Putting **People First**

Transforming Adult Social Care

Changing lives together: using person-centred outcomes to measure results in social care
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Changing lives together: using person-centred outcomes to measure results in social care

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This paper looks at how councils can work together with citizens to develop new ways to measure success in social services at a local level. It shares the learning from several initiatives that aim to find out if people achieve outcomes that are important to them.

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Changing lives together: using person-centred outcomes to measure results in social care

This paper looks at how councils can work together with citizens to develop new ways to measure success in social services at a local level. It shares the learning from several initiatives that aim to find out if people achieve outcomes that are important to them.

Background

Under the Putting People First policy, councils with social services responsibilities are putting in place major changes in social care. Self-directed support will become the norm for people who have an on-going social care package. However, Putting People First makes clear that the aim is greater choice and control for everyone who needs support:

“The time has now come to build on best practice and replace paternalistic, reactive care of variable quality with a mainstream system focussed on prevention, early intervention, enablement, and high quality personally tailored services. In the future, we want people to have maximum choice, control and power over the support services they receive.”

The local authority circular Transforming Adult Social Care emphasises the need to develop local systems for understanding performance. Councils are expected to:

Why we measure results

Public services exist to serve people and to serve communities. It is important that success can be measured in both these dimensions:

- Are people getting the chance to lead the lives they want?
- Are the right results being achieved for communities as a whole?

The Care Quality Commission’s annual performance assessment now gives councils more scope to use local evidence of results in this way. But collecting information is not an end in itself. Councils need to develop effective ways to work together with local people and organisations to make sense of information and use it to bring about change. In this paper we show some examples of how this is being done.

1 Putting People First: A shared vision and commitment to the transformation of Adult Social Care, 2007
2 LAC (DH) (2009) 1 Transforming Adult Social Care
Yet the traditional approach to performance management focuses on measuring activity and processes. This includes things like the number of people using services, what services are provided, how quickly interventions take place, and whether services meet quality standards. These kinds of measures can be important and valuable, but they do not show the whole picture and taken alone cannot capture outcomes for people who use care and support.

Furthermore, current performance management and regulation often fails to uncover poor results and unsafe practice. One of the strongest arguments for closer attention to results is that this will help to focus attention on what is happening for individuals and help to keep people safe. In the examples below we discuss how information on results can be used as an additional safeguard.

The drive in the new policy towards choice and control means that we need to understand whether councils succeed in enabling people to achieve things that are important for them and their families. People are the best judge of what is happening in their lives, so ways to measure results need to be developed together with disabled people, older people and their families. Otherwise there is a risk that we lose the focus on what is important to individuals, and look only at what matters to councils and service providers.

What we do now

There is wide agreement that current systems of performance management are not focused on the results that are being achieved for disabled and older people and their families. This is one of the reasons why the social care system has not met their expectations and why we are embarked on wholesale, transformational change. The information currently available to councils, regulators and the public includes:

- Compliance with national standards: such as the Care Quality Commission’s standards for residential care and home care, and the Quality Assessment Framework for services funded through the Supporting People Programme.
- Activity data: numbers of people using services, time taken to carry out assessments.
- Cost information: average costs of services such as home care, residential care and day services.
- User experience: satisfaction surveys, complaints, and personal stories.

Some councils have developed local quality assurance and contract monitoring systems, but in the main these are based on these same kinds of information.
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A citizen-led approach

Achieving a better focus on outcomes for people using support requires that they and their families are central to the design and the implementation of ways to measure results. Systems must be co-designed together from the start, which is different from user consultation or testing. Some examples of how this can be done are described in the case studies below.

These approaches are not just about measuring impact. If it is possible to collect aggregate and understand what is working and not working from a citizen perspective some powerful things happen. What people want begins to drive the system, so for example interventions can be designed to achieve the right things. The system can begin to shape itself around the needs and aspirations of the people and communities it serves. So commissioning of services becomes led by the results that need to be achieved. The performance of organisations and people can be judged by success rather than by activity.

If information about results is shared openly, councils become accountable to people living in the local community rather than to central government and inspectorates. This can provide the basis for genuine partnership working between public services and the communities they serve.

Equalities

If we develop better ways to understand the results experienced by disabled and older people and their families, we will be in a better position to identify and reduce inequalities. When developing ways to measure outcomes, it is important to check that tools are valid across the whole population, and produced in formats that are accessible to different groups.

