



The New Performance Framework for Local Authorities
and Local Authority Partnerships:
Single Set of National Indicators
Handbook of Definitions Consultation

**Annex C3: Adult Health & Well-being and Tackling Exclusion
& Promoting Equality**

Introduction

The new performance framework for local government, which we outlined in the White Paper *Strong and Prosperous Communities* is about improving the quality of life in places and better public services. It brings together national standards and priorities set by Government with local priorities informed by the vision developed by the local authority and its partners. A clear set of national outcomes and a single set of national indicators by which to measure progress against them are a key building block for the new framework.

In October, as part of the Comprehensive Spending Review (CSR), the Government announced a new single set of 198 national indicators for English local authorities and local authority partnerships. A list of these indicators, which flow from the priorities identified in Public Service Agreements and Departmental Strategic Objectives announced in the CSR, was published on 11 October 2007. (<http://www.communities.gov.uk/publications/localgovernment/nationalindicator>)

This document is Annex C3 to the consultation document *National Indicators for Local Authorities and Local Authority Partnerships: Handbook of Definitions Draft for Consultation* which seeks views on the Government's proposed detailed definitions for the 198 national indicators which will be included in the final handbook of definitions to be published in February 2008 for implementation from 1 April 2008.

This Annex contains detailed technical definitions of the indicators that measure outcomes relating to Adult Health & Well-being and Tackling Exclusion and Promoting Equality (national indicator numbers 119-150).

List of Templates for Adult Health & Well-being and Tackling Exclusion and Promoting Equality (NI 119-150)

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Templates for Adult Health & Well-being and Tackling Exclusion and Promoting Equality

Place Survey Indicator			
NI 119: Self-reported measure of people's overall health and wellbeing			
Is data provided by the LA or a local partner?	Y	Is this an existing indicator?	N
Rationale	Subjective measures of health and wellbeing are important indicators of the general health of the population.		
Collection Method	Collection is proposed through the new Place Survey which is subject to separate consultation.		

NI 120: All-age all cause mortality rate			
Is data provided by the LA or a local partner?	N	Is this an existing indicator?	Y
Rationale	All Age All Cause Mortality (AAACM) is a good proxy for life expectancy, which is more easily understood and has now been implemented in Local Delivery Plans (LDPs) in the NHS and as a mandatory indicator in Local Area Agreements. AAACM is closely correlated with life expectancy and has the same risk factors and “drivers” for progress. Data are currently available at LA level annually and plans have been put in place to derive in-year estimates to support the LDP process, subject to data availability. Discussions are in progress to obtain the data at Primary Care Trust (PCT) level.		
Definition	<p>The directly age and sex standardised mortality rate per 100,000 population, from all causes at all ages.</p> <p>Components of calculation are:</p> <p>Deaths include all causes classified by underlying cause of death (ICD-10 A00-Y99, equivalent to ICD-9 001-999), registered in the respective calendar year(s). Neonatal deaths are included in the age groups that contain those aged less than 1 year.</p> <p>2001 Census based mid-year population estimates for the respective calendar years.</p>		
Formula	<p>Direct age-standardisation is a method which enables comparison of mortality rates between different years and across different geographical areas, while taking account of differences in population age structure.</p> <p>The formula for standardised death rates is given by:</p> $\frac{\sum_i \left(N_i \frac{d_i}{n_i} \right)}{N} * 100,000$ <p>where</p> <p>d_i is the number of deaths in age group i;</p> <p>n_i is the population of age group i;</p> <p>N_i is the population of age group i in the standard population;</p> <p>N is the total number of people in the standard population.</p> <p>Standard population is the European Standard Population. The same population is used for males and females.</p> <p>Three year average rates are used, rather than single years.</p> <p>See below for links to methodology and further guidance on statistical methods used in calculation. Disease classifications based on International Statistical Classification of Diseases and Related Health Problems version 10 (ICD-10 codes).</p>		

NI 120: All-age all cause mortality rate (continued)			
Worked example	See link below for methodology and worked example	Good performance	“Good” performance is typified by a reduction in rates
Collection interval	Usually reported annually (3-year averages) but in-year estimates are also planned, subject to data availability	Data Source	ONS: death registrations and population statistics (annual data published by National Centre for Health Outcomes Development)
Return Format	Rate per 100,000 population	Decimal Places	One
Reporting organisation	National Centre for Health Outcomes Development based on data supplied by The Office for National Statistics		
Spatial level	Single tier and district council (NHS organisations will use data at Primary Care Trust level)		
Further Guidance	(see Annex 3 and Annex 5 of Compendium annex for method – http://www.nchod.nhs.uk)		

