Department
of Health

The Adult Social Care Outcomes Framework 2014/15

Handbook of Definitions

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Handbook of Definitions

Prepared by the Department of Health

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Introduction

The Adult Social Care Outcomes Framework for 2014/15 was published on 11 November 2013. This technical handbook of definitions should be read in conjunction with the framework document.[1] Both the framework and this handbook have been developed by the Department of Health (DH), the Association of Directors of Adult Social Services (ADASS), and the Local Government Association (LGA).

The Adult Social Care Outcomes Framework (ASCOF) is used both locally and nationally to set priorities for care and support, measure progress and strengthen transparency and accountability.

The purpose of the ASCOF is three-fold:

- Locally, the ASCOF supports councils to improve the quality of care and support. By providing robust, nationally comparable information on the outcomes and experiences of local people, the ASCOF supports meaningful comparisons between councils, helping to identify priorities for local improvement and stimulating the sharing of learning and best practice;
- The ASCOF fosters greater transparency in the delivery of adult social care, supporting local people to hold their council to account for the quality of the services they provide. A key mechanism for this is through councils' local accounts, where the ASCOF is already being used as a robust evidence base to support councils' reporting of their progress and priorities to local people; and,
- Nationally, the ASCOF measures the performance of the adult social care system as a whole and its success in delivering high-quality, personalised care and support. The framework will support Ministers in discharging their accountability to the public and Parliament for the adult social care system and will inform and support national policy development.

The Government does not seek to performance manage councils in relation to any of the measures set out in this framework. Instead, the ASCOF will inform and support improvement led by the sector itself, underpinned by strengthened transparency and local accountability.

The Care and Support White Paper, published in July 2012, set out the Government's vision for a reformed care and support system, building on the 2010 Vision for Adult Social Care, and Transparency in Outcomes: a framework for quality in adult social care[2]. The ASCOF for 2014/15 will support councils to rise to the challenge of delivering key White Paper priorities by providing a clear focus for local priority setting and improvement and by strengthening the accountability of councils to local people.

This handbook sets out the detailed definition of each ASCOF measure with worked examples, to support consistency in reporting and interpretation of the measures. The intended audience for

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[1] https://www.gov.uk/government/publications/adult-social-care-outcomes-framework-2014-to-2015

[2] http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Aboutus/Features/dh_121664

this handbook is local authorities, members of the public and other stakeholders with an interest in social care outcomes, such as health and wellbeing boards, local Healthwatch, and the voluntary sector.

Through Joint Strategic Needs Assessments (JSNAs), health and wellbeing boards identify the current and future health and care needs of the local population, building a robust evidence base of local needs and also looking at local assets available. From this, boards develop Joint Health and Wellbeing Strategies (JHWSs), to drive local services by setting the framework for NHS, public health and social care commissioning, and delivering improved outcomes for local communities.

Health and wellbeing boards will have an interest in where the NHS, Public Health and Adult Social Care Outcomes Frameworks overlap locally to help inform priorities. The measures from the outcomes frameworks are not intended to overshadow local evidence to inform JSNA and JHWSs but can be used alongside this evidence to transparently demonstrate health and wellbeing boards' progress in improving outcomes to their community. Where the NHS, Public Health and Adult Social Care Outcomes Frameworks (and future Child Health Outcomes Strategy) come together, local partners will be able to see how well they are delivering integrated services for their communities, especially around specific health and care issues.

Performance against the ASCOF, at both the national and individual council level, will be published annually by the Health and Social Care Information Centre, and the Department will also release an annual commentary on the national picture.

Measures will be broken down by certain equality characteristics, to show how the outcomes achieved by people and their experiences of care and support, might differ between groups.

Development of the Adult Social Care Outcomes Framework

The ASCOF was first published in March 2011 and is updated annually in partnership with local government. For 2014/15, the ASCOF has been strengthened with the addition of new measures, reflecting the Department's and local government's key priorities for social care. In the development of new measures, we remain mindful of the reporting burden on councils and the need to retain a focus on measuring the success of the adult social care system in delivering high-quality care and support in a way that is of use both nationally and locally.

There are three key drivers for change to the ASCOF for 2014/15: the Care and Support White Paper, the 'zero-based review' of adult social care data collections from local authorities, and increasing alignment with the NHS and Public Health Outcomes Frameworks.

The Care and Support White Paper

While many of the themes of the White Paper were reflected in previous iterations of the framework, the ASCOF for 2014/15 has been augmented to support the key White Paper priorities for care and support. This includes looking to introduce a new measure on experience of integrated care. On-going commitments in the ASCOF for 2014/15 reflect Government objectives of improving the quality of life for people with dementia and the need for services to safeguard adults whose circumstances make them vulnerable and protect them from avoidable harm.

The Zero-Based Review

In November 2010, the Health and Social Care Information Centre began a 'zero-based review' of adult social care collections from local authorities. The objective of the review was to ensure that the information we collect nationally reflects the changing face of adult social care – keeping pace with the transformation of care towards more personalised, preventative forms of support. The review has actively supported the development of the ASCOF for 2014/15 and now that the proposals are implemented in full they are able to support several new measures. Several new ASCOF measures that rely on changes to collections after 2013/14 can now be implemented in full as the supporting data are available. Similarly, the new datasets will alter the sampling frame for a number of the measures with the inclusion of some groups for the first time but exclude others. Given the limited information about these populations, work is on-going to understand how this is likely to affect the results of current ASCOF measures

Alignment of the Outcomes Frameworks

The Department remains committed to improving alignment between the ASCOF and the Public Health and NHS Outcomes Frameworks, reflecting the joint contribution of health and social care to improving outcomes. '*Improving health and care: the role of the Outcomes Frameworks*[3] sets out how the three frameworks work together to support improvement for people who use health and care services and the public. The 2014/15 ASCOF and NHS Outcomes Framework and the technical refresh of the Public Health Outcomes Framework include an increased number of shared and complementary measures[4].

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[3] https://www.gov.uk/government/publications/improving-health-and-care-the-role-of-the-outcomes-frameworks

[4] A shared measure is a measure that appears in more than one framework. A measure is complementary when similar measure addressing the same issue features in more than one of the frameworks.

Future Developments

The ASCOF is a key mechanism by which the Government sets national priorities for adult social care, and measures national progress against those priorities. The Department will continue to use national performance against the ASCOF to inform national policy-making and will work with local government to ensure the continued focus of the framework on measuring the success of the adult social care system in delivering high-quality care and support.

The Department has commissioned a number of pieces of research to support the development of the ASCOF, including work on generating a social care-related quality of life ‘value added’ measure (described in more detail below) and further work by the Quality and Outcomes of Person-Centred Care Policy Research Unit (QORU) on promoting the use of Adult Social Care User and Carer Survey data locally. The objective of this work is to demonstrate the purpose and value of surveys locally. The results of the research to date and ways in which Local Authorities can become involved in the project are available at www.maxproject.org.uk

Changes to the Adult Social Care Outcomes Framework for 2014/15

This section outlines the changes introduced to the ASCOF for 2014/15. Where placeholders have been added, this reflects ongoing development work and the need to secure underpinning data sources before the measure can be implemented.

New measures for 2014/15

From 2014/15, the new datasets introduced as a result of the zero-based review will enable the implementation of changes deferred in the 2013/14 ASCOF.

- Measure 1C (*Proportion of people using social care who receive self-directed support, and those receiving direct payments)* has been revised, in recognition that the previous scope of the measure included some users for whom self-directed support was not appropriate. The revisions to the measure will help to better reflect local authorities' progress in delivering personalised services, and from 2014/15 will track progress of personal budget provision to users and carers separately.

- A new measure of the effectiveness of reablement care in supporting people to maintain their independence has been added to Domain 2. This measure will provide evidence of a good outcome in delaying dependency or supporting recovery – short-term support that results in no further need for care.

- In response to the Care and Support White Paper, which restated the Department's commitment to a clear, ambitious and measurable goal to drive further improvements in people's experiences of integrated care, a new measure has been added to Domain 3. This measure of people's experience of integrated care will be complementary with the NHS Outcomes Framework. Development work is currently underway to confirm how this measure will be defined and will be finalised in collaboration with local government. Full details will be included in an update of this Handbook when available.

Placeholders for 2014/15

Several placeholders remain in the ASCOF for 2014/15, indicating our continuing commitment to developing the ASCOF in these areas.

- Placeholder measure 2E remains, to support the interpretation of the new measure of the effectiveness of reablement services. This is intended to support a more rounded view of the success of short-term support in supporting people to recover their independence. It has been agreed that it would be most desirable to include a measure which asks those in receipt of short term services about their outcomes, and/or the quality of services they received. This would require the development of a new survey. In addition to being a source of information for any new ASCOF measure, a survey of short term services users would also provide a valuable source of information to commissioners locally, to aid service improvement more broadly. The development of a survey of this type would be a considerable challenge, and the feasibility of this will be tested over the course of the next year. If implemented, such a survey would have new burdens, which would need to be minimised as far as possible, fully assessed and funded by the Department.

- The placeholder on the effectiveness of post-diagnosis care in sustaining independence and improving quality of life for people with dementia also remains. This is a priority area for the ASCOF and will promote joined up working across adult social care and the NHS. It is expected that this placeholder will be populated with a bundle of measures measuring the success of post-diagnosis Dementia care and work is ongoing to ensure alignment with similar measures in development in the NHS outcomes framework.

- The Government's ambition is to prevent and reduce the risk of adults with care and support needs from experiencing abuse or neglect. The area of safeguarding therefore remains one of the core priorities of adult social care, and remains a key area of priority for the ASCOF. The measure on the proportion of completed safeguarding referrals where people report they feel safe remains as a placeholder for 2014/15, reflecting our commitment to capturing outcomes information in this challenging area.

Using the Handbook of Definitions

The handbook sets out the following information for each measure:

Detail	Description
Title	Identifier (1A, 1B, etc) and name of the measure as it appears in the ASCOF
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 the inclusion of the measure
Definition/interpretation	Guidance on the definition of the measure, including the definition of related terms and any notes on interpretation
Alignment	Whether the measure is shared with or complementary to measures in the Public Health or NHS Outcomes Frameworks
Risk adjustment	Comments on factors that could affect the comparability of the measure, for example age distribution of the local population, and possible adjustments to support more meaningful comparisons between areas
Formula	The detail of how the measure will be calculated, with a formula and precise definitions of each component (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 primary support reasons and equality groups by which the measure can be disaggregated, to identify outcomes for different groups and highlight any equality issues
Frequency of collection	How frequently the data will be collected – 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	Potential improvements or alternatives to current measures to be explored for future iterations of the ASCOF
Further guidance	Where to find further guidance relating to the data collections underpinning the measure

Risk adjustment

In order to ensure the ASCOF is an effective tool in producing comparable data for local benchmarking purposes, this handbook sets out suggested factors that could be explored for the risk adjustment of each measure.

Risk adjustment improves meaningful comparisons between local authorities by allowing for factors that are outside the control of a local authority, for example, overall age of the local population or levels of need. For some measures, risk adjustment is reflected in the definition, for example, measure 2A (permanent admissions to residential and nursing care homes, per 100,000 population). This measure is presented as two separate measures, one covering those aged 18 to 64 and the other covering those aged 65 and over, reflecting that the likelihood of admissions to residential and nursing care increases with the age of the client. As such, this risk adjustment ensures that local authorities with an older than average population are still able to benchmark effectively as the results are adjusted for this risk factor. For other measures, risks such as higher levels of need are highlighted but not applied to the measures nationally.

Risk adjustment can make measures more difficult to understand and interpret. As a result, risk adjustment should only be applied when the improvement in the comparability of the measure is significant enough to outweigh the additional complexity in understanding a risk-adjusted measure. Where risk adjustment is not thought to be appropriate, the current practice of comparing councils with similar authorities can be undertaken for benchmarking purposes.

This handbook sets out suggested factors which could be explored for the risk adjustment of measures. Decisions on whether to apply risk adjustment are left to local authority discretion and should be made on a case-by-case basis.

The Adult Social Care Outcomes Framework for 2014/15

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

(1A) Social care-related quality of life	
Outcome	1. Enhancing quality of life for people with care and support needs *(Overarching Measure)*
Rationale	This measure gives an overarching view of the quality of life of users of social care. It is based on the 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*)[5].
Definition / Interpretation	This measure is an average quality of life score based on responses to the Adult Social Care Survey. It is a composite measure using responses to survey questions 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); ▪ needs adequately met; ▪ some needs met, and; ▪ no needs met. Responses to the questions indicate whether the individual has unmet needs in any of the eight areas. The measure gives an overall score based on respondents' self-reported quality of life across the eight questions. All eight questions are given equal weight. ***Interpretation*** Guidance on the interpretation of this measure is presented in Appendix 4 to this document.

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[5] The „ASCOT" (Adult Social Care Outcomes Toolkit) measure (1A) is designed to capture information about an individual's social care-related quality of life (SCRQoL). The ASCOT is also the source for the questions in the Adult Social Care Survey. Users wishing to make commercial use of any of the ASCOT materials should contact the ASCOT team (ascot@kent.ac.uk), who will then be put into contact with Kent Innovation and Enterprise, as people need to register to use the ASCOT. Also see http://www.pssru.ac.uk/ascot/ .

