

Transparency in outcomes: a framework for quality in adult social care

*The 2011/12 Adult Social Care Outcomes
Framework*

DH INFORMATION READER BOX

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Foreword

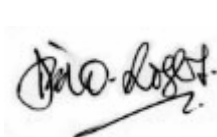
We all recognise that improvement is driven primarily by strong local leadership and strong local accountability to service users and citizens. The Adult Social Care Outcome Framework makes a good start in grounding improvement locally and in the wider adult social care sector, while clarifying the legitimate national interest in the delivery of outcomes for people who use services, their carers and families.

This is just a start, however, as there is much more to do to reduce the data reporting and assessment burden upon councils and develop new innovative approaches to improvement in a tough financial context. This document, and the partner response to the *Transparency in outcomes: a framework for adult social care* consultation, set out a way forward for us to make progress together towards realising the *Vision for Adult Social Care* and the *Think Local, Act Personal* agreement.



Paul Burstow MP

Minister of State for
Care Services



Councillor David Rogers OBE

Chair, Community Wellbeing Board,
Local Government Group



Richard Jones

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Social Services

1. Introduction

- 1.1 On 16 November 2010, the Government published the consultation paper *Transparency in outcomes: a framework for adult social care*. The Government has published its response to those consultations, alongside this paper. That publication details the voices heard during the consultation, and sets out the Government's view and next steps for this agenda. This document is a companion piece to the strategy described in the Government's response.
- 1.2 The response to the consultation on *Transparency in outcomes* described the case for the Adult Social Care Outcomes Framework, in the context of a broader, more transparent and outcome-focused approach to presenting information on what adult social care has achieved. As the response demonstrates, this proposal received significant support in principle through the consultation. The purpose of this document is to provide more detail on the specific areas agreed for inclusion in the first Adult Social Care Outcomes Framework (ASCOF), for the year from April 2011. All proposals for outcome measures have been agreed between the Department of Health, the Association of Directors of Adult Social Services (ADASS) and the Local Government Group.
- 1.3 This document:
- Notes the process of consultation followed to agree the 2011/12 Outcomes Framework;
 - Describes the principles for the way in which the Outcomes Framework should be used, and its relationship with local outcome measurement;
 - Sets out the detail for each of the domains in the Outcomes Framework, including the specific measures agreed for 2011/12; and,
 - Details the next steps for future development of the outcomes-based approach and improvements to the Outcomes Framework over coming years.

The consultation process

- 1.4 The consultation process ran from November 2010 to February 2011. Eight formal consultation events were advertised at the time of publication and held in different parts of England during the period, attracting a broad range of representatives from the public, private and voluntary sectors, as well as individuals who use services and their carers. A number of additional events were arranged at the request of particular groups, to speak to specially convened meetings and gain additional insight from a number of perspectives.

- 1.5 Around 200 written responses were received during the consultation period, substantially more than average for a consultation of this size. These responses came from a wide spectrum of individuals and organisations, including: members of the public, people who use services and their carers, local authorities, voluntary and community organisations, user-led organisations, local involvement networks, NHS organisations, professional bodies, national representative organisations, think tanks and care practitioners. A full list of those who responded to the consultation is available on the Department of Health's website.
- 1.6 Around half of the written consultation responses dealt in detail with the outcome measures proposed for 2011/12. Many of these provided suggestions for amendments, deletions and alternative measures. Others noted gaps in the coverage of the Outcomes Framework as a whole which should be noted and flagged as a priority for future development work. The Government is very grateful for all those who responded and put additional effort into reviewing the outcome measures.
- 1.7 The Department of Health analysed each of the proposed measures, responding to the feedback received in the consultation. This analysis was shared with a local government reference group comprising the Association of Directors of Adult Social Services, the Local Government Group and a number of individual councils. Through further discussions with this group, in the context of the commitment to co-production with local government, the group agreed the recommendations for the Outcomes Framework which follow.

Analysis and use of criteria

- 1.8 The consultation document proposed a number of criteria to be used in assessing the strengths and weaknesses of all measures proposed for inclusion in the ASCOF:
- Relevant and meaningful to the public – measures should be intelligible and reflect what matters to people;
 - Substantially influenced by social care – measures must be relevant to the work of adult social care to support accountability;
 - Can be compared between local areas and over time – measures must be consistent to promote transparency;
 - A measure of a social care-related outcome, or consistent with the outcome focus – we should be clear about the level of the measure its fit within the outcome domain;
 - Disaggregable by equalities – measures should be able to be broken down to support a focus on inequalities; and,

- Currently collected – measures should, at least from 2011/12, be currently available from an existing data source.

- 1.9 Most respondents to the consultation agreed that these were the most appropriate criteria for assessing the measures. Several suggested additional criteria, amongst which the most commonly raised, in particular by councils, was reviewing the capacity for a measure to give rise to ‘perverse incentives’. This is an important lesson from past approaches to performance indicators and accountability, and one which the Government fully acknowledges. Data quality and the potential for measures to be misinterpreted were also highlighted as issues meriting additional focus. As Kent County Council wrote: *“We do not want to be in a position where an indicator is flawed, and there is immense burden to Councils in trying to defend its position constantly because of the definition or interpretation flaw”*. We agree, and have considered the measures in this light, including through our discussions with local government.
- 1.10 Several organisations commented on the classification of some criteria as ‘essential’ and others as ‘desirable’. In particular, the fact that the criterion for information to be able to be broken down for equalities monitoring was considered a pre-requisite. As Age UK wrote: *“We also think that it is essential that measures can be broken down by the various equality strands”*; a view shared by the Royal National Institute for Deaf People and the Lesbian and Gay Foundation, amongst others. We have reviewed the use of the criteria subsequently, and agree that the distinction between ‘essential’ and ‘desirable’ factors is of limited value. Our analysis has considered all criteria above on an equal weighting.
- 1.11 Assessments of each of the outcome measures used the criteria above, plus feedback from the consultation, to consider the appropriateness of each individually. The analysis also relied on the availability of evidence on interventions which can drive improvement in outcomes, and their cost-effectiveness, where this was available. There is generally a lack of good quality robust evidence in the social care sector on the cost effectiveness of interventions linked to improvement in outcomes; however we have taken account of this evidence where possible.
- 1.12 In addition, an analysis was required of the strength and balance of the basket of measures overall in the ASCOF. As the Care Quality Commission noted in their response: *“it is important to assess the coherence of the set as a whole to ensure that the measures cover the domains sufficiently to provide meaningful information to the public”*. A further assessment was made looking at the coverage of the proposed measures in relation to the main groups of individuals receiving adult social care, and the spread across the domains and outcome statements. Whilst not all gaps are able to be filled by existing data, this has helped identify the areas of greatest priority for future development, as set out below.

Using the Adult Social Care Outcomes Framework

- 1.13 The ASCOF is a set of outcome measures, which have been agreed to be of value both nationally and locally for demonstrating the achievements of adult social care. Its key uses span this national and local context:
- Nationally, the ASCOF will give an indication of the strengths of social care and success in delivering better outcomes for people who use services. This will support the Government's role in reporting to the public and Parliament on the overall system, and influence national policy development. It will also help local government to understand trends and highlight risks in keeping with its responsibility for improvement in councils.
 - Locally, one of the key uses of the ASCOF is for 'benchmarking' and comparison between areas. This is critical to local accountability of councils and reporting to their citizens on a consistent basis. Whilst the ability to compare between areas varies between the measures, overall the framework is one of the most significant supports available to councils themselves in managing their own service improvement, since it will provide one of the few validated sources of outcome information.
- 1.14 As the consultation document made clear, the ASCOF is not a national performance management tool. Government will not seek to set targets or manage the performance of councils in relation to any of the measures in the framework. 'Performance management', where it continues, will be a local responsibility for councils to determine, in partnership with other organisations and the people they serve.
- 1.15 The way in which councils use the ASCOF to support the management of their business and report to local people will be a matter for local decision. Through the consultation, many places told us about work they have already started to use the ASCOF as a basis for designing their own local outcomes framework, combining national measures with others of local priority. Other areas have used a combination of the ASCOF and the partner frameworks for the NHS and Public Health to develop the foundations for a community-wide outcomes framework, for use through the health and wellbeing board. This sort of local application and partnership working is precisely the response envisaged by the Government, and demonstrates the flexibility built into the new approach.
- 1.16 Part of the role of national resources such as the ASCOF, therefore, is to support such local conversations with the added benefit of nationally-assured and comparable information. The national data set for adult social care, which underpins much of the ASCOF and provides the total of national data from councils, will be equally important in this respect. These data will be a crucial resource locally, adding broader information alongside the ASCOF, and supporting analyses, for instance on value for money by looking at service and cost data.

