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QORU

quality and outcomes
of person-centred care
research unit

Is outcomes-based management and policy-making a reality for local government?

ILPN conference, London School of Economics and
Political Science, 1st September 2014

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University of
Kent



Outcomes based management

- *A vision for adult social care (2010)* - change in focus



- *Transparency in outcomes: a framework for adult social care (2011)*
 - outlined first Adult Social Care Outcomes Framework (ASCOF)
 - Aims to support local service improvement and accountability

The new surveys

Two new surveys developed to provide data for ASCOF

- **Adult Social Care Survey (ASCS)**
 - Conducted annually by councils since 2010/11
 - Sample of all social care users, including care homes and community-based
- **Personal Social Services Survey of Adult Carers in England (PSS SACE)**
 - Conducted biennially by councils since 2012/13
 - Sample of all assessed adult carers

Anecdotal feedback from councils: difficult to use information

The ASCOF indicators

10/19 outcome indicators are drawn from surveys of service users and carers

ASCOF outcomes measures from ASCS / PSS SACE		Survey
1A	Social care-related quality of life	ASCS
1B	The proportion of people who use services who have control over their daily life	ASCS
1D	Carer-reported quality of life	PSS SACE
1L	Proportion of people who use services and their carers, who reported that they had as much social contact as they would like	both
3A	Overall satisfaction of people who use service with their care and support	ASCS
3B	Overall satisfaction of carers with social services	PSS SACE
3C	The proportion of carers who report that they have been included or consulted in discussions about the person they care for	PSS SACE
3D	The proportion of people who use services and carers who find it easy to find information about services	Both
4A	The proportion of people who use services who feel safe	ASCS
4B	The proportion of people who use services who say that those services have made them feel safe and secure	ASCS

The MAX project

Funded by the Department of Health via the Quality and Outcomes of Person-centred Care Research Unit (QORU)

Aims to support councils to translate ASCS and PSS SACE data into meaningful results that will guide local policy making and service improvement

Fact-finding phase of project asked [1] what are the key challenges faced by councils in using the survey data?, and [2] what can be done to support councils to make more / better use of the survey data?



MAX phase 1 research design

Activity	When	Details
Online survey	Jun-Jul 2013	19 questions (multiple choice & open ended) sent to all council survey leads in England. Completed by 100 staff from 83 councils.
Telephone interviews	Aug-Sep 2013	Semi-structured interviews, following up on responses to online survey. Conducted with a range of staff from the same council (where possible). 30 staff (including information officers/analysts, practitioners, managers and commissioners) from 16 councils participated.
Document analysis	Apr-Oct 2013	Review of 40+ reports based on survey data produced by councils for internal and external circulation (e.g. to senior management, survey respondents, local accounts). Submitted by 18 councils

FINDINGS FROM MAX PROJECT

High level of support for the surveys

Described as “*a significant resource to undertake*” but majority of online survey respondents (93%) see them as useful...

