

The Adult Social Care Outcomes Framework 2013/14

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The Adult Social Care Outcomes Framework 2013/14

Prepared by the Department of Health

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Foreword

Care and support is something which affects us all. We all know someone, a family member or friend, who needs some extra support to lead a full and active life. The Adult Social Care Outcomes Framework measures how well that support achieves the things we would expect for ourselves and for our friends and relatives – care that treats people with dignity and respect, and that supports them to keep well and independent, and able to play an active role in their communities. People who use care and support, carers and the public can use this information to see how well their council is performing, making local authorities genuinely answerable to their communities for the quality of care. Councils themselves use the measures to help them drive up standards of care, and give people genuine choice and control over the services they use.

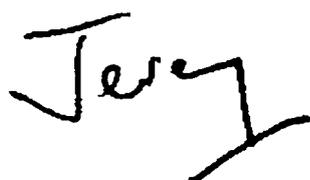
Our care and support system is in need of reform. Too often, the system reacts only to a crisis, instead of intervening early enough to support people to remain independent and healthy. While there are many examples of innovation and high quality care, not all care is good, with variable quality and access to care across the country. Furthermore, our growing and ageing population will only increase the pressures on the system. The Adult Social Care Outcomes Framework (ASCOF), with its clear focus on promoting people's quality of life and their experience of care, and on care and support that is both personalised and preventative, is a key tool to track progress locally and nationally towards the transformation of care and support.

The ASCOF, co-produced with local government, was first introduced in 2011/12. This autumn, adult social care outcomes measures for 2011/12 were published. This marks a significant step towards building a national picture of the progress and performance of the adult social care system.

Despite evidence of progress, there is scope to go further and faster in ensuring that everyone who uses care receives the best possible support. Overall, there has been an encouraging increase in the use of personal budgets by users of care and carers, but this masks significant differences locally in the numbers of people who receive personal budgets. While it is positive that nearly two thirds of users of care say they are extremely or very satisfied with their care and support, this leaves scope to do more to ensure that everyone has a good experience. This is especially true for older people, who on average are less satisfied with their care and support than the younger adult population. There is also scope to do more to enhance the quality of life of people with a learning disability and mental health problems, to ensure they are supported to live full and independent lives.

To meet these challenges, councils have been given the freedom to set and act on their own priorities, driven by the needs of local people, not of Whitehall. As councils increasingly look outwards to local people to identify their priorities, and not to central Government for direction, greater transparency based on what care and support really delivers for people becomes ever more vital. Furthermore, clear and comparable information is needed to support a renewed accountability to local communities, empowering people to hold their council to account for delivering the best possible care and support.

We know that the ASCOF is already being put to good use by the sector, in the local accounts which councils use to communicate with their communities, and in councils' own reporting on national progress in adult social care. The ASCOF for 2013/14 has been strengthened with new measures, and, for the first time, is being published alongside the outcomes frameworks for public health and the NHS. The three outcomes frameworks are now more closely aligned than ever before, supporting all parts of the health and care system to work together to deliver the results we all want to see – care and treatment that supports people to live better for longer.



Rt Hon Jeremy Hunt MP
Secretary of State for Health



Norman Lamb MP
Minister of State for Care Services

1. Introduction

This document sets out the Adult Social Care Outcomes Framework (ASCOF) for 2013/14. One of three outcomes frameworks across the NHS, public health and adult social care, the ASCOF is now in its third year. This document updates the framework for the year from April 2013.

Its content has been co-produced by the Department of Health, the Association of Directors of Adult Social Services (ADASS) and the Local Government Association. In developing the framework, we continue to be mindful of the reporting burden placed on councils, and of the need to ensure that all measures retain their outcome focus.

The Care and Support White Paper¹, published in July 2012, set out the Government's vision for a reformed care and support system, building on the 2010 Vision for Adult Social Care², and framework for transparency and quality in adult social care. The ASCOF for 2013/14 will support councils to rise to the challenge of delivering key White Paper priorities by providing a clear focus for local priority setting and improvement, and by strengthening the accountability of councils to local people.

This document:

- describes the principles for the way in which the ASCOF should be used, and its role in supporting local improvement;
- provides a national commentary on adult social care outcomes in 2011/12, the first year of the operation of the framework;
- sets out the ASCOF for 2013/14; and
- provides a forward look for the development of the ASCOF in future years.

This document should be read in conjunction with the forthcoming technical handbook of definitions, which will set out the detailed definition of each ASCOF measure, with worked examples. The handbook will be made available in the spring.

1 *The Care and Support White Paper*, Department of Health, July 2012:
<http://www.dh.gov.uk/health/2012/07/careandsupportwhitepaper/>

2 *The Vision for Adult Social Care and supporting documents*, Department of Health, November 2010:
http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/LocalAuthorityCirculars/DH_121768

2. Using the Adult Social Care Outcomes Framework

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

The purpose of the ASCOF is three-fold:

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

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

A key White Paper priority is to drive care that is genuinely integrated, and which seamlessly joins around the needs of people, not the needs of services. Genuinely integrated care requires strong, collaborative leadership, supported by aligned incentives locally. The ASCOF for 2013/14 makes more extensive use of measures which are shared or complementary across the NHS and Public Health Outcomes Frameworks, providing a basis for joint working across the health and care system towards common aims.

The principal vehicle for joint working at the local level will be health and wellbeing boards, which will bring the whole system together at a local level and will maximise opportunities

to deliver integrated care across the NHS, public health and social care services, and to influence the wider determinants of health. Health and wellbeing boards will be able to draw on all the outcomes frameworks if they wish, to help inform strategic planning through Joint Strategic Needs Assessments, and Joint Health and Wellbeing Strategies, which must underpin local commissioning plans. In this way, the outcomes frameworks can be used to support local strategic planning; however, they should not overshadow locally agreed priorities. Health and wellbeing boards will promote joined up commissioning that will support integrated provision of services across the local health and social care system, and beyond.

Not only will the frameworks be of use in the setting and acting on of local priorities, but also in measuring and accounting for progress against these priorities to local people. The ASCOF is already being used by the sector to measure its performance on the strength of the outcomes it delivers. Locally, the ASCOF is being used in local accounts, councils' key mechanism for establishing a genuine two-way conversation with their communities, and for setting out their priorities and progress for local scrutiny. Nationally, the Towards Excellence in Adult Social Care improvement programme, led by the sector, has published its first national progress report, drawing on 2011/12 ASCOF data. The report, the first to be written by councils themselves, will act as a baseline for measuring the pace of progress by the sector against its priorities, as well as improving the evidence base to support national policy-making and oversight of the system. Future sector progress reporting will draw on a wider range of information, strengthening the breadth and depth of the picture, but with the ASCOF remaining at its core.

Equality

The Department of Health considers the ASCOF to be a positive support to equality both locally and nationally. By measuring the outcomes and experiences of people who use care and support, broken down by equality characteristic where the data permit, the framework supports greater transparency on equality both locally and nationally, and will support local and national action to identify instances of discrimination and opportunities to advance equality.

3. Adult social care outcomes in 2011/12

Nationally, the ASCOF is the Department's key tool for measuring the progress of the adult social care system, supporting our understanding of the outcomes and experiences of people who use care and support, and carers.

The ASCOF was first launched for the year 2011/12. Provisional results for the first year of the operation of the framework were released in September 2012³.

The launch of the ASCOF marked a step-change away from national measures which focus on processes, and towards measures of the outcomes that people are supported to achieve, and their experiences of care. As such, for most of the measures, information on how performance has changed over time is limited, either because data for earlier years are not available, or due to changes in the way data are collected or defined. This means that year-on-year comparisons are not available for most measures.

