

# A New Outcomes Framework for Performance Assessment of Adult Social Care

2006-07

CONSULTATION DOCUMENT

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# Foreword

Our proposals in this document describe the start of a new journey for the performance assessment of Adult Social Care services. What we propose for 2007 is a step on the way that will lead to a reduced demand for data on Adult Social Care services from councils. And at the same time we want to make sure that the data we do collect for performance assessment helps councils and us to arrive at a point where we can make judgements about the effectiveness of the services on behalf of those people who use the services or will have to use them in the future.

Councils with Adult Social Services responsibilities have the responsibility to commission and deliver Adult Social Care services that put people who receive services and their carers at the heart of the process. People want and expect good quality provision of care that can meet their needs and provide the maximum opportunity for choice and personal control. Local communities also expect services to give value for money.

The Commission for Social Care Inspection (CSCI) has the responsibility for performance assessment of the 150 local councils with responsibility for Adult Social Care and registers and inspects social care provision. We arrive at a judgement about the performance of an individual council using a range of data including self-assessment, national statistics, service inspection and data from our regulatory inspections. The overall judgement is expressed as a 'star rating' for the council's Adult Social Services based on their current service delivery and capacity to improve services.

The recent government White Paper, *Our Health, Our Care, Our Say*, has set out the framework for the future of performance assessment for both the Commission for Social Care Inspection and the Healthcare Commission from 2007. As a result we are working together closely in the lead-up to a more closely aligned framework by 2009.

The proposals set out in this document for replacing the existing National Standards and Criteria take us in that direction. At the same time we are retaining some aspects of performance assessment judgements, which we know from consultation are important in helping people understand the effectiveness of their local services.

The proposed framework is based on the seven social care outcomes, 'Independence, Well-Being and Choice', that are now part of the White Paper, *Our Health, Our Care, Our Say*. Our plan is to take in all relevant data that informs performance assessment for Adult Social Care and to map this to the outcomes. This is a new way to manage and interpret the data and will help to determine how effectively councils are going about their business of ensuring the new outcomes for people.

We believe that this proposed framework for the performance assessment of Adult Social Care in 2007, is a vital part of the process in supporting the ambition of councils to continue to commission and to ensure effective outcomes for Adult Social Care. We welcome your views on the proposals and details of how to submit your response can be found at the end of the document.

A handwritten signature in black ink, appearing to read 'Denise Platt', written in a cursive style.

**Dame Denise Platt**

## Background

1. The current approach to performance assessment of councils with Social Services responsibilities has been evolving since the 1990s. In 2005–06 there is for the first time a separate performance rating for Adult Social Care and an overall Children’s Services judgment. This change is in line with the restructuring of local councils’ social care services for adults and children.
2. The White Paper ‘Our Health, Our Care, Our Say’<sup>1</sup> has set out the government’s vision for reforming adult health and social care. The reform programme sets out a longer-term strategy for integration, which rightly puts people who use or might use services and their carers at the centre of the process.
3. In line with the White Paper requirements we are intending to deliver an outcomes-driven Performance Assessment Framework for 2006–07. This deals mostly with social care but starts the journey of addressing the health care pathway as part of the step change towards an aligned social and health care outcome framework in 2009.
4. The paper says, “CSCI will be merged with the Healthcare Commission in 2008 to form a single regulatory body for health and social care”.

## Introduction

5. The outcomes being used for this performance framework are those seven social care outcomes outlined in the White Paper. The Healthcare Commission and we are committed to building on them as part of the ongoing journey to deliver a robust social and health care performance framework. In addition, we have added leadership and commissioning and use of resources as additional measures, bringing the outcomes to nine. These measures have historically been part of the social care Performance Assessment Framework and the capacity to deliver good outcomes is contingent on both of these being effective.
6. The new self-assessment framework will be used to map all relevant data that we take in from local authority Adult Social Services including the Performance Assessment Framework performance indicators (PAF PIs), service inspection and regulatory data. The data will be mapped across and into the relevant outcomes within the framework.
7. The data will then be analysed using the Local Services Inspectorate Forum grading system. We will continue to determine the performance rating of councils’ Adult Social Care based on current delivery of services as well as capacity to improve.

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1. Our Health, Our Care, Our Say: a new direction for community services, DH, 2006

## Proportionality

8. We are part of the Local Service Inspectorates Forum (LSIF). LSIF members are committed to streamlining our approaches to inspection and regulation wherever possible with the specific aim of making tasks easier and more joined up when seen and experienced by councils. Under current consideration is the extent to which each inspectorate's exploration of context and leadership issues might be made more streamlined. A new approach to assessing the performance of local government is likely to be outlined in a White Paper from the Department of Communities and Local Government later in the year. The proposals we are making are likely to need adaptation to new ideas that emerge when the White Paper is published. No decisions have yet been taken on these matters, so this consultation paper assumes that CSCI will continue with its approach at least in the short term.

## Data items

9. We are committed wherever possible to reducing the demand on councils for any unnecessary data. We plan to consult separately on which data items over and above the PAF PIs should remain for 2007 and where they are best placed across the outcomes in this framework. At the same time we will be consulting on the systematic use of regulatory evidence and service inspection data, and how this is played into performance assessment in 2007. We will send further information in due course about consultation events and processes that deal with the data items to be included for 2007.

## Joint social and health care performance measures development

10. We are working with our colleagues in the Healthcare Commission to take forward the development of joint performance measures that can be used for performance assessment purposes in 2008. Both commissions are also working together to develop a joint measure(s) about people/patient involvement in our work.

## Consultation process and next steps

11. We welcome the views from all key partners and stakeholders to the proposals that we have set out in this document. The consultation will run for a period of 10 weeks and your views should be submitted with the attached framework by 6 October 2006. The responses will all be considered and where we can we will incorporate these into a further and final version of the document.
12. Details of how to respond are set out at the back of the document.
13. The final document will be submitted to the Secretary of State for Health for sign-off prior to being sent out in January 2007.
14. The final framework will have an accompanying handbook setting out in detail our operating guidance, principles and rules for performance assessment in 2007.

## New Outcomes Framework

15. The framework is built around the seven outcomes in the White Paper plus two additional measures on leadership and commissioning and use of resources. These two additional measures are included separately because effective outcomes can only be delivered on the back of excellent leadership and effective commissioning and use of resources. The capacity to improve judgement will be made by principally looking at leadership, commissioning and the use of resources.
16. Whilst mapping data and descriptors to the outcomes, we recognise that there is overlap in places, as well as conflict/trade-offs between them. For example, choice means that people may not want to lead a healthy lifestyle, therefore, some of the descriptors will be process based to show the council is fulfilling its responsibilities without restricting people's right to choose. These tensions are not always easily overcome, but it is important to recognise that outcomes are the valuable measure wherever possible.
17. We have been bold with the choice of descriptors within this consultation document, but we are aware that we may not be able to collect some of the information on some of them next year. We are mapping the information we currently capture, and we will discuss what is viable to collect for the next performance period. After this process, we will need to revise the descriptors in light of the findings. If it is necessary to remove a descriptor we will endeavour to work up measurements that will quantify it for future use.
18. On 15 September 2006 there will be an event where councils are able to contribute to this process. More information will be available nearer the time.
19. We are using the White Paper outcomes to underpin the Performance Assessment Framework. These will replace the National Standards and Criteria. Additionally we are providing a distinctive social care description to support the evidence to demonstrate delivery under each of these outcomes. Our descriptions are shown in italics under the White Paper outcomes. There will be further developments between the CSCI and

the Healthcare Commission in refining these in the lead up to closer integration of the Performance Assessment Framework.