	The measure gives an overall indication of reported outcomes for individuals – it does not, at present, identify the contribution of councils' adult social care services towards those outcomes (see longer-term development options below).
Alignment	This measure is complementary with Measure 2 (health-related quality of life for people with long-term conditions) in the NHS Outcomes Framework[6]. Health-related quality of life is measured using the EQ5D tool[7].
Risk adjustment	A range of factors will be considered to adjust the measure to improve comparability between councils. Some examples are: - Age of users - Needs of users - Client groups of users See the section on longer term developments for information about progress in this area.
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. Higher scores are assigned to better outcomes. 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 the sum of the scores for all respondents who have answered questions 3a to 9a and 11. The responses of respondents who were sent the version of the questionnaire for people with a learning disability 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 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 Health and Social Care 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 2013-14 Adult Social Care Survey[8]. **Exclusions** Any respondents who failed to answer all of the questions from 3a to 9a and question 11, are excluded from the calculation of the measure. For example, a respondent who answered questions 3a to 8a and 11 but did not answer 9a would be excluded from the calculation.

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[6] https://indicators.ic.nhs.uk/download/Outcomes%20Framework/Specification/NHSOF_Domain_2_S_V2.pdf

[7] EQ-5D™ is a registered trademark of EuroQol. Further details are available from **http://www.euroqol.org**

[8] www.hscic.gov.uk/media/12800/Adult-Social-Care-Survey-Guidance-2013-14-v10/pdf/Adult_Social_Care_Survey_Guidance_2013-14_v1.0.pdfn

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 used when conducting the survey.

	No unmet needs (3)	Needs adequately met (2)	Some needs met (1)	No needs met (0)	**Total**
Control (Q3a)	56	52	24	13	**145**
Personal Care (Q4a)	96	44	5	0	**145**
Food and Nutrition (Q5a)	89	54	2	0	**145**
Accommodation (Q6a)	72	40	29	4	**145**
Safety (Q7a)	65	49	26	5	**145**
Social Participation (Q8a)	73	40	19	13	**145**
Occupation (Q9a)	55	55	22	13	**145**
Dignity (Q11)	62	51	23	9	**145**
Total	**568**	**385**	**150**	**57**	

Scores are assigned as follows:

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

Higher scores are assigned to better outcomes, so the higher the overall score the better the average social care-related quality of life. The maximum possible score is 24.

The numerator for the measure is [(568*3)+(385*2)+(150*1)+(57*0)]=2,624.

The denominator for the measure is 145.

Therefore the measure value is 2,624/145 which equals 18.1.

Disaggregation available

Equalities: Age, Gender, Ethnicity[9], Religion[10], Sexual orientation[10]

Primary Support Reason (all ages)[9]: Physical Support, Sensory Support, Support with Memory and Cognition, Learning Disability Support, Mental Health Support, Social Support**.**

Frequency of collection	Annual	**Data source**	Adult Social Care Survey (ASCS)
Return format	Numeric	**Decimal places**	One

Longer-term development options

The social care-related quality of life measure tells us about outcomes for social care users but does not isolate the impact that care and support services have on those outcomes. The Department has commissioned research from the Quality and Outcomes of Person Centred Care Policy Research Unit to identify a way of generating a social care-related quality of life 'value added' measure, which would allow us to identify the impact of adult social care on people's quality of life. Findings of this research are due in summer 2014. If successful, this will allow us to develop a new or additional measure for the ASCOF.

http://www.lse.ac.uk/LSEHealthAndSocialCare/aboutUs/PSSRU/home.aspx

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[9] This information is not published as part of the adult social care outcomes returns; however it is part of the publication of the original data source.

[10] In theory, it is possible to disaggregate the survey results by religion and sexual orientation. However, in practice, there are likely to be significant gaps in the data for these characteristics, at least in the short to medium term: This reflects the content of records held locally by councils.

Further guidance	2013/14 guidance can be found via the user survey guidance page at http://www.hscic.gov.uk/article/3382/User-survey-guidance---2013-14

(1B) The proportion of people who use services who have control over their daily life	
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 they are in control of what, how and when support is delivered to match their needs.*
Rationale	A key objective of the drive to make care and support more personalised is that support more closely matches the needs and wishes of the individual, putting users of services in control of their care and support. Therefore, asking users of care and support about the extent to which they feel in control of their daily lives is one means of measuring whether this outcome is being achieved. Of the eight questions that make up the overarching measure 1A – social care-related quality of life – a preference study conducted by RAND[11] found that members of the public gave this question the highest weight. As such, an individual measure was felt to be warranted.
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 either 'I have as much control over my daily life as I want' or "I have adequate control over my daily life". These two responses have been chosen to focus the measure on those individuals achieving the best outcomes, identifying no or limited need in this area. The intention is that this will 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).
Alignment	ASCOF measure only
Risk adjustment	A range of factors will be considered to adjust the measure to improve comparability between councils. Some examples are: ▪ Age of users ▪ Needs of users ▪ Client groups of users

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

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’. The responses of respondents who were sent the version of the questionnaire for people with a learning disability 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 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 Health and Social Care 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 2013-14 Adult Social Care Survey[12].		
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 measure value is [(156/210)*100] = 74.3%.		
Disaggregation available	**Equalities**: Age, Gender, Ethnicity[13], Religion[14], Sexual orientation[14]		
	Primary Support Reason (all ages)[13]: Physical Support, Sensory Support, Support with Memory and Cognition, Learning Disability Support, Mental Health Support, Social Support**.**		
Frequency of collection	Annual	**Data source**	Adult Social Care Survey (ASCS)
Return format	Percentage	**Decimal places**	One
Longer-term development options	The Department has commissioned research from the Quality and Outcomes of Person Centred Care Policy Research Unit to identify a way of generating a social care-related quality of life ‘value added’ measure, which would allow us to identify the impact of adult social care on people’s quality of life. Findings from this research are due in summer 2014.		
Further guidance	2013/14 Guidance can be found via the user survey guidance page at *http://www.hscic.gov.uk/article/3382/User-survey-guidance---2013-14*		

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[12] www.hscic.gov.uk/media/12800/Adult-Social-Care-Survey-Guidance-2013-14-v10/pdf/Adult_Social_Care_Survey_Guidance_2013-14_v1.0.pdf

[13] This information is not published as part of the adult social care outcomes returns; however it is part of the publication of the original data source.

[14] In theory, it is possible to disaggregate the survey results by religion and sexual orientation. However, in practice, there are likely to be significant gaps in the data for these characteristics, at least in the short to medium term: This reflects the content of records held locally by councils.

(1C) Proportion of people using social care who receive self-directed support, and those receiving direct payments	
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 they are in control of what, how and when support is delivered to match their needs.*
Rationale	Research has indicated that personal budgets impact positively on well-being, increasing choice and control, reducing cost implications and improving outcomes[15]. Studies have shown that direct payments increase satisfaction with services and are the purest form of personalisation[16]. The Care Act, which will be implemented in 2015/16, will place personal budgets on a statutory footing. In previous iterations of the ASCOF, there were recognised limitations to this measure. Its scope included some services and users of care and support for whom self-directed support may not have been appropriate, and therefore did not reflect the true extent of the provision of self-directed support and direct payments to those who are eligible. With the implementation of the new datasets proposed by the zero-based review, this measure has been strengthened from 2014/15 onwards. Its scope has been limited to people who receive long-term support only, for whom self-directed support is most relevant, and this will better reflect councils' progress in delivering personalised services. The measure has also been divided into two: one measure focuses on users; and another measure has been introduced which focuses on carers. Each will have a sub-measure for users/carers in receipt of direct payments, showing progress made on personalisation for users and carers separately. The final change for this measure is that the measure of self-directed support for social care users will be based on 'snapshot' rather than full-year data.
Definition / Interpretation	This is a two-part measure which reflects the proportion of people using services who receive self-directed support (1C part 1), and the proportion who receive a direct payment either through a personal budget or other means (1C part 2), for users and carers separately.. 1C part 1 is presented as the number of adults, older people and carers receiving self-directed support as at 31st March 2015 as a percentage of all clients receiving community based services and carers receiving carer specific services[17]. 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

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[15] 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)

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

[17] 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

	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)*. **1C Part 1:** **1C part 1a** adults aged over 18 receiving self-directed support **1C part 1b** carers receiving self-directed support The data collections will record for each category: 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) of 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). **1C Part 2:** **1C part 2a** adults receiving direct payments **1C part 2b** carers receiving direct payments for support direct to carer 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. Full Cost Clients will not normally have a Personal Budget and therefore it may result in a figure less than 100%. However, they can ask local authorities to arrange their care. They can either pay for that care direct or ask for a deferred payment which will see the local authority arranging the care and recovering the costs later. In these circumstances full cost clients will receive a Personal Budget. When the funding reforms are introduced in 2016, Full Cost Clients will receive an Independent Personal Budget. This is solely the amount that will count towards their care account, and the Full Cost Client will continue to pay for their own care.
Alignment	ASCOF measure only
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 **1C part 1a** (adults aged over 18 receiving self-directed support):

	X: The number of users receiving either a)Direct Payment, b) Part Direct Payment or c) CASSR managed Personal Budget at the year-end 31st March *Source: SALT Measure LTS001b Tables 1a and 1b – sum of community columns 'Direct Payment Only', 'Part Direct Payment' and 'CASSR Managed Personal Budget'* **Y**: Clients (aged 18 or over) accessing long term community support at the year end 31st March. *Source: SALT Measure LTS001b Tables 1a and 1b – sum of clients in community columns headed 'Direct Payment Only', 'Part Direct Payment', 'CASSR Managed Personal Budget', 'CASSR Commissioned Support only'* Where, for **1C part 1b** (carers receiving self-directed support): **X**: The number of carers receiving either a)Direct Payment, b) Part Direct Payment or c) CASSR managed Personal Budget in the year to 31st March *Source: SALT Measure LTS003 Table 1 sum of row 'total carers' for columns, 'Direct Payment', 'Part Direct Payment' and 'CASSR managed Personal Budget'* **Y**: Carers (caring for someone aged 18 or over) receiving carer-specific services in the year to 31st March. *Source: SALT Measure LTS003 Table 1 sum of row 'total carers' for all columns excluding 'No direct support provided to carer' and 'Information Advice and Other Universal Services / Signposting'* **1C part 2a** (adults receiving direct payments): **X**: The number of users receiving direct-payments and part-direct payments at the year end 31st March. *Source: SALT Measure LTS001b Tables 1a and 1b – sum of columns 'Direct Payment Only' and 'Part Direct Payment'* **Y**: Clients aged 18 or over) accessing long term support at the year end 31st March. *Source: SALT Measure LTS001b Tables 1a and 1b – sum of clients in community columns headed 'Direct Payment Only', 'Part Direct Payment', 'CASSR Managed Personal Budget', 'CASSR Commissioned Support only'* For **1C part 2b** (carers receiving direct payments for support direct to carer): **X**: The number of carers receiving direct-payments and part direct payments in the year to 31st March. *Source: SALT Measure LTS003 Table 1 sum of row 'total carers' for columns, 'Direct Payment' and 'Part Direct Payment'* **Y**: Carers (caring for someone aged18 or over) receiving carer specific services in the year to 31st March. *Source: SALT Measure LTS003 Table 1 sum of row 'total carers' for all columns excluding 'No direct support provided to carer' and 'Information Advice and Other Universal Services / Signposting'*
Worked example	**1C part 1a** The total number of people who received self directed support (existing/new direct payment or personal budget) at the year end March 31st was 600. The total number of people receiving community-based services was 2,000

	The measure value is [(600/2,000)x100] = 30.0% **1C part 1b** The total number of carers who received self directed support (existing/new direct payment or personal budget) in the year 2013/14 to March 31st was 300. The total number of carers receiving carer-specific services was 3,000 The measure value is [(300/3,000)x100] = 10.0% **1C part 2a** The total number of people receiving a direct payment/part direct payment (whether part of a self directed process or not) is 172. Then the measure value is [(172/2,000)x100] = 8.6% **1C part 2b** The total number of carers receiving a direct payment/part direct payment (whether part of a self directed process or not) is 195. Then the measure value is [(195/3,000)x100] = 6.4%		
Disaggregation available	**Equalities**: Age		
	Primary Support Reason (all ages)[9]**:** Physical Support, Sensory Support, Support with Memory and Cognition, Learning Disability Support, Mental Health Support, Social Support**.**		
Frequency of collection	Annual	**Data source**	SALT
Return format	Percentage	**Decimal places**	One
Longer-term development options			
Further guidance	Guidance for 2013/14 onwards can be found via the social care collection page at *http://www.hscic.gov.uk/socialcare/collections* by clicking on the year.		