This lack of comparable historical data means it is difficult to draw firm conclusions about the extent to which the data demonstrate a change in adult social care outcomes. However, where comparisons are possible, the data for 2011/12 demonstrates a stable picture, with performance broadly similar to 2010/11. A complete summary of adult social care outcomes can be found at Annex C.

The framework supports the comparison of the outcomes and experience of care and support for different groups of users and carers, and allows a focus on different themes. When interpreting comparisons we need to be mindful that a wide range of factors, including levels of care need and people's expectations of care and support, may have an impact on their outcomes and their satisfaction with their care. However, where national disparities in outcomes and experiences are marked, or where there are large variations in the outcomes achieved in different local areas, this highlights the need to investigate and, where appropriate, to do more to ensure that everyone who uses care is supported to achieve the best possible outcomes, and have the best possible experience of their care and support.

³ *Measures from the Adult Social Care Outcomes Framework, England – 2011–12 – Provisional release.* The Information Centre, September 2012: <http://www.ic.nhs.uk/statistics-and-data-collections/social-care/adult-social-care-information/measures-from-the-adult-social-care-outcomes-framework-england--2011-12--provisional-release>. These data will be superseded by final statistics early in 2013.

Older people

A key Government priority for adult social care is to ensure that every older person (aged 65 and older) who receives care and support receives the best quality support, and is cared for with the dignity and respect that they deserve. Keeping older people well and out of hospital, and supporting them to regain their independence after a period of support, is a vital part of supporting older people to live full lives, and to play an active role in their communities.

As the main users of adult social care, older people are the 'core customers' of local authorities. If we get it right for them, we get it right for everybody. Yet, evidence suggests that older people can have a poorer experience of care – and may have worse outcomes – than their younger counterparts. There is scope to go further and faster when it comes to improving their care. For example:

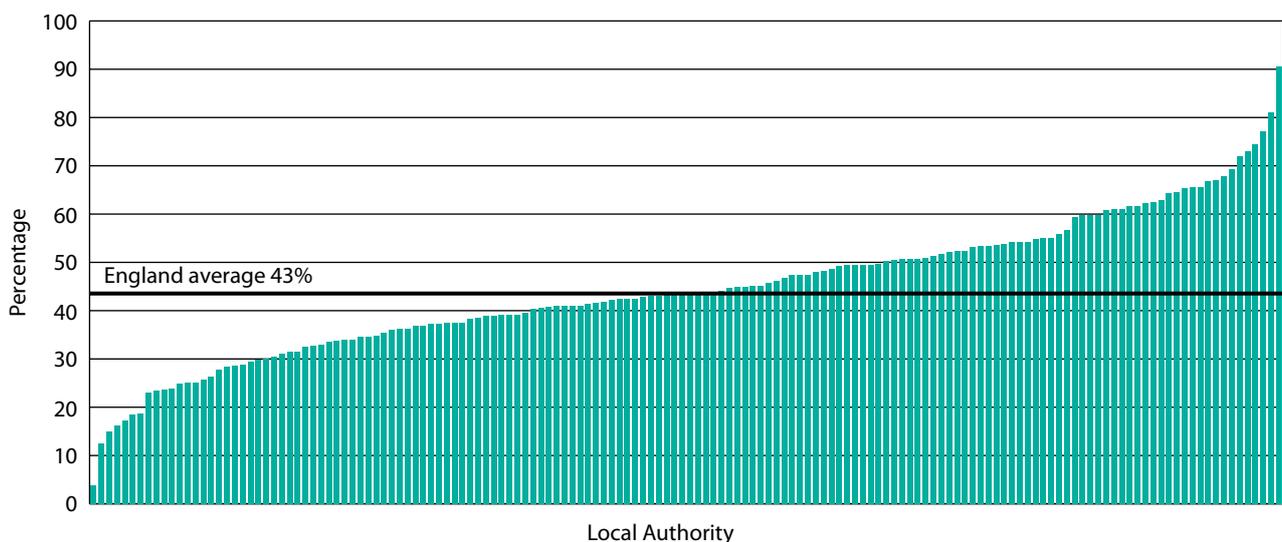
- Older people report lower levels of satisfaction with their care and support, with 62% of older people saying that they were extremely or very satisfied with their care and support. This compares with 65% for younger adults.
- Older people also report lower levels of control over their daily lives, with 74% of older people saying that they feel in control of their daily life, compared to 77% of younger adults. A key objective of the drive to make care and support more personalised is that support more closely matches people's needs and wishes, giving them genuine choice and control over their care. Although older people are experiencing the fastest rise in the use of personal budgets, albeit from a lower starting base, there is more to be done to ensure that older people are supported to exercise genuine choice over their care and support.
- In other areas, the outcomes and experiences of older people are comparable to those of younger adults, and in some instances, are more favourable. People's social care related quality of life, an overarching measure of quality of life, covering several key aspects of people's day to day living, is the same across both older people and younger adults. More older people say they feel safe than the younger population (although older people reported that the role of care and support in making them feel safer was less significant than for younger adults). Older people who use care services also report finding it easier to find information about care and support – fundamental to supporting people to understand their choices, and to access the right types of care at the right time.
- In 2011/12 there were 706 permanent admissions of older people to residential and nursing care per 100,000 population. Although this suggests an increase compared to 2010/11, the figures for the two years are not comparable, due to a transfer of responsibilities for people with learning disabilities directly who had formerly been supported by the NHS. Where there have been increases in admissions locally, this highlights the need for further enquiry by councils to understand the reasons behind the increase and, where necessary, to take action.

Quality of life for people with long term conditions and disabilities

A key aim of adult social care and support is to support those with long-term conditions and disabilities to improve their quality of life, and to empower them to have greater choice and control over their daily lives. The ASCOF supports a focus on these priorities, with direct measures on personalisation and control, as well as measures of employment and accommodation for people with a learning disability and people with mental health problems.

- Overall, progress on personalisation is encouraging, with a significant increase in the use of personal budgets. In 2011/12, 43% of users of council funded services and carers received a personal budget, compared to 29% in 2010/11, demonstrating the continuing progress of councils in delivering personalised care and support. Three quarters of people who use care and support say they feel in control of their daily life, an important objective of personalised care.
- However, despite the promising progress nationally, the proportions of people in receipt of personal budgets across councils varies widely, with the lowest tenth of councils providing personal budgets to 26% or fewer of users and carers, and the highest tenth of councils providing personal budgets to 63% or more of users and carers (figure 1). A higher proportion of adults with a learning disability or a physical disability receive a personal budget than the average (59% and 48% respectively), but adults with mental health problems are less likely to do so, with just 14% receiving a personal budget.

