The Adult Social Care Outcomes Framework 2015/16

Title: Adult Social Care Outcomes Framework
Author: Directorate/ Division/ Branch acronym / cost centre SCLGCP- 18280
Document Purpose: Policy
Publication date: 14 November 2014
Target audience: Public and Local Authorities
Contact details: NB: postal and/or email address for the responsible team responsible this document ascof@dh.gsi.gov.uk

The Adult Social Care Outcomes Framework 2015/16

Prepared by the Department of Health

Date 14 November 2014

Contents

Foreword

Some of the most vulnerable people in our society are reliant on care and extra support to help them lead better more comfortable lives. The care and support they receive can be the difference between a life that is fulfilling and active and one which is unnecessarily limiting. That is why we have made it our priority to ensure that wherever they live people receive the high-quality care that we would expect for our own families or friends.

The Adult Social Care Outcomes Framework (ASCOF), now in its fourth year, measures performance against this ambition, providing relevant and timely information on the outcomes for people using social care services and their carers. This information not only gives a national picture of the overall effectiveness of the sector but also shows how well individual councils are meeting the needs of their populations.

Publishing this information allows the public to see how well their council is performing, and gives councils the information they need to help drive up standards. The interactive website[1] launched alongside last year's framework has made the information more accessible than ever before and we are ambitious in our plans to make this a truly transparent system. The launch of the MyNHS website[2] is an important part of this, making the data more accessible to the public and ensuring that the information is used to its full effect to improve the quality of health and care services.

We are pleased to report that year on year comparisons show improvements across almost all measures and we have seen some increase this year in both the overall satisfaction of people who use services with their care and support and social care-related quality of life. Although there has been a reduction in the number of people receiving services overall, we have seen a decrease in the number of permanent admissions to residential and nursing care homes for both younger and older adults. This indicates that we are getting better at supporting people to live independently in the community. There is no doubt that this is the result of the commitment

---

[1] http://ascof.hscic.gov.uk/
[2] http://www.nhs.uk/mynhs

and continued efforts of councils to improve outcomes and their commitment to tailoring support to where it is most needed and can have the greatest impact.

However, there are still a number of areas where improvement is needed. We have started to see a slight downward trend in the employment figures for adults with a learning disability or in contact with secondary mental health services, so we need to better support these people into work so they can benefit from the enhanced quality of life that is linked to employment. We will work with the Department of Work and Pensions and our partners across the system to address this.

Furthermore, there is evidence that despite an increase in numbers of care and support service users receiving a personal budget, some areas need to do further work to ensure that the ambition that all eligible users have a personal budget is realised.

The 2013-14 framework included a measure of social isolation for the first time, demonstrating the government's commitment to tackling social isolation and loneliness in our communities, particularly for the most vulnerable. The measure identified that fewer than half of users of social care and carers have as much social contact as they would like. Although previous data for users suggests this figure is improving, it is clear that more needs to be done. We know that loneliness can have a significant impact on people's health– by highlighting areas where social isolation is high, better services and care can be targeted at those who need it most.

We have been exploring options for an additional population-based measure of loneliness. These have concluded that for the time being, the current social isolation indicator is the most effective measure for councils. We remain committed to tackling loneliness and will instead be concentrating our efforts and resource on improving outcomes through service innovation and improvement.

The ASCOF remains an important benchmarking tool used by the sector to drive up standards and ensure the performance of services is aligned with the expectations of service users and

the public. A culture of sector led improvement for social care is gaining momentum and the framework will be a key part of this. It enables identification of areas where services are falling short, whilst recognising the achievements of the sector both locally and nationally. This year's framework, considers how the new responsibilities and powers the Care Act has given councils could be reflected in the ASCOF. This will help the service to build on the improvements we've seen and help ensure that everyone gets the high-quality care and support they deserve.
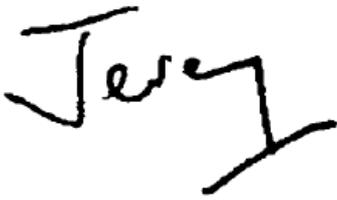
Rt Hon Jeremy Hunt MP
Secretary of State for Health

Norman Lamb MP
Minister of State for Care Services

1. Introduction

1. The Adult Social Care Outcomes Framework (ASCOF) is the Department of Health's main tool for setting direction and strengthening transparency in adult social care. The framework was first published in March 2011, and since then has been kept under constant review to ensure a continued focus on measures that reflect the outcomes which matter most to users of adult social care services and their carers.

2. This document sets out the ASCOF for 2015/16. Its content has been co-produced with the social care sector, including local authority representatives through the ASCOF Reference Group. 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.

3. This document:

   - Describes how the ASCOF should be used as a tool to support local improvement in care and support;

   - Provides a national commentary [3] on adult social care outcomes in 2013/14;

   - Sets out the ASCOF for 2015/16; and

   - Outlines a forward look for the development of the ASCOF in future years, in particular considering the implication of the Care Act 2014.

4. 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 spring 2015.

---

[3] Based on provisional data published by HSCIC in July 2014

2. The Role of the Adult Social Care Outcomes Framework

5. The Department has worked closely with local government partners to develop a culture of sector-led improvement for adult social care. Programmes such as Towards Excellence in Adult Social Care (TEASC) support councils to take responsibility for their own performance and improvement, through a system of performance management 'by councils, for councils'. The ASCOF plays an increasingly important role in this system – providing robust comparable information on the outcomes and experiences of people who use adult social care, and carers.

6. The key roles of the ASCOF are:
   - Locally, the ASCOF provides councils with robust information that enables them to monitor the success of local interventions in improving outcomes, and to identify their priorities for making improvements. Local Authorities can also use ASCOF to inform outcome-based commissioning models[4];

   - Locally, the ASCOF is also a useful resource for Health and Wellbeing boards, who can use the information to inform their strategic planning and leadership role for local commissioning;

   - Locally, the ASCOF also strengthens accountability to local people. By fostering greater transparency on the outcomes delivered by care and support services, the ASCOF enables local people to hold their council to account for the quality of the services that they provide, commission or arrange. Local authorities are also using the ASCOF to develop and publish local accounts to communicate directly with local communities on the outcomes that are being achieved, and their priorities for developing local services;

---

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

- Regionally, the data supports sector led improvement; bringing councils to together to understand and benchmark their performance. This in turn stimulates discussions between councils on priorities for improvement, and promotes the sharing of learning and best practice;

- At the national level, the ASCOF demonstrates the performance of the adult social care system as a whole, and its success in delivering high-quality, personalised care and support. Meanwhile, the framework supports Ministers in discharging their accountability to the public and Parliament for the adult social care system, and continues to inform and support national policy development.

Equality

7. The ASCOF, together with the outcomes frameworks for the NHS and public health, provides a comprehensive overview of the outcomes achieved by people who use health and care services. By measuring the outcomes and experiences of people who use care and support, broken down by protected characteristics where the data permit, the frameworks support greater transparency on equality both locally and nationally. The frameworks therefore support local and national action to identify instances of discrimination and opportunities to advance equality.

8. Currently the national data for the ASCOF can be disaggregated by gender and age (working age adults and 65 years+). Disaggregation for some of the other protected characteristics such as religion, ethnicity and sexual orientation is also possible, though may be somewhat limited due to the nature of the records held at a local level

9. This year will see the development of a Lesbian, Gay, Bisexual and Transgender (LGBT) companion document for the ASCOF for the first time. This document will bring together evidence and best practice from local authorities and voluntary and community sector organisations working across England to better address the needs of those from the LGBT community. It will be published in spring 2015.

10. The measures within the ASCOF are also used to monitor the progress of the Department in meeting its equality objectives for 2012-16. Further information about this can be found at:
https://www.gov.uk/government/publications/department-of-health-equality-objectives-2012-to-2016

3. Adult Social Care Outcomes in 2013/14

11. 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.

12. The ASCOF was launched for the year 2011/12. As such, the publication of outcomes data for 2013/14 this summer[5] offers an opportunity to compare adult social care outcomes over three years, and measure progress towards our ambitions for care that is personalised, preventive and high quality.

13. 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 across England. When interpreting comparisons between groups, or across local authorities, 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. This is particularly true of the survey-based measures, where it is currently not possible to identify the specific impact of adult social care services on the outcome being achieved.

14. However, where disparities in outcomes are marked, this should be a prompt for further local investigation, which may highlight the need to do more to ensure that everyone who receives care and carers are supported to achieve the best possible outcomes, and the best possible experience of their care and support.

15. The following commentary highlights the variation in outcomes across local authorities, and changes in measures over the last three years, additionally, for some measures, it identifies those local authorities whose outcomes are towards the top and bottom edges of the national range.

16. It considers the extent to which the data from the ASCOF demonstrates improvement in adult social care services across the following key themes.

