

SINGLE OUTCOME AGREEMENTS 2008-2009

An Analysis by Community Care Providers Scotland

Introduction

In November 2007, the Scottish Government and COSLA published a Concordat, setting out a new way of working between central and local government in Scotland. The Concordat saw the removal of ring-fencing from much local authority funding, and a greater freedom for local authorities to focus on local priorities, within a framework of 15 national outcomes and 45 national indicators.

In July 2008, all 32 local authorities in Scotland published their Single Outcome Agreements, documents setting out how each area will contribute to meeting the national outcomes set out by the Scottish Government, and describing local outcomes and areas on which particular attention will be focused.

After publication of the Scottish Government's national outcomes and indicatorsⁱ and a further menu of local indicators by the Improvement Serviceⁱⁱ, providers of social care services expressed reservations about the performance framework, amid concerns that aspirations for social care, as detailed in *Changing Lives*, were not adequately reflected in the outcomes or indicators as presented. At the same time, Scottish Government Ministers sought to reassure those active in the care sector that community care coverage would be retained in the Single Outcome Agreements through a single overarching indicatorⁱⁱⁱ and that "achievement of many of the national outcomes and indicators will depend on significant contribution from all involved in the development and delivery of social work and social care services"^{iv}.

This report therefore sets out to assess whether or not CCPS' concerns about the coverage of issues set out in *Changing Lives* were well founded, and whether or not Ministers' aspirations for the role of social care¹ in the Single Outcome Agreements have been met.

The report is presented in two sections. The first part of the report provides a quantitative analysis of the content of the Single Outcome Agreements and covers:

1. References to social care, independent living, housing support and employability;
2. References to specific social care client groups including older people; people with a physical disability; people with a learning disability; people with mental health problems; people with drugs and alcohol addictions; children, young people and families; those experiencing domestic abuse; and carers; and
3. Issues around service design and delivery including: partnership working; the role of the voluntary sector; workforce issues; commissioning; funding; and regulation.

The second part of the report contains CCPS' commentary on the content of the Single Outcome Agreements, considering in particular:

1. Whether the aspirations of *Changing Lives* are reflected in the Single Outcome Agreements;
2. Whether Single Outcome Agreements articulate a role for social care services in meeting national outcomes and indicators;
3. Whether social care is adequately covered in the National Performance Framework; and
4. Whether the treatment of social care highlights any other issues around the development and use of Single Outcome Agreements.

It is concluded that:

1. While a reasonable number of Single Outcome Agreements contain references to independent living, they have less to say about the means by which people will be assisted to live independently. They say little about the role of the voluntary sector in social care, the importance of the social care workforce, the role of technology in assisting independent living or the importance of personalisation in service design and delivery; they therefore do not reflect many of the aspirations of *Changing Lives*;
2. In general, social care services do not feature highly in the Single Outcome Agreements; there is a lack of narrative in the documents as to how services will contribute to meeting the national outcomes and indicators;

3. The fact that there is an indicator in the Improvement Service menu of local indicators relating to independent living for users of community care services has not ensured that community care is adequately covered in the Single Outcome Agreements; use of the indicator, as with the use of other national indicators relevant to social care, has been patchy;
4. It is difficult to assess how important it is that social care services do not receive as much coverage in the Single Outcome Agreements as CCPS members (and Ministers) might have hoped until it is better understood a) what level of detail Single Outcome Agreements are expected to contain and b) how Single Outcome Agreements will be monitored/how local areas will be held to account for the Single Outcome Agreements and local delivery against them.

1. Quantitative analysis

This section of the report gives a statistical overview of the number of Single Outcome Agreements (SOAs) which refer to a range of issues relating to social care. A commentary on what conclusions can be drawn from these statistics can be found in the second part of the report from page 8 onwards.

Methodology

All 32 SOAs were read by a single member of CCPS' staff, in order to ensure consistency in the identification of issues within the documents. The documents were read in full, as a word search approach was not considered suitable due to the diversity of approaches taken within the documents. Notes were taken on the content of the SOAs against 22 headings²; a statistical analysis was then carried out of references to these issues. The analysis considered how many of the SOAs made reference to an issue, regardless of context or frequency; this method was chosen due to the volume of information to be coded, and the difficulties of trying to assess the 'quality' of references, but has resulted in a somewhat blunt measure of how issues are dealt with within the SOAs. While every effort has been made to ensure that figures given are accurate, there is of course room for human error, and mistakes are entirely CCPS' own.

1.1 Quantitative analysis: social care, housing support and employability

Social care and independent living

As well as containing detailed information on work with different client groups (see section 1.2), all 32 SOAs also contain some generic information on social care services.

In particular, SOAs refer to the need to shift the balance of care from residential to homecare or community-based services. While in some of the documents outcomes and indicators around shifting the balance of care are seen as an end in themselves, and are used without much commentary or indication of what effect this shift might have on the person receiving the service, 25 SOAs also specifically mention the benefits of independent living or encouraging independence among people who use services, although in only 14 SOAs is this backed up by a relevant outcome or indicator. It is interesting to note that in four of the SOAs which contain a local outcome relating to independent living, all of the supporting indicators refer to services for people over 65. With regard to how independent living should be achieved, six SOAs refer to telecare, and five to direct payments or self-directed support. Only two SOAs refer to personalisation of social care services.

References to independent living are made most often in relation to national outcome six ("we live longer, healthier lives"), where 75% of the SOAs which mention independent living do so. Mention is also made in 20% of relevant SOAs in relation to outcome 11 ("we have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others") and in 12% of SOAs mentioning independent living or fewer in relation to outcomes one, two, three, seven, eight, nine and 15.³

Other references to social care relate most often to processes such as single shared assessment, information sharing and the time between assessment and service delivery: just over half of the SOAs mention social care in this light, with nine containing outcomes or indicators relating to social work or social care processes.

Around a quarter of SOAs also mention service user/carer involvement, social inclusion for groups using community care services and/or the quality of care services, although outcomes/indicators on these issues are less prevalent. Overall, SOAs seem to have found it quite difficult to develop outcomes and indicators around community care services, with some referring to a lack of baseline data and hoping to include more community care targets in future iterations of the SOA. Nine SOAs refer to the community care outcomes framework developed by the Scottish Government⁴, with two using the area's adoption of the framework as an indicator.

References to user satisfaction with community care services, users of community care services feeling safe and the quality of life/outcomes for people who use services are found in three or fewer SOAs.

² Single Outcome Agreements 2008-09
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Generic references to social care appear most often in relation to national outcome six (“we live longer, healthier lives” - around 80% of SOAs referencing social care do so under this outcome), with between 15% and 25% of SOAs referencing social care under outcomes seven, eight, nine, 10, 11 and 15 and less than 10% mentioning the issue in relation to outcomes one, two, three, five and 13.

Employability

Given the Scottish Government’s focus on economic development, it is not surprising that issues around employment are a key feature of the SOAs. All 32 documents mention employability in some way.

