SSRG event on Adult Green Paper: Information and Performance Management

Over 120 people participated in the SSRG event on the Adult Green Paper, which was held at the Gilbert Murray Conference Centre, University of Leicester on 11th October.

Delegates were invited to put comments and questions on 'post its', which were subsequently put to all speakers who participated on the day. Responses were received from all speakers, even if that response was "no response"!

All responses are noted below. These were from Paul Richardson, Project Manager, Vision for Adult Social Care, Department of Health (PR); John Bolton, Strategic Director, Social Exclusion at Coventry and formerly Head of Joint Reviews (JB); Bernadette Oxley, Policy Manager, Quality, Performance and Methods Directorate at CSCI (BO); Roger Staton, Section Head, Health and Social Care Information Centre (RS), and Terry Davies, Head of Performance at Worcestershire County Council Social Services Department (TD)

1. Now that adults and children have gone their separate ways will there be separate adults Performance Assessment Framework (PAF) and a separate children's PAF?

BO: *We are reviewing this for 06/07, but at present no clear decision has been made.*

RS: *My understanding is that the DfES have already developed the APA for children, based on outcome measures, so there is already a divergence. However, there have always been separate indicators in PAF for children's services so we are not really seeing anything new.*

TD: *The process of splitting is already taking place with the Delivery and Improvement Statement (DIS) largely relating to Adults and the Annual Performance Assessment (APA) totally related to Children. Direct Payments for children remain in the DIS at present.*

2. Can we have a joint integrated Health Care Commission (HCC) and Commission for Social Care Inspection (CSCI) development timetable for performance management including social care, community health and wider LA services?

BO: *Apologies - I don't fully understand the question. We are currently developing joint Governance arrangements with the HCC to oversee all future developments, but are linked into different, but not entirely incompatible, delivery cycles.*

3. The CSCI development programme does not seem ambitious enough.

Given changes in health, next year might be a good time to start consultation on development on an integrated assessment framework for older people

BO: *As part of the joint Governance arrangements with the HCC, we are currently working out our priorities for development.*

4. How are outcomes from 'Commissioning a patient-led NHS' consultation going to inform the future approach to performance management?

BO: *Where relevant, they will feature in the development of a joint performance assessment framework with the HCC.*

5. How about some regional events to test the emerging 'matrix' performance framework with performance mangers and operational/strategic staff? (eg joint events involving CSCI; ADSS? SSRG?)

BO: *We would welcome this and are actively pursuing it*

SSRG event on Adult Green Paper: Information and Performance Management cont.

through discussion with the ADSS.

6. The Green Paper on Social Care has been 'lost' into a 'hospital care' White Paper. Does this devalue Social Care?

PR: *The White Paper is a health and care "outside hospitals" policy document rather than hospital care. All the messages from the Green Paper consultation are being fed into the White Paper development process. So no sense of the Green Paper being lost. Social care very much involved with the development of this paper.*

JB: *One cannot make this statement before seeing the actual text of the White Paper. I accept that there are very few people in either the health or the social care world that really understand the connectivity between the two areas and the difference in models that approach people. I did not feel that the Green Paper offered sufficient understanding of that. If social care is only pleased when the Government offers us "motherhood and apple pie" which the Green Paper offered then we are too easily satisfied!*

I feel very strongly that the only way that social care will be lost is if we lose it! My experience in Coventry is that we have a much stronger experience than Health in performance management, commissioning and procurement and strategic planning. I think they might need us more than we need them! On the other hand our clients/patients are demanding much more joined up services. Where we have co-located services it is a real chance for strong social care professionals to challenge the prevalent medical models and affect change. Sometimes it is social care that continues to offer a medical model (e.g. in use of residential or nursing care). It is not social care that I want to value but a social model that is based on enablement not dependency. We will continue to challenge for that wherever we are placed in the health and social care world.

