



Department
of Health &
Social Care

directors of
adass
adult social services

Data and performance webinar for local leaders

March 2023

Agenda

1. 15:00 Welcome and overview
2. 15:00-15:10 Care data matters – DHSC (*10 mins*)
3. 15:10-15:45 Local authority data showcase – Liverpool (Anne Marie Lubanski and Adam McCamley), Norfolk (James Bullion), Shropshire (Andy Begley, Pete Jackson) (*35 mins*)
4. 15:45-15:55 What tools are available – DHSC, LGA (*10 mins*)
5. 15:55-16:00 Wrap up (*5 mins*)

Today's session is largely information dissemination, but the Teams chat is open for comments.



There are lots of ways for you to get involved going forward, and you can also [share your thoughts and give us live feedback today via Menti](#) (What do you see as the biggest data opportunities and challenges? What would be helpful nationally? Any other feedback?)

Please note we will also be recording today's session.



Overview

Our audience: targeted at local leaders including DASSs, Commissioning and Performance Leads, Chief Execs

Context: From April, we take important next steps towards transforming social care data - the client level data collection becomes mandatory and updates to the Adult Social Care Outcomes Framework go live.

Purpose:



Demonstrate alignment of national projects (including CLD, ASCOF, OFLOG) and how this sits alongside assurance



Raising awareness of the benefits of stronger use and focus on data locally/regionally/nationally, including system and service transformation and **crucially creating better outcomes for people**



Demonstrate how data helps us tell ASC story nationally, regionally and locally from local leaders

Care data matters

The following slides set out what we mean by transforming adult social care data, the journey we need to go on to get to this vision and how the data and insights will be used. This is an integral part of our social care reform.



“Care data matters” sets out the government’s roadmap for transforming adult social care data in England, building on commitments in the Health and Social Care data strategy and reform white paper

The “what”



Good quality, meaningful timely data available to all those who need it



Used to deliver high-quality care and to develop fresh insights into care needs



Digital and technology capabilities to facilitate change



Support system assurance through data driving better oversight at local, regional and national levels



Proportionate and minimising burden on those who provide data



Data is treated with the utmost respect for people’s privacy and the use purposes are fair and transparent

The “why”

1. More joined up care for people who draw on care and support

- *Where information is shared easily between professionals to make care provided more seamless*

2. More time and resources for people who provide and commission care and support

- *So that time can be focused on providing high quality, personalized care and support*

3. Greater understanding of people’s care journeys

- *For local authorities delivering and commissioning care, care providers and national government, and the public*
- *Where data is used to identify good practice, areas of improvement and research into how care is commissioned, provided and integrated*

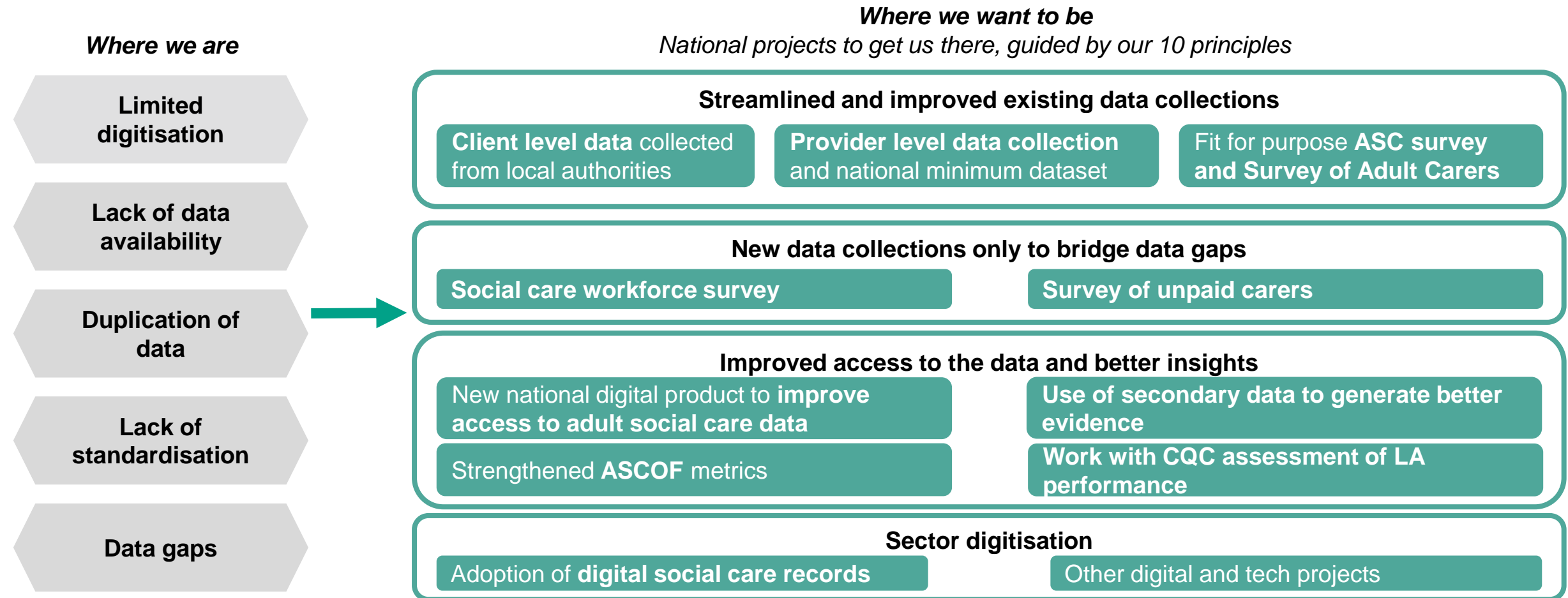
4. Better management and oversight of the health and care system

- *At local, regional and national levels, for now and future*
- *To provide better care and make more effective use of resources*



It is a journey to get from the current landscape to achieving all our ambitions for data, and we need to get there together to deliver social care reforms successfully and sustainably

The “how” involves local and national government and the sector working together; the roadmap is published in draft and your feedback will be used to develop and shape the data initiatives.



We have heard the importance of using data well to give us fresh and timely insights. This will enable us all to tell the adult social care story better and ultimately deliver better outcomes for people

We recognise the challenges with using new data. How we use data will evolve as we better understand what data is needed. To move us forward on this transformation journey, we can start using this better data now and work together to use data well.

Nationally

- **Publishing better data and promoting further transparency:**
 - CLD for 6 ASCOF metrics for 23/24 and activity data to replace SALT
 - CQC using published data for assessments
 - Working closely with DLUHC to codesign OFLOG metrics.
- **More data-driven national policy making**
- **Supporting with data analysis and visualisation**

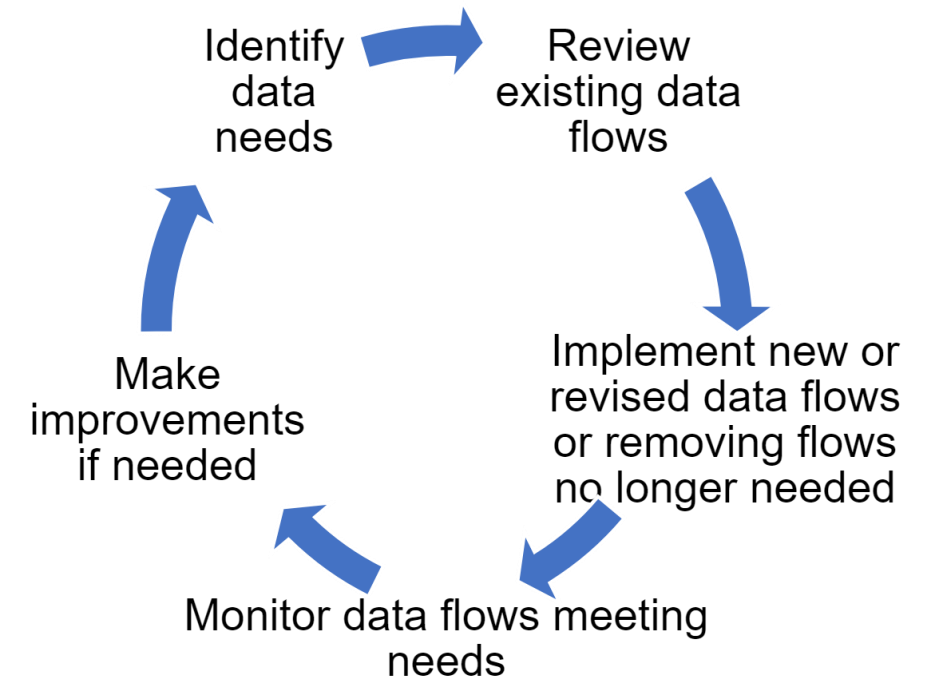
Regionally

- **Strengthening data and intelligence capabilities** through Partners in Care and Health, building on ongoing regional networks and tools

Locally – at system level with ICSs and at local authority level

- **Improving understanding and data-driven decisions**, with new data collections and analytical support to maximise data use and insights

