

Report

Implementing the Integrated Performance Framework Edinburgh Integration Joint Board

20 November 2015



Executive Summary

1. This report sets out proposals for:
 - 1.1. The broad structure of performance reporting groups for the Edinburgh IJB;
 - 1.2. The proposed membership of the IJB Performance Committee;
 - 1.3. The role of each of the groups in relation to performance management.
2. It also provides an overview of:
 - 2.1. Progress on implementation of the framework and identified issues/challenges;
 - 2.2. What needs to be done to embed performance management - a brief assessment of progress;
 - 2.3. Proposed analytical priorities;
 - 2.4. Known risks.

Recommendations

3. The IJB considers the proposals for the performance management structure and the membership of the Performance Committee, as detailed in the main report.
4. Agrees that the Performance Committee is now set up to take forward the implementation of the framework, including giving further consideration to details of the proposed arrangements e.g. how activity and performance of the full range of delegated functions will be overseen.

Background

5. The Shadow Health and Social Care Partnership considered a paper outlining proposals for an integrated performance management framework for the Edinburgh Partnership in June 2015. The Shadow Board requested proposals for the membership and remit of a sub-group of the Integrated Joint Board, which would

consider performance. These proposals were considered and agreed by the IJB at its meeting on 17 July 2015.

6. This paper sets out more detailed proposals for the membership of the IJB Performance Committee, gives an overview of progress to date, further work to be done, identified priorities and known risks.

Main report

7. The main report, Implementation of the Integrated Performance Framework, is provided separately.

Key risks

8. The current transformation of the Council will change and potentially reduce the support available from a range of staff who have a role in supporting performance, including Research and Information, the SWIFT Team and Data Quality. Similarly, the current changes in NHS managers' roles and responsibilities creates some uncertainty in the short term about roles and responsibilities for performance.
9. The potential for fragmentation and duplication of analytical effort, arising through there being a range of internal and external initiatives (including HIS whole systems mapping and Health and Social Care Transformation workstreams).

Financial implications

10. There are no direct financial implications.

Involving people

11. A range of stakeholders have been involved in the development of the Joint Strategic Needs Assessment (JSNA) and the strategic plan, which, along with the performance framework form the other parts of this "analyse-plan-do and review" cycle.
12. The proposed membership of the Performance Committee includes citizens, carers and representatives from the voluntary and private sector.

Impact on plans of other parties

13. No adverse impacts have been identified.

Background reading/references

Miller M, Draft Integrated Performance Framework, June 2015

Miller M, Proposals for an Integrated Performance Framework for the Edinburgh Health and Social Care Partnership, July 2015

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Links to priorities in strategic plan

Transformation Programme

Improving our understanding of the strengths and needs of the local population

Edinburgh Partnership Integration Joint Board

20 November 2015

Implementation of the Integrated Performance Framework

1. Purpose of this document

This paper sets out proposals for:

1. The broad structure of performance reporting groups – ***considered by the IJB in July 2015***
2. The proposed membership of the IJB Performance Committee – ***for discussion***
3. The role of each of the groups involved in performance management – ***for discussion***

It also provides an overview of:

4. Progress on implementation of the framework and identified issues/challenges
5. What needs to be done to embed performance management - a brief assessment of progress
6. Proposed analytical priorities
7. Known risks

2. Proposed Performance Governance Structure

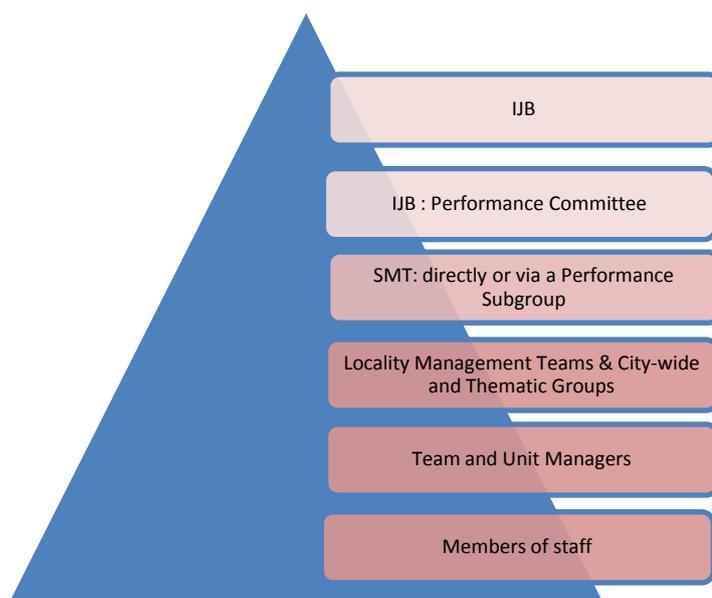


Figure 1: High Level Performance Framework

3. IJB Performance Committee – proposed membership

- Chair of the performance subgroup (Shulah Allan)
- Chief Officer
- IJB service user or carer representatives (proposal: 2 individuals could share this role)
- Representative from the voluntary sector (e.g. EVOC) and the private sector
- Locality Managers
- Performance Managers (currently: Eleanor Cunningham, Sheena Muir, James Glover)
- Representative from NHS Analytical Services
- Finance Officer (Moira Pringle)
- Quality Managers (Jon Ferrer, NHS Rep)
- Strategic Planning Lead
- Union representatives (Wanda Fairgrieve, Kirsten Hay to share this role)