---

[5] These data are as published by the Health and Social Care Information Centre in July and are provisional.
http://www.hscic.gov.uk/catalogue/PUB14402

- I am happy with the quality of my care and support and I know that the person giving me care and support will treat me with dignity and respect

- I am supported to maintain my independence for as long as possible

- I understand how care and support works, and what my entitlements are

- I am in control of my care and support

- I feel safe and secure

- I have as much social contact as I want with people I like

Key findings in 2013/14[6]

17. Overall outcomes for 2013/14 represent a stable picture. Across the range of ASCOF measures there continue to be clear differences between the outcomes of people in different groups and local authorities. Key findings for 2013/14 include:

- Further small increases in both social care related quality of life, and satisfaction of people who use services with the quality of care and support.
- The overall proportion of people receiving personal budgets continues to rise, however over half of local authorities still fall short of achieving the ambition of providing personal budgets to 70% of people who use care and support services.
- The proportion of people who use adult social care services who say those services have made them feel safe and secure continues to increase.
- The proportion of people who are in receipt of local authority funded care who say they have adequate control over their daily lives also continues to increase.
- The proportion of people who use services who found it extremely or very easy to find information about care and support has also increased. However this was not the case for around a quarter of respondents.

---

[6] Findings based on the provisional data as published by the Health and Social Care Information Centre in July.

I am happy with the quality of care and support I receive and I know that the person giving me care and support will treat me with dignity and respect.

18. High quality, responsive care and support, in which people are treated with dignity and respect, is a cornerstone of our ambitions for care reform. Performance against the ASCOF, with its focus on people's outcomes and experiences of their care and support, is a key marker of progress against the ambition of high quality care for all.

19. The social care related quality of life indicator provides an overall view of the quality of life the users of their care and support services experience. In 2013/14[7] the overall score for users of social care was 19.0 (out of a maximum possible score of 24) compared to 18.8 in 2012/13 and 18.7 in 2011/12. After a significant increase, from 62.8% in 2011/12 to 64.1% in 2012/13, in the proportion of users who were extremely or very satisfied with the care or support services they received, there has been a further, small increase to 64.9% in 2013/14[7].

20. While it is encouraging that around two thirds of users are extremely or very satisfied with the care and support services they receive, there is room for improvement to ensure that everyone has the best possible experience. Data for carers are collected biennially and will next be collected in 2014/15. As a result, indicators for carers are not included in this publication.

---

[7] Findings based on the provisional data as published by the Health and Social Care Information Centre in July

Figure 1: Social-care related quality of life for users of social care services in 2013/14 [8]by local authority[9]

---

[8] 2013/14 findings based on provisional data, as published by the HSCIC in July

[9] The black lines at the top of each bar show how accurate the proportion is for each local authority. The bottom of the black line indicates the lowest likely proportion of people for this local authority, and the top indicates the highest. These confidence intervals are included as there is a degree of uncertainty because these are survey estimates. That is, only a sample has been surveyed, and hence the proportions are representative of the real figure for the whole population. The score for each local authority against this measure can be found at: http://www.hscic.gov.uk/catalogue/PUB14402

I am supported to maintain my independence for as long as possible.

21. The Government is working to change the focus of care and support services from reacting when people reach crisis point, to actively promoting well-being, supporting people to remain independent and connected to their communities. The ASCOF supports a focus on these priorities with direct measures of independent living.

22. For people with learning disabilities or mental health problems, stable accommodation is an important factor in improving their safety and overall quality of life, but can also be a factor in the risk of social exclusion. Nationally the proportion of adults in contact with secondary mental health services who live independently, with or without support increased, from 54.6% in 2011/12 to 59.3% in 2012/13 and to 60.9% in 2013/14[10]. The proportion of adults with a learning disability who live in their own home or with their family has also undergone an increase in 2013/14 from the previous two years, up from 70.0% in 2011/12[11] and 73.5% in 2012/13[12] to 74.8% in 2013/14[10].

Figure 2: The proportion of adults with a learning disability who live in their own home or with their family in 2013/14[10] by local authority
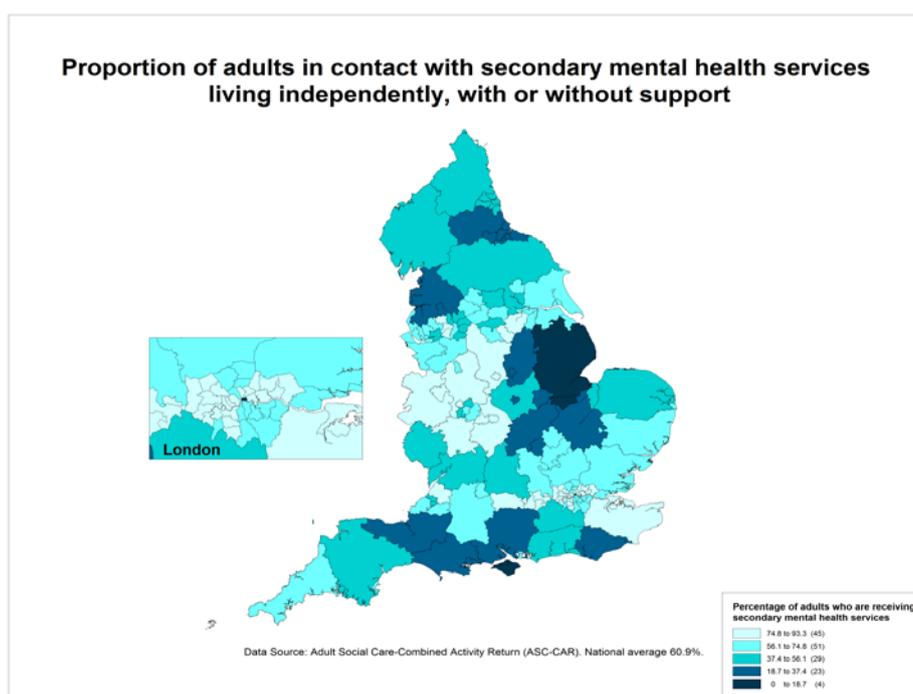

---
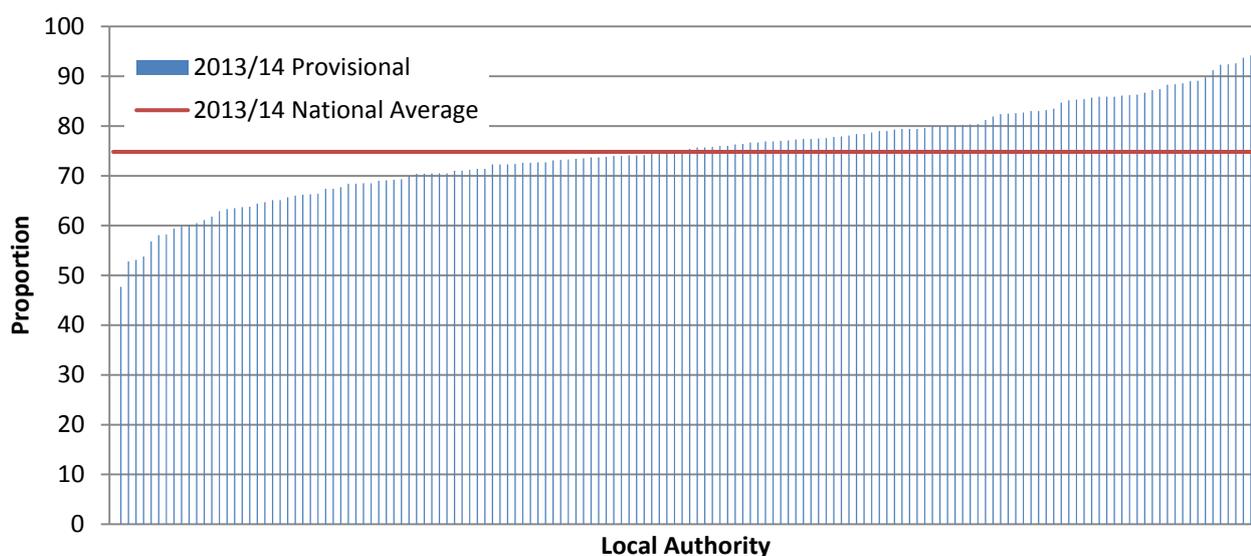
[10] 2013/14 findings based on provisional data, as published by the HSCIC in July

[11] 2011/12 data can be found at: www.hscic.gov.uk/catalogue/PUB10284

[12] 2012/13 data can be found at: www.hscic.gov.uk/catalogue/PUB13187

23. There are clear differences between local areas with regards to the extent to which people with learning disabilities are supported to live independently. Based on provisional data the local authorities with the highest rate of people within this group living in their own home or with their family are Bolton, Oldham, Tameside, Knowsley, Wigan, Salford and Lancashire with this being the case for over 90% of users. However, Brent, Solihull, Hammersmith and Fulham, Barnet, Bexley, Hillingdon, West Sussex, Birmingham and Bromley have the lowest rates with fewer than 60% of people with a learning disability living in their own home or with their family.

24. The proportion of adults in contact with secondary mental health services who live independently was 60.9% in 2013/14[13] a small increase from 2012/13 where the value was 58.5% and 54.6% in 2011/12. Figure 3 shows the variation between local authorities suggesting there may be areas in which councils could improve to obtain independent living for those in contact with secondary mental health services[14].

