



**Submission to Department of Health consultation
Transparency in outcomes: a framework for adult social care
A consultation on proposals**

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1. An Introduction to Sitra

Sitra is the umbrella organisation committed to raising standards in the housing, care and support sector. We are a membership organisation and a registered charity with over 25 years experience of offering practitioners a range of affordable policy, training, consultancy, information, conference and capacity building services.

Our membership comprises 650 practitioner organisations in the field of housing with care and support. The membership elects the committee. Members are drawn from both providers and commissioners, and from the statutory, voluntary and private sectors. We operate throughout England, and have offices in London, Bristol and Birmingham. Our work covers all aspects of supported housing, together with associated activities such as human resources and staffing issues, financial management, and community care.

We are recognised, funded and consulted by government departments and other bodies as representatives of providers of supported housing. We work with them on issues of national strategic significance for the sector. For example we have been working with DCLG on developing the transition programme which supports organisations through the changes resulting from the removal of the ring fence, and with the Department of Health on taking forward the personalisation of housing related support services.

The monthly Sitra *Bulletin* is widely recognised as a key source of technical information and policy development news throughout the supported housing sector. With a circulation of around 3000, it is the most widely distributed specialist publication within the supported housing sector. We supplement the *Bulletin* with regular briefings on matters relating to supported housing and its related fields.

Sitra is also known as a leading training provider. Each year we train over 4,000 individuals across the country, either on our general programme or on tailored made in-house courses for members and clients. We also provide a range of seminars and conferences on supported housing related themes. We estimate that over 2000 people attend such a Sitra event each year.

We are therefore in a unique position of combining a detailed knowledge of the housing with support or care sector on the ground with an understanding of and engagement with the developing national strategic agenda.

We welcome the opportunity to respond to the Department of Health's consultation regarding adult social care quality and outcomes.

Introduction

Our response can be found below, we have responded to each section of the consultation. We have drawn on our knowledge of services who work in both care and support. If you have any queries on our response please contact Lucy Woodbine, lucyw@sitra.org

1. Build the Evidence Base/Quality Standards

We welcome the intention to introduce Quality Standards in social care. The NICE Dementia standard provides a good basis for a quality standard, which we would welcome being used as the format for the Quality Standards.

We would like to make you aware of the Quality Assessment Framework (QAF)¹ to assess quality of Supporting People services. It is not a compulsory tool, however is generally used by all Local Authorities in England, and has been seen as one of the major successes of the Supporting People programme. A number of local authorities are now using the QAF to assess both supported housing services and adult social care services. We hope that this work will continue and are researching how well the QAF translates to adult social care services.

Unlike the NICE Dementia Quality Standard the QAF is designed to be applicable to a variety of service types and client groups. The QAF assesses how services are delivered, it is applicable to each service as opposed to organisation, therefore is a practical tool for providers and commissioners of services.

The QAF is designed to be used by providers as a self assessment of their services, while local authorities use it as a contract monitoring tool. The QAF places a focus on the experience and views of service users, throughout the QAF there are requirements that clients can confirm and explain their experience of the service. The QAF has also been successfully used by peer assessors of services and an easy read version of the QAF is available for service users. Many local authorities use peer assessor to be part of the QAF assessment, these assessors are trained and supported to be involved. Notable examples are Kent Council and Birmingham City Council. Guidance on involving clients in QAF assessments was produced by the ODPM and can be found on the SPKweb archived site². We feel that the involvement and focus on service user experience could be extended to adult social care quality standards. We are happy to provide more information on this approach.

The QAF is used to assess five areas:

- 1. Assessment and Support Planning:** Assessing whether clients have risk assessments and support plans, how they are involved in the process, whether the plans are outcomes focussed and the staff competency.
- 2. Security, health and safety:** Assessing health and safety processes, lone working arrangements, client involvement in the process and staff competency, skills and training.
- 3. Safeguarding and protection from abuse:** Assesses whether the service safeguarding adults and children, staff competency, clients understanding of how to report concerns and multi agency working.
- 4. Fair access, diversity and inclusion:** Assess ease of access to the service, equality and diversity in the service, and assessing ending the service.

¹ <http://www.sitra.org/1281/>

² http://webarchive.nationalarchives.gov.uk/20100210162740/http://www.spkweb.org.uk/Subjects/Quality_and_monitoring/Validation_visits/Involving_service_users_in_service_review_and_validation_visits.htm

5. Client involvement and empowerment: Assesses how clients are involved in their services.

An important aspect of the Supporting People QAF we feel could be replicated for adult social care is the quality standards around levels A, B and C. In the guidance a list of competencies of what levels A, B and C in the QAF mean are provided. These competencies provide quality statements around what a fair, good or excellent service is, see the appendix for the full list. We would like to see something similar replicated in adult social care.