(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 is an overarching outcome measure for carers, similar to the equivalent for people who use services, measure 1A – social care-related quality of life. This is a composite measure which combines individual responses to six questions measuring different outcomes related to overall quality of life. These outcomes are mapped to six domains; occupation, control, personal care, safety, social participation and encouragement and support. The six questions, drawn from the Carers Survey, are: ▪ *Occupation* – Q7: Which of the following statements best describes how you spend your time? ▪ *Control* - Q8: Which of the following statements best describes how much control you have over your daily life? ▪ *Personal care* - Q9: 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* – Q10: Thinking about your personal safety, which of the statements best describes your present situation? ▪ *Social participation* - Q11: 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* - Q12: Thinking about encouragement and support in your caring role, which of the following statements best describes your present situation? 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); ▪ some needs met, and; ▪ no needs met. Responses to the questions indicate whether the carer has unmet needs in any of the six areas. The measure gives an overall score based on respondents' self-reported quality of life across the six questions. All six 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 services towards those outcomes.
Alignment	This measure is complementary with Measure 2.4 (health-related quality of life for carers) in the NHS Outcomes Framework [18]. Health related quality of life is measured using the EQ5D tool.[19]
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

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[18] https://indicators.ic.nhs.uk/download/Outcomes%20Framework/Specification/NHSOF_Domain_2_S_V2.pdf

[19] EQ-5D™ is a registered trademark of EuroQol. Further details are available from **http://www.euroqol.org**

Formula

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

Where:

X: Each respondent is assigned a score based on their answers to the six questions above. Each of the questions has three answers. Higher scores are assigned to better outcomes, Scores are assigned to answers as follows:

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

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

Y: The number of respondents who answered all six questions.

Exclusions

Any respondents who failed to answer any of the six questions above are excluded from the calculation of the measure.

Worked example

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

	No unmet needs (2)	Some needs met (1)	No needs met(0)	**Total**
Occupation	45	45	15	**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	**308**	**226**	**96**	

Scores are assigned as follows:

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

Higher scores are assigned to better outcomes so the higher the overall score the better the average so care related quality of life. The maximum possible score is 12.

The numerator for the measure is [(308*2)+(226*1)+(96*0)]=842.

The denominator for the measure is 105.

Therefore the measure value is 842/105 which equals 8.0.

Disaggregation available

Equalities: Age, Gender, Ethnicity[20], Religion[21], Sexual orientation[21]

Client Group: Carers

Frequency of collection	Biennial	**Data source**	Carers' Survey

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[20] This information is not published as part of the adult social care outcomes returns; however it is part of the publication of the original data source.

[21] In theory, it is possible to disaggregate the survey results by religion and sexual orientation. However, in practice, there are likely to be significant gaps in the data for these characteristics, at least in the short to medium term: This reflects the content of records held locally by councils.

Return format	Numeric	**Decimal places**	One
Longer-term development options	There remains potential for moving to an annual Carers Survey if burden can be reduced significantly, subject to the agreement of local government. The research project to develop a value added measure for social care-related quality of life for users will also investigate whether it is possible to develop a value added measure for carer-reported quality of life. However, a value added measure for carers' quality of life is likely to be a longer-term piece of development beyond 2014.		
Further guidance	2013/14 Guidance can be found via the user survey guidance page at *http://www.hscic.gov.uk/article/3382/User-survey-guidance---2013-14*		

(1E) Proportion of adults with a learning disability in paid employment	
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 a learning disability, 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[22] and financial benefits[23].
Definition / Interpretation	The measure shows the proportion of adults with a learning disability who are known to the council, who are recorded as being in paid employment. The information would have to be captured or confirmed within the reporting period 1 April 2014 to 31 March 2015. The definition of individuals '**known to the council**' is restricted to those adults of working age with a primary support reason of learning disability support who received long term support during the year (recorded in SALT Measure LTS001a, table 1a) The measure is focused on 'paid' employment. Voluntary work is not collected in SALT and thus, is excluded from the 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 has their National Insurance paid for directly from their wages and is earning at or above the National Minimum Wage. This includes those who are working in supported employment (i.e. those receiving support and assistance 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

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[22] 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.

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

	voluntary work); though councils may choose to provide this in addition to support their own benchmarking. Given the change in data source and underpinning definitions, there will be a known discontinuity in the time series.
Alignment	This measure is complementary with Measure 1.6 (improved functional ability, and ability to work, in people with long-term conditions) in the Public Health Outcomes Framework[24] and Measure 2.2 (employment of people with long-term conditions) in the NHS Outcomes Framework[25]. Although the Public Health Outcomes Framework and the ASCOF both include measures connected with employment for people with a learning disability and people with mental health problems, the Public Health Outcomes Framework measures the gap between the employment rate for those groups and the overall employment rate. This reflects the approach taken in the NHS Outcomes Framework for a complementary measure on employment of people with long term conditions. Although aligning the ASCOF with the other two frameworks was considered, in developing the framework with local government, it was agreed that this would not support local interpretation and benchmarking, and so the ASCOF will retain the current definitions. Furthermore, although the Public Health Outcomes Framework uses the same data sources for rates of employment for these groups as the ASCOF, the NHSOF uses the Labour Force Survey. This source cannot be used for the ASCOF because it does not provide robust results at the local authority level.
Formula	$\left(\frac{X}{Y}\right)$*100 **Where:** X: All people within the denominator, who are in employment. The numerator should include those recorded as in paid employment irrespective of whether the information was recorded in an assessment, review or other mechanism. However, the information would have to have been captured within the current financial year. *Source: SALT Measure LTS004 Table 1, sum of row ‘total’ for columns under heading ‘employed’* **Y**: Number of working-age learning-disabled clients known to CASSRs during the period. This includes: ▪ Clients who received long term support during the year and appear in the LTS001a measure (table 1a) of SALT with a primary support reason of learning disability support. All support settings should be included (i.e. residential, nursing and community settings) This measure is a count of eligible adults (aged 18-64), who have received long term support for learning disability during the year Source: SALT *Measure* LTS001a *Table* 1a, ‘total clients with a primary support reason of “Learning Disability Support” ’

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[24] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/263662/2901502_PHOF_Improving_Outcomes_PT2_v1_1.pdf - page 22.

[25] https://indicators.ic.nhs.uk/download/Outcomes%20Framework/Specification/NHSOF_Domain_2_S_V2.pdf - page 15.

Worked example	Adults who received long-term support during the year with a primary support reason of learning disability (and appear in SALT Measure LTS001a Table 1a) = 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 measure value = (134/722) x 100 = 18.6%		
Disaggregation available	**Equalities**: Gender **Primary Support Reason:** Learning disability support (18-64)		
Frequency of collection	Annual	**Data source**	SALT
Return format	Percentage	**Decimal places**	One
Longer-term development options			
Further guidance	Guidance for 2013/14 onwards can be found via the social care collection page at *http://www.hscic.gov.uk/socialcare/collections* by clicking on the year.		

(1F) Proportion of adults in contact with secondary mental health services in paid employment	
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 of improved employment outcomes for adults with mental health problems, reducing their risk of social exclusion and discrimination. Supporting someone to become and remain employed is a key part of the recovery process[26]. Employment outcomes are a predictor of quality of life, and are indicative of whether care and 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. 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). The measure is focused on 'paid' employment. Voluntary work is to be excluded for the purposes of this measure. Employment status is recorded using the following categories: 01 Employed

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

	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 measure – for example, those who are detained under the Mental Health Act for a significant portion of the year. In 2012-13 the data source (Mental Health Minimum Data Set (MHMDS)) moved to being a monthly data collection. As a result, the definition has been amended slightly in consultation with stakeholders, as below, to align with the collection. MHMDSv4.1 will be superseded by the Mental Health and Learning Disabilities Dataset v1.0 in September 2014. *Interpretation* Interpretation of the measure should take into account the above point 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.
Alignment	This measure is complementary with Measure 1.8 (employment for those with a long-term health condition including those with a learning difficulty/disability or mental illness) in the Public Health Outcomes Framework[27] and Measure 2.5 (employment of people with mental illness) in the NHS Outcomes Framework[28]. Although the Public Health Outcomes Framework and the ASCOF both include measures connected with employment for people with a learning disability and people with mental health problems, the Public Health Outcomes Framework measures the gap between the employment rate for those groups and the overall employment rate. This reflects the approach taken in the NHS Outcomes Framework for a complementary measure on employment of people with long term conditions. Although aligning the ASCOF with the other two frameworks was considered, in developing the framework with local government, it was agreed that this would not support local interpretation and benchmarking, and so the ASCOF will retain the current definitions. Furthermore, although the Public Health Outcomes Framework uses the same data sources for rates of employment for these groups as the ASCOF, the NHSOF uses the Labour Force Survey. This source cannot be used for the ASCOF because it does not provide robust results at the local authority level.
Formula	$\left(\frac{X}{Y}\right)$*100 is calculated each month. The twelve monthly figures are summed and then divided by 12 to derive an average. Where: **X**: Number of working age adults (18-69 years) who are receiving secondary mental health

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[27] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/263662/2901502_PHOF_Improving_Outcomes_PT2_v1_1.pdf - page 27.

[28] https://indicators.ic.nhs.uk/download/Outcomes%20Framework/Specification/NHSOF_Domain_2_S_V2.pdf - page 42.

	services and who are on the Care Programme Approach recorded as being in employment (Code 01). The most recent record of employment status for the person during the previous twelve months is used. *Source: Mental Health Minimum Data Set v4.1 and subsequently Mental Health and Learning Disabilities Data Set v1.0* **Y**: Number of working age adults (18-69 years) who have received secondary mental health services and who were on the Care Programme Approach at the end of the month. *Source: Mental Health Minimum Data Set v4.1 and subsequently Mental Health and Learning Disabilities Data Set v1.0* Where X and Y are measured at the end of each month.		
Worked example	In January, the number of adults receiving secondary mental health services in paid employment was 196. In January, the number of adults receiving secondary mental health services was 964. The measure value for January is (196/964) x 100 which equals 20.3%. This measure is calculated for each of the twelve months, then an average of all twelve monthly figures is taken.		
Disaggregation available	**Equalities**: Gender		
	Client group: Mental health (18-69)		
Frequency of collection	Annual report based on monthly collection	**Data source**	Mental Health Minimum Data Set v4.1 (MHMDS)
Return format	Percentage	**Decimal places**	One
Longer-term development options	There are no long-term developments for this measure.		
Further guidance	Guidance and information relating to the Minimum Mental Health Dataset can be found at *http://www.hscic.gov.uk/mentalhealth*		

(1G) Proportion of adults with a learning disability who live in their own home or with their family	
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 a learning disability by demonstrating the proportion in stable and appropriate accommodation. The nature of accommodation for people with a learning disability has a strong impact on their safety and overall quality of life and the risk of social exclusion.
Definition / Interpretation	The measure shows the proportion of all adults with a learning disability who are known to the council, who are recorded as living in their own home or with their family. The information must be captured or confirmed within the reporting period 1 April 2014 to 31 March 2015. The definition of individuals '**known to the council**' is defined as those adults of working age with a primary support reason of learning disability support who received long term support during the year (recorded in SALT measure LTS001a, table 1a). '**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 **'l**iving 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': ▪ 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); ▪ Shared Lives Scheme (formally known as 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. Full details of accommodation types that represent settled or non-settled accommodation for the purpose of this measure are presented in Appendix 5 to this document.

Alignment	This measure is shared with Measure 1.6i (people with a learning disability in settled accommodation) in the Public Health Outcomes Framework[29].		
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 on their own or with their family” as per the definition above. 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: SALT Measure LTS004 Table 2a, sum of row ‘total’ for all columns* **Y**: Number of working-age learning-disabled clients known to CASSRs during the period. This includes clients who received long term support during the year and appear in the LTS001a measure (table 1a) of SALT with a primary support reason of learning disability support. All support settings should be included (i.e. residential, nursing and community settings *T*his measure is a count of eligible adults (aged 18-64), who have received long term support for learning disability during the year *Source: SALT Measure LTS001a Table 1a, ‘Total Clients’* with a primary support reason of “Learning Disability Support” ’		
Worked example	Adults who received long-term support during the year with a primary support reason of learning disability (and appear in SALT Measure LTS001a Table 1a) = 722. Of those adults who received long-term support with a primary support reason of learning disability, those who are recorded as living in their own home or with their family within the current financial year was 455 The measure value is (455/722) x 100 which equals 63.0%		
Disaggregation available	**Equalities**: Gender		
	Primary Support Reason: Learning disability support (18-64)		
Frequency of collection	Annual	**Data source**	SALT
Return format	Percentage	**Decimal places**	One
Further guidance	Guidance for 2013/14 onwards can be found via the social care collection page at *http://www.hscic.gov.uk/socialcare/collections* by clicking on the year.		

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[29] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/263662/2901502_PHOF_Improving_Outcomes_PT2_v1_1.pdf - page 22

(1H) Proportion of adults in contact with secondary mental health services living independently, with or without support	
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. 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). '**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 Mental Health Minimum Data Set. 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 5 to this document. In 2012-13 the data source (Mental Health Minimum Data Set (MHMDS)) moved to being a monthly data collection. As a result, the definition has been amended slightly in consultation with stakeholders, as below, to align with the collection. MHMDSv4.1 will be superseded by the Mental Health and Learning Disabilities Dataset v1.0 in September 2014. *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 be available to support analysis.
Alignment	This measure is shared with Measure 1.6ii (adults receiving mental health services in settled accommodation) in the Public Health Outcomes Framework[30].

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[30] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/263662/2901502_PHOF_Improving_Outcomes_PT2_v1_1.pdf - page 24.

