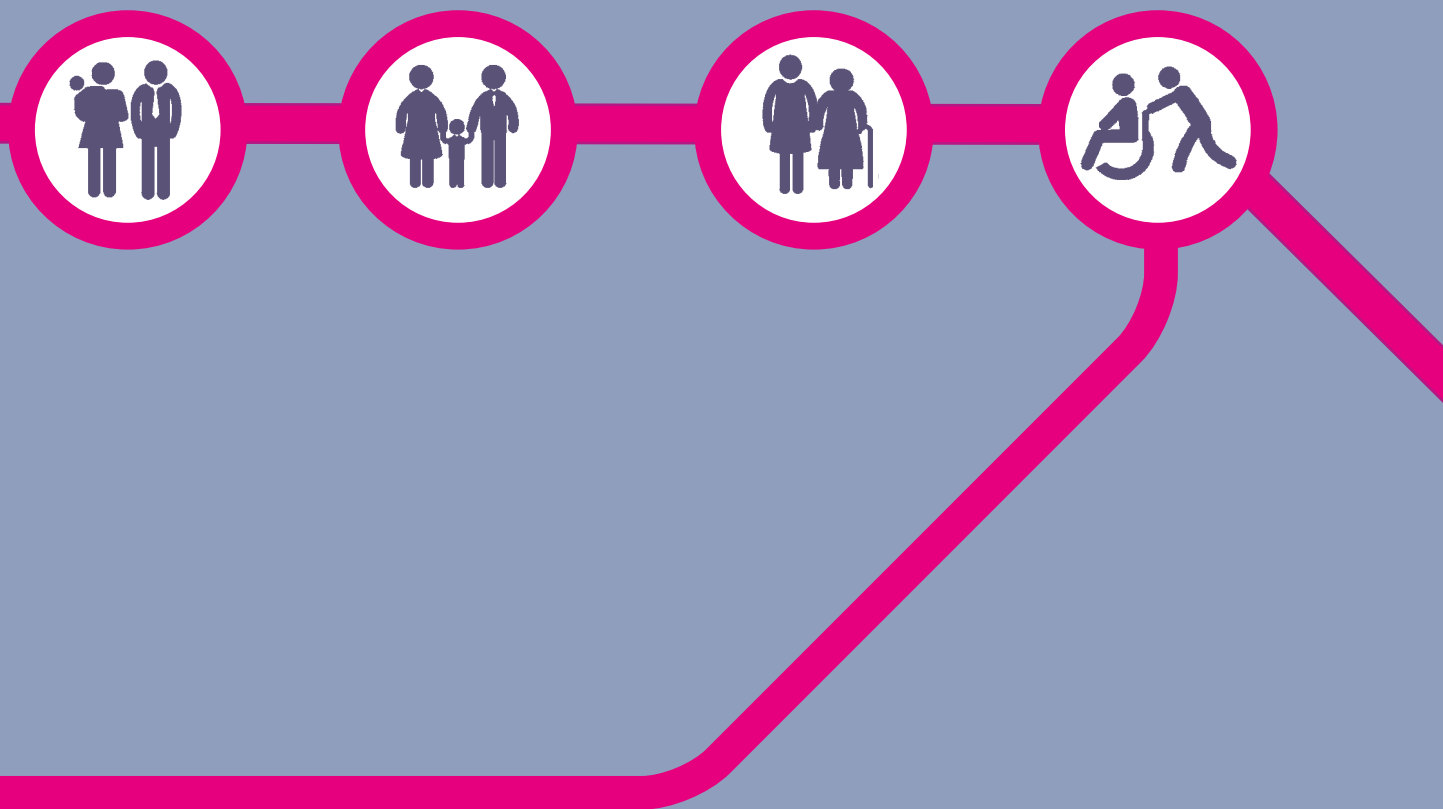




The Scottish
Government
Riaghaltas na h-Alba

National Health and Wellbeing Outcomes

A framework for improving the planning and delivery
of integrated health and social care services



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1. Foreword

The priority for Scottish Ministers is to improve people's experience of health and care services and the outcomes that services achieve. In particular, improving the quality and consistency of outcomes across Scotland, so that people and carers have a similar experience of services and support, whichever, Health Board or Local Authority area they live within, while allowing for local approaches to service delivery.

Legislating for national health and wellbeing outcomes¹ that apply equally across health and social care services in Scotland, under the Public Bodies (Joint Working) (Scotland) Act 2014² ("the Act"), enables service users and carers to have a clear understanding of what they can expect in terms of improvements in their health and wellbeing.

2. Overarching statement

Health and social care services should focus on the needs of the individual to promote their health and wellbeing, and in particular, to enable people to live healthier lives in their community.

Key to this is that people's experience of health and social care services and their impact is positive; that they are able to shape the care and support that they receive; and that people using services, whether health or social care, can expect a quality service regardless of where they live.