Figure 1: Proportion of users and carers in receipt of community-based services receiving personal budgets, 2011–12

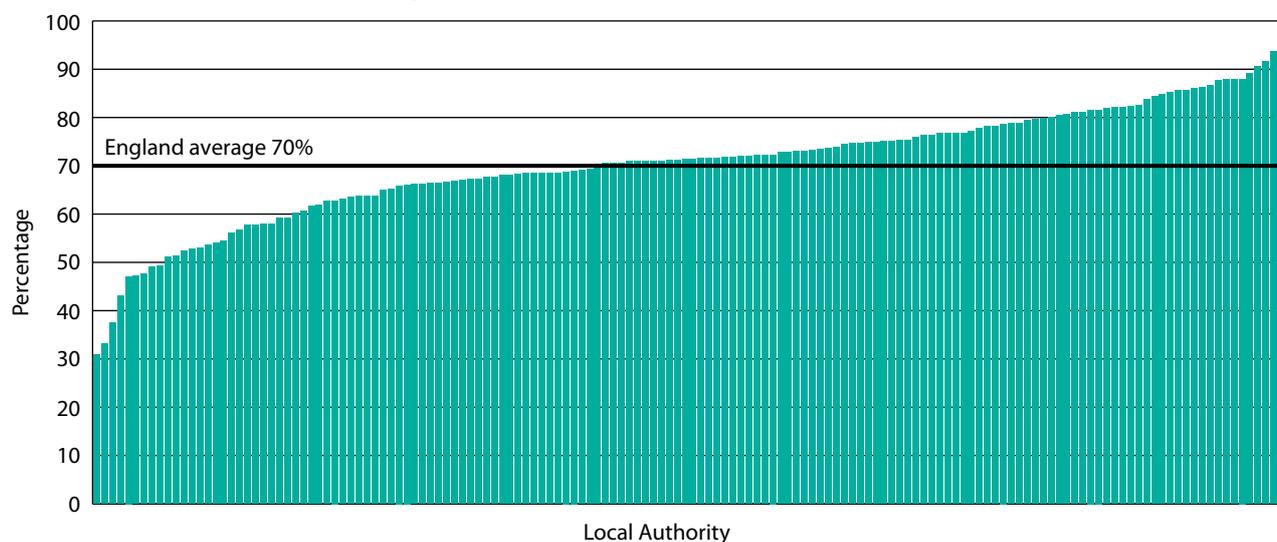


Source: Measures from the ASCOF, England 2011–12, provisional; The Health and Social Care Information Centre

- There is a strong link between employment and quality of life, with employment a key determinant of mental health, and a key tool for promoting social inclusion, supporting people to play an active part in their communities.

- Levels of employment for people with a learning disability and people with mental health problems remain low. Just 7% of adults with a learning disability who are known to councils were in paid employment in 2011/12. For adults in contact with secondary mental health services, the figure was 8%. There is also variation across localities in employment rates for both people with a learning disability and people with mental health problems, with a quarter of councils reporting 5% or fewer in employment, and a quarter of councils achieving a rate of over 10%. Although some of this variation may be due to local variation in employment rates, it is clear that there is scope to do more to improve the employment prospects of these groups.
- There are also disparities in the proportions of people with a learning disability or mental health problems living at home or with their own family. Living independently in appropriate and stable accommodation is a key aspect of wellbeing for people with a learning disability or mental health problems. Nationally, there is wide variation in the numbers of adults with a learning disability living at home. For adults with learning disabilities, a quarter of councils reported 65% or fewer live in their own home or with family, and a quarter of councils reported that 78% or more did so (figure 2).

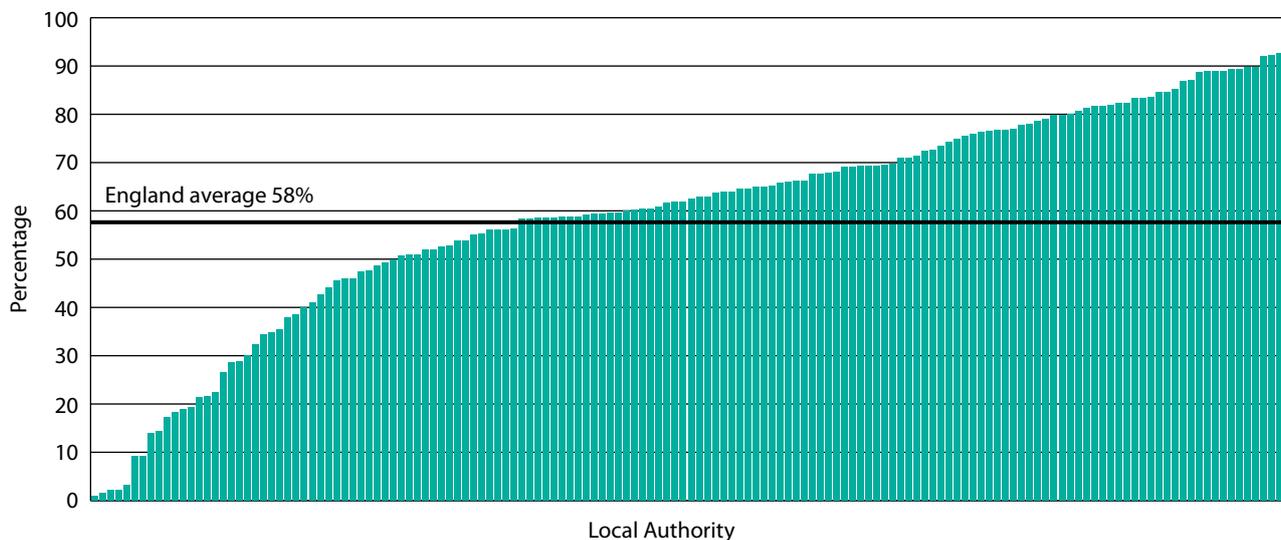
Figure 2: Proportion of adults with learning disabilities living in their own home or with their family, 2011–12



Source: Measures from the ASCOF, England 2011–12, provisional; The Health and Social Care Information Centre

- For adults in contact with secondary mental health services, a quarter of councils reported 50% or fewer live in their own home or with family, and a quarter of councils reported 76% or more did so (figure 3).

Figure 3: Proportion of adults in contact with secondary mental health services living independently, with or without support, 2011–12



Source: Measures from the ASCOF, England 2011–12, provisional; The Health and Social Care Information Centre

- This variation in the numbers of people living in appropriate and stable accommodation demonstrates that there is scope to do more to ensure that those people have a genuine choice over where and with whom they live.

Our vision for the transformation of care and support

The Government is committed to transforming people's experience of care and support. The White Paper, together with the draft Care and Support Bill, sets out the Government's plans for high quality care and support, which is responsive to what people want, and over which people have genuine choice and control. The focus of care and support will be transformed to promote people's wellbeing and independence, instead of waiting for people to reach a crisis point. Care will support people to maintain their independence and to stay connected to their communities, and will treat people with dignity and respect. Clearer entitlements, more and better information and support to navigate the care system, and a new statutory entitlement to personal budgets will mean that people are able to exercise real choice over their care and support, making the right decisions for them and their families.

The ASCOF, with its clear focus on promoting people's quality of life and their experience of care, and on care and support that is both personalised and preventative, will be a key tool to track progress locally and nationally towards the realisation of our ambitions for care and support.

4. The 2013/14 Adult Social Care Outcomes Framework

This section outlines how each of the four domains of the ASCOF have been updated for 2013/14. Further detail on the technical definitions of the measures will be made available in the ASCOF handbook of definitions for 2013/14, which will be published in the spring.

At the time of publication of the first ASCOF in 2011, some gaps in its coverage were identified due to lack of appropriate data. Where there were gaps, these were marked using placeholders, signalling our intent to develop a suitable measure. Since then, we have been working with the sector to develop new measures to fill these gaps as part of the national review of adult social care data collections (the zero-based review). Particular areas identified as requiring new or better measures were safety and safeguarding, personalisation, and better preventative support to maintain people's independence.

In addition, the development of the ASCOF has supported the Government's priorities for social care, as set out in the Care and Support White Paper, and has further aligned its content with that of the Public Health and NHS Outcomes Frameworks.

The Care and Support White Paper

This year, the ASCOF has been strengthened to reflect key White Paper priorities for care and support – including the promotion of care and support which is integrated and joins up around the needs of the people who use them, and the need to tackle loneliness and social isolation in our communities. It also reflects the Government's objective to improve the quality of life for people with dementia.