Putting it into practice

Work on how we can understand outcomes is happening at a number of levels. At a national level, the Department of Health is working with councils in England to develop new performance indicators which will focus on results. A useful framework has been produced to guide this work (see box).
National indicator set development work

The diagram below shows the framework being used to develop new national indicators. This shows how different kinds of evidence are needed to understand outcomes.

The current performance system provides evidence on activity and costs, but little evidence on experience and results. The current indicators provide incentives to change activity but little incentive to improve results. The work described in this paper is helping councils to produce better evidence of experience and results that focuses on outcomes that are important for individuals.

Figure 1 – Using different kinds of evidence to understand outcomes

For more information on the development of new national performance measures see: *Making policy count: Developing performance indicators for health and social care partnerships*, Department of Health, January 2010
At the same time, work is underway to support councils to develop better local systems to measure and improve outcomes. Some councils have begun to develop ways to understand the results achieved at an individual level, and to make use of this information to achieve change. Some examples are set out in the table below.

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CASE STUDY 1
Self-directed support outcomes evaluation framework
John Waters, InControl and Chris Hatton, Lancaster University

What it is for
To help local authorities and other interested bodies, including user led organisations, understand the impact of offering personal budgets on a range of people whose lives are affected by self directed support. This includes disabled people, older people who need support, young people and their families, family carers and paid staff.

How it was developed
The framework has emerged through a number of iterations over several years. Learning has been drawn from using the framework with people who have been directing their support and their carers and families.

The framework is designed to measure the effectiveness of self directed support and allows people themselves to make judgements against a predefined satisfaction scale in a number of key areas of interest. These include:

• dignity in support
• choice and control
• feeling safe
• being a partner in planning support
• key relationships.

How we worked together with disabled people and families
The framework measures areas of interest that have been identified nationally as key priorities for people who need support and their families through a questionnaire. The questionnaire has been shaped and adjusted over time in response to feedback from people using it. The framework has also been used by user-led organisations evaluating self-directed support in their local areas.

Who has used it so far
The framework has been used in a number of local authority areas, including

• City of London
• Hertfordshire
• Cambridgeshire
• Worcestershire
• Northamptonshire
• London Borough of Richmond upon Thames.

How it contributes to safeguarding
The framework offers local authorities information about what approaches are working for disabled people and their families,
Increasing their voice across the whole social care system. The questionnaire asks explicitly about safety at home, safety out and about, and people’s experience of personal dignity in the support they use.

**What has been learned?**

The framework has shown that it is possible to work collaboratively to design, construct and employ an approach to measuring outcomes that features the views and experiences of local people and staff who work in social care services.

By gathering and aggregating the experiences of disabled and older people themselves and those closest to them, the approach provides an enhancement to (or even the basis of a realistic alternative to) current performance management systems that evaluate the effectiveness of social care services mainly by measuring activity and cost.

By involving local people and user led organisations in the evaluation process and by publishing results of evaluations openly, local authorities can increase their accountability to local people, and share with them the effect of their work.

The results of the evaluations can also be used to inform local implementation of putting people first and provides a simple and systemic approach to involving people in the transformation of social care.

**How has it led to change?**

The application of the framework has produced a wealth of information that has been used to inform local practice.

The framework has provided local authority managers with:

- good local evidence of the overall effectiveness of self directed support
- intelligence about what is working and not working for key groups and
- valuable information for commissioning.

This information has been used to inform key management decisions and also to engage other key stakeholders including senior managers, senior managers in other local authority departments, elected members, members of the local health community, local providers, and local people themselves.

The evaluations and subsequent reports have been used to identify and reinforce good practise. Many have led to the authorities involved having their work recognised formally as good practice.

**How to find out more**

The evaluation framework and reports are available at [www.in-control.org.uk](http://www.in-control.org.uk).

For more information contact: John.Waters@in-control.org.uk
CASE STUDY 2

Three wishes – developing a new way to measure success in public services

Michael Varrow, Oxfordshire County Council

What it is for

The aim of this work was to develop a potential new performance measure looking at whether public services are successful in enabling people to achieve the things that are most important in their lives. This would mean that everyone in contact with services would be asked about their most important outcomes or goals. An important aim would be to ensure that public services become geared to enabling people to achieve these goals – big or small. The approach is designed to be applicable to any public service, not just social care.

