

Association of Directors of Adult Social Services

1. ANNEX E CONSULTATION QUESTIONS

Question 1: Do you agree with the proposed minor amendments to the strap line for outcomes 1,2,3 and 7 and for domain 8 for 2008-09?

Yes, agreed

Question 2: Do you agree with the proposal that we aggregate the outcomes score into an overall score for the delivery of outcomes?

Yes, but would want to see the breakdown of the component scores for each of the 7 domains within the aggregate score

Question 3: Do you agree with the proposal that we continue to use the existing local services inspectorate forum grades as shown in Table 1 for assessing delivery of outcomes in 2008-09?

Yes, agreed

Question 4: Do you agree with the proposal that we continue to use the existing ratings for assessing 'leadership' and 'commissioning and use of resources' as shown in Table 2 in 2008-09?

Agreed - as long as it aligns with the CAA scoring Handbook needs to align to 'Putting People First'

Question 5: Do you agree with the proposed changes to the grade descriptors for outcome 1 for 2008-09?

All the outcome descriptions are broad (but perhaps unavoidably so) and hence the grade descriptors are open to interpretation. The outcome descriptions could disadvantage ASC in that we don't control all the contributory factors – but in view of the strategic role of the DASS, the changes are acceptable overall

Many of the health improvement indicators are very long-term. Whilst we agree that as ASC we contribute to the H&WBeing, we cannot be entirely accountable for the outcomes. How is the accountability attributed?

Need to be clear about the frequency of measures of success related to specific issues, e.g. smoking cessation, e.g. "Campaigns promote a

demonstrable impact” - how to evidence? What is a demonstrable impact?

What are the weightings on the descriptors? Need transparency about how inspection will collate scores - are there to be thresholds?

Descriptors are poorly worded, e.g. “Assessments are increasingly self-directed in character.”

Many of the descriptors are open to interpretation e.g. 1.4. Level 4 Re-ablement or rehabilitation services are well developed and accessible across the area. The rate of new permanent care home placements is consistently low.

“Care Plans” - old terminology - “support” should be used?

Question - is co-location of teams required?

Question 6: Do you agree with the proposed changes to the grade descriptors for outcome 2 for 2008-09?

Do not understand para 1 of descriptor 2.2. level 3 - mainstream???

“operate in more complex and sophisticated ways to support people in mainstream services” - How will this be judged

“Commercial Services” - does this mean private sector, what about 3rd sector - change to “all sectors?”

2.3. level 2 - “Changes of existing care home placements are rarely required for financial reasons alone.” Please clarify - is this referring to former self-funded placements?

2.3 L3 para 2 The council works closely with providers... do not qualify for council arranged services. Meaning unclear.

Question 7: Do you agree with the proposed changes to the grade descriptors for outcome 3 for 2008-09?

The descriptors in this section were clearer and more understandable

Question 8: Do you agree with the proposed changes to the grade descriptors for outcome 4 for 2008-09?

Descriptor 4.3 is highly challenging - single information system is not necessarily required for information to flow effectively. Maybe the descriptors for levels 3 & 4 should be changed around.

Incongruence of language in the context of SDS, e.g. “Care Plans”,

“providers, who operate to higher than average quality standards”. - refers to CRILL?

Outcome 4 “...that maximise independence and achieve good quality standards” - why “standards” - not outcomes?

4.1, 4.2 - Emphasis on SDS - surely the emphasis should be on clients having an IB, to ensure they have knowledge of their IB, leading to choice & control. SDS is a way of using the IB.

Surprised there is not more emphasis on service users being informed of their Personal Budgets/IBs.

4.5: "Indicators suggest higher than average rates of help at home..."
"Intensive care at home..." Old PAF language, danger of keeping the PAF approach in judgements. Need to move away from describing the throughput/output measures and assuming them to be proxies for individual outcomes.

"...and direct payments..." Again, DP is a way of using IB, not necessarily to be seen as a target in itself.

"...and taking up self-directed options is high" - needs clarification of terminology.

4.6 Is there a "Statutory" frequency for reviews?

Little mention of achieving individual outcomes.

Question 9: Do you agree with the proposed changes to the grade descriptors for outcome 5 for 2008-09?

Title does not adequately reflect the content - fair access & inclusion are outcome words that should feature here.

How far can ASC be expected to have influence on "environment and neighbourhood"?

5.4 Equalities standard for LG - can only be partially applied to a single service area (e.g. ASC)

Levels of achievement changing from 5 to 3 - therefore to achieve 3 is 'excellent' - needs revision.

5.5. Monitoring and use of Community alarm systems to prevent harassment - is this the rôle of community alarms?

Question 10: Do you agree with the proposed changes to the grade descriptors for outcome 6 for 2008-09?

Scale open to interpretation: Extensively - more widely - how will it be measured?