Quality of life for people with dementia

The Care and Support White Paper reinforced the Prime Minister's 'Challenge on Dementia'⁴, launched in March. The Challenge set out a renewed ambition to go 'further and faster', building on progress made through the National Dementia Strategy⁵ to secure greater improvements in dementia care. The Department has been seeking to develop appropriate measures to assess the impact of this challenge and, as a result, the 2013/14 ASCOF includes a new placeholder measure on dementia. The placeholder signals our intent to develop a measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life for people with dementia. The placeholder is shared with the

4 <http://gp.dh.gov.uk/2012/11/08/first-progress-report-for-the-prime-ministers-challenge-on-dementia/>

5 <http://www.dh.gov.uk/health/category/policy-areas/social-care/dementia/>

NHS Outcomes Framework, reflecting the paramount importance of this outcome across both adult social care and the NHS, and the need for integrated working at the local level.

People's experience of integrated care

In January 2012, the NHS Future Forum responded to the views of patients, service users and care organisations, reporting that too often patients experience gaps in service provision, failures in communication, and poor transitions between services⁶. National Voices reported that integrated care was the top demand from patient, service user and carer organisations who wanted care to be co-ordinated and personalised around the patient⁷. As highlighted by the Future Forum, 'integration is a vitally important aspect of the experience of health and social care for millions of people. It has perhaps the greatest relevance for the most vulnerable and those with the most complex and long term needs.' However, at present, no direct measurement of people's experience of integrated care exists.

The Care and Support White Paper restated the Department's commitment to a clear, ambitious and measurable goal to drive further improvements in people's experience of integrated care.

Research work aimed at advancing a methodology for capturing people's experience of integrated care is currently underway. Once available, this will inform the development of suitable outcome measures for the NHS and Adult Social Care Outcomes Frameworks. The Department also plans to include shared or complementary measures, where feasible to do so, based upon these indicators within the Public Health Outcomes Framework. For 2013/14, both the NHS Outcomes Framework and the ASCOF share a placeholder on improving people's experience of integrated care and support.

Loneliness and social isolation

The White Paper signalled the Government's commitment to support active and inclusive communities, which support people to develop and maintain connections to friends and family. As part of this, a commitment was made to include measures of loneliness and social isolation in the ASCOF and Public Health Outcomes Frameworks. In response to this, a new measure of social isolation has been included in the framework, which is described in more detail later in the chapter.

The zero-based review of national adult social care data collections

Since November 2010, the Health and Social Care Information Centre has led a 'zero-based review' (ZBR) of adult social care data collections from local authorities. The objective of the review is to ensure that the information we collect nationally reflects the changing face of adult social care – keeping pace with the transformation of care towards more personalised,

6 <http://www.dh.gov.uk/health/2012/01/forum-response/>

7 http://www.nationalvoices.org.uk/sites/www.nationalvoices.org.uk/files/9%20Big%20Shouts%20-%20National%20Voices%20response%20to%20the%20Listening%20Exercise_0.pdf

preventative forms of support. The review has actively supported the development of the ASCOF for 2013/14 and beyond, and when the proposals are fully implemented, will support several new measures.

Potential changes to the ASCOF arising from the ZBR were consulted on in 2012 as part of the wider ZBR consultation. Over 300 responses were received, including over one-hundred local authorities, the Association of Directors of Adult Social Services and from the Local Government Association. A summary of these responses is included at Annex D.

A strong theme emerging from the consultation, and from the continued work of the Health and Social Care Information Centre with local government, is the high level of support for the principle of the proposed collections, and a recognition that the proposals would act to support the transformation of care and support. However, there was also broad agreement among respondents that, given the ambition of the proposed changes, implementation of the proposals in their entirety for 2013/14 would not be feasible.

Where new ASCOF measures rely on changes to collections after 2013/14, measures will be implemented in full when the supporting data are available. Placeholders are used to indicate the nature of the proposed measures.

Alignment of the Outcomes Frameworks

We have committed to improve alignment between the ASCOF and the Public Health and NHS Outcomes Frameworks, reflecting the joint contribution of health and social care to improving outcomes. The 2013/14 ASCOF, NHS Outcomes Framework and the technical refresh of the Public Health Outcomes Framework include an increased number of shared and complementary measures and placeholders⁸. This includes a shared measure of social isolation across the ASCOF and Public Health Outcomes Framework, (described in more detail below) and a shared placeholder across the ASCOF and NHS Outcomes Framework on improving people's experience of integrated care.

Inclusion criteria

All measures have been tested against the following criteria, to assess their suitability for inclusion in the framework:

- relevant and meaningful to the public – measures should be intelligible and reflect what matters to people;

⁸ A measure is shared when the same measure appears in more than one framework. A measure is complementary when a similar measure, addressing the same issue, features in more than one of the frameworks.

- 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 over time – measures must be consistent to promote transparency;
- a measure of a social care-related outcome, or consistent with an outcome focus;
- a robust measure – data used to populate the measure are statistically robust and the measure does not create perverse incentives;
- supported by evidence – evidence exists that suggests there are cost effective interventions that would have a positive impact on the measure;
- disaggregable by equalities – measures should be able to be broken down to support a focus on inequalities; and
- currently collected – measures should be currently available from an existing data source.

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

1

Enhancing quality of life for people with care and support needs

Overarching measure

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

Outcome measures

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

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

To be revised from 2014/15: 1C. Proportion of people using social care who receive self-directed support, and those receiving direct payments

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

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

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

1E. Proportion of adults with a learning disability in paid employment *** (PHOF 1.8, NHSOF 2.2)

1F. Proportion of adults in contact with secondary mental health services in paid employment *** (PHOF 1.8, NHSOF 2.5)

1G. Proportion of adults with a learning disability who live in their own home or with their family ** (PHOF 1.6)

1H. Proportion of adults in contact with secondary mental health services living independently, with or without support ** (PHOF 1.6)

New measure for 2013/14:

1I. Proportion of people who use services and their carers, who reported that they had as much social contact as they would like. ** (PHOF 1.18)

* Measure complementary with another framework

** Measure shared with another framework

*** Measure complementary with the NHS Outcomes Framework and Public Health Outcomes Framework

Personalisation – Measure 1C

The Department remains committed to the 2013 objective for personal budgets, meaning everyone eligible for long term community-based care should be provided with a personal budget, preferably as a Direct Payment, by April 2013. This objective, agreed with the sector and supported by the introduction of legal entitlements to personal budgets in the draft Care and Support Bill, will ensure that personalised care becomes standard practice. Measure 1C, 'the proportion of people using social care who receive self-directed support, and those receiving direct payment,' reflects the success of councils in delivering personalised services, through self-directed support, including direct payments. It is a two part measure, measuring

both the proportion of people in receipt of services who receive self-directed support, and of those people, the proportion who receive a direct payment.

There are recognised limitations to the current measure. For example its scope includes some users of care and support for whom self-directed support may not be appropriate (such as those receiving one-off, short-term or universal services such as equipment or reablement). This means that the overall proportion does not reflect the true extent of the provision of self-directed support and direct payments to those who are eligible, and it is not possible to reach 100%. The Department has been working with the sector to address this issue, and recently agreed that for the April 2013, a milestone of 70% is realistic.

To address these issues further, proposals for revision to this measure were included as part of the consultation on the zero-based review. The responses were widely supportive, but also raised some additional issues which have been reflected in three key changes agreed for this measure.

Once the full proposals for the zero-based review are implemented, Measure 1C will be strengthened by limiting its scope to people who only receive long-term support, for whom self-directed support is most relevant, to better reflect local authorities progress in delivering personalised services. The existing measure will also be replaced by two measures: one which focuses on users; and another measure will be introduced which focuses on carers. Each will have a sub-measure for users/carers in receipt of direct payments, showing progress made on personalisation for users and carers separately. This will aid interpretation and local benchmarking of this key commitment. The final change is for the measure to be based on 'snapshot' data rather than full-year data, to better reflect the progress made on personalisation at the end of the year.

