Equality analysis

Title: Transparency in outcomes: a framework for quality in adult social care

Relevant line in DH Business Plan 2011-2015**:** Publish vision for social care reform, setting out ambitions for greater independence and choice for users of social care and the development of innovative approaches, including those based on behavioural sciences.

What are the intended outcomes of this work?

The approach is designed to put in place the right incentives for providers, commissioners and people using services and their carers to take the necessary action to make improvements and reduce variability in quality and outcomes. Within this aim, there are three national interventions that are in the scope of this analysis of the impact on equality

- Development and publication of a national **Adult Social Care Outcomes Framework**; which sets out 17 outcome measures across four domains to give a picture of the state of social care in a given council area. This is intended to enable councils, local people and others to compare the outcomes across different areas in order to hold local services to account for outcomes achieved and inform more detailed local analysis, for instance around equality
- Publication from 2013 of **NICE Quality Standards** for social care to establish a collaborative, evidence-based view of best practice in various areas of a care pathway, to inform providers and commissioners in putting quality at the centre of their work, with due regard to the Equality Act 2010.
- DH will work with LGG and ADASS to develop best practice guidance for councils in publishing **annual local accounts**. Where councils choose to publish these, they are intended to set out the quality and outcome priorities which the council has chosen, in consultation with its partners, and the progress it has made in achieving them during the past year, with due regard to the Equality Act 2010.

All three proposals were included in a wider consultation called "Transparency in outcomes: a framework for social care", which was launched on 16 November 2010 and closed on 9 February 2011. The consultation generated a wide range of interest with over 200 responses – responses to the relevant sections are discussed below.

The expanded role of NICE was dealt with in general terms in a separate Equality Impact Assessment for the introduction of the Health and Social Care Bill.[1] However, because the consultation has raised some further equality issues about the role of NICE in developing quality standards, specific aspects of this role are considered below.[2]

Other areas discussed in the consultation, for example sector-led mechanisms for improvement in councils, are not being taken forward by DH and are therefore out of the scope of this Assessment.

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[1] Please see: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_123634.pdf
[2] The original assessment can be found at:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLegislation/DH_123583

Outcomes Framework and national data set

Initially, the most important contribution the proposals will make to addressing equality is in creating a robust set of outcome measures that enables services and the local people to whom they are accountable to "drill down" into the existing data set that will underpin the Outcome Framework in order to identify areas where different groups are not receiving equality in access, experiences and outcomes form social care. Adult social care already has a strong track record on data for identifying equality, however the wider focus on service activity rather than outcomes has meant that this data has been of less value than is expected from the new outcome-focussed approach. One of the criteria used in assessing the candidate measures for inclusion in the Framework was the ability to disaggregate by equality measures.

The Information Centre for Health and Social Care are undertaking a "zero-based review" of social care data, which will co-produce with councils a more robust, streamlined data set that focuses on the key data needed for collection at national level. We expect this review to discontinue some data collections that are not fit for purpose, but also to introduce a limited amount of new data that will support new measures in the Outcomes Framework in key areas, for example reablement and prevention.

In line with the broader localist approach, we will expect local authorities to use these new data to identify areas to address where different groups are not being treated equally and for local people to use the data to support specific concerns around discrimination or equality. The data will be published in a transparent manner through a single portal; used in conjunction with the Outcomes Framework, we expect this will also be a powerful new tool for councils, user-led organisations, advocacy organisations and individuals in the drive for equality.

Central Government will not be setting levels of ambition against social care outcome measures. Instead, the Framework and underlying data will support a conversation between commissioners, service providers, people using services and their carers about local priorities and how to improve quality for everyone. This means that central Government will not be using a "performance management" approach of setting national ambitions to drive equality – instead the framework will support councils in identifying and addressing equality issues locally.

Similarly, the Outcome Framework is in part designed to support the policies outlined in *A Vision for Adult Social Care: Capable Communities and Active Citizens*, as these have been agreed with councils through the Association of Directors of Adult Social Services (ADASS). For example, we included a measurement of the number of people receiving self-directed support (including direct payments) in order to support the vision that all eligible people who want one should be provided with personal budgets, ideally as direct payments, by 2013.

Therefore, the parallel Equality Impact Assessment for the *Vision* document is relevant to this Assessment and should be read in tandem.[3]

A template was developed analysing each measure on key criteria (including how they supported equality) and setting out evidence to support this evaluation. The templates were then circulated to a variety of stakeholders for an iterative process of comment and revision. Once the process was complete, the templates formed the basis of discussions between the partners – DH, ADASS and LGG – to agree the measures for inclusion in the final Outcomes Framework. The final templates included the assessment of each measure against the key

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[3] This can be found at:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121508

criteria, as well as an analysis of any risks associated with access, experience and outcomes and any possible alternative measures.

This discussion also sought to determine whether the measures represent the breadth of social care work by balancing measurements across the four domains set out in the Consultation and other key criteria. In order to establish whether this was the case, the overall framework was assessed for the balance of indicators for:

- the domains of the Outcome Framework, and
- the existing client groups (18-64 physical disability, 18-64 mental health, 18-64 learning disabilities, people over 65 and carers).

This assessment led to further areas for development being identified to balance the basket of measures – for example in expanding measures on employment to include all working age adults in contact with social services, rather than focussing on mental health and learning disabilities only; and in identifying the need for further measures of the effectiveness of safeguarding.

Lastly, it is important to note that the current set of outcome measures includes several "placeholders" for areas of work where measures need to be developed – this means that in its first iteration the Outcomes Framework will not provide a complete picture of social care quality and outcomes, although it will support identification of equality in outcomes for different groups of people in many areas.

Local Accounts
Local Accounts are intended to provide broader context and a more accessible way in to local conversations about equality by a "plain English" discussion of local priorities, needs and equality, referencing the Outcomes Framework and national data set as well as local information. This is intended to help to engage people using services and their carers in voicing their concerns and driving priorities, who otherwise may not have been engaged.

The approach envisages developing a best-practice model with local Government that councils may adopt.

NICE Quality Standards for social care
In creating a common reference point for commissioners, providers, people using services and their carers about what quality looks like in social care, Quality Standards are intended in part to standardise expectations across all groups of people using services in order to advance equality.

Similarly, this common reference point is intended to support everyone in making informed choices of providers, whereas in the past different groups may have had different levels of information when making these choices.

The fact that one body (NICE) will now develop Quality Standards for both health and social care offers an opportunity to produce standards that are based on care pathways rather than on specific services, in order to support the joined-up working that the consultation has identified as a priority for people using services (see Evidence section below).