3. Who should read this framework?

The framework is for anyone with an interest in health and social care services. In particular, health and social care professionals, including clinicians, GPs, nurses and Allied Health Professionals involved in the planning and delivery of health and social care services, and importantly, people who use services, their carers and their families.

This framework will help to inform how services are planned across the whole pathway of care, to ensure a focus on individuals, and also the practice changes within integrated multidisciplinary teams, that will make a difference to the care people receive.

This framework should be read alongside the guidance³ on the integration planning and delivery principles.

¹ <http://www.legislation.gov.uk/ssi/2014/343/contents/made>

² <http://www.legislation.gov.uk/asp/2014/9/contents/enacted>

³ <http://www.scotland.gov.uk/Resource/0046/00466005.pdf>

4. Overview

The national health and wellbeing outcomes apply across all integrated health and social care services, ensuring that Health Boards, Local Authorities and Integration Authorities are clear about their shared priorities by bringing together responsibility and accountability for their delivery. The national health and wellbeing outcomes also provide for the mechanism by which the Scottish Ministers will bring together the performance management mechanisms for health and social care.

The national health and wellbeing outcomes provide a strategic framework for the planning and delivery of health and social care services. This suite of outcomes, together, focus on improving the experiences and quality of services for people using those services, carers and their families. These outcomes focus on improving how services are provided, as well as, the difference that integrated health and social care services should make, for individuals.

Each Integration Authority will be required to publish an annual performance report⁴ which will set out how the national health and wellbeing outcomes are being improved. This will include reports on a core suite of indicators and measures, identified by the integration authority in line with guidance from the Scottish Government, and contextualising data to provide a broader picture and a rationale of local performance.

⁴ <http://www.legislation.gov.uk/ssi/2014/326/contents/made>

Mrs Taylor's Story

Mrs Taylor is a retired maths teacher. She lives with her husband in a small village, where she has always been an active member of her community.

She has lived with diabetes since she was born and has always managed it very well. A few years after she retired she began to experience some confusion and struggled with her memory. She visited her GP who referred her to a memory clinic where she was diagnosed with dementia.

A specialist Dementia Nurse spent time with her after the diagnosis. She listened to them and together they talked through what was important in her life, how the condition might affect her and what support could be put in place to work alongside her own strengths and networks.

Mrs and Mr Taylor received a great deal of support from a specialist third sector organisation that the nurse put them in touch with. This included help to learn about self-management and a chance to join a peer support group in a nearby town, providing new friendships and invaluable mutual support.

'The Taylors visited their GP who listened to the daily challenges that they were facing. The GP was concerned that Mrs Taylor was no longer safe at home and that they were both becoming isolated and experiencing symptoms of depression and anxiety due to their personal circumstances.'

After a few years, Mrs Taylor's dementia progressed to a stage where she was finding daily activities increasingly difficult and feared she might have to move into a nursing home.

Her husband began providing more support and worried about her health including her diabetes, which she was now less able to manage. Getting out and about, including to the peer support group, wasn't possible as Mrs Taylor could no longer use public transport.

Their local GP, a Dementia Specialist Nurse and an Occupational Therapist worked together with the Taylors to agree the support that would enable them to stay well and independent at home. Their GP also arranged for a Diabetes Specialist Nurse to help Mr Taylor to learn how to support Mrs Taylor. Their daughter also called a helpline run by a third sector organisation and was able to get details of a local carer's centre who offered support to her father.

Mrs and Mr Taylor and their family feel that the quick, joined-up response of their health and social care team, along with support from their community, enabled them to continue living life the way they wanted to. Without this support, they believe they would have had a lot more trips to hospital as a result of Mrs Taylor's conditions.

5. National Health and Wellbeing Outcomes

There are nine national health and wellbeing outcomes which apply to integrated health and social care.

Health Boards, Local Authorities and the new Integration Authorities will work together to ensure that these outcomes are meaningful to people in their area.

| | |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 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. |
| 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 people who use those services. |
| 5 | Health and social care services contribute to reducing health inequalities. |
| 6 | 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. |
| 7 | People who use health and social care services are safe from harm. <small>3</small> |
| 8 | 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. |
| 9 | Resources are used effectively and efficiently in the provision of health and social care services. |

6. Improving the quality of services

The suite of national health and wellbeing outcomes, together, focus on improving the experiences and quality of services for people using those services, carers and their families. This visual highlights some of the experiences of those who currently use health and social care services, carers and their families on how services are provided and the difference that integrated health and social care can make to individuals.



