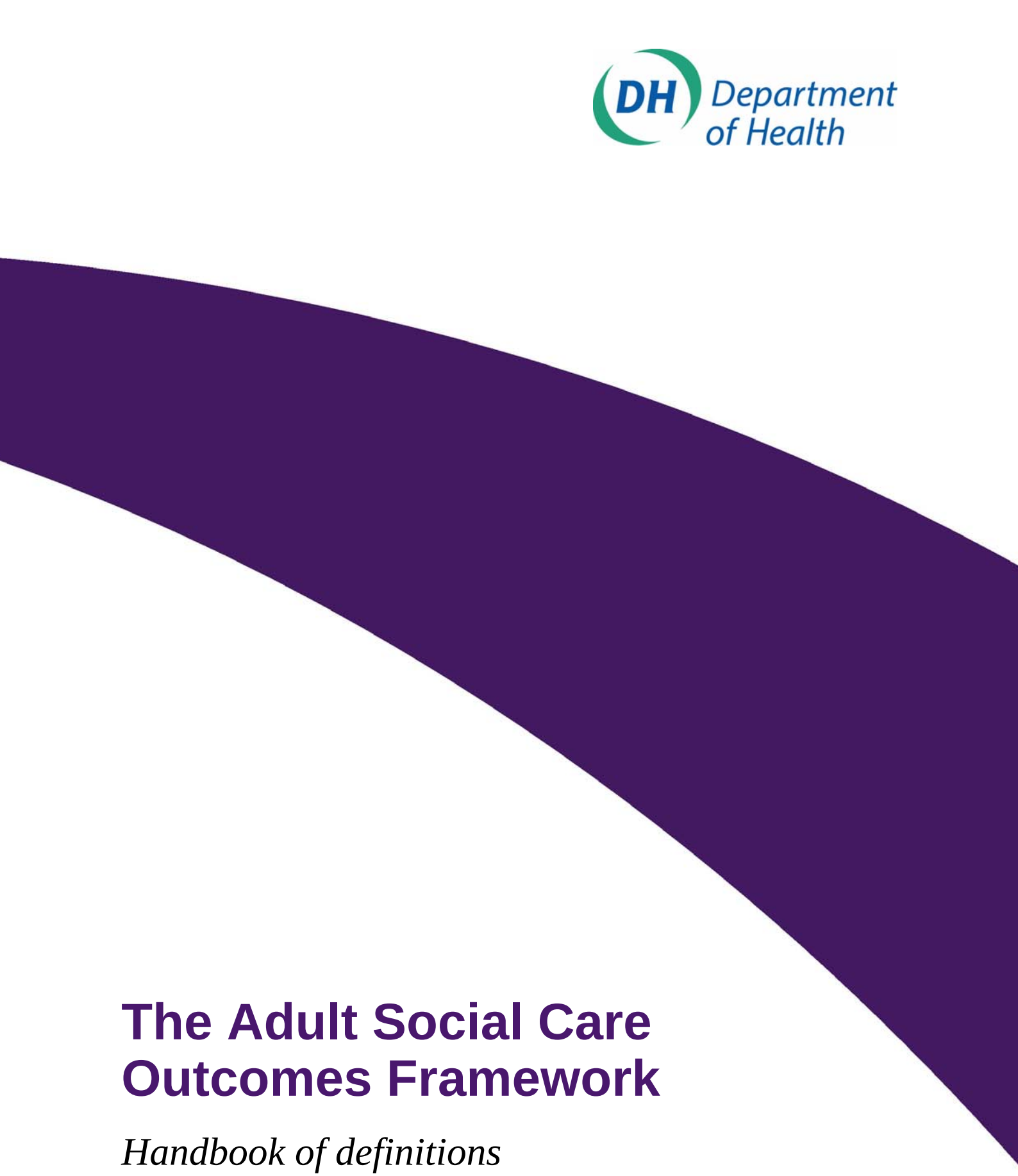

The Adult Social Care Outcomes Framework

Handbook of definitions

Version 2 (November 2011)

Social Care

DH INFORMATION READER BOX

Policy	Estates
HR / Workforce	Commissioning
Management	IM & T
Planning /	Finance
Clinical	**Social Care / Partnership Working**

Document Purpose	For Information
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Author	DH
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Description	The Department of Health is publishing this data definitions handbook, which sets out the technical detail of each measure in the Adult Social Care Outcomes Framework, with worked examples, to promote consistency in reporting and interpretation. This handbook supersedes the July 2011 edition.
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Superseded Docs	The Adult Social Care Outcomes Framework: handbook of definitions, July 2011
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For Recipient's Use	

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Contents

Introduction

On 31 March 2011, *Transparency in outcomes: a framework for adult social care* announced the first Adult Social Care Outcomes Framework (ASCOF), covering the year 2011/12.

This followed consultation on both the general approach and a draft Outcomes Framework between November 2010 and February 2011, where respondents commented on the framework as a whole as well as the proposed criteria for including specific measures. Based on responses to the consultation, a final framework was agreed between the Association of Directors of Adult Social Services (ADASS), the Local Government Group (LGG) and the Department of Health (DH).

The purpose of the ASCOF is essentially two-fold:

- Nationally, the ASCOF will give an indication of the strengths of social care and success in delivering better outcomes for people who use services. This will support the Government's role in reporting to the public and Parliament on the overall system, and influence national policy development.
- Locally, one of the key uses of the ASCOF is for 'benchmarking' and comparison between areas. This will enable councils to compare their results with others and, for example, discuss policy approaches with outstanding performers to share learning and best practice. It will also support the "local account" of social care in an area by providing high-level information to underpin the narrative of these accounts.

It is also important to reiterate that the ASCOF is not a national performance management tool – there will be no national targets set against any of the measures.

Instead, the framework is intended to be the beginning rather than the end of a conversation about the state of adult social care both locally and nationally. For example:

- Councils can use the nationally facilitated comparability of the outcome measures as a way in to more detailed conversations between colleagues about how to achieve better outcomes.
- Councils can also use data sources such as the Adult Social Care Survey to compare other information they are interested in that are not formal national measures.
- Support local accounts of social care by providing high-level information that can validate the account and the priorities it sets out, as well as support more detailed comparisons.
- Both national and local policy-makers can use the trends identified in the aggregated outcomes (as well as breakdowns such as for equality groups) to form the basis of discussion of policy goals and to identify new priorities.

To support such conversations, the Government committed to publishing this Data Definitions Handbook, which sets out the technical detail of each measure with worked examples, to minimise confusion and inconsistency in reporting and interpretation.

The intended audience for this handbook is therefore both local authority employees who are responsible for data collection, reporting or interpretation and members of the public who are interested in understanding the ASCOF in more detail or who are unclear on the meaning of some of the measures.

How to use this handbook

Included in this document is detailed information for each measure, following a template similar to previous guidance around, for example, indicators in the National Indicator Set. The following fields are included for each:

Title: Identifier (1A, 1B, etc) and name of indicator as it appears in the ASCOF

Domain / Outcome: The domain of the ASCOF in which the measure appears and the associated outcome statement within the domain.

Rationale: A brief description of the rationale for including the measure in the framework – why it is important and how it aligns with current policy thinking in social care.

Definition / Interpretation: Setting out essentially what the measure is looking at, with any relevant definitions of words or terms (for example, self-directed support) and any notes on interpretation.

Risk adjustment: Comments on factors that could affect the comparability of the measure, for example age distribution of the local population and possible adjustment to better reflect the contribution of services to the overall outcome.

Formula: Setting out in detail how the measure will be calculated, with a formula and precise definitions of where each component is drawn from, for example the source table of a data collection or question in a survey.

Worked example: An example of how this formula would be applied to a particular set of data to yield the measure.

Disaggregation available: A list of client groups and equality groups by which the measure can be broken down to identify how different groups are affected, and any equality issues.

Frequency of collection: How frequently the data will be disseminated – biennially, annually or more frequently.

Data source: The data collection or survey from which the measure is drawn – in some cases this may combine data from more than one source.

Return format: Whether the measure will be presented as a percentage or as a number.

Decimal places: Number of decimal places used in the presentation of the measure.

Longer-term development options: Ideas for improving or replacing the measure to be explored for future iterations of the ASCOF.

Further guidance: Where to find further guidance relating to the data collections underpinning the measure.

Points to note

Risk Adjustment

The aim of risk adjustment of measures is to improve their comparability between different local authorities by controlling for factors which local authorities do not have the power to determine.

One example of this is measure 1E ("Proportion of adults with learning disabilities in paid employment"). It is clear that the availability of local employment opportunities will have an impact on the ability of local authorities to help people with learning disabilities into paid employment and therefore it seems sensible to risk adjust the measure for this factor.

However, risk adjustment can also make measures more difficult to understand and interpret. Therefore, risk adjustment should only be applied where there is a clear benefit of doing so. The improvement in the comparability of the measure should be significant enough to outweigh the additional complexity in understanding the measure that risk adjustment would bring. Where risk adjustment is not thought to be appropriate, the current practice of comparing councils with similar authorities can be used for benchmarking purposes.

This handbook sets out some thoughts for each measure on what factors if any should be explored for risk adjustment. Further analysis and discussion with stakeholders will be needed to inform this work. Decisions on whether risk adjustment is justified and applied should be made on a case-by-case basis.

ASCOF and the handbook in the future

The ASCOF is not a fixed framework and the number of placeholders in this version of the handbook reflects the fact that we intend to improve it with new possibilities for outcome measurement. This means that both the framework and the handbook are living and evolving documents.

In general, we will aim to publish an updated handbook alongside each year's agreed ASCOF (usually in March before the year starts), with a further update in the Autumn (alongside the IC letter to councils setting out changes to data collections) if needed.

All future versions of both the ASCOF and the handbook will be co-produced between DH, LGG and ADASS. Currently the mechanisms envisaged for agreeing the documents are through the Outcomes and Information Development Board (OIDB), where all three organisations are represented, with input from the ADASS Standards and Performance committee.

Publication

Data will be published by the Information Centre for Health and Social Care (IC) via its publication pages (http://www.ic.nhs.uk/statistics-and-data-collections/social-

care/adult-social-care-information) and also via the online National Adult Social Care Intelligence Service (http://nascis.ic.nhs.uk). Provisional data for the indicator will usually be made available in the summer following the end of the year of collection (i.e. summer 2012 for 2011/12 data). Final data will usually be published early in the following year.

Further queries

If you have any queries relating to the framework and measures please send them to socialcarequeries@ic.nhs.uk.