Quality Assessment Framework Levels

Level A means excellence and is associated with providers striving to be leaders in their field.

In addition to meeting minimum standards and evidencing good practice, level A requires that the service:

- is flexible and responsive, and able to adapt the service to best meet clients' needs
- is a learning organisation that reflects on its work and uses this information to challenge its own performance
- effectively engages clients and staff in this shared learning
- engages in partnership working at a strategic level to better meet the needs of clients, the service/organisation and commissioners
- demonstrates the achievement of shared outcomes as a result of effective partnership working
- demonstrates vision, leadership and creativity that influences practice beyond the boundaries of the service

Level B means the service can evidence good practice.

In addition to meeting minimum standards, level B requires that the service:

- has policies and procedures in place that go beyond statutory requirements to embrace good practice, and that these are followed
- has staff that are confident to take the initiative, and work effectively with other agencies
- has clients meaningfully engaged at a service level
- engages in partnership working at a service level to better meet the needs of clients and the service
- is working towards the achievement of shared outcomes at a service level
- challenges its own performance with internal auditing and the setting and monitoring of targets
- demonstrates a commitment to continuous improvement

Level C means that the service meets, and is able to evidence, the required minimum standard but there is scope for improvement.

Level C requires that the service:

- complies with any statutory requirements
- has policies and procedures in place, and that these are followed
- has staff that understand and can explain the policies and procedures
- has clients who understand the nature of the service they are receiving
- engages in partnership working at a client level to better meet the needs of the individual
- is working towards the achievement of individual client outcomes
- demonstrates a commitment to continuous improvement

Providers should bear in mind that individual contracts may require them to meet a higher level of performance than these minimum standards.

Source: 'Using the QAF' Sitra, pg 5 – 6 <http://www.sitra.org/1281/>

Sitra maintains the QAF as part of our work with the Department of Communities and Local Government, we are happy to provide more detailed information.

In terms of data sources for quality standards, we would like to see references made to quality in jointly funded services. There is a rich data set for supported housing services in the Audit Commissions Good Practice Bank <http://www.audit-commission.gov.uk/housing/goodpractice/pages/default.aspx>

2. Demonstrating Progress/Outcomes

We agree with the proposal to create a single data point and collection. We would encourage a set which can be used nationally, which allows providers and commissioners to benchmark their services. The suggested outcome domains on page 21 of the consultation document are reasonable and appear to capture the main outcomes for adult social care. We feel that the position in regards to outcomes in Supporting People services could be replicated for Adult Social Care.

We are concerned that a number of the outcomes in Annex B are output as opposed to outcome focussed. For example, on page 54 the outcome '*Proportion of adults with learning disabilities in employment*' and on page 55 '*Percentage of emergency admissions to any hospital in England occurring within 28 days of the last, previous discharge from hospital.*' We feel these examples and other output measures in the consultation will not capture data concerning the outcome the service may achieve. Furthermore, output measures such as these do not necessarily improve the quality of the service delivered, and may mean that services work to achieve an output for users of services as opposed to an outcome. We are keen that any outcomes measures introduced are treated as outcomes and do not lead to perverse incentives to achieve them.

We feel that outcomes measures used should be taken at a client level, which can be in turn captured and used to inform service delivery and commissioning. Furthermore recording outcomes at a client level fits squarely into the personalisation agenda.

Supporting People Outcomes

The Supporting People Outcomes are a set of five outcome domains based on the Every Child Matters Outcomes. These outcomes were developed in 2007 and allow Supporting People services to measure the outcomes that they are achieving for clients. The outcomes are collected throughout England by the majority of Supporting People providers and the data is fed to the commissioning teams in each top tier local authority quarterly. Collection of the data is not compulsory, but our research has demonstrated that it is still collected in the majority of local authorities and is a useful tool for contract monitoring, commissioning and service development.

As the data has been collected since 2007, it gives an excellent indication of what Supporting People services are achieving and changes over time. The Outcomes are collected for all clients who leave short term services (less than two years), a sample of 50% of clients in long term services (excluding older people) and 10% of older people's services. Many of the long term services which collect the outcomes data are jointly funded by adult social care; in 2008/09 13873 clients (29% of all long term clients sampled) received joint

funding for the support that they received. Therefore using the Supporting People outcomes for adult social care would be familiar to a number of services.

