



Association of Directors of Adult Social Services (ADASS) response to the consultation on Adult Social Care Data Developments 2012

Background

The Association of Directors of Adult Social Services (ADASS) represents Directors of Adult Social Services in Councils 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 the commissioning and provision of housing, leisure, library, culture, arts, community services and a significant proportion also hold statutory children's Director role.

Key Messages

- ADASS broadly welcomes the proposals and direction set out in the consultation as part of the overall reforms of social care and strongly supports the proposed deletions to the existing datasets for 2012-13.
- Even if all of the proposed changes to returns for 2012-13 were made, the volume of new data proposed for 2013-14 suggests that there will be no net reduction in burden for Councils over the next two years at least.
- The implementation of these proposals requires consideration of the resources available to Councils. In light of this, ADASS would expect the Department of Health to fund any implementation costs and welcomes further discussions with the Department to take this forward.
- Phasing in some of the returns, with the possible use of voluntary collections in the first year, is suggested as a way forward. ADASS would recommend moving forward with the Safeguarding and Long Term Measures from the SALT collection, initially, with further work scheduled for development of the proposed Short Term and Financial Measures over the subsequent period.
- ADASS supports the emphasis on moving towards an Integrated Outcomes Framework which spans Adult Social Care, Public Health and NHS and which is central to the White Paper. Shared outcomes will drive more efficient use of resources and a more seamless user/ patient journey, but this will require a clear agreement from all stakeholders.
- There is a need to ensure synergy and focus with the White Paper's policy direction. For example, the enhanced status of carers is not fully reflected in the proposed datasets.

- This response makes a number of high level points but The Information Centre should expect to receive a (large) number of detailed responses from both regions and individual Councils that have also helped form the views presented here.

Burden

- The scale of the proposed changes will mean the impact on culture, technical developments and practice in local councils is considerable and beyond current capacity and resources
- ADASS considers definition of burden was given in the consultation was misleading. Given the proposals to delete a limited number of tables from collections in 2012-13, and considering the volume of new data proposed to be collected from 2013-14, it is not clear that there will be any net reduction in burden over the next two years at least.
- Some of the proposals will require changes to how activity is reported, whilst others will require more fundamental changes to IT infrastructure and data entry, requiring more of a lead-in. It is not clear how Councils are to fund some of this work. There needs to be a strategic approach to changing the technical systems for major providers, so that there are not 152 Councils separately negotiating changes to their systems separately.
- Implementation costs will vary by organisation and by the type of social care database being used. ADASS acknowledges The Information Centre is running a project to evaluate the impact (including financial considerations) on Councils, but seeks reassurance that the costs of implementation will not be borne by Councils themselves but rather through funding made available from the Department of Health.
- ADASS notes that the proposal to introduce the Equalities and Classifications Framework (EQ-CL) is expected to generate a significant additional burden in collection and analysis for Councils.
- The increased use of surveys will require significant resources and feedback from many Councils indicate that, in light of current low response rates, any additional or extended surveys could result in further “survey fatigue”, whilst adding to the burden upon Councils.

Existing Returns and Proposed New Returns

- ADASS strongly supports ending all the proposed tables for deletion from RAP, ASC-CAR and AVA in 2012-13.
- Following extensive feedback from Councils, ADASS strongly supports that the proposals are ‘phased’, to allow for successful implementation and to ensure that the outcomes envisaged in the White Paper can be fully realised.

- ADASS notes that it is highly desirable that some of the new data proposed can begin to be collected from 2013-14. ADASS suggests that there is an option for making some collections or part-collections voluntary for 2013-14, while maintaining a minimal set of existing data collections during the phasing period. This would allow for further refinement of the datasets to be made.
- ADASS suggests beginning with the collection of the safeguarding and Long Term support datasets, which if made voluntary might necessitate all Councils to submit minimal AVA, RAP and ASC-CAR data while continuing to produce the PSS-EX1.
- ADASS suggests that no Council should be compelled to 'dual-run' statistical returns, but rather Councils participate in the suggested voluntary collections which will help The Information Centre and Councils make further refinements before the datasets become mandatory (ADASS proposes that in 2015-16 the new datasets would become mandatory and any remaining tables from RAP etc. deleted).
- ADASS notes that unless measures are specified with sufficient detail in the September 2012 letter to Directors, there would be no expectation of collecting them in the 2013-14 period.