20. **Improved health:** enjoying good physical and mental health (including protection from abuse and exploitation). Access to appropriate treatment and support in managing long-term conditions independently. There are opportunities for physical activity.

*Services promote and facilitate the health and emotional well-being of people who use the services.*

21. **Improved quality of life:** access to leisure, social activities and life-long learning and to universal, public and commercial services. Security at home, access to transport and confidence in safety outside the home.

*Services promote independence, and support people to live a fulfilled life making the most of their capacity and potential.*

22. **Making a positive contribution:** maintaining involvement in local activities and being involved in policy development and decision-making.

*Councils ensure that people who use their services are encouraged to participate fully in their community and that their contribution is valued equally with other people.*

23. **Exercise of choice and control:** through maximum independence and access to information. Being able to choose and control services and helped to manage risk in personal life.

*People who use services, and their carers, have access to choice and control of good-quality services, which are responsive to individual needs and preferences.*

24. **Freedom from discrimination or harassment:** equality of access to services for all who need them.

*Those who need social care have equal access to services without hindrance from discrimination or prejudice; people feel safe and are safeguarded from harm.*

25. **Economic well-being:** access to income and resources sufficient for a good diet, accommodation and participation in family and community life. Ability to meet costs arising from specific individual needs.

*People are not disadvantaged financially and have access to economic opportunity and appropriate resources to achieve this.*

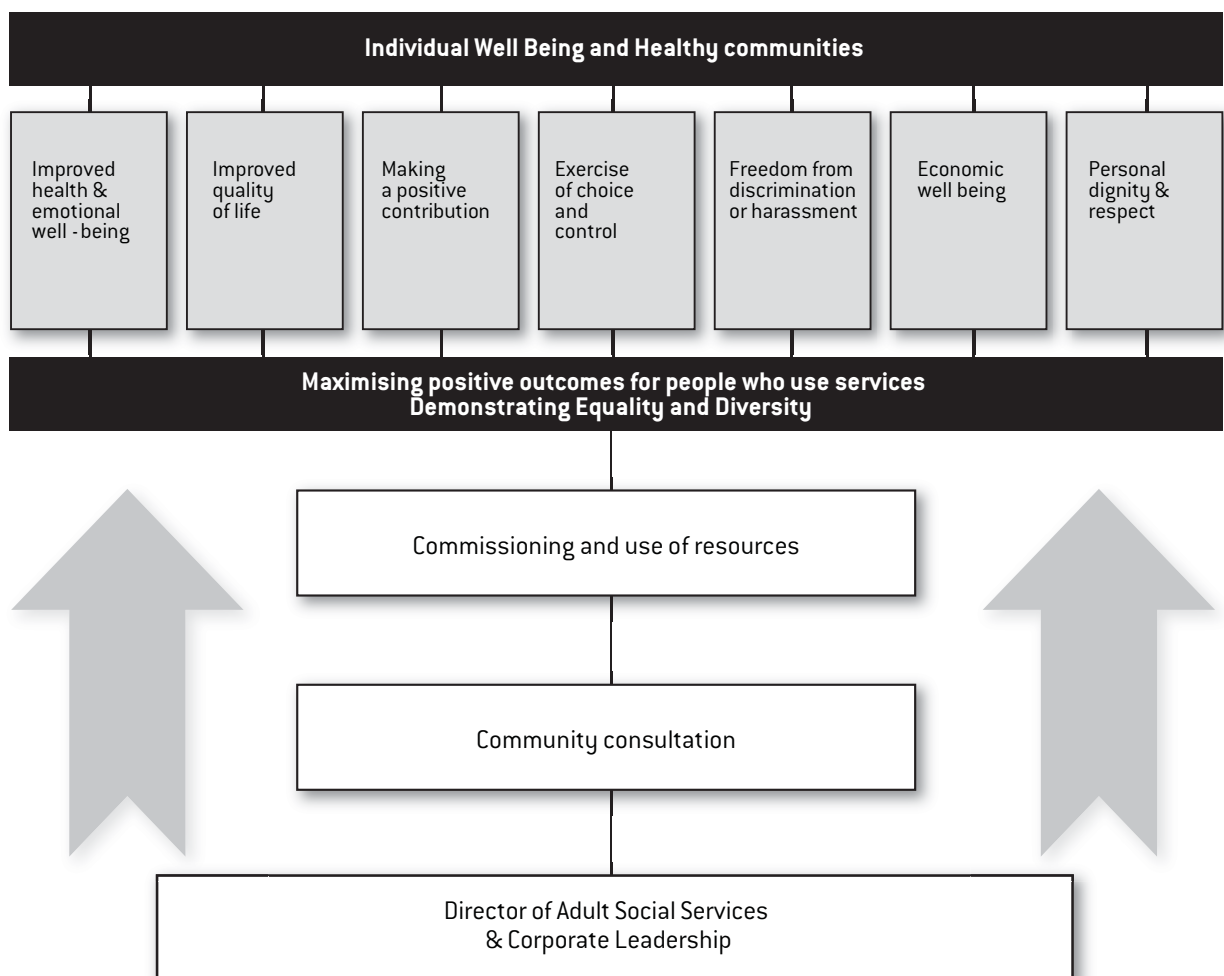
26. **Personal dignity and respect:** not being subject to abuse. Keeping clean and comfortable. Enjoying a clean and orderly environment. There is availability of appropriate personal care.

*Adult Social Care provides confidential and secure services, which respects the individual and preserves people's dignity.*

The two additional measures are:

- 27. **Leadership:** a council with Adult Social Services responsibility (CASSR) will provide a key professional role for staff working in Adult Social Care services. They will also have a key role in assuring accountability of services to local communities through consultation with local people and in particular people who use services.
- 28. **Commissioning and use of resources:** Adult Social Care leaders commission and deliver services to clear standards of both quality and cost, by the most effective, economic and efficient means available and so demonstrate value for money.

**New Outcomes Framework**



# Grading and descriptors for the Adult Social Services: current service delivery and capacity for improvement

## Grading scale (current service delivery)

29. Our judgements will be made by analysing relevant evidence, which have been mapped against the seven outcomes in the framework. We will use the following four-point scale adopted by the Local Services Inspection Forum.
30. We are not giving any weighting to the outcomes. But there is an incremental build-up from 'inadequate' to 'excellent' in determining effectiveness of delivery against the outcomes. We are not expecting an 'excellent' or 'good' council to have no weaknesses under an outcome, but are looking for those weaknesses to be effectively managed by the service, which will ultimately lead to improvement.

Grade	Descriptor
<p><b>Grade 4: (Excellent)</b></p> <p>A service that delivers well above minimum requirements for people</p>	A service that overall delivers well above minimum requirements for people is innovative and cost-effective and fully contributes to raising expectations and the achievement of wider outcomes for the community.
<p><b>Grade 3: (Good)</b></p> <p>A service that consistently delivers above minimum requirements for people</p>	A service that delivers above minimum requirements for people and has some innovative practice and is cost-effective whilst making contributions to wider outcomes for the community.
<p><b>Grade 2: (Adequate)</b></p> <p>A service that delivers only minimum requirements for people</p>	A service that delivers minimum requirements for people is cost-effective and contributes to wider outcomes for the community.
<p><b>Grade 1: (Inadequate)</b></p> <p>A service that does not deliver minimum requirements for people</p>	A service that does not deliver minimum requirements for people is not cost-effective and makes little or no contribution to wider outcomes for the community.

