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of Health

The Adult Social Care Outcomes Framework 2014/15

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The Adult Social Care Outcomes Framework 2014/15

Prepared by the Department of Health

November 2013

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Foreword

Every person using health and care services deserves the highest quality care and support. One of our key ways to make this happen is through transparency. The Adult Social Care Outcomes Framework, with its focus on promoting better outcomes and experiences for people who use care, and carers, measures how well care and support delivers the outcomes that matter the most to people. We need to know how the system performs on those issues – and take action based on this information so that we continually improve and do better for the people we support.

The ASCOF measures how well the care and support system achieves the things we would expect for ourselves and for our friends and relatives. People who use care and support, carers and the public can use this information to see how well their local authority is performing, helping people to hold their council to account for the quality of the care they provide, commission or arrange. Councils themselves use the measures to help them drive up standards of care, and give people genuine choice and control over the services they use.

The ASCOF is continually evolving, and is being further strengthened for 2014/15. This year, the ASCOF, alongside the NHS Outcomes Framework, will do more to support our ambition for joined-up services within, and between, health and social care. The Government is fully committed to driving care that is genuinely joined-up around the needs of people, not the needs of services. We want a system which recognises that people's outcomes and experiences of care will only improve if all parts of the system work together with a common purpose. To this end, for the first time the ASCOF will include a new measure of whether people experience care that is joined-up and seamless. It will provide us with the evidence to better understand the extent to which people experience person-centred, coordinated care, and highlight where we can do better. Other changes to the framework this year will support a renewed focus on preventing and delaying the need for care and support, and will better reflect councils' progress in delivering personalised care for both users of care and carers.

This year also marks a significant milestone for the framework, with two complete years' worth of outcomes-focused data available. This enables us, locally and nationally, to develop a view of the progress being made across adult social care, whilst exposing the areas where there is room to do more to ensure that everyone has access to the best possible care and support.

Alongside the ASCOF for 2014/15, we are also launching an interactive website for the ASCOF¹, which will enable people to see how well their council is performing in achieving the best possible outcomes for their local populations.

¹ <http://ascof.hscic.gov.uk>

Despite making good progress in 2012/13, it was disappointing to see that some local authorities missed the sector's ambition that 70% of eligible people should have access to a personal budget, which make a real difference to the lives of the people who use them. In the future, the Care Bill sets out that everyone needing care and support will have access to a personal budget as part of their care and support plan, ensuring that they are able to exercise control over how care and support is provided. Therefore, councils should have clear plans in place to deliver personal budgets as part of the Care Bill reforms. These plans should also focus upon outcomes to ensure that systems are optimised to deliver personal budgets that offer true choice and control. The Personal Budget Outcome Evaluation Tool (POET) is one effective approach to monitor the effectiveness of personal budget processes.

It was however encouraging that the number of people experiencing a delayed transfer of care from hospital has fallen for another year, as has the number of delayed transfers which are attributable to social care. This suggests that we are getting better at providing care which is integrated and coordinated between both health and social care services. The new measure of integration in this year's framework will also capture the extent to which people experience integrated care, and help identify where improvements can be made.

It was also encouraging to see that the number of users of adult social care who are very or extremely satisfied with their care and support has risen for a second year. However, fewer than half of carers reported the same level of satisfaction, demonstrating that there is more to be done to ensure that everyone has the best experience.

The Adult Social Care Outcomes Framework, with its clear focus on promoting people's quality of life and their experience of care, and on care and support that is both personalised and preventative, remains our key tool to track progress locally and nationally towards the realisation of our ambitions for care and support. It is important that councils, alongside their local populations, continue to use the ASCOF, and the NHS and Public Health Outcomes Frameworks, to better understand the quality of services being provided, to jointly identify local priorities for improvement, and to drive improvement against those priorities.



Rt Hon Jeremy Hunt MP
Secretary of State for Health



Norman Lamb MP
Minister of State for Care Services

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 carers.
2. This document sets out the ASCOF for 2014/15. The framework has been co-produced with local government, with a focus on ensuring that the framework continues to reflect the changing role of local government, and that all measures retain an outcome focus. We continue to be mindful of the reporting burden placed on councils when developing the ASCOF.
3. The Care and Support White Paper² and the Care Bill³ set out the Government's vision for a reformed care and support system, which places the person at the very heart of the health and care services they receive. The ASCOF will support councils in leading this transformation by providing a clear focus for local priority setting and improvement. Through use of the ASCOF, alongside the outcomes frameworks for the NHS and public health, local government and its partners will be supported to provide high quality, seamless care and support, integrated around the needs of the people who use them.
4. This document:
 - Describes how the ASCOF should be used as a tool to support local improvement in care and support;
 - Provides a national commentary on adult social care outcomes in 2012/13;
 - Sets out the ASCOF for 2014/15; and,
 - Outlines a forward look for the framework for future years.
5. This document should be read in conjunction with the forthcoming 'Handbook of Definitions for the Adult Social Care Outcomes Framework for 2014/15', which will set out the detailed definitions for each measure, with worked examples. This handbook will be published in the spring.

² Caring For Our Future: reforming care and support. Published by the Department of Health in July 2012

³ Progress of the Care Bill can be seen at <http://services.parliament.uk/bills/2013-14/care.html>

The role of the Adult Social Care Outcomes Framework

6. A system of sector-led improvement has now been embedded for adult social care, with councils being supported to take responsibility for their own performance and improvement, developing a system of performance management 'by councils, for councils'. The ASCOF plays a key role in this system – providing robust comparable information on the outcomes and experiences of people who use adult social care, and carers.

7. The key roles of the ASCOF are:
 - Locally, the ASCOF supports councils to improve the quality of the care and support services they provide. The ASCOF, now in its fourth year, provides councils with robust information they can use to monitor the success of local interventions in improving outcomes. The data stimulates discussions between councils, and promotes the sharing of learning and best practice. The sector also uses the ASCOF in their own progress reporting, and forms the core of the information the sector uses to scrutinise its own performance.
 - Locally, the ASCOF also supports improvement in adult social care services through strengthened accountability to local people. By fostering greater transparency on the success of care and support services in improving outcomes for the people who use those services, the ASCOF enables local people to hold their council to account for the quality of the services they provide, commission or arrange. The ASCOF is being used by local government in the production of their local accounts, as part of efforts to enhance transparency and better exploit information to support improvement.
 - 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. 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.

Integrated care and support

8. Another key role of the ASCOF is to promote more joined-up working at the local level. The three outcomes frameworks for health, public health and adult social care provide all parts of the system with a shared sense of priorities, a focus for improvement and aligned incentives. The three outcomes frameworks therefore form the basis for integrated working locally and support local partners to identify

shared responsibilities, pursue shared goals and improve outcomes for their communities.

9. By highlighting the challenges faced by the health and care system locally, the outcomes frameworks provide a common basis for action. The principle vehicle for joint working at the local level is health and wellbeing boards, which bring the whole system together and maximise the opportunities to deliver integrated care across the NHS, public health and social care services, and to influence the wider determinants of health.

Equality

10. 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 equality characteristic 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.
11. The Department is currently carrying out a review of all the data disaggregations available for the health and adult social care outcomes frameworks, and is working with stakeholders to identify the benefit and feasibility of increasing the data breakdowns available.
12. 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>.

Adult Social Care Outcomes in 2012/13

13. 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.
14. The ASCOF was first launched for the year 2011/12. As such, the publication of outcomes data for 2012/13 this autumn⁴ offers the first opportunity to compare adult social care outcomes over two years, and measure progress towards our ambitions for care that is personalised, preventative and high quality.
15. The framework supports the comparison of the outcomes and experience of care and support for different groups of users and carers, and allows a focus on different themes. When interpreting comparisons 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.
16. 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 is supported to achieve the best possible outcomes, and the best possible experience of their care and support.
17. The following commentary highlights variation in outcomes across local authorities, and, for some measures, identifies those councils which are delivering outcomes at the bottom or top of the national range.

Key findings for 2012/13⁵

18. Overall, outcomes for 2012/13 demonstrate a stable picture, with performance broadly similar to 2011/12. There continue to be marked disparities in the outcomes and experiences of different groups, and between local authority areas. Key findings for 2012/13 include:
 - There have been slight increases in both social care related quality of life, and satisfaction of people who use services with the quality of their care and support.
 - Most local authorities did not achieve the ambition of the provision of personal budgets to 70% of people who use care and support, and carers. Those councils which missed the objective should look to their peers for examples of how to make personal budget provision a success⁶.

⁴ These data are as published by the Health and Social Care Information Centre in November:
<http://www.hscic.gov.uk/catalogue/PUB12610>

⁵ Findings based on the data as published by the Health and Social Care Information Centre in November.

⁶ Based on interim data, as published by the HSCIC in November.