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 is calculated each month. The 12 monthly figures are summed and then divided by 12 to derive an average. 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 previous twelve months is used. *Source: Mental Health Minimum Data Set v4.1 and subsequently Mental Health and Learning Disabilities Data Set v1.0* **Y**: Number of adults aged 18-69 who have received secondary mental health services and who were on the Care Programme Approach at the end of the month. *Source: Mental Health Minimum Data Set v4.1 and subsequently Mental Health and Learning Disabilities Data Set v1.0* Where X and Y are measured at the end of each month.
Worked example	In January, the number of adults receiving secondary mental health services living independently was 655. In January, the number of adults receiving secondary mental health services was 964. The measure value in January is (655/964) x 100 which equals 67.9%. This is calculated for each of the twelve months, then the average of the twelve monthly figures is calculated.
Disaggregation available	**Equalities**: Gender **Client groups:** Mental health (18-69)

Frequency of collection	Annual report based on monthly collections	**Data source**	Mental Health Minimum Data Set v4.1 (MHMDS)
Return format	Percentage	**Decimal places**	One

Longer-term development	There are no long-term developments for this work.
Further guidance	Guidance and information relating to the Minimum Mental Health Dataset can be found at http://www.hscic.gov.uk/mentalhealth

(1I) Proportion of people who use services and carers, who reported that they had as much social contact as they would like.	
Outcome	1. Enhancing quality of life for people with care and support needs.
Rationale	There is a clear link between loneliness and poor mental and physical health. A key element of the Government's vision for social care is to tackle loneliness and social isolation, supporting people to remain connected to their communities and to develop and maintain connections to their friends and family. This measure will draw on self-reported levels of social contact as an indicator of social isolation for both users of social care and carers.
Definition / interpretation	The relevant question drawn from the Adult Social Care Survey is question 8a – "Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?" - I have as much social contact as I want with people I like - I have adequate social contact with people - I have some social contact with people, but not enough - I have little social contact with people and feel socially isolated The relevant question drawn from the Carers Survey is question 23 – "By thinking about social contact you've had with people you like, which statement best describes your present social situation?" - I have as much social contact as I want - I have some social contact but not enough - I have little social contact and I feel isolated The measure is defined by determining the percentage of users responding "I have as much contact as I want with people I like" and carers choosing "I have as much contact as I want". Measures for users and carers will be presented separately. These responses have been chosen to focus the measure on individuals achieving the best outcomes, to allow for better use in benchmarking. **Interpretation** The measure gives an overall indication of the reported outcomes for individuals – it does not at present identify the specific contribution of councils' adult social care towards the outcome (see longer term development below).
Alignment	This measure is shared with Measure 1.18 (social connectedness placeholder) in the Public Health Outcomes Framework[31]
Risk adjustment	There are a range of factors which are likely to have an impact on this measure; ▪ Severity of needs of users ▪ Amount of care provided by carers
Formula	$\left(\frac{X}{Y}\right)$*100 Where, for **1I part 1** (users):

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[31] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/263662/2901502_PHOF_Improving_Outcomes_PT2_v1_1.pdf - page 46.

	X: In response to Question 8a of the ASCS, those individuals who selected the response "I have as much social contact as I want with people I like". **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 Health and Social Care 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 2013-14 Adult Social Care Survey. For **1I part 2** (carers) **X**: The sum of all those who in response to question 23 of the Carers Survey, selected the response "I have as much social contact as I want". **Y**: The sum of all those that responded to the above question of the Carers Survey.		
Worked example	**1I part 1 – users** The number of users who said "I have as much social contact as I want with people I like" was 242. The total number of users who responded to the question was 548. Data is weighted to reflect the stratified sampling technique that has been used when conducting the survey. The indicator value is [(242/548)*100] which equals 44.2%. **1I part 2 – carers** The number of carers who said "I have as much social contact as I want" was 197. The number of carers who responded to the question was 420. Data is weighted to reflect the stratified sampling technique that has been used when conducting the survey. The indicator value is [(197/420)*100] which equals 46.9%		
Disaggregation available	**Equalities**: Age, Gender, Ethnicity[32], Religion[33], Sexual orientation[33] **Primary Support Reason(all ages)[32]:** Physical Support, Sensory Support, Support with Memory and Cognition, Learning Disability Support, Mental Health Support, Social Support**.**		
Frequency of collection	Annual for social care users Biennial for Carers	**Data source**	*Adult Social Care Survey* *Carers Survey*

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[32] This information is not published as part of the adult social care outcomes returns; however it is part of the publication of the data source.

[33] Although the underlying 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/medium term. This reflects the content of records held locally by councils

Return format	Percentage	**Decimal places**	One
Longer-term development options	Currently, this measure will focus on social care users and carers, rather than the broader population. However, the problems of loneliness and social isolation are not limited to these groups, and all parts of the health and care system have a role to play in preventing and reducing social isolation and loneliness in the broader population. Further options are being explored to develop a measure to reflect this in frameworks in future years.		
Further guidance	2013/14 Guidance can be found via the user survey guidance page at *http://www.hscic.gov.uk/article/3382/User-survey-guidance---2013-14*		

Domain 2 – Delaying and reducing the need for care and support

<table>
<tr><th colspan="2">(2A) Permanent admissions to residential and nursing care homes, per 100,000 population</th></tr>
<tr><td>Outcome</td><td>2. Delaying and reducing the need for care and support.
<i>(Overarching measure)</i></td></tr>
<tr><td>Rationale</td><td>Avoiding permanent placements in residential and nursing care homes is a good measure of delaying dependency, and the inclusion of this measure in the framework supports local health and social care services to work together to reduce avoidable admissions. Research suggests that, where possible, people prefer to stay in their own home rather than move into residential care.</td></tr>
<tr><td>Definition / interpretation</td><td>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:
Local authority-staffed care homes for residential care;
Independent sector care homes for residential care;
Registered care homes for nursing care; and,
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 2015 (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 placement at the time of admission.

<i>Interpretation</i>

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.

Previous data collections treated clients whose admission was "subject to a 12-week disregard" as "temporary" for the duration of the 12 weeks. This is because the previous collections sought to capture detail of council funding of care. The new data collection, SALT, captures data on sequels to events in the customer journey, irrespective of the eventual funding arrangements. Admissions to residential or nursing care are captured at the time of the sequel to request for support, ST MAX and/or review. Permanent</td></tr>
</table>

<table>
<tr><td></td><td>admissions are identified by reference to whether the intention of the admission at this stage is permanence. Clients whose admission is subject to a 12 week disregard should therefore be included in this measure.</td></tr>
<tr><td>Alignment</td><td>ASCOF measure only</td></tr>
<tr><td>Risk adjustment</td><td>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.</td></tr>
<tr><td>Formula</td><td>

$$\left(\frac{X}{Y}\right)\times 100{,}000$$

Where:

for 2A part 1 (younger adults):

X: The sum of the 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) in the following populations

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<table>
<tr><th>Population</th><th>Source: SALT</th></tr>
<tr><td>Long Term Support: Unplanned Review</td><td><i>Measure</i> LTS002a, <i>table</i> 1a, sum of columns: ‘Change of Setting : Move to Nursing Care’; and ‘Change of Setting : Move to Residential Care’</td></tr>
<tr><td>Long Term Support: Planned Review</td><td><i>Measure</i> LTS002a, <i>table</i> 2, Sum of row ‘for those aged 18-64’ for columns ‘Change of Setting: Move to Nursing Care’ and ‘Move to Residential Care’</td></tr>
<tr><td>Short Term Support: New Clients</td><td><i>Measure</i> STS001, <i>Table</i> 1a, Sum of row ‘Total’ for columns ‘Long Term Support (Eligible Services)’ ‘Residential Care’ and ‘Nursing Care’</td></tr>
<tr><td>Short Term Support: New Clients – Sequel to ST Max</td><td><i>Measure</i> STS002a, <i>Table</i> 4,Sum of row ‘for clients aged 18-64’ for columns ‘Residential’ and ‘Nursing’</td></tr>
<tr><td>Short Term Support: Existing Clients</td><td><i>Measure</i> STS002b, <i>Table</i> 4,Sum of row ‘for clients aged 18-64’ for columns ‘Residential’ and ‘Nursing’</td></tr>
</table>

Y: Size of younger adult population (aged 18-64) in area (ONS mid year population estimates).

<i>Source: Office of National Statistics</i>

For 2A part 2 (older people):

X: The sum of the number of council-supported permanent admissions of older people (aged 65 and over) to residential and nursing care during the year (excluding transfers

</td></tr>
</table>

between residential and nursing care) in the following populations:

Population	**Source**
Long Term Support: Unplanned Review	*SALT Measure* LTS002a, *table* 1b, sum of columns ‘Change of Setting : Move to Nursing Care’ and ‘Change of Setting : Move to Residential Care’
Long Term Support: Planned Review	*SALT Measure* LTS002a, *table* 2, Sum of row ‘for those aged 65+’ for columns ‘Change of Setting: Move to Nursing Care’ and ‘Move to Residential Care’
Short Term Support: New Clients	*SALT Measure* STS001, *Table* 1b, Sum of row ‘Total’ for columns ‘Long Term Support (Eligible Services)’ ‘Residential Care’ and ‘Nursing Care’
Short Term Support: New Clients – Sequel to ST Max	*SALT Measure* STS002a, *Table* 4,Sum of row ‘for clients aged 65+’ for columns ‘Residential’ and ‘Nursing’
Short Term Support: Existing Clients	*SALT Measure* STS002b, *Table* 4,Sum of row ‘for clients aged 65+’ for columns ‘Residential’ and ‘Nursing’

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

Worked example

2A Part 1 (younger adults)
The number of permanent admissions to residential or nursing care for younger adults (aged 18-64) during the year in each category was as below:

Long Term Support: Unplanned Review	*SALT Measure* LTS002a, *table* 1a, sum of columns ‘Change of Setting : Move to Nursing Care’ and ‘Change of Setting : Move to Residential Care’	7
Long Term Support: Planned Review	*SALT Measure* LTS002a, *table* 2, Sum of row ‘for those aged 18-64’ for columns ‘Change of Setting: Move to Nursing Care’ and ‘Move to Residential Care’	8
Short Term Support: New Clients	*SALT Measure* STS001, *Table* 1a, Sum of row ‘Total’ for columns ‘Long Term Support (Eligible Services)’ ‘Residential Care’ and ‘Nursing Care’	4
Short Term Support: New	*SALT Measure* STS002a, *Table* 4,Sum of row	2

Clients – Sequel to ST Max	‘for clients aged 18-64’ for columns ‘Residential’ and ‘Nursing’	
Short Term Support: Existing Clients	*SALT Measure* STS002b, *Table* 4,Sum of row ‘for clients aged 18-64’ for columns ‘Residential’ and ‘Nursing’	5
	Total	**26**

The number of permanent admissions to residential or nursing care for younger adults (aged 18-64) during the year was 7 + 8 + 4 + 2 +5 = 26.

The population of younger adults in the area was 153,471.

The measure value is [(26/153,471) *100,000] which equals 16.9.

2A Part 2 (older people)

The number of permanent admissions to residential or nursing care for older people (aged 65 and over) during the year in each category was as below:

Population	**Source**	
Long Term Support: Unplanned Review	*SALT Measure* LTS002a, *table* 1b, sum of columns ‘Change of Setting : Move to Nursing Care’ and ‘Change of Setting : Move to Residential Care’	136
Long Term Support: Planned Review	*SALT Measure* LTS002a, *table* 2, Sum of row ‘for those aged 65+’ for columns ‘Change of Setting: Move to Nursing Care’ and ‘Move to Residential Care’	54
Short Term Support: New Clients	*SALT Measure* STS001, *Table* 1b, Sum of row ‘Total’ for columns ‘Long Term Support (Eligible Services)’ ‘Residential Care’ and ‘Nursing Care’	74
Short Term Support: New Clients – Sequel to ST Max	*SALT Measure* STS002a, *Table* 4,Sum of row ‘for clients aged 65+’ for columns ‘Residential’ and ‘Nursing’	38
Short Term Support: Existing Clients	*SALT Measure* STS002b, *Table* 4,Sum of row ‘for clients aged 65+’ for columns ‘Residential’ and ‘Nursing’	10
	Total	**312**

The number of permanent admissions to residential or nursing care for older people (aged 65 and over) during the year was 136 + 54+ 74+ 38 +10 = 312.

The population of older people in the area was 43,384.

The measure value is [(312/43,384) *100,000] which equals 719.2.