BO: *Not so, according to Kathryn Hudson, Social Care Tzar, but we must influence this as much as we can*

RS: The White Paper is on 'out of hospital care' and, as Patricia Hewitt said at the National Social Services Conference it is more about care closer to home. All the signs are that the proposals in the social care green paper will not be lost but will be taken forward in, and be a significant part of, the White Paper on 'out of hospital care'

TD: *The process of social care being "swamped" by the health agenda has been going on for some time. The White Paper (which is about out of hospital care not hospital care) when published, might hopefully acknowledge the need to ensure a seamless link between health and social care.*

7. It's essential to preserve the co-terminosity between Primary Care trusts (PCTs) and Local Authorities (LAs) in order that Gershon and NHS savings targets can be achieved through joint commissioning and integration of back-office functions

JB: *I am interested that your correspondent believes that the Gershon efficiencies for commissioning can be achieved. In my experience the adult social care world is an under resourced market and if we commissioned properly with quality premiums we are likely to pay a higher not a lower price. I accept that there are some efficiencies in the health markets as their procurement skills are very low but generally health sector back office functions are again under resourced so little room for efficiencies. Too many people have swallowed the Gershon pill!*

TD: *Co-terminosity is a "holy grail" - the issue is co-terminosity with whom?*

SSRG event on Adult Green Paper: Information and Performance Management cont.

What about two tier authorities? Co-terminosity might help but it is the quality of relationships and trust that count for more.

8. How will you ensure more effective involvement of LAs in designing the new performance framework? Particularly in the context of the need to develop integrated, holistic approaches with the Health Care Commission?

JB: *The Regulators think that they drive improvement. In fact I think that the evidence is that they follow improvement. So the regulators will catch up with us when we have created a holistic approach. I know from my time in Joint Reviews that the most progressive councils were the hardest to review as their approaches in a handful of places were ahead of our methodology. Unfortunately these were isolated examples and most places were still running to catch up. I suspect that this is still the case now.*

BO: *We are involving ADSS in the current developments regarding a new performance framework*

9. PCT funding means that it's better for people to be kept in hospital once they have been there for more than two days. Perverse incentive or what!

JB: *I don't think that this is quite right - it is better for PCTs not to have the admission in the first place. For some treatments the cost figures indicate what you are claiming. But there is a much stronger incentive for us (social care) to get people out - as the longer they stay in hospital the more likely their care needs will increase and the opportunities for enablement may lessen or take longer. Too many local authorities in the past used delays in hospital as a method to manage their placements budgets - in the end it probably cost them more in an expensive placement than it would have done if they had facilitated the earlier discharge!*

TD: *The target setting culture has resulted in many perverse results. For example, in one area, the number of emergency bed days coded as taking up "0 days" has increased by 34% in 12 months. The reason is that to meet the four hour A&E waiting targets, the Trust will admit a person for several hours rather than go over the 4 hours. This is probably better for patients but not for PCT budgets.*

10. Why isn't PAF published in September 2005? Since LAs validate data in August 2005. By the time it reaches LAs it is February and data are 12-18 months old and we are entering a new financial year (2006-07). Thus LA comparisons/actions will not take place for the 2005/06 financial year.

BO: *As part of our evaluation of this year's performance assessment process, we are reviewing all the constituent parts with a view to making it more efficient.*

11. For RAP A6 and P4, could there be another categorisation for people who 'did not wish to reply' on the question of ethnicity? We currently put this under 'not stated' which does not differentiate between 'not asked' and 'do not wish to reply'

BO: *The best way forward on this would be for CSSRs to request it is considered for the 2007/08 RAP via the Adult Review Group.*

RS: *We could consider splitting the 'not stated category' on RAP A6 and P4 into 'not disclosed' and 'not asked' if this was considered to be of benefit. However, I am not sure that we would necessarily use this*

SSRG event on Adult Green Paper: Information and Performance Management cont.

information at national level. There is nothing to stop individual councils subdividing any of the categories if they feel the need at local level, so long as they can be aggregated to the categories on the statistical returns.

