



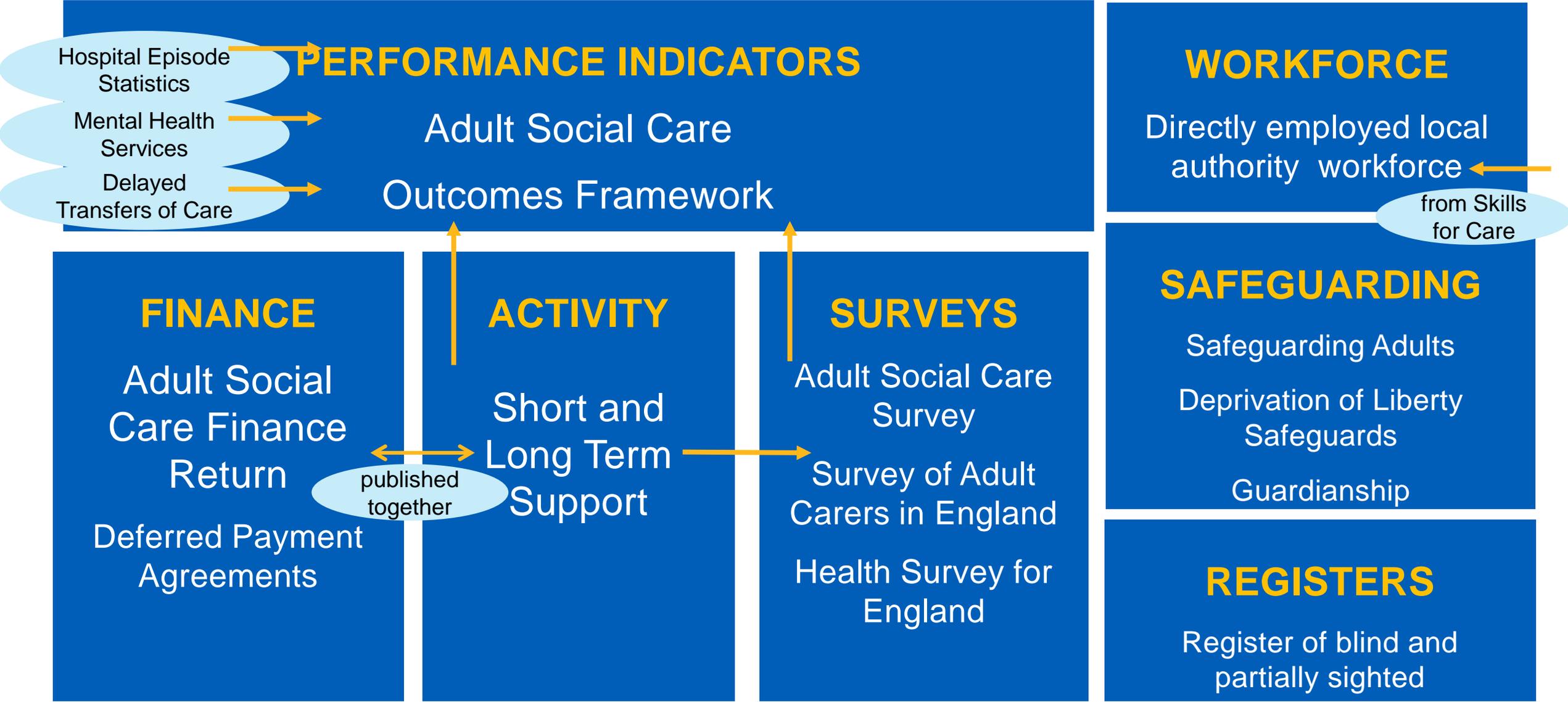
**The right narrative:
Explaining the impact of Adult Social Care and
Refreshing the Adult Social Care Outcomes Framework**

National Children and Adult Services Conference

8.30-9.30, Thursday 21st November 2019

Bay View Suite

Suite of Adult Social Care Collections and Official Statistics in England



Review of Adult Social Care Outcomes Framework (1)

We are seeking to improve ASCOF, building on the existing domains:

- Enhancing quality of life for people with care and support needs;
- Delaying and reducing the need for care and support;
- Ensuring that people have a positive experience of care and support;
- Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm.

We aim to ensure that ASCOF better reflects:

- The statutory responsibilities defined in the Care Act (2014);
 - Commissioning a sufficient, high quality and affordable market of care and support providers;
 - The importance of prevention and early intervention in promoting independence and wellbeing;
- Changes in national and local policy;
- Integration with the NHS and our interfaces with it, in line with the objectives of the Better Care Fund;
- The efficiency and effectiveness of local authorities in their use of resources.

Review of Adult Social Care Outcomes Framework (2)

While recognising the importance of continuity in assessing change over time, we are asking:

- Which measures should be retained, as they are or with amendment;
- Which measures should be added;
- Which measures should be removed.

In doing so, we will be mindful of the implications for statutory returns and supporting systems.

We are conscious that the burden of collection and analysis should not increase:

- Local authority capacity has in some cases reduced;
- NHS Digital has reorganised, decreasing the size of its adult social care team.

But we also want to realise the potential of technological developments.

We wish to maximise the potential benefits of planned shifts from annual aggregate returns to more frequent client-level data integrated with data from the NHS.

We want to ensure that any revision to ASCOF is looking to the future.

Review of Adult Social Care Outcomes Framework (3)

This project is funded and supported by the Department of Health and Social Care.

ADASS has undertaken a tender for consultancy support in exploring views of Directors and other stakeholders in a review of ASCOF.

We have awarded the contract to the Institute of Public Care and welcome them today.

