members of the potential implications for the Dundee Health and Social Care Partnership should the Scottish Government decide to implement the recommendations within the review.

## 2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

2.1 Notes the key points and recommendations from 'Targets and Indicators in Health and Social Care: A Review' as summarised within this report.

2.2 Notes the potential implications for the Dundee Heath and Social Care Partnership of any future implementation of the recommendations made within the review by the Scottish Government (section 4.6).

2.3 Instructs the Chief Finance Officer to bring forward a full report on local implications if, following consideration of the review, the Scottish Government proceeds to implement any of the recommendations made by Professor Sir Harry Burns.

## 3.0 FINANCIAL IMPLICATIONS

None.

## 4.0 BACKGROUND

4.1 In November 2017 the Scottish Government published Professor Sir Harry Burns' review of Targets and Indicators in Health and Social Care in Scotland. The review had been commissioned by the Scottish Government to inform its approach to target setting for health and social care, assess how well targets align to Scottish Government strategy for the future of the NHS and social care services and comment on whether targets support the best possible use of public resources. The remit of the review included consideration of the relevance to health and social care of the 30 National Performance Framework indicators, 19 Local Delivery Plan standards and 23 National Health and Wellbeing indicators.

4.2 The review highlights the need for a continued focus on inequality, both in terms of outcome inequality (for example, life expectancy) and inequality of opportunity. Whilst the importance of public health approaches, such as smoking cessation, are acknowledged significant emphasis is placed on drugs, alcohol, suicide, accidents and violence as the factors which are the greatest cause of inequalities amongst younger people. Professor Burns highlights that these factors require attention to emotional, social and psychological needs of people alongside medical interventions and promotes a life-course approach to improving health and wellbeing, promoting

social justice and contributing to sustainable development, inclusive growth and wealth. This may be particularly challenging for Integration Authorities, such as Dundee, where the scope of delegated functions does not cover the whole life-course and will require co-operation across Community Planning structures and organisational boundaries.

4.3 Whilst the review acknowledges clear evidence that setting targets can produce improvements in the process targeted, it also identifies a number of risks associated with target setting:

- a tendency to focus on those things most easily measured;
- fostering complacency amongst providers already achieving targets and defensiveness from those who are not;
- potential adverse effect of national targets on local priorities;
- neglect of un-targeted activities;
- risk of targets widening inequalities in deprived populations if they are unrealistic and unattainable; and,
- targets set beyond the capacity of the system to cope diverting organisational attention to meeting deadlines rather than whole systems improvement.

In addition to these risks, the complexity of the public sector is highlighted and it is suggested that there is a need to focus on indicators before target setting is considered. Professor Burns writes:

> "*Experience suggests that with complex systems, what can be measured is often not sufficiently detailed to allow for meaningful performance monitoring. The result is often oversimplification of the system to a set of numbers which do not provide adequate information to allow improvement of the outcomes of the complex system. As a result opportunities for performance improvement across the whole system are often missed.*"

4.4 Having highlighted some of the potential risks and challenges regarding indicators and targets in complex health and social care systems, Professor Burns goes go on to acknowledge the usefulness of targets in setting a direction against which progress can be measured over time. He suggests that a thorough understanding of the aims and envisioned outcomes of the system can support identification of new indicators that meet three key principles:

- are pragmatic and co-produced;
- are subject to regular review to ensure ongoing relevance; and,
- provide information on the whole performance of the system, rather than just a snapshot of one aspect.

The potential risks outlined in section 4.4 and the key principles suggested within the review will be taken into account as the Partnership continues to develop and implement its multi-tiered performance framework.

4.5 In considering the current set of national indicators and standards against the risks and key principles outlined above, the review sets out the inadequacies of the current approach at a national level:

- they do not always adhere to the principles of good design for indicators and targets;
- there are three separate sets of indicators with different organisations accountable for delivery, which does not support systems thinking;
- for many indicators no routine data collection takes place;
- mechanisms for reporting performance tend to result in public debate focusing on specific parts of the system in isolation;
- accurate reporting requires appreciation of context and the social context of different organisations is not always clear enough;
- there is not enough focus on continuous progress;
- there is a need to consider alternative measures of economic growth that are more relevant to population wellbeing; and,
- targets and indicators need to encourage joint working across agencies and communities to tackle social and economic conditions in which people make decisions about maintaining or improving their health.