- 1.17 There will be a number of ways these national collections can be used locally. The ASCOF gives a high-level summary of the outcomes available, but does not list every available measure. Resources such as the Adult Social Care Survey offer much more to local evaluation than just the specific measures agreed for inclusion in the ASCOF, including a number of areas which would help inform local analysis.
- 1.18 In this context, the national outcome measures will only suggest a start for the sorts of areas councils will want to consider. There will be a more important role for local information and local outcome measures to supplement the national measures and explain what is happening locally, and why. It will be part of the role of the local account, described in the Government's main consultation response, to be the place which draws these together into a single local narrative.

2. The 2011/12 Adult Social Care Outcomes Framework

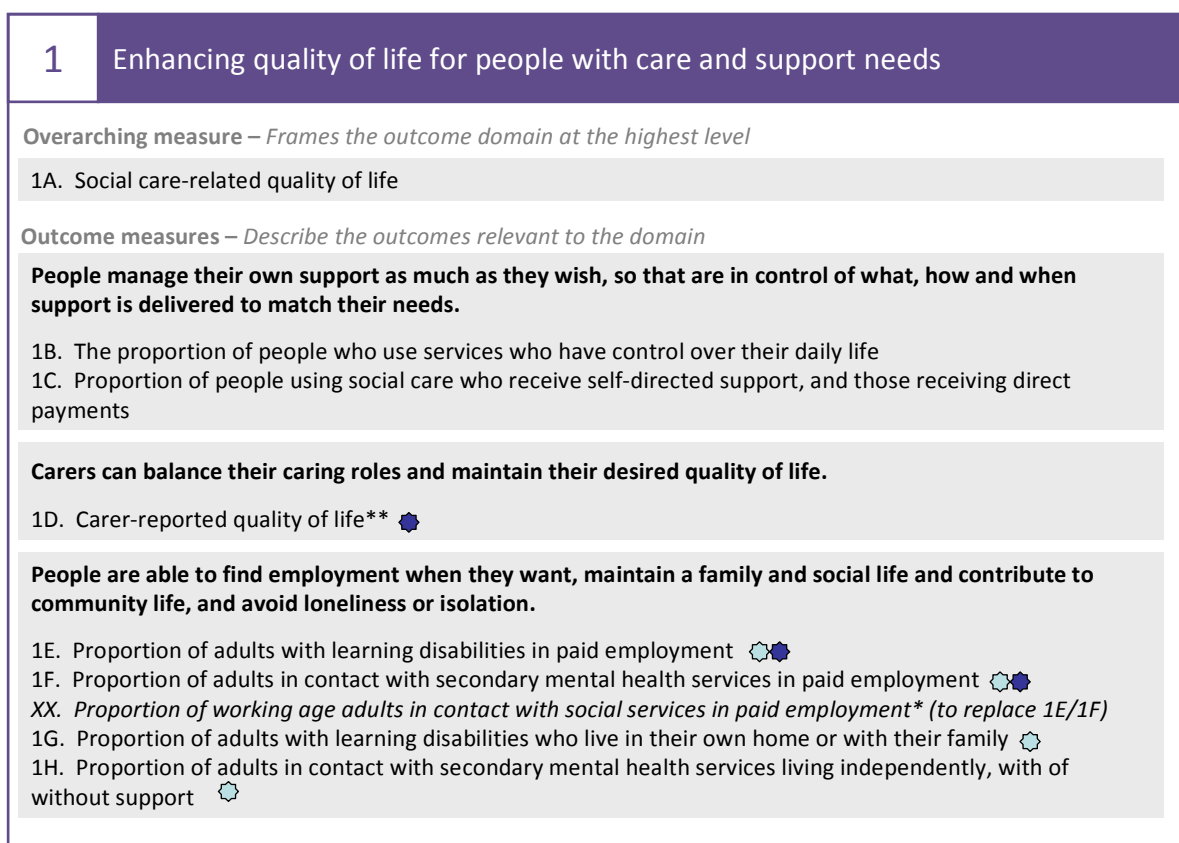
- 2.1 The sections which follow outline the agreed outcome measures comprising the 2011/12 ASCOF, across the four domains in the framework. In each domain, a summary of the measures and their link to the outcome domain and statements is provided. Where the current group of measures falls short of the ideal, areas of potential future development are also indicated.
- 2.2 The first ASCOF, as the consultation noted, is anchored by pre-existing data collections which need to be manipulated for the measures. This is a generally accepted limitation, and one which can only be tackled by future development work between national and local partners. As the Local Government Group noted in their consultation response, this gives the impression of an Outcomes Framework “*looking to the future but inevitably tied to the past*”.
- 2.3 To begin to rectify this, we have identified a number of areas where outcome statements cannot be adequately captured by current data collections. In these cases, a ‘placeholder’ has been agreed for inclusion, as a marker of priority and to flag a gap which needs to be filled in due course. These placeholders are included on the understanding that, should a new measure be developed, it would be included in a future year’s version of the ASCOF to reflect the relevant outcome. However, they are not a guarantee that such a measure will become available, for that can only be decided based on development work and the agreement of local government.
- 2.4 More detail on each individual measure is included in the annex to this document. A further, technical handbook of data definitions for all measures, including worked examples, will be published in due course.

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

- 2.5 The Government’s response to the consultation sets out a number of outcome statements which support this domain, and which have been revised based on feedback received. These aim to capture the outcomes which matter in the context of the overall domain, and are reproduced below:
 - People live their own lives to the full and achieve the outcomes which matter to them by accessing and receiving high quality support and information.
 - Carers can balance their caring roles and maintain their desired quality of life.

- People manage their own support as much as they wish, so that are in control of what, how and when support is delivered to match their needs.
- 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.


2.6 Following the views of respondents to the consultation and subsequent analysis, the diagram below shows the specific outcome measures agreed for inclusion within this domain in the 2011/12 ASCOF:



* Placeholder in 2011/12

** Deferred to 2012/13

 Measure included in/consistent with NHS Outcomes Framework

 Measure included in/consistent with proposed Public Health Outcomes Framework

Outcome measures for 2011/12

2.7 The overarching measure in this domain is ‘**social care-related quality of life**’. This is a composite measure drawn from a number of responses made by people who use services to the Adult Social Care Survey. The overall quality of life measure brings together people’s experience of eight outcomes related to social care, into a single measure. The eight outcomes have been developed by the Personal Social Services Research Unit at the University of Kent, and comprise: being clean and presentable, getting the right amount of food and drink, having a clean and comfortable home, feeling safe, having control over daily life, having social contact with people, the way people are treated and spending time doing enjoyable things that are valued or enjoyed.

- 2.8 This is a key high-level measure, which reflects the achievement of outcomes as reported by people who use services. Whilst some care will need to be taken in relation to the presentation of the eventual 'score' for each council to make this meaningful to the public, it will provide a useful summary of key areas. Feedback on this measure through the consultation was almost universally positive.
- 2.9 This also provides the basis for further development work which, over time, is planned to make the quality of life measure more comparable between councils to support benchmarking, and more attributable to the actions of services, to support accountability. We are looking at the feasibility of strengthening the evidence base in this area and the possible ways to do this, to inform a means of 'adjusting' the measure to improve comparability, and therefore use locally. In the longer-term, it is our ambition to develop a methodology for applying a 'value added' measure, which would reflect the contribution of services to an individual's outcomes, in a similar way to the 'contextual value added (CVA)' measures employed in the education sector. We shall engage local government in discussions about how best such an approach might be taken forward.
- 2.10 Supporting the first outcome statement in relation to personalisation, choice and control, are two outcome measures:
- **The proportion of people who use services who have control over their daily life.** This is a particular question taken from the Adult Social Care Survey. It is an indication of an important outcome to personalised services, which received significant support through the consultation.
 - **Proportion of people using social care who receive self-directed support, and those receiving direct payments.** This measure is adapted from an existing indicator which reflects the success of councils in delivering personalised services, through personal budgets. This remains an important area for Government and the social care sector alike – as evidenced by the focus in *Think Local, Act Personal* – and although an input-based measure, it is believed to add value to the ASCOF in 2011/12. The presentation of this measure has been amended to draw out the sub-section of people receiving direct payments alongside the overall proportion receiving self-directed support, following suggestions through the consultation. This is an interim amendment, and further work is needed on the data underpinning this measure to make it more robust for future years.
- 2.11 In relation to carers and their fit within this domain, a specific measure is included on 'carer-reported quality of life'. This is close to being the carers' equivalent of the overarching social care-related quality of life measure. It similarly is based upon responses to questions in a number of outcome areas in the Carers Survey, all of which reflect issues of importance to carers of those receiving social care.
- 2.12 This measure is included in the ASCOF on the basis that the Carers Survey will become part of the regular national data collections for adult social care. A specific question in

the consultation document – which proposed collection every other year in addition to the Adult Social Care Survey – received almost unanimous support. Indeed, a number of respondents agreed with ADASS’s view that: *“if carers’ issues are genuinely to be given equal weight then the Carers Survey should be undertaken on an annual basis, although this may present significant resource issues”*. These resource issues had a major bearing on the original proposal for a biennial collection. However, with the agreement of ADASS and in light of the weight of responses, we will review the size of the Carers Survey with a view to reducing substantially the data burdens imposed. Subject to final agreement, we will consider the case for making this an annual requirement on councils.

