



# Social Care and Mental Health Indicators from the National Indicator Set – 2010-11 - Final Release

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# Executive Summary

This National Indicator Set (NIS) met the then government's commitment, as set out in the local government White Paper *Strong and Prosperous Communities*, to introduce a clear set of national outcomes and a single set of national indicators by which to measure them.

For the year 2010-11, the Health and Social Care Information Centre collected information on 8 of the indicators which relate to social care and mental health services.

The number of social care indicators has been reduced since NIS was introduced. Specifically, four social care indicators reported on in 2009-10 were removed from NIS for 2010-11:

- NI132 - Timeliness of social care assessment
- NI133 - Timeliness of social care packages following assessment
- NI128 – User-reported measure of dignity and respect in their treatment
- NI136 – People supported to live independently through social services

2010-11 is the last year of the NIS indicators and the Social Care and Mental Health indicators are being replaced by the Adult Social Care Outcomes Framework for 2011-12 onwards. NI125, NI127, NI130, NI145, NI146, NI149 and NI150 will appear in the new framework although there will be some small changes to the definitions.

The social care information provided at Council level for all councils with Adult Social Services responsibilities (CASSRs) in England and presented in this report is final and relates to the period April 2010 – March 2011. It supersedes the information published on 21 October 2011.

The mental health information in this report is supplied by NHS trusts providing specialist mental health services. This report includes final 2010-11 data for the two indicators (NI149 and NI150) that relate to people in contact with secondary Mental Health services. It is a copy of the data published on 21 October 2011 which was already final at the time of release

## Promoting Independence and choice

- NI 125 - The number of older people (aged 65 and over) discharged from hospital where there was the intention to return home was 36,610 of which 30,000 (82.0%) were still at home after 91 days, compared to 81.2 per cent in 2009-10. This percentage is lower for older clients; 78.6 per cent for those aged 85 and over compared to 87.2 per cent for those aged 65-74.
- NI 130 - 29.2 per cent of all adults and carers receiving CASSR funded services received them via self directed support, compared to 13.0 per cent in 2009-10. 37.2 per cent of carers who received services were given self directed support compared to 26.6 per cent of adults aged 18-64 and 28.9 per cent of those aged 65 and over.

## User Experience

- NI 127 - The average score for the Social Care Related Quality of Life in 2010-11 was 18.7 out of a maximum possible score of 24. NI 127 this year is a composite indicator calculated using a combination of questions in the Adult Social Care Survey which cover 8 different outcome domains relating to quality of life. It is not comparable with data for 2009-10.

## Carers' Services

- NI 135 - The total number of carers receiving a carer's specific service or advice and information as a percentage of clients receiving a community based service in the year is 28.3 per cent compared to 26.4 per cent in 2009-10. The corresponding value for carers of a service user aged 18-64 with a learning disability was 33.4 per cent compared to 18.3 per cent for carers of a service user aged 18-64 with a mental health problem.

## Promoting social inclusion

- NI 145 - 59.0 per cent of adults with learning disabilities aged 18-64 and known to Councils with Adult Social Services Responsibilities (CASSRs) were in settled accommodation at the time of their assessment or latest review compared to 60.6 per cent in 2009-10. The percentage of female adults with learning disabilities in settled accommodation (60.0%) was higher than for males (58.2%).
- NI 146 - 6.6 per cent of adults with learning disabilities aged 18-64 and known to Councils with Adult Social Services Responsibilities (CASSRs) were in paid employment at the time of their assessment or latest review compared to 6.4 per cent in 2009-10. The percentage of female adults with learning disabilities in paid employment (5.6%) was lower than for males (7.4%).
- NI 149 - 66.8 per cent of adults with mental health problems aged 18-69 in contact with secondary mental health services were known to be in settled accommodation at the time of their assessment or latest review.
- NI 150 - 9.5 per cent of adults with mental health problems aged 18-69 in contact with secondary mental health services were known to be in paid employment at the time of their assessment or latest review.

# Appendix A: Editorial Notes

## Introduction

The Health and Social Care Information Centre collects information on 8 of the indicators which relate to social care and mental health services.

The social care information provided at Council level for all councils with Adult Social Services responsibilities (CASSRs) in England and presented in this report is final and relates to the period April 2010 – March 2011. It supersedes the information published on 21 October 2011.

The mental health information in this report is supplied by NHS trusts providing specialist mental health services. This report includes final 2010-11 data for the two indicators (NI149 and NI150) that relate to people in contact with secondary Mental Health services. It is a copy of the data published on 21 October 2011 which was already final at the time of release.

