

Appendix 13: Performance monitoring

This specification defines a method of recognising the delivery of outcomes and improved performance. These will improve life for Individuals in Dorset who need help to live independently at home and it will make Care and Support services, including monitoring for and providing timely access to support, affordable and sustainable. There is also alignment with The Adults Social Care Outcomes Framework 2021/22.

Outcomes used within the performance framework, monitoring and reporting arrangements, will be utilised to evidence that planned Service User outcomes have been achieved.

The Commissioning Partners are aiming to collect data in support of the following outcome measurements on a quarterly basis to provide evidence of both service performance and person-centred service delivery. This will be used to support the Commissioning Partners' evaluation of the Framework, statutory performance returns, and the package allocation process.

1. Helping Individuals to remain healthy and well

Outcome	Performance Measures	Who	Purpose	Methodology ('the how')
<p>To maximise health and independence</p> <p>Enhanced quality of life, delaying and reducing the need for care and support.</p>	<p>Individuals will be enabled by Care and Support Workers to live independently</p> <p>.</p>	Providers	<p>To test each Provider's contribution to maintaining & supporting a Service User to remain at home.</p> <p>To allow comparison between Providers.</p> <p>Support achievement of ASCOF 2A permanent admissions.</p>	<p>To assess this, we will look at the percentage of Individuals that move from their own home into a registered care home following the early termination of their Care and Support Plan because they can no longer cope at home. This includes Individuals who were admitted to hospital from home and then admitted to a care home from hospital.</p> <p>a) DCC SALT returns. b) Tracking by Brokerage / Contract Management c) Qualitative sample analysis of reasons for admission (and attribution) by each Provider.</p>
To address a significant cause	% of Individuals	Providers	To capture the likely	In order to assess this, we will look at:

<p>of deteriorating health and acute admissions</p> <p>Delay and reduce the need for care and support.</p>	<p>whose medication was effectively supported as prescribed.</p>		<p>consequences of medication errors and reduce their incidence.</p> <p>Provide management information & demonstrate contribution social care support can make to 'demand' and to CCG commissioning priorities.</p>	<ul style="list-style-type: none"> a) Safeguarding alerts b) Quality alerts c) Spot reviews of recording and review of Care and Support Plans where medication is a specific element and match to Provider records d) CQC reports where medication is highlighted as shortfall for given service.
<p>To maximise opportunities to prevention and to improve Individuals' wellbeing.</p> <p>Enhanced Quality of life and delaying and reducing the need for care and support.</p>	<p>Prevention and Well being</p>	<p>Providers</p>	<p>Indicates effective and innovative solutions to the promotion of healthier and 'engaged' lifestyles.</p> <p>Where Care and Support Plans and or review outcomes identify need for multi-disciplinary support &/ or input this is achieved.</p> <p>Support ASCOF outcome 3A – overall satisfaction with care and support.</p>	<p>In order to assess this, we will look at the extent to which additional steps are taken building upon the Care and Support Plan to promote engagement and improved access to 'universal services' that improves Service User 'well-being' and health. Measured by number and through positive Service User experience:</p> <ul style="list-style-type: none"> a) Desk top review of Care and Support Plans - qualitative evidence of collaborative working with health professionals to reduce crises & avoidable admissions and access where appropriate to community health & health improvement services. b) Responsible Commissioning Partners' Service User experience methodology – questionnaires and face to face interviews. Face to face interviews to be commissioned to provide additional capacity and expertise. c) Provider annual reports. d) Feedback from Informal Carers

			Link with ASC 4A proportion of Individuals who feel safe.	
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Improved Quality of Life

Outcome	Performance Measures	who	Purpose	Methodology
<p>That outcomes determined with the Service User and their families are achieved. Outcome focused services aim to achieve the goals and aspirations of the Individuals they serve.</p> <p>Enhance Quality of life.</p>	<p>% of outcomes established at the point of Care and Support Planning being achieved.</p>	<p>Providers</p>	<p>Tests the delivery of outcomes and innovation in application of tasks that achieve desired outcomes. This supports engagement between Providers and Individuals and their families as tasks are revised against changing needs and aspirations and opportunities.</p> <p>Support ASCOF outcome 3A – overall satisfaction with care and support</p>	<p>In order to assess this, we will look at the number of Individuals reporting that their individualised outcomes have been achieved based upon sample of Individuals for each Provider and confirmed by review activity and Provider reports.</p> <ul style="list-style-type: none"> a) Captured by review team in scheduled & unscheduled review activity. b) Sample questionnaire of 20% of Individuals for each Provider. c) Annual reports by Providers ahead of annual contract review

