

# **A New Performance Framework for Adult Social Care: Consultation**

**November 2020**

## 1 Summary

The Institute of Public Care (IPC), Oxford Brookes University and the Association of Directors of Adult Social Services (ADASS) had undertaken a wide ranging consultation exercise in late 2019/early 2020 to gain views of stakeholders on the best approach that might be recommended to the Department of Health and Social Care (DHSC) in order to measure the impact of adult social care through a performance framework that both receives feedback from users and carers and contains some key performance measures.

After a period of consideration both the Department of Health and Social Care and ADASS have asked IPC to manage a further period of consultation to consider in more detail one of the propositions that were put to them for a revised framework. This framework is laid out in this paper.

This new proposed performance framework has been created in order to build the best possible picture of how councils are delivering the Government's agenda for adult social care (as laid out in the Care Act 2014). This proposed performance framework not only replaces ASCOF as the primary vehicle for describing the narrative/performance for adult social care but also suggests how other data that is provided by local authorities – most notably in the S.A.L.T returns (Short and Long Term Services) can also be used. It also links with other frameworks e.g. the Public Health Framework.

## 2 A new framework

The proposed new framework proposes to address the overwhelming view from stakeholders that the current ASCOF is limited in what it can report about adult social care. It currently omits large parts of the day to day business of councils to meet their requirements under the Care Act 2014.

IPC has found that some Councils have already developed their version of a revised performance framework and use the data they collate to assist them in running their day to day business. Examples of this were submitted to IPC as part of the consultation. IPC applied the “logic model” to the Care Act and the data that might assist councils (see below).

The proposed performance framework infers that the current returns for ASCOF and for SALT would be scrapped in favour of a single return that captured the suggested data fields – many of which are already within either ASCOF or SALT. This proposal enables the data to be collected in a way that better supports the overall business of adult social care. This approach does not (at this stage) include financial activity. This is in part because of the way that the Local Government Association has already developed a tool (LGA Inform) to capture the financial data from Councils. It is proposed that the development this framework sits alongside “LGA Inform” to assist in telling the social care story.

Part of the proposition is that the current Users and Carers survey becomes much more integrated into this performance framework. The questions that may be asked of those who use services or from their carers fit in closely with the measures that are proposed. In order to move forward on the questions, it is proposed that in the first instance local authorities and other stakeholders are consulted on the overall framework and then a

reference group is established that includes other stakeholders (including experts by experience) so that they can assist in finalising the new proposition. DHSC have indicated that they wish to make further considerations on the user/carer surveys in order to both look at the critique offered in our initial report to them and the further work undertaken by Ipsos/Mori on the inclusive nature of the current questionnaire.

In the initial feedback to DHSC the following points were made:

<b>Benefits of keeping current ASCOF approach</b>	<b>Disadvantages of current ASCOF approach</b>
<ul style="list-style-type: none"> <li>■ There will be minimal disruption to the current flow of information and Councils already understand the approach</li> <li>■ Some continuity of the data set and the trends</li> <li>■ Retains current benchmarking</li> <li>■ Clear on limiting the “burden” on Councils</li> <li>■ Some new options to improve the current approach</li> <li>■ Continues to focus on outcomes</li> <li>■ Some focus on impact on both individuals and the wider system</li> <li>■ Can link to other recent developments in social care e.g. making safeguarding personal</li> </ul>	<ul style="list-style-type: none"> <li>■ Large parts of the responsibilities of Councils laid out in the Care Act are omitted from ASCOF</li> <li>■ Limited in its approach to some aspects of social care</li> <li>■ Doesn't really tell the full story of adult social care</li> <li>■ Many of the measures are very limiting in what they report</li> <li>■ There is overwhelming recognition from all stakeholders that the current ASCOF does need to be improved so that has created an opportunity to consider the whole data set not just ASCOF</li> <li>■ The current way that ASCOF is constructed is very broad and doesn't offer a “rigorous” logical approach to measuring social care</li> <li>■ ASCOF doesn't help Councils to run their business</li> </ul>

Benefits of new performance framework	Disadvantages of new performance framework
<ul style="list-style-type: none"> <li>■ Covers most of the responsibilities laid out in Care Act 2014</li> <li>■ Much broader in its scope</li> <li>■ Distinguishes between the different “groups” of people who have contact or require help from adult social care</li> <li>■ Links all data sets (e.g. SALT and ASCOF) to create a single story</li> <li>■ This will assist Councils in running their business for adult social care</li> <li>■ Will help National, Regional and Local understanding of what is happening in social care</li> <li>■ Offers a clear Logic Model for adult social care based on Government Policy</li> <li>■ Distinguishes between inputs, outputs and outcomes for social care</li> <li>■ Some Councils (and some regions) already have developed their versions of this approach in order to better run their business</li> </ul>	<ul style="list-style-type: none"> <li>■ More complex than current ASCOF</li> <li>■ Larger requirements on Councils</li> <li>■ More requirements for the surveys</li> <li>■ Could be seen as an additional burden</li> <li>■ Based on current legislation which might change (Green Paper)?</li> <li>■ Lack of trends in some areas</li> </ul>

## 2.1 Suggested focus for revising

In the model put forward for the new data set based on the Care Act, we have identified over one hundred potential measures. In this phase, we intend, through a brief engagement process to reduce these to a more manageable number to ensure that they not only ensure that they can help provide “the right narrative for adult social care” but, that local authorities do not feel a burden in collecting this data. **We therefore suggest that through our work in this phase we focus our activities on getting the overall purpose and content right by exploring the following questions:**

- **Question One:** *What measures from the new proposal are absolutely vital in helping to both assist in monitoring the effectiveness of the work of councils in adult social care as well as in telling the wider story of what is happening in adult social care?*
- **Question Two:** *Are there any measures that have been omitted in the IPC draft proposal which now need to be considered?*
- **Question Three:** *Which of the proposed data sets are easy to collect from the current data that is used by local authorities and what is going to be more difficult to collect? Of those that are more difficult to collect how (and are seen to have value from Question One) how easy might it be to find a way to collect this data?*
- **Question Four:** *How might the definitions of the new data sets be developed and how might best the technical guidance be produced?*

- *Question Five: See below*

### 3 Question Five: How do we distinguish between different types of service user with different needs and different experiences?

