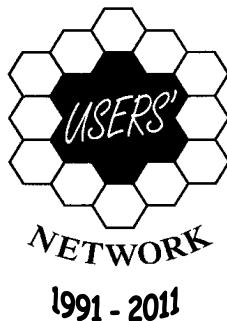


*Now in our 20<sup>th</sup> year of supporting users to speak out*

**WILTSHIRE  
& SWINDON**



Independent Living Centre  
St George's Road  
Semington  
Nr Trowbridge  
Wiltshire  
BA14 6JQ

Tel: 01380 871800  
Fax: 01380 871507  
email:[louiserendle.wsun@btconnect.com](mailto:louiserendle.wsun@btconnect.com)

## **The Wiltshire & Swindon Users' Network (WSUN) Response to the “Transparency in outcomes: a framework for adult social care A consultation on proposals” WSUN’s Strategic Overview**

### **Foreword**

The Wiltshire and Swindon Users' Network (WSUN) is a user-controlled organisation that meets the Department of Health “Design Criteria” for an established User Led Organisation (ULO). WSUN supports people who come with the experience of having physical or sensory impairments, using mental health services, being an older person, or having a range of learning difficulties. (Hereafter referred to as marginalised groups, which will also apply to the other 6 equality strands.) Our members are supported to become involved to develop ideas to shape Services, such as Health, Social Care and Community Partnerships and until recently with Wiltshire Police Equality Unit. WSUN takes commissions to set up Focus Groups to undertake Access Audits and scrutinise plans for Disability Access Issues.

We also host a very successful award winning Wiltshire Independent Travel Scheme (WITS).

WSUN has recently taken on, (from the 1<sup>st</sup> August 2010) the Host responsibility for the Wilshire LINk (locally known as “Wiltshire Involvement Network – WIN” and now co-produces this function with Age UK Wiltshire.



WSUN believes, and is totally committed to the vision and values of social inclusion, (including Equality and Human Rights for all). Ensuring and promoting Dignity and Respect for all in our local communities. But all Local Authorities (with Social Care Responsibilities) need to ensure ULOs are supported appropriately with continual funding to ensure this vision becomes a “true reality for all,” not just a few.

## **WSUN's own organisational Strategic Overview on the “Transparency in outcomes: a framework for adult social care A consultation on proposals”**

### **Build the evidence base**

1. How should Quality Standards in social care balance guidance on service practice, cost-effectiveness, what matters to people and outcome expectations?

**Answer:** Service users, disabled and older people and ULO organisation should be involved from the start in the development and the subsequent monitoring of the quality standard, in conjunction with CQC. This will enshrine the basic principles of personalisation. This will also ensure that appropriate resources are used to achieve the best value to improve the quality of life for users', who qualify for Social Care assessed funds or services.

2. How can we categorise Quality Standards in adult social care, and what should be the topics for the first Quality Standards?

**Answer:** Poor, Adequate, Standard, Good or Excellent

Evidence of service user feedback, demonstrating how it is/was used to make improvements to the person's/peoples' lives

3. How can Quality Standards be developed to support service users as commissioners, and local people in their role to hold councils to account?

**Answer:** ULO's should be commissioned to support Service users, disabled and older people to develop:-

- An accessible training programmes on skills to understand commissioning
- a “Kite-mark” systems of approved suppliers so people know the suppliers work to an “agreed code of conducts.” People should then be confident they can trust them to give “a good to excellent standard”, of support, advice and guidance, before commissioning/purchasing a service or appropriate equipment.
  - The Kite Mark could be monitored and enforced by the Local Authority/PCT (GP Consortia) or Consumer Direct
  - There needs to be a variety of different accessible ways to engage with the Council to ensure accountability back to the Local

Authority. Regular contact with their local ULO is important in ensuring accountability back to the their customers.

- a greater clarity around what can and can't be provided by the Local Authority, so that all people know what can be expected, then if this is not delivered it can then be challenged (with support if required) However, the process of complaint/challenge needs to clear and accessible to all.

### Demonstrate progress

1. Do you agree with proposals for a single data set for adult social care, supported by a single collection and publication portal?

**Answer:** The single data set collection and publication

- There needs to be wider and more accessible, available in different formats to make it understandable to Direct Payment Employers, (DPE) (as with the Government continued commitment to Personalisation Agenda. This group will increase both in Social Care and with pilots across the country for Health budgets as well.)
  - The skill set needed to be a good Personal Assistant (PA) is **very** different from a Care Support Worker (Although, there may need to be some similarities in some activities, around personal care, hygiene issues etc)
  - So DPEs do not necessarily recruit from within the traditional care-sector
2. Do you support the case for a set of consistent outcome-focused measures, which combine the best available data on social care outcomes?