John Bolton
Visiting Professor



Philip Provenzano
Assistant Director

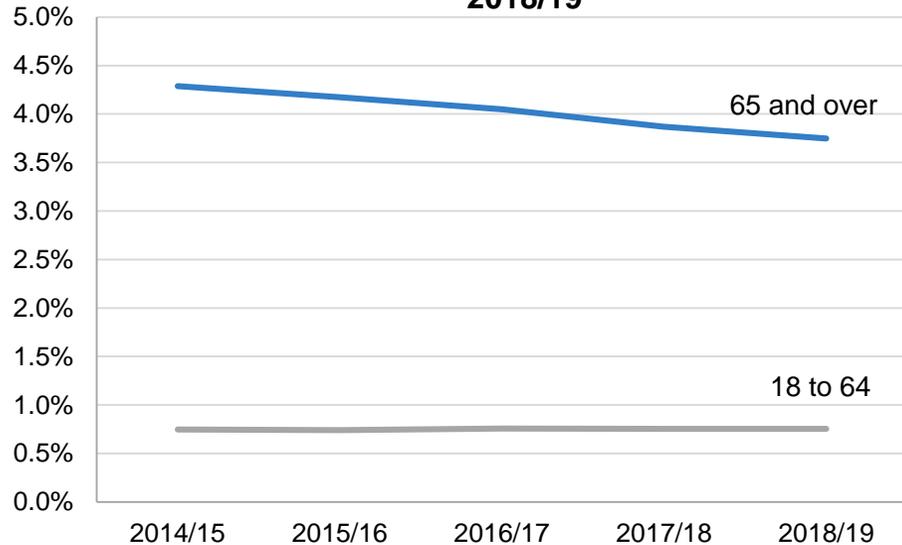
The stages of the project will be:

- Initial contact and views – including a survey of Directors and other stakeholders;
- Detailed analysis through workshops – including a workshop in each ADASS region and others involving national stakeholders including ADASS policy leads;
- Proposals and testing – a report of findings, ultimately to ADASS Executive and to the DHSC Data and Outcomes Board.

People receiving adult social care services supported by local authorities

data source: NHS Digital data, ONS population projections

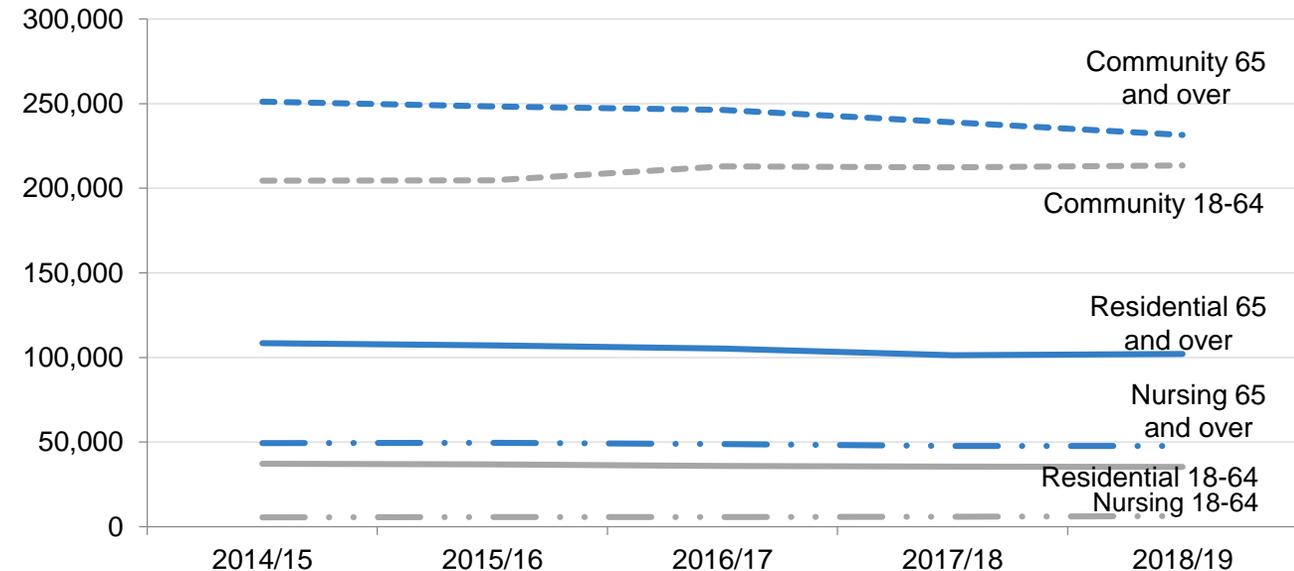
Proportion of total population receiving local authority support with social care, 2014/15 to 2018/19



The proportion of older people receiving state funded adult social care has reduced from 4.3% to 3.7% in the last five years following a steeper reduction in the previous five years.

The data doesn't tell us if this is a consequence of prevention, early intervention, and strength-based practice promoting independence or unmet need.