7. Purpose of the national health and wellbeing outcomes

The national health and wellbeing outcomes underpin the activities that Health Boards, Local Authorities and Integration Authorities must carry out under the Act to achieve Scottish Ministers intention for integration of health and social care in Scotland. Indeed, Health Boards, Local Authorities and Integration Authorities must have regard to the national health and wellbeing outcomes in certain key aspects of integration activity:

- Health Boards and Local Authorities are to have regard to the national health and wellbeing outcomes when preparing an integration scheme (section 3(2) of the Act).
- Integration Authorities must set out in their strategic plans how arrangements for the delivery of the integrated health and social care services are intended to contribute to achieving the national health and wellbeing outcomes (section 29 (1) (b) of the Act).
- The national health and wellbeing outcomes must be taken into account when reviewing a strategic plan (section 37(2) of the Act).
- A Health Board, local authority or Integration Joint Board, as the case may be, must have regard to the national health and wellbeing outcomes and integration delivery principles when carrying out an integration function, that is when they are delivering integrated health and social care services (section 40 of the Act).
- Scrutiny bodies; Healthcare Improvement Scotland and Care Inspectorate, when inspecting integrated health and social care services must assess the extent to which the service is contributing to the integration delivery principles and the national health and wellbeing outcomes (sections 54 and 55 of the Act).
- Regulations on the performance report require Integration Authorities to report annually on its performance against key measures and indicators in relation to the national health and wellbeing outcomes .

The importance of making a difference to people's lives through integration is a central objective of the Act. It aims to achieve tangible improvements to outcomes for people and to the quality of services across health and social care. By focussing on outcomes, integration aims to maximise the impact of this opportunity to shift the focus of performance improvement onto the achievement of individual personal outcomes for those receiving support and care, and their carers. This in turn will mean that national strategic outcomes within the National Performance Framework⁵ are improved.

It is important that each Integration Authority has a consistent framework against which to plan, report and account for its activities so that the Integration Authority, the Health Board and local authority, Scottish Ministers and the public can assess progress made to improve outcomes locally and in different parts of the country.

An outcomes based approach encourages an examination of the tangible differences support and services make and not just on the inputs or processes.

⁵ <http://www.scotland.gov.uk/About/Performance/scotPerforms/objectives>

At a local level, a personal outcomes approach requires a new way of thinking away from input and process measurement towards focussing on outcomes as experienced by the user of service, and by their carers.

The integration of health and social care represents a major opportunity to bring about improved outcomes for people in Scotland, however, to fully deliver this, will require a shift in culture working towards the common goal of personal outcomes. An outcomes approach can help to provide a common language and shared purpose across and between services, and with people using services and support.

7.1 Development of the national health and wellbeing outcomes

It was important that the national health and wellbeing outcomes were developed in collaboration with the people using health and social care services, as well as those who are responsible for commissioning and delivering the services at a local level.

The Scottish Government was keen to emphasise the importance of outcomes in ensuring services are person-centred, as opposed to focussed on reducing 'bad' numbers, such as "delayed discharges". Equally as important was the need for a robust data-capturing infrastructure to provide us with a comprehensive picture of how we are performing against each outcome.

A national working group⁶ comprised of a broad range of stakeholders provided support and advice and led on the development of the draft national health and wellbeing outcomes. The working group also proposed developing a national health and care survey, built on the existing Patient Experience infrastructure, which forms the largest national survey of the general population that we have in Scotland. The first set of results from this health and care survey⁷ were published in May 2014.

Workshops and events across the country provided a focus on the national health and wellbeing outcomes and the measurement indicators for integrated health and social care. This provided an opportunity to share and explain the policy rationale but also, provided the opportunity to hear personal experiences and opinions at a local level, to help shape the national health and wellbeing outcomes. The consensus across the events was that the outcomes and indicators were a positive step forward in putting the service user at the heart of service design and delivery. The feedback received fed into the continuing work on the national health and wellbeing outcomes and associated measurement indicators.

A national consultation⁸ on the draft legislation containing the national health and wellbeing outcomes ran from May 2014 to August 2014. This gave stakeholders an opportunity to feedback their views on the draft regulations.

⁶ http://www.scotland.gov.uk/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Implementation/working_Groups/OWG

⁷ <http://www.scotland.gov.uk/Resource/0045/00451272.pdf>

⁸ <http://www.scotland.gov.uk/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Consultation>

National Health and Wellbeing Outcomes: Framework

Scottish Government analysed all responses and amended the regulations to reflect, where appropriate, stakeholders views. This led to the Public Bodies (Joint Working) (National Health and Wellbeing Outcomes) (Scotland) Regulations⁹ being finalised, and coming into force on 28 November 2014.

⁹ <http://www.legislation.gov.uk/sdsi/2014/9780111024522/contents>

Tariq's Story

Tariq is 20 years old and has just moved into his own flat. Before that he lived with his mother and younger brother and sister. Tariq was born with Down's syndrome and an associated heart condition and visual impairment. His mother has been helping him to eat a healthy diet and take regular exercise. He loves cooking and is currently studying at catering college.

At 15 Tariq and his family, along with the professionals that knew him best began planning for his transition to adulthood. At first he didn't know what he wanted for a career, as he still had a few years left at school. Tariq remembered his friend telling him about support he could get to help him decide what wanted to do and write an action plan for his future. He spoke to his social worker who found a local organisation that offered person-centred planning. This helped Tariq, his family and the professional team around him, to explore his aspirations and skills to work out how he could achieve the future he wanted. Together they developed an accessible action plan.