Using data needs to strengthen data flows

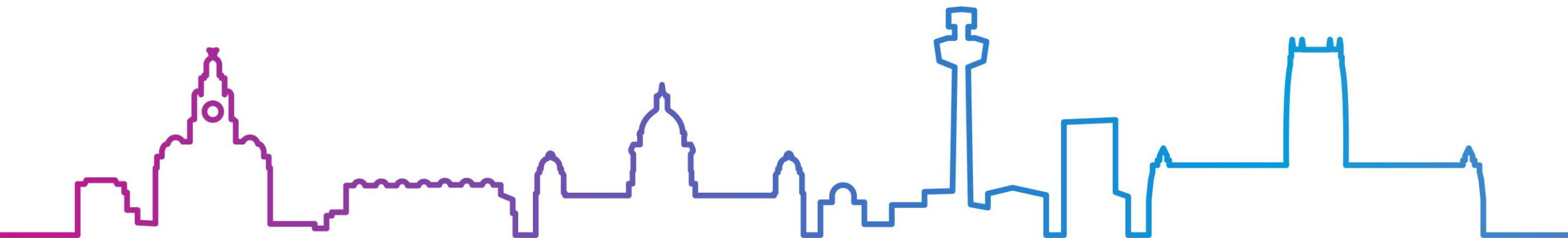


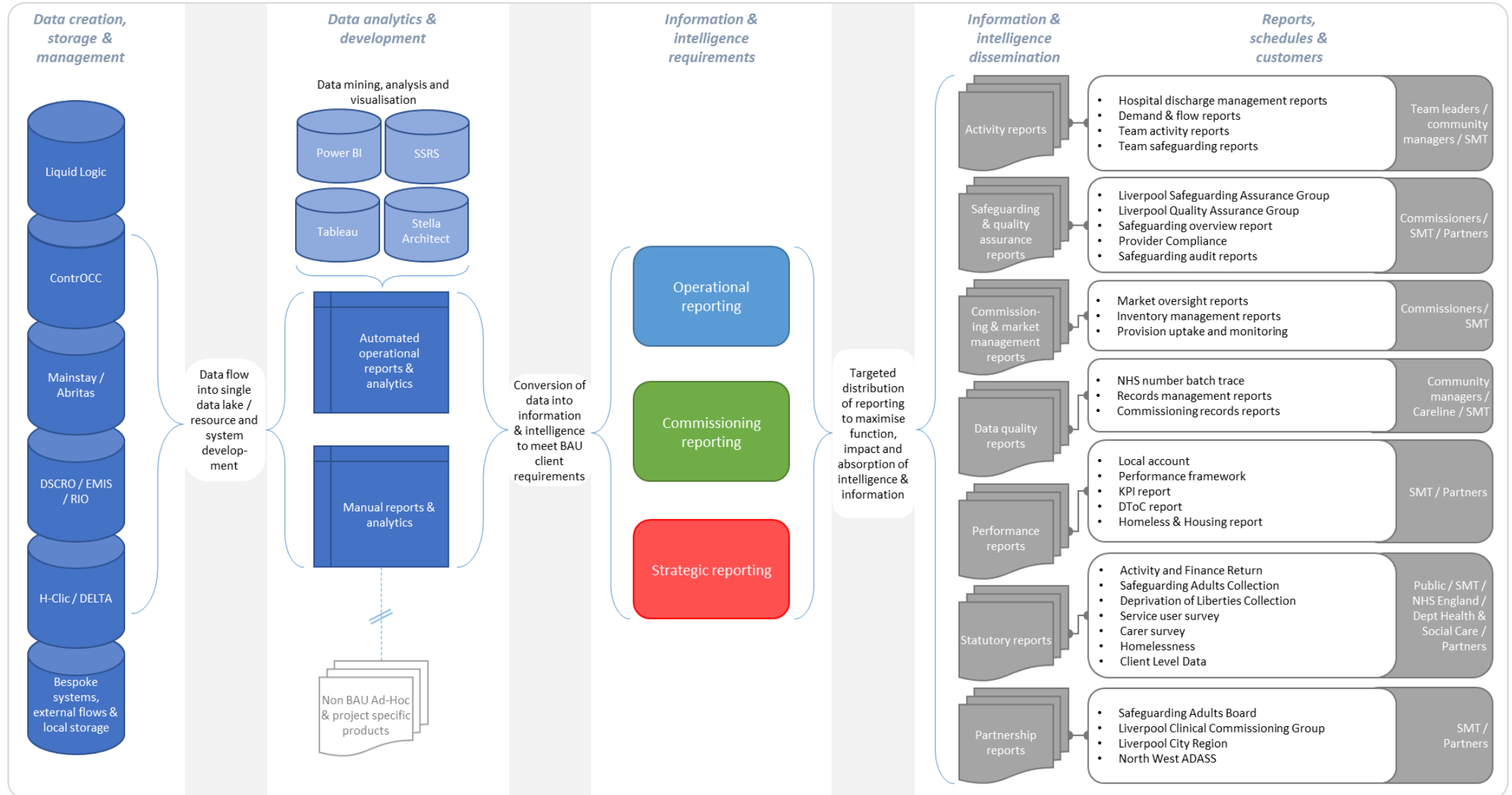
Local authority data showcase

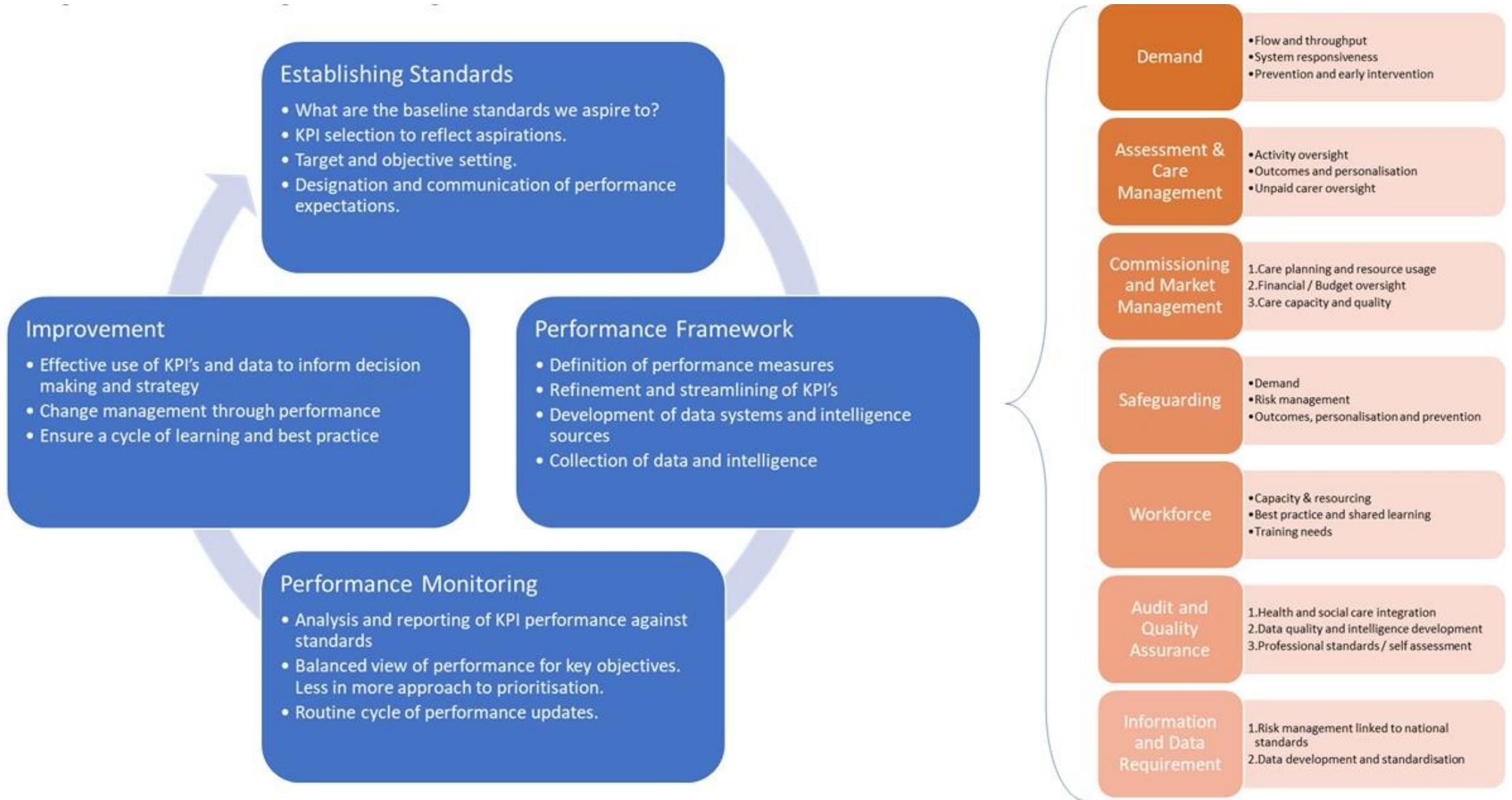




Embedding client level data into operational practice



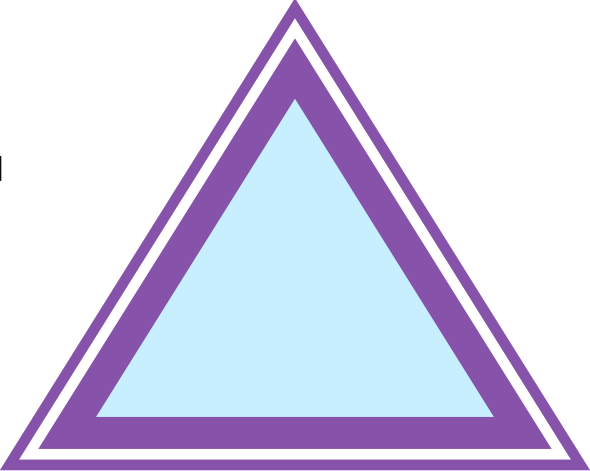






- 1 Demand** – *What are the pressures on services?*
- Activity** – *What is our response to the pressures?*

Ensuring outcomes are achieved at the best possible standard to prevent/reduce further needs



Efficient use of resources to meet demand, both workforce and budget

- 3 Effectiveness** – *How good is the quality of service and are we meeting expected outcomes?*

Maximise social impact and value for money

- 2 Productivity** – *How efficient is our response and use of resource meeting demand?*

Operational Overview



- Introduction
- Overview**
- Acute Right to Reside
- Brokerage
- Service Throughput
- Service Outcomes
- 91 Day Status
- Case Details



Outcomes Derivation



Introduction

Overview

Acute Right to Reside

Brokerage

Service Throughput

Service Outcomes

91 Day Status

Case Details

Clients

Percentage

7 day Outcome	28 Day Beds	D2A Home Care	Home First Plus	Hubs	Spot Purchase Beds	Total
No Social Care Service	000	000	000	000	000	000
Home Support	000	000	000	000	000	000
Hospital	000	000	000	000	000	000
Reablement	000	000	000	000	000	000
Deceased	000	000	000	000	000	000
Long Term Nursing Care	000	000	000	000	000	000
Long Term Residential Care	000	000	000	000	000	000
Short Term Residential Care	000	000	000	000	000	000
Short Term Nursing Care	000	000	000	000	000	000
Community Supported Living	000	000	000	000	000	000
Other Short Term Support	000	000	000	000	000	000
Direct Payment	000	000	000	000	000	000
Day Support	000	000	000	000	000	000

Custom Date Selection
Custom Date Selection

Last 52 Weeks (Calendar)

27/03/2022 - 25/03/2023

Please note that those receiving "No Social Care Service" may have moved to a fully health funded service or be self funding and so this should not be taken to mean they are fully reabled and are receiving no services.