NI 121: Mortality rate from all circulatory diseases at ages under 75			
Is data provided by the LA or a local partner?	N	Is this an existing indicator?	Y
Rationale	Circulatory disease is one of the main causes of premature death (<75 years of age) in England, accounting for just over 1/4 of all such deaths in this age group. Reducing mortality rates will therefore make a significant contribution to increasing life expectancy.		
Definition	<p>Directly Standardised Rates per 100,000 population aged under 75.</p> <p>Consistent year across numerator and denominator – usually reported as three-year averages to reduce effect of annual fluctuation in rates.</p> <p>See below for links to methodology and further guidance on statistical methods used in calculation. Disease classifications based on International Statistical Classification of Diseases and Related Health Problems version 10 (ICD-10 codes).</p> <p>Components of calculation are:</p> <p>Deaths from all circulatory diseases, classified by underlying cause of death (ICD-10 I00-I99, ICD-9 390-459 adjusted), registered in the respective calendar year(s).</p> <p>2001 Census based mid-year population estimates (aged under 75) for the respective calendar year(s).</p>		
Formula	<p>Direct age-standardisation is a method which enables comparison of mortality rates between different years and across different geographical areas, while taking account of differences in population age structure.</p> <p>The formula for standardised death rates is given by:</p> $\frac{\sum_i \left(N_i \frac{d_i}{n_i} \right)}{N} * 100,000$ <p>where</p> <ul style="list-style-type: none"> d_i is the number of deaths in age group i; n_i is the population of age group i; N_i is the population of age group i in the standard population; N is the total number of people in the standard population. <p>Standard population is the European Standard Population. The same population is used for males and females.</p> <p>Three year average rates are used, rather than single years.</p> <p>See below for links to methodology and further guidance on statistical methods used in calculation. Disease classifications based on International Statistical Classification of Diseases and Related Health Problems version 10 (ICD-10 codes).</p>		

NI 121: Mortality rate from all circulatory diseases at ages under 75 (continued)			
Worked example	See link below for methodology and worked example	Good performance	"Good" performance is typified by a reduction in rate
Collection interval	Annual	Data Source	ONS death registrations and population statistics (published by National Centre for Health Outcomes Development)
Return Format	Rate per 100,000 population	Decimal Places	One
Reporting organisation	National Centre for Health Outcomes Development, based on data supplied by The Office for National Statistics		
Spatial level	Single tier and district council (NHS organisations will use data at Primary Care Trust level)		
Further Guidance	See Annex 3 and Annex 5 of NCHOD Compendium annex for method – http://www.nchod.nhs.uk		

NI 122: Mortality rate from all cancers at ages under 75			
Is data provided by the LA or a local partner?	N	Is this an existing indicator?	Y
Rationale	Cancer is one of the main causes of premature death (<75 years of age) in England, accounting for nearly 4 in 10 of all such deaths in this age group. Reducing mortality rates will therefore make a significant contribution to increasing life expectancy.		
Definition	<p>Directly Standardised Rates per 100,000 population aged under 75</p> <p>Consistent year across numerator and denominator – usually reported as three-year averages to reduce effect of annual fluctuation in rates.</p> <p>See below for links to methodology and further guidance on statistical methods used in calculation. Disease classifications based on International Statistical Classification of Diseases and Related Health Problems version 10 (ICD-10 codes).</p> <p>Components of calculation are:</p> <p>Deaths from all malignant neoplasms (cancers), classified by underlying cause of death (ICD-10 C00-C97, ICD-9 140-208 adjusted), registered in the respective calendar year(s).</p> <p>2001 Census based mid-year population estimates (aged under 75) for the respective calendar years.</p>		
Formula	<p>Direct age-standardisation is a method which enables comparison of mortality rates between different years and across different geographical areas, while taking account of differences in population age structure.</p> <p>The formula for standardised death rates is given by:</p> $\frac{\sum_i \left(N_i \frac{d_i}{n_i} \right)}{N} * 100,000$ <p>where</p> <p>d_i is the number of deaths in age group i;</p> <p>n_i is the population of age group i;</p> <p>N_i is the population of age group i in the standard population;</p> <p>N is the total number of people in the standard population.</p> <p>Standard population is the European Standard Population. The same population is used for males and females.</p> <p>Three year average rates are used, rather than single years.</p> <p>See below for links to methodology and further guidance on statistical methods used in calculation. Disease classifications based on International Statistical Classification of Diseases and Related Health Problems version 10 (ICD-10 codes).</p>		

NI 122: Mortality rate from all cancers at ages under 75 (continued)			
Worked example	See link below for methodology and worked example.	Good performance	"Good" performance is typified by a reduction in rate.
Collection interval	Annual	Data Source	ONS death registrations and population statistics (published by National Centre for Health Outcomes Development).
Return Format	Rate per 100,000 population.	Decimal Places	One
Reporting organisation	National Centre for Health Outcomes based on data supplied by The Office for National Statistics		
Spatial level	Single tier and district council (NHS organisations will use data at Primary Care Trust level)		
Further Guidance	See Annex 3 and Annex 5 of NCHOD Compendium annex for method – http://www.nchod.nhs.uk		

NI 123: 16+ current smoking rate prevalence				
Is data provided by the LA or a local partner?		Y	Is this an existing indicator?	Y
Rationale	Smoking is the principal avoidable cause of premature death and ill health in England today. It kills an estimated 86,500 people a year in England (one-fifth of all deaths) and leads to an extra 560 thousand admissions to hospital. Reducing prevalence is therefore a key priority in improving the health of the population.			
Definition	<p>Comparable, comprehensive, good quality data on smoking prevalence are not currently available at local level. The intention is to develop such data for forthcoming years – potentially through an enhanced Integrated Household Survey or through GP-recorded smoking prevalence. The current Primary Care Trust (PCT) proxy indicator is the rate of self-reported 4-week smoking quitters per 100,000 population aged 16 or over.</p> <p>This indicator relates to clients receiving support through the NHS Stop Smoking Services. A client is counted as a self-reported 4-week quitter if they have been assessed 4 weeks after the designated quit date and declares that he/she has not smoked even a single puff on a cigarette in the past two weeks.</p>			
Formula	$\left(\frac{x}{y} \right) * 100,000$ <p>where:</p> <p>x = number of self-reported 4-week smoking quitters.</p> <p>y = population aged 16 or over.</p>			
Worked example	<p>Suppose that the number of self-reported 4-week smoking quitters = 330</p> <p>And the population aged 16 or over = 41,250</p> <p>Then the rate of quitters per 100,000 population = $(330/41,250) * 100,000$</p> <p>= 800</p>	Good performance	Good performance is typified by an increasing rate over time.	
Collection interval	Quarterly	Data Source	The information is collected by the Information Centre from NHS Stop Smoking Services http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles/nhs-stop-smoking-services	

