Meeting: Social Care Health and Housing Overview & Scrutiny Committee

Date: 24 January 2011

Subject: Transparency in Outcomes: a Framework for Adult

Social Care

Report of: Councillor Mrs. Carole Hegley, Portfolio Holder for Social Care and

Health

Summary: The Outcomes Framework forms part of the government's wider

agenda on the transforming adult social care and sets out its aim to make services more personalised, preventative and focused on delivering the best outcomes for those who use services. It seeks to ensure the best outcomes for those needing social care, their families and carers. Ensuring people are safe, treated with compassion, dignity and respect and enabled to make independent choices about their care and take control over their lives. It sets out an enabling framework which aims to empower councils, local people and the wider social

care sector to take on new leadership roles.

This paper gives a summary of the main proposals in the Outcomes Framework. The government is consulting on how to categorise and prioritise quality standards in adult social care. The consultation ends

on 9 February 2011.

Advising Officer(s): Julie Ogley, Director of Social Care, Health and Housing

Contact Officer(s): Patricia Coker, Head of Partnerships, Social Care, Health and

Housing

Public/Exempt: Public

Wards Affected: All

Function of: Council

CORPORATE IMPLICATIONS

Council Priorities:

The Vision for Adult Social Care: Capable Communities and Active Citizens sets out the context for the reform of adult social care. The Outcomes Framework sets out the approach to quality, outcomes and standards. These will have implications for all of the council's priorities but importantly on:

- Promoting health and reducing inequalities
- Supporting and caring for an ageing population and those who are most vulnerable

Financial:

Overall financial implications cannot be determined at this stage.

Legal:

None at present

Risk Management:

The council remains mindful of the implications for future reporting requirements.

Staffing (including Trades Unions): None

Equalities/Human Rights:

An equality impact assessment is included within the government's proposals.

Community Safety:

No Implications for Community Safety at this stage.

Sustainability:

None

RECOMMENDATION(S):

1. that the

(a) Social Care Health and Housing Overview & Scrutiny Committee consider the proposals made in the Outcomes Framework and note wider implications for the council and its partners.

Introduction

- The outcomes framework sets out the government's strategic approach to delivering quality outcomes as an integral part of the vision for adult social care. The government is consulting on the proposals and seeks views on what constitutes high quality care in social care; options for developing a fair and consistent data set which is accessible to citizens; how quality can be rewarded including the use of incentives and ensuring that quality and safety underpin service provision. The consultation document proposes a three overarching goals quality and outcomes:
 - (a) **Transparency** empowering local citizens, local accountability;
 - (b) Outcomes improved outcomes for those with care and support needs. Ensuring a sound evidence base underpins service design, commissioning and delivery; and
 - (c) **Quality** improving quality of services, understanding what high quality means and how it can be delivered efficiently.
- It seeks to empower local people through a transparent local accountability. The Government is proposing a new partnership between national and local government, the social care sector, voluntary and community organisations, people who use services and others such as the NHS.
- The consultation document proposes an enabling framework which embeds the themes of transparency, quality and outcomes. It will be multifaceted and will involve different organisations working together, reflecting the breadth and interdependence of the issues. The proposed agenda is framed around the following core elements:
 - 3.1. **Build the evidence base** Local Government and the social care sector will have a new role in building an evidence base that will define what 'high quality' looks like in social care and the type of outcomes people may be able to achieve.
 - It is proposed that Quality Standards will be introduced to present the available evidence on best practise to inform service provision. These will be similar to those used within the NHS a set of between five and ten specific, concise quality statements and associated measures that act as markers. These Quality Standards will be produced by the National Institute of Health and Clinical Excellence (NICE), whose role will be expanded, subject to legislation, to include adult social care from 2012/13.
 - 3.2. **Demonstrate progress** The framework does not set out any plans for monitoring performance, targets or league tables. The current Annual Performance Assessment (APA) process will be replaced with a more

proportionate sector-led approach, although the Care Quality Commission (CQC) will still continue to inspect services where concerns have been raised.

It also proposes the development of a Quality and Outcomes Data Set (QODS), which brings together all routine adult social care data and supports councils and communities to understand progress and to hold organisations to account. The first set of the QODS are based around data that is already available, but a fundamental review of all data requirements will take place for implementation of a more targeted data set being implemented from 2012/13.