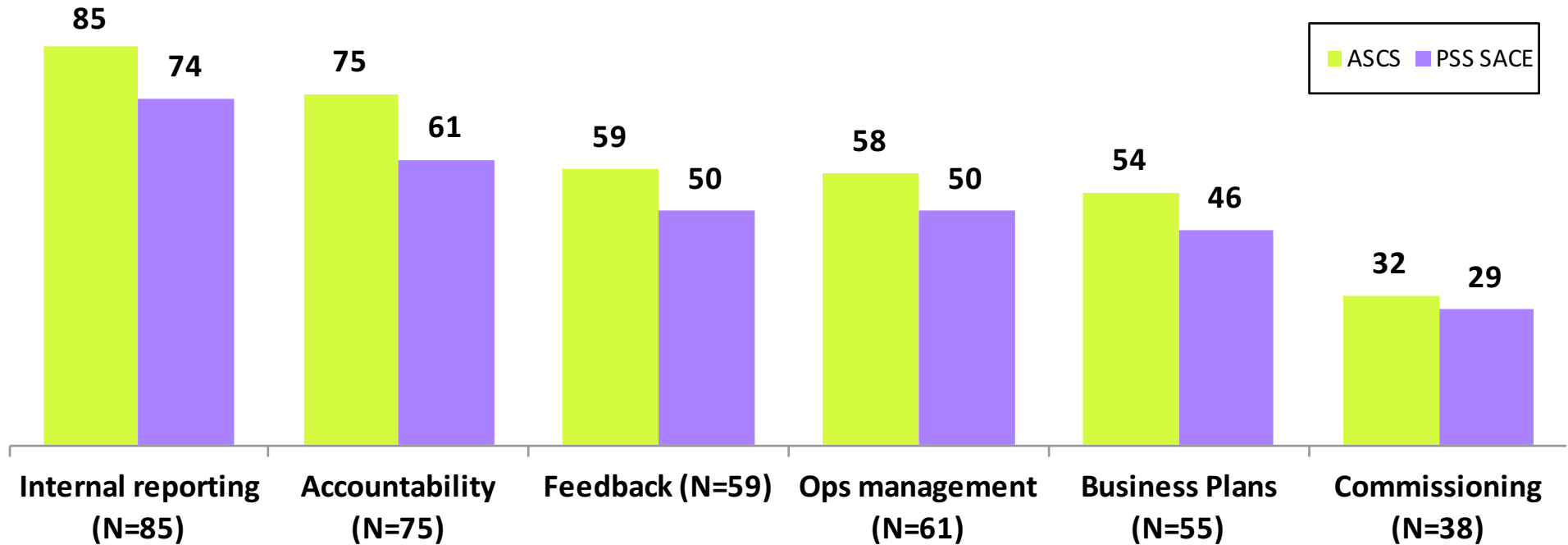
Without meaningful feedback from users of frontline services there is no tangible way of knowing if the services we provide are making a difference or could be better tailored to the needs of the population.

[Analyst]

Failure to invest in finding this information out means that millions of pounds could be wasted commissioning services that carers/cared for people don't want and won't use

[Business Development Officer]

Local uses of the survey data



Data used for a range of local purposes but performance monitoring activity (internal reporting) dominates. Reinforced by document review.

Data also feeds into policy and practice locally but only “to some extent” in most organisations (ASCS N= 76/100; PSS SACE = 60/93)
[source: online survey]

LA staff experience a lot of barriers

Barrier	Example	Evidence from Phase I activities
Time	Multiple demands, some survey requirements are time consuming (e.g. data cleaning)	<i>“it is so time consuming and resource intensive to administer the survey that the most important part (the results) often warrants less attention”</i> [policy officer, online survey]
Resources	Lack of skilled staff, specialist software	<i>Staff lack adequate skills to fully utilise the data</i> [performance manager, online survey]
Staff interest	Key audience not engaged with survey	Surveys are seen by some as <i>“just a tick box exercise”</i> and <i>“a key check that we are not getting things very badly wrong”</i>