Employment measures – Measures 1E and 1F

There is a strong link between employment, and enhanced quality of life for people with a learning disability and mental health patients. Measures on these themes are included in all three outcomes frameworks, and we have taken this opportunity to consider aligning them further.

The Public Health Outcomes Framework and the ASCOF both include measures connected with employment for people with a learning disability and people with mental health problems. However the Public Health Outcomes Framework measures the gap between the employment rate for those groups and the overall employment rate. This reflects the approach taken in the NHS Outcomes Framework for a complementary measure on employment of people with long term conditions. Although aligning the ASCOF with the other two frameworks was considered, in developing the framework with local government, it was agreed that this would not support local interpretation and benchmarking, and so the ASCOF will retain the current definitions.

The 2012/13 ASCOF included a placeholder on employment for all those with a disability, which has now been removed. In consultation with local authorities, it was agreed that it would be too onerous to collect additional information on those with physical disabilities in employment in order to populate the proposed measure.

Social Isolation – new Measure 11

There is a clear link between loneliness and poor mental and physical health. A key element of the Government's vision for social care, set out in the Care and Support White Paper is to tackle loneliness and social isolation, supporting people to remain connected to their communities and to develop and maintain connections to their friends and family. The White Paper sets out steps to support these aims, and made a commitment to develop, with local government, suitable measures of loneliness and isolation for inclusion in the ASCOF and the Public Health Outcomes Framework.

As a result, for 2013/14, the ASCOF includes a new measure on social isolation. The measure will draw on self-reported levels of social contact as an indicator of social isolation. The Public Health Outcomes Framework has also included this measure as a placeholder in its update for 2013/14.

Initially, this indicator will focus on social care users and carers, rather than the broader population. However, the problems of loneliness and social isolation are not limited to these groups, and all parts of the health and care system have a role to play in preventing and reducing social isolation and loneliness in the broader population. The Department of Health will therefore continue to pursue the development of a population based measure of loneliness, with a view to including this in both the ASCOF and Public Health Outcomes Framework in future years.

Future developments

The overarching measure in this domain is 'social care-related quality of life'. This is a composite measure drawn from 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. This is a key high-level measure, which reflects the achievement of outcomes as reported by people who use services.

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

The White Paper outlines the need to ensure that care and support responds to people's needs and what they want to achieve. The Department is therefore considering the development of an additional measure to identify the proportion of people in receipt of long-term support who report that they have been able to achieve their personal goals.

This proposal was included in the zero based review consultation, and responses were broadly supportive of the principle of the measure. However, concerns were raised about the practicalities of capturing this information. Work will take place over the next year to determine whether a suitable survey question can be developed which will capture this information.

Domain 2: Delaying and reducing the need for care and 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

Outcome measures

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

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

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

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

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

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

New placeholder 2F: Dementia - a measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life . ** (NHSOF 2.6ii)

* Measure complementary with another framework

** Measure shared with another framework

*** Measure complementary with the NHS Outcomes Framework and Public Health Outcomes Framework

This domain included a number of placeholders in the 2012/13 ASCOF, reflecting both the difficulty in articulating measures about delaying and reducing the need for care and support in the context of adult social care, but also the paucity of data available to support this domain. This was therefore an area in which there was a particular focus in the development work supported by the zero based review. Set out below are details of the progress that has been made, although further work is likely to be needed.

Supporting recovery and regaining independence

The development work undertaken as part of the zero-based review has taken us a significant step forward in articulating and defining measures which capture the effectiveness of reablement and rehabilitation type services, which are designed to delay dependency and reduce the need for care and support. This group of services are known as 'short-term' services.

A new measure has been included in this domain for 2013/14, but with implementation delayed until the proposals of the zero-based review are fully implemented. The measure will reflect the proportion of those people who received short-term services during the year, where no further request was made for ongoing support. Since the aim of short term services is to reable people and promote their independence, this measure will provide evidence of a good outcome in delaying dependency or supporting recovery – short term support that results in no further need for services.

In this context, short-term support is defined as 'short-term support which is designed to maximise independence', and therefore will exclude carer contingency and emergency support. This prevents the inclusion of short-term support services which are not reablement services.

This measure was broadly welcomed when included as part of the zero-based review consultation. However, the consultation highlighted issues around implementation and definition, and steps have been taken to address each of these. Further details will be made available in the handbook of definitions.

It would be helpful if this measure could be viewed in the context of a second new placeholder in this domain on the effectiveness of short-term services, to understand whether there are any unintended consequences of the decision to provide no further services. Further work is required to identify the most appropriate way of capturing this. One of the options being considered for this measure is the number of repeat requests for services made by people who have received short term support. This placeholder should not be viewed in isolation when implemented, but instead should be taken together with the new measure to provide a rounded view of the success of short term support in supporting people to recover their independence. Work is being undertaken to identify whether this is the most appropriate measure to support interpretation, which would only be implemented once the relevant parts of the zero-based review are implemented.

These measures, once implemented alongside the current measure of outcomes from reablement/rehabilitation (Measure 2B) will give us a more comprehensive view of the effectiveness of reablement care and support.

Delaying dependency and promoting independence – Dementia

A new placeholder on dementia has been added to this domain, and is an example of how the NHS and Adult Social Care Outcomes Frameworks have been better aligned. The NHS Outcomes Framework for 2013/14 will include a placeholder for a two-part measure for dementia; the second part of which is on '*the effectiveness of post-diagnosis care in sustaining independence and improving quality of life,*' which is a key priority across both the NHS and adult social care, requiring integrated working at the local level. As such, the

second part of this placeholder is shared with the 2013/14 ASCOF, and further work is required over the next year to develop a suitable measure.

The effectiveness of prevention and preventative services

The final change to domain two for 2013/14 is the removal of the placeholder on the effectiveness of prevention and preventative services. The development of a measure on delaying dependency and the effectiveness of preventative services remains a key priority for the ASCOF, and work will continue to identify how best to capture these outcomes. However, at this point it is not clear whether a suitable measure will be available for 2014/15, and so the placeholder has been removed.

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

3

Ensuring that people have a positive experience of care and support

Overarching measure

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

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

3B. Overall satisfaction of carers with social services

New placeholder 3E: Improving people's experience of integrated care ** (NHS OF 4.9)

Outcome measures

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

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

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

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

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

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

* Measure complementary with another framework

** Measure shared with another framework

*** Measure complementary with the NHS Outcomes Framework and Public Health Outcomes Framework

The outcomes in this domain can best be summarised at a high-level by the general satisfaction which people in contact with social care, including carers, express with the services they have received. This domain supports the Care and Support White Paper statement that, amongst other things, a high-quality service means that people should report having a 'positive experience of care that meets my needs,' by allowing national and local comparison of how well local authorities are performing in ensuring that people have a positive experience of care and support.

There was one change to domain three for the 2013/14 ASCOF: the addition of a placeholder, shared with the NHS Outcomes Framework, on improving people's experience of integrated care. This placeholder is described in more detail earlier in this chapter.

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

4

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

Overarching measure

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

Outcome measures

Everyone enjoys physical safety and feels secure.

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

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

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

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

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

* Measure complementary with another framework

** Measure shared with another framework

*** Measure complementary with the NHS Outcomes Framework and Public Health Outcomes Framework

The Care and Support White Paper states that a high-quality service must be one which keeps people safe from harm. In setting out safeguarding as one of the domains in the Adult Social Care Outcomes Framework, we have emphasised the need for services to safeguard adults whose circumstances make them vulnerable, and to protect them from avoidable harm.