Disaggregation Available	**Equalities**: Age (18-64, 65 and over)

	Primary Support Reason(all ages)[34]**:** Physical Support, Sensory Support, Support with Memory and Cognition, Learning Disability Support, Mental Health Support, Social Support**.**		
Frequency of collection	Annual	**Data source**	*SALT* *Office of National Statistics*
Return format	Rate per 100,000 population	**Decimal places**	One
Longer-term development options			
Further guidance	Guidance for 2013/14 onwards can be found via the social care collection page at *http://www.hscic.gov.uk/socialcare/usersurveys* 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	
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	There is strong evidence that reablement services lead to improved outcomes and value for money across the health and social care sectors. Reablement seeks to support people and maximise their level of independence, in order to minimise their need for ongoing support and dependence on public services. 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, 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). **2B 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. The collection of the denominator will be between 1 October 2014 and 31 December 2014. The numerator will be collected from 1 January 2015 to 31 March 2015 during the 91-day follow-up period for each case included in the denominator. 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

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[34] This information is not published as part of the adult social care outcomes returns; however it is part of the publication of the data source.

	those who have died within the three months are not reported in the numerator. **2B 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 2014 to 31 December 2014. ***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 prevent areas scoring well on the measure while offering reablement services to only a very small number of people. The measure includes social care-only placements. Therefore, those that were assessed just on social care needs are included in the data collection.
Alignment	This measure is shared with Measure 3.6i (the proportion of older people aged 65 and over who were still at home 91 days after discharge into rehabilitation) in the NHS Outcomes Framework[35].
Risk adjustment	None.
Formula	$\left(\frac{X}{Y}\right)\text{x}100$ Where, for **2B 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: SALT Measure STS004, Table 1, row 'Number of discharges above where person was still at home 91 days later', column 'Overall Total'.* **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: SALT Measure STS004, Table 1, row 'Number of discharges in period to rehabilitation where the intention is for the person to go back home (1st October to 31st December), column 'Overall Total'*

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[35] https://indicators.ic.nhs.uk/download/Outcomes%20Framework/Specification/NHSOF_Domain_3_S_V2.pdf - page 40

<table>
<tr><td></td><td colspan="3">For 2B 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).
<i>Source: SALT Measure STS004, Table 1, row 'Number of discharges in period to rehabilitation where the intention is for the person to go back home (1st October to 31st December), column 'Overall Total'</i>
Y: Total number of people, aged 65 and over, discharged alive from hospitals in England between 1 October 2014 and 31 December 2014. This includes all specialities and zero-length stays. Data for geographical areas is based on usual residence of patient.
<i>Source: Hospital Episode Statistics</i></td></tr>
<tr><td>Worked example</td><td colspan="3">2B Part 1
The number of people aged 65+ on discharge and benefited from intermediate care/ rehabilitation on discharge and who were still living at home 91 days later was 217.
The number of people discharged from hospital aged 65+ and entering into joint 'intermediate care' or a 'rehabilitation service' was 306.
Therefore the percentage achieving independence was (217 /306) x 100 which equals 70.9%
2B Part 2
The number of people discharged from hospital aged 65+ and entering into joint 'intermediate care' or a 'rehabilitation service' was 306 (using same figure as above).The total number of people aged 65+ discharged from hospital was 6,857.
The proportion offered reablement services was (306/6,857) x 100 which equals 4.5%</td></tr>
<tr><td rowspan="2">Disaggregation Available</td><td colspan="3">Equalities: Age (65-74, 75-84, 85+), Gender</td></tr>
<tr><td colspan="3">Primary Support Reason (aged 65+): Physical Support, Sensory Support, Support with Memory and Cognition, Learning Disability Support, Mental Health Support, Social Support</td></tr>
<tr><td>Frequency of collection</td><td>Annual</td><td>Data source</td><td><i>SALT</i>
<i>Hospital Episode Statistics</i></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.
In the future it may 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.</td></tr>
<tr><td>Further guidance</td><td colspan="3">Guidance for 2013/14 onwards can be found via the social care collection page at http://www.hscic.gov.uk/socialcare/collections by clicking on the year.
Guidance for HES data can be found at: http://www.hscic.gov.uk/hes</td></tr>
</table>

New measure for 2014/15 **(2D) The outcome of short-term services: sequel to service**	
Outcome	2. Delaying and reducing the need for care and support. *Earlier diagnosis, intervention and reablement means that people and their carers are less dependent on intensive services.*
Rationale	This measure will reflect the proportion of those new clients who received short-term services during the year, where no further request was made for ongoing support. Since the aim of short-term services is to reable people and promote their independence, this measure will provide evidence of a good outcome in delaying dependency or supporting recovery – short-term support that results in no further need for services.
Definition / interpretation	In this context, short-term support is defined as 'short-term support which is designed to maximise independence', and therefore will exclude carer contingency and emergency support. This prevents the inclusion of short-term support services which are not reablement services. Once implemented, this measure should be viewed in the context of a second new measure in this domain, 2E – the effectiveness of reablement services - to understand whether there are any unintended consequences of the decision to provide no further services. Measure 2E is still to be developed. $\left(\frac{X}{Y}\right)$ Percentage of those that received a short term service during the year where the sequel was either no ongoing support or support of a lower level **Where:** **X**: Number of new clients where the sequel to "Short Term Support to maximise independence" was: • "Ongoing Low Level Support" • "Short Term Support (Other)" • "No Services Provided - Universal Services/Signposted to Other Services" • "No Services Provided - No identified needs" *Source: SALT Measure STS002a Table 1, row 'Total', sum of columns, 'Ongoing low level support', 'Short term support (other)', 'No Services Provided – Universal Services / Signposted to other services' and 'No Services Provided – No identified Needs'* **Y**: Number of new clients who had short-term support to maximise independence. Those with a sequel of either early cessation due to a life event, or those who have had needs identified but have either declined support or are self-funding should be subtracted from this total. *Source: SALT Measure STS002a Table 1, row 'Total', sum of all columns, excluding 'Early cessation of service (not leading to long term support)', 'Early cessation of service (leading to long term support)','No Services Provided – Needs identified but self-funding' and 'No Services Provided – needs identified but support declined'*

	Exclusions: Those in the categories of: “Early cessation of service (not leading to long term support)”; “Early cessation of service (leading to long term support) “, “No services provided – needs identified but self funding”; and “No services provided – needs identified but support declined” are excluded from this measure Source: SALT Measure STS002a
Alignment	This is an ASCOF measure only
Risk adjustment	None.
Formula	$\left(\frac{X}{Y}\right)$x100 **X**: Number of new clients where the sequel to "Short Term Support to maximise independence" was "Ongoing Low Level Support"; "Short Term Support (Other)"; "No Services Provided - Universal Services/Signposted to Other Services"; "No Services Provided - No identified needs". *Source: SALT Measure STS002a Table 1, row ‘Total’, sum of columns, ‘Ongoing low level support’, ‘Short term support (other)’, ‘No Services Provided – Universal Services / Signposted to other services’ and ‘No Services Provided – No identified Needs’* **Y**: Number of new clients who had short-term support to maximise independence. Those with a sequel of either early cessation due to a life event, or those who have had needs identified but have either declined support or are self-funding should be subtracted from this total. *Source: SALT Measure STS002a Table 1, row ‘Total’, sum of all columns, excluding ‘Early cessation of service (not leading to long term support)’, ‘Early cessation of service (leading to long term support)’,’No Services Provided – Needs identified but self-funding’ and ‘No Services Provided – needs identified but support declined’*
Worked example	**X:** The number of new clients where the sequel to “Short Term Support to maximise independence” in the categories below during the year: “Ongoing Low Level Support” = 214 “Short Term Support (Other)” = 459 “No Services Provided – Universal Services/Signposted to Other Services” = 145 “No Services Provided – No identified needs” = 25 X= 214 + 459 + 145 + 25 = 843 **Y:** The number of new clients who had short term support to maximise independence was 4705. 305 of those were had a sequel of “Early cessation of service (not leading to long term support)”; “Early cessation of service (leading to long term support) “, “No services provided – needs identified but self funding”; and “No services provided – needs identified but support declined” Y= 4,705 – 305 = 4,400 The measure value is(843/4,400) * 100 = 19.2%

Disaggregation available	**Equalities**: Age (18-64, 65 and over) **Primary Support Reason(all ages)**[36]**:** Physical Support, Sensory Support, Support with Memory and Cognition, Learning Disability Support, Mental Health Support, Social Support**.**		
Frequency of collection	Annual	**Data source**	*SALT*
Return format	Percentage	**Decimal places**	One
Longer-term development options			
Further guidance	Guidance for 2013/14 onwards can be found via the social care collection page at http://www.hscic.gov.uk/socialcare/collections by clicking on the year.		

Placeholder for 2014/15 ***(2E) The effectiveness of reablement services***	
Outcome	2. Delaying and reducing the need for care and support *Earlier diagnosis, intervention and reablement means that people and their carers are less dependent on intensive services.*
Rationale	This placeholder signals intent to measure the effectiveness of short-term services, to be viewed in the context of Measure 2D, to understand whether there are any unintended consequences of the decision to provide no further services. Together, measures 2D and 2E, once implemented, alongside the current measure of outcomes from reablement/rehabilitation services (measure 2B), will provide a more comprehensive view of the effectiveness of reablement care and support.
Definition / interpretation	Under development.
Alignment	ASCOF measure only

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[36] This information is not published as part of the adult social care outcomes returns; however it is part of the publication of the data source.

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

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. It is an important marker of the effective joint working of local partners, and is a measure of the effectiveness of the interface 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 attribution 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 community and mental health) NHS care (including intermediate care, rehabilitation services etc)	✓	✗	✗
Di). Awaiting residential home placement or availability	✓	✓	✗
Dii). 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 enables us to maintain a focus on joint working, while balancing this with a measure that focuses more closely on the specific contribution of social care

	services.
Alignment	ASCOF measure only
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 **2C 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*[37] For **2C 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*[37]
Worked example	**Part 1** The total number of delayed discharges from the 12 monthly snap shots was 812. Divide this by 12 for a monthly figure. If the ONS mid-year population estimate was 570,562. Therefore the average rate of delayed transfers is calculated as: ((812 /12) /570,562) *100,000 which equals 11.9. **Part 2** 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 which equals 4.0.
Disaggregation available	**Equalities**: Age (18+)
	Client groups: Adults aged 18+

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

Frequency of collection	Annual	**Data source**	*UNIFY2 (DH)* *Office of National Statistics*
Return format	Numeric	**Decimal places**	One
Longer-term development options	None identified		
Further guidance	Guidance for 2013/14 onwards can be found via the social care collection page at http://www.hscic.gov.uk/socialcare/collections by clicking on the year. Guidance on UNIFY2 can be found at: http://transparency.dh.gov.uk/2012/06/21/dtoc-information/ Delayed discharges data can be found at: http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Performancedataandstatistics/AcuteandNon-AcuteDelayedTransfersofCare/index.htm		

Placeholder for 2014/15 ***(2F) Dementia – a measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life***	
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	The Care and Support White Paper reinforced the Prime Minister's '*Challenge on Dementia,'* which sets out a renewed ambition to go 'further and faster', building on progress made through the National Dementia Strategy to secure greater improvements in dementia care. The placeholder signals the intent to develop a measure to assess the impact of this challenge, which will focus on the effectiveness of post-diagnosis care in sustaining independence and improving quality of life for people with dementia and their carers.
Alignment	This measure is complementary with Measure 2.6ii (effectiveness of post-diagnosis care in sustaining independence for people with dementia) in the NHS Outcomes Framework[38].

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[38] https://indicators.ic.nhs.uk/download/Outcomes%20Framework/Specification/NHSOF_Domain_2_S_V2.pdf - page 47.

Domain 3 – Ensuring that people have a positive experience of care and support

(3A) Overall satisfaction of people who use services with their care and support	
Domain / Outcome	3. Ensuring people have a positive experience of care and support. *People who use social care and 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 reported satisfaction with services is a good predictor of people's overall experience of services.
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".
Alignment	ASCOF only measure
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 ten 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	$\left(\frac{X}{Y}\right)$x100 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 calculate the measure. The data from the survey will be weighted by the Health and Social Care 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 2013-14 Adult Social Care Survey.		
Worked example	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 measure value is [((217 + 30)/398)*100] which equals 62.1%		
Disaggregation available	**Equalities**: Age, Gender, Ethnicity[39], Religion[40], Sexual orientation[40]		
	Primary Support Reason (all ages)[40]: Physical Support, Sensory Support, Support with Memory and Cognition, Learning Disability Support, Mental Health Support, Social Support**.**		
Frequency of collection	Annual	**Data source**	*Adult Social Care Survey*
Return format	Percentage	**Decimal places**	One
Longer-term development options	None identified		
Further guidance	2013/14 Guidance can be found via the user survey guidance page at *http://www.hscic.gov.uk/article/3382/User-survey-guidance---2013-14*		

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[39] This information is not published as part of the adult social care outcomes returns; however it is part of the publication of the original data source.

[40] In theory, it is possible to disaggregate the survey results by religion and sexual orientation. However, in practice, there are likely to be significant gaps in the data for these characteristics, at least in the short to medium term: This reflects the content of records held locally by councils.

(3B) Overall satisfaction of carers with social services	
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 reported satisfaction with services is a good predictor of the overall experience of services and quality.
Definition / interpretation	The relevant question drawn from the Carers Survey is question 4: “Overall, how satisfied or dissatisfied 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 quite satisfied ▪ I am neither satisfied nor dissatisfied ▪ I am quite 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, by choosing the answer “I am extremely satisfied” or the answer “I am very satisfied”.
Alignment	ASCOF measure only
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 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	$\left(\frac{X}{Y}\right)$x100 **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. The total 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 measure value is [(112/(160-7))*100] = 73.2%.		
Disaggregation available	**Equalities**: Age, Gender, Ethnicity[41], Religion[42], Sexual orientation[42]		
	Client groups: Carers		
Frequency of collection	Biennial	**Data source**	*Carers Survey*
Return format	Percentage	**Decimal places**	One
Longer-term development options	There remains potential for moving to an annual collection if burden can be reduced significantly, subject to the agreement of local government.		
Further guidance	Guidance for 2013/14 onwards can be found via the user survey guidance page at *http://www.hscic.gov.uk/article/3382/User-survey-guidance---2013-14*		

Live measure for 2014/15

(3E) Improving people's experience of integrated care

Outcome	3. Ensuring that 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.*
Rationale	In response to findings of the NHS Future Forum that,too often patients and users experience fragmented services, failures in communication and poor transitions between services, the Care and Support White Paper restated the Department's commitment to measure and understand people's experience of integrated care. The focus for the development of this measure is ensuring that it captures what is important to the public in experiencing integrated care – specifically defined by patients and people who use care and support to be 'person-centred coordinated care' Work to develop a measure of integrated care, including the underpinning data is ongoing with the intention of enabling the inclusion of new questions in the 2014/15 Adult Social Care Survey and Carers Survey. As such, the placeholder 3E on people's experience of integrated care has been replaced by a live measure for 2014/15.