Who will be affected?

People using services and their carers, providers of social care services and their staff and commissioners of services – including councils and their Health and Wellbeing Board partners as well as personal-budget holders – are all expected to be affected by the proposed changes

To achieve the overarching aim of improving quality and outcomes and reducing variability, we envisage data on social care affecting the above groups through its use in the following ways:

- Local councils can benchmark their results achieved against other councils to identify areas of improvement and inform strategic commissioning;
- Local councils can use clearer definitions of quality to inform commissioning;
- Local people can hold their local councils to account for effectiveness and efficiency;
- Local people can use clear definitions of quality to make informed decisions when choosing services, driving quality through competition;
- Providers can use the Quality Standards to help them identify improvements in quality to respond to a more informed market;
- National Government can use aggregated data to give a picture of quality and outcomes nationally that will inform policy development where relevant and support Ministerial accountability to Parliament; and
- Any other organisation will have access to exactly the same data as national and local Government and can use this for any other purpose such as advocacy or policy development.

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Evidence *The Government's commitment to transparency requires public bodies to be open about the information on which they base their decisions and the results. You must understand your responsibilities under the transparency agenda before completing this section of the assessment. For more information, see the current DH Transparency Plan.*

What evidence have you considered?
There is some evidence of areas where equality of outcome, access and experience needs attention. There is also evidence of demographic and cultural issues that can lead to a lack of equality if they are not addressed. These data underline the importance of the policy intention of reducing variability in quality and outcomes. The key evidence is set out below:

Evidence of areas for improvement around equality

- 54.8% of Asian people and 60.4% of Black people said that equipment they had received from services had "made their quality of life much better", compared to an average of 68.5% across all ethnicities.
- 69.2% of Asian people said they were "very happy" with the way people who discussed their needs had treated them, compared to an average of 87.1% across all ethnicities. [4]
- The Personal Social Services Research Unit Report (PSSRU) produced as part of the evaluation of direct payments found that there are differential experiences between disabled people. Younger people with physical disabilities had a higher take up of the current direct payments than mental health system users and people with learning disabilities. [5]

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[4] "Social Care and mental Health Indicators from National Indicator Set -further analysis 2009-10" (NHS Information Centre 2010)
[5] *Direct Payments: A National Survey of Direct Payments Policy and Practice*, Personal Social Services Research Unit and London School of Economics, 2007, www.pssru.ac.uk/dps.htm

- By contrast, evidence suggests that the policy of personalising social care has a positive impact on people who use mental health services. This group saw individual budgets as an opportunity to access more appropriate support. People who used Mental health services report that they gain greater tendency for psychological well-being through using individual budgets.[6]
- The National Information Forum[7] highlights the fact that socially excluded people suffer disadvantage, not necessarily because there are no services to help them, but rather because they do not know what help is available or how to take advantage of it. The issue is not lack of information, but rather because it does not get through to them.
- The CQC survey of "How well do social care services respond to the needs of lesbian, gay and bisexual people?", developed with Putting People First in 2008[8], states that only 9% of providers gave any examples of the equality work they have carried out around sexual orientation. This compares to 37% who gave an example relating to race equality and 33% who gave an example relating to disability equality.

Demographic and cultural issues that may have an impact on equality

- Older Asian people (including Indian, Pakistani, Bangladeshi and other Asian groups) are less likely to live alone: while among White men aged 85 and over the proportion living alone was 42 per cent, it was only 16 per cent among Asians and 23 per cent among the Chinese or Other group.[9]
- Among African Caribbean men over 50 the risk of a potentially life threatening ailment is more significant than other groups. Yet, they frequently present at a time when the chance of preventative intervention is too late.[10]
- Women (partly due to longer life expectancy) can expect to live more years in poor health than men (an average of 5.8 years as opposed to 4.5 years) from 65 onwards.
- There are also gender differences in causes of death and illnesses, some of which have socio-economic links, some linked to behaviours (such as smoking and alcohol consumption) and some due to past working environments (such as pneumoconiosis in men).
- Men are also less likely to utilise services that address lower-level needs, though the reasons for this are unclear and could be the result of a number of factors.[11]
- 49% of carers known to councils are 65 or older.[12]
- Under the age of 65, a larger proportion of women than men were carers. The number of hours of care given was related to age, with a higher percentage of older carers providing 50 or more hours a week. The proportion of carers providing this level of care rose sharply from age 65.
- In 2010, over half (59%) of supported residents aged 18-64 had a learning disability, 21 per cent had a mental health problem, 18 per cent had a physical disability and the remaining 2 per cent were in the substance misuse or other vulnerable people category.

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[6] SCIE research briefing 20: The implementation of individual budget schemes in adult social care - http://www.scie.org.uk/publications/briefings/briefing20/index.asp

[7] http://nif.org.uk/

[8] **www.cqc.org.uk/_.../putting_people_first_equality_and_diversity_matters_1.pdf**

[9] ONS/DWP (2005). Focus on Older People - http://www.statistics.gov.uk/focuson/olderpeople/

[10] http://www.direct.gov.uk/en/HealthAndWellBeing/IllnessesAndConditions/LongTermConditions/DG_10036696

[11] , Partnerships for Older People Projects Equality Impact Assessment – no external link

[12] Information Centre, "Personal Social Services Survey of Adult Carers in England - 2009-10"; http://www.ic.nhs.uk/webfiles/publications/Social%20Care/psscarersurvey0910/Personal_Social_Services_Survey_of_Adult_Carers_in_England_2009_10_v1.2.pdf

The consultation process has provided further information about equality in outcomes related to social care (please see "Engagement and involvement" section below for details).

Because the Transparency in Outcomes agenda involves using data in a new way – supporting accountability of services to local people – there is no hard evidence about the expected effect of this approach on different groups. Similarly, Quality Standards and Local Accounts are new concepts in Social Care and so the only available evidence relates to similar measures for the NHS. However, because the approaches will be different and employed in a different context this evidence is not valid in considering the likely effect of these measures in a social care context.

For these reasons, analysis on the impact of equality has been through qualitative evidence obtained through the consultation. This has seen broad support from an equality perspective for all three of the key proposals outlined above (see "Engagement and involvement" section below).

Engagement and involvement

Please note this work has been subject to the requirements of the cross-government Code of Practice on Consultation.

How have you engaged stakeholders in gathering evidence or testing the evidence available?

