directors of
adass
adult social services

Developing an Outcomes and Performance Framework for Adult Social Care

March 2021

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Report

Contents

The Institute for Public Care (IPC), Oxford Brookes University, were appointed to work in partnership with ADASS to undertake this project.

1 Introduction

In late 2019/early 2020, the Department of Health and Social Care (DHSC) commissioned the Association of Directors of Adult Social Services (ADASS) to undertake a project to explore potential revisions to the existing Adult Social Care Outcomes Framework (ASCOF). The purpose of the project was to develop a revised framework which offers a vehicle for providing the ‘right narrative’ for adult social care, and which better reflects how it is meeting changes in national and local policy and its statutory responsibilities defined in the Care Act (2014). The Institute for Public Care (IPC), Oxford Brookes University, were appointed to work in partnership with ADASS to undertake the project.

As part of phase one of the project a wide-ranging consultation exercise was undertaken. This sought to gain the views of stakeholders on the best approach that might be recommended to DHSC in order to measure the impact of adult social care through a performance framework that both receives feedback from users and carers and contains some key performance measures.

After a period of consideration DHSC commissioned ADASS, in partnership with IPC, to manage a further period of consultation with ADASS members to consider in more detail the proposition for a revised framework and new data set based on the Care Act (Phase Two). In November 2020, IPC undertook a brief engagement process which gave local authorities, through a questionnaire, the opportunity to comment on the proposed structure and draft indicators. (A summary of the feedback is available in a separate report)

Following an evaluation of the detailed comments from councils and some discussions with “experts” in specific fields as well as representatives from DHSC and ADASS, a final revision of the framework has been prepared and this paper contains their final recommendations.

This revised framework proposes an **Outcomes and Performance Framework** (OPF) for Adult Social Care designed to measure ‘outcomes’ and selected activities in a way that better describes the overall impact of adult social care locally, regionally and nationally.

This paper should be read alongside an accompanying document[1] that sets out some of the wider data collection issues considerations underpinning the suggested domains of the OPF and resulting “new” indicators. First, the extensive consultation processes evoked a groundswell of support for a more concerted focus on understanding how adult social care works alongside, and commissions, the voluntary and community sector in delivering improved population health and person-centred outcomes. Second, the ways in which councils are already working in integrated ways with their local NHS to benefit local people and achieve person centred outcomes varies from one council to

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[1] Institute of Public Care (February 2021) The future of data collection for the Department of Health and Social Care? Discussion Paper

another – and this can impact on measuring impact and outcomes of social care as a “standalone” service. Third, the interface between adult social care and children’s services requires a greater focus on how the two work best together in preparing young people for an adulthood.

Finally, by way of prologue, the existing user carer survey, which fell outwith of this work because the DHSC was undertaking its own review via Ipsos Mori, requires fundamental change and alignment with each of the eleven outcomes statements identified in Part One of the OPF.

2 Principles underpinning the design of proposed Outcomes and Performance Framework

The composition of the framework acknowledges the following principles:

Principle 1: The framework acknowledges that outcomes need to be assessed and understood at two different levels – for the individual, and for the adult social care ‘system’.

Principle 2: The alignment of measures is best placed against the current requirements of the Care Act 2014 and other relevant legislation including the Mental Capacity Act (2005), the Mental Health Acts (1983) and (2007). The current Mental Health White Paper will also need to be taken into account. These become the new “domains” for the proposed framework.

Principle 3: The proposed framework sits alongside other existing frameworks; therefore, it is only by combining selected information from all of the data sets below that the ‘narrative’ for adult social care emerges. The question being asked will determine which data sets are most helpful for specific circumstances.

a. The survey for people and carers with lived experience of adult social care (We advised that this might be developed further by using the model developed by TLAP – “Making it Real”).
b. The Use of Resources of councils with responsibility for adult social care (as currently undertaken by the Care and Health Improvement Partnership between ADASS and the Local Government Association – (through LGA Inform[2])
c. Skills for Care Data collection (ASC-WDS) on staffing for adult social care
d. Quality data from the Care Quality Commission (CQC)
e. The Outcome and Performance Framework (OPF) for Adult Social Care proposed in this paper to replace ASCOF (this includes not only data from the current returns (SALT[3]) but also data that is readily available from the CQC, Public Health, NHS, The Capacity Tracker, Making Safeguarding Personal, etc…)