(1A) Social care-related quality of life	
Domain / Outcome	1. Enhancing quality of life for people with care and support needs *(Overarching Measure)*
Rationale	This indicator gives an overarching view of the quality of life of users based on outcome domains of social care related quality of life identified in the adult social care outcomes toolkit (ASCOT) developed by the Personal Social Services Research Unit (www.pssru.ac.uk/ascot).
Definition / Interpretation	This measure represents an average quality of life score for a person based on the responses of those that completed the Adult Social Care Survey. It is a composite measure using responses to questions from the Adult Social Care Survey covering the eight domains identified in the ASCOT (control, dignity, personal care, food and nutrition, safety, occupation, social participation and accommodation). The relevant questions are listed below: ▪ *Control* - Q3a: Which of the following statements best describes how much control you have over your daily life? ▪ *Personal care* - Q4a: Thinking about keeping clean and presentable in appearance, which of the following statements best describes your situation? ▪ *Food and Nutrition* - Q5a: Thinking about the food and drink you get, which of the following statements best describes your situation? ▪ *Accommodation* - Q6a: Which of the following statements best describes how clean and comfortable your home/care home is? ▪ *Safety* - Q7a: Which of the following statements best describes how safe you feel? ▪ *Social participation* - Q8a: Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation? ▪ *Occupation* - Q9a: Which of the following statements best describes how you spend your time? ▪ *Dignity* - Q11: Which of these statements best describes how the way you are helped and treated makes you think and feel about yourself? Each of the questions has four possible answers, which are equated with having no unmet needs in a specific life area or domain (the ideal state), having needs adequately met, having some needs met and having no needs met. Responses to the questions indicate whether the individual has unmet needs in any of the eight areas. The measure is calculated to give an overall score based on respondents' self-reported quality of life, using a combination of the questions above. All eight questions are given equal weight. *Interpretation* Guidance on the interpretation of this measure is presented in Appendix 1 to this document. The measure gives an overall indication of reported outcomes for individuals – it does not, at present, identify the specific contribution of councils' adult social care services towards those outcomes (see longer-term development below).
Risk adjustment	A range of factors will be considered to adjust the measure to improve comparability between councils. Some example are: ▪ Age of user ▪ Needs of users ▪ Client groups of user
Formula	

$$\left(\frac{X}{Y}\right)$$

Where:

X: Each respondent is assigned a score based on their answers to questions 3a to 9a and 11. Each of the questions has four answers which are equated with having no unmet needs in a specific life area or domain, having needs adequately met, having some needs met and having no needs met.. The scores are assigned as follows:

- No needs met (the last answer option for each question) = 0
- Some needs met (3rd answer option) = 1
- Needs adequately met (2nd answer option) = 2
- No unmet needs (1st answer option) = 3

The numerator is then a sum of the scores for all respondents who have answered questions 3a to 9a and 11.

Those respondents who were sent the version of the questionnaire for people with learning disabilities will be treated in the same way, as this questionnaire has been designed to be equivalent to the non-learning disabilities version.

Y: The number of respondents who answered all the questions 3a to 9a and 11.

For both the numerator (X) and denominator (Y), weighted data should be used to calculate the measure. The data from the survey will be weighted by the NHS Information Centre to take account of the stratified sampling technique that has been used when conducting the survey. The weights are automatically calculated within the survey data return along with the ASCOF outcome measures. Further details of how to use the weights when analysing the survey data are available in Appendix I of the guidance for the 2011-12 Adult Social Care Survey (http://www.ic.nhs.uk/services/social-care/social-care-collections/user-surveys/user-survey-guidance-2011-12).

Exclusions
Any respondents who failed to answer all the questions 3a to 9a and 11 are excluded from the calculation of the indicator. For example, a respondent who answered questions 3a to 8a and 11 but did not answer Q9a will be excluded from the indicator calculation.

Worked example

The table below represents the responses of 145 users who answered questions 3a to 9a and 11. The data has been weighted to reflect the stratified sampling technique that has been used when conducting the survey.

	No unmet needs	Needs adequately met	Some needs met	No needs met	Total
Control (Q3a)	20	58	48	19	145
Personal Care (Q4a)	65	65	15	0	145
Food and Nutrition (Q5a)	78	65	2	0	145
Accommodation (Q6a)	45	36	55	9	145
Safety (Q7a)	30	75	35	5	145
Social Participation (Q8a)	36	46	36	27	145
Occupation (Q9a)	28	51	46	20	145
Dignity (Q11)	33	47	47	18	145

<table>
<tr><td></td><td colspan="3">
<table>
<tr><td>Total</td><td>335</td><td>443</td><td>284</td><td>98</td><td></td></tr>
</table>
The numerator for the indicator is [(335*3)+ (443*2)+(284*1)+(98*0)]=2,175

The denominator for the indicator is 145.

Therefore the indicator value is 2175/145 which equals 15.0.
</td></tr>
<tr><td rowspan="2">Disaggregation available</td><td colspan="3">Equalities: Age, Gender, Ethnicity, Religion, Sexual orientation[1]</td></tr>
<tr><td colspan="3">Client groups: Physical disability (18-64), Learning disability (18-64), Mental health (18-64), Older people (65+).</td></tr>
<tr><td>Frequency of collection</td><td>Annual</td><td>Data source</td><td>Adult Social Care Survey (ASCS)</td></tr>
<tr><td>Return format</td><td>Numeric</td><td>Decimal places</td><td>One</td></tr>
<tr><td>Longer-term development options</td><td colspan="3">Develop a 'value-added' measure which quantifies the contribution of social services to quality of life.</td></tr>
<tr><td>Further guidance</td><td colspan="3">Guidance for 2011/12 onwards can be found via the generic user survey guidance page at http://www.ic.nhs.uk/services/social-care/social-care-collections/user-surveys</td></tr>
</table>

[1] Although the survey results will in theory be disaggregated by religion and sexual orientation, in practice there are likely to be significant gaps in the data on these characteristics at least in the short term.

(1B) The proportion of people who use services who have control over their daily life	
Domain / Outcome	1. Enhancing quality of life for people with care and support needs *People manage their own support as much as they wish, so that are in control of what, how and when support is delivered to match their needs.*
Rationale	Control is one of the key outcomes for individuals derived from the policy on personalisation. Part of the intention of personalised services is to design and deliver services more closely matching the needs and wishes of the individual, putting them in control of their care and support. This measure is one means of determining whether that outcome is being achieved. This indicator measures one component of the overarching measure 1A – social care-related quality of life. A preference study conducted by RAND[2] found that members of the public gave this domain the highest weight of the eight included, i.e. of all the domains included in the overarching measure, this is the one that is considered by the public to be the most important.
Definition / Interpretation	The relevant question drawn from the Adult Social Care Survey is Question 3a: 'Which of the following statements best describes how much control you have over your daily life?', to which the following answers are possible: ▪ I have as much control over my daily life as I want ▪ I have adequate control over my daily life ▪ I have some control over my daily life but not enough ▪ I have no control over my daily life The measure is defined by determining the percentage of all those responding who identify no needs in this area or no needs with help – i.e. by choosing the answer 'I have as much control over my daily life as I want' or "I have adequate control over my daily life". This has been chosen to focus the measure on those individuals achieving the best outcomes, to allow for better use in benchmarking. *Interpretation* The measure gives an overall indication of the reported outcome for individuals – it does not, at present, identify the specific contribution of councils' adult social care towards the outcome (see longer-term development below).
Risk adjustment	A range of factors will be considered to adjust the measure to improve comparability between councils. Some example are: ▪ Age of user ▪ Needs of users ▪ Client groups of user
Formula	$\left(\frac{X}{Y}\right)$*100 Where: **X**: In response to Question 3a, those individuals who selected the response 'I have as much control over my daily life as I want and "I have adequate control over my daily life"'. Those respondents who were sent the version of the questionnaire for people with learning disabilities will be treated in the same way, as this questionnaire has been designed to be equivalent to the non-learning disabilities version.

[2] Burge, P et al (2010) How do the public value different social care outcomes? Estimation of preference weights for ASCOT

	Y: All those that respond to the question. For both the numerator (X) and denominator (Y), weighted data should be used to calculate the measure. The data from the survey will be weighted by the NHS Information Centre to take account of the stratified sampling technique that has been used when conducting the survey. The weights are automatically calculated within the survey data return along with the ASCOF outcome measures. Further details of how to use the weights when analysing the survey data are available in Appendix I of the guidance for the 2011-12 Adult Social Care Survey.		
Worked example	The number of users who said 'I have as much control over my daily life as I want or "I have adequate control over my daily life"' was 156. In total the number of users who responded to the questions was 210. (Data weighted to reflect the stratified sampling technique that has been used when conducting the survey) The indicator value is [(156/210)*100] = 74.3%		
Disaggregation available	**Equalities**: Age, Gender, Ethnicity, Religion, Sexual orientation[3]		
	Client groups: Physical disability (18-64), Learning disability (18-64), Mental health (18-64), Older people (65+).		
Frequency of collection	Annual	**Data source**	Adult Social Care Survey (ASCS)
Return format	Percentage	**Decimal places**	One
Longer-term development options	None identified. To be considered as part of review of ASCOF following first full year's implementation (in 2012).		
Further guidance	Guidance for 2011/12 onwards can be found via the generic user survey guidance page at http://www.ic.nhs.uk/services/social-care/social-care-collections/user-surveys		

[3] Although the survey results will in theory be disaggregated by religion and sexual orientation, in practice there are likely to be significant gaps in the data on these characteristics at least in the short term.

(1C) Proportion of people using social care who receive self-directed support, and those receiving direct payments	
Domain / Outcome	1. Enhancing quality of life for people with care and support needs *People manage their own support as much as they wish, so that are in control of what, how and when support is delivered to match their needs.*
Rationale	This measure supports the drive towards personalisation outlined in the *Vision for adult social care* and *Think Local, Act Personal*, by demonstrating the success of councils in providing personal budgets and direct payments to individuals using services. Research has indicated that personal budgets have a positive effect in terms of impact on well-being, increased choice and control, cost implications and improving outcomes.[4] Studies have shown that direct payments make people happier with the services they receive and are the purest form of personalisation.[5] Therefore, the two-part measure will help capture both overall progress towards personalisation and use of best practice.
Definition / Interpretation	This is a two-part measure which reflects both the proportion of people using services who receive self-directed support (part 1), and the proportion who receive a direct payment either through a personal budget or other means (part 2). Part 1 is presented as the number of adults, older people and carers receiving self-directed support in the year to 31st March as a percentage of all clients receiving community based services and carers receiving carer specific services.[6] To be counted as receiving self-directed support, the person (adult, older person or carer) must either: • be in receipt of a direct payment; or • have in place a personal budget which meets all the following criteria: 1. The person (or their representative) has been informed about a clear, upfront allocation of funding, enabling them to plan their support arrangements; and 2. There is an agreed support plan making clear what outcomes are to be achieved with the funding; and 3. The person (or their representative) can use the funding in ways and at times of their choosing. Councils will need to evidence that these criteria are met, for example through local monitoring of outcomes and satisfaction, as outlined in paragraph 69 of *Transforming social care (LAC (DH) (2008) 1)*. Part 1: The data collections will record for each category;

[4] Quoting; C Glendinning et al, The national evaluation of the Individual Budgets pilot programme (IBSEN (Individual Budgets Evaluation Network); Social Policy Research Unit, University of York, 2008);
Individual Budgets: Impacts and outcomes for carers, (2009, IBSEN; Social Policy Research Unit, University of York);
Choice and competition in public services: a guide for policy makers (2010, OFT/Frontier Economics)

[5] Quoting; Choice and competition in public services: a guide for policy makers (2010, OFT/Frontier Economics)

[6] For the purposes of this measure the following age brackets are used:
Adult: aged 18-64
Older person: aged 65 and over
Carer: aged 16 or over but caring for an adult aged 18 or over

	i) people who have been through a self-directed support planning process; • people receiving a personal budget in the form of a direct payment for all or some of the package • people receiving a personal budget (based on the above definition), and who do not receive a direct payment ii) or people who have not been through a self-directed support planning process; • people receiving an existing or new direct payment (they may also be receiving other services). Part 2: Those receiving direct payments. The denominator remains the same (i.e. all adults and carers receiving community-based services), but the numerator captures only those from part 1 with direct payments. *Interpretation* There are established issues with the data definitions in relation to this measure, which means that care must be taken when interpreting the information for analysis and benchmarking. The denominator of the current measure is based upon a definition of people receiving community-based services which includes some individuals for whom self-directed support may not be appropriate, for instance those receiving some one-off, short-term or universal services such as equipment and reablement. This means the overall proportion does not reflect the true extent of the provision of self-directed support to those who are eligible, and it is not possible to reach 100%. Work is underway to improve the data collections which support this measure, so that refinements in future years will allow for a revised measure which better reflects progress on personalisation, and supports analysis against the *Think Local, Act Personal* agreement. Pending the implementation of these changes, and taking into account the general advice on interpretation, the 2011/12 measure will retain the pre-existing definition. In the meantime, this measure can be used in conjunction with a similar question in the ADASS survey of social care services.
Risk adjustment	Risk adjustment does not seem appropriate for this measure since the objective is that self directed support is offered to all users regardless of ages, client group etc.
Formula	$\left(\frac{X}{Y}\right)$*100 Where, **for part 1** (receiving self-directed support): **X**: The number of users and carers receiving self-directed support in the year to 31st March. *Source: RAP Tables SD1 and SD3*[7] **Y**: Clients receiving community-based services and carers receiving carer specific services aged 18 or over in the year to 31st March. *Source: RAP Table P2f*[8] *and Table C2*[9]

[7] RAP SD1 Row 10 Column 5 (Total 18 and over) plus RAP SD3 Row 6 Column 5 (Total all ages)

[8] (Number of clients receiving community-based services during the period, provided or commissioned by the CASSR, by age group, primary client type and components of service) pages 1 and 3, row 11 (Total of above), column 1 (Total of clients)

<table>
<tr><td></td><td colspan="3">For part 2 (direct payments):

X: The number of users and carers receiving direct payments in the year to 31st March.
Source: RAP Tables SD1 and SD3[10]

Y: Clients receiving community-based services and carers receiving carer specific services aged 18 or over in the year to 31st March.
Source: RAP Table P2f and Table C2</td></tr>
<tr><td>Worked example</td><td colspan="3">Part 1

Suppose the total number of people who received self directed support (existing/new direct payment or personal budget) in the year 2011/12 to March 31 = 600 and the total number of people receiving community based services and carers receiving carer specific services = 2,000

The indicator value is [(600/2000)x100] = 30.0%

Part 2
If the total number of people receiving a direct payment (whether part of a self directed process or not) is 195.