## Grading scale (capacity for improvement)

31. Our judgements about capacity to improve will be based on the CASSR leadership and council's corporate arrangements. We will be looking at the capacity to achieve consistent, sustainable and effective improvement for Adult Social Services and making sure that value for money criteria are delivered for the benefit of local populations.

Grade	Descriptor
<b>Grade 4: CASSR leadership is excellent</b>	The CASSR have a clear vision and ambitious strategic direction for Adult Social Services, communicate this effectively with stakeholders, and organise the necessary resources required for delivery and they meet Value for Money requirements.
<b>Grade 3: CASSR leadership is promising</b>	The CASSR have clarity about the strategic direction for Adult Social Services. Most stakeholders understand the broad direction and how the council intends to achieve it. Resource allocation responds to the identified priorities and meets Value for Money requirements.
<b>Grade 2: CASSR leadership is uncertain</b>	The CASSR are not always clear about the strategic direction for Adult Social Services and it is limited to responding to national priorities. Communication with stakeholders is limited, and the direction of travel is not widely understood. Resource reallocation is limited to changes in central government funding and value for money requirements are not obviously being met.
<b>Grade 1: CASSR leadership is poor</b>	The CASSR lack strategic direction for Adult Social Services at political and/or managerial levels. Insufficient resources are committed to Social Services to support the achievement of minimum standards and/or local and national priorities. Stakeholders are unaware of the position and value for money requirements are not obviously being met.

# The scoring system

- 32. Unlike previous years we are proposing for the first time to give a weighting to the evidence that councils provide for each group of people who use the services. This will be a break with the past but will allow for greater differentiation between the excellent performing authorities. It will also allow for more incentives to improve across the scale.
- 33. The groups of people included in the framework for scoring rating are:
  - Older People
  - People with Learning Disabilities
  - Mental Health (including those people with drug/alcohol misuse)
  - Physical and Sensory Disabilities (PSD) (including those people with HIV/AIDS)
  - Carers
- 34. The Delivery and Improvement Statement currently separately includes people who misuse drugs and alcohol, and those with HIV/AIDS. Due to the historic lack of data for these groups, separate weightings are not possible, so we are proposing to include them in Mental Health and PSD groupings respectively. This will have to be a short-term solution and resolved in time as we move towards closer integration with the Healthcare Commission.
- 35. Based on the principal of incorporating the above two groups, we propose a weighting based on predetermined proportions shown in Figure 1. These weightings partially reflect activity and expenditure considerations and this has been the principle for determining the proposed percentages allocated.
- 36. We propose to weight the quality of individual service areas against each of the service outcomes. This will balance the concern expressed that services for older people tend to dominate the judgement. The weighting does not represent the balance of budget spent on older people as to do so could potentially discriminate against those with low incidence needs. However we are not proposing to score individual service areas i.e. score older people’s services and learning disability services separately. This is because it is only meaningful if the whole experience of people can be assessed across health and social care. We are not yet in a position to do this. It will need to be an outcome of further partnership work depending on the policy direction from the Department of Health.

**FIGURE 1**

Group	Percentage
Older People	40%
Carers	15%
People with Learning Disabilities	15%
Mental Health	15%
Physical and Sensory Disability	15%

## Translating the Local Services Inspectorate Forum grading into star ratings

37. There are a number of reasons why we need to translate the LSIF numeric grading into a star rating.
38. People told us that star ratings are helpful. The use of star ratings is easily understood when trying to understand how well a council is performing. But they also said that the star ratings needed to be more widely described to reflect the differences in grades.
39. The Social Care sector has become familiar with star ratings and they have provided a basis for councils to inform their communities about how well they are performing to meet the social care needs of the population. They have also given councils the opportunity to use the star ratings as a starting point for reviewing and improving performance.
40. We are proposing in light of the above to translate the LSIF grades into a four-star model, shown in figure 2. The proposed star ratings in this model allow for:
- Alignment with the LSIF rating used by the Audit Commission
  - Coasting councils to stretch performance in the right direction
  - Excellent councils to demonstrate ambition.
41. The model is still based on greater weighting given to current ‘serving well’ over ‘capacity’ for improvement.

**FIGURE 2**

		Capacity				
			Poor	Uncertain	Promising	Excellent
			1	2	3	4
Performance Judgement	Inadequate	1	-	-	-	-
	Adequate	2	*	*	*	**
	Good	3	*	**	***	***
	Excellent	4	**	***	****	****

42. What the above star-rating model based on four stars also achieves is a supportive mechanism in the transition from our previous weighting system of current performance judgement (‘No’, ‘Some’, ‘Most’, ‘Yes’) and capacity judgement (‘Poor’, ‘Uncertain’, ‘Promising’, ‘Excellent’) to the LSIF grading mechanism that we are going to use in 2007.
43. We have greyed out the two cells in the bottom left of the matrix but indicated what the allocated ratings would be if hypothetically such judgements were made.

# Introduction to Key Lines of Assessment of Standards of Performance

44. Key Lines of Assessment to Standards of Performance is a tool for regional directors, business relationship managers, performance information managers and service inspectors. It provides a guide to appropriate grading categories for each of the seven outcomes and the measures for leadership and commissioning and use of resources. These outcomes will be used in the annual assessment of councils with Adult Social Services responsibility.
45. As an inspectorate, our job is to drive the improvement agenda for people by annually assessing the quality of Adult Social Services. We make judgements on their ability to service the needs of the community whilst meeting government standards. The standards have been set to the outcomes in the White Paper 'Independence, Well-Being and Choice', and set out what a council and service area will be doing to reach a standard of 'Excellent', 'Good', 'Adequate' or 'Inadequate' performance under each outcome.

# Key Lines of Assessment to Standards of Performance

## 1. Improving Health and Emotional Well-being

Services promote and facilitate the health and emotional well-being of people who use the services

### Excellent: Grade 4

**In addition to meeting the requirements for a grade 3 the following factors are essential for delivery of effective outcomes:**

The community are helped where possible to understand how to stay healthy and are encouraged and supported to do so through an excellent range of clear, accurate, accessible and well-publicised information regarding healthy lifestyles (including both mental and physical health). This information will be available in a good range of innovative formats, tailored to the different needs of people who use services. There is demonstrable evidence of people acting on this information.

The national service framework targets for social care for adults are met in all and exceeded in most areas. There is a demonstrable link between health, well-being and investment in services. Outcomes match or exceed those for similar authorities.

The council demonstrates well-developed and consistent joint working with Health partners and other relevant agencies. Single assessment (or CPA for mental health) has been embedded and needs are holistically considered and services assigned in effective partnership, showing a positive impact for people who use services.

People only reside in hospital when necessary. Their health and social care needs are effectively supported to prevent admission and/or to support discharge in a setting which understands and acts on the needs of the individual. The council has clear and successful mechanisms with partners to ensure quality response to needs, and can evidence successful rehabilitation and prevention through this.

Social care needs are well anticipated to inform current and future service provision at strategic level. Services, including those from the private and voluntary sector, work together effectively and resources are pooled to enable joint commissioning. Improved outcomes follow action and timely access to appropriate services.

### **Good: Grade 3**

#### **In addition to meeting the requirements for a grade 2 the following factors are essential for delivery of effective outcomes:**

The community are helped where possible to understand how to stay healthy and are encouraged and supported to do so through a good range of clear, accurate, accessible and well-publicised information regarding healthy lifestyles (including both mental and physical health). This information will be available in a good range of formats. There is demonstrable evidence of people acting on this information.