4. Roles of performance management groups

Management Group and role in performance management	Reports to be considered
<p>IJB</p> <ol style="list-style-type: none"> 1. Assurance that the partnership’s objectives and obligations are being met, services are improving and that national outcomes and delivery principles are achieved 2. Having a high level overview, delegating detailed scrutiny to the IJB Performance Committee 	<ol style="list-style-type: none"> 1. Regular updates of key performance trends from the IJB Performance Committee 2. Exception reports
<p>IJB Performance Committee</p> <ol style="list-style-type: none"> 1. For all functions delegated to the IJB, have a detailed overview of: <ol style="list-style-type: none"> a. Activity, performance and progress against the priority actions and metrics identified in the strategic plan b. Feedback from staff and service users c. Financial performance d. Service quality 3. Assurance that the partnership’s objectives are being met, services are improving and that national outcomes and delivery principles are achieved 4. Challenge - holding the Chief Officer to account for delivery of the Strategic Plan 5. Maintain operational oversight of the delivery of delegated functions by the integrated management structure (see appendix 2) 6. Commission thematic papers or detailed analyses 7. Provide the IJB with regular updates on key performance trends and any emerging areas of concern 	<ol style="list-style-type: none"> 1. Performance and activity: high level scorecards 2. Financial performance 3. Quality 4. Exception reports 5. Strategic plan – regular progress updates, consideration of detailed business cases (to be considered) 6. Annual report (as specified in the legislation) 7. Commissioned reports
<p>Integrated Senior Management Team</p> <ol style="list-style-type: none"> 1. Assurance 2. Performance management 3. Challenge - holding managers to account 8. Commission thematic papers or detailed analysis 4. Commission improvement plans 5. Receive progress reports 9. Maintain operational oversight of delegated functions 	<ol style="list-style-type: none"> 1. Performance and activity: high level scorecards 2. Financial performance 3. Quality 4. Exception reports 5. Annual report (as specified in the legislation) 6. Commissioned reports

4. Roles of performance management groups

Management Group and role in performance management	Reports to be considered
<p>City-wide and thematic groups, e.g. Older People’s Executive, the Edinburgh Mental Health Forum, Lothian Learning Disability Collaboration</p> <ol style="list-style-type: none"> 1. Performance management, improvement 2. Challenge - holding managers to account 3. Escalating concerns 	<ol style="list-style-type: none"> 1. Thematic scorecards 2. Strategic plan – regular progress updates against relevant topics 3. Commissioned reports on detailed performance related topics
<p>Integrated Locality Teams</p> <ol style="list-style-type: none"> 1. Performance management, improvement 2. Operational oversight of delegated locality functions 3. Holding managers to account 4. Escalating concerns 	<ol style="list-style-type: none"> 1. Detailed, comprehensive performance overviews, reflecting locality priorities 2. Strategic plan – regular progress updates against relevant topics 3. Commissioned reports on detailed performance related topics

5. Progress with implementation of the performance framework and known issues

Structure

- Management team configuration and membership is still to be determined/finalised
- The interim locality managers are only recently in post, and their role in performance management is not yet fully clear
- The roles of other staff supporting performance in the NHS and in the Council are subject to review or change

Performance material

- A joint scorecard, incorporating key indicators from Health and Social Care, Edinburgh CHP and REAS, is already in place
- A performance baseline, including the 23 national indicators, is under development
- The Lothian integrated dataset is under development and will cover the following areas:
 - Community health
 - Acute hospitals
 - Primary care
 - Social care
- Meetings with locality managers are scheduled to consider their performance and management information requirements
- Strategic plan actions are under development, including the identification of “what will success look like?” which will form the basis of performance and progress monitoring
- An example of a “performance story” is under development – this is intended to provide a succinct overview of a completed project, in this case, the redevelopment of wards at the REH

For further consideration

- Delegated functions (see Appendix 2) – how best will the IJB’s role of maintaining operational oversight be achieved? What will be the roles of the locality managers?

6. Embedding performance

The Integrated Performance Management Sub-group, which developed the Integrated Performance Framework, identified that the following need to be in place for the performance framework to be effective, and to **drive change and learning**.