We have sought to confirm evidence of variability through local data and qualitative evidence via the consultation and have received a number of responses that corroborate our assessment that there is some lack of equality in social care outcomes. For instance:

- The National Autistic Society reported that:
    - 63% of adults with autism report that they do not have enough support to meet their needs
    - A third of adults with autism have developed a serious mental health problem
    - Only 15% of adults with autism are in full-time employment [13]

- Independent Age reported that:
    - over one million (11%) people aged 65 or over in the UK say they always or often feel lonely [14]

- The National Osteoporosis Society reported that:
    - 50% of women but only 20% of men will suffer a fracture at some point after the age of 50 [15]

- The Lesbian & Gay Foundation reported that:
    - In one survey, 45% of LGB&T people reported facing discrimination while accessing social care services [16]

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[13] Quoting; One Voice: Shaping our ageing society, Age Concern and Help the Aged, 2009
[14] Quoting; NAS *I Exist* report http://www.autism.org.uk/iexist.
[15] National Osteoporosis Society consultation response
[16] Quoting; The Commission for Social Care Inspection (CSCI), 'Putting people first: Equality and Diversity Matters', 2007

We also received evidence around demographic variation between areas of the country, which mean certain groups are disproportionately affected by the quality of a particular service or by the services in particular areas. For instance:

- The Terrence Higgins Trust reported that:
    - In 2009 44% of people living with HIV in the UK resided in the 34 London Borough and City Council areas[17]

- The Lesbian & Gay Foundation reported that:
    - 75% of older LGB&T people live alone (twice as many as in the general population)
    - 90% of older LGB&T people have no children (four times as many as in the general population)
    - 20% of older LGB&T people have no one to contact in times of crisis (as much as ten times the number in the general population)[18]

Please see **Annex A** for further evidence of how different groups are disproportionately affected by different services.

How have you engaged stakeholders in testing the policy or programme proposals?
Engagement via the consultation has been primarily focussed on testing the policy proposals. In general, there has been broad support for the three key policies outlined above.

A sample of the supportive views around this is included below:

Adult Social Care Outcomes Framework
"We support the proposed adult social care outcome domains of: promoting personalisation and enhancing quality of life; preventing deterioration, delaying dependency and supporting recovery; ensuring a positive experience of care and support; protection from avoidable harm" - The Princess Royal Trust for Carers and Crossroads Care

"Mind is pleased to see mental health-specific measures within most domains and outcome indicators, the use of surveys, and good coverage of the whole care pathway." - Mind

"We welcome the proposed use of more self-reported measures." – Transition Information Network

"Carers UK warmly welcomes the prominence carers have been given in the proposed Adult Social Care framework." – Carers UK

Local Accounts
"We support measures [such as Local Accounts] to provide the public with information about the quality and outcomes achieved by adult social care services." - National Osteoporosis Society

"To exercise power, local people need to be well informed and without a local account that can be compared to neighbouring authorities - or the best authorities - there is a danger that they

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[17] Terrence Higgins Trust consultation response
[18] Quoting; Age Concern (2002), "Opening the doors to the needs of older lesbians, gay men and bisexuals"

will reduce transparency and fail to empower citizens." – National Autistic Society

NICE Quality Standards for social care
"We welcome the intention to introduce Quality Standards in social care. The NICE Dementia standard provides a good basis for a quality standard, which we would welcome being used as the format for the Quality Standards." – Sitra

"Given the enormous overlap in the aims of health and social care services, it is an excellent idea to expand the role of the National Institute of Clinical Excellence (NICE) to include adult social care. " -Royal College of Psychiatrists

Within this broader support, a number of key themes and challenges around equalities have been consistently identified:

Outcome Framework and national data set
- That differential access to the information provided will lead to discrimination and opportunity to advance equality – i.e. that people with more time or with more ways of accessing information (for example the internet) will be empowered while other groups will be left behind.
- Concern that there will not be enough information on groups outside of the broad groups collected as part of statutory requirements around equalities[19] to empower people to point to any inequalities of service or outcomes locally that affect these groups.
- Concern that smaller groups that are not large enough in a given council to produce statistically robust data will be marginalised by a "localist" approach.
- Strong support for the use of surveys to capture outcomes as experienced by people using services and their carers.
- Strong support for the longer-term aspiration of embedding the outcomes that are priorities for people using services in defining success of services.

Local Accounts
- Concern that abolishing the CQC self-assessment regime will mean that councils are not held to account robustly for the due regard given to the equality of their commissioning practices.
- The importance of Local HealthWatch organisations and councils in ensuring that feedback from people using services and their carers and families is central to every stage of the production of the accounts; and that this feedback is representative of all groups.

Quality Standards
- The importance of Quality Standards being clear and understandable so that they can be used by people using services and their carers to hold services to account; and a strong steer that people using services as well as councils and other organisations should be involved in the production of Quality Standards to ensure they are suitable for this purpose.
- Related to the previous point, the importance of providing support for some people to use Quality Standards in this way.
- That social care Quality Standards should focus on a social or wellbeing model, rather than the clinical model used by NICE in developing NHS standards, in order to capture

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[19] As set out above, these are: 18-64 physical disability, 18-64 mental health, 18-64 learning disabilities, people over 65 and carers

quality that applies to everyone equally.

- That development of Quality Standards should be prioritised based on consultation with people using services about what is most important, with due regard to equality legislation.

For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:

Annex B sets out the various organisations, groups and fora that have been involved in the consultation either by attending a consultation event or by responding formally to the consultation.

Key events related to equality issues were:

1 December 2010 - London Consultation Event

6 December 2010 - Bristol Consultation Event

10 December 2010 - Manchester Consultation Event

14 December 2010 - Age UK South East Region

10 January 2011 - Nottingham Consultation Event

11 January 2011 - Race Equality Foundation

13 January 2011 - Leeds Consultation Event

17 January 2011 - Newcastle Consultation Event

20 January 2011 – DH TASC co-production group

An agenda for the Manchester Consultation Event is included below as an example.

Consultation event
agenda - Manchester

Summary of Analysis *Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups.*

Eliminate discrimination, harassment and victimisation
It is envisaged that the Outcome Framework's support for personalisation will provide an important contribution to equality by helping drive self-directed support, ensuring that priorities and desired outcomes are not imposed on people by services, but that people using services dictate what is important. An example of this would be someone who has a key desired outcome of having help getting onto her prayer mat but is not able to prioritise this as it does not fit with generic priorities of social services. The EqIA for the *Vision* for adult social care

notes that evidence is broadly positive for the effect of personal budgets, "in terms of impact on well-being, increased choice and control, cost implications and improving outcomes". However, it also notes that there is more to do to ensure that all protected characteristics have the same access to personal budgets, in line with the Evidence section above.[20]

In the future, work to promote outcome-based processes will look to further advance this agenda following strong support in the consultation. This will involve putting the outcomes that are most important to people at the heart of the assessment and review processes, in order to align the way we capture data with the personalisation agenda set out in the Vision. So in the example above, success would be judged in part on whether the outcome of being able to pray was achieved. Because different groups with protected characteristics can have specific desired outcomes we expect personal budgets to support equality, although we will need to test this expectation by looking at results from the pilots currently underway to inform the rollout of personal health budgets[21] and through other informal mechanisms.