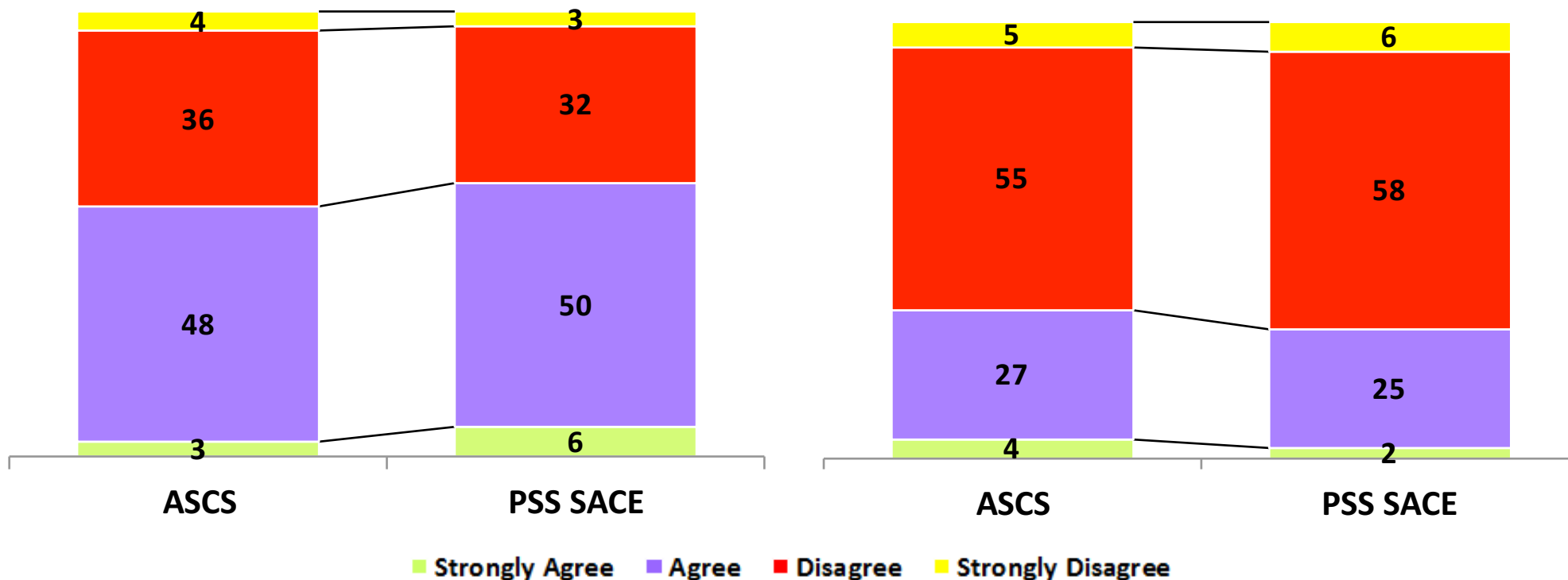
..and treat survey data with caution

Limitation of Surveys	Evidence from Phase I activities
Questions are too broad - difficult to interpret	<p><i>“For practice related feedback, the (survey) questions would need to be more specific”</i> [Quality Assurance manager, online survey]</p> <p><i>“It (the survey data) tells us what people think, but not why they think it”</i> [Head of Performance, online survey]</p>
Sample size	Some samples are too small to conduct group analysis (e.g. client groups, service sectors)
Representativeness of some samples	Some groups more likely to not respond and some users are missing entirely due to sampling (i.e. those who lack capacity). This has a particular effect on care home representativeness.

But does data meet local needs?

The survey is a good fit with local research priorities

Questions are not useful for informing policy & practice



Views may be linked to reported barriers but also underlying perceptions that ASCS and PSS SACE are designed to inform national policy, and the purpose of survey is performance monitoring

Survey data could be analysed more

- All reports submitted for review [N=46] focussed on describing the data (e.g. frequencies, percentages)
- Most common form of analysis = benchmarking
 - ASCS more than PSS SACE [17/23 vs. 12/23]
 - Most commonly, between councils and with previous results
- Minority of councils [6/16] conducted more detailed analysis
 - cross-tabulations / chi square (e.g. relationships, differences) [ASCS: 5 ;PSS SACE: 6]
 - thematic analysis [ASCS: 6 PSS SACE: 11]
 - Added extra questions and comments boxes