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[2] https://lginform.local.gov.uk/

[3] The Short- and Long-Term Services (SALT) collection relates to the social care activity of Councils with Adult Social Services Responsibilities in England. It is published annually based on data drawn from council administrative systems. The purpose of the publication is to enable key aspects of the provision of

2.1 Outcomes for the Individual

There are outcomes that are important to individuals who access social care (and health). These are best defined by Think Local Act Personal (TLAP) and the six themes that reflect the most important elements of personalised care and support in their document "Making it Real"[4].

Making it Real – 6 Themes

- ***Wellbeing and Independence*** – living the life I want, keeping safe and well.
- ***Information and Advice*** – having the information I need when I need it.
- ***Active and Supportive Communities*** – keeping family, friends, and connections.
- ***Flexible and integrated care and support*** – my support, my own way
- ***When things need to change*** – staying in control.
- ***Workforce*** – the people who support me.

In "Making it Real", each of these themes has several **statements** that describe what good, citizen focussed, personalised care and support looks like from the point of view of people with lived experience of the services.

2.2 Outcomes for Social Care

In our previous papers, we refer to the referencing specific requirements of the Care Act 2014 and using the principles of a simple logic model to help select measures for the framework. This revised framework continues to maintain this underpinning principle (albeit in a different format and a reduced number of indicators) and proposes that the six statements below can be used to 'frame the narrative' for adult social care to illustrate their contribution and delivery of health and social care whole system outcomes (or objectives).

1. That for most people, living in their 'own home and community' is preferred.
2. That there should be a reduced inappropriate use of custody, hospital or residential/nursing care
3. That people should be empowered, have choice and support to maximise their strengths and regain, become, or stay independent and connected to their families and communities.
4. That people should be satisfied with the support and services they receive.
5. That adult social care should endeavour to use resources effectively and efficiently – underpinned by a sustainable and high-quality care market.

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social services across England to be assessed, at both national and local level. Data is aggregate (counts of service users, carers, and events) and aims to track client journeys through the social care system.

[4] https://www.thinklocalactpersonal.org.uk/makingitreal/about/six-themes-of-making-it-real/

6. That adult social care has an adequate supply of appropriately qualified and trained staff.

Additionally, there are specific responsibilities for councils to safeguard people's rights when they are experiencing abuse or neglect, when doctors are considering compulsory admission or treatment or when people may be deprived of their liberty. The paper now focuses on proposals for the collection of activity data to illustrate these outcomes and objectives.

2.3 Defining who is included

In the light of the White Paper **"Integration and Innovation: working together to improve health and social care for all"**[5] further work will need to be undertaken to be clear as to who will fall within the scope of this framework. The White Paper promotes a strong desire for a greater integration between health and social care including joint appointments of system leaders as well as joint teams of front-line workers so that people receive person-centred, co-ordinated care and support. The paper also highlights the need for improved arrangements for data sharing between the NHS and local authorities and finally it proposes a new assurance framework for social care.

We are assuming that this Outcomes and Performance Framework will play a key part in the discussions on the metrics required to underpin any new assurance framework. However, it is worth signalling that in those parts of the health and care system where integrated joint teams/services already exist there is often a technical problem in determining who is actually a patient of the NHS and who is a person using social care services. This has been already highlighted in both some mental health services and in emerging out of hospital care services. Therefore, we suggest that there will need to be some further work undertaken to establish a definition of which people will be covered by a future social care outcomes framework (such as this). (A separate paper on issues associated with data collection has also been produced[6]).

This revised framework proposes an **Outcomes and Performance Framework** for Adult Social Care designed to measure 'outcomes' and selected activities in a way that better describes the overall impact of adult social care locally, regionally and nationally.