A key pillar of our approach is to embed the experience of people using services and their carers as part of the results achieved by social care services. This should capture people's experiences of whether services have respected and responded to their human rights. We have developed the survey questions based on extensive research of how responses correlate to outcomes, in order to capture for the first time an accurate picture of the outcomes that matter most to people using services and their carers.[22] Of the 17 outcome measures included in the 2011/12 Framework, nine are based on the Adult Social Care Survey or the Carers Survey. Over time, surveys will provide a consistent source of data on outcomes, to give services, local people and other organisations a powerful new way of thinking about the results they are achieving.

We have specifically endeavoured to broaden the scope of the survey in development to collect more information around equality and will continue to explore this in future iterations.

Overall, consultation responses have supported our expectation that the Outcomes Framework will provide an important picture of social care locally and for this to make a significant contribution to the work to address equality by making it much easier for local people to use the underlying national data set to identify discrimination, and opportunities to advance equality.

Advance equality of opportunity
Because the same data will be available to everyone through a single portal – whether a member of the public, a person using services, their carer, an advocacy group, a commissioner, a provider, the Care Quality Commission, or a Minister of State – everyone should have the same opportunity to use this as the basis for involvement in local conversations about prioritisation of services and improving quality. The information revolution consultation identified that communication needs to be multimedia in order for people to benefit

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[20] Quoting; C Glendinning et al, The national evaluation of the Individual Budgets pilot programme (IBSEN (Individual Budgets Evaluation Network); Social Policy Research Unit, University of York, 2008); Individual Budgets: Impacts and outcomes for carers, (2009, IBSEN; Social Policy Research Unit, University of York); Choice and competition in public services: a guide for policy makers (2010, OFT/Frontier Economics)
[21] A personal health budget pilot programme is currently underway involving half the PCTs in the country and around 3000 people. The independent evaluation, to be published in 2012 will inform the wider rollout of personal health budgets.
[22] Details can be found on the Information Centre website at: http://www.ic.nhs.uk/services/social-care/social-care-collections/user-surveys

equally from that information and this will need to be taken into account in the development of the single portal for the national data set.

Similarly, consultation responses have been supportive of the view that publication of Quality Standards in clear, understandable language should mean that everyone is clear on expectations and can therefore hold service providers to account in a meaningful way. Qualitative evidence suggests that in the past people in groups routinely not advantaged have been more likely to accept poor performance. For example, the Personal Social Services Research Unit's (PSSRU) National Evaluation of the Individual Budgets Pilot Programme (2008), found that older people were less likely than others to report higher aspirations as a result of the individual budget process.

We are also very conscious that making the data available is a beginning rather than an end point. There will be an important role for councils, local HealthWatch, providers (who are all required to have due regard to Equality Legislation) and others in ensuring that everyone can access the information they want and has equal opportunity to make their voice heard in local conversations. While this is a matter best taken forward at local level, we will need to monitor progress around this issue carefully (see "Addressing the impact on equality" section below). A number of consultation respondents have also suggested it would be helpful for NICE to produce Quality Standards around ensuring access to information and local engagement, which we will explore as part of further informal consultation on priorities for Quality Standards.

Where there are groups who are less well represented by current data collections, such as in relation to religion, gender reassignment, sexuality or socio-economic groups, we will work with Councils through the fundamental review of data collections mentioned above to deliver new mechanisms for eliciting these data (see Action Plan below). While the value of doing so has been made clear as part of the consultation, we are also aware that much of the burden of data collection at present comes from statutory equality requirements, so this balance will need careful consideration.

Promote good relations between groups
As set out above, the intention of the Outcomes Framework is in part to provide a gateway for local conversations about priorities and quality, potentially supported also by the annual local account of social care. Consultation responses have supported the idea that such conversations should promote understanding by giving services more appreciation of the outcomes that are important to their customers and by giving people using services and their carers a greater understanding of the often difficult choices faced by providers and commissioners.

What is the overall impact? *Consider whether there are different levels of access experienced, needs or experiences, whether there are barriers to engagement, are there regional variations and what is the combined impact?*
Although there are risks associated with the approach, consultation responses have supported the view that a more engaged and empowered community, with more personalised care and reduced variability in quality and outcomes, will have a positive impact on equality and outcomes for all those who use services.

Councils will be responsible for considering the best way to implement the proposals in their own areas, and will need to give due regard to the equality legislation and the Human Rights Act. This action should be co produced in partnership with local people and relevant stakeholders. Local authorities have to conduct their own analysis of the impact on equality on

their own actions, products and decision making

Annex A discusses in detail the potential impacts for each protected characteristic.

Addressing the impact on equality *Please give an outline of what broad action you or any other bodies are taking to address any discrimination s identified through the evidence.*

Councils and other public bodies are required to give due regard to equality legislation. The Equality Act 2010 states that:

(1)A public authority must, in the exercise of its functions, have due regard to the need to—
    (a)eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
    (b)advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
    (c)foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The Public Sector Equality Duty will be commenced on 5th April 2011 and will cover the following protected characteristics:

    age;
    disability;
    gender reassignment;
    pregnancy and maternity;
    race;
    religion or belief;
    sex;
    sexual orientation.

We would expect this Duty to include ensuring the engagement of various groups in local engagement practices such as customer feedback fora and HealthWatch meetings. The Outcomes Framework and underlying data set can form the bedrock of these local discussions around equality by providing consistent and comparable information. The Local Account will provide a more accessible "way in" to the conversations locally, with the national data set as an anchor to provide the credibility of standard elements in the accounts.