Figure 3: Proportion of adults in contact with secondary mental health services who live independently, with or without support in 2013/14[13], by local authority

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

London

Percentage of adults who are receiving secondary mental health services

74.8 to 93.3 (45)
56.1 to 74.8 (51)
37.4 to 56.1 (29)
18.7 to 37.4 (23)
0 to 18.7 (4)

Data Source: Adult Social Care-Combined Activity Return (ASC-CAR). National average 60.9%.

---

[13] 2013/14 findings based on provisional data, as published by the HSCIC in July
[14] It should be noted that this indicator is based on only 11 months of data.

25. The proportion of people with a learning disability who are in paid employment has decreased slightly year on year, from 7.1% and 7% in 2011/12 and 2012/13 respectively, to 6.8% in 2013/14. Similarly the proportion of people in contact with secondary mental health services in paid employment has decreased from 8.9% and 8.8% in 2011/12 and 2012/13, to 7.1% in 2013/14[15]. This suggests that there is more that could be done to enable people in these two categories to achieve paid employment.
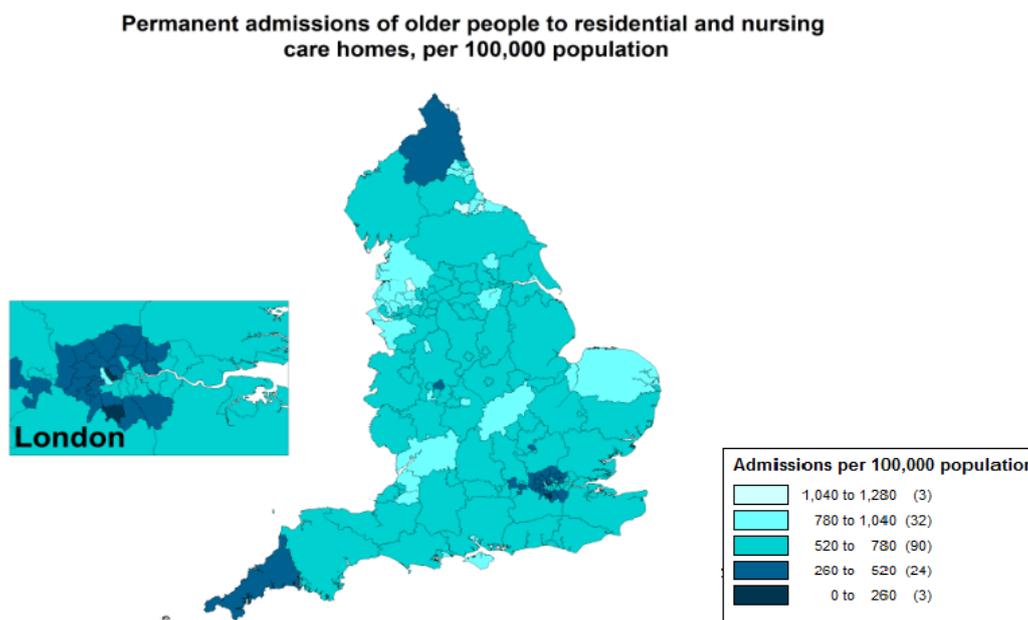
Permanent Admissions

26. The number of permanent admissions to residential and nursing care is a good measure of the effectiveness of care and support in delaying dependency on care and support services. The inclusion of this measure in the framework supports local health and social care services to work together to reduce avoidable admissions where appropriate.

27. For measures regarding delaying dependency for older people, there has continued to be a decrease in the overall rate in 2013/14 compared with the previous two years. In 2013/14 there were 668.4 permanent admissions to residential care or nursing homes per 100,000 population for adults aged 65 or over, compared to 697.2 in 2012/13 and 695.9 in 2011/12. Similarly, the proportion of younger adults (aged 18-64) who are permanently admitted to care homes has decreased again, down from 19.1 per 100,000 population in 2011/12 and 15.0 in 2012/13 to 14.4 for the year 2013/14. In locations where there have been increases in admissions over recent years, councils may wish to investigate further to understand the underlying reasons.

28. Figure 4 shows the variation in performance, with Middlesbrough, Blackburn with Darwen, Darlington and Stoke-on-Trent having more than 1,000 permanent admissions of older people to residential or nursing care per 100,000 population. In contrast, three councils (Sutton, Kensington and Chelsea and Hillingdon) had a rate of fewer than 300 per 100,000 population. However these figures should be viewed in the context of the demographics of the resident population in that area.

---

[15] 2013/14 findings based on provisional data, as published by the HSCIC in July

Figure 4: Permanent admissions of older people (65 and over) to residential and nursing care home, per 100,000 population in 2013/14[15], by local authority.

Permanent admissions of older people to residential and nursing
care homes, per 100,000 population

Admissions per 100,000 population	
1,040 to 1,280	(3)
780 to 1,040	(32)
520 to 780	(90)
260 to 520	(24)
0 to 260	(3)

Data Source: Adult Social Care-Combined Activity Return (ASC-CAR). National Average: 668.4

Reablement services

29. Reablement or rehabilitation services seek to support people, in order to minimise their need for on-going support and to maximise their independence. ASCOF captures the effectiveness of these services for older people, measuring the proportion of older people still at home 91 days after being discharged from hospital into reablement or rehabilitation services.

30. The proportion of older people who were still at home 91 days after discharge from hospital into reablement has shown little change over the past three years: 81.9% in 2013/14[16] as compared with 82.7% in 2012/13 and 81.4% in 2011/12. However these figures should be viewed in the context of the total number of older people discharged from hospital, and the proportion of those that were offered reablement services, which has remained at approximately 3.3% over the period.

31. Figure 5 shows the variation between local authorities in the proportion of older people who are still at home 91 days after discharge from hospital into reablement services. Annex E lists those councils who have achieved a rate of over 90% of people at home 91 days later in 2013/14[16]. For these local authorities, the proportion of older people who were offered reablement services on discharge

---

[16] 2013/14 findings based on provisional data, as published by the HSCIC in July

from hospital ranged from 0.6% to 25.8% of people. In contrast to this, in Telford and the Wrekin, Halton, Rutland, Nottingham, Buckinghamshire and Northamptonshire, fewer than 65% of people were still at home 91 days after discharge from hospital into reablement services. However in these local authorities, when we look at the proportions offered reablement, we see that Buckinghamshire and Nottingham provided greater access to reablement/rehabilitation services than the national average of 3.3% (6.4% and 5.2% respectively).

Figure 5: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services in 2013/14[17], by local authority


---
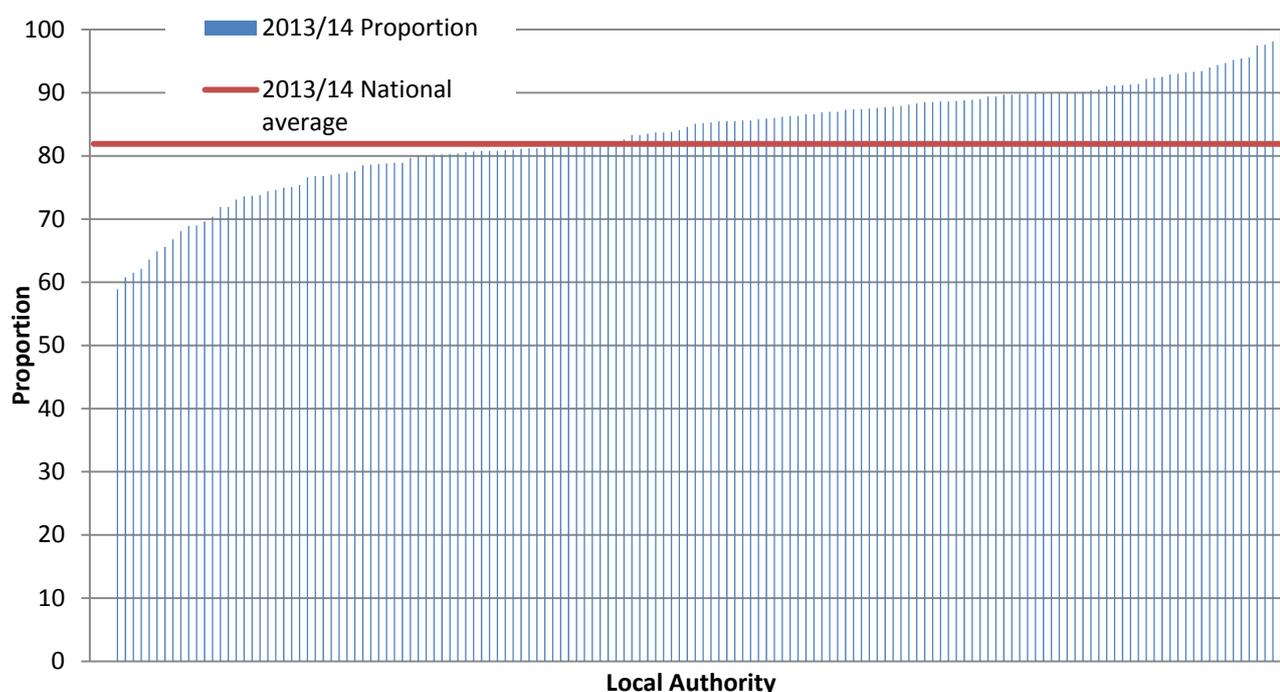
[17] 2013/14 findings based on provisional data, as published by the HSCIC in July

I understand how care and support works, and what my entitlements are

32. The availability and ease of access to information and advice is vital in helping people, their families and carers to make informed choices about the care they want to receive. The ASCOF measures this by capturing the ease with which people are able to find information about care and support. Nationally, the picture looks stable with 74.7%[17] of people saying they found it very easy or fairly easy to find information or advice with slight increases compared with 71.4% in 2012/13 and 73.8% in 2011/12[18].