The area of safeguarding is one of the core priorities of adult social care and the poor coverage of outcome measures in this domain reflects the paucity of national data available in this important area. The zero-based review of adult social care data collections has sought to address the lack of outcome-based data on adult safeguarding. The proposals have been consulted on and will be implemented in 2013/14.

This area remains one of the critical development priorities for the future of the ASCOF, and as part of the zero based review, work has been taken forward to develop a potential measure of the outcomes of safeguarding interventions. However, defining and measuring outcomes in this domain remains a challenge.

The new placeholder, on '*self-reported outcomes of safeguarding intervention*', signals our intention to measure the proportion of completed safeguarding referrals where service users reported they felt safe. This measure was consulted on, and although there was broad support for the development of such a measure, there were concerns about how the information could be collected in a robust and fair way in practice. To develop this measure, piloting will be required to assess whether robust, comparable data can be collected. Should a pilot be successful, we will move to include this as a full measure in the ASCOF, to support councils in identifying the outcomes for people of safeguarding processes.

5. Next steps

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

The Department will:

- continue to further align the outcomes frameworks across the NHS, public health and adult social care, through the greater use of shared and complementary measures, supporting the health and social care system to work together to address the challenges it faces, and to provide a focus for improvement across the system;
- work closely with local government and the Health and Social Care Information Centre on the continuing work of the zero-based review, with an active focus on improving outcome measurement in adult social care. Where placeholders in the current framework rely on changes to national data collections, we will continue to develop these measures;
- work to ensure that the measures in the ASCOF are aligned with other supports to quality in the system, including the Think Local, Act Personal markers of progress, and the work of the National Institute for Health and Clinical Excellence (NICE), whose remit will from April 2013 expand to include social care, to develop quality standards and guidance for social care; and,
- conduct a review with local government of the ASCOF to ensure that the framework is achieving its aims. We will work to ensure that the framework best supports White Paper priorities, for example strengthened entitlements for carers, and the importance of the best quality end of life care. We will also consider whether, in light of the recommendations of the Children and Young People's Health Outcomes Forum, the ASCOF could promote effective transitions between child and adult services.

Annex A: Adult Social Care Outcomes Framework 2013/14 at a glance

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

Overarching measure

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

Outcome measures

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

1B. Proportion of people who use services who have control over their daily life
To be revised from 2014/15: 1C. Proportion of people using social care who receive self-directed support, and those receiving direct payments

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

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

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

1E. Proportion of adults with a learning disability in paid employment *** (PHOF 1.8, NHSOF 2.2)
 1F. Proportion of adults in contact with secondary mental health services in paid employment *** (PHOF 1.8, NHSOF 2.5)
 1G. Proportion of adults with a learning disability who live in their own home or with their family ** (PHOF 1.6)
 1H. Proportion of adults in contact with secondary mental health services living independently, with or without support ** (PHOF 1.6)

New measure for 2013/14:
 1I. Proportion of people who use services and their carers, who reported that they had as much social contact as they would like. ** (PHOF 1.18)

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

Overarching measure

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

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

Outcome measures

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

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

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

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

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

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

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

Outcome measures

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

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

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

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

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

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

New placeholder 2F: Dementia - a measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life. ** (NHSOF 2.6ii)

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

Overarching measure

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

Outcome measures

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

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

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

Aligning across the Health and Care System

* Indicator complementary
 ** Indicator shared
 *** Indicator complementary with the Public Health Outcomes Framework and the NHS Outcomes framework

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

Annex B: Adult social care outcomes in 2011/12

Please note that measures in the 2012/13 ASCOF which are drawn from the Carers Survey do not feature in the 2011/12 framework, as this survey is biennial.

ASCOF measure	Data source	Equality disaggregations in 2011/12	Client group disaggregations in 2011/12	2010/11	2011/12 Provisional	Notes on validity of time series comparisons
1A: Social care related quality of life	Adult Social Care Survey (ASCS)	Age Gender Ethnicity** Religion* Sexual orientation*	Physical Disability (PD) (All ages)** Learning Disability (LD) (All ages)** Mental health (MH) (All ages) Substance Misuse (All ages)** Vulnerable People (All ages)**	18.7	18.7	Caution should be exercised when comparing the underlying 2011/12 data to 2010/11 data due to changes in survey methodology.
1B: Proportion of people who use services who have control over their daily life	ASCS	Age Gender Ethnicity** Religion* Sexual orientation*	Physical Disability (PD) (All ages)** Learning Disability (LD) (All ages)** Mental health (MH) (All ages)** Substance Misuse (All ages)** Vulnerable People (All ages)**	75.0	75.1	Caution should be exercised when comparing 2011/12 data to 2010/11 data due to changes in survey methodology.

ASCOF measure	Data source	Equality disaggregations in 2011/12	Client group disaggregations in 2011/12	2010/11	2011/12 Provisional	Notes on validity of time series comparisons
<p>1C: Proportion of people using social care who receive self-directed support, and those receiving direct payments</p> <p>This is a two part measure of all those in receipt of self directed support (part 1), and as a subset those receiving direct payments (part 2)</p>	Referrals, assessments and packages of care (RAP)	Age	PD (18–64 and 65+**) LD (18–64 and 65+**) MH (18–64, 65+) Substance misuse (18–64, 65+**) Other vulnerable people (18–64, 65+)** Older people (65+) Carers (18–64, 65–74 & 75+)**	(1) 29.2 (2) 11.7	(1) 43.0 (2) 13.7	2011/12 data are comparable with 2010/11 data
1D: Carer reported quality of life	Carers Survey	Age Gender Ethnicity** Religion* Sexual orientation*	Carers	–	–	Carers Survey biennial – no carers data for 2011/12. A voluntary Carers Survey was run in 2009/10, but using a different methodology. The next Carers Survey will take place in autumn 2012, with data available in autumn 2013.

ASCOF measure	Data source	Equality disaggregations in 2011/12	Client group disaggregations in 2011/12	2010/11	2011/12 Provisional	Notes on validity of time series comparisons
1E: Proportion of adults with a learning disability in paid employment	Adult Social Care-Combined Activity Return (ASC-CAR)	Gender	LD (18–64)	–	7.1	2011/12 data are not comparable with 2010/11 data due to changes in the definition of the measure.
1F: Proportion of adults in contact with secondary mental health services in paid employment	Mental Health Minimum Data Set (MHMDS)	Gender	MH (18–69)	–	8.0	2011/12 data are not comparable with 2010/11 data as 2011/12 data is based on the last quarter of the year.
1G: Proportion of adults with a learning disability who live in their own home or with their family	ASC-CAR	Gender	LD (18–64)	–	69.9	2011/12 data are not comparable with 2010/11 data due to changes in the definition of the measure.
1H: Proportion of adults in contact with secondary mental health services who live independently, with or without support	MHMDS	Gender	MH (18–69)	–	57.8	2011/12 data are not comparable with 2010/11 data, as 2011/12 data is based on the last quarter of the year.

ASCOF measure	Data source	Equality disaggregations in 2011/12	Client group disaggregations in 2011/12	2010/11	2011/12 Provisional	Notes on validity of time series comparisons
<p>2A: Permanent admissions to residential and nursing care homes, per 100,000 population</p> <p>This is a two part-measure: the number of admissions of younger adults (part 1) and older people (part 2)</p>	ASC-CAR Office for National Statistics (ONS)	Age (18–64, 65 and over)	PD (18–64) MH (18–64) LD (18–64) Substance misuse and other vulnerable people (as one group)** Not allocated by client group**	(1) – (2) –	(1) 19.4 (2) 705.9	2011/12 data are not comparable with 2010/11 data.