Return Format	Number	Decimal Places	Zero
NI 123: 16+ current smoking rate prevalence (<i>continued</i>)			
Reporting organisation	Primary Care Trusts		
Spatial level	Primary Care Trust, single tier and county council		
Further Guidance			

NI 124: People with a long-term condition supported to be independent and in control of their condition			
Is data provided by the LA or a local partner?	N	Is this an existing indicator?	N
Rationale	This indicator focuses attention on patient experience against exact national policy aims for people with long-term conditions. Long-term conditions describe people who suffer from a health condition that remains with them for the rest of their life, such as diabetes, asthma or dementia. People with long-term conditions want greater control of their lives, to be treated sooner before their condition causes more serious problems and to enjoy a good quality of life. This means transforming the lives of people with long-term conditions to move away from the reactive care based in acute settings toward a more systematic patient-centred approach, where care is rooted in primary and community settings and underpinned by strong partnerships across the whole health and social care spectrum.		
Definition	The percentage of people with a long-term condition who are “supported by people providing health and social care services to be independent and in control of their condition” . This will be sourced from the Healthcare Commission Primary Care Trust patient survey.		
Formula	$\left(\frac{x}{y}\right) * 100$ <p>Where:</p> <p>x = the number of people in the survey that said they were “supported by people providing health and social care services to manage their long-term health condition(s)” .</p> <p>y = the number of people in the survey who define themselves as having a long-term condition using standard survey question such as “Do you have any long-standing illness, health problem or disability which limits your daily activities or the work you can do?”</p>		

NI 124: People with a long-term condition supported to be independent and in control of their condition (continued)

Worked example	<p>Suppose in the survey, the number of people who say they are supported to manage their condition = 100</p> <p>And if the number of people in the survey with a long-term condition = 160</p> <p>Then the percentage of people with a long-term condition who are supported = $(100/160) * 100$</p> <p>= 63%</p> <p>(hypothetical data)</p>	Good performance	Good performance is typified by a higher percentage.
Collection interval	Annual – reporting in June/ July each year	Data Source	Healthcare Commission Primary Care Trust patient survey
Return Format	Percentage	Decimal Places	Zero
Reporting organisation	Healthcare Commission		
Spatial level	Primary Care Trust, single tier and county council		
Further Guidance	These questions are expected to be included in the 2007-08 Healthcare Commission Primary Care Trust patient survey and will definitely be included from 2008-09.		

NI 125: Achieving independence for older people through rehabilitation/intermediate care			
Is data provided by the LA or a local partner?	Y	Is this an existing indicator?	N
Rationale	<p>This indicator measures the benefit to individuals from intermediate care and rehabilitation following a hospital episode. It captures the joint work of social services and health staff and services commissioned by joint teams. The measure is designed to follow the individual and not differentiate between social care and NHS funding boundaries. The measure covers older people aged 65+ on discharge from hospital who:</p> <ul style="list-style-type: none"> • Would otherwise face an unnecessarily prolonged stay in acute in-patient care, or be permanently admitted to long term residential or nursing home care, or potentially use continuing NHS in-patient care; • Have a planned outcome of maximising independence and enabling them to resume living at home; • Are provided with care services on the basis of a multi-disciplinary assessment resulting in an individual support plan that involves active therapy, treatment or opportunity for recovery (with contributions from both health and social care); • Are to receive short-term interventions, typically lasting no longer than 6 weeks, and frequently as little as 1-2 weeks or less. <p>This new indicator relies on new data which will require piloting and is not likely to be available for reporting until October 2008.</p>		
Definition	<p>The proportion of older people 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.</p> <p>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.</p>		

NI 125: Achieving independence for older people through rehabilitation/intermediate care (continued)			
Formula	$\left(\frac{x}{y}\right) * 100$ <p>where:</p> <p>x = Number of those people discharged and benefiting from intermediate care/ rehabilitation still living at home (including in extra care housing or an adult placement scheme setting) three months after discharge from hospital.</p> <p>(Those temporarily in hospital or in a care home for respite/ short term care with a clear plan for their return home at the 3 month point should be counted as being still 'at home').</p> <p>y = Number of people discharged from hospital aged 65+ on discharge date entering joint 'intermediate care' or a 'rehabilitation service' which includes input from the local authority in the period.</p>		
Worked example	<p>Suppose the number of people aged 65+ on discharge and who were discharged and benefited from intermediate care/ rehabilitation still living at home 3 months after discharge in 2006 = 2,848.</p> <p>And if the total number people discharged from hospital aged 65+ and entering into joint 'intermediate care' or a 'rehabilitation service' for 2006 = 4,297</p> <p>Therefore the percentage achieving = $(2848/4297) * 100$</p> <p>= 66.3%</p>	Good performance	Good performance is typified by a higher percentage.
Collection interval	Annual	Data Source	Social Care Keystats Collection (KS1)
Return Format	Percentage	Decimal Places	One
Reporting organisation	Local authorities provide data to the Information Centre for Health and Social Care.		
Spatial level	Single tier and county council		
Further Guidance	Information Centre for Health and Social Care: http://www.ic.nhs.uk/our-services/improving-social-care-information/social-care-collections		

