

The Adult Social Care Outcomes Framework 2018/19

Handbook of Definitions

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Published to gov.uk, in PDF format only.

<https://www.gov.uk/government/organisations/department-of-health-and-social-care>

Prepared by the Department of Health and Social Care

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Introduction

The Adult Social Care Outcomes Framework Handbook of Definitions sets out the detailed definition for each measure. The measures contained in this handbook were developed by the Department of Health and Social Care (DHSC), 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 key roles of the ASCOF are:

- Locally, the ASCOF provides councils with robust information that enables them to monitor the success of local interventions in improving outcomes, and to identify their priorities for making improvements. Local Authorities can also use ASCOF to inform outcome-based commissioning models¹.
- Locally, it is also a useful resource for Health and Wellbeing boards that can use the information to inform their strategic planning and leadership role for local commissioning.
- Locally, the ASCOF also strengthens accountability to local people. By fostering greater transparency on the outcomes delivered by care and support services, it enables local people to hold their council to account for the quality of the services that they provide, commission or arrange. Local authorities are also using the ASCOF to develop and publish local accounts to communicate directly with local communities on the outcomes that are being achieved, and their priorities for developing local services.
- Regionally, the data supports sector led improvement; bringing councils together to understand and benchmark their performance. This, in turn, stimulates discussions between councils on priorities for improvement, and promotes the sharing of learning and best practice.
- At the national level, the ASCOF demonstrates the performance of the adult social care system as a whole, and its success in delivering high-quality, personalised care and support. Meanwhile, the framework supports Ministers in discharging their accountability to the public and Parliament for the adult social care system, and continues to 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.

Alongside providing the detailed definition for each ASCOF measure, it contains worked examples, to support consistency in reporting and interpretation of the measures. The intended audience for this handbook is local authorities, members of the public and other stakeholders

¹ DH funded the development (by ADASS and the University of Birmingham) of Commissioning for Better Outcomes: A Route Map, which supports Local Authorities to undertake a process of continuous improvement that makes use of commissioning levers to achieve improved outcomes for users and carers. <http://www.adass.org.uk/policy-documents-commissioning-for-better-outcomes>

with an interest in social care outcomes, such as health and wellbeing boards, local Healthwatch, and the voluntary and community 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 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 NHS Digital.

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. This should be read in conjunction with the Lesbian, Gay, Bisexual and Transgender (LGBT) companion document which brings together evidence and best practice from Local Authorities and Voluntary and Community Sector organisations working across England to better address the needs of those in the LGBT community².

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Changes to the Adult Social Care Outcomes Framework for 2018/19

This section outlines the changes introduced to the ASCOF for 2018/19. Where placeholders continue to be included, this reflects ongoing development work and the need to secure underpinning data sources before the measure can be implemented

Placeholders for 2018/19

Several placeholders remain in the ASCOF for 2018/19, indicating our continuing commitment to developing the ASCOF in these areas.

- Measure 2E: The placeholder for this measure remains to support the interpretation of the 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.

During 2016-17 DH developed, in consultation with Local Authorities, an initial questionnaire for a new national survey to measure the experience of those in receipt of short term services. This questionnaire was cognitively tested with users by NatCen Social Research. The testing concluded that most of the questionnaire worked as intended. However, there are still a number of questions which would benefit from further development to ensure that all questions are appropriate for every category of short-term support user.

In 2018-19 NHS Digital will continue development work in an attempt to address these issues and progress the project, including testing the feasibility of running such a survey. If implemented, such a survey would not be introduced before 2020-21. The survey would have new burdens, which would need to be minimised as far as possible, fully assessed and funded appropriately.

- Measure 2F: 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. .
- Measure 3E: In 2014-15, a new placeholder, reflecting the Department's commitment to integrated care, was added to Domain 3. The development work undertaken that year underlined the challenging nature of such an indicator and, on conclusion of the unsuccessful cognitive testing; the Data and Outcomes Board recommended that no underpinning questions would be added to the surveys. In the *Integration and Better Care Fund Framework 2017-19* the Government restated its ambition for health and social care integration. The Social Care Institute for Excellence (SCIE), working with stakeholders, is currently developing an overarching framework for integration and considering a set of metrics to underpin it. We will retain a placeholder on the "effectiveness of integrated care" until this work has concluded and then consider how best to include such a measure.

Revised indicators for 2018/19

- Measure 2A: From 2017/18 onwards, we can now explicitly identify those new clients who either request support or undertake a period of short term support to maximise independence (ST-Max) through the route of access “Self Funder with Depleted Funds”. Additionally, we identify the proportion of that population who have previously been in receipt of a 12 week disregard or deferred payment since 1st April 2014. This development means we can address the previous double-counting of this population enabling the measure to be more accurate of the number of clients whose long-term support needs have been met by admission to residential and nursing care homes.

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 (Long-term support needs met by admission 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 2018/19

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 (<i>Overarching Measure</i>)
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) ³ .
Definition / Interpretation	<p>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.</p> <p>The relevant questions are listed below:</p> <ul style="list-style-type: none"> ▪ <i>Control</i> - Q3a: Which of the following statements best describes how much control you have over your daily life? ▪ <i>Personal care</i> - Q4a: Thinking about keeping clean and presentable in appearance, which of the following statements best describes your situation? ▪ <i>Food and Nutrition</i> - Q5a: Thinking about the food and drink you get, which of the following statements best describes your situation? ▪ <i>Accommodation</i> - Q6a: Which of the following statements best describes how clean and comfortable your home/care home is? ▪ <i>Safety</i> - Q7a: Which of the following statements best describes how safe you feel? ▪ <i>Social participation</i> - Q8a: Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation? ▪ <i>Occupation</i> - Q9a: Which of the following statements best describes how you spend your time? ▪ <i>Dignity</i> - Q11: Which of these statements best describes how the way you are helped and treated makes you think and feel about yourself? <p>Each of the questions has four possible answers, which are equated with</p>

³ 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 many of 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/>.

	<p>having:</p> <ul style="list-style-type: none"> ▪ no unmet needs in a specific life area or domain (the ideal state); ▪ needs adequately met; ▪ some needs met, and; ▪ no needs met. <p>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.</p> <p>Interpretation</p> <p>Guidance on the interpretation of this measure is presented in Appendix 4 to this document. The measure gives an overall indication of reported outcomes for individuals – it does not identify the contribution of councils' adult social care services towards those outcomes. Indicator 1J below builds on the concluded research by QORU to identify the contribution of councils' adult social care services towards those outcomes for individuals.</p>
Alignment	<p>This measure is complementary with Measure 2 (health-related quality of life for people with long-term conditions) in the NHS Outcomes Framework⁴.</p> <p>Health-related quality of life is measured using the EQ5D tool⁵.</p>
Risk adjustment	<p>A range of factors may be considered to adjust the measure to improve comparability between councils. Some examples are:</p> <ul style="list-style-type: none"> ▪ Age of users ▪ Needs of users ▪ Client groups of users
Formula	$\left(\frac{X}{Y} \right)$ <p>Where:</p> <p>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:</p> <ul style="list-style-type: none"> ▪ 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 <p>The numerator is then the sum of the scores for all respondents who have answered questions 3a to 9a and 11.</p>

⁴ The 2018/19 NHS Outcomes Framework has not yet been published, but the relevant indicators to ASCOF will not change. Please see Measure 2, which can be found at: https://indicators.hscic.gov.uk/download/Outcomes%20Framework/Specification/NHSOF_Domain_2_S.pdf - page 5

⁵ EQ-5D™ is a registered trademark of EuroQol. Further details are available from <http://www.euroqol.org>

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 NHS Digital 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 the guidance for the 2017-18 Adult Social Care Survey⁶.

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.

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

⁶ http://content.digital.nhs.uk/media/25522/ASCS-Guidance-2017-18/pdf/ASCS_Guidance_2017-18.pdf

	<p>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.</p> <p>The numerator for the measure is $[(568*3)+(385*2)+(150*1)+(57*0)]=2,624$.</p> <p>The denominator for the measure is 145.</p> <p>Therefore the measure value is $2,624/145$ which equals 18.1.</p>		
Disaggregation available	Equalities: Age, Gender, Ethnicity ⁷ , Religion, Sexual orientation ⁸		
	Primary Support Reason (all ages) ⁷ : 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			
Further guidance	Guidance can be found via the user survey guidance page at http://content.digital.nhs.uk/article/7879/User-survey-guidance---2017-18		

(1J) Adjusted Social care-related quality of life – impact of Adult Social Care services

Outcome	1. Enhancing quality of life for people with care and support needs (<i>Overarching Measure</i>)
Rationale	This measure gives a further insight into 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) ⁹ . Subsequent research from the Quality and Outcomes of Person Centred Care Policy Research unit has identified a way of identifying the impact of LA Adult Social Care services on individual social care related quality of life ¹⁰
Definition / Interpretation	This measure is based on the quality of life scores arising from responses to

⁷ 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.

⁸ 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.

⁹ 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 many of 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/>.

¹⁰ <https://www.qoru.ac.uk/about/research/application/identifying-the-impact-of-adult-social-care-iasc/>

	<p>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.</p> <p>The relevant questions are listed below:</p> <ul style="list-style-type: none"> ▪ <i>Control</i> - Q3a: Which of the following statements best describes how much control you have over your daily life? ▪ <i>Personal care</i> - Q4a: Thinking about keeping clean and presentable in appearance, which of the following statements best describes your situation? ▪ <i>Food and Nutrition</i> - Q5a: Thinking about the food and drink you get, which of the following statements best describes your situation? ▪ <i>Accommodation</i> - Q6a: Which of the following statements best describes how clean and comfortable your home/care home is? ▪ <i>Safety</i> - Q7a: Which of the following statements best describes how safe you feel? ▪ <i>Social participation</i> - Q8a: Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation? ▪ <i>Occupation</i> - Q9a: Which of the following statements best describes how you spend your time? ▪ <i>Dignity</i> - Q11: Which of these statements best describes how the way you are helped and treated makes you think and feel about yourself? <p>Each of the questions has four possible answers, which are equated with having:</p> <ul style="list-style-type: none"> ▪ no unmet needs in a specific life area or domain (the ideal state); ▪ needs adequately met; ▪ some needs met, and; ▪ no needs met. <p>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. Because people place different degrees of importance on these questions, this measure uses "utility weights" which are multiplier numbers that apply to each possible rating rather than measure 1A which uses equal weights for the eight areas.</p>
Alignment	ASCOF only measure
Risk adjustment	None
Formula	<p>The formula for calculating this indicator is set out in QORU's report and summary documents.¹¹</p> <p>In summary, the indicator is calculated as follows:</p>

¹¹ <http://www.pssru.ac.uk/pub/4633.pdf>

	<ul style="list-style-type: none"> • The utility weighted indicator across the domains is calculated (A); • The overall support needed by the service user in carrying out activities associated with daily living (ADLs and IADLs) is quantified (B); • Other relevant factors to be taken into account, as per the formula, are identified (C). • The adjustment factor based on B and C is calculated • The final adjusted care-related quality of life indicator is calculated as the Utility Weighted Indicator (A) minus the Adjustment Factor (D) 		
Worked Example	The worked example and how it should be interpreted are published on NHS Digital's website at http://content.digital.nhs.uk/media/23160/Identifying-the-Impact-of-Adult-Social-Care-report-summary/pdf/IIASC_Report_Summary_2014-15.pdf		
Disaggregation available	Primary Support Reason¹²: Physical Support, Sensory Support, Mental Health Support, Memory and Cognition		
Frequency of collection	Annual	Data source	Adult Social Care Survey (ASCS)
Return format	Numeric	Decimal places	Three
Longer-term development options	We will consider whether this methodology could be extended to cover further Primary Support Reasons		
Further guidance	Guidance can be found via the user survey guidance page at http://content.digital.nhs.uk/article/7879/User-survey-guidance---2017-18		

(1B) 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. <i>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.</i>
Rationale	<p>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.</p> <p>Of the eight questions that make up the overarching measure 1A – social care-related quality of life – a preference study conducted by RAND¹³ found that members of the public gave this question the highest weight. As such, an individual measure was felt to be warranted.</p>
Definition / Interpretation	The relevant question drawn from the Adult Social Care Survey is Question

¹² 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.

