

Transparency in outcomes: a framework for adult social care



ADASS S&P Workshop on 2011/12
Outcomes Framework for adult social care

4 March 2011

A personal interpretation of the
outcomes of the
DH/ADASS S&P Workshop)
For SSRG Annual Workshop

March 2011

Simon Adams



Social Care

Aims

The objective of this workshop was to agree recommendations for particular outcome measures to be included in the 2011/12 Outcomes Framework for adult social care.

Specifically, we were asked to agree:

- Individual candidates to be put forward as ‘outcome measures’;
- Definitions of the measures and amendments where appropriate;
- Gaps in the overall framework to be highlighted by a ‘placeholder’;
- Development priorities for the coming year; and,
- How, and when, we will finalise technical detail.

Consultation response

DH received over 200 responses to the public consultation – ranging from one to 180 pages in length.

In relation to the Outcomes Framework:

- Very strong support for the concept, principles and criteria;
- A recognition that data limits ambition in the first year;
- A desire to learn from the pitfalls of the NIS on choosing measures;
- Support for a longer-term programme of development on outcome data; and,
- Many comments on the detail of the domains, outcome statements and measures themselves.

Domains and outcomes

Enhancing quality of life for people with care and support needs

- People live their own lives to the full and achieve the outcomes which matter to them by accessing and receiving high quality support and information.
- Carers can balance their caring roles and maintain their desired quality of life.
- People manage their own support as much as they wish, so that are in control of what, how and when support is delivered to match their needs.
- People engage socially as much as they wish to avoid loneliness or isolation.

Delaying and reducing the need for care and support

- Everybody has the opportunity to have optimum health and wellbeing throughout their life, and can access support and information to help them proactively manage their care needs.
- Earlier diagnosis, intervention and reablement means that people and their carers are less dependent on intensive services.
- When people develop care needs, the support they receive takes place in the most appropriate setting, and enables them to regain their independence.

Ensuring people have a positive experience of care and support

- People who use social care and their carers are satisfied with their experience of care and support services.
- Carers feel that they are respected as equal partners throughout the care process.
- People know what choices are available to them locally, what they are entitled to, and who to contact when they need help.
- People, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances of each individual.

Ensuring people are safe and protected from avoidable harm

- Everyone enjoys physical safety and feels secure.
- People are free from physical and emotional abuse, harassment, neglect and self-harm.
- People are protected as far as possible from avoidable harm, disease and injuries.
- People are supported to have the freedom to manage risks.

Reviewing outcome measures

We were asked to consider each of the original proposals, plus new alternatives arising, to judge the relevance of the measure and the context in the overall basket.

For each, the general options were:

- ➡ Include in the 2011/12 Outcomes Framework as originally defined, or;
- ➡ Include in the 2011/12 Outcomes Framework subject to amendments to the definition and/or underlying data, or;
- ➡ Do not include the measure, but mark the outcome with a 'placeholder' to recognise a gap for future development, or;
- ➡ Drop the measure all together.

Placeholders

There are a number of important outcome areas which we cannot currently reflect in the OF due to limitations in available data.

We were asked to flag up our agreed priorities for developing new outcome measures over 2011/12 and beyond, for implementation in future years.

Where we agreed a priority gap, we wanted to include a 'placeholder' which marks this in the 2011/12 Outcome Framework. The placeholder means:

- ➡ An agreement that this is a priority area for outcome measurement.
- ➡ An agreement that if a suitable measure can be developed and agreed, this would be included as a new, additional measure in the framework.
- ➡ But it does not mean a guarantee that this will be filled, or replace the need to agree any detailed proposals.

Further development

Technical detail for 2011/12:

- There will be a need for a full technical publication to set out data definitions. This will follow the main consultation response/OF papers – in April/May, but some definitions may take longer to develop.
- DH proposed that DH/IC draft this document, and ask ADASS S&P for final agreement to ensure the detail reflects their agreements.

Future development:

- The 2011/12 OF will include placeholders which set out future priority areas as agreed. This should inform the ZBR, and will be the focus of work in 2011/12.
- DH proposed developing a work programme for taking this forward between DH, IC, ADASS and others. This will be discussed at ADASS S&P and the Outcomes and Information Development Board.

1A. Social-care related quality of life

Recommendation

AGREED

Propose inclusion in 2011/12 Outcomes Framework.

Need to work on the presentation and interpretation of the indicator.

Propose that work is taken forward to develop an “adjusted” measure which identifies the contribution of social services to this measure and in the longer term a ‘value-added’ measure (i.e. the measure ‘in the absence of ASC input’.)