Twenty two SOAs refer in particular to supporting one or more of the following client groups into work: people with mental health problems, people with learning disabilities, people with physical disabilities and people with addictions; 12 SOAs also contain an outcome or indicator to this effect. It is interesting to note that while helping these client groups in to work is referred to most often under both outcome two (“we realise our full economic potential with more and better employment opportunities for our people”) and seven (“we have tackled the significant inequalities in Scottish society”), the majority of relevant outcomes and indicators appear in relation to national outcome seven, suggesting that the impetus for helping these people into work relates to equalities, rather than economics.

Almost all of the SOAs refer to helping young people in to employment, with 23 containing an indicator or outcome in relation to this. Many use the indicator suggested by the Scottish Government on % of school leavers in positive destinations (education, employment or training) as a proxy for the success of the education system under national outcomes three (“we are better educated, more skilled and more successful, renowned for our research and innovation”) and four (“our young people are successful learners, confident individuals, effective contributors and responsible citizens”), but several also refer to the needs of some young people for particular support, particularly those with additional support needs or care leavers.

13 SOAs refer to employability services, most often in relation to gaps in provision or the need to better co-ordinate services. Three mention the voluntary sector in relation to the provision of employability services.

It is interesting to note that, while there is a clear focus throughout the SOAs on getting people in to work and off benefits, 11 SOAs also mention the need to ensure that those on benefits are claiming everything to which they are entitled and maximising their income.

Housing Support

The Housing Support Enabling Unit has produced a table detailing areas where it believes housing support providers can contribute to local outcomes and indicators^{vi}. The table contains a range of outcomes and indicators mentioned elsewhere in CCPS’ analysis, including employability, mental health and domestic violence, and finds areas in all 32 SOAs to which housing support could contribute.

Where a narrower view is taken of housing support (i.e. where either the words housing support are used or reference is made to supporting someone to maintain their own tenancy) references are identified in only 13 of the SOAs, with only seven having a relevant outcome or indicator. 29 SOAs make reference to homelessness, with 28 containing a relevant outcome or indicator.

In around half of the SOAs that contain references to housing support and/or homelessness, these issues are mentioned under national outcomes seven (“we have tackled the significant inequalities in Scottish society”), eight (“we have improved the life chances for children, young people and families at risk”) and/or 10 (“we live in well-designed, sustainable places where we are able to access the amenities and services we need”). Housing support is also mentioned in four or fewer SOAs in relation to outcomes one, five and six, with homelessness being referenced across the SOAs under each of the 15 national outcomes.

1.2 Quantitative analysis: social care client groups

This part of the report contains statistical information on how many of the SOAs make specific reference to particular social care client groups. It is accepted that in some cases, this approach may not reflect the subtleties of Single Outcome Agreements. For example, where SOAs contain an outcome on independent living without reference to particular client groups, CCPS has not tried to second guess which groups of service users this outcome is intended to relate to - this may mean that figures regarding, for example, numbers of SOAs referring to independent living for people with learning disabilities are lower than authorities intend, since only explicit references to those with learning disabilities have been counted. However, it is felt that this approach highlights the different priorities which areas have put on different groups within the SOAs.

An additional complication arises in relation to the use of the word ‘disability’ in the SOAs, as it is not clear whether this is intended to relate only to physical disability, or also to learning disability. In many cases the context suggest that this refers to physical disability, rather than both physical and learning disability, and for consistency

all references to 'disability' have been counted for the purposes of this analysis as referring to physical disability. It is acknowledged that this method of counting explicit references to learning disability only is crude, and may not reflect councils' intentions, but it was not possible for CCPS to second guess what councils intended when using the term 'disability'. Those with an interest in learning disability may find useful information or references in the physical disability section of this report.

Learning disability

Few SOAs mention learning disability specifically. More SOAs refer generically to 'disability' but, as noted above, these references have been assumed to relate primarily to physical disability.

More than a third of SOAs (13) do not mention learning disability at all, and of the 19 that do, only nine have a local outcome or indicator which refers to learning disability.

The most common context for references to learning disability is employability, with 10 SOAs making some mention of helping people with learning disabilities to get into work or training, and four containing outcomes or indicators on this subject.

Only four SOAs mention learning disabilities in relation to independent living, but half of these (although only two in total) have an associated outcome or indicator. Six SOAs mention the provision of care and support services to people with learning disabilities, while four refer to the provision of accommodation for them. Other areas where people with learning disabilities are mentioned include in relation to obesity (two), children and young people (two), personal life plans (one) and pregnancy services (one).

Where references to learning disability relate to a particular national outcome, this is most often national outcome six ("we live longer, healthier lives") and/or seven ("we have tackled the significant inequalities in Scottish society"), with around 40% of the SOAs which mention learning disability doing so under one or both of these outcomes. References under national outcome two ("we realise our full economic potential with more and better employment opportunities for our people") are found in 21% of relevant SOAs, with mention of learning disability being made in less than 15% of SOAs which cover this issue under national outcomes three, eight and 10.

Physical disability

Thirty of the 32 Single Outcome Agreements mention physical disability or disability at some point. Of these, 21 include relevant outcomes or indicators.

Disability is mentioned most frequently in relation to equality and access issues; of the 21 SOAs containing

outcomes or indicators relating to disability, more than 75% include at least one outcome or indicator on access to council buildings/public transport, and nine of the SOAs with relevant outcomes/indicators only have this kind of indicator.

Eight SOAs refer to independent living for people with physical disabilities, and five to care and support services for this group. Six refer to the need to ensure that suitable accommodation is available for those with physical disabilities, and eight refer to access to employment/educational support.

Six SOAs mention in particular children with disabilities or affected by disability.

Disability comes up in the SOAs most often in relation to national outcome seven ("we have tackled the significant inequalities in Scottish society"), with 63% of SOAs which refer to disability doing so under this outcome. Disability is also commonly aligned (in between 25% and 33% of relevant SOAs) to outcomes six ("we live longer, healthier lives"), eight ("we have improved the life chances for children, young people and families at risk"), 10 ("we live in well-designed, sustainable places where we are able to access the amenities and services we need") and/or 13 ("we take pride in a strong, fair and inclusive national identity") and mentioned in less than 15% of relevant SOAs under national outcomes one, two, three, five, nine, 11 and 15.

Mental health

Mental health is dealt with primarily as a health issue in the SOAs, with all 32 making mention of mental health under national outcome six ("we live longer, healthier lives"). Mental health also features in around 40% of SOAs under national outcome eight ("we have improved the life chances for children, young people and families at risk") and in 25% in relation to national outcome seven ("we have tackled the significant inequalities in Scottish society"); it is mentioned in 15% of SOAs or less in relation to national outcomes two, three, four, five, nine, 10 and 11.

All but one of the SOAs contain a local outcome or local indicator specifically in relation to mental health. In the majority of cases, these relate to reducing rates of suicide, the prescribing of anti-depressants and other drugs, and hospital admissions.