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[5] The Department of Health and Social Care's legislative proposals for a Health and Care Bill February 2021

[6] Ibid

3 Measuring Whole System Outcomes

In this section we propose an OPF data set, formed of two parts:

- Part One: Measures grouped under key sections of the Care Act[7].
- Part Two: Activity data categorised by ‘client group’ and ‘service type’ to assist in reviewing the SALT return linked to these measures.

3.1 Part One: Measures grouped under key sections of the Care Act.

In the proposed framework (below) the headings used were drawn from the language of the Care Act[8].

For each heading a rationale for the system outcome/objective **(in bold)** is offered alongside several measures:

1. “My well-being is looked after”

This section looks to see **if the wellbeing of the wider population is being sustained by the council in partnership with others (especially the NHS) and relates closely to the work of Health and Wellbeing Boards in addressing the social determinants of health.** The Public Health Outcomes Framework[9] could be used to supplement (or replace) this section. The outcome being sought is a population that is healthy with a higher life expectancy and reduced social inequalities. Admissions to Acute Hospitals could also be considered as a measure in this section. That might support those councils who are working with the NHS to help reduce emergency admissions.

Proposed measure		Comments
1.1	A02a - Inequality in life expectancy at 65	**Existing data**: PHOF
1.2	C29 - Emergency hospital admissions due to falls in people aged 65 and over	**Existing data**: PHOF
1.3	Emergency admissions per 100,000 of population to Acute Hospital serving the population as of March 31st	**Existing data**: NHS Monthly Hospital Activity - Hospital Episode Statistics for Admitted Patient Care

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[7] and reference to Mental Capacity Act (2005), the Mental Health Act (1983) and (2007).

[8] It would be possible to change these headings to look at the arrangements from the perspective of a person who might benefit from the matters being covered. There is here an alternative set of headings for the proposed new framework. If this approach is adopted, a better co-produced version of these headings might emerge.

[9] https://www.gov.uk/government/collections/public-health-outcomes-framework

2. “I am given all the information I need when I need it”

The data in this section looks to explain what is happening at the front door of the council when people approach them for help. There is an expectation that people have a prompt response which addresses the issues that they bring to the council. The evidence suggests that almost two-thirds of those approaching the council for help do not require anything more than information, advice, or guidance[10]. This means that only one third of these people will go on to either receive a short-term service or have an assessment and plan for a longer-term service. If people are appropriately informed of links made for them at the front door (e.g., to the community or voluntary sector) then it is likely that those who do have a full assessment will go on to have some form of personal budget or a service commissioned or provided by the council (unless they are a self-funder). **The system outcomes being explored here are that the care system can meet the needs of its citizens with a range of help on offer and ensure that people’s needs are addressed at the right time, in the right way and to both avoid crisis and reduce people being precipitated unnecessary into a state of dependency.**

This data will need to be able to show as a minimum age bands and ethnicity and Include client category

Proposed measure		**Comments**
2.1	Number of new people/contacts who approached the council for help per 100,000 population	**Existing data:** STS001 SALT
2.2	Number of new hits by individual users on council website in relation to ASC per 100,000 population	**New indicator:** data should be accessible need to work on clear definition
2.3	% of new enquiries to the council for help in relation to adult social care that were made by carers (over the age of 18) for themselves or by someone acting on behalf of a carer	**New indicator:** will need recording at initial contact though should be available from council data base. Important issue to determine how people are recorded when they approach a service for help which is not directly part of the Local Authority e.g. NHS Mental Health Teams
2.4	% of those people who approached the council for help who were diverted to the advice/community/ voluntary sector	**New indicator:** Desire from voluntary sector to include this data.

