

Adult Review Group Meeting – 15th April 2010

Thanks to Estelle Buscombe for producing these notes from the April 2010 meeting

Introduction (Kate Anderson, IC)

Kate started the meeting by explaining that it had been an exceptional winter for the IC, with several members of staff leaving or being off sick. This has led to delays in the guidance being issued. The IC is aware that their level of customer service has therefore been lower than they had hoped.

Minutes from February Meeting - Update (Kate Anderson, IC)

LA members asked if the ARG minutes could be sent out more quickly after the ARG meetings, and if the ARG papers could also be sent out earlier to give members time to read them beforehand and to consult colleagues if necessary. The IC agreed to take both of these points on board.

2.1 In response to an LA request for all NI definitions to be in one place, Anthony Harris mentioned the Audit Commission website where all definitions and FAQs are located. A link will also be put in the NASCIS Library and hopefully on the IC 2010 Returns page.

<http://www.audit-commission.gov.uk/localgov/audit/nis/pages/guidance.aspx>

LAs would also like the link to be on the CLG page – IC to try to arrange that.

7.15 Free Personal Care – The implementation of the new FPC data collection has now been delayed until April 2011. Both Houses will need to agree to amendments during the next Parliament. This will be put on the July ARG agenda.

Process of CQC Special Reviews (Michael Carpenter, CQC)

John Mordue (LA Lead) had made the point that a good lead-in time to new collections always helps, but that it's the last minute things that really cause the problems for

LAs, such as the CQC special reviews. Michael Carpenter from CQC therefore attended to explain the background to these and help to clarify the process for members. (He is heavily involved in the Stroke Collection at the moment.)

Reviews and Studies are supporting projects that CQC do. The Studies are national projects; the Reviews include local elements, e.g. via visits or via a lighter touch such as using mainly secondary data with some primary.

Topics were sent out for consultation early last year, with feedback received in April-May. A programme was then published in the summer for the following year's reviews. This was followed by a scoping exercise to consider what they needed to look at and what secondary data is available. That helped them to get a clearer picture of the issues to be considered in more detail and the tools to be used for that. Consultation then took place with national groups so that the collections could then be developed in the autumn.

Michael reported that it has been easier to get to the health audience than social services so far. He said that CQC are aware that it is hard for LAs as the reviews are one-offs, and they are therefore keen to liaise with ARG and "the information world" earlier in the process in future. (LAs requested that CQC avoid the April-May period for this.)

LAs explained that part of the problem was who CQC send the requests for information to, and that by sending them only to Directors, it leads to delays and a lack of time for performance staff. The IC will supply CQC with their list of information leads, and suggested that the requests are also sent to CQC's SAS contacts.

Michael went on to explain a bit about what the information is used for: CQC publish a local summary and benchmarking report, plus a national report. Benchmarking software is also used. Currently, there are no formal links to other CQC documents (such as the SAS), but in time it could feed

into the assessment process. (Michael pointed out that inspectors would need to be made aware of the data and its limitations if that was the case.) The reviews won't be considered in assessments this year, although in reality, as the information is available, LAs could be asked about it!

Some LA members are concerned about the wording of some questions, feeling that they are poorly phrased and unclear. Without guidance it could make data incomparable between LAs. It was acknowledged that CQC probably need to do more in this respect and that there are learning points for them.

LAs also requested feedback on the reviews they have contributed to.

ARG Engagement

In terms of engaging ARG in the review process, it has been agreed by SIIP that one or more LA ARG members should be involved much earlier in the process (e.g. at the scoping stage), to determine what secondary data is available, before any pilot takes place. The member(s) would vary depending on the subject of the review. Other ARG members would be involved later on, to comment on both figures and text (as some multiple choice options have caused problems). The data collection could also be piloted so LAs can be sure it works (an exercise the IC carries out with the returns).

CQC will revise the proposed flow diagram they created so that LAs can see how this process will work, and will then circulate this to all LAs once SIIP are happy with it.

Proposals for Stroke Review (Michael Carpenter, CQC)

This was a topic that received a lot of support when included on the original list sent out for consultation, as strokes are such a big and long-term issue for a lot of people. LAs are keen to know about examples of best practice in this area.

There was discussion on what other data is

already available and how this could be used, as well as which NIs might be relevant. LAs requested that the return be pushed back until after the statutory return period with, say, the end of June being the deadline for inputting responses.