Commissioning Behaviors



Navigation

- Introduction
- Overview**
- Trends
- Cost Bandings
- Community: People
- Community: Spend
- Sup. Living: People
- Sup. Living: Spend
- Care Home: People
- Care Home: Duration
- Care Home: Spend
- ST Care: People
- ST Care: Spend



Current Snapshot of Performance

Change Against Benchmarks

*Weekly Cost as of Financial Year Start
£0,000,000
 ±£0,000
 ±000

**Weekly Cost as of Baseline Date 01/10/2022
£0,000,000
 ±£0,000
 ±000



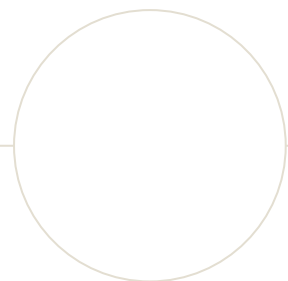
Figures are representative of active, authorised services commissioned via ContrOCC. All monetary values are gross planned and exclude any income factors, i.e. client contributions or health funding.

	People	Weekly Cost	Unit £	LCR	YTD Change*	Baseline Change**
Reablement	000	£000,000	£000.00	?	£00,000	£00,000
Home based D2A	000	£000,000	£000.00	?	£00,000	£00,000
Bed based D2A	000	£000,000	£000.00	?	£00,000	£00,000
Respite/Other ST	000	£000,000	£000.00	?	£00,000	£00,000
Day Services	000	£000,000	£000.00	?	£00,000	£00,000
Transport	000	£000,000	£000.00	?	£00,000	£00,000
Direct Payments	000	£000,000	£000.00	?	£00,000	£00,000
Home Care	000	£000,000	£000.00	?	£00,000	£00,000
Supported Living	000	£000,000	£000.00	?	£00,000	£00,000
Extra Care	000	£000,000	£000.00	?	£00,000	£00,000
Residential Care	000	£000,000	£000.00	?	£00,000	£00,000
Nursing Care	000	£000,000	£000.00	?	£00,000	£00,000



Norfolk
County Council

Supporting Adult Social Care in Norfolk through Data



● Approach

Use of data and how data is managed are two critical points for getting the insight we need to progress our services.

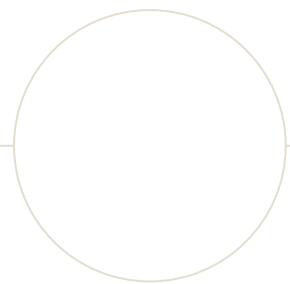
We will briefly talk through:

1. How Norfolk is making use of data:

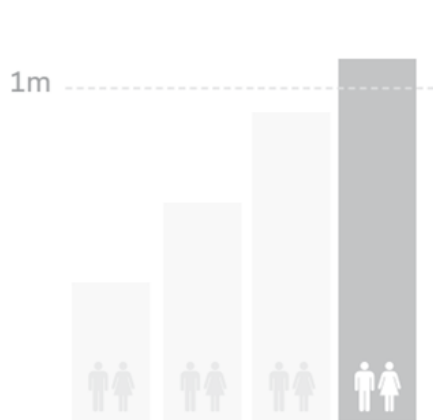
- To inform BAU decision making
- With a view to transform our services

2. The work our I&A team have done to ensure our Data is fit for Purpose

Data in our Business as Usual



Understanding our Residents



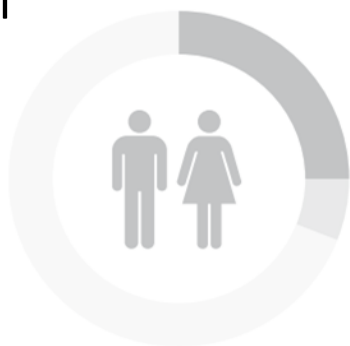
We have a population of **916,200**. The population grows in Norfolk every year and is projected to reach around **1.030 million by 2043**; as the population ages, so we need to be there for more people



We Just over spend **over £1.3 million a day** on adult social care. On any day, we are supporting around **19,000 people**

Around half of those will be older people; the other half will be people with LD, physical disability and mental health

Almost **25%** of our residents are aged **over 65** and this will increase to **30% by 2043**



The number of people **over 85** is estimated to increase by around **40%** by **2043**



Infrastructure remains a key challenge.

Half of Norfolk's population live in rural areas & market towns



Low population density means **higher costs** to essential service delivery



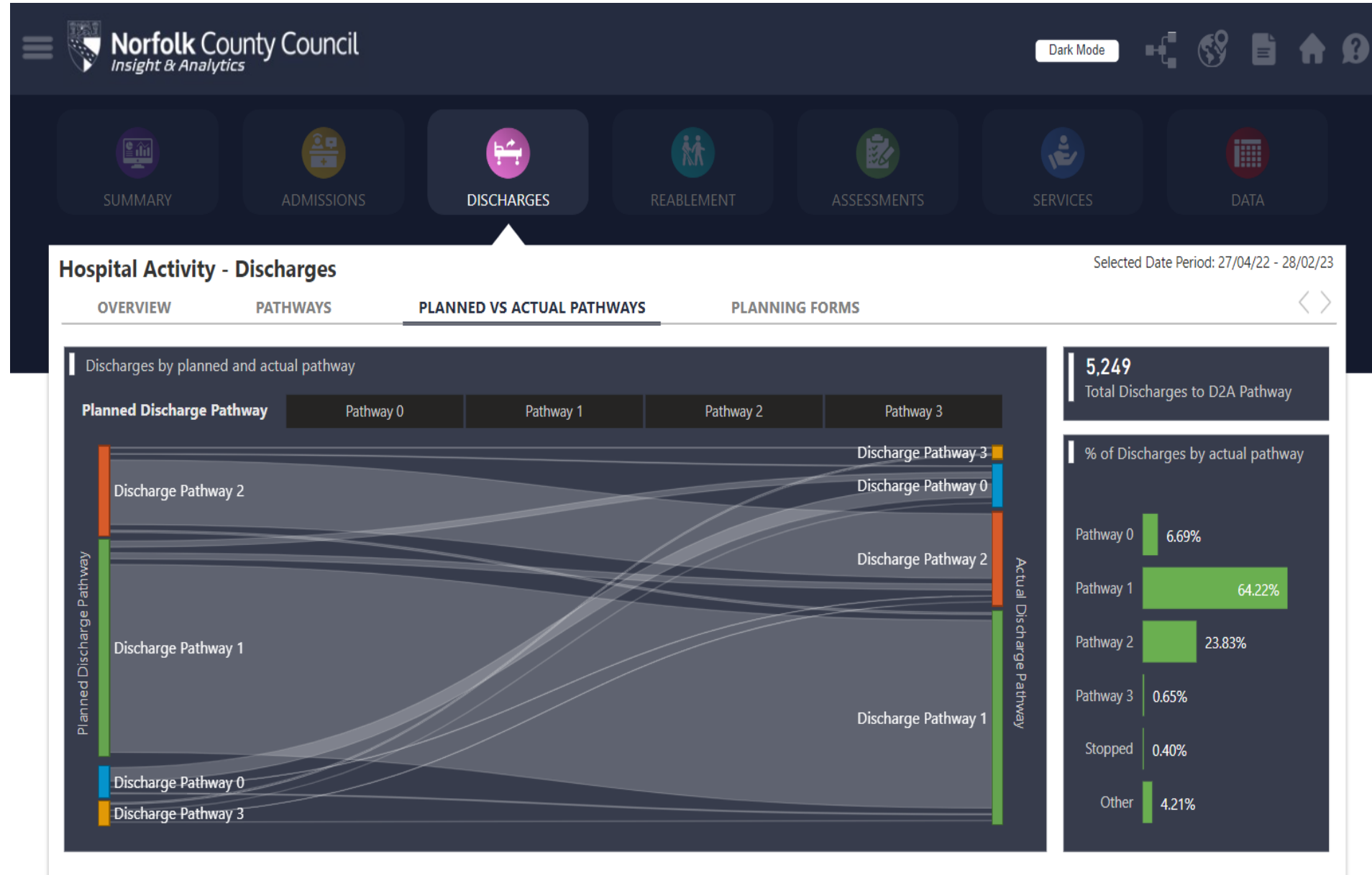
The number of people we support has **increased by c14%** in the last 2 years

Norfolk sits some way **behind England's average travel times** for all methods of transport; the gap is increasing