Figure 6: The proportion of people who use services who find it easy to find information about services[19] in 2013/14[20], by local authority.

---
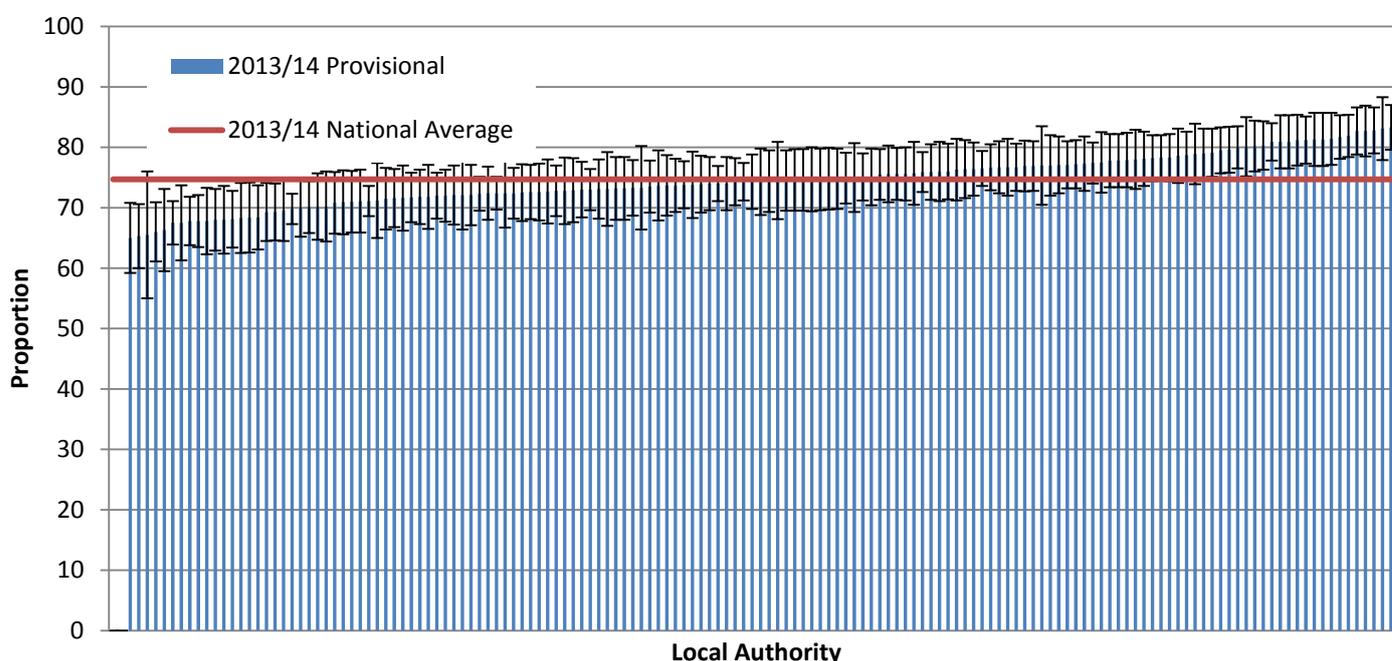
[18] Comparisons must be made in the knowledge that the measure is based purely on the social care users responses in 2013/14 and 2011/12 but based on the average of the users survey and the carer's survey in 2012/13; as the carer's survey is run biennially

[19] The score for each local authority against this measure can be found at:

http://www.hscic.gov.uk/catalogue/PUB14402

[20] 2013/14 findings based on provisional data, as published by the HSCIC in July

I am in control of my care and support

33. The Government wants to give people more control over their health and social care. Personalisation means building support around the individual and providing people with more choice, control and flexibility in the way they receive care and support – regardless of the setting in which they receive it.

34. This emphasis on providing care over which users have choice and control is reflected in ASCOF; and the extent to which users of care and support feel in control of their daily lives are the key indicators of the personalisation of care. In 2013/14[20], 76.7% of users surveyed reported having either as much control as they want or adequate control over their daily life, compared to 76.1% in 2012/13 and 75.1% in 2011/12. While it is encouraging to see over three quarters of people feel in control of their daily lives, it is important that, where possible, more is done to improve outcomes in this area for all who use care and support.

35. There has been a further increase in the use of personal budgets since the sector agreement of the personal budget objective of 70%. The ASCOF showed that 62.1%[21] of users of community based services and carers received a personal budget in 2013/14, compared to 56.2% in 2012/13 and 43.0% in 2011/12, highlighting the continuing progress of councils in delivering personalised care. Figure 7 shows variation in the provision of personal budgets between local authorities with values ranging from 25.4% to 138.1%[22]. Whilst the number of users and carers receiving a personal budget continues to increase, it should be noted that a proportion of the increases seen in both national and individual local authority proportions can be attributed to changes in the numbers receiving services.

---

[21] Findings based on provisional data, as published by the HSCIC in July
[22] A small number of local authorities have reported data quality issues due to carers possibly not receiving an assessment which the values is based upon, this can lead to values which are over 100%.

Figure 7: Proportion of users and carers in receipt of community-based services receiving personal budgets, 2013/14[23], by local authority[24].

---
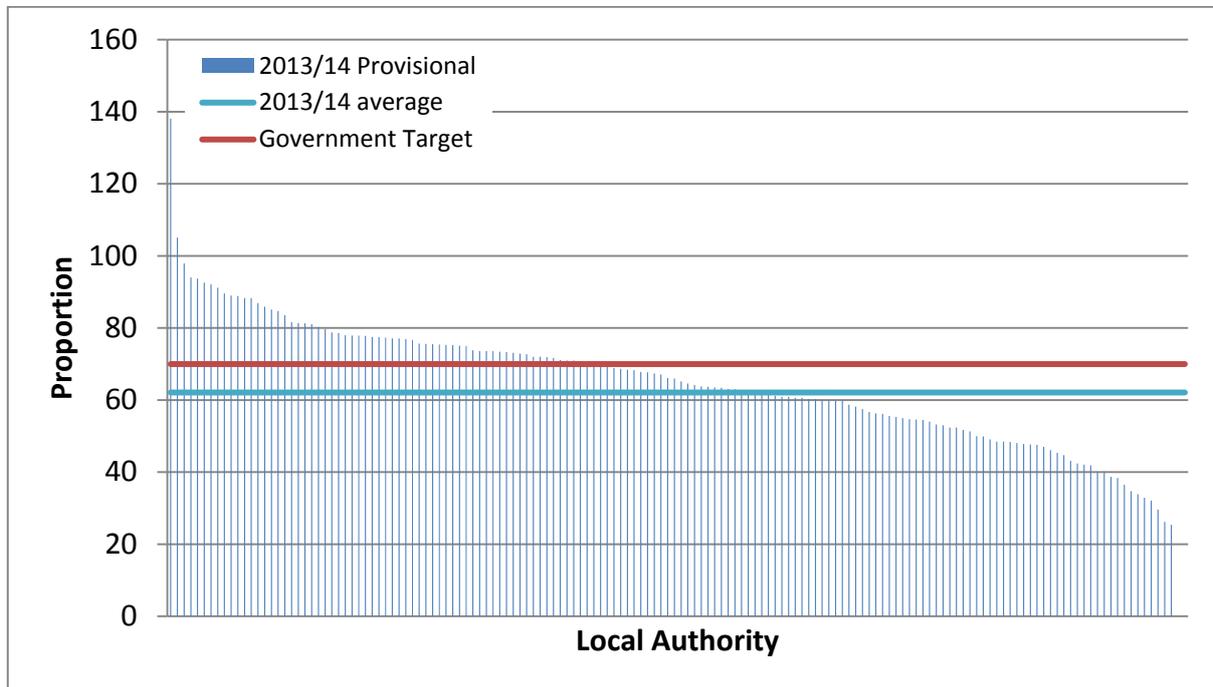
[23] Findings based on provisional data, as published by the HSCIC in July
[24] The score for each local authority against this measure can be found at:
http://www.hscic.gov.uk/catalogue/PUB14402

I feel safe and secure

36. The Government's aim is to prevent and reduce the risk of adults with care and support needs from experiencing abuse or neglect. All adult social care users, including those whose circumstances make them vulnerable, should feel safe and secure. In 2013/14[25] the proportion of people who said that they felt safe and secure was 66.0%, a small increase from 2012/13 where the proportion was 65.1% and 2011/12 where it was 63.8%.

37. ASCOF also measures how safe the services that users receive have made them feel. 79.2%[25] of adult social care users said that the services they receive have made them feel safe and secure, a slight increase from 78.1% in 2012/13 and 75.5% in 2011/12.

