

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

*The 2012/13 Adult Social Care Outcomes  
Framework*

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# 1. Introduction

- 1.1 The Adult Social Care Outcomes Framework (ASCOF) was first launched on 31 March 2011, following consultation on a broader, more transparent and outcome-focused approach to presenting information on what adult social care has achieved.
- 1.2 This document updates the framework for the year from April 2012. 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 Association (LGA).
- 1.3 This document:
  - Describes the principles for the way in which the ASCOF should be used, and its relationship with local outcome measurement;
  - Sets out the detail for each of the domains in the ASCOF, including the specific measures agreed for 2012/13; and,
  - Details the next steps for future development of the outcomes-based approach and improvements to the ASCOF over coming years.

## Analysis and use of criteria

- 1.4 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;
  - 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 be currently available from an existing data source.

## Using the Adult Social Care Outcomes Framework

- 1.5 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.
- 1.6 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. It will be for councils to set their own local priorities, driven by both the framework and by their local Joint Strategic Needs Assessments and joint health and wellbeing strategies. 'Performance management', where it continues, will be a local responsibility for councils to determine, in partnership with other organisations and the people they serve. For example, the ASCOF will inform the development of local accounts, which councils will use to set out their priorities and progress to citizens, supporting local accountability. Local accounts are a key mechanism to enable local people to hold their councils to account for their performance, and the outcomes they deliver. As a source of nationally comparable outcomes information, the ASCOF will underpin the development of relevant, meaningful accounts. Councils may wish to refer to the NHS Operating Framework 2012/13 to ensure any expectations from the NHS Operating Framework are aligned with measures within the ASCOF.
- 1.7 Part of the role of national resources such as the ASCOF, therefore, is to support conversations between councils and local people, based on nationally-assured and comparable information. The national data set for adult social care, which underpins much of the ASCOF, 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.

- 1.8 There will be a number of ways these national collections can be used locally. The ASCOF gives a high-level summary of the outcomes measures available, but does not list every available measure. Resources such as the Adult Social Care Survey offer much more to local evaluation than the specific measures agreed for inclusion in the ASCOF, including a number of areas which would help inform local analysis.
- 1.9 In this context, the national outcome measures are a starting point 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 to draw this together into a single local narrative.

## 2. The 2012/13 Adult Social Care Outcomes Framework

- 2.1 The sections which follow outline the agreed outcome measures comprising the 2012/13 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 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.
- 2.3 In some cases, placeholders have been carried forward from last year's framework. This reflects continuing work to improve the evidence base for proposed measures, and also the timing of the outcome of the zero-based review of social care.
- 2.4 In November 2010, the DH announced a fundamental review of national collections of adult social care data from local authorities<sup>1</sup>. The objective of the review is to build a minimum data set of outcome-focused information, which is of direct use to users of care, carers and the public. The review, led by the Health and Social Care Information Centre (HSCIC), has considered what adult social care data needs to be collected from local authorities, balancing the national value of data with the reporting burden on local authorities.
- 2.5 The HSCIC will consult on the recommendations of the review in the spring. Subject to the outcome of the consultation, changes to collections will be formally notified to local authorities in September 2012. The review has actively considered how best to support the development of new measures for the ASCOF, and so, subject to the consultation, changes to collections should support the development of new indicators, and the improvement of existing ones.
- 2.6 In anticipation of this, for this year, the update to the framework is limited to the inclusion of measures of carers' quality of life, and their experience of care and support, based on responses to the Carers Survey, which is currently conducted biennially.
- 2.7 In future years, the publication of the content of the ASCOF will be brought forward to the autumn, beginning with the publication of the 2013/14 ASCOF this autumn. This

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<sup>1</sup> <http://www.ic.nhs.uk/services/social-care/the-zero-based-review>

will bring the timing of the release of annual updates to the framework in line with the publication of the NHS Outcomes Framework and the Public Health Outcomes Framework, which are to be refreshed in the autumn, and the publication of the Mandate to the NHS Commissioning Board.