2010-11 is the last year of the NIS indicators and the Social Care and Mental Health indicators are being replaced by the Adult Social Care Outcomes Framework<sup>1</sup>.

## Coverage

In 2010-11 not all councils were able to provide a full set of data for the social care indicator values and estimates have been made for those with missing data. The exception is NI 127 which is based on 149 councils as three councils did not complete the survey. The Isle of Scilly and City of London were exempt from the survey as the number of service users within their area who met the survey eligibility criteria was too small to guarantee statistically robust results, and Richmond upon Thames chose not to participate in this survey.

## Data Sources

Caution should be taken when comparing data historically as there have been a number of changes to the data sources as detailed in the section on notes to bear in mind when analysing the data.

### **Adult Social Care Combined Activity Return (ASC-CAR)**

The data in 2010-11 and 2009-10 for the numerators of NI 145 and NI 146 was collected over 12 months as opposed to 6 months and grossed up as in 2008-09. The number of discharges (NI 125) has been collected for a three month period (October to December 2010); this information has not been grossed up and is quoted within the report as reported by the councils for the 3 month period with a three month follow up period. In 2009-10 discharges over a 6 month period were included but the collection period for 2008-09 was also 3 months.

### **Referrals Assessments and Packages of Care Return (RAP)**

This collection has been collected since 2001, although the collection has undergone some changes during this period.

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<sup>1</sup> The definitions of the ASCOF measures can be seen on the DH website at:

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_131059](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131059)

The proformas used to collect the information that feeds into the indicator calculations are P2f, C2, SD1 and SD3. These proformas have undergone little change over the last two years and the most relevant recent changes are listed here:

- In 2009-10 the definition for Direct Payments in the P2s and P2f tables was expanded to include existing and new direct payments and personal budgets.
- In 2010-11 the definition for Direct Payments in the P2s and P2f tables reverted back to the 2008-09 definition as data on the Self Directed Support process was already collected on the SD forms which were introduced in 2009-10 to collect information on the number clients and carers receiving Self Directed Support. However, these changes to the P forms do not impact on the calculation of the National Indicators as the data source for NI 130 was changed to be SD1 and SD3.
- Revised Guidance on recording Information and advice within the “C Tables” (2008-09).
- Revised definition of Professional Support in the P Tables (2008-09)
- The recording of people in small homes and independent living as transferred from residential services in P1 to community based services (P2f and P2s) (2008-09).
- Due to new legislation, Section 31 arrangements (of the Health Act 1999) were referred to as Section 75 arrangements (of the NHS Act 2006).  
[http://www.opsi.gov.uk/acts/acts2006/ukpga\\_20060041\\_en\\_6#pt3-l1g75](http://www.opsi.gov.uk/acts/acts2006/ukpga_20060041_en_6#pt3-l1g75)

### **Adult Social Care Survey, England 2010-11 (UES)**

The population sample was defined as those people receiving services on 30 September 2010 who had the capacity to consent to take part in the survey. Care was taken to remove people who had died or moved away.

The Isle of Scilly and City of London were exempt from the survey as the number of service users within their area who met the eligibility criteria was too small to produce statistically significant responses. Richmond-upon-Thames decided to not take part in the survey.

61,115 out of a sample of 150,860 recipients of care and social care services responded to the survey which is a response rate of 41 per cent.

### **Mental Health Minimum Dataset (MHMDS)**

The Mental Health Minimum Dataset is a record level dataset covering, at present, specialist NHS mental health services for working age adults and people over the age of 65. Although it includes information from medium secure services it does not include information from the three high security hospitals. MHMDS is currently submitted by 68 NHS and 3 Independent Sector mental health providers.

The MHMDS is unique in so far as it covers not only services provided in hospitals, but also in outpatient clinics and in the community, where the majority of people in contact with these services are treated. It draws together information from providers' patient administration systems (PAS), from records of uses of the Mental Health Act and from Care Programme Approach records systems and assembles them into a single patient record for each reporting period.

The scope of the MHMDS return is wider than the client group for NI 149 and NI 150 because the indicators only cover people aged from 18-69 and the definition requires that only those on Care Programme Approach should be included.





## Notes to bear in mind when analysing the data

NI125 – For 2008-09 the collection of the denominator was a three month period (1st October 2008 to 31st December 2008) with a three month follow-up for the numerator. In 2009-10, the collection of the denominator is over a six month period (1 July 2009 to 31 December 2009) with follow up for the numerator from October 2009 to March 2010; in 2010-11 this changed back to the 2008-09 definition.