Depending on the decision made about who is in the scope of the future performance framework, there may be as many as **four different surveys** to capture the experience of the different types of help people received:

1. Those who were helped through advice or guidance at the front door and were diverted to another resource and those who were helped by the community or voluntary sector who did not go on to seek further support
2. Those who were helped but became self-funders
3. Those who received short term help but did not go on to be assessed for longer term care
4. Those who had an assessment from the local authority and those who went on to receive longer term care

For all of the above situations, the views of informal family carers need to be sought

We considered whether there ought to be a wider well-being survey and came to a view that this may not quite fall within the remit of the performance framework even though it might be an important corporate matter for the council and its key strategic partners to consider e.g. to use the triennial LGA Council Satisfaction Survey<sup>1</sup> for this purpose.

For those who approached the council or the voluntary/community sector for help the questions need to be simple and quite straightforward and we consider the basic question: “*Did I get the help I needed?*” to be the right area to explore.

For self-funders we need to understand whether they were offered the right advice both about the options to meet their needs and about their financial position.

For those receiving short term help we may want to understand more about the help offered and the way it was delivered as well as whether it met the expected outcomes for the customer.

The current approach to safeguarding developed by the LGA – “Making Safeguarding Personal” does have a number of questions that could be adapted to capture the experience of people who benefited from short-term services. We have adapted the statements<sup>2</sup> developed for Making Safeguarding Personal and made them appropriate for any short-term help.

*“I was asked what I wanted as the outcomes from the help I received, and these directly informed the way in which I was helped.*

*‘I received clear and simple information about what help I was going to receive and the time that it was likely to take.’*

<sup>1</sup> <https://www.local.gov.uk/our-support/research/research-publications/residents-satisfaction-surveys>

<sup>2</sup> <https://www.local.gov.uk/msp-toolkit>

*'I was sure that the professionals worked in my best interest, and they only got involved in my life as much as I needed.'*

*'I got help and support to the extent to that I wanted.'*

*'I know that staff treated any personal and sensitive information in confidence, only sharing what is helpful and necessary to help me.'*

*"I understood the roles of everyone involved in giving me help"*

In the consultation exercise some experts by experience and some advocate organisations made representation that they found the current survey hard to understand and they wanted to influence any future attempts to capture the views and experiences of those who were receiving on-going services from the care and health system.

During our research into this we have come across a number of different approaches to understanding the experience of those who use adult social care services that have been adopted. These were all developed by academics in partnership with stakeholder groups. They each have their merits:

- Making it Real – Think Local Act Personal<sup>3</sup>
- ICECAP – A – Birmingham University<sup>4</sup>
- Personal Outcomes Evaluation Tool (POET) – In Control and Lancaster University<sup>5</sup>

Each of these different approaches (outlined above) focuses on those people who are in the care and health system long term. This does mean that the tool might be of benefit to people who are funding their own care – though there may be logistical problems with collecting data in a fair way from this cohort.

Finally, there is a specific challenge for adult social care in relation to numbers of people who may lack sufficient capacity to be able to contribute to any particular survey. These are a very important group of customers and it would take time and some resource to find suitable advocates who might be able to gain their views.

The second issue for the performance framework is do we need to distinguish between people with different levels of need or just between the different categories that describe people. At present the proposition suggests that there should be reported data from the following categories of people:

- Older People over 65 years of age
- Younger Adults (aged 18-64) with a Learning Disability or a diagnosis within the Autistic Spectrum
- Younger Adults (aged 18-64) with a physical disability including visual and hearing impairments
- Younger Adults (aged 18-64) with a diagnosis of mental ill health

<sup>3</sup> <https://www.thinklocalactpersonal.org.uk/makingitreal/about/six-themes-of-making-it-real/>

<sup>4</sup> <https://www.birmingham.ac.uk/research/activity/mds/projects/HaPS/HE/ICECAP/ICECAP-A/index.aspx>

<sup>5</sup> <http://www.in-control.org.uk/what-we-do/poet-%C2%A9-personal-outcomes-evaluation-tool/poet-for-adult-social-care.aspx>

- Younger Adults (Aged 18-64) with a history of substance misuse
- **Question Five:** *Who might be in the scope of the new framework and how might we best categorise the different sets of people who seek help?*

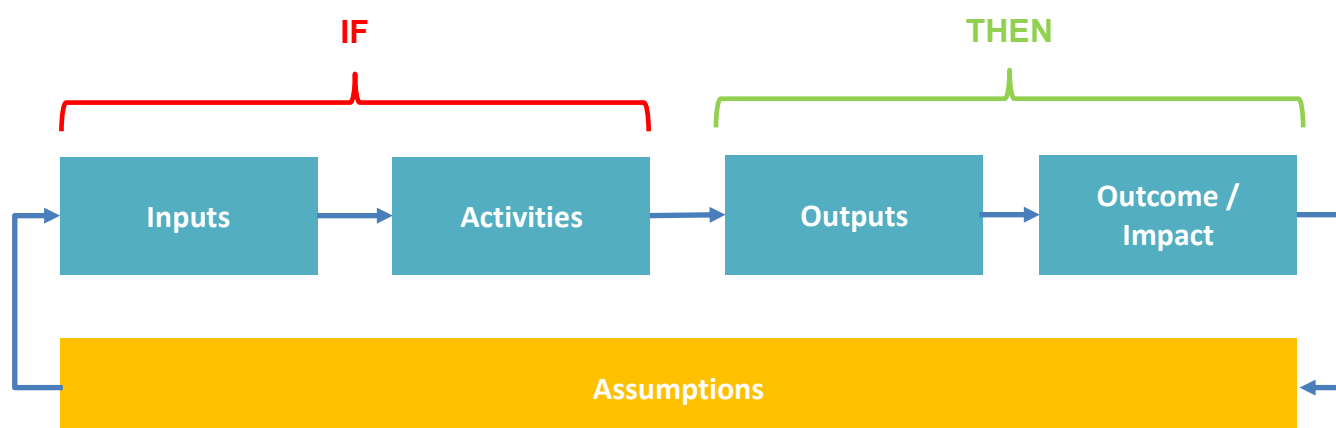
As has already been indicated above DHSC wish to make further consideration on the best way to proceed with the User/Carer Surveys. We will feedback from this process into their considerations.