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[10] Adult Social Care Finance and Activity Report, England 2019-2020 – National Statistics 19th December 2020

Proposed measure		**Comments**
2.5	% of new enquiries to the council that led to a full assessment of their needs	**New indicator:** needs definition of “new enquiries” and “full assessment”
2.6	% of new enquiries to the council for help with adult social care that led to the offer funding or provision of a short-term piece of help	**Existing data:** STS002a for new clients SALT
2.7	% of people who had approached the council for help who were diverted to another place but returned within 3 months with a similar request for help	**New indicator:** needs definition of “diverted” and “similar”

3. “I am helped to reduce or delay my need for long term care and supports”

Councils should organise their resources in a way that helps people so that they do not become prematurely or unnecessarily in need of long-term care and supports. This will mean they have “preventive strategies”, invest in their communities to tackle problems such as social isolation, and use short-term help to get people back on their feet after they have had a crisis such as an admission to an acute hospital.

Proposed measure		**Comments**
3.1	% of people (by age) who approached adult social care for help and were offered funding for or provision of a short-term service.	**New indicator:** Includes: reablement, recovery-based services, falls prevention, rehabilitation, support into employment, access to anticipatory care, assertive outreach, access to crisis support/resolution/ promoting independence plan or other recovery-based support similar to 2.5 but without the specifics of an assessment
3.2a	Numbers of people per 100,000 of population who approached the council for help and were offered Aids to daily living (equipment)	Definitions required
3.2b	Numbers of people per 100,000 of population who approached the council for help and were offered an Adaptation to their home	
3.2c	Numbers of people per 100,000 of population who approached the council for help and were offered a	

Proposed measure		Comments
	solution that involved the use of Assistive Technology	
3.3	% of people who received a short-term piece of help that afterwards were assessed as requiring longer term care, support or safeguards	**Existing data:** STS002a for new clients, ST002b for existing clients SALT
3.4	% of people who were helped by a "short term intervention" that were then assessed as requiring a smaller longer-term personal budget/ direct payment or care package	**Existing data:** STS002a for new clients, ST002b for existing clients in 2.6? **New indicator** – requires definition of "short-term" and period of time before need for "smaller" long-term care
Out of Hospital Care[11]		
3.5	% of older people (in Month of March) who were discharged from hospital and required some care and support from intermediate care services via Pathways 1-3	**These are new measures but laid down in DHSC Guidance –** may require further work. For example, pathway 3 (where people are labelled as needing permanent residential care without information, advice, an assessment and care planning) should not exist **Possible source**: STS002b?
3.6	% of older people who were discharged from hospital with some care and support via Pathways 1-3 who were supported in each Pathway (in Month of March)	**Possible source:** STS002b?
3.7	% of Older People (of those who were being discharged) in Month of March who were discharged from hospital to a residential or nursing home for a permanent new placement. This should not exist.	**Possible source:** STS002b?
3.8	% of older people who were discharged in Pathway 1 who after 6 months no longer required any services from social care in March	**New Indicator:** Currently not collected
3.9	% of older people who were discharged in Pathway 2 who returned home in March	To be checked

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[11] Indicators 3.5 – 3.11 are based on the Discharge to Assess Model described in HM Government Hospital Discharge Service Policy and Operating Model (August 2020) https://www.gov.uk/government/publications/hospital-discharge-service-policy-and-operating-model

Proposed measure		Comments
3.10	% of older people who were discharged from hospital who were readmitted within a 3-month period after March.	**Existing data:** STS004
3.11	% of people from mental health units who required additional support from either NHS or Local Authority services on discharge from hospital	**New Measure**

4. “I experienced the health and care support I received as a single unified system.”

There is common agreement that from the perspective of the citizen the **services should work collaboratively, and the citizen should experience seamless services and interactions between professionals.**

Proposed measure		Comments
4.1	% of people being helped by social care who have a proactive multi-agency approach to managing their health and care risks – i.e., people with a joint care plan (both physical and mental) or joint personal health and care budget	**New indicator:** requires definition of “proactive multi-agency approach” and joint care plan, i.e. is it for joint-funded support?