More broadly, ensuring access to information for all groups representative of those people for whom there is discrimination protection, engagement of people from all the protected groups in the production of Local Accounts and supporting people to make informed choices are functions that can only be taken forward at a local level by councils and their health and wellbeing board partners, Local HealthWatch, and other organisations. However, support for this can and should be provided at a national level through the production of a NICE Quality Standard on engagement and support for choice and best-practice guidance on Local Accounts. The post-implementation review planned for 2014-15 will consider the impact on equality (see **Annex C**), with a specific focus on whether it has supported accountability and choice in an equal and fair manner with due regard to equality legislation. In the shorter term, there are a number of established channels to get feedback at a national level on how well engagement and support are working locally, such as the Association of Directors of Adult Social Services (ADASS) or the TASC co-production group.

We will also ensure that the development of Quality Standards includes representative and equal engagement and that producing standards that are clear and understandable is paramount. NICE will be consulting in the future to establish priorities for the development of Quality Standards.

The zero-based review of social care data will consider how we can capture any groups not currently included in breakdowns of the national data set. We will also explore feeding more qualitative information and data from other sources (such as those organisations that very helpfully provided data through the consultation) into messaging for the adult social care sector and into policy development, to ensure that smaller groups are not marginalised by the new approach.

In summary, the issues raised in the consultation around equality have been reflected in the final proposals in the following ways:

- Increased emphasis in the zero-based review of social care data on the ability to disaggregate by different groups of people such as people with dementia or autism;
- Work to push forward with embedding outcome-based processes that use people's desired outcomes as a benchmark of success;
- Placeholder in the Outcomes Framework to expand measures on employment and accommodation to all people known to social services in order to promote equality;
- Best practice guidance developed with ADASS and LGG on local accounts to include engagement of people using services and their carers through user-led organisations, HealthWatch and other mechanisms;
- Strong consideration of a NICE Quality Standard on engagement with people using services and supporting them to engage;
- Stronger mechanisms for monitoring the local impact on equalities through engagement with reference groups;
- Use of national level data on smaller groups to inform messaging in the sector and ensure that these groups are not marginalised;
- Importance of role in supporting equality fed into forthcoming guidance for Local Involvement Networks (LINks) in transitioning to Local HealthWatch organisations.

Action planning for improvement

Please see action plan on page 14 below.

For the record

Name of person who carried out this assessment:
Phillip Anderson

Date assessment completed: 21 March 2011

Name of responsible Director/Director General:

David Behan, CBE
Director General for Social Care, Local Government and Care Partnerships

Date assessment was signed:

24 March 2011

Action plan

Category	Actions	Target date	Person responsible and their Directorate
Data collection and evidencing	Zero-based review of social care data to consider how to capture outcomes for non-statutory equalities groups	June 2011	Information Centre
	Produce best-practice guidance on embedding outcome-based processes, to promote personalisation	December 2011	ADASS, LGG
Promoting use of Outcomes Framework	NICE consultation on templates for Quality Standards and priorities for development	April 2012	NICE
	Produce NICE Quality Standards on access to information and engagement, in consultation with stakeholders (subject to consultation)	April 2014 (subject to consultation)	NICE
	Produce best-practice guidance for Local Accounts that includes clear expectations on engagement for people using services and their carers and of discussion of inequalities in the account.	June 2012	ADASS, LGG
	Exploration of using "outcome based process" to embed people's desired outcomes in judging the success of social care interventions	September 2012	Simon Medcalf, Quality and Outcomes Strategy Manager
Monitoring, evaluating and reviewing	Annual refresh of Outcomes Framework and national data set to include review of effect on equalities	September 2012	Simon Medcalf, Quality and Outcomes Strategy Manager

Annex A: Detailed consideration of impact for specific protected groups

Human Rights

1. In line with a human rights based approach to reforming social care, our aim in promoting new accountabilities of services to local people rather than central Government is to increase participation and involvement in the design and delivery of services, policies and programmes by the people and communities who benefit from them.

Age

2. As mentioned above, we know that some groups – older people in particular – may experience more difficulty in accessing information in certain formats or through certain means (for example, web-based publications)[23][24]. We will need to ensure that attempts to empower citizens through data transparency do not miss older people, by making information available through more reachable channels. We will consult specifically with representative and voluntary organisations on this issue during the consultation.

3. Another group who may potentially be affected are 16-18 years old and young adults in transition between children's and adults' services. There is a lack of available information on the outcomes and experience of this group which might drive better accountability and identification of inequality. Whilst new data will take time to develop, we will consult the relevant sector and representative bodies on the most proportionate and effective means of doing this.

4. Carers known to councils tend to be older with 49 per cent being 65 or older and the number of hours of care given was related to age, with a higher percentage of older carers providing 50 or more hours a week. The proportion of carers providing this level of care rose sharply from age 65. Therefore the introduction of the carers survey is expected to benefit older people by capturing their caring role directly and the pressures this puts on them relative to other age groups.

5. Some of the measures in the Outcome Framework focus specifically on older people – either directly by restricting measurement to a particular age group, or indirectly by measuring outcomes around a service that is mainly used by older people. Where this has been proposed, there is a clear rationale that this is to support a focus in a specific area where evidence suggests older people are disproportionately more likely to benefit. The rationale will be set out for each indicator in the "Data Definition" document that will be published in support of the Outcomes Framework by May 2011. Again, the intention here is to highlight issues locally through sound, comparable data. The rationale for each indicator that focuses on a specific age group, as well as the evidence underpinning this, will be set out in the "data definitions" behind the indicators, to be published by May 2011.

Disability

6. In 2010, over half (59%) of supported residents aged 18-64 had a learning disability, 21 per cent had a mental health problem, 18 per cent had a physical impairment and the remaining 2 per cent were in the substance misuse or other vulnerable people category. The two indicators

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[23] Overview of the European strategy in ICT for Ageing Well (European Commission 2010)
[24] Also corroborated by Age UK response stating "our statistics show that only 60% of people over 65 have used the internet"

included in the Outcomes Framework related to people with learning disabilities or in contact with mental health services living in their own home or with their family will help to focus local services on reducing reliance on residential care for these groups, in line with national policy.

7. The Personal Social Services Research Unit Report (PSSRU) produced as part of the evaluation of direct payments found that there are differential experiences between disabled people. Younger people with physical disabilities had a higher take up of the current direct payments than mental health system users and people with learning disabilities. [25]

8. By contrast, evidence suggests that the policy of personalising social care has a positive impact on people who use mental health services. This group saw individual budgets as an opportunity to access more appropriate support. People who used Mental health services report that they gain greater tendency for psychological well-being through using individual budgets.[26]

9. This may be related to the fact that some groups of disabled people may find it more difficult to access public information and exercise control and accountability over local services.[27] They may also have problems expressing their experience through traditional information collections methods. Development work to date in relation to the Adult Social Care Survey – one of the key data sources on outcomes – has incorporated specific studies on accessibility and led to the production of a standalone version for people with learning disabilities[28].