## 4 A New Performance Framework for Adult Social Care

### 4.1 Developing a logic model 'structure' for a revised performance framework

The basis of simple 'logic model'<sup>6</sup> is shown below:

#### Typical Logic Model Construction<sup>7</sup>



The above diagram shows that a helpful link can be made between resources, activities and benefits by introducing an “If, Then” structure, therefore:

- If you have access to them (resources), then you can use them to accomplish your planned activities.
- If you accomplish your planned activities, then you will, it is hoped, deliver the amount of product and / or service that you intended.
- If you accomplish your planned activities to the extent intended, then your participants will benefit in specific ways.
- If these benefits to participants are achieved, then certain changes in organisations, communities or systems might occur under specified conditions.

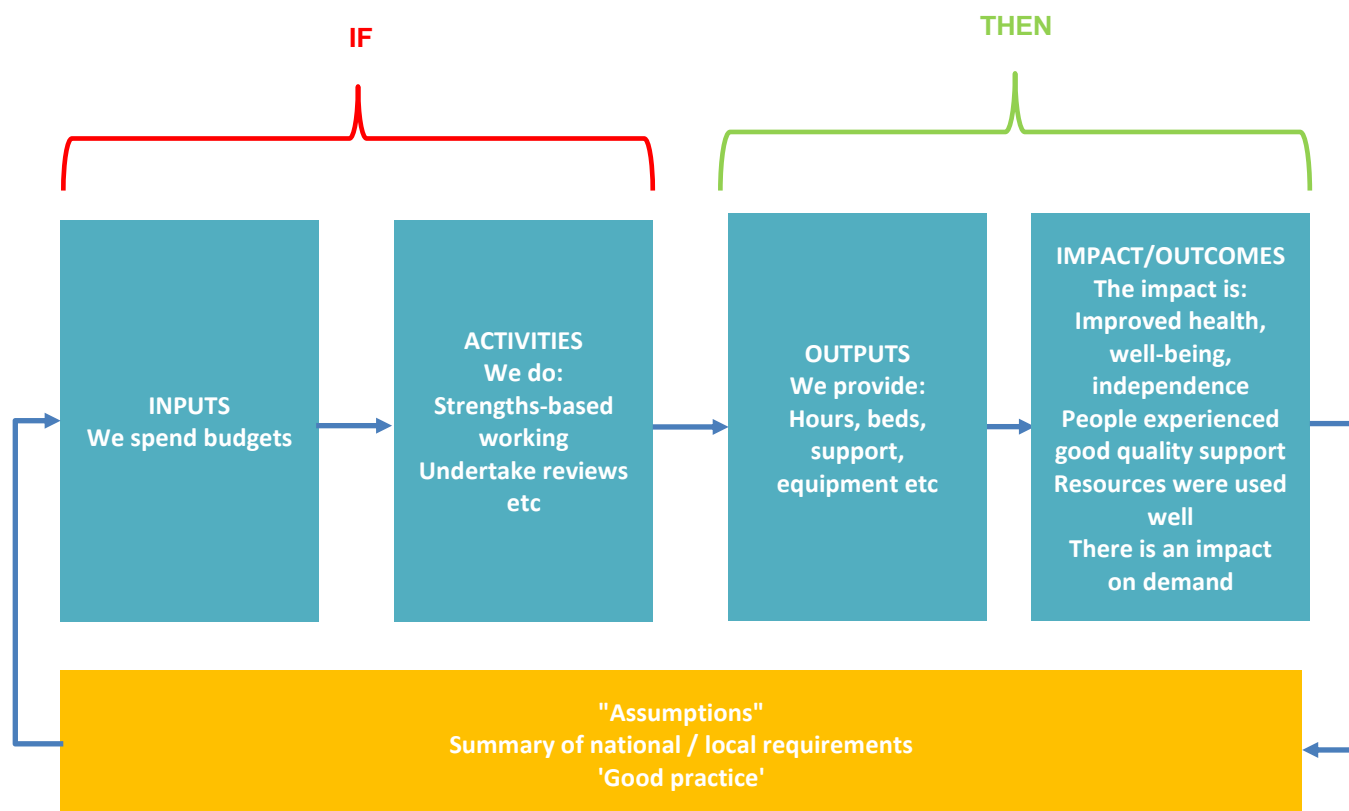
A summary of the key national (e.g. Social Care Act, joint health and social care priorities etc) and local priorities and a reference to ‘what good looks like’ (informed by

<sup>6</sup> “A logic model is a graphic display or map of the relationship between a programme’s resources, activities and intended results, which also identifies the programme’s underlying theory and assumptions” Kaplan and Garrett, (2005)

<sup>7</sup> WK Kellogg Foundation - Logic Model Development Guide 2004, Midlands and Lancashire Commissioning Support Unit “Your guide to using Logic Models”



research and best practice evidence) is what we would see described in the 'Assumptions' box in the diagram – i.e. the starting point for the logic model – *'this is what adult social care is required to do, we believe that the best way (best practice) to do this is by doing X (activities, provision of support etc), we believe that it will have the following impacts'*.