Increased choice and control

Outcome	Performance Measures	who	Purpose	Methodology
<p>Individuals are supported to die at home where they chose to do so.</p> <p>Enhance quality of life.</p>	<p>% of Individuals at the end of their lives who wished to die at home and died at home in receipt of Care and Support at Home services</p>	<p>Providers</p>	<p>To measure the percentage of Care and Support plans for Individuals with 'End of Life' plans where the Service User dies at home in receipt of Care and Support at Home and identify Providers' comparative performance.</p> <p>To confirm evidence of the Provider working collaboratively with health professionals and / or the Commissioning Partners and others to support, where possible, a Service User to remain at home.</p>	<p>In order to assess this, we will look at:</p> <ul style="list-style-type: none"> a) Count of number of end of life plans in place and undertake sample review of Support and Providers' Care and Support Plans. b) Comparison between Providers by cessation with Care and Support at Home services in place. c) Provider reports to provide qualitative analysis of reasons for admission to bed based care and attribution / reasons.
<p>Individuals have improved experience</p>	<p>Number of Service Users reporting positive experience of support and that they feel in control of</p>	<p>Providers and Commissioning Partners</p>	<p>To identify improved levels of satisfaction and experience of choice and control</p>	<p>In order to assess this, we will look at the number of Individuals reporting positive experience by each Provider through:</p> <ul style="list-style-type: none"> a) surveys undertaken on a sample basis validated through scheduled review activity and by the

Enhance quality of life.	their own arrangements		Links to ASCOF 1b –the proportion of Individuals who use services who have control over their daily life.	b) Quality reference group undertaking – face-to-face interviews with Individuals.
That service(s) can be accessed when required and that consistency and continuity are improved.	Improved access to Care and Support	Providers	To measure the ability of the Provider to deliver Care and Support within its designated area/ locality under commissioning arrangements. Allows comparison between Providers and areas.	<p>To assess this, we will look at the extent to how readily Care and Support can be accessed and that changes are monitored to ensure that they are scrutinised, including changes to Care and Support Workers.</p> <ul style="list-style-type: none"> a) Provider records of referrals received including direct commissions from the responsible Commissioning Partner, IBs and self-funders and referrals accepted by locality b) Provider records and annual reports of referrals received and those declined with reasons c) Direct commissions tracked by Brokerage a) individual experience surveys identify consistency of support. b) Provider reports. <p>(Measure will capture changes not requested by Service User)</p>
Enhance quality of life	Improved continuity of Care and Support		To measure the consistency of Care and Support.	

Maintaining personal dignity and respect

Outcome	Performance Measures	Who	Purpose	Methodology
<p>Care and Support Workers are trained and experienced in the delivery of Care and Support which maintains personal dignity and respect. Care and Support Worker skills promote independence and doing wherever possible 'with' rather than 'for'. Care and Support Workers possess effective communication skills and engagement skills. Individuals feel confident that the service will assist in the improvement of identified aspects of their daily lives and personal care is supported with discretion and cultural sensitivity.</p>	<p>Care and Support Worker skills and experience reflects the needs of Individuals being supported. Personal dignity and respect is maintained at all times.</p>	<p>Providers</p>	<p>To identify the Providers' approach to matching, training and development of Care and Support Workers that demonstrate that the Service User has influenced the offer and shaped the staffing profile</p> <p>Link to ASCOF 3A overall satisfaction of Individuals who use services.</p> <p>Link to ASCOF 4A proportion of Individuals who use services who feel safe.</p>	<p>To assess this, we will look at steps by the Provider to tailor and invest in its workforce and respond to emerging needs</p> <ul style="list-style-type: none"> a) Providers submit evidence of training plan and Service User needs profile. b) Quality alerts, complaints and safeguarding provide evidence where training / skills shortfalls are indicated (impacting upon dignity & respect). c) Service User surveys identify the extent to which the Service User was happy with the way the Care and Support was delivered and how they were treated by the Care and Support Worker.
<p>That an appropriate range of staffing is available to deliver the services across the Social Care market in Dorset.</p>	<p>Recruitment and retention reflects local priorities</p>	<p>Providers</p>	<p>Indicates effective processes that properly reflect the local operating environment and support the Commissioning Partners in their strategic objectives.</p>	<p>In order to assess this, we will look at the number of Care and Support Workers joining through access to employment schemes including apprenticeships and opportunities to progress through grade. Promotion of recruitment and training schemes for school leavers or unemployed persons to reach members of under-represented groups.</p> <p>Evidence of increased use of guaranteed hours for care staff</p>

