
Mary Gregory, Deputy Director for Regulation

Chris Roebuck
Chief Statistician
NHS Digital

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(by email)

Dear Chris

Today, we have published the findings from our review of Adult Social Care statistics in England. The need for good data to support delivery of adult social care should not be underestimated. While there is rightly a focus on delivery of social care, a scarcity of funding has led to under investment in data and analysis, making it harder for individuals and organisations to make informed decisions. This needs to be addressed if social care is going to evolve to support a changing society and meet the increasing demands expected over coming years. Data matters in solving problems, supporting efficiency and improving outcomes.

Our review identified important improvements needed covering: leadership and collaboration; data gaps; and existing official statistics. We would like to see stronger leadership and collaboration across government to support better data on adult social care and, as the body holding the data and publishing the majority of the statistics, we consider NHS Digital should be taking a leading role in implementing improvements.

As part of our review of existing official statistics, we considered the quality and value of official statistics about adult social care against the standards set out in the Code of Practice for Statistics. It highlighted improvements around accessibility, coherence, quality, timeliness and granularity of the data. The review included outputs published by NHS Digital, immediate actions related to these outputs are outlined in the Annex to this letter.

Improved statistics are essential to support policy makers who are developing proposals to reform the funding and delivery of adult social care as well as individuals who will be able to hold government to account and make better informed decisions about issues which impact the lives of themselves and their families.

We will continue to work with a range of organisations to make the case for improvements to social care statistics. Specifically, our health and social care lead will liaise with you regarding progress towards these recommendations.

I am copying this letter to Sandra Tudor, Head of Profession for Statistics at MHCLG.

Yours sincerely



Mary Gregory
Deputy Director for Regulation

Annex

In this Annex, we suggest improvements for the following releases published by NHS Digital:

Adult Social Care Activity and Finance Report

Personal Social Services Staff of Social Services Departments

Personal Social Services Adult Social Care Survey

Personal Social Services Survey of Adult Carers in England

Guardianship under the Mental Health Act

Mental Capacity Act 2005, Deprivation of Liberty Safeguards.

Expenditure on adult social care

NHS Digital publishes *Adult Social Care Activity and Finance Report* annually. Stakeholders told us that a lack of timeliness was an issue for them, as the data does not get published until seven months from reporting year end.

The release provides some explanations of changes in the policy landscape to help interpret the changes, e.g. the Better Care Fund is mentioned, but this insight is buried in the text and obtaining a clear picture of the trends shown by the statistics is difficult. **NHS Digital should consider providing a more comprehensive narrative about activity, by linking to information about adult social care provided by Health and Wellbeing Boards, using the Better Care Fund.**

The report summarises the breakdown of expenditure on adult social care and the activity that is provided or arranged by the CASSRs. While the two collections (finance and activity) have been designed to be as complementary as possible, there are some differences in how data is categorised and so direct comparisons between the two should be made with caution. The report notes that it is possible to consider broader similarities and differences in the trends shown in the data.

Stakeholders told us that the accessibility of the data is limited, telling us that they found it difficult to understand what the aggregate collection was telling them. They would like to drill down to client characteristics such as age, funding stream they use, exact services they receive, lower level of geography. Stakeholders also told us that the broad headlines in the report did not seem to correlate with other sources around the spend on social care for older people, but they were not able to drill down into the statistics to find any useful specific information. Users also told us that they required more granular information because the complexity of funding was not reflected in how the figures are presented. **NHS Digital should consider improving the narrative by focusing on the key questions people may ask, for example, the likely sources of financial pressure on social care and the relationship with the NHS.**

Stakeholders we spoke to told us that they have great difficulty understanding the exact reasons for the differences between the net current expenditure figures published by the Ministry of Housing Communities and Local Government (MHCLG) and NHS Digital. (See Table 1).

Table 1: net current expenditure on adult social services from two sources

Source	Final net current expenditure 2018-19 (£m)
Local Authority Outturn Summary by MHCLG ¹	16,076
Adult Social Care Activity and Finance Report by NHS Digital ²	15,810

¹ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/846283/RO3_2018-19_data_by_LA.xlsx

² <https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report/2018-19/appendix-b-final>

We understand that NHS Digital are working together with MHCLG to minimise the differences between your two net current expenditure figures. These are helpful steps towards the end goal of being able to clearly illustrate the reasons for the differences and **NHS Digital should continue to work closely with MHCLG to minimise the difference in net current expenditure figures, and to explain the causes behind any residual difference.**

Adult social care workforce

There are two organisations publishing information about the adult social care workforce, with different coverage and quality assurance processes. There is scope for more coherence, reducing confusion or duplication, and provide a clearer explanation of what each set of data can and cannot be used for. NHS Digital publishes annually a set of National Statistics titled *Personal Social Services Staff of Social Services Departments*. Data are collected for a year between October and the following September and are published four months after the collection period – stakeholders were dissatisfied with the lack of timeliness.