The issue connected to mental health which is most commonly mentioned in the SOAs is suicide; this is found in 25 of the documents. Prescribing rates (18), measurement of wellbeing (12) and hospital admissions (12) are also common. 10 SOAs make reference to the mental health of children, young people and families, while seven refer to dementia.

Six SOAs discuss mental health in relation to employment and training opportunities, while four make particular reference to it in discussions on independent living. Eleven SOAs mention services or support for people with mental health problems.

Older people

Services for older people are a significant priority for local authorities, with all 32 SOAs containing outcomes/indicators in relation to this age group. Twenty five SOAs mention in particular that demographic change (a growing elderly population) is likely to put a strain on services in their area.

The focus in the SOAs is on increasing the amount of care and support delivered to older people at home (28 containing an indicator to this effect), preventing hospital admissions/re-admissions (25 SOAs contain an indicator) and avoiding delayed discharge (25 SOAs contain an indicator).

While this shift towards homecare is to be welcomed, it is interesting to note that the focus on older people in the SOAs is very much service-based. By contrast, only five SOAs refer to social inclusion of older people and five to the participation of older people in decision-making.

With this in mind, it is perhaps not surprising that references to older people are found overwhelmingly in relation to national outcome six ("we live longer, healthier lives"), with 94% of SOAs mentioning older people in relation to this national outcome. It is worth noting that references are also found in just under a third of SOAs to older people in relation to outcomes 10 ("we live in well-designed, sustainable places where we are able to access the amenities and services we need"), 11 ("we have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others") and 15 ("our public services are high quality, continually improving, efficient and responsive to local people's needs" - where they are used as a proxy for other council services). Mentions are also made of older people in 15% or less of the SOAs under outcomes five, seven, eight, nine and 13.

Children, young people and families

Issues affecting children, young people and families are covered extensively in the Single Outcome Agreements; all 32 SOAs reflect these issues in both the text of the documents and in local outcomes/indicators.

A huge range of issues in this category are covered by the SOAs. The Voluntary Sector Children's Services Policy Officers Network has identified in its analysis of the documents where they cover child poverty, child protection, children's rights, education, families and parenting, looked after young people, participation,

physical health, play, young carers, youth justice and youth work, as well as issues such as mental health and physical disability which are reflected in this report.

In contrasting the coverage of services for children, young people and families with other client groups mentioned in this report, it is interesting to note that 30 of the SOAs refer to care and support services for this group, with 28 putting a focus on ensuring that young people are in education, employment or training.

Drug and alcohol services

All 32 SOAs refer to drugs and/or alcohol, with all but one also containing local outcomes or indicators in relation to these topics. References and indicators are spread mostly between national outcome six ("we live longer, healthier lives"), where 94% of SOAs mention these issues, and national outcome nine ("we live our lives safe from crime, disorder and danger"), where 84% of SOAs make reference, although it is worth noting that indicators are sometimes used interchangeably between these two national outcomes with, for example, alcohol-related hospital admissions being used as an indicator for outcome nine and citizen dissatisfaction with an area because of drug use as an indicator under outcome six. The cross-cutting nature of issues around drugs and alcohol is reflected by the fact that these issues also appear in 48% of SOAs in relation to outcome eight, in between 15% and 25% of SOAs under national outcomes five, seven and 11 and in 10% or less of SOAs under national outcomes two, three, four, 10, 13 and 15.

Seventeen SOAs refer to substance abuse among parents/families, and 12 refer to alcohol/drug use by children and young people. Three SOAs relate substance misuse to mental health.

Although all SOAs except one contain local indicators around reducing either drug/alcohol use or the effects of their use, only 18 SOAs refer directly to treatment, rehabilitation or support services which might help to achieve these outcomes. Six SOAs mention supporting substance misusers into employment.

Child and adult protection

Child protection is mentioned in all 32 SOAs, and in local outcomes/indicators in 24 of the documents. The vast majority of these references (90%) are found under national outcome eight ("we have improved the life chances for children, young people and families at risk"), although 18% of SOAs also refer to it under outcome five ("our children have the best start in life and are ready to succeed") and/or nine ("we live our lives safe from crime, disorder and danger"); references are also found in 6% or less of SOAs in relation to national outcomes four, six, seven, 10, 11, 13 and 15.

Adult protection features considerably less often, with references in only 14 SOAs and outcomes/indicators in only half of these. Adult protection issues appear most commonly under national outcomes eight (“we have improved the life chances for children, young people and families at risk”) and nine (“we live our lives safe from crime, disorder and danger”), with 31% of the SOAs which mention adult protection doing so under one or both of these national outcomes. The issue is also mentioned in 5% of relevant SOAs in relation to national outcomes six, seven, 10, 11, 13 and 15.

Domestic abuse

Domestic abuse has a reasonably high profile in the SOAs, appearing in 27 of the 32 documents, with 20 of these containing an outcome or indicator relating to domestic abuse⁴. Domestic abuse is referred to in the majority of cases under national outcome nine (“we live our lives safe from crime, disorder and danger”), with 75% of all outcomes/indicators relating to domestic abuse appearing under this outcome. Domestic abuse is also referred to (in 18% or fewer of the SOAs mentioning this issue) under national outcomes three, four, six, seven, eight 10, 11, 13 and 15.

Carers

Given the Scottish Government’s focus on carers, and the mention of both kinship carers and support for carers in the Concordat, carers receive surprisingly little attention in the Single Outcome Agreements⁵.

Seven local authorities do not mention carers at all in their SOAs, and fewer than half of authorities (13) have local outcomes or indicators related to carers or the provision of respite services. Of those authorities including indicators relating to carers, the majority refer to the number or rate of carers’ assessments carried out.

Twelve local authorities make reference to carers in the text of their SOAs, but without local outcomes or indicators relating to them; in many of these cases, text refers to either the need to develop a carers’ strategy and/or kinship care scheme for the area, or the implementation of an existing carers’ strategy; several SOAs also refer to reviewing/developing services for carers. Six local authorities mention the resources needed to implement carer support services and/or kinship care allowances, with three asking the Scottish Government for extra resources.

Carers are referred to most often in relation to national outcome six (“we live longer, healthier lives”), with 56% of the SOAs that mention carers doing so in relation to this national outcome. References are also found in 36% of relevant SOAs under national outcome eight (“we have improved the life chances for children, young people and

families at risk”) and in 24% under national outcome seven (“we have tackled the significant inequalities in Scottish society”), and mention is made in 16% or less of SOAs which mention carers under national outcomes two, five, 10 and 11.

Four SOAs refer specifically to young carers, seven to kinship carers and one to BME carers.

Carers are viewed throughout the SOAs as a group requiring support, and this is where attention is focussed: all SOAs referring to carers mention either support for carers or carers’ assessments, and nine refer to the importance of respite services. Only three of the SOAs refer to carers in any other capacity e.g. involvement in service development or satisfaction with services. Two local authorities refer to the importance of carers in shifting the balance of care towards supporting people at home, with three referring to the fact that an ageing population is likely to lead to less informal care by non-elderly relatives.