If development successful, we would aim for the ‘adjusted’ measure to be used as the definition for 2011/12 measure (or alternatively bring in for 2012/13).

1B. The proportion of those using social care who say they have control over their daily life

Recommendation

AGREED

Propose inclusion in 2011/12 Outcomes Framework.

Explore possibility of using work to develop social care-related quality of life 'adjusted' measure (indicator 1A) to develop similar adjusted measure of control. If possible, use this as definition for 2011/12.

1D. The proportion of people with a long-term condition who feel supported to manage their own condition

**Recommendation
NOT agreed: not
strongly enough
related to ASC to
be in the
framework.

(In Health
framework)**

The consultation responses raised significant concerns about the impact of social care in achieving this measure and therefore **it is proposed that this measure is dropped from the 2011/12 Outcomes Framework.**

If it were to be retained in the framework the definition would need to be revised to either:

- focus on those aged 75 and over (less than 25% of those aged 75 and over are in touch with social services); or
- include the same question in the ASCS (this would increase data collection burdens).

1C. Carer-reported quality of life

Recommendation
AGREED but with caveats: only looks at those known to ASC, not wider population

Propose inclusion in 2011/12 Outcomes Framework.

NB: this would not be collected for the first time until 2012/13, so would be similar to a 'placeholder' in 2011/12.

Subject to agreement on councils undertaking the Carers' Survey on a regular basis.

Consultation responses show almost unanimous support for repeating Carers' Survey on biennial basis (ADASS proposed annually). Need formal agreement to this through SIIP Board.

3B. The proportion of carers who report they have been included in discussions about the person they care for

Recommendation

Include in framework as 'placeholder' until 2012/13.

Propose inclusion in 2011/12 Outcomes Framework.

NB: this would not be collected for the first time until 2012/13, so would be similar to a 'placeholder' in 2011/12.

Subject to agreement on councils undertaking the Carers' Survey on a regular basis.

Consultation responses show almost unanimous support for repeating Carers' Survey on biennial basis (ADASS proposed annually). Need formal agreement to this through SIIP Board.

3C. The proportion of social care users and carers who express difficulty in finding information and advice about services (in the past year)

Recommendation

Include as placeholder, but needs more work. Remove negative

Propose inclusion in 2011/12 Outcomes Framework.

NB: the carers element will not be collected for the first time until 2012/13, so in 2011/12 would focus on users only.

Subject to agreement on councils undertaking the Carers' Survey on a regular basis.

Consultation responses show almost unanimous support for repeating Carers' Survey on biennial basis (ADASS proposed annually). Need formal agreement to this through SIIP Board.

1G. Proportion of social care users who receive self-directed support

<p>Recommendation</p> <p>AGREED</p> <p>...pending ZBR, acknowledging shortcomings of the measure.</p> <p>ADD number of DPs (cash payments) as sub-set of SDS</p>	<p>Propose inclusion in 2011/12 Outcomes Framework.</p> <p>Retain measure in its current form (inherited definition) in 2011/12, pending development work on underlying data.</p> <p>Revise definition to focus denominator on 'ongoing' services over subsequent years, as new data available from zero-based review. All future amendments to be agreed with ADASS/LGG.</p>
--	--

2A. Emergency readmission within 28 days of discharge

Recommendation

**PLACE-HOLDER:
Work with NHS to
develop more
analysis of the
data**

Propose inclusion in 2011/12 Outcomes Framework.

Disseminate indicator by 18-74 and 75+, to account for the fact that readmission rates are likely to vary between the two age groups, and aid interpretation.

Work closely with NHS colleagues on their work to determine if the indicator can be improved and maintain alignment with NHS and Public Health Outcomes Frameworks.

Emergency Preventable? readmission within 28 days of discharge (of people in receipt of services?)

2C. Proportion of older people who were still at home 91 days following discharge from hospital to reablement

Recommendation

AGREED

with cont'd use of 3-month sample, and revised denominator

Propose inclusion in 2011/12 Outcomes Framework.

Amend the definition to capture access to reablement locally as well as the success:

- amend denominator to capture **total number of older people** discharged from hospital
- retain numerator as those receiving reablement, and then at home 91 days later.

Ensure same definition is applied to indicator in NHS Outcomes Framework.

2D. Emergency bed days associated with multiple acute hospital admissions for over 75s

Recommendation

DROP this indicator

Drop the indicator on the basis that it is not purely attributable to social care, and is not contained in any of the other outcome frameworks.

Although social care could contribute to reducing emergency admissions and bed days, only appearing in the social care framework would imply it is not a joint indicator.