¹³ Burge, P et al (2010) How do the public value different social care outcomes? Estimation of preference weights for ASCOT.

	<p>3a: ‘Which of the following statements best describes how much control you have over your daily life?’, to which the following answers are possible:</p> <ul style="list-style-type: none"> ▪ 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 <p>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.</p> <p>Interpretation</p> <p>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).</p>
Alignment	ASCOF measure only
Risk adjustment	<p>A range of factors may be considered to adjust the measure to improve comparability between councils. Some examples are:</p> <ul style="list-style-type: none"> ▪ Age of users ▪ Needs of users ▪ Client groups of users
Formula	$\left(\frac{X}{Y}\right) * 100$ <p>Where:</p> <p>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’.</p> <p>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.</p> <p>Y: All those that respond to the question.</p> <p>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 NHS Digital 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</p>

	survey data are available in the guidance for the 2017-18 Adult Social Care Survey ¹⁴ .		
Worked example	<p>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.</p> <p>In total the number of users who responded to the questions was 210.</p> <p>(Data weighted to reflect the stratified sampling technique that has been used when conducting the survey).</p> <p>The measure value is $[(156/210)*100] = 74.3\%$.</p>		
Disaggregation available	Equalities: Age, Gender, Ethnicity ¹⁵ , Religion, Sexual orientation ¹⁶		
	Primary Support Reason (all ages) ¹⁵ : 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	NHS Digital will consider whether it is possible to publish Reported Health Conditions data (from the ASCS Survey) to widen the range of potential analysis.		
Further guidance	Guidance can be found via the user survey guidance page at http://content.digital.nhs.uk/article/7879/User-survey-guidance---2017-18		

(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. <i>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.</i>
Rationale	Research has indicated that personal budgets impact positively on well-being, increasing choice and control, reducing cost implications and improving outcomes ¹⁷ . Studies have shown that direct payments increase

¹⁴ http://content.digital.nhs.uk/media/25522/ASCS-Guidance-2017-18/pdf/ASCS_Guidance_2017-18.pdf

¹⁵ 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.

¹⁶ 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.

¹⁷ 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);

	<p>satisfaction with services and are the purest form of personalisation¹⁸. The Care Act places personal budgets on a statutory footing as part of the care and support plan.</p> <p>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.</p> <p>The implementation of the SALT return has enabled this measure to be strengthened. 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 for users and carers. Both measures for self-directed support and direct payments have also been split into two, focusing on users and carers separately.</p> <p>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.</p>
<p>Definition / Interpretation</p>	<p>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.</p> <p>1C part 1 is presented as the number of adults, older people and carers receiving self-directed support as at 31st March 2019 as a percentage of all clients receiving community based services and carers receiving carer specific services¹⁹.</p> <p>To be counted as receiving self-directed support, the person (adult, older person or carer) must either:</p> <ul style="list-style-type: none"> • be in receipt of a direct payment; or • have in place a personal budget which meets all the following criteria: <ol style="list-style-type: none"> 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 care and support plan (support plan for carers) making clear the needs to be met and what outcomes are to be achieved with the funding; and 3. The person (or their representative) can use the funding in ways and at times of their choosing (the options of deploying a personal budget are: a budget managed by the Local Authority or third party (commonly referred to as an Individual Service Fund), a direct payment, or a combination of these approaches.

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)

¹⁸ Quoting; Choice and competition in public services: a guide for policy makers (2010, OFT/Frontier Economics)

¹⁹ 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

Councils will need to evidence that these criteria detailed in the Care Act and the statutory guidance are met, for example through local monitoring of outcomes and satisfaction.

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.

Clients in receipt of an Individual Service Fund (ISF) are considered to be in receipt of self-directed support and included in 1C part1. However, they are not included in 1C part 2 (those receiving direct payments or part-direct payments) in line with the Care Act Statutory guidance.

Alignment

ASCOF measure only

<p>Risk adjustment</p>	<p>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.</p>
<p>Formula</p>	$\left(\frac{X}{Y}\right) * 100$ <p>Where, for 1C part 1a (adults aged over 18 receiving self-directed support):</p> <p>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</p> <p><i>Source: SALT Measure LTS001b Tables 1a and 1b – sum of community columns ‘Direct Payment Only’, ‘Part Direct Payment’ and ‘CASSR Managed Personal Budget’.</i></p> <p>Y: Clients (aged 18 or over) accessing long term community support at the year-end 31st March.</p> <p><i>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’.</i></p> <p>Where, for 1C part 1b (carers receiving self-directed support):</p> <p>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</p> <p><i>Source: SALT Measure LTS003 Table 1a sum of row ‘total carers’ for columns, ‘Direct Payment’, ‘Part Direct Payment’ and ‘CASSR managed Personal Budget’.</i></p> <p>Y: Carers (caring for someone aged 18 or over) receiving carer-specific services in the year to 31st March.</p> <p><i>Source: SALT Measure LTS003 Table 1a sum of row ‘total carers’ for all columns excluding those headed “Where no direct support provided to carer and ‘Information Advice and Other Universal Services / Signposting’</i></p> <p>1C part 2a (adults receiving direct payments):</p> <p>X: The number of users receiving direct-payments and part-direct payments at the year end 31st March.</p> <p><i>Source: SALT Measure LTS001b Tables 1a and 1b – sum of columns ‘Direct Payment Only’ and ‘Part Direct Payment’</i></p> <p>Y: Clients aged 18 or over accessing long term support at the year end 31st March.</p>

	<p><i>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’</i></p> <p>For 1C part 2b (carers receiving direct payments for support direct to carer):</p> <p>X: The number of carers receiving direct-payments and part direct payments in the year to 31st March.</p> <p><i>Source: SALT Measure LTS003 Table 1a sum of row ‘total carers’ for columns, ‘Direct Payment’ and ‘Part Direct Payment’</i></p> <p>Y: Carers (caring for someone aged 18 or over) receiving carer specific services in the year to 31st March.</p> <p><i>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’</i></p>
<p>Worked example</p>	<p>1C part 1a</p> <p>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.</p> <p>The total number of people receiving community-based services was 2,000</p> <p>The measure value is $[(600/2,000) \times 100] = 30.0\%$</p> <p>1C part 1b</p> <p>The total number of carers who received self-directed support (existing/new direct payment or personal budget) in the year 2017/18 to March 31st was 300.</p> <p>The total number of carers receiving carer-specific services was 3,000</p> <p>The measure value is $[(300/3,000) \times 100] = 10.0\%$</p> <p>1C part 2a</p> <p>The total number of people receiving a direct payment/part direct payment (whether part of a self-directed process or not) is 172.</p> <p>Then the measure value is $[(172/2,000) \times 100] = 8.6\%$</p> <p>1C part 2b</p> <p>The total number of carers receiving a direct payment/part direct payment (whether part of a self-directed process or not) is 195.</p> <p>Then the measure value is $[(195/3,000) \times 100] = 6.4\%$</p>

Disaggregation available	Equalities: Age		
	Primary Support Reason (all ages) ²⁰ : 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	The Care Act requires that all local authorities inform those using services and their carers of their personal budget, which will set out the cost to the Local Authority of meeting their needs. They will have the right, in most circumstances, to request this as a direct payment. There is likely to be a significant impact on this measure and work is being taken forward to assess, in light of the Care Act, how best personalisation of services can be reflected in the ASCOF.		
Further guidance	Guidance for 2017/18 onwards can be found via the social care collection page at http://content.digital.nhs.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. <i>Carers can balance their caring roles and maintain their desired quality of life.</i>
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	<p>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.</p> <p>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.</p> <p>The six questions, drawn from the Carers Survey, are:</p> <ul style="list-style-type: none"> ▪ <i>Occupation</i> – Q7: Which of the following statements best describes how you spend your time? ▪ <i>Control</i> - Q8: Which of the following statements best describes how much control you have over your daily life?

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.

	<ul style="list-style-type: none"> ▪ <i>Personal care</i> - 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? ▪ <i>Safety</i> – Q10: Thinking about your personal safety, which of the statements best describes your present situation? ▪ <i>Social participation</i> - Q11: Thinking about how much social contact you've had with people you like, which of the following statements best describes your social situation? ▪ <i>Encouragement and support</i> - Q12: Thinking about encouragement and support in your caring role, which of the following statements best describes your present situation? <p>Each of the questions has three possible answers, which are equated with having:</p> <ul style="list-style-type: none"> ▪ no unmet needs in a specific life area or domain (the ideal state); ▪ some needs met, and; ▪ no needs met. <p>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.</p> <p>Interpretation</p> <p>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.</p>
Alignment	<p>This measure is complementary with Measure 2.4 (health-related quality of life for carers) in the NHS Outcomes Framework²¹.</p> <p>Health related quality of life is measured using the EQ-5D tool.²²</p>
Risk adjustment	<p>A range of factors may be considered to adjust the measure to improve comparability between councils. Some example are:</p> <ul style="list-style-type: none"> ▪ The intensity of the caring role ▪ Age of carer ▪ Characteristics of the cared for person
Formula	$\left(\frac{X}{Y}\right)$ <p>Where:</p> <p>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:</p> <ul style="list-style-type: none"> ▪ No unmet needs (1st answer option) = 2 ▪ Some needs met (2nd answer option) = 1

²¹ https://indicators.hscic.gov.uk/download/Outcomes%20Framework/Specification/NHSOF_Domain_2_S.pdf

²² EQ-5D™ is a registered trademark of EuroQol. Further details are available from <http://www.euroqol.org>

	<ul style="list-style-type: none"> No needs met (the last answer option for each question) = 0 <p>The numerator is then a sum of the scores for all respondents who have answered all six questions.</p> <p>Y: The number of respondents who answered all six questions.</p> <p>Exclusions</p> <p>Any respondents who failed to answer any of the six questions above are excluded from the calculation of the measure.</p>																																										
<p>Worked example</p>	<p>The table below represents the responses of 105 carers who answered all six questions</p> <table border="1" data-bbox="368 622 1414 1072"> <thead> <tr> <th></th> <th>No unmet needs (2)</th> <th>Some needs met (1)</th> <th>No needs met(0)</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Occupation</td> <td>45</td> <td>45</td> <td>15</td> <td>105</td> </tr> <tr> <td>Control</td> <td>33</td> <td>52</td> <td>20</td> <td>105</td> </tr> <tr> <td>Personal Care</td> <td>65</td> <td>38</td> <td>2</td> <td>105</td> </tr> <tr> <td>Safety</td> <td>85</td> <td>20</td> <td>0</td> <td>105</td> </tr> <tr> <td>Social Participation</td> <td>58</td> <td>35</td> <td>12</td> <td>105</td> </tr> <tr> <td>Encouragement and Support</td> <td>22</td> <td>36</td> <td>47</td> <td>105</td> </tr> <tr> <td>Total</td> <td>308</td> <td>226</td> <td>96</td> <td></td> </tr> </tbody> </table> <p>Scores are assigned as follows:</p> <ul style="list-style-type: none"> 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 <p>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 12.</p> <p>The numerator for the measure is $[(308*2)+(226*1)+(96*0)]=842$.</p> <p>The denominator for the measure is 105.</p> <p>Therefore the measure value is $842/105$ which equals 8.0.</p>				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	
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<p>Disaggregation available</p>	<p>Equalities: Age, Gender, Ethnicity²³, Religion, Sexual orientation²⁴</p> <p>Client Group: Carers</p>																																										
<p>Frequency of collection</p>	<p>Biennial</p>	<p>Data source</p>	<p>Carers' Survey</p>																																								

²³ 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.