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[41] This information is not published as part of the adult social care outcomes returns, however it is part of the publication of the data source.

[42] Although the underlying 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/medium term. This reflects the content of records held locally by councils.

Alignment	This placeholder is complementary with measure 4.9 (people’s experience of integrated care) in the NHS Outcomes Framework[43].

(3C) The proportion of carers who report that they have been included or consulted in discussion about the person they care for	
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	The relevant question drawn from the Carers Survey is Q15: “In the last 12 months, do you feel you have been involved or consulted as much as you wanted to be, in discussions about the support or services provided to the person you care for?”, to which the following answers are possible: ▪ There have been no discussions 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 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".
Alignment	ASCOF measure only
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. *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.

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[43] https://indicators.ic.nhs.uk/download/Outcomes%20Framework/Specification/NHSOF_Domain_4_S_V2.pdf

	In total the number of carers who responded to the question was 160 with 7 giving a response of “There have been no discussions that I am aware of, in the last 12 months”. The measure value is [(129/(160-7))*100] which equals 84.3%		
Disaggregation available	**Equalities**: Age, Gender, Ethnicity, Religion[44], Sexual Orientation[44] **Client groups:** Carers		
Frequency of collection	Biennial	**Data source**	*Carers Survey*
Return format	Percentage	**Decimal places**	One
Longer-term development options	There remains potential for moving to an annual collection for the Carers Survey if burden can be reduced significantly, subject to the agreement of local government.		
Further guidance	Guidance for 2013/14 onwards can be found via the user survey guidance page at *http://www.hscic.gov.uk/article/3382/User-survey-guidance---2013-14*.		

(3D) The proportion of people who use services and carers who find it easy to find information about support

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 in two parts and uses 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

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[44] Although the underlying 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/medium term. This reflects the content of records held locally by councils.

	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 13 : “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 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 Adult Social Care Survey will be annual whereas the Carers Survey will be biennial.
Alignment	ASCOF only measure
Risk adjustment	None
Formula	$\left(\frac{X}{Y}\right)$*100 Where: For **3D part 1** (users): **X**: In response to Question 12 of the ASCS, those individuals who selected the response “very easy to find” and “fairly easy to find”. The responses of respondents who were sent the version of the questionnaire for people with a learning disability 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 Health and Social Care 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 2013-14 Adult Social Care Survey. Where: For **3D part 2** (carers): **X**: 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”. **Y**: The sum of all those that responded to the above question of 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.		
Worked example	**3D Part 1** (users) The number of respondents to the Adult Social Care Survey who select the response “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] which equals 55.8%. Data weighted to reflect the stratified sampling technique that has been used when conducting the survey. **3D Part 2** (carers) The number of respondents to the Carers Survey who select the responses “very easy to find" or "fairly easy to find" was 93. The total 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] which equals 43.9%		
Disaggregation available	**Equalities**: Age, Gender, Ethnicity[45], Religion[46], Sexual orientation[46]		
	Primary Support Reason(all ages)[45]**:** Physical Support, Sensory Support, Support with Memory and Cognition, Learning Disability Support, Mental Health Support, Social Support, Carers**.**		
Frequency of collection	Annual (ASCS) Biennial (Carers Survey)	**Data source**	*Adult Social Care Survey* *Carers Survey*
Return format	Percentage	**Decimal places**	One
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. There remains potential for moving to an annual carers collection if burden can be reduced significantly, subject to the agreement of local government.		
Further guidance	2013/14 Guidance can be found via the user survey guidance page at *http://www.hscic.gov.uk/article/3382/User-survey-guidance---2013-14*		

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[45] This information is not published as part of the adult social care outcomes returns; however it is part of the publication of the data source.

[46] Although the underlying 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/medium term. This reflects the content of records held locally by councils

Domain 4 – Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm

(4A) The proportion of people who use services who feel safe	
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 the wider population. Feeling safe is a vital part of users' experience and their care and support. 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 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". The responses of respondents who were sent the version of the questionnaire for people with a learning disability 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 measure will focus on those choosing the most positive response - "I feel as safe as I want" - it will be important locally to analyse 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 measure) but also has a relatively high proportion of respondents selecting "I don't feel at all safe", this could reflect gaps in safeguarding services.
Alignment	This measure is complementary to measure 1.19 (older people's perception of community safety placeholder) in the Public Health Outcomes Framework)[47]

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[47] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/263662/2901502_PHOF_Improving_Outcomes_PT2_v1_1.pdf

Risk adjustment	A range of factors will be considered to adjust the measure to improve comparability between councils. Some examples are: ▪ Age of users ▪ Needs of users ▪ Client groups of users		
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 Health and Social Care 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 2013-14 Adult Social Care Survey.		
Worked example	The number of users who said "I feel as safe as I want" was 214. The total 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 measure value is [(214/345)*100] which equals 62.0%.		
Disaggregation available	**Equalities**: Age, Gender, Ethnicity[48], Religion[49], Sexual orientation[49]		
	Primary Support Reason (all ages)[48]: Physical Support, Sensory Support, Support with Memory and Cognition, Learning Disability Support, Mental Health Support, Social Support**.**		
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.		

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[48] This information is not published as part of the adult social care outcomes returns; however it is part of the publication of the original data source.

[49] In theory, it is possible to disaggregate the survey results by religion and sexual orientation. However, in practice, there are likely to be significant gaps in the data for these characteristics, at least in the short to medium term: This reflects the content of records held locally by councils

Further guidance	We will consider whether and how the development of a broader ‘value-added’ measure for measure 1A, which quantifies the contribution of social services to social care related quality of life, can or should be applied to this measure.

(4B) The proportion of people who use services who say that those services have made them feel safe and secure	
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 in the way that they wish.*
Rationale	Safety is fundamental to the wellbeing and independence of people using social care, and the wider population. Feeling safe is a vital part of users’ experience and their care and support. There are legal requirements about safety in the context of service quality, including CQC essential standards for registered services. This measure supports measure 4A by reflecting the extent to which users of care services feel that their care and support has contributed to making them feel safe and secure. As such, it goes some way to separate the role of care and support in helping people to feel safe from the influence of other factors, such as crime levels and socio-economic factors.
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 The responses of respondents who were sent the version of the questionnaire for people with a learning disability 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 complementary measure gives a specific comment on the impact of services on this outcome.
Alignment	ASCOF measure only
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.
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 Health and Social Care 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 2012-13 Adult Social Care Survey.		
Worked example	The number of users who said services had helped them feel safe was 197. The total 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 measure value is [(197/345)*100] which is equal to 57.1%.		
Disaggregation available	**Equalities**: Age, Gender, Ethnicity[50], Religion[51], Sexual orientation[51]		
	Primary Support Reason (all ages)[50]: Physical Support, Sensory Support, Support with Memory and Cognition, Learning Disability Support, Mental Health Support, Social Support**.**		
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	2013/14 Guidance can be found via the user survey guidance page at *http://www.hscic.gov.uk/article/3382/User-survey-guidance---2013-14*		

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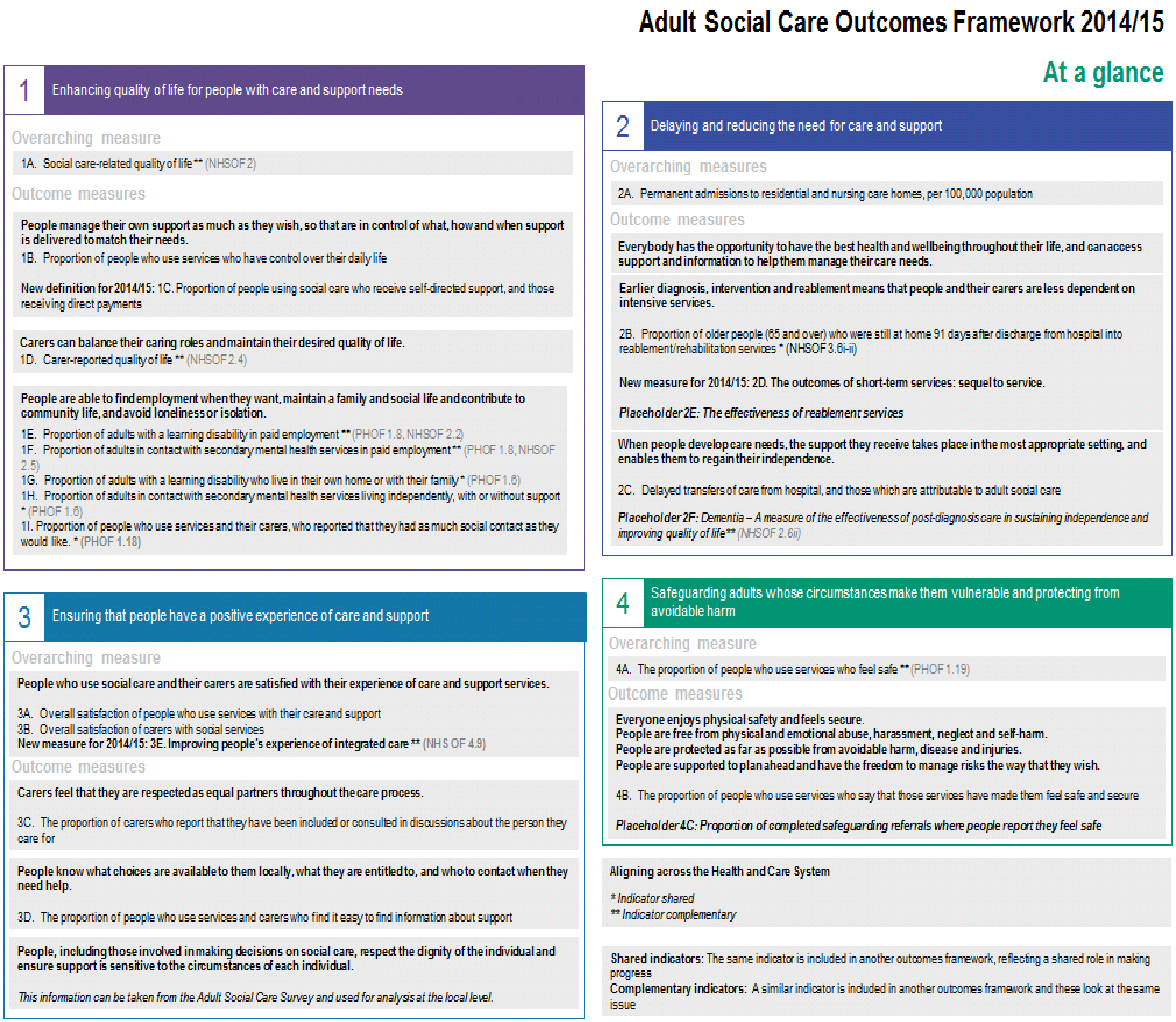
[50] This information is not published as part of the adult social care outcomes returns; however it is part of the publication of the original data source.

[51] In theory, it is possible to disaggregate the survey results by religion and sexual orientation. However, in practice, there are likely to be significant gaps in the data for these characteristics, at least in the short to medium term: This reflects the content of records held locally by councils

Placeholder for 2014/15 ***(4C) Proportion of completes safeguarding referrals where people report that they feel safe***	
Outcome	4. Safeguarding adults 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 injuries* *People are supported to plan ahead and have the freedom to manage risks the way that they wish*
Rationale	A high-quality service must be one which keeps people safe from harm and the area of safeguarding is one of the core priorities of adult social care. This area remains one of the critical developmental priorities for the future of the ASCOF, and as part of the zero-based review, work has been taken forward to develop a potential measure of the outcomes of safeguarding interventions. This placeholder signals the Department's intention to measure the proportion of completed safeguarding referrals where service users reported they felt safe, through a national survey. To develop this measure, a set of questions have been developed and cognitively tested. The next phase of this work is to pilot the methodology within councils that have expressed an interest to participate in this exercise. If the pilot is successful, the intention is for the collection to be implemented nationally, and for this placeholder to become a live measure in the ASCOF. In the first instance, it is proposed that any new collection will support a national-only measure in the ASCOF, as the sample size in some authorities is likely to be too small to enable robust comparison at local level. The Department is working with the HSCIC to identify ways in which the local results could be shared with councils, to provide them with as much information as possible to benchmark their own performance and improve their safeguarding services.
Definition / interpretation	Under development.
Alignment	ASCOF measure only

Appendix 1 – Adult Social Care Outcomes Framework 2014/15 – at a glance



Adult Social Care Outcomes Framework 2014/15

At a glance

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

Overarching measure

1A. Social care-related quality of life ** (NHSOF 2)

Outcome measures

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.

1B. Proportion of people who use services who have control over their daily life

New definition for 2014/15: 1C. Proportion of people using social care who receive self-directed support, and those receiving direct payments

Carers can balance their caring roles and maintain their desired quality of life.

1D. Carer-reported quality of life ** (NHSOF 2.4)

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.