'Tariq continues to receive support from his community learning disability nurse, social worker, GP and specialist heart and visual impairment nurse. This has helped him to continue to self-manage his conditions and has enabled him to feel confident in being able to live the life that he had planned for.'

During this process Tariq realised that one of his biggest priority was to leave home and get his own flat. His mother was worried if he would be safe living alone and whether he would look after his health properly. While Tariq didn't see why this would be a problem, his social worker arranged for his community learning disability nurse and specialist Heart Nurse to join one of the transition planning meetings to talk through these issues.

Together they found a solution that worked for everyone, concluding that with the right support and use of assistive technology, everyone would feel confident. Tariq also liked the idea of joining a local exercise group and everyone agreed to help him make this happen. They agreed that there were some risks involved for Tariq in leaving home, but that these were worth taking.

Since leaving school two years ago, Tariq has used a personal budget to employ a Personal Assistant (PA) to support him in his daily life. This has enabled him to go to college, look after his flat and go out with friends and family. Tariq's got to know his neighbours and, as well as enjoying chats as they pass in the stair, he has called on them a few times for advice, for example when his washing machine leaked.

Tariq uses a small amount of his budget to pay for membership of a local swimming club, which has helped him to stay fit and resulted in new friendships. This has helped him to grow in confidence and he recently introduced his new girlfriend to his family.

8. Improving outcomes – what people can expect

| National Health and Wellbeing Outcomes | What people can expect |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>People are able to look after and improve their own health and wellbeing and live in good health for longer.</p> | <ul style="list-style-type: none"> ▪ I am supported to look after my own health and wellbeing ▪ I am able to live a healthy life for as long as possible ▪ I am able to access information |
| <p>People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently at home or in a homely setting in their community.</p> | <ul style="list-style-type: none"> ▪ I am able to live as independently as possible for as long as I wish ▪ Community based services are available to me ▪ I can engage and participate in my community |
| <p>People who use health and social care services have positive experiences of those services, and have their dignity respected.</p> | <ul style="list-style-type: none"> ▪ I have my privacy respected ▪ I have positive experiences of services ▪ I feel that my views are listened to ▪ I feel that I am treated as a person by the people doing the work – we develop a relationship that helps us to work well together ▪ Services and support are reliable and respond to what I say |

| National Health and Wellbeing Outcomes | What people can expect |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.</p> | <ul style="list-style-type: none"> ▪ I'm supported to do the things that matter most to me ▪ Services and support help me to reduce the symptoms that I am concerned about ▪ I feel that the services I am using are continuously improving ▪ The services I use improve my quality of life |
| <p>Health and social care services contribute to reducing health inequalities.</p> | <ul style="list-style-type: none"> ▪ My local community gets the support and information it needs to be a safe and healthy place to be ▪ Support and services are available to me ▪ My individual circumstances are taken into account |
| <p>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.</p> | <ul style="list-style-type: none"> ▪ I feel I get the support I need to keep on with my caring role for as long as I want to do that ▪ I am happy with the quality of my life and the life of the person I care for ▪ I can look after my own health and wellbeing |
| <p>People using health and social care services are safe from harm.</p> | <ul style="list-style-type: none"> ▪ I feel safe and am protected from abuse and harm ▪ Support and services I use protect me from harm ▪ My choices are respected in making decisions about keeping me safe from harm |

| National Health and Wellbeing Outcomes | What people can expect |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>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.</p> | <ul style="list-style-type: none"> ▪ I feel that the outcomes that matter to me are taken account of in my work ▪ I feel that I get the support and resources I need to do my job well ▪ I feel my views are taken into account in decisions |
| <p>Resources are used effectively and efficiently in the provision of health and social care services.</p> | <ul style="list-style-type: none"> ▪ I feel resources are used appropriately ▪ Services and support are available to me when I need them ▪ The right care for me is delivered at the right time |

9. Embedding a human rights based approach

The national health and wellbeing outcomes, together with the integration planning and delivery principles¹⁰, are grounded in a human rights based approach. Human rights based on the principle that people should be equal and free to participate as full and active members of society. They belong to us all and are the basic rights and freedoms that we have as human beings, which allow us to live with dignity, and participate in our communities equally.

A human rights based approach is a way of empowering people to know and claim their rights. It increases the ability and accountability of individuals, organisations and the relevant professionals who are responsible for respecting, protecting and fulfilling rights. This means giving people greater opportunities to participate in shaping the decisions that impact on their human rights.

Human rights are closely aligned to the national health and wellbeing outcomes, for example, we have developed the national health and wellbeing outcomes to reflect the desire for people to have the highest possible standard of health and to reflect the principle that everyone should have a right to independent living. A human rights based approach can offer a practical framework to help people to work together to achieve the national health and wellbeing outcomes.

The Scottish National Action Plan (SNAP) on Human Rights recognises that human rights impact on all of us through a basic assumption of humane, dignified, fair and equal treatment in our homes, schools, workplaces and communities. As part of its commitment to SNAP, the Scottish Government, with others, will design and lead a programme of work to ensure that human rights is put at the heart of the integration of health and social care including in outcome measures and guidance.