²⁴ 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	The research project to develop a value added measure for social care-related quality of life for users also investigated whether it is possible to develop a value added measure for carer-reported quality of life. The report explores the results of the analysis and shows that such a measure may be feasible. However, translating the results into an ASCOF measure for Carers akin to 1J for Users is a piece of development work for future consideration.		
Further guidance	Guidance can be found via the carers' survey guidance page at http://content.digital.nhs.uk/article/7193/Survey-of-Adult-Carers-in-England-2016-17---guidance-for-local-authorities		

(1E) Proportion of adults with a primary support reason of learning disability support in paid employment

Outcome	<p>1. Enhancing quality of life for people with care and support needs.</p> <p><i>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.</i></p>
Rationale	The measure is intended to improve the employment outcomes for adults with a primary support reason of learning disability support, 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 ²⁵ and financial benefits ²⁶ .
Definition / Interpretation	<p>The measure shows the proportion of adults with a primary support reason of learning disability support who are “known to the council” (see definition below), who are recorded as being in paid employment. The information would have to be captured or confirmed within the reporting period 1 April 2018 to 31 March 2019.</p> <p>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 in the settings of residential, nursing and community but excluding prison (recorded in SALT Measure LTS001a, table 1a)</p> <p>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:</p> <ul style="list-style-type: none"> ▪ 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

²⁵ 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.

²⁶ Beyer, S. (2008) *An evaluation of the outcomes in supported employment in North Lanarkshire*. North Lanarkshire Social Work Service.

	<p>week).</p> <p>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/National Living Wage²⁷. 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/National Living Wage.</p> <p>'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).</p> <p>The measure will not require collection of any further employment status (e.g. unpaid voluntary work); though councils may choose to provide this in addition to support their own benchmarking.</p>
<p>Alignment</p>	<p>This measure is complementary with Measure 1.8 (improved functional ability, and ability to work, in people with long-term conditions) in the Public Health Outcomes Framework²⁸ and Measure 2.2 (employment of people with long-term conditions) in the NHS Outcomes Framework²⁹.</p> <p>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.</p>
<p>Formula</p>	$\left(\frac{X}{Y}\right) * 100$ <p>Where:</p> <p>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 2018/19 financial year.</p>

²⁷ From April 2016, the national living wage applies to workers aged 25 and older. The minimum wage will apply for workers aged 24 and under

²⁸ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/545605/PHOF_Part_2.pdf - page 28

²⁹ https://indicators.hscic.gov.uk/download/Outcomes%20Framework/Specification/NHSOF_Domain_2_S.pdf [page 24](#)

	<p><i>Source: SALT Measure LTS004 Table 1, sum of row 'total' for columns under heading 'employed'.</i></p> <p>Y: Number of working-age clients with a primary support reason of learning disability support “known to CASSRs³⁰” during the period. This includes:</p> <p style="padding-left: 40px;">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 in residential, nursing and community settings but excluding prisons</p> <p>This measure is a count of eligible adults (aged 18-64), who have received long term support for learning disability during the year in those settings</p> <p><i>Source: SALT Measure LTS001a Table 1a, 'sum of clients with a primary support reason of "Learning Disability Support" in community, residential and nursing settings.</i></p>		
Worked example	<p>Adults who received long-term support during the year with a primary support reason of learning disability in the settings of residential, nursing and community (and appear in SALT Measure LTS001a Table 1a) = 722</p> <p>Of those adults with a primary support reason of learning disability support “known to CASSRs³⁰” in the settings of residential, nursing and community, those who are recorded as being in paid employment within the current financial year = 134</p> <p>The measure value = $(134/722) \times 100 = 18.6\%$</p>		
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	<p>Following initial feedback that the revised definition of “known to CASSRs” introduced in 2014-15 would result in the indicator being restricted to a smaller cohort of clients than was originally envisaged, work was carried out to understand the extent to which this situation arose. The conclusions of this work highlighted that Local Authorities had experienced a range of different situations and that there was no evidence to support the initial feedback. As a result, it was agreed that the indicator definition would remain unchanged but revisited periodically.</p>		
Further guidance	<p>Guidance for 2017/18 onwards can be found via the social care collection page at http://content.digital.nhs.uk/socialcare/collections by clicking on the year.</p>		

³⁰ 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 in residential, nursing or community settings (recorded in SALT Measure LTS001a, table 1a).

(1F) Proportion of adults in contact with secondary mental health services in paid employment

<p>Outcome</p>	<p>1. Enhancing quality of life for people with care and support needs. <i>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.</i></p>
<p>Rationale</p>	<p>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 process³¹. 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.</p>
<p>Definition/ Interpretation</p>	<p>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.</p> <p>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).</p> <p>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:</p> <ul style="list-style-type: none"> 01 Employed 02 Unemployed and Seeking Work 03 Students who are undertaking full (at least 16 hours per week) or part-time (less than 16 hours per week) education or training and who are not working or actively seeking work 04 Long-term sick or disabled, those who are receiving Incapacity Benefit, Income Support or both; or Employment and Support Allowance 05 Homemaker looking after the family or home and who are not working or actively seeking work 06 Not receiving benefits and who are not working or actively seeking work 07 Unpaid voluntary work who are not working or actively seeking work 08 Retired ZZ Not Stated (person asked but declined to provide a response) <p>In 2012-13 the data source (Mental Health Minimum Data Set (MHMDS)) moved to being a monthly data collection. As a result, the definition was amended slightly in consultation with stakeholders, as below, to align with the collection. MHMDSv4.1 was superseded by the Mental Health and Learning Disabilities Dataset (MHLDDS) v1.1 in September 2014.</p>

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

	<p>The Mental Health Services Dataset (MHSDS) superseded MHLDDS in January 2016 allowing Child and Adolescent Mental Health (CAMHS) data to be returned to NHS Digital for the first time. It was introduced to improve patient experience of mental health services – particularly in relation to waiting times to access services. MHSDS aims to deliver robust, comprehensive, nationally-consistent and comparable person-based information for all those in contact with mental health services</p> <p><i>Interpretation</i></p> <p>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.</p>
<p>Alignment</p>	<p>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 Framework³² and Measure 2.5i (employment of people with mental illness) in the NHS Outcomes Framework³³.</p> <p>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 is calculated each month. The twelve monthly figures are summed and then divided by 12 to derive an average.</p>
<p>Formula</p>	$\left(\frac{X}{Y}\right) * 100$ <p>Where:</p> <p>X: Number of working age adults (18-69 years) who are receiving secondary mental health 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.</p>

³² https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/545605/PHOF_Part_2.pdf - page 28

³³ https://indicators.hscic.gov.uk/download/Outcomes%20Framework/Specification/NHSOF_Domain_2_S.pdf - page 53.

	<p><i>Source: Mental Health Services Data Set (MHSDS)</i></p> <p>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.</p> <p><i>Source: Mental Health Services Data Set (MHSDS)</i></p> <p>Where X and Y are measured at the end of each month.</p>		
Worked example	<p>In January, the number of adults receiving secondary mental health services in paid employment was 196.</p> <p>In January, the number of adults receiving secondary mental health services was 964.</p> <p>The measure value for January is $(196/964) \times 100$ which equals 20.3%.</p> <p>This measure is calculated for each of the twelve months, then an average of all twelve monthly figures is taken.</p>		
Disaggregation available	Equalities: Gender		
	Client group: Mental health (18-69)		
Frequency of collection	Annual report based on monthly collection	Data source	Mental Health Services Data Set (MHSDS)
Return format	Percentage	Decimal places	One
Longer-term development options	<p>Following the resolution of data quality issues which resulted in the suspension of this indicator for 2016-17, this indicator was reinstated for 2017-18 and remains for 2018-19. We will continue to monitor the quality of the data. However, in order to ensure that it remains relevant and appropriate, work will be undertaken on refining the definition and underlying data.</p>		
Further guidance	<p>Guidance and information relating to the Mental Health Services Data Set can be found at http://content.digital.nhs.uk/mentalhealth</p>		

(1G) Proportion of adults with a primary support reason of learning disability support who live in their own home or with their family

Outcome	<p>1. Enhancing quality of life for people with care and support needs.</p> <p><i>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.</i></p>
Rationale	<p>The measure is intended to improve outcomes for adults with a primary support reason of learning disability support by demonstrating the proportion in stable and appropriate accommodation. The nature of accommodation for people with a primary support reason of learning disability support has a strong impact on their safety and overall quality of life and the risk of social exclusion.</p>

<p>Definition / Interpretation</p>	<p>The measure shows the proportion of all adults with a primary support reason of learning disability support who are “known to the council”, (see definition below) 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 2018 to 31 March 2019.</p> <p>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 in the settings of Nursing, Residential and Community but excluding Prison(recorded in SALT measure LTS001a, table 1a).</p> <p>‘Living on their own or with their family’ is intended to describe arrangements where the individual has security of tenure in their usual accommodation, for instance, because they own the residence or are part of a household whose head holds such security. This has the same definition as ‘living independently, with or without support’ in Measure 1H (see below), however different wording is used to capture the emphasis on avoiding residential care homes.</p> <p>Situations included within the scope of ‘living on their own or with their family’:</p> <ul style="list-style-type: none"> ▪ 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. <p>The following circumstances are <u>not</u> included within the scope of ‘living on their own or with their family’:</p> <ul style="list-style-type: none"> ▪ 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;
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	<ul style="list-style-type: none"> ▪ Young Offenders Institution/detention centre; and, ▪ Other temporary accommodation. <p>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.</p>
Alignment	This measure is shared with Measure 1.6i (people with a learning disability in settled accommodation) in the Public Health Outcomes Framework ³⁴ .
Risk adjustment	It is not clear whether any factors should be considered for risk adjustment for this measure.
Formula	$\left(\frac{X}{Y}\right) * 100$ <p>Where:</p> <p>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.</p> <p><i>Source: SALT Measure LTS004 Table 2a, sum of row ‘total’ for all columns.</i></p> <p>Y: Number of working-age clients with a primary support reason of learning disability support “known to the council”³⁵ 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 but excluding prisons) This measure is a count of eligible adults (aged 18-64), who have received long term support for learning disability during the year.</p> <p><i>Source: SALT Measure LTS001a Table 1a, ‘Total Clients’ with a primary support reason of “Learning Disability Support”</i></p>
Worked example	<p>Adults who received long-term support during the year with a primary support reason of learning disability support in nursing, residential or community settings (and appear in SALT Measure LTS001a Table 1a) = 722.</p> <p>Of those adults who received long-term support with a primary support reason of learning disability support, those who are recorded as living in their own home or with their family within the current financial year was 455</p> <p>The measure value is $(455/722) \times 100$ which equals 63.0%</p>
Disaggregation	Equalities: Gender

³⁴ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/545605/PHOF_Part_2.pdf - page 23.