There was further discussion about requesting information for retrospective periods in the reviews. It was agreed that it is generally better to warn LAs in advance that they will need to collect information for a limited time so that service users can be tagged on systems etc (e.g. Section 5 notices for stroke victims).

Revisions to Final Collections Data (Paul Niblett, IC)

To date, the IC have allowed LAs to make revisions to figures published as final data for approximately 18 months after the end of the financial year to which the data refers (although the period can vary by collection).

The IC would now like to stop councils being able to revise figures published as final, e.g. for RAP 2009/10 this would mean no revision of data would be possible after November 2010.

The IC feels that this would encourage councils to provide more robust/higher quality data at an earlier stage and not to rely on the facility to make revisions. They feel that there are several opportunities to make changes before the final report so an additional twelve months for this is unnecessary. They do accept that this would mean that incorrect data is not corrected and remains in the public domain, especially as errors are often not apparent until the following year's return is done.

One exception to this rule could be for new items in collections, although new tables are usually voluntary in their first year anyway. Members therefore agreed with the proposal.

ARG Terms of Reference (Kate Anderson, IC)

This has been something of a transitional period for the ARG, following the introduction of SIIP (Strategic Information Improvement Programme), which ARG now reports to. It was therefore felt that the Terms of Reference should be amended

accordingly and put on the IC website.

There was some discussion over the detail of this but no major changes. LA members suggested the idea of having an online information exchange forum (along the lines of GovX, say) to aid dialogue on issues between ARG meetings. A number of members already use GovX and find it useful, so the IC will look into this possibility.

ARG members' links with regional groups will also be reviewed as they are not as strong as they could be in some areas. The IC is keen to have regional links with ADASS groups (e.g. Performance Leads meetings), etc.

Update on NI 149/150 (Jo Simpson, IC)

Jo Simpson, from the IC's Mental Health team attended the meeting to do a short presentation on NIs 149 and 150.

The data comes from the Mental Health Minimum Data Set (MHMDS). The denominator (people on CPA) has been collected for a number of years, but the numerators only since 2008/09. There are four discrete quarterly returns, plus an annual return which is the official source for the NIs. The annual return picks up the most recent recording of the service users' employment or accommodation type, whenever that was in the previous twelve months. Data can be cut by provider, commissioner, LA and in other ways.

The published indicators can be found here:

<http://www.ic.nhs.uk/pubs/socmhi08-09> and a Mental Health Bulletin (published in November 2009 and containing more information on the indicators) here: <http://www.ic.nhs.uk/pubs/mhbmhmds0809>.

The timing of the data collecting differs from that for social care. Nine months' data will be known by August, and the full-year data by September. Routine MHMDS reports include similar indicators but the denominator only covers those on CPA in one quarter, and the numerator the most recent recording in the previous (rolling) twelve-month period.

Due to the way the indicator is calculated, trusts can only run reports quarterly, although they also have data quality reports available. However, last year no information was known for a lot of service

users and hence most indicator values were low.

Collections Guidance (Anthony Harris, IC)

The guidance for the ASC-CAR Return has this week been put on the IC website, where it joined the RAP, AVA and SSDA910 guidance. The Collections Team are still working on the FAQs for RAP, and hope that will be issued within the next week. Members asked if there would be more guidance about SDS in the FAQs but Anthony said there was unlikely to be much. Members were advised to totally ignore the draft SDS Guidance issued last summer, as he had found a number of errors in it, and just use the latest RAP guidance and FAQs.

The PSS EX1 Proforma has not been started yet but would be the next to be done, followed by the guidance for that return.

Members made the point that unit costs will be affected by all self-directed services being in one column of RAP table P2f. It will effectively mean that the P tables will wither down over time, as the detail of those who are in traditional services but went down the SDS route will be lost. It is hoped to look at this at a future ARG meeting.

John Mordue again made the point that it would be beneficial for guidance on a return to be issued six months before the start of the year of collection. It was accepted that it could still be tweaked later on but at least it would set LAs on the right track for collecting the data. Anthony said that they try to give six months' notice for new data items, but that it is not realistic to issue the full guidance that far in advance. He said that they aim for the guidance to be out for January in the year of collection (although unfortunately that was not possible this year), but some members felt that was still not soon enough. John suggested keeping the 2009/10 RAP guidance as it is for 2010/11 to help, but as there are new items, the IC feel that they might need to make changes to some parts.

The IC are currently moving towards using the same definitions across returns where applicable, and intend to issue these in one document which would then stay virtually static. They added that, if LAs are unclear on any parts of the RAP guidance, the End