1E. Proportion of adults with a learning disability in paid employment ** (PHOF 1.8, NHSOF 2.2)
1F. Proportion of adults in contact with secondary mental health services in paid employment ** (PHOF 1.8, NHSOF 2.5)
1G. Proportion of adults with a learning disability who live in their own home or with their family * (PHOF 1.6)
1H. Proportion of adults in contact with secondary mental health services living independently, with or without support * (PHOF 1.6)
1I. Proportion of people who use services and their carers, who reported that they had as much social contact as they would like. * (PHOF 1.18)

2 Delaying and reducing the need for care and support

Overarching measures

2A. Permanent admissions to residential and nursing care homes, per 100,000 population

Outcome measures

Everybody has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs.

Earlier diagnosis, intervention and reablement means that people and their carers are less dependent on intensive services.

2B. Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services * (NHSOF 3.6i-ii)

New measure for 2014/15: 2D. The outcomes of short-term services: sequel to service.

Placeholder 2E: The effectiveness of reablement services

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

2C. Delayed transfers of care from hospital, and those which are attributable to adult social care

Placeholder 2F: Dementia – A measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life ** (NHSOF 2.6ii)

3 Ensuring that people have a positive experience of care and support

Overarching measure

People who use social care and their carers are satisfied with their experience of care and support services.

3A. Overall satisfaction of people who use services with their care and support
3B. Overall satisfaction of carers with social services
New measure for 2014/15: 3E. Improving people's experience of integrated care ** (NHS OF 4.9)

Outcome measures

Carers feel that they are respected as equal partners throughout the care process.

3C. The proportion of carers who report that they have been included or consulted in discussions about the person they care for

People know what choices are available to them locally, what they are entitled to, and who to contact when they need help.

3D. The proportion of people who use services and carers who find it easy to find information about support

People, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances of each individual.

This information can be taken from the Adult Social Care Survey and used for analysis at the local level.

4 Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm

Overarching measure

4A. The proportion of people who use services who feel safe ** (PHOF 1.19)

Outcome measures

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 injuries.
People are supported to plan ahead and have the freedom to manage risks the way that they wish.

4B. The proportion of people who use services who say that those services have made them feel safe and secure

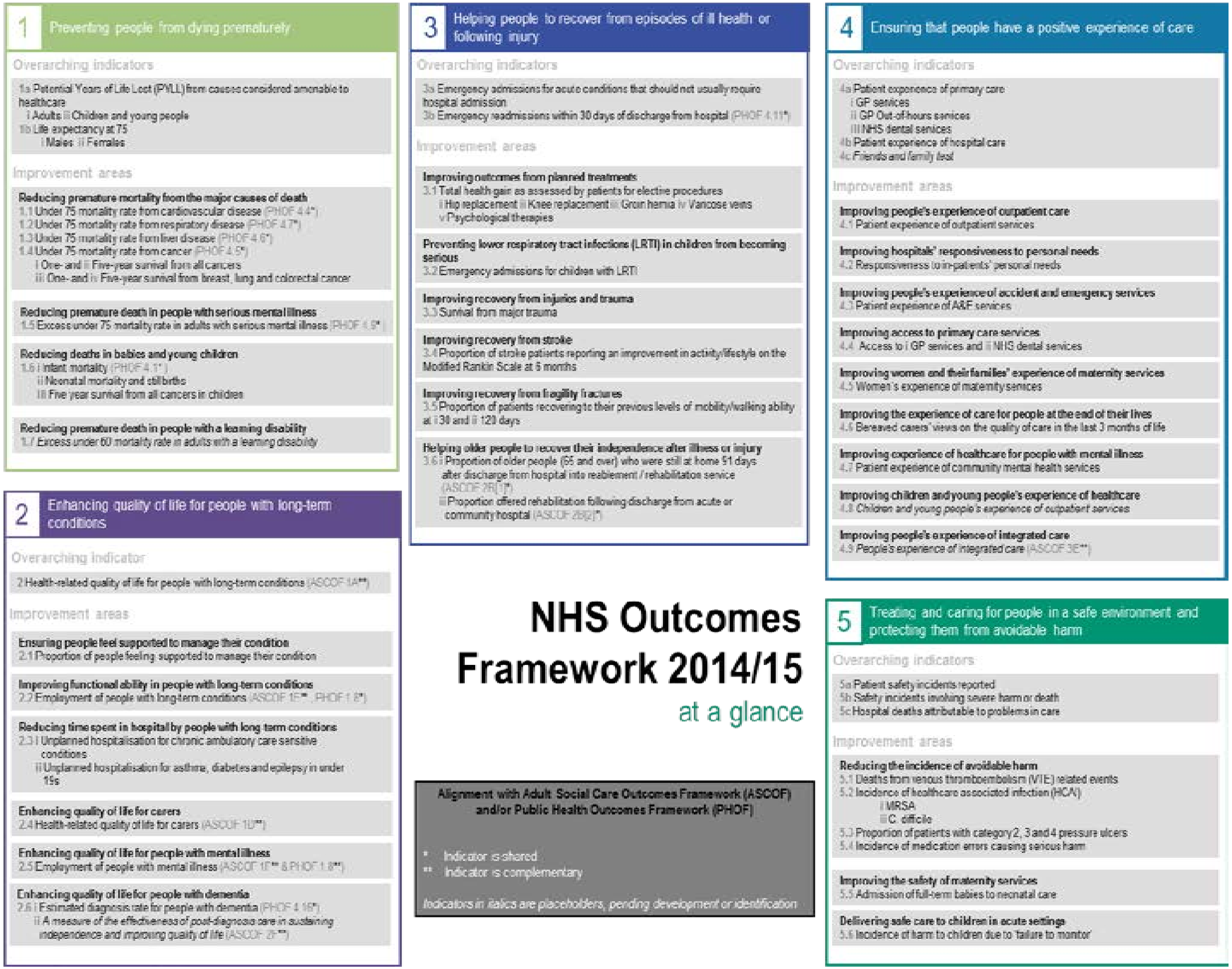
Placeholder 4C: Proportion of completed safeguarding referrals where people report they feel safe

Aligning across the Health and Care System

** Indicator shared*
*** Indicator complementary*

Shared indicators: The same indicator is included in another outcomes framework, reflecting a shared role in making progress
Complementary indicators: A similar indicator is included in another outcomes framework and these look at the same issue

Appendix 2 – NHS Outcomes Framework 2014/15 – at a glance



NHS Outcomes Framework 2014/15

at a glance

1 Preventing people from dying prematurely

Overarching indicators

1a Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare
  i Adults ii Children and young people
1b Life expectancy at 75
  i Males ii Females

Improvement areas

Reducing premature mortality from the major causes of death
1.1 Under 75 mortality rate from cardiovascular disease (PHOF 4.4*)
1.2 Under 75 mortality rate from respiratory disease (PHOF 4.7*)
1.3 Under 75 mortality rate from liver disease (PHOF 4.6*)
1.4 Under 75 mortality rate from cancer (PHOF 4.5*)
  i One- and ii Five-year survival from all cancers
  iii One- and iv Five-year survival from breast, lung and colorectal cancer

Reducing premature death in people with serious mental illness
1.5 Excess under 75 mortality rate in adults with serious mental illness (PHOF 4.9*)

Reducing deaths in babies and young children
1.6 i Infant mortality (PHOF 4.1*)
  ii Neonatal mortality and stillbirths
  iii Five year survival from all cancers in children

Reducing premature death in people with a learning disability
1.7 Excess under 60 mortality rate in adults with a learning disability

2 Enhancing quality of life for people with long-term conditions

Overarching indicator

2 Health-related quality of life for people with long-term conditions (ASCOF 1A**)

Improvement areas

Ensuring people feel supported to manage their condition
2.1 Proportion of people feeling supported to manage their condition

Improving functional ability in people with long-term conditions
2.2 Employment of people with long-term conditions (ASCOF 1E** , PHOF 1.8*)

Reducing time spent in hospital by people with long term conditions
2.3 i Unplanned hospitalisation for chronic ambulatory care sensitive conditions
  ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s

Enhancing quality of life for carers
2.4 Health-related quality of life for carers (ASCOF 1D**)

Enhancing quality of life for people with mental illness
2.5 Employment of people with mental illness (ASCOF 1F** & PHOF 1.8**)

Enhancing quality of life for people with dementia
2.6 i Estimated diagnosis rate for people with dementia (PHOF 4.16*)
  *ii A measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life (ASCOF 2F**)*

3 Helping people to recover from episodes of ill health or following injury

Overarching indicators

3a Emergency admissions for acute conditions that should not usually require hospital admission
3b Emergency readmissions within 30 days of discharge from hospital (PHOF 4.11*)

Improvement areas

Improving outcomes from planned treatments
3.1 Total health gain as assessed by patients for elective procedures
  i Hip replacement ii Knee replacement iii Groin hernia iv Varicose veins
  v Psychological therapies

Preventing lower respiratory tract infections (LRTI) in children from becoming serious
3.2 Emergency admissions for children with LRTI

Improving recovery from injuries and trauma
3.3 Survival from major trauma

Improving recovery from stroke
3.4 Proportion of stroke patients reporting an improvement in activity/lifestyle on the Modified Rankin Scale at 6 months

Improving recovery from fragility fractures
3.5 Proportion of patients recovering to their previous levels of mobility/walking ability at i 30 and ii 120 days

Helping older people to recover their independence after illness or injury
3.6 i Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation service (ASCOF 2B[1]*)
  ii Proportion offered rehabilitation following discharge from acute or community hospital (ASCOF 2B[2]*)

Alignment with Adult Social Care Outcomes Framework (ASCOF) and/or Public Health Outcomes Framework (PHOF)

* Indicator is shared
** Indicator is complementary

Indicators in italics are placeholders, pending development or identification

4 Ensuring that people have a positive experience of care

Overarching indicators

4a Patient experience of primary care
  i GP services
  ii GP Out-of-hours services
  iii NHS dental services
4b Patient experience of hospital care
4c Friends and family test

Improvement areas

Improving people's experience of outpatient care
4.1 Patient experience of outpatient services

Improving hospitals' responsiveness to personal needs
4.2 Responsiveness to in-patients' personal needs

Improving people's experience of accident and emergency services
4.3 Patient experience of A&E services

Improving access to primary care services
4.4 Access to i GP services and ii NHS dental services

Improving women and their families' experience of maternity services
4.5 Women's experience of maternity services

Improving the experience of care for people at the end of their lives
4.6 Bereaved carers' views on the quality of care in the last 3 months of life

Improving experience of healthcare for people with mental illness
4.7 Patient experience of community mental health services

Improving children and young people's experience of healthcare
4.8 Children and young people's experience of outpatient services

Improving people's experience of integrated care
*4.9 People's experience of integrated care (ASCOF 3E**)*

5 Treating and caring for people in a safe environment and protecting them from avoidable harm

Overarching indicators

5a Patient safety incidents reported
5b Safety incidents involving severe harm or death
5c Hospital deaths attributable to problems in care

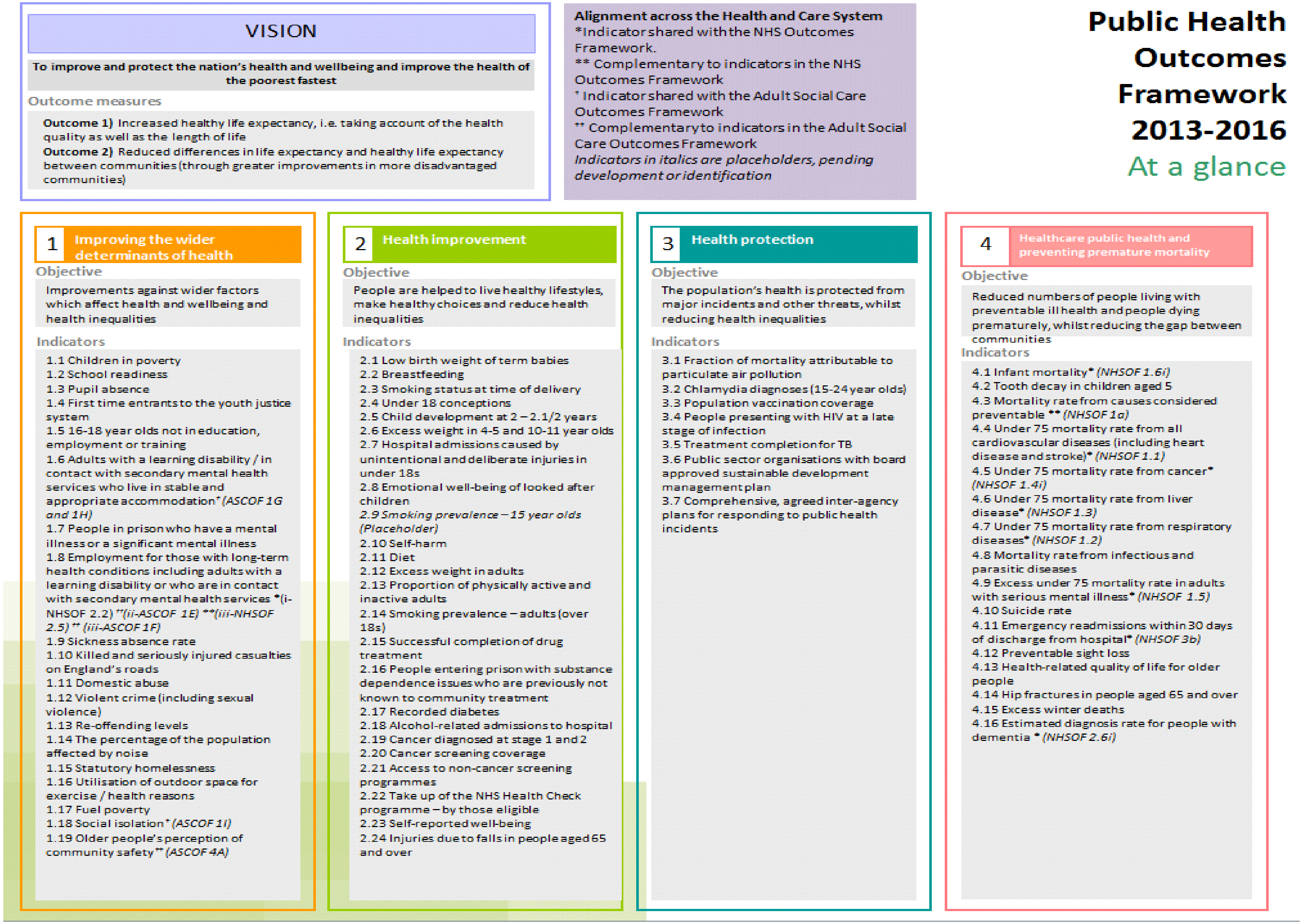
Improvement areas

Reducing the incidence of avoidable harm
5.1 Deaths from venous thromboembolism (VTE) related events
5.2 Incidence of healthcare associated infection (HCAI)
  i MRSA
  ii C. difficile
5.3 Proportion of patients with category 2, 3 and 4 pressure ulcers
5.4 Incidence of medication errors causing serious harm