³⁵ 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 in residential, nursing or community settings (recorded in SALT Measure LTS001a, table 1a).

available	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	Following initial feedback that the revised definition of “known to CASSRs” introduced in 2014-15 would result in the indicator being restricted to a smaller cohort of clients than was originally envisaged, work was carried out to understand the extent to which this situation arose. The conclusions of this work highlighted that Local Authorities had experienced a range of different situations and that there was no evidence to support the initial feedback. As a result, it was agreed that the indicator definition would remain unchanged but revisited periodically.		
Further guidance	Guidance for 2017/18 onwards can be found via the social care collection page at http://content.digital.nhs.uk/socialcare/collections by clicking on the year.		

(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. <i>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.</i>
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	<p>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.</p> <p>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).</p> <p>‘Living independently, with or without support’ refers to accommodation arrangements where the occupier has security of tenure or appropriate stability of residence in their <i>usual</i> 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 Services 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.</p>

	<p>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 MHSDS.</p> <p>Accommodation types that represent settled or non-settled accommodation for the purpose of this measure are presented in Appendix 5 to this document.</p> <p>In 2012-13 the data source (Mental Health Minimum Data Set (MHMDS)) moved to being a monthly data collection. As a result, the definition was amended slightly in consultation with stakeholders, as below, to align with the collection. MHMDSv4.1 has been superceded by the Mental Health and Learning Disabilities Dataset v1.1 in September 2014.</p> <p>The Mental Health Services Dataset (MHSDS) superceded MHLDDS in January 2016 allowing Child and Adolescent Mental Health (CAMHS) data to be returned to NHS Digital for the first time. It was introduced to improve patient experience of mental health services – particularly in relation to waiting times to access services. MHSDS aims to deliver robust, comprehensive, nationally-consistent and comparable person-based information for all those in contact with mental health services</p> <p><i>Interpretation</i></p> <p>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.</p>
Alignment	This measure is shared with Measure 1.6ii (adults receiving mental health services in settled accommodation) in the Public Health Outcomes Framework ³⁶ .
Risk adjustment	It is not clear whether any factors should be considered for risk adjustment for this measure is calculated each month. The 12 monthly figures are summed and then divided by 12 to derive an average.
Formula	$\left(\frac{X}{Y}\right) * 100$ <p>Where:</p> <p>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.</p> <p><i>Source: Mental Health Services Data Set (MHSDS)</i></p>

³⁶ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/545605/PHOF_Part_2.pdf - page 23.

	<p>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.</p> <p><i>Source: Mental Health Services Data Set (MHSDS)</i></p> <p>Where X and Y are measured at the end of each month.</p>		
Worked example	<p>In January, the number of adults receiving secondary mental health services living independently was 655.</p> <p>In January, the number of adults receiving secondary mental health services was 964.</p> <p>The measure value in January is $(655/964) \times 100$ which equals 67.9%.</p> <p>This is calculated for each of the twelve months, then the average of the twelve monthly figures is calculated.</p>		
Disaggregation available	Equalities: Gender		
	Client groups: Mental health (18-69)		
Frequency of collection	Annual report based on monthly collections	Data source	Mental Health Services Data Set (MHSDS)
Return format	Percentage	Decimal places	One
Longer-term development	<p>Following the resolution of data quality issues which resulted in the suspension of this indicator for 2016-17, this indicator was reinstated for 2017-18 and remains in place for 2018-19. We will continue to monitor the quality of the data. However, in order to ensure that it remains relevant and appropriate, work will be undertaken on refining the definition and underlying data.</p>		
Further guidance	<p>Guidance and information relating to the Mental Health Services Data Set can be found at http://content.digital.nhs.uk/mentalhealth</p>		

(1) 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	<p>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.</p>

<p>Definition / interpretation</p>	<p>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?”</p> <ul style="list-style-type: none"> - 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 <p>The relevant question drawn from the Carers’ Survey is question 11 – “Thinking about how much social contact you’ve had with people you like, which of the following statements best describes your social situation?”</p> <ul style="list-style-type: none"> - 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 <p>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.</p>
<p>Alignment</p>	<p>This measure is shared with Measure 1.18 (social isolation) in the Public Health Outcomes Framework³⁷</p>
<p>Risk adjustment</p>	<p>There are a range of factors which are likely to have an impact on this measure;</p> <ul style="list-style-type: none"> ▪ Severity of needs of users ▪ Amount of care provided by carers
<p>Formula</p>	$\left(\frac{X}{Y}\right) * 100$ <p>Where, for 11 part 1 (users):</p> <p>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”.</p> <p>Y: All those that responded to the question.</p> <p>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 NHS Digital to take account of the stratified sampling technique that has been used when conducting the survey. The weights are automatically</p>

³⁷ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/545605/PHOF_Part_2.pdf - page 50

	<p>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 the guidance for the 2017-18 Adult Social Care Survey.</p> <p>For 11 part 2 (carers)</p> <p>X: The sum of all those who in response to question 11 of the Carers Survey, selected the response “I have as much social contact as I want”.</p> <p>Y: The sum of all those that responded to the above question of the Carers Survey.</p>		
Worked example	<p>11 part 1 – users</p> <p>The number of users who said “I have as much social contact as I want with people I like” was 242.</p> <p>The total number of users who responded to the question was 548.</p> <p>Data is weighted to reflect the stratified sampling technique that has been used when conducting the survey.</p> <p>The indicator value is [(242/548)*100] which equals 44.2%.</p> <p>11 part 2 – carers</p> <p>The number of carers who said “I have as much social contact as I want” was 197.</p> <p>The number of carers who responded to the question was 420.</p> <p>Data is weighted to reflect the stratified sampling technique that has been used when conducting the survey.</p> <p>The indicator value is [(197/420)*100] which equals 46.9%</p>		
Disaggregation available	<p>Equalities: Age, Gender, Ethnicity³⁸, Religion, Sexual orientation³⁹</p> <p>Primary Support Reason (all ages)³⁹: Physical Support, Sensory Support, Support with Memory and Cognition, Learning Disability Support, Mental Health Support, Social Support.</p>		
Frequency of collection	Annual for social care users	Data source	<i>Adult Social Care Survey</i>
	Biennial for Carers		<i>Carers’ Survey</i>

³⁸ 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.

³⁹ 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	<p>This measure focuses on social care users and carers, rather than the broader population. The impact of social isolation and loneliness is much wider than the population currently receiving services, 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.</p> <p>Work on pursuing a measure of loneliness in the wider population has now concluded having been unable to identify a suitable measure. As such, the development of this measure has been deferred for the foreseeable future. However, we remain interested in exploring more widely how the issue can be measured in a way that will support Local Authorities.</p>		
Further guidance	<p>Guidance can be found via the user survey guidance page at http://content.digital.nhs.uk/article/7879/User-survey-guidance---2017-18</p>		

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

(2A) Long-term support needs met by admission to residential and nursing care homes, per 100,000 population

Outcome	2. Delaying and reducing the need for care and support. (Overarching measure)
Rationale	<p>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. However, it is acknowledged that for some client groups that admission to residential or nursing care homes can represent an improvement in their situation.</p>
Definition / interpretation	<p>This is a two part-measure reflecting the number of younger adults (part 1) and older people (part 2) whose long-term support needs are best met by admission to residential and nursing care homes relative to the population size of each group. The measure compares council records with ONS population estimates.</p> <p>People counted in this measure should include:</p> <ul style="list-style-type: none"> ▪ Users 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 (including full-cost clients) or location of residential or nursing care; ▪ Supported users and self-funders with depleted funds in the following categories: <ul style="list-style-type: none"> ○ Those moving to residential or nursing care as a result of an unplanned review ○ Those moving to residential or nursing care as a result of a planned review ○ New clients whose request for support was fulfilled with the sequel of “Long Term Support (Eligible Services) – Nursing Care” or Long Term Support (Eligible Services) – Residential Care ○ New clients, who following receipt, or early cessation, of “Short Term Support to Maximise Independence”, entered either Long Term Residential or Nursing care ○ Existing clients, who following receipt, or early cessation, of “Short Term Support to Maximise Independence”, entered either Long Term Residential or Nursing care <p>Interpretation Analysis shows that older people are more likely to have their long-term support needs met in residential and nursing care settings than younger</p>

	<p>adults. Using a two-part measure means that we can separate age as a factor in the indicator and focus on the contribution of services to reducing the proportions for whom the most appropriate way of meeting their long-term care needs is in either a residential or nursing care setting. It will also help highlight, both nationally and locally, the separate issues that exist for younger adults and for older people.</p> <p>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. SALT captures data on sequels to events in the customer journey.</p> <p>From 2017/18 onwards, SALT identifies those new clients who either request support (STS001) or undertake a period of short term support to maximise independence (ST-Max) (STS002a) through the route of access "Self Funder with Depleted Funds". It additionally identifies the proportion of those "Self Funders with Depleted Funds" who have been previously provided with either a 12 week disregard or deferred payment since 1 April 2014. This additional information enables the identification of those clients who appear to enter residential or nursing care for a second time when their funds have been depleted, in order to prevent double counting we can now exclude those clients who were previously provided with a 12-week disregard or deferred payment (DPA). Further work is required in SALT to identify the appropriate adjustment for STS002a. More details will be published when available.</p>		
Alignment	ASCOF measure only		
Risk adjustment	Analysis identified age as a factor that influenced the rate of admissions. Instead of applying risk adjustment, the measure has been expressed separately for those aged 18-64 years, and those aged 65 years and over. There were no other influencing factors identified from the data available.		
Formula	$\left(\frac{X}{Y}\right) * 100,000$ <p>Where:</p> <p>for 2A part 1 (younger adults):</p> <p>X: The sum of the number of council-supported younger adults (aged 18-64) whose long-term support needs were met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care) in the following populations:</p> <table border="1" data-bbox="343 2007 1385 2051"> <tr> <td data-bbox="343 2007 836 2051">Population</td> <td data-bbox="836 2007 1385 2051">Source: SALT</td> </tr> </table>	Population	Source: SALT
Population	Source: SALT		