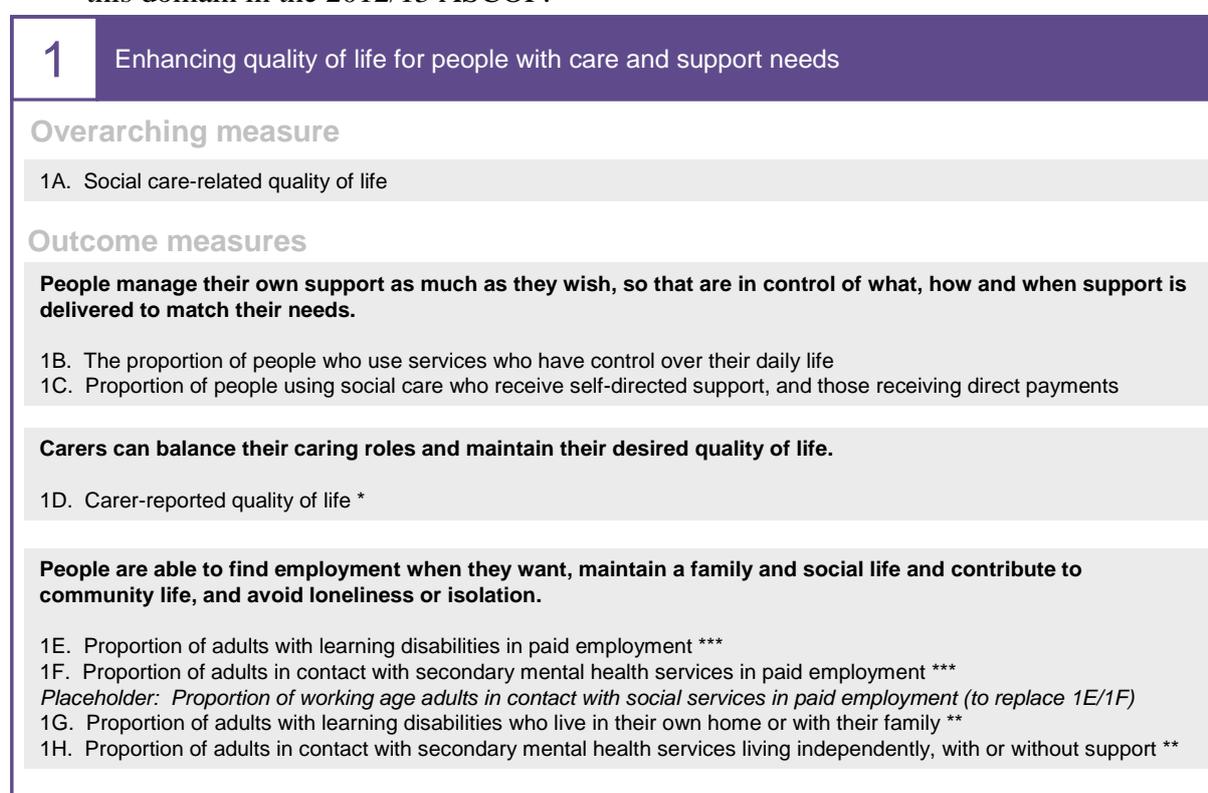
2.8 This document should be read in conjunction with the technical handbook of definitions<sup>2</sup>, which sets out the detailed definition of each measure, with worked examples.

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

2.9 The following outcome statements support this domain:

- 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 they 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.

2.10 The diagram below shows the specific outcome measures agreed for inclusion within this domain in the 2012/13 ASCOF:



<sup>2</sup> The Adult Social Care Outcomes Framework Handbook of Definitions, March 2012, <http://www.dh.gov.uk/health/category/policy-areas/social-care/>

*\*Measure included in the NHS Outcomes Framework*

*\*\*Measure included in/consistent with Public Health Outcomes Framework*

*\*\*\*Measure included in/consistent with NHS Outcomes Framework and Public Health Outcomes Framework*

*Outcome measures for 2011/12*

- 2.11 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.
- 2.12 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.
- 2.13 This measure also provides the basis for further development work which, over time, intends 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 remains 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 have commissioned a study from the Quality and Outcomes of Person Centred Care Policy Research Unit to take this forward. We will engage local government in discussions about how best such an approach might be taken forward.
- 2.14 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 measure is based on a question taken from the Adult Social Care Survey, which asks users of care about the degree of control they have over their daily life, an indication of an important outcome to personalised services.
  - **Proportion of people using social care who receive self-directed support, and those receiving direct payments.** This measure reflects the success of councils in delivering personalised services, through personal budgets. The measure has two

parts, 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 (either through a direct payment or other means).