- At the local level, there continue to be large variations in the number of people with a learning disability, or who are in contact with a mental health service, who live independently⁷.
 - The proportion of people who use adult social care services who say those services have made them feel safe and secure has increased at the national level for 2012/13.
 - The proportion of people in receipt of local authority-funded care who report that they have adequate, or as much control as they want over the daily life has remained stable. The proportion of people who use services who found it extremely or very easy to find information about care and support has also remained stable. However, for both measures, this was not the case for around a quarter of those surveyed, showing that more needs to be done to ensure that everyone is receiving the best possible service.
19. The following commentary considers the extent to which the data from the ASCOF demonstrates improvement in adult social care services across the following key themes of the Care and Support White Paper:
- I am happy with the quality of my care and support
 - 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 know that the person giving me care and support will treat me with dignity and respect

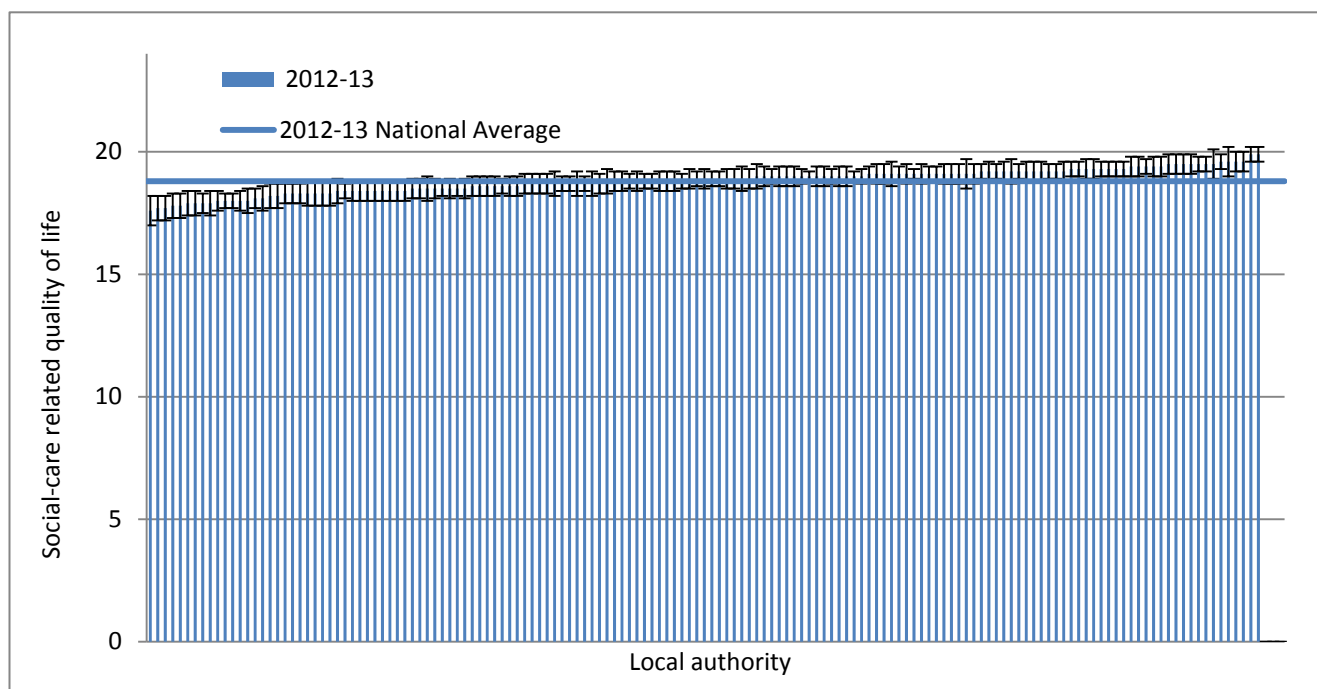
⁷ Findings based on provisional Mental Health data, as published by the HSCIC in July. Final data will be published in December 2013.

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

20. 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.

21. The social care-related quality of life measure within the ASCOF gives an overarching view of the quality of life of users of care and support. In 2012/13, social care-related quality of life was 18.8 out of a maximum possible score of 24 for users of social care, compared to 18.7 in 2011/12. In addition to this, 64.1% of users reported that they were extremely or very satisfied with the care and support services they received in 2012/13, an increase from 62.8% in 2011/12. Whilst it is positive that nearly two thirds of users of care say they are extremely or very satisfied with their care and support, this clearly leaves scope to do more to ensure that everyone has a good experience.

Figure 1: Social-care related quality of life for users of social care services, by local authority⁸



⁸ 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/PUB12610>.

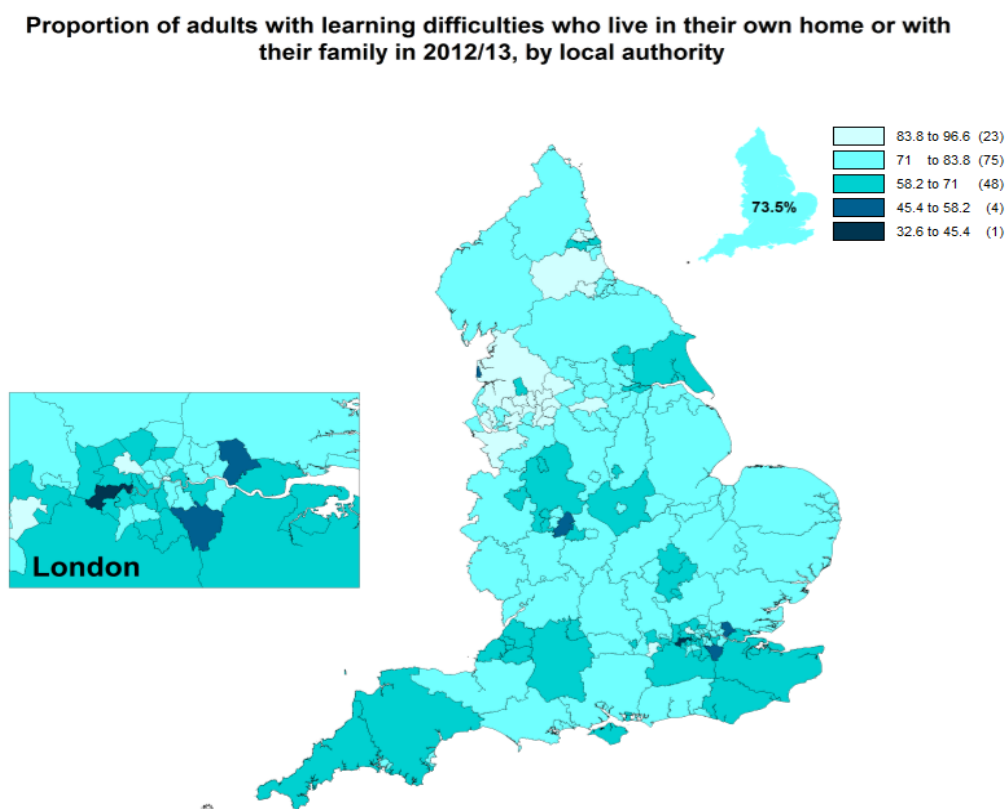
22. In 2012/13, carers reported an average quality of life score of 8.1 out of a maximum of 12, with older carers reporting better outcomes and experiences than their younger counterparts. For example, 45.8% of carers aged 65 or older reported that they were extremely or very happy with the care and support services they received, compared to 39.7% for those aged 18-64. This shows there is scope to do more to do to improve the quality of life for young carers.

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

23. 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.

24. Stable and appropriate accommodation for people with learning disabilities and mental health problems has a strong impact on their safety and overall quality of life, and mitigates the risk of social exclusion. At the national level, the proportion of adults in contact with secondary mental health services who live independently, with or without support, has remained relatively stable, with a slight increase from 54.6% in 2011/12 to 59.3% in 2012/13. The proportion of adults with learning difficulties living in stable and appropriate accommodation has also undergone a welcome increase, from 70.0% in 2011/12 to 73.5% in 2012/13.

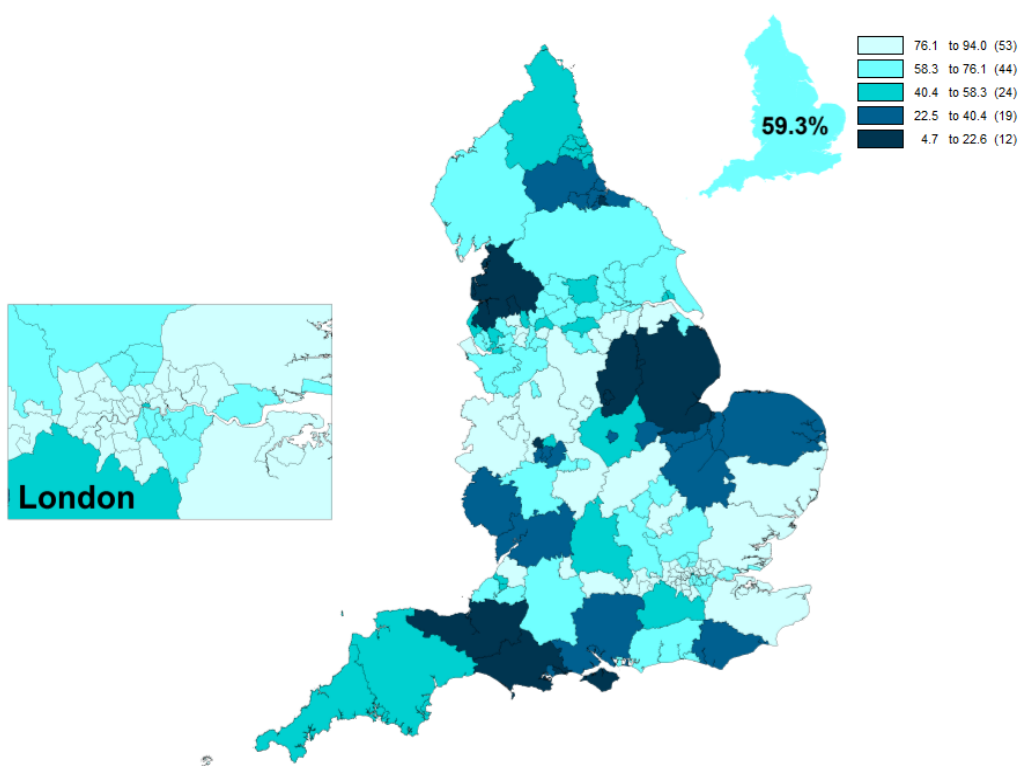
Figure 2: The proportion of adults with a learning disability who live in their own home or with their family in 2012/13, by local authority.



25. However, there continue to be marked differences in the extent to which these groups are supported to live independently. The local authorities with the highest rates of people with learning disabilities living in stable and appropriate accommodation are Brent, Rochdale, Oldham, Tameside, Salford and Knowsley, with this being the case for over 90% of people. However, Hounslow, Blackpool, Birmingham, Bromley, Havering, Lambeth and Solihull local authorities have the lowest rates, with fewer than 60% of people with a learning disability living in stable and appropriate accommodation.

Figure 3: Proportion of adults in contact with secondary mental health services who live independently, with or without support in 2012/13, by local authority

Proportion of adults in contact with secondary mental health services living independently with or without support in 2012/13, by local authority



Data Source: Adult Social Care- Combined Activity Return (ASC-CAR). National average 59.3%.

26. The proportion of adults in contact with secondary mental health services who live independently was 59.3% in 2012/13, a welcome increase from 54.6% in 2011/12⁹. Whilst this is very positive, again there are large local variations, suggesting there may be room for councils to improve access to independent living for this group.