1.3 Quantitative analysis: service delivery, the role of the voluntary sector, funding and regulation

This section of the report looks at issues relating to service delivery, the role of the voluntary sector, funding and regulation as generally presented in the Single Outcome Agreements; where references relate in particular to social care services, this is clearly differentiated in the text.

Service design and delivery

Under national outcome 15, authorities are encouraged to consider the quality of local services, and almost all SOAs contain indicators on service quality and/or public satisfaction with local services. In three cases, an indicator on some type of social care service is included in relation to a local outcome on service quality/public satisfaction with services.

With particular reference to social care services, Table 1, which compares the number of SOAs which mention different social care client groups with the number of documents which mention the provision of services for these groups, shows that the number of references to care and support services varies significantly by client group.

Client group	Mentioned in	Care and support services mentioned in
Children, young people and families	32 SOAs	30 SOAs
Older people	32 SOAs	30 SOAs
Drug and alcohol	32 SOAs	18 SOAs
Mental health	32 SOAs	11 SOAs
Physical disability	32 SOAs	5 SOAs
Learning disability	19 SOAs	6 SOAs

Table 1: References to social care client groups and references to care and support services for that client group

There is a generally high focus on involving local people in council decision making/community planning, but only eight documents refer specifically to the involvement of service users and carers in service design and development.

In general, service design/re-design does not feature highly in SOAs, with only five councils confirming a willingness to redesign services where current provision is found not to be the best or most efficient way to meet outcomes.

In the majority of cases, SOAs mention the joint working which will be needed to achieve the outcomes aimed for; half of all SOAs refer specifically to joint working with health, 13 to joint working with the voluntary sector (see below) and seven to joint working between council departments. These figures are unlikely to demonstrate the full focus that councils are putting onto joint working, however, as in areas in which SOAs were drawn up by a range of community planning partnerships this focus on partnership working seems to be implicit rather than explicit.

Around two thirds of SOAs mention the need to develop and train the workforce to assist in the provision of good quality services; of these, around three quarters refer to workforce issues in relation to social care. The most common issue tackled around the social care workforce is training staff to SSSC standard, with more than a quarter of SOAs referring to registration with the SSSC, and the majority of these including trained staff in early years and childcare and/or residential care for adults as indicators of progress towards local outcomes. Of the SOAs referring to SSSC registration, more than half state that this relates to staff in all sectors (public, private and voluntary), and one relates the indicator to the voluntary/private sectors only (there not being sufficient baseline data to include a target for local authority workers at this stage); in three SOAs, it is not clear whether references to training/registering staff refer only to local authority staff or to staff in all sectors.

Voluntary sector

All 32 Single Outcome Agreements mention the voluntary sector in some way. Mentions of the voluntary sector primarily centre around volunteering and social enterprise. Volunteering is mentioned in 21 SOAs, most commonly in relation to national outcome II (“we have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others”) and sometimes as a step towards getting people into employment; the social economy is mentioned in 19 SOAs, primarily in relation to national outcomes one (“we live in a Scotland that is the most attractive place for doing business in Europe”) and two (“we realise our full economic potential with more and better employment opportunities for our people”).

Eleven SOAs state the council's intention to provide support to third sector/social economy organisations, while six ask the Scottish Government to support the sector. Fourteen SOAs refer to the voluntary sector's involvement in either the development of the SOA or the community planning process. Nine mention the development or implementation of a local compact.

Just under half of all SOAs (15) contain a generic statement in their introduction that the SOA covers all council services, including those provided by partners including the third sector, but only nine SOAs refer to the voluntary sector in relation to delivery of a particular service within the body of the SOA; on eight occasions the sector is referred to in relation to health/social care/employability and related services of interest to CCPS members.

On only two occasions is the third sector's potential role as an advocate for disadvantaged groups referred to directly, and only five authorities refer to the sector's role (actual or potential) in service development.

Local areas take different perspectives on the role of voluntary organisations in helping to meet local priorities. While one SOA states that the third sector will have a key

role in delivering many of the outcomes and indicators, two SOAs state that at present none of the outcomes in the SOA relate specifically to the voluntary sector, with one other council naming within its SOA the particular voluntary organisations that it expects to play a role in meeting the outcomes.

Commissioning and procurement

Overall, commissioning and procurement, while mentioned in a reasonably high number of SOAs, are not key issues within the documents. In total, 19 of the SOAs mention commissioning or procurement - of these: seven refer to commissioning services from the voluntary sector; four relate commissioning or procurement to social care/children's services; nine mention environmental concerns taken on board by the council in its procurement processes; six refer to the need to make procurement more efficient or procurement as a way to secure efficiencies; three refer to e-procurement; and two mention community benefit clauses. Interestingly, three local authorities refer to European procurement regulations and ask the Scottish Government for guidance in relation to these (although not specifically in relation to social care).

Seven SOAs refer to commissioning or procuring services from the voluntary sector, with two engaging with the issue in detail: one containing a local outcome under national outcome 15 ("our public services are high quality, continually improving, efficient and responsive to local people's needs") around a continuous improvement project to review service level agreements with the voluntary sector, and one stating that SOA local outcomes will be incorporated as appropriate into service level agreements that community planning partners have with local delivery agencies, including the third sector.

Funding

Issues around funding do not feature highly in the SOAs, with very little reference made to the cost of meeting the outcomes. With this in mind, it is interesting to note that 12 of the SOAs do make reference to funding of social care services, in terms of asking the Scottish Government to review resource allocations, particularly around demographic changes and services for older people.

Best value is mentioned in several SOAs as an important consideration in relation to service delivery.

The Concordat sets out the aim that local authorities will achieve and retain 2% efficiency savings per annum, and around half of all councils have included efficiency savings as an indicator in their SOAs. Only six councils refer to commissioning/procurement as a way to help achieve these efficiencies.

Regulation

Regulation and inspection are important areas for councils, with half of all SOAs asking the Scottish Government to reduce the burden of inspection on local authorities by implementing the findings of the Crerar review. Interestingly, in half of all SOAs, positive inspection reports are used as indicators of good performance in relation to local outcomes, most often in relation to pre-school/school inspections, but on occasion also referencing Care Commission and SWIA inspections; in several cases, authorities are both calling for the scaling down of regulation and using inspection reports as indicators.

2. Commentary: what do the SOAs tell us about the priority given to social care?

When the National Performance Framework of outcomes and indicators was introduced, CCPS and its members expressed concern that the aspirations set out in *Changing Lives*, such as personalisation, choice and control were not adequately reflected in the national outcomes and indicators, nor particularly in the menu of local indicators suggested by the Improvement Service.

At the same time, Scottish Government Ministers stated that many of the national outcomes and indicators would depend on a significant contribution from all involved in the development and delivery of social work and social care services, and that community care was covered in the Performance Framework by indicator 29 from the Improvement Service menu of local indicators, backed up by the 16 community care outcomes developed by the Scottish Government.