NI127 - This survey was conducted for the first time in 2010-11<sup>2</sup> and the format of the indicator calculation is different to 2009-10. Therefore the indicator value for 2010-11 is not comparable with 2009-10. Sampling variation needs to be taken into account when analysing these indicator values as they are only based on a random sample of service users receiving services.

NI130 - In 2009-10 the definition of this indicator expanded to include those clients and carers receiving self a direct payment and/or a personal budget. Therefore, the indicator value for 2008-09 is not directly comparable with later years.

NI135 - The guidance regarding Carers' Services was revised in 2008-09 and so caution should be taken when comparing this indicator over time. The definition of Information and advice has been tightened. A "package of information and advice" must be provided to the carer - the information and advice given must be **person centred** and **specifically tailored** to the individual needs of the carer. A "package of information and advice" could comprise a number of leaflets and telephone numbers provided **in response to an individual carer's particular needs**. Provision of telephone numbers or distribution of one or more leaflets **indiscriminately** cannot be counted as Information and Advice as the RAP return is aiming to build up a picture of what is provided to clients and carers in response to an assessment of their individual needs.

NI145 - The information for the numerator was collected for the full year in 2009-10 and 2010-11. Therefore, data for 2009-10 and 2010-11 will be more robust than in 2008-09 when information for the numerator was only collected for the second half of the year and then doubled to represent the full year. This did not take into account any seasonal trends and differing local practices. Councils whose numerator then exceeded the denominator had the indicator value capped at 100 per cent in 2008-09.

NI146 - The information for the numerator was collected for the full year in 2009-10 and 2010-11. Therefore, data for 2009-10 and 2010-11 will be more robust than in 2008-09 when information for the numerator was only collected for the second half of the year and then doubled to represent the full year. This did not take into account any seasonal trends and differing local practices. Councils whose numerator then exceeded the denominator had the indicator value capped at 100 per cent in 2008-09.

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<sup>2</sup> The publication of the results from the 2010-11 survey can be found at [www.ic.nhs.uk/pubs/adultsocialcaresurvey1011](http://www.ic.nhs.uk/pubs/adultsocialcaresurvey1011)

NI149 and NI150 – Historical comparison with the data should be treated with caution because of data quality issues and the addition of Independent Sector Provider data from 2010-11, as explained in the data quality section of this report.

## Indicator Definitions

The then Secretary of State for Communities and Local Government announced a new set of national indicators for English local authorities and local authority partnerships. The Health and Social Care Information Centre collects information on 8 of the indicators which relate to social services and the care packages provided, and mental health services. The definitions for the 8 indicators are provided below.

**NI 125:** Achieving independence for older people through re-enablement, rehabilitation and intermediate care

This is the proportion of older people aged 65 and over discharged from hospital to their own home or to a residential or nursing care home or extra care housing bed for rehabilitation, with a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting) who are at home or in extra care housing or an adult placement scheme setting three months after the date of their discharge from hospital. Those who are in hospital or in a registered care home (other than for a brief episode of respite care from which they are expected to return home) at the three month date and those who have died within the three months are not reported in the numerator. 3 months is defined as 91 days. In 2008-09 the collection of the denominator was over a three month period with a three month follow-up for the numerator. In 2009-10, the collection of the denominator was over a six month period, with the collection of the numerator beginning three months in. To reduce the burden of collection, in 2010-11 the collection of the denominator reverted to being over a three month period as in 2008-09.

**Numerator Source:** ASC-CAR Table I1 row 1, column 9 (Overall total)

**Denominator Source:** ASC-CAR Table I1 row 2, column 9 (Overall total)

## NI 127: Self reported experience of social care users

This is based on answers to a combination of questions in the Adult Social Care Survey which cover 8 different domains which are related to quality of life. These questions and the domain they cover are shown in the following table:

Qn	Question	Domain
3	Which of the following statements best describes how much control you have over your daily life?	Control
4	Thinking about your personal care, by which we mean being clean and presentable in appearance, which of the following statements best describes your situation?	Personal Care
5	Thinking about the food and drink you get, which of the following statements best describes your situation?	Food
6	Which of the following statements best describes how clean and comfortable your home is?	Accommodation
7	Which of the following statements best describes how safe you feel?	Personal Safety
8	Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?	Social Life
9	Which of the following statements best describes how you spend your time?	Occupation
11	Thinking about the <u>way you are helped and treated</u> , and how that makes you think and feel about yourself, which of these statements best describes your situation?	Dignity

### Numerator

Each respondent is assigned a score based on their answers to questions 3 to 9 and 11. Each of the questions has four answers which are equated with having either no needs in a specific life area or domain, having no needs with help, having low level needs or high level needs. The scores are assigned as follows:

- High needs (the last answer option for each question) = 0
- Low level needs (3<sup>rd</sup> answer option) = 1
- No needs with help (2<sup>nd</sup> answer option) = 2
- No needs (1<sup>st</sup> answer option) = 3

The numerator is then a sum of the scores for all respondents who have answered questions 3 to 9 and 11.