⁹ 2012/13 findings based on provisional data, as published by the HSCIC in July..

This highlights the need for further enquiry by local authorities to understand the reasons behind their local performance, and, where necessary, to take action.

Permanent admissions

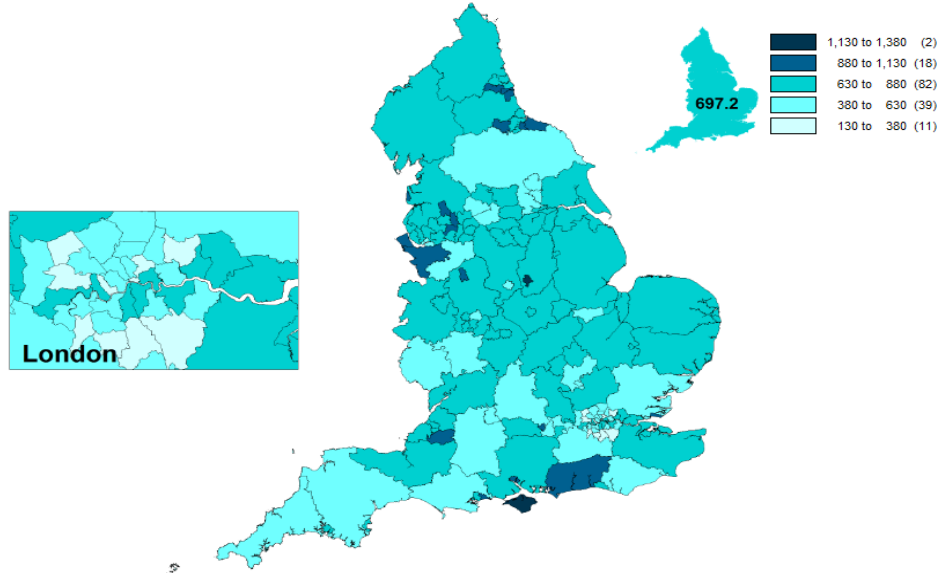
27. The number of permanent admissions to residential and nursing care homes is a good measure of the effectiveness of care and support in delaying dependency on care and support services, and the inclusion of this measure in the framework supports local health and social care services to work together to reduce avoidable admissions where appropriate.
28. Measures focussing on delaying dependency for older people show a stable picture at the national level in 2012/13 compared to 2011/12. In 2012/13 there were 697.2 permanent admissions to residential care or nursing homes per 100,000 population for adults aged 65 or over, which is similar to 695.9 in 2011/12. Where there have been increases in admissions locally, this highlights the need for further enquiry by councils to understand the cause of the increase and, where necessary, to take action.
29. Figure 4 shows the national variation in performance, with Nottingham, Isle of Wight and Southampton having more than 1,000 permanent admissions of older people to residential and nursing care per 100,000 population. In contrast, four councils (Kensington and Chelsea, Sutton, Croydon and Ealing) had a rate of fewer than 300 per 100,000 population.

Reablement services

30. Reablement or rehabilitation services seek to support people, in order to minimise their need for on-going support and to maximise their independence. The 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.
31. The proportion of older people who were still at home 91 days after discharge from hospital into reablement services was broadly stable at 81.4% in 2012/13, compared to 82.7% in 2011/12. However, this performance should be viewed in the context of the total number of older people discharged from hospital, and the proportion of those that had access to reablement services (3.2% in both 2011/12 and 2012/13).

Figure 4: Permanent admissions of older people (65 and older) to residential and nursing care home, per 100,000 population in 2012-13, by local authority

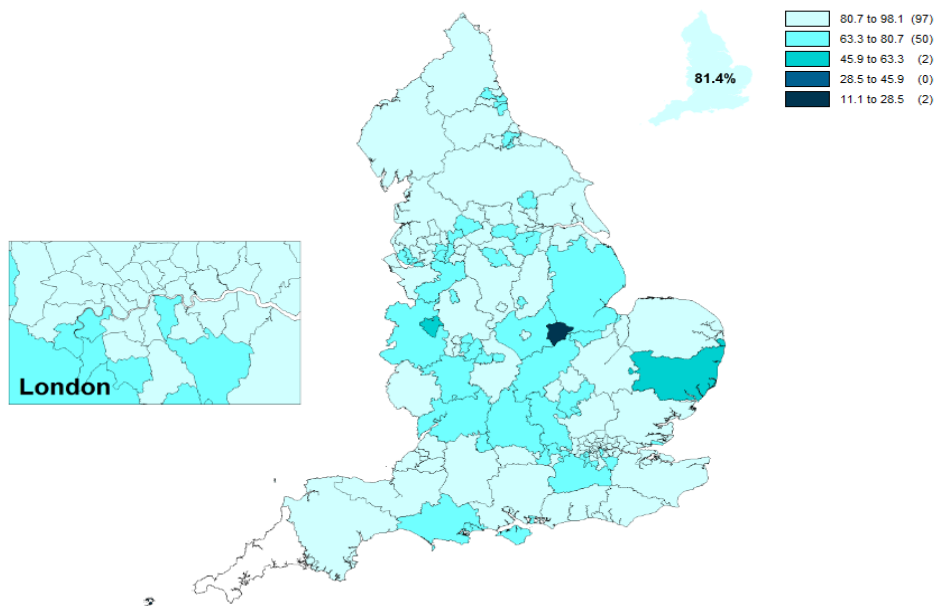
Permanent admissions of older people (65 and older) to residential and nursing care home, per 100,000 population in 2012-13, by local authority



Data Source: Adult Social Care - Combined Activity Return (ASC-CAR). National average: 697.2 permanent admissions.

Figure 5: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation in 2012/13, by local authority

Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation in 2012/13, by local authority



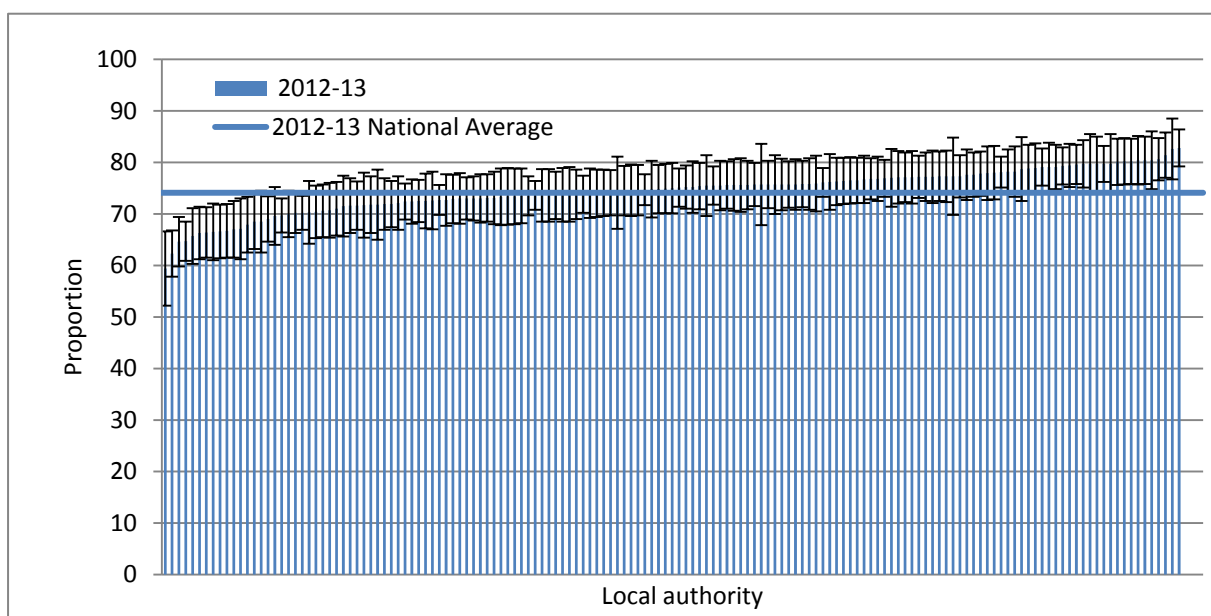
Data Source: Adult Social Care- Combined Activity Return(ASC-CAR). National average 81.4%

32. Figure 5 shows national variation in the effectiveness of reablement services. Twenty-two councils, which can be found in Annex E, achieved a rate of over 90% of people at home 91 days later in 2012/13. For these councils access to reablement ranged from 0.9% to 10.0% of older people discharged from hospital. In contrast, in Telford and Wrekin, Suffolk, Manchester and Shropshire local authorities, fewer than 65% of people were still at home 91 days after discharge from hospital into reablement services. However, this measure should be viewed in the context of how many people are given access to this service – of the four councils highlighted, two (Telford and Wrekin, and Manchester) provided greater access to reablement/rehabilitation services than the national average (3.2%).