This section of CCPS' report therefore seeks to assess:

1. Whether the aspirations of *Changing Lives* are reflected in the Single Outcome Agreements;
2. Whether Single Outcome Agreements articulate a role for social care services in meeting national outcomes and indicators;
3. Whether social care is adequately covered in the National Performance Framework; and
4. Whether the treatment of social care in the Single Outcome Agreements highlights any other issues around the development and use of SOAs.

Before turning to these questions, however, it is important to state that it is difficult to draw overall conclusions about the place of social care services in the Single Outcome

Client group	Mentioned in	Outcome or indicator in	Independent living mentioned in	Employment support mentioned in	Care and support mentioned in
Children, young people and families	32 SOAs	32 SOAs	-	28 SOAs (employment, education or training)	30 SOAs
Older people	32 SOAs	32 SOAs	8 SOAs	-	30 SOAs
Drug and alcohol	32 SOAs	31 SOAs	-	6 SOAs	18 SOAs
Mental health	32 SOAs	31 SOAs	4 SOAs	6 SOAs	11 SOAs
Physical disability	32 SOAs	28 SOAs	8 SOAs	8 SOAs	5 SOAs
Learning disability	19 SOAs	9 SOAs	4 SOAs	10 SOAs	6 SOAs

Table 2: References to social care client groups overall, by outcome/indicator and by type of support

Agreements, or the direction of travel for social care that they reflect, as different client groups receive different coverage in the documents, both in terms of quantity and quality of references to them.

Table 2 gives a summary of the number of SOAs which contain references to different social care client groups.

This method of counting references is crude, however it does draw out the strikingly different level of coverage that different client groups receive in the Single Outcome Agreements. Older people, children/young people, people with mental health problems, people with physical disabilities and those with addictions are mentioned in all 32 of the Single Outcome Agreements, and have a high number of local outcomes and indicators which relate to them (although it is worth remembering that in relation to those with physical disabilities just under a third of all SOAs with relevant outcomes/indicators only contain targets relating to the disability equality duty). People with learning disabilities do not appear to be a high priority in the SOAs.

If an analysis of the number of references in each SOA were to be conducted, rather than just whether or not a group is mentioned in the SOA at all, it is CCPS' impression that children, young people and families, and older people, would be the groups found to attract the most attention within the SOAs.

It is also interesting to note the different ways in which different client groups are treated within the SOAs. People with physical disabilities, for example, are mentioned most often in relation to national outcome 7 ("we have tackled the significant inequalities in Scottish society") and emphasis is put on issues of access. Older people and people with mental health problems, by contrast, are considered most often in relation to national outcome 6

("we live longer, healthier lives") with references to older people focussing on access to services and mental health most often being linked to one or more proxy indicators in relation to improving mental health, with very few references to the services needed to meet the targets set.

With this caveat in mind, however, some conclusions can be drawn about the treatment of social care in the Single Outcome Agreements.

2.1 Are the aspirations of Changing Lives reflected in the Single Outcome Agreements?

Changing Lives, the report of the 21st Century Social Work Review, was published in February 2006^{vii}. The review group tasked with writing the report undertook 12 months of extensive consultation within the social care sector, and the findings of the report were widely endorsed by those active in social work and social care. The implementation of the report's recommendations are being taken forward by task groups made up of service users, carers and providers with Ministerial and Scottish Government support.

The report's recommendations were grouped around three main headings: building capacity to deliver personalised services, including building individuals' capacity; building the capacity of the workforce; and building capacity for sustainable change (including a focus on individual outcomes).

Building capacity to deliver personalised services

Personalisation, one of the key aspirations of *Changing Lives*, is mentioned in only two of the 32 Single Outcome Agreements.

Under the heading of personalised services, *Changing Lives* also refers to building individual, family and community capacity to meet their own needs, and CCPS' analysis shows that aspirations around independent living are referred to in several of the Single Outcome Agreements; where there are significant gaps in the SOAs, however, is where references to the detail of *how* local partners intend to increase people's independence are sought: direct payments or self-directed support, for example, are mentioned in only five of the documents, and telecare (another *Changing Lives* priority) is mentioned in only six SOAs.

It is also interesting to note that, while 25 SOAs refer to independent living, in many cases it is not specified which client groups this relates to, and in four cases indicators relating to an outcome on independent living refer only to older people. This may present issues around the monitoring of local outcomes in relation to independent living - where, for example, a local outcome on independent living has indicators relating only to older people, as in four SOAs, will an area be judged only on its performance against these indicators, or against its progress towards independent living for all client groups?

Building the capacity of the workforce

Sixteen SOAs refer to the social care workforce, with nine mentioning the need to ensure that staff are registered with the SSSC and trained to the appropriate standard. Broader aspirations from *Changing Lives* around managing risk and the autonomy of frontline staff are not reflected in the SOAs.

Changing Lives also states that relationships between social work services and other public, private and voluntary organisations need to change, and an important role is envisaged for the voluntary sector in relation to the design and delivery of social care services. The Single Outcome Agreements as written, however, present a mixed picture of how important the voluntary sector's role is going to be in providing services and helping to meet local and national outcomes. While just under half of all SOAs state that the SOA covers all council services, including those provided by partners including the third sector, what is not clear is how this will impact on services provide by the voluntary sector. For example, where indicators relate to satisfaction with 'council services' do these include those provided by the voluntary sector, or where outcomes relate to improving attendance among the workforce, does this refer only to council employees or also to those employed by voluntary organisations providing public services? Where the voluntary sector is specifically mentioned, for example

where indicators refer to numbers of staff in all sectors registered with the SSSC, it is not clear whether voluntary organisations alone are responsible for meeting this target (despite in many cases not having been involved in development of the SOA) or whether the local authority will assist, for example with the provision of funding for workforce training and registration.

It will be interesting to see whether the move to Single Outcome Agreements has an impact on the commissioning of services from third parties, including the voluntary sector. While only one SOA currently states that service level agreements will reflect the local outcomes, it is not yet certain whether this will become the norm, or whether local authorities will continue to commission services on the basis of inputs, rather than outcomes.

Building the capacity for sustainable change

This group of *Changing Lives* recommendations deals primarily with service re-design and improving outcomes for people who use services. Very few SOAs mention service re-design (five), or involving people who use services or carers in the design and development of services (eight).

It may be expected that the move to Single Outcome Agreements would fit neatly with a move to improved outcomes for users of care services, but outcomes for individuals, as opposed to outcomes for communities, are rare in the SOAs; only three SOAs refer to social care service users feeling safe or having an improved quality of life, for example. The focus on outcomes in *Changing Lives* was intended to remove the focus from inputs and processes in social care, yet just over half of all SOAs refer to social work or social care processes, such as the sharing of information between services or the length of assessment processes.

The final recommendation of *Changing Lives* was that the Scottish Executive (now Scottish Government) should consolidate in legislation the new direction of social work services in Scotland. The Scottish Executive decided not to pursue this option, believing instead that stakeholders within the system should drive the transformation of social work and social care. This move away from central ownership of the agenda was strengthened by the new Scottish Government, when concerns expressed by those who were anxious that social work and social care did not seem to appear in the national outcomes or indicators were reassured that the role of social care in meeting national outcomes would be recognised by local partners within Single Outcome Agreements.