SNAP advocates the use of the **PANEL** and **FAIR** approaches. There are some underlying principles which are important in applying a human rights-based approach in practice, known as the **PANEL** Principles.

¹⁰ http://www.legislation.gov.uk/asp/2014/9/pdfs/asp_20140009_en.pdf

9.1 PANEL principles

If these principles are used in planning and delivery, services and support should uphold the rights of everyone, be person-centred, and demonstrate that they aim to ensure good decision-making, improvement in institutional culture and relationships, legal compliance and best practice.

| PANEL Principles | |
|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Participation | Everyone has the right to participate in decisions which affect them. Participation must be active, free, and meaningful and give attention to issues of accessibility, including access to information in a form and a language which can be understood. |
| Accountability | Accountability requires effective monitoring of human rights standards. For accountability to be effective there must be appropriate laws, policies, administrative procedures and mechanisms of redress in order to secure human rights. |
| Non-discrimination and equality | A human rights based approach means that all forms of discrimination must be prohibited, prevented and eliminated. It also requires the prioritisation of those in the most vulnerable situations who face the biggest barriers to realising their rights. |
| Empowerment | People should understand their rights, and be fully supported to participate in the development of policy and practices which affect their lives. People should be able to claim their rights where necessary. |
| Legality | The full range of legally protected human rights must be respected, protected and fulfilled. A human rights based approach requires the recognition of rights as legally enforceable entitlements, and is linked in to national and international human rights law. |

9.2 FAIR approach

The Scottish Human Rights Commission has also developed the ‘**FAIR**’ approach to help apply a human rights based approach in practice. Often using the **FAIR** approach can be a means of reaching a balanced and just solution in difficult situations. The **FAIR** chart, below, outlines the steps that can be taken in more detail.

| FAIR Approach | |
|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Facts | <ul style="list-style-type: none"> ▪ What is the experience of the individual? ▪ Is the individual being heard and if not, do they require support to do so? ▪ What are the important facts to understand? |
| Analysis of rights at stake | <ul style="list-style-type: none"> ▪ What are the human rights or issues at stake? ▪ Is the right to life or the right not to be subjected to inhuman or degrading treatment at stake? If so, these rights are absolute and cannot be restricted. ▪ Can the right be restricted? What is the justification for restricting the right? ▪ Is the restriction on the right ‘proportionate’? i.e. is it the minimum necessary restriction to meet the aim or is a “sledgehammer being used to crack a nut”? |
| Identification of shared responsibilities | <ul style="list-style-type: none"> ▪ What changes are necessary? Who has responsibilities for helping to make the necessary changes? |
| Review actions | <ul style="list-style-type: none"> ▪ Have the actions taken been recorded and reviewed and has the individual affected been involved? |

Graham's Story

Graham is 55 years old, lives with his long-term partner and used to work with a local youth organisation. He volunteers with several charities and is involved in local planning groups for health and social care services. Graham was diagnosed with bipolar disorder when he was a teenager. He received good support from his GP and a psychiatrist, as well as his school. This helped him to go to college and get the job he wanted.

When Graham was 45 he was diagnosed with heart disease, which had a big impact on him physically and emotionally. Graham found it increasingly difficult to manage his mental health effectively, partly due to the effect of his new medication on his moods and due to the stress of his diagnosis. He started to struggle with work, finding that he could not predict how he would feel physically or mentally from one day to the next. He felt tired a lot of the time and found it difficult to stay motivated and positive about the future.

Soon after his diagnosis, Graham's GP suggested he book a double appointment so they could talk through his diagnosis, how he could manage both of his conditions and what kind of support might help. They talked about the impact on Graham's ability to work and agreed that Graham would speak to his employer about reducing his hours so that he could continue to work.

The GP also referred Graham to the Practice Nurse and a Social Worker specialising in mental health. The Practice Nurse helped him understand his heart condition and how he could manage it. She also signposted him to a national organisation that ran local cardiac rehabilitation groups, along with the Citizens Advice Bureau, to help with his concerns about the financial impact of reducing his hours. Through the Social Worker, Graham was put in touch with a Peer Support Worker who helped him develop a Wellness Recovery Action Plan (WRAP).

'Graham now feels that he is able to manage his conditions better and feels confident that he knows where to turn to for support when he needs it'.

As a result of the support he has received, Graham has been able to stay in work for several years following his diagnosis, and when he decided he needed to retire to protect his health, he continued to do voluntary work instead. He also became involved in a writing group which helped him to tell his story and share his experiences.

10. Delivering and evidencing improvement

Integration Authorities are under a statutory obligation to develop a strategic plan¹¹ in line with the integration principles. A strategic plan is to set out arrangements for integrated health and social care and how those arrangements will lead to the improvement of the outcomes for the communities that they serve.