Long term social care users supported by their local authority at year end, 2014/15 to 2018/19

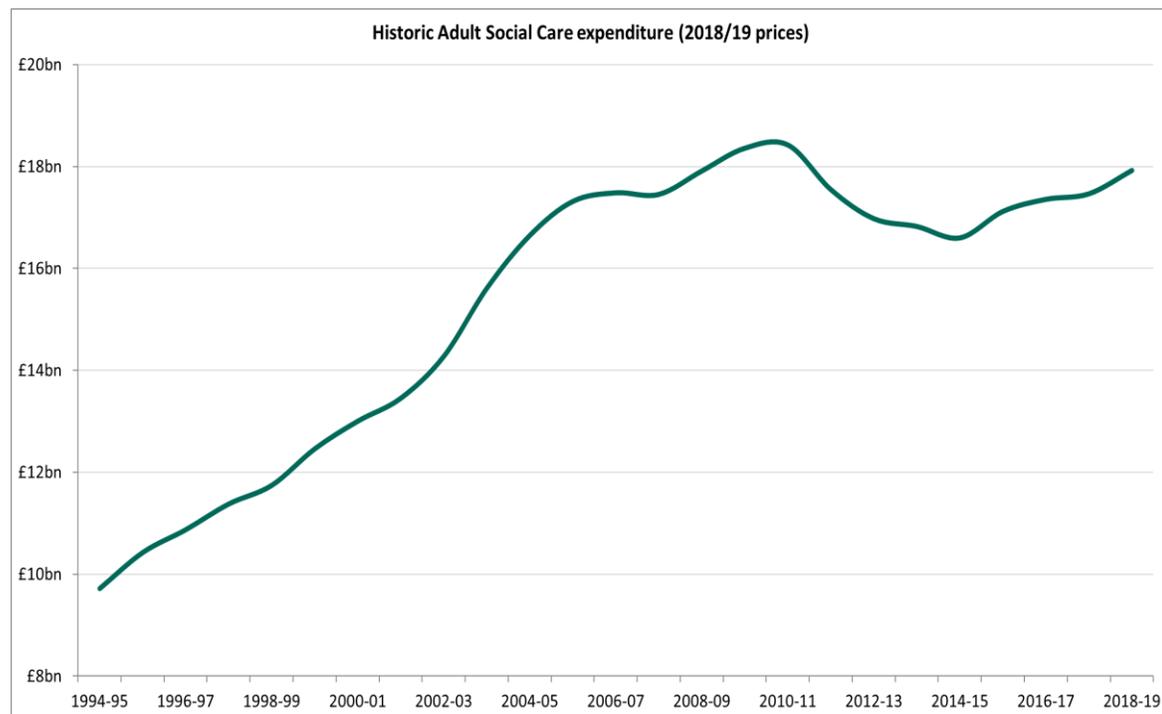


The number of older people and working age adults receiving residential and nursing care has reduced.

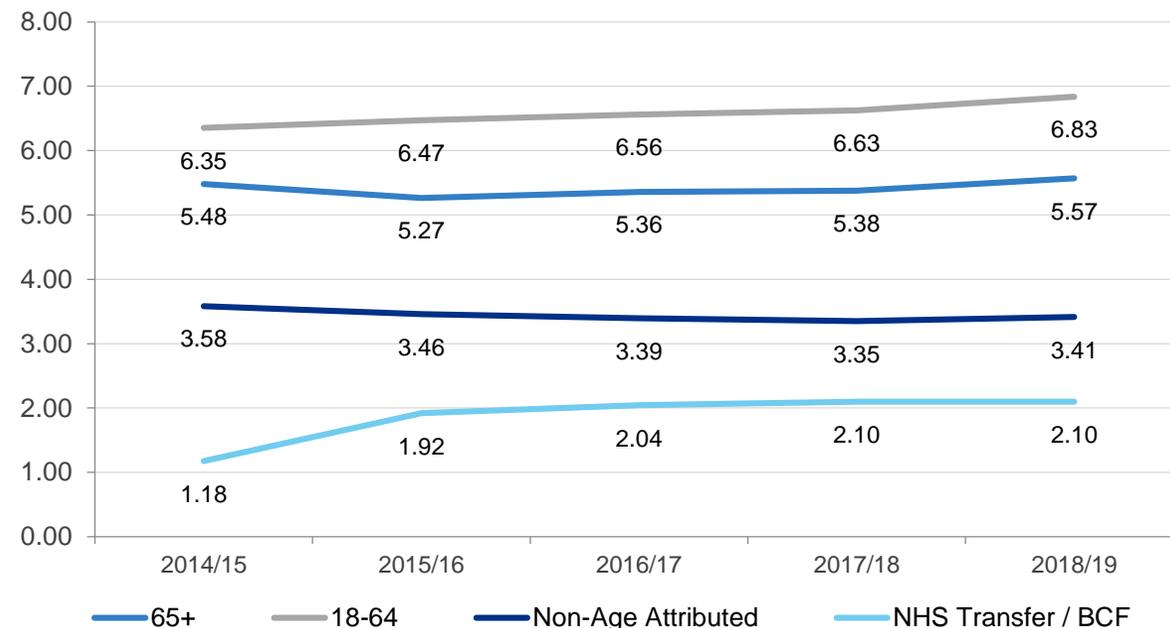
The number of older people receiving community-based services has also reduced following more significant reductions in the previous five years, but the number of working age adults supported in the community is increasing.

Expenditure

data source: DHSC analysis of NHS Digital data



Net Current Expenditure by Age (£Billions, 18/19 Prices)



In the decade before the financial crash of 2008-9 spend on social care increased well above inflation.