6.2 L4 - should include local business community - effective route for arranging work placements

6.3 How will you determine the 'average' - should it be aligned to carers grant levels?

Question 11: Do you agree with the proposed changes to the grade descriptors for outcome 7 for 2008-09?

"Clean and orderly environment" discriminatory strapline! Suggest change to

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“personalised and sensitive to individual differences”.

What links are there with the CRILL data in terms of judgements for this domain? Issues noted of perverse incentives (i.e. not to trigger inspections where there are concerns), timeliness of inspections.

Would wish to see abuse/safeguarding separated from D&R, to raise the bar away from the dignity and respect level - suggest it belongs in Outcome 5 - Freedom from Harassment instead.

7.4 wording should be more constructive and positive, about helping families.

Question 12: Do you agree with the proposed changes to the grade descriptors for domain 8 about leadership for 2008-09?

The levels of attainment under Descriptor 8.2 are very challenging and many would say unrealistic.

No – The descriptors for “Excellent” are not sufficiently differentiated from “Performing well” – in fact to some extent, the latter descriptors were more robust!

Suggested text for “Excellent” descriptor is:

“The Council has a clear vision and ambitious strategic direction for adult social care and communicates this systematically and effectively with all stakeholders. Resources are made available to meet identified priorities and they meet Value for Money requirements, reflecting the council’s thorough grasp of the context for the JSNA and the approach to Putting People First. Corporate ambitions are delivered through the co-ordination of strategic planning activities and effective partnerships”

Seems to be good linkage between descriptors in last paras of levels 2, 3 & 4

Performance management - appears weak in the area of using information to manage effectively

Question 13 : Do you agree with the proposed changes to the grade descriptors for domain 9 about commissioning and use of resources for 2008-09?

Need to strengthen the emphasis on communicating the dynamics of market influencing/shaping with current or potential providers.

9.3 should include use of information from contract monitoring, unmet need, to shape and inform the development of services

Question 14: Is the format and content as set out for part 1 of the SAS the right way forward for 2008-09?

The SAS is not a SAS! - Unlike the APA process for Children. There is no avenue for the LA to give a summary of their performance on each of the Outcomes and say how they rate themselves

Burden of reporting has increased

Question 15: Is the format and content as set out for part 2 of the SAS

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(although only demonstrating one outcome) the right way forward for 2008-09?

Question 16: Do you have any other comments?

ADASS supports higher service standards and the achievement of excellent outcomes for service users and carers. However we do not believe that sufficient resource is being made available to support this goal. As the All Party Parliamentary Local Government Group Inquiry into Services For Older People points out, "the Comprehensive Spending Review in October 2007 offered real terms spending increase of 4 per cent a year to the NHS reaching £110 billion by 2010/11. By contrast LAs will only receive a 1 per cent increase per annum to provide adult social care". It is accepted that the numbers of elderly people who need care is growing rapidly. Several PCTs with whom we work very well in partnership are also facing a very serious financial challenge. The delivery of high standards and good outcomes requires more resources to be made available from Central Government.

Central Government has committed itself to reduce the performance data set to 198 National Indicators and reduce the burden of information and evidence gathering for LAs. However, the proposed changes to the descriptors and the SAS do not appear to deliver the spirit of this agreement. In fact their effect will produce significant additional requirements to identify, gather and report on. Our concern is that whilst we recognise the importance of gathering evidence this must be balanced against the overall increase in workload which is contrary to what was promised to LAs.

Whilst these changes are generally positive, the fact that these changes apply to this current performance year (and are still being consulted upon 5 months into this performance year) means that once again LAs at least for year 1 of this new regime will have significantly increased workloads and less opportunity for systematic evidence gathering than we would have liked

More emphasis should be placed on carer as well as the person who is the recipient of the service

Mapping across the scale / gradation of the levels is not clear - the narrative style of the descriptors is not clear, would be easier to follow as a matrix

The words "and their carers" need adding appropriately throughout, to ensure that carers needs for information, input to support plans, access to providers, the complaints process, and so on, are acknowledged

We would suggest greater inclusion of third sector organisations.

Should be more of a parallel scoring system between the Health and ASC scoring

It is not clear how this links with CAA even the consultation processes are in conflict. The CAA has just come out this week & we need to have comments back by the beginning of Aug - not much time to compare the consultation docs and look at how they fit with each other?

Not sure how LINKs will be used and how LINKs will ensure that they engage the people who use ASC service users

Terminology used in the wording of the domains is too much in the style of

'old' Care Management speak

Lots of duplication

Whilst we applaud the 'raising of the bar', at a time of change the use of more aspirational targets will necessarily mean that the majority of authorities will fall in to the "performing adequately" area, which will reset the benchmarks for the judgements.

David Johnstone

Chair - ADASS Standards and Performance Network

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PLEASE RETURN YOUR COMPLETED RESPONSE TO:

Consultation.08@csci.qsi.gov.uk

The closing date for responses is 8 August 2008.