



Office for  
Statistics Regulation

# Adult Social Care Statistics: a way forward for Great Britain

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# Introduction

## Who we are:

The Office for Statistics Regulation (OSR) is the regulatory arm of the UK Statistics Authority. We provide independent regulation of all official statistics produced in the UK. Our vision is statistics that serve the public good, and it is underpinned by the three pillars of the [Code of Practice for Statistics](#):

- Trustworthiness – confidence in the people and organisations that produce statistics
- Quality – data and methods that produce assured statistics
- Value – statistics that support society's needs for information

## Why we are interested in adult social care:

Our previous [review of health and care statistics](#) focused on healthcare statistics, but highlighted that adult social care has not been measured or managed as closely as healthcare.

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.

We want to see statistics that provide a robust evidence base for national and local policy development and decision making. We care about statistics to support a much wider range of uses, including by charities, community groups and individuals. They should allow individuals and organisations to reach informed decisions, answer important questions, make the case for change or hold government to account.

As an independent regulator, we are in a unique position to take a broader look at issues of importance to society and make the case for improved statistics. This is supported by our ability to convene, influence and highlight best practice from other sectors.

## Our review:

Our review of adult social care statistics focused on the statistics and data relating to social care across the UK. We spoke to a range of users of statistics around adult social care, representing local and national government, charitable, regulatory, think tanks and academic organisations. We also reviewed existing outputs and reports.

Given the devolved nature of adult social care – responsibility for the policy, delivery and funding of adult social care lies with the devolved administrations in each country of the UK – our review looked at statistical issues in each of the four countries separately. A visual summary of our project can be found in this [link](#).

We have published more detailed reports for each of [England](#), [Scotland](#) and [Wales](#), accompanied by letters to the relevant producers of adult social care statistics in each

country. We have also published a [blog and UK summary of users' views](#). We closed the project strand for Northern Ireland, following the publication of a [letter](#) in March 2019.

This summary covers Great Britain, drawing together the main findings from our reviews in England, Scotland and Wales. Its aim is to provide a succinct high-level overview for the interested reader, while the specific detail for each country and recommendations for individual producers are contained within the relevant reports and letters.

The summary provided here highlights common challenges related to adult social care data across the three countries, as well as identifying examples of good practice where the individual countries could learn from one another. It concludes with our recommendations for action that each of the three countries should take to improve adult social care data and statistics.

The existing data does not meet all users' needs, including more information about different age groups, protected characteristics and outcomes. We are pleased to see policy buy-in for data transformation across England, Scotland and Wales, which should ultimately deliver more granular statistics, with Scotland leading the way.

All nations have examples of listening to user feedback. For example, the Welsh Government responded to such feedback by pulling together several separate releases into one new [Social Services Activity](#) publication, and incorporating local authority expenditure information into this release.

## Common challenges

Our research highlighted that there were several challenges and frustrations related to adult social care data that were common to all three countries:

- Adult social care has not been measured or managed as closely as healthcare, and a lack of funding has led to under investment and resourcing in data and analysis.
- Across all three countries there is an unknown volume and value of privately funded provision of adult social care. Although data is collected from local authorities, this only covers activities that they commission and fund, which constitute a smaller proportion of total adult social care activity.
- Robust, harmonised data supply to ensure comparable statistics from both public and private providers is problematic, as data collection processes within each individual country are not always standardised. Furthermore, data definitions might not always be consistent across local authorities and other providers.
- Data quality is variable within and across local authorities, with inconsistent interpretation of data reporting guidance by local authorities. This means that data isn't always reliable and so users have difficulty trusting it.

# Good practice and learning opportunities

As can be seen above, changes are required to improve adult social care data collection and statistics across all three countries of Great Britain. However, there are some examples of good practice, that might serve to assist such change, including those where the individual countries could learn from one another.

Example area	England	Wales	Scotland
Collaborative responsibility for health and social care	Separate commissioning and monitoring. <a href="#">Health and wellbeing boards</a> bring together commissioners of health and social care to agree an integrated way to improve local health and well-being. However, these boards have very limited formal powers.	Longer history of collaboration between health and social care commissioners and agencies.	
Data commissioning	Two main departments (DHSC and MHCLG) commission data collection. Departments will need to collaborate to successfully achieve any future change.	Single body responsible for commissioning adult social care data collections in each country.	
Single data platform for both health and social care	Single data platform planned but not yet underway in England. Adult social care national data collections not yet mandated.	Scotland piloted a national single data platform (Source) in 2019. Wales is in the process of rolling one out. Both countries have mandated new national data collections for local authority funded social care.	
Person level data	Data still collected at an aggregate level, although NHS Digital and Welsh Government have indicated that they have plans to move towards developing individual level data collections.		For the first year of collection, most of the data on the new platform was at the person level. Future releases will be based entirely on person level data.

# Priorities across Great Britain

The following are the priorities for action that the three countries should take to improve adult social care data and statistics:

- 1. Collaborate and share best practice:** We encourage greater collaboration between countries to share best practice and help each other in overcoming the significant challenges all countries face. We are pleased to learn that the three countries of Great Britain along with Northern Ireland have recently established a four nations adult social care group to look at areas where they can work together.
- 2. Improve the existing statistics:** The three countries should aim to increase the coherence of their existing statistics by standardising data collection processes and publishing more insightful analyses.
- 3. Fill the data gaps:** They should devise a way to routinely collect data from independent social care providers and estimate the cost of the burden placed on unpaid carers.
- 4. Improve the underlying data quality at a local level:** They should develop ways to upskill local authorities about data capture and analysis. This will improve the quality of data being submitted to the statistics producers, as well as enable authorities to reliably monitor their own performance.
- 5. Address the imbalance of resources:** Producers should consider statistical resources across both health and social care to ensure there is greater parity between the two. This will enable them to continue to develop the data so that it better meets users' needs in future.