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Association of Directors of Adult Social Services

Revising Adult Social Care Outcomes Framework (ASCOF) Developing the right narrative for Adult Social Care

Part Two - Exploring the options for developing the right 'performance narrative' for Adult Social Care

Recommendations Report

March 2020

OXFORD BROOKES UNIVERSITY

http://ipc.brookes.ac.uk

Association of Directors of Adult Social Services

Part Two - Exploring the options for developing the right 'performance narrative' for Adult Social Care

Recommendations Report

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1 Summary

The Institute of Public Care (IPC), Oxford Brookes University and the Association of Directors of Adult Social Services (ADASS) have undertaken a wide ranging consultation exercise 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.

The result of this consultation has produced two options for the way forward. Option One solely considers how the current outcomes framework – known as ASCOF (Adult Social Care Outcomes Framework), might be improved by tightening up some of the current measures and by introducing some new measures. Option Two looks at all the current data that is required 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 option 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 be used. It also links with other frameworks, e.g. the Public Health Framework

2 Recommendations

IPC wish that ADASS and DHSC consider the merits of both options and select which approach should be further developed for consultation.

IPC recognise that whichever option is selected further work is required to refine and improve the proposal. IPC will undertake this work once the preferred approach is agreed.

There will need to be some consideration of the process that may be required to gain further input from Stakeholders on the desired option[1].

3 Considerations for each option

The main term of reference for this task was to explore the potential for improving the existing ASCOF. There were many suggestions from stakeholders as to how to achieve this and Option One below lays out these proposals.

However, within the project brief there was also a request to look to see if ASCOF could be expanded, be Care Act compliant and to see if by collecting additional data whether the Adult social care "story" could be better told? IPC has responded to this requirement by offering **Option Two that is NOT an update of ASCOF but a new**

[1] In relation to the current terms of reference IPC has almost spent the allocated time (approx. 5 days remaining). There will need to be consideration of who and how (given the current challenges) this might be taken forward this work.

way of considering how all the data collected by adult social care (a performance framework) could be laid out in a more coherent (logic model) format that consider inputs, outputs and outcomes.

It is perfectly possible for this task to be completed by solely looking to improve the existing ASCOF. In Option One all the suggestions/proposals from Councils and other stakeholder have been included (though there is room to review, improve and possibly reducing some of the proposed new measures).

Improving the existing ASCOF does have many benefits (see below) including minimal 'disruption to current arrangements, maintaining some continuity of reported trends and not adding additional burdens on Councils.

Option Two addresses the overwhelming view from stakeholders that 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 Option Two 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 benefits of Option two are laid out below in Section 2.

Option Two suggests that DHSC (NHS Digital) collects a different set of data. 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 just 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 of Option Two sits alongside "LGA Inform" to assist in telling the social care story.

Of particular note, is the suggestion that the current user and carers surveys are completely revised. Therefore, it is recommended that the current areas of the users and carers surveys are removed from any refreshed ASCOF. IPC have drawn some conclusions from the consultation which are included in Section 4. It is anticipated that the results of IPSOS MORI's work will be available soon. Our recommendation is that both IPC's and IPSOS MORI's work are considered by a working group which includes representatives of those who have experience of using social care and carers of those with experience and that new questionnaires are co-produced with the DHSC

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3.1 Option One – Considerations for an updated and improved current ASCOF

Benefits of keeping current approach	Disadvantages of current approach
■ There will be minimal disruption to the current flow of information and Councils already understand the approach ■ Some continuity of the data set and the trends ■ Retains current benchmarking ■ Clear on limiting the "burden" on Councils ■ Some new options to improve the current approach ■ Continues to focus on outcomes ■ Some focus on impact on both individuals and the wider system ■ Can link to other recent developments in social care e.g. making safeguarding personal	■ Large parts of the responsibilities of Councils laid out in the Care Act are omitted from ASCOF ■ Limited in its approach to some aspects of social care ■ Doesn't really tell the full story of adult social care ■ Many of the measures are very limiting in what they report ■ 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 ■ The current way that ASCOF is constructed is very broad and doesn't offer a "rigorous" logical approach to measuring social care ■ ASCOF doesn't help Councils to run their business

3.2 Option Two – Considerations of a new Adult Social Care performance framework

Benefits of new approach	Disadvantages of new approach
■ Covers most of the responsibilities laid out in Care Act 2014 ■ Much broader in its scope ■ Distinguishes between the different "groups" of people who have contact or require help from adult social care ■ Links all data sets (e.g. SALT and ASCOF) to create a single story ■ This will assist Councils in running their business for adult social care ■ Will help National, Regional and Local understanding of what is happening in social care ■ Offers a clear Logic Model for adult social care based on Government Policy ■ Distinguishes between inputs, outputs and outcomes for social care ■ Some Councils (and some regions) already have developed their versions of this approach in order to better run their business	■ More complex than current ASCOF ■ Larger requirements on Councils ■ More requirements for the surveys ■ Could be seen as an additional burden ■ Based on current legislation which might change (Green Paper)? ■ Lack of trends in some areas