2.2 Do Single Outcome Agreements articulate a role for social care services in meeting national outcomes and indicators?

In the Spring/Summer 2008 Changing Lives newsletter, Adam Ingram, Minister for Children and Young People stated that the “achievement of many of the national outcomes and indicators will depend on significant contribution from all involved in the delivery of social work and social care services.”^{iv}

CCPS’ analysis has found that social care and social care client groups are indeed referred to under all of the national outcomes, although predominantly in relation to national outcomes six (“we live longer, healthier lives”), seven (“we have tackled the significant inequalities in Scottish society”), and eight (“we have improved the life chances for children, young people and families at risk”). What is not clear, however, is whether the Single Outcome Agreements make the connection between social care services and the achievement of these national outcomes and indicators. There are three aspects to this uncertainty:

- Some social care services receive very little coverage in the SOAs;
- SOAs do not say much about how national outcomes and indicators will be met;
- It is not clear how/whether voluntary sector social care providers should position themselves to assist in meeting national outcomes and indicators.

Some social care services receive very little coverage in the SOAs

Table 1 on page 7 of this report compares the number of SOAs which mention the different social care client groups with the number of documents which mention the provision of services for these groups. It is clear from the table that, apart from services for older people and services for children/families, very little mention is made of social care services in the documents. This disconnect between the outcomes stated and the services needed to achieve them is particularly striking in relation to mental health and alcohol/drug addictions, where outcomes and indicators relate to reducing the numbers of people affected by these problems, yet very little mention is made of rehabilitation or support services which would help achieve this focus on ‘recovery’ amongst these groups.

This lack of information on services is not restricted only to social care. A similar picture emerges in relation to employability, where 32 SOAs refer to the importance of getting people into work but only 22 refer to the services

needed to support people on this journey. Where services are mentioned in the SOAs, this is generally in relation to service quality or a problem with service provision, rather than as a means to achieving the national and local outcomes.

SOAs do not say much about how national outcomes and indicators will be met

The dislocation in the SOAs between the outcomes they wish to achieve and the means by which these outcomes will be achieved relates in this analysis in particular to social care, but is also a general observation which can be made about the documents in their entirety.

The Improvement Service guidance on the Single Outcome Agreements^{viii} states that, in relation to targets in particular, consideration should not only be given to *if* performance can be improved but also to *how* - this *how* seems largely to be missing from the documents. Some of the SOAs give a lot of detail in the ‘required actions’ section about what needs to be done to meet the outcomes listed, but some contain very little information - it is hoped that this will become more consistent as councils and their partners become more skilled in preparing SOAs.

Several SOAs also refer to other plans, including Community Plans, Children’s Services Plans, Community Care plans etc. It is interesting to note that in some cases it is suggested that these existing plans influenced the development of the SOA, while in others it appears that future iterations of these plans will reflect priorities set out in SOAs. These references to other plans suggest that, for many local authorities, the SOAs have not been viewed as ‘the only game in town’ and that to find out *how* performance will be improved it might be necessary to consult other plans and documents, suggesting in turn that SOAs should not be taken as a comprehensive statement on plans for a local area.

It is interesting to reflect that, where information is presented in the SOAs as to what steps local authorities and their partners intend to take to meet national or local outcomes, these measures remain largely uncostered. Additional funding is sometimes asked for in order to meet national commitments for example around Free Personal Care, but otherwise there is little mention of funding in the documents.

It is not clear how/whether voluntary sector social care providers should position themselves to assist in meeting national outcomes and indicators

The Minister for Children and Early Years’ statement that the achievement of many of the national outcomes and indicators will depend on significant contributions from all

involved in the development and delivery of social work and social care services is followed by the caveat that it will be for local discussion and action to determine how they should contribute to the delivery of these outcomes.

This local discussion may provide challenges for voluntary sector social care providers, many of whom operate in several local areas, in terms of digesting the information in the, often long and complex, SOAs and then ascertaining where the services that they could offer might assist in meeting the national or local outcomes.

Social care issues are reflected in the SOAs under almost all of the national outcomes; it is not possible to pinpoint where in a document references of interest to social care providers might be found, making it necessary for providers to read the whole document if they wish to get a sense of where the services they provide might fit in to the achievement of local aspirations. Many of the documents are extremely long, and for providers working in several local authorities, or those who also have a national campaigning function, digesting all of this information is an onerous task.

Even after reading the SOAs, however, it will not be immediately clear to providers where their contribution should fit. Providers will need to interpret and extrapolate the information in the SOAs, before finding ways in which their current services can contribute to the local outcomes, or ways in which they can adapt their services to ensure that they help to meet outcomes and indicators. For example, where a general mention is made of independent living, but not in relation to the particular client group an organisation works with, it may be down to providers to try to persuade the council that their service helps to contribute to this aspiration. This presents tremendous opportunities for providers but also, depending on how SOAs are reflected in contracting and commissioning, which is not clear from the documents themselves, potentially an uphill struggle for providers.

In terms of the development of future Single Outcome Agreements, it is not at all clear that voluntary sector social care providers are currently tapped in to the Community Planning process, or have an easy route in to Community Planning Partnerships. These issues of capacity and local representation are areas where CCPS is working to support its members, but further support, for example in terms of good practice guidance, would be welcome from local and national government alike.

2.3 Is social care adequately covered in the National Performance Framework?

The Minister for Public Health, in the answer to a parliamentary question, stated that "...community care retains coverage [in the Single Outcome Agreements] through a single overarching indicator, which is

underpinned by four community care outcomes and 16 supporting measures..."¹². It is assumed that this refers to indicator 29 from the Improvement Service menu of local indicators: *increase the proportion of people needing care or support who are able to sustain an independent quality of life as part of the community, through effective joint working*. This section of the report therefore considers whether or not this indicator does ensure that community care is covered in the Single Outcome Agreements and, in addition, whether other aspects of the National Performance Framework influence the coverage that care receives in the documents.

Use of local indicator 29 and the community care outcomes

It is assumed that indicator 29 from the menu of local indicators compiled by the Improvement Service is the indicator referred to by the Minister for Public Health as the single overarching indicator through which coverage of community care will be retained in the SOAs. Only three SOAs use indicator 29 as an indicator.

Three additional SOAs use the wording of indicator 29 as a local outcome, and four contain a local outcome along these lines but using a different formulation. Of the seven using this type of local outcome, four have supporting targets relating to older people only, despite the Improvement Service stating in its accompanying notes that baseline information on adults with learning disabilities is available.