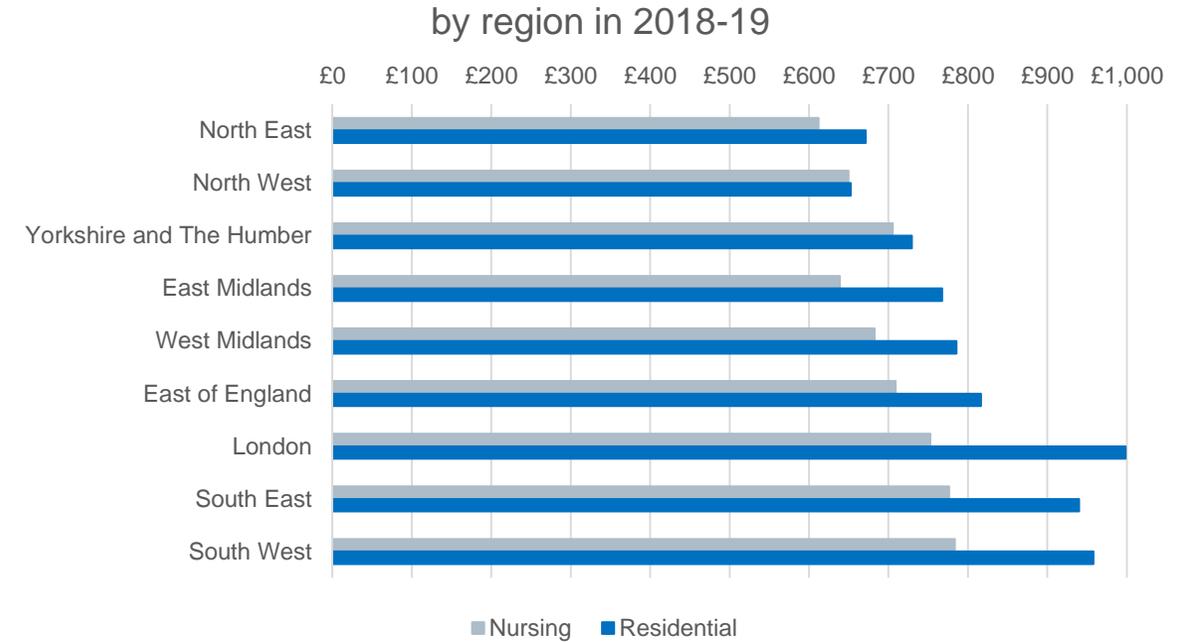
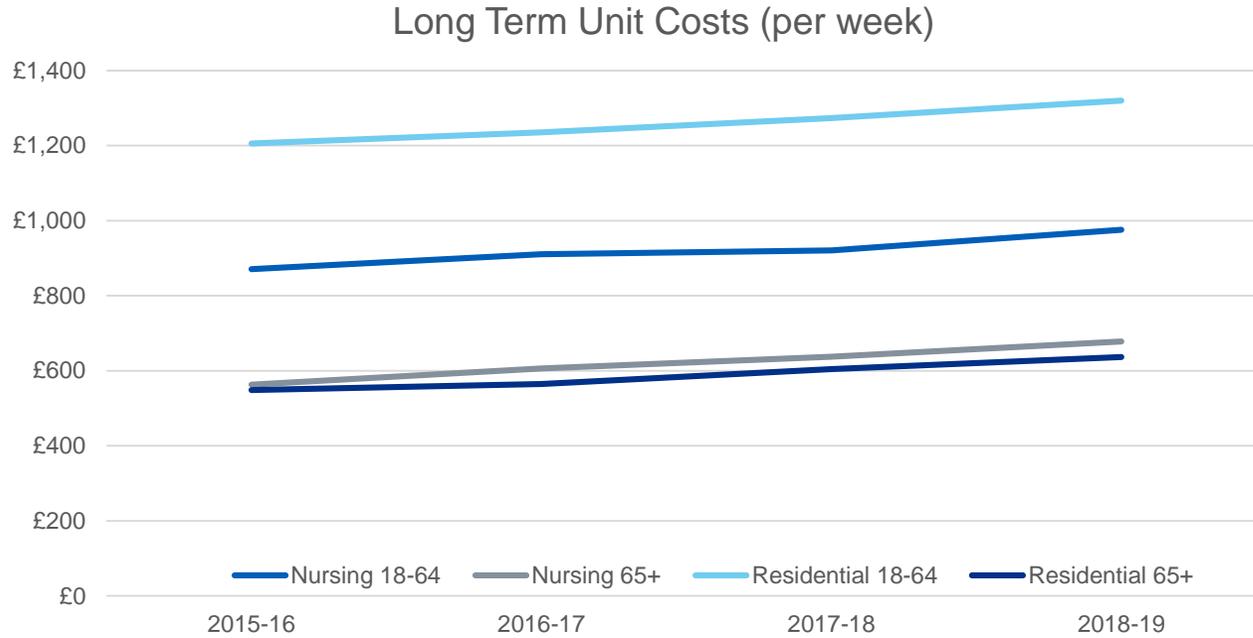
From 2010-15 spend decreased but has returned to 2008-9 levels since due to additional funding including the precept, grants and the Better Care Fund.

Net expenditure is greater on working age adults than older people and the gap is widening.

Market inflation has been rising faster than the headline rate and spend per head has risen significantly, indicating increasing complexity.

Unit costs: residential and nursing care

data source: NHS Digital



Over the last four years unit costs of residential and nursing care have been rising faster than the headline rate of inflation, driven by wage pressures including the national living wage.

Nursing care unit fees are those levied to local authorities and do not include Funded Nursing Care.