ASCOF measure	Data source	Equality disaggregations in 2011/12	Client group disaggregations in 2011/12	2010/11	2011/12 Provisional	Notes on validity of time series comparisons
<p>2B: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services</p> <p>This is a two-part measure: the effectiveness of reablement services (part 1), and the coverage of the service (part 2).</p>	ASC-CAR Hospital Episode Statistics (HES)	Age (65–74, 75–84, 85+) Gender	Older people (65+)	(1) 82.0 (2) 3.0	(1) 82.7 (2) 3.2	There has been a small change to the definition of the measure, but 2011/12 data are broadly comparable with 2010/11 data.

ASCOF measure	Data source	Equality disaggregations in 2011/12	Client group disaggregations in 2011/12	2010/11	2011/12 Provisional	Notes on validity of time series comparisons
<p>2C: Delayed transfers of care from hospital, and those which are attributable to adult social care</p> <p>This is a two-part measure: the overall number of delayed transfers of care (part 1) and, as a subset, the number of these delays which are attributable to social care services (part 2).</p>	UNIFY2 ONS	Age (18+)	Adults aged 18+	(1) 10.6 (2) 4.1	(1) 9.8 (2) 3.8	A move from weekly to monthly data means that 2011/12 data are not comparable with 2010/11 data. However, a comparable figure has been produced (please see 2010/2011 column)
3A: Overall satisfaction of people who use services with their care and support	ASCS	Age Gender Ethnicity** Religion* Sexual orientation*	Physical Disability (PD) (All ages)** Learning Disability (LD) (All ages)** Mental health (MH) (All ages)** Substance Misuse (All ages)** Vulnerable People (All ages)**	62.1	62.8	Caution should be exercised when comparing 2011/12 data to 2010/11 data due to changes in survey methodology.

ASCOF measure	Data source	Equality disaggregations in 2011/12	Client group disaggregations in 2011/12	2010/11	2011/12 Provisional	Notes on validity of time series comparisons
3B: Overall satisfaction of carers with social services	Carers Survey	Age Gender Ethnicity** Religion* Sexual orientation*	Carers	–	–	Carers Survey biennial – no carers data for 2011/12
3C: Proportion of carers who report that they have been included or consulted in discussion about the person they care for	Carers Survey	Age Gender Ethnicity Religion* Sexual orientation*	Carers	–	–	Carers Survey biennial – no carers data for 2011/12
3D: Proportion of people who use services and carers who find it easy to find information about services	ASCS Carers Survey	Age Gender Ethnicity** Religion* Sexual orientation*	Physical Disability (PD) (All ages)** Learning Disability (LD) (All ages)** Mental health (MH) (All ages)** Substance Misuse (All ages)** Vulnerable People (All ages)** Carers	74.2	73.8	Caution should be exercised when comparing 2011/12 data to 2010/11 data due to changes in survey methodology. Carers Survey biennial – no carers data for 2011/12

ASCOF measure	Data source	Equality disaggregations in 2011/12	Client group disaggregations in 2011/12	2010/11	2011/12 Provisional	Notes on validity of time series comparisons
4A: Proportion of people who use services who feel safe	ASCS	Age Gender Ethnicity** Religion* Sexual orientation*	Physical Disability (PD) (All ages)** Learning Disability (LD) (All ages)** Mental health (MH) (All ages)** Substance Misuse (All ages)** Vulnerable People (All ages)**	62.4	63.8	Caution should be exercised when comparing 2011/12 data to 2010/11 data due to changes in survey methodology.
4B: Proportion of people who use services who say that those services have made them feel safe and secure	ASCS	Age Gender Ethnicity** Religion* Sexual orientation*	Physical Disability (PD) (All ages)** Learning Disability (LD) (All ages)** Mental health (MH) (All ages)** Substance Misuse (All ages)** Vulnerable People (All ages)**		75.4	No 2010/11 data available.

* Although the underlying survey results will in theory be disaggregated by religion and sexual orientation, in practice there are likely to be significant gaps in the data on these characteristics at least in the short/medium term. This reflects the content of records held locally by councils.

** This information is not published as part of the adult social care outcomes returns, however it is published elsewhere

Annex C: Summary of adult social care outcomes in 2011/12

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

1A: Social care related quality of life

- This measure gives an overarching view of the quality of life for users of social care. This outcome is influenced by a range of factors, including the quality of care and support. It is a composite measure calculated by using responses to eight questions in the Adult Social Care Survey of users of social care, covering different aspects of social care related quality of life.
- The average score for social care related quality of life was 18.7 out of a maximum possible score of 24, which is the same as 2010/11.

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

- A key objective of the drive to make care and support more personalised is that support more closely matches the needs and wishes of the individual, putting users of services in control of their care and support. Therefore, asking users of care and support about the extent to which they feel in control of their daily lives is one means of measuring whether this objective is being achieved.
- 75% of users of social care say they feel in control of their daily life, which is the same as last year's figure. Those aged 18–64 are more likely to report they feel in control (77%) than those aged 65 and over (74%).

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

- This measure supports the drive towards more personalised care and support, by demonstrating the success of councils in providing personal budgets and direct payments to users of services.
- 43.0% of users of community based services, and carers receiving services for carers, received self-directed support during the year, an increase from 29.2% in 2011/12. This includes 13.7% who received a direct payment during 2011/12, an increase from 11.7% in the previous year.

- These results broadly track the March 2012 Association of Directors of Adult Social Services Personal Budget Survey, which showed that personal budget provision is at 53% nationally, an increase from 35% in 2011.

1E: Proportion of adults with a learning disability in paid employment

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

1G: Proportion of adults with a learning disability who live in their own home or with their family

1H: Proportion of adults in contact with secondary mental health services who live independently, with or without support

- There is a strong link between employment, stable and appropriate accommodation, and enhanced quality of life for people with a learning disability and people with mental health problems.
- 7% of adults with a learning disability who are known to councils, and 8% of adults in contact with secondary mental health services are in paid employment. However, there is variation at council level on these measures:
 - for both adults with a learning disability and for adults in contact with secondary mental health services, a quarter of councils reported 5% or fewer in employment and a quarter of councils reported 10% or more in employment;
 - for adults with learning disabilities, a quarter of councils reported 65% or fewer live in their own home or with family, and a quarter of councils reported 78% or more did so; and
 - for adults in contact with secondary mental health services a quarter of councils reported 50% or fewer live in their own home or with family and a quarter of councils reported 76% or more did so.
- 70% of adults with a learning disability who are known to councils live in their own home or with their family. 58% of adults in contact with secondary mental health services live independently.

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

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

- Avoiding permanent placements in residential and nursing care homes is a good measure of delaying dependency. Research suggests that, where possible, people prefer to stay in their own home rather than move into residential care. The inclusion of this measure in

the framework supports local health and social care services to work together to reduce avoidable admissions.

- There were 706 permanent admissions to residential care or nursing homes per 100,000 population for adults aged 65 or over in 2011–12. The equivalent number for adults aged 18–64 was 19. There was variation in the rate of admissions by council however. For example, for adults aged 65 and over, a quarter of councils reported admissions of fewer than 605 per 100,000 population, while a quarter of councils reported admissions of more than 825 per 100,000 population.