Strategic planning is the mechanism through which partners will work together to deliver and plan services that focus on people and their outcomes. When services are delivered in line with the plan, the person delivering a service is to do so in line with the national health and wellbeing outcomes. In this way partners across statutory, third and independent sectors, will embed a preventative and anticipatory approach to commissioning services – rethinking how best to meet the needs of communities.

Integration Authorities will require robust information and intelligence if the potential benefits of strategic planning are to be realised. In order to support this, the Scottish Government has commissioned NHS National Services Scotland (NSS) to develop linked individual level longitudinal health and social care datasets¹² for all Integration Authorities. These datasets will be provided via a secure storage solution.

Integration Authorities are required to publish an annual performance report, and regulations set out the prescribed content of these reports. The regulations provide for significant flexibility in how and what Integration Authorities will report on to ensure that the annual performance report covers the main aspects of this reform but reflects local priorities.

The Scottish Government is developing a measurement framework that sets out a range of data sources and associated improvement tools and techniques that can support improvement. Integration Authorities will wish to use this to inform local practice and to showcase improvement within their annual performance report. Guidance on the performance report is being developed and will be published by Summer 2015.

To ensure that there is a measure of comparability and focus on national priorities, the regulations require that all Integration Authorities report on key measures and indicators. The Scottish Government's will set out the key measures and indicators, which should be used to comply with this requirement within a measurement framework.

¹¹ <http://www.scotland.gov.uk/Topics/Health/Policy/Adult-Health-Social-Care-Integration/Implementation/ImplementationGuidance/SCPlans>

¹² <http://www.isdscotland.org/Products-and-Services/Health-and-Social-Care-Integration/>

11. Delivering across the public sector to improve outcomes for our communities

The national health and wellbeing outcomes provide a framework for improving our health and care services across Scotland. There has been a significant amount of work, in recent years, to establish outcomes and related measures for a wide range of health, community care, social care, including children's and justice services.

The national health and wellbeing outcomes should be applied in conjunction with more specific outcomes relating to individuals and group, such as the SHANARRI¹³ outcomes for children and young people expressed in terms of the eight wellbeing indicators specified in section 96 (2) of the Children and Young People (Scotland) Act 2014¹⁴, and together underpin the delivery of the national outcomes, which form the National Performance Framework.

The National Performance Framework¹⁵ support delivery of an outcomes based approach to performance and enables partners to jointly drive and track progress towards delivery of agreed outcomes through better integration, supported by the development of Single Outcome Agreements.

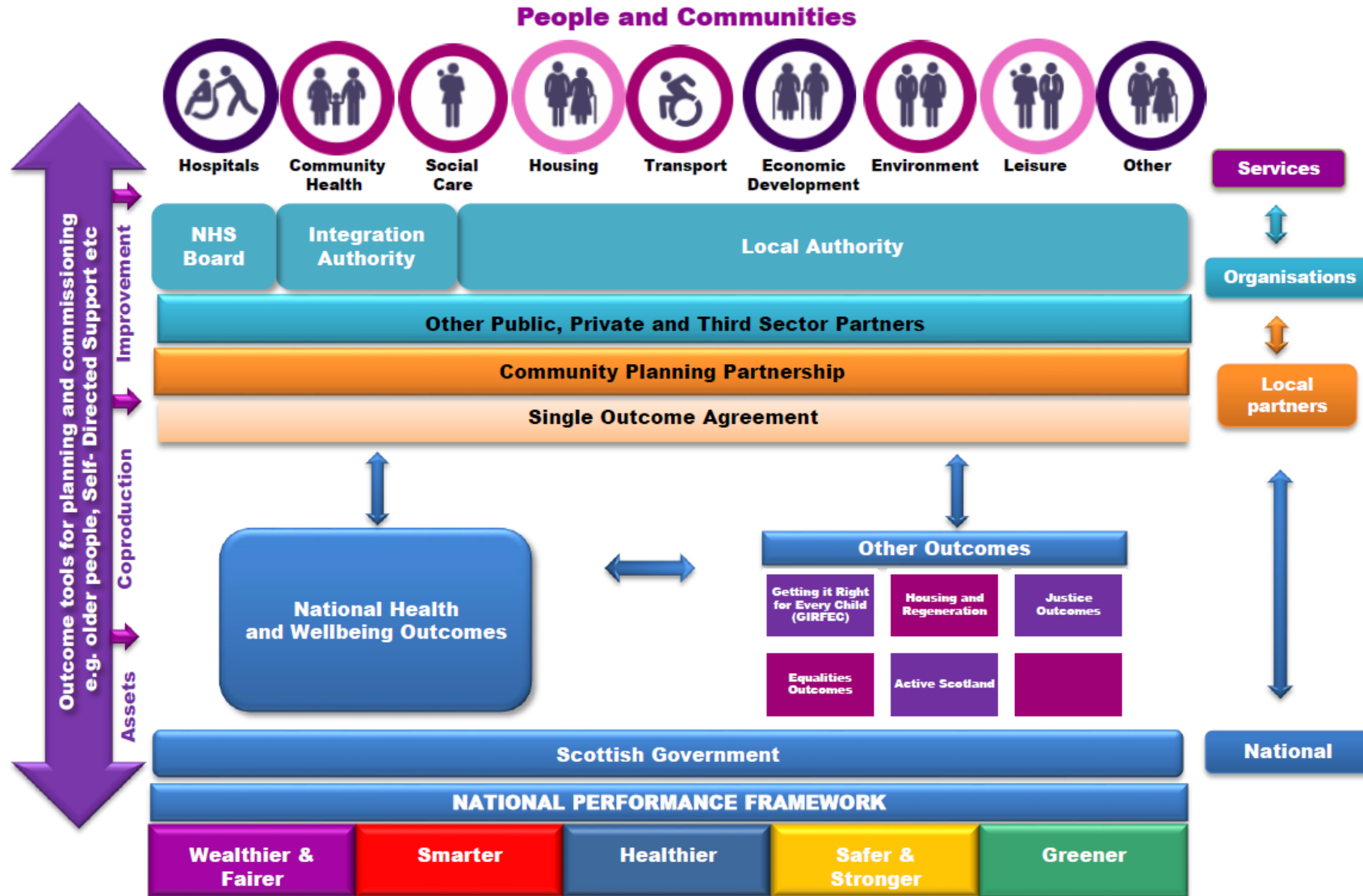
Integration Authorities will be partners in Community Planning arrangements, therefore planning and delivery of health and social care services that focus on improving the national health and wellbeing outcomes, will feed into their broader responsibilities in relation to these duties, and related outcomes frameworks, to deliver the Scottish Government's strategic objectives.