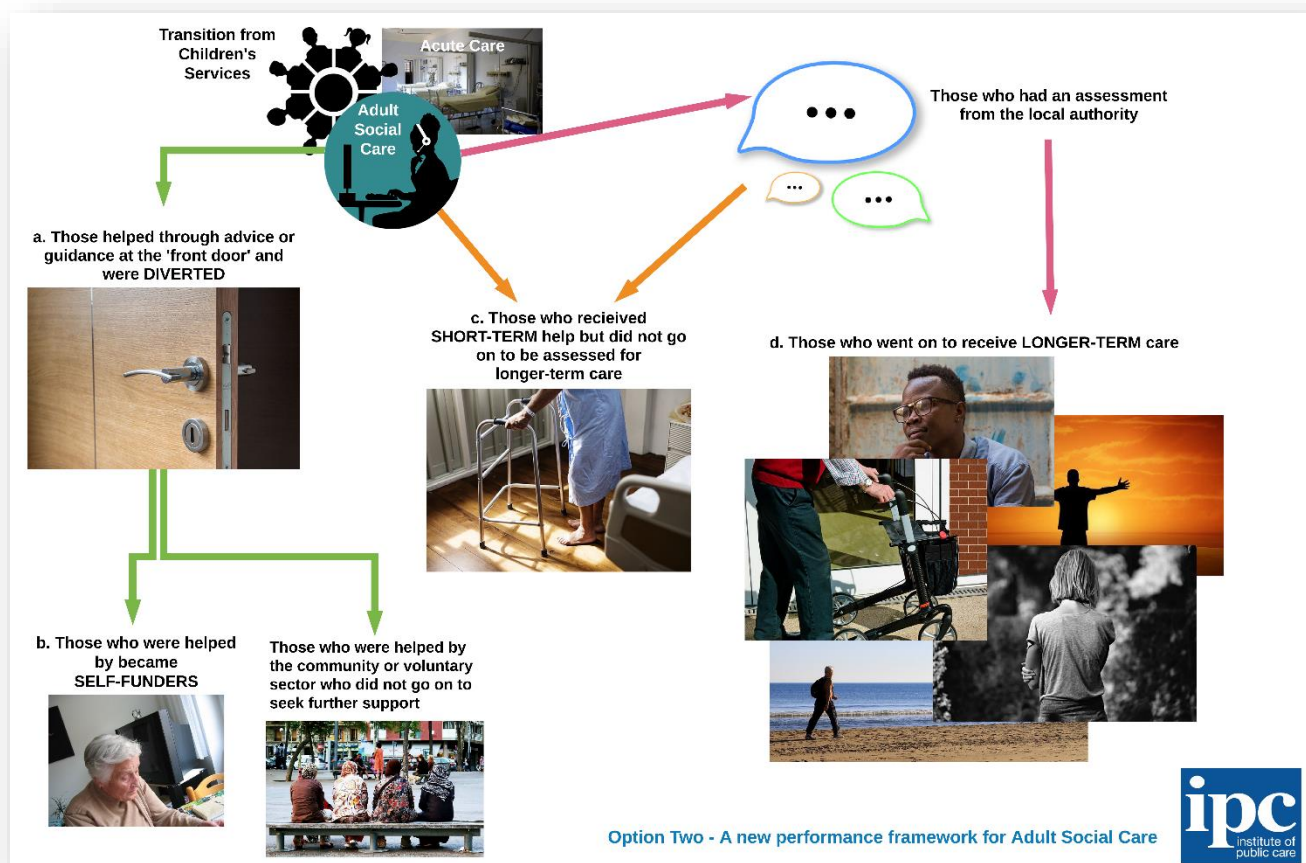
We have applied the principle of the logic model below to describe our suggested revised performance framework measures.

#### 4.2 A performance framework based on the Care Act 2014

In this section we offer an initial draft logic model format for a new performance framework for adult social care looking to be based on measuring how well councils are doing in delivering the requirements of the Care Act 2014.

The approach is illustrated in the diagram below:





This approach focuses on the journey for people through the current care system as operating from one local authority to another. It considers the different “outcomes” for the population from the range of help that is or is not available to them. It focuses on percentages of people who get help and what kind of help they get. The result of the information should paint a wide picture as to what is happening in adult social care in England.

The new framework is offered with reference to our suggestion that a performance framework for adult social care would need:

- To align to all relevant Sections of the Care Act
- To align suggested performance measures within a new performance framework for adult social care Logic Model

We are sure that the framework and the measures outlined below can be improved but we hope that the lay out gives enough indication of the type of approach that is being suggested.

In the proposed framework the headings used were drawn from the language of the Care Act. It would be possible to change these headings to look at the arrangements from the perspective of a person who might benefit from the matters being covered. There is here an alternative set of headings for the proposed new framework:

Care Act	Experience of arrangements
Promote well-being of the population	I am helped to look at my overall wellbeing
Provide information and advice	I am given all the information and advice I need
Prevent or delay people from entering the care system where this is appropriate	I am helped to reduce or delay my need for permanent care
Promote integration with health services	I experienced the health and care support I received as a single unified system
Promote diversity, quality and choice in provision	I am offered a choice of service that respects my personal circumstances
Entitlement to assessments for everyone	I received the assessment that I needed
Operate fair and consistent eligibility criteria	I understood the way in which the assessment entitled me to care and support
Offer accommodation and housing	I was offered the right housing
Safeguarding	I am protected from risk and abuse
Support for children in transition to adulthood	I am being helped to get the right services from childhood into adulthood
After Care under Mental Health Act	I am being offered the right services after a treatment for poor mental ill health
Registers for Sight Impaired, Disabled Adults	My details are properly recorded and protected by the Council
Market oversight	The care and support available to me operates in a stable care market

If this approach is adopted a better co-produced version of these headings might emerge. Respondents are invited to comment on this alternative set of headings.