The national service framework targets for social care for adults are met in all areas, and exceeded in some. In most services it can be demonstrated there is a correlation between health and well-being and investment in services.

The council demonstrates increasingly coherent joint working with Health partners and other relevant agencies. Single assessment (or CPA for mental health) is being embedded. There are notable benefits of joint initiatives for a range of people who use services.

Most people reside in hospital only when necessary. The majority of social care needs are effectively supported to prevent admission and/or to support discharge in a setting which understands and acts on the needs of the individual. The council has mechanisms with partners to ensure quality response to needs, and has started to see evidence of notable increases in rehabilitation and prevention through this.

The majority of social care needs are anticipated to inform current and future service provision at strategic level. Most services, including those from the private and voluntary sector, work together effectively and resources are pooled to enable joint commissioning. Some improved outcomes follow action and timely access to appropriate services.

### **Adequate: Grade 2**

Some people are helped to understand how to stay healthy and are encouraged and supported to do so through information regarding healthy lifestyles (including both mental and physical health). Information is not always easy to access or clear for minority groups.

The national service framework targets for social care for adults are met in all areas. In some services it can be demonstrated there is a correlation between health and social stability and investment in services.

There is some joint working with Health partners and other agencies. Single assessment (or CPA for mental health) is being planned. There are some benefits emerging from joint initiatives for the main groups of people who use services.

Some people reside in hospital only when necessary. Social care needs are not always effective in supporting prevention of admissions and/or to support discharge especially within more complex cases

Mainstream social care needs are anticipated to inform current and future service provision at strategic level. Some services, including those from the private and voluntary sector, work together and resources are pooled to enable joint commissioning.

### **Inadequate: Grade 1**

**There is a failure in more ways than one to meet the requirements for an Adequate (Grade 2) rating. The critical mass of factors will be centred on poor overall performance.**

Information regarding healthy lifestyles is not always accessible, or available in the needed formats. Information that is available is inaccurate or hard to understand.

The majority of national service framework targets for social care for adults are not met.

There is limited joint working with Health partners and other agencies. The work is poorly coordinated and is not built on shared objectives. A single assessment (or CPA for mental health) is undeveloped at this time or not considered.

Hospital admissions are high due to a lack of coordination around support to prevent admission and/or to support discharge in a setting. An understanding that acts on the needs of the individual is rarely demonstrated.

Very few, if any, social care needs are anticipated to inform current and future service provision at strategic level. Ineffective use is made of private and voluntary sector resources.

## 2. Improved Quality of Life

**Services promote independence, and support people to live a fulfilled life making the most of their capacity and potential**

### Excellent: Grade 4

**In addition to meeting the requirements for a grade 3 the following factors are essential for delivery of effective outcomes:**

The independence of almost all people who use services and carers is promoted actively and consistently within all services to minimise the impact of any disabilities, and to avoid family stress and breakdown. In almost all cases outcomes are significantly and consistently higher than in similar authorities. There is a sustained trend of significant improvements or high standards are maintained.

People needing care, regardless of the level, have their needs met through appropriate services. Innovative support packages are used to meet these needs. The council also commission or provides a good range of preventative services, which have directly contributed to reductions in people needing higher-level support. The council continue to monitor these services to ensure the support they are receiving is timely, delivered appropriately and is meeting the needs of the individual

Where care is commissioned outside of the council's provision people are directed to a range of proven organisations that provide good, relevant support meeting diversity and cultural needs of all people who use services. The council are satisfied, and can evidence good outcomes from these services

People with low-incidence conditions are given a choice of specialist support tailored to their needs, to promote as much independence as possible. The council can demonstrate effective relationships with neighbouring authorities and specialist national service providers, which are able to offer expert support where the council is unable to do so.

### Good: Grade 3

**In addition to meeting the requirements for a grade 2 the following factors are essential for delivery of effective outcomes:**

The independence of most people who use services and carers is promoted actively and consistently within most services to minimise the impact of any disabilities, and to avoid family stress and breakdown. There is evidence that outcomes are above average. Well-targeted initiatives in a range of areas are making a notable difference.

Most people's care needs, regardless of the level, are met through appropriate services. There is some successful focus on early identification/prevention reducing some need of higher-level support. Where services are commissioned, the council continue to monitor these services to ensure the support they are receiving is timely, delivered appropriately and is meeting the needs of the individual

Where care is commissioned outside of the council's provision people are directed to a range of proven organisations that provide relevant support. These meet most people's diversity and cultural needs. The council are satisfied, and can evidence good outcomes from these services.

Most people with low-incidence conditions are given a choice of specialist support tailored to their needs, to promote as much independence as possible. The council can demonstrate relationships with neighbouring authorities and specialist national service providers, which are able to offer expert support where the council is unable to do so.

### **Adequate: Grade 2**

The independence of people who use services and carers is promoted actively and within some services to minimise the impact of disabilities, and to avoid family stress and breakdown. There is evidence that outcomes are delivering at least the minimum.

Some people's care needs, regardless of the level, are met through appropriate services although smaller or specialist groups' needs are not always appropriately met. Identification/prevention work in reducing some need of higher-level support is developing. Where services are commissioned, the council continue to monitor these services to ensure the support they are receiving is timely, delivered appropriately and is meeting the needs of the individual

Where care is commissioned outside of the council's provision people are directed to a range of proven organisations that provide relevant support. These meet some people's diversity and cultural needs.

Some people with low-incidence conditions are given a choice of specialist support tailored to their needs, to promote as much independence as possible. The council can demonstrate relationships with neighbouring authorities and specialist national service providers, which are able to offer expert support where the council is unable to do so.

### **Inadequate: Grade 1**

**There is a failure in more ways than one to meet the requirements for an Adequate (Grade 2) rating. The critical mass of factors will be centred on poor overall performance.**

Services tend to foster dependency or are not effective in minimising the impact of disabilities, or in reducing family stress and breakdown.

Care needs are rarely met, especially for those needing the low end of the spectrum, or needs are met inappropriately. Identification/prevention work is not operational. Commissioned services are not appropriately monitored, to ensure the individual is receiving appropriate care according to need and personal preference.

There is little choice of commissioned provision; few people's cultural and diversity needs are considered when people are directed to them.

People with low-incidence conditions are rarely offered specialist support tailored to their needs.

### 3. Making a Positive Contribution

**Councils ensure that people who use their services are encouraged to participate fully in their community and that their contribution is valued equally with other people**

#### **Excellent: Grade 4**

**In addition to meeting the requirements for a grade 3 the following factors are essential for delivery of effective outcomes:**

The council can evidence that people who use services and their carers have been actively involved in development and improvement work. They have taken their ideas forward to the satisfaction of those people resulting in changes to services. The council ensures all groups within the community are involved and that different people are included where possible to reflect the diversity of the community. This work is well developed and embedded in council procedures and practice.

The council actively seeks ongoing feedback from people and carers using a wide range of media that enables all to participate; acts on this and can demonstrate positive quality change to the satisfaction of almost all.

There is coherent, innovative and effective partnership working, including with the voluntary and private sectors. Integrated service delivery meets the needs of wider economic, social and environmental well-being of the area and empowers different communities to support themselves.

This has demonstrable impact with positive trends of improvement, evidenced, for example, by the council encouraging people's involvement through voluntary work, and actively seeks opportunities for this to happen, within their own provision as well as outside of the council. Voluntary placements are vetted for suitability to the individual, and effectiveness in valuing the individual's contribution.