- 2.13 Pending such work, the first collection of the Carers Survey is due to take place nationally in 2012/13. This means that the carer-reported quality of life measure, as with others in different domains, will be included in the first year of the ASCOF as a deferred measure, with first publication taking place in 2012/13.
- 2.14 The fourth of the outcome statements in this domain, in relation to economic wellbeing, family and community life and social participation, is represented by a group of four outcome measures:
- **Proportion of adults with learning disabilities in paid employment.** This is an amended version of an existing measure, reflecting the success of services in supporting economic wellbeing through paid employment. The definition of this measure has been amended to clarify the focus, and to expand the scope to include all those with learning disabilities receiving a service from the council (in the past, only those reviewed in the previous year could be counted).
 - **Proportion of adults in contact with secondary mental health services in paid employment.** This is an equivalent measure for people in contact with secondary mental health services, and on the Care Programme Approach. The definition will be similarly amended to focus on paid employment, and expand the scope by removing the requirement for a review to have been undertaken. In the longer-term, the ambition is to remove the need for an individual to be on the Care Programme Approach, subject to development of the data source.
 - **Proportion of adults with learning disabilities who live in their own home or with their family.** This is an amended version of an existing measure, redesigned to reflect the focus on supporting people to live independently in their own home or with families. Like the employment measure above, it will be amended to remove the reviews element and increase the scope for a fuller picture.
 - **Proportion of adults in contact with secondary mental health services living independently, with or without support.** This is the equivalent measure for people in contact with secondary mental health services, similarly amended and refocused on the outcome of living independently, with support (for instance, living with their family) or without (for instance, living in their own home).

2.15 The measures above are a good example of where consultation and analysis has improved existing measures, and reduced the burden on councils at the same time. The amended measures have a broader scope, capturing the outcomes achieved for more people, whilst also being easier to collect locally from council information systems. These are important outcome areas, and not relevant solely to people with learning disabilities or mental health problems. Analysis of the overall basket of measures, as well as a number of responses to the consultation, have raised that some of these outcomes are equally relevant – and so should also be captured – for other groups.

Placeholders and future development

2.16 As noted above, analysis has highlighted a clear gap in relation to the outcomes of economic wellbeing for other groups of people receiving services. This gap is due to a previously defined data set, in relation to the previous Government's targets, which focused on people with learning disability and mental health problems. A placeholder has been included in the domain in this area, with a view to addressing this potential imbalance:

- *Proportion of working age adults in contact with social services in paid employment.* This would include all working age (aged 18-64 years) adults, and would replace the two outcome measures currently included in the ASCOF. The current measures would continue to be available as disaggregates of the overall measure, but it would also include core groups, such as working age adults with physical disabilities, which are currently not included.

2.17 One further area highlighted in the consultation, and which cannot be captured by existing national data collections, is in relation to success in achieving personal outcomes for individuals. This is important, not least since what matters most to people should be what drives service design and delivery. Building services around individually-defined outcomes, personal to the wishes of the service user, is the essence of personalisation. Current data is dependent on surveys, which by design include pre-defined outcome questions, and are not flexible enough to always reflect what matters in particular to one individual. A new mechanism will be needed to elicit information on 'personal' outcome goals which matter to the person, or carer, receiving services.

2.18 Any such mechanism would need a common national model for data capture if it was to be able to provide robust, comparable data. A specific question was posed in the consultation to this end, asking for views on the adoption of standard processes. This garnered a very positive response from the majority of respondents. Stockton-on-Tees Borough Council was among them: "*We support the development of models for making more effective use of information about individual level outcomes....Such models have the potential to provide a much richer source of evidence about outcomes*". Scope commented that: "*Allowing people to set their own outcomes empowers the individuals themselves, enabling them to take up volunteering and employment opportunities*".

- 2.19 Notwithstanding the general support, some noted potential challenges to any standardised approach. Thurrock Council wrote that: *“finding a consistent and comparable way in which to capture and interpret what will largely be subjective and individual views is problematic”*. Durham County Council’s thoughts were similar: *“there would be a number of challenges to overcome, including achieving consistency of application across all councils”*. We accept that there will be some challenges to overcome, but given the strength of support, we believe this an avenue worth pursuing.
- 2.20 One approach currently being tested and implemented in a number of councils is the ‘personal outcome measure’ model. This asks people receiving services to identify the most important outcome goals to them, and use the common assessment and review processes to set personal aims, and then report back on whether they have been met. The box below gives more detail on this approach and its potential benefits. ADASS has agreed to lead work with the Department over the coming year to test out this and other existing local approaches, to consider whether a national model could be developed for future years.

Personal outcome measure

The original Oxfordshire model for a personal outcome measure (which has colloquially become known as the “three wishes”) essentially involves asking people to provide feedback on whether the things that are most important to them, big or small, are being addressed.

This entails asking people about their most important outcomes at assessment and support planning stage, in everyday language – “things” not “outcomes”. These are not necessarily specific goals but also day-to-day aspects of their life that they deem to be important. People are then asked to rate progress against these high-level personal outcomes at review and invited to explore reasons why their expectations are not being met, when that is the case. The yes/no type responses given can be collated to provide a measure of achievement of outcomes.

This method of capturing information on personal outcomes is dependant on a quality outcome-based review taking place, but promises to deliver more than a straightforward process measure. This approach offers the possibility of a measure which goes beyond telling us to what extent processes (e.g. self-directed support) are happening in an area to explore whether they are having the desired impact on people’s lives – a genuine outcome measure.

Eight Councils tested a version of the question in routine reviews as part of a trial of an Outcome based review template. Six further councils have participated in a similar pilot. These councils are among at least 20 authorities now collecting outcome information in this way.



Results so far have found evidence that people using services and staff found that the review experience was enhanced by the addition of the questions. There are also interesting early findings about the nature of outcomes that people were coming up with and how people rated their outcomes, with significant differences between groups; older people and people with learning disabilities for example.

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

2.21 The Government's response to the consultation sets out a number of outcome statements which support this domain, and which have been revised based on feedback received. These aim to capture the outcomes which matter in the context of the overall domain, and are reproduced below:

- Everybody has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs.
- Earlier diagnosis, intervention and reablement mean that people and their carers are less dependent on intensive services.
- When people develop care needs, the support they receive takes place in the most appropriate setting, and enables them to regain their independence.

2.22 Following the views of respondents to the consultation and subsequent analysis, the diagram below shows the specific outcome measures agreed for inclusion within this domain in the 2011/12 ASCOF:

2	Delaying and reducing the need for care and support
<i>Overarching measures – Frame the outcome domain at the highest level</i>	
2A. Permanent admissions to residential and nursing care homes, per 1,000 population <i>XX. Effectiveness of prevention/preventative services*</i>	
<i>Outcome measures – Describe the outcomes relevant to the domain</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>XX. Effectiveness of prevention/preventative services*</i>	
Earlier diagnosis, intervention and reablement means that people and their carers are less dependent on intensive services.	
2B. Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services  <i>XX. Effectiveness of early diagnosis, intervention and reablement: avoiding hospital admissions*</i>	
When people develop care needs, the support they receive takes place in the most appropriate setting, and enables them to regain their independence.	
2C. Delayed transfers of care from hospital, and those which are attributable to adult social care  <i>XX. Effectiveness of reablement: regaining independence*</i>	

* Placeholder in 2011/12

 Measure included in/consistent with NHS Outcomes Framework

Outcome measures for 2011/12

- 2.23 The current overarching measure in this domain is **‘permanent admissions to residential and nursing care, per 1,000 population’**. This is a high-level indication of the success of social care services in delaying dependency, in particular for older people, and reducing inappropriate permanent admissions to residential and nursing care. Since local factors will vary and play a part in admissions to care homes, this measure will be weighted according to age and need to improve comparability between councils. The second overarching measure proposed in the consultation (related to emergency readmissions to hospitals) was not proven to be significantly related to social care activity, and has been dropped pending further work.
- 2.24 The other substantive outcome measures in this domain relate to elements of the outcome statements for regaining independence and reducing the need for intensive services. Two outcome measures are included:
- **Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services.** This is an amended version of an existing measure, which demonstrates the success of reablement and rehabilitation services in supporting older people to return home and live independently after discharge from hospital. The previous measure has been amended to reflect the volume of people receiving these services, as well as their success, following feedback that the former definition allowed councils to achieve high percentages despite very small numbers of people benefitting from the service. This outcome indicator is also included in the NHS Outcomes Framework, reflecting the importance of health and social care working together to help older people recover their independence after illness or injury.
 - **Delayed transfers of care from hospital, and those which are attributable to adult social care.** This is an existing measure, derived from NHS data, which shows the number of adults delayed in hospital awaiting discharge to social services. It is an important marker of the effective joint working of local partners, and an indication of problems which will affect the experience and outcomes of people. The presentation will be amended to also include a sub-measure on the proportion of delays which are the result of failings in adult social care, to improve accountability.