A set of outcome focused measures gathered from existing data will be developed so that councils and local citizens are able to benchmark and judge progress. It will describe the picture of the social care related outcomes being achieved and how efficiently individual services are contributing towards those outcomes. These measures will not be priorities; it will be for local partners to decide the priorities.

The outcome measures have been grouped together into outcome domains. These themed groups bring together similar or related areas, simplify presentation and draw out the key messages. The identified domains for adult social care are:

- Promoting personalisation and enhancing quality of life for people with care and support needs;
- Preventing deterioration, delaying dependency and supporting recovery;
- Ensuring a positive experience of care and support; and
- Protecting from avoidable harm and caring in a safe environment

Supporting transparency

4. Ensuring information on quality and outcomes is available to all partners including local people and their carers. Agreed social care data and outcome focused measures would be published annually in a consistent format and through a single information portal. Local authorities will also publish local accounts on priorities in consultation with its partners, for quality and outcomes in adult social care, as a tool for transparent reporting to the community. This account replaces the APA from 2011/12 and it is proposed that the account is signed off by the local LINk or proposed local HealthWatch. This requirement is similar to that of the Tenant Services Authority (TSA) for the Council to produce an Annual Report to Tenants of council-owned properties.

It is also proposed that these accounts could be used to support a peer review of adult social care and challenge poor performance and share best practice.

Consideration is also being given to whether the local HealthWatch should have a more formal role in this context.

Reward and incentivise

5. Incentives for providers and commissioners to work together better to achieve quality outcomes. A new "excellence" rating for social care providers to act as an accredited marker of best practice and quality and an incentive for providers, is proposed. It will also act as an important tool for supporting choice. The document also seeks views on whether the use of financial incentives to providers might support the focus on quality and outcomes at a local level. Examples include the proposed "payment by results" model for welfare-to-work providers and payments linked to quality including "Commissioning for Quality and Innovation (CQUIN)".

Securing the foundations

6. Ensuring that essential quality standards are the bedrock of all services; looking at relationships between regulation and controlling market entry and the role of inspection in regard to compliance and risk. As outlined in the White Paper "Equity and Excellence: Liberating the NHS", CQC's role will be strengthened to become an effective quality inspectorate across health and social care. CQC will continue to manage the registration process which controls access to the social care market for providers. However the government proposes that councils should have significant influence on the market in relation to quality and capacity. CQC will work with councils to develop a new risk-based system of inspection for councils. Inspections would take place where a significant risk is identified; this includes HealthWatch having the right to request an inspection by CQC where it has grounds for concern.

Managing the Transition

7. The first stage of the consultation concludes on 9 February 2011. The Government will launch the first Quality and Outcomes Data Set and supporting measures in April 2011. The first local accounts on quality and outcomes will come into effect for 2011/12. Other proposals could form part of the Social Care White Paper, due in Autumn 2011. Two further reports from the Law Commission and the Commission on the Funding of Care and Support are also expected to be published later this year.

Conclusion

8. The Outcomes Framework reiterates the government's commitment to improving outcomes for service users. This will require high quality commissioning and service provision, influenced by standards and best practice, as well as transparent accountability to local people. The Framework will be considered in conjunction with the NHS Outcomes Framework and the Public Health Outcomes Framework to ensure an alignment of the priorities and outcome measures for care and support in Central Bedfordshire.

Appendices:

A – Proposed measures for each domain for 2011/12

B – Consultation questions.

Background Papers: (open to public inspection)

A Vision for Adult Social Care: Capable Communities and Active Citizens Transparency in outcomes: a framework for adult social care. A consultation on proposals.