Then the indicator value is [(195/2000)x100] = 9.8%</td></tr>
<tr><td rowspan="2">Disaggregation available</td><td colspan="3">Equalities: Age</td></tr>
<tr><td colspan="3">Client groups: Physical disability (18-64), Learning disability (18-64), Mental health (18-64), Substance misuse (18-64), Other vulnerable people (18-64), Older people (65+).</td></tr>
<tr><td>Frequency of collection</td><td>Annual</td><td>Data source</td><td>Referrals, Assessments and Packages of care (RAP) – table, page and cell references given here are based on the 2011/12 proforma</td></tr>
<tr><td>Return format</td><td>Percentage</td><td>Decimal places</td><td>One</td></tr>
<tr><td>Longer-term development options</td><td colspan="3">As above, we intend to revise the measure to focus only on those for whom self-directed support and direct payments are appropriate, which is not possible from the current data collections. This will give a better representation of the progress of the personalisation agenda and enable fairer benchmarking between councils.

The development of the data collections required is being taken forward as part of the ‘zero-based review’ of social care data and resulting workplan. This review aims to deliver reforms and improvements to the national data set for social care, from 2012/13 onwards. The timetable for amending this measure will be dependent on the progress of the review and subsequent data development.</td></tr>
<tr><td>Further guidance</td><td colspan="3">Guidance for 2011/12 onwards can be found via the generic social care collection page at http://www.ic.nhs.uk/services/social-care/social-care-collections by clicking on the year.</td></tr>
</table>

[9] (Number of carers receiving different types of services as an outcome of assessment or review by age group of carer, and age group and primary client type of the person cared for by the carer) page 1, row 5 (all ages), column 1 (services including respite for the carer and/or other carer specific services)

[10] RAP SD1 Row 10 sum of columns 1, 2 and 4 (Total 18 and over)plus RAP SD3 Row 6 sum of columns 1, 2 and 4 (Total all ages)

(1D) Carer reported quality of life	
Domain / Outcome	1. Enhancing quality of life for people with care and support needs *Carers can balance their caring roles and maintain their desired quality of life*
Rationale	This measure gives an overarching view of the quality of life of carers based on outcomes identified through research by the Personal Social Services Research Unit. This is the only current measure related to quality of life for carers available, and supports a number of the most important outcomes identified by carers themselves, to which adult social care contributes.
Definition / Interpretation	**This measure is deferred in 2011/12 and will be published for the first time using 2012/13 data.** This is a composite measure which combines individual responses to seven questions measuring different outcomes related to overall quality of life which are mapped to 7 domains (occupation, time and space, control, personal care, safety, social participation and encouragement and support). This is an overarching outcome measure for carers, similar to the equivalent for people who use services (1A – social care-related quality of life). The seven questions, drawn from the Carers Survey, are: ▪ *Occupation* - Q18. Which of the following statements best describes how you spend your time? ▪ *Time and space* - Q19. Thinking about the space and time you have to be yourself in your daily life, which of the following statements best describes your present situation? ▪ *Control* - Q20. Which if the following statements best describes how much control you have over your daily life? ▪ *Personal care* - Q21. Thinking about how much time you have to look after yourself – in terms of getting enough sleep or eating well – which statement best describes your present situation? ▪ *Safety* - Q22. Thinking about your personal safety, which of the statements best describes your present situation? ▪ *Social participation* - Q23. Thinking about how much social contact you've had with people you like, which of the following statements best describes your social situation? ▪ *Encouragement and support* - Q24. Thinking about encouragement and support in your caring role, which of the following statements best describes your present situation? Note that these are the question numbers and wording for the 2009/10 survey and may change for 2012/13 *pending review and rationalisation of the Carers Survey during 2011/12.* Each of the questions has three possible answers, which are equated with having no unmet needs in a specific life area or domain (the ideal state), having some needs met and having no needs met. Responses to the questions indicate whether the carer has unmet needs in any of the seven areas. The measure is calculated to give an overall score based on respondents' self-reported quality of life, using a combination of the questions above. All seven questions are given equal weight. *Interpretation* The measure gives an overall indication of the reported outcomes for carers – it does not, at present, identify the specific contribution of councils' adult social care towards those outcomes.

Risk adjustment

A range of factors may be considered to adjust the measure to improve comparability between councils. Some example are:

- The intensity of the caring role
- Age of carer
- Characteristics of the cared for person

Formula

$\left(\frac{X}{Y}\right)$*100

Where:

X: Each respondent is assigned a score based on their answers to the seven questions above. Each of the questions has four answers which are equated with having no unmet needs in a specific life area or domain, having some needs met and having no needs met.

- No needs met (the last answer option for each question) = 0
- Some needs met (2nd answer option) = 1
- No unmet needs (1st answer option) = 2

The numerator is then a sum of the scores for all respondents who have answered all the seven questions.

Y: The number of respondents who answered all the seven questions.

Exclusions
Any respondents who failed to answer any of the seven questions above are excluded from the calculation of the indicator. For example, a respondent who answered six of the questions but did not answer any one will be excluded from the indicator calculation.

Worked example

The table below represents the responses of 105 carers who answered all seven questions.

	No unmet needs	Some needs met	No needs met	Total
Occupation	45	45	15	105
Time and Space	65	35	5	105
Control	33	52	20	105
Personal Care	65	38	2	105
Safety	85	20	0	105
Social Participation	58	35	12	105
Encouragement and Support	22	36	47	105
Total	373	261	101	

The numerator for the indicator is [(373*2)+ (261*1)+(101*0)]=1,007

The denominator for the indicator is 105.

Therefore the indicator value is 1007/105 which equals 9.6.

Disaggregation available	**Equalities**: Age, Gender, Ethnicity, Religion, Sexual orientation[11]		
	Client groups: Carers		
Frequency of collection	Biennial	**Data source**	Carers Survey
Return format	Numeric	**Decimal places**	One
Longer-term development options	The Carers Survey is subject to review in 2011/12 to look at the potential for reducing length and burden, and the final version will be subject to agreement by ADASS and other stakeholders for collection in 2012/13. There is potential for moving to annual collection if burden can be reduced significantly, subject to the agreement of local government. We will also look to develop a 'value-added' measure which quantifies the contribution of social services to carers' quality of life, as we will for people using services.		
Further guidance	Guidance for 2011/12 onwards can be found via the generic user survey guidance page at http://www.ic.nhs.uk/services/social-care/social-care-collections/user-surveys		

[11] Although the survey results will in theory be disaggregated by religion and sexual orientation, in practice there are likely to be significant gaps in the data on these characteristics at least in the short term.

(1E) Proportion of adults with learning disabilities in paid employment	
Domain / Outcome	1. Enhancing quality of life for people with care and support needs *People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation.*
Rationale	The measure is intended to improve the employment outcomes for adults with learning disabilities, reducing the risk of social exclusion. There is a strong link between employment and enhanced quality of life, including evidenced benefits for health and wellbeing[12] and financial benefits[13].
Definition / Interpretation	The measure shows the proportion of all adults with learning disabilities who are known to the council, who are recorded as being in paid employment within the current financial year. The definition of individuals '**known to the council**' is restricted to those adults with learning disabilities who have been assessed or reviewed by the council during the year (irrespective of whether or not they receive a service) or who should have been reviewed but were not. The previous definition of this measure restricted those recorded as in paid employment to those where this information was captured during the assessment or review process. This was because the process of assessment or review is the mechanism through which the individual's employment status is most likely to be easily recorded. The updated definition increases the scope of the measure by including any adult with learning disabilities whose employment status has been recorded within the current financial year, irrespective of whether this was during the assessment or review process. Note that this change affects the recording of those in the numerator for the measure but the denominator for this measure remains unchanged. The measure is focused on 'paid' employment, to be clear that voluntary work is to be excluded for the purposes of this measure. Paid employment is measured using the following two categories: ▪ Working as a paid employee or self-employed (16 or more hours per week); and, ▪ Working as a paid employee or self-employed (up to 16 hours per week). A '**paid employee**' is one who works for a company, community or voluntary organisation, council or other organisation and are earning at or above the National Minimum Wage. This includes those who are working in supported employment (i.e. those receiving support from a specialist agency to maintain their job) who are earning at or above the National Minimum Wage. '**Self-employed**' is defined as those who work for themselves and generally pay their National Insurance themselves. This should also include those who are unpaid family workers (i.e. those who do unpaid work for a business they own or for a business a relative owns). The measure will not require collection of any further employment status (e.g. unpaid voluntary work); though councils may choose to provide this in addition to support their own benchmarking.

[12] Vigna, E., Beyer, S. and Kerr, M. (2011) The role of supported employment agencies in promoting the health of people with learning disabilities. Cardiff: Welsh Centre for Learning Disabilities.

[13] Beyer, S. (2008) *An evaluation of the outcomes in supported employment in North Lanarkshire.* North Lanarkshire Social Work Service

Risk adjustment	We will consider what factors should be considered to adjust the measure to improve comparability between councils. However the most obvious factor to consider is a measure of the strength of the local labour market proxied by local employment rates.		
Formula	$\left(\frac{X}{Y}\right)$*100 Where: **X**: All people within the denominator, who are in employment. The numerator should include those in employment irrespective of whether they have had a review during the year, but the information would have to have been captured within the current financial year. *Source: Table L1, ASC-CAR[14]* **Y**: Number of working-age learning disabled clients known to CASSRs during the period. This includes: ▪ those who are assessed or reviewed in the financial year and have received a service; ▪ those who are assessed or reviewed in the financial year and have not received a service; In addition, include in the denominator ▪ those who should have been reviewed in the financial year but were not. In other words, this is a count of eligible adults with learning disabilities, without duplication (aged 18-64), who are assessed, or reviewed (regardless of whether they have received a service), or should have been reviewed during the year; i.e. they are recorded within an A or P table within the RAP return. *Source: Table L1, ASC-CAR[15]* Those who are detained under the Mental Health Act should be excluded from the denominator (Y).		
Worked example	Adults with learning disabilities known to CASSRs = 722 Of those adults with learning disabilities known to CASSRs, those who are recorded as being in paid employment within the current financial year = 134 The indicator value = (134/722) x 100 = 18.6%		
Disaggregation available	**Equalities**: Gender		
	Client groups: Learning disability (18-64)		
Frequency of collection	Annual	**Data source**	Adult Social Care Combined Activity Return (ASC-CAR)) – table, page and cell references given here are based on the 2011/12 proforma.
Return format	Percentage	**Decimal places**	One

[14] (Number of working age learning disabled clients known to CASSRs during year to 31st March, by service type and gender and by employment status at the time of their latest assessment or review) sum of rows 1 to 5 column 9

[15] (Number of working age learning disabled clients known to CASSRs during year to 31st March, by service type and gender and by employment status at the time of their latest assessment or review) row 9 column 9.