Long Term Support: Unplanned Review	<i>Measure</i> LTS002a, <i>Table</i> 1aii, sum of columns: ‘Change of Setting: Move to Nursing Care from Community’; and ‘Change of Setting: Move to Residential Care from Community’.
Long Term Support: Planned Review	<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 from Community’ and ‘Move to Residential Care from Community’
Short Term Support: New Clients	<i>Measure</i> STS001, <i>Table</i> 1a, Sum of routes of access – “Planned Entry (Transition), Discharge from hospital, Diversion from Hospital Services, Self Funder with Depleted Funds (minus ‘of which previously provided with 12-week disregard or deferred payment (since 1st April 2014)’), Prison and Community/Other Route - ’ for columns ‘Long Term Support (Eligible Services)’ ‘Residential Care’ and ‘Nursing Care’
Short Term Support: New Clients – Sequel to ST Max	<i>Measure</i> STS002a, <i>Table</i> 5, Sum of row ‘for clients aged 18-64’ for columns ‘Residential’ and ‘Nursing’ ⁴⁰
Short Term Support: Existing Clients	<i>Measure</i> STS002b, <i>Table</i> 2a, Sum of columns ‘Move to Nursing Care from Community’ and ‘Move to Residential Care from Community’
Short Term Support: Existing Clients: Early Cessation of ST Max	<i>Measure</i> STS002b, <i>Table</i> 4, Sum of row ‘for clients aged 18-64’ for columns ‘Change of Setting: Move to Nursing Care from Community’ and ‘Move to Residential Care from Community’
<p>Y: Size of younger adult population (aged 18-64) in area (ONS mid-year population estimates).</p> <p><i>Source: Office for National Statistics</i></p> <p>For 2A part 2 (older people):</p>	

⁴⁰ Further breakdowns are being developed in SALT to complete this measure. Further details will be made available in due course.

X: The sum of the number of council-supported older people (aged 65 and over) whose long-term support needs were met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care) in the following populations:

Population	Source
Long Term Support: Unplanned Review	<i>Measure LTS002a, Table 1bii, sum of columns 'Change of Setting : Move to Nursing Care from Community' and 'Change of Setting : Move to Residential Care from Community'</i>
Long Term Support: Planned Review	<i>Measure LTS002a, Table 2, Sum of row 'for those aged 65+' for columns 'Change of Setting: Move to Nursing Care from Community' and 'Move to Residential Care from Community'</i>
Short Term Support: New Clients	<i>Measure STS001, Table 1b, Sum of routes of access – " Discharge from hospital, Diversion from Hospital Services, Self Funder with Depleted Funds (minus 'of which previously provided with 12-week disregard or deferred payment (since 1st April 2014)'), Prison and Community/Other Route for columns 'Long Term Support (Eligible Services)' 'Residential Care' and 'Nursing Care'</i>
Short Term Support: New Clients – Sequel to ST Max	<i>Measure STS002a, Table 5, Sum of row 'for clients aged 65+' for columns 'Residential' and 'Nursing' ⁴¹</i>
Short Term Support: Existing Clients	<i>Measure STS002b, Table 2b, Sum of columns 'Move to Nursing Care from Community' and 'Move to Residential Care from Community'</i>
Short Term Support: Existing Clients: Early Cessation of ST Max	<i>Measure STS002b, Table 4, Sum of row 'for clients aged 65+' for columns 'Change of Setting: Move to Nursing Care from Community' and 'Move to Residential Care from Community'</i>

Y: Size of older people population (aged 65 and over) in area (ONS mid-year population estimates).

Source: Office for National Statistics

⁴¹ Further breakdowns are being developed in SALT to complete this measure. Further details will be made available in due course.

	<p>Exclusions</p> <p>People funding their own residence in a care home with no support from the council are excluded</p>		
<p>Worked example</p>	<p>2A Part 1 (younger adults) The number of council-supported younger adults (aged 18-64) whose long-term support needs were met by a change of setting to residential and nursing care during the year in each category was as below:</p>		
	<p>Long Term Support: Unplanned Review</p>	<p><i>SALT Measure LTS002a, Table 1a, sum of columns 'Change of Setting : Move to Nursing Care from Community' and 'Change of Setting : Move to Residential Care from Community'</i></p>	<p>7</p>
	<p>Long Term Support: Planned Review</p>	<p><i>SALT Measure LTS002a, Table 2, Sum of row 'for those aged 18-64' for columns 'Change of Setting: Move to Nursing Care from Community' and 'Move to Residential Care from Community'</i></p>	<p>8</p>
	<p>Short Term Support: New Clients</p>	<p><i>SALT Measure STS001, Table 1a, Sum of routes of access – "Planned Entry (Transition), Discharge from hospital, Diversion from Hospital Services, Self Funders with Depleted Funds (minus 'of which previously provided with 12-week disregard or deferred payment (since 1st April 2014)'), Prison and Community/Other Route for columns 'Long Term Support (Eligible Services)' 'Residential Care' and 'Nursing Care'</i></p>	<p>5 <i>Of which 1 was previously provided with a 12-week disregard.</i></p>
	<p>Short Term Support: New Clients – Sequel to ST Max</p>	<p><i>SALT Measure STS002a, Table 5, Sum of row 'for clients aged 18-64' for columns 'Residential' and 'Nursing'⁴²</i></p>	<p>2</p>
	<p>Short Term Support: Existing Clients</p>	<p><i>SALT Measure STS002b, Table 2a, Sum of columns 'Move to Nursing Care from Community' and 'Move to Residential Care from Community'</i></p>	<p>5</p>
	<p>Short Term Support: Existing Clients: Early Cessation of ST Max</p>	<p><i>SALT Measure STS002b, Table 4, Sum of row 'for clients aged 18-64' for columns 'Change of Setting: Move to Nursing Care from Community' and 'Move to Residential Care from</i></p>	<p>4</p>

⁴² Further breakdowns are being developed in SALT to complete this measure. Further details will be made available in due course.

	Community'	
	Total	31

The number of council-supported younger adults (aged 18-64) whose long-term support needs were met by a change of setting to residential and nursing care) during the year was 7 + 8 + 4 + 2 + 5 + 4 = 31.

Minus the one client who previously received a 12-week disregard, we get 30.

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

The measure value is [(30/153,471) *100,000] which equals 19.5.

2A Part 2 (older people)

The number of council-supported older people (aged 65 and over) whose long-term support needs were met by a change of setting to residential and nursing care during the year in each category was as below:

Population	Source	
Long Term Support: Unplanned Review	<i>SALT Measure LTS002a, Table 1bii</i> , sum of columns 'Change of Setting : Move to Nursing Care from Community" and 'Change of Setting : Move to Residential Care from Community"	136
Long Term Support: Planned Review	<i>SALT Measure LTS002a, Table 2</i> , Sum of row 'for those aged 65+' for columns 'Change of Setting: Move to Nursing Care from Community' and 'Move to Residential Care ' from Community"	54
Short Term Support: New Clients	<i>SALT Measure STS001, Table 1b</i> , Sum of routes of access – " Discharge from hospital, Diversion from Hospital Services and Self Funders with Depleted Funds (minus 'of which previously provided with 12-week disregard or deferred payment (since 1st April 2014)'), Prison and Community/Other Route ' for columns 'Long Term Support (Eligible Services)' 'Residential Care' and 'Nursing Care'	78 <i>Of which 4 were previously provided with a 12-week disregard.</i>
Short Term Support: New Clients – Sequel to ST Max	<i>SALT Measure STS002a, Table 5</i> , Sum of row 'for clients aged 65+' for columns 'Residential' and	38

		'Nursing' ⁴³	
	Short Term Support: Existing Clients	SALT Measure STS002b, Table 2b, Sum of columns 'Move to Nursing Care from Community' and 'Move to Residential Care from Community'	10
	Short Term Support: Existing Clients: Early Cessation of ST Max	SALT Measure STS002b, Table 4, Sum of row 'for clients aged 65+' for columns 'Change of Setting: Move to Nursing Care from Community' and 'Move to Residential Care from Community'	8
		Total	324
	<p>The number of council-supported older people (aged 65 and over) whose long-term support needs were met by a change of setting to residential and nursing care during the year was 136 + 54+ 74+ 38 +10 + 8 = 324.</p> <p>Minus the four clients who had received a 12-week disregard, or deferred payment we get 320.</p> <p>The population of older people in the area was 43,384.</p> <p>The measure value is [(320/43,384) *100,000] which equals 737.6</p>		
Disaggregation Available	Equalities: Age (18-64, 65 and over)		
Frequency of collection	Annual	Data source	SALT Office for National Statistics
Return format	Rate per 100,000 population	Decimal places	One
Longer-term development options			
Further guidance	Guidance for 2017/18 onwards can be found via the social care collection page at http://content.digital.nhs.uk/socialcare/collections by clicking on the year.		

(2B) Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services

Outcome	2. Delaying and reducing the need for care and support. <i>When people develop care needs, the support they receive takes place in the most appropriate setting and enables them to regain their independence.</i>
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⁴³ Further breakdowns are being developed in SALT to complete this measure. Further details will be made available in due course.

<p>Rationale</p>	<p>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.</p> <p>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.</p>
<p>Definition / interpretation</p>	<p>This is a two-part measure which reflects both the effectiveness of reablement services (part 1), and the coverage of the service (part 2).</p> <p>2B Part 1:</p> <p>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.</p> <p>The collection of the denominator will be between 1 October 2018 and 31 December 2018.</p> <p>The numerator will be collected from 1 January 2019 to 31 March 2019 during the 91-day follow-up period for each case included in the denominator.</p> <p>Those who are in hospital or in a registered care home (other than for a brief episode of respite care from which they are expected to return home) at the three month date and those who have died within the three months are not reported in the numerator.</p> <p>2B Part 2:</p> <p>The proportion of older people aged 65 and over offered reablement services following discharge from hospital.</p> <p>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).</p> <p>The collection of the numerator and the denominator will be from 1 October 2018 to 31 December 2018.</p> <p>Interpretation</p> <p>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</p>

	<p>prevent areas scoring well on the measure while offering reablement services to only a very small number of people.</p> <p>The measure includes social care-only placements. Therefore, those that were assessed just on social care needs are included in the data collection.</p>
Alignment	<p>These measures are 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) and Measure 3.6ii (the proportion of older people aged 65 and over who were offered rehabilitation following discharge from acute or community hospital) in the NHS Outcomes Framework⁴⁴.</p>
Risk adjustment	<p>None.</p>
Formula	$\left(\frac{X}{Y}\right) * 100$ <p>Where, for 2B part 1 (proportion of successful reablement):</p> <p>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</p> <p><i>Source: SALT Measure STS004, Table 1, row 'Number of discharges above where person was still at home 91 days later', column 'Overall Total'.</i></p> <p>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).</p> <p><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></p> <p>For 2B part 2 (coverage of reablement services):</p> <p>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).</p>

⁴⁴ https://indicators.hscic.gov.uk/download/Outcomes%20Framework/Specification/NHSOF_Domain_3_S.pdf - Page 39