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

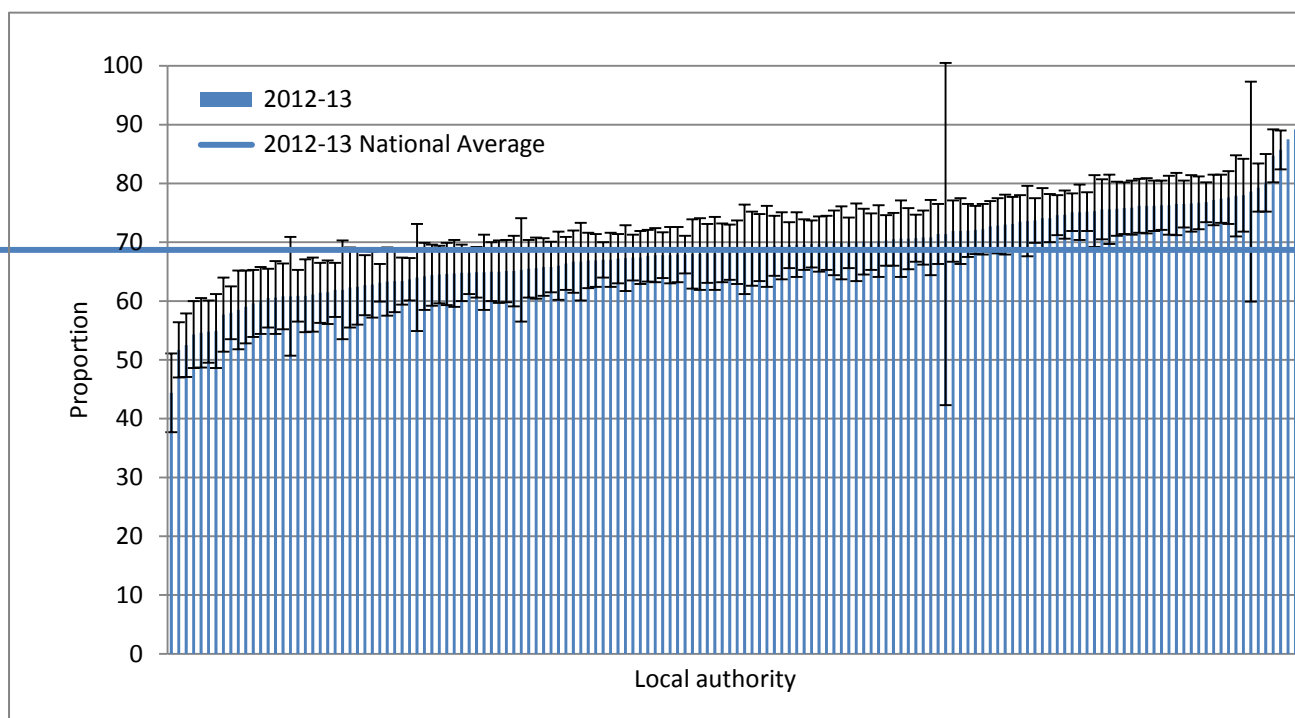
33. The availability and ease of access to information and advice is vital in helping people, their families and carers to make informed choices about the care they want to receive. The ASCOF measures this by capturing the ease with which people are able to find information about care and support. Nationally, the picture is stable – in 2012/13, 74.1% of people who use services said they found it extremely or very easy to find information about services, which is similar to 73.8% in 2011/12 and 74.2% in 2010/11. However, carers reported that they were able to find information less easily than users. This shows that there is scope to do more to make sure this group have access to the information they need.

Figure 6: The proportion of people who use services who find it easy to find information about services¹⁰, by local authority



¹⁰ The score for each local authority against this measure can be found at: <http://www.hscic.gov.uk/catalogue/PUB12610>

Figure 7: The proportion of carers who use services who find it easy to find information about services¹¹, by local authority



I am in control of my care and support

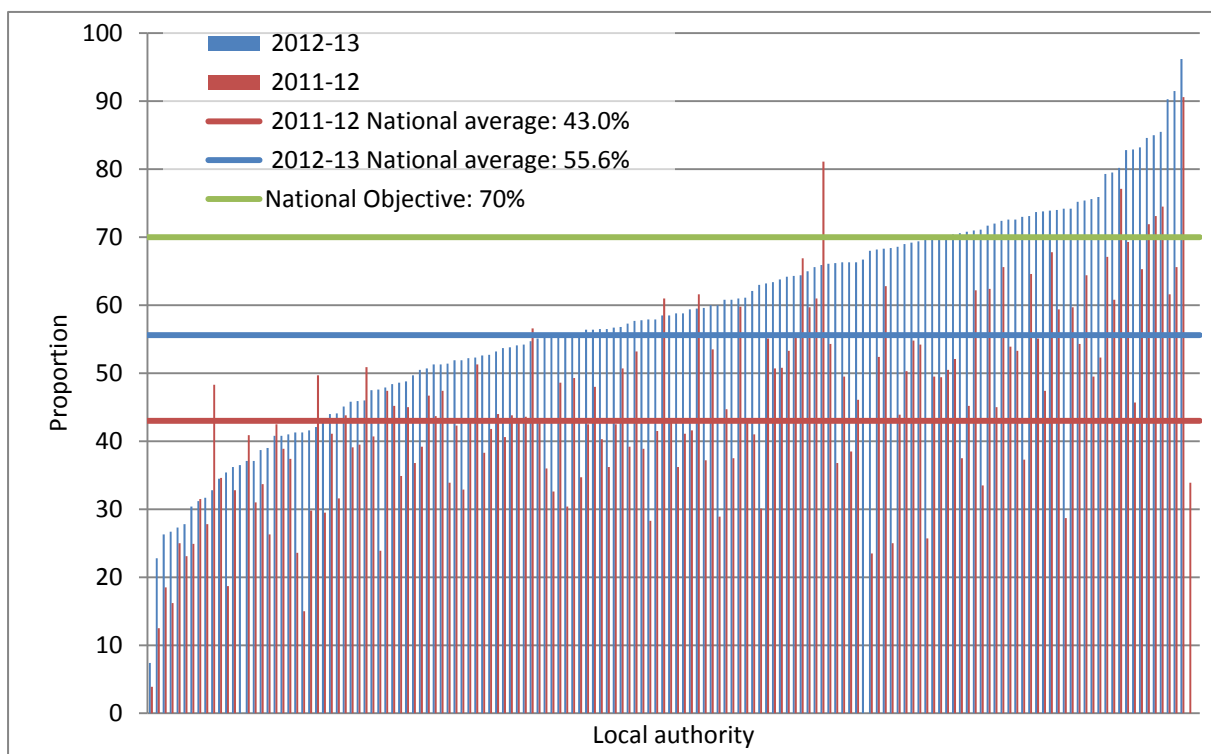
34. The Government wants to give people more control over their health and social care. Personalisation means building support around the individual and providing people with more choice, control and flexibility in the way they receive care and support – regardless of the setting in which they receive it.
35. This emphasis on providing care over which users have genuine choice and control is reflected in the ASCOF, and the extent to which users of care and support feel in control of their daily lives is a key indicator of the personalisation of care. In 2012/13, 76.1% of respondents reported having either as much control as they want or having adequate control over their daily life. This is consistent with last year's figure of 75.1%. Whilst it is positive to see that 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 people who use care and support.
36. A key aspect of control is the roll out of personal budgets, to give people and their carers more control and direct purchasing power over their care and support. The forthcoming statutory entitlement to personal budgets in the Care Bill underlines the Government's commitment to providing personalised care and support that more closely matches the needs and wishes of an individual. It is known that personal

¹¹ The score for each local authority against this measure can be found at: <http://www.hscic.gov.uk/catalogue/PUB12610>

budgets make a real difference to the people that receive them, by ensuring that they are able to exercise control over how care and support is provided.

37. There has been an increase in the use of personal budgets since the sector agreement of the personal budget objective of 70%. The ASCOF showed that 55.5% of users of community based services and carers received a personal budget in 2012/13, compared to 43.0% in 2011/12, and 29.2% in 2010/11, highlighting the continuing progress of councils in delivering personalised care. While this is encouraging, the disparities in local performance continue to be of concern, with local level provision ranging from 96.2% down to just 7.4%¹².
38. It is widely acknowledged that shortcomings in the way that this measure is currently defined and how data are collected mean that it is impossible for councils to reach 100% against this measure. Following analysis by DH and ADASS, the personal budget objective was set at 70% nationally. As shown in Figure 8, the majority of councils still fall well short of this objective. From 2014/15, the definition of this ASCOF measure will be revised to ensure that its scope is limited to those for whom self-directed support is appropriate.

Figure 8: Proportion of users and carers in receipt of community-based services receiving personal budgets, 2011-12 and 2012-13, by local authority¹³



¹² Findings based on interim data, as published by the HSCIC in November.

¹³ The score for each local authority against this measure can be found at: <http://www.hscic.gov.uk/catalogue/PUB12610>

39. This bar chart shows variation in the provision of personal budgets between 2011-12 and 2012-13. In most local authorities, the proportion of users and carers receiving personal budgets has increased between 2011-12 and 2012-13.

40. There were ten local authorities where the proportion of people receiving a personal budget increased by more than 30 percentage points, demonstrating the possibility of rapid progress against this measure. In contrast, twelve local authorities saw a decrease in the proportion of people receiving a personal budget in 2011/12 and 2012/13. These local authorities can be found in Annex E¹⁴.

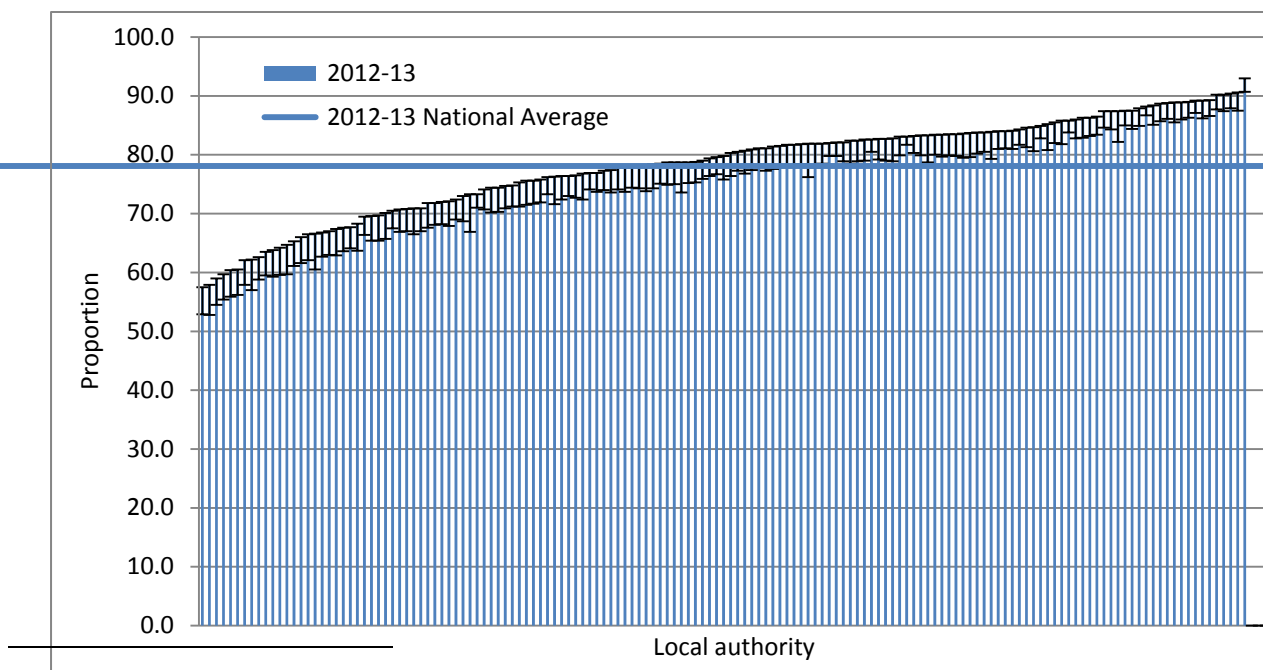
41. In Richmond upon Thames, Nottinghamshire and Islington the proportion of those receiving personal budgets was over 90%, however in Somerset and Swindon, personal budgets were provided to fewer than a quarter of people who receive community based services in their area¹⁵.