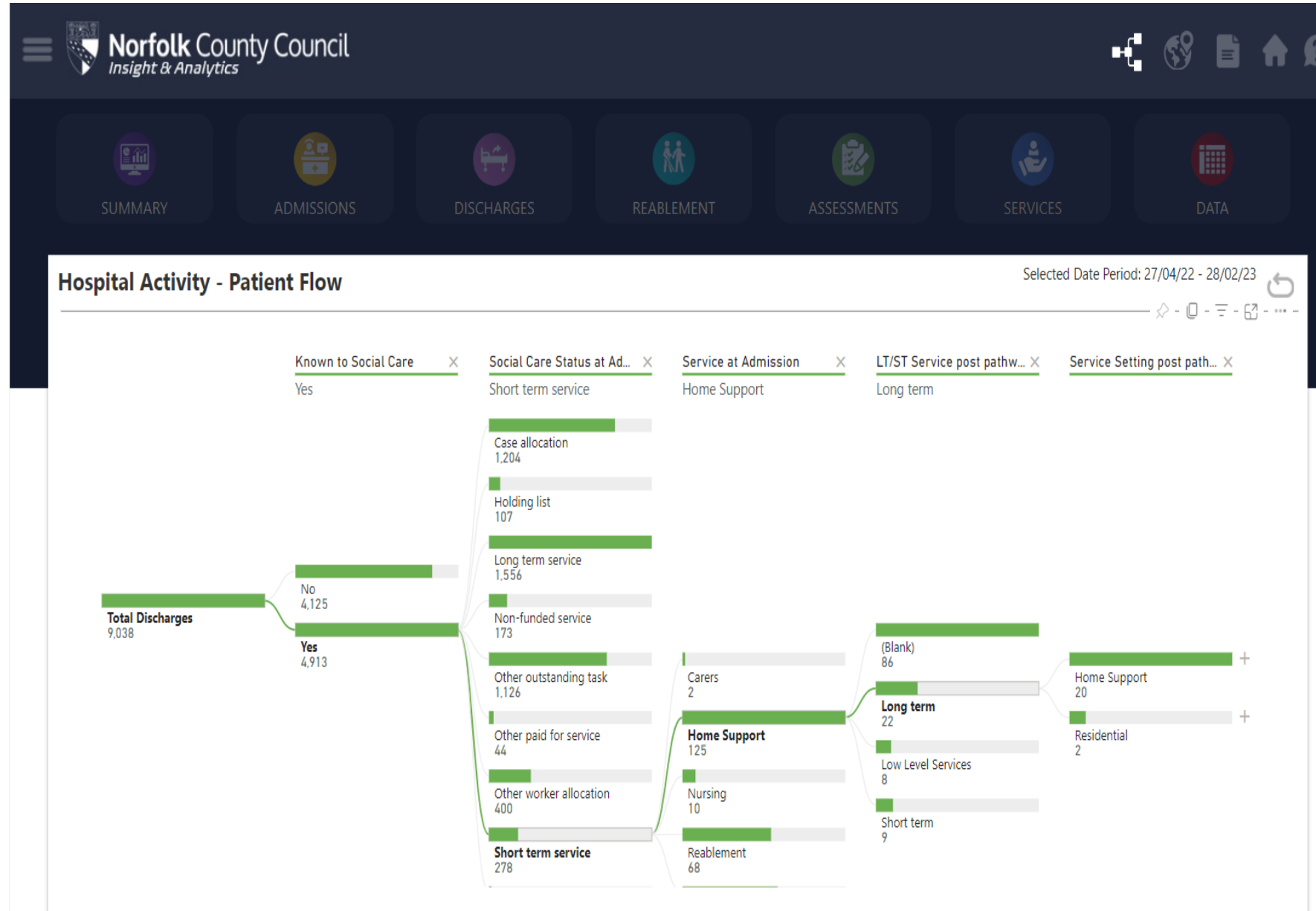
Case Study – Comparing Discharge Pathways in Real Time

- Useful for commissioning colleagues to identify issues in hospital flow, such as lack of resource.
- The identification of this cohort allows further deep dives to identify why those less optimal outcomes occurred.

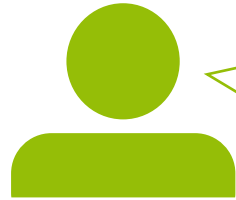


Case Study - Journey tracking of Service Users

- This visual allows colleagues to track either individuals or cohorts of individuals through their hospital journey, from admission to eventual long term service, tracking outcomes over time and investigating whether alternate intervention could have prevented high cost services.
- E.g. for the two individuals presented in the far right column, would an alternative approach prevented them entering long term residential care?
- Identical functionality available throughout our reporting suite, having the ability to track an individual or cohorts' journey from point of contact with NCC, through to current or final service.



Internal feedback received



"I don't think I see us ever needing to do analysis outside of the dashboard, **it answers every question I have and many I didn't**. I have to say I was impressed"

"Hi all – thanks for your time at the Hospital Discharge Dashboard showcase. I was really pleased that you all saw the **potential for use in your daily operational, tactical and strategic work** around hospital discharge. A really great piece of work”.



“Is there any way I could use a couple of hours of your time to have a **personal guided tour** of the new set of dashboards - which do look brilliant”



“Appreciate all the efforts of I&A and the new dashboards reporting on current and historic activity, look fantastic. **A real step change in reporting and ability to self-serve key information** on specific care markets.”



Driving Operational Performance through Data

- Creating structure for governance and accountability
- Identifying drivers for performance
- Generating a curiosity about outcomes
- Providing the information to inform action to improve outcomes
- KPIs align from top to bottom of a service