Location of papers: Priory House, Chicksands

| Outcome Statements | Pro | posed Measures | Existing? | NHS Domain | Public Health Domain | | |
|--|---|--|-----------------------------|--|-------------------------|--|--|
| Domain 1 - Promoting per | Domain 1 - Promoting personalisation and enhancing quality of life for people with care and support needs | | | | | | |
| People live their own lives to the full and can maintain their independence by accessing and receiving high quality support when they need it. Carers can balance | Overarching measure – Frames the outcome domain at the highest level | Social care-related quality of life | ASC Survey | Enhancing quality of life for people with long-term | | | |
| | Outcome measures – Describe the outcomes relevant to the domain | Enhancing independence and control over own support The proportion of those using social care who have control over their daily life | ASC Survey | conditions (Domain 2) | | | |
| their caring roles and maintain their desired | | Enhancing quality of life for carers Carer-reported quality of life | No | | | | |
| quality of life. People have control and manage their own support so that they can design what, how and when support is delivered to match their needs. People engage socially as much as they wish, to avoid loneliness or isolation. | | Enhancing quality of life for people with learning disabilities Proportion of adults with learning disabilities in employment | NI 146 | | | | |
| | | Enhancing quality of life for people with mental illness Proportion of adults in contact with secondary mental health services in employment* | NI 150 | | | | |
| | | Ensuring people feel supported to manage their condition Proportion of people with long-term conditions feeling supported to be independent and manage their condition* | NHS GP Patient Survey | | | | |
| | Supporting quality measures – Support commissioning and analysis of productivity of services | Promoting personalised services Proportion of people using social care who receive self-directed support | NI 130 (RAP) | | | | |

| Outcome Statements | Proposed Measures | | Existing? | NHS Domain | Public Health Domain | | |
|--|---|---|--|--|---|--|--|
| Domain 2 - Preventing deterioration, delaying dependency and supporting recovery | | | | | | | |
| Everybody has the opportunity to have optimum health throughout their life and proactively manage their health and care needs with support and information. Earlier diagnosis and intervention means that people are less dependent on intensive services. When people become ill, recovery takes place in the most appropriate place, and enables people to regain their health and wellbeing and independence. | Overarching measures – Frame the outcome domain at the highest level Outcome measures – Describe the outcomes relevant to the domain | Emergency readmissions within 28 days of discharge from hospital* Admissions to residential care homes, per 1,000 population Helping older people to recover their independence Proportion of older people (65 and over) who were still at home after 91 days following discharge from | NHS Hospital Episode Stats RAP NI 125 (ASC-CAR) | Preventing people from dying prematurely (Domain 1); Helping people to recover from episodes of ill health or following injury (Domain 3) | Tackling the wider determinants of ill health (Domain 2); Health Improvement (Domain 3); Prevention of ill health (Domain 4); Healthy life expectancy and preventable mortality (Domain 5) | | |
| | | hospital into Reablement / rehabilitation services Preventing deterioration and emergency admissions • Emergency bed days associated with multiple (two or more in a year) acute hospital admissions for over 75s* | NHS Hospital Episode Stats | | | | |
| | Supporting quality | Improving recovery from falls and falls injuries • The proportion of people suffering fragility fractures who recover to their previous levels of mobility / walking ability at 120 days* Supporting recovery in the most | National Hip Fracture Database NHS | | | | |
| | measures – Support commissioning and analysis of productivity of services | appropriate place Delayed transfers of care* Delivering efficient services which prevent dependency | Hospital Data PSSEX1 | | | | |

| Outcome Statements | Proposed Measures | | Existing? | NHS Domain | Public Health Domain | |
|---|--|--|------------|---|-------------------------|--|
| | | Proportion of council spend on residential care | | | | |
| Domain 3 - Ensuring a pos | Domain 3 - Ensuring a positive experience of care and support | | | | | |
| Social care users and carers are satisfied with their experience of care and support | Overarching measure - Frames the outcome domain at the highest level | Overall satisfaction with local adult social care services | ASC Survey | Ensuring people have a positive experience of care (Domain 4) | | |
| care and support services. Carers feel that they are respected as equal partners throughout the care process. People know what services are available to them locally, what they are entitled to, and who to contact when they need help. | Outcome measures – Describe the outcomes relevant to the domain | Improving access to information about care and support The proportion of people using social care and carers who express difficulty in finding information and advice about local services Treating carers as equal partners The proportion of carers who report that they have been included or consulted in | No No | | | |
| People, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances of each individual. | Supporting quality measures – Support commissioning and analysis of productivity of services | discussions about the person they care for Could be supported by relevant activity and finance data related to adult social care, as identified locally through the services provided to users and carers who respond positively or negatively to their experience of care. This domain is also likely to be able to be supplemented by local survey activity and complaints information. | | | | |