Figure 8: Proportion of people who used services that said that those services have made them feel safe and secure[26] in 2013/14[25], by local authority.

---
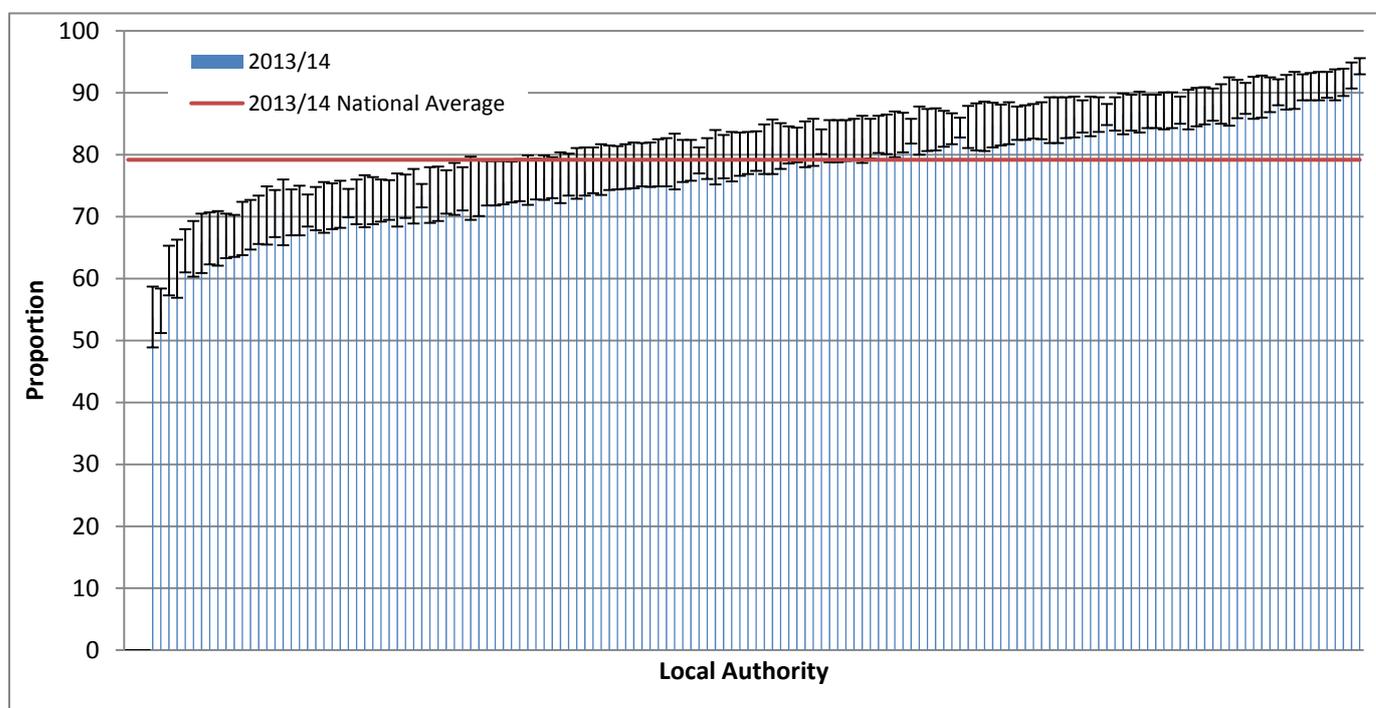
[25] Findings based on provisional data, as published by the HSCIC in July
[26] The score for each local authority against the measure can be found at:
http://www.hscic.gov.uk/catalogue/PUB14402

38. Figure 8 shows that the proportion of people who say they feel safe and secure varies significantly between local authorities in 2013/14. A large number of factors are likely to impact on how safe and secure users feel; many of these are not controllable by the local authority. However the variation still suggest analysis of the results is appropriate.

I have as much social contact as I want with people I like

39. The social isolation indicator, introduced in 2013/14, has shown that the majority of social care service users do not have as much social contact as they would like. Figure 9 shows that in most local authorities the proportion of people who say they have as much social contact as they would like is below 50%. This shows that there is scope for local authorities to make progress in order to achieve social integration for the users of social care services. Overall, there has been little improvement in the proportion who have as much social contact as they would like, over the last 3 years, from 42.3% in 2011/12, to 43.2% in 2012/13 and 44.2% in 2013/14[27].

Figure 9: Proportion of users of social care who say they have as much social contact as they would like[28] in 2013/14, by local authority.

4. The 2015/16 Adult Social Care Outcomes Framework

40. It is imperative that the framework is reflective of the ever changing face of social care. Work is undertaken each year to ensure it is in keeping with the priorities and expectations of the Department, the sector and service users themselves. The framework is owned by the Department of Health, with stakeholders including local authority representatives, the Health and Social Care information Centre, the Association of Directors of Adult Social Services and the Local Government Association involved throughout the development process.

The Zero-based Review of Adult Social Care Data Collections

41. In November 2010, the Health and Social Care Information Centre (HSCIC) commenced a review of adult social care data collections from local authorities—the "zero-based review". As a result, a number of amended collections were introduced in 2013-14, with the more substantial changes commencing in 2014-15.

42. From 2014-15 onwards, the Short and Long Term Support return (SALT) is the source of the activity data, having replaced Referrals, Assessments and Packages of Care (RAP) and Adult Social Care – Combined Activity Returns (ASC-CAR). It is underpinned by a new Equalities and Classification Framework (EQ-CL).

43. Data gathered from the new activity and finance returns will be published for the first time in 2015. These changes will impact on many aspects of the ASCOF framework – both through changes to the data return and to the sampling frame for the Adult Social Care Survey. This will limit the comparisons that can be made with previous years' data.

44. The changes brought about by the new collections are explored in more detail under each of the domain headings. It should be noted that a significant change is expected for a number of measures directly as a result of the implementation of the new collections and there will be a discontinuity in the time series. The HSCIC have also compiled a useful document explaining how the ASCOF measures based on SALT tables are constructed which is available here:

www.hscic.gov.uk/socialcarecollections2015

The Care Act 2014

45. On 14 May 2014 the Care Bill became the Care Act, signalling the most significant change in care and support policies in over sixty years. The impact of the Care Act will be far reaching with fundamental changes to the way that care is delivered and paid for taking place over the next few years. These changes will mean that users of the services and their carers are in control of their own care and support. A consultation has already taken place over summer 2014, centring on changes that will come into effect from April 2015. A further consultation will take place this autumn relating to the changes from April 2016.

46. As a bench marking tool used by the sector to drive up standards, the ASCOF will be a key part of the Care Act's implementation and evaluation; demonstrating the Department's commitment to increasing transparency and openness, as well as illustrating how the Act has impacted on key outcomes for people using services and their carers.

47. Alongside changes to how care and support are delivered and paid for, the Act places a number of new responsibilities on local authorities. The significance of these responsibilities is explored further under each of the domains in the following section, including plans for how these may be reflected in future iterations of the framework.

Alignment with the NHS and Public Health Outcomes Frameworks

48. The Public Health Outcomes Framework and the NHS Outcomes Framework reflect the different delivery systems and accountability models for public health and the NHS but have the same overarching aim of improving the outcomes that matter to people.

49. The Department remains committed to improving alignment between the three outcomes frameworks, in recognition of the importance of integrating services to deliver better care and the contribution of different aspects of the system to improving outcomes overall. This approach will be further strengthened in 2016, when there will be the first simultaneous refresh of all three outcomes frameworks, which will include a consultation on their collective role. A diagram illustrating the connections between the three frameworks is available at Annex A. The latest outcomes frameworks for both NHS and Public Health are at Annex C and D respectively.

50. Shared indicators are those that reflect a shared role in making progress and are included in each outcomes framework, complementary indicators are where similar indicators are included in each outcomes framework looking at the same issue. The ASCOF for 2015/16 includes a number of both shared and complementary indicators and work is underway to develop a complementary measure with the NHS OF for post diagnostic support for people with dementia, and for effectiveness of integrated care.

Governance

51. Previously the framework was overseen by the Outcomes and Information Development Board (OIDB) made up of representatives from across the social care sector including HSCIC, Local Government Association (LGA) and Care Quality Commission (CQC) and co-chaired by the Department of Health and Association for the Directors of Adult Social Services (ADASS). Due to the increasing remit of the board, it has been decided to split the board to allow for a more tailored approach to the issues. In September 2014, two new boards were

established; the Adult Social Care Data and Outcomes Board (ASC-DOB) and the Adult Social Care Technology and Informatics Group (ASC-TIG). Going forward ASC-DOB will be responsible for overseeing national data collections and for the annual Framework publication and Handbook of Definitions.

Inclusion criteria for ASCOF measures

52. For the 2014-15 ASCOF a new set of design principles were introduced to guide the future development of the framework. These have been applied to the framework for 2015-16 and are:

- Development of the ASCOF will include a renewed focus on measures which capture the effectiveness of joint working by local partners, and so support and promote the provision of more integrated services;
- National-only measures will be considered for inclusion in the framework on a case-by-case basis, assessed using criteria outlined below;
- Where appropriate, development will continue to seek to align the framework more closely with the NHS and Public Health Outcomes Frameworks.