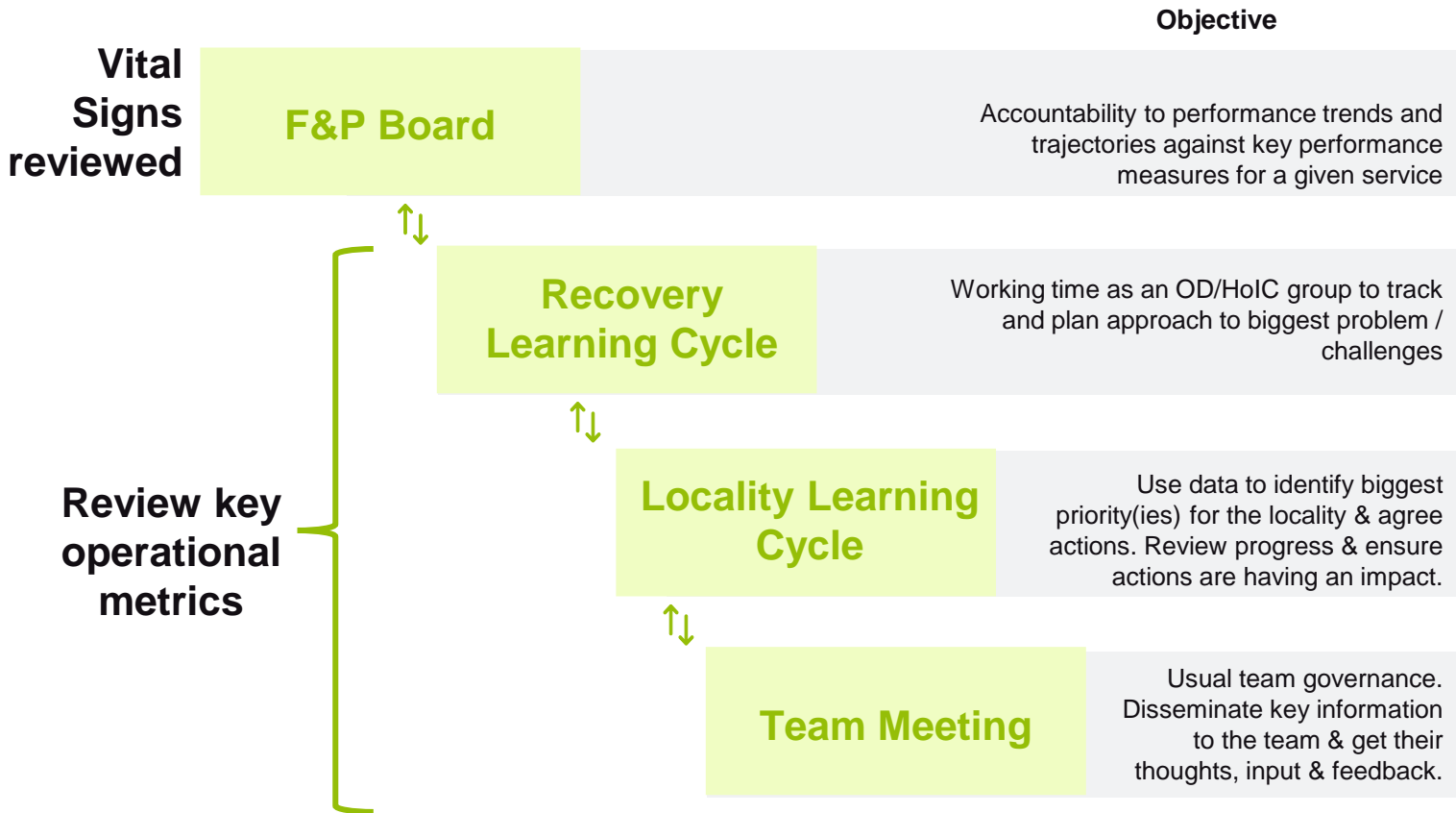


Fig. 1 – Governance Structure for Social Care Teams

SCCE NFS Demand – w/c 6 March

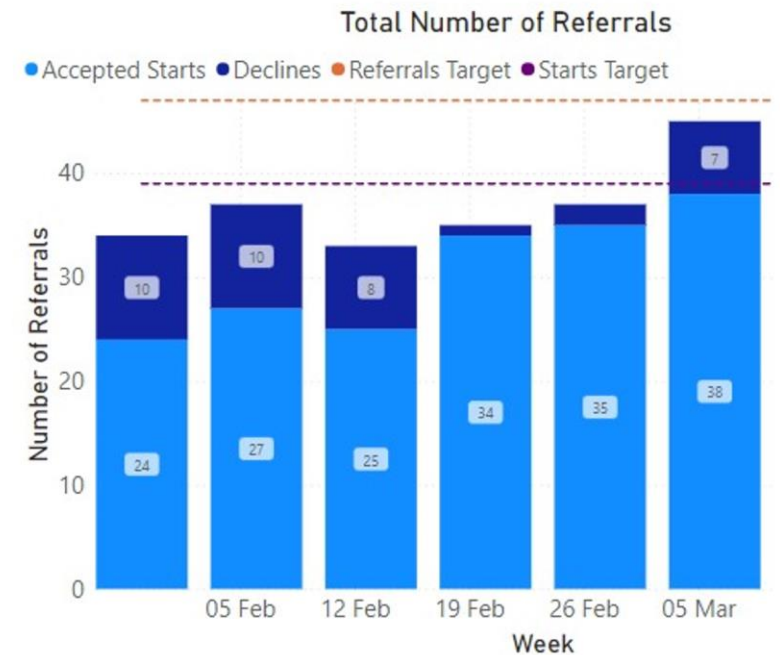
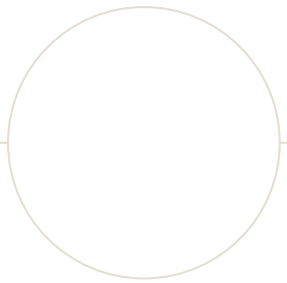


Fig. 2 – Reablement Referrals Data

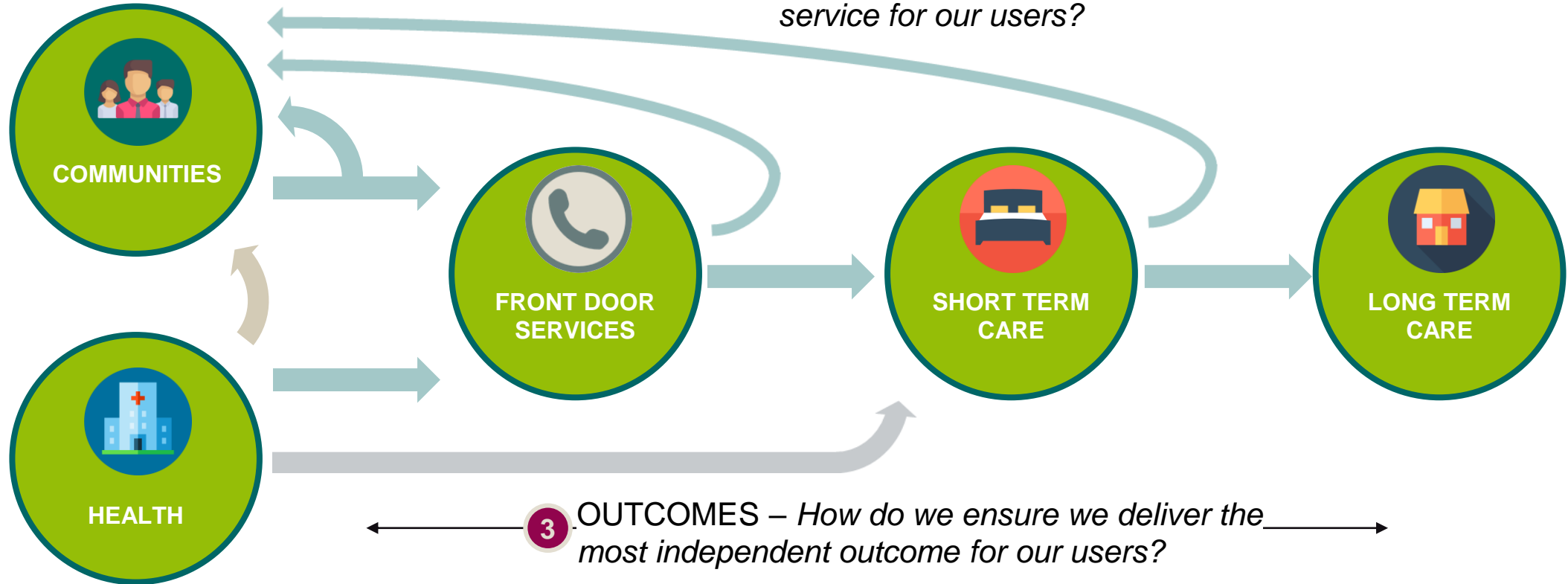
Informing Transformation



We conducted a diagnostic across our Service to identify areas of improvement

1 PREVENTION – *How do we best support our communities to maintain independence?*

2 FRONT DOOR OPERATIONS – *How do we support our front door teams to deliver the best service for our users?*

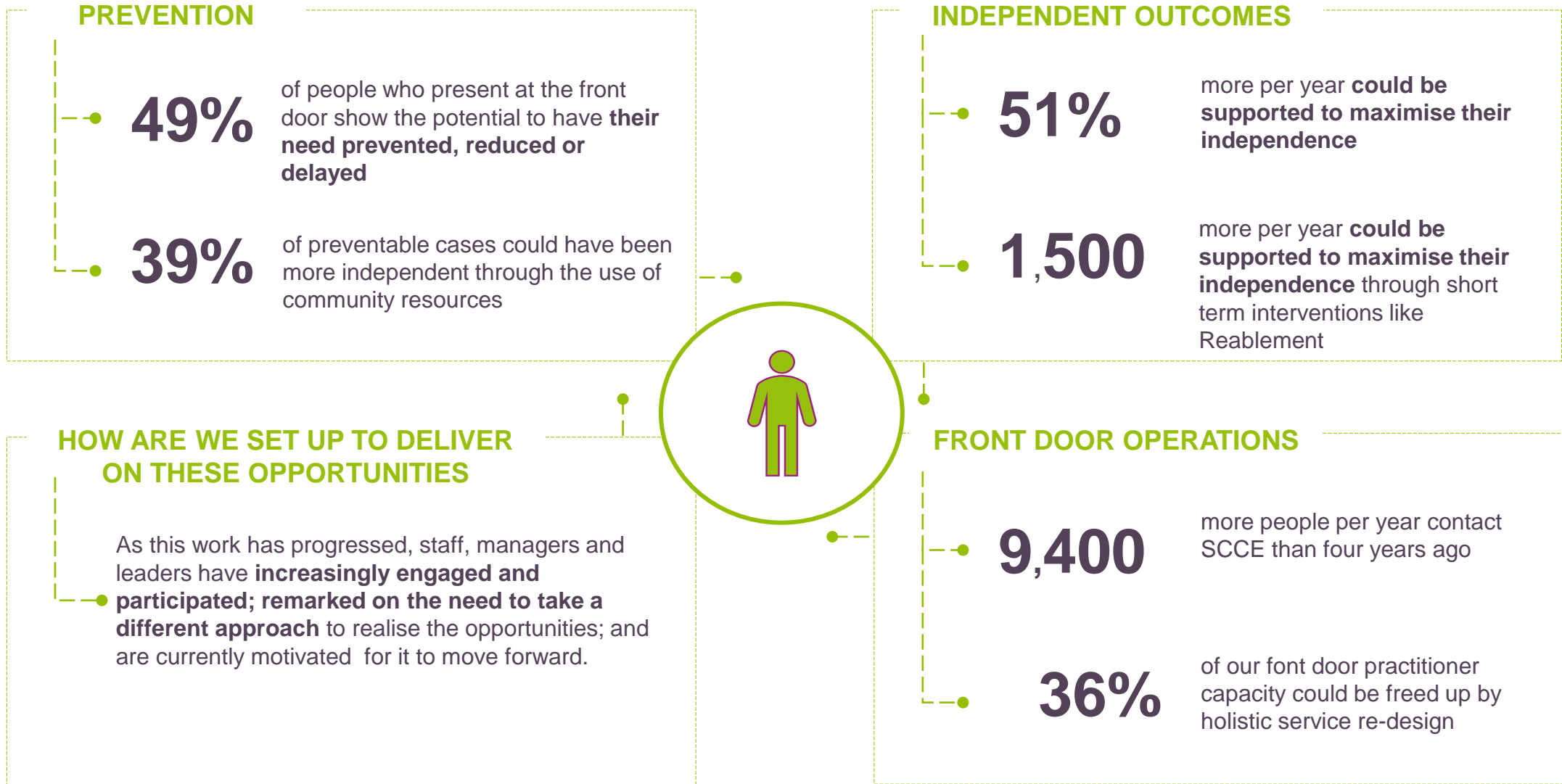


READINESS FOR CHANGE + EXISTING CHANGE INITIATIVES

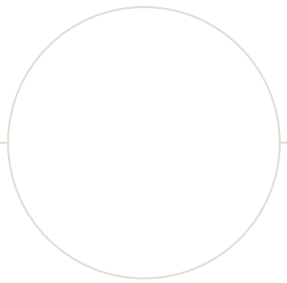
4 READINESS FOR CHANGE - *How well set up are we to deliver lasting change?*

Opportunities for Our Service

Detailed analytics identified opportunities for improvement, allowing us to prioritise our focus to deliver through our transformation programme: Connecting Communities