It is also stated in the Improvement Service menu of local indicators that from April 2008 the 16 community care outcomes developed by the Scottish Government's Joint Futures Unit will be promoted as the gold standard in evidencing improvement in relation to indicator 29, perhaps adding to the ambiguity as to whether this should be treated as an indicator or an outcome. Only 2 SOAs conform to the 'gold standard' of including use of the outcomes framework as an indicator⁶. The Minister for Public Health goes on in her written answer to say that "...[the] suite of 16 measures is being promoted as the recommended set of performance management indicators for community care and local authorities have been encouraged to include these during the course of negotiating agreements with central government." CCPS did not formally analyse the use of the individual measures in the outcomes framework, but it is our impression that all of the measures in the framework are present in at least one of the SOAs, with some of the measures being used much more frequently than others. Most notably, the proxy outcomes on shifting the balance of care for older people and the output measures around hospital admissions are used quite extensively, while less tangible outcomes around issues such as user satisfaction are much less prevalent. This impression is largely backed up by the Joint Future Unit's own reading of the SOAs.

Use of other outcomes and indicators

From CCPS' reading of the SOAs, it seems that having a *national outcome* which relates to a particular client group or issue correlates most strongly with how often client groups or issues are mentioned in the documents. Of the groups CCPS studied in relation to the SOAs, children, young people and families were mentioned by far the most often throughout the SOAs. As at least three national outcomes relate directly to these client groups, it seems fair to conclude that where a national outcome relates to a particular group or issue this guarantees its inclusion in the majority of Single Outcome Agreements.⁷

Services for older people are also covered extensively in the SOAs, perhaps because two of the 45 *national indicators* relate to this group. It is worth noting, however, that use of the national indicators in the SOAs is at the discretion of local partners, and that, for example, only 8 SOAs refer to the national indicator on mental wellbeing. The existence of a national indicator appears to be no guarantee that an issue will receive coverage in the SOAs.

While no formal analysis of the formulation of indicators has been carried out, it is CCPS' impression that targets which are easily measurable, and on which information is already collected by the local authorities and its partners, have been used most often within this iteration of the Single Outcome Agreements. For example, despite the wide range of work being undertaken in relation to domestic abuse across the country, almost all SOAs which have an indicator in relation to this issue refer to police reporting rates. NHS HEAT targets^{ix} (on which NHS partners already collect statistical data), particularly in relation to services for older people, people with mental health problems and people with alcohol problems, also seems to be used extensively.

2.4 Does the treatment of social care in the Single Outcome Agreements highlight any other issues around the development and use of SOAs?

While analysing the Single Outcome Agreements, CCPS has identified the following important questions in relation to the SOA process:

- What are Single Outcome Agreements expected to contain?
- How will performance against Single Outcome Agreements be reported and monitored?
- What impact will Single Outcome Agreements have on the role of national policy/priorities?

What are Single Outcome Agreements expected to contain?

In many ways, this question lies at the heart of any analysis of the content of Single Outcome Agreements: if there is uncertainty about what one should expect to find in a SOA, it is difficult to assess the significance or otherwise of what is/is not mentioned. In the case of CCPS' analysis, this relates both to the lack of information on service provision, and the lack of reference to some social care client groups.

Some SOAs have taken a very strategic approach, and contain almost no operational information, while others contain extensive detail on what actions will be put in place to deliver the intended outcomes. If SOAs are intended to be high-level strategic documents, setting out general priorities for an area, then the lack of information as to how local services might contribute to achieving these outcomes would not be as much of an issue as if the SOAs are expected to relate local activity to the achievement of outcomes. At the moment, it seems that different local areas have taken different approaches to the SOAs, and this makes it difficult to assess across the board what the lack of information on service delivery might mean. It also makes it difficult to assess whether or not CCPS' desire to see the aspirations of *Changing Lives* reflected in the documents was reasonable.

In response to early concerns raised by a variety of groups that issues of importance to them are not covered adequately in the SOAs, local and central government have emphasised that not all areas of local activity will be covered in the SOAs. While it is accepted that the inclusions of an outcome or indicator relating to every aspect of local provision would lead to excessively large documents, adding to the impenetrability of the process for some, it is worth considering what it might mean if a particular issue or client group is not mentioned at all in an SOA.

If an SOA sets out local priorities, it is reasonable to conclude that issues which are not mentioned in the document are not priorities for that area. While the SOAs make good use of evidence in explaining why certain issues have been judged to be a priority, for example where numbers of problem drug users are high an emphasis has been placed on bringing this number down, very little evidence is presented on the reasons why other issues are not presented as priorities or not covered at all in the SOAs, making it difficult to assess how local priorities have been arrived at.

This is not to suggest that where an issue is not mentioned in an SOA no work is being or will be undertaken in that area in relation to that issue. Some within the field of social care, particularly those working in youth work or with carers, have expressed particular

disappointment that some local areas, where they know that good work is underway, have not represented this in their SOAs. It is of concern, however, that if an issue is not mentioned in the SOA, it is possible that other issues, with accompanying outcomes and indicators against which an area's performance will be monitored, may receive more attention and resources from the local authority and its partners. For example, in areas where employability targets are set which do not refer to social care client groups, it may be feared that resources will be moved away from any existing projects to support vulnerable people into employment and transferred instead into mainstream services working with those nearer to the labour market in order to meet targets.

It seems important that, regardless of the reasons why issues are not mentioned in the Single Outcome Agreements, there should be some way in which the issues which are not reflected in the SOAs are monitored; areas should not only be held accountable for performance relating to the issues which they chose to include in their SOAs.

How will performance against Single Outcome Agreements be reported and monitored?

It is also difficult to assess how important it is for social care to be covered by outcomes/indicators until it is clearer how local areas will report on their performance in relation to SOAs, and how the Scottish Government and others will hold them to account for this. For example:

- It is not clear whether issues raised in the narrative of the Single Outcome Agreements, but not in a local outcome or indicator, will be used in monitoring the performance of authorities, or only stated outcomes and indicators; this issue is particularly relevant to issues marked as 'required actions' or similar.
- It is not clear whether measurement of outcomes will only be based on the indicators given; where, for example, an outcome on independent living only relates to indicators on older people, will that area only be judged on the independence of older people, or of all social care client groups?

In addition, it is not clear what the interaction between the monitoring of performance in the Single Outcome Agreements and other more standardised reporting systems such as those used by regulatory bodies is intended to be. While some local areas have included performance in inspections by the Care Commission, SWIA and others as indicators in their SOAs, others have not made any connection between the different reporting requirements. This raises an interesting issue as to which reporting requirement might take precedence over the other, and suggests that the issue of external

regulation in relation to both the monitoring of the Single Outcome Agreements and the monitoring of public sector performance more generally should be carefully considered during the passage of the forthcoming Public Service Reform Bill.

The diversity found in the Single Outcome Agreements will also make it extremely difficult to develop a national picture in relation to particular issues. For example, where issues around drugs and alcohol are raised in relation to different national outcomes, using different indicators in different local authority areas, comparison of how different areas are dealing with the issue will be extremely difficult to make. Even where the same indicator is being used, development of a national picture might be difficult where, as for example in relation to the indicator on incidences of reported domestic violence, some local authorities are judging their progress against the number of reported cases going up and others are judging their progress against the number of cases falling.