NI 126: Early Access for Women to Maternity Services			
Is data provided by the LA or a local partner?	Y	Is this an existing indicator?	N
Rationale	<p>All women should access maternity services for a full health and social care assessment of needs, risks and choices by 12 completed weeks of their pregnancy to give them the full benefit of personalised maternity care and improve outcomes and experience for mother and baby. Reducing the percentage of women who access maternity services late through targeted outreach work for vulnerable and socially excluded groups will provide a focus on reducing the health inequalities these groups face whilst also guaranteeing choice to all pregnant women.</p> <p>Completion of the assessment empowers women, supporting them in making well informed decisions about their care throughout pregnancy, birth and postnatally. The national choice guarantees:</p> <ul style="list-style-type: none"> • choice of how to access maternity care; • choice of type of antenatal care; • choice of place of birth; • choice of place of postnatal care. 		
Definition	<p>The percentage of women who have seen a midwife or a maternity healthcare professional, for health and social care assessment of needs, risks and choices by 12 completed weeks of pregnancy</p> <p>This is a new data collection.</p> <p>Pregnancy – Pregnancy is defined as all maternities that extend past the first trimester, this would include still births and miscarriages and terminations after 12 weeks where known. It excludes pregnancies where care is provided outside an NHS setting or that have been terminated before 12 weeks.</p> <p>Midwife – To qualify as a midwife in this definition the person must hold current registration with the nursing and midwifery council and being in active employment as a midwife with the NHS.</p> <p>Maternity healthcare professional – This is a description which covers obstetricians and general practitioners with current registration with the General Medical Council and working for the NHS providing maternity services.</p> <p>12 completed weeks – 12 completed weeks relates to the measured gestation of the pregnancy calculated following ultrasound assessment. This may be retrospective if the dates have not been confirmed until after 12 weeks.</p> <p>Health and Social Care assessment of needs, risks and choices – This must include the use of the National Institute of Clinical Excellence (NICE) antenatal care guidance assessment tool.</p> <p>Seen – This means completion of a full assessment, this may occur over multiple sessions but will be measured by the completion of the final session not the initiation of the first.</p>		

NI 126: Early Access for Women to Maternity Services (continued)			
Formula	<p>$N = \text{Numerator/Denominator} \times 100$</p> <p>Numerator – Number of women who have seen a midwife or a maternity healthcare professional, for health and social care assessment of needs, risks and choices by 12 completed weeks of pregnancy.</p> <p>Denominator – Total number of women at 12 weeks of their pregnancy</p>		
Worked example		Good performance	Increasing
Collection interval	Quarterly	Data Source	The information will be collected by the DH Information Centre and will be provided through Hospital Episode Statistics collection. This is a new collection which will not be in place for April 08, DH Local Delivery Planning Return (LDPR) will be used to collect key summary data in the first year.
Return Format	Percentage	Decimal Places	0.1
Reporting organisation	Primary Care Trust		
Spatial level	Primary Care Trust, single tier and county council		
Further Guidance	A revised NICE guideline is expected to be published in March 2008 and will include a health and social care needs assessment.		

NI 127: Self reported experience of social care users			
Is data provided by the LA or a local partner?	Y	Is this an existing indicator?	N
Rationale			
Definition			

NI 127: Self reported experience of social care users (continued)

Formula	<p>The formula will be subject to outcome of consultation and review of the survey approach by the Strategic Information Group for Adult Social Care (SIGASC). The formula of the indicator based on the 2005-06 Survey was:</p> $\left(\frac{x}{y}\right) * 100$ <p>where:</p> <p>x = The number of survey respondents answering 'Extremely Satisfied or Very Satisfied'</p> <p>y = The number of survey respondents to the question 'Overall, how satisfied are you with the help from social services that you receive in your own home'</p>		
Worked example	N/A	Good performance	Increasing
Collection interval	TBD	Data Source	Survey data, to be finalised
Return Format	Percentage	Decimal Places	1
Reporting organisation	To be supplied by local authorities to the Information Centre for Health and Social Care.		
Spatial level	Single tier and county council		
Further Guidance	<p>Information Centre for Health and Social Care</p> <p>Personal Social Services Home care User Experience Survey through Councils with Social Care Responsibilities. To be based on and developed from the user survey undertaken in 2005-06 and published in December 2006. This will be subject to consultation and review by the Strategic Information Group for Adult Social Care (SIGASC)</p> <p>http://www.ic.nhs.uk/our-services/improving-social-care-information/social-care-collections/user-surveys/user-survey-guidance-2005-06</p>		

Proposed indicator for introduction in 2009/10 following further work and piloting			
NI 128: User reported measure of respect and dignity in their treatment			
Is data provided by the LA or a local partner?	Y	Is this an existing indicator?	N
Rationale	<p>The dignity of service users is fundamental to the provision of good services in both health and social care settings. This measure seeks to provide a high level understanding of whether service users feel that they are receiving care that does not diminish their dignity, affect their modesty and respects their human rights.</p> <p>It is vital that dignity is measured both in health and social care settings and so the measure will be part of the monitoring framework for both Primary Care Trusts and Local Authorities.</p>		
Background	<p>This is a key priority articulated by ministers, the Dignity in Care Campaign and Lord Darzi's interim report, <i>Our NHS, Our Future</i>, is that dignity should be at the heart of care received.</p> <p>The existing measure of dignity asked by the Patient Experience Questionnaire as to whether 'the patient's dignity and respect were maintained at all times' in a variety of settings will be expanded to take in social care settings.</p> <p>This is envisaged to be operational by April 2009 and the work to develop detail is ongoing.</p>		
Indicator Development	Work is ongoing with CSCI to establish the collection of this data and the regularity with which it will report.		
Likely Spatial Level	Probably local authority level data	Likely Data Source	Surveys undertaken by the local authority
Further Information			