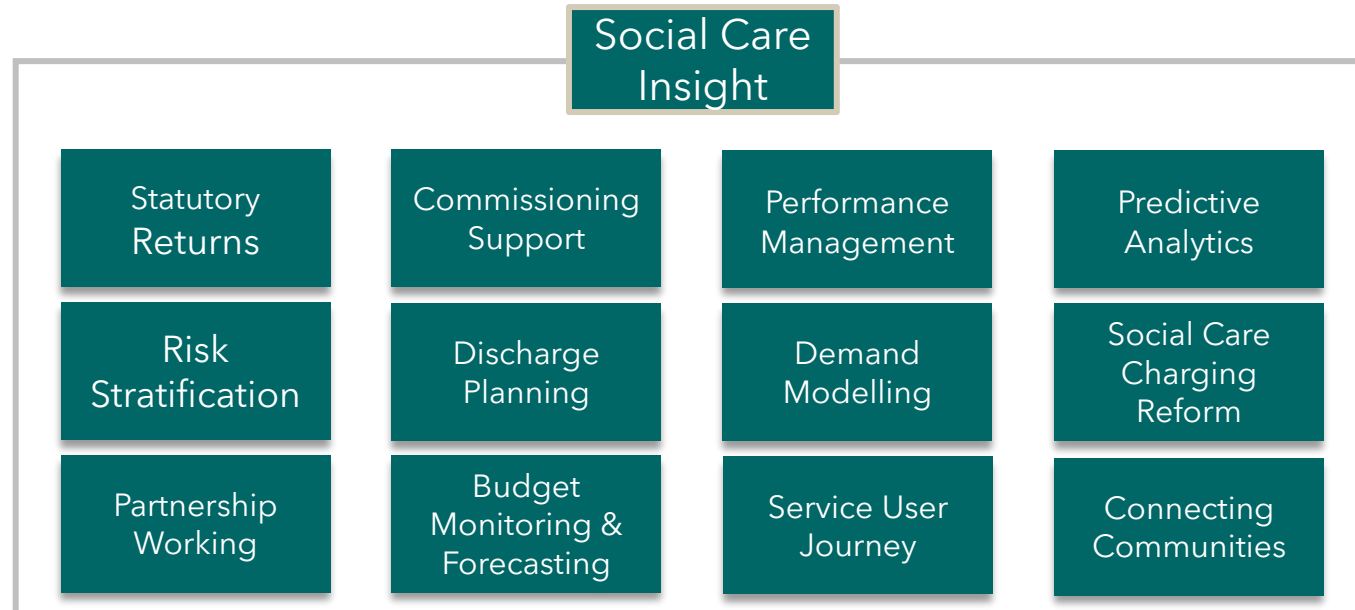
Data Readiness



Ensuring our Data is Fit for Purpose

Making effective use of our data to inform BAU and Transformation requires our data to be in order.

- Over the last year our I&A team have restructured the data collected within ASC to enable more insight, more quickly.
- Designed and created by specialists with expertise in both technologies and business knowledge so that it is:



Our “Social Care Insight” now provides access to analytics and insight against all of these areas of interest for the service within one reporting portal, accessible to all members of staff.



directors of
adass
adult social services
West Midlands

ASC Data & Performance

Andy Begley, Shropshire Council

30th March 2023





“Striving to have the best regional improvement programme in England”



Using Data to redefine Adult Social Care...

- Economic Analysis commissioned by WM-ADASS in 2018
- Focus on our economic value
 - 150,000+ workforce
 - 3,000+ care locations, reaching into every community
 - Significant growth potential – new businesses, assets, technology, skills
 - £5 billion pa GVA
- Strong basis for a new narrative



Supersized

The impact of adult social care on jobs, growth and regeneration in the West Midlands

A report by Sherman Wong commissioned by West Midlands ADASS

November 2018





“Striving to have the best regional improvement programme in England”



WM-ADASS – Flipping Social Care

- Shifting perceptions from “economic drain” to “economic train”
- Data Hub acts as single point of access to multiple published datasets
- Use data for
 - Awareness
 - Action
 - Assurance
 - Influence



Flipping adult social care

Flipping adult social care

Building the next generation ADASS in the West Midlands
West Midlands ADASS Prospectus April 2019

West Midlands ADASS
ASC Data Hub



Care Market Profiles

ASC Finance Profiles

Focus on CQC Ratings	Care Homes	Domiciliary Care	Gross Current Expenditure	GCE per 100k Adults	Net Total Expenditure
Supported Living	Providers	Brand	NTE per 100k Adults	Long Term Support	LTS per 100k Adults
Careers	Digital Compliance	Appendix	LTS Unit Costs	Appendix	

Population in Need

Workforce Profiles

Population Estimates	Population Projections	Rurality	Employment Overview	Demographics	Pay Rates
Deprivation	Ethnicity	Appendix	Qualifications and Training	Recruitment and Retention	Economic Contribution

Awareness	Increase Awareness of issues, risks and opportunities e.g. Performance, Use of Resources, Economic Impact, Market risk
Action	Take Action – locally, regionally, nationally e.g. Covid-19 Support, market shaping, regional improvement priorities
Assurance	Provide Assurance over the effects of the actions being taken e.g. WM-ADASS Peer Challenge Programme, CQC Assessment
Influence	Use data products to inform decisions & influence regional and national policy e.g. Service Continuity, Market Sustainability,

The Bridge

- Shropshire’s commitment to “big data” (2018)
- The Bridge – a physical environment and 360 degree immersive experience
- Data Visualisations, Economic modelling, predictive analytics and AI
- Big Data from health and social care
- Significant national and regional interest
- But further deployment paused due to Covid pandemic



IDEA EXCHANGE

Shropshire: Using big data, we’re making social care a growth driver

20 MARCH 2019 | BY ANDY BEGLEY





“Striving to have the best regional improvement programme in England”

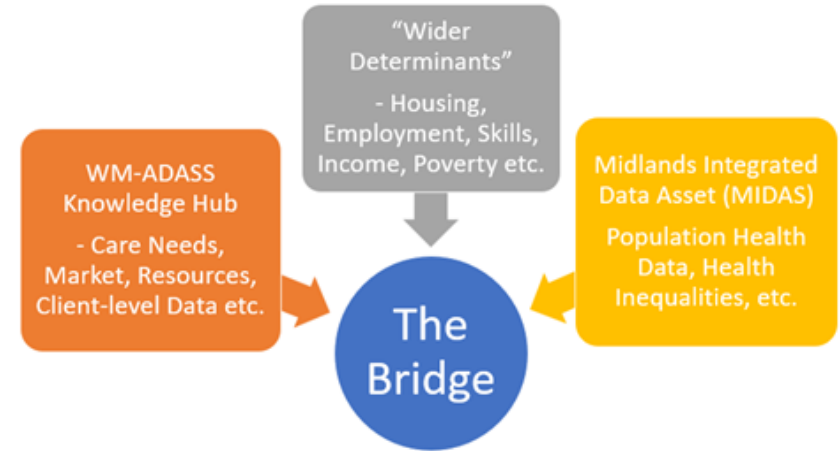
Covid Recovery – The Bridge revisited

- New data collections enabling hyper-local insight
- Integrated Care Systems with a focus on Place
- Increased instability across health and social care
- Greater recognition of the importance of social care
- Genuine desire to collaborate and explore system-wide opportunities
- A need for evidence to justify investment

The Bridge – where next?

- Community profiles shaping economic investment decisions
- Data drawn from multiple sources (Social Care, Housing, Employment, Health and Inequalities)
- A “Trusted Research Environment”
- Used by decision-makers, sector leaders and researchers
- Delivering better outcomes for communities

Trusted Research Environment
Data Requirements - “The Bridge 2.0”?



Using “The Bridge”



What tools are available



To support local authorities on their data journey and for us to have a shared picture of adult social care, we are developing a national tool for accessing and analysing data

We recognise there are lots of local and regional tools, but not everyone has capacity to develop or use these. We are developing a national tool that will help with analysis and national benchmarking.

The tool will:

- Initially only use CLD as data source, and longer term contribute to the national social care data access solution
- Help you and us with data visualisation of national datasets including metrics and benchmarking (methodologies developed with local authorities; benchmarking at appropriate time given data quality)
- Help us on our journey for better using the data we have, in the right way, to tell the adult social care story

How will we get there

Phase 1 - Gathering insights <i>(pre April)</i>	Phase 2 - Prototype development <i>(April-July 2023)</i>	Phase 3 – Prototype testing <i>(Summer 2023)</i>	Phase 4 – Full product development <i>(Autumn 2023 onwards)</i>
Talking to local authorities about what you currently use for data analysis/visualisations to understand current landscape	Develop a prototype product that is useful and complimentary to what already exists	Roll out a prototype product for local authorities to test	<ul style="list-style-type: none">• Develop product based on local authority feedback to make robust analysis tool for local authorities• Contribute to single ‘national social care data access solution’ for local authorities and care providers

We will keep working with you on this – thank you everyone who registered interest already via the CLD pulse survey



The **Local Government Association** and **Association of Directors of Adult Social Services** are **Partners in Care and Health** (PCH) working with well-respected organisations.

PCH helps councils to improve the way they deliver adult social care and public health services and helps Government understand the challenges faced by the sector.

The programme is a trusted network for developing and sharing best practice, developing tools and techniques, providing support and building connections.

It is funded by Government and offered to councils without charge.

www.local.gov.uk/PCH



Data & information support & resources

- Growing offer as part of sector led improvement programme
- Partners in Care and Health, informed by and working with the sector, will work closely with DHSC policy colleagues and analysts to design and implement an effective, timely and proportionate approach to using data and intelligence for adult social care, to maximise its effectiveness in supporting sector-led improvement.
- Develop a range of data and intelligence products that complement the support offer across a range of adult social care topics
- Support councils in evidencing and informing their self-assessments and improvement planning
- Support senior leaders' access to and interpretation of data into intelligence to inform strategic decision making – using experts to shape tools and resources; supporting self assessment
- Facilitate engagement with the sector to help shape effective data policy and requirements



Tools to support local improvement

- Public health strengths and risk tool - Association of Directors of Public Health (ADPH) and the Local Government Association (LGA), in consultation with SOLACE, have developed a tool to support system leaders in local authorities in defining and ensuring good public health at place.
- Supporting adults with learning disabilities to have better lives framework - designed to help DASS work with their colleagues and partners to identify how they can improve their support to adults with learning disabilities.
- Adult social care risk self-assessment tool for councils to help identify and mitigate risks to adult social care services. The aim of the self-assessment process is to promote self-awareness amongst Directors and their senior colleagues, supporting them in targeting their energies and limited resources on the right issues, and identifying mitigating action to address their most pressing risks.
- Use of resources approach - The 13-step approach uses a set of questions to promote informed self-assessment and improvement, taking into account local conditions and bringing in challenge at each step. Supported by regional and local discussion.
- Support with benchmarking through LG Inform.