- 2.15 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.
- 2.16 This measure was deferred in last year’s framework, as the Carers Survey is currently biennial, and so was not undertaken in 2011/12. There is scope to move to an annual collection if the data burden can be substantially reduced, subject to the agreement of local government.
- 2.17 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 measure reflects the success of services in supporting economic wellbeing through paid employment.
  - **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. We are exploring the feasibility of removing the need to be on the Care Programme Approach, to make the measure more reflective of the outcomes achieved for a broader range of mental health patients.
  - **Proportion of adults with learning disabilities who live in their own home or with their family.** This measure reflects the focus on supporting people to live independently in their own home or with their families.
  - **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. As above, we are exploring the possibility of broadening this measure to cover a broader range of mental health patients, potentially for introduction in the 2013/14 framework.

#### *Placeholders and future development*

- 2.18 Employment and accommodation are important outcome areas, and not relevant solely to people with a learning disability or mental health problems. At present, a placeholder is included in this domain, with a view to broadening the scope of the measure:
- *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 employment 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.

- *Proportion of working age adults living independently.* This would include all working age (aged 18-64 years) adults, and would replace the two accommodation measures currently included in the ASCOF. The current measures would continue to be available as disaggregates of the overall measure.

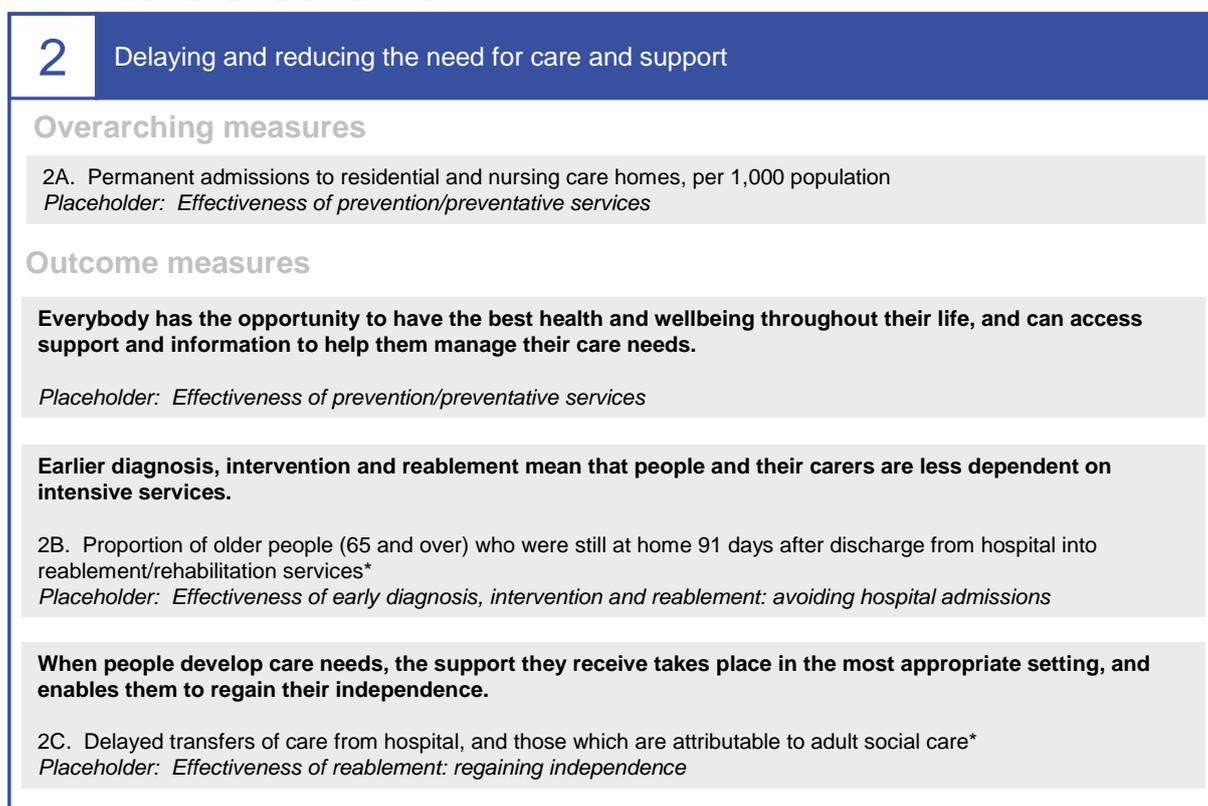
2.19 The 2011/12 framework flagged our intention to explore the possibility of including within the ASCOF a measure based on councils' success in achieving personal outcomes for people who use services. Building services around individually-defined outcomes, personal to the wishes of the service user, is the essence of personalisation, and so there would be merit in eliciting information on 'personal' outcomes goals which matter to the users of services and carers. Over the past year, ADASS has led work with the DH to test local approaches to capturing information on personal outcomes, and to consider whether a national model could be developed for future years. In light of this work, ADASS has recommended that local authorities should have the flexibility to develop their own local approaches to achieving individually-defined outcomes for people who use services. To support councils, a set of principles, developed by the sector, will be released in due course.