NI 129: End of life care – access to appropriate care enabling people to be able to choose to die at home

Is data provided by the LA or a local partner?	N	Is this an existing indicator?	N
Rationale	To improve end of life care allowing more patients the choice of dying at home. <i>Building on the Best</i> made the commitment to offer all patients nearing the end of life, regardless of diagnosis, the same access to high quality palliative care so that they can choose – if they wish – to die at home. This requires effective care pathways to meet health and social care needs and preferences at the end of life.		
Definition	<p>The percentage of all deaths that occur at home.</p> <p>Information about the place of death is found on the mortality record in the communal establishment field. It contains one of:</p> <ul style="list-style-type: none"> • a 5 digit code identifying a communal establishment or institution (e.g. hospital, nursing home, residential care home); • an “H” code which indicates that the person is certified as having died at their home address and that this is not a communal establishment • an “E” code which indicates that the person died elsewhere. <p>The communal establishments are themselves classified into 84 categories (e.g. general hospital, mental nursing home, nursing home etc) and can be further distinguished by whether they are an NHS or Non-NHS establishment.</p> <p>It is currently ONS practice to include nursing homes with hospitals under a broader group – “Other hospitals and communal establishments for the care of the sick” – and also to include residential care homes under “Other communal establishments”. This is because of concerns highlighted by the ONS regarding the accuracy of the recorded status of some communal establishments, particularly nursing homes and residential care homes.</p> <p>It is therefore not possible to include nursing home or residential care home deaths as a “home” death. For this indicator, a “home” death is defined as one that has the “H” code in the communal establishment field, i.e. where the death has occurred at the home address and that address is not of a communal establishment.</p>		
Formula	$\left(\frac{X}{Y}\right) * 100$ <p>Where:</p> <p>X = Total number of deaths at home registered in the respective calendar year.</p> <p>Y = Total number of deaths registered in the respective calendar year.</p>		

NI 129: End of life care – access to appropriate care enabling people to be able to choose to die at home (continued)			
Worked example	<p>Suppose the total number of deaths registered at home in 2006 = 3,869.</p> <p>And If the total number of deaths registered in 2006 = 12,621</p> <p>Therefore the percentage of all deaths that occur at home = $(3,869/12,621) * 100$</p> <p>= 30.7%</p> <p>(hypothetical data)</p>	Good performance	Good performance is typified by a higher percentage.
Collection interval	Annual	Data Source	ONS (indicator would be published by National Centre for Health Outcomes Development – NCHOD)
Return Format	Percentage	Decimal Places	1
Reporting organisation	National Centre for Health Outcomes Development		
Spatial level	Primary Care Trust, single tier and county council		
Further Guidance	See NCHOD Knowledge Base for details of current 'deaths at home' indicators http://www.nchod.nhs.uk		

NI 130: Social care clients receiving Self Directed Support (Direct Payments and Individual Budgets)			
Is data provided by the LA or a local partner?	Y	Is this an existing indicator?	N
Rationale	Self Directed Services, which include Direct Payments (and Individual Budgets) offer the individual client or carer greater flexibility in how their support is provided and ensure that their care and support package is directly responsive to their individual needs and wishes.		
Definition	Adults, older people and carers receiving social care through a Direct Payment (and/or an Individual Budget) in the year to 31st March per 100,000 population aged 18 or over (age standardised) (for population 18 – 64 and 65-74, 75-84 and 85+)		
Formula	$\sum_j \left(\frac{x_j}{y_j} \right) * \left(\frac{Pop_j}{Pop_{Tot}} \right) * 100,000$ <p>Where:</p> <p>j is age groups 18-64, 65-74, 75-84, 85+</p> <p>x_j = For 2008-09: Those in each particular age group j who received a direct payment in the year to March 31, including carers. (Age as at 31 March). For 2009-10: As 2008-09 plus those whose financial affairs were managed within an individual budget.</p> <p>y_j = Local population in age group j.</p> <p>Pop_j = National population in age group j.</p> <p>Pop_{Tot} = Total adult national population, aged 18 and over.</p>		

NI 130: Social care clients receiving Self Directed Support (Direct Payments and Individual Budgets) <i>(continued)</i>			
Worked example	<p>Suppose the total number of people aged 18-64 who received a direct payment in the year 2008/09 to March 31 = 560 and the local mid-year population estimate aged 18-64 = 495,568</p> <p>and if people aged 18-64 comprise 75% of England's adult population,</p> <p>the indicator value for that age group is $[(560/495,568) * 0.75 * 100,000]$</p> <p>= 84.75 for age group 18 to 64 (hypothetical data)</p> <p>The overall indicator value is found by repeating the calculation for each age group and summing over the four age groups.</p>	Good performance	Good performance is typified by a higher rate.
Collection interval	Annual financial year	Data Source	Referrals, Assessment and Packages of Care Data (RAP) and Personal Social Services Expenditure and Unit Costs: England (PSS EX1)
Return Format	Rate per 100,000	Decimal Places	1
Reporting organisation	To be supplied by local authorities to the Information Centre for Health and Social Care		
Spatial level	Single tier and county council		
Further Guidance	Information Centre for health and social care http://www.ic.nhs.uk/pss/returns/2007		