Improving the safety of maternity services
5.5 Admission of full-term babies to neonatal care

Delivering safe care to children in acute settings
5.6 Incidence of harm to children due to 'failure to monitor'

Appendix 3 – The Public Health Outcomes Framework 2013-16 at a glance



Public Health Outcomes Framework 2013-2016

At a glance

VISION

To improve and protect the nation's health and wellbeing and improve the health of the poorest fastest

Outcome measures

Outcome 1) Increased healthy life expectancy, i.e. taking account of the health quality as well as the length of life

Outcome 2) Reduced differences in life expectancy and healthy life expectancy between communities (through greater improvements in more disadvantaged communities)

Alignment across the Health and Care System

* Indicator shared with the NHS Outcomes Framework.

** Complementary to indicators in the NHS Outcomes Framework

† Indicator shared with the Adult Social Care Outcomes Framework

†† Complementary to indicators in the Adult Social Care Outcomes Framework

Indicators in italics are placeholders, pending development or identification

1 Improving the wider determinants of health

Objective

Improvements against wider factors which affect health and wellbeing and health inequalities

Indicators

- 1.1 Children in poverty
- 1.2 School readiness
- 1.3 Pupil absence
- 1.4 First time entrants to the youth justice system
- 1.5 16-18 year olds not in education, employment or training
- 1.6 Adults with a learning disability / in contact with secondary mental health services who live in stable and appropriate accommodation† *(ASCOF 1G and 1H)*
- 1.7 People in prison who have a mental illness or a significant mental illness
- 1.8 Employment for those with long-term health conditions including adults with a learning disability or who are in contact with secondary mental health services *(i-NHSOF 2.2) ††*(ii-ASCOF 1E)* ***(iii-NHSOF 2.5)* †† *(iii-ASCOF 1F)*
- 1.9 Sickness absence rate
- 1.10 Killed and seriously injured casualties on England's roads
- 1.11 Domestic abuse
- 1.12 Violent crime (including sexual violence)
- 1.13 Re-offending levels
- 1.14 The percentage of the population affected by noise
- 1.15 Statutory homelessness
- 1.16 Utilisation of outdoor space for exercise / health reasons
- 1.17 Fuel poverty
- 1.18 Social isolation† *(ASCOF 1I)*
- 1.19 Older people's perception of community safety†† *(ASCOF 4A)*

2 Health improvement

Objective

People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities

Indicators

- 2.1 Low birth weight of term babies
- 2.2 Breastfeeding
- 2.3 Smoking status at time of delivery
- 2.4 Under 18 conceptions
- 2.5 Child development at 2 – 2.1/2 years
- 2.6 Excess weight in 4-5 and 10-11 year olds
- 2.7 Hospital admissions caused by unintentional and deliberate injuries in under 18s
- 2.8 Emotional well-being of looked after children
- *2.9 Smoking prevalence – 15 year olds (Placeholder)*
- 2.10 Self-harm
- 2.11 Diet
- 2.12 Excess weight in adults
- 2.13 Proportion of physically active and inactive adults
- 2.14 Smoking prevalence – adults (over 18s)
- 2.15 Successful completion of drug treatment
- 2.16 People entering prison with substance dependence issues who are previously not known to community treatment
- 2.17 Recorded diabetes
- 2.18 Alcohol-related admissions to hospital
- 2.19 Cancer diagnosed at stage 1 and 2
- 2.20 Cancer screening coverage
- 2.21 Access to non-cancer screening programmes
- 2.22 Take up of the NHS Health Check programme – by those eligible
- 2.23 Self-reported well-being
- 2.24 Injuries due to falls in people aged 65 and over

3 Health protection

Objective

The population's health is protected from major incidents and other threats, whilst reducing health inequalities

Indicators

- 3.1 Fraction of mortality attributable to particulate air pollution
- 3.2 Chlamydia diagnoses (15-24 year olds)
- 3.3 Population vaccination coverage
- 3.4 People presenting with HIV at a late stage of infection
- 3.5 Treatment completion for TB
- 3.6 Public sector organisations with board approved sustainable development management plan
- 3.7 Comprehensive, agreed inter-agency plans for responding to public health incidents

4 Healthcare public health and preventing premature mortality

Objective

Reduced numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities

Indicators

- 4.1 Infant mortality* *(NHSOF 1.6i)*
- 4.2 Tooth decay in children aged 5
- 4.3 Mortality rate from causes considered preventable ** *(NHSOF 1a)*
- 4.4 Under 75 mortality rate from all cardiovascular diseases (including heart disease and stroke)* *(NHSOF 1.1)*
- 4.5 Under 75 mortality rate from cancer* *(NHSOF 1.4i)*
- 4.6 Under 75 mortality rate from liver disease* *(NHSOF 1.3)*
- 4.7 Under 75 mortality rate from respiratory diseases* *(NHSOF 1.2)*
- 4.8 Mortality rate from infectious and parasitic diseases
- 4.9 Excess under 75 mortality rate in adults with serious mental illness* *(NHSOF 1.5)*
- 4.10 Suicide rate
- 4.11 Emergency readmissions within 30 days of discharge from hospital* *(NHSOF 3b)*
- 4.12 Preventable sight loss
- 4.13 Health-related quality of life for older people
- 4.14 Hip fractures in people aged 65 and over
- 4.15 Excess winter deaths
- 4.16 Estimated diagnosis rate for people with dementia * *(NHSOF 2.6i)*

Appendix 4 - Interpretation of social care-related quality of life measure

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. It gives 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.

The social care related quality of life measure tells us about outcomes for social care users but does not isolate the impact that care and support services have on those outcomes. The Department has commissioned research from the Quality and Outcomes of Person Centred Care Policy Research Unit to identify a way of generating a social care related quality of life 'value added' measure, which would allow us to identify the impact of adult social care on people's quality of life. This research is due to report its findings in summer 2014. If successful, this will allow us to develop a new or additional measure for the ASCOF.

How can the measure be used?

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

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.hscic.gov.uk/socialcare/usersurveys*

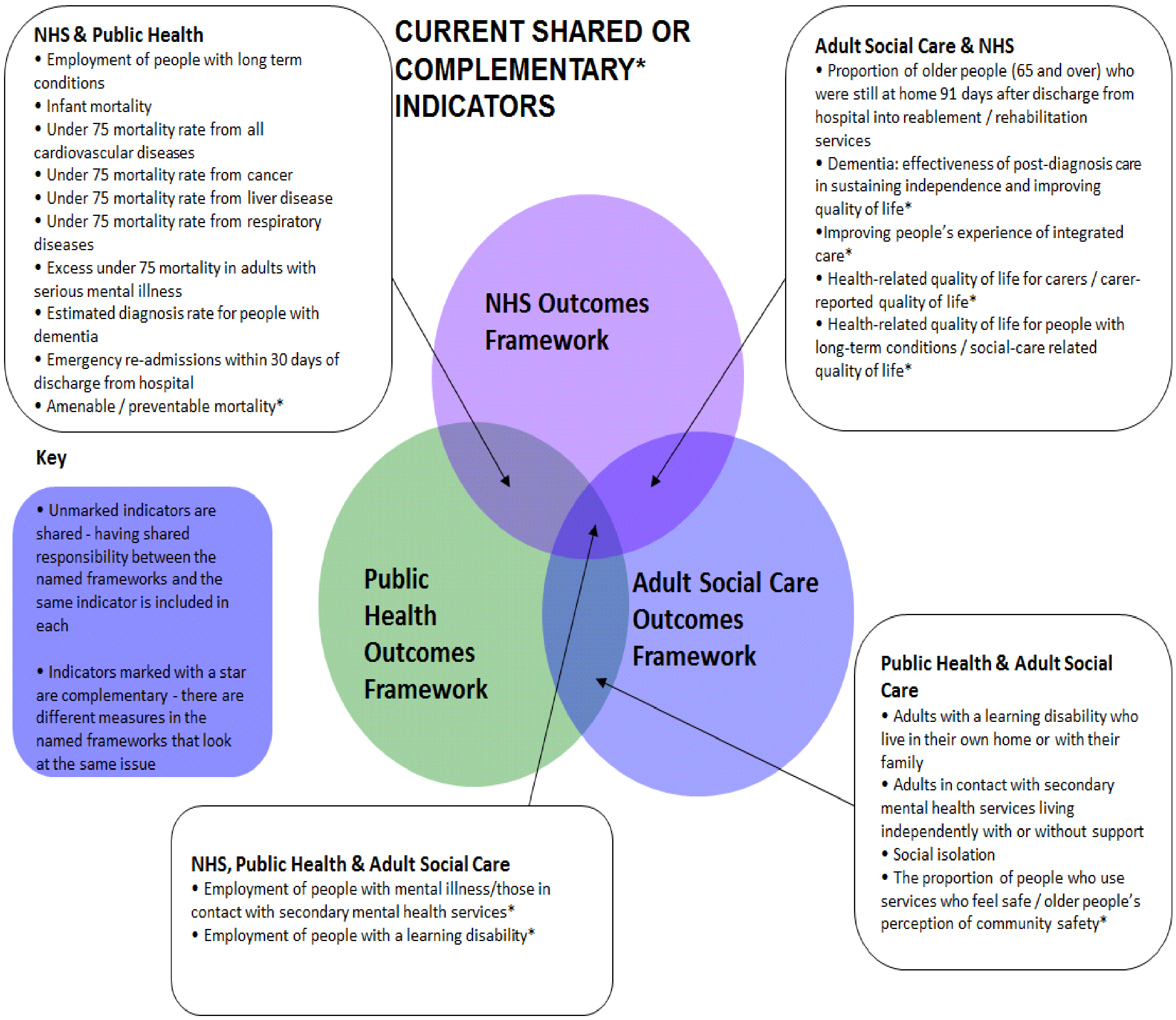
Appendix 5 – Accommodation types that represent settled or non-settled accommodation for the purpose of measure 1H, ‘Proportion of adults in contact with secondary mental health services living independently, with or without support’.

1 = Settled accommodation 0 = Non-settled accommodation

MHMDS Code	**Accommodation Type**	**Settled Accommodation Status**
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 caretaker)	**1**
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	

Appendix 6 – Shared and complementary measures in the Health and Social Care Outcomes Frameworks



CURRENT SHARED OR COMPLEMENTARY* INDICATORS

NHS & Public Health

- Employment of people with long term conditions
- Infant mortality
- Under 75 mortality rate from all cardiovascular diseases
- Under 75 mortality rate from cancer
- Under 75 mortality rate from liver disease
- Under 75 mortality rate from respiratory diseases
- Excess under 75 mortality in adults with serious mental illness
- Estimated diagnosis rate for people with dementia
- Emergency re-admissions within 30 days of discharge from hospital
- Amenable / preventable mortality*

Adult Social Care & NHS

- Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services
- Dementia: effectiveness of post-diagnosis care in sustaining independence and improving quality of life*
- Improving people's experience of integrated care*
- Health-related quality of life for carers / carer-reported quality of life*
- Health-related quality of life for people with long-term conditions / social-care related quality of life*

Public Health & Adult Social Care

- Adults with a learning disability who live in their own home or with their family
- Adults in contact with secondary mental health services living independently with or without support
- Social isolation
- The proportion of people who use services who feel safe / older people's perception of community safety*

NHS, Public Health & Adult Social Care

- Employment of people with mental illness/those in contact with secondary mental health services*
- Employment of people with a learning disability*

Key

- Unmarked indicators are shared - having shared responsibility between the named frameworks and the same indicator is included in each
- Indicators marked with a star are complementary - there are different measures in the named frameworks that look at the same issue