5. “I can choose services and supports that fit with my personal circumstances”

There is a strong philosophy in adult social care that enables people who have lived experience of care and support **to feel in control of their lives and the services they might receive.** The philosophy is often characterised by the words: – “get a life not a service”. It has been government policy for the last ten years that all people should be able to personalise their care and support, whether that is through the Mental Capacity and Mental Health Acts, Making Safeguarding Personal, information, advice or advocacy (including for people who pay for their own care) or through accessing either a personal budget or an individual service fund or an integrated personal budget (with the NHS). The outcomes being sought for each person should be defined by that person but at the heart of social care should be aims to **enable the person in gaining or regaining a level of independence and connectedness so that they can live the life they want to lead**. There should be **opportunity for the person to review the services they are getting at least once a year to ensure that they are meeting the personal objectives that have been previously stated and to adjust and amend these when appropriate. This includes carers.**

People should have a choice as to where they live, and this is normally expected to be in their own home (within the community). **The outcome is that the person feels in control of the way in which their care or support is given**. The system can demonstrate this through ensuring many people have **a choice of good quality services, personal budgets, and live in the community.** This should all take place in a context where **the individual is respected including their age, gender, race, or sexuality.**

Data collection should be subdivided into age categories 18-25; 26-64 and over 65.

The ethnicity, gender and sexual orientation should be available.

Proposed measure		**Comments**
5.1	Number of people receiving long term support per 100,000 of population by groupings: **a.** People with physical conditions **b.** People with Mental Ill Health including Dementia. **c.** People with a Learning Disability **d.** People within the Autism Spectrum Disorder **e.** Adults with Substance Misuse **f.** Younger Adults going through Transition. **g.** Carers **h.** Other	**Possible source:** SALT - need to determine the scope and range of these categories
5.2	Proportion of people with a primary support reason who live in: **a.** Own Home **b.** With Family **c.** Residential or Nursing care	**Possible source:** SALT- need to determine the scope and range of these categories **Existing data:** LTS004 SALT Revised 1G need to determine the scope and range of these categories
5.3	Proportion of people in contact with secondary mental health services living independently, with or without support	To be checked
5.4	% of people who have received a review of their needs in previous year period (from previous review or initial assessment)	**New indicator**

Proposed measure		Comments
5.5	Numbers of people who are receiving domiciliary care or a direct payment (including ISFs) for care at home as a % of those use are receiving all services **a.** % of people receiving a service who are cared for within a resource run fully by the council **b.** % of people receiving a service who are cared for by a service commissioned or purchased by the council **c.** % of people who are receiving service through Direct Payments (including ISFs)"	**Possible source**: Revised 1G LTS001a ASC-FR – FR002 STS Activity Table b & c) LTS001a
5.6	Number of admissions due to depleted funds by previous self-funders per 100,000 population	**Existing data:** STS001
5.7	% of people funded by the council receiving on-going care outside of their locality (the authority in which they previously resided)	**New indicator**
5.8	Proportion of People known to Adult Social Care – (prime service) who receive: **a.** Day Services or activities Voluntary/Community Work **b.** Sheltered Employment **c.** Permanent Full Time Employment **d.** Part-Time Employment **e.** Temporary Employment **f.** Further Education	See Data Set F in Part Two - determine which subcategories might be used
5.9	ASC workforce data **a.** % of BME staff employed within ASC **b.** % of BME staff employed in senior roles within ASC **c.** Measures in relation to sexual orientation, gender, and disability, age. **d.** Staff training and qualifications	**Existing data**: All from the ASC-WDS data set (Skills for Care)

6. “I received the assessment that I needed that enabled me to plan the care that I want”

People are entitled to an assessment of their needs and how they might be helped through the care planning process. They should be offered an advocate where appropriate especially where the person may lack some capacity because of their health. **This assessment equally applies to carers whose needs should be considered separately from the person for whom they care.**