10. The principle behind our approach is that Councils and service providers should work with people to support them to meet their desired outcomes. This is a highly personalised and rights-based approach, in which those outcomes which matter most to people are at the heart of service design. The Framework will provide a means by which those outcomes can be evidenced and compared, to create a greater focus on the outcomes for disabled people.

11. The way in which progress against quality and outcomes is measured will have an impact on the ability to identify equality impacts for people with impairments, and so will be an important factor in enabling action to tackle discriimination. All information agreed in the single data set for social care, and supporting outcome measures, will be able to be disaggregated to examine the differential impact on people with learning disabilities, physical disabilities, or mental health problems.

Gender

12. Evidence of equality issues related to gender include:
    a. Women (partly due to longer life expectancy) can expect to live more years in poor health than men (an average of 5.8 years as opposed to 4.5 years) from 65 onwards.
    b. There are also gender differences in causes of death and illnesses, some of which have socio-economic links, some linked to behaviours (such as smoking and alcohol consumption) and some due to past working environments (such as pneumoconiosis in men).

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[25] *Direct Payments: A National Survey of Direct Payments Policy and Practice*, Personal Social Services Research Unit and London School of Economics, 2007, www.pssru.ac.uk/dps.htm
[26] SCIE research briefing 20: The implementation of individual budget schemes in adult social care - http://www.scie.org.uk/publications/briefings/briefing20/index.asp
[27] Communications toolkit for local government (Office for Disability Issues 2008)
[28] This can be found on the IC website at: http://www.ic.nhs.uk/services/social-care/social-care-collections/user-surveys/user-survey-guidance-2010-11

  c. Men are also less likely to utilise services that address lower-level needs, though the reasons for this are unclear and could be the result of a number of factors.[29]

  d. Under the age of 65, a larger proportion of women than men were carers.

13. Our proposals to improve quality of services – and through this outcomes for individuals – will affect men and women differently in accordance with the proportion they make of those using services. For instance, our proposal for a survey of people in caring roles is expected to benefit women more than men overall because a greater proportion of carers are women (66%)[30]. By focusing services on the needs and experiences of carers through the survey, there may be a more positive impact on women as particular issues can be identified locally (and therefore addressed).

Gender reassignment

14. The Transgender Research Review carried out by the Equality and Human Rights Commission (EHRC) confirms that:

"Where they received care related to gender reassignment, trans people have experienced an unsatisfactory 'one size fits all' approach. Trans people may also be at greater risk of isolation, alcohol abuse, suicide, self-harm, substance abuse and HIV infection, although these issues require further investigation."

15. EHRC also confirms that although a number of important best practice guides on transgender health exist these need to be better informed by evidence. Key service delivery issues that were raised included the need for better health policy on transgender issues; improved training on transgender issues for practitioners; assessment procedures and processes that include transgender awareness, treatment of transgender people as 'not sick but different', and funding for transgender health services.[31]

16. It may be possible to produce a NICE Quality Standard specifically on the needs of transgender people, or to incorporate this into a wider Quality Standard, in order to build on current best-practice guidance with an evidence-based Standard.

17. Evidence on the experience or outcomes of transgender people in relation to adult social care is not currently collected as standard data within adult social care collections, and we will be discussing with local authorities how this can be tackled in the review of social care data.

Pregnancy and Maternity

18. It is not anticipated that the proposals will have a significant effect on pregnancy and maternity issues as a whole. Supporting quality information should include information on relevant services such as post-natal home care, which is expected to empower new mothers to make informed choices.

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[29], Partnerships for Older People Projects Equality Impact Assessment – no external link
[30] "Personal Social Services Survey of Adult Carers in England - 2009-10" (NHS Information Centre 2010)
[31] Trans Research Review, http://www.equalityhumanrights.com/key-projects/trans-inequalities-reviewed

Ethnicity

19. Some data shows a disparity in effectiveness of social care services for people of different ethnicities:

    a. 54.8% of Asian people and 60.4% of Black people said that equipment they had received from services had "made their quality of life much better", compared to an average of 68.5% across all ethnicities.
    b. 69.2% of Asian people said they were "very happy" with the way people who discussed their needs had treated them, compared to an average of 87.1% across all ethnicities.[32]
    c. Older Asian people (including Indian, Pakistani, Bangladeshi and other Asian groups) are less likely to live alone: while among White men aged 85 and over the proportion living alone was 42 per cent, it was only 16 per cent among Asians and 23 per cent among the Chinese or Other group.[33]
    d. Among African Caribbean men over 50 the risk of a potentially life threatening ailment is more significant than other groups. Yet, they frequently present at a time when the chance of preventative intervention is too late.[34]

20. Better information and advocacy services and a simpler and more transparent assessment system could have a positive impact on people from BME groups, as the complexity of the present system often hinders these groups from seeking the support they need due to lack of information and inability to access the system.[35]

21. Part of the purpose of our approach is to provide the right data to be able to identify differentials such as those outlined above. Action to tackle equality will be led from the local level by Councils working in partnership and held to account by local citizens. As it is a key desegregation within the current social care data collections, councils should be able to robustly identify equality impacts between people of different ethnicity.

Religion & belief

22. There is limited evidence around religion and belief in relation to social care services, and one of the aims of the fundamental review of social care data will be looking at ways to address this. One reason for this lack of evidence is that many people using services are unwilling to answer questions on these topics or have difficulty understanding them.[36] The Information Centre has provided guidance to councils about cross-checking people completing the survey with other records to obtain this information where possible. Our hope is that specific research around phrasing of questions, as well as views gathered through the consultation, will improve response rates and build an evidence base for equality of access to, experience of and outcomes from services for people of all religions and beliefs.

23. Alongside improving information in order to make it easier to identify the impact on equality related to these issues both locally and nationally, the strategy will support the personalisation agenda which can be a vehicle for tailored care, such as employing a personal assistant of the same faith background as an individual if that is important to them.