¹³ <http://www.scotland.gov.uk/Topics/People/Young-People/gettingitright/background/wellbeing>

¹⁴ <http://www.legislation.gov.uk/asp/2014/8/contents/enacted>

¹⁵ <http://www.scotland.gov.uk/About/Performance/purposestratobj>

Health and Care Outcomes Framework



Personal outcomes approach

The term 'outcome' is now in common usage in health and social care, reflecting a commitment to ensure systems support people using services and unpaid carers in ways that are person centred and effective.

Outcomes are defined as what matters to people using services, as well as the end result or impact of activities, and can be used to both determine and evaluate activity. Personal outcomes are identified through good conversations with people using services during assessment and support planning. It is also critical that the outcomes are reviewed, to ensure the continued relevance of support and services, and to support service planning, commissioning and improvement.

In line with Christie (2011)¹⁶, a personal outcomes approach supports sustainability by moving the focus away from service led approaches. This requires supporting people to make the move from viewing the delivery of service as the endpoint, to focusing on the purpose of engagement and activity with individuals. When the starting point is clarifying purpose (outcomes), the next stage is identifying how those outcomes might be achieved. This includes considering the role of the person and other resources in their lives, as well as services, consistent with an enabling culture.

There are a number of personal outcome approaches used across Scotland, however, they all have shared elements including the importance of focusing on both quality of life outcomes, which prevent deterioration and delay dependency, and change outcomes, more commonly associated with recovery and rehabilitation. Equally important are the process outcomes; the relationship between people using support or services, carers and paid staff. These outcomes all chime well with both the principles of the Act and the national health and wellbeing outcomes.

Through engagement at assessment and review, a personal outcomes approach ensures that care and support are appropriate and effective, avoiding service use that does not make the difference required.

Whilst significant work has been undertaken, it is recognised that there still much to be done to fully embed a personal outcomes approach across Scotland. A key message from embedding outcomes is that, consistent with other programmes seeking to effect culture change, this is a long term game, with the concept of the journey invoked frequently (Petch 2012)¹⁷.

Many organisations have identified that embedding outcomes requires support to frontline practice and strong leadership. The Joint Improvement Team supports the development and implementation of the Talking Points Personal Outcomes approach.¹⁸

¹⁶ <http://www.scotland.gov.uk/Publications/2011/06/27154527/0>

¹⁷ http://www.iriss.org.uk/sites/default/files/01913_delivering_integrated_care_and_support.pdf

¹⁸ <http://www.jitScotland.org.uk/resource/talking-points-personal-outcomes-approach-practical-guide/>

National Health and Wellbeing Outcomes: Framework

Personal outcomes matter to individual people who use health and social care or support services; but they can also inform the teams, organisations and partnerships providing these services about their impact. People working at each level of a health and social care system will want to know about their effectiveness, and this can best be judged by understanding how personal outcomes are being achieved for individuals.

The table below sets out an example of how individual personal outcomes might feed up and link to outcomes for services, organisations, partnerships – or indeed for Scotland as a whole.