Proposed measure		**Comments**
6.1	% of all new needs assessments that led to a longer-term service	**Possible source:** LTS002a
6.2	% of people who are in contact with acute and community mental health or learning disability and autism services who have had an assessment of their care and support needs	*We need to explore if our process currently differentiates between acute / non acute MH services?* *Is this data accessible? Trust would need to share the data with the LA or report on it themselves, however, sharing is preferable so that we can measure and monitor throughout year and gain a better understanding of clients needs.* *Will need to identify data feeds Information not held on Service-User database so Data-Sharing Agreements should be up-dated to ensure that this happens.* *This would only work if the metric is phrased the other way round so we would be able to report the proportion of people with an assessment who are in contact with CMHT. Difficult to report on broader cohort of people in contact with MH services.*
6.3	Number of assessments undertaken under Mental Health Act undertaken by an approved mental health professional	**To be checked**
6.4	% of these assessments that did not lead to a compulsory hospital admission	**To be checked**

Proposed measure		Comments
6.5	% of carers where an assessment has been made who have their own care plan to meet their specific needs	**Possible source**: LTS003 – looks at type of service offered? Would need to include assessments made by Health Authority, Voluntary Sector, etc?
6.6	% of carers of people in contact with acute and community mental health services who have had an assessment of their needs	**Possible source:** Collected as part of SALT? Who is controlling this collection to be reported nationally? LA, Commissioned Carers services or Com. MH?
6.7	% of assessments that were of carers needs	To be checked: % of which assessments - clarity required. Would need to include assessments made by Health Authority, Voluntary Sector, etc.?
6.8	% of Carers who had assessed needs that were reviewed in the last year	**Possible source:** LTS003? Would need to include assessments made by Health Authority, Voluntary Sector, etc.?
6.9	% of assessments where an advocate/ BIA/AMCP was used to support the person with care needs	**New indicator**

7. “I can access the right housing for me.”

As has already been stated **people should have a choice as to where they live,** and this is normally expected to be in their own home (within the community). The outcome is that **the person feels in control of the way in which their care or support is given.**

Proposed measure		Comments
7.1	% of people who receive long term help who are accommodated in their own home	**Existing data:** SALT LTS001a Is this as of 31st March?
7.2	% of people who receive long term help who are accommodated in “supported living” or “extra-care housing” or in a “shared-lives scheme”	**Possible source:** SALT LTS004 for LD only Is this as of 31st March?

8. "I am safeguarded from abuse and neglect and my rights are safeguarded when there is consideration of deprivation of liberty or when doctors are considering compulsory admission or treatment"

The outcomes framework for safeguarding has been well developed and trialled by a high number of councils from Making Safeguarding Personal (MSP). This voluntary return should now become part of the Statutory Return. (Measures produced by Adi Cooper – LGA)

People who lack capacity should have an assessment made under the new Liberty Protection Safeguards. (Measures Produced by Hilary Paxton ADASS/DHSC)

Proposed measure		**Comments**
8.1	The number of Safeguarding Concerns reported to the Council in previous year	**Existing data – MSP voluntary return** The data sets could distinguish between those 18-64 years of age and those over 65 years of age, gender and ethnic origin
8.2	The number of these concerns that led to an enquiry under Section 42 of the Care Act in previous year	**Existing data – MSP voluntary return** The data sets could distinguish between those 18-64 years of age and those over 65 years of age, gender and ethnic origin
8.3	The number and type of abuse that were subject to an enquiry under Section 42 of the Care Act in previous year	**Existing data – MSP voluntary return** Authorities should identify the prime reason for abuse or neglect **Existing data – MSP voluntary return** Types of abuse' fall into 11 pre-determined categories: physical, sexual, psychological, financial or material, organisational, domestic, discrimination, sexual exploitation, modern slavery, neglect or acts of omission and self-neglect. The data sets could distinguish between those 18-64 years of age and those over 65 years of age, gender and ethnic origin.
8.4	Achieving the outcomes of a safeguarding enquiry – Making Safeguarding Personal responses for concluded enquiries in previous year (includes both: have the outcomes been articulated by the person or their representative; and the extent to which they have been met)	**Existing data – MSP voluntary return** Q 1 and Q 2 of the MSP Outcomes Framework references the current MSP Voluntary return – a high number of councils already collect and report this data https://www.local.gov.uk/sites/default/files/documents/msp-outcomes-framework-may-2018-framework.pdf