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**Institute of Public Care**  
**November 2020**

1. *“I am helped to look at my overall wellbeing” - Promote the well-being of the population*<sup>8</sup>

Input	Activities	Output	Outcome/Impact
<ul style="list-style-type: none"> <li>■ A01b -Life expectancy at 65</li> <li>■ A01c -Disability-free life expectancy at 65</li> <li>■ A02a -Inequality in life expectancy at 65</li> </ul>		<ul style="list-style-type: none"> <li>■ C29 -Emergency hospital admissions due to falls in people aged 65 and over</li> <li>■ E13 -Hip fractures in people aged 65 and over</li> </ul>	<ul style="list-style-type: none"> <li>■ More people will be able to support and maintain their health and well-being</li> <li>■ C28a – C28d Self-reported wellbeing</li> <li>■ B18a -Social Isolation: percentage of adult social care users who have as much social contact as they would like</li> <li>■ B18b -Social Isolation: percentage of adult carers who as much social contact have as they would like</li> </ul>
<p style="text-align: center;"><b>Assumption/Purpose</b></p> <p>Councils should be promoting good health, economic benefits, freedom from harm, control by the individual over their day-to-day life, suitable housing, positive social relationships and opportunities for all individuals to make a positive contribution in their local communities.</p>			

<sup>8</sup> The measures for this are in the Public Health Outcomes Framework used by the Local Authority  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/859592/Table\\_of\\_PHOF\\_updates\\_February\\_2020.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/859592/Table_of_PHOF_updates_February_2020.pdf)

## 2. "I am given all the information and advice I need" - Provide information and advice

Input	Activities	Output	Outcome/Impact
<p>1. Number of new people/contacts who approached the council for help per 100,000 of the population</p> <p>2. Number of new people per 100,000 of the population who approached the local community /voluntary sector for advice or assistance</p> <p>3. % of new enquiries to the council for help in relation to adult social care that were made by carers (over the age of 18) for themselves or by someone acting on behalf of a carer</p>	<p>4. % of those people who approached the community/voluntary sector that did not require a referral to the council (Information collected from community and voluntary sector who have been commissioned for this purpose (should include community resources for carers)</p> <p>5. % of new enquiries to the council that led to a full assessment of their needs</p>	<p>6. The % of people who approach adult social care for help that found their solution in:</p> <ul style="list-style-type: none"> <li>■ the community,</li> <li>■ the voluntary sector or</li> <li>■ in other ways outside of the formal care system</li> </ul> <p>7. % of new people who approach the Council for help with adult social care in previous year that were offered advice or assistance including diversion to community and voluntary sector resources so that their needs were met (these are people who were helped but did not receive either short-term help or had an assessment for on-going care and support).</p> <p>8. % of these people who were advised (including financial advice) on the</p>	<p>a. People have good information and advice including self-funders.</p> <p>b. More people getting the right levels of services for them (including self-funders)</p> <p>c. Fewer people entering residential or nursing care prematurely</p> <p>d. Adult Social Care will have commissioned a range of resources in the community into which people can be diverted which will appropriately meet their needs</p> <p><b>Customer (Cu) /Carer (Ca) Survey Questionnaire</b></p> <p>Cu1/Ca1 - Quality and impact of information and advice explored through survey questionnaire of users and carers seeking people's views who used these services</p>

Input	Activities	Output	Outcome/Impact
		basis that they were likely to be funding their own care 9. % of new enquiries to the council for help with adult social care that led to the offer of a short-term piece of help 10. % of people who had approached the council for help who were diverted to another place but returned within 6 months with a similar request for help	including people who became self-funded
<p style="text-align: center;"><b>Assumption/Purpose</b></p> <p>If this is achieved the Council is likely to achieve better outcomes for customers, improved well-being, lower costs and managed demand.</p> <p>This group includes all people who have contacted the Councils' Call Centre, have accessed any locality sites, have accessed social care from an acute hospital or have approached social care through transition from a children's service.</p>			

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### 3. “I am helped to reduce or delay my need for permanent care” - Prevent or delay people from entering the care system (where this is appropriate)

Input	Activities	Output	Outcome/Impact
	<p>11. % of older people who have had a period of time in an acute hospital who at the point of discharge are assessed as needing formal (short or long term) care and support (as a % of all older people who are discharged)</p> <p>12. Number of days (per annum) of respite care offered by customer groups.</p>	<p>13. % of people (by age) who approached adult social care for help (and were not diverted away) assisted (after a conversation and a therapy-based assessment) through a short-term piece of help including, reablement, recovery-based services, falls prevention, rehabilitation, equipment, assistive technology or other short-term help.</p> <p>14. % of people (by age) who go onto receive a full assessment of their needs who were offered short term help prior to that assessment (or % of those receiving a full assessment who had not had the opportunity of a short-term intervention)</p> <p>15. % of people (by age) who were helped by a “short term intervention” that were</p>	<p>e. The system would have a wide range of short-term interventions that help people reduce or defer their need for care (including access to equipment, adaptations and assistive technology).</p> <p>f. Have services that help people to progress and be able to live a more independent life</p> <p>g. Reduction in social isolation</p> <p>h. Meeting carers needs through ensuring that they are linked to good networks of support e.g. Carers Centres.</p> <p>i. Younger adults who are of an age where they could be in employment should be offered the opportunity to find a suitable job. These “jobs” might start with training, apprenticeships, sheltered or supported</p>