4 Revising the users and carers survey – IPC perspective

As noted above, Option One and Two will require further consideration of how best to develop the focus and content of regular user and carer survey questionnaires to ensure that they provide a credible contribution to the adult social care narrative. IPC's perspective on this is set out below:

The prime focus on the survey might start with the following areas/questions:

- *How satisfied are you with the services you receive?*
- *Did you receive the advice/help you needed?*
- *What are the outcomes for you on the service(s) you received?*
- *Did the help assist you to reduce your social isolation?*
- *Which services in your local community do you use?*
- *Did you receive help with the options open to you to meet your needs?*
- *Did you receive help with the options in relation to your financial position?*
- *Do you have any suggestions on improvements that might have enhanced your experience?*

Depending on the decision made about who is in the scope of the future ASCOF/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 ASCOF/ 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[2] for this purpose.

[2] https://www.local.gov.uk/our-support/research/research-publications/residents-satisfaction-surveys

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[3] 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.'

'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[4]

[3] https://www.local.gov.uk/msp-toolkit
[4] https://www.thinklocalactpersonal.org.uk/makingitreal/about/six-themes-of-making-it-real/

- ICECAP – A – Birmingham University[5]
- Personal Outcomes Evaluation Tool (POET) – In Control and Lancaster University[6]

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. There is a question as to how DHSC wish to establish their views. In the current arrangements their views are not really considered.

It is understood that IPSOS MORI have been asked by the NHS Digital Unit to review the current arrangements for the survey and though we have linked with the person undertaking this work it had not been concluded at that time.

Therefore, it is recommended that a new joint group is established between DHSC, LGA, ADASS and individuals or organisations representing users and carers that considers both these recommendations and those of IPSOS MORI in order to assist with a fresh remit and design for the annual surveys of adult social care. The best way to develop the user and carer questionnaire is through co-production with those who use the services or are formal family carers.

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[5] https://www.birmingham.ac.uk/research/activity/mds/projects/HaPS/HE/ICECAP/ICECAP-A/index.aspx
[6] http://www.in-control.org.uk/what-we-do/poet-%C2%A9-personal-outcomes-evaluation-tool/poet-for-adult-social-care.aspx

5 Option One: A 'refresh' of the current ASCOF

Option One is defined as offering a refresh of the current framework with reference to the suggestions and comments gathered through the engagement and survey activity. In essence, the option is one that introduces revised and new performance indicators but has preserved the current purpose.

The section below describes a revised set of indicators for each of the existing and new domains (Integration, Sustainable Markets, Use of Resources, Demand Management). The proposed revised ASCOF is laid out below.

In proposing this revised framework, IPC have tried to stay true to the feedback we received. We have not made much of our own comment or interpretation of the points that stakeholders have made

The refreshed ASCOF offers to keep some of the existing measures, develops other measures and introduces a number of new measures that stakeholders considered to be important. (Once again, note that we have removed measures which refer to a user/carer survey) If Option One is selected as the right direction for the future, further work is required to agree which of the proposed indicators remain as well as to consider the work DHSC[7] has already undertaken on the statistical significance of a number of the measures and then to complete work on the technical definitions for each of the indicators.

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[7] Also note comments by DHSC Social Care Analysts summarised in Part One Section 2.8 regarding existing ASCOF indicators (1A), (1B) QL1, (1D), (3A), (3B) Current ASCOF indicator in brackets

5.1 Suggested Indictors for a "refreshed" ASCOF

Domain 1 – Enhancing quality of life for people with care and support needs (QL)	
1.	Revised (1B): QL1 - Proportion of people who use services who have more control over their daily life with the services they get
2.	Revised (1C): QL2 - Proportion of people using social care receiving direct payments
3.	Revised (1E): QL3 – Proportion of adults with a primary support reason of learning disability supported in: ▪ Part-time education ▪ Training ▪ Voluntary Employment ▪ Paid Employment
4.	Revised (1F): QL7 - Proportion of adults in contact with secondary mental health services in: ▪ Part-time education ▪ Training ▪ Voluntary Employment ▪ Paid Employment
5.	Revised (1G): QL5 – Proportion of adults with a primary support reason of learning disability supported who live in: ▪ Own home ▪ With family ▪ Residential care
6.	New: QL6 - % adults with a primary support reason of learning disability are living in their preferred choice of accommodation
7.	Keep (1H): QL7 – Proportion of adults in contact with secondary mental health services living independently, with or without support
8.	New:

	QL8 - Proportion of people in receipt of community mental health services who had an assessment of their care & support needs as per the Care Act
Domain 2 – Delaying and reducing the need for care and support (DR)	
9.	Revised (2A) DR1 - Long-term support needs met by admission to: ▪ residential and nursing care homes, ▪ Extra-care housing ▪ per 100,000 population
10.	New DR2 – Median age of new OP admissions into nursing / residential care
11.	New DR3 – Number of long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population
12.	New DR4 – Number of admissions due to depleted funds by previous self-funders per 100,000 population
13.	New DR5 - Proportion of people who are satisfied that their support to re-able/regain their independence was effective
14.	Keep (2C) DR6 – Delayed transfers of care from hospital, and those which are attributable to adult social care per 100,000 population
15.	New DR7 - % who receive long term care after a period of reablement (therapy led or domiciliary care)
16.	DR8 - % of people discharged to a permanent residential bed without any opportunity for short term recovery.
17.	New DR9 - % of people in receipt of short-term services who: Achieved their agreed outcomes and require no further support Have reduced their 'commissioned' support needs
18.	Keep (2E) DR10 - Effectiveness of reablement services

19.	Keep (2F) DR11 - Dementia – a measure of the effectiveness of postdiagnosis care in sustaining independence and improving quality of life
Domain 3 – Ensuring that people have a positive experience of care and support (PE)	
20.	New PE1 - Proportion of people who use services who say that those services have helped them to be more independent
21.	New PE2 - Proportion of people who use services who say that those services have improved their wellbeing,
22.	New PE3 - Proportion of people who use services who say that those services have helped them to achieve the things that matter most to them
23.	New PE4 - Proportion of people who use services who report that they received services in a timely manner
24.	New PE5 - Proportion of carers who use services who say that those services have helped the carer to maintain a good life.
25.	New PE6 – Proportion of carers who use services who report that they received services in a timely manner
26.	New PE7 - Proportion of families and caregivers of people who are in their last year of life who feel that the support they received enabled them to care for the person but also acknowledged their own needs as a grieving carer
Domain 4 – Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm (S)	
27.	New S1 - % of those subject to a section 42 enquiry that felt their desired outcome(s) were achieved
28.	New S2 - Placeholder for a measure relating to DoLS / LPS

New – Integration (I)	
29.	I1- Emergency hospital admissions due to falls in people aged 65 and over
30.	I2 – The proportion of people in any week who are waiting for a service that has been agreed by the patient and the multi-disciplinary discharge team
31.	I3 - % of patients who at the point of discharge have received an appropriate service within 48 hours
New - Sustainable Markets (Commissioning)	
32.	SM1 - As at the 31st March, % change in residential care homes which have: Opened or increased their capacity Closed
33.	SM2 - % of Local Authority contracted residential care providers with a CQC rating of Good or Outstanding
34.	SM3 - % of Local Authority contracted domiciliary care providers with a CQC rating of Good or Outstanding
35.	SM4 - % LA funded clients receiving care out of 'locality'
36.	SM5 - Average hourly rates for home support % of service users where their outcomes have been met to maintain independence
New - Use of Resources (UR)	
37.	UR1 - % of overall spend on prevention/short-term/long-term support
New - Demand Management (DM)	
38.	DM1 - Total contacts per 100,000 of population
39.	DM2 - % of contacts that progress to social care assessment
40.	DM3 - Median number of days between contact and assessment
41.	DM4 - % of social care assessment that result in support plans
42.	DM5 - % of NEW clients for whom their needs were addressed at the point of the request (i.e. only had one request in the year).
43.	DM6 - Median waiting time from request to receipt of equipment/adaptations
44.	DM7 - % Service users who received an annual review on time
45.	DM8 - % or people and carers that have been reviewed and/or assessed in the last 12 months
46.	DM9 - Total backlog of reviews - 2 years overdue
47.	DM10 - Total number of new 18-25 year olds with a funded package of care (all care groups and types of care)

48.	DM11 - Total number of new clients with a funded package of care (all care groups and types of care)
49.	DM12 - Median waiting time for intermediate care by type
50.	DM13 - Median waiting time for reablement
51.	DM14 - Proportion of older people receiving longer term care whose needs have increased since their initial assessment or latest review
52.	DM15 - Proportion of older people receiving longer term care whose care needs have decreased from their initial assessment/latest review.
53.	DM16 - The proportion of older people who are assessed as having care needs, who were offered a re-ablement based service
54.	DM17 - The proportion of younger adults receiving longer term care who care needs may have decreased from their last review
55.	DM18 - The proportion of adults with a learning disability who should be offered a programme to assist them achieve a higher level of independence.