Issues concerning the interrelationships between the different areas of the ZBR

- ADASS notes that there has been only minimal changes proposed to the Adult Social Care Outcomes Framework (ACSCOF) which also appear to be poorly aligned to new measures proposed elsewhere within the overall Integrated Outcomes Framework i.e. there continue to be gaps and placeholders have not been addressed, e.g. early diagnosis and avoiding hospital admissions.
- ADASS notes a general tension between Councils in either supporting new approaches to capturing short and long-term support activities through SALT, or maintaining a more traditional approach particularly in the context to financial data.

Comments on Specific Areas of Concern – Finance

- ADASS notes that the proposals recognise the importance of changing information requirements to reflect the agreed approach to adult social care and the importance of measuring the impact of short-term services, especially reablement.
- However ADASS notes that councils require information on key client groups to enable them to understand how much they are spending on those groups – particularly frail older people, who constitute the focus of much of council spending. Further it is noted frail older people who need personal care are likely to be suffering from more than one long term condition. Similarly it is not clear how these proposals will help councils understand how much they

spend on people with a learning, physical or mental health problem, and how these proposals help to promote local accountability.

- ADASS notes that these proposals do not support the availability of comparative information on the cost of some key community services, which are likely to be core components of support for the foreseeable future, particularly key areas of home care and supported living arrangements. Spending on these items is significantly higher than on items such as “strategic business direction” or “advocacy” that Councils, under these proposals will be required to include.
- Finally, ADASS notes some of the proposed categories in ‘costs of development’ and ‘service delivery’ look extremely difficult to define (e.g. ‘strategic business direction’) and questionable in value.

Comments on Specific Areas of Concern – Abuse Vulnerable Adults (AVA) data

- ADASS welcomes the simplifications to the AVA data set. Where similar but slightly different data to the AVA is being requested, ADASS suggests that the guidance needs to be more explicit about what has changed, so as to avoid confusion and to enhance consistency.
- ADASS would agree that the distinction between alerts and referrals should be left to local areas to decide how (or if) they want to distinguish them.
- ADASS is pleased to note that the proposed ASCOF measure taken from SG004 has been dropped. While supporting the measure on improved safety outcomes in SG005, this is likely to require considerable care in development and will be challenging to implement successfully. ADASS suggests that it is collected on a voluntary basis in 2013-14t (if a suitable method for doing so can be developed).

Comments on National Minimum Data Set for Social Care (NMDS-sc)

- The general view is that the current NMDS-sc return is relatively easy to complete although time consuming (and hence adding to the burden of stretched council capacity). ADASS suggest that most of the information is valuable to inform workforce strategies but completing for categories such as capacity and services users is difficult. It is also important that there is consistency in reporting to ensure data is transparent, transferable, current and reliable.
- Consideration needs to be given as to the range of codes that are used, as there is a requirement to maintain confidentiality. Destination of leavers is not currently collected by most councils and whilst important to assist in workforce strategies, this would require self-reporting.

- ADASS notes the NMDS-sc must be flexible to keep track with a dynamic environment of reform and market conditions, with an expected growth of the private sector social care workforce and potential expansions of worker co-operatives / mutuals.
- Finally ADASS would suggest that the NMDS-sc is reviewed and refined over time in light of more informed understanding of how the data is / can be practically used and that there is consideration of whether to extend the NMDS-sc to reflect the "children" social care workforce, leading to a more holistic integrated response to workforce strategies across the whole spectrum of social care.

ADASS Standards & Performance Policy Network
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