[32] "Social Care and mental Health Indicators from National Indicator Set -further analysis 2009-10" (NHS Information Centre 2010)
[33] ONS/DWP (2005). Focus on Older People - http://www.statistics.gov.uk/focuson/olderpeople/
[34] http://www.direct.gov.uk/en/HealthAndWellBeing/IllnessesAndConditions/LongTermConditions/DG_10036696
[35] *Shaping the Future of Care Together*: Equality Impact Assessment (DH, 2009)
[36] Report for 2009-10 National Adult Social Care User Experience Pilot Survey (NHS Information Centre 2010)

Sexual Orientation

24. As noted above, we have gathered evidence via the consultation around some of the underlying problems facing lesbian, gay and bisexual people:

- The Lesbian & Gay Foundation reported that:
    - 75% of older LGB&T people live alone (twice as many as in the general population)
    - 90% of older LGB&T people have no children (four times as many as in the general population)
    - 20% of older LGB&T people have no one to contact in times of crisis (as much as ten times the number in the general population)[37]

25. In addition, there is some limited evidence of very serious concerns around outcomes for facing lesbian, gay and bisexual people:

- The Lesbian & Gay Foundation reported that:
    - In one survey, 45% of LGB&T people reported facing discrimination while accessing social care services. [38]

- The CQC survey of "How well do social care services respond to the needs of lesbian, gay and bisexual people?", developed with Putting People First in 2008[39], states that only 9% of providers gave any examples of the equality work they have carried out around sexual orientation. This compares to 37% who gave an example relating to race equality and 33% who gave an example relating to disability equality.

26. One of the aims of the fundamental review of social care data (included in proposals) will be looking at ways to address limited evidence to provide timely and comparable information on social care outcomes by sexual orientation, in order to help identify such the impact on equality, consistently. One reason for this is that many people using services are unwilling to answer questions on these topics or have difficulty understanding them.[40] The Information Centre has provided guidance to councils about cross-checking people completing the survey with other records to obtain this information where possible. Our hope is that specific research around phrasing of questions, as well as views gathered through the consultation, will improve response rates and build an evidence base for equality of access to, experience of and outcomes from services for people of all sexual orientations.

27. Alongside improving information in order to make it easier to identify equality impacts related to these issues both locally and nationally, the strategy will support the personalisation agenda which can be a vehicle for tailored care. We hope that this agenda will provide for support that takes account of any needs arising specifically as a result of an individual's sexual orientation, although this will need to be monitored (see discussion of personalisation agenda in main document).

Marriage and Civil Partnerships

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[37] Quoting; Age Concern (2002), "Opening the doors to the needs of older lesbians, gay men and bisexuals"
[38] Quoting; The Commission for Social Care Inspection (CSCI), 'Putting people first: Equality and Diversity Matters', 2007
[39] **www.cqc.org.uk/_.../putting_people_first_equality_and_diversity_matters_1.pdf**
[40] Report for 2009-10 National Adult Social Care User Experience Pilot Survey (NHS Information Centre 2010)

28. It is not anticipated that the proposals will have a significant effect on marriage and civil partnerships issues as a whole.

Socio-economic disadvantage

29. The financial impact of social care for individuals is an area being considered in more detail by the independent Commission on the Funding of Care and Support, who are concerned with finding a fair way for long-term care to be funded, that allows people to feel they can protect their assets. The Commission is expected to report in the Summer 2011. The Commission's findings will inform the work on progressing the Transparency, Quality and Outcomes agenda and both areas of work will inform the overarching Social Care White Paper planned for Autumn 2011.

30. As with inequalities related to ethnicity, we expect that the agenda will increase awareness of services available and quality in social care; the consultation will seek views on how to maximise the potential to do this fort socio-economically disadvantaged people.

Any other groups

31. Supporting a more local focus allows Councils covering rural areas to tailor their approach to the specific needs of those areas. A focus on outcomes may be particularly helpful in rural areas where the previous emphasis on service activity possibly did not take full account of challenges in rural areas such as long commutes.

32. Locally focused, disaggregated data allows for more account to be taken of the different demographics of regional areas in data analysis.

33. The National Information Forum[41] highlights the fact that socially excluded people suffer disadvantage, not necessarily because there are no services to help them, but rather because they do not know what help is available or how to take advantage of it. The issue is not lack of information, but rather because it does not get through to them.

34. The potential production of a NICE Quality Standard on engagement and support, as well as best practice guidance on engaging local communities, are expected to help to address this issue, although this will need to be monitored in line with plans for wider monitoring set out above.

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[41] http://nif.org.uk/

Annex B: List of organisations responding to the consultation *Transparency in outcomes: a framework for adult social care*

The following organisations submitted written responses to the consultation. In addition, a number of responses from individuals were also received.

Advisory Committee on Antimicrobial Resistance and Healthcare-Associated Infections
Age UK
Alliance Boots
Alzheimer's Society
Association of Directors of Adult Social Services
Association of Public Health Observatories
Audit Commission
Barchester Healthcare
Barnsley Metropolitan Borough Council
Bath & North East Somerset Integrated Health & Wellbeing Partnership
Bexley Local Involvement Network (LINk)
Birmingham City Council
Blackburn with Darwen Care Trust Plus
Blackpool Council
Bolton Council
Borough of Poole Officers and Members
Bournemouth Council
Bracknell Forest Council
Bradford Local Involvement Network (LINk)
British Association/College of Occupational Therapists
British Red Cross
British Specialist Nutrition Association
Bury Metropolitan Borough Council
Cambridgeshire County Council
Camden Local Involvement Network (LINk)
Campaign to End Loneliness
Care Quality Commission
Carers UK
Centre for Mental Health
Cheshire East Council
Circle Anglia
City and Hackney Health and Social Care Forum
City of London Corporation
Cornwall Council
Counsel and Care
County Councils Network
Coventry City Council
Coventry Local Involvement Network (LINk)
Cumbria County Council
Devon County Council
Doncaster Council
Dorset County Council
Down's Syndrome Association
Dudley Metropolitan Borough Council
Durdle Door Consulting
Durham County Council

East Sussex County Council
Eastern Region
English Community Care Association
Essex County Council
Faculty of Homeless Healthcare
General Social Care Council
Greater Midlands Cancer Network Patient Partnership
Halton Borough Council
Halton Local Involvement Network (LINk)
Hampshire County Council, Adult Services
Help the Hospices
Hertfordshire County Council
Hightown Praetorian & Churches Housing Association Ltd
Independent Age
Kent County Council
KJE Associates Ltd
Lancashire County Council
Leicester City Council
Leicestershire County Council, Adults and Communities Department
Leicestershire Local Involvement Network (LINk)
Lesbian and Gay Foundation
Local Involvement Network (LINk) in Cornwall
Liverpool Mental Health Consortium Service User Group
Local Government Group
London Borough of Brent
London Borough of Croydon
London Borough of Enfield
London Borough of Greenwich
London Borough of Haringey
London Borough of Havering
London Borough of Hillingdon
London Borough of Kensington and Chelsea, Adult Social Care
London Borough of Newham
London Borough of Redbridge
London Borough of Southwark, Health and Social Care
London Borough of Sutton
London Borough of Wandsworth
London Learning Disability Partnership Board
London Strategic Performance Managers Network / London Information Exchange Group
Long-term Conditions Delivery Support Team
Macmillan Cancer Support
Mears Group Plc
Mencap
Mental Health Foundation
Middlesbrough Council
Midland Heart Organisation
Mind
Multiple Sclerosis Society
National AIDS Trust
The National Autistic Society
National Association for Voluntary and Community Action (NAVCA) / Regional Voices
National Association of Adult Placement Services (NAAPS)
National Centre for Independent Living / RADAR
The National Council for Palliative Care