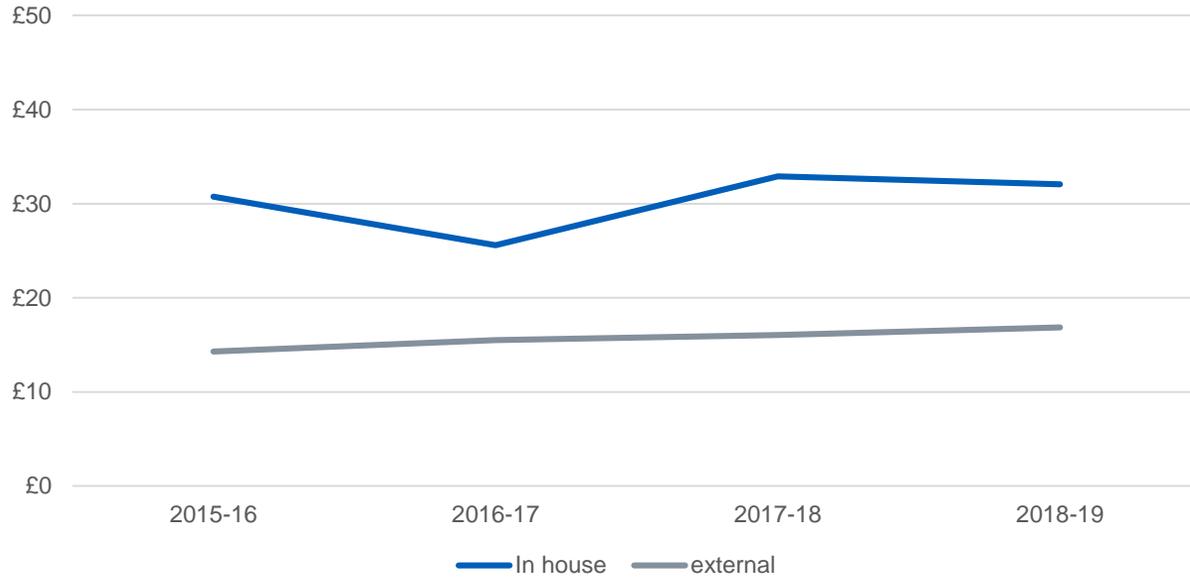
Typically, costs are lower in the north than the south of England, in some instances by as much as a third.

This is driven mainly by regional differences in property values and labour markets. Rising wages have been at least matched by competing sectors.

Unit costs: personal care

data source: NHS Digital

Home Care Unit Costs (per hour)



Again, unit costs of personal care have been rising faster than the headline rate of inflation driven by wage pressures including the national living wage.

Variations in the cost of in-house personal care are peripheral in their impact as the significant majority of provision is from the independent sector.

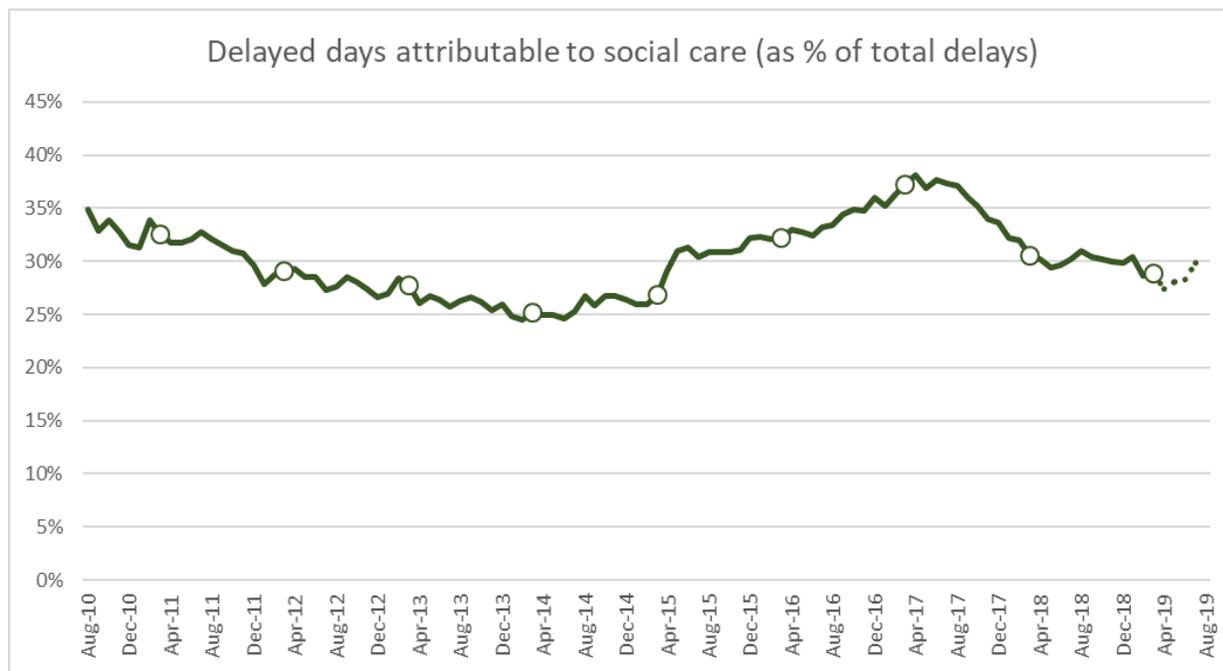
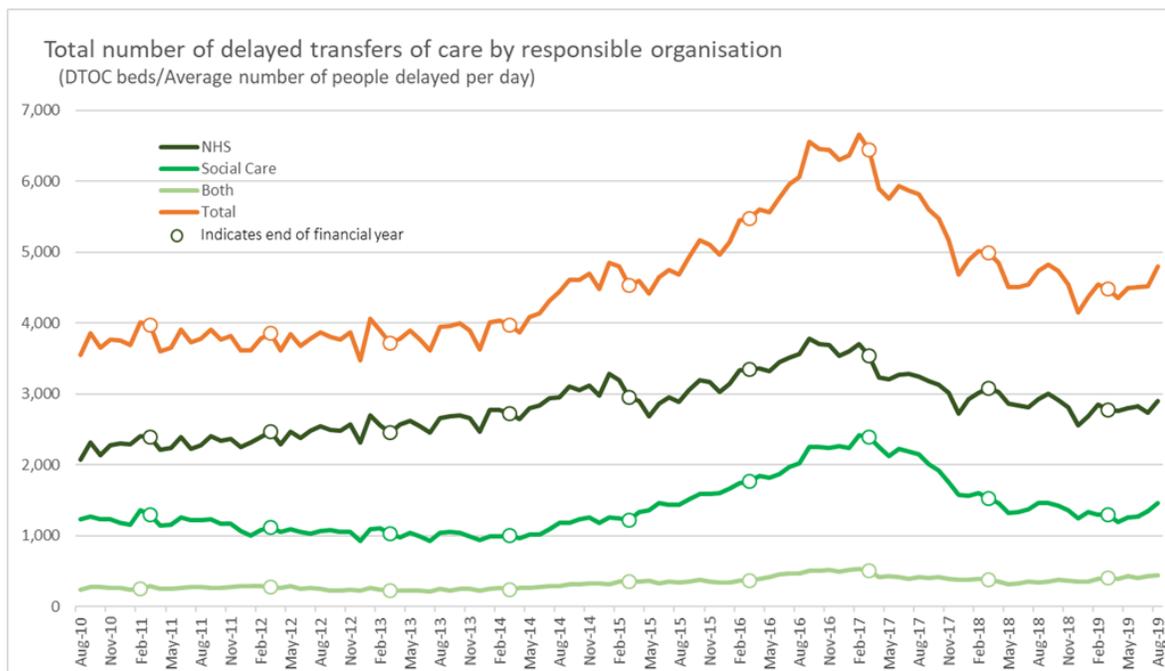