Requirement	Assessment of progress
<p>The performance framework is embedded in the “analyse, plan, do and review” cycle of needs assessment and strategic planning – aligning performance monitoring with strategic priorities will ensure that what is measured matters.</p>	<p>The “what will success look like” sections in the strategic plan will support the embedding of performance.</p>
<p>The collaborative approach to the strategic planning cycle will provide a basis for stakeholder engagement in the development of the performance framework.</p>	<p>A collaborative approach has been taken via the consultation on the JSNA and the strategic plan. This needs to continue.</p>
<p>Performance management arrangements, which:</p> <ol style="list-style-type: none"> 1. ensure that the right performance information is considered by the right people at the right time to guide action and learning 2. support understanding of the whole system of care, including service quality, effectiveness, and efficiency 3. are supported by sound, reliable and holistic data 4. engage stakeholders. 	<p>Under development – all of these need ongoing resourcing, effort and attention. Work is beginning to ensure that owners of performance for all of the delegated functions can be agreed.</p>
<p>Clear roles, responsibilities and accountability</p> <ol style="list-style-type: none"> 1. Key indicators are owned by a named manager, who is responsible for the underlying performance – explaining results and identifying and overseeing corrective action. 2. Staff at all levels need to be clear about their role in owning and using performance information to improve services. 3. Data are seen as an asset, and data quality is part of everyone’s job – the annual staff appraisal systems (e.g. PRD) could be used to embed accountability by having objectives related to, for example, data quality. 	<ol style="list-style-type: none"> 1. Indicators and owners are yet to be determined. NB this is crucial – without ownership, action and progress can dissipate. 2. This is linked to 1 above and will require ongoing attention. 3. This needs ongoing attention

7. Proposed analytical priorities

1. Locality profile data to help inform planning in the four Edinburgh City localities.
2. Emerging groups with complex needs and high service impact (e.g. people identified as “High Resource Individuals”, frail elderly people, IV drug users, bariatric patients, Patient Anticipatory Care Team (PACT)).
3. Potential PACT project: NHS Lothian “test of change” intervention which starts on 1 December in the new SE locality as part of Winter Planning (looking at High Resource Individuals, particularly frail elderly people in the area)

4. Developing data around primary care – we have already started looking at this as part of the integrated Lothian dataset.
5. Analysis of acute and mental health pathways of care across both health and social care services (this might relate to high resource users / using HRI definition).
6. Logic modelling health and social care outcomes and indicators.

8. Risks

- As noted above in section 4, the roles of other staff supporting performance in the NHS and in the Council are subject to review or change.
- Fragmentation of analytical effort (and other activity) (e.g. SE test of change)

Eleanor Cunningham

Acting Strategic Policy and Performance Manager, Health and Social Care

16 November 2015

Appendix 1: Members of the Integrated Performance Framework Subgroup

Eleanor Cunningham, Acting Strategic Policy and Performance Manager, Health and Social Care

James Glover, Service Manager REAS

Sheena Muir, Assistant General Manager, Edinburgh CHP

David White, Assistant General Manager, Edinburgh CHP

Appendix 2: Delegated functions

The services that NHS Lothian must delegate to the new Integration Authority for Edinburgh are set out in the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014 and include:

Function	Performance Lead Note that the locality managers will have a role in many of these functions – to be defined	Data provider
Social work services for adults and older people		H&SC Research and Information
Services and support for people with physical and learning disabilities		H&SC Research and Information
Mental health services		H&SC Research and Information
Drug and alcohol services		H&SC Research and Information; EDAT
Adult protection and domestic abuse		H&SC Research and Information
Assessment and care management inc. OT services		H&SC Research and Information
Health improvement		
Support for carers		H&SC Research and Information
Residential care		H&SC Research and Information
Care at home, reablement and intermediate care		H&SC Research and Information
Rehabilitation		H&SC Research and Information
Day services		H&SC Research and Information
Respite care		H&SC Research and Information
Telecare		H&SC Research and Information
Local Area Coordination		H&SC Research and Information
Aspects of housing support inc. aids and adaptations		
Community Health Services		
District Nursing	Maria Wilson (op) Andy Jackson (data)	Under development by ISD
Services relating to an addiction or dependence on any substance	Nick Smith/ Tim Montgomery	
Services provided by AHPs	Angela Lindsay	
Public dental service (hosted by WL)	Robert Naismith	
Primary medical services (GP)*	Alison McNeilage (GP contract manager)	Under development
General dental services*	Alison McNeilage	
Ophthalmic services*	Alison McNeilage	

Pharmaceutical services*	Alison McNeillage	
Out-of-Hours primary medical services (hosted by EL)	Steven McBurney – manages the primary care pharmacists employed by the NHS	
Community geriatric medicine	COMPASS – but there are no geriatric physicians employed by the NHS at present	
Palliative care	Peter McG for the source of data (3 rd sector providers, community nurses and pharmacists, GPs)	
Mental health services	Community Trak – to be determined	
Continence services	Sheena Muir	
Kidney dialysis	To be determined	
Services to promote public health	To be determined	
Hospital services	All TRAK	
Accident and Emergency		
General medicine		
Geriatric medicine		
Rehabilitation medicine		
Respiratory medicine		
Psychiatry of learning disability		
Palliative care		
Hospital services provided by GPs		
Mental health services provided in a hospital with exception of forensic mental health services		
Services relating to an addiction or dependence on any substance (CEC hosts)		

*NHS Lothian has also decided to delegate responsibility for these services in respect of under 18s to the integration authority for Edinburgh

NHS Lothian has also decided to delegate prison health care services to the Integration Authority for Edinburgh.

Hosted services: the hosting authority will provide performance data at least six monthly to the other IJBs