Proposed measure		**Comments**
8.5	How many people had one or more LPS processes triggered with each responsible body in the year?	1. LPS Episode Reference ID 2. Person Reference ID/NHS Number 3. Responsible Body Reference ID 13. Date LPS Episode Triggered
8.6	How many people were involved in new authorisations in the year?	1. LPS Episode Reference ID 1c. Initial/Renewal authorisation = 1 2. Person Reference ID/NHS Number 3. Responsible Body Reference ID 46. Authorisation Decision / Signatory Date 47. Authorisation Status = 1
8.7	How many proposed arrangements were still awaiting an authorisation decision at the end of the year (including decisions made about LPS processes triggered in previous years and applications for authorisation made under a previous system), by time from start of the process?	1. LPS Episode Reference ID 2. Person Reference ID/NHS Number 3. Responsible Body Reference ID 13. Date LPS Episode Triggered 13a. Where the original application was made to the DoLS system or started as preparation for an application to the Court of Protection, the date of that application or the start of the preparation for the Court. 47. Authorisation Status = 0
8.8	How many LPS authorisations are currently in place?	1. LPS Episode Reference ID 2. Person Reference ID/NHS Number 3. Responsible Body Reference ID 49. Start date of Authorisation Period 50. Planned end date 51. Actual end date

9. “My needs are understood when I am changing from childhood to adulthood but still need care and support”

There needs to be a clear plan on the arrangements for offering care and support for all those younger people who will need to move into adult services from children’s services.

Proposed measure		**Comments**
9.1	% of young people aged 17 with an EHCP who have had an assessment of their needs and how their future needs are likely to be met	Needs to be checked: Need to define denominator. Is it wider than learning disability? Does it include young adults assessed as not eligible for ASC? should it be younger than 17? Does this relate to the Care Act requirement? We should be starting transition planning from 14 and upwards. The question

Proposed measure		Comments
		should be reworded to say something like "% of children who have had assessment by the age of 17"

10. "I am offered post hospital Care Under the Mental Health Act"

Those who are assessed under the Mental Health Act **should have a clear plan for their care and support post discharge from hospital.**

10.1	% of those who were assessed who had a care and support plan after they were discharged from hospital	

11. "The care and support available to me operates in a sustainable and high-quality care market".

There is a care market offering **good choice for customers that is also financially stable and looking to promote good quality services in the area**.

Proposed measure		Comments
11.1	% of beds lost in care market (as a % of total beds in market) in last year due to unplanned provider failure **a.** % by residential care beds **b.** % by nursing care beds	**Possible source:** CQC "deactivation" data is available but does not indicate reason for deactivation.
11.2	% of hours of care lost in the community in last year due to unplanned provider failure	**Possible source:** CQC "deactivation" data is available but does not indicate reason for deactivation.
11.3	The average rate of bed occupancy in care homes in the area (See data Set H) **a.** average rate for residential care beds **b.** average rate for nursing care beds	**Possible source:** Capacity Tracker – 'Capacity, Vacancies and Occupancy by type'
11.4	% of local registered services that were assessed by CQC as outstanding or good – by client group **a.** Domiciliary Care	**Existing data:** CQC monthly spreadsheet - may need to say as at 31 March?

Proposed measure		Comments
	b. Supported Living **c.** Shared Lives **d.** Residential and nursing care	

3.2 Part Two: Activity data categorised by ‘client group’ and ‘service type’

There is a range of data that needs to be collected to demonstrate what is happening within Adult Social Care. This is the data set that is mostly in the SALT return with a couple of additions from other sources that some authorities are currently being collected.

The categorisation of “client groups” in the first column is a matter of debate – what is proposed here fits closest with the feedback from those local authorities who responded in the recent consultation. It is of course possible to amend or add to any of the columns.

For each data set there is some key information from which specific figures can be gleaned - e.g., the number per 100,000 in the population who are being helped by adult social care. Or a percentage can be calculated – the percentage of people who are in receipt of a personal budget or an individual service fund. Some of this data helps to populate the tables above – other data may be used to help understand various trends in the activity in social care.