I feel safe and secure

42. 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, many of whom will be vulnerable, should feel safe and secure.

43. At the national level, in 2012/13 there has been a small but encouraging increase in the proportion of adult social care users who say that the services that they receive have made them feel safe and secure, from 75.5% in 2011/12 to 78.1% in 2012/13.

Figure 9: Proportion of people who used services that said that those services have made them feel safe and secure¹⁶, by local authority



¹⁴ Findings based on interim data, as published by the HSCIC in November

¹⁵ Findings based on interim data, as published by the HSCIC in November

¹⁶ The score for each local authority against this measure can be found at:

<http://www.hscic.gov.uk/catalogue/PUB12610>

44. However, performance continues to vary significantly between local areas. Figure 9 shows the proportion of people who said that their care and support has contributed to making them feel safe and secure, by local authority in 2012-13. There are a range of factors that are likely to impact on how safe and secure people feel, many of which will not be within the control of the local authority. However, the marked variation in this measure at a local level highlights the need for local enquiry into the causes of this, and, if necessary, further action.

Our vision for adult social care

45. The Care Bill will ensure that people's well-being, and the outcomes which matter most to them, will be at the heart of every decision they make. It will also provide a new focus on preventing and delaying needs for care and support, and takes a historic step for carers by putting them on the same footing as those they care for. In providing robust, nationally comparable information on the outcomes and experiences of local people, the ASCOF will be integral to both tracking progress in improvements of adult social care services, and continuing to reflect the direction for the future of adult social care.

The 2014/15 Adult Social Care Outcomes Framework

46. The ASCOF is kept under permanent review and is refreshed every year. The content of the framework is co-produced by the Department of Health, the Association of Directors of Adult Social Services (ADASS) and the Local Government Association (LGA). In reviewing and developing the framework, we continue to be mindful of the reporting burden placed on councils. This has been made explicit in the revised inclusion criteria for the ASCOF for 2014/15.
47. This section outlines how each of the four domains of the ASCOF have been updated for 2014/15. Further detail on the technical definitions of the measures will be made available in the Handbook of Definitions for 2014/15, which will be published in the spring.
48. Over the last year, the development of the ASCOF has taken place within the context of a new set of design principles for the framework, which reflect the changing role of local authorities in the care and support system. These new principles will ensure that the design and content of the framework continues to respond to the transformation of social care. These principles have been developed and agreed with local government and have resulted in some changes to the inclusion criteria for new measures in the framework. The changes are discussed in more detail below.
49. The ASCOF for 2013/14, published in November 2012, included a number of placeholders, which represented acknowledged gaps in its coverage due to the lack of an appropriate data source. Development of these placeholders has been a key focus over the last year, as have efforts to ensure that the ASCOF continues to support the Department's priorities and vision for adult social care, as set out in the Care and Support White Paper¹⁷ and the Care Bill¹⁸.

The zero-based review of adult social care data collections

50. Since November 2010, the Health and Social Care Information Centre (HSCIC) has led a 'zero-based review' (ZBR) of adult social care data collections from local authorities. The objective of the review was to ensure that the information we collect

¹⁷ Caring for our future: reforming care and support, published by the Department of Health in July 2012 (<https://www.gov.uk/government/publications/caring-for-our-future-reforming-care-and-support>)

¹⁸ Progress of the Care Bill can be seen at <http://services.parliament.uk/bills/2013-14/care.html>

nationally reflects the changing face of adult social care – keeping pace with the transformation of care towards more personalised, preventative forms of support. This review has actively supported the development of the ASCOF for 2014/15 and beyond.

51. In September 2012, the HSCIC announced the first set of changes to data collections as a result of the zero-based review¹⁹. This included a new safeguarding collection, for implementation in 2013/14, and changes to the existing Deprivation of Liberty Safeguards collection. In May 2013, the HSCIC announced the second set of changes – new collections for Finance and Short and Long-Term Support, both drawing on a new equalities and classification framework²⁰.
52. The implementation of the new data sets has supported the revision of existing ASCOF measure 1C (self-directed support and direct payments) for 2014/15, and also the implementation of a new reablement measure, 2D (the outcome of short-term services). These changes are outlined in further detail below.
53. The extent to which implementation of the proposals of the ZBR will further support the development of the ASCOF will continue to be explored with local government. This work is described in more detail under ‘Next Steps’.

The Care Bill

54. The Care Bill will ensure that each person receiving care and support is placed at the very centre of those services, at the heart of every decision that is made about them. It will ensure that there is a renewed focus on preventing or delaying people from needing care and support, rather than interventions only being made when someone reaches crisis point.
55. A key driver of the development of the ASCOF for 2014/15 has been to ensure that, as far as possible, it continues to support the Department’s priorities for social care, as set out in the Care Bill, which includes supporting people to maintain their independence and their connections to the community, and ensuring that everyone has control over the care they receive.

Alignment with the NHS and Public Health Outcomes Frameworks

56. The Department remains committed to improving alignment between the ASCOF and the Public Health and NHS Outcomes Frameworks, in recognition of the joint contribution of health and social care to improving outcomes. The three frameworks

¹⁹ <http://www.hscic.gov.uk/socialcarecollections2013>

²⁰ <http://www.hscic.gov.uk/socialcarecollections2013>

continue to contain a number of shared and complementary measures²¹, and for 2014/15, a new complementary measure of people's experience of integrated care is included in the ASCOF and the NHS Outcomes Framework. The Department also remains committed to pursuing the development of a population-based measure of loneliness for both the ASCOF and the Public Health Outcomes Framework, in recognition of the key role both adult social care services and public health services have to play in reducing loneliness.

Inclusion criteria for ASCOF measures

57. As outlined above, this year a new set of design principles were agreed between the Department and local government to guide the future development of the framework. These principles will help ensure that the ASCOF continues to support improvement in the outcomes and experiences of people who use care and support, and carers. A number of guiding principles have been agreed for the development of the 2014/15 ASCOF and beyond. These 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.

58. These guiding principles have meant some changes have been made to the inclusion criteria for the ASCOF for 2014/15. All measures have been tested against the following revised criteria, to assess their suitability for inclusion in the framework:

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

²¹ A measure is shared when the same measure appears in more than one framework. A measure is complementary when a similar measure, addressing the same issue, features in more than one of the frameworks.

- 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
- 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.

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 ** (NHSOF 2)

Outcome measures

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

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

New definition for 2014/15: 1C. Proportion of people using social care who receive self-directed support, and those receiving direct payments

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

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

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

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

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

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

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

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

Personalisation – measure 1C

59. The Department remains committed that everyone eligible for long-term, community-based care should be provided with a personal budget, preferably as a direct payment. In the future, the Care Bill sets out that everyone needing care and support will have a personal budget as part of their care and support plan, or support plan.

60. Last year, the Department committed to revise the definition of 1C, '*the proportion of people using social care who receive self-directed support, and those receiving direct payments*', in recognition that the current definition meant that its scope included some services and users of care and support for whom self-directed support may not be appropriate.

61. The revision to this measure was dependent on the implementation of the new Short and Long-Term Care (SALT) data collection, which was announced by the

HSCIC in May, and will be implemented by all local authorities for 2014/15²². This has enabled the changes to measure 1C for 2014/15, which were outlined in the 2013/14 ASCOF.

62. These changes will ensure that measure 1C better reflects the success of councils in delivering personalised care and support.

63. The changes to measure 1C for 2014/15 include:

- Limiting the scope of 1C to people who receive long-term support, for whom self-directed support is most relevant;
- Replacing the existing measure 1C with two measures: one which focuses on users, and another which focuses on carers, showing progress made on personalisation for users and carers separately;
- Each of these measures will have a sub-measure for users/carers in receipt of direct payments; and,
- The measure will be based on 'snapshot' rather than full-year data, to better reflect the progress made on personalisation at the end of the year.

64. The technical definition of measure 1C for 2014/15, including a worked example, will be published in the Handbook of Definitions in the spring.

Personal Outcomes

65. The Care and Support White Paper outlines the need to ensure that care and support services respond to people's needs and the personal outcomes they want to achieve. The consultation on the zero-based review included a proposal to test the feasibility of developing a national measure of just this - the proportion of people in receipt of long-term support who report that they have been able to achieve their personal goals. The responses to the consultation were broadly supportive of this proposal, but did highlight the challenges around the practicalities of capturing this information.

66. Earlier this year, the Department commissioned research by the Quality and Outcomes Research Unit²³ to identify:

- Whether developing a measure of personal goals would be achievable via a postal survey (on which survey-measures in the ASCOF rely); and,
- Whether the inclusion of a measure on personal outcomes in the ASCOF would add further value beyond the existing measures.

²² <http://www.hscic.gov.uk/socialcarecollections2015>

²³ <http://www.uhb.nhs.uk/quoru.htm>

67. This research identified, consistent with the findings of local authorities which have led work in this area, that it would be very challenging to capture this information via a postal survey. The research concluded that a longitudinal survey of clients, which would be most effective if delivered face-to-face, would be the most appropriate route for capturing this information. The researchers also concluded that it is possible that questions developed for this purpose would be similar to questions already included in the Adult Social Care Survey. In addition, further work would be required to establish whether a personal outcomes approach would yield different information to current measures in the framework.