Those respondents who were sent an LD questionnaire will be treated in the same way as the LD questionnaire has been designed to be equivalent to the non-LD version.

### Denominator

The number of respondents who answered all the questions 3 to 9 and 11.

### Exclusions

Any respondents who failed to answer all the questions 3 to 9 and 11 are excluded from the calculation of the indicator. For example, a respondent who answered questions 3 to 8 and 11 but did not answer Q9 will be excluded from the indicator calculation.

### **NI 130:** Social care clients receiving self directed support

Number of adults (aged 18 or over), older people and carers (aged 16 or over but caring for an adult aged 18 or over) receiving self-directed support in the year to 31st March as a percentage of clients (aged 18 or over) receiving community based services and carers receiving carer's specific services aged 18 or over. To be counted, the person (adult, older person or carer) must: be getting a direct payment; or have in place another form of personal budget.

#### **Numerator Source:**

RAP: Table SD1, Page 1, line 10 (Total 18 and over), column 5 (total) & RAP Table SD3, Page 1, line 6, column 5

#### **Denominator Source:**

RAP: Table P2f, page 1, line 11, column 1 & RAP: Table P2f, page 3, line 11, column 1 & RAP: Table C2, page 1, line 5, column 1

### **NI 135:** Carers receiving needs assessment or review and a specific carer's service, or advice and information

The number of carers whose needs were assessed or reviewed by the council in a year who received a specific carer's service, or advice and information in the same year as a percentage of people receiving a community based service in the year.

**Numerator Source:** RAP, Table C2, Page 1, line 5, column 1 + 2

**Denominator Source:** RAP, Table P2f, Pages 1 + 3, line 11, column 1

### **NI 145:** Adults with learning disabilities in settled accommodation

The percentage of adults with learning disabilities known to Councils with Adult Social Services Responsibilities (CASSRs) in settled accommodation at the time of their assessment or latest review. Adults with learning disabilities known to CASSRs are those Learning disabled clients aged 18-64 who are assessed or reviewed in the financial year and who have received a service, as well as those who are assessed and/or reviewed but who have not received a service. Settled accommodation is deemed to be accommodation arrangements where the occupier has security of tenure/residence in their usual accommodation in the medium- to long-term, or is part of a household whose head holds such security of tenure/residence.

In 2009-10 and 2010-11 information has been collected for a full year and so no grossing up is required.

For 2008-09 information for the numerator was collected in the later 6 months of the year and then doubled to produce a proxy for the full year of data. It was accepted that doubling the numerator is an approximate way of trying to arrive at a figure for a full year. Councils have generally collected information on accommodation when the client is reviewed and therefore any seasonal pattern in reviews, for example a concentration in the latter part of the financial year, would impact on the indicator. Due to the fact that practices would differ at the local level a decision was taken to double the numerator for all councils as a consistent approach. The indicator in 2008-09 was capped at 100 per cent as doubling the value provided by councils may exceed the denominator due to the points raised above.

The capped numerator was used to calculate the England regional and council type indicators to remove inflation of the indicator at these levels.

**Numerator Source:** ASC-CAR L2: Line 21 (total rows 12-20), column 3 (overall total).

**Denominator Source:** ASC-CAR L2: Line 22 (total known to council), column 3 (overall total).

#### **NI 146:** Adults with learning disabilities in employment

The percentage of adults with learning disabilities known to Councils with Adult Social Services Responsibilities (CASSRs) in paid employment at the time of their assessment or latest review. Adults with learning disabilities known to CASSRs are those Learning disabled clients aged 18-64 who are assessed or reviewed in the financial year and who have received a service, as well as those who are assessed and/or reviewed but who have not received a service.

In 2009-10 and 2010-11 information has been collected for a full year and so no grossing up is required.