National Forum of People with Learning Disabilities
National Institute for Health and Clinical Excellence
National Osteoporosis Society
National Skills Academy for Social Care
NHS Hertfordshire
NHS Information Centre for Health and Social Care
NHS Peterborough / Peterborough City Council
Nightingale Care Home
North Somerset Council
North Somerset Local Involvement Network
North Tyneside Council
North Tyneside Local Involvement Network (LINk)
North Yorkshire County Council
Northamptonshire County Council
Northamptonshire Local Involvement Network (LINk)
Northgate Public Services
Older People and Ageing Society (OPAS) Division, Department for Work and Pensions
Oldham Metropolitan Borough Council
Oxfordshire County Council
Parkinson's UK
Plymouth City Council, Adult Social Care Commissioning Team
Plymouth Local Involvement Network (LINk)
POhWER
Portsmouth City Council
The Princess Royal Trust for Carers and Crossroads Care
The Prison Reform Trust
Quality and Outcomes in Person-Centred Care Research Unit (QORU)
RDB Star Rating Ltd
Reading Borough Council
The Royal College of General Practitioners
The Royal College of Nursing
The Royal College of Psychiatrists
The Royal College of Speech and Language Therapists
The Royal National Institute of Blind People
The Royal National Institute for Deaf People
The Royal Pharmaceutical Society
Runnymede Health and Social Care Task Group
Salford City Council
Scope
Sense
Severn Vale Housing Society Ltd
Sheffield City Council
Sitra
Social Care Institute for Excellence (SCIE)
Social Services Research Group (SSRG)
Somerset County Council
South East Coast Strategic Health Authority
South Gloucestershire Council
South Tyneside Council
South West London and St George's Mental Health NHS Trust
Southampton Council
Southampton Local Involvement Network (LINk)
Southend-on-Sea Borough Council
Staffordshire County Council

Standing Commission on Carers
Stockton-on-Tees Borough Council
Stonewall Housing
The Stroke Association
Suffolk County Council
Suffolk Supporting People
Sunderland City Council
Surrey Care Association
Surrey County Council
Telford and Wrekin Adult Care and Support Scrutiny Committee
Telford and Wrekin Council
Terrence Higgins Trust
The Avenues Trust Group
The King's Fund
Thurrock Council
Trafford Council
Transition Information Network
Tunstall Healthcare (UK) Ltd
Turning Point
United Kingdom Accreditation Service
The United Kingdom Homecare Association
Walsall Metropolitan Borough Council
Warwickshire Council
West Midlands Regional Food and Nutrition Policy Group
West Sussex Council
Westminster Local Involvement Network (LINk)
Wigan Metropolitan Borough Council
Wiltshire and Swindon Users' Network
Women's Royal Voluntary Service
York People First

Annex C: Post-implementation Review

Basis of the review: [The basis of the review could be statutory (forming part of the legislation), i.e. a sunset clause or a duty to review , or there could be a political commitment to review (PIR)];

Political commitment

Review objective: [Is it intended as a proportionate check that regulation is operating as expected to tackle the problem of concern?; or as a wider exploration of the policy approach taken?; or as a link from policy objective to outcome?]

The objective of the review will be to determine whether the Outcomes Framework is justifying its cost (including opportunity cost) and whether the approach could be improved. This will be based on an assessment of whether the Framework is delivering the intended effects of driving improvement in outcomes and reducing variation.

The post-implementation review of Quality Standards will be undertaken by NICE; local accounts by individual councils; and changes to the national data set by the Information Centre. Therefore, while it will be very important to ensure that links to this wider work are taken into account, the scope of the review will be the Outcomes Framework only.

Review approach and rationale: [e.g. describe here the review approach (in-depth evaluation, scope review of monitoring data, scan of stakeholder views, etc.) and the rationale that made choosing such an approach]

Key methods of review will be:

- We will use established informal methods of feedback via ADASS and LGG to review the approach on an ongoing basis, and the formal PIR will involve a more thorough use of these channels through feedback sessions and possibly surveys.

- Similarly, we will review the Outcomes Framework each year to assess the balance of measures as a basket and their representation of social care outcomes (using the methodology outlined in Eii above). The formal PIR should use these assessments to help determine the overall balance of the framework over the three years.

- We will also use consultation with established co-production groups and information from local HealthWatch groups and other fora to form a view on the level of general engagement with the information.

- Through analysis and development work, we hope to establish the incremental contribution of each measure to overall outcomes by the time of the review. This will help determine the appropriateness of the measures selected for inclusion in the framework..

Baseline: [The current (baseline) position against which the change introduced by the legislation can be measured]

We will look to compare current evidence of variability in quality and outcomes (set out in part A of the main document) with that at the time of PIR. In order to identify the contribution of the Outcomes Framework to any reduction in variability and improvement in outcomes, we will look to identify international comparator countries that do not have Outcomes Frameworks. We will also compare different areas of the country where engagement and support have been effective with those where it has been less so, in order to determine the potential of the Framework.

Success criteria: [Criteria showing achievement of the policy objectives as set out in the final impact assessment; criteria for modifying or replacing the policy if it does not achieve its objectives]

The review will look at the first three years of the Outcomes Framework to establish whether:

- outcome measures have support councils in identifying areas for improvement;
- local people have been adequately supported to engage with the information and are using this to

hold local services to account; and

- the Framework has provided an accurate picture of social care services that has not distorted local priorities.

Monitoring information arrangements: [Provide further details of the planned/existing arrangements in place that will allow a systematic collection of monitoring information for future policy review]

As set out above, we will use informal channels of feedback to supplement information from the national data set in monitoring the success of the framework. We also see an increasing role for HealthWatch in providing information around engagement and support as it transitions to its new role.

Reasons for not planning a review: [If there is no plan to do a PIR please provide reasons here]

N/A