68. The Department has therefore agreed with local government not to pursue a national measure of self-reported achievement of personal goals, in recognition of the significant challenges and resource requirements associated, and in the absence of assurance that the measure would add significant value to the framework.

69. Although a national measure will not be pursued at this time, local authorities may wish to consider the development of local measures, which support them to track progress in supporting people to achieve their personal goals. QORU's research has been published²⁴, and may be helpful to local authorities which are looking to develop a methodology to collect this type of information.

A population-based measure of loneliness

70. The Care and Support White Paper²⁵ committed to pursue the development of measures of loneliness and social isolation for inclusion in the ASCOF and Public Health Outcomes Framework (PHOF), in recognition of the clear link between loneliness and poor mental and physical health.

71. As a significant first-step towards achieving this, the 2013/14 ASCOF included a new measure of social isolation, shared with a placeholder in the PHOF. This measure remains in the ASCOF for 2014/15 and draws on self-reported levels of social contact as a measure of social isolation.

72. There are recognised limitations to this measure:

- This measure is of the users of adult social care services and carers only. However, the problems of loneliness and social isolation are not limited to these groups, and all parts of the health and care system have a role to play in preventing and reducing social isolation and loneliness in the broader

²⁴ <http://www.qoru.ac.uk/wp-content/uploads/2013/10/Personal-Outcomes-report-October-PSSRU.pdf>

²⁵ Caring for our future: reforming care and support, published by the Department of Health in July 2012 (<https://www.gov.uk/government/publications/caring-for-our-future-reforming-care-and-support>)

population; and,

- Social isolation can only be considered a proxy for loneliness.

73. Work has therefore been taken forward to develop a population-based measure of loneliness, for inclusion in both the PHOF and the ASCOF, and an assessment has been made of the survey vehicles available to capture information on people's reported experience of loneliness. Whilst it has not been possible to develop a new measure of loneliness for the 2014/15 framework, this work will continue over the next year, with a view to including a new measure in the ASCOF in the future.

74. This measure is proposed to be shared with the PHOF, in recognition that a council's public health services play a key role in improving outcomes in this area. However, it is also recognised that there are a number of other factors, many outside the control of local government, which may impact on a person's self-reported level of loneliness. The presentation of any new measure in the ASCOF would need to reflect this; for example it has been proposed that any new measure of population-based loneliness could sit as a sub-measure under the existing social isolation measure, 11.

Future developments

Identifying the impact of adult social care

75. 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. The overall quality of life measure brings together people's experience of eight outcomes related to social care into a single measure²⁶. This is a key high-level measure, which reflects the achievement of outcomes as reported by people who use services,

76. However, whilst this measure tells us about outcomes for social care users, it does not isolate the impact that care and support services have on those outcomes. The Department has commissioned research from the Quality and Outcomes of Person Centred Care Policy Research Unit²⁷ to identify whether there is a way in which we could isolate the impact of adult social care on people's reported quality of life. A number of local authorities are supporting this research, which at present is collecting information through interviews with users and carers. Analysis will be undertaken next year, with a final report in the autumn of 2014. If successful, this

²⁶ The ASCOT" (Adult Social Care Outcomes Toolkit) measure (1A) is designed to capture information about an individual's social care-related quality of life. The ASCOT is also the source for the questions in the Adult Social Care Survey. Users wishing to make commercial use of any of the ASCOT materials should contact the ASCOT team (ascot@kent.ac.uk), who will then be put into contact with Kent Innovation and Enterprise, as people need to register to use the ASCOT. Also see <http://www.pssru.ac.uk/ascot/>.

²⁷ <http://www.lse.ac.uk/LSEHealthAndSocialCare/aboutUs/PSSRU/home.aspx>

work may allow us to develop a new or additional measure for the ASCOF of the specific impact of adult social services on people's quality of life.

Social isolation

77. The calculation of the social isolation measure 1I will change from 2014/15.

Previously, this measure combined user survey data with the most recent value from the Carers Survey data (as the Carers Surveys is currently a biennial collection). However, from 2014/15, this measure will be calculated for carers and users separately, to increase the usefulness of this data locally. Further detail will be published in the Handbook of Definitions in the spring.

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 * (NHSOF 3.6i-ii)

New measure for 2014/15: 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 (NHSOF 2.6ii)**

78. The development of this domain has been dependent on the implementation of the zero-based review, as previously the placeholders in Domain Two reflected both the difficulty in articulating measures about reducing and delaying the need for care and support in the context of adult social care, but also the paucity of data available to support measures in this area. This area was a particular focus of the zero-based review. As a result, in 2013/14 a new measure on the success of short-term services was included in the framework, for implementation once the required data set was implemented as a result of the zero-based review.

Supporting recovery and regaining independence

79. Measure 2D, 'the outcome of short-term service: sequel to service', is a live measure in the ASCOF from 2014/15, following the announcement of the proposals of the ZBR, and implementation of the new SALT collection from 1 April 2014²⁸. This measure reflects the proportion of those people who received short-term services to maximise independence (often described as reablement or rehabilitation services) during the year, where no further request was made for on-going support.

²⁸ <http://www.hscic.gov.uk/socialcarecollections2013>

Since the aim of short-term services is to re-able people and promote their independence, this measure will provide evidence of a good outcome in delaying dependency or supporting recovery – short-term services that result in no further need for services. The detailed definition of measure 2D will be provided in the ASCOF Handbook of Definitions, which is due to be published in the spring.

80. 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 a new placeholder, 2E, on the effectiveness of reablement services.
81. 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.
82. The development of a survey of this type would be a considerable challenge, and the feasibility of this will be tested over the course of the next year. If implemented, such a survey would have new burdens, which would need to be minimised as far as possible, fully assessed and funded by the Department.
83. It is envisaged that the survey would be used to make an assessment of outcomes and the quality of short-term services received by service users. If implemented, Domain Two would be reviewed to identify whether it can be further strengthened with measures drawn from the survey.

Dementia

84. The Prime Minister's 'Challenge on Dementia', launched in March last year, set out a renewed ambition to secure greater improvements in care for people with Dementia²⁹. To reflect that improved outcomes for people with dementia is a top priority for the Department, a shared placeholder was therefore added to the

²⁹ <http://dementiachallenge.dh.gov.uk/>

ASCOF and the NHS Outcomes Framework in 2013/14. This placeholder signalled the intent of both frameworks to develop a measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life for people with Dementia. The inclusion of the placeholder in both frameworks reflected the paramount importance of this outcome across both adult social care and the NHS, and the need for integrated working locally.

85. The NHS Outcomes Framework has commissioned research to explore an approach for this measure, based on asking users via a face-to-face survey about their quality of life. This research will not be completed until next year and, if successful, further work will be required to identify whether this methodology would support robust comparisons at the local level.
86. Whilst this research is underway, further work has taken place to identify the range of outcomes we would expect for people with Dementia, and their carers, as a result of local authority services, with a view to pursuing the development of additional or alternative measures for the ASCOF. The work to date suggests an approach using a “bundle” of measures might be appropriate, which together will provide a picture of the success of adult social care services in improving outcomes for people with Dementia. It is likely that one or more of these would be a national-only measure.
87. Over the next year, development work will be taken forward on the following areas, alongside a review of further options and continued close working with the NHS OF:
 - Developing a sub-measure of 2A, ‘Permanent admissions to residential and nursing care homes’, for people with a primary support reason of ‘memory and cognition’, of which a large number will have dementia.
 - Developing a measure drawing on GP records, to establish what proportion of people with dementia live at home;
 - Report the NHS Outcomes Framework quality of life measure at a national level if a local measure cannot be developed; and
 - Drawing on the Carers Survey to report, at a national level, key outcomes for carers of people with dementia.
88. In recognition of the breadth of dementia measures being considered for inclusion in a future ASCOF, the placeholder 2F has now been classed as complementary with the NHS OF measure 2.6ii.

Future developments

89. Developing further measures of the effectiveness of preventative services remains a key priority for the ASCOF. The lack of measures in this area reflects the challenge of collecting information on the success of social care services in preventing/delaying people from requiring further care and support services.
90. A review of the type of preventative services offered by local authorities’ social care

services and the associated expected outcomes has taken place over the last year. Some of the outcomes identified are already measured in the ASCOF, for example improved quality of life and access to information, although these only cover those in receipt of care, as opposed to those people who have approached a local authority and are sign-posted towards other available sources of support. Two key areas have been earmarked for further development. These are:

- The number of people in receipt of services who are admitted to long-term support; and,
- Access to information and advice for all those that come into contact with social services – not just those in receipt of care.

91. It is recognised however, that there are a range of outcomes that preventative services aim to achieve, and whilst work will take place to develop measures in these proposed areas of focus, this won't exclude the scoping of further options in the development of the 2015/16 framework and beyond.

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 of carers with social services

New measure for 2014/15: 3E. Improving people's experience of integrated care ** (NHS OF 4.9)

Outcome measures

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

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

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

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

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

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

Integration

92. In response to findings of the NHS Future Forum that too often patients and users experience fragmented services, failures in communication and poor transitions between services, the Care and Support White Paper restated the Department's commitment to measure and understand people's experience of integrated care³⁰.

93. 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'³¹. In January 2013, the Department commissioned an options appraisal, which recommended that a set of new questions be developed and inserted into existing patient and service user surveys. Following this, work to identify and develop

³⁰ Caring for our future: reforming care and support, published by the Department of Health in July 2012 (<https://www.gov.uk/government/publications/caring-for-our-future-reforming-care-and-support>)

³¹ National Voices narrative: *A Narrative for Person-Centred Coordinated Care* (National Voices, 2013), available online at: <http://www.england.nhs.uk/wp-content/uploads/2013/05/nv-narrative-cc.pdf>.

appropriate questions was commissioned from the Picker Institute and the University of Oxford, which was conducted over the summer³². Eighteen questions were proposed as potential candidates for insertion into up to seven surveys³³.