				<p>and reduce reliance upon '0' based hours.</p> <ul style="list-style-type: none"> a) Provider annual reports submitted ahead of annual contract review b) GLab recording
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5. Safeguarding

Outcomes	Performance Measures	Who	Purpose	Methodology
<p>That Individuals feel safe and that positive action is taken to manage risks</p> <p>Safeguard adults whose circumstances make them vulnerable and protecting them from harm.</p> <p>Care and Support Workers are fully trained and able to understand the needs of Individuals.</p> <p>Care and Support is delivered in a way which includes the wishes of the Service User and respects the dignity of Individuals.</p>	<p>Safeguarding should be Service User led and outcome focused.</p>	<p>Providers and Commissioning Partners, Safeguarding Units</p> <p>AOP (Directorate of Adults and Older Peoples Services).</p>	<p>To identify effective safeguarding of vulnerable Individuals both in prevention through effective management of risk and in responding where safeguarding concerns arise. Establishes the extent of engagement with multi-disciplinary procedures and allows comparison between Providers</p> <p>To ensure that Safeguarding is Service User led and outcome focused.</p> <p>Link to ASCOF 4A proportion of Individuals who use services who feel safe.</p>	<p>To assess this, we will look at safeguarding being actively understood, Care and Support Planning and subsequent changes demonstrate effective management of and balance of risk. Service User cases demonstrate within qualitative review:</p> <ul style="list-style-type: none"> a) Safeguarding case reviews and evidence of Provider participation in safeguarding strategies. b) Training plans submitted by the Provider and these reasonably reflect activity. c) Service User is engaged in conversation about how best to respond to their safeguarding situation d) Attributable safeguarding issues to Provider(s) e) Full compliance with CQC requirements. f) Provider's recruitment policy demonstrates pre-employment

				checks and screening are fully in place.
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5. Use of resources

Outcomes	Performance measures	Who	Purpose	Methodology
Efficient use of resources	Procurement savings attributable to Care and Support at Home	DAOP	This will help to capture progress towards the contribution of Care and Support at Home to the Commissioning Partners' savings target. Focus is upon efficient delivery of Care and Support that reduces need for formal services where possible and supports re-investment.	In order to assess this, we will look at savings through admission avoidance i.e. into more intensive forms of Care and Support benchmarked against current activity levels and subsequent adjustments in costs attributable to the originating support plan. a) Residential care admissions monitored and benchmarked against current levels. b) Reductions in initial and end commitment for sample group.
Service User savings and efficiencies where achieved are captured Service User outcomes are achieved	Difference between Care and Support Plan, Purchase Order values and actual payments.	Provider	To identify the actual costs of services being less or equal to the value of initial Care and Support Plans. Identifies comparative position of Providers. To identify Best Value and innovative solutions that continue to support the Individuals' outcomes that may achieve cashable savings and non-cashable efficiencies.	To assess this, we will look at savings and efficiencies achieved against commitment through: a) Finance tracker b) Sample analysed 20% of all new support plans for each Provider operating under the new contract
Individuals outcomes achieved	Use of Electronic risk monitoring with	Providers and Commissioning Partners	To make best use of innovative and creative solutions that support the Outcomes for individual Individuals	To assess this, we will look at: a) Customer satisfaction b) Increased service capacity

	Assistive Technology. Telecare and other innovative systems		whilst delaying or preventing their need to enter residential care.	c) Reduced physical intervention with Service User
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