	<p><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></p> <p>Y: Total number of people, aged 65 and over, discharged alive from hospitals in England between 1 October 2018 and 31 December 2018. This includes all specialities and zero-length stays. Data for geographical areas is based on usual residence of patient.</p> <p><i>Source: Hospital Episode Statistics</i></p>		
Worked example	<p>2B Part 1</p> <p>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.</p> <p>The number of people discharged from hospital aged 65+ and entering into joint 'intermediate care' or a 'rehabilitation service' was 306.</p> <p>Therefore the percentage achieving independence was $(217 / 306) \times 100$ which equals 70.9%</p> <p>2B Part 2</p> <p>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.</p> <p>The proportion offered reablement services was $(306/6,857) \times 100$ which equals 4.5%</p>		
Disaggregation Available	Equalities: Age (65-74, 75-84, 85+), Gender		
Frequency of collection	Annual	Data source	<i>SALT Hospital Episode Statistics</i>
Return format	Percentage	Decimal places	One
Longer-term development options	<p>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.</p> <p>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 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.</p>		
Further guidance	<p>Guidance for 2017/18 onwards can be found via the social care collection page at http://content.digital.nhs.uk/socialcare/collections by clicking on the year.</p> <p>Guidance for HES data can be found at: http://content.digital.nhs.uk/hes</p>		

(2D) Outcome of short-term services: sequel to service

Outcome	<p>2. Delaying and reducing the need for care and support. <i>Earlier diagnosis, intervention and reablement means that people and their carers are less dependent on intensive services.</i></p>
Rationale	<p>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 short-term services aim 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.</p>
Definition / interpretation	<p>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.</p> <p>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.</p> <p>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</p> <p>Where:</p> <p>X: Number of new clients where the sequel to "Short Term Support to maximise independence" was:</p> <ul style="list-style-type: none"> • "Ongoing Low Level Support" • "Short Term Support (Other)" • "No Services Provided - Universal Services/Signposted to Other Services" • "No Services Provided - No identified needs" <p><i>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',</i></p> <p>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.</p>

	<p><i>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 (not leading to long term support)- 100% NHS Funded Care/End of Life Care/Deceased', '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' ,</i></p> <p>Exclusions: Those in the categories of: “Early cessation of service (not leading to long term support)”; “Early cessation of service (not leading to long term support) – 100% NHS Funded Care/End of Life Care/Deceased”; “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</p> <p>Source: SALT Measure STS002a</p>
Alignment	ASCOF measure only
Risk adjustment	None
Formula	$\left(\frac{X}{Y}\right) * 100$ <p>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".</p> <p><i>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' ,</i></p> <p>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.</p> <p><i>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)', 'Early cessation of service (not leading to long term support) – 100% NHS Funded Care/End of Life Care/Deceased', 'No Services Provided – Needs identified but self-funding' and 'No Services Provided – needs identified but support declined'</i></p>
Worked example	<p>X: The number of new clients where the sequel to “Short Term Support to maximise independence” in the categories below during the year:</p> <p>“Ongoing Low Level Support” = 214</p> <p>“Short Term Support (Other)” = 459</p> <p>“No Services Provided – Universal Services/Signposted to Other Services” = 145</p>

	<p>“No Services Provided – No identified needs” = 25</p> <p>$X = 214 + 459 + 145 + 25 = 843$</p> <p>Y: The number of new clients who had short term support to maximise independence was 4705. Of those, 305 had a sequel of “Early cessation of service (not leading to long term support)”; “Early cessation of service (leading to long term support) “, “Early cessation of service (not leading to long term support) – 100% NHS Funded Care/End of Life Care/Deceased”, “No services provided – needs identified but self-funding”; and “No services provided – needs identified but support declined”</p> <p>$Y = 4,705 - 305 = 4,400$</p> <p>The measure value is $(843/4,400) * 100 = 19.2\%$</p>		
Disaggregation available	Equalities: Age (18-64, 65 and over)		
	Primary Support Reason (all ages)⁴⁵: 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 2017/18 onwards can be found via the social care collection page at http://content.digital.nhs.uk/socialcare/collections by clicking on the year.		

Placeholder for 2018/19 (2E) Effectiveness of reablement services

Outcome	2. Delaying and reducing the need for care and support <i>Earlier diagnosis, intervention and reablement mean that people and their carers are less dependent on intensive services.</i>
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

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.

	and support.
Definition / interpretation	Under development.
Longer-term development options	In 2018-19 NHS Digital will continue development work in an attempt to address these issues and progress the project, including testing the feasibility of running such a survey. If implemented, such a survey would not be introduced before 2020-21. The survey would have new burdens, which would need to be minimised as far as possible, fully assessed and funded appropriately.
Alignment	ASCOF measure only

(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. <i>When people develop care needs, the support they receive takes place in the most appropriate setting, and enables them to regain their independence.</i>
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	<p>This is a three-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) and jointly attributable to health and social care services (part 3).</p> <p>A delayed transfer of care from acute or non-acute (including community and mental health) care occurs when a patient is ready to depart from such care and is still occupying such a bed.</p> <p>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.</p> <p>Set out below is a table showing SDCS(TBC) definitions for the attribution of</p>

	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.)	✓	x	x
	Di). Awaiting residential home placement or availability	✓	✓	x
	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	✓	✓	x
	H. Disputes	✓	✓	x
I. Housing – patients not covered by Care Act	✓	x	x	
	<p>Interpretation</p> <p>Using a three-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.</p>			
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	$\left(\frac{X}{Y}\right) * 100,000$ <p>Where, for 2C part 1 (total delayed transfers):</p> <p>X: The average number of delayed transfers of care (for those aged 18 and over) each day. This is the average of the 12 monthly “DTCOC Beds” figures calculated from the monthly Situation Report (SitRep).</p>			

	<p><i>Source:SDCS(TBC)</i></p> <p>Y: Size of adult population in area (aged 18 and over)</p> <p><i>Source: ONS mid year population estimates⁴⁶</i></p> <p>For 2C part 2 (delayed transfers attributable to social care):</p> <p>X: The average number of delayed transfers of care (for those aged 18 and over) each day that are attributable to Social Care. This is the average of the 12 monthly “DTCOC Beds” figures calculated from the monthly Situation Report (SitRep).</p> <p><i>Source: SDCS (tbc)</i></p> <p>Y: Size of adult population in area (aged 18 and over)</p> <p><i>Source: ONS mid year population estimates</i></p> <p>For 2C part 3 (delayed transfers jointly attributable to NHS and social care):</p> <p>X: The average number of delayed transfers of care (for those aged 18 and over) each day that are jointly attributable to the NHS and Social Care. This is the average of the 12 monthly “DTCOC Beds” figures calculated from the monthly Situation Report (SitRep).</p> <p><i>Source: SDCS(TBC)</i></p> <p>Y: Size of adult population in area (aged 18 and over)</p> <p><i>Source: ONS mid year population estimates⁴⁶</i></p>
<p>Worked example</p>	<p>Part 1</p> <p>The total number of delayed discharges from the 12 “DTCOC Bed” figures was 812.</p> <p>Divide this by 12 for a monthly figure. If the ONS mid-year population estimate was 570,562.</p> <p>Therefore the average rate of delayed transfers is calculated as:</p> <p>$((812 / 12) / 570,562) * 100,000$ which equals 11.9.</p> <p>Part 2</p> <p>The total number of delays attributable to social care is 271, the average rate of delayed transfers of care attributable to social care is calculated as:</p> <p>$((271 / 12) / 570,562) * 100,000$ which equals 4.0.</p>

⁴⁶ If a population estimate does not exist for the current year then the previous year’s estimate will be used. Current estimates can be found at <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates>

	Part 3		
	The total number of delays attributable to social care and the NHS jointly is 51, the average rate of delayed transfers of care attributable to social care and the NHS jointly is calculated as: ((51 /12) /570,562) *100,000 which equals 0.7.		
Disaggregation available	Equalities: Age (18+)		
	Client groups: Adults aged 18+		
Frequency of collection	Annual	Data source	SDCS(TBC) Office for National Statistics
Return format	Numeric	Decimal places	One
Longer-term development options	None identified		
Further guidance	Delayed discharges data can be found at: http://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/		

**Placeholder for 2018/19
(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. <i>When people develop care needs, the support they receive takes place in the most appropriate setting and enables them to regain their independence.</i>
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 ongoing intent to develop a measure to assess the impact of this challenge within the 2020 Dementia Challenge, which includes a focus on the effectiveness of post-diagnosis care in sustaining independence and improving quality of life for people with dementia and their carers.
Alignment	ASCOF measure only

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. <i>People who use social care and carers are satisfied with their experience of care and support services.</i> <i>(Overarching measure)</i>
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	<p>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:</p> <ul style="list-style-type: none"> ▪ 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 <p>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:</p> <ul style="list-style-type: none"> ▪ 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 <p>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".</p>
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	$\left(\frac{X}{Y}\right) * 100$ <p>Where:</p> <p>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.</p> <p>Y: All those that responded to the question.</p> <p>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 NHS Digital 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 the guidance for the 2017-18 Adult Social Care Survey.</p>		
Worked example	<p>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.</p> <p>In total the number of users who responded to the question (including the easy read questionnaire) was 398.</p> <p>(Data weighted to reflect the stratified sampling technique that has been used when conducting the survey.)</p> <p>The measure value is $(((217 + 30)/398) * 100)$ which equals 62.1%</p>		
Disaggregation available	Equalities: Age, Gender, Ethnicity ⁴⁷ , Religion, Sexual orientation ⁴⁸		
	Primary Support Reason (all ages) ⁴⁷ : Physical Support, Sensory Support, Support with Memory and Cognition, Learning Disability Support, Mental Health Support, Social Support.		
Frequency of collection	Annual	Data source	<i>Adult Social Care Survey</i>
Return format	Percentage	Decimal places	One
Longer-term development options	None identified		

⁴⁷ 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.

⁴⁸ 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	Guidance can be found via the user survey guidance page at http://content.digital.nhs.uk/article/7879/User-survey-guidance---2017-18
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(3B) Overall satisfaction of carers with social services	
Outcome	3. Ensuring people have a positive experience of care and support. <i>People who use social care and their carers are satisfied with their experience of care and support services.</i> <i>(Overarching measure)</i>
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	<p>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:</p> <ul style="list-style-type: none"> ▪ 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 <p>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”.</p>
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	$\left(\frac{X}{Y}\right) * 100$ <p>Where:</p> <p>X: In response to the question above, those individuals who selected the response “I am extremely satisfied” or “I am very satisfied”.</p>

	<p>Y: All those that responded to the question.</p> <p>Exclusions</p> <p>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.</p>		
Worked example	<p>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”.</p> <p>The measure value is $[(112/(160-7))*100] = 73.2\%$.</p>		
Disaggregation available	Equalities: Age, Gender, Ethnicity ⁴⁹ , Religion, Sexual orientation ⁵⁰		
	Client groups: Carers		
Frequency of collection	Biennial	Data source	<i>Carers Survey</i>
Return format	Percentage	Decimal places	One
Longer-term development options			
Further guidance	<p>Guidance can be found via the user survey guidance page at http://content.digital.nhs.uk/article/7193/Survey-of-Adult-Carers-in-England-2016-17---guidance-for-local-authorities</p>		

Placeholder for 2018/19 (3E) Effectiveness of integrated care

Outcome	<p>3. Ensuring that people have a positive experience of care and support. <i>People who use social care and their carers are satisfied with their experience of care and support services.</i></p>
Rationale	<p>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.</p> <p>A live measure of “improving people’s experience of integrated care” was included in the 2014/15 framework to reflect the Department’s commitment</p>

⁴⁹ 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.

