

Delivering Outcomes and Value Report of a Virtual Roundtable December 6th 2022

The International Centre for Integrated Care, a strategic partnership between the International Foundation for Integrated Care (IFIC), the University of the West of Scotland and the Health and Social Care Alliance Scotland, is the home of [IFIC in Scotland](#).

This report is the fifth from a series of virtual Roundtables with Health and Social Care Scotland to explore hot topics in integrated care. Previous reports and recordings can be accessed [here](#)



Prof Anne Hendry, Director of IFIC Scotland, and Peter Murray, Vice Chair NHS Lothian and Chair of HSCScotland IJB chairs and vice chairs group, welcomed over 100 professionals from across Scotland who had registered for the session.



Background

The National Performance Framework, launched jointly by the Scottish Government and COSLA in June 2018, provides a structure which the Scottish Government, public bodies and their partners should use to deliver and track progress on eleven long term outcomes, underpinned by 81 national indicators. Outcomes are more difficult to measure than activities, outputs and short term metrics.

As our public services face unprecedented economic and workforce challenges, participants and panellists discussed the challenges we face in maintaining our collective commitment to an Outcomes approach and to demonstrating value from integrated care to improve population health.

Our inquiry questions were:

- ❖ **Are personal outcomes really at the heart of our strategic planning, commissioning and performance improvement?**
- ❖ **How can we better evidence outcomes and value for people and communities?**
- ❖ **What support does the workforce need to adopt an outcomes approach?**
- ❖ **Will the current economic and recovery context invigorate or stifle an outcomes approach?**
- ❖ **Should we have a new National Performance Framework outcome on care?**

You can watch the webinar recording [here](#)

David Rowland, Director of Strategic Planning and Transformation

Dumfries & Galloway HSCP commented that it is easy to talk about outcomes based commissioning and putting outcomes at the heart of strategic planning but more challenging to put these concepts into action. He described local conversations with the Third sector around how they can contribute to achieving Strategic Plan objectives through prevention and early intervention. 15 ideas have come forward from the sector to prioritise at an investment event. The co-terminosity between NHS Dumfries & Galloway, Council and HSCP enables greater alignment between Board level delivery plans without losing the granularity of the locality focus within the HSCP Strategic Plan and commissioning intentions. He acknowledged larger NHS Boards have a more complex challenge to operate across multiple HSCPs.



David reflected on whether bottom-up service planning / development, with a high degree of ownership, is more likely to succeed than a direction setting top-down approach. He suggested we need both so emergent service developments are in line with a direction based on known population needs. His conversations with other Planning leads reflect the current tension between managing flow in the system and a real desire to move forward with new ways of working. But doing things differently needs effective local leadership and national 'air cover' to empower the workforce to have different conversations and adopt new ways. New guidance on Strategic Planning is awaited with interest.

Good conversations enable good decision making to realise good outcomes

Tracy McLeod Population Health Project Manager highlighted the Midlothian Midway approach in collaboration with Thistle Foundation. Over 250 people have participated in Good Conversations training and 23 services been involved in redesign to mitigate inequalities and support people to be well in their communities. The training is open to HSCP, Third sector and council staff to encourage closer working, social prescribing and asset based community development approach.



Pauline Robbie, Service Manager, Home First Response Service [Renfrewshire HSCP](#)

outlined an exciting substantive development by NHS GGC and six HSCPs to identify people living with frailty in order to provide earlier and more proactive intervention. Investment will include recruiting 21 trainee frailty advanced practitioners to augment the existing community and front door teams. This approach will offer professional development opportunities and grow the capability of the local workforce. Each HSCP is developing their local model to assess and support people in the right place. Redesign will be iterative, use evidence based tools and will draw on winter monies for healthcare support workers to enhance capacity for reablement. Although the automated tools are validated for over 65s the service will be able to respond to younger adults with frailty. Work is underway to develop a set of outcomes that include flow metrics but also qualitative assessment of patient, carer and staff experience. Pauline will be working with all 28 practices across Renfrewshire, aiming to assess and wrap support and services around older adults and their carers.

Participants reflected on professional attitudes to risk assessment, responsibility/ownership of risk, and the complexity of respecting the rights of the individual to have a level of choice and control. We were reminded that a call for evidence for the **Independent Review of Social Care Inspection, Scrutiny and Regulation in Scotland** closes midnight on 23rd December: **you can respond [here](#)**

Karen Duffy, Delivery Director, Preventative and Proactive Care Programme, Scottish Government outlined a cross government care and wellbeing portfolio with a mission to improve healthy life expectancy and reduce health inequalities in Scotland. She shared three areas of action for the PCC programme:



- ❖ 11 HSCP pathfinders will co-design a multi-professional multi-agency practice model to better coordinate care and support, building on learning from [GIRFEC](#)
For more information email GIRFE@gov.scot
- ❖ The next phase of Primary care reform aims to remove barriers to information sharing and support the primary care attached workforce to move from a task focus to more holistic practice. But we also need to reach out to people who are experiencing multiple inequalities and are not currently accessing primary care services
- ❖ The place and wellbeing work will initially focus on those who are waiting on consultations and procedures – building capability for ‘waiting well’ through support for self management and health literacy

We do what we are measured against – we don't do the softer stuff – how can we develop and track qualitative measures of prevention and wellbeing.