Placeholders and future development

- 2.25 The core outcomes in this domain – maximising independence by delaying the onset of care needs and reducing the escalation of needs – require a new set of outcome measures which reflect the effectiveness of local services working alone and together. The impact of preventative services, including reablement, telecare and other universal services, such as information and advice, will be critical. Though we do have some information from other sources, such as NHS data on emergency admissions for over 75s, very little of this area is currently being measured by existing data.

2.26 This domain includes three placeholders, which signal the importance accorded to designing and delivering new measures which capture the core outcomes. These will be priorities for development work to improve the ASCOF. They are described as:

- *Effectiveness of prevention/preventative services.* A measure is needed to demonstrate the effect of universal preventative services in promoting wellbeing and delaying the onset of needs for care and support. This would consider the role of social care in primary prevention such as information and advice – upstream, before substantial needs arise. It is likely to also be relevant to the Public Health Outcomes Framework, and as a high-level view, this may be relevant as a further overarching measure for the domain.
- *Effectiveness of early diagnosis, intervention and reablement: reducing hospital admissions.* This measure should reflect the impact of reablement and other social care services on preventing or delaying escalation of existing needs, and helping people maintain independence. One area in which reablement services are focused is on avoiding inappropriate admissions to acute hospitals, by supporting people to live at home. A measure was proposed in this area in the consultation – counting ‘emergency readmissions within 28 days of discharge of hospital’ – but this is at an early stage of development and its relationship to social care is still not clear. This measure has been included in the NHS Outcomes Framework as a placeholder, and we propose to contribute to its development with a view to including this in the ASCOF, subject to agreement, in future years.
- *Effectiveness of reablement: regaining independence.* This measure would capture the other side of reablement – helping to regain independence after a health problem. One potential area was identified in the consultation document: ‘the proportion of people suffering fragility fractures who recover their previous level of mobility/walking after 120 days’. Although this has not been included in the 2011/12 ASCOF because further work is needed on data development and analysis of the impact of social care, we believe this may prove an effective inclusion in the future, and will keep work under review. It has also been included in the NHS Outcomes Framework as a placeholder.

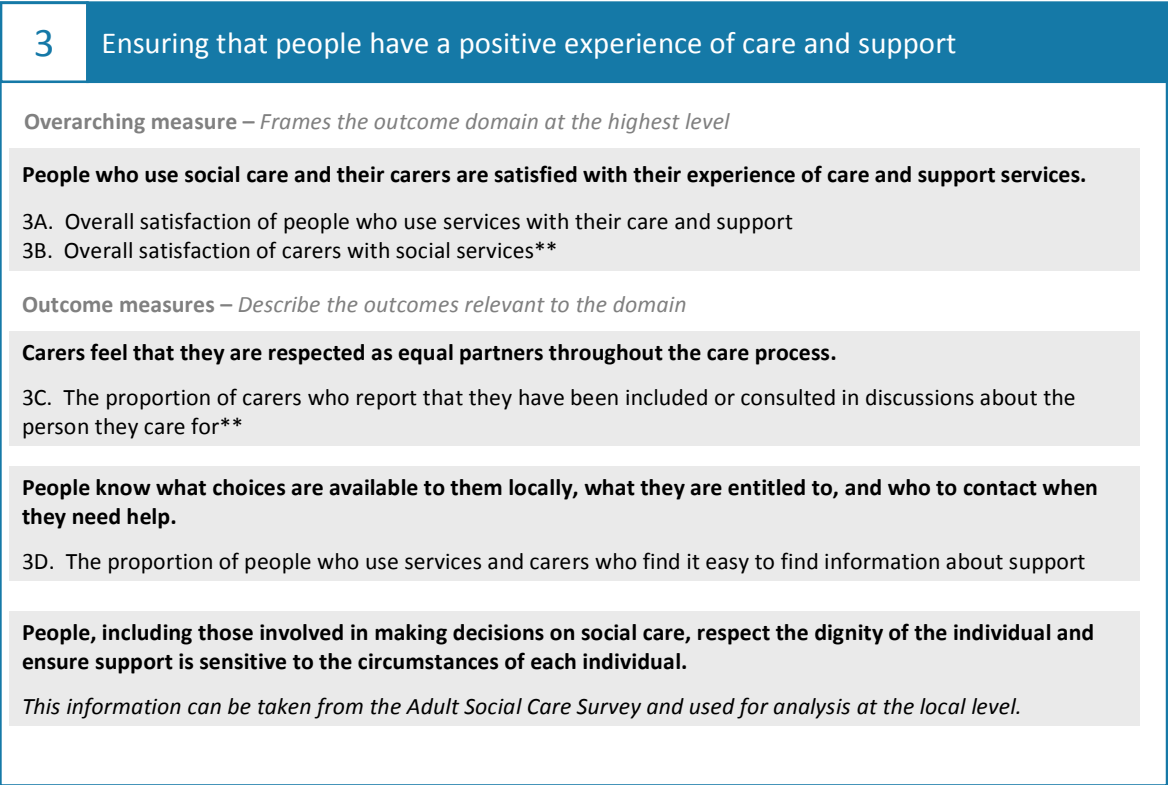
2.27 The social care placeholders above continue to represent an opportunity to align the ASCOF with complementary measures in the NHS and Public Health Outcomes Frameworks. These areas – preventing care needs and supporting recovery – are important shared priorities between services, and the outcomes frameworks collectively should reinforce those priorities. More work is needed on the measures themselves to demonstrate that they are relevant to different partners, and can work effectively in one or more of the outcomes frameworks. With further development taking place simultaneously on the NHS and Public Health Outcomes Frameworks before they come into effect fully in later years, we will continue to work through partners to improve the ASCOF and consider how to improve alignment over time.

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

2.28 The Government’s response to the consultation sets out a number of outcome statements which support this domain, and which have been revised based on feedback received. These aim to capture the outcomes which matter in the context of the overall domain, and are reproduced below:

- People who use social care and their carers are satisfied with their experience of care and support services.
- Carers feel that they are respected as equal partners throughout the care process.
- People know what choices are available to them locally, what they are entitled to, and who to contact when they need help.
- 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.

2.29 Following the views of respondents to the consultation and subsequent analysis, the diagram below shows the specific outcome measures agreed for inclusion within this domain in the 2011/12 ASCOF:



** Deferred to 2012/13

Outcome measures for 2011/12

- 2.30 The outcomes in this domain, about the experience of services, can best be summarised at a high-level by the general satisfaction which people in contact with social care express for the services they have received. This relates directly to one of the outcome statements, and there are two related overarching measures included in this regard.
- 2.31 **‘Overall satisfaction of people who use services with their care and support’** measures this outcome, through a single general satisfaction question in the Adult Social Care Survey. As with other measures based on this survey, although the coverage of the survey is far broader than previous national approaches, it is currently limited to people who receive state-funded social care and are known to the council.
- 2.32 **‘Overall satisfaction of carers with social services’** similarly measures this outcome for carers, based on information from the Carers Survey. This is a new measure, proposed during the consultation. Like other measures using this survey, it will be deferred until 2012/13 when the Carers Survey is next due to be run nationally, but is included in the ASCOF from the first year to mark the importance of carers’ outcomes. It is also somewhat limited in scope by comparable issues to the Adult Social Care Survey – in that carers must be known to the council to receive the survey, and this may miss a large proportion of all carers locally – and options for its future expansion will be considered with stakeholders as part of its development.
- 2.33 In the supporting outcome measures in this domain, two further areas have been included to relate to further outcome statements:
- In relation to the experience of carers in being treated as an equal partner in the care process, **‘the proportion of carers who say that they have been included or consulted in discussions about the person they care for’** is a measure based on reported views through the Carers Survey. It includes questions in relation to carers’ perception of inclusion by both social care and NHS services, though both are able to be broken down individually. It will be deferred to 2012/13 pending roll out of the Carers Survey.
 - **‘The proportion of people who use services and carers who find it easy to find information about support’** reflects the importance of high quality information and advice services in helping people navigate the system, understand what is available and access support when they need it. It combines equivalent questions from the Adult Social Care Survey (for people who use services) and the Carers Survey. In 2011/12, only the element for people who use services will be available, so in this first year the measure will be presented as people who use services only, with expansion to include carers from 2012/13.