People gain life skills, to help them in the wider community and gain confidence in their own abilities. Councils ensure that opportunities are not only available, but well publicised and supported. Individual plans in day services are written to support this, in conjunction with the person using the service. The council demonstrates innovative ways of delivering opportunities both inside the service and within the wider community.

People who are able to communicate for themselves are encouraged to do so on an ongoing basis with all aspects of their care and planning. People are supported in developing their confidence and ability to communicate through appropriate groups, enabling them to say what they truly think. The council ensures that these views are listened to and acted upon.

### **Good: Grade 3**

#### **In addition to meeting the requirements for a grade 2 the following factors are essential for effective delivery of outcomes:**

The council can evidence where people who use services and their carers have been actively involved in development and improvement work. They have taken their ideas forward to the satisfaction of most people and carers resulting in mainly positive changes to services. The council involve most groups within the community. This work is developed and embedded in council procedures and practice.

The council frequently seeks feedback from people and carers using a range of media that enables most to participate, acts on this and can demonstrate positive quality change to the satisfaction of most. This has the signs of impact with the start of positive trends of improvement, evidenced, for example, by the council encouraging people's involvement through voluntary work, and seeks opportunities for this to happen, within their own provision as well as outside of the council. Voluntary placements are vetted for suitability to the individual, and effectiveness in valuing the individual's contribution.

Most people gain life skills, to help them in the wider community and gain confidence in their own abilities. Councils ensure that opportunities are not only available, but also well publicised and supported. Individual plans in day services are written to support this, in conjunction with the individual.

The majority of people who are able to communicate for themselves are encouraged to do so on an ongoing basis with all aspects of their care and planning. Most people are supported in developing their confidence and ability to communicate through appropriate groups, enabling them to say what they truly think. The council ensures that these views are listened to and acted upon.

Personal growth and development throughout the individual's lifespan is encouraged including active participation in life at home, work and in the community.

### **Adequate: Grade 2**

The council has started to put in place arrangements to seek feedback from people and carers, but has yet to act on them.

Some people are given the opportunity to gain life skills, to help them in the wider community and gain confidence in their own abilities. Councils ensure that opportunities are available, but these are not universally available. Individual plans in day services are written to support this, in conjunction with the person using services.

Some people who are able to communicate for themselves are encouraged to do so on an ongoing basis with aspects of their care and planning.

People are supported in developing their confidence and ability to communicate through appropriate groups, enabling them to say what they truly think, although this is not available to all user groups. The council ensures that these views are listened to and acted upon.

### **Inadequate: Grade 1**

**There is a failure in more ways than one to meet the requirements for an Adequate (Grade 2) rating. The critical mass of factors will be centred on poor overall performance.**

The council has made little attempt to seek feedback from people and carers, and is unable to demonstrate that they value services.

Few people are given the opportunity to gain life skills, to help them in the wider community and gain confidence in their own abilities. The council does little to promote activity to aid this.

People who are able to communicate for themselves are rarely encouraged to do so. The use of self-advocacy groups is limited, with most decisions being made on behalf of people, rather than by them.

## 4. Increased Choice and Control

**People, and their carers, have access to choice and control of good quality services, which are responsive to individual needs and preferences**

### Excellent: Grade 4

**In addition to meeting the requirements for a grade 3 the following factors are essential for delivery of effective outcomes:**

From the first point of contact, all referrals, assessment, care planning and review processes are dealt with respect for the person and in a timely manner. The person's individual needs and preferences can be demonstrated as being at the heart of the process. All staff involved are fully trained in understanding the process.

People who use Adult Social Care, young people with long-term care needs, carers and potential users of services feel informed about services and their individual care needs, as information about each service has been effectively communicated

There are clear publicised routes to access all key social care services, 24 hours a day, seven days a week; these services are of high quality irrespective of when they are accessed.

Complaints are handled promptly and courteously. The complaints/comments procedure is well publicised and people friendly, and effective in improving services.

People report that their views are well represented. Advocacy services enable people to tell their story, and will effectively communicate that story to others as the individual wishes. The service supports people in making their own decisions and respectfully gives advice as and when the person requires.

The range of services available is broad and varied to meet needs, offer choices to many, and take account of individual preferences. This includes sensitivity to the needs and preferences of diverse community groups.

Adult Social Services promote independence and choice by supporting all people in continuing to live in their own environment if they wish, providing a robust network of support to make this an effective option.

The Adult Social Care Services demonstrate ambition and innovation by increasing the range of options for control and choice through the use of Individual Budgets, Direct Payments and imaginative primary and secondary prevention initiatives for some of the most vulnerable groups. There are substantial numbers of people in receipt of Direct Payments.

Good-quality information about services and standards is readily publicised and readably accessible to all, including diverse groups in the community.

### **Good: Grade 3**

#### **In addition to meeting the requirements for a grade 2 the following factors are essential for delivery of effective outcomes:**

It can be demonstrated that from the first point of contact, most referrals, assessment, care planning and review processes are dealt with respect for the person and in a timely manner. The majority of people's individual needs and preferences can be demonstrated as being at the heart of the process. All staff involved are fully trained in understanding the process.

Most people who use Adult Social Care, young people with long-term care needs, carers and potential users of services feel informed about services and their individual care needs; information about each service has been communicated, but not all groups are necessarily catered for within the publications.

There are clear publicised routes to access most key social care services, 24 hours a day, seven days a week.

The complaints/comments procedure is available on request and accessible to most people.

Most people report that their views are well represented. Advocacy services enable people to tell their story, and will effectively communicate that story to others as most individuals wish. The service supports people in making their own decisions and respectfully gives advice as and when the person requires.

The range of services is broad and is increasingly able to offer choices and meet preferences. Services are sensitive to the needs of most diverse community groups.

Adult Social Services promote independence and choice supporting most people in continuing to live in their own environment if they wish, providing a robust network of support to make this an effective option.

People are routinely and systematically made aware of the availability of Direct Payments and are positively encouraged to take these up when appropriate. There is evidence of increasing take-up of Direct Payments across all user groups both in terms of numbers of individuals and amount taken up.

Good-quality information about service standards is readily accessible to most people including diverse groups in the community.

### **Adequate: Grade 2**

There are clear routes to access some key social care services, 24 hours a day, seven days a week.

The complaints/comments procedure exists, but is either not readily available, or difficult for some people to use.

The range of services is developing and only meets some of the needs and preferences of some people and carers. Services are sensitive to the needs of some diverse community groups.

Adult Social Services support some people in continuing to live in their own environment if they wish; networks are in place to support this option, with varying effectiveness.

There is routine promotion of Direct Payments and people are encouraged to take these up when appropriate.

Good-quality information about service standards is accessible to some people, and to some diverse groups in the community.

### **Inadequate: Grade 1**

**There is a failure in more ways than one to meet the requirements for an Adequate (Grade 2) rating. The critical mass of factors will be centred on poor overall performance.**

The routes to access key social care services are not clear to people, readily accessible, or are not available 24 hours a day, seven days a week.

A complaints/comments procedure either does not effectively exist, or is inaccessible.

The range of services is relatively limited. Few services take account of the needs and preferences of people and carers. There are substantial shortfalls in quality or coverage. Services are unable to meet the needs of diverse community groups.

The network and support to enable people to live in their own homes is weak, with little choice other than residential care options being offered. This is at the expense of individuals' independence.

There is an absence of routine and systematic promotion of Direct Payments and the numbers of people who are in receipt of these is insignificant.