Input	Activities	Output	Outcome/Impact
		<p>then assessed as no longer requiring a long-term care package</p> <p>16.% of people (by age) who are in receipt of services or who have contacted the council for help reporting that they are socially isolated</p> <p>17.% increase or fall in the numbers of people (by age) being helped by adult social care (by client groups)</p> <p>18.% of older people who are discharged from hospital to a permanent residential care bed (as a new placement) without any opportunity for short-term recovery</p> <p>19.% of older people who return home after a short-term period (no more than six weeks) in a residential care bed/community hospital bed.</p> <p>20.% of older people who receive long-term care after</p>	<p>employment or they might involve a move straight into a job.</p> <p><b>Customer Survey Questionnaire</b></p> <p>Cu2 - % of people (by age) who were offered short term help who report a positive experience from the help received and agrees that their outcomes were met</p>



Input	Activities	Output	Outcome/Impact
		<p>a period of short-term/reablement based care (this could be either a therapy led programme or domiciliary care based reablement).</p> <p>21.% of older people who receive long term support without being offered a period of recovery and recuperation</p> <p>22.% of older people who had an admission to hospital who are in a bedded facility (either in a residential or nursing care bed or in a hospital bed) 91 days after their discharge</p> <p>23.% of older people who are delayed from discharge when they are medically fit</p> <p>24.% of younger adults with a diagnosis of autism or of a learning disability who have care needs and/or have made contact with Employment Support Agency or adult social care</p>	

Input	Activities	Output	Outcome/Impact
		<p>for help who are of an age to be employed who on 31<sup>st</sup> March are in:</p> <ul style="list-style-type: none"> <li>■ Education (Training);</li> <li>■ Voluntary Work; Workshop:</li> <li>■ Sheltered Employment:</li> <li>■ Supported Employment:</li> <li>■ Apprenticeship:</li> <li>■ Permanent Employment</li> </ul> <p>25.% of younger adults who are in contact with secondary mental health who on 31<sup>st</sup> March are of an age to be employed who are in:</p> <ul style="list-style-type: none"> <li>■ Education (Training);</li> <li>■ Voluntary Work;</li> <li>■ Workshop:</li> <li>■ Sheltered Employment:</li> <li>■ Supported Employment:</li> <li>■ Apprenticeship:</li> </ul>	

Input	Activities	Output	Outcome/Impact
		<ul style="list-style-type: none"> <li>Permanent Employment</li> </ul>	
<b>Assumption/Purpose</b>			
If this is achieved the Council is likely to achieve better outcomes for customers, improved well-being, lower costs and managed demand.			

**4. “I experienced the health and care support I received as a single unified system” - Promote integration with health services**

Input	Activities	Output	Outcome/Impact <sup>9</sup>
25. % of adult social care staff who are co-located with NHS staff  26. % of adult social care budget that is pooled with NHS	27. % of people being helped by social care who have a proactive multi-agency approach to managing their health and care risks	28. % of care plans (proportion of all care plans produced by the local authority) that are jointly produced between NHS staff and social care staff (by client group)  29. % of assessments that are jointly produced between NHS staff and social care staff (by client group)  30. % of people receiving long term care who are fully or partly funded under	j. Individuals should experience connectivity between the services they receive  k. Removal of unintended negative consequences that should decrease demand and pressure on either service  l. Collaboration leads to better interventions for those who need care and health support  m. Joint planning both strategically and at an individual level for those

<sup>9</sup> We have considered the work undertaken on behalf of DHSC by Social Care Institute for Excellence (SCIE) and included a number of these measures to assist in this area. The clearest evidence of a well-run integrated health and care system will come from the experience of users and carers however we have suggested the following measures might help:

Input	Activities	Output	Outcome/Impact <sup>9</sup>
		Continuing Health Care funds	who need health and care services contributes to ensuring that each person has the best response on the “right” care pathway n. Promotes effective hand offs between the two services o. Collectively the systems can support the recovery, rehabilitation and recuperation of those people who need both care and health (see above)
<p style="text-align: center;"><b>Assumption/Purpose</b></p> <p>Joint work should minimise the risk of a disjointed response to those who need care and support                      Joint work should minimise the unintended consequences on the care and health system of unnecessary pressures being experienced by either party</p>			

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## 5. "I am offered a choice of service that respects my personal circumstances" - Promote diversity, quality and choice in the provision of services<sup>10</sup>

Input	Activities	Output	Outcome/Impact
31. % of local registered services that were assessed by CQC as excellent or good – by client group <ul style="list-style-type: none"> <li>■ Domiciliary Care,</li> <li>■ Supported Living,</li> <li>■ Shared Lives</li> <li>■ Residential and Nursing Care</li> </ul>	36. % of service users who had an annual review 37. Total number of reviews that are overdue by 2 years or more	38. Number of Res/Nursing Home placements as of April 1st as a % of those receiving long term services (domiciliary care, day care, direct payments etc) in the community per client group 39. Numbers of individuals who are receiving domiciliary care or a direct payment for care at home as a % of those use are receiving other services 40. Total delivered hours of domiciliary care (in last week of March) as an average per service user/customer 41. Total commissioned hours for domiciliary care or a direct payment per 100,000	p. That people have a choice and some control over the services they receive q. People are more likely to achieve the outcomes to which they aspire r. Increase the proportion of people who are able to access a Direct Payment (because there is a good supply of Personal Assistants) s. Increase the proportion of people who are able to access a Direct Payment (because there is a good supply of Personal Assistants)
32. % of workforce in social care services who meet the qualification threshold for the establishment or service in which they are working <sup>11</sup>			
33. Number of older people in residential/nursing care per 100,000 of older people in population			
34. Number of adults with a learning disability who have			
			<b>Survey Questionnaire<sup>12, 13</sup></b> <b>Customers</b>