12. Milburn hi-jacked the PAF system to develop league tables. How do we avoid this happening again?

JB: *It was the SSI - even Joint Reviews (not Milburn) who created League Tables. They also suited Milburn's agenda. We created tables to make people strive harder to get improvements as the sector had become remarkably complacent at the time and had not really followed the previous white paper - Modernising Social Services. Many authorities still seem to not have modernised their services in the way in which that White Paper envisaged.*

TD: *Unfortunately, ministers can and will behave in this fashion*

13. If PAF is totally irrelevant, why is Coventry doing so well?

JB: *We do not use the "blob" indicators in Coventry as these tell us nothing. We try to use indicators intelligently and in groups. Most of all we recognise they are indicators which along with other information inform our performance story. We use PAF data intelligently and the PIs have been a really important part of our agenda - but you have to understand the shape of service that is required to deliver PIs they don't just happen!!*

TD: *I do not think PAF is totally irrelevant - it is the degree of reliance on weak indicators that concerns me. As to the Coventry issue, it is impossible to tell from published data whether we are seeing real service improvement, better recording practices or PAF "creativity" at work. Probably all three.*

14. How can you combine high levels of enablement with high scores on PAF C32?

JB: *PAF 32 is the single indicator I advise staff to ignore (and low and behold we did much better last year - not because we changed what we are doing - and we might be reaching some more people with enablement - but because we learnt to count better some of our joint work with Health (where collecting the data has proved more difficult). But overall my message is the same - I am not about getting a big blob for C32. I also know that some authorities over count this by including some voluntary sector activity where service users have not had an assessment! The Regulators have got to accept a position where not being able to count people because we have included them in normal life activities is a good thing!*

BO: *You can't. It's a very broad measure of those OP on the books to get any community service(s) at 31 March. Enablement (intermediate care/rehab /support to the newly visually disabled etc) is but one part. This is something we have begun to look at.*

TD: *Logic would say that you couldn't sustain this for any length of time. The question does raise the issue of the adequacy of measures like C32. Some authorities have tried to persuade CSCI that a planned deterioration in C32 matched by growth in preventative services is a perfectly sustainable position. I agree, but we have to develop very robust ways of measuring and evidencing this. It is intellectually plausible but without evidence is not worth much.*

SSRG event on Adult Green Paper: Information and Performance Management cont.

15. Why is PAF data embargoed until publication in November/December when it is already available in LA Best value Performance Plans in June?

BO: *See response to 10 above.*

16. A comment on the Joint White Paper

If it succeeds in persuading health colleagues away from the medical model then well and good. But if not…..???!

PR: *The main messages from the Green Paper which describe a citizen model are being fed into the policy development process for the White Paper. This model is one which enjoys a lot of currency across government*

JB: *I repeat the control of this is in our hands. Don't adopt victim mentality - be confident.*

The final word goes to John Bolton:

"Overall I find these comments very depressing. It comes across that we are victims of some evil system. We must take control ourselves. All Local Authorities have their PI data - why don't we share it - why do we depend on a third party? We should be setting the agenda for change - why rely on regulators? Let us take more control over what we believe and what is important and then see if the regulator will follow. Fundamentally I spend my life challenging the Regulators, the Strategic Health Authorities, and the Government Office etc. They eventually will learn!"

All powerpoint presentations have been posted to the SSRG website.

John Bolton

SSRG Journal

Volume 23, No 1 (2005) of the SSRG Journal 'Research Policy and Planning' was posted to SSRG members on 11th November, and contains the following papers:

- Estimating the Prevalence of Unpaid Adult Care Over Time
  Michael Hirst
- Key Characteristics of Children in Foster Care with Challenging Behaviour
  Andy Pithouse
- Exploring the Factors Influencing Care Management Arrangements in Adult Mental Health Services in England
  Jane Hughes, Karen Stewart, David Challis, Sally Jacobs and Dan Venables
- Responding to Perceived Stress in a Social Services Department: Applying a Participative Strategy
  Shulamit Ramon
- The Costs of Scrutiny in Applied Health and Social Care Research: A Case Study
  Peter Huxley, Sherrill Evans, Bill Davidson and Sarah King