5.2 Suggested current ASCOF indicators deleted

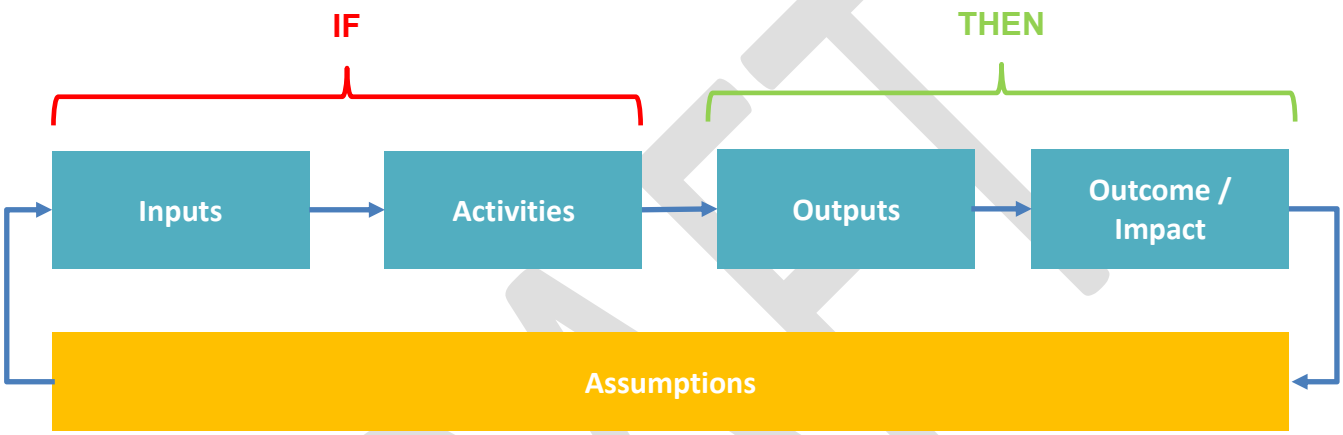
- (1A) Social care-related quality of life - survey
- (1D) Carer-reported quality of life - survey
- (1I) Proportion of people who use services and carers, who reported that they had as much social contact as they would like - survey
- (1J) Adjusted Social care-related quality of life – impact of Adult Social Care services - survey
- (2B) Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services
- (2D) Outcome of short-term services: sequel to service
- (4A) Proportion of people who use services who feel safe - survey
- (4B) Proportion of people who use services who say that those services have made them feel safe and secure - survey

6 Option Two: Exploring an alternative performance framework for Adult Social Care

6.1 Developing a logic model 'structure' for Option Two performance framework

The basis of simple 'logic model[8]' is shown below:

Typical Logic Model Construction[9]