<sup>10</sup> The following indicators to be applied to following groups: Older People; Younger Adults with LD; Autism; Younger Adults with MH; Younger Adults with PD; Prisoners

<sup>11</sup> Needs more work with Skill for Care to refine indicator

<sup>12</sup> Keep measure on overall satisfaction with social care – but distinguish between different levels of care needs – this will need further exploration

<sup>13</sup> PE reference refers to suggestions made in Option 1 (Personal Experience domain)

Input	Activities	Output	Outcome/Impact
<p>a community-based service per 100,000 of the population</p> <p>35. % of people who were reported as being from minority ethnic communities who are receiving long term care and support (as a proportion of people from minority ethnic communities in the total population)</p>		<p>of population (Over 18/Over 64)</p> <p>42. Number of older people in residential care per 100,000 of older people (over 65) in population</p> <p>43. Number of younger adults in residential or nursing care per 100,000 of younger adults (18-64) in population</p> <ul style="list-style-type: none"> <li>■ % of people receiving a service who are cared for within a resource run fully by the council</li> <li>■ % of people receiving a service who are cared for by a service commissioned or purchased by the council</li> <li>■ % of people who are receiving service through Direct Payments</li> </ul> <p>44. % of people receiving a long-term package of care (under customer groups):</p>	<p>Cu3 - People report having access to the right type of support</p> <p>Cu4 - Proportion of people who use services who say that those services have helped them to be more independent (PE2)</p> <p>Cu5 - Proportion of people who use services who say that those services have improved their wellbeing (PE3)</p> <p>Cu6 - % of people who report that their agreed outcomes were met</p> <p>Cu7 - % of people using long term care who report that they had a choice of where and how their needs were met</p> <p>Cu8 - Proportion of people who use services who say that those services have helped them to achieve the things that matter most to them (PE4)</p>

Input	Activities	Output	Outcome/Impact
		<ul style="list-style-type: none"> <li>■ Residential care</li> <li>■ Receiving Domiciliary Care in their own home (including extra care and supported housing)</li> <li>■ Shared Lives schemes</li> <li>■ Day Care</li> <li>■ Hostel or other accommodation (hospital)</li> <li>■ Managing their own Direct Payment</li> <li>■ Other</li> </ul>	<p>Cu9 - Proportion of people who use services who report that they received services in a timely manner (PE5)</p>
<p style="text-align: center;"><b>Assumption/Purpose</b></p> <p>There should be sufficient good quality and the right type of services to meet the needs of peoples both long and short term</p> <p>There should be sufficient good quality and well-trained staff to meet the needs of people</p> <p>There should sufficient number of good quality outcome focused services that can demonstrate that they meet local need</p>			

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## 6. "I received the assessment that I needed" - Entitlement to Assessments

Input	Activities	Output	Outcome/Impact
	45. % of people who approach the council who have a recorded assessment	55. % of assessments that lead to a service(s)	t. Everyone should have an assessment to meet their needs (whatever the level of need)
	46. % of people who are in contact with acute and community mental health services who have had an assessment of their care and support needs	56. % of assessments that lead to the person funding their own services	u. Proper recognition should be made of the needs of informal carers in the wider care and support system.
	47. % of carers where an assessment has been made who have their own care plan to meet their specific needs	57. % of care packages that are introduced because of the breakdown of an informal caring arrangement	v. We should look to reduce the emotional breakdown for carers and work in partnership with them to ensure that both they and the person they care for have their needs met in the best possible way.
	48. % of assessments where an advocate was used to support the person with care needs	58. % of assessments completed by an Occupational Therapist where no further care and support was required	
	49. % of carers of people in contact with acute and community mental health services who have had an assessment of their needs	59. % of assessments carried out by an Occupational Therapist that then required a social work assessment	<b>Survey Questionnaire</b>
	50. % of assessments that were of carers needs	60. % of assessments under Mental Health Act that led to the person being kept in hospital for treatment	<b>Customers</b> Cu10 - Impact people report that the assessment was fully understood by them and the outcomes they wanted were recognised and addressed
			<b>Carers</b>

Input	Activities	Output	Outcome/Impact
	51. % of Carers who had assessed needs that were reviewed in the last year 52. Number of assessments undertaken under Mental Health Act undertaken by an approved mental health professional 53. % of assessment under Mental Health Act undertaken by a social care professional 54. % of reviews undertaken by client group that led to a reduction in services		Ca2 - The proportion of carers who report that they have been included or were consulted in discussion about the person they care for
<p style="text-align: center;"><b>Assumption/Purpose</b></p> <p>Irrespective of a person’s financial resources or the level of their needs, people are entitled to an assessment                      In addition, any carer who feels responsible for the person who has needs is also entitled to an assessment                      The assessment should consider whether the person could be diverted from needing formal care and support (asset based / strengths-based assessments)                      Assessment should consider the outcomes that the adult wishes to achieve and how these might be achieved (not necessarily with a formal service)</p>			

**7. “I understood the way in which the assessment entitled me to care and support” - Operate fair and consistent eligibility criteria**

Input	Activities	Output	Outcome/Impact
		61.% of assessments carried out where the person was found not to be eligible for council funded services	w. People have good information and advice including self-funders.  <b>Survey Questionnaire</b>  <b>Customer</b>  Cu11 - Similar to (Cu1) above, a question in the survey could be included for those who had an assessment but not eligible for council funded services if they found that once the reasons for this had been explored that they received helpful advice and/or signposted to alternative community or volunteer resources.
<p style="text-align: center;"><b>Assumption/Purpose</b></p> Notwithstanding a persons eligibility, the council should be providing effective information and advice to all those who make contact			

8. "I was offered the right housing" - Offer accommodation and housing<sup>14</sup>