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

- This measure has two parts, reflecting both the coverage of reablement services, and their success in supporting people to remain at home. Reablement seeks to support people and maximise their level of independence, in order to minimise their need for ongoing support and dependence on public services.
- 83% of older people (aged 65 and over) were still at home 91 days after discharge from hospital into reablement or rehabilitation services. This compares with 82% in the previous year. There was variation in the success of reablement services by council, with a quarter of councils reporting 80% or fewer older people were still at home 91 days later. This compares to a quarter of councils who reported 89% or more older people were still at home 91 days later.
- 3.2% of older people (aged 65 and over) were offered reablement services following discharge from hospital, compared to 3.0% the previous year.

2C: Delayed transfers of care from hospital, and those attributable to adult social care

- This measure reflects the impact of hospital services and community based care in facilitating timely and appropriate transfers from all hospitals for all adults. It is an important marker of the effective joint working of local partners.
- Per 100,000 of the adult population, there were on average 9.8 delayed transfers of care (for those aged 18 and over) per day in 2011/12. Of these, 3.8 were attributable to social care. Compared to 2010–11, there has been a reduction in the number of delayed transfers of care.

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

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

- The proportion of service users who said they were extremely or very satisfied with their care and support was 63 per cent in 2011–12, which was similar to 2010–11 (62%). It was slightly higher for those aged 18–64 (65%) than those aged 65 or more (62%).

3D: Proportion of people who use services who find it easy to find information about services

- Information is a core universal social care service, and is a key factor in early intervention and reducing dependency.
- In 2011–12, 74% of people who use services found it easy to find information about services, which is about the same as in 2010–11. Those aged 65 and over were more likely to report that they found it easy to find information (76%) compared to those aged 18–64 (71%).

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

4A: Proportion of people who use services who feel safe

- Safety is fundamental to the wellbeing and independence of people using social care, and the wider population. Feeling safe is a vital part of users' experience of their care and support.
- 64% of users of social care said that they felt as safe as they wanted. This compares with a figure of 62% for the previous year. This was higher for those aged 65 or over (65%) than those aged 18–64 (61%).

4B: Proportion of people who use services who say that those services have made them feel safe and secure

- 75% of users of social care who responded to the survey said that the care and support they receive helps them to feel safe.
- This measure supports measure 4A, by reflecting the extent to which users of care services feel that their care and support has contributed to making them feel safe and secure. As such, it attempts to separate the role of care and support in helping people to feel safe from the influence of other factors, such as crime levels and socioeconomic factors.

Annex D: Summary of responses to ASCOF related questions in the HSCIC consultation

In 2012, the Health and Social Care Information Centre (HSCIC) consulted on a range of potential changes to national data collections relating to adult social care. This included a section which sought views on proposals for new measures for the Adult Social Care Outcomes Framework (ASCOF). The consultation was limited to those proposed measures which related to the proposals of the zero-based review (ZBR).

This annex summarises the responses to the consultation questions relating to the ASCOF. Further details about the full consultation, the responses received and the consultation outcome can be found at <http://www.ic.nhs.uk/work-with-us/consultations/consultation-on-adult-social-care-data-developments-2012>.

There were around 100 responses to the ASCOF element of the consultation, with most responses from local authorities, and national and regional local government networks. In most cases, responses were supportive of the principle of the proposals, although in some instances there were concerns about the practicalities of defining and implementing the proposed measures. The consultation responses informed the work of the Department, with local government, to develop the framework for 2013/14. Set out below is a brief summary of the responses, any resultant change for the 2013/14 framework, and next steps where relevant.

Proposed new measures for domain 1

Personal outcomes from long term support

The consultation responses were broadly supportive of the principle of this proposed new measure, but there were reservations about how the information would be collected. There were concerns about whether a suitable question could be developed which would capture outcomes information distinct from current ASCOF measures 1A (social care related quality of life) and 3A (user satisfaction). If a suitable question could be developed, this could be included in the existing Adult Social Care Survey of users of care and support.

Update to ASCOF for 2013/14: include as a placeholder, subject to the development of a suitable survey question.

Next steps: undertake further scoping work to scope the feasibility of developing this measure. If the measure is found to be viable, take its development forward in partnership with local government.

Proposed changes to existing measures in domain 1

Proposed revised definition of ASCOF measure 1C

The consultation was supportive of the proposals to amend the definition of ASCOF measure 1C, and highlighted further areas that could be considered for an amended definition, including limiting its scope to people who only receive long-term support and basing the measure on snapshot, rather than full-year, data.

Update to ASCOF for 2013/14: signal intent to amend measure 1C when national data collections permit.

Next steps: the revised measure will be introduced when the necessary ZBR proposals are implemented. The measure will have its scope limited to people who only receive long-term support, will be based on snapshot data rather than full year, and the measure will be shown separately for users and carers.

Proposed new measures for domain 2

The effectiveness of long term services in maintaining or improving independence

There was support for the principle of this measure, but significant concerns were raised about the potential for inconsistency in local recording practices, which would then make it less useful at the local level. There were also concerns about the extent to which you would expect the needs of those in long term support to reduce or even stay the same over time.

Update to ASCOF 2013/14: in light of the significant concerns raised in the consultation, this measure has not been developed for inclusion in the ASCOF.

The effectiveness of short-term services in preventing the need for long term support – outcomes of short term services

The consultation responses were generally supportive of this as a useful measure, both nationally and locally, on the effectiveness of short-term services in supporting people to maintain their independence. However, responses to the consultation highlighted concerns around the implementation of the measure, in particular the way in which short-term services are defined, and the treatment of self-funders when defining successful outcomes. These issues have been addressed in the development of the measure.

Update to ASCOF 2013/14: this will be introduced as a new measure in the ASCOF for 2013/14, but with implementation deferred until the necessary ZBR proposals are implemented.

The effectiveness of short-term services in preventing the need for long-term support – repeat requests for services

There was broad support for the proposal to use the ASCOF to capture the effectiveness of short-term services in maintaining people's independence, but respondents raised reservations about the suitability of this proposed measure. One of the key concerns raised was that repeat requests for services may be unconnected to the first request for short-term services, and so would not be a reliable measure of the outcomes of care and support. It was also suggested that, in any case, a measure of this kind should focus only on those who receive a service as the result of making a request, rather than all requests for services.

Update to ASCOF 2013/14: signal intent to include a further measure of the effectiveness of reablement services in the framework.

Next steps: undertake more work to develop further measures of the effectiveness of reablement services.

The effectiveness of short-term services in supporting people to achieve personal outcomes

Consultation responses were generally supportive of the principle of this proposed new measure, but reservations were expressed about the way in which the information would be collected. Given the focus of the measure on users of short-term care and support, who are not currently within the scope of the Adult Social Care Survey, this measure would be likely to require the introduction of a dedicated survey of users of short-term users of care and support. The implementation of such a survey to support this measure would require significant resources, which feedback from local government suggests would not be warranted by the value of the outcome measure.

Next steps: in light of the likely significant development costs, work to develop this measure will not be pursued at present.

Proposed changes to existing measures in domain 2

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

There was general consensus that this measure should only count new permanent admissions, and that transfers between types of care homes should be excluded. There are concerns about continuity and comparisons with historical data should there be a change in the coverage of the measure.

Next steps: Take the responses into account in the continued development of the ZBR.

Proposed new measure for domain 4

The proportion of completed safeguarding referrals where people report they feel safe

There was support for the inclusion of a measure related to safeguarding in the framework, as opposed to safety. However, many points were raised in relation to the methodology for collecting the information. These included concerns about the capacity and communication skills of the relevant users, consistency in approach across councils, the potential to introduce bias, resources required locally to collect this information and ethical considerations.

Action: During 2013/14 work will be taken forward to pilot the collection of data needed to populate this measure. The introduction of this measure in the ASCOF will depend on the outcome of this pilot.



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