

Local Government Outcomes Framework: Call for Feedback

Introduction

1. The Association of Directors of Adult Social Services (ADASS) welcomes the opportunity to respond to the Ministry of Housing, Communities and Local Government's Call for Feedback on the Local Government Outcomes Framework. This response does not attempt to answer every question in the consultation but instead focuses on those areas most pertinent to adult social care.

General Response

2. We welcome the principle of using the proposed Local Government Outcomes Framework as a means of reducing the reporting burden on councils alongside the simplification of grant funding proposed in the Fair Funding Review 2.0 consultation. This aligns with the ask in the ADASS Early Priorities for Government publication which stated *'Complexity of reporting, the use of performance measures which cannot be compared from council to council and short timescales have been shown to negatively impact council's ability to make best use of resources. Streamlining these grants and reporting mechanisms would free up staff and resources in councils and Government and improve productivity'*.¹
3. The framework rightly recognises the significant contributions that local government makes to improving key outcomes for their communities. In many cases, this is achieved through close partnership working across public services in each place, as councils rarely hold all of the levers to drive necessary changes. While local authorities will convene partners in their place to address local priorities, change to the priority outcomes and the metrics associated with them cannot be achieved solely by the local government sector. It is important this is acknowledged in the narrative which accompanies the framework.
4. In implementing the outcomes framework, it's important for Government to acknowledge the challenging financial environment that councils are working in. Prior to the 2025 Spending Review, the [Local Government Association \(LGA\) estimated](#) that councils faced a funding gap of £8.4 billion by 2028/29. In ADASS' most recent [Spring Survey](#), Directors of Adult Social Services

¹ [ADASS-Early-Priorities-for-Government-3.pdf](#) (2024)

reported a £774mn overspend on adult social care budgets 2024/25, up from £586mn in 2023/24 and £73.66mn in 2022/23. This is the highest level for at least a decade. The reality is that expecting councils to continue to make improvements across all areas of service delivery at a time when the funding in many areas is not keeping pace with need is unrealistic.

5. We also support the commitment set out in the call for feedback document to shift to a more outcomes focused approach which *'also aims to give local authorities the freedom and long-term certainty to drive innovation and preventative activity'*.² However, the reality is that this commitment will be tempered by the availability of existing metrics that will measure and reflect peoples experiences of care and support and the outcomes achieved as a result.
6. We recognise that the proposals for the metrics contained within the Local Government Outcomes Framework are based upon existing publicly available data. The inadequacies of the existing adult social care datasets, in particular around demonstrating outcomes for people who draw on care and support, have been acknowledged for several years including in the previous Government's Care Data Matters Roadmap. As that documents stated *'Data and the insights they provide are fundamental to ensuring that people who draw on care and support can access high quality care and achieve the outcomes that matter to them'*.³
7. ADASS has been advocating for the modernisation of the Adult Social Care Survey (ASCS) and the Survey of Adult Carers in England (SACE) for several years, including in our Early Priorities for a New Government publication.⁴ The surveys are outdated for a number of reasons including, but not limited to:
 - a. ASCS only capturing views from those people who draw on long-term care and support
 - b. Low return rates
 - c. Under representation of certain groups of people responding to the surveys (inc. people with mental health problems, people who live in more deprived areas and those from ethnic minority groups).⁵
8. We are also supportive of the principles set out in the Think Local Act

² <https://www.gov.uk/government/publications/local-government-outcomes-framework-call-for-feedback>

³ [Care data matters: a roadmap for better data for adult social care – GOV.UK](#) (2023)

⁴ [ADASS-Early-Priorities-for-Government-3.pdf](#) (2024)

⁵ [Ipsos MORI report](#) (2021)

Personal (TLAP) publication [Data for people](#), including:

- People who draw on care and support must define the outcomes against which care and support provision is assessed.
 - Datasets on care and support must be inclusive of everyone who draws on care and support, of family and friend carers and of the range of different models of care.
 - The data we collect must be used to drive equity and inclusion– We need to ensure data is used ethically, transparently, and inclusively to drive positive outcomes and address societal challenges, including aims around equity and inclusion.
9. As the TLAP report states *‘we need better ways of assessing whether services and support are achieving better outcomes for individuals’*.⁶
10. There needs to be a clear timetable for the framework and the metrics contained within it to be reviewed. If significant changes to the framework are to be delivered in line with Spending Reviews, as stated in the call for feedback, then a major review of the suitability of the framework must be undertaken at the earliest possible point in the 2028/2029 financial year.

