



ADASS response to Department of Health Consultation “DH Business Plan 2011-15”

Background

The Association of Directors of Adult Social Services (ADASS) represents Directors of Adult Social Services in Local Authorities in England. As well as having statutory responsibilities for the commissioning and provision of social care, ADASS members often also share a number of responsibilities for housing, leisure, library, culture, arts, community services, and increasingly, Children Social Care within their Councils.

ADASS members are jointly responsible through the activities of their departments for the well-being, protection and care of their local communities and for the promotion of that well-being and protection through the use of direct services and the co-ordination of, and liaison with the NHS, voluntary agencies, private companies and other public authorities, as well as close working with the relatively newly transferred posts of Directors of Public Health, now set within Local Authorities.

ADASS members have leadership responsibilities in Local Authorities to promote local access to services and to drive partnership working to deliver better outcomes for local populations. They participate in the planning of the full range of council services and influence Health Service planning through formal and informal partnership arrangements

ADASS welcomes the opportunity to contribute to the Department of Health Consultation on the Department of Health Business Plan 2011-15

Overview:

We welcome the joining together of the Outcome Frameworks spanning the NHS, Public Health and Adult Social Care under the proposed DH Business Plan 2011-15. (See ADASS response to the White Paper- Equity and Excellence: Liberating the NHS. [ADASS response to NHS White Paper Oct 2010](#))

This arrangement creates a mechanism to effectively work **collectively across the health and social care arena**. stimulating greater transparency , integration, innovation, efficiency and focus upon improving outcomes for individuals, their carers and the wider population

In our response to the NHS White Paper, we commented that there is a need for the **Health and Wellbeing Boards and Healthwatch** arrangements to be closely aligned to the emerging Outcome Framework , and we are disappointed that the proposals set out in the recent Health and Social Care Bill, although putting the Health and Wellbeing Boards on a statutory footing, do not fully seize this opportunity.

We would suggest that the Outcome Framework becomes the mechanism by which the proposed Health & Wellbeing Boards can hold the local commissioners (GP Consortia) to account, whilst also creating the conditions to further encourage innovation, cooperation and integration (and alignment to the DH Business Plan)

We recognise the significance of the proposed Outcome Framework in the ongoing development of **Sector-led Improvement** and the anticipated “expectation” for Councils to produce “Local Accounts”, and will continue to work with DH and the LGID in seeking ways to capitalize upon the Outcome Framework in this context.

We welcome the opportunity to work with the National Institute for Health and Clinical Excellence (NICE) in the development of **quality standards for Adult Social Care**, although it recognised that these will not be effective until 2012/13. This is likely to create a degree of ambiguity as to how to determine what “high quality” looks like in the context of the DH Business Plan.

Finally we note concerns regarding the wording of the proposed **Domain “Treating and Caring for people in a safe environment and protecting them from harm”**. We suggests that the current wording reflects a more “medical model” of safety, rather than responding to issues concerning dignity, respect, personalisation and risk taking. It is proposed that this domain is re-worded to take these elements into account and we welcome an opportunity to work with DH in designing a set of domains which translate across NHS, Public Health and Adult Social Care and reflect more accurately, the holistic nature of improved outcomes for citizens

Responses to Consultation Questions:

18.1 Impact (Outcome) Indicators

It is noted that the proposed impact (outcome) indicators are still subject to ongoing DH Consultations on Public Health and Adult Social Care Outcomes, and therefore we will not comment on the technical detail at this point.

We welcome the emphasis upon outcomes rather than inputs/outputs (characterised in the pervious National Indicator Set) and the opportunity to create shared priorities across the health and social care arena.

In terms of the two proposed Adult Social Care measures in the DH Business Plan 2011-15, overall we support the focus on user surveys as a tool to understand the experience of users but that we need to guard against misinterpretation, bearing in mind the “subjective” nature of such measures.

we recognise the “transitional” nature of the measures being applied in 2011/12, and note we are currently working in close partnership with DH on the next round of Impact/outcome indicators, effective as from 2012/13. It is noted that the DH Business Plan 2011-15 will be refreshed to take these developments into account,

18.2 Input Indicators

We note that these proposed input measures are not subject to the current DH Outcomes consultations, but are covered within the planned Zero Based Review, which will consider the management data returns requirements from the perspective of both DH Policy and ADASS. With this in mind, we will not be commenting in detail on the proposed input measures at this point in time.

We note that the application of the PSEX1 data returns to describe unit costs with Adult Social Care are effective when considered at a council level (as this simply aggregates spend), but any further breakdown (i.e. spend on in-house home care) becomes problematic due to the various accountancy methodologies being applied.

18.3 Data Systems

We do not consider there to be any significant issues with data quality, aside from the points already mentioned, as the proposed measures are all drawn from existing data returns.

18.4-18.6 Information Strategy /Data Transparency

We have already responded to these proposals in the recent Information Revolution consultation ([ADASS response to Information Revolution consultation](#)) and we clearly welcome a more personalised information system, allowing citizens to take decisions about and exercise more control of their care, and to make the right choices about themselves and their families.

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