2E. The proportion of people suffering fragility fractures who recover their previous levels of mobility/walking at 120 days

Recommendation

PLACEHOLDER

Look at attribution issues

Drop the indicator for 2011/12 and include a placeholder to allow for inclusion in future years.

A good example of requirement for Health and Social Care joint working, and providing an opportunity for 'Big Society' type intervention. Wish to include in set, but due to the definition of the indicator not yet agreed, and work still required to ensure data completeness, the indicator cannot be included until 2012-13.

This development work should be taken forward jointly with colleagues working on the NHS Outcomes Framework to ensure the measures in the two frameworks are aligned.

2F. Delayed transfers of care

Recommendation

AGREED

with overall figure and sub-indicator of ASC responsibility.

Propose inclusion in 2011/12 Outcomes Framework.

In order to align with the NHS Integrated Performance Measures for 2011/12 propose the indicator covers all delays irrespective of reason.

However, ensure that the guidance with the indicator is clear that data are available via UNIFY to look at the reasons for the delays to act to make improvements. An option could be to publish data based on delays attributable to social care (or joint responsibility with NHS) as a sub indicator.

4B. Acute admissions as a result of falls and falls injuries for over 65s

Recommendation

**PLACEHOLDER:
not strongly
enough related to
ASC to be in the
framework.**

**(In Public Health
framework)**

Propose inclusion in 2011/12 Outcomes Framework.

Concerns have been raised about the extent to which social care has an impact in this area, however, social care has an important role in preventing falls, including through universal services.

This measure is within the proposed Public Health Outcomes Framework.

4C. Proportion of people with learning disabilities living in their own home or with their families **(MOVE TO DOMAIN 1)**

Recommendation

AGREED – but remove the review requirement, change to “on the books as at...” (subject to IC approval)

Propose inclusion in 2011/12 Outcomes Framework, subject to amendments.

Rename measure to remove ‘settled accommodation’ and focus on living on own or with family.

Maintain basis of reviews undertaken in the year as this is the current route for collecting information and lower burden than other options. Consider proposals for longer time period for last review.

Consider further amendments for future years, based on changes to available data and collection methods through zero-based review.

4D. Proportion of adults in contact with secondary mental health services living independently, with or without support **(MOVE TO DOMAIN 1)**

Recommendation

AGREED

Propose inclusion in 2011/12 Outcomes Framework, subject to amendments.

Rename measure to remove 'settled accommodation' and focus on living independently in stable, appropriate accommodation.

Maintain basis of people on CPA as this is the current route for collecting information. Signal intention to expand basis in future years, subject to data development on MHNMDS.

1E. Proportion of adults with learning disabilities in paid employment

Recommendation

AGREED

**Plus
PLACEMARKER
for future
consideration to
include all working
age adults and not
just LD and MH.**

Propose inclusion in 2011/12 Outcomes Framework, subject to amendments.

Rename measure to focus on paid employment and clarify exclusion of voluntary work. Cease data collections on voluntary work in ASC-CAR.

Simplify data collection of hours counted to '<16 hours per week' and '>16 hours per week'. Both included in numerator.

Maintain basis of reviews in the year as this is the current route for collecting information and lower burden than other options. Consider proposals for longer time period for last review.

Consider further amendments for future years, based on changes to available data and collection methods through zero-based review.

1F. Proportion of adults in contact with secondary mental health services in paid employment

Recommendation

AGREED

Propose inclusion in 2011/12 Outcomes Framework, subject to amendments.

Rename measure to focus on paid employment and clarify exclusion of voluntary work.

Maintain basis of people on CPA as this is the current route for collecting information. Signal intention to expand basis in future years, subject to data development on MHNMDS.

Consider simplifying hours counted to '<16 hours per week' and '>16 hours per week' to align with LD through development work.

2B. Permanent admissions to residential and nursing care homes, per 1,000 population

Recommendation

AGREED

Look at duration in care, esp. for younger people?

Propose inclusion in 2011/12 Outcomes Framework.

Develop and agree a method to weight the indicator for age and need (using RNF formula). Rename measure as above.

Further work should also been done to analyse the measure to aid interpretation and investigate the impact of issues such as supply and eligibility. The definition should try and minimise perverse incentives e.g. admitting people as temporary rather than permanent admissions.

2G. Proportion of council spend on residential care

Recommendation

DROP

But continue research on spend patterns

Drop the measure because of definitional issue related to short term residential care.