94. The Department subsequently worked with a number of stakeholders, including local government and the Association of Directors of Adult Social Services, to shortlist questions that could support an ASCOF measure of integrated care. These questions will now undergo further cognitive testing as part of the Adult Social Care Survey (ASCS) and Carers Survey (CS). Depending on the outcome of this testing, the questions may undergo further refinement and change, and not all questions will necessarily be included in both the ASCS and CS.
95. This cognitive testing is scheduled to take place in the winter of 2013, and further work to agree the form a new ASCOF measure and the definition will take place in collaboration with local government early next year. This measure will be complementary with an NHSOF measure of integrated care. In principle, it has been agreed that, although there should be some commonality between the two measures, they need not be exactly the same. An update on the progress of this development will be included in the Handbook of Definitions in the spring, and the final definition of this measure will be included in the handbook in the autumn of 2014.
96. Whilst the work to develop a measure of integrated care is on-going, it is due for completion in time for the inclusion of new questions in the 2014/15 Adult Social Care Survey and Carers Survey. As such, the placeholder 3E on people's experience of integrated care has been replaced by a live measure for 2014/15.

Future developments

Information about services

97. The calculation of measure 3D, the proportion of people who use services and carers who find it easy to find information about services, will change from 2014/15. Previously, this measure combined user survey data with the most recent value from the Carers Survey data (as the Carers Survey is currently a biennial collection). However, from 2014/15, this measure will be calculated for carers and users separately, to increase the ease of interpretation of this measure and the usefulness of this data locally. Further detail will be published in the Handbook of Definitions in the spring.

³² This report is currently undergoing peer review and will be published shortly. Gibbons E, Graham C, King J, Walsh J, *Developing measures of people's self-reported experiences of integrated care*.

³³ GP Patient Survey, NHS Inpatients Survey, VOICES national bereavement survey, Community Mental Health survey, National Cancer survey, Personal social services carers survey and Personal social services adult social care survey.

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

Overarching measure

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

Outcome measures

Everyone enjoys physical safety and feels secure.

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

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

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

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

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

98. The Government's ambition is to prevent and reduce the risk of adults with care and support needs from experiencing abuse or neglect. The area of safeguarding therefore remains one of the core priorities of adult social care, and remains a key area of priority for the ASCOF. However, there are significant challenges associated with capturing this type of outcomes information.

99. 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.

100. The Health and Social Care Information Centre has since been commissioned by the Department to work with local government to develop a set of questions and a methodology for collecting this information. These questions will be developed and cognitively tested over the next few months, and the methodology will be piloted within a number of councils next year. If this pilot is successful, the ambition is for the collection to be rolled out nationally, and for this placeholder to become a live measure in the ASCOF.

101. In the first instance, it is proposed that any new collection will support a national-only measure in the ASCOF, as the sample size in some authorities is likely to be too small to enable robust comparison at local level. The Department is working with the HSCIC to identify ways in which the local results could be shared with councils, to provide them with as much information as possible to benchmark

their own performance and improve their safeguarding services. The survey would also provide an opportunity for local authorities to gather information to inform the improvement of services locally.

102. If you would like any further information on this work, or are a local authority who would like to be involved in the pilot of this measure, please contact:
safe.guarding1@hscic.gov.uk

Next steps

103. 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. 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 in delivering 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, including the changes which, subject to Parliamentary approval, will be provided for in the forthcoming 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 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.

Annex A – Adult Social Care Outcomes Framework 2014/15 – at a glance

Adult Social Care Outcomes Framework 2014/15

At a glance

<p>1 Enhancing quality of life for people with care and support needs</p> <p>Overarching measure</p> <p>1A. Social care-related quality of life ** (NHSOF 2)</p> <p>Outcome measures</p> <p>People manage their own support as much as they wish, so that are in control of what, how and when support is delivered to match their needs.</p> <p>1B. Proportion of people who use services who have control over their daily life</p> <p>New definition for 2014/15: 1C. Proportion of people using social care who receive self-decided support, and those receiving direct payments</p> <p>Carers can balance their caring roles and maintain their desired quality of life.</p> <p>1D. Caree-reported quality of life ** (NHSOF 2.4)</p> <p>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.</p> <p>1E. Proportion of adults with a learning disability in paid employment ** (PHOF 1.8, NHSOF 2.2)</p> <p>1F. Proportion of adults in contact with secondary mental health services in paid employment** (PHOF 1.8, NHSOF 2.5)</p> <p>1G. Proportion of adults with a learning disability who live in their own home or with their family* (PHOF 1.8)</p> <p>1H. Proportion of adults in contact with secondary mental health services living independently, with or without support * (PHOF 1.6)</p> <p>1I. Proportion of people who use services and their carers, who reported that they had as much social contact as they would like. * (PHOF 1.18)</p>	<p>2 Delaying and reducing the need for care and support</p> <p>Overarching measures</p> <p>2A. Permanent admissions to residential and nursing care homes, per 100,000 population</p> <p>Outcome measures</p> <p>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.</p> <p>Earlier diagnosis, intervention and rehabilitation means that people and their carers are less dependent on intensive services.</p> <p>2B. Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into rehabilitation services * (NHSOF 3.6-9)</p> <p>New measure for 2014/15: 2D. The outcomes of short-term services: sequel to service.</p> <p>Placeholder 2E: The effectiveness of reablement services</p> <p>When people develop care needs, the support they receive takes place in the most appropriate setting, and enables them to regain their independence.</p> <p>2C. Delayed transfers of care from hospital, and those which are attributable to adult social care</p> <p>Placeholder 2F: Dementia – A measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life** (NHSOF 2.6)</p>
<p>3 Ensuring that people have a positive experience of care and support</p> <p>Overarching measure</p> <p>People who use social care and their carers are satisfied with their experience of care and support services.</p> <p>3A. Overall satisfaction of people who use services with their care and support</p> <p>3B. Overall satisfaction of carers with social services</p> <p>New measure for 2014/15: 3E. Improving people's experience of integrated care ** (NHS OF 4.3)</p> <p>Outcome measures</p> <p>Carers feel that they are respected as equal partners throughout the care process.</p> <p>3C. The proportion of carers who report that they have been included or consulted in discussions about the person they care for</p> <p>People know what choices are available to them locally, what they are entitled to, and who to contact when they need help.</p> <p>3D. The proportion of people who use services and carers who find it easy to find information about support</p> <p>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.</p> <p>This information can be taken from the Adult Social Care Survey and used for analysis at the local level.</p>	<p>4 Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm</p> <p>Overarching measure</p> <p>4A. The proportion of people who use services who feel safe ** (PHOF 1.19)</p> <p>Outcome measures</p> <p>Everyone enjoys physical safety and feels secure.</p> <p>People are free from physical and emotional abuse, harassment, neglect and self-harm.</p> <p>People are protected as far as possible from avoidable harm, disease and injuries.</p> <p>People are supported to plan ahead and have the freedom to manage risks the way that they wish.</p> <p>4B. The proportion of people who use services who say that those services have made them feel safe and secure</p> <p>Placeholder 4C: Proportion of completed safeguarding referrals where people report they feel safe</p> <p>Aligning across the Health and Care System</p> <p>* Indicator shared</p> <p>** Indicator complementary</p> <p>Shared indicators: The same indicator is included in another outcomes framework, reflecting a shared role in making progress</p> <p>Complementary indicators: A similar indicator is included in another outcomes framework and these look at the same issue</p>

Annex B – NHS Outcomes Framework 2014/15 – at a glance

1	Preventing people from dying prematurely
Overarching indicators	<p>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</p>
Improvement areas	<p>Reducing premature mortality from the major causes of death 1.1 Under 75 mortality rate from cardiovascular disease (PHOF 4.4*) 1.2 Under 75 mortality rate from respiratory disease (PHOF 4.7*) 1.3 Under 75 mortality rate from liver disease (PHOF 4.6*) 1.4 Under 75 mortality rate from cancer (PHOF 4.5*) i One- and ii Five-year survival from all cancers iii One- and iv Five-year survival from breast, lung and colorectal cancer</p> <p>Reducing premature death in people with serious mental illness 1.5 Excess under 75 mortality rate in adults with serious mental illness (PHOF 4.9*)</p> <p>Reducing deaths in babies and young children 1.6 Infant mortality (PHOF 4.1*) ii Neonatal mortality and stillbirths iii Five year survival from all cancers in children</p> <p>Reducing premature death in people with a learning disability 1.7 Excess under 60 mortality rate in adults with a learning disability</p>

3	Helping people to recover from episodes of ill health or following injury
Overarching indicators	<p>3a Emergency admissions for acute conditions that should not usually require hospital admission 3b Emergency readmissions within 30 days of discharge from hospital (PHOF 4.11*)</p>
Improvement areas	<p>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</p> <p>Preventing lower respiratory tract infections (LRTI) in children from becoming serious 3.2 Emergency admissions for children with LRTI</p> <p>Improving recovery from injuries and trauma 3.3 Survival from major trauma</p> <p>Improving recovery from stroke 3.4 Proportion of stroke patients reporting an improvement in activity/lifestyle on the Modified Rankin Scale at 6 months</p> <p>Improving recovery from fragility fractures 3.5 Proportion of patients recovering to their previous levels of mobility/walking ability at 130 and ii 120 days</p> <p>Helping older people to recover their independence after illness or injury 3.6 Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation service (ASCOF ZB14) ii Proportion offered rehabilitation following discharge from acute or community hospital (ASCOF ZB21*)</p>

4	Ensuring that people have a positive experience of care
Overarching indicators	<p>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</p>
Improvement areas	<p>Improving people's experience of outpatient care 4.1 Patient experience of outpatient services</p> <p>Improving hospitals' responsiveness to personal needs 4.2 Responsiveness to in-patients' personal needs</p> <p>Improving people's experience of accident and emergency services 4.3 Patient experience of A&E services</p> <p>Improving access to primary care services 4.4 Access to i GP services and ii NHS dental services</p> <p>Improving women and their families' experience of maternity services 4.5 Women's experience of maternity services</p> <p>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</p> <p>Improving experience of healthcare for people with mental illness 4.7 Patient experience of community mental health services</p> <p>Improving children and young people's experience of healthcare 4.8 Children and young people's experience of outpatient services</p> <p>Improving people's experience of integrated care 4.9 People's experience of integrated care (ASCOF 3E**)</p>