⁵⁰ 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.

	<p>to measure and understand people’s experience of integrated care. The focus for the development of this measure was capturing 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’.</p> <p>A number of questions were shortlisted from those proposed by the previous work conducted by the Picker Institute and University of Oxford⁵¹ to support an ASCOF measure of integration, with the intention of including additional questions in the Adult Social Care Survey (ASCS) and Carers Survey.</p> <p>The cognitive testing of the shortlisted questions took place over the summer of 2014⁵². The results indicated that the questions being tested did not give an accurate depiction of the experience of integrated care, nor could they be used to inform future service provision. As a result, the Adult Social Care Data and Outcomes Board recommended that none of the questions should be inserted into either the Adult Social Care Survey or Carers’ Survey.</p> <p>In the Integration and Better Care Fund Framework 2017-19, the Government restated its ambition for health and social care integration. The Social Care Institute for Excellence (SCIE) has been working on what a balanced set of measures for integration could look like. SCIE published a report on their findings to date, including a logic model for integrated care, in November 2017. This is available here: https://www.scie.org.uk/integrated-health-social-care/measuring-progress/scorecard/developing. This work identified a number of existing measures that could be used together to measure integrated care, but recommended further work should be done to test the use of this dashboard and to consider how best to address the gaps that they identified. We will retain a placeholder on the “effectiveness of integrated care” until this work has concluded and then consider how best to include any measure(s) in ASCOF.</p>
Alignment	ASCOF only measure

(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. <i>Carers feel that they are respected as equal partners throughout the care process.</i>
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.

⁵¹ http://www.pickereurope.org/wp-content/uploads/2014/10/Developing-measures-of-IC-report_final_SMALL.pdf

⁵² http://www.hscic.gov.uk/media/15759/Report-on-cognitive-testing-of-integrated-care-questions/pdf/Report_on_cognitive_testing_of_integrated_care_questions.pdf

Definition / interpretation	<p>The relevant question drawn from the Carers Survey is Q18: “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:</p> <ul style="list-style-type: none"> ▪ 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 <p>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”.</p>
Alignment	ASCOF measure only
Risk adjustment	None
Formula	$\left(\frac{X}{Y}\right) * 100$ <p>Where:</p> <p>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”.</p> <p>Y: All those that responded to the question.</p> <p><i>Exclusions</i></p> <p>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.</p>
Worked example	<p>The number of carers who said “I always felt involved or consulted” and “I usually felt involved or consulted” was 129.</p> <p>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”.</p> <p>The measure value is $[(129/(160-7))*100]$ which equals 84.3%</p>
Disaggregation available	Equalities: Age, Gender, Ethnicity ⁵³ , Religion, Sexual Orientation ⁵⁴

⁵³ 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.

⁵⁴ 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.

	Client groups: Carers		
Frequency of collection	Biennial	Data source	<i>Carers Survey</i>
Return format	Percentage	Decimal places	One
Longer-term development options			
Further guidance	Guidance can be found via the user survey guidance page at http://content.digital.nhs.uk/article/7193/Survey-of-Adult-Carers-in-England-2016-17---guidance-for-local-authorities		

(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. <i>People know what choices are available to them locally, what they are entitled to, and who to contact when they need help.</i>
Rationale	<p>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.</p> <p>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.</p>
Definition / interpretation	<p>This measure is in two parts and uses questions in the Adult Social Care Survey and Carers Survey.</p> <p>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:</p> <ul style="list-style-type: none"> ▪ 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 <p>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".</p> <p>The relevant question drawn from the Carers Survey is Question 16: "In the</p>

	<p>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:</p> <ul style="list-style-type: none"> ▪ 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 <p>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”.</p>
Alignment	ASCOF only measure
Risk adjustment	None
Formula	$\left(\frac{X}{Y}\right)*100$ <p>Where:</p> <p>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”.</p> <p>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.</p> <p>Y: All those that responded to the question.</p> <p>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 NHS Digital 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 the guidance for the 2017-18 Adult Social Care Survey.</p> <p>Where:</p> <p>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”.</p> <p>Y: The sum of all those that responded to the above question of the Carers Survey.</p>

	<p>Exclusions</p> <p>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.</p>		
Worked example	<p>3D Part 1 (users)</p> <p>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.</p> <p>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”.</p> <p>The score for the ASCS is $[(191/(350-8))*100]$ which equals 55.8%.</p> <p>Data weighted to reflect the stratified sampling technique that has been used when conducting the survey.</p> <p>3D Part 2 (carers)</p> <p>The number of respondents to the Carers Survey who select the responses “very easy to find” or “fairly easy to find” was 93.</p> <p>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”.</p> <p>The score for the Carers Survey is $[(93/(220-8))*100]$ which equals 43.9%</p>		
Disaggregation available	Equalities: Age, Gender, Ethnicity ⁵⁵ , Religion, Sexual orientation ⁵⁶		
	Primary Support Reason(all ages) ⁵⁵ : 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	<i>Adult Social Care Survey</i> <i>Carers Survey</i>
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.		

⁵⁵ 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.

⁵⁶ 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

Further guidance	Guidance can be found via the user and carer survey guidance pages at http://content.digital.nhs.uk/article/7879/User-survey-guidance---2017-18 and http://content.digital.nhs.uk/article/7193/Survey-of-Adult-Carers-in-England-2016-17---guidance-for-local-authorities
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Domain 4 – Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm

(4A) Proportion of people who use services who feel safe	
Outcome	4. Safeguarding people whose circumstances make them vulnerable and protecting from avoidable harm. <i>(Overarching measure)</i>
Rationale	<p>This measures one component of the overarching ‘social care-related quality of life’ measure. It provides an overarching measure for this domain.</p> <p>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.</p>
Definition / interpretation	<p>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:</p> <ul style="list-style-type: none"> ▪ 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 <p>The measure is defined by determining the percentage of all those responding who choose the answer “I feel as safe as I want”.</p> <p>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.</p> <p><i>Interpretation</i></p> <p>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).</p> <p>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.</p>
Alignment	ASCOF only measure

Risk adjustment	<p>A range of factors will be considered to adjust the measure to improve comparability between councils. Some examples are:</p> <ul style="list-style-type: none"> ▪ Age of users ▪ Needs of users ▪ Client groups of users 		
Formula	$\left(\frac{X}{Y}\right) * 100$ <p>Where:</p> <p>X: In response to Question 7a, those individuals who selected the response “I feel as safe as I want”.</p> <p>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.</p> <p>Y: All those that responded to the question.</p> <p>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 NHS Digital 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 the guidance for the 2017-18 Adult Social Care Survey.</p>		
Worked example	<p>The number of users who said “I feel as safe as I want” was 214.</p> <p>The total number of users who responded to the question was 345.</p> <p>Data weighted to reflect the stratified sampling technique that has been used when conducting the survey.</p> <p>The measure value is [(214/345)*100] which equals 62.0%.</p>		
Disaggregation available	<p>Equalities: Age, Gender, Ethnicity⁵⁷, Religion, Sexual orientation⁵⁸</p>		
	<p>Primary Support Reason (all ages)⁵⁷: Physical Support, Sensory Support, Support with Memory and Cognition, Learning Disability Support, Mental Health Support, Social Support.</p>		
Frequency of collection	Annual	Data source	<i>Adult Social Care Survey</i>

⁵⁷ 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.

⁵⁸ 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	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	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) Proportion of people who use services who say that those services have made them feel safe and secure

Outcome	<p>4. Safeguarding people whose circumstances make them vulnerable and protecting from avoidable harm</p> <p><i>Everyone enjoys physical safety and feels secure.</i> <i>People are free from physical and emotional abuse, harassment, neglect and self-harm.</i> <i>People are protected as far as possible from avoidable harm, disease and injury.</i> <i>People are supported to plan ahead and have the freedom to manage risks in the way that they wish.</i></p>
Rationale	<p>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.</p> <p>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.</p>
Definition / interpretation	<p>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:</p> <ul style="list-style-type: none"> ▪ Yes ▪ No <p>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.</p> <p><i>Interpretation</i></p> <p>Whilst the overarching measure (4A) indicates a higher-level individual</p>

	<p>perspective on feeling safe, this complementary measure gives a specific comment on the impact of services on this outcome.</p>
Alignment	<p>ASCOF measure only</p>
Risk adjustment	<p>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.</p>
Formula	$\left(\frac{X}{Y}\right)*100$ <p>Where:</p> <p>X: In response to Question 7b, those individuals who selected the response “Yes”.</p> <p>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.</p> <p>Y: All those that responded to the question.</p> <p>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 NHS Digital 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 the guidance for the 2017-18 Adult Social Care Survey.</p>
Worked example	<p>The number of users who said services had helped them feel safe was 197.</p> <p>The total number of users who responded to the question was 345.</p> <p>Data weighted to reflect the stratified sampling technique that has been used when conducting the survey.</p> <p>The measure value is $[(197/345)*100]$ which is equal to 57.1%.</p>

Disaggregation available	Equalities: Age, Gender, Ethnicity ⁵⁹ , Religion, Sexual orientation ⁶⁰		
	Primary Support Reason (all ages) ⁵⁹ : Physical Support, Sensory Support, Support with Memory and Cognition, Learning Disability Support, Mental Health Support, Social Support.		
Frequency of collection	Annual	Data source	<i>Adult Social Care Survey</i>
Return format	Percentage	Decimal places	One
Longer-term development options	Develop a broader 'value-added' measure which quantifies the contribution of social services to people feeling safe.		
Further guidance	Guidance can be found via the user survey guidance page at http://content.digital.nhs.uk/article/7879/User-survey-guidance---2017-18		

⁵⁹ 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.

