



Association of Directors of Adult Social Services (ADASS) Response to Dept Health Consultation

on National Adult Social Care Data Developments

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, including the safeguarding of vulnerable adults, ADASS members often also share a number of responsibilities for housing, leisure, library, culture, arts, community services, and increasingly, Children's Social Care within their Local Authority

Summary

ADASS is pleased to have been involved in the drafting of the consultation documents, and happy to support the deletions proposed.

Other areas of the statutory returns with potential for deletion were proposed although there were differing opinions among partners. We regret that more progress could not be made on this but hope that partners will continue the discussion to 'reduce the burden' on Local Authorities.

Amendments (rather than deletions) of data collections can sometimes involve significant additional 'burden' in preparing data/systems, and we would appreciate significant changes being signalled in September to take effect in the following April, rather than retrospectively to the current performance year.

In reducing burden, we would urge greater coordination between Government departments and their data requests upon councils with adult social care responsibilities as the requests do not solely originate from Dept Health.

We fully support the priorities that have been identified in the Zero Based Review for further data development (reablement, personalisation & safeguarding) and are keen that progress can be made on this for the 2012-13 collections wherever possible. We would also like to proceed with further deletions from the existing dataset in that year.

Paul Najsarek, Joint Chair of ADASS Standards and Performance Committee

August 2011

Responses to questions

Questions on changes to the data (table 2)

No.	Collection	Question	ADASS RESPONSE
1	Registers of Deaf and Hard of Hearing (SSDA 910)	<i>Do you agree with the proposal to cease collecting the SSDA 910 return and hence stopping the publication of the annual report and associated datasets ? If not, please give your reasons, with reference to the uses you make of these figures, and the impact on you of the change.</i>	We agree entirely with this proposal.
2	Grant Funded Services (GFS1)	<i>Do you agree with the proposal to cease collecting the GFS1 return and hence stopping the publication of the annual report and associated datasets? If not, please give your reasons, with reference to the uses you make of these figures, and the impact on you of the change.</i>	We agree entirely with this proposal.
3	Adult Social Care – Combined Activity Return (ASC-CAR)	<i>Do you agree with the proposal to cease collecting table S4 of the ASC-CAR return, and hence no longer having the data from this table available nationally? If not, please give your reasons, with reference to the uses you make of these figures, and the impact on you of the change.</i>	We agree entirely with this proposal.
4	Referrals Assessments and Packages of Care (RAP)	<i>Do you agree with the proposal to cease collecting table R3 of the RAP return, and hence no longer having the data from this table available nationally? If not, please give your reasons, with reference to the uses you make of these figures, and the impact on you of the change.</i>	We agree entirely with this proposal.
5		<p><i>Do you support:</i></p> <p><i>Option 1 – Delete Table A7 in its entirety OR</i></p> <p><i>Option 2 – Retain page 1 and delete page 2 OR</i></p> <p><i>Option 3 – Retain page 1 as mandatory and retain page 2 as voluntary. (As current)</i></p> <p><i>Please identify which option you support and provide any other comments you feel are relevant, with reference to the uses you make of these data, and the impact on you of the change.</i></p>	<p>Option 1 is supported.</p> <p>Monitoring assessment processes locally yields useful management information with relatively little burden.</p> <p>However there have always been concerns about the comparability of the A7 data when used for the NI 132 Indicator.</p> <p>Comparison/benchmarking is likely to be of limited value due to differences in measuring across Authorities, despite the provision of detailed guidance from Dept Health.</p> <p>Most Authorities will probably want to retain a <i>local version</i> of NI 132 to suit their own care management processes.</p>

6		<p><i>Do you agree with the proposal to cease collecting table A8 of the RAP return, and hence no longer having the data from this table available nationally? If not, please give your reasons, with reference to the uses you make of these figures, and the impact on you of the change.</i></p>	<p>We support ceasing to collect the A8 table.</p> <p>As for A7, it is reasonable to conclude that the data may be useful when monitored locally but because of differences in interpretation and implementation across Authorities, benchmarking will not have much value.</p> <p>In addition, monitoring A8 in line with the guidance issued by Dept Health, is burdensome. The data processing involved is very complex and tends to produce inexact results.</p> <p>The recommendation would be for Authorities to develop their own local versions of the old NI 133 indicator to provide robust monitoring of timeliness of service provision without needing to conform to a centrally-determined data collection.</p>
7		<p><i>Do you support:</i></p> <p><i>Option 1 – Cease collecting table A10 for 11/12 OR</i></p> <p><i>Option 2 – Retain A10 as voluntary subject to further review</i></p> <p><i>Please identify which option you support and provide any other comments you feel are relevant, with reference to the uses you make of these data, and the impact on you of the change.</i></p>	<p>Option 1 is preferred.</p> <p>Self funders are an important group to consider. Collecting data locally can provide insight into these issues but it is very difficult to standardise measures for national collection.</p> <p>One issue is that it is difficult to collect information through social care databases about self-funders if people do not wish to have any involvement with social care.</p> <p>Other research initiatives (rather than the statutory data returns) may yield more useful insights at a national level.</p>
8		<p><i>Do you support the proposal to continue collecting data on planned hours and cease collecting data on the number of visits? If 'no' please state why, with reference to the uses you make of these data, and the impact on you of the change.</i></p>	<p>We agree with this proposal, though some Authorities who are further down the path towards personalised services may find 'planned hours' information is also no longer relevant (e.g. for clients employing personal assistants rather than traditional homecare).</p>
9		<p><i>Do you support the proposal to continue collecting data on number of carers assessed and ceasing to collect data on number of carers declining assessment? If 'no' please state why, with reference to the uses you make of these data, and the impact on you of the change.</i></p>	<p>We agree entirely with this proposal.</p>

