

---

**Director General for Regulation**

Lewis Macdonald MSP  
Convenor, Health and Sport Committee  
Scottish Parliament  
(by email)

20 February 2020

Dear Lewis

**THE FUTURE DELIVERY OF SOCIAL CARE IN SCOTLAND: OSR INQUIRY SUBMISSION**

We have today published our review of [Adult Social Care Statistics in Scotland](#). We are using this work as the basis of our submission to the Health and Sport Committee's Social Care Inquiry (see annex).

Statistics that support our understanding of people who need or provide care, the impact it has on their lives, how the adult social care sector is currently delivered and how this might need to change in the future are an essential element in an ideal model of care. Without adequate statistics it is also impossible to assess the extent to which social care provision is equitable.

Our submission outlines various issues affecting the quality and value of adult social care statistics in Scotland that need to be addressed. Statistics producers have clearly demonstrated their strong understanding of these issues and share many of the concerns that users raised with us. Work is already underway to bring about positive improvements to adult social care data and statistics in Scotland. However, we believe that a major transformation of adult social care data and statistics is needed to fully meet users' needs and this will require more fundamental action. We have made recommendations in three strategic areas to support this:

- **clearer responsibility for analytical leadership** is required to scope and deliver local and national level improvements
- **the imbalance in resources** currently available for health service and social care statistics needs to be addressed
- **data systems need investment** to improve the quality of existing datasets and to identify ways to capture new data to fill the many gaps that users have identified.

We will continue to work with a range of organisations to make the case for improvements to social care statistics in Scotland and more widely across the UK. We hope to raise the profile of these issues through this inquiry submission, the more detailed report about Scotland published today, and via our companion reports about adult social care statistics in [England](#) and [Wales](#).

I look forward to seeing the conclusions of your inquiry.

Your sincerely



Ed Humpherson  
Director General for Regulation

## ANNEX

### SCOTTISH PARLIAMENT: SOCIAL CARE INQUIRY

#### SUBMISSION FROM THE OFFICE FOR STATISTICS REGULATION

##### What we do

1. The Office for Statistics Regulation<sup>1</sup> (OSR) is the independent regulatory arm of the UK Statistics Authority.<sup>2</sup> We provide independent regulation of all official statistics produced in the UK, including those in Devolved Nations and the NHS.<sup>3</sup> Our regulatory work is underpinned by the Statistics and Registration Service Act 2007.
2. We set the standards official statistics must meet through the statutory Code of Practice for Statistics.<sup>4</sup> We ensure that producers of official statistics uphold these standards by conducting assessments against the Code. Those which meet the standards are given National Statistics status, indicating that they meet the highest standards of trustworthiness, quality and value. We also report publicly on system-wide issues and on the way statistics are being used, celebrating when the standards are upheld and challenging publicly when they are not.
3. We have staff in three locations: Newport, Wales; London; and Edinburgh.

##### This submission

4. This submission, which is based on the findings from our [Review of Adult Social Care Statistics in Scotland](#), published on 20 February 2020, addresses the following two questions being asked by the Inquiry:
  - Q3: Looking ahead, what are the essential elements in an ideal model of social care (e.g. workforce, technology, housing etc.)?
  - Q4: What needs to happen to ensure the equitable provision of social care across the country?
5. Statistics that support our understanding of people who need or provide care, the impact it has on their lives, how the adult social care sector is currently delivered and how this might need to change in the future are an essential element in an ideal model of care. Without adequate statistics it is also impossible to assess the extent to which social care provision is equitable.

##### Are adult social care statistics in Scotland meeting users' needs?

6. Statistics serve the public good when they enable a wide range of users to answer important questions. To do this adequately they need to:
  - add **value** by covering the topics that matter to people
  - have **insightful** commentary that draws out key messages
  - tell a **coherent** story focused on the needs of information seekers, not providers
  - be based on data of a suitable **quality**
  - be published in a **timely** fashion
  - be **accessible** in formats that support further analyses.

---

<sup>1</sup> <https://www.statisticsauthority.gov.uk/osr/>

<sup>2</sup> <https://www.statisticsauthority.gov.uk/about-the-authority/>

<sup>3</sup> <https://www.statisticsauthority.gov.uk/national-statistician/producers-of-official-statistics/non-crown-bodies/>