53. Furthermore the inclusion criteria have been maintained from 2014-15. All measures have   been tested against the following criteria, to assess their suitability for inclusion:

- Relevant and meaningful to the public – measures should be intelligible and reflect what matters to people;
- Influenced by social care – measures must be relevant to councils' adult social care functions, including effective joint working with local partners;
- Can be compared between local areas over time (with the exception of national-only measures) – measures must be consistent to promote transparency;
- A measure of a social care-related outcomes, or consistent with an outcomes 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 equalities;

- New burdens – where new burdens are created, these will be estimated and funded by the Department of Health in accordance with the New Burdens Doctrine[29] published by the Department for Communities and Local Government;

54. National measures – must meet all the above criteria, as well as:

- Local authorities have local (or regional) level information available against which to compare themselves to the national picture;

- The measure would help inform national policy development; and,

- There is consensus that the outcome is sufficiently significant that its omission from the framework on the grounds of a lack of local-level data is not justifiable.

---

[29] https://www.gov.uk/government/publications/new-burdens-doctrine-guidance-for-government-departments

Domain One: Ensuring 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

Outcome measures

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 meet their needs.
1B. Proportion of people who use services who have control over their daily lives
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 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 living independently, with or without support
1I. Proportion of people who use services and their carers, who reported that they had as much social contact as they would like.

A population-based measure of loneliness

55. The Department is committed to tackling loneliness and social isolation; as part of this a new measure of social isolation for users of social services and their carers was introduced to the framework in 2013-14. It was acknowledged that whilst this was a significant first step, the impact of social isolation and loneliness is much wider than the population already receiving services and options for pursuing a measure of loneliness for the wider population were pursued in conjunction with the Public Health Outcomes Framework team.

56. This work has now concluded and a suitable measure of population based loneliness was not identified. It was agreed by the Adult Social Care Data and

Outcomes Board that an additional population based measure would not provide local authorities with sufficient information to identify problem population groups in their areas nor inform local action. We have therefore taken the decision to defer development of this measure for the foreseeable future. However, tackling loneliness and social isolation remains a priority for the Department and we remain interested in exploring more widely how the issue can be measured in the general population in a way that will support local authorities. We will also pursue more direct approaches, such as promotion of the loneliness toolkit[30] and making funding available to local organisations that are tackling loneliness in our communities. In addition, the existing indicator will be used by local authorities to ensure they are addressing this issue at a local level and targeting interventions and services to those who are most in need.

Identifying the impact of Adult Social Care

57. The over-arching measure in Domain one is 'social care related quality of life', which is a composite measure drawn from a number of responses to the Adult Social Care Survey (ASCS). The Department commissioned research from the Quality and Outcomes of Person Centred Care Policy Research Unit (QORU) to identify whether there is a way in which we could isolate specifically the impact of adult social care services on people's reported quality of life. The results of this research is due to be published in Spring 2015 and, if successful, will feed into the development of a sub-measure under ASCOF measure 1A (social care related quality of life) with a risk adjustment for other extenuating factors.

Impact of the ZBR implementation

58. The table below shows the impact on each of the indicators in Domain 1 of ZBR implementation. As a result, direct comparisons of these measures between 2014-15 and previous years will not be possible. Indicators 1F and 1H are populated by information from the Mental Health and Learning Disability Data Set (MHLDDS) and so will be unaffected by the changes brought about by the review.

---

[30]   http://campaigntoendloneliness.org/toolkit/

ASCOF Indicators	Data Source	Impact
1A, 1B, 1D and 1I	ASCS and Carers' Survey	• ASCS Sampling frame updated
1C, 1E and 1G	SALT	• New definitions for existing concepts
1F and 1H	MHLDDS	• None

Future Developments

Impact of the Care Act

59. The Care Act requires that all local authorities inform those using services and their carers of their personal budget, which will set out the cost to the local authority of meeting their needs. They will have the right in most circumstances to request this as a direct payment. This will mean that there is likely to be significant impact on measure 1C and work is being taken forward to assess, in light of the Care Act, how best personalisation of services can be reflected in the ASCOF and national data collections.

60. The Care Act also sets out a duty to assess carers who have needs for support and to meet their eligible needs, and enshrines in law for the first time a duty on local authorities to meet prisoners' eligible needs for care and support. We are likewise taking forward work to consider how these changes might be captured in the ASCOF.

Autism

61. The 2010 Autism Strategy placed legal duties on local authorities to identify and address the needs of people with autism and although this has meant some progress has been made outcomes for many people with autism remain poor. In

April 2014 "Think Autism" [31]was published as an update to the strategy, as this work is taken forward it is essential that local authorities are measuring their progress on tackling these issues and re-balancing the historical exclusion of adults with autism from local service planning and delivery. There are currently no objective measures of how local authorities are improving services and support for adults with autism, making it difficult to measure the difference the strategy has made.

62. The introduction of the new collections as part of the ZBR including the Short and Long Term support (SALT) collection and the Equalities and Classification framework (EQ-CL) creates better opportunities for disaggregating for autism, so that the differing outcomes for this group could be identified and progress against the strategy measured effectively. Disaggregation would therefore enhance our understanding of how well social care is working for people with autism and help identify the areas where more action is needed.

63. Over the next year, development work will be undertaken to review the information already available through collections such as the SALT return and the Adult Social Care and Carers Surveys to assess how outcomes for people with autism could best be addressed.

---

[31] https://www.gov.uk/government/publications/think-autism-an-update-to-the-government-adult-autism-strategy

Domain Two: 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 100,000 population

Outcome measures

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

Earlier diagnosis, intervention and reablement means that people and their carers are less dependent on intensive services.
2B. Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services
2D. The outcomes of short-term services: sequel to service
Placeholder 2E: The effectiveness of reablement services

When people develop care needs, the support they receive takes place in the most appropriate setting, and enables them to regain their independence.
2C. Delayed transfers of care from hospital, and those which are attributable to adult social care
Placeholder 2F: Dementia – A measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life

Dementia

64. The Prime Minister's 'Challenge on Dementia' launched in March 2013, set out a renewed ambition to secure improvements in care for people with Dementia. To reflect improved outcomes for people with dementia as a top priority for the Department, a shared placeholder was introduced to the ASCOF and NHS Outcomes frameworks.

65. There are obvious difficulties in measuring the experience with services of people with dementia, as capturing the views of those with more advanced stages of the condition is likely to require face-to-face interviews rather than postal/online surveys. In addition, people with dementia are more likely to lack the capacity to partake in research. These issues are likely to make data collection burdensome

and jeopardise the possibility of having a routinely collected indicator in either ASCOF or NHS OF.

66. Given these considerations, using carers as proxies is being considered as an option for capturing the views of people with dementia. The London School of Hygiene and Tropical Medicine (LSHTM) is currently conducting research to determine the feasibility of using carers as proxy respondents, which is due to report in mid-2015. The research team at the LSHTM are investigating the potential for a routine Patient-Reported Outcome Measure (PROM) for people with dementia. The study will develop approaches to routinely assess the Health-Related Quality of Life (HRQL) of people with dementia and investigate whether such measures are methodologically robust, appropriate and cost-effective. As part of the project, the team of academics will assess whether carers are reliable and consistent proxies for the people they care for with (more advanced stages of) dementia.

Impact of the ZBR implementation

67. The table below shows the impact on each of the indicators in Domain 2 of ZBR implementation. As a result, direct comparisons of these measures between 2014-15 and previous years will not be possible. Indicator 2C is populated by data from UNIFY 2 and the Office for National Statistics (ONS) so are unaffected by the implementation of ZBR.

ASCOF Indicators	Data Source	Impact
2A and 2D	SALT	• New definitions for existing concepts
2B	SALT	• No impact as reference date remains unchanged.
2C	UNIFY2	• No impact

Future Developments

Effectiveness of Reablement Services

68. The development work undertaken as part of the zero-based review, and the implementation of measure 2D, is a significant step forward in capturing the effectiveness of reablement and rehabilitation services. However, it was recognised in the 2013/14 ASCOF that a second measure would be beneficial to support interpretation of measure 2D, and to understand whether there are any unintended consequences of the decision to provide no further services. This was reflected through the addition of placeholder, 2E, on the effectiveness of reablement services.

69. Having worked with local government to identify the range of potential measures that could fulfil this role, it has been agreed that it would be most desirable to include a measure which asks those in receipt of short term services about their outcomes, and/or the quality of services they received. This would require the development of a new survey. In addition to being a source of information for any new ASCOF measure, a survey of short term services users would also provide a valuable source of information to commissioners locally, to aid service improvement more broadly. A new survey of short-term service users would therefore ensure that the views of this group are captured. Development work of this survey will commence later this year.

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

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 with social services of carers
Placeholder 3E: Effectiveness of integrated care

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.