Longer-term development options	The 2011/12 ASCOF includes a 'placeholder' for a new outcome measure for 'the proportion of working age adults in contact with social services who are in paid employment' (within domain 1). The new measure would replace this existing measure for people with learning disabilities (as well as that for those in contact with secondary mental health services), and combine all adults into a single measure for employment status. The learning disabilities element would continue to be available in disaggregation for analysis. Data development work is being taken forward as part of the 'zero-based review' of social care data, and any future changes to national data requirements would be subject to the agreement of local government, and communicated to councils at least six months in advance of implementation.
Further guidance	Guidance for 2011/12 onwards can be found via the generic social care collection page at http://www.ic.nhs.uk/services/social-care/social-care-collections by clicking on the year.

(1F) Proportion of adults in contact with secondary mental health services in paid employment	
Domain / Outcome	1. Enhancing quality of life for people with care and support needs *People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation.*
Rationale	The measure is intended to measure improved employment outcomes for adults with mental health problems, reducing their risk of social exclusion and discrimination. Supporting someone with their employment aspirations is a key part of the recovery process[16]. Employment outcomes demonstrate quality of life and are indicative that social care support is personalised. Employment is a wider determinant of health and social inequalities.
Definition / Interpretation	The measure shows the percentage of adults receiving secondary mental health services in paid employment at the time of their most recent assessment, formal review or other multi-disciplinary care planning meeting. Please note this measure has the same definition as the previous NI 150. Adults **'in contact with secondary mental health services'** is defined as those aged 18 to 69 who are receiving secondary mental health services and who are on the Care Programme Approach (CPA). Similarly to measure 1E, however, it is recognised that this existing definition may limit the scope of the measure, potentially excluding individuals who have been supported to maintain paid employment but are not on the CPA. This aspect is subject to review and development work in 2011/12 with a view to agreeing a revised definition for 'in contact with secondary mental health services'. The measure is focused on 'paid' employment, to be clear that voluntary work is to be excluded for the purposes of this measure. Employment status in general is recorded using the following categories: 01 Employed 02 Unemployed and Seeking Work 03 Students who are undertaking full (at least 16 hours per week) or part-time (less than 16 hours per week) education or training and who are not working or actively seeking work 04 Long-term sick or disabled, those who are receiving Incapacity Benefit, Income Support or both; or Employment and Support Allowance 05 Homemaker looking after the family or home and who are not working or actively seeking work 06 Not receiving benefits and who are not working or actively seeking work 07 Unpaid voluntary work who are not working or actively seeking work 08 Retired ZZ Not Stated (person asked but declined to provide a response) Further development work will explore those on the CPA who it may be appropriate to exclude from the indicator – for example those who are detained under the Mental Health Act for a significant portion of the year. As above, it is intended to revise this measure so that it captures the employment status of adults in contact with secondary mental health services, irrespective of whether they are on the CPA. This will require amendments to the manner in which data are collected to populate the measure, and is being taken forward in the context of the 'zero-based review' of social care data. The existing definition will remain in force pending the agreement of any revisions arising for future years.

[16] Waddell, G. & Burton, A. (2006). *Is Work Good for your Health and Well-being?* London: TSO

	Interpretation Interpretation of the measure should take into account the point above regarding scope, and the likelihood that some people in contact with secondary mental health services are being supported in paid employment by the council, but are not captured within the current definition. Additional local data may be available to support analysis.		
Risk adjustment	We will consider what factors should be considered to adjust the measure to improve comparability between councils. However the most obvious factor to consider is a measure of the strength of the local labour market proxied by local employment rates.		
Formula	$\left(\frac{X}{Y}\right)$*100 Where: **X**: Number of working age adults aged 18-69 who are receiving secondary mental health services and who are on the Care Programme Approach recorded as being in employment. The most recent record of employment status for the person during the financial year is used. *Source: Table 3 Mental Health Minimum Data Set v4* **Y**: Number of working age adults aged 18-69 who have received secondary mental health services and who were on the Care Programme Approach at any point during the financial year. *Source: Mental Health Minimum Data Set v4*		
Worked example	Adults receiving secondary mental health services = 964 Adults receiving secondary mental health services in paid employment = 196 The indicator value = (196/964) x 100 = 20.3%		
Disaggregation available	**Equalities**: Age, Gender, Ethnicity		
	Client groups: Mental health (18-64)		
Frequency of collection	Annual (from Quarterly returns)	**Data source**	Mental Health Minimum Data Set v4 (MHMDS)
Return format	Percentage	**Decimal places**	One
Longer-term development options	The 2011/12 ASCOF includes a 'placeholder' for a new outcome measure for 'the proportion of working age adults in contact with social services who are in paid employment' (within domain 1). The new measure would replace this existing measure for people in contact with secondary mental health services (as well as that for those with learning disabilities), and combine all adults into a single measure for employment status. The mental health element would continue to be available in disaggregation for analysis. Data development work is being taken forward as part of the 'zero-based review' of social care data, and any future changes to national data requirements would be subject to the agreement of local government, and communicated to councils at least six months in advance of implementation.		

Further guidance	Guidance for 2011/12 onwards can be found via the generic social care collection page at http://www.ic.nhs.uk/services/social-care/social-care-collections by clicking on the year

(1G) Proportion of adults with learning disabilities who live in their own home or with their family	
Domain / Outcome	1. Enhancing quality of life for people with care and support needs *People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation.*
Rationale	The measure is intended to improve outcomes for adults with learning disabilities by demonstrating the proportion in stable and appropriate accommodation. The nature of accommodation for people with learning disabilities has a strong impact on their safety and overall quality of life and reducing social exclusion.
Definition / Interpretation	The measure shows the proportion of all adults with learning disabilities who are known to the council, who are recorded as living in their own home or with their family within the current financial year. The definition of individuals '**known to the council**' is currently restricted to those adults with learning disabilities who have been assessed or reviewed by the council during the year (irrespective of whether or not they receive a service) or who should have been reviewed but were not. The previous definition of this measure restricted those recorded as living in their own home or with their family to those where this information was captured during the assessment or review process. This was because the process of assessment or review is the mechanism through which the individual's accommodation status is most likely to be easily recorded. The updated definition increases the scope of the measure by including any adult with learning disabilities who is recorded as living in their own home or with their family within the current financial year, irrespective of whether this was during the assessment or review process. Note that this change affects the recording of those in the numerator for the measure but the denominator for this measure remains unchanged. '**Living on their own or with their family**' is intended to describe arrangements where the individual has security of tenure in their usual accommodation, for instance because they own the residence or are part of a household whose head holds such security. This has the same definition as **'**Living independently, with or without support' in measure 1H (see below), however different wording is used to capture the emphasis on avoiding residential care homes. Situations included within the scope of 'living on their own or with their family' are the same as those of 'settled accommodation' in the previous NI145 : ▪ Owner occupier or shared ownership scheme; ▪ Tenant (including local authority, arm's-length management organisation, registered social landlord, housing association); ▪ Tenant – private landlord ▪ Settled mainstream housing with family/friends (including flat-sharing); ▪ Supported accommodation/supported lodgings/supported group home (i.e. accommodation supported by staff or resident caretaker); ▪ Adult Placement Scheme ▪ Approved premises for offenders released from prison or under probation supervision (e.g. probation hostel); ▪ Sheltered housing/extra care housing/other sheltered housing; and, ▪ Mobile accommodation for Gypsy/Roma and Traveller communities. The following circumstances are <u>not</u> included within the scope of 'living on their own or with their family': ▪ Rough sleeper/squatting; ▪ Night shelter/emergency hostel/direct access hostel (temporary accommodation accepting self-referrals); ▪ Refuge;

	▪ Placed in temporary accommodation by council (including homelessness resettlement); ▪ Staying with family/friends as a short-term guest; ▪ Acute/long-stay healthcare residential facility or hospital (e.g. NHS independent general hospital/clinic, long-stay hospital, specialist rehabilitation/recovery hospital); ▪ Registered care home ▪ Registered nursing home; ▪ Prison/Young Offenders Institution/detention centre; and, ▪ Other temporary accommodation.
Risk adjustment	It is not clear whether any factors should be considered for risk adjustment for this measure.
Formula	$\left(\frac{X}{Y}\right)$*100 Where: **X**: All people within the denominator who are living in their own home or with their family. The numerator should include those living in their own home or with their family irrespective of whether they have had a review during the year, but the information would have to be captured within the current financial year. *Source: Table L2, ASC-CAR*[17] **Y**: Number of working-age (aged 18-64) learning disabled clients known to councils. This includes: ▪ those who are assessed or reviewed in the financial year and have received a service; ▪ those who are assessed or reviewed in the financial year and have not received a service; and; ▪ those who should have been reviewed in the financial year but were not. *Source: Table L2, ASC-CAR*[18] In other words, this is a count of eligible adults with learning disabilities, without duplication (aged 18-64) who are assessed, or reviewed (regardless of whether they have received a service), or should have been reviewed during the year; i.e. they are recorded within an A or P table within the RAP return. Those who are detained under the Mental Health Act should be excluded from the denominator (Y).
Worked example	Adults with learning disabilities known to CASSRs = 722 Of those adults with learning disabilities known to CASSRs, those who are recorded as living in their own home or with their family withiin the current financial year = 455 The indicator value = (455/722) x 100 = 63.0%

[17] (Number of working age learning disabled clients known to CASSRs during year to 31st March, by gender and by accommodation status at the time of their latest assessment or review) sum of rows 12 to 20 column 3

[18] (Number of working age learning disabled clients known to CASSRs during year to 31st March, by gender and by accommodation status at the time of their latest assessment or review) row 22 column 3

Disaggregation available	**Equalities**: Gender		
	Client groups: Learning disability (18-64)		
Frequency of collection	Annual	**Data source**	Adult Social Care Combined Activity Return (ASC-CAR) – table, page and cell references given here are based on the 2011/12 proforma.
Return format	Percentage	**Decimal places**	One
Longer-term development options	As above, work is underway to improve the scope of the existing measure. No further development options have been identified at this stage. This will be considered as part of review of ASCOF following first full year's implementation.		
Further guidance	Guidance for 2011/12 onwards can be found via the generic social care collection page at http://www.ic.nhs.uk/services/social-care/social-care-collections by clicking on the year.		

