12 March 2021

Dear Bob,

Re: Adult Social Care Outcomes Framework Refresh Project

I am pleased to inform you that, commissioned by the Association of Director of Adult Social Services (ADASS), the Institute of Public Care (IPC) has now completed its work regarding proposals for a future outcomes framework for adult social care. ADASS is grateful for the funding provided by the Department which allowed this important work to be undertaken.

Over 80 councils have engaged in the two sets of consultations conducted by IPC, in addition to a variety of key user led groups, including Social Care Futures and Think Local Act Personal (TLAP), voluntary and community organisations and social care experts working in various Think Tanks.

The urgency and profile of the work ADASS commissioned IPC to undertake, obviously, has been heightened by Government's recent announcements in the White Paper that it will be introducing a new assurance system for adult social care. Equally, ADASS thinks that the proposed framework should help inform emerging proposals about the reform of social care.

ADASS Trustees and Regional Chairs have also engaged with IPC to discuss their final reports and recommendations. This letter reflects our conversations with IPC and feedback to them. This letter also sets out a series of recommendations by ADASS to Government as to the next steps in establishing and implementing the new proposed outcomes and performance framework for adult social care.

As such, ADASS endorses the proposals set out in the final reports and recommends them to you. ADASS would like to take this opportunity to supplement the final reports with the following observations and recommendations.

First, ADASS thinks that the tripartite principles underpinning the Outcomes and Performance Framework are the correct ones: there is a need to distinguish between person centred and organisational outcomes; there is extensive agreement amongst councils that the Care Act 2014 provides the right outcomes for adult social care to aim towards and deliver against; and, because of how councils' adult social care departments operate alongside other internal council departments (housing, children's services, public health etc), the NHS, the voluntary and community sector and private care providers, ADASS agrees that that the adult social care outcomes and performance framework must operate in tandem with other frameworks, with some measures being shared across different frameworks.

Second, ADASS supports the proposal that the ASC Outcomes and Performance Framework should be founded on six outcome domains. Rightly, four of these outcome domains focus on what happens to the people we serve in adult social care (including the inappropriate use of hospital and care home) while the final two focus on the effective use of resources (which

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includes local areas having a sustainable and high quality care market), and workforce. These outcome domains reinforce the first principle of the proposed framework: that it incorporates both person centred and organisational outcomes.

Part One of the proposed framework identifies measures that align with the Care Act, Mental Health Act and Mental Capacity Act. There are discrete 11 objectives in Part One – and they seek to ensure that the metrics include both those measures where the work of adult social care is a contributory factor, as well as those measures where the work of adult social care has a more direct, even causal, impact on the quality of people's lives and wellbeing. There will be further work to do in relation to the next stages of the Mental Health Act White paper and intent to further build primary, community and mental health services in place alongside the NHS LTP.

Being mindful of data burden, ADASS asked IPC to make maximum use of existing data available in adult social care, including existing statutory returns, in developing their proposals. You will see how IPC have done this but will note that there are a number of "new" indicators identified in almost all of the 11 Part One objectives.

This means that further work will be needed to develop and test these new measures and results in our first recommendation to you:

ADASS recommendation one: *Considering the relatively small investment to date, significant progress has been made to reach this stage of developing a suitable Outcome and Performance Framework. If this work is to progress at pace and be as expansive as all partners have considered a desire for, DHSC should consider making further funding available to enable ADASS to commission an implementation strategy and detailed plan as to how the new proposed measures can be developed, piloted by a small number of councils and then rolled out across all councils. Within ADASS, this work would be led by the Standards, Performance and Informatics Network and include performance leads from ADASS regions. Engagement with the social care data team in NHSD/X is also key – as will be involvement of the LGA.*
Or, if further funding is not available:

DHSC should establish a working group to oversee the development and operationalisation of the new proposed measures set out in Part One of the proposed outcome and performance framework. ADASS would expect to be a key member of any working group.

Third, and based on feedback received, IPC have also written a brief discussion paper about the future of data collection for adult social care. Again, this paper is very timely bearing in mind the specific proposals and urgency given to data collection in the recent White Paper.

Principally, IPC describes that there are three interface areas where further work is needed to develop outcome indicator and measurement proposals, as well as new approaches as to how the data can be best collected: the voluntary and community sector; the NHS; and children's services. IPC ask three specific questions at the end of this paper: how can data from the community and voluntary sector be included with the local authority data to give a complete and holistic view of social care in any place?; how can people being supported by fully integrated community teams for the purposes of reporting a picture of social care be identified correctly as NHS or LA customers?; and how might the data held by education/children's services on vulnerable young people be used to ensure there is a complete and holistic picture of how they get the best life chances?

ADASS supports the need for further research in each of these three areas and this leads to our next recommendation:

ADASS recommendation two*: DHSC should consider making further funding available to enable ADASS to commission a further piece of work to develop data collection proposals in the three adult social care interface areas of: the voluntary and community sector; the NHS; and children's services. These proposals should be based on the active engagement with key stakeholders in each of the three areas.*

Or, if funding is not available:

DHSC and MHCLG should establish a working group(s) to oversee the development of proposals to improve data collection which addresses: a. what data best describes and measures how well adult social care works with the voluntary and community sector in improving population health and wellbeing and preventing the need for long term support by adult social care – and to extract it in a uniform way across all council areas; b. how to collect data from integrated health and social care teams so that the respective contribution of both parties in promoting best outcomes for the user are accurately identified and measured; and c. how to collect data from education and children services about the outcomes being achieved by a group of vulnerable young people, some of whom who necessarily do not become long term users of adult social care.

ADASS also recommends that the proposals set out in the final reports should be presented to the Data Alliance Partnership Board and the national stakeholder group overseeing the development of the forthcoming assurance framework for adult social care. In doing so, ADASS thinks that the detail of the framework's proposed principles, outcome domains and detailed metric descriptions will help inform and guide the Department, CQC, NHSEI, NHSD and NHSX in developing proposals for future data collection.

ADASS recommendation three*: DHSC should promote the work developed by ADASS and IPC to the Data Alliance Partnership Board and the national assurance stakeholder group, either through a dedicated meeting of both groups, or as an agenda item at the relevant meeting.*

It is imperative that the proposed metrics set out in the Outcomes and Performance Framework are used as intended, avoiding focus on singular performance indicators, instead seeing them as baskets of indicators underneath the 11 objectives set out in the main report. This is in line with the agreed project brief with DHSC that stated a refreshed framework '*offers a vehicle for providing the 'right narrative' for adult social care, and which better reflects how it is meeting changes in national and local policy and its statutory responsibilities defined in the Care Act (2014)'.*

ADASS recommendation four: Develop, in partnership, a shared and contextualised narrative that sets out cross system agreement to the constructive use of the Outcomes and Performance Framework. What a shared view of "good" looks like or how the respective indicators and relationships between indicators may be nuanced dependent on the local models of delivery and future national policy developments, such as reform proposals.

We hope that this accompanying letter is helpful and we look forward to further detailed discussions with you.

Yours Sincerely

Dr Carol Tozer, Director of Adult Social Care and Housing, Isle of Wight, co-chair of ADASS Standards, Performance and Informatics Network and ADASS Trustee

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