Again, costs are lower in the north than the south of England.

For personal care rurality is also a factor due to travel time and costs being more significant in areas such as the South-West.

Delayed Transfers of Care

data source: NHS England



Despite all the pressures we are under, since delayed transfers of care peaked in the summer of 2016 significant reductions have been made in the numbers of people delayed in their transfer from hospital.

This has in part been facilitated by the additional funding and focus provided by the Better Care Fund.

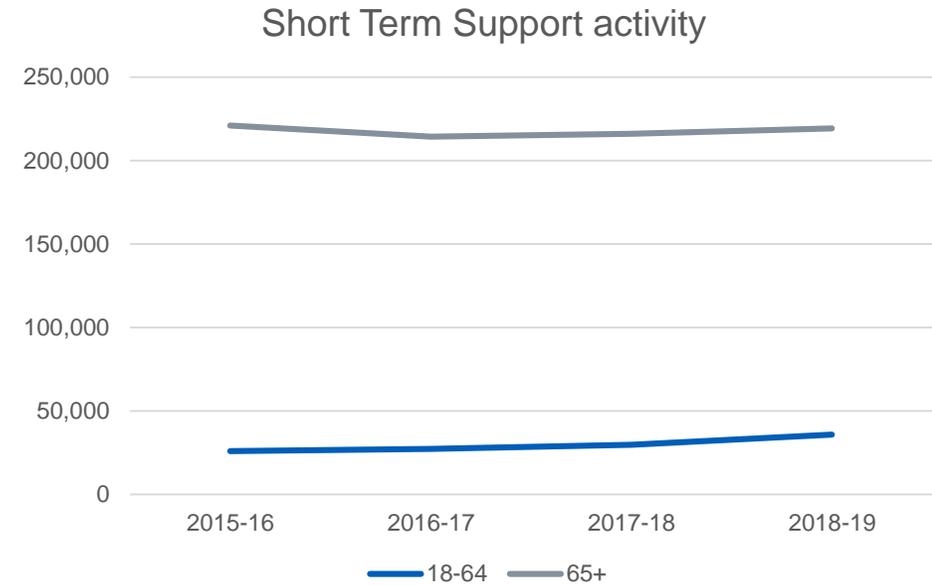
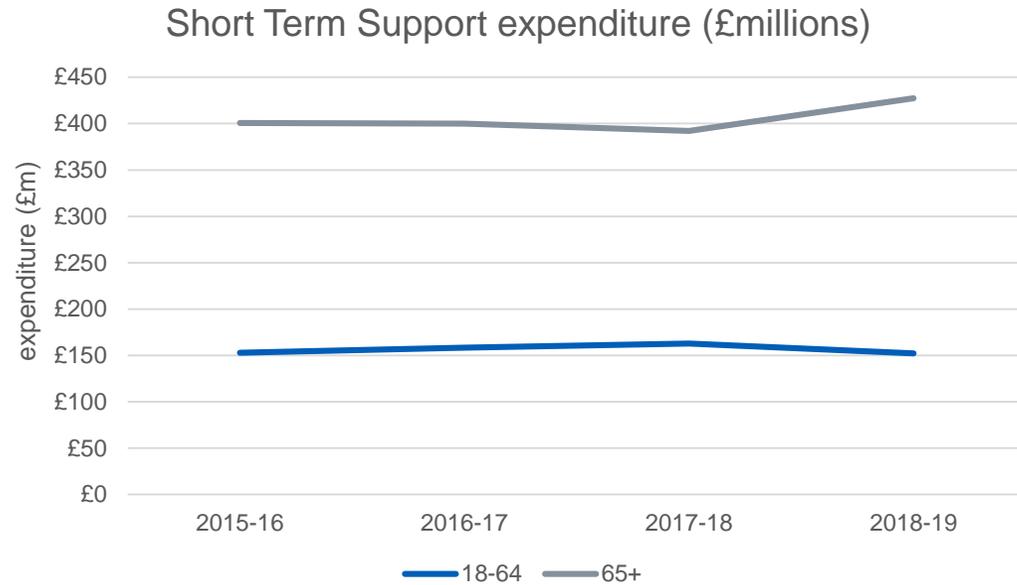
We can only maintain progress if we can gain access to sufficient care at home where possible, in a residential or nursing setting where necessary.