Good-quality information about service standards and complaints procedures is generally lacking or is not readily accessible to people, or to people in diverse groups in the community.

## 5. Freedom from Discrimination

Those who need social care have equal access to services without hindrance from discrimination or prejudice; they feel safe and are safeguarded from harm

### Excellent: grade 4

**In addition to meeting the requirements for a grade 3 the following factors are essential for delivery of effective outcomes:**

Clear eligibility criteria for all services are published, easy to understand and fair to all.

Adult Social Services, in conjunction with all relevant partners, are effective in monitoring the social care needs of the local population including carers and the take-up of services. Fair access can be demonstrated in all areas, and action is taken to increase take-up of services from under-represented groups.

Access to services for all disabilities, cultures and gender are appropriate, and inclusive. Advocacy and interpreting services are respectful and suitable to the individual's needs, promoted and timely.

The council can demonstrate effective, innovative, ongoing activity in identifying vulnerable adults at risk from social exclusion; this is highly effective in helping them to make contact with Social Services where they may not previously have felt able to do so.

People are clearly assigned to a team or manager for assessment and the meeting of their needs. Each person's individual needs are met, rather than by an assumption of the general needs of clients with specific conditions or disabilities. No individuals have fallen between services due to the ineffective working of this process.

The council has an organised focus on safeguarding adults in vulnerable situations. Protocols are in place for dealing with adults identified as being at risk, and are known and acted upon by all staff.

Adult protection committees, or similar arrangements, work effectively and protection of vulnerable adults (POVA) arrangements are upheld.

There is universal access to initial assessments, regardless of whether a person intends to self-fund, to determine the needs of the individual and whether they are eligible within the council provision. All people are treated equally in accessing this service.

### **Good: Grade 3**

In addition to meeting the requirements for a grade 2 the following factors are essential for delivery of effective outcomes:

Clear eligibility criteria are published for most services, are easy to understand and fair to all.

Adult Social Services, in conjunction with all relevant partners, monitor most of the social care needs of the local population including carers and the take-up of services. Fair access can be partly demonstrated, and action is taken to increase take-up of services from under-represented groups.

Access to services for disabilities, cultures and gender are appropriate, and inclusive of most groups. Advocacy and interpreting services are respectful and suitable to the individual's needs, promoted and timely.

There is systematic and routine implementation and monitoring of the Disability Discrimination Act (DDA 2005) requirements and the council can demonstrate that it is meeting their responsibility in this regard.

The council can demonstrate ongoing activity in identifying vulnerable adults at risk from social exclusion; this is mostly effective in helping people make contact with Social Services where they may not have felt able to otherwise.

The council has a focus on safeguarding adults in vulnerable situations. Protocols are in place for dealing with adults identified as being at risk, and are known and acted upon by all staff.

Adult protection committees, or similar arrangements, are in place and of a good standard and POVA arrangements are upheld.

There is universal access to initial assessments, regardless of whether a person intends to self-fund, to determine the needs of the individual and whether they are eligible within the council provision. Most people are aware of this and can access this service easily.

### **Adequate: Grade 2**

Clear eligibility criteria are published for some services, but some may be difficult to understand, or inequitable in their treatment to different groups of people.

Adult Social Services, in conjunction with partners, monitor some of the social care needs of the local population including carers and the take up of services. Fair access can be demonstrated in some cases, and action is taken to increase take-up of services from under-represented groups.

Access to services for disabilities, cultures and gender are appropriate, and inclusive to some. Advocacy and interpreting services are respectful and suitable to the individual's needs, but not always readily available.

The council can demonstrate activity in identifying vulnerable adults at risk from social exclusion; this is effective in helping some people make contact with Social Services where they may not have felt able to otherwise.

The council has a focus on safeguarding adults in vulnerable situations, although this needs to be consolidated and embedded into council practice. Some protocols are in place for dealing with adults identified as being at risk, and are known and acted upon by all staff.

There is universal access to initial assessments, regardless of whether a person intends to self-fund, to determine the needs of the individual and whether they are eligible within the council provision. Some people are aware of and can access this service easily.

Adult protection committees, or similar arrangements, are in place, although work needs to be done to ensure protocols work effectively and POVA arrangements are upheld.

### **Inadequate: Grade 1**

**There is a failure in more ways than one to meet the requirements for an Adequate (Grade 2) rating. The critical mass of factors will be centred on poor overall performance.**

Clear eligibility criteria are not published, are difficult to understand or are inequitable in their treatment of different groups of people.

Adult Social Services have few arrangements in place to monitor the social care needs of the local population and the take-up of services. Fair access cannot be demonstrated and little action is taken to increase take-up of services from under-represented groups.

Access to services is culturally inappropriate, or not fully inclusive of disabilities. Advocacy and interpreting services are either not available for all groups of people using services or are used inappropriately.

The council does not have a formalised focus on safeguarding adults in vulnerable situations. Protocols are not officially in place for dealing with adults identified as being at risk, and not all staff are knowledgeable about protocols.

There is little or no activity in identifying vulnerable adults at risk from social exclusion. This activity is not consistently taking place.

Access to assessments is confined primarily to people who are publicly funded. Self-funders are either unaware or find it difficult to access this service.

Adult Protection committees, or similar arrangements, are not formalised or are ineffective; POVA arrangements are uncoordinated or have broken down.

## 6. Economic Well-being

**People are not disadvantaged financially and have access to economic opportunity and appropriate resources to achieve this**

### Excellent: Grade 4

**In addition to meeting the requirements for a grade 3 the following factors are essential for delivery of effective outcomes:**

Pathway and transition plans for vulnerable and other groups are monitored effectively and reviews are used to make improvement. Almost all people who use services contribute to their reviews and are positive about service provision and delivery.

The number of people who use services in education, training and employment is well above the average found in similar areas, or there is a sustained and significant trend of improvement, or high standards are maintained, including for all vulnerable, minority ethnic and other groups.

The outstanding quality, coordination and range of advice empower people with mental health needs, learning difficulties and/or disabilities to be independent, and be well prepared for life.

There is a wide choice of pathways and flexibility to meet diverse needs, including those of seldom heard groups. The partnership between the local authority, the Learning and Skills Council and the business sector is constructive and the very high-quality collaboration between partners leads to very effective advice and guidance to all groups of people, including vulnerable and minority ethnic groups, and those with complex needs.

Carers are supported effectively to enable them to continue in their employment or return to work.

### Good: Grade 3

**In addition to meeting the requirements for a grade 2 the following factors are essential for delivery of effective outcomes:**

Pathway and transition plans for vulnerable and other groups are monitored and reviews are used to make improvement. Most people who use services contribute to their reviews and are positive about service provision and delivery.

Pathway and transition plans for vulnerable and other groups are monitored and reviews are used to make improvement. Most people contribute to their reviews and are positive about service provision and delivery.

The outstanding quality, coordination and range of advice empower people with mental health needs, learning difficulties and/or disabilities to be independent, and be well prepared for life.

There is a clear and successful focus on secondary prevention and where relevant primary prevention. Early intervention of services supports most people to make informed choices about their care and its cost. The programmes are part of a multi-agency approach with high-quality planning and coordination.

There are sustained efforts to make sure that the most vulnerable groups are not disadvantaged from having access to choice of service and Direct Payments to meet their needs.

**Adequate: Grade 2**

Pathway and transition plans for vulnerable and other groups are monitored. Some people who use services contribute to their reviews and are positive about service provision and delivery.