2	Enhancing quality of life for people with long-term conditions
Overarching indicator	<p>2 Health-related quality of life for people with long-term conditions (ASCOF 1A**)</p>
Improvement areas	<p>Ensuring people feel supported to manage their condition 2.1 Proportion of people feeling supported to manage their condition</p> <p>Improving functional ability in people with long-term conditions 2.2 Employment of people with long-term conditions (ASCOF 1E** - PHOF 1.8*)</p> <p>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</p> <p>Enhancing quality of life for carers 2.4 Health-related quality of life for carers (ASCOF 1D**)</p> <p>Enhancing quality of life for people with mental illness 2.5 Employment of people with mental illness (ASCOF 1F** & PHOF 1.8**)</p> <p>Enhancing quality of life for people with dementia 2.6 Estimated diagnosis rate for people with dementia (PHOF 4.16*) ii A measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life (ASCOF 2F**)</p>

NHS Outcomes Framework 2014/15 at a glance

Alignment with Adult Social Care Outcomes Framework (ASCOF) and/or Public Health Outcomes Framework (PHOF)

* Indicator is shared
 ** Indicator is complementary

Indicators in italics are placeholders, pending development or identification

5	Treating and caring for people in a safe environment and protecting them from avoidable harm
Overarching indicators	<p>5a Patient safety incidents reported 5b Safety incidents involving severe harm or death 5c Hospital deaths attributable to problems in care</p>
Improvement areas	<p>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</p> <p>Improving the safety of maternity services 5.5 Admission of full-term babies to neonatal care</p> <p>Delivering safe care to children in acute settings 5.6 Incidence of harm to children due to 'failure to monitor'</p>

Annex C – Public Health Outcomes Framework 2014/15 – at a glance

Public Health Outcomes Framework 2013-2016

At a glance

Alignment across the Health and Care System
 * Indicator shared with the NHS Outcomes Framework
 ** Complementary to indicators in the NHS Outcomes Framework
 * Indicator shared with the Adult Social Care Outcomes Framework
 † Complementary to indicators in the Adult Social Care Outcomes Framework
 ‡ Indicators in italics are *placeholder, pending development or identification*

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

- Children in poverty
- School readiness
- Pupil absence
- First time entrants to the youth justice system
 - 16-18 year olds not in education, employment or training
- Adults with a learning disability / in contact with secondary mental health services who live in stable and appropriate accommodation* (ASCOF 1G and 1H)
- People in prison who have a mental illness or a significant mental illness
- Employment for those with long-term health conditions including adults with a learning disability or who are in contact with secondary mental health services* (i-NHSOF 2.2) ** (iii-ASCOF 1F)
- Sickness absence rate
- Killed and seriously injured casualties on England's roads
- Domestic abuse
- Violent crime (including sexual violence)
- Re-offending levels
- The percentage of the population affected by noise
- Statutory homelessness
- Utilisation of outdoor space for exercise / health reasons
- Fuel poverty
- Social isolation* (ASCOF 1I)
- Older people's perception of community safety** (ASCOF 4A)

2 Health improvement

Objective

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

Indicators

- Low birth weight of term babies
- Breastfeeding
- Smoking status at time of delivery
- Under 18 conceptions
- Child development at 2 - 2.1/2 years
- Excess weight in 4-5 and 10-11 year olds
- Hospital admissions caused by unintentional and deliberate injuries in under 18s
- Emotional well-being of looked after children
- Smoking prevalence – 15 year olds (Placeholder)
- Self-harm
- Diet
- Excess weight in adults
- Proportion of physically active and inactive adults
- Smoking prevalence – adults (over 18s)
- Successful completion of drug treatment
- People entering prison with substance dependence issues who are previously not known to community treatment
- Recorded diabetes
- Alcohol-related admissions to hospital
- Cancer diagnosed at stage 1 and 2
- Cancer screening coverage
- Access to non-cancer screening programmes
- Take up of the NHS Health Check programme – by those eligible
- Self-reported well-being
- 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

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

4

Healthcare public health and preventing premature mortality

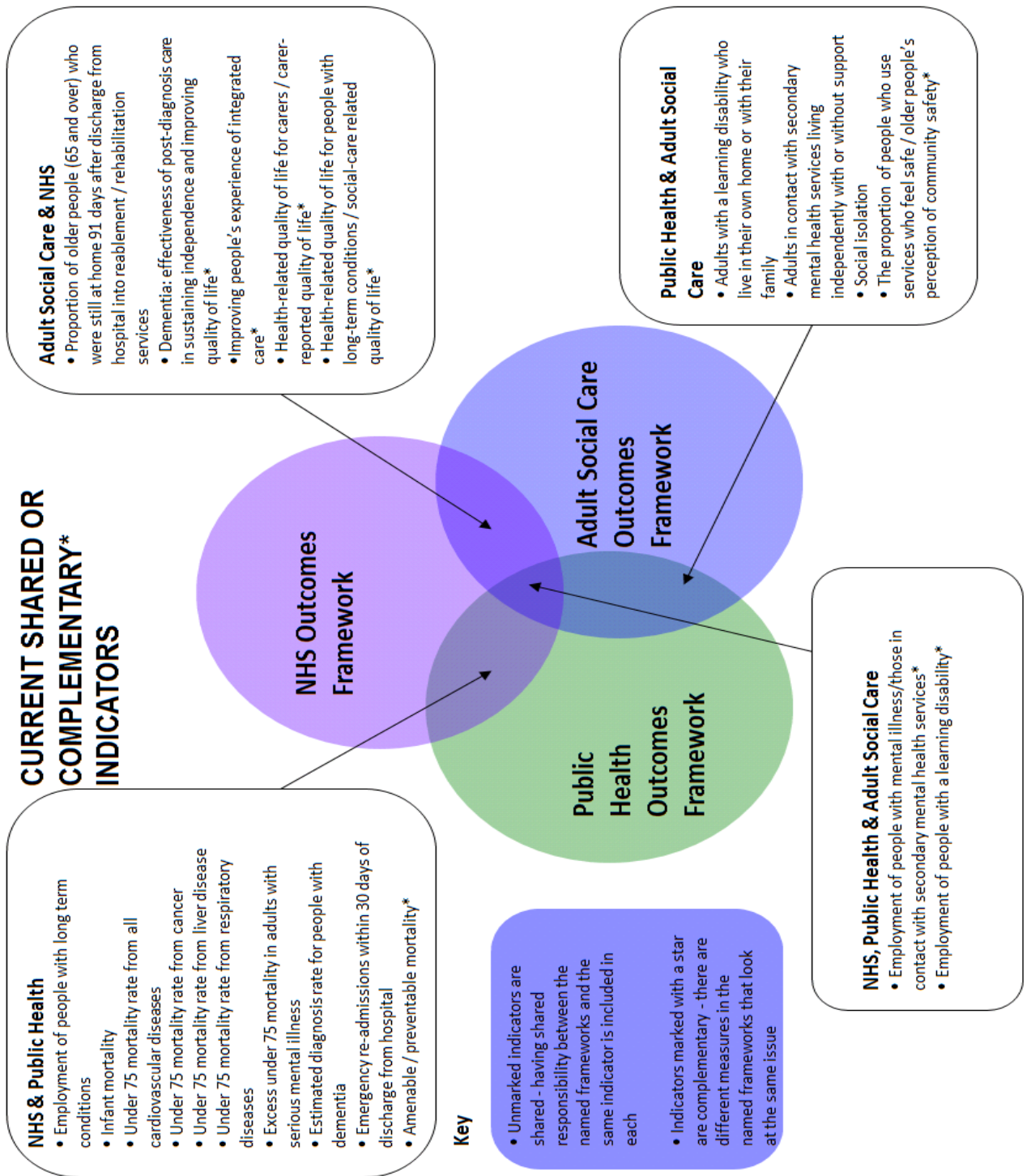
Objective

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

Indicators

- Infant mortality* (NHSOF 1.6f)
- Tooth decay in children aged 5
- Mortality rate from causes considered preventable ** (NHSOF 1c)
- Under 75 mortality rate from all cardiovascular diseases (including heart disease and stroke)* (NHSOF 1.1)
- Under 75 mortality rate from cancer* (NHSOF 1.4f)
- Under 75 mortality rate from liver disease* (NHSOF 1.3)
- Under 75 mortality rate from respiratory diseases* (NHSOF 1.2)
- Mortality rate from infectious and parasitic diseases
- Excess under 75 mortality rate in adults with serious mental illness* (NHSOF 1.5)
- Suicide rate
- Emergency readmissions within 30 days of discharge from hospital* (NHSOF 3b)
- Preventable sight loss
- Health-related quality of life for older people
- Hip fractures in people aged 65 and over
- Excess winter deaths
- Estimated diagnosis rate for people with dementia* (NHSOF 2.6f)

Annex D – Shared and complementary measures in the Health and Social Care Outcomes Frameworks



Annex E – Local authority outcomes

Figure 10: Table of twenty two 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 in in 2012/13³⁴.

Local authorities with a rate of over 90% of people at home 91 days later in 2012/13	
Barking and Dagenham	Medway Towns
Bradford	Milton Keynes
Camden	North East Lincolnshire
Darlington	North Lincolnshire
Derby	Northumberland
Derbyshire	Redcar and Cleveland
Ealing	Slough
Hackney	Tameside
Hounslow	Wandsworth
Islington	West Sussex
Lambeth	Wirral

Figure 11: Local authorities where the proportion of people receiving a personal budget increased by more than 30 percentage points between 2011-12 and 2012-13, and local authorities where the proportion of people receiving a personal budget decreased between 2011-12 and 2012-13³⁵.

Local authorities where the proportion of people receiving a personal budget increased by more than 30 percentage points between 2011-12 and 2012-13	Local authorities where the proportion of people receiving a personal budget decreased between 2011-12 and 2012-13
Derby	Barking and Dagenham
Dudley	Calderdale
Ealing	Cheshire East
Hampshire	Darlington
Hillingdon	Devon
Kent	Essex
Liverpool	Manchester
Newham	Milton Keynes
Sandwell	North Yorkshire
Shropshire	South Tyneside
	St. Helens
	York

³⁴ The score for each local authority against this measure can be found at: <http://www.hscic.gov.uk/catalogue/PUB12610>

³⁵ Findings based on interim data, as published by the HSCIC in November