Professor Burns also suggests that assurances that specific processes are in place to connect performance reporting to improvement processes that deliver continuous improvement in indicators would resolve many of the issues he identifies within the current system.

**4.6 Recommendations in Specific Service Delivery Areas**

4.6.1 Professor Burns makes a number of recommendations in relation to service delivery areas within the scope of the IJB. The Scottish Government is currently considering the review content and has not yet made any formal response to the recommendations made. If the Scottish Government at any point in the future decides to progress with implementation of any of the recommendations made, a full assessment of local implications will be made and submitted to the IJB. An initial assessment of potential implications for the IJB, should they be implemented in the future, are summarised below.

4.6.2 Access to Emergency Care Indicators

- *Information on A&E attendance, referral pathways, length of time spent in A&E, admissions from A&E, length of hospital stay and outcomes should be reported, alongside bed availability as a determinant of A&E waiting times*; currently only attendance, admissions and waiting times at A&E are regularly reported to the Performance and Audit Committee therefore revision to local datasets and information flows would be required.
- *Each GP practice should receive regular information about how many patients attend A&E, including self-referrals*; whilst GPs receive some information from emergency summaries more work may be required to support information sharing as part of the implementation of the GP contract.

4.6.3 Healthcare Indicators

- *Waiting time targets, including those for mental health, should be subject to clinical prioritization. The Scottish Government should consider removing the 18 week referral to treatment standard and devolve this matter to local systems*; local decisions would require to be made regarding approaches to prioritization and replacement local standards.
- *Trial decision support tools which have been proven to enhance patient confidence in clinical advice, with a view to roll out if evidence supports this*; the use of tools would require incorporation into local policy and practice, with potential implications for learning and workforce development.

4.6.4 Socioeconomic Indicators

- *The Scottish Government should work closely with public sector bodies to commission interventions aimed at testing new ways of meeting needs of families living in difficult circumstances with a view to assessing cost-effectiveness and transformational potential*; links are increasingly being made across the life-span and whole family approaches through joint work between the Community Planning Partnership Executive Boards for Children and Families and Health, Care and Wellbeing however this work may require to be accelerated and expanded in scope.

4.6.5 Opinion Indicators (including measures from the national health and social care experience survey)

- *More regular assessment of service utilisation and effectiveness is required, including effective means of collecting people's views on services and mechanisms for rapid feedback*; it is clear that such mechanisms would require to be implemented at a local level and whilst a number of services have developed innovative practices in this regard there is improvement work required in some service areas (for example, there is ongoing work within the Integrated Substance Misuse Service) to ensure effective self-evaluation and quality assurance approaches as part of the overall Clinical, Care and Professional Governance framework
- *Elements of the national experience survey where there is wide variation should be developed to allow more detailed data collection and analysis*; this would provide very helpful supplementary information to inform local improvement planning processes and enhance the level of detail available to identify and plan improvements.

4.6.6 Place of Care and Independent Living Indicators

- *Those responsible for delivering support to elderly and disabled people should carry out a needs assessment for their area, including co-production of any service responses*

*required*; there is further work planned in this regard as part of the development of locality needs assessment and service delivery models. This may also require further work to improve collection and reporting of equality monitoring data.

4.6.7 End of Life Care Indicators

- *Integration Authorities should receive data on palliative and end of life care provision and service quality, including the impact of guidelines for benchmarking and good clinical practice*; this level of data is being developed for reporting at the Palliative and End of Life Care Managed Clinical Network data/audit group and connections will be made through the Partnership's multi-tiered performance framework to higher level datasets.
- *Key Information Summaries might be a useful driver for 'what matters to you' discussions that support shared decision making between patients and those providing care*; IT systems supporting Key Information Summaries are GP input only at the present time therefore local approaches to support input from patients and other stakeholders would require to be developed, possibly through Anticipatory Care Plans.

## 5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

## 6.0 RISK ASSESSMENT

This report has not been subject to a risk assessment as it is for information and does not require any policy or financial decisions at this time.

## 7.0 CONSULTATIONS

The Chief Finance Officer and the Clerk were consulted in the preparation of this report.

## 8.0 BACKGROUND PAPERS

None.

David Lynch
Chief Officer

**DATE**: 31 January 2018

Kathryn Sharp
Senior Manager