Staff of Social Services Departments is a readable report, providing insightful commentary about what the statistics mean. NHS Digital's report discusses the limitations of its coverage issues (limited to local authority staff) and pinpoints readers to the report published by Skills for Care titled *The size and structure of the adult social care sector and workforce in England*, that includes information on the independent sector.

An attempt has been made to reduce user confusion by referencing the other publication, but NHS Digital should publish a plan to improve the coherence of the two publications.

Users' experience

NHS Digital publishes the results of an annual survey called the *Personal Social Services Adult Social Care Survey* (ASCS). The statistical release comprehensively presents the survey responses in helpful graphs, but more value could be added by comprehensive commentary pulling together other data sources and providing a coherent picture of the experience of service users. Granular data about the user are not published, only broad age bands (18-64 and 65 and over) and stakeholders informed us that they would like to see more granularity for planning purposes. The data in the annual releases relate to a financial year and the lag from the end of the financial year is around seven months until publication. Stakeholders told us they would appreciate more timely information.

ASCS asks people who are over 18 and who are receiving long-term support services funded or managed by social services about their experiences. The survey is administered by CASSRs to people receiving long term services from them. CASSRs send questionnaires to a sample of these people between January to March each year. The survey uses data from the sample to make inferences (or estimates) about the rest of the eligible population (i.e. only those in receipt of long-term support). Stakeholders could be using the results of ASCS to generalise a person's experience of receiving care in England, but the results should only be used to describe the experience of people in receipt of long-term council funding. **NHS Digital should be clearer about what the results can and cannot be used for.**

Alongside this statistical release, NHS Digital have published a Data Quality Report. This outlines the main areas of bias that could occur to limit the accuracy of the statistics. For example, nearly 80% of respondents reported needing help to complete the survey, which has introduced response bias, which is detailed in the Data Quality Report. Guidance published by NHS Digital notes that CASSRs use stratified random sampling to select the people to be contacted to take part in the survey, but the strata do not consider the quality rating of the care setting. This could introduce a biased selection of care setting. For example, if the same well-performing nursing home was (inadvertently) always chosen (over a worse setting) this would consistently send positive results back, thus rendering the statistics less representative. Stakeholders are concerned that the consistently high levels of satisfaction being reported in the ASCS, do not accord with those shown

by the survey of carers. **NHS Digital should consider and provide more information about how these biases could be investigated and reduced, for example, by conducting an independent audit. NHS Digital should consider sourcing information about users' experience from additional sources, such as the CQC or the Social Care Ombudsman, to triangulate the survey results and provide more insight to the commentary.**

Informal carers' experience

NHS Digital publishes a report from the [Personal Social Services Survey of Adult Carers in England](#) (SACE). The survey covers informal carers aged 18 or over, who must be caring for a person aged 18 or over. The commentary in the report does not provide much insight about the implications and impact of policy changes; nor link to other performance indicators to provide a comprehensive evaluation of the performance of CASSRs in England.

Whilst the SACE survey is mandatory for CASSRs to administer, so information is collected from every CASSR, data is only collected every two years. Stakeholders told us that SACE is not contemporary enough to see how changes happen on the ground and that they had to supplement the information with local measures between publication dates. This report uses data collected from a sample of carers who participated in the survey and these are weighted to make inferences (or estimates) about the whole weighted eligible population of carers.

There is a big gap in understanding the experience of those who are informal carers, who are not surveyed by SACE. More importantly, stakeholders could be using the results of SACE to draw conclusions about all carers' experiences in England, but the results should only be used to describe the experience of carers already in receipt of support. **NHS Digital should be clearer about what the results can and cannot be used for.**

Guardianship

NHS Digital publishes a report titled [Guardianship under the Mental Health Act](#) every two years, using mandatory data supplied by all CASSRs. The report and associated data tables provide statistics regarding cases of Guardianship under Sections 7 and 37 of the Mental Health Act 1983 (MHA) in England, for set reporting periods. The report provides information on new, continuing and closed cases at a national and regional level. The associated Data Quality Report outlines the quality assurance processes undertaken by CASSRs and provides detail to satisfy the basic level of assurance, but the quality assurance processes referenced in the published material are from 2016. **NHS Digital should consider engaging with data users and suppliers to understand whether the data are timely enough for their needs and provide up-to-date assurance about the quality of data submitted by CASSRs.**

Deprivation of Liberty Safeguards

NHS Digital publishes an annual report titled [Mental Capacity Act 2005, Deprivation of Liberty Safeguards](#). You told us that NHS Digital has been working closely with CASSRs to understand issues of likely under-reporting in previous years to ensure more robust data is returned. Caveats are given to data users on interpreting the statistics where changes to reporting have affected trends. The associated *Data Quality Statement* notes that NHS Digital has improved its interrogation of the data and is getting more confident about the quality of the data provided. Whilst the understanding of data quality has improved, there are many data quality issues highlighted, indicating that submission of data of adequate quality is still a work in progress. Tables outlining data quality by each CASSR are published and caveats are provided for data users. **NHS Digital should provide more explanation of data quality (referring to the UK Statistics Authority's *Quality Assurance of Administrative Data (QAAD)* toolkit) and what the statistics can and cannot be used for.**