Placeholders and future development

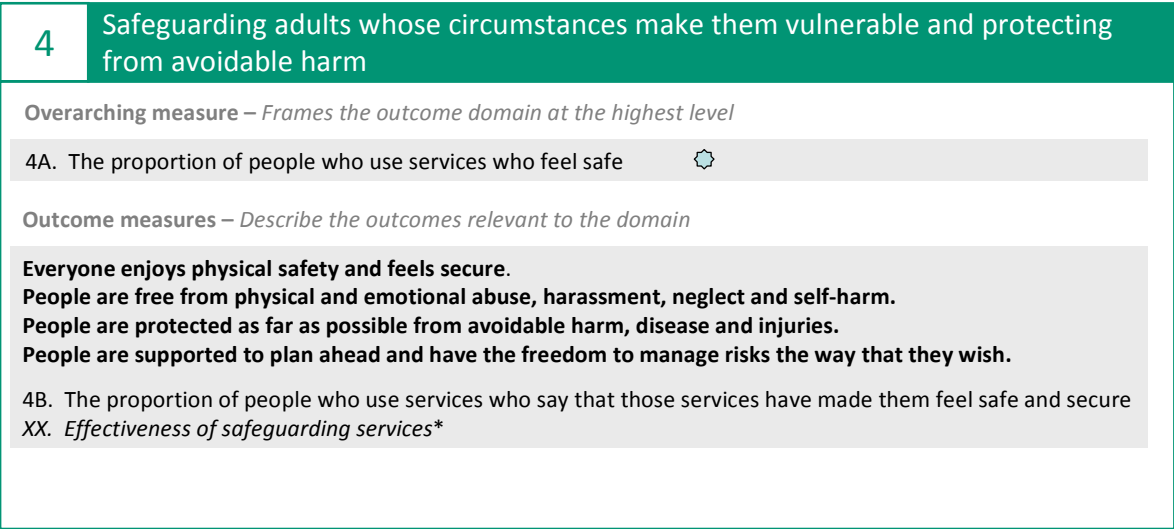
- 2.34 One of the key outcomes in this domain – treating people with dignity and respect – does not have an outcome measure included in the 2011/12 ASCOF. There is a question in the Adult Social Care Survey which is related, asking about ‘the impact of the way people are helped and treated, and whether this makes them feel better about themselves’. Whilst this is close to capturing the outcome, it does not deal directly with the issue of dignity. The questions in the survey will be reviewed as part of ongoing development work, offering the chance to add or amend areas such as this. However, for 2011/12, we would like to review the results against the existing question above, and discuss with partners, to see whether a further measure is needed in this area.
- 2.35 As already noted, a focus of future development will be on the two national surveys which provide the data for all the measures in this domain. Further research work is planned to consider various issues to improve the robustness of the surveys, including looking at issues of non-response. For both the Carers Survey, there is also an aspiration to broaden the coverage beyond those known to councils or receiving services. This will pose a number of challenges, but will be considered further in the longer-term development of the ASCOF.

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

2.36 The Government’s response to the consultation sets out a number of outcome statements which support this domain, and which have been revised based on feedback received. These aim to capture the outcomes which matter in the context of the overall domain, and are reproduced below:

- Everyone enjoys physical safety and feels secure.
- People are free from physical and emotional abuse, harassment, neglect and self-harm.
- People are protected as far as possible from avoidable harm, disease and injuries.
- People are supported to plan ahead and have the freedom to manage risks the way that they wish.

2.37 Following the views of respondents to the consultation and subsequent analysis, the diagram below shows the specific outcome measures agreed for inclusion within this domain in the 2011/12 ASCOF:



* Placeholder in 2011/12

Measure included in/consistent with proposed Public Health Outcomes Framework

Outcome measures for 2011/12

2.38 The overarching measure in this domain is ‘**the proportion of people who use services who feel safe**’. This is a reported experience measure drawn from the Adult Social Care Survey, which captures those people who say that they feel ‘as safe as they want’. This a good high-level measure for this domain, reflecting the cumulative effect of all the outcome statements on an individual’s perception of their safety, with a particular emphasis on the first two of the statements. Whilst some have commented through the consultation that ‘feeling safe’ might be open to influences outside of social care’s

control, research conducted by PSSRU indicates that individuals do consider social care when responding to the question.

- 2.39 A useful comparator measure to the overarching one, the other substantive measure in this domain is **‘the proportion of people who use services who say that those services have made them feel safe and secure’**. This captures outcomes more closely related to the impact of adult social care, by recording where people have identified one of the outcomes achieved through services as being ‘feeling safe and secure’. Alongside the more overarching measure above, it will form a useful counterweight for local analysis.

Placeholders and future development

- 2.40 The area of safeguarding is one of the core priorities of adult social care, and the poor coverage of outcome measures in this domain belies the paucity of national data available. This will be one of the critical development priorities for the future of the ASCOF.
- 2.41 A placeholder is currently included regarding ‘effectiveness of safeguarding services’. This is a deliberately open-ended placeholder, to reflect the breadth of issues and number of potential areas in which future measures may be considered. Some of the data sources which will be reviewed for future measures include:
- The Abuse of Vulnerable Adults data collection. This records information on alerts, referrals and ongoing cases for adult safeguarding. Although there is a considerable amount of useful data, this is predominantly process-focused and does not lend itself to outcome measurement. One proposal drawn from this collection (‘repeat referrals to adult safeguarding’) was withdrawn from the ASCOF for this reason. However, there will be options to amend the data collection and consider how outcomes can be better captured and included.
 - Data on essential standards for safety in the Care Quality Commission’s registration requirements for social care providers. There is an important pool of information here in relation to four of the essential standards on safety, which may be able to be used as the basis for a future measure. This would have the benefit of capturing all regulated services, not just those with state-funded care, as is the case throughout the current ASCOF.

Other areas for future development

Productivity and efficiency

- 2.42 In addition to the placeholders above, consultation responses suggested a number of other areas in which future development of the ASCOF might focus to broaden its scope. One of the most popular themes was incorporating more ‘corporate’ or ‘community’ outcomes in the framework: efficiency, value for money, commissioning and leadership. Several respondents, including the London Borough of Enfield, Parkinson’s UK and Reading Council, suggested these form the basis of an extra, fifth domain.
- 2.43 We agree that these are important areas, and see the benefits of making efficiency and value for money, in particular, more explicitly part of the ASCOF. There is a risk they could detract from the focus on individual outcomes – what is achieved for the person using services – in the other domains, but with the right measures, they could improve the overall set. We believe there may be merit to this idea, and this could be an area of development for future versions of the ASCOF, considered alongside other objectives. However, this is not included for 2011/12 pending further work, and because we do not yet have a clear view on what could be measured to capture these areas.
- 2.44 The Local Government Group is taking forward development work on productivity, as part of its improvement support offer to councils. This will provide guidance to councils on assessing their own productivity and efficiency, including in adult social care. As this work progresses and leads councils towards ways of measuring productivity, it may provide best practice examples to include in a future version of the ASCOF.

Alignment with the NHS and Public Health

- 2.45 As noted earlier in this paper, the interaction between the ASCOF and partner frameworks for the NHS and Public Health will be critical to how the outcomes approach works on a local level. The design and operation of the three frameworks should not pose an obstacle to partnership working.
- 2.46 The first version of the ASCOF provides a strong basis for further alignment with the other frameworks, as they are finalised and implemented. Whilst there are few areas in which social care outcome measures are replicated exactly with other frameworks (the impact of reablement on supporting people to stay at home, and delayed transfers of care being the examples), there are several other areas in which the outcomes focus is complementary, for instance in relation to quality of life for people using services and carers. There are also a number of placeholders which offer an opportunity for alignment and joined development of measures.

2.47 The NHS and Public Health Outcomes Frameworks will come into effect in later years, and as they and other relevant developments – joint strategic needs assessments and joint health and wellbeing strategies – are implemented, the opportunities for alignment will increase nationally and locally. This will be an important area to pursue in development over 2011/12, and return to when considering changes for future years.

People funding their own services

2.48 As a number of respondents to the consultation noted, one of the limitations of current data collections – on which all measures in the 2011/12 ASCOF must be based – is that these are drawn from council records and therefore only reflect the outcomes and experience of those people receiving state-funded services through the council. To achieve a broader picture of the outcomes for all those receiving social care, regardless of who funds the services, will require new approaches to collecting and sharing data.

2.49 There is no easy answer to expanding the ASCOF in this manner, but if it is to reflect the broader outcomes of the social care system as a whole and incorporate more clearly the impact of universal services such as information and advice, this should be part of the longer-term aspiration. We have already noted our plans to consider expanding coverage of the Carers Survey, and to look further at registration data from providers as this becomes available – both provide a start for addressing this gap. In future years, we will consider further how outcomes for people funding their own care and support should and can be accurately captured and presented through the framework.