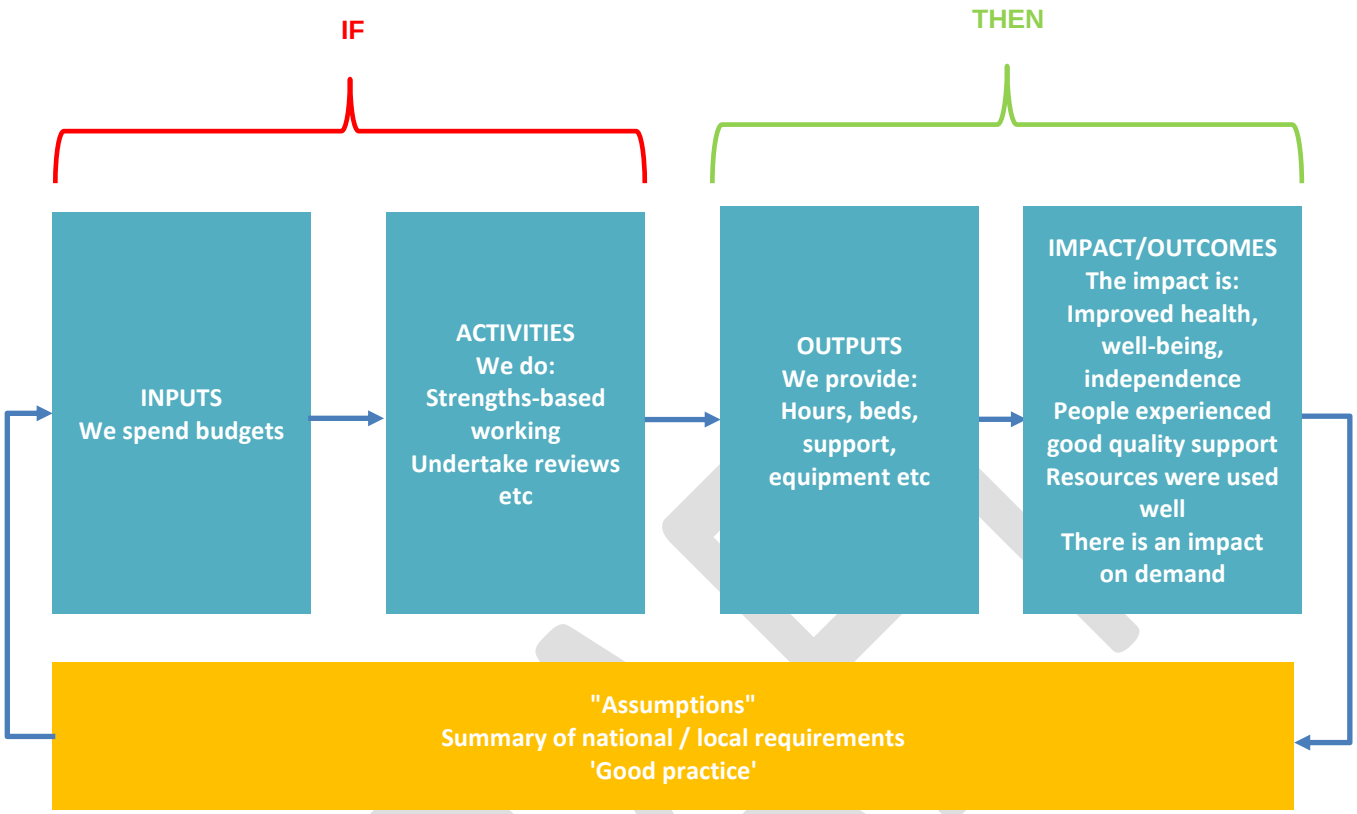
The above diagram shows that a helpful link can be made between resources, activities and benefits by introducing an "If, Then" structure, therefore:

- 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, delivery 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 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*

[8] "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)
[9] WK Kellogg Foundation - Logic Model Development Guide 2004, Midlands and Lancashire Commissioning Support Unit "Your guide to using Logic Models"

do this is by doing X (activities, provision of support etc), we believe that it will have the following impacts'.