Integration

70. A measure of "Improving people's experience of integrated care" was included in the framework for 2014/15 in order to reflect the Department's commitment to measure and understand people's experience of integrated care. The focus for the development of this measure was that it should capture what is important to the public in experiencing integrated care – which patients and people who use care and support have defined to be 'person-centred coordinated care'. A number of questions were shortlisted from those proposed by the previous work conducted by the Picker Institute and University of Oxford [32] to support an ASCOF measure of

---

[32]

http://www.pickereurope.org/assets/content/pdf/Project_Reports/P2636_Integrated%20care%20report_post%20final%20edits_v7%200.pdf

integration, with the intention of including additional questions in the Adult Social Care Survey (ASCS) and Carers Survey.

71. The cognitive testing of the shortlisted questions took place over the summer of 2014. The results indicated that the questions being tested did not give an accurate depiction of the experience of integrated care, nor could they be used to inform future service provision. As a result, ASC-DOB recommended that none of the questions should be inserted into the surveys.

72. Integration, however remains an important issue for Adult Social Care and as such a placeholder will be maintained in the ASCOF for 2015-16, but the scope for the ASCOF measure will be widened to the "effectiveness of integrated care" rather than "the experience of integrated care" in order that activity data could be used alongside user experience data from the surveys to inform a future measure. Patient experience of integrated care is still a crucial aspect of understanding the effectiveness of integrated care and we expect to continue work to assess how to reflect it in an expanded, composite measure.

Impact of the ZBR implementation

73. All live measures in this domain, except those under development, are populated by information from the Adult Social Care and Carers' survey. Those measures which are based on the ASCS (3A and 3D) will not be directly comparable with previous years for 2014-15, due to changes in the sampling frame as a result of the new collections.

Future Developments

Impact of the Care Act

74. The Care Act includes new provisions around the transition from children's to adult services, including duties to conduct a transition assessment for children, their adult carers, and young carers themselves approaching adulthood – where they will have likely needs for care and support under the adult framework. This will

assess their likely needs as an adult and ensure that people receive the proper information, advice and support so that the experience of transition is as positive as possible. Consideration will be given over the next year as to whether these new provisions could be reflected in the ASCOF in future years, this could include comparing the experience measures of younger adults (for example those aged 18-25) with older cohorts to give an indication of their experience of the transition process.

75. The Care Act also places a duty on local authorities to ensure that there is a diverse market of care services in their area. This will ensure that individuals using support services feel able to choose a service that best meets their needs. Again, over the next year consideration will be given to how this could be reflected in future iterations of the framework and national data collections alongside the amendments that may be needed under the first domain on personalisation.

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

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

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

Outcome measures

Everyone enjoys physical safety and feels secure.
People are free from physical and emotional abuse, harassment, neglect and self-harm.
People are protected as far as possible from avoidable harm, disease and injuries.
People are supported to plan ahead and have the freedom to manage risks the way that they wish.
4B. The proportion of people who use services who say that those services have made them feel safe and secure
Placeholder 4C: Proportion of completed safeguarding referrals where people report they feel safe

Safeguarding Outcomes Measure

76. A new placeholder was added to this Domain in 2013/14, on measuring the number of completed safeguarding referrals where service users reported that they felt safe. A consultation on this proposed measure highlighted concerns about how this information could be collected in a robust and comparable way, demonstrating that piloting of any approach would be required.

77. The Health and Social Care Information Centre published their report[33] of this pilot in October 2014. The Department will work with stakeholders to establish the best way in which to progress its recommendations and assess the implication for the current placeholder measure- 4C Proportion of completed safeguarding referrals where people report they feel safe. This will include work to ensure that any work in this area is aligned with that already taking place as part of the Care Act and the Making Safeguarding Personal work stream.

---

[33] http://www.hscic.gov.uk/article/4769/Safeguarding-Outcomes-Measure-Pilot-Study

Impact of the ZBR implementation

78. All live measures in this domain, except those under development, are populated by information from the Adult Social Care survey. As such, these measures are not directly comparable with previous years for 2014-15, due to changes in the sampling frame as a result of the new collections.

Future Developments

Impact of the Care Act

79. The Care Act places a number of new responsibilities on local authorities in terms of their duty to safeguard those unable to protect themselves from either the risk of, or the experience of abuse or neglect. These duties apply to all individuals with care and support needs, whether or not the local authority is meeting these needs.

80. These responsibilities include:
- making enquiries, or causing others to do so, if it believes an adult is experiencing, or is at risk of abuse or neglect;
- setting up a Safeguarding Adults Board (SAB);
- arranging, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review (SAR) where the adult has 'substantial difficulty' in being involved in the process and where there is no other suitable person to represent and support them;
- co-operate with each of its relevant partners in order to protect the adult.

81. It will be important to consider going forwards the impact of these new responsibilities on the framework, particularly in the development of the new measure as to whether those for who a safeguarding referral has been made report that they feel safe.

5. Next Steps

82. The ASCOF is the key mechanism by which the Government sets national priorities for social care, and measures national progress against these priorities. To ensure that the ASCOF continues to reflect these priorities and evolves alongside the transforming health and care system, the framework remains under permanent review. Promoting open and transparent data is a priority for the Department and the Secretary of State; Jeremy Hunt. Over the next year, the Department will work closely with local government to ensure the continued focus of the framework on measuring the success of the adult social care system and increasing the accessibility of social care outcomes data in order to ensure the delivery of high quality care and support. This will be achieved via:

- Working with local government to ensure that the ASCOF evolves to reflect the changing care and support system, in particular reflecting the priorities and ambitions for the sector recognised in the Care Act;

- Reviewing the potential of the new data collections for adult social care in supporting the development of new measures in the ASCOF;

- Continuing to seek out ways in which the ASCOF could support the ongoing development of the transparency agenda and ensuring the information gathered as part of it is used to its full effect; including consideration of how new and existing information sources such as workforce data could be developed and utilised;

- Continuing to support sector-led improvement programmes (such as TEASC) to make best use of the ASCOF to drive improvement and transparency to local communities;

- Continuing to further align the outcomes frameworks across the NHS, public health and adult social care, through the development of shared and complementary measures;

- Working to ensure that the ASCOF continues to align with other supports to quality in the system, including NICE Quality Standards and the CQC fundamental standards of care;

- Working to develop the placeholders in the ASCOF, with a view to strengthening the framework through the addition of new measures in future years;

- Working with the Indicator Governance Board to assess how to ensure that measures in the ASCOF are robust.

- Maintain link with the National Information Board to ensure ASCOF is built into the detailed programmes under the NIB's framework for action[34].

- Consider how the framework can further support local authorities to develop outcome-based commissioning models, building on the publication of *Commissioning for Better Outcomes: A Route Map.*[35]

ASCOF 2016-17

83. The Care Act will have a significant effect on future iterations of the framework and there is likely to be a good deal of further work to be done to assess its impact on the current programme of data collections and surveys. Work will take place over the next year to assess the impact on various aspects of this, including:

- The cap on care costs, in particular a rise in the numbers of self-funders many of whom will become known to local authorities for the first time;

- The national eligibility threshold and assessment duty- meaning greater numbers of people applying for and receiving support;

- LAs duty to establish and maintain an information and advice service for care and support to meet the need of its whole population not just those who use 'services'. This will be considered as part of the development of the current survey programme.

84. This work will aid the development of a 2016-17 ASCOF document which is fit for purpose and is capable of demonstrating the Care Act's impact on outcomes.

---

[34] https://www.gov.uk/government/publications/personalised-health-and-care-2020
[35] http://www.adass.org.uk/policy-documents-commissioning-for-better-outcomes

Annex A- Shared and complementary measures in the Health and Social Care Outcomes Frameworks

Complementary indicators indicated by *

NHS & Public Health

- NHSOF1.1 & PHOF4.4 Under 75 mortality rate from cardiovascular disease
- NHSOF1.2 & PHOF4.7 Under 75 mortality rate from respiratory disease
- NHSOF1.3 & PHOF4.6 Under 75 mortality rate from liver disease
- NHSOF1.4 & PHOF4.5 Under 75 mortality rate from cancer
- NHSOF1.5 & PHOF 4.9 Excess under 75 mortality rate in adults with serious mental illness
- NHSOF1.6i & PHOF4.1 Infant Mortality
- NHSOF2.6i & PHOF4.16 Estimated diagnosis rate for people with dementia
- NHSOF3b & PHOF4.11 emergency readmissions within 30 days of discharge from hospital

NHS & Adult Social Care

- NHSOF2 Health related quality of life for people with long term conditions & ASCOF1A Social-care related quality of life*
- NHSOF2.4 Health related quality of life for carers & ASCOF1D Carer- reported quality of life*
- NHSOF3.6i-ii & ASCOF 2B Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation service and proportion offered rehabilitation following discharge from acute or community hospital
- NHSOF 2.6ii & ASCOF 2F *A measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life (in development)*
  - NHSOF 4.9 *People's experience of integrated care & ASCOF 3E Effectiveness of integrated care (both in development)*

NHS Outcomes Framework

The NHS Outcomes framework contains a number of indicators selected to provide a balanced coverage of NHS activity. It provides a national level overview of how well the NHS is performing, provides accountability between the Secretary of State for Health and the NHS, and acts as a catalyst for driving up quality throughout the NHS.