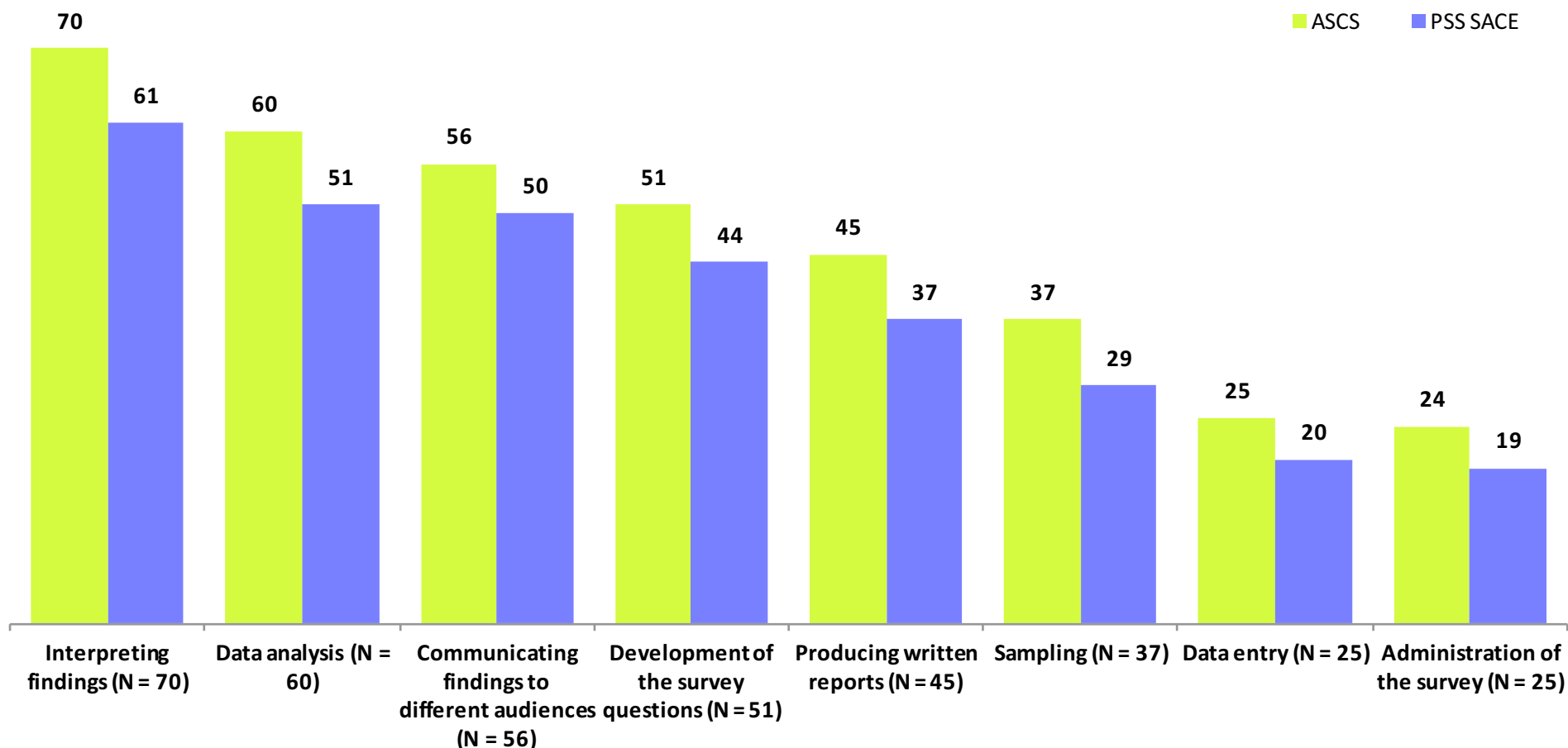
In summary

Councils are enthusiastic about using users' views of social care outcomes but they make limited use of the information in practice due to:

- difficulties of analysing and interpreting the data in a way that is meaningful for informing local policy and practice,
- their perceived function of the surveys (e.g. for 'benchmarking'), and
- legacy of performance management

SUPPORTING COUNCILS – MAKING THE VISION A REALITY

What support would council staff like?



Staff are also interested in knowledge exchange / sharing of good practices

How the MAX project can help?

Developing two toolkits (in collaboration with 'stakeholders') and hosting a series of events to encourage LA engagement with ASCS and PSS SACE, and support the greater local use of survey data. These will focus on:

- **Promotion** (e.g. demonstrating how surveys and sampling frame can be modified to meet local needs)
- **Skills development** (e.g. step-by-step guides on how to conduct further statistical or thematic analysis on data)
- **Information sharing** (e.g. examples of how LAs use or could use data for commissioning or strategic purposes)

The option to develop the HSCIC question bank will also be considered

Further Information

To find out more about the MAX project:

Website: www.maxproject.org.uk

Email: maxproject@kent.ac.uk

Call: 01227 823963



@MAXprojectteam

For a fuller commentary on the survey results visit
our blog:

<http://www.maxproject.org.uk/category/blog/>

Disclaimer

The research on which this presentation is based is funded by the Department of Health and undertaken by researchers at the Quality and Outcomes of Person-centred Care Research Unit (QORU). The views expressed here are those of the authors (the MAX project team) and are not necessarily shared by any individual, government department or agency.