For 2008-09 information for the numerator was collected in the later 6 months of the year and then doubled to produce a proxy for the full year of data. It was accepted that doubling the numerator was an approximate way of trying to arrive at a figure for a full year. Councils have generally collected information on employment status when the client is reviewed and therefore any seasonal pattern in reviews, for example a concentration in the latter part of the financial year, would impact on the indicator. In addition, employment itself has a seasonal pattern which again was not adjusted for. Due to the fact that practices would differ at the local level a decision was taken to double the numerator for all councils as a consistent approach. The indicator in 2008-09 was capped at 100 per cent as doubling the value provided by councils may exceed the denominator due to the points raised above. The capped numerator was used to calculate the England regional and council type indicators to remove inflation of the indicator at these levels.

**Numerator Source:** ASC-CAR L1: Line 6 (total rows 1-5), column 9 (overall total)

**Denominator Source:** ASC-CAR L1: Line 9 (total known), column 9 (overall total)

#### **NI 149:** Adults receiving secondary mental health services in settled accommodation

The percentage of adults aged 18-69 receiving secondary mental health services and on the Care Programme Approach who were in settled accommodation at the time of their most recent assessment, formal review or other multi-disciplinary care planning meeting.

**Numerator Source:** MHMDS

**Denominator Source:** MHMDS

MHMDS is a record level dataset and includes a variety of demographic details in each patient record. The Local Authority used for the council level indicators was derived from the patient's Electoral Ward of usual address, which is derived from the patient's postcode as part of standard processing of MHMDS submissions.

**NI 150:** Adults receiving secondary mental health services in employment

The percentage of adults aged 18-69 receiving secondary mental health services and on the Care Programme Approach in paid employment at the time of their most recent assessment, formal review or other multi-disciplinary care planning meeting.

**Numerator Source:** MHMDS

**Denominator Source:** MHMDS

MHMDS is a record level dataset and includes a variety of demographic details in each patient record. The Local Authority used for the council level indicators was derived from the patient's Electoral Ward of usual address, which is derived from the patient's postcode as part of standard processing of MHMDS submissions.

# Appendix B: Data Quality

## Relevance, the degree to which the statistical product meets the user needs in both Coverage and Content

On 13 October 2010, the Department for Communities and Local Government (DCLG) announced the replacement of the NIS with a single, comprehensive list of all the data local government is expected to provide to central Government from April 2011<sup>3</sup>.

From 1 April 2011, a new set of outcome measures were introduced as part of the Adult Social Care Outcomes Framework (ASCOF)<sup>4</sup>. NI125, NI127, NI130, NI145, NI146, NI149 and NI150 will appear in the new framework although there will be some small changes to the definitions. The definitions of the ASCOF measures can be seen on the DH website at: [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_131059](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131059)

## Accuracy

The data used in the social care indicators has undergone validation both at source as the data are provided and once the data are received at the HSCIC. These validations look at consistency within the submitted data, eg. components add to totals, and figures on different tables match where they should, and also look at how the data compares to the previous year and any large differences are flagged.

More information on the guidance provided to councils for completion of the data collections can be found at

<http://www.ic.nhs.uk/services/social-care/social-care-collections/collections-2011>

In 2010-11 not all councils were able to provide a full set of data for the social care indicator values and estimates have been made for those with missing data. The exception is NI 127 which is based on 149 councils as three councils did not complete the survey. The Isle of Scilly and City of London were exempt from the survey as the number of service users within their area who met the survey eligibility criteria was too small to guarantee statistically robust results, and Richmond upon Thames chose not to participate in this survey.

The source for NI 127 is the Adult Social Care Survey. Surveys produce statistics that are estimates of the real figure for the whole population which would only be known if the entire population was surveyed. Therefore estimates from the sample surveys are always surrounded by a confidence interval which assesses the level of uncertainty caused by only surveying a sample of service users. The 95 per cent confidence interval has also been

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<sup>3</sup> <http://www.communities.gov.uk/statements/corporate/localgovaccountability>

<sup>4</sup> [http://www.dh.gov.uk/en/MediaCentre/Pressreleases/DH\\_125755](http://www.dh.gov.uk/en/MediaCentre/Pressreleases/DH_125755) and [http://www.dh.gov.uk/en/Consultations/Responsestoconsultations/DH\\_125464](http://www.dh.gov.uk/en/Consultations/Responsestoconsultations/DH_125464)

given in the annexes, this gives the range in which you would expect the true indicator value to fall 95 times if 100 samples were selected. The overall estimate for England for NI 127 is 18.7 which has a 95 per cent confidence interval of 0.04.

New data items to record the settled accommodation status and employment status of people on CPA were added to the established MHMDS return in 2008-09 for the first time and it has taken time for providers to update systems and flow this data comprehensively. So whilst the information for the denominator covers the relevant population, the numerator data has been affected by data quality issues. As of 2010-11 75 per cent of records contain a valid entry for accommodation and employment.