Programmes that focus on prevention are being established and there are clear targets that have been set for the service. The planning and coordination of these programmes are in place and making a demonstrable difference.

Some carers are supported so that they can continue in their employment or even return to work.

**Inadequate: Grade 1**

**There is a failure in more ways than one to meet the requirements for an Adequate (Grade 2) rating. The critical mass of factors will be centred on poor overall performance.**

Pathway and transition plans for vulnerable and other groups are either not set up, or are insufficiently monitored. Few people who use services contribute to reviews (if a plan is in place).

The number of people who use services and carers in education, employment or training is below the average in similar areas and the proportion is too high, especially for some vulnerable, minority ethnic and other groups.

The partnership between the local authority, the Learning and Skills Council and the business sector is not well established and collaboration between partners leads to poor advice and guidance to all people, including vulnerable and minority ethnic groups, and those with complex needs.

## 7. Maintaining Personal Dignity and Respect

Adult Social Care provide a confidential, secure setting which respects the individual, helping to preserve people's dignity

### Excellent: Grade 4

**In addition to meeting the requirements for a grade 3 the following factors are essential for delivery of effective outcomes:**

Privacy and confidentiality are assured in all contacts, supported by appropriate policies and procedures.

People's homes are safe and secure, alarms and aids are easily accessible to people, encouraging safety and assurance.

Almost all people who use services report feeling safe, consulted with and that their concerns are listened to and responded to with very suitable actions that promote self-protection and personal empowerment. Life chances of almost all people who use services have been improved significantly. Services to most significantly improve their life chances by providing access to leisure, and healthy lifestyle opportunities.

People are effectively safeguarded against abuse, neglect or poor treatment whilst using services. Incidents of this kind are rare.

Outcomes are reviewed regularly to ensure that information, support and guidance are sharply targeted to meet all needs and are increasingly empowering individuals, groups and the community as a whole in ensuring people stay safe.

Almost all workers are aware of and routinely use a wide range of high-quality preventative support services and this has led to a discernable, significant and sustainable reduction in the incidence of abuse and neglect and is clearly enabling people to be well cared for.

Interpersonal relationships are innovatively and actively encouraged not only with people within the service, but also with the wider community. Social integration based on rich networks of caring relationships can be demonstrated.

### Good: Grade 3

**In addition to meeting the requirements for a grade 2 the following factors are essential for delivery of effective outcomes:**

Privacy and confidentiality are assured in most cases through appropriate policies and procedures, and compliance is usually well managed.

People's homes are safe and secure, alarms and aids are easily accessible to most people who use services, encouraging safety and assurance.

Most people report feeling safe, consulted with and that their concerns are listened to and responded to with very suitable actions that promote self-protection. Life chances of most people have been improved significantly. Services to most significantly improve their life chances by providing access to leisure, and healthy lifestyle opportunities.

People are effectively safeguarded against abuse, neglect or poor treatment whilst using services. Incidents of this kind are rare.

Outcomes are reviewed frequently to ensure that information, support and guidance are targeted to meet most needs and are increasingly empowering individuals, groups and the community as a whole in ensuring people stay safe.

Most workers are aware of and routinely use a wide range of good preventative support services and this has led to a discernable, sustainable reduction in the incidence of abuse and neglect and is clearly enabling people to be well cared for.

Interpersonal relationships are encouraged not only with people within the service, but also with the wider community. Social integration based on rich networks of caring relationships can be demonstrated.

### **Adequate: Grade 2**

Privacy and confidentiality are usually assured, although there are lapses for a minority of people either because compliance is not always well managed or because policy is inappropriate applied.

People's homes are safe and secure, although alarms and aids are not easily accessible by some people who use services.

Some people report feeling safe, consulted with and that their concerns are listened to and responded to with suitable actions that promote self-protection. Life chances of most people using services have been improved.

Safeguards against abuse, neglect or poor treatment whilst using services are adequate. Safeguards need further development, but incidents of this kind are rare.

Outcomes are reviewed to ensure that information, support and guidance are targeted to meet mainstream needs, ensuring people stay safe.

Most workers are aware of and use a range of preventative support services and this has led to a discernable, sustainable reduction in the incidence of abuse and neglect.

Interpersonal relationships are encouraged within services.

### **Inadequate: Grade 1**

**There is a failure in more ways than one to meet the requirements for an Adequate (Grade 2) rating. The critical mass of factors will be centred on poor overall performance.**

Privacy and confidentiality are often not assured, either because of lack of appropriate policy and procedures, or because compliance is poorly managed.

People's homes are not always safe and secure, alarms and aids are rarely offered, or are not easily accessible to people who use services.

Safeguards against abuse, neglect or poor treatment whilst receiving social care are poorly developed, or not effectively implemented. Incidents of this kind occasionally take place.

Outcomes are not systematically reviewed; information, support and guidance are uncoordinated in regard to safety for people who use services.

Awareness and use of preventative support services are limited.

Little effort is made in helping people to make relationships within services or the wider community. Opportunities for social integration are not maximised.

## 8. Leadership

**The council has corporate arrangements and capacity to achieve consistent, sustainable and effective improvement in Adult Social Services**

### Excellent: Grade 4

**In addition to meeting the requirements for a grade 3 the following factors are essential for delivery of effective outcomes:**

*The CASSR's contribution to delivering outcomes for people who use services and carers is at least good in almost all functions across the seven outcome areas. There is evidence of notable impact for almost all people who use services and carers and capacity for improvement is overall judged to be excellent.*

There is a history of delivering innovative solutions to difficult problems and new challenges and this leads to secure, sustainable and notable improvements in outcomes for people and their carers. High-quality core service functions are maintained over time.

Highly competent, ambitious and determined leadership skills of senior officers and elected members champion the needs of the people for whom they provide or commission services and respond effectively to needs. Senior officers make sure there is effective staff contribution within the organisation and across the partnership to planning and delivery of key priorities and to meeting suitably ambitious outcomes.

People contribute routinely to strategic planning and in judging the effectiveness of provision. The vision and priorities are supported by comprehensive, coherent and well-linked multi-agency plans. There are the necessary resources in place for the delivery requirements. All of this is communicated effectively across the organisation and with key external partners.

Because of systematic long-term forward planning, there are the people, skills and capability in place at all levels to deliver service priorities and to maintain high-quality core services. The CASSR has a framework for implementing and monitoring relevant professional and occupational standards and standards of conduct across Adult Social Services whether commissioned or provided by the local authority.

The CASSR makes sure that oversight and responsibility are maintained for staff appointed to jointly funded posts between Adult Social Care and other agencies or who are seconded/employed by care trusts as part of Section 31 Health Act Flexibility arrangements.

Performance management, quality assurance, and scrutiny arrangements are in place and effective: performance improvement can be demonstrably linked to management action.

### Promising: Grade 3

**In addition to meeting the requirements for a grade 2 the following factors are essential for delivery of effective outcomes:**

*The CASSR's contribution to delivering outcomes people who use services and carers is at least adequate in most functions across the seven outcome areas. There is evidence of notable impact for most people who use services and carers and capacity for improvement is overall judged to be promising. Where weaknesses are identified, these affect a small minority of people.*

There is strong track record of improvement in service delivery and performance data, including satisfaction data and outcomes for minority ethnic, the most vulnerable and other groups. This is sustained and compares well with local and national comparators.

There is effective leadership and direction resulting in a shared vision and agreed, sharply targeted priorities for improvement, which are understood within and beyond the organisation. People and carers are increasingly consulted on provision as part of strategic planning. The vision and priorities are supported by well-coordinated and deliverable multi-agency plans, which remedy weaknesses and secure continuous improvement all within a realistic timeframe.