NI 131: Delayed transfers of care from hospitals				
Is data provided by the LA or a local partner?		N	Is this an existing indicator?	N
Rationale	This indicator measures the impact of hospital services and community-based care in facilitating timely and appropriate discharge from all hospitals for all adults. This therefore measures the ability of the whole system to ensure appropriate discharge for the whole population passing through hospital and is an indicator of the effectiveness of the interface between health and social care services.			
Definition	<p>The rate of delayed transfers of care from all NHS hospitals per 100,000 population aged 18+.</p> <p>A delayed transfer of care occurs when a patient is ready for transfer from a hospital bed, but is still occupying such a bed.</p> <p>A patient is ready for transfer when:</p> <p>a clinical decision has been made that the patient is ready for transfer AND a multi-disciplinary team decision has been made that the patient is ready for transfer AND the patient is safe to discharge/transfer.</p>			
Formula	$\left(\frac{x}{y}\right) * 100,000$ <p>Where:</p> <p>x = The average number of delayed transfers of care (population aged 18+) in a week taken over the year (that is, the total number of delayed transfers divided by 52 to give the average weekly delayed transfers);</p> <p>y = ONS mid-year population estimates for population aged 18+.</p>			

NI 131: Delayed transfers of care from hospitals (continued)			
Worked example	<p>Suppose the total number of delayed discharges is 16,984.</p> <p>Divide this by 52 for a weekly average number of delayed transfers:</p> $\left(\frac{16984}{52}\right) = 326.62$ <p>And if the ONS mid-year population estimate = 8,000,000, then the delayed transfers rate (per 100,000) is =</p> $\left(\frac{326.62}{8000000}\right) * 100000$ <p>= 4.08 per 100,000 population.</p>	Good performance	Good performance is typified by a lower rate.
Collection interval	Annual	Data Source	DH Strategic Executive Information System (STEIS).
Return Format	Rate per 100,000	Decimal Places	Zero
Reporting organisation	NHS organisations through the DH Strategic Executive Information System (STEIS).		
Spatial level	Primary Care Trust, single tier and county council		
Further Guidance	The DH Strategic Executive Information System (STEIS) http://www.performance.doh.gov.uk/steis		

NI 132: Timeliness of social care assessment				
Is data provided by the LA or a local partner?		Y	Is this an existing indicator?	
			Y	
Rationale	<p>Users and carers should expect practical help and other support to arrive in a timely fashion soon after their problems have been referred to social services.</p> <p>Timeliness of assessment and of delivery of care packages is of importance in policy terms, recognised as crucial by Councils with Adult Social Services Responsibilities and significant for people who use services.</p>			
Definition	<p>Acceptable waiting times for assessments: For new clients, the percentage from where the time from first contact to completion of assessment is less than or equal to four weeks</p>			
Formula	$\left(\frac{x}{y}\right) * 100$ <p>Where:</p> <p>x = Of new clients for whom contact was made with the client, the number for whom length of time from first contact with the client to completion of assessment was less than or equal to 4 weeks (that is 28 calendar days).</p> <p>y = The total number of new clients for whom contact was made with the client in the year.</p>			
Worked example	<p>Suppose the number of new clients for whom length of time from first contact to completion of assessment is less than or equal to 28 calendar days = 3,289.</p> <p>And if the total number of new clients whose assessment was completed and who went on to receive all services in the reporting = 5,026.</p> <p>Therefore the percentage of care packages on time = $(3,289/5,026) * 100$</p> <p>= 65.4%</p>	Good performance	<p>Good performance is typified by a higher percentage.</p>	
Collection interval	Annual	Data Source	Referrals, Assessment and Packages of Care Data (RAP).	
Return Format	Percentage	Decimal Places	One decimal place.	

NI 132: Timeliness of social care assessment <i>(continued)</i>	
Reporting organisation	To be supplied by local authorities to the Information Centre for Health and Social Care.
Spatial level	Single tier and county council
Further Guidance	Information Centre for health and social care http://www.ic.nhs.uk/pss/returns/2007

NI 133: Timeliness of social care packages				
Is data provided by the LA or a local partner?		Y	Is this an existing indicator?	
			Y	
Rationale	<p>Users and carers should expect practical help and other support to arrive in a timely fashion soon after their problems have been referred to social services.</p> <p>Timeliness of the delivery of care packages following social care assessment is of importance in policy terms, recognised as crucial by Councils with Adult Social Services Responsibilities and significant for people who use services for whom long delays in delivering the help and support they need can be detrimental.</p>			
Definition	<p>Acceptable waiting times for delivery of care packages following assessment: For new clients aged 65+, the percentage for whom the time from completion of assessment to provision of services in the care package is less than or equal to 4 weeks.</p>			
Formula	$\left(\frac{x}{y}\right) * 100$ <p>where:</p> <p>x = of the number of new clients (65+) in the denominator, the number for whom length of time from completion of assessment to provision of all services in a care package is less than or equal to four weeks (28 calendar days)</p> <p>y = the total number of new clients whose assessment was completed and who went on to receive all services in the reporting year</p>			
Worked example	<p>Suppose the number of new clients (65+) for whom length of time from completion of assessment to provision of all services in a care package is less than or equal to 28 calendar days = 1,930</p> <p>And if the total number of new clients (65+) whose assessment was completed and who went on to receive all services in the reporting = 2,378</p> <p>Therefore the percentage of care packages on time = $(1,930/2,378) * 100$</p> <p>= 81.2%</p>	Good performance	<p>Good performance is typified by a higher percentage</p>	