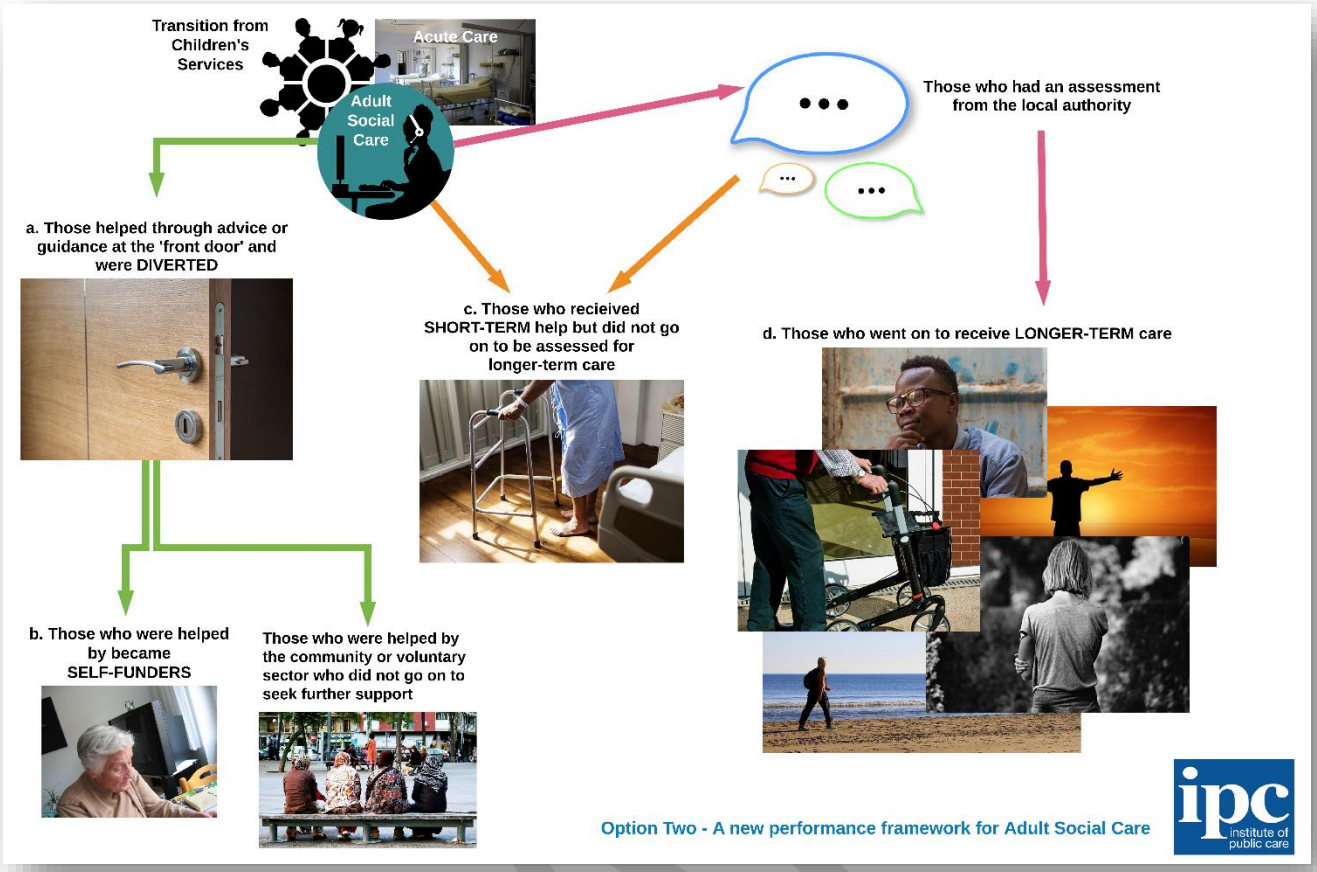


We have applied the principle of the logic model below to describe our suggested Option Two measures.

6.2 Option Two - 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 option 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 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 an indication of the type of approach that is being suggested.

In the proposed framework (below) the headings used were drawn from the language of the Care Act. It would be possible to change theses 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
1. Promote well-being of the population	*I am supported to look at my overall wellbeing*
2. Provide information and advice	*I am given all the information and advice I need*
3. Prevent or delay people from entering the care system where this is appropriate	*I am supported by adult social care to reduce or delay my need for long-term support or permanent residential or nursing care*
4. Promote integration with health services	*I experienced the health and care support I received as a 'seamless' integrated system*
5. Promote diversity, quality and choice in provision	*I am offered a choice of service that respects who I am, my personal circumstances and my individual support needs*
6. Entitlement to assessments for everyone	*I received the assessment that I needed in a way that understands who I am*
7. Operate fair and consistent eligibility criteria	*I understood the way in which the assessment entitled me to care and support*
8. Offer accommodation and housing	*I was offered the right housing for me*
9. Safeguarding	*I am protected from risk and abuse*
10. Support for children in transition to adulthood	*I am or have been helped to get the right support and services as I move from childhood into adulthood*
11. After Care under Mental Health Act	*I have received the assessment that I needed to get the right treatment plan for me*
12. Market oversight	*I have access to good quality and availability of services in my local area*

If this approach is adopted, a better co-produced version of these headings might emerge.

1. I am supported to look at my overall wellbeing - Promote the well-being of the population[10]

Input	Activities	Output	Outcome/Impact
▪ A01b - Life expectancy at 65 ▪ A01c -Disability-free life expectancy at 65 ▪ A02a - Inequality in life expectancy at 65		▪ C29 - Emergency hospital admissions due to falls in people aged 65 and over ▪ E13 - Hip fractures in people aged 65 and over	▪ More people will be able to support and maintain their health and well-being ▪ C28a -C28d Self-reported wellbeing ▪ B18a - Social Isolation: percentage of adult social care users who have as much social contact as they would like ▪ B18b - Social Isolation: percentage of adult carers who as much social contact have as they would like
Assumption/Purpose 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.			

[10] 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

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

Input	Activities	Output	Outcome/Impact
1. Number of new people/contacts who approached the council for help per 100,000 of the population 2. Number of new people per 100,000 of the population who approached the local community /voluntary sector for advice or assistance 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	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) 5. % of new enquiries to the council that led to a full assessment of their needs	6. The % of people who approach adult social care for help that found their solution in: ▪ the community, ▪ the voluntary sector or ▪ in other ways outside of the formal care system 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). 8. % of these people who were advised (including	a. People have good information and advice including self-funders. b. More people getting the right levels of services for them (including self-funders) c. Fewer people entering residential or nursing care prematurely 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 **Customer (Cu) /Carer (Ca) Survey Questionnaire** Cu1/Ca1 - Quality and impact of information and advice explored through survey questionnaire of users and carers seeking people's views

Input	Activities	Output	Outcome/Impact
		financial advice) on the 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	who used these services including people who became self-funded
Assumption/Purpose If this is achieved the Council is likely to achieve better outcomes for customers, improved well-being, lower costs and managed demand. 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.			