2010-11 is the first MHMDS annual return to include a small number of independent mental health care providers; it is expected that this number will increase over time and initially this will have only a minor affect on the NI149 and NI150 indicator values.

## Coherence and Comparability

As part of the data collection process, councils provide feedback on data quality and reasons for changes from the previous year.

Please see the section “Notes to bear in mind when analysing the data” in the editorial notes section of this report for more detailed information on the changes to the definitions for each of the indicators.

### Changes to Data Collection periods

In 2008-09 the number of people with learning disabilities in settled accommodation and employment was only collected for the second half of the year and then doubled to represent a full year although this did not take into account any seasonal trends or differing local practices; for 2009-10 and 2010-11 data for NI 145 and 146 was collected over the whole year.

In 2008-09 people discharged from hospital over a 3 month period were tracked to see if they were still at home three months later for NI 125; in 2009-10 the collection period was increased to track those discharged from hospital over a 6 month period. However, this proved to be burdensome for councils, so in 2010-11 the collection period was again reduced to only track people discharged over a 3 month period.

### Other Changes to the data for 2010-11

The data source for NI 127 is the Personal Social Services Adult Social Care Survey, which was run for the first time in 2010-11. NI 127 this year is a composite indicator calculated using a combination of questions in the Adult Social Care Survey which cover 8 different outcome domains relating to quality of life. It will not be comparable with data for 2009-10.

### Historic issues around mental health indicators (NI149 and 150)



Information on accommodation and employment was collected for the first time in 2008-09 and many organisations had problems collecting the information for all eligible patients in contact with services during the year. For example approximately 27 per cent of people had usable accommodation or employment information recorded in 2008-2009 when the NI149 and NI150 values were 21.3 and 3.9 respectively. In 2009-10, coverage increased to approximately 65 per cent of people having usable accommodation or employment information and the indicator values also increased to 58.7 and 7.9 respectively. In 2010-11 coverage has increased further to 75 per cent and the indicator values are 66.8 and 9.5. This means that the numerator values for NI 149 and 150 for individual organisations are affected to varying degrees by data quality issues and the indicator values should be treated with caution when making comparisons.

There are no known alternative sources of data with which to compare.

### **Timeliness and Punctuality**

The data relate to the financial year 2010-11 and therefore the lag from the end of the financial year is 12 months although provisional data was published on 21 October 2011.

### **Accessibility and Clarity**

There are no restrictions to access to the published data. Small numbers of 5 or less (and indicators based on small numbers) have been suppressed.

Metadata is available in the tab entitled "NIS Descriptions" on the publication page [www.ic.nhs.uk/pubs/finalsocmhi1011](http://www.ic.nhs.uk/pubs/finalsocmhi1011)

### **Assessment of user Needs and Perceptions**

User feedback on the format and content of the Social Care and Mental Health Indicators from the National Indicator Set 2010-11 report is invited; a web form is available to submit comments at the bottom of the publication webpage:

[www.ic.nhs.uk/pubs/finalsocmhi1011](http://www.ic.nhs.uk/pubs/finalsocmhi1011)

Proposed changes to this report formed part of a wider consultation on National Adult Social Care Data Developments<sup>5</sup> that took place over the summer of 2011. As a result of this consultation process it was agreed that a full written report with analysis and commentary would not be produced for the final year of this publication, but that council level data would still be provided via a spreadsheet publication and NASCIS for raw and final data, and this would be accompanied by a 'key facts' executive summary for the National Indicators remaining for 2010-11. No objections were received.

The Social Care Collections are developed by the Adult Review Group and the Social Services User Survey Group which is attended by HSCIC, Department of Health (DH), Care Quality Commission (CQC), independent representatives with an active interest in the subject and CASSR performance and information managers as well as researchers from PSSRU and local councils.

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<sup>5</sup> This consultation can be found at: <http://www.ic.nhs.uk/services/social-care/news-and-events/consultation-on-national-adult-social-care-data-developments>

The 2010-11 collections were approved by the Strategic Improving Information Programme board (SIIP). This group is jointly co-chaired by DH and the Association of Directors of Adult Social Services (ADASS) and contains representatives from HSCIC, CQC and LGA. Since signing off the 2010-11 collections SIIP has now become the Outcomes and Information Development Board (OIDB).