NI 133: Timeliness of social care packages (continued)			
Collection interval	Annual	Data Source	Referrals, Assessment and Packages of Care Data (RAP).
Return Format	Percentage	Decimal Places	One
Reporting organisation	To be supplied by local authorities to the Information Centre for Health and Social Care.		
Spatial level	Single tier and county council		
Further Guidance	Information Centre for health and social care http://www.ic.nhs.uk/pss/returns/2007		

NI 134: The number of emergency bed days per head of weighted population			
Is data provided by the LA or a local partner?	Y	Is this an existing indicator?	Y
Rationale	This is a measure of improved pro-active care of patients, particularly those with chronic conditions. Reducing the number of emergency bed days requires input from range of stakeholders to avoid admissions and to ensure appropriate time in hospital. There is a clear measure of success and requires improvements in performance from a range of organisations in health and social care to achieve it.		
Definition	<p>Emergency bed days per head of weighted population.</p> <p>Emergency bed days are defined as in-year bed-days of Finished Consultant Episodes (FCEs) where the admission method is reported as emergency (HES field admimeth, codes 21, 22, 23, 24, 28). Data is on a commissioner basis.</p> <p><u>Exclusions</u></p> <p>The indicator excludes emergency bed-days with the following:</p> <p><u>Primary diagnosis codes –</u></p> <p>A00-B99, relating to infectious and viral diseases.</p> <p>O00-Q99, relating to abortion and complications and abnormalities arising in labour, delivery and the neonatal and perinatal periods.</p> <p><u>External cause codes –</u></p> <p>V01-V99, relating to vehicular accidents</p> <p>Methods for population weights at LA level are still to be confirmed. Existing methodology for weighting for PCTs is consistent with the DH resource allocation: weighted capitation formula (population weighted for age and need).</p>		
Formula	$\left(\frac{x}{y} \right)$ <p>where:</p> <p>x = Emergency Bed Days</p> <p>y = Weighted Population</p>		

NI 134: The number of emergency bed days per head of weighted population (<i>continued</i>)			
Worked example	Suppose a primary care trusts emergency bed days = 200,000. And if the weighted population = 500,000 Therefore the number of emergency bed days per head of weighted population = $(200,000/500,000)$ = 0.4	Good performance	Good performance is typified by a lower number
Collection interval	Annual	Data Source	Hospital Episode Statistics, ONS population
Return Format	Number	Decimal Places	One
Reporting organisation	Primary Care Trusts		
Spatial level	Primary Care Trust, single tier and county council		
Further Guidance	http://www.dh.gov.uk/assetRoot/04/08/69/19/04086919.pdf gives the current set of technical notes defining the PSA target on emergency bed days and reporting progress against it.		

NI 135: Carers receiving needs assessment or review and a specific carer's service, or advice and information			
Is data provided by the LA or a local partner?		Y	Is this an existing indicator?
			N
Rationale	Support for carers is a key part of support for vulnerable people. Support for carers also enables carers to continue with their lives, families, work and contribution to their community. This measure provides a measurement of engagement with, and support to, carers.		
Definition	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.		
Formula	$\left(\frac{x}{y}\right) * 100$ <p>where:</p> <p>x = the number of carers receiving a 'carer's break' or other specific carers service, or advice or information, during the year following a carer's assessment or review;</p> <p>y = the number of adults receiving a community- based service during the year.</p>		
Worked example	1,672 carers receiving a carer's break; 4,890 adults receiving a community-based service. The number of carers receiving a 'carer's break' or a specific carers' service, or advice or information, as a percentage of clients receiving community based services, is therefore:	Good performance	Good performance is typified by higher percentages
	$\left(\frac{1672}{4890}\right) * 100 = 34.2\%$		
Collection interval	Annual	Data Source	Referrals, Assessment and Packages of Care Data (RAP)
Return Format	Percentage	Decimal Places	One
Reporting organisation	To be supplied by local authorities to the Information Centre for Health and Social Care		
Spatial level	Single tier and county council		
Further Guidance	Information Centre for Health and Social Care: http://www.ic.nhs.uk/pss/returns/2007		

NI 136: People supported to live independently through social services (all ages)			
Is data provided by the LA or a local partner?	Y	Is this an existing indicator?	N
Rationale	<p>This provides a high-level indicator that signals the importance of cost-effective, evidence-based, innovative approaches to supporting people to live independently in the community. The indicator covers people receiving any amount of care/support, including that provided through organisations that are grant funded. It indicates how much lower-level care/support is provided and is consistent with the wider direction and development of <i>Our Health, Our Care, Our Say</i> of providing treatment and support in community settings and preventing or postponing need for more intensive care packages or residential care.</p> <p>While not in itself outcome focused, it can be seen as offering a proxy for quality of life, and to some extent choice and control in that it indicates the proportion of adults supported to live as independently as possible.</p>		
Definition	<p>This indicator will measure the number of adults aged 18-64/65+ per 1,000 population that are assisted directly through social services assessed or care planned, funded support to live independently, plus those supported through organisations that receive social services grant funded services. The indicator will be age standardised and, if possible, adjusted for likely needs for social care services using needs-weighted population data produced from Relative Needs Formula (RNF) allocation calculations. Issues remain on potential double counting between assessed services and grant funded services and within grant funded services that need to be resolved.</p>		
Formula	$\sum_j \left(\frac{x_j}{y_j} \right) * \left(\frac{Pop_j}{Pop_{Tot}} \right) * 100,000$ <p>Where:</p> <p>j is age groups 18-64, 65+</p> <p>x_j = Number of adults assisted directly through social services assessed/ care planned, funded support to live independently, plus those supported through organisations that receive Local Government grant funded services.</p> <p>y_j = Local need-weighted population in age group j (need-weighted using the RNF allocation formulae)</p> <p>Pop_j = National population in age group j.</p> <p>Pop_{Tot} = Total adult national population, aged 18 and over.</p>		