3. Next steps

- 3.1 A further technical handbook of data definitions for all measures included in the 2011/12 ASCOF will be published shortly, to accompany this paper. This will give further detail on the measures, including data source and worked examples for each. There may be some of the measures where additional development work is needed to finalise the definitions, for instance in relation to proposals for population weighting of other adjustments for comparative purposes. Where this is the case, the handbook will highlight interim definitions and a timetable for confirmation through future versions.
- 3.2 An important piece of work has been running in parallel to the consultation on the Outcomes Framework, and is due to report on its early findings in early April. This is the ‘zero-based review’ of social care data collections, which is aimed at agreeing priorities for development of the underlying national data set, and reforming existing collections over the coming years. This national data set forms the foundation for the ASCOF, and the two will remain mutually dependent. Development areas flagged above for outcome measures will need to be considered, and aligned, with proposals for data development, so that a single programme of work can be taken forward to close the shared gaps.
- 3.3 Data and outcome development will be an ongoing process over the coming years. Many of the areas in which there is currently no information will need to be designed nationally from scratch, and will take time. In doing this, we need to be mindful to not increase the burden placed on councils, and ensure that all requirements are justifiable. It is our firm intention that every future year’s version of the ASCOF and national data set demonstrates a clear improvement from the previous year until the main priorities and aims have been achieved.
- 3.4 Any changes to the ASCOF or national data set for the second year, 2012/13, will be confirmed to councils by the end of September 2011, in keeping with the existing agreement to give six months’ notice of any technical amendments to collections or data systems. Subsequent years’ amendments will follow the same principle.
- 3.5 Finally, as a core part of the development and improvement process for the ASCOF, the Government proposes to conduct an annual review of the outcome measures to ensure the operation is achieving the aims, and to agree on areas for changes from one year to the next. This review will be undertaken in conjunction with ADASS, the Local Government Group and the social care sector, as well as people who use services and their carers, and give parties a regular chance to influence the future direction and scope. We would anticipate the first such review would take place after publication of the first outcome measures, from the autumn of 2012.

2011/12 Adult Social Care Outcomes Framework at a glance

*Placeholder in 2011/12

**Deferred to 2012/13

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

Overarching measure

1A. Social care-related quality of life

Outcome measures

People manage their own support as much as they wish, so that are in control of what, how and when support is delivered to match their needs.

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

1C. Proportion of people using social care who receive self-directed support, and those receiving direct payments

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

1D. Carer-reported quality of life**

People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation.

1E. Proportion of adults with learning disabilities in paid employment

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

XX. *Proportion of working age adults in contact with social services in paid employment* (to replace 1E/1F)*

1G. Proportion of adults with learning disabilities who live in their own home or with their family

1H. Proportion of adults in contact with secondary mental health services living independently, with or without support

2 Delaying and reducing the need for care and support

Overarching measures

2A. Permanent admissions to residential and nursing care homes, per 1,000 population
XX. *Effectiveness of prevention/preventative services**

Outcome measures

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

XX. *Effectiveness of prevention/preventative services**

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

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

XX. *Effectiveness of early diagnosis, intervention and reablement: avoiding hospital admissions**

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

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

XX. *Effectiveness of reablement: regaining independence**

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

Overarching measure

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

3A. Overall satisfaction of people who use services with their care and support

3B. Overall satisfaction of carers with social services**

Outcome measures

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

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

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

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

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

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

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

Overarching measure

4A. The proportion of people who use services who feel safe

Outcome measures

Everyone enjoys physical safety and feels secure.

People are free from physical and emotional abuse, harassment, neglect and self-harm.

People are protected as far as possible from avoidable harm, disease and injuries.

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

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

XX. *Effectiveness of safeguarding services**

Annex

The following pages provide additional technical information on the measures included in the 2011/12 Adult Social Care Outcomes Framework. This will be supplemented by a handbook of data definitions in due course.

Measure	1A. Social care-related quality of life			
Criteria for assessment	Relevant and meaningful to the public	Yes	Influenced by adult social care	Partial
	Comparable between local areas and over time	Yes	A measure of social care outcome or consistent	Yes
	Can be disaggregated by equalities	Yes	Currently collected	Yes
Domain / Outcome statement	1. Enhancing quality of life for people with care and support needs (<i>Overarching Measure</i>)			
Rationale	This indicator gives an overarching view of the quality of life of users based on outcomes identified through research that are relevant to adult social care.			
Definition	<p>This is a composite measure using responses to questions from the Adult Social Care Survey covering eight domains (control, how people are treated, personal care, food and nutrition, safety, occupation, social participation and accommodation). Questions indicate whether the individual has unmet needs in any of the eight areas. It is proposed that the domains are given equal weight, with the measure calculated using a simple cumulative score based on responses to each question.</p> <p><i>Source: Adult Social Care Survey</i></p>			
Frequency of collection	Annual			
Disaggregation available	Equalities: Age, Gender, Ethnicity, Religion, Sexual orientation			
	Client groups: Physical disability (18-64), Learning disability (18-64), Mental health (18-64), Older people (65+).			
Longer-term development goals	Undertake further work to develop an 'adjusted' measure that improves the comparability of the measure between councils. A longer-term ambition is to develop a 'value-added' measure which quantifies the contribution of social services to quality of life.			

Measure	1B. The proportion of people who use services who have control over their daily life			
Criteria for assessment	Relevant and meaningful to the public	Yes	Influenced by adult social care	Partial
	Comparable between local areas and over time	Yes	A measure of social care outcome or consistent	Yes
	Can be disaggregated by equalities	Yes	Currently collected	Yes
Domain / Outcome statement	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 are in control of what, how and when support is delivered to match their needs.</i>			
Rationale	This indicator measures one component of the overarching measure 'social care related quality of life'. A preference study conducted by RAND ¹ found that members of the public gave this domain of the 8 included the highest weight, i.e. of all the domains included in the overarching measure this is the one that is considered by the public to be the most important.			
Definition	<p>Numerator: In response to the question "Which of the following statements best describes how much control you have over your daily life?" who respond "I have as much control over my daily life as I want".</p> <p>Denominator: All those that respond to the question</p> <p><i>Source: Adult Social Care Survey</i></p> <p>Development work will consider whether to include those who respond "I have adequate control over my daily life" to the numerator.</p>			
Frequency of collection	Annual			
Disaggregation available	Equalities: Age, Gender, Ethnicity, Religion, Sexual orientation			
	Client groups: Physical disability (18-64), Learning disability (18-64), Mental health (18-64), Older people (65+), All age groups,			
Longer-term development goals	See measure 1A.			

¹ Burge, P et al (2010) How do the public value different social care outcomes? Estimation of preference weights for ASCOT

Measure	1C. Proportion of people using social care who receive self-directed support, and those receiving direct payments			
Criteria for assessment	Relevant and meaningful to the public	Yes	Influenced by adult social care	Yes
	Comparable between local areas and over time	Partial	A measure of social care outcome or consistent	Yes
	Can be disaggregated by equalities	Partial	Currently collected	Yes
Domain / Outcome statement	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 are in control of what, how and when support is delivered to match their needs.</i>			
Rationale	This measure supports the drive towards personalisation outlined in the <i>Vision for adult social care</i> and <i>Think Local, Act Personal</i> – research has indicated that personal budgets have a positive effect in terms of impact on well-being, increased choice and control, cost implications and improving outcomes. ²			
Definition	<p>Numerator: number of adults receiving self-directed support – and of these number receiving direct payments – in the year to 31st March</p> <p>Denominator: clients receiving community-based services and carers receiving carers' specific services aged 18 or over.</p> <p><i>Source: Referrals, Assessments and Packages of care (RAP) (Social care data collections, published by NHS IC: http://nascis.ic.nhs.uk/)</i></p> <p>In addition, a sub-measure will be presented alongside to focus on the proportion of those in the numerator who receive a direct payment.</p>			
Frequency of collection	Annual			
Disaggregation available	Equalities: Age			
	Client groups: Physical disability (18-64), Learning disability (18-64), Mental health (18-64), Older people (65+).			
Longer-term development goals	We hope to develop a similar measure that focuses only on those for whom self-directed support is appropriate, which is not possible from the current data collections. This will give a better representation of the progress of the personalisation agenda and enable fairer benchmarking between councils.			

² Quoting: C Glendinning et al, The national evaluation of the Individual Budgets pilot programme (IBSEN (Individual Budgets Evaluation Network); Social Policy Research Unit, University of York, 2008); Individual Budgets: Impacts and outcomes for carers. (2009, IBSEN; Social Policy Research Unit, University of York); Choice and competition in public services: a guide for policy makers (2010, OFT/Frontier Economics)

Measure	1D. Carer-reported quality of life			
Criteria for assessment	Relevant and meaningful to the public	Yes	Influenced by adult social care	Partial
	Comparable between local areas and over time	Yes	A measure of social care outcome or consistent	Yes
	Can be disaggregated by equalities	Yes	Currently collected	Yes
Domain / Outcome statement	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 PSSRU. 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	<p>This is a composite measure which sums responses to seven questions measuring different aspects of quality of life, with equal weight given to each question. The seven questions are:</p> <ul style="list-style-type: none"> • Are you able to do things you value and enjoy? • Do you have time and space to be yourself? • Do you have control over your daily life? • Do you have time to look after yourself? • Do you have worries about personal safety? • Do you have as much social contact as you would like? • Do you feel you have encouragement and support? <p><i>Source: Carers Survey</i></p>			
Frequency of collection	Biennial (to be conducted for first time in 2012/13)			
Disaggregation available	Equalities: Age, Gender, Ethnicity, Religion, Sexual orientation			
	Client groups: Carers			
Longer-term development goals	The Carers Survey that was conducted on a voluntary basis will be reviewed to look at potential for reducing length and burden. There is potential for moving to annual collection if burden can be reduced significantly, subject to agreement of local government.			