HSCIC social care returns are currently subject to a Zero Based Review, where the data requirements and needs of our stakeholders and customers are sought to shape future data collections. We expect to issue a consultation on these plans in around May 2012. More information about the review can be seen at:

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

## **Performance, Cost and respondent Burden**

A compliance cost survey was undertaken in 2009-10 for the social care collections, including the three sources for this publication.

This estimated the costs to councils of completing the RAP and ASC-CAR to be £1,010k. The costs to the HSCIC of collecting, validating and disseminating the data are estimated to be £215k.

The cost of collecting the annual Mental Health Minimum Dataset which is used to populate NI149 and 150 is estimated by Review Of Central Returns (ROCR) at £55,300.

No estimates of the cost involved in completing the 2010-11 Adult Social Care Survey are yet available as it is being run for the first time. However the cost of completing the survey is currently being collected and will be reported on at a later date.

It must be borne in mind that only a few data items within the collections and dataset feed into the indicators.

## **Confidentiality, Transparency and Security**

The data contained in this publication are Official Statistics. The code of practice for official statistics is adhered to from collecting the data to publishing.

<http://www.statisticsauthority.gov.uk/national-statistician/guidance/index.html>

Please see links below to the HSCIC relevant policies.

Statistical Governance Policy

<http://www.ic.nhs.uk/webfiles/publications/Statistical%20Governance%20Policy.pdf>

Freedom of Information Process

[http://www.ic.nhs.uk/webfiles/DataProtection/publication%20scheme/FOI\\_Process\\_v1\\_0.pdf](http://www.ic.nhs.uk/webfiles/DataProtection/publication%20scheme/FOI_Process_v1_0.pdf)

Data Access and Information Sharing policy

[http://www.ic.nhs.uk/webfiles/DataProtection/publication%20scheme/NHSIC\\_Data\\_Access\\_Information\\_Sharing\\_Policy.pdf](http://www.ic.nhs.uk/webfiles/DataProtection/publication%20scheme/NHSIC_Data_Access_Information_Sharing_Policy.pdf)

Small Numbers Procedure

[http://www.ic.nhs.uk/webfiles/DataProtection/publication%20scheme/NHSIC\\_Small\\_Numbers\\_Procedure.pdf](http://www.ic.nhs.uk/webfiles/DataProtection/publication%20scheme/NHSIC_Small_Numbers_Procedure.pdf)

# Appendix C: How are the statistics used? Users and Uses of the Report

## Uses of Statistics by Known Users

This section contains comments based on responses from the users listed. All these users have found the information in the report useful for the purposes set out.

### Department of Health

- Inform policy monitoring.
- Speeches and briefings for Ministers and senior officials.
- PQs and Prime Minister's Questions.
- Media Enquiries and other correspondence.
- NHS Performance Framework (Quarterly MHMDS NI149 and NI150)

### Councils with Adult Social Services Responsibilities

Different councils will use the survey in different ways but there will be some commonality between them. Ways in which councils may use the report will include:

- Benchmarking against other councils.
- Measuring/monitoring local performance.
- Policy development.
- Service development, planning and improvement.
- Management information, local reporting, accountability.
- Informing business cases.
- Identifying any immediate priorities/areas for concern.

### Department of Work and Pensions

Opportunity Age was published in 2005 with the aim to end the perception of older people as dependent. Thirty-three indicators were used to monitor older people's well-being and independence, with the aim of measuring improvements in overall quality of life.

The latest publication of this was in January 2009 and can be found by following this link: <http://www.dwp.gov.uk/docs/indicators-update-2008.pdf>

### Unknown Users

The survey report is free to access via the HSCIC website and therefore the majority of users will access the report without being known to the HSCIC. Therefore it is important to put mechanisms in place to try to understand how these additional users are using the statistics and also to gain feedback on how we can make the data more useful to them. On the webpage where the report is surfaced there is a link to a feedback webform which the HSCIC uses for all its reports. The specific questions asked on the form are:

- How useful did you find the content in this publication?
- How did you find out about this publication?
- What type of organisation do you work for?
- What did you use the report for? What information was the most useful? Were you happy with the data quality?
- To help us improve our publications, what changes would you like to see (for instance content or timing)?

- Would you like to take part in future consultations on our publications?

Any responses via this webform are passed to the team responsible for the report to consider.

## Appendix D: Related Publications

This report forms part of a suite of statistical reports. Other reports cover information on the wider scope of activity and social services provided for Adults by CASSRs and people in contact with NHS specialist mental health services. All reports will become available on the Health and Social Care Information Centre website.