The data is based on each individual client, assessing the needs that they identified to achieve, and whether the outcome was met or on-going support is needed. If a need is not met the service will record why, which provides further support for service development and commissioning. The data is valuable as it allows providers to benchmark themselves against other services locally, regionally and nationally. It also provides a tool for service commissioners to look at needs locally and tailor and develop services to meet them. Finally, recording the data helps services take an outcomes based approach to all services that they deliver. Below are the Supporting People Outcomes for long term services:

Outcome Domain	Outcomes Recorded Against
Economic Wellbeing	<ol style="list-style-type: none"> 1. Maximise income, including receipt of the correct benefits 2. Reduce overall debt 3. Obtain paid work/ Participate in paid work
Enjoy and achieve	<ol style="list-style-type: none"> 1. Participate in chosen training and/ or education, and where applicable, achieving desired qualifications 2. Participate in chosen leisure/ cultural / faith/ informal learning activities 3. Participate in chosen work like/ voluntary/ unpaid work activities 4. Establish contact with external service/ family/friends
Be Healthy	<ol style="list-style-type: none"> 1. Better manage physical health 2. Better manage mental health 3. Better manage substance misuse 4. Better manage independent living as a result of assistive technology/ aids and adaptations
Stay Safe	<ol style="list-style-type: none"> 1. Maintain accommodation and avoid eviction 2. Secure / Obtain settled accommodation 3. Comply with statutory orders and processes (in relation to offending behaviour) 4. Better manage self harm, avoid causing harm to others, minimise harm/risk of harm from others
Make a Positive Contribution	<ol style="list-style-type: none"> 1. Greater choice and/or involvement and/or control at service level and within the wider community

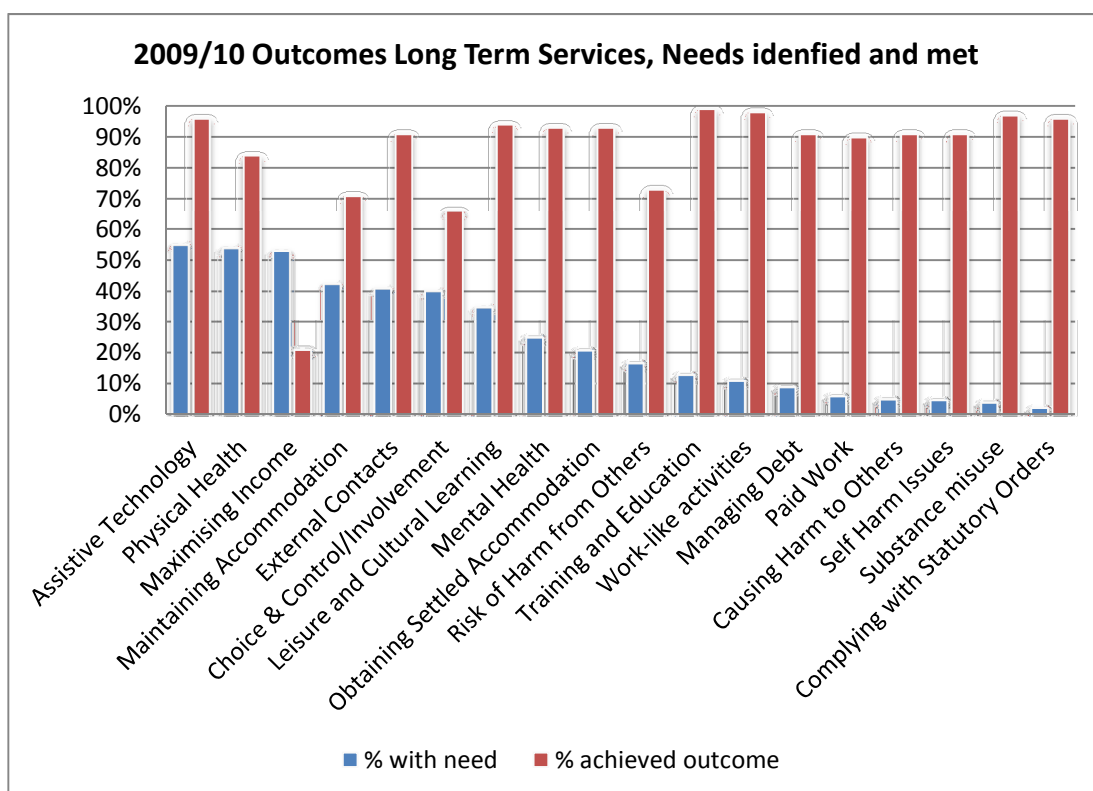
The success of the Supporting People Outcomes is that they are applicable to how services are delivered to clients and can be used by services to develop. The Supporting People QAF also makes reference to the Outcomes and ensures that each section is linked to the

Outcomes, ensuring that the services are focussing their delivery towards achieving outcomes for clients.