4A. Percentage of adult social care users who feel safe and secure

Recommendation

AGREED with removal of “fear of being attacked or robbed”

Use both measures subject to testing by PSSRU

Propose inclusion in 2011/12 Outcomes Framework.

Research evidence indicates that respondents do consider the impact of social care when answering the relevant ASCOT question (Q7 in the ASCS).

Q12 in ASCS is also relevant and asks for what services have delivered. Could use within definition of measure. **(more attributable to ASC but may not be ticked by survey respondents)**

4E. Percentage of all referrals to adult safeguarding services which are repeat referrals

Recommendation

PLACEHOLDER
pending further
work

Exclude the measure from framework given the concerns raised about the definition.

Include a **placeholder** on effectiveness of safeguarding services to allow for further development in this area.

3A. Overall satisfaction with local adult social care services

Recommendation

AGREED

Propose inclusion in 2011/12 Outcomes Framework.

Based upon single question answer in Adult Social Care Survey.

Alternative measures

A number of other measures have been proposed through the consultation. We need to agree whether these are 2011/12 proposals, placeholders, or should be discounted. The key proposals are:

- ➡ General wellbeing measure (based on elements of EQ5D).
- ➡ Personal outcomes (outcome-based reviews). This would be a placeholder in 2011/12 as work is needed on defining an OBR model.
- ➡ Value for money/efficiency – deriving from the LGG productivity metrics.
- ➡ Length of stay in residential care (placeholder in 2011/12).
- ➡ Others?

Assessing the basket

In order to achieve balance across the whole OF, we need to assess the basket of measures holistically and consider spread and relevance of the proposals.

The attachment shows an assessment based on coverage of client groups and number of people in receipt of services linked to the measures. Using this in addition to analysis on individual measures, we should consider:

- ➡ What does the basket analysis tell us about the overall coverage of the measures in the 2011/12 OF?
- ➡ Where are significant gaps identified – and do these match the placeholders we have already agreed?
- ➡ Do any of the measures appear to add less value to the overall basket in terms of their coverage?

Coverage analysis

Spread – across domains, by age and client group

Criteria	Domains					Age/client group					
	Promoting personalisation and enhancing quality of life	Preventing deterioration, delaying dependency and supporting recovery	Protecting from avoidable harm and caring in a safe environment	Ensuring a positive experience of care and support		18-64 Physically Disabled	18-64 Mental Health	18-64 Learning Disability	65+	All age groups	Carers
Social-care related quality of life	0					0	0	0	0	0	
The proportion of social care users who say they have control over their daily life	0					0	0	0	0	0	
Carer-reported quality of life	0										0
Proportion of adults in contact with secondary mental health services in employment	0						0				
Proportion of adults with learning disabilities in employment	0							0			
Proportion of social care clients receiving self-directed support	0					0	0	0	0	0	
Percentage of emergency admissions to any hospital in England occurring within 28 days of the last, previous discharge from hospital after admission		0				0	0	0	0	0	
Admission to residential care homes		0				0	0	0	0	0	
Older people discharged from hospital to rehabilitation or intermediate care, who are living at home 91 days after discharge		0								0	
Proportion of people suffering fragility fractures who recover their previous level of mobility at 120 days		0								0	
Delayed transfers of care		0				0	0	0	0	0	
Percentage of adult social care users who feel safe and secure			0			0	0	0	0	0	
Acute admissions as a result of falls			0							0	
Proportion of adults in contact with secondary mental health services in settled accommodation			0				0				
Proportion of adults with learning disabilities in settled accommodation			0					0			
Percentage of all referrals to adult safeguarding services which are repeat referrals			0			0	0	0	0	0	
Overall social care user satisfaction				0		0	0	0	0	0	
The proportion of social care users and carers who express difficulty in finding information and advice about services				0		0	0	0	0	0	0
The proportion of carers who report that they have been included or consulted in discussions about the person they care for				0							0
Total number of measures	6	5	5	0	3	10	12	12	13	10	3

Next steps

End March 2011	<p>Publish consultation response.</p> <p>Publish 2011/12 Outcomes Framework.</p> <p>Further detail on ZBR proposals for engagement.</p>
April/May 2011	<p>Publish full technical paper on OF data definitions.</p> <p>Agree development priorities from ZBR and work plan.</p>
End September 2011	<p>Deadline for formal notification of data changes from 2012/13 year.</p>

Contacts



:

Department of Health:

- Simon Medcalf (Simon.Medcalf@dh.gsi.gov.uk)
- Phillip Anderson (Phillip.Anderson@dh.gsi.gov.uk)

Speaker:

- Simon Adams (Simon@Simon-Adams.net)