Response to Specific Questions

5. How would you like to see the Framework used as a tool to support local authorities and local partners to deliver against key national outcomes? *For example, undertaking quiet conversations with councils based on outcome trajectory, convening departments to coordinate support where there are concerns across multiple outcomes*

The publication of the framework, as proposed in the call for feedback, will provide increased scrutiny on councils from the Government, local and national media and politicians and the public.

The adult social care metrics listed in the proposed framework are already utilised by the Care Quality Commission (CQC) as part of the local authority assessment process. These metrics are also utilised by national organisations such as Partners in Care and Health (Joint ADASS/LGA improvement programme), the nine ADASS regional branches and councils in preparation for CQC assessment and for more general Sector Led Improvement programmes.

⁶ [TLAP, Data for people](#) (2024)

There also needs to be recognition that wider factors will also impact performance against metrics, such as varying demographics or levels of deprivation in different parts of the country. It will be important to ensure comparison between local authorities takes place only where there is appropriate comparability.

Government should particularly seek to address the risk that data is presented in the form of 'league tables'. As highlighted in the ADASS [letter to DHSC in 2021](#) that put forward proposals for a refreshed ASCOF, it is imperative that the proposed metrics set out in the Outcomes Framework avoid focusing on singular metrics, instead they must be seen as baskets of indicators that provide a broader overview of council performance.

It is therefore important that the framework is used in conjunction with other existing data sets, which will also support analysis of change over time and evaluation of interventions. These include, but are not limited to the:

- Adult Social Care Activity and Finance Report
- Adult Social Care Survey and the Survey of Adult Carers
- Emerging outputs from the Client Level Data collection
- Hospital data – avoidable admissions, delayed discharge
- [CQC provider ratings](#) and derived market insight

We also utilise data from our own Spring and Autumn Surveys, as well as key sector partner publications including:

- Skills for Care's State of the Adult Social Care Sector and Workforce in England
- Care Quality Commission's State of Care report
- Carers UK's State of Caring Survey.

6. How would your organisation use the Framework either in its own work or when working with partners?

It is unlikely that we will use the Framework in isolation given the limited number of metrics for adult social care being utilised within it. However, we will continue to use the publicly available data sources highlighted in the question above as the basis for our policy and advocacy work with Government and key sector partners.

7. Do you have views on how the Framework can best support local innovation, partnership working and long-term planning?

As highlighted above, the measures set out in the proposed framework for adult social care will need updating if they are to truly reflect the outcomes that matter for people that draw on care and support, those who access long and short-term support and those people from across all parts of society.

Consideration needs to be given to how the framework can evolve in the future to consider the clear synergies with the outcomes expected by other key partners, including the NHS. There have been several attempts to develop performance measures that seek to either monitor or drive integration between health and adult social care, with the most recent discussions, led by NHS England, taking place in early 2025 on an integration index. Ultimately, if Government want to deliver on their ambitions of the three shifts and neighbourhood health and care, then this must be driven not only by policy and funding flows, but also outcome measures that drive a shift in activity to the community and neighbourhood level.

This is particularly relevant in relation to the development of *Neighbourhood Health Plans*, which are to be prepared jointly by local government, the NHS, and wider partners at single or upper-tier authority level, under the leadership of the Health and Wellbeing Board. These plans are expected to incorporate public health, social care, and the Better Care Fund, and therefore alignment across frameworks will be essential.

22. Are there any suitable data sources that could be used to capture outcomes around the role of local authorities in improving population mental health?

A recent pilot on a minimum dataset for Approved Mental Health Practitioner activity and support highlighted that current data collections focus on individuals detained under the Mental Health Act, overlooking the broader preventative role of AMHPs. The pilot highlighted the need for a new approach to capture AMHPs' impact on outcomes and reducing unnecessary detention, particularly for racialised communities disproportionately affected by MHA processes. Improved insight into experiences and outcomes is essential.

The Mental Health Act 1983 (MHA) places a number of statutory duties and responsibilities on local authorities with adult social services responsibility. These include arrangements for Approved Mental Health Professionals (AMHPs) to consider the making of an application to detain a person under the MHA on their behalf. While AMHP services are often operationally located in adult service, it is important to note that the MHA applies to all ages and AMHP services provide a significant level of support into children and young people's mental health care. Currently, the only national data on AMHP activity is based on the number of people detained or informally entering hospital, following AMHP involvement, for

mental health assessment and treatment. As a result there is a significant gap in the collection of national data to evidence the preventative role and impact of AMHPs. In effect, the challenges facing this key area of local authority responsibility, and the successes, is obscured from sight on a regional and national level.