It will be difficult to have an overview of activity in relation to different policy areas in Scotland, but even more difficult to know who should be held accountable for failure to meet any national aspirations or priorities.

What impact will Single Outcome Agreements have on the role of national policy/priorities?

Within the framework of the Concordat, the autonomy which has been given to local areas and the diversity of issues presented in the Single Outcome Agreements, it is difficult to see what role there is for national policy in Scotland. While Scottish Government officials responsible for *The Same As You?*, for example, continue to promote this policy, in a world where 13 SOAs do not refer to learning disability at all, it is not clear what role there is for *The Same As You?*

Even national priorities identified in the Concordat or promoted by Scottish Government are not guaranteed coverage in the Single Outcome Agreements. Seven Single Outcome Agreements do not mention carers at all, even though two commitments relating to different groups of carers are to be found in the Concordat, while dementia, identified by the Minister for Public Health as a national priority^x, is mentioned in only seven of the SOAs.

Several of the SOAs make reference to a need for additional funding if Concordat commitments are to be met, and suggest that local areas will otherwise be unable to meet the commitments. It will be interesting to see what, if anything, the Scottish Government's response to this is.

In relation to the development of the SOAs, the Scottish Government promoted the use of the community care outcomes framework, yet uptake has been patchy amongst authorities, particular in relation to quality of life outcomes. This raises questions around the Scottish Government's role, both in terms of its level of influence over local SOAs and the desirability of it attempting to exert such influence, including a question around whether Ministers' aspirations for the role of social care in the Single Outcome Agreements, on which this report was based, will have any influence on future iterations of the SOA.

Notes and references

¹ The term social care is used in this report to refer to care and support services provided in the community to all client groups covered by CCPS members, including older people and children/families. Where the term community care is used, this is taken directly from the Single Outcome Agreements or other publications, generally in relation to the 'community care outcomes framework' which covers adult care, including older people, but does not cover children, young people and families.

² Social care; service delivery; commissioning/procurement; funding/efficiencies; workforce; voluntary sector; regulation; older people; children, young people and families; mental health; learning disability; physical disability; drugs and alcohol; homelessness; domestic abuse; employability; housing support; child/adult protection; equalities; independent living; delayed discharge; benefits; carers

³ See Appendix one for a list of national outcomes

⁴ For a more detailed analysis of references to domestic abuse, see Scottish Women's Aid *Scottish Women's Aid analysis of local authority Single Outcome Agreements 2008*. The figure in CCPS' report regarding references to domestic abuse is higher than that in the SWA report as CCPS considered all references, while SWA reflected only those relating to outcomes or indicators.

⁵ While the distinction between kinship carers and unpaid carers is recognised, all issues relating to carers in general have been considered jointly in this report, for ease of analysis.

⁶ The Joint Future Unit's analysis of the Single Outcome Agreements assumes that where an authority uses indicator 29 it will automatically use the 16 community care outcomes in relation to this, as stated in the Improvement Service guidance, while CCPS looked for an explicit reference to the framework.

⁷ It should be noted, however, that in a small number of cases local areas have not engaged in detail with particular national outcomes, most notably national outcome 13.

ⁱ The Scottish Government, *Scottish Budget Spending Review 2007*, November 2007 <http://www.scotland.gov.uk/Publications/2007/11/13092240/9>

ⁱⁱ Improvement Service, *Single Outcome Agreements: Menu of locally relevant indicators v1.0*, February 2008 <http://www.improvementservice.org.uk/news/news-across-scotland/single-outcome-agreement-development---menu-of-local-indicators.html>

ⁱⁱⁱ Robison, S. Minister for Public Health, Scottish Parliament written answer S3W-14815, 30 July 2008 – see appendix 2

^{iv} Ingram, A. Minister for Children and Early Years, *Changing Lives Newsletter*, Spring/Summer 2008, <http://www.scotland.gov.uk/Resource/Doc/221571/0059563.pdf>

^v The Scottish Government, *National Outcomes Framework for Community Care* <http://www.scotland.gov.uk/Topics/Health/care/JointFuture/Measures>

^{vi} Housing Support Enabling Unit, *Single Outcome Agreements – housing support* <http://www.ccpscotland.org/spunit/info/documents/SOAs.doc>

^{vii} 21st Century Social Work Review, *Changing Lives*, Scottish Executive, 2006 <http://www.scotland.gov.uk/Publications/2006/02/02094408/0>

^{viii} Improvement Service, *Single Outcome Agreements: Guidance, formats and indicators for Scottish local government*, February 2008 <http://www.improvementservice.org.uk/core-programmes/single-outcome-agreements-/>

^{ix} The Scottish Government, *NHS Performance Targets* <http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/17273/targets>

^x Robison, S, *Keynote address: Dementia, a national priority for Scotland*, April 2008 <http://www.alzscot.org/downloads/Keynote%20address%20Shona%20Robison.doc>

Appendix 1: National outcomes

- No 1. We live in a Scotland that is the most attractive place for doing business in Europe.
- No 2. We realise our full economic potential with more and better employment opportunities for our people.
- No 3. We are better educated, more skilled and more successful, renowned for our research and innovation.
- No 4. Our young people are successful learners, confident individuals, effective contributors and responsible citizens.
- No 5. Our children have the best start in life and are ready to succeed.
- No 6. We live longer, healthier lives.
- No 7. We have tackled the significant inequalities in Scottish society.
- NO8. We have improved the life chances for children, young people and families at risk.
- No 9. We live our lives safe from crime, disorder and danger.
- No 10. We live in well-designed, sustainable places where we are able to access the amenities and services we need.
- No 11. We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others.
- No 12. We value and enjoy our built and natural environment and protect it and enhance it for future generations.
- No 13. We take pride in a strong, fair and inclusive national identity.
- No 14. We reduce the local and global environmental impact of our consumption and production.
- No 15. Our public services are high quality, continually improving, efficient and responsive to local people's needs.

Appendix 2: Parliamentary question

S3W-14815 - Richard Simpson (Mid Scotland and Fife) (Lab) (Date Lodged Wednesday, July 02, 2008): To ask the Scottish Executive, in light of reaching the target of zero delayed discharges by April 2008, whether targets on delayed discharges will be included in all local authority single outcome agreements.

Answered by Shona Robison (Wednesday, July 30, 2008): Single outcome agreements will reflect the priorities of the local authority and under a common framework of national outcomes and indicators, local outcomes will take account of these priorities. Within the set of local indicators which local authorities can select from, community care retains coverage through a single overarching indicator, which is underpinned by four community care outcomes and 16 supporting measures, one of which is to sustain the position on delayed discharges. This suite of 16 measures is being promoted as the recommended set of performance management indicators for community care and local authorities have been encouraged to include these during the course of negotiating agreements with central government.



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Community Care Providers Scotland
9 Ellersly Road
Edinburgh
EH12 6HY

www.ccpscotland.org

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