3. I am supported by adult social care to reduce or delay my need for long-term support or permanent residential or nursing care - Prevent or delay people from entering the care system (where this is appropriate)

Input	Activities	Output	Outcome/Impact
	11. % of older people who have had a period of time in an acute hospital who at the point of discharge are	13. % of people (by age) who approached adult social care for help (and were not diverted away) assisted	e. The system would have a wide range of short-term interventions that help people reduce or defer their

Input	Activities	Output	Outcome/Impact
	assessed as needing formal (short or long term) care and support (as a % of all older people who are discharged) 12. Number of days (per annum) of respite care offered by customer groups.	(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. 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) 15. % of people (by age) who were helped by a "short term intervention" that were then assessed as no longer requiring a long-term care package 16. % of people (by age) who are in receipt of services or who have contacted the	need for care (including access to equipment, adaptations and assistive technology). f. Have services that help people to progress and be able to live a more independent life g. Reduction in social isolation h. Meeting carers needs through ensuring that they are linked to good networks of support e.g. Carers Centres. 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 employment or they might involve a move straight into a job. **Customer Survey Questionnaire**

Input	Activities	Output	Outcome/Impact
		council for help reporting that they are socially isolated 17. % increase or fall in the numbers of people (by age) being helped by adult social care (by client groups) 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 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. 20. % of older people who receive long-term care after a period of short-term/reablement based care (this could be either a therapy led programme or	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

Input	Activities	Output	Outcome/Impact
		domiciliary care based reablement). 21. % of older people who receive long term support without being offered a period of recovery and recuperation 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 23. % of older people who are delayed from discharge when they are medically fit 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 for help who are of an age to be employed who on 31st March are in:	

Input	Activities	Output	Outcome/Impact
		▪ Education (Training); ▪ Voluntary Work; Workshop: ▪ Sheltered Employment: ▪ Supported Employment: ▪ Apprenticeship: ▪ Permanent Employment 25. % of younger adults who are in contact with secondary mental health who on 31st March are of an age to be employed who are in: ▪ Education (Training); ▪ Voluntary Work; ▪ Workshop: ▪ Sheltered Employment: ▪ Supported Employment: ▪ Apprenticeship: ▪ Permanent Employment	
Assumption/Purpose			

Input	Activities	Output	Outcome/Impact
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 'seamless' integrated system - Promote integration with health services

Input	Activities	Output	Outcome/Impact[11]
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 Continuing Health Care funds	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 who need health and care services contributes to

[11] 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[11]
			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)
Assumption/Purpose 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			

5. I am offered a choice of service that respects who I am, my personal circumstances and my individual support needs - Promote diversity, quality and choice in the provision of services[12]

Input	Activities	Output	Outcome/Impact
31. % of local registered services that were assessed by CQC as excellent or good – by client group ▪ Domiciliary Care, ▪ Supported Living, ▪ Shared Lives ▪ Residential and Nursing Care 32. % of workforce in social care services who meet the qualification threshold for the establishment or service in which they are working[13] 33. Number of older people in residential/nursing care per 100,000 of older people in population	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	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) **Survey Questionnaire**[14][15]

[12] 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
[13] Needs more work with Skill for Care to refine indicator
[14] Keep measure on overall satisfaction with social care – but distinguish between different levels of care needs – this will need further exploration
[15] PE reference refers to suggestions made in Option 1 (Personal Experience domain)

Input	Activities	Output	Outcome/Impact
34. Number of adults with a learning disability who have a community-based service per 100,000 of the population 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)		direct payment per 100,000 of population (Over 18/Over 64) 42. Number of older people in residential care per 100,000 of older people (over 65) in population 43. Number of younger adults in residential or nursing care per 100,000 of younger adults (18-64) in population ▪ % of people receiving a service who are cared for within a resource run fully by the council ▪ % of people receiving a service who are cared for by a service commissioned or purchased by the council ▪ % of people who are receiving service through Direct Payments	**Customers** Cu3 - People report having access to the right type of support Cu4 - Proportion of people who use services who say that those services have helped them to be more independent (PE2) Cu5 - Proportion of people who use services who say that those services have improved their wellbeing (PE3) Cu6 - % of people who report that their agreed outcomes were met Cu7 - % of people using long term care who report that they had a choice of where and how their needs were met Cu8 - Proportion of people who use services who say that those services have helped