**Answer: Yes. In principle**

- These need further work to embed the principles' of "Choice and Control" and therefore need to be flexible enough to meet innovative services delivery that meet the needs of individual and DPE outcomes. Consultation and explanation of these outcomes to ULO's, if necessary. Otherwise the underpinning principles of "Personalisation" could get lost in the implementation and jargon. ULOs need to be able to explain this to its members' and service users.
3. Do the four domains and outcome statements proposed adequately capture the breadth of outcomes which are relevant at the highest level to adult social care?

**Answer: Yes**

However, more could be done in early on-set dementia and people who have experiences of Mental Health issues around the promotion of "advance directives" and "mapping life stories" to ensure their informed consensual lifestyle choices are respected when people lack capacity to make those decisions

4. Do you have any further views on how adult social care should align with other sectors to support integrated working? How might this be put into practice?

## **Support transparency**

1. Do you support the proposal to replace annual assessments of councils conducted by the regulator with public-facing local accounts on quality and outcomes in adult social care?

**Answer:** Yes as long as it has a requirement to involve ULOs and Carers Organisation and other interested stakeholders to have a say in what is scrutinised and commented on as to the effectiveness of these quality accounts and the outcomes that are achieved.

2. Do you have any local examples and evidence of the benefits of a local account-type approach?
3. **Answer:** WSUN members' and users' of services have been directly consulted and involved in Wiltshire Primary Care Trust "Quality Accounts". The issues covered were:-
  - Community Health Services that specifically included;
    - Wheelchair Services
    - Maternity Services (Birthing centres)

4. What is your view on the balance between requiring standard elements in reports, and allowing freedom to fit to local circumstances?

**Answer:** If the standards are focussed on the clear outcomes for service users', this should allow for local issues to be reflected. Those broad outcomes could then reflect the need to have an "action plan" (with support where it has been assessed as appropriate) to overcome the barriers that exist; isolation of individuals

For example: Wiltshire is a rural county and therefore the transport network in small villages, is patchy. These routes are not deemed to be commercially viable to the larger bus providers

5. The proposed accounts would only apply to council commissioners. What further actions, if any, might be considered to promote transparency amongst service providers?

**Answer:** A requirement needs to be in place to involve ULOs and Carers Organisation and other interested stakeholders to have their say in what is provided.

6. Would you support an assurance role for the local HealthWatch in the production of accounts?

**Answer:** HealthWatch should be one of the partnerships involved in consulting the local community but not exclusively, so rather as a stakeholder

7. We would also be keen to receive views on whether user and carer-led assessments could support transparency and empower local people?

**Answer:** Absolutely agree!

### **Secure the foundations**

1. How should the Care Quality Commission ensure that future service inspections are risk-based and proportionate?

**Answer:**

Whilst WSUN recognises the need to have safeguarding regulation in place for people who need support and or lack capacity to make decisions In those cases a risk assessment and then a rationale needs to be recorded as to why the individual would not be appropriate to be involved in their own decision-making and evidence they do not understand the risk to themselves. However for people who can give informed consent, staff need to ensure the risks are discussed recorded and agreed, moving away from a “risk averse” culture

2. Does the regulatory model of registration, compliance and inspection provide sufficient safeguards for ensuring minimum quality standards across adult social care?

**Answer:**

Although WSUN has some concerns about not having annual inspections. We welcome the involvement of “sector-led” organisations

3. How best might independent monitoring of local council arrangements for managing services be secured?

**Answer:**

WSUN believe ULOs and Carers’ organisation should be explicitly mentioned as “sector-led” organisations and must be included in all consultation, involved in monitoring and evaluating services

### **Available outcome-focused measures from 2011/12**

1. Are these the most appropriate criteria for assessing measures? Should other areas be considered?

**Answer:** Yes. However the desirable criteria, needs to be essential rather than, ”Desirable: Disaggregation by equalities – measures should be able to be broken down to support a focus on inequalities;”

- 2.Throughout the outcome domains, we would be grateful for your views on the particular measures proposed, in particular:

- Their fit within the relevant domain and how they effect the balance of the set of measures as a whole;

- How they support joint working with the NHS and other partners;
- What interventions you think contribute towards the improvement in outcomes in this domain, and what evidence there may be locally on their cost-effectiveness; and,
- What further proposals which may be available from 2011/12.

**Answer:** Its difficult to comment on specific outcome domains but generally they seem to fit appropriately. To make some of these outcomes a true reality it needs much closer working with the NHS and the other agencies.

**WSUN recommend that:** the “Personalisation agenda” is supported more through Local Authority and other agencies too, to drive this policy forward, into its implementation Therefore becoming the domain of ULO’s and Carers’ organisations

- 3 .What are your views on the proposal to repeat the Carers’ Survey every two years to provide a more regular comparable source of data on outcomes for this group?

**Answer:** Yes but the same should be done for ULO survey’s too.

4. What are your views on designing common models for capturing outcome information at the local level, which would be adopted on a standard basis?

**Answer:** That’s ok. As long as it can reflect local need and innovation to meet that need