How it was developed

Oxfordshire County Council has worked with a group of other councils who have been testing out different approaches to how to develop a performance measure of this kind. In one development eight councils have tested out a question to be included routinely in reviews for people who use social services.

How we worked together with disabled people and families

A small group of councils, disabled people and family carers worked together to develop a process for carrying out reviews in a person-centred way. This included a question covering the three most important outcomes.

Who has used it so far

At least 8 councils have tested out using a version of the question in routine reviews. A different approach has been tested in Kent County Council.

How it contributes to safeguarding

The question asks people to say the three most important things that they want to happen in their life. This provides an opportunity for people to mention concerns such as bullying, harassment and abuse. The question is also intended to help ensure that reviews are carried out in a way that looks at a person’s life as a whole.

What has been learned

Feedback from early testing has shown that the question can provide very useful information for councils – in particular, it makes clear what kind of goals and outcomes are being set in reviews, and whether support plans are service-led or person-led.

Most people tended to say that their outcomes had been met – so further work is needed to
encourage goals to be set that may not be so easily achieved. There is always a risk that people will want to say yes – or otherwise give the answer that they think a social worker wants to hear, so ways to counter these effects may need to be built in to further developments.

**How has it led to change?**

In early testing feedback from disabled and older people and from social workers has indicated that in some cases the question did lead people to think more widely about what they wanted. This provides the basis for a support plan that is based around a person’s aspirations rather than a generic menu of service solutions.

**How to find out more**

A version of the question is included in a tool called *Outcome-focused reviews* published by the Department of Health at [www.personalisation.org.uk](http://www.personalisation.org.uk)

For more information contact: Michael.Varrow@oxfordshire.gov.uk
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CASE STUDY 3
Working together for change: using person-centred information for commissioning
Sam Bennett, Department of Health

What it is for
Working together for change is a simple six-stage process for using person-centred information, from person-centred reviews or support plans to inform strategic decision-making and commissioning. It has multiple purposes: as a process for ensuring that the changes envisaged in Putting People First are co-designed, co-produced and co-evaluated with people using services and their families, as a tool to ensure effective community engagement in the Joint Strategic Needs Assessment, and as a means of understanding outcomes for people using aggregated information from individual reviews.

How it was developed
The original idea was developed by Helen Sanderson Associates (HSA) and used to inform strategic planning in a number of different contexts in the North West of England. The Putting People First Team in the DH further developed and refined this process through testing with four councils, people using services and a range of local stakeholders in early 2009. The project has resulted in a report and guidance which was published by the Department of Health in July 2009.

How we worked together with disabled people and families
Disabled people and families were involved in the work conducted on site with four councils. Working together for change was tested in two older people’s services and two services for people with learning disabilities. The project consisted of planning meetings and facilitated workshops in each area. The workshops were attended by people and families as well as community groups and the process ensured that all voices were heard.

Who has used it so far
Through the DH project the working together for change process has been used by four councils: Richmond on Thames, Gloucestershire, Wigan and Lancashire. Independently of this the process has been used by other local authorities and also by service providers, notably IAS in Wigan.

How it contributes to safeguarding
Working together for change provides a systematic process through which commissioners and other strategic decision-makers can understand and analyze person-
centred information about what is working in people’s lives, what isn’t working and what is important to people for the future. In aggregate this information can be used to identify organisational deficiencies related to safeguarding issues and supports user involvement in determining their priorities for change.

**What has been learned?**

Working together for change has so far illustrated what a valuable and powerful resource information taken from individual person-centred reviews can be in understanding outcomes for people and engaging them in decision-making about what needs to change. The process is flexible, simple, low-tech and relatively easy to implement and has multiple benefits for commissioners and those seeking to better understand results and performance.

**How has it led to change?**

Each council and other stakeholders have agreed to actions as a result of piloting the working together for change process. These include:

- the establishment of a tenants’ association by a group of people with learning difficulties
- changing staff practice in provider organisations
- commitments to incorporate information emerging from the process in the JSNA and associated strategic plans.

**How to find out more**

*Working together for change: using person-centred information for commissioning* was published by the Department of Health in July 2009 and is available at [www.personalisation.org.uk](http://www.personalisation.org.uk)