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

2.20 The following outcome statements support this domain:

- 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.

2.21 The diagram below shows the specific outcome measures agreed for inclusion within this domain in the 2012/13 ASCOF:



*\*Measure included in/consistent with NHS Outcomes Framework*

*Outcome measures for 2011/12*

2.22 The current overarching measure in this domain is **‘permanent admissions to residential and nursing care, per 100,000 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. The measure is in two parts, for younger adults and older people, to improve comparability between councils.

2.23 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 outcome measures the success of reablement and rehabilitation services in supporting older people to return home and live independently after discharge from hospital. The measure is in two parts, to reflect both the effectiveness of reablement services and the number of people who receive such services. This will prevent areas from scoring well on this measure while offering reablement services to only a small number of people. 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 measure, derived from NHS data, 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 measure is split into two parts, reflecting both the overall number of delayed transfers of care, and those which are attributable to social care services.

#### *Placeholders and future development*

2.24 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.

2.25 This domain includes three placeholders, which signal the importance afforded 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. Work to develop a placeholder measure included in last year's framework, 'emergency readmissions within 28 days of discharge of hospital', has continued this year, but we have not reached a consensus on the approach to be taken. There is a readmissions measure in this year's NHS Outcomes Framework, and we propose to keep the possibility of an equivalent measure in the ASCOF in future years under review.
- *Effectiveness of reablement: regaining independence.* This measure would capture the other side of reablement – helping to regain independence after a health problem. A placeholder measure included in the 2011/12 framework, 'the proportion of people suffering fragility fractures who recover their previous level of mobility/walking after 120 days', requires further work on data development and analysis of the impact of social care, which we will keep under review. There is an equivalent measure in the NHS Outcomes Framework.

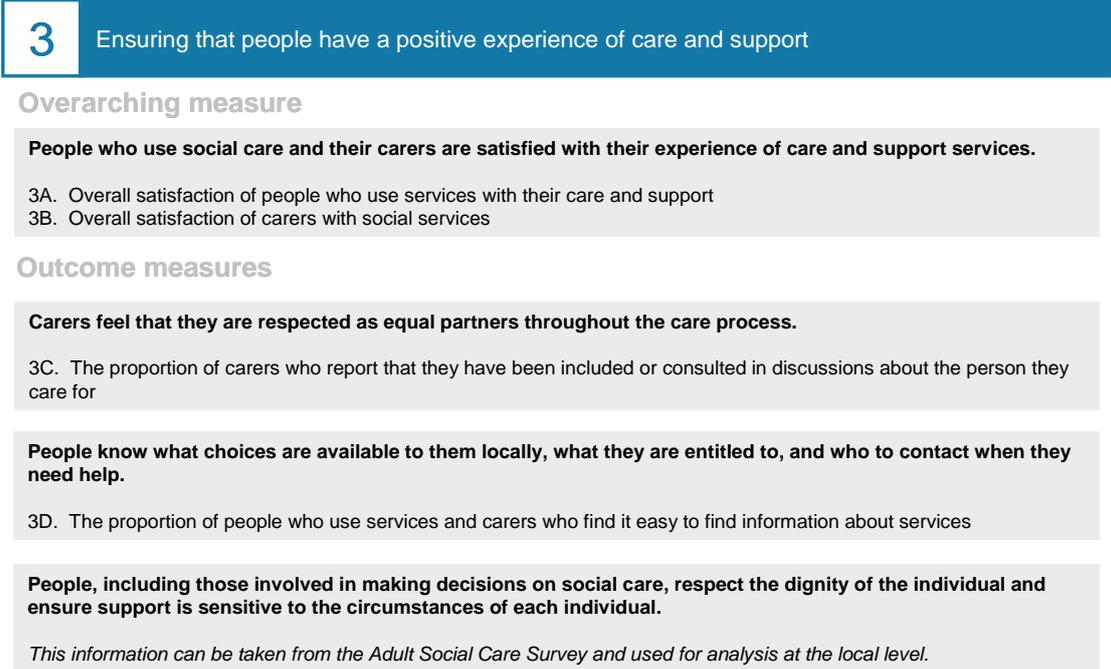
2.26 The social care placeholders above continue to represent an opportunity to further align the ASCOF with the NHS and Public Health Outcomes Frameworks. These areas – preventing care needs and supporting recovery – are important shared priorities between services, and the outcomes frameworks collectively 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. 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

2.27 The following outcome statements support this domain:

- 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.