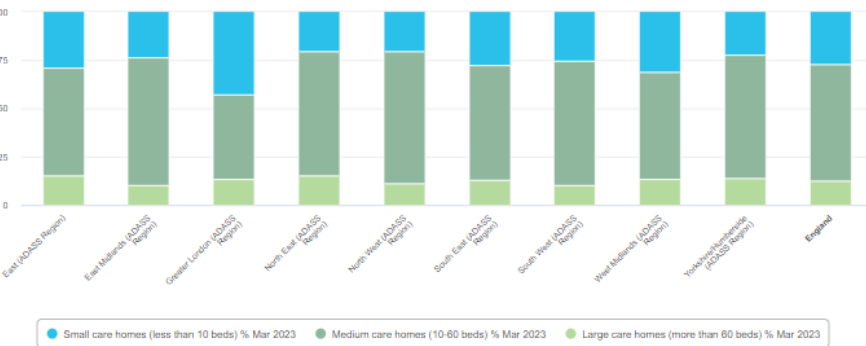


LG Inform provides

- Search and reporting functionality for users to assess performance locally, regionally and nationally across all areas of England
- Access to 1,000s of metrics. A directory of metrics relevant for ASC can be seen here: [Supporting ASC self-assessment - ASC Metrics in LG Inform](#)
- Users can create their own reports using the 'report builder' or access [ready made reports](#)
- Range of commonly used comparison groups built in and users can create their own
- Reports are dynamic – users can select their area of focus and comparison, data will adjust to selection; metrics will update (unless fixed) to the latest available data
- Visual and easy to use reports – range of dynamic components including charts, tables, text tokens (values embedded in descriptive text) and comparison maps
- Well presented and shareable export reports
- LG Inform Plus offers data tool for easy extract of data and options for use of APIs



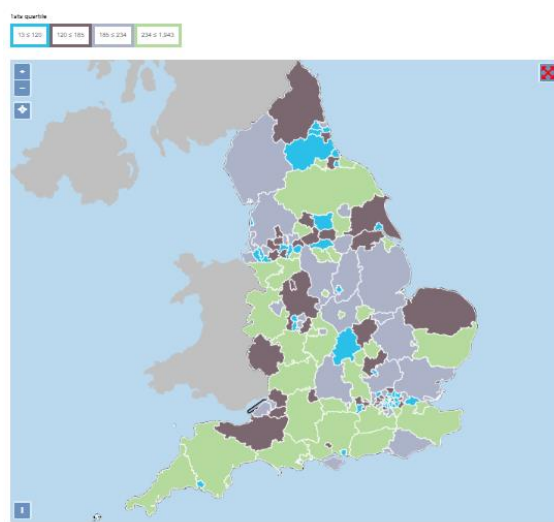
Small care homes as a % of all care homes (less than 10 beds) (Mar 2023), Medium sized care homes as a % of all care homes (10-60 beds) (Mar 2023) & Large care homes as a % of all care homes (more than 60 beds) (Mar 2023) for England & All ADASS regions



England

Area	People in residential care aged 85 and above, PIR response... (per 1,000 people)		People supported through community care aged 85 and above, PIR response... (per 1,000 people)		People in residential care aged 85-94, PIR response		People in residential care aged 55 and above, PIR response		People supported through community care aged 85-94, PIR response		People supported through community care aged 55 and above, PIR response		Population aged 85+	
	Year end Mar 2023													2021
	Raw value						People							
England	10.7	82	117,988	31,026	95,080	18,813	1,393,785							
Total for England	10.7	82	117,988	31,026	95,080	18,813	1,393,785							

People receiving support with regulated activities through community based adult social care services self-funded or by other means, per 100,000 adults aged 18 and over (Year end Mar 2023) for England & All English single tier and county councils



Support with regulated activities through CQC registered adult social care community services

303,896 people were reported as supported by adult social care community services in the Provider Information returns up to Year end Mar 2023. Of these, 238,714 people were supported through public funding, and 95,373 people were reported as self funders. 87,136 of the people receiving support with regulated activities through community based adult social care services were aged 18 to 64, and 247,074 were aged 65 and over. This is equivalent to 254 per 100,000 people aged 18 to 64 and 2,360 per 100,000 people aged 65 and over.

113,893 people aged 85 and above are supported through community based care. (82 people per 1,000 of the overall population of that age).

- 253,754 people were reported as receiving support through domiciliary care services. This equates to 567 supported per 100,000 adults aged 18 and over.
- 30,744 people were reported as receiving support through supported living services. This equates to 69 supported per 100,000 adults aged 18 and over.
- 16,611 people were reported as receiving support through extra care housing. This equates to 37 supported per 100,000 adults aged 18 and over.

Domiciliary care services

The PIR asks locations to report how many domiciliary care visits they have made in the last 28 days. In England this was recorded as 18,772,872 visits for homecare in 28 days. Of these, 5,074,687 visits (27.0%) required more than one carer. 20,486,538 hours of personal care were reported over the previous 28 day period. On average 1.09 hours of personal care are delivered per domiciliary care visit.

On average, in England each day, care providers deliver:

- 670,460 domiciliary care visits
- 731,662.00 hours of personal care.

The average number of daily hours of personal care provided through domiciliary care per 100,000 adults aged 18 and over is 1,634 hours.

Supported living services

In England 30,744 people are supported through supported living services. Of these 15,993 people are provided with sleep in support and 23,964 people supported with 24-hour duty or on call responsive cover. 10,716 supported living schemes are visited by community based adult social care providers in England for provision of personal care.

Extra care housing services

In England 16,611 people are supported through extra care housing services. Of these 2,074 people are provided with sleep in support and 13,833 people supported with 24-hour duty or on call responsive cover. 1,019 extra care housing schemes are visited by community based adult social care providers in England for provision of personal care.

Adult Social Care Outcomes Framework (ASCOF) for your area

This report highlights metrics contained within LG Inform under the Adult Social Care Outcomes Framework. Users can select their authority and produce a report that shows the latest data for them. By clicking on the title of any metric users will see a detailed view for their and comparator authorities.

For further information about ASCOF, please see the NHS Digital website.

For a more detailed view of a single council compared with a peer group and all England, please see the ASCOF single council detailed report.

Domain 1: Enhancing quality of life for people with care and support needs



Themed reports in LG Inform include:

- Preparing for Adult Social Care Assurance - informing councils' self-assessment (Pilot data pack)
- Use of resources reports - individual council reports are available following the 13-step approach.
- Adult Social Care Outcomes Framework (ASCOF) for your area, Detailed Report for Your Area and Regional comparison for Your Area
- Registered adult social care provider market by local authority - a monthly dataset derived from CQC published data. Location level data is available in our Care Market Review tool
- Monthly summary report derived from the Provider Information Return as submitted to CQC from all registered providers. It includes previously unpublished data including numbers of self funders and homecare hours and visits delivered.
- Health and care in your area - an overview for lead members
- An overview of health and wellbeing in your area provides some broader measures to provide a picture of population health and other characteristics that may impact on the shape of and demand for local care and health services.



For further information

Contact Philippa.lynch@local.gov.uk, Programme Research & Data Manager, Partners in Care & Health

Useful links:

[Register for LG Inform](#)

[LG Inform Adult Social Care Themed Reports](#)

[Supporting ASC self-assessment - ASC Metrics in LG Inform](#) (.xls directory of metrics)

[Care Market Review tool](#) – latest location level data, including information reported through Capacity Tracker for those with approved access

[Partners in Care and Health web resources](#)

[Place-based tools and information for care and health](#)



Wrap up



Next steps | We want to shape our national support around what is happening on the ground



Please complete our [feedback form](#) from Care Data roadmap to make sure the right data is collected, held, and shared



You can also email socialcaredata@dhsc.gov.uk if you'd like to be involved in our work on client level data – recreating SALT and calculating ASCOF metrics, outputs from CLD. We are happy to attend regional networks and are thinking about what future sessions would be useful, so let us know your thoughts.



[Share your thoughts and give us live feedback today via Menti](#) – What do you see as the biggest data opportunities and challenges? What would be helpful nationally? Any other feedback?