(1H) Proportion of adults in contact with secondary mental health services living independently, with or without support	
Domain / Outcome	1. Enhancing quality of life for people with care and support needs *People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation.*
Rationale	The measure is intended to improve outcomes for adults with mental health problems by demonstrating the proportion in stable and appropriate accommodation. This is closely linked to improving their safety and reducing their risk of social exclusion.
Definition / Interpretation	The measure shows the percentage of adults receiving secondary mental health services living independently at the time of their most recent assessment, formal review or other multi-disciplinary care planning meeting. Please note this measure has the same definition as the previous NI 149. Adults **'in contact with secondary mental health services'** is defined as those aged 18 to 69 who are receiving secondary mental health services and who are on the Care Programme Approach (CPA). Similarly to measure 1F, however, it is recognised that this existing definition may limit the scope of the measure, potentially excluding individuals who have been supported to maintain paid employment but are not on the CPA. This aspect is subject to review and development work in 2011/12 with a view to agreeing a revised definition for 'in contact with secondary mental health services'. '**Living independently, with or without support'** refers to accommodation arrangements where the occupier has security of tenure or appropriate stability of residence in their *usual* accommodation in the medium- to long-term, or is part of a household whose head holds such security of tenure/residence. These accommodation arrangements are recorded as settled accommodation in the MHMDS. This has the same definition as 'Living on their own or with their family' in measure 1G (see above), however different wording is used to capture the emphasis on general independence. Accommodation arrangements that are precarious, or where the person has no or low security of tenure/residence in their usual accommodation and so may be required to leave at very short notice, are excluded from the definition of 'living independently, with or without support'. These accommodation arrangements are recorded as non-settled accommodation in the MHMDS. Accommodation types that represent settled or non-settled accommodation for the purpose of this measure are presented in Appendix 2 to this document. Further development work will explore those on the CPA who it may be appropriate to exclude from the indicator – for example those who are detained under the Mental Health Act for a significant portion of the year. As above, it is intended to revise this measure so that it captures the accommodation status of people in contact with secondary mental health services, irrespective of whether they have been assessed or reviewed during the year or are on the CPA. This will require amendments to the manner in which data are collected to populate the measure, and is being taken forward in the context of the 'zero-based review' of social care data. The existing definition will remain in force pending the agreement of any revisions arising for future years. *Interpretation* Interpretation of the measure should take into account the point above regarding scope, and the likelihood that some people in contact with mental health services are being supported in accommodation by the council, but are not captured within the current definition because they are not on the CPA. Additional local data may

<table>
<tr><td></td><td colspan="3">be available to support analysis.</td></tr>
<tr><td>Risk adjustment</td><td colspan="3">It is not clear whether any factors should be considered for risk adjustment for this measure.</td></tr>
<tr><td>Formula</td><td colspan="3">$\left(\frac{X}{Y}\right)$*100

Where:

X: Number of adults aged 18-69 who are receiving secondary mental health services on the Care Programme Approach recorded as living independently (with or without support). The most recent record of whether or not the person is in settled accommodation during the financial year is used.
Source: Table 4 Mental Health Minimum Data Set v4

Y: Number of adults aged 18-69 who have received secondary mental health services and who were on the Care Programme Approach at any point during the financial year.
Source: Mental Health Minimum Data Set v4

Those who are detained under the Mental Health Act should be excluded from the denominator (Y).</td></tr>
<tr><td>Worked example</td><td colspan="3">Adults receiving secondary mental health services = 964

Adults receiving secondary mental health services living independently = 655

The indicator value = (655/964) x 100 = 67.9%</td></tr>
<tr><td rowspan="2">Disaggregation available</td><td colspan="3">Equalities: Age, Gender, Ethnicity</td></tr>
<tr><td colspan="3">Client groups: Mental health (18-64)</td></tr>
<tr><td>Frequency of collection</td><td>Annual</td><td>Data source</td><td>Mental Health Minimum Data Set v4 (MHMDS)</td></tr>
<tr><td>Return format</td><td>Percentage</td><td>Decimal places</td><td>One</td></tr>
<tr><td>Longer-term development options</td><td colspan="3">As above, work is underway to improve the scope of the existing measure. No further development options have been identified at this stage. This will be considered as part of review of ASCOF following the first full year's implementation.</td></tr>
<tr><td>Further guidance</td><td colspan="3">Guidance for 2011/12 onwards can be found via the generic social care collection page at http://www.ic.nhs.uk/services/social-care/social-care-collections by clicking on the year.</td></tr>
</table>

(2A) Permanent admissions to residential and nursing care homes, per 100,000 population	
Domain / Outcome	2. Delaying and reducing the need for care and support *(Overarching measure)*
Rationale	Avoiding permanent placements in residential and nursing care homes is a good indication of delaying dependency, and local health and social care services will work together to reduce avoidable admissions. Research suggests where possible people prefer to stay in their own home rather than move into residential care.
Definition / interpretation	This is a two part-measure reflecting the number of admissions of younger adults (part 1) and older people (part 2) to residential and nursing care homes relative to the population size of each group. The measure compares council records with ONS population estimates. People counted as a permanent admission should include: ▪ Residents where the local authority makes any contribution to the costs of care, no matter how trivial the amount and irrespective of how the balance of these costs are met; ▪ Supported residents in: o Local authority staffed care homes for residential care; o Independent sector care homes for residential care; and, o Registered care homes for nursing care. o Residential or nursing care which is of a permanent nature and where the intention is that the spell of care should not be ended by a set date. For people classified as permanent residents, the care home would be regarded as their normal place of residence. Where a person who is normally resident in a care home is temporarily absent at 31 March 2011 (e.g. through temporary hospitalisation) and the local authority is still providing financial support for that placement, the person should be included in the numerator. Trial periods in residential or nursing care homes where the intention is that the stay will become permanent should be counted as permanent. Whether a resident or admission is counted as permanent or temporary depends on the intention of the authority making the placement. *Interpretation* Analysis shows that older people have a higher rate of permanent admissions than younger adults. Using a two-part measure means that we can separate age as a factor in the level of admissions and focus on the contribution of services to reducing admissions. It will also help highlight, both nationally and locally, the separate issues that relate to the rates of permanent admissions for younger adults and for older people.
Risk adjustment	Analysis identified age as a factor that influenced the rate of admissions. Instead of applying risk adjustment, the measure has been expressed separately for those aged 18-64 years, and those aged 65 years and over. There were no other influencing factors identified from the data available.

<table>
<tr><td>Formula</td><td colspan="3">$\left(\frac{X}{Y}\right)\times 100{,}000$

Where for part 1 (younger adults):

X: Number of council-supported permanent admissions of younger adults (aged 18-64) to residential and nursing care during the year (excluding transfers between residential and nursing care)
Source: Table S3, ASC-CAR[19]

Y: Size of younger adult population (aged 18-64) in area (ONS mid year population estimates)
Source: Office of National Statistics

For part 2 (older people):

X: Number of council-supported permanent admissions of older people (aged 65 and over) to residential and nursing care during the year (excluding transfers between residential and nursing care)
Source: Table S3, ASC-CAR[20]

Y: Size of older people population (aged 65 and over) in area (ONS mid year population estimates)
Source: Office of National Statistics

Exclusions
People funding their own residence in a care home with no support from the council are excluded.</td></tr>
<tr><td>Worked example</td><td colspan="3">Part 1 (younger adults)
Suppose the number of permanent admissions to residential or nursing care for younger adults (aged 18-64) during the year was 26. Suppose the population of younger adults in the area is 153,471

The indicator value is [((26)/153,471) *100,000] = 16.9

Part 2 (older people)
Suppose the number of permanent admissions to residential or nursing care for older people (aged 65 and over) during the year was 312. Suppose the population of older people in the area is 43,384

The indicator value is [((312)/43,384) *100,000] = 719.2</td></tr>
<tr><td rowspan="2">Disaggregation Available</td><td colspan="3">Equalities: Age (18-64, 65 and over)</td></tr>
<tr><td colspan="3">Client groups: Physical disability, Mental health, Learning disability, Substance misuse and other vulnerable people (as one group)</td></tr>
<tr><td>Frequency of collection</td><td>Annual</td><td>Data source</td><td>Adult Social Care Combined Activity Return (ASC-CAR) – table, page and cell references given here are based on the 2011/12.
Office of National Statistics</td></tr>
</table>

[19] (Number of LA supported permanent admissions to residential and nursing care during 1 April to 31 March (excluding admissions to group homes) by type of residence, primary client type and age group), page 1, row 16, sum of columns 1 to 3

[20] (Number of LA supported permanent admissions to residential and nursing care during 1 April to 31 March (excluding admissions to group homes) by type of residence, primary client type and age group), page 1, row 16, sum of columns 1 to 3

Return format	Rate per 100,000 population	**Decimal places**	One
Longer-term development options	None identified – subject to feedback on operation of measure in 2011/12.		
Further guidance	Guidance for 2011/12 onwards can be found via the generic social care collection page at http://www.ic.nhs.uk/services/social-care/social-care-collections by clicking on the year.		

(2B) Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	
Domain / Outcome	2. Delaying and reducing the need for care and support *When people develop care needs, the support they receive takes place in the most appropriate setting, and enables them to regain their independence.*
Rationale	This measures the benefit to individuals from reablement, intermediate care and rehabilitation following a hospital episode, by determining whether an individual remains living at home 91 days following discharge – the key outcome for many people using reablement services. It captures the joint work of social services and health staff and services commissioned by joint teams, as well as adult social care reablement.
Definition / interpretation	This is a two-part measure which reflects both the effectiveness of reablement services (part 1), and the coverage of the service (part 2). Part 1: The proportion of older people aged 65 and over discharged from hospital to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting), who are at home or in extra care housing or an adult placement scheme setting 91 days after the date of their discharge from hospital. Those who are in hospital or in a registered care home (other than for a brief episode of respite care from which they are expected to return home) at the three month date and those who have died within the three months are not reported in the numerator. The collection of the denominator will be between 1 October 2011 and 31 December 2011, with a 91-day follow-up for each case included in the denominator to populate the numerator i.e. the numerator will be collected from 1 January 2012 to 31 March 2012. Part 2: The proportion of older people aged 65 and over offered reablement services following discharge from hospital. This measure will take the denominator from part 1 as its numerator (the number of older people offered reablement services). The denominator will be the total number of older people discharged from hospitals based on Hospital Episode Statistics (HES). The collection of the numerator and the denominator will be from 1 October 2011 to 31 December 2011. *Interpretation* The rationale for a two-part measure is to capture the volume of reablement offered as well as the success of the reablement service offered. This will avoid a situation such as has occurred in the past where an area scores well on the measure having offered reablement to only a very small number of people. The current measure has been expanded to include social care-only placements as well. Previously, there was a requirement for someone to have received a joint multi-disciplinary assessment prior to or following their discharge from hospital before going on to receive a rehabilitation service. However, those that were assessed just on social care needs would now be included in the data collection. The rationale for this change is that we should be interested in outcomes for individuals irrespective of whether or not they have had a joint assessment of need.

	In the future it may also be possible to expand the measure to include individuals assessed only on health needs, on the basis that this is a measure of joint working and is due to be replicated in the NHS Outcomes Framework once it comes into use in 2013/14. In addition, even in circumstances where there has been an assessment conducted by the NHS not including social care needs, social care may still be involved in delivering the service to the individual. Such a change would of course be subject to agreement from partners including the Adult Review Group.
Risk adjustment	
Formula	$\left(\frac{X}{Y}\right)$ Where, **for part 1** (proportion of successful reablement**)**: **X**: Number of older people discharged from acute or community hospitals to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting), who are at home or in extra care housing or an adult placement scheme setting 91 days after the date of their discharge from hospital. This should only include the outcome for those cases referred to in the denominator. *Source: Table I1, ASC-CAR*[21] **Y**: Number of older people discharged from acute or community hospitals from hospital to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting). *Source: Table I1, ASC-CAR* [22] **For part 2** (coverage of reablement services): **X**: Number of older people discharged from acute or community hospitals from hospital to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting). *Source: Table I1, ASC-CAR* [2] **Y**: Total number of people, aged 65 and over, discharged alive from hospitals in England between 1 October 2011 and 31 December 2011. This includes all specialities and zero-length stays. Data for geographical areas is based on usual residence of patient. *Source: Hospital Episode Statistics* We recognise that it may be difficult for Local Authorities to access HES data to populate this measure and therefore monitor progress locally. Therefore we are investigating how these data can be extracted nationally and disseminated by the Information Centre to Local Authorities. The aim is to make available the HES data for the denominator at LA level as soon as is practical.