That depends on paying a fair price for care and a fair wage to care workers.

Self-funders are recorded as attributable to the NHS.

Short Term Services

data source: NHS Digital



Many authorities have chosen to protect or increase investment in short term interventions that promote independence.

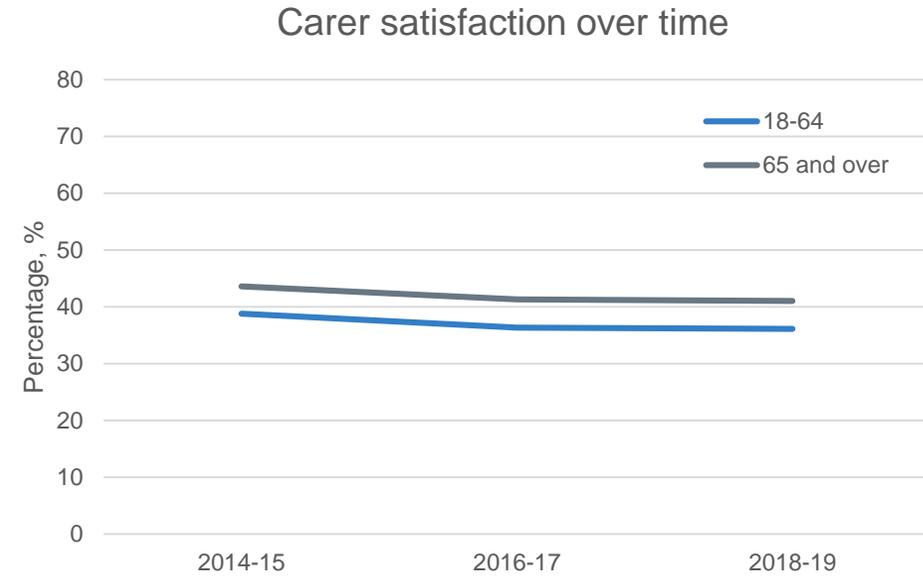
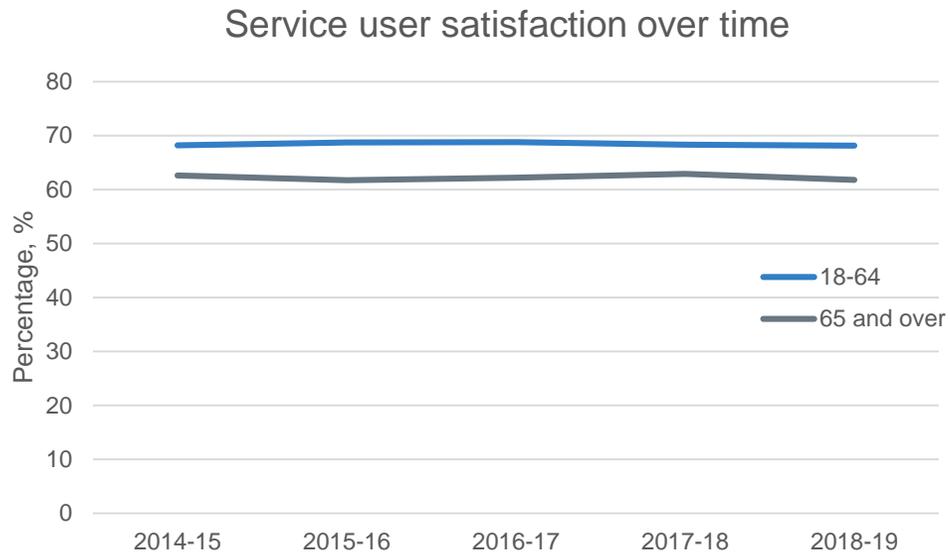
However, spend on non-statutory services including prevention and short-term intervention are under pressure during each round of budget setting.

Current measures in ASCOF to assess the efficiency and effectiveness of short-term services are inadequate.

They focus on a narrow group of older people being discharged from hospital in such a way that those who reach fewer people may appear to have more impact.

Satisfaction with adult social care services

data source: NHS Digital



For those receiving adult social care services, user satisfaction ratings have remained steady over time.