Questions on broader strategy

Question No.	Question	ADASS RESPONSE
i	<p><i>Do you support the view that a move towards collecting client level data nationally will provide more robust, useful data for planning and management purposes. If yes, do you feel that the burden of collection could be significantly reduced by client level data submission or extract? Please provide any comments.</i></p>	<p>There are a number of approaches to achieving standardised client level data (such as the TRIPS project in the East Midlands) but these approaches are currently at too early a stage for definitive evaluation.</p> <p>Potentially this approach could yield a more consistent analysis of data nationally which may mitigate against some of the inconsistent interpretation of guidance between Authorities that has affected national collections in the past. Some auditing of Local Authority data would be required to ensure the accuracy of information which would add additional burden locally as well as nationally. Authorities would still want to check their results before submission, potentially forcing them to produce the full set of 'wrapped up' data as before.</p> <p>Whilst accepting this is not a short-term ambition and there is time for further development, the experience of collecting client level data in children's social care suggests that significant additional local burden can also be introduced. The need to fit client records to required templates can involve more data manipulation than the traditional 'wrapped up' collections required.</p>
ii	<p><i>Do you support the strategic objective of moving towards more frequent data collections. If so, please provide any comments and indicate what frequency of collection would be most beneficial (quarterly, monthly etc) and if the benefits to your organisation of more frequent collections would outweigh any non -offset additional burden?</i></p>	<p>ADASS would not support an approach involving more frequent collections unless the 'client level data' approach in Question i above was proven to reduce the burden below the levels envisaged for the collections in 2011-12.</p> <p>The benefit to Authorities of more frequent collection would not appear significant, as local information systems are in the process of being moved away from serving centralised performance management towards 'localism'.</p> <p>The national collections would probably still be used as an annual reference for benchmarking, but there is no envisaged demand from Local Authority managers for more frequent national comparisons even if these were made available.</p>
iii	<p><i>Do you support the development of a standard framework of core equalities, client profiling and service types to support consistency and comparability? If so, please provide your views concerning the current approach to recording and measuring this type of data and identify the areas that you think would benefit most from standardisation.</i></p>	<p>The approach referred to by Dept Health requires further explanation.</p> <p>There is some concern that the nature of personalisation will make it very difficult to categorise clients in terms of standard 'service types' and scepticism about the benefits of further client profiling. We understand a workstream will begin looking at these issues as part of the ZBR process.</p> <p>ADASS is keen to ensure that no additional monitoring burden is introduced. e.g. monitoring additional factors beyond the current ethnicity, gender and age would likely introduce significant extra burden.</p>
iv	<p><i>Do you support the continuation of work on the Outcomes Based Review toward a future national pilot of the approach used in 2010, and a linked outcome measure?</i></p>	<p>'Outcomes based reviews' are an interesting example of innovative social work practice and ADASS recognises the contribution that this approach can make to improved outcomes for clients locally. But we would question whether meaningful <i>standardised</i> data can be collected when</p>

		<p>there are inevitably going to be many different ways in which such reviews are implemented between different Authorities.</p> <p>Outcomes at the individual client level are necessarily unique and subjective to each client. This makes them less suitable for standard measurement than clinical health outcomes, hospital discharges or carers breaks which can be counted and compared to some extent.</p> <p>It is suggested that the User Survey could be a better place to try and capture client views on whether their personal outcomes have been achieved with the support of social care services.</p>
v	<p><i>Do you support the direction of travel for the development of adult social care data outlined in this document? Please let us know what you think of the vision; whether you support all, some or none of our proposals and the reasons for your position</i></p>	<p>We fully support the priorities that have been identified for further data development (reablement, personalisation & safeguarding) and are keen that progress can be made on this for the 2012-13 collections wherever possible. We would also like to proceed with further deletions from the existing dataset in that year.</p> <p>Some of the more ambitious proposals ('core equalities', 'client level collections') could be of great benefit but more explanation of what these are and evidence of how they might work in practice would be welcomed.</p>