[21] (Number of clients aged 65 and over achieving independence through rehabilitation during 1 October to 31 December by age group and gender), row 1 column 9

[22] (Number of clients aged 65 and over discharged to rehabilitation during 1 October to 31 December by age group and gender), row 2 column 9

<table>
<tr><td>Worked example</td><td colspan="3">Part 1

Suppose the number of people aged 65+ on discharge and who were discharged and benefited from intermediate care/ rehabilitation still living at home 3 months after discharge = 217.

And if the number of people discharged from hospital aged 65+ and entering into joint ‘intermediate care’ or a ‘rehabilitation service’ = 306.

Therefore the percentage achieving independence = (217 /306) x 100 = 70.9%

Part 2
If the number of people discharged from hospital aged 65+ and entering into joint ‘intermediate care’ or a ‘rehabilitation service’ = 306 (using same figure as above)

And if the total number of people aged 65+ discharged from hospital = 6,857

Then, the proportion offered reablement services = (306/6,857) x 100 = 4.5%</td></tr>
<tr><td rowspan="2">Disaggregation available</td><td colspan="3">Equalities: Age, Gender</td></tr>
<tr><td colspan="3">Client groups: Older people (65+)</td></tr>
<tr><td>Frequency of collection</td><td>Annual</td><td>Data source</td><td>Adult Social Care Combined Activity Return (ASC-CAR) – table, page and cell references given here are based on the 2011/12 proforma
Hospital Episode Statistics</td></tr>
<tr><td>Return format</td><td>Percentage</td><td>Decimal places</td><td>One</td></tr>
<tr><td>Longer-term development options</td><td colspan="3">Over time, we will aim to measure the success of all those offered a reablement service, rather than restricting measurement to those discharged from hospital only.</td></tr>
<tr><td>Further guidance</td><td colspan="3">Guidance for 2011/12 onwards can be found via the generic social care collection page at http://www.ic.nhs.uk/services/social-care/social-care-collections by clicking on the year.

Guidance for HES data can be found at: http://www.hesonline.nhs.uk</td></tr>
</table>

(2C) Delayed transfers of care from hospital, and those which are attributable to adult social care per 100,000 population

Domain / Outcome

2. Delaying and reducing the need for care and support
When people develop care needs, the support they receive takes place in the most appropriate setting, and enables them to regain their independence.

Rationale

This measures the impact of hospital services (acute, mental health and non-acute) and community-based care in facilitating timely and appropriate transfer from all hospitals for all adults. This indicates the ability of the whole system to ensure appropriate transfer from hospital for the entire adult population, and is an indicator of the effectiveness of the interface within the NHS, and between health and social care services. Minimising delayed transfers of care and enabling people to live independently at home is one of the desired outcomes of social care.

Definition / interpretation

This is a two-part measure that reflects both the overall number of delayed transfers of care (part 1) and, as a subset, the number of these delays which are attributable to social care services (part 2).

A delayed transfer of care occurs when a patient is ready for transfer from a hospital bed, but is still occupying such a bed.

A patient is ready for transfer when:
(a) a clinical decision has been made that the patient is ready for transfer AND
(b) a multi-disciplinary team decision has been made that the patient is ready for transfer AND
(c) the patient is safe to discharge/transfer.

Set out below is a table showing UNIFY2 definitions for the attributability of different reasons for delay.

	Attributable to NHS	Attributable to Social Care	Attributable to both
A. Awaiting completion of assessment	✓	✓	✓
B. Awaiting public funding	✓	✓	✓
C. Awaiting further non-acute (including PCT and mental health) NHS care (including intermediate care, rehabilitation services etc)	✓	×	×
D i). Awaiting residential home placement or availability	✓	✓	×
D ii). Awaiting nursing home placement or availability	✓	✓	✓
E. Awaiting care package in own home	✓	✓	✓
F. Awaiting community equipment and adaptations	✓	✓	✓
G. Patient or Family choice	✓	✓	×
H. Disputes	✓	✓	×
I. Housing – patients not covered by NHS and Community Care Act	✓	×	×

Interpretation
Using a two-part measure means that we can maintain a focus on joint working, while balancing this with a measure that focuses more closely on the specific contribution of social care services.

Risk adjustment	Risk adjustment does not seem appropriate for this measure since the objective is that delayed transfers of care are minimised. The factors affecting whether this is achieved should largely be within the control of local health and care services.		
Formula	$\left(\frac{X}{Y}\right)\times 100{,}000$ Where, for **part 1** (total delayed transfers): **X**: The average number of delayed transfers of care (for those aged 18 and over) on a particular day taken over the year. This is the average of the 12 monthly snapshots collected in the monthly Situation Report (SitRep). *Source:Unify2* **Y**: Size of adult population in area (aged 18 and over) *Source: ONS mid year population estimates*[23] For **part 2** (delayed transfers attributable to social care): **X**: The average number of delayed transfers of care (for those aged 18 and over) on a particular day taken over the year, that are attributable to social care or jointly to social care and the NHS. This is the average of the 12 monthly snapshots. *Source: UNIFY2* **Y**: Size of adult population in area (aged 18 and over) *Source: ONS mid year population estimates*[24]		
Worked example	Suppose the total number of delayed discharges from the 12 monthly snap shots is 812. Divide this by 12 for a monthly figure. And if the ONS mid-year population estimate = 570,562 Therefore the average rate of delayed transfers is calculated as: ((812 /12) /570,562) *100,000 **= 11.9** If the total number of delays attributable to social care or jointly to social care and the NHS is 271, the average rate of delayed transfers of care attributable to social care or social care and the NHS jointly is calculated as ((271 /12) /570,562) *100,000 **= 4.0**		
Disaggregation available	**Equalities**: Age		
	Client groups: Older people (65+)		
Frequency of collection	Annual	**Data source**	*UNIFY2 (DH)* *Office of National Statistics*
Return format	Numeric	**Decimal places**	One

[23] If a population estimate does not exist for the current year then the previous year's estimate will be used.
[24] If a population estimate does not exist for the current year then the previous year's estimate will be used.

Longer-term development options	None identified – subject to feedback on operation of measure in 2011/12.
Further guidance	Guidance for 2011/12 onwards can be found via the generic social care collection page at http://www.ic.nhs.uk/services/social-care/social-care-collections by clicking on the year. Guidance on UNIFY2 can be found at: http://www.ic.nhs.uk/services/independent-sector-information-programme/support-and-guidance. Delayed discharges data can be found at: http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Performancedataandstatistics/AcuteandNon-AcuteDelayedTransfersofCare/index.htm

(3A) Overall satisfaction of people who use service with their care and support	
Domain / Outcome	3. Ensuring people have a positive experience of care and support. *People who use social care and their carers are satisfied with their experience of care and support services.* *(Overarching measure)*
Rationale	This measures the satisfaction with services of people using adult social care, which is directly linked to a positive experience of care and support. Analysis of surveys suggests that this question is a good predictor of the overall experience of services and quality.
Definition / interpretation	The relevant question drawn from the Adult Social Care Survey is Question 1: "Overall, how satisfied or dissatisfied are you with the care and support services you receive?", to which the following answers are possible: ▪ I am extremely satisfied ▪ I am very satisfied ▪ I am quite satisfied ▪ I am neither satisfied nor dissatisfied ▪ I am quite dissatisfied ▪ I am very dissatisfied ▪ I am extremely dissatisfied The relevant question drawn from the Easy Read Adult Social Care questionnaire is Question 1: "How happy are you with the way staff help you?", to which the following answers are possible: ▪ I am very happy with the way staff help me, it's really good ▪ I am quite happy with the way staff help me ▪ The way staff help me is OK ▪ I do not think the way staff help me is that good ▪ I think the way staff help me is really bad The measure is defined by determining the percentage of all those responding who identify strong satisfaction – i.e. by choosing the answer "I am extremely satisfied" or the answer "I am very satisfied", and of those responding to the Easy Read questionnaire, who choose the answer "I am very happy with the way staff help me, it's really good".
Risk adjustment	While this question asks directly about services, it is potentially subject to influence of exogenous factors. For example a previous study of home care users suggested that better perceptions of home care were related to amongst other things receiving less than 10 hours home care (a proxy for need) and receiving help from others . Further analysis will be required to explore this and establish whether risk adjustment should be applied.
Formula	$\left(\frac{X}{Y}\right)$ Where: **X**: In response to Question 1, those individuals who selected the response "I am extremely satisfied" or "I am very satisfied", and those who select the response "I am very happy with the way staff help me, it's really good", in response to Question 1 of the Easy Read questionnaire. **Y**: All those that responded to the question. For both the numerator (X) and denominator (Y), weighted data should be used to

<table>
<tr><td></td><td colspan="3">calculate the measure. The data from the survey will be weighted by the NHS Information Centre to take account of the stratified sampling technique that has been used when conducting the survey. The weights are automatically calculated within the survey data return along with the ASCOF outcome measures. Further details of how to use the weights when analysing the survey data are available in Appendix I of the guidance for the 2011-12 Adult Social Care Survey.</td></tr>
<tr><td>Worked example</td><td colspan="3">The number of users who said “I am extremely satisfied” or “I am very satisfied” was 217 and the number of users who said “I am very happy with the way staff help me, it’s really good”, in response to Question 1 of the Easy Read questionnaire was 30. .

In total the number of users who responded to the question (including the easy read questionnaire) was 398.

(Data weighted to reflect the stratified sampling technique that has been used when conducting the survey.)

The indicator value is [((217 + 30)/398)*100] = 62.1%</td></tr>
<tr><td rowspan="2">Disaggregation available</td><td colspan="3">Equalities: Age, Gender, Ethnicity, Religion, Sexual orientation[25]</td></tr>
<tr><td colspan="3">Client groups: Physical disability (18-64), Learning disability (18-64), Mental health (18-64), Older people (65+).</td></tr>
<tr><td>Frequency of collection</td><td>Annual</td><td>Data source</td><td>Adult Social Care Survey</td></tr>
<tr><td>Return format</td><td>Percentage</td><td>Decimal places</td><td>One</td></tr>
<tr><td>Longer-term development options</td><td colspan="3">None identified – subject to feedback on operation of measure in 2011/12.</td></tr>
<tr><td>Further guidance</td><td colspan="3">Guidance for 2011/12 onwards can be found via the generic user survey guidance page at http://www.ic.nhs.uk/services/social-care/social-care-collections/user-surveys</td></tr>
</table>

[25] Although the survey results will in theory be disaggregated by religion and sexual orientation, in practice there are likely to be significant gaps in the data on these characteristics at least in the short term.