2.28 The diagram below shows the specific outcome measures agreed for inclusion within this domain in the 2012/13 ASCOF:



2.29 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 with 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.

2.30 ‘**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.

2.31 **‘Overall satisfaction of carers with social services’** similarly measures this outcome for carers, based on information from the Carers Survey. This measure, and the other measures based on the Carers Survey, were deferred last year, as the survey, which is currently biennial, did not run in 2011/12. Measures based on the Carers Survey are limited in scope relative to measures based on the Adult Social Care Survey, as carers must be known to the council to receive the survey, which means the survey may miss a large proportion of all carers locally. Options for its future expansion are being considered with the sector as part of its development.

2.32 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.
- **‘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.

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

2.33 The following outcome statements support this domain:

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

2.34 The diagram below shows the specific outcome measures agreed for inclusion within this domain in the 2012/13 ASCOF:

**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  
*Placeholder: Effectiveness of safeguarding services*

\*\*Measure included in/consistent with Public Health Outcomes Framework

*Outcome measures for 2011/12*

2.35 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. While ‘feeling safe’ might be open to influences outside the influence of social care services, research conducted by PSSRU indicates that individuals do consider social care when responding to the question.

2.36 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*

- 2.37 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. 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.
- 2.38 The zero-based review of adult social care data collections has sought to address the lack of outcome-based data on adult safeguarding. The current Abuse of Vulnerable Adults data collection records information on alerts, referrals and ongoing cases for adult safeguarding. Although the collection provides a considerable amount of useful data, it is mainly process-focused, and does not lend itself to outcome measurement. Subject to the consultation, the proposals of the zero-based review may support the development of an outcome measure for adult safeguarding.
- 2.39 Data on essential standards for safety in the Care Quality Commission's registration requirements for social care providers may also be a source of further outcome measures. 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.
- 2.40 Local authorities have an important role in ensuring providers of residential and social care services have robust infection prevention and control processes in place to safeguard vulnerable residents and services users from avoidable infections and cross infection. Therefore, the Department will undertake work to identify a suitable indicator for inclusion in a future framework.

### 3. Next steps

- 3.1 As outlined above, the zero-based review of adult social care data collection is expected to support the development of new measures to the ASCOF, and the improvement of existing ones. Subject to the progress of work to develop measures, changes to collections resulting from the zero-based review will support improvements to the framework from 2013/14. In developing the ASCOF, we will continue to work to align the framework with its counterparts in the NHS and public health, to better support the integration of care.
- 3.2 To further support the closer alignment of the ASCOF with the NHS Outcomes Framework and the Public Health Outcomes Framework, in future years, the ASCOF will be published in the autumn of the preceding year, beginning with the publication of the 2013/14 framework in autumn 2012. The framework will continue to be developed and agreed jointly by the DH, the ADASS and the LGA, with the close involvement of the adult social care sector. In doing so, we will continue to be mindful not to increase the reporting burden placed on councils, and ensure that all measures retain their outcome focus, and have a strong rationale for their inclusion, based on outcomes that matter to people who use services and carers.
- 3.3 Finally, the DH will conduct an annual review of the outcome measures to ensure that the framework is achieving its aims, and to identify areas for further improvement. Reviews will be undertaken in conjunction with the ADASS, the LGA and the social care sector, as well as people who use services and their carers, to give all concerned parties a regular opportunity to influence the future direction and scope of the framework. We anticipate that 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

\*Included in/consistent with NHS OF  
 \*\*Included in/consistent with Public Health OF

**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 \*\*\*  
*Placeholder: 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  
*Placeholder: 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.**

*Placeholder: Effectiveness of prevention/preventative services*

**Earlier diagnosis, intervention and reablement mean 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\*  
*Placeholder: 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\*  
*Placeholder: 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 services

**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  
*Placeholder: Effectiveness of safeguarding services*