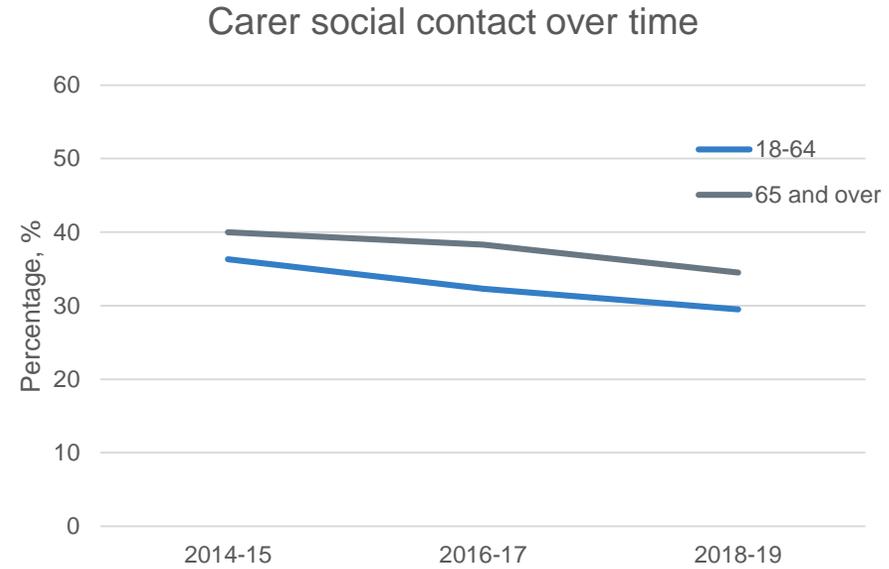
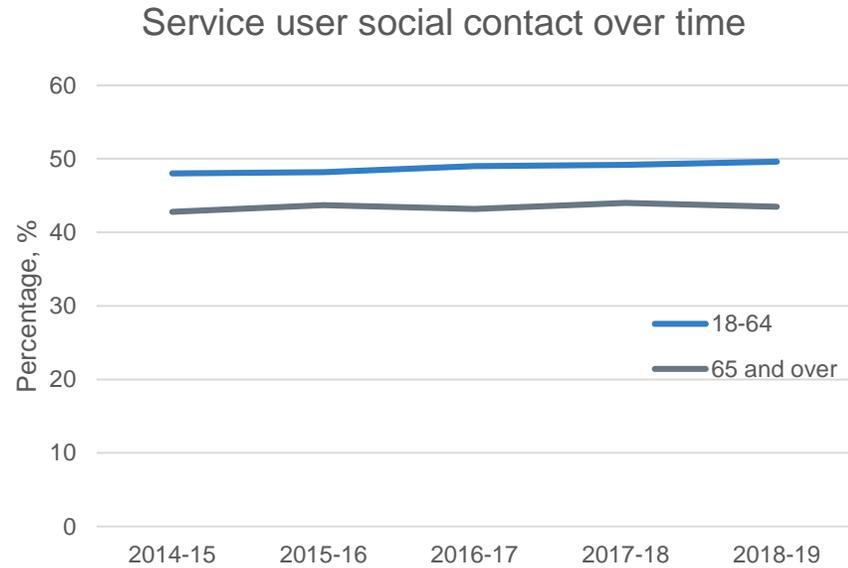
Working age adults, especially those with learning disabilities, have consistently been more satisfied than older people. Regionally, those in the North-East are significantly more satisfied than Londoners.

For carers, the question asked is differently worded and could be interpreted as relating to the services either they or their cared-for person receive.

Nevertheless, their satisfaction has reduced over time, with carers of working age adults consistently less satisfied. There is a similar pattern of regional variation.

Social contact

source: NHS Digital



Despite reductions in expenditure on day services, service users reporting sufficient social contact has improved marginally for all ages.

There is a growing body of research-based evidence that lack of social contact has a negative impact on people's health and wellbeing and we have observed a correlation between those not having sufficient social contact and those feeling unsafe.

For carers, the story is different, with reductions of 5% or more in those reporting sufficient social contact between the 2014-15 and 2018-19 surveys.

Again, we see marked regional variations between the North-East and London. But while service users in the Eastern and South-West regions are comparatively positive, that is not the case for carers where rurality seems to be an influence.

Useful online resources that use adult social care data

[Social Care Data collections](#)

[NHS Digital Adult Social Care Analytical Hub](#)

- Interactive benchmarking tool for mandated collections and publications:
- Includes links to all publication pages

[Skills for Care – Social Care Workforce data](#)

[CQC Local Authority area profiles](#)

- Focus on care pathway for people aged 65 or over
- Last updated Oct 2019, Autumn update [here](#)

[CQC State of Care summary](#)

[The Care and Health Improvement Programme](#) provides a range of [place based data tools](#)

- Use of Resources reports
- [Delayed transfers of care](#)
- [Interactive Market Provision tools](#)
- [LG Inform](#), the LGA's free and interactive online reporting and comparison tool.

[Fingertips](#): Public Health England profiles of health, care and wellbeing

Client Level Data Project

- The September Letters 2018 and 2019 to Local Authorities outlined a project to create client level social care returns built on data recorded in case management systems.
- The development of client level data returns should relieve the pressure of compiling data for the current aggregate and offer more contemporary insight of joined-up data.
- DHSC is supporting extension of the North West Pilots, a project to link health and social care data through LAs providing a client level social care dataset to NHSD (DSCROs).
- DHSC have begun consultation on a version of the pilots' data template and accompanying guidance, focusing on data fields captured in the SALT return, to understand the feasibility and variation in data LAs can provide. Work with testbed areas has successfully used a similar template, along with the three NW Pilot areas.
- A reference group of LAs has been set up to support DHSC's CLD activity; this met for the first time on 7th November.
- The legal Direction for DHSC to enable these data flows from LAs to DSCROs is expected to become active in November.
- In parallel, NHS Digital is leading a modular data approach to CLD, using metadata analysis to map Local Authority (LA) social care data items. This aims to remove the need for LAs to submit data by understanding which data fields social care systems contain, then collecting information via extraction from those systems. It is the approach developed for tackling burden and making the best use of data across the health and care system.

Acknowledgements

- The ADASS policy co-leads for Standards, Performance and Informatics are:
 - Carol Tozer (Isle of Wight Council)
 - David Watts (City of Wolverhampton Council)
 - Damian Furniss (Devon County Council)
- The commentary is our own. The data is drawn from adult social care and related collections.
- We acknowledge the support of colleagues from the following organisations in developing this presentation:
 - Department of Health and Social Care
 - NHS Digital
 - NHS England
 - Local Government Association
 - Care Quality Commission
 - The Institute of Public Care (Oxford Brookes University)

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What do you think?