(3B) Overall satisfaction of carers with social services	
Domain / Outcome	3. Ensuring people have a positive experience of care and support. *People who use social care and their carers are satisfied with their experience of care and support services.* *(Overarching measure)*
Rationale	This measures the satisfaction with services of carers of people using adult social care, which is directly linked to a positive experience of care and support. Analysis of user surveys suggests that this question is a good predictor of the overall experience of services and quality.
Definition / interpretation	**This measure is deferred in 2011/12 and will be published for the first time using 2012/13 data.** The relevant question drawn from the Carers Survey is question 7: "Overall, how satisfied are you with the support or services you and the person you care for have received from Social Services in the last 12 months?", to which the following answers are possible: ▪ We haven't received any support or services from Social Services in the last 12 months ▪ I am extremely satisfied ▪ I am very satisfied ▪ I am fairly satisfied ▪ I am neither satisfied nor dissatisfied ▪ I am fairly dissatisfied ▪ I am very dissatisfied ▪ I am extremely dissatisfied The measure is defined by determining the percentage of all those responding who identify strong satisfaction – i.e. by choosing the answer "I am extremely satisfied" or the answer "I am very satisfied". Note that this is the question number and wording for the 2009/10 survey and may change for 2012/13 pending review and rationalisation of the Carers Survey during 2011/12.
Risk adjustment	While this question asks directly about services, it is potentially subject to influence of exogenous factors. For example a previous study of home care users suggested that better perceptions of home care were related to amongst other things receiving less than 10 hours home care (a proxy for need) and receiving help from others . Further analysis will be required to explore this and establish whether risk adjustment should be applied.
Formula	$\left(\frac{X}{Y}\right)$ Where: **X**: In response to the question above, those individuals who selected the response "I am extremely satisfied" or "I am very satisfied". **Y**: All those that responded to the question. *Exclusions* People who select the response "We haven't received any support or services from Social Services in the last 12 months" will not be counted in either the

	numerator or the denominator.		
Worked example	The number of carers who said "I am extremely satisfied" or "I am very satisfied" was 112. In total the number of carers who responded to the question was 160 but 7 gave a response of "We haven't received any support or services from Social Services in the last 12 months". The indicator value is [(112/(160-7))*100] = 73.2%		
Disaggregation available	**Equalities**: Age, Gender, Ethnicity, Religion, Sexual orientation[26]		
	Client groups: Carers		
Frequency of collection	Biennial (to be first conducted in 2012/13)	**Data source**	*Carers Survey*
Return format	Percentage	**Decimal places**	One
Longer-term development options	The Carers Survey will be reviewed to look at potential for reducing length and burden. There is potential for moving to annual collection if burden can be reduced significantly, subject to agreement.		
Further guidance	Guidance for 2011/12 onwards can be found via the generic user survey guidance page at http://www.ic.nhs.uk/services/social-care/social-care-collections/user-surveys		

[26] Although the survey results will in theory be disaggregated by religion and sexual orientation, in practice there are likely to be significant gaps in the data on these characteristics at least in the short term.

(3C) The proportion of carers who report that they have been included or consulted in discussion about the person they care for	
Domain / Outcome	3. Ensuring people have a positive experience of care and support. *Carers feel that they are respected as equal partners throughout the care process.*
Rationale	Carers should be respected as equal partners in service design for those individuals for whom they care – this improves outcomes both for the cared for person and the carer, reducing the chance of breakdown in care. This measure reflects the experience of carers in how they have been consulted by both the NHS and social care.
Definition / interpretation	**This measure is deferred in 2011/12 and will be published for the first time using 2012/13 data.** The relevant question drawn from the Carers Survey is Q37: "In the last 12 months, do you feel you have been involved or consulted as much as you want to be, in discussion about the support or services provided to the person you care for?", to which the following answers are possible: ▪ There have been no discussion that I am aware of, in the last 12 months ▪ I always felt involved or consulted ▪ I usually felt involved or consulted ▪ I sometimes felt involved or consulted ▪ I never felt involved or consulted Note that this is the question number and wording for the 2009/10 survey and may change for 2012/13 pending review and rationalisation of the Carers Survey during 2011/12. The measure is defined by determining the percentage of all those responding who choose the answer "I always felt involved or consulted" and "I usually felt involved or consulted". .
Risk adjustment	None
Formula	$\left(\frac{X}{Y}\right)$*100 Where: **X**: In response to the above question, all those individuals who selected the response "I always felt involved or consulted" and "I usually felt involved or consulted". **Y**: All those that responded to the question. Further consideration will be given to what responses should be included in the numerator of this measure and confirmed before 2012/13 when this measure comes into operation. *Exclusions* People who select the response "There have been no discussions that I am aware of, in the last 12 months" will not be counted in either the numerator or the denominator.
Worked example	The number of carers who said "I always felt involved or consulted" (and "I usually felt involved or consulted") was 129. In total the number of carers who responded to the question was 160 with 7

	giving a response of "There have been no discussion that I am aware of, in the last 12 months". The indicator value is [(129/(160-7))*100] = 84.3%		
Disaggregation available	**Equalities**: Age, Gender, Ethnicity, Religion, Sexual orientation[27]		
	Client groups: Carers		
Frequency of collection	Biennial (to be first conducted in 2012/13)	**Data source**	*Carers Survey*
Return format	Percentage	**Decimal places**	One
Longer-term development options	The Carers Survey will be reviewed to look at potential for reducing length and burden. There is potential for moving to annual collection if burden can be reduced significantly, subject to agreement.		
Further guidance	Guidance for 2011/12 onwards can be found via the generic user survey guidance page at http://www.ic.nhs.uk/services/social-care/social-care-collections/user-surveys		

[27] Although the survey results will in theory be disaggregated by religion and sexual orientation, in practice there are likely to be significant gaps in the data on these characteristics at least in the short term.

(3D) The proportion of people who use services and carers who find it easy to find information about services	
Domain / Outcome	3. Ensuring people have a positive experience of care and support. *People know what choices are available to them locally, what they are entitled to, and who to contact when they need help.*
Rationale	This measure reflects social services users' and carers' experience of access to information and advice about social care in the past year. Information is a core universal service, and a key factor in early intervention and reducing dependency. Improved and/or more information benefits carers and the people they support by helping them to have greater choice and control over their lives. This may help to sustain caring relationships through for example, reduction in stress, improved welfare and physical health improvements. These benefits accrue only where information is accessed that would not otherwise have been accessed, or in those cases where the same information is obtained more easily.
Definition / interpretation	**This measure is part deferred in 2011/12 and will be published for the first time in full in 2012/13.** This measure is comprised of a combination of questions in the Adult Social Care Survey and Carers Survey. The question from the Adult Social Care Survey is Question 12: "In the past year, have you generally found it easy or difficult to find information and advice about support, services or benefits?", to which the following answers are possible: ▪ Very easy to find ▪ Fairly easy to find ▪ Fairly difficult to find ▪ Very difficult to find ▪ I've never tried to find information or advice This portion of the measure is defined by determining the percentage of all those responding who select the response "Very easy to find" and "fairly easy to find". The relevant question drawn from the Carers Survey is Question 31 : "In the last 12 months, have you found it easy or difficult to find information and advice about support, services or benefits? Please include information and advice from different sources, such as voluntary organisations and private agencies as well as Social Services". The following answers are possible: ▪ I have not tried to find information or advice in the last 12 months ▪ Very easy to find ▪ Fairly easy to find ▪ Fairly difficult to find ▪ Very difficult to find Note that this is the question number and wording for the 2009/10 survey and may change for 2012/13 pending review and rationalisation of the Carers Survey during 2011/12. This portion of the measure is defined by determining the average percentage across the two surveys of all those responding who select the response "Very easy to find" and "fairly easy to find". The Adult Social Care Survey will be annual whereas the Carers Survey will, at least initially, be biennial. Therefore, in years where only one survey is conducted (including 2011/12) the data from the ASCS will constitute the whole measure. In years where both are conducted (including 2012/13), each part of the measure will be given equal weight, as set out in the "formula" section below.

Risk adjustment	None
Formula	**In 2011/12**: $\left(\frac{X}{Y}\right)\times 100$ Where: **X**: In response to Question 12 of the ASCS, those individuals who selected the response "Very easy to find" and "fairly easy to find". Those respondents who were sent the version of the questionnaire for people with learning disabilities will be treated in the same way, as this questionnaire has been designed to be equivalent to the non-learning disabilities version. **Y**: All those that responded to the question. For both the numerator (X) and denominator (Y), weighted data should be used to calculate the measure. The data from the survey will be weighted by the NHS Information Centre to take account of the stratified sampling technique that has been used when conducting the survey. The weights are automatically calculated within the survey data return along with the ASCOF outcome measures. Further details of how to use the weights when analysing the survey data are available in Appendix I of the guidance for the 2011-12 Adult Social Care Survey. **From 2012/13 onwards**: $\frac{\left[\left(\frac{X}{Y}\right)\times 100\right]+\left[\left(\frac{A}{B}\right)\times 100\right]}{2}$ Where: X and Y are as above. **A**: The sum of all those who in response to the above question of the Carers Survey, selected the response "Very easy to find" and "fairly easy to find". In years where the Carers Survey has not been completed (since this is initially a biennial collection), the most recent value for the carers element should be carried over and counted in the second of these parts in the numerator. In these years, only the changes in the service user element (drawn from the ASCS) will be identifiable. **B**: The sum of all those that responded to the above question of the Carers Survey. The overall measures from 2012/13 onwards will therefore be the average of the score on the ASCS and the Carers Survey. *Exclusions* People who select the response "I've never tried to find information or advice" for the ASCS or "I have not tried to find information or advice in the last 12 months" for the Carers Survey will not be counted in either the numerator or the denominator.

<table>
<tr><td rowspan="3">Worked example</td><td colspan="3">For 2011/12 when only data for users is available:

The number of users who select the responses “Very easy to find" or "fairly easy to find" was 191.

In total the number of users who responded to the question was 350 of whom 8 gave a response of “I’ve never tried to find information or advice”.

(Data weighted to reflect the stratified sampling technique that has been used when conducting the survey)

The indicator value is [(191/(350-8))*100] = 55.8%

From 2012/13 Onwards:

The number of respondents to the Adult Social Care Survey who select the responses “Very easy to find" or "fairly easy to find" was 191.

In total the number of users who responded to the question was 350 of whom 8 gave a response of “I’ve never tried to find information or advice”.

The score for the ASCS is [(191/(350-8))*100] = 55.8%

(Data weighted to reflect the stratified sampling technique that has been used when conducting the survey)

The number of respondents to the Carers Survey who select the responses “Very easy to find" or "fairly easy to find" was 93.

In total the number of users who responded to the question was 220 of whom 8 gave a response of “I have not tried to find information or advice in the last 12 months”.

The score for the Carers Survey is [(93/(220–8))*100] = 43.9%

The average of the score for the ASCS and the score for the Carers Survey is [(55.8+43.9)/2] = 49.9

The indicator value is 49.9%.</td></tr>
<tr><td rowspan="2">Disaggregation available</td><td colspan="3">Equalities: Age, Gender, Ethnicity, Religion, Sexual orientation[28]</td></tr>
<tr><td colspan="3">Client groups: Physical disability (18-64), Learning disability (18-64), Mental health (18-64), Older people (65+), Carers</td></tr>
<tr><td>Frequency of collection</td><td>Annual (ASCS)
Biennial (Carers Survey)</td><td>Data source</td><td>Adult Social Care Survey
Carers Survey</td></tr>
<tr><td>Return format</td><td>Percentage</td><td>Decimal places</td><td>One</td></tr>
</table>

[28] Although the survey results will in theory be disaggregated by religion and sexual orientation, in practice there are likely to be significant gaps in the data on these characteristics at least in the short term.