Measure	1E. Proportion of adults with learning disabilities in paid employment			
Criteria for assessment	Relevant and meaningful to the public	Yes	Influenced by adult social care	Partial
	Comparable between local areas and over time	Yes	A measure of social care outcome or consistent	Yes
	Can be disaggregated by equalities	Partial	Currently collected	Yes
Domain / Outcome statement	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 the employment outcomes for adults with learning disabilities reducing the risk of social exclusion. There is a strong link between employment and enhanced quality of life, including evidenced benefits for health and wellbeing ³ and financial benefits ⁴ .			
Definition	<p>We intend to revise this measure so that it captures the employment status of users, irrespective of whether they have been assessed or reviewed during the year.</p> <p>Numerator: Number of working-age learning disabled clients known to CASSRs who are in paid employment at the time of their assessment or latest review. Aged 18-64. Numerator to be broken down into two categories: (i) 0-16 hours per week, and (ii) 16 hours and over per week.</p> <p>Denominator: Number of working-age learning disabled clients known to CASSRs during the period.</p> <p><i>Source: Adult Social Care Combined Activity Return (ASC-CAR)</i></p>			
Frequency of collection	Annual			
Disaggregation available	Equalities: Gender			
	Client groups: Learning disability (18-64)			
Longer-term development goals	In the future, we hope to use this as one component of an overarching measure of paid employment for all people of working age known to social services.			

³ 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.

⁴ Beyer, S. (2008) *An evaluation of the outcomes in supported employment in North Lanarkshire*. North Lanarkshire Social Work Service

Measure	1F. Proportion of adults in contact with secondary mental health services in paid employment			
Criteria for assessment	Relevant and meaningful to the public	Yes	Influenced by adult social care	Partial
	Comparable between local areas and over time	Yes	A measure of social care outcome or consistent	Yes
	Can be disaggregated by equalities	Yes	Currently collected	Yes
Domain / Outcome statement	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 measure improved employment outcomes for adults with mental health problems, reducing their risk of social exclusion and discrimination. Supporting someone with their employment aspirations is a key part of the recovery process . Employment outcomes demonstrate quality of life and are indicative that social care support is personalised. Employment is a wider determinant of health and social inequalities.			
Definition	<p>We intend to revise this measure so that it captures the employment status of users, irrespective of whether they have been assessed or reviewed during the year.</p> <p>Numerator: Number of adults who are receiving secondary mental health services and who are on the Care Programme Approach known to be in employment at the time of their most recent assessment, formal review or multi-disciplinary care planning meeting. Aged 18-64.</p> <p>Denominator: Number of adults aged 18 to 64 who are receiving secondary mental health services and who are on the Care Programme Approach.</p> <p><i>Source: Mental Health National Minimum Data Set (NHS Information Centre: www.ic.nhs.uk/services/mental-health/mental-health-minimum-dataset-mhmds)</i></p>			
Frequency of collection	Annual			
Disaggregation available	Equalities: Age, Gender, Ethnicity			
	Client groups: Mental health (18-64)			
Longer-term development goals	In the future, we hope to use this as one component of an overarching measure of paid employment for all people of working age known to social services.			

⁵ Waddell, G. & Burton, A. (2006). *Is Work Good for your Health and Well-being?* London: TSO

Measure	1G. Proportion of adults with learning disabilities who live in their own home or with their family			
Criteria for assessment	Relevant and meaningful to the public	Yes	Influenced by adult social care	Partial
	Comparable between local areas and over time	Yes	A measure of social care outcome or consistent	Yes
	Can be disaggregated by equalities	Partial	Currently collected	Yes
Domain / Outcome statement	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 learning disabilities by demonstrating the proportion in stable and appropriate accommodation. The nature of accommodation for people with learning disabilities has a strong impact on their safety and overall quality of life and reducing social exclusion.			
Definition	<p>We intend to revise this measure so that it captures the status of users irrespective of whether they have been assessed or reviewed during the year.</p> <p>Numerator: Number of working-age learning disabled clients known to CASSRs who are living in their own home or with their family at the time of their assessment or latest review, aged 18-64 (excluding residential care).</p> <p>Denominator: Number of working-age learning disabled clients known to CASSRs, aged 18-64.</p> <p><i>Source: Adult Social Care Combined Activity Return (ASC-CAR)</i></p>			
Frequency of collection	Annual			
Disaggregation available	Equalities: Gender			
	Client groups: Learning disability (18-64)			
Longer-term development goals	In the longer term, we hope to use this as one component of an overarching measure of accommodation for all people known to social services.			

Measure	1H. Proportion of adults in contact with secondary mental health services living independently, with or without support			
Criteria for assessment	Relevant and meaningful to the public	Yes	Influenced by adult social care	Partial
	Comparable between local areas and over time	Yes	A measure of social care outcome or consistent	Yes
	Can be disaggregated by equalities	Yes	Currently collected	Yes
Domain / Outcome statement	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	<p>We intend to revise this measure so that it captures the status of users irrespective of whether they have been assessed or reviewed during the year.</p> <p>Numerator: Number of adults who are receiving secondary mental health services and who are on the Care Programme Approach and known to be living independently (with or without support), at the time of their most recent assessment, formal review or multi-disciplinary care planning meeting. Aged 18-64.</p> <p>Denominator: Number of adults aged 18 to 64 who are receiving secondary mental health services and who are on the Care Programme Approach.</p> <p><i>Source: Mental Health National Minimum Data Set (NHS Information Centre: www.ic.nhs.uk/services/mental-health/mental-health-minimum-dataset-mhmnds)</i></p>			
Frequency of collection	Annual			
Disaggregation available	Equalities: Age, Gender, Ethnicity			
	Client groups: Mental health (18-64)			
Longer-term development goals	In the longer term, we hope to use this as one component of an overarching measure of accommodation for all people known to social services.			

Measure	2A. Permanent admissions to residential and nursing care homes, per 1,000 population			
Criteria for assessment	Relevant and meaningful to the public	Yes	Influenced by adult social care	Yes
	Comparable between local areas and over time	Yes	A measure of social care outcome or consistent	Partial
	Can be disaggregated by equalities	Partial	Currently collected	Yes
Domain / Outcome statement	2. Delaying and reducing the need for care and support (<i>Overarching measure</i>)			
Rationale	Avoiding permanent placements in residential care homes are a good indication of delaying dependency, and local health and social care services will work together to reduce avoidable admissions. Research suggests where possible people prefer to stay in their own home rather than move into residential care.			
Definition	<p>Numerator: Number of council-supported permanent admissions to residential and nursing care during the year (including transfers from temporary to permanent placements), per 1,000 population. Excludes fully self-funded clients. <i>Source: ASC-CAR</i></p> <p>Denominator: Size of adult population in area. <i>Source: Office of National Statistics</i></p> <p>We will explore how the measure can be adjusted to account for factors beyond the control of councils, such as age and need. This should improve the comparability of the measure between councils.</p>			
Frequency of collection	Annual			
Disaggregation available	Equalities: Age.			
	Client groups: Physical disability (18-64), Learning disability (18-64), Mental health (18-64), Older people (65+).			
Longer-term development goals	None identified – subject to feedback on operation of measure in 2011/12.			

Measure	2B. Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services			
Criteria for assessment	Relevant and meaningful to the public	Yes	Influenced by adult social care	Yes
	Comparable between local areas and over time	Yes	A measure of social care outcome or consistent	Yes
	Can be disaggregated by equalities	Partial	Currently collected	Yes
Domain / Outcome statement	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	<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.</p> <p>It captures the joint work of social services and health staff and services commissioned by joint teams, as well as adult social care reablement.</p>			
Definition	<p>Numerator: Number of older people discharged from acute or community hospitals to reablement/rehabilitation, where the person was living at home 91 days after discharge. To include jointly commissioned services by NHS and council, and reablement services provided solely by the council. <i>Source: Adult Social Care Combined Activity Return (ASC-CAR)</i></p> <p>Denominator: To be developed. Total number of older people discharged from acute or community hospitals in the period. <i>Source: Hospital Episode Statistics (TBC)</i></p> <p>Development work will explore how this measure can be amended in 2011/12 to reflect both the coverage of provision of reablement and/or rehabilitation services, and their success in helping people regain independence.</p>			
Frequency of collection	Annual			
Disaggregation available	Equalities: Age, Gender			
	Client groups: Older people (65+)			
Longer-term development goals	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.			