From personal to national outcomes

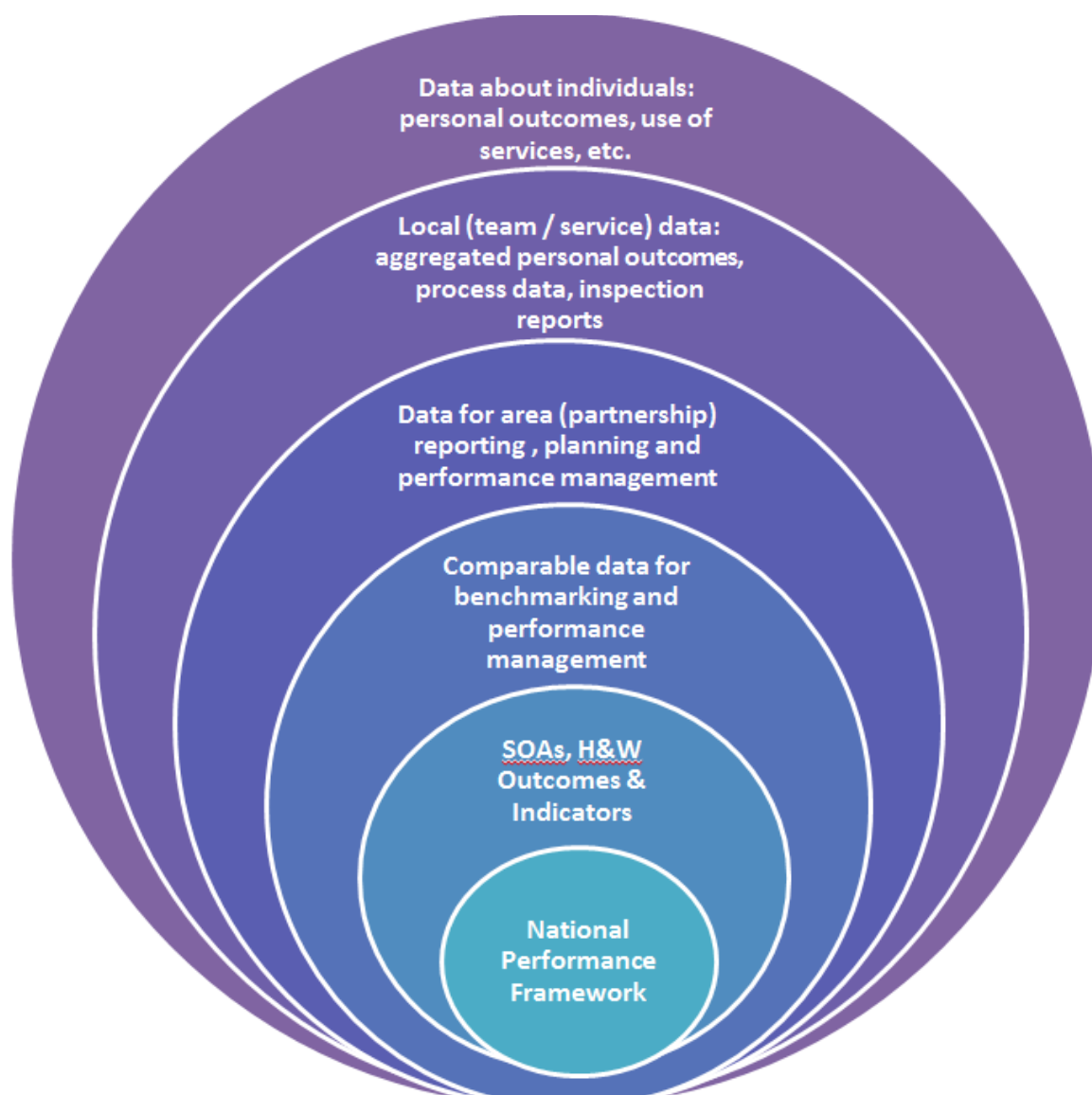
| Outcome Level | Focus | Example |
|-------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------------------|
| Individual, Personal | Defined by a person as what change/improvement is important to them in life | I want to be able to get back to my walking group |
| Service, Project | Defined by a service as a key change to work towards with clients/users | We work with people to improve their ability to get out and about |
| Organisational (Local Authority, Health Board, Third Sector) | Defined by organisations as a priority aim/goal to work towards | The people we work with are more socially included/connected |
| Partnership (CPP, Integration Authority) | Defined across organisations as a shared outcome to work towards | People are able to maintain their independent living for longer |
| National | Defined by government as priorities for cross-government activity | We live longer, healthier lives |

Source: adapted from Cook and Miller (2012) Talking Points POA practical guide, JIT: Edinburgh [Talking Points: Personal Outcomes Approach, JIT June 2012](#)

National Health and Wellbeing Outcomes: Framework

Many systems for capturing information about the performance of health and social care systems exist already in Scotland. Some of these have been developed in isolation, and work is underway to bring them together to reflect the Integration of health and social care, and wider partnership working. The schematic below aims to show how local and national systems can help to underpin a focus on improving outcomes for individuals – by improving systems and processes with that ultimate goal always in mind.

SOA = Single Outcome Agreement
H&W = Health and Wellbeing





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