Input	Activities	Output	Outcome/Impact
		44.% of people receiving a long-term package of care (under customer groups): ▪ Residential care ▪ Receiving Domiciliary Care in their own home (including extra care and supported housing) ▪ Shared Lives schemes ▪ Day Care ▪ Hostel or other accommodation (hospital) ▪ Managing their own Direct Payment ▪ Other	them to achieve the things that matter most to them (PE4) Cu9 - Proportion of people who use services who report that they received services in a timely manner (PE5)
Assumption/Purpose			
There should be sufficient good quality and the right type of services to meet the needs of peoples both long and short term There should be sufficient good quality and well-trained staff to meet the needs of people There should sufficient number of good quality outcome focused services that can demonstrate that they meet local need			

6. I received the assessment that I needed in a way that understands who I am - Entitlement to Assessments

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

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		**Carers** Ca2 - The proportion of carers who report that they have been included or were consulted in discussion about the person they care for
Assumption/Purpose 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)			

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. **Survey Questionnaire** **Customer** 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.
Assumption/Purpose			
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 for me - Offer accommodation and housing[16]

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 ▪ % of people who receive long term help who are accommodated in residential care commissioned or run by the council ▪ % of people who receive long term help who are accommodated in their own home ▪ % of people who receive long term help who are accommodated in their own home are supported day to day by a family carer	x. People have a range of suitable housing and accommodation options available to meet their needs

[16] 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
		▪ % of people who receive a long-term care package who live in their own homes alone ▪ % of people who receive long term help who are accommodated in their own home who have benefited from a major adaptation to their home ▪ % of people who receive long term help who are accommodated in "supported living" or "extra-care housing" ▪ % of people who receive long term care who are accommodated in shared lives schemes ▪ B06a -Adults with a learning disability who live in stable	

Input	Activities	Output	Outcome/Impact
		and appropriate accommodation ■ B06b -Adults in contact with secondary mental health services who live in stable and appropriate accommodation	
Assumption/Purpose There should be a range of housing and accommodation options available to meet people's needs			

9. I am protected from risk and abuse - Safeguarding[17]

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) 65. % of people where are Deprivation of Liberty Safeguards (DOLS) assessment was undertaken 66. % of customers where a DOLS assessment has been completed per older person in the population (or in the current customer group) 67. % of customers where a DOLS assessment has been completed per younger adult in the population (or in the current customer group)	68. % of (64) that have led to a full investigation 69. % of (68) where there was a clear need for a protection plan e.g. lasting power of attorney 70. % of (65) that resulted in a protection plan 71. People have an assessment that shows how they will get support to make decisions in their own best interest 72. Number of assessments under DOLS that are completed within 21 days where a request has been made	y. People feel safe and protected from harm **Customer Survey Questionnaire[18]** Cu12 - "I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens." Cu13 – "I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help." 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."

[17] Please note that Liberty Protection Safeguards will replace DOLS in 2020 – these measures may require review after the new Codes of Practice are issued

[18] Use the voluntary scheme in place from Making Safeguarding Personal for survey

Input	Activities	Output	Outcome/Impact
			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." Cu16 – "I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary." Cu16 – "I am confident that professionals will work together and with me to get the best result for me." Cu17 - "I understand the role of everyone involved in my life and so do they."
Assumption/Purpose People should feel safe and protected from harm			

10. I am or have been helped to get the right support and services as I move 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
Assumption/Purpose			
People should have an assessment of how their needs are to be met in adult life			

11. I have received the assessment that I needed to get the right treatment plan for me - 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	aa. Everyone should have an assessment to meet their needs (whatever the level of need)
Assumption/Purpose			
People who are in a mental health crisis should get an assessment of their needs to get the best treatment plan			

12. I have access to good quality and availability of services in my local area - Market Oversight

Input	Activities	Output	Outcome/Impact
76. % of beds lost in care market (as a % of total beds in market) in last year due to provider failure 77. % of hours of care lost in the community in last year due to provider failure 78. % of new residential care and nursing homes beds in care market 79. % of closed residential care and nursing homes beds in care market 80. % of new domiciliary care hours in care market 81. % of reduced domiciliary care hours in care market 82. % of new personal assistants in care market 83. % of reduced personal assistants in care market % of local authority funded customers who receive their care out of the locality			bb. People are supported by good quality care services **Customer Survey Questionnaire** Cu18 - Customers views on choice in care market and whether their needs were appropriately met
Assumption/Purpose			
To ensure that there is sufficient good quality and affordable supply of care to meet local needs			