⁶⁰ 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

Appendix 1 – Adult Social Care Outcomes Framework 2018/19 – at a glance

1: Enhancing quality of life for people with care and support needs	2: Delaying and reducing the need for care and support	3: Ensuring people have a positive experience of care and support	4: Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm
<p>Overarching measures</p> <p>1A. Social care-related quality of life</p> <p>1J – Adjusted Social care-related quality of life – impact of Adult Social Care Services</p> <p>Outcome measures</p> <p><i>People manage their own support as much as they wish, so they are in control of what, how and when support is delivered to match their needs</i></p> <p>1B. Proportion of people who use services who have control over their daily life</p> <p>1C. Proportion of people using social care who receive self-directed support, and those receiving direct payments</p> <p><i>Carers can balance their caring roles and maintain their desired quality of life</i></p> <p>1D. Carer-reported quality of life</p> <p><i>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</i></p> <p>1E. Proportion of adults with a learning disability in paid employment</p> <p>1F. Proportion of adults in contact with secondary mental health services in paid employment</p> <p>1G. Proportion of adults with a learning disability who live in their own home or with their family</p> <p>1H. Proportion of adults in contact with secondary mental health services living independently, with or without support</p> <p>1I. Proportion of people who use services and carers, who reported that they had as much social contact as they would like.</p>	<p>Overarching measure</p> <p>2A. Long-term support needs met by admission to residential and nursing care homes, per 100,000 population</p> <p>Outcome measures</p> <p><i>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</i></p> <p><i>Earlier diagnosis, intervention and reablement means that people and their carers are less dependent on intensive services</i></p> <p>2B. Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services</p> <p>2D. Outcomes of short-term services: sequel to service.</p> <p><i>Placeholder 2E: The effectiveness of reablement services</i></p> <p><i>When people develop care needs, the support they receive takes place in the most appropriate setting and enables them to regain their independence</i></p> <p>2C. Delayed transfers of care from hospital, and those attributable to adult social care</p> <p><i>Placeholder 2F: Dementia – measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life</i></p>	<p>Overarching measures</p> <p><i>People who use social care and their carers are satisfied with their experience of care and support services</i></p> <p>3A. Overall satisfaction of people who use services with their care and support</p> <p>3B. Overall satisfaction of carers with social services</p> <p><i>Placeholder 3E. Effectiveness of integrated care</i></p> <p>Outcome Measures</p> <p>Carers feel that they are respected as equal partners throughout the care process</p> <p>3C. Proportion of carers who report that they have been included or consulted in discussions about the person they care for</p> <p><i>People know what choices are available to them locally, what they are entitled to, and who to contact when they need help</i></p> <p>3D. Proportion of people who use services and carers who find it easy to find information about support</p> <p><i>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</i></p> <p>This information is contained in the Adult Social Care Survey and used for analysis at the local level</p>	<p>Overarching measure</p> <p>4A. Proportion of people who use services who feel safe</p> <p>Outcome measures</p> <p><i>Everyone enjoys physical activity and feels secure</i></p> <p><i>People are free from physical and emotional abuse, harassment, neglect and self-harm</i></p> <p><i>People are protected as far as possible from avoidable harm, disease and injuries</i></p> <p><i>People are supported to plan ahead and have the freedom to manage risks the way that they wish</i></p> <p>4B. Proportion of people who use services who say that those services have made them feel safe and secure</p>

Appendix 2 – NHS Outcomes Framework 2018/19 – at a glance

<p>1 Preventing people from dying prematurely</p> <p>Overarching indicators</p> <p>1a Potential years of life lost (PYLL) from causes considered amenable to healthcare</p> <ul style="list-style-type: none"> i Adults ii Children and young people <p>1b Life expectancy at 75</p> <ul style="list-style-type: none"> i Males ii Females <p>1c Neonatal mortality and stillbirths</p> <p>Improvement areas</p> <p>Reducing premature mortality from the major causes of death</p> <ul style="list-style-type: none"> 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 v One- and vi Five-year survival from cancers diagnosed at stage 1&2 (PHOF 2.19**) <p>Reducing premature mortality in people with mental illness</p> <ul style="list-style-type: none"> 1.5 i Excess under 75 mortality rate in adults with serious mental illness (PHOF 4.8*) ii Excess under 75 mortality rate in adults with common mental illness iii Suicide and mortality from injury of undetermined intent among people with recent contact from NHS services (PHOF 4.10**) <p>Reducing mortality in children</p> <ul style="list-style-type: none"> 1.6 i Infant mortality (PHOF 4.1*) ii Five year survival from all cancers in children <p>Reducing premature death in people with a learning disability</p> <ul style="list-style-type: none"> 1.7 Excess under 60 mortality rate in adults with a learning disability 	<p>3 Helping people to recover from episodes of ill health or following injury</p> <p>Overarching indicators</p> <p>3a Emergency admissions for acute conditions that should not usually require hospital admission</p> <p>3b Emergency readmissions within 30 days of discharge from hospital (PHOF 4.11*)</p> <p>Improvement Areas</p> <p>Improving outcomes from planned treatments</p> <p>3.1 Total health gain as assessed by patients for elective procedures</p> <ul style="list-style-type: none"> i Physical health-related procedures ii Psychological therapies iii Recovery in quality of life for patients with mental illness <p>Preventing lower respiratory tract infections (LRTI) in children from becoming serious</p> <p>3.2 Emergency admissions for children with LRTI</p> <p>Improving recovery from injuries and trauma</p> <p>3.3 Survival from major trauma</p> <p>Improving recovery from stroke</p> <p>3.4 Proportion of stroke patients reporting an improvement in activity/lifestyle on the Modified Rankin Scale at 6 months</p> <p>Improving recovery from fragility fractures</p> <p>3.5 Proportion of patients with hip fractures recovering to their previous levels of mobility/walking ability at i 30 and ii 120 days</p> <p>Helping older people to recover their independence after illness or injury</p> <p>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*))</p> ii Proportion offered rehabilitation following discharge from acute or community hospital (ASCOF 2B(2*)) <p>Improving Dental Health</p> <p>3.7 i Decaying teeth (PHOF 4.02**)</p> ii Tooth extractions in secondary care for children under 10	<p>4 Ensuring that people have a positive experience of care</p> <p>Overarching indicators</p> <p>4a Patient experience of primary care</p> <ul style="list-style-type: none"> i GP services ii GP Out-of-hours services iii NHS dental services <p>4b Patient experience of hospital care</p> <p>4c Friends and family test</p> <p>4d Patient experience characterised as poor or worse</p> <ul style="list-style-type: none"> i Primary care ii Hospital care <p>Improvement areas</p> <p>Improving people's experience of outpatient care</p> <p>4.1 Patient experience of outpatient services</p> <p>Improving hospitals' responsiveness to personal needs</p> <p>4.2 Responsiveness to in-patients' personal needs</p> <p>Improving people's experience of accident and emergency services</p> <p>4.3 Patient experience of A&E services</p> <p>Improving access to primary care services</p> <p>4.4 Access to i GP services and ii NHS dental services</p> <p>Improving women and their families' experience of maternity services</p> <p>4.5 Women's experience of maternity services</p> <p>Improving the experience of care for people at the end of their lives</p> <p>4.6 Bereaved carers' views on the quality of care in the last 3 months of life</p> <p>Improving experience of healthcare for people with mental illness</p> <p>4.7 Patient experience of community mental health services</p> <p>Improving children and young people's experience of healthcare</p> <p>4.8 Children and young people's experience of inpatient services</p> <p>Improving people's experience of integrated care</p> <p>4.9 People's experience of integrated care (ASCOF 3E**)</p>
<p>2 Enhancing quality of life for people with long-term conditions</p> <p>Overarching indicators</p> <p>2 Health-related quality of life for people with long-term conditions (ASCOF 1A**)</p> <p>Improvement areas</p> <p>Ensuring people feel supported to manage their condition</p> <p>2.1 Proportion of people feeling supported to manage their condition</p> <p>Improving functional ability in people with long-term conditions</p> <p>2.2 Employment of people with long-term conditions (ASCOF 1E**, PHOF 1.8*)</p> <p>Reducing time spent in hospital by people with long-term conditions</p> <p>2.3 i Unplanned hospitalisation for chronic ambulatory care sensitive conditions</p> ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s <p>Enhancing quality of life for carers</p> <p>2.4 Health-related quality of life for carers (ASCOF 1D**)</p> <p>Enhancing quality of life for people with mental illness</p> <p>2.5 i Employment of people with mental illness (ASCOF 1F** & PHOF 1.8**)</p> ii Health-related quality of life for people with mental illness (ASCOF 1A** & PHOF 1.6**) <p>Enhancing quality of life for people with dementia</p> <p>2.6 i Estimated diagnosis rate for people with dementia (PHOF 4.16*)</p> ii A measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life (ASCOF 2F**) <p>Improving quality of life for people with multiple long-term conditions</p> <p>2.7 Health-related quality of life for people with three or more long-term conditions (ASCOF 1A**)</p>	<p style="text-align: center;">NHS Outcomes Framework 2018/19 at a glance</p> <p style="text-align: center;">Alignment with Adult Social Care Outcomes Framework (ASCOF) and/or Public Health Outcomes Framework (PHOF)</p> <p>* Indicator is shared</p> <p>** Indicator is complementary</p> <p>≠ Indicator is for health inequalities assessment</p> <p><i>Indicators in italics are in development</i></p>	<p>5 Treating and caring for people in a safe environment and protecting them from avoidable harm</p> <p>Overarching indicators</p> <p>5a Deaths attributable to problems in healthcare</p> <p>5b Severe harm attributable to problems in healthcare</p> <p>Improvement areas</p> <p>Reducing the incidence of avoidable harm</p> <p>5.1 Deaths from venous thromboembolism (VTE) related events</p> <p>5.2 Incidence of healthcare associated infection (HCAI)</p> <ul style="list-style-type: none"> i MRSA ii C. difficile <p>5.3 Proportion of patients with category 2, 3 and 4 pressure ulcers</p> <p>5.4 Hip fractures from falls during hospital care</p> <p>Improving the safety of maternity services</p> <p>5.5 Admission of full-term babies to neonatal care</p> <p>Improving the culture of safety reporting</p> <p>5.6 Patient safety incidents reported</p>

Appendix 3 – The Public Health Outcomes Framework 2016-19 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*

Public Health Outcomes Framework 2016–2019 At a glance

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 low income families 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 Proportion of people in prison aged 18 or over who have a 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 Levels of offending and re-offending 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)

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 ½ years 2.6 Excess weight in 4-5 and 10-11 year olds 2.7 Hospital admissions caused by unintentional and deliberate injuries for children and young people under 25 2.8 Emotional well-being of looked after children 2.9 Smoking prevalence – 15 year olds 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 Drug and alcohol treatment completion and drug misuse deaths 2.16 Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison 2.17 Estimated diagnosis rate for people with diabetes mellitus 2.18 Alcohol-related admissions to hospital 2.19 Cancer diagnosed at stage 1 and 2 2.20 National 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 3.8 Antimicrobial Resistance

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 Proportion of five year old children free from dental decay 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 a range of specified communicable diseases, including influenza 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 (1A)

The social care related quality of life score for an individual is a composite measure using responses to questions from the ASCS covering eight domains; control, dignity, personal care, food and drink, safety, occupation, social participation and accommodation. The ASCOF measure provides a social care related quality of life score averaged across each of the users who responded to the Adult Social Care Survey (ASCS) in an authority. 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 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.⁶¹ 1J is now a live measure in ASCOF. NHS Digital published a working paper which set out how the measure value is calculated for a Local Authority in 2013-14. Subsequently it has also published analysis for 2014/15 and 2015/16 along with a calculator for councils to calculate their own value⁶²

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

⁶¹ QORU's findings can be accessed at <https://www.qoru.ac.uk/about/research/application/identifying-the-impact-of-adult-social-care-iasc/>

⁶² See

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 NHS Digital's website:
<http://content.digital.nhs.uk/social-care/running-and-using-surveys> .

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

MHSD S 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	Other 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 ⁶³	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 for older persons	0
SH09	Other sheltered housing	1
Mobile accommodation		
ML00	Mobile accommodation	1
Other codes		
OC96	Not elsewhere classified	

⁶³ This category does not apply to ASCOF Measure 1G

OC97	Not specified	
OC98	Not applicable	
OC99	Not known	