Longer-term development options	This measure does not include self-funders or people with low-level services that may have been directed to voluntary organisations. In the future, we will look at the feasibility of putting in place a broader measure to capture outcomes for these groups. The Carers Survey will be reviewed to look at potential for reducing length and burden. There is potential for moving to annual collection if burden can be reduced significantly, which means this could be measured in full every year, subject to agreement.
Further guidance	Guidance for 2011/12 onwards can be found via the generic user survey guidance page at http://www.ic.nhs.uk/services/social-care/social-care-collections/user-surveys

(4A) The proportion of people who use services who feel safe	
Domain / Outcome	4. Safeguarding people whose circumstances make them vulnerable and protecting from avoidable harm *(Overarching measure)*
Rationale	This measures one component of the overarching 'social care related quality of life' measure. It provides an overarching measure for this domain. Safety is fundamental to the wellbeing and independence of people using social care (and others). There are legal requirements about safety in the context of service quality, including CQC's essential standards for registered services. There is also a vital role of being safe in the quality of the individual's experience.
Definition / interpretation	The relevant question drawn from the Adult Social Care Survey is Question 7a: "Which of the following statements best describes how safe you feel?", to which the following answers are possible: ▪ I feel as safe as I want ▪ Generally I feel adequately safe, but not as safe as I would like ▪ I feel less than adequately safe ▪ I don't feel at all safe The measure is defined by determining the percentage of all those responding who choose the answer "I feel as safe as I want". Those respondents who were sent the version of the questionnaire for people with learning disabilities will be treated in the same way, as this questionnaire has been designed to be equivalent to the non-learning disabilities version. *Interpretation* The measure gives an overall indication of a reported outcome for individuals – it does not, at present, identify the specific contribution of councils' adult social care towards to feeling safe (see measure 4B below). While the indicator will measure those choosing the most positive response - "I feel as safe as I want" - it will be important locally to analyse responses on safeguarding in the context of the distribution of answers across all four possible responses. For example, if a council has a relatively high proportion of respondents selecting "I feel as safe as I want" (i.e. scores highly on the indicator) but also has a relatively high proportion of respondents selecting "I don't feel at all safe", this could reflect gaps in safeguarding services.
Risk adjustment	A range of factors will be considered to adjust the measure to improve comparability between councils. Some example are: ▪ Age of user ▪ Needs of users ▪ Client groups of user

Formula	$\left(\frac{X}{Y}\right)$*100 Where: **X**: In response to Question 7a, those individuals who selected the response "I feel as safe as I want". Those respondents who were sent the version of the questionnaire for people with learning disabilities will be treated in the same way, as this questionnaire has been designed to be equivalent to the non-learning disabilities version. **Y**: All those that responded to the question. For both the numerator (X) and denominator (Y), weighted data should be used to calculate the measure. The data from the survey will be weighted by the NHS Information Centre to take account of the stratified sampling technique that has been used when conducting the survey. The weights are automatically calculated within the survey data return along with the ASCOF outcome measures. Further details of how to use the weights when analysing the survey data are available in Appendix I of the guidance for the 2011-12 Adult Social Care Survey.		
Worked example	The number of users who said "I feel as safe as I want" was 214. In total the number of users who responded to the question was 345. (Data weighted to reflect the stratified sampling technique that has been used when conducting the survey) The indicator value is [(214/345)*100] = 62.0%		
Disaggregation available	**Equalities**: Age, Gender, Ethnicity, Religion, Sexual orientation[29]		
	Client groups: Physical disability (18-64), Learning disability (18-64), Mental health (18-64), Older people (65+).		
Frequency of collection	Annual	**Data source**	*Adult Social Care Survey*
Return format	Percentage	**Decimal places**	One
Longer-term development options	Develop a broader 'value-added' measure which quantifies the contribution of social services to people feeling safe.		
Further guidance	Guidance for 2011/12 onwards can be found via the generic user survey guidance page at http://www.ic.nhs.uk/services/social-care/social-care-collections/user-surveys		

[29] Although the survey results will in theory be disaggregated by religion and sexual orientation, in practice there are likely to be significant gaps in the data on these characteristics at least in the short term.

(4B) The proportion of people who use services who say that those services have made them feel safe and secure	
Domain / Outcome	4. Safeguarding people whose circumstances make them vulnerable and protecting from avoidable harm *Everyone enjoys physical safety and feels secure.* *People are free from physical and emotional abuse, harassment, neglect and self-harm.* *People are protected as far as possible from avoidable harm, disease and injury.* *People are supported to plan ahead and have the freedom to manage risks the way that they wish.*
Rationale	Safety is fundamental to the wellbeing and independence of people using social care (and others). There are legal requirements about safety in the context of service quality, including CQC essential standards for registered services.
Definition / interpretation	The relevant question drawn from the Adult Social Care Survey is Question 7b: "Do care and support services help you in feeling safe?", to which the following answers are possible: ▪ Yes ▪ No Those respondents who were sent the version of the questionnaire for people with learning disabilities will be treated in the same way, as this questionnaire has been designed to be equivalent to the non-learning disabilities version. *Interpretation* Whilst the overarching measure (4A) indicates a higher-level individual perspective on feeling safe, this measure complements this with a specific response on the impact of services on this outcome.
Risk adjustment	While this question asks directly about services, it is potentially subject to influence of exogenous factors, for example the characteristics of users. Further analysis will be required to explore this and establish whether risk adjustment should be applied. As data for this measure will be collected for the first time 2011/12 this will not be possible for the first year of the operation of the framework.
Formula	$\left(\frac{X}{Y}\right)$*100 Where: **X**: In response to Question 7b, those individuals who selected the response "yes". Those respondents who were sent the version of the questionnaire for people with learning disabilities will be treated in the same way, as this questionnaire has been designed to be equivalent to the non-learning disabilities version. **Y**: All those that responded to the question. For both the numerator (X) and denominator (Y), weighted data should be used to calculate the measure. The data from the survey will be weighted by the NHS Information Centre to take account of the stratified sampling technique that has been used when conducting the survey. The weights are automatically calculated within the survey data return along with the ASCOF outcome measures. Further details of how to use the weights when analysing the survey data are available in Appendix I of the guidance for the 2011-12 Adult Social Care Survey.

Worked example	The number of users who said services had helped them feel safe was 197. In total the number of users who responded to the question was 345. (Data weighted to reflect the stratified sampling technique that has been used when conducting the survey) The indicator value is [(197/345)*100] = 57.1%		
Disaggregation available	**Equalities**: Age, Gender, Ethnicity, Religion, Sexual orientation[30]		
	Client groups: Physical disability (18-64), Learning disability (18-64), Mental health (18-64), Older people (65+).		
Frequency of collection	Annual	**Data source**	*Adult Social Care Survey*
Return format	Percentage	**Decimal places**	One
Longer-term development options	Develop a broader 'value-added' measure which quantifies the contribution of social services to people feeling safe.		
Further guidance	Guidance for 2011/12 onwards can be found via the generic user survey guidance page at http://www.ic.nhs.uk/services/social-care/social-care-collections/user-surveys		

[30] Although the survey results will in theory be disaggregated by religion and sexual orientation, in practice there are likely to be significant gaps in the data on these characteristics at least in the short term.

Appendix 1: Interpretation of Social Care Related Quality of Life Measure (ASCOF measure 1A)

The social care related quality of life score for an individual is a composite measure using responses to questions from the ASCS covering eight domains (control, dignity, personal care, food and drink, safety, occupation, social participation and accommodation). The ASCOF measure provides a social care related quality of life score averaged across each of the users who responded to the Adult Social Care Survey (ASCS) in an authority i.e. it's an average quality of life score for those that responded to the ASCS.

The score will be influenced by a range of factors, one of which is the services provided by the authority. Some of the other factors that are likely to have had an influence are the needs of individuals, age and whether people receive informal care. Therefore in its current form this measure does not solely reflect the impact of social care services but does capture people's experience in aspects of life relevant to social care.

Further research is being taken forward in the short term to determine whether this measure can be adjusted to make it more comparable across authorities. In the medium term we would like to develop a measure that builds on this one to produce a social service value added measure, in the same way that value added measures are produced for other sectors such as school performance.

How can the measure be used?

If using the measure for benchmarking, then it is important that comparisons are made with authorities that have similar characteristics. A starting point might be the standard comparator groups as otherwise comparisons can be misleading.

At a local level the score for each of the questions that measures outcomes across the eight domains could be investigated. Comparing this to a national average or similar councils would help understand whether scores on any of the individual domains are better or worse than would be expected.

Also at a local level it may be useful to look at the distribution of scores of individuals on the social care related quality of life measure. This would help understand whether most people's scores are around the average or are distributed widely. This analysis could be repeated by service user characteristics such as primary client group, or services being used.

When the survey is repeated, time series comparisons can be made and a change in the level of the measure should be investigated. Reasons for the change in the level of the measure may be a change in the impact of service but could also be related to changes in the needs of the local population etc.

However when making comparisons it's important to remember that the results are estimates from survey data and so there will be a degree of uncertainty which will be greater as the results are broken down further and therefore based on fewer service users. The level of uncertainty is commonly represented by a confidence interval which gives a range around the estimate in which you can be reasonably confident that the true figure lies.

If you would like more information on calculating confidence intervals please see the links under "Helping you make better use of the results from User Surveys" on the following page of the Information Centre website http://www.ic.nhs.uk/services/social-care/social-care-collections/user-surveys/running-and-using-surveys.

Appendix 2: Accommodation types that represent settled or non-settled accommodation for the purpose of measure 1H "Proportion of adults in contact with secondary mental health services living independently, with or without support".

MHMDS Code	Accommodation type	Settled accommodation status
1 = Settled accommodation 0 = Non-settled accommodation		
Mainstream Housing (MA00)		
MA01	Owner occupier	**1**
MA02	Settled mainstream housing with family/friends	**1**
MA03	Shared ownership scheme e.g. Social Homebuy Scheme (tenant purchase percentage of home value from landlord)	**1**
MA04	Tenant − Local Authority/Arms Length Management Organisation/Registered Landlord	**1**
MA05	Tenant − Housing Association	**1**
MA06	Tenant − private landlord	**1**
MA09	Other mainstream housing	**1**
Homeless (HM00)		
HM01	Rough sleeper	**0**
HM02	Squatting	**0**
HM03	Night shelter/emergency hostel/Direct access hostel (temporary accommodation accepting self referrals, no waiting list and relatively frequent vacancies)	**0**
HM04	Sofa surfing (sleeps on different friends floor each night)	**0**
HM05	Placed in temporary accommodation by Local Authority (including Homelessness resettlement service) e.g. Bed and Breakfast accommodation	**0**
HM06	Staying with friends/family as a short term guest	**0**
HM07	Other homeless	**0**
Accommodation with mental health care support (MH00)		
MH01	Supported accommodation (accommodation supported by staff or resident caretaker)	**1**
MH02	Supported lodgings (lodgings supported by staff or resident	**1**

	caretaker)	
MH03	Supported group home (supported by staff or resident caretaker)	**1**
MH04	Mental Health Registered Care Home	**0**
MH09	Other accommodation with mental health care and support	**1**
Acute/long stay healthcare residential facility/hospital (HS00)		
HS01	NHS acute psychiatric ward	**0**
HS02	Independent hospital/clinic	**0**
HS03	Specialist rehabilitation/recovery	**0**
HS04	Secure psychiatric unit	**0**
HS05	Other NHS facilities/hospital	**0**
HS09	Acute/long stay healthcare residential facility/hospital	**0**
Accommodation with other (not specialist mental health) care support (CH00)		
CH01	Foyer – accommodation for young people aged 16-25 who are homeless or in housing need	**1**
CH02	Refuge	**0**
CH03	Non-Mental Health Registered Care Home	**0**
CH09	Other accommodation with care and support (not specialist mental health)	**1**
Accommodation with criminal justice support (CJ00)		
CJ01	Bail/Probation hostel	**1**
CJ02	Prison	**0**
CJ03	Young Offenders Institution	**0**
CJ04	Detention Centre	**0**
CJ09	Other accommodation with criminal justice support such as ex-offender support	**1**
Sheltered Housing (accommodation with a scheme manager or		

warden living on the premises or nearby, contactable by an alarm system if necessary) (SH00)		
SH01	Sheltered housing for older persons	**1**
SH02	Extra care sheltered housing (also known as 'very sheltered housing'. For people who are less able to manage on their own, but who do need an extra level of care. Services offered vary between schemes, but meals and some personal care are often provided.)	**1**
SH03	Nursing Home	**0**
SH09	Other sheltered housing	**1**
Mobile accommodation		
ML00	Mobile accommodation (for Gypsy/Roma and Traveller community)	**1**
Other codes		
OC96	Not elsewhere classified	
OC97	Not specified	
OC98	Not applicable	
0C99	Not applicable	