NHS, Public Health & Adult Social Care

- NHSOF2.2 &PHOF1.8 Employment of people with long term conditions & ASCOF1E Proportion of adults with a learning disability in paid employment*
- NHSOF2.5 Employment of people with mental illness & PHOF1.8 employment of people with long term conditions & ASCOF 1F: Proportion of adults in contact with secondary mental health services in paid employment*

Public Health Outcomes Framework

The Public Health Outcomes Framework introduces the overarching vision for public health, the outcomes we want to achieve and the indicators that will help us understand how well we are improving and protecting health.

Adult Social Care Outcomes Framework

The Adult Social Care Outcomes Framework, provides information on the outcomes for people using social care services and their carers, allowing assessment of how well individual local authorities are meeting the needs of their populations, as well as providing a national picture of the overall effectiveness of the sector as a whole.

Public Health & Adult Social Care

- PHOF1.6 & ASCOF 1G Proportion of adults with a learning disability who live in their own home or with their family
- PHOF1.6 & ASCOF 1H Proportion of adults in contact with secondary mental health services living independently, with or without support
- PHOF1.18 & ASCOF 1I Proportion of people who use services and their carers, who reported that they had as much social contact as they would like
- PHOF1.19 Older people's perception of community safety & ASCOF 4A The Proportion of people who use services who feel safe*

Annex B - Adult Social Care Outcomes Framework 2015/16 - at a glance

Domain One: 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 they 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
- 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 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 living independently, with or without support
- 1I. Proportion of people who use services and their carers, who reported that they had as much social contact as they would like

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

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

Outcome measures

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

Earlier diagnosis, intervention and reablement means that people and their carers are less dependent on intensive services
- 2B. Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services
- 2D. The outcomes of short-term services: sequel to service.
- *Placeholder 2E: The effectiveness of reablement services*

When people develop care needs, the support they receive takes place in the most appropriate setting and enables them to regain their independence
- 2C. Delayed transfers of care form hospital, and those which are attributable to adult social care
- *Placeholder 2F: Dementia – a measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life*

Domain Three: 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
- *Placeholder 3E: The effectiveness of integrated care*

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

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

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

Outcome measures
Everyone enjoys physical activity and feels secure

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

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

People are supported to plan ahead and have the freedom to manage risks the way that they wish
- 4B. The proportion of people who use services who say that those services have made them feel safe and secure
- *Placeholder 4C. Proportion of completed safeguarding referrals where people report they feel safe*

Annex C- NHS Outcomes Framework 2014-15- at a glance

Domain One: Preventing people from dying prematurely

Overarching indicators
1a Potential years of life lost (PYLL) from causes considered amenable to healthcare
i Adults ii Children and young people
1b Life expectancy at 75   i Males   ii Females

Improvement Areas
Reducing premature mortality from the major causes of death
1.1 Under 75 mortality rate from cardiovascular disease
1.2 Under 75 mortality rate from respiratory disease
1.3 Under 75 mortality rate from liver disease
1.4 Under 75 mortality rate from cancer
i One- and ii Five-year survival from all cancers
 iii One- and iv Five-year survival from breast, lung and colorectal cancer
Reducing premature death in people with mental illness
1.5 Excess under 75 mortality rate in adults with serious mental illness
Reducing deaths in babies and young children
1.6 i Infant mortality
ii Neonatal mortality and stillbirths
iii Five year survival from all cancers in children
Reducing premature death in people with a learning disability
1.7 Excess under 60 mortality rate in adults with a learning disability

Domain Two: Enhancing quality of life for people with long-term conditions

Overarching indicators
2 Health-related quality of life for people with long-term conditions
Improvement Areas
Ensuring people feel supported to manage their condition
2.1 Proportion of people feeling supported to manage their condition
Improving functional ability in people with long-term conditions
2.2 Employment of people with long-term conditions
Reducing time spent in hospital by people with long-term conditions
2.3 i Unplanned hospitalisation for chronic   ambulatory care sensitive conditions
 ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s
Enhancing quality of life for carers
2.4 Health-related quality of life for carers
Enhancing quality of life for people with mental illness
2.5 Employment of people with mental illness
Enhancing quality of life for people with dementia
2.6 i Estimated diagnosis rate for people with dementia
ii A measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life

Domain Three: Helping people to recover from episodes of ill health and following injury

Overarching indicators
3a Emergency admissions for acute conditions that should not usually require hospital admission
3b Emergency readmissions within 30 days of discharge from hospital
Improvement Areas
Improving outcomes from planned treatments
3.1 Total health gain as assessed by patients for elective procedures
i Hip replacement   ii Knee replacement   iii Groin hernia
iv Varicose veins   v Psychological therapies
Preventing lower respiratory tract infections (LRTI) in children from becoming serious
3.2 Emergency admissions for children with LRTI
Improving recovery from injuries and trauma
3.3 Survival from major trauma
Improving recovery from stroke
3.4 Proportion of stroke patients reporting an improvement in activity/lifestyle on the Modified Rankin Scale at 6 months
Improving recovery from fragility fractures
3.5 Proportion of patients with hip fractures recovering to their previous levels of mobility/walking ability at i 30 and ii 120 days
Helping older people to recover their independence after illness or injury
3.6i Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation service
 ii Proportion offered rehabilitation following discharge from acute or community

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

Overarching indicators
4a Patient experience of primary care
 i GP services   ii GP out-of-hours services   iii NHS dental services
4b Patient experience of hospital care
4c Friends and family test
Improvement Areas
Improving people's experience of outpatient care
4.1 Patient experience of outpatient services
Improving hospitals' responsiveness to personal needs
4.2 Responsiveness to in-patients' personal needs
Improving people's experience of accident and emergency services
4.3 Patient experience of A&E services
Improving access to primary care services
4.4 Access to i GP services and ii NHS dental services
Improving women and their families' experience of maternity services
4.5 Women's experience of maternity services
Improving the experience of care for people at the end of their lives
4.6 Bereaved carers' views on the quality of care in the last 3 months of life
Improving experience of healthcare for people with mental illness
4.7 Patient experience of community mental health services
Improving children and young people's experience of healthcare
4.8 Children and young people's experience of inpatient services

Domain Five: Treating and caring for people in a safe environment and protecting them from avoidable harm

Overarching indicators
5a Patient safety incidents reported
5b Safety incidents involving sever harm or death
5c Hospital deaths attributable to problems in care
Improvement Areas
Reducing the incidence of avoidable harm
5.1 Deaths from venous thromboembolism (VTE) related events
5.2 Incidence of healthcare associated infection (HCAI)
 i MRSA   ii C. difficile
5.3 Proportion of patients with category 2, 3 and 4 pressure ulcers
5.4 Incidence of medication errors causing serious harm
Improving the safety of maternity services
5.5 Admission of full-term babies to neonatal care
Delivering safe care to children in acute settings
5.6 Incidence of harm to children due to "failure to monitor"

Annex D - Public Health Outcomes Framework 2013-16 - at a glance

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

Outcome measures:

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

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

1: Improving the wider determinants of health

Objective:

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

Indicators:

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

2: Health improvement

Objective:

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

Indicators:

2.1 Low birth weight of term babies
2.2 Breastfeeding
2.3 Smoking status at time of delivery
2.4 Under 18 conceptions
2.5 Child development at 2–2½ years
2.6 Excess weight in 4–5 and 10–11 year olds
2.7 Hospital admissions caused by unintentional and deliberate injuries in under 18s
2.8 Emotional well-being of looked after children Placeholder
2.9 Smoking prevalence – 15 year olds
2.10 Self-harm
2.11 Diet
2.12 Excess weight in adults
2.13 Proportion of physically active and inactive adults
2.14 Smoking prevalence – adults (over 18s)
2.15 Successful completion of drug treatment
2.16 People entering prison with substance dependence issues who are previously not known to community treatment
2.17 Recorded diabetes
2.18 Alcohol-related admissions to hospital
2.19 Cancer diagnosed at stage 1 and 2
2.20 Cancer screening coverage
2.21 Access to non-cancer screening programmes
2.22 Take up of the NHS Health Check programme – by those eligible
2.23 Self-reported well-being
2.24 Injuries due to falls in people aged 65 and over

3: Health Protection

Objective:

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

Indicators:

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

4: Healthcare public health and preventing premature mortality

Objective:

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

Indicators:

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

Annex E - Local authority outcomes

Figure 10: Local authorities that achieved a rate of over 90% of the proportion of older people still at home 91 days after discharge from hospital into reablement/rehabilitation services

Local Authorities with a rate of over 90% of people at home 91 days later in 2013/14[36]	
Slough	Medway Towns
City of London	Westminster
Kensington and Chelsea	Northumberland
Camden	East Sussex
Milton Keynes	North Tyneside
Lambeth	Waltham Forest
Newham	Islington
Isle of Wight	Sefton
Blackburn with Darwen	Warrington
North East Lincolnshire	Hackney
Swindon	Greenwich
Sutton	North Lincolnshire
Ealing	Leeds
Bradford	Derby
Wandsworth	Bexley
Hammersmith and Fulham	

---

[36] Findings based on provisional data, as published by the HSCIC in July