NHS and Mental Health Act (MHA) systems should expand reporting to include preventative AMHP activity, such as referrals not leading to assessment or admission, and delays in securing beds, doctors, or transport.

Adult Social Care – Quality

Care users and carers experience high quality adult social care that is provided by a skilled workforce

53. If you disagreed with any of the metrics in the question above, please explain why

If the metrics are to capture quality, then it would seem sensible to include CQC provider ratings either in the metrics or as contextual information (noting that the number of these has not recovered to pre-Covid levels).

As stated in the King's Fund 360 'service quality has largely held up well during a period when social care budgets have been struggling'.⁷ As such, the limitations of the proposed metrics are that they do not take into account the number of people accessing state-funded support, which has fallen over the past decade or so.

We have set out the limitations of ASCOF and the ASCS and SACE surveys earlier in this response and ask that those points are taken into consideration for this question.

For carer quality of life, it should be noted that, while the measure gives an overall indication of the reported outcomes for carers, government statisticians note that it does not, at present, identify the specific contribution of councils' adult social care services towards those outcomes. Therefore, comparisons between authorities are not necessarily meaningful.

For workforce turnover, it is fair to say this indicator is important because it is recognised that a lower turnover is more likely to lead to more effective

⁷ [Social Care 360: Quality | The King's Fund | The King's Fund](#)

continuity of care and retention of skills, thereby delivering a workforce more capable of delivering high quality care. However, additional context should note that while a lower turnover rate could indicate better working conditions it is also affected by conditions in local labour markets, including the level of historic reliance on internationally recruited staff, which means that achieving a lower level of workforce turnover will be more challenging in some local authority areas than in others.

55. Relevant contextual information will be presented alongside the metrics e.g. detail of influencing factors outside of local authority control such as population demographics or geography. Is there specific contextual information you think should be captured alongside any of the metrics? Please be as specific as possible

It would be helpful to note that a significant part of the difference between councils can be due to characteristics of the local population that are beyond the control of the council. For example, an area with a well-performing care system could appear to have worse outcomes than another area with a poorer performing system, because its population has higher needs for care and support. The data can, however, provide information to monitor the impact of local interventions and decisions over time: councils can compare the 'before' and 'after' in their own authority for changes in outcomes that matter most to people, and to identify their priorities for making improvement. Alongside the typical contextual information for a local area, there are some specific ASC factors to consider, which ADASS has raised previously in consultation on the ASC relative needs formula⁸:

- *Rate of disability in the population*
- *Primary reason for support / rate of co-morbidities / multiple needs*
- *Frailty of the population / population over the age of 85*
- *Rurality*
- *Type of support accessed e.g. residential, domiciliary care, direct payments, etc...*
- *Protected characteristics*
- *Older people living alone*

Adult Social Care – Independence

Care users are supported to stay independent in their homes where possible, and have choice and control over their support

57. If you disagreed with any of the metrics in the question above, please explain why

⁸ [ADASS response to the Local Government Funding Reform Consultation](#) (2025)

The proportion of people accessing services (we would recommend language that avoids making people passive recipients such as ‘receiving care’) is not a person-centred metric. A strengths-based approach to measuring social care outcomes is vital because it shifts the focus from deficits and service dependency to people’s capabilities, resilience, and community assets. Metrics that only service outputs risk reinforcing a narrow picture of people as passive recipients of care, rather than active participants in shaping their own lives. By embedding strengths-based outcomes—such as people’s ability to maintain relationships, pursue meaningful activities, or exercise choice and control—local government can capture a more balanced, person-centred view of wellbeing. This not only aligns with statutory duties under the Care Act 2014 but also supports prevention, independence, and sustainable use of resources by recognising and building on what people and communities can do, rather than solely what they cannot.

Few of the metrics in this section are about prevention or early intervention, which are crucial to supporting people to be independent for longer. A framework that only records core, responsive care will indirectly lead to more focus on these services to the detriment of proactive, community-based support.

59. Relevant contextual information will be presented alongside the metrics e.g. detail of influencing factors outside of local authority control such as population demographics or geography. Is there specific contextual information you think should be captured alongside any of the metrics? Please be as specific as possible

The type of services available in areas are influenced by factors that are only partly within the control of councils (for example, the care market is vulnerable to changes in the local labour market; the workforce is impacted by national Government decisions about immigration) and by factors not within their control at all, such as local geography. Side by side comparisons on metrics should only be undertaken between genuinely comparable areas.