Useful links

- Health and Care Data Strategy '[Data Saves Lives](#)'
- [Care data matters: a roadmap for better data for adult social care - GOV.UK \(www.gov.uk\)](#)
- [Specification, guidance and further information on CLD](#)
- [The first phase of updates to ASCOF](#)
- CQC's [update to approach to assessing local authorities](#) and [interim guidance](#)



Annex

Data principles | To achieve our vision, we must all be guided by common principles for how we collect, hold and make data available data principles

10 principles for moving forward and transforming adult social care data

1. data will be collected once and made available to those who need it, to avoid national and local government collecting the same data separately from care providers, unpaid carers and those who access care and support

2. data will routinely be shared back with data suppliers wherever possible, in an accessible manner appropriate to the needs of different data users for additional insights and benchmarking purposes

3. the option for automated data collection methods as an alternative to manual collection will be available wherever possible, to minimise the data collection burdens on data suppliers

4. frequency of data collection will be the minimum needed to meet data needs

5. data collections will be based on data already held by a data supplier, wherever possible, and where new or amended data is required, it will be kept to a minimum

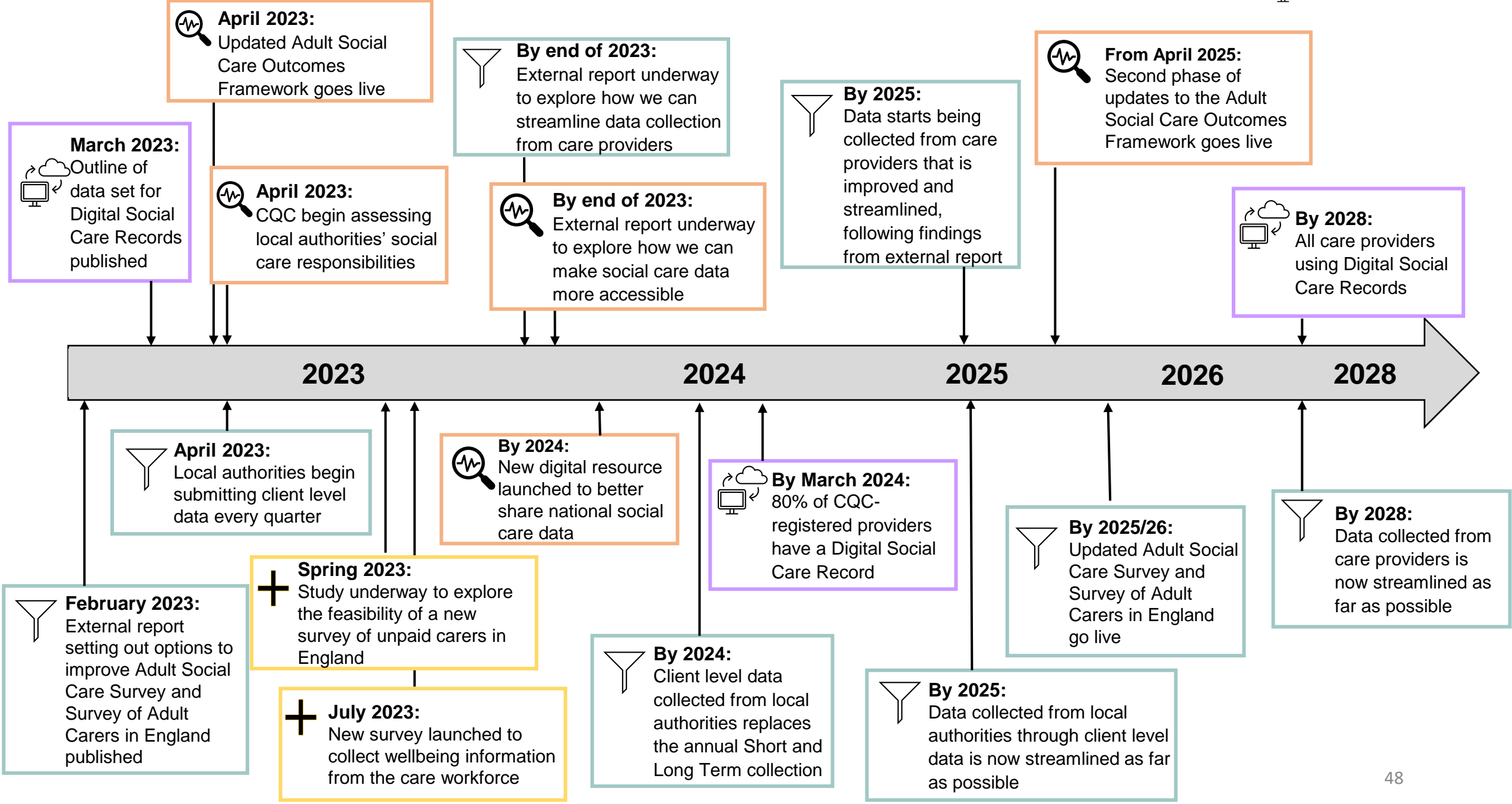
6. feedback will be sought from relevant stakeholders wherever possible, prior to finalising the details of new or amending existing collections

7. the collection of very granular data will be kept to a minimum where such data is not held in digital format and therefore would present a significant burden on providers to submit manually. If individual level data is being collected, providers will not be expected to bear the burden of anonymising or pseudo-anonymising such data, rather this will be considered when identifying an appropriate data collection mechanism

8. information will be processed and made available safely and securely, and only processed in accordance with the legal framework, including data protection legislation, with respect for people's privacy and with due regard to their consent. Reasons for providing access to data will be transparent, open, and understood

9. access to data for research and analysis will be made available through SDEs, which will ensure that the highest standards of security, privacy and transparency are upheld

10. changes to new and existing data collections will be reviewed and approved by the relevant governance structures, to ensure changes are appropriate and proportionate



Where we are vs where we want to be by project

	Where we are	Where we want to be
Streamlined and improved existing data collections	Different sources and datasets for provider data Collected through capacity tracker, CQC provider information returns, Skills for Care's Adult Social Care Workforce dataset, others	Provider minimum dataset (from end of 2023) to become single collection streamlined through DSCRs (by 2028)
	Aggregate annual local authority activity and service delivery data Collected through SALT	Client level data (from April 2023), quarterly, person-level, ability to link to health data
	The ASC Survey (ASCS) and Survey for Adult Carers in England (SACE) Current primary sources of information into people's experience and satisfaction with care services	Revised ASCS and SACE Including all groups covered under Care Act 2014 (for 2025 to 2026 cycles)
New data collections to bridge data gaps	Detailed social care workforce data with gaps on wellbeing and work-related quality of life Collected through Skill's for Care's ASC-WDS	Skills for Care's ASC-WDS and a new workforce employee level survey (first wave of data collected by July 2023)
	Some data on unpaid carers, lacking consistency and coverage e.g. SACE covers carers known by local authorities	Potential new regular survey focused on unpaid carers alongside SACE
Improved access to the data and better insights	Many dashboards and publications driven by different data sources e.g. COVID-19 dashboard for LAs, Capacity Tracker view of data for providers, statistics for adult social care publication	New social care data access solution (by 2024), product to host national social care collections
	ASCOF , outdated given Care Act 2014, priority outcomes and latest available data	Strengthened ASCOF to reflect Care Act 2014, priority outcomes and latest available data (from April 2023) and new data streams coming online and metrics
	No assessment of local authority performance	Work with CQC assessment of local authority performance, drawing on existing datasets where possible and publishing data and insight at LA level to provide public with into on performance of local services (duties comment April 2023)
	Sporadic use of secondary data	Extending use of secondary data to generate better evidence
Sector digitisation	c. 50% of CQC registered providers currently have a DCSR	Adoption of digital social care records (by 2024, 80% and all by 2028), can be used by the public so see all their social care info
	Non-standardised terminology and lack of interoperability across health and care systems	More standardised terminology and better join-up



More details on uses of data

We recognise the challenges with using new and improved data. How we use data will evolve as we better understand what data is needed across the sector. But to move us forward on this journey of transformation we can start using this better data and work together to use data well.

Nationally, regionally and locally

- Better information on activity, resource and outcomes that **allows us to evidence the what, how and impact of adult social care**

Nationally

- **Publishing better data and promoting further transparency**, for example:
 - Activity data sourced from SALT returns to be calculated from CLD after 2023/4
 - 6 ASCOF metrics calculated from CLD for 2023/4 (experimental) and other improved ASCOF metrics
 - CQC will use published data for assessments where possible and can apply for access to national pseudonymised CLD under the CLD Direction
 - Future collection and publications will be developed with local authorities, including working closely with DLUHC to codesign OFLOG metrics
 - Details on CLD Transparency Plan in next slide
- **More data-driven national policy making**
- **Supporting local authorities and local areas with data analysis and visualisation**
 - Currently through Capacity Tracker and [Adult Social Care Interactive Report](#)
 - Plans for a CLD output tool and longer-term digital solution to improve access to social care data

Regionally

- **Strengthening data and intelligence capabilities** through Partners in Care and Health, building on ongoing regional networks and tools

Locally – at system level with ICSs and at local authority level

- **Improving understanding and data-driven decisions with better data**, with new data collections and analytical support to maximise data use



Client level data information governance details

As CLD is a new mandatory data collection, we will **publish a CLD Transparency Statement** setting out:
(note that this will be considered a 'living' document as we anticipate that usage of CLD will grow over time)

- How data will be **handled/shared and with who**
 - NHSE own the full pseudonymised CLD and access will require data sharing agreements (DSAs)
 - The CLD direction allows anyone to apply for access to pseudonymised CLD via a DSA. Access will be only be granted subject to strict conditions set out by the Data Access Request Service (DARS). CQC are likely to apply for access to pseudonymised CLD for their new assessment framework. We are working with CQC to ensure they understand the data caveats that DHSC are using.
 - Identifiable data will only be shared between individual local authorities and AGEM (covered under direction).
- Plans for **quality assurance** of data
- How data **uses will be tested** – where data uses are proposed, including recreating equivalent activity data currently published using SALT return, we will test methodologies with the sector, including:
 - CLD as the **source for 6 ASCOF metrics for 2023/4**. We will be reviewing the data quality of CLD when we receive the first quarterly mandatory CLD returns to enable us to determine the methodology for calculating these metrics (and comparing that to SALT to provide continuity). We will work with local authorities throughout this process so you can be involved in developing the methodology.
- Plans for **publication** - we are considering what other data would be useful to publish and want to work with you on.

Actions for local authorities:

- We recommend you **revisit your privacy information notice** (your notice to your local population that you give data to someone else) to ensure that the sharing of identifiable data with AGEM is covered
- You need a **data sharing agreement with NHSE** so you can receive your pseudonymised data and linked healthcare data (where you want this)
- You can apply for a data sharing agreement for wider access to CLD if you have needs that meet the conditions of the Data Access Request Service.