| Outcome Statements | Proposed Measures | | Existing? | NHS Domain | Public Health Domain | | |
|--|--|---|-------------------------------------|---|-------------------------|--|--|
| Domain 4 - Protecting from avoidable harm and caring in a safe environment | | | | | | | |
| Everyone enjoys physical safety and feels secure. People are free from physical and emotional abuse, harassment, neglect and self-harm. People are protected from avoidable deaths, disease and injuries. | Overarching measure - Frames the outcome domain at the highest level | The proportion of people using social care services who feel safe and secure | ASC Survey | Treating and caring for people in a safe environment and protecting them from avoidable harm (Domain 5) | | | |
| | Outcome measures – Describe the outcomes relevant to the domain | Protecting from avoidable falls and related injuries Acute hospital admissions as a result of falls or falls injuries for over 65s* | NHS Hospital Episode Stats | | | | |
| | | Ensuring a safe environment for people with mental illness • Proportion of adults in contact with secondary mental health services in settled accommodation* | NI 149 | | | | |
| | | Ensuring a safe environment for people with learning disabilities Proportion of adults with learning disabilities in settled accommodation | NI 145 | | | | |
| | Supporting quality measures – Support commissioning and analysis of productivity of services | Providing effective safeguarding services The proportion of referrals to adult safeguarding services which are repeat referrals | AVA Return | | | | |
| | | Could also be supported by relevant activity and finance data related to adult social care, including the Abuse of Vulnerable Adults (AVA) data collection | | | | | |

Transparency in Outcomes: A Framework for Adult Social Care Consultation Questions

Build the evidence base

- 1. How should Quality Standards in social care balance guidance on service practice, cost effectiveness, what matters to people and outcome expectations?
- 2. How can we categorise Quality Standards in adult social care, and what should be the topics for the first Quality Standards?
- 3. How can Quality Standards be developed to support service users as commissioners, and local people in their role to hold councils to account?

Demonstrate progress

- 4. Do you agree with proposals for a single data set for adult social care, supported by a single collection and publication portal?
- 5. Do you support the case for a set of consistent outcome-focused measures, which combine the best available data on social care outcomes?
- 6. Do the four domains and outcome statements proposed adequately capture the breadth of outcomes which are relevant at the highest level to adult social care?
- 7. Do you have any further views on how adult social care should align with other sectors to support integrated working? How might this be put into practice?

Support transparency

- 8. Do you support the proposal to replace annual assessments of councils conducted by the regulator with public-facing local accounts on quality and outcomes in adult social care?
- 9. Do you have any local examples and evidence of the benefits of a local accounttype approach?
- 10. What is your view on the balance between requiring standard elements in reports, and allowing freedom to fit to local circumstances?
- 11. The proposed accounts would only apply to council commissioners. What further actions, if any, might be considered to promote transparency amongst service providers?

- 12. Would you support an assurance role for the local HealthWatch in the production of accounts?
- 13. We would also be keen to receive views on whether user and carer-led assessments could support transparency and empower local people?

Reward and incentivise

14. What role is there for financial incentives on providers or commissioners at a national level to support the focus on quality and outcomes?

Secure the foundations

- 15. How should the Care Quality Commission ensure that future service inspections are risk based and proportionate?
- 16. Does the regulatory model of registration, compliance and inspection provide sufficient safeguards for ensuring minimum quality standards across adult social care?
- 17. How best might independent monitoring of local council arrangements for managing services be secured?

Available outcome-focused measures from 2011/12

- 18. Are these the most appropriate criteria for assessing measures? Should other areas be considered?
- 19. Throughout the outcome domains, we would be grateful for your views on the particular measures proposed, in particular:
 - Their fit within the relevant domain and how they effect the balance of the set of measures as a whole;
 - How they support joint working with the NHS and other partners;
 - What interventions you think contribute towards the improvement in outcomes in this domain, and what evidence there may be locally on their costeffectiveness; and,
 - What further proposals which may be available from 2011/12.
- 20. What are your views on the proposal to repeat the Carers' Survey every two years to provide a more regular comparable source of data on outcomes for this group?
- 21. What are your views on designing common models for capturing outcome information at the local level, which would be adopted on a standard basis?