Measure	2C. Delayed transfers of care from hospital, and those which are attributable to adult social care			
Criteria for assessment	Relevant and meaningful to the public	Yes	Influenced by adult social care	Partial
	Comparable between local areas and over time	Yes	A measure of social care outcome or consistent	Partial
	Can be disaggregated by equalities	Partial	Currently collected	Yes
Domain / Outcome statement	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 measures the ability of the whole system to ensure appropriate transfer from hospital for the entire adult population, and is an indicator of the effectiveness of the interface within the NHS, and between health and social care services. Minimising delayed transfers of care and enabling people to live independently at home is one of the desired outcomes of social care.			
Definition	<p>Numerator: The average number of delayed transfers of care (for those aged 18 and over) taken over the year, and the average number attributable to social care. This is the average of the 12 monthly snapshots collected in the monthly Situation Report (SitRep). Source: <i>SitRep</i></p> <p>Denominator: Size of adult population in area. Source: <i>Office of National Statistics</i></p> <p>In addition, a sub-measure will present the delays which are attributable to adult social care.</p>			
Frequency of collection	Annual			
Disaggregation available	Equalities: Age			
	Client groups: Older people (65+)			
Longer-term development goals	None identified – subject to feedback on operation of measure in 2011/12.			

Measure	3A. Overall satisfaction of people who use service with their care and support			
Criteria for assessment	Relevant and meaningful to the public	Yes	Influenced by adult social care	Yes
	Comparable between local areas and over time	Partial	A measure of social care outcome or consistent	Yes
	Can be disaggregated by equalities	Yes	Currently collected	Yes
Domain / Outcome statement	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 people using adult social care, which is directly linked to a positive experience of care and support. Analysis of surveys suggests that this question is a good predictor of the overall experience of services and quality ⁶ .			
Definition	<p>Numerator: Those that answer extremely or very satisfied in response to the question "How satisfied are you with the care and support services that you receive?"</p> <p>Denominator: All those that answered the question.</p> <p><i>Source: Adult Social Care Survey</i></p>			
Frequency of collection	Annual			
Disaggregation available	Equalities: Age, Gender, Ethnicity, Religion, Sexual orientation			
	Client groups: Physical disability (18-64), Learning disability (18-64), Mental health (18-64), Older people (65+).			
Longer-term development goals	None identified – subject to feedback on operation of measure in 2011/12.			

⁶ Netten, A et al (2004) Performance and quality: user experiences of home care services

Measure	3B. Overall satisfaction of carers with social services			
Criteria for assessment	Relevant and meaningful to the public	Yes	Influenced by adult social care	Yes
	Comparable between local areas and over time	Partial	A measure of social care outcome or consistent	Yes
	Can be disaggregated by equalities	Yes	Currently collected	Yes
Domain / Outcome statement	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 this question is a good predictor of the overall experience of services and quality ⁷ .			
Definition	<p>Numerator: Those that answer extremely or very satisfied in response to the question "How satisfied are you with the care and support services that you and the person you care for have received from Social Services in the last 12 months?"</p> <p>Denominator: All those that answered the question</p> <p><i>Source: Carers Survey</i></p>			
Frequency of collection	Biennial (to be first conducted in 2012/13)			
Disaggregation available	Equalities: Age, Gender, Ethnicity, Religion, Sexual orientation			
	Client groups: Carers			
Longer-term development goals	The Carers Survey will be reviewed to look at potential for reducing length and burden. There is potential for moving to annual collection if burden can be reduced significantly, subject to agreement.			

⁷ Netten, A et al (2004) Performance and quality: user experiences of home care services

Measure	3C. The proportion of carers who report that they have been included or consulted in discussion about the person they care for			
Criteria for assessment	Relevant and meaningful to the public	Yes	Influenced by adult social care	Partial
	Comparable between local areas and over time	Yes	A measure of social care outcome or consistent	Yes
	Can be disaggregated by equalities	Yes	Currently collected	Yes
Domain / Outcome statement	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 ⁸ . This measure reflects the experience of carers in how they have been consulted by both the NHS and social care.			
Definition	<p>This would be based on a question from the carers survey: “In the last 12 months, do you feel you have been involved or consulted as much as you want to be, in discussion about the support or services provided to the person you care for?”</p> <p>Numerator: Those that answer, “I always felt involved or consulted” to the question.</p> <p>Denominator: All those that answered the question excluding those that reported there had been no discussions they were aware of in the last 12 months. <i>Source: Carers Survey</i></p> <p>Development work will consider whether to include those who respond “I usually felt involved or consulted” to the numerator.</p>			
Frequency of collection	Biennial (to be first conducted in 2012/13)			
Disaggregation available	Equalities: Age, Gender, Ethnicity, Religion, Sexual orientation			
	Client groups: Carers			
Longer-term development goals	The Carers Survey will be reviewed to look at potential for reducing length and burden. There is potential for moving to annual collection if burden can be reduced significantly, subject to agreement.			

⁸ Glendinning, C et al (2009) Individual budgets: Impacts and outcomes for carers, Research Findings, Social Policy Research Unit, University of York, York

Measure	3D. The proportion of people who use services and carers who find it easy to find information about services			
Criteria for assessment	Relevant and meaningful to the public	Yes	Influenced by adult social care	Partial
	Comparable between local areas and over time	Yes	A measure of social care outcome or consistent	Partial
	Can be disaggregated by equalities	Yes	Currently collected	Yes
Domain / Outcome statement	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	<p>This is a combination of relevant questions in the Adult Social Care Survey and Carers Survey.</p> <p>Numerator: Those that answer very (or fairly) easy in response to the question "In the past year have you found it easy or difficult to find information or advice about support services and benefits?"</p> <p>Denominator: All those that answered these questions.</p> <p>Note: this will be people using services only in 2011/12, with the full measure deferred to 2012/13 when the Carers Survey will run for the first time.</p> <p><i>Sources: Adult Social Care Survey and Carers Survey</i></p>			
Frequency of collection	Annual (with carers' element initially biennial, starting from 2012/13)			
Disaggregation available	Equalities: Age, Gender, Ethnicity, Religion, Sexual orientation			
	Client groups: Physical disability (18-64), Learning disability (18-64), Mental health (18-64), Older people (65+), Carers.			
Longer-term development goals	This measure does not include self-funders or people with low level services that may have been directed to voluntary organisations. In the future, we will look at the feasibility of putting in place a broader measure to capture outcomes for these groups. The Carers Survey will be reviewed to look at potential for reducing length and burden. There is potential for moving to annual collection if burden can be reduced significantly, which means this could be measured in full every year, subject to agreement.			

Measure	4A. The proportion of people who use services who feel safe			
Criteria for assessment	Relevant and meaningful to the public	Yes	Influenced by adult social care	Yes
	Comparable between local areas and over time	Yes	A measure of social care outcome or consistent	Partial
	Can be disaggregated by equalities	Yes	Currently collected	Yes
Domain / Outcome statement	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 others). There are legal requirements about safety in the context of service quality, including CQC's essential standards for registered services. There is also a vital role of being safe in the quality of the individual's experience.</p>			
Definition	<p>Numerator: In response to the question "Which of the following statements best describes how safe you feel?" the number of people who respond, "I feel as safe as I want".</p> <p>Denominator: All those that respond to the question.</p> <p><i>Source: Adult Social Care Survey</i></p> <p>The description of 'feeling safe' used in the ASCS will be amended to remove the reference to 'fear of being attacked or robbed', since this was considered to have the potential to distract from social care-related outcomes.</p> <p>Development work will consider whether to include those who respond, "Generally I feel adequately safe, but not as safe as I would like" to the numerator.</p>			
Frequency of collection	Annual			
Disaggregation available	Equalities: Age, Gender, Ethnicity, Religion, Sexual orientation			
	Client groups: Physical disability (18-64), Learning disability (18-64), Mental health (18-64), Older people (65+).			
Longer-term development goals	See measure 1A.			

Measure	4B. The proportion of people who use services who say that those services have made them feel safe and secure			
Criteria for assessment	Relevant and meaningful to the public	Yes	Influenced by adult social care	Yes
	Comparable between local areas and over time	Yes	A measure of social care outcome or consistent	Partial
	Can be disaggregated by equalities	Yes	Currently collected	Yes
Domain / Outcome statement	<p>4. Safeguarding people whose circumstances make them vulnerable and protecting from avoidable harm <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 the way that they wish.</i></p>			
Rationale	<p>Safety is fundamental to the wellbeing and independence of people using social care (and others). There are legal requirements about safety in the context of service quality, including CQC essential standards for registered services.</p> <p>Whilst the overarching measure indicates a higher-level individual perspective on feeling safe, this measure complements with a specific response on the impact of services on this outcome.</p>			
Definition	<p>This measure will be based around question 12 in the Adult Social Care Survey, which asks the question “In what ways do care and support services help you?” with one of the potential responses being “feeling safe and secure”. The precise definition will be developed and agreed shortly.</p> <p><i>Source: Adult Social Care Survey</i></p>			
Frequency of collection	Annual			
Disaggregation available	Equalities: Age, Gender, Ethnicity, Religion, Sexual orientation			
	Client groups: Physical disability (18-64), Learning disability (18-64), Mental health (18-64), Older people (65+).			
Longer-term development goals	None identified – subject to feedback on operation of measure in 2011/12.			