People and carers are increasingly engaged in strategic planning, and have made a notable difference in key areas. The responses of most people and carers to service delivery and provision are positive and their contribution to planning can be demonstrated to have made a difference.

Services are aligned well to needs, are accessible to most people and carers and are sufficiently bespoke to meet a range of individual circumstances.

Systematic forward planning ensures that there are the people, skills and capability in place to deliver service priorities. The Human Resource framework maximises internal capacity and ensures that service developments are provided for, through, for example, staff training and development and absence management policies.

Performance management is effective and can demonstrate that:

The arrangements are secure, with ambitious targets, which are mostly met.

Progress on performance is monitored, reported and risks are mitigated against through timely and effective remedial action.

Financial management is secure and integrated with strategic and service planning.

Self-evaluation is used to learn lessons and make improvements.

## Uncertain: Grade 2

*The CASSR's contribution to delivering outcomes for people who use services and carers is at least adequate in some functions across the seven outcome areas. There is evidence of notable impact for some people who use services and carers but capacity for improvement is overall judged to be uncertain. Where weaknesses are identified, these affect a minority of people.*

There is a record of improvement in service delivery and performance data in some areas including outcomes for the most vulnerable groups. For a significant minority of people and carers this is sustained and in line with local and national comparators.

Leadership in some key areas is clear and staff, people who use services/carers and partner agencies are involved in some service planning and improvement. The vision is shared and understood and priorities are emerging on the basis of a clear analysis of need. Plans are increasingly comprehensive and linked strategically and address key developmental areas.

There is regular consultation with people and carers and some evidence that this has made a difference. The most vulnerable and other minority groups are involved fully in the process.

Plans are increasingly comprehensive, linked strategically and identify national and local priorities. There are extensive and realistic targets being set and some are met. Coordinated working arrangements across the council and with external partnerships are reflected in strategic planning and there is some evidence that this working has resulted in a demonstrable contribution to improvements.

There is a developing local human resources plan to make sure that there are the people, skills and capability in place to deliver service priorities. There is some evidence of impact on meeting the delivery of these priorities.

Performance management arrangements are in place and demonstrate that:

- There is some evidence of remedial action being taken in response to identified risks.
- Realistic targets are set and some are met.
- Self-evaluation is generally accurate and is sometimes used to learn lessons and make improvements across the organisation and in dealing with key external partnerships.

## Poor: Grade 1

**There is a failure in more ways than one to meet the requirements for an Adequate (Grade 2) rating. The critical mass of factors will be centred on poor overall performance.**

Leadership by senior officers and/or elected members is insufficiently clear and/or effective. Consequently the vision and priorities are not sufficiently shared or well matched to need. Key plans are not in place to deliver improvements in priority areas.

People and carers are not consulted regularly or sufficiently engaged in decisions that affect them as individuals. Where there is consultation there is no demonstrable evidence that it makes a difference to people who use services.

People and carers have major and well-founded reservations about the quality of some services.

Partnership working is not well coordinated and is insufficiently built on shared goals and priorities. Some key partners are not engaged fully and there is limited evidence of partnership working making a difference.

There will be notable gaps in staffing and skills capacity and no effective human resource strategy to recruit and retain sufficient well-trained staff to deliver improved outcomes for people who use services and carers.

Performance management and evaluation processes are under-developed within a range of services. There is no obvious mitigation against risks that are identified through performance management and as a result there is limited evidence of improvement or lessons being learned.

## 9. Commissioning and use of Resources

**Adult Social Care commission and deliver services to clear standards of both quality and cost, by the most effective, economic and efficient means available**

### Excellent: Grade 4

**In addition to meeting the requirements for a grade 3 the following factors are essential for commissioning and effective use of resources:**

The CASSR working with the primary care trust's director of public health has a detailed analysis of need of the whole population with comprehensive gap analysis and strategic commissioning plan that links investment to activity over time.

The CASSR makes sure that the commissioned service activity is linked to the outcomes in 'Our Health, Our Care, Our Say'.

The CASSR makes sure that almost all people who use services, carers' groups and relevant staff groups are integral to the commissioning process through consultation, design and evaluation of service provision.

Expenditure on social care services reflects national and local priorities and is fairly allocated to meet the needs of diverse communities and those receiving out of area services.

The CASSR makes sure there is a medium-term financial plan in place and demonstrates there is the financial capacity to deliver the priorities in the plans and sustain good-quality core services.

The CASSR has a clear understanding of the local social care market and there are innovative and imaginative measures taken jointly with providers to try to meet the needs of both publicly funded and self-funded individuals.

The council secures services at a justifiable cost, having identified the range of options available and made explicit comparisons in terms of quality and cost.

There is a robust commissioning partnership between the council, the private and voluntary sectors as well as the statutory services.

Optimum use is made of joint commissioning and partnership working to improve the economy, efficiency and effectiveness of local services.

The leadership are innovative in devising and overseeing implementation of related local targets that support positive change for those people using Adult Social Care services.

### **Promising: Grade 3**

#### **In addition to meeting the requirements for a grade 2 the following factors are essential for commissioning and effective use of resources:**

There is clear evidence that the CASSR has information about costs in relation to quality and these are used in most areas of strategic and service planning and in commissioning to improve the economy, efficiency and effectiveness of local services.

The CASSR makes good use of the potential for joint commissioning and/or decommissioning and partnership working to improve the economy, efficiency and effectiveness (value for money) of local services. Informed choices are made about the balance of cost and quality in, for example, planning at all levels and in commissioning and decommissioning services

The CASSR makes sure that there are effective procurement processes in place that are designed to further the ambitious strategic aims for Adult Social Care, and which reflect local social care market conditions.

The CASSR has an emerging understanding of the local social care market and there are increasingly effective relationships with providers to try to meet the needs of both publicly funded and self-funded individuals.

The council has robust financial management planning and reporting systems and a track record of competently managing its social care budgets. Annual efficiency savings are delivered through careful analysis of use of resources and subsequent improvements.

### **Uncertain: Grade 2**

Where there is joint procurement and commissioning there is evidence that this leads to some improvements, including in value for money.

The costs of key services are known and there is some benchmarking against national comparators and/or other areas of cost and quality.

Some expenditure on social care has been reallocated to take account of national priorities and emerging local priorities. These decisions are based on the best data available and are intended to implement further improvements in value for money requirements.

There is some evidence of annual efficiency savings being delivered as a result of more effective commissioning and modernisation of services. This is not embedded across all service areas.

There is insufficient knowledge of the costs of some key services and a lack of understanding of how costs and quality of services compare with national and/or other areas.

**Poor: Grade 1**

**There is a failure in more ways than one to meet the requirements for an Adequate (Grade 2) rating. The critical mass of factors will be centred on poor commissioning and use of resources.**

The CASSR does not secure services at a justifiable cost and fails to explore the options and possibilities to compare quality with cost.

Expenditure on social care reflects historical patterns of commissioning and does not respond to national priorities or local target driven outcomes in commissioning and use of resource decisions.

There is little evidence that targets for efficiencies have been driven into the system and where they have that they have delivered their objective.

## Reader Information

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Author	Commission for Social Care Inspection
Publication Date	July 2006
Target Audience	Social services directors and other (local council) commissioners of care services, chief executives and councillors of councils with social services responsibilities in England.
Internet address	<a href="http://www.csci.org.uk">www.csci.org.uk</a>

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