There are some people who may receive more than one service from the council e.g., day care and supported living for these people the place where they live should determine the service they are defined as receiving or the main services that helps them to live independently as possible.

Data Set A – All people who approached the council for help from adult social care

Number of people by client group per 100,000 in the population	**A. % for IAG** ? STS002a	**B. Offered short-term service** ? STS002a	**C.Offered long-term Service from assessment** ? STS002a	**D. OTs**	**E. OTs led to SW assessment**	**F. AMHP assessments**	**G. Detained from AMHP assessment**	**H. Carers Assessments** ? LTS003
7. People Over 65 with physical conditions - frailty								
8. People Over 65 with Mental Ill Health including Dementias								
9. Younger Adults with a Learning Disability								
10. Younger Adults with Autism or Aspergers								
11. Younger Adults with Mental Ill Health								
12. Younger Adults with a Physical Disability								
13. Younger Adults with substance misuse								
14. Younger Adults with homelessness								
15. Younger Adults (age 16-25) going through transitions from children's services								
16. Other – including refugees								

The following data sets are reported using the same template:

Data Set B – All people receiving short term support from council (12 weeks or less in a single episode) STS002a

Data Set C – All people receiving on-going support from Council LTS001b

Data Set D – All new people receiving on-going support from Council in previous year LTS001c

Data Set E - Number of people from minority ethnic communities in each grouping as a proportion of people known to be from minority communities in the population (Each group to have relevant BAME group headings) LTS001b?

Number of people by client group per 100,000 in the population	**Service Type**								
	Dom Care	**Supported Living (incl Extra Care Housing)**	**Shared Lives or Adult Foster**	**Residential Care**	**Nursing Care**	**DP/ISF**	**Day care**	**Respite Care**	**Total**
People Over 65 with physical conditions - frailty									
People Over 65 with Mental Ill Health including Dementias									
Younger Adults with a Learning Disability									
Younger Adults with Autism or Asperges									
Younger Adults with Mental Ill Health									
Younger Adults with a Physical Disability									
Younger Adults with substance misuse									
Younger Adults with homelessness									
Younger Adults (age 16-25) going through transitions from children's services									
Carers									
Other									

Data Set F – Service and support types for people receiving care and support

The numbers of people	**Day centre**	**Voluntary/ Community Work**	**Permanent Employment**	**Part Time Employment**	**Temporary Employment**	**Further Education**
Younger Adults with a Learning Disability						
Younger Adults with Autism or Asperges						
Younger Adults with Mental Ill Health						
Younger Adults with a Physical Disability						
Younger Adults with substance misuse						
Younger Adults with homelessness						
Younger Adults (age 16-25) going through transitions from children's services						
Other						

Data Set G– All people who were deemed to be referred for reasons that required Safeguarding in previous year

Number of people by client group	**New Safeguarding referrals**	**Full Investigation**	**Required protection Plan**	**DOLs assessments**
People Over 65 with physical conditions - frailty				
People Over 65 with Mental Ill Health including Dementias				
Younger Adults with a Learning Disability				
Younger Adults with Autism or Asperges				
Younger Adults with Mental Ill Health				
Younger Adults with a Physical Disability				
Younger Adults with substance misuse				
Younger Adults with homelessness				
Younger Adults (age 16-25) going through transitions from children’s services				
Carers				
Other				

Data Set H - Occupancy levels of care homes in the council area

Number of people by client group	**Number of Care Homes in Area**	**Number of Beds in Area**	**As of 31st March, Numbers of vacancies in Care Homes**	**Average Occupancy over previous year**	**Numbers of people waiting more than one week for a bed in year**
People Over 65 with physical conditions - frailty					
People Over 65 with Mental Ill Health including Dementias					
Younger Adults with a Learning Disability					
Younger Adults with Autism or Asperges					
Younger Adults with Mental Ill Health					
Younger Adults with a Physical Disability					
Younger Adults with substance misuse					
Younger Adults with homelessness					
Younger Adults (age 16-25) going through transitions from children's services					