Adult Social Care – Neighbourhood Health / Integration

Care users are supported by joined up health and social care services at a neighbourhood level

61. If you disagreed with any of the metrics in the question above, please explain why

We are not sure the outcome measures fully measure the priority outcome of

'care users are supported by joined up health and social care services at a neighbourhood level'. The metrics are extremely limited in how they measure integration and/or integration of health and social care services. As highlighted earlier in this response, there is a need to develop outcome measures that drive a shift in activity to the community and neighbourhood level beyond what has been proposed.

The main challenge with the 12-week post-discharge metric is that it will shortly no longer be available, as the ASCOF measure will in future be drawn from the Client Level Data quarterly submission, and this information is not included within it.

We would question the appropriateness of a metric that is limited to individuals aged 65 and over.

We would also caution against the assumption that rates of care home admission serve as a proxy measure for the effectiveness of neighbourhood-level integration.

62. Do you think any other metrics should be added to indicate progress towards a priority outcome?

People access care and support from both the health and care sector, and interactions are inherently linked. Yet there is a limited view and understanding of a person's care journey and/or interactions through both, and how we might make care and support, including prevention and wider services such as housing that impact on health and wellbeing, more efficient and effective.

Metrics relating to jointly funded packages would be useful for assessing integration between health and social care. These arrangements show when organisations are sharing responsibility and resources to work around the individual, rather than in sector silos. Without this metric, it is hard to see whether integration is delivering in practice or if people are still experiencing gaps and duplication.

63. Relevant contextual information will be presented alongside the metrics e.g. detail of influencing factors outside of local authority control such as population demographics or geography. Is there specific contextual information you think should be captured alongside any of the metrics? Please be as specific as possible

With differences in geography, governance, and the way they engage with local authorities, local ICB structures have a significant impact on how integration is working in practice. This variety makes it more difficult to benchmark local authorities on integration in a meaningful way, especially at this current moment

given the ongoing ICB restructure and proposals for local government reorganisation. The strength of partnership working often depends on local relationships.

For local authorities to meet their Care Act duties and deliver good outcomes for people, integration must extend beyond health to include housing, public health, education, criminal justice, and the Department of Work and Pensions.

Access to data relating to health activity and integration is critically important. There is a need to have more access to health data on appropriate geographical footprints, and where possible further categories such as age, condition, gender, care pathways to help systems understand and identify what and where actions are needed. There is limited scope for councils to pinpoint and tackle the underlying challenges that impact on health services, and then take actions to help address them, if they are not party to the insight and intelligence available. This becomes even more of a challenge where council borders overlap with multiple Integrated Care Systems. Consequently, we are missing the opportunity to maximise health and wellbeing outcomes for people of all ages and to inform timely investment in support that reduces and/or delays the need for care. This applies to both older people, but equally to younger adults who are autistic or have a learning disability or suffer from a mental illness who are detained in a long-term hospital setting.

91. Is there anything else you would like to feedback in relation to the Local Government Outcomes Framework?

There is a plethora of disjointed health and care datasets. To avoid generating multiple datasets that cannot, for example due to timing or granularity at which they are published, be combined to tell a coherent story, we must begin with more strategic discussions to understand the key data needs for the health and care sector as a whole. We must focus on achieving meaningful insight through data sets based on the core questions people and organisations need to answer across the whole health and care landscape, underpinned by a shared understanding of the health, care and wellbeing needs of the population as a whole, including informal support from carers, family and friends

It is equally important that colleagues at DHSC and other government departments also have access to the right data, and the capability to interpret and use it appropriately. A report published in February 2024 by the [Public Accounts Committee highlighted](#) the need for better sharing of data across government, identifying difficulty with data sharing and insufficient data capacity and capability to provide the skills needed to interpret data as commonly identified barrier to cross-government working.

It is essential that local government and people with lived experience are actively engaged in ensuring that the core data identified to inform policy development and oversight is fit for purpose and consistent across the different initiatives. Data can be a key driver of actions and behaviour – we need to ensure that these are effective and positive behaviours and actions. Our ambition must extend beyond better data, to better use of insight and intelligence.

Links between social care research and practice need to be strengthened to ensure the relevance and impact of research. Better use of administrative data – both for health and adult social care – provides significant potential for meaningful and impactful research.

About Us

ADASS is a charity. Our objectives include:

- Furthering comprehensive, equitable, social policies and plans which reflect and shape the economic and social environment of the time;
- Furthering the interests of those who need social care services regardless of their backgrounds and status; and
- Promoting high standards of social care services.

Our members are current and former directors of adult care or social services and their senior staff.

If you have any questions regarding this submission, please do not hesitate to contact Michael Chard, Director of Policy and Analysis, Association of Directors of Adult Social Services michael.chard1@adass.org.uk