Below is an example of what the data shows and how it can be used.

Example of using the long term Supporting People Outcomes

In 2009/10 48,853 outcomes were recorded for long term Supporting People services. The most common need identified was obtaining Assistive Technology (55%) while the least identified need was Complying with statutory orders (2%). As shown below the data can be used to identify where the most common needs are identified and of those needs identified, the percentage of clients who achieve the outcome:



From this data specific can be analysed. For example in 2009/10 26,349 clients identified a need to improve their physical health. Of these clients 93% achieved the outcome, and of them 88% need on-going support to maintain and improve their physical health. People with learning disabilities were the group with the highest need to maintain their physical health. 85% of all clients sampled with learning disabilities identified the need and 95% achieved the outcome of maintaining/improving their physical health.

There are more examples of how this data can be used on the Sitra website <http://www.sitra.org/1364/> and the Centre for Housing Research's website: www.spclientrecord.org.uk

There has been a significant amount of learning from the Supporting People outcomes which we hope will be useful to this consultation. Importantly we have found that the outcomes are only useful when used by providers and commissioners of services. Those services who do not regularly refer to the data do not find it useful. Furthermore, when the outcomes data were implemented in Supporting People services not all providers trained their staff in using the outcomes, hence the data was often incomplete or did not show the picture of the service

which was being provided. The outcomes data has been used very successfully in short term services where all clients as they leave the service have outcomes recorded, therefore, giving a complete picture of the service. We would encourage data to be sampled for all clients on a regular basis to develop an idea of how outcomes are developing and changing. The outcomes ideally should always be completed in partnership with the client. As the data has been used by Supporting People services since 2007, we believe that it has demonstrated some valuable learning which we would be happy to discuss and provide support around if a similar system was implemented.

We feel that the Supporting People Outcomes provide a very valuable resource for developing a sense of the real outcomes achieved by clients. This type of data collection also ensure that providers take ownership of the data collection which they can use for service development, and ensure that their staff are taking an outcomes based approach to the delivery of services. Further as the outcomes are practical they ensure that they relate to the day to day service delivery. We would be happy to discuss with the Department of Health in more detail how outcomes are used in Supporting People services and the learning from them.

We hope that a similar approach could be taken to Adult Social Care outcomes.

4. Support Transparency/Commissioning

We still believe that there is a role for the Care Quality Commission in regulating services and inspecting adult social care teams. A local account of the local quality and outcomes of adult social care teams would only be useful if coupled with an assessment by CQC of the adult social care service.

5. Reward and incentives/Payment by results

In terms of payment by results we would like to ensure that if they are introduced they take into account the outcomes that services achieve as opposed to outputs. This reiterates our concerns stated earlier, that a number of the outcomes listed in annex B are output measures. We are concerned that using measures which can be used as outputs may lead to perverse incentives in the care and support of clients.

We also would encourage an assessment of the role of payment by results in relation to the increase in personalised services. We are interested in how it would work within personalised services. As noted in our briefing in regards to Think Local, Act Personal³ we welcome the approach that is being taken to personalisation. We would be interested in how payment by results will be incorporated into personalised services, and the role that is taken in monitoring the outcomes that are achieved.

6. Securing the Foundations/regulation and CQC

We feel that there is still a role for CQC in the regulation of social care services. We are particularly interested in the role that CQC takes in regards to services which are jointly funded between support and adult social care. We hope that CQC takes into account the view of other funders when assessing services with joint funding. We also would like account to be taken of the role of CQC when joint commissioning takes place between the support and adult social care.

We feel that it is important that CQC continues to focus on safeguarding and measures that providers take to ensure that users of services are safeguarded. We feel that this is a role which must continue. We have produced guidance surrounding how the CQC Outcomes can be used with the Supporting People Quality Assessment Framework, in order to support providers and commissioners when reporting against both frameworks. The guidance can be found on our website www.sitra.org

7. Annex of suggested outcomes

As discussed earlier we are concerned that the outcomes listed in annex B are based around outputs as opposed to outcomes. We feel that it is important that the outcomes recorded are captured at a client level which can be used by providers and commissioners. We feel that outputs do not allow the data to be assessed or analysed at the level of the individual client. Finally output measures such as those listed can create incentives to achieve the output, as opposed to the outcomes identified by the clients as a need.

We hope that any outcomes created will work in line with the health and proposed public health outcomes. We would like to ensure that any services with multiple funding streams are reporting on the outcomes appropriate to their services, and that outcomes are not duplicated between services. We are working to assess how the Supporting People Outcomes will work with other outcome frameworks. We feel that the approach taken with the Supporting People Outcomes would be applicable to Adult Social Care and works well as a measure of the success of services.