Input	Activities	Output	Outcome/Impact
	62. % of people receiving long term care who had a review of their care and support plan in the previous year	63. See 43 – Number of younger adults in residential or nursing care per 100,000 of younger adults (18-64) in population <ul style="list-style-type: none"> <li>■ % of people who receive long term help who are accommodated in residential care commissioned or run by the council</li> <li>■ % of people who receive long term help who are accommodated in their own home</li> <li>■ % of people who receive long term help who are accommodated in their own home are supported day to day by a family carer</li> </ul>	x. People have a range of suitable housing and accommodation options available to meet their needs

<sup>14</sup> The following indicators to be applied to following groups: Older People; Younger Adults with LD; Autism; Younger Adults with MH; Younger Adults with PD

Input	Activities	Output	Outcome/Impact
		<ul style="list-style-type: none"> <li>■ % of people who receive a long-term care package who live in their own homes alone</li> <li>■ % of people who receive long term help who are accommodated in their own home who have benefited from a major adaptation to their home</li> <li>■ % of people who receive long term help who are accommodated in “supported living” or “extra-care housing”</li> <li>■ % of people who receive long term care who are accommodated in shared lives schemes</li> <li>■ B06a -Adults with a learning disability who live in stable and appropriate accommodation</li> </ul>	

Input	Activities	Output	Outcome/Impact
		<ul style="list-style-type: none"> <li data-bbox="1115 201 1561 400">B06b -Adults in contact with secondary mental health services who live in stable and appropriate accommodation</li> </ul>	
<p align="center"><b>Assumption/Purpose</b></p> <p>There should be a range of housing and accommodation options available to meet people’s needs</p>			

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9. "I am protected from risk and abuse" - Safeguarding<sup>15</sup>

Input	Activities	Output	Outcome/Impact
	64. The number of safeguarding referrals for individuals received by the council in the previous year (the % of these of all new referrals)	68. % of (64) that have led to a full investigation	y. People feel safe and protected from harm
	65. % of people where a Deprivation of Liberty Safeguards (DOLS) assessment was undertaken	69. % of (68) where there was a clear need for a protection plan e.g. lasting power of attorney	<b>Customer Survey Questionnaire<sup>16</sup></b>
	66. % of customers where a DOLS assessment has been completed per older person in the population (or in the current customer group)	70. % of (65) that resulted in a protection plan	Cu12 - "I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."
	67. % of customers where a DOLS assessment has been completed per younger adult in the population (or in the current customer group)	71. People have an assessment that shows how they will get support to make decisions in their own best interest	Cu13 - "I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."
		72. Number of assessments under DOLS that are completed within 21 days where a request has been made	Cu14 - "I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed."

<sup>15</sup> Please note that Liberty Protection Safeguards will replace DOLS in 2020 – these measures may require review after the new Codes of Practice are issued

<sup>16</sup> Use the voluntary scheme in place from Making Safeguarding Personal for survey



Input	Activities	Output	Outcome/Impact
			<p>Cu15 – “I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”</p> <p>Cu16 – “I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary.”</p> <p>Cu16 – “I am confident that professionals will work together and with me to get the best result for me.”</p> <p>Cu17 - “I understand the role of everyone involved in my life and so do they.”</p>
<p><b>Assumption/Purpose</b></p> <p>People should feel safe and protected from harm</p>			

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10. *“I am being helped to get the right services from childhood into adulthood”* - Support for children in transition to adulthood

Input	Activities	Output	Outcome/Impact
		73.% of younger children age 17 who have had an assessment of their needs and how their future needs are likely to be met	z. The young person has been involved in exploring how their support will be provided that addresses all relevant outcomes, including those related to employment, community inclusion, health and wellbeing including emotional health, and independent living
<p style="text-align: center;"><b>Assumption/Purpose</b></p> <p>People should have an assessment of how their needs are to be met in adult life</p>			

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### 11. “I am being offered the right services after a treatment for poor mental ill health” - After Care under Mental Health Act

Input	Activities	Output	Outcome/Impact
	74. Number of assessments being undertaken under the Mental Health Act	75. % of these assessments that did not lead to a hospital admission	
<b>Assumption/Purpose</b>			
People who are in a mental health crisis should get an assessment of their needs to get the best treatment plan			

### 12. “My details are properly recorded and protected by the Council” - Registers of Sight Impaired adults, disabled adults etc

Input	Activities	Output	Outcome/Impact
76. Numbers of people on Sight Impaired Register / Disabled Adults Register		77. % of these people who had received a short-term service (including aids and adaptations) 78. % of these people who are receiving long term (on-going) services	aa. The system would have a wide range of short-term interventions that help people reduce or defer their need for care (including access to equipment, adaptations and assistive technology). bb. Reduction in social isolation
<b>Assumption/Purpose</b>			
Local Authorities should know who in their area has a visual or hearing impairment			

**13. “The care and support available to me operates in a stable care market” - Market Oversight**

Input	Activities	Output	Outcome/Impact
<p>79. % of beds lost in care market (as a % of total beds in market) in last year due to provider failure</p> <p>80. % of hours of care lost in the community in last year due to provider failure</p> <p>81. % of new residential care and nursing homes beds in care market</p> <p>82. % of closed residential care and nursing homes beds in care market</p> <p>83. % of new domiciliary care hours in care market</p> <p>84. % of reduced domiciliary care hours in care market</p> <p>85. % of new personal assistants in care market</p> <p>86. % of reduced personal assistants in care market</p> <p>% of local authority funded customers who receive their care out of the locality</p>			<p>cc. People are supported by good quality care services</p> <p><b>Customer Survey Questionnaire</b></p> <p>Cu18 - Customers views on choice in care market and whether their needs were appropriately met</p>
<p style="text-align: center;"><b>Assumption/Purpose</b></p> <p>To ensure that there is sufficient good quality and affordable supply of care to meet local needs</p>			