<sup>4</sup> <https://www.statisticsauthority.gov.uk/code-of-practice/>

7. During our review we spoke to statistics users and producers, and conducted our own analysis of the adult social care statistics landscape. Based on the evidence we gathered, it is clear that there are issues in all these areas that need to be addressed.
- There are gaps in the provision of statistics on social care – we don't know how many people currently need social care and whether those needs are being met, how many people might need care in future, and we don't know how well social care services achieve their goals of helping people to live independently and maintain a good quality of life. It is difficult to estimate the total amount of public expenditure committed to adult social care. Out-of-pocket spending by individuals and their families is even harder to identify. Further examples of questions that users told us they couldn't answer are provided at the end of this submission.
  - Many of the existing statistics that are published need more insightful commentary, and there needs to be greater coherence between all the different sets of statistics to make it easier for users to see the complete picture about this sector. The timeliness of some statistics needs to be improved.
  - Data quality is improving over time, but major challenges still remain, and re-use of social care data for research is not as extensive as it could be.
8. These issues affect a wide range of people and organisations who are not having their analytical needs fully met. These include: the general public, care users, care providers, Integrated Joint Boards, councils, NHS bodies, councillors and members of parliament, scrutiny and regulatory bodies, academics and researchers, and Scottish Government policy makers.
9. These gaps matter: statistics are necessary to inform policy, workforce planning and budget allocation. Individual users of care and their families need reliable information to help inform their decisions. It is impossible to develop and evaluate future models of adult social care delivery without knowing how things stand currently.

### **Improving adult social care statistics**

10. The statistics users we spoke to had a strong vision of what social care statistics should be delivering. And while there is currently a large gap between this vision and what currently exists, official statistics producers in Scottish Government, ISD, the Scottish Social Services Council and the Care Inspectorate clearly share many of the concerns raised by users and are demonstrating a strong appetite to make improvements. For example, the following developments are already helping to address some of these issues:
- new national data systems have been developed to improve data collection about the adult social care services delivered and funded by health and social care partnerships
  - new statistics based on these data have been produced by ISD<sup>5</sup> and users have been actively involved in shaping their development
  - statistics based on the new Carers Census<sup>6</sup> will be published by Scottish Government in 2020 that will deliver insights that are unavailable elsewhere in the UK
  - new workforce statistics about vacancy rates<sup>7</sup> have been developed by SSSC and the Care Inspectorate and plans are in place to make more use of data collected via inspections of social care services.

---

<sup>5</sup> <https://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Publications/2019-06-11/2019-06-11-Social-Care-Report.pdf?>

<sup>6</sup> <https://www2.gov.scot/Topics/Statistics/Browse/Health/DataSupplier/CarersData>

<sup>7</sup> <https://www.careinspectorate.com/index.php/news/5533-staff-vacancies-in-care-services-2018>

## The Office for Statistics Regulation's recommendations for adult social care statistics in Scotland

11. Building on the developments that statistics producers have already implemented, we have four recommendations to support further **short to medium-term** improvements.
  - All social care statistics producers need to work together, in consultation with health and social care partnerships and statistics users, to identify and prioritise actions to address social care data gaps – including by making better use of existing data – and meet users' information needs.
  - All social care statistics producers should work together – with statistics users – to identify ways to make social care statistics in Scotland more coherent. The social care topics that matter to users should be the guiding framework for statistics presentation.
  - Public Health Scotland, Scottish Government and the Care Inspectorate need to work together to identify a long-term solution that enables social care data to be shared safely and efficiently.
  - Public Health Scotland and Scottish Government should convene a social care data user summit in 2020 to help inform Research Data Scotland's development and Public Health Scotland's plans for making more use of linked health and social care data.
12. The **long-term** transformation of adult social care statistics in Scotland will need more fundamental action. We have made recommendations in three strategic areas to support this.
  - **Clearer leadership to drive analytical integration** - responsibility for social care statistics production is currently spread between different organisations. This can act as a barrier to the more joined-up approach to data collection and analysis that is needed to improve the public good of the statistics. Clearer responsibility for analytical leadership is required to scope and deliver local and national level improvements.
  - **Rebalance resources** - there is an imbalance between the resources available for health service statistics production and social care statistics. This imbalance exists at all levels, from the national bodies responsible for publishing statistics down to the teams and systems supporting data collection in local areas.
  - **Invest in data systems** - the biggest challenge – logistically, technically and financially – is improving the underlying data used to create social care statistics. This will involve improving the quality of existing data and identifying ways to capture new data to fill the many gaps that users have identified.
13. We will continue to use our voice to support the many innovations and improvements to data capture, analysis and dissemination that are already happening, and to advocate for further developments in this area, to ensure that the statistics better reflect the lived experience of people using social care services.

## **Example questions about adult social care that users told us they cannot answer**

### **Questions about people needing social care**

- Is social care meeting its goals of helping people to live independently and maintain a good quality of life?
- What is the extent of unmet social care need in the population?
- How does adult social care use vary by protected characteristics and other sub-groups of interest?
- How many people are waiting for social care assessments and how long are they waiting for?
- What social security benefits are social care users receiving?

### **Questions about adult social care service delivery**

- Where is there good practice locally?
- Are the right services being provided?
- How does service provision vary across Scotland (evidencing the postcode lottery)?
- Why does Self Directed Support (SDS) use vary across Scotland?
- What is the extent of adult social care input in end of life and palliative care?
- What are peoples' experiences of using adult social care?
- What contributions do anticipatory and intermediate care make?

### **Questions about the cost of social care**

- How much is spent on adult social care – by central government, local government, NHS boards?
- What is the extent of individuals self-funding regulated and unregulated care?
- How are Self Directed Support (SDS) budgets spent?