*Need to learn from what other systems and cultures are doing to enable people to live well for longer
We need to focus on equity of outcomes not necessarily consistency of service.*



Paul Leak, Professional Advisor, Integration Finance, Sustainability and Business Support Division, [Scottish Government](#)

Neil Craig, Interim Head of Evaluation, Evidence for Action and Public Health Observatory teams, [Public Health Scotland](#)



Paul reflected that the next few years will be extremely challenging for public services and investment in prevention is often the first to go as the anticipated benefits, including SROI, may not be realisable in the short term. Neil described Public Health Scotland's involvement in outcome focused planning and work to develop logic models that identify high level and intermediate outcomes from pathways that embrace prevention and reduce future demand. His team are using burden of disease data to model future demand and are exploring the economics of prevention – e.g. reducing alcohol related harms.

Prevention is a game changer but not low hanging fruit.

If we don't keep reinvesting in community capacity we stack up demand for the future.

East Ayrshire HSCP with TSI and Vibrant Communities used Social Return on Investment to make the case for demand management for statutory services strongly. Small things make big differences!

Fife are working to a principle of the Fife £ / one strategic budget, with the intention that the revenue delivers the strategic and commissioning plans, rather than be restricted by the origin of the revenue.

You can read the Audit Scotland blog on using data as a key to better policy decisions

<https://www.audit-scotland.gov.uk/publications/radical-action-needed-on-data>



Jamie Livingstone, Head of [Oxfam Scotland](#) outlined how the anti-poverty organisation is working to promote fair work and the value of care and caring. A joint campaign, supported by more than 50 organisations, is calling for the Scottish Government to commit to fully valuing and investing in people experiencing care, and all those providing it, by adding a new dedicated National

Outcome on Care to the 11 National Outcomes. Right now, these Outcomes do not include any focused on the cross-cutting importance of care. The legally required review of the National Outcomes will start early in the New Year and is an opportunity to address this gap.

A Scotland that Cares is coordinated by Oxfam Scotland, Carers Scotland, Scottish Care, One Parent Families Scotland and the Scottish Women's Budget Group. The campaign – which covers all forms of paid and unpaid care – believes the addition of a new National Outcome will help drive new policy and spending action, and make it easier to track progress. A draft new Outcome, supported by a set of 7 key indicators, has been designed by academics at the University of the West of Scotland. Please visit <https://ascotlandthatacares.org/> to sign up your organisation and to send an email to Scotland's party leaders telling them why care matters to you.

You can view a short video clip <https://youtu.be/26nEyVYVJxo>

Jimmy Paul, Director, [Wellbeing Economy Alliance \(WEAll\) Scotland](#) spoke of the need to understand the links between poverty, poor health and coming into social care. He urged us to double down on our efforts to invest in prevention and highlighted the [Follow the Money report](#) that present the economic arguments that support the moral arguments set out in [The Independent Care Review](#)



He urged us all to enable meaningful participation as the foundation for outcomes based planning. Listening to people with lived experience provides absolute gold if you ask good questions using an appreciative inquiry approach and enable people to come forward and meet where they will feel safe. You can read more about his views on leadership in his recent [blog](#)

Leadership is key – success depends on our leaders' values and beliefs and how willing we are to shift the power to the person and the community.

A lot to learn from Participatory Budgeting in shifting control to communities.

This is about social justice- it just makes sense to get this right.

Jimmy also reflected that too often success in health and care is measured in term of a run chart or inputs – but success in care should really be about *did I feel loved and supported*. He suggested the time is right for a national conversation on ***what does wellbeing mean for me/ us?***

Health and Wellbeing outcomes need to be completely refreshed / reframed, particularly in light of what the NCS is to be designed to deliver. A focus on the life people want to live, people's value within communities and their contribution to society have to be at the heart of that reframing.

You can read more on these topics

North Ayrshire [Community wealth building](#)

Why prioritising population health is essential <https://www.bma.org.uk/valuing-health>

Round Table: Delivering Outcomes and Value December 6th 2022



Dr Ailsa Cook, Director and Co-Founder of matter-of-focus.com has been working with around 150 organisations over the last five years, supporting them to think about outcomes and impacts from strategy to practice.