Comments on this report would be welcomed. Any questions concerning any data in this publication, or requests for further information, should be addressed to:

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Telephone: 0845 300 6016

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This publication can be downloaded from the Health and Social Care Information Centre website at:

[www.ic.nhs.uk/pubs/finalsocmhi1011](http://www.ic.nhs.uk/pubs/finalsocmhi1011)

National Indicator Set publications for previous years can be downloaded from the HSCIC website at:

<http://www.ic.nhs.uk/statistics-and-data-collections/social-care/adult-social-care-information>

“Social Care and Mental Health indicators from the National Indicator Set –2009-10 Final release” which is available at [www.ic.nhs.uk/pubs/socmhi09-10](http://www.ic.nhs.uk/pubs/socmhi09-10)

Publications relating to social care activity, finance, staffing, and user experience surveys for adults can be downloaded from the HSCIC website at:

<http://www.ic.nhs.uk/statistics-and-data-collections/social-care/adult-social-care-information>

**Below is a list of links to specific Social Care reports:**

*“Community Care Statistics: Social Services Activity, England, 2010-11”* which is available at [www.ic.nhs.uk/pubs/finalcarestats1011ssa](http://www.ic.nhs.uk/pubs/finalcarestats1011ssa)

*“Personal Social Services: Expenditure and Unit Costs, England, 2010-11 – Final Council Data [NS]”* which is available at [www.ic.nhs.uk/pubs/pssexpcosts1011](http://www.ic.nhs.uk/pubs/pssexpcosts1011)

*“Registered Blind and Partially Sighted People Year ending 31 March 2011, England”* which is available at: [www.ic.nhs.uk/pubs/blindpartiallysighted11](http://www.ic.nhs.uk/pubs/blindpartiallysighted11)

*“People Registered Deaf or Hard of hearing – Year ending March 31 2010, in England”* which is available at [www.ic.nhs.uk/pubs/regdeaf10](http://www.ic.nhs.uk/pubs/regdeaf10)

*“Community Care Statistics 2010-11: Grant Funded Services (GFS1) Report - England”* which is available at <http://www.ic.nhs.uk/pubs/carestats1011gfs>

*“Personal Social Services Staff of Social Services Departments at 30 September 2011, England. [NS]”* which is available at [www.ic.nhs.uk/pubs/psstaffsept11](http://www.ic.nhs.uk/pubs/psstaffsept11)

*“Personal Social Services Adult Social Care Survey, England 2010-11 Final Report”* which is available at [www.ic.nhs.uk/pubs/adultsocialcaresurvey1011](http://www.ic.nhs.uk/pubs/adultsocialcaresurvey1011)

*“Abuse of Vulnerable Adults in England 2010-11: Experimental Statistics, Final Report”* which is available at [www.ic.nhs.uk/pubs/abuseva1011](http://www.ic.nhs.uk/pubs/abuseva1011)

**Below is a list of links to specific Mental Health reports:**

*“Mental Health Bulletin - Fifth report from Mental Health Minimum Dataset (MHMDS) annual returns, 2011”* which is available at <http://www.ic.nhs.uk/pubs/mhbmhmds11>

*“MHMDS Organisation level data quality reports”* which are available at <http://www.ic.nhs.uk/services/mhmds/dq>

*“Routine Quarterly MHMDS Reports”* which are available at <http://www.ic.nhs.uk/services/mhmds/quarterly>

*“Adult Psychiatric Morbidity in England, 2007: results of a household survey”* which is available at [www.ic.nhs.uk/pubs/psychiatricmorbidity07](http://www.ic.nhs.uk/pubs/psychiatricmorbidity07)

**Data for child services**

Information on social care for children is available at

<http://www.education.gov.uk/researchandstatistics/statistics/statistics-by-topic/childrenandfamilies>

**Data for the UK**

Information within this report relates to England data. Similar publications for Wales, Scotland and Northern Ireland can be found via the following links:

***The Welsh Assembly Government***

<http://wales.gov.uk/topics/health/publications/socialcare/reports/?lang=en>

***The Scottish Government***

[http://search1.scotland.gov.uk/Scotland?n=All&\\$rcexpanded=false&action=search&q=Social+Care](http://search1.scotland.gov.uk/Scotland?n=All&$rcexpanded=false&action=search&q=Social+Care)

***Northern Ireland - Department of Health, Social Services and Public Safety***

[http://www.dhsspsni.gov.uk/index/stats\\_research/stats-cib/statistics\\_and\\_research-cib-pub/adult\\_statistics.htm](http://www.dhsspsni.gov.uk/index/stats_research/stats-cib/statistics_and_research-cib-pub/adult_statistics.htm)

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This publication may be requested in large print or other formats.

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