Ailsa shared three key messages:

#1 The workforce is ready to work in this way. But they need help to peel off layers of bureaucracy and to have a model of regulation and inspection that empowers them to practice in this way.

#2 Current indicators for national outcomes in Scotland often assume attribution but the reality is non-linear and outcomes are achieved through a contribution of lots of factors in the local context.

#3 Be realistic about measurement. Metrics may be helpful for measuring inputs but not outcomes. She talked about success criteria for assessing progress to outcomes – Keep it simple, build the theory of change model up empirically and ask how will we know we have been successful?

*Measurement and evaluation should be based on contribution analysis and grounded in practice.
We don't deliver outcomes we work together towards outcomes.*

You can read more from Ailsa and her team in these publications:

How Do You Know If You Are Making a Difference? A Practical Handbook for Public Service Organisations - Sarah Morton and Dr Ailsa Cook:

<https://policy.bristoluniversitypress.co.uk/how-do-you-know-if-you-are-making-a-difference>

Outcome Based Approaches in Public Service Reform - position paper for What Works Scotland explores the concept of outcomes and their history at the centre of efforts to improve public services in Scotland and elsewhere. <http://whatworksscotland.ac.uk/publications/outcomes-based-approaches-in-public-service-reform/>

Talking Points Personal Outcomes Approach: Practical Guide for Organisations: Dr Ailsa Cook

https://www.academia.edu/1854811/Talking_Points_Personal_Outcomes_Approach_A_Practical_Guide_for_Organisations

Logic modelling isn't just useful at a national level backed up by lots of analytical resource, it works really well in small teams to guide qualitative assessments by team members of whether they have delivered what they intended and what the public need and want

My journey in outcomes-focused planning and practice started in 2009 with 'Talking Points' but it took SDS and a bit of bravery around levelling the playing field in terms of power and taking an 'everyone together' approach. This required significant investment in the whole workforce to have good conversations on what's important in terms of personal outcomes.

Implementation needs a consistent narrative and golden thread organisationally and a culture of permission, trust and support to enable positive practice.

Final Reflection from Peter Murray



Integration is one of the biggest challenges we face – particularly integration of the workforce. Yet our collective leadership has not always been focused on this and on the outcomes that matter. The national performance landscape may not have been sufficiently permissive to create the conditions for IJBs success.

The IJB Chairs and Vice Chairs Network remain committed to Health and Social Care Scotland's Statement of Intent and to leading and assuring progress in implementing integrated care.

The **IJB Chairs and Vice Chairs Network** held its first in-person event for over two years on November 23rd in Edinburgh. The event attracted representatives from across Scotland. Themes explored included the importance of internal audit in good governance; the perspective of integrated care from across the world; how the voice of those with lived experience could contribute to better outcomes for people who use services; whole system working in Grampian and Best Value auditing of IJBs.

It was clear that there were many lessons to be learned from the approach to integration in other countries. If resourcing permitted IJBs would undoubtedly benefit from a deeper dive into some of the international examples provided by Anne Hendry from IFIC Scotland. These international case studies can be viewed [here](#).

David Archibald spoke of the value of internal audit, a subject that perhaps slips below the radar when considering how a focus on continuous improvement could be adopted. David helpfully provided some questions IJBs should be asking of their internal auditors to ensure the maximum benefit is gleaned for this important resource.

Ian MacCartney gave an impassioned plea for more emphasis to be placed on the voice of people who use services. IJBs would be well served by exploring how and where the voices of lived experience are contributing to the preparation of strategy and in day to day service delivery.

Christopher Middleton from NHS Grampian described an ambitious model connecting the acute and community health and social care worlds. It is hoped that an evaluation of the benefits of this work will be available in due course to allow others to examine the transferability of the approach taken in Grampian.

Anthony Clark of the Accounts Commission provided an update on the work to assess Best Value in IJBs. IJBs have the chance to shape how this work will proceed by answering four questions on the form of the assessments that Anthony shared at the meeting and have subsequently been shared across the IJB Chairs & Vice Chairs Network.

This event provided a flavour of the value of the Network particularly where good evidence of successful approaches can be shared or where work underway should be monitored for its suitability to be used when the evaluations are complete.

The International Centre for Integrated Care



Our Mission

Co-creating a healthier future with individuals and communities by developing courageous and compassionate leaders and practitioners with the knowledge, skills and confidence to design, deliver and evaluate people-centred integrated care.

Check out our webpages to find out more about our partners, work and resources:

<https://integratedcarefoundation.org/ific-scotland>

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Please share this report with your networks and continue the conversation