NI 136: People supported to live independently through social services (all ages) (continued)			
Worked example	<p>Suppose the total number of adults aged 18-64 that were assisted through social services to live independently for 2005/06 = 171 and the need-weighted population estimate for 2005 (aged 18-64) = 478,026</p> <p>and if people aged 18-64 comprise 75% of England's adult population, the indicator value for that age group is $[(171/478,026) * 0.75 * 1000]$</p> <p>= 0.27 for age group 18 to 64 (hypothetical data)</p> <p>The overall indicator value is found by repeating the calculation for each age group and summing over the two age groups.</p>	Good performance	Good performance is typified by a higher rate
Collection interval	Annual	Data Source	Referrals, Assessment and Packages of Care Data (RAP) + Grant Funded Services (GFS1) data
Return Format	Rate per 1,000	Decimal Places	Two
Reporting organisation	To be supplied by local authorities to The Information Centre for Health and Social Care.		
Spatial level	Single tier and county councils		
Further Guidance	Information Centre for health and social care http://www.ic.nhs.uk/pss/returns/2007		

Place Survey Indicator			
NI 137: Healthy life expectancy at age 65			
Is data provided by the LA or a local partner?	Y	Is this an existing indicator?	Y
Rationale	People are living longer but healthy life expectancy is not increasing at the same rate. It is clearly desirable for increased life expectancy to be spent in good health. The measure uses a self-reported health assessment, applied to life expectancy data. This is thus in part a subjective measure and the meanings attached by respondents to the categories may have changed over time due to medical advances or other factors. However, it captures the effects of the full range of interventions to improve objective health status on subjective states of health, and thus whether efforts are being appropriately targeted at conditions or behaviours that improve people's lives. The methodology is well-established, with a baseline for local areas of 2001 from census data.		
Collection Method	Collection of the self-reported health assessment is proposed through the new Place Survey which is subject to separate consultation.		

Place Survey Indicator			
NI 138: Satisfaction of people over 65 with both home and neighbourhood			
Is data provided by the LA or a local partner?	Y	Is this an existing indicator?	Y
Rationale	To capture a measure of satisfaction of how older people live their lives at the local level, reflecting the effectiveness of policies on housing supply, adaptation and support; and those relating to the local area – environment, crime, transport, facilities etc. This is a well-established question used in the English Housing Survey, which can give national baseline data. This measure is preferred to ‘objective’ measures of housing or neighbourhood conditions because it reflects what is important to people, and captures a wide range of influences.		
Collection Method	Collection is proposed through the new Place Survey which is subject to separate consultation.		

Place Survey Indicator			
NI 139: The extent to which older people receive the support they need to live independently at home			
Is data provided by the LA or a local partner?	Y	Is this an existing indicator?	Y
Rationale	<p>The measure, based on a survey question to be asked of the whole local population in the Place Survey, seeks to assess how far older people in a locality are getting the support and services they need to live independently at home.</p> <p>It is designed to reflect a wider view of 'support' than simply a narrow definition of services provided by or via Social Services; and to capture the views of those, including potential future users, who are not necessarily current direct clients of a particular service as well as those who are. It will thus take account of the views of the majority of older people who do not receive 'formal' services but are provided with support that they value from local government, its partners and the local community.</p> <p>The use of a survey question, rather than administrative records of particular services provided, allows any kind of relevant support to be taken into account, and for the assessment of the need for support and whether it has been available to come from citizens and clients rather than service providers. This reflects desired outcomes for client-focused systems and provision.</p>		
Collection Method	Collection is proposed through the new Place Survey which is subject to separate consultation.		

Place Survey Indicator			
NI 140: Fair treatment by local services			
Is data provided by the LA or a local partner?	Y	Is this an existing indicator?	N
Rationale	<p>Dignity and respect are recognised as key determinants of an individual's wellbeing. Fair treatment by others is a critical component of removing inequalities of process, which create unjust barriers to involvement in society as well as in the economy. As a moral and ethical principal, fair and equal treatment is one to which we should aspire but in addition, the low self-esteem and sense of identity that unfair treatment can create impacts on all areas of daily life – including your economic and civic participation, your mental well-being, your social relationships etc.</p> <p>Where appropriate local authorities are encouraged to consider this indicator in terms of equalities group(s)¹ since individuals from equalities groups are more likely feel they have not been treated with respect.</p> <p>¹Equalities areas include: gender, ethnicity, disability, age, religion and belief, and sexual orientation</p>		
Collection Method	Collection is proposed through the new Place Survey which is subject to separate consultation.		

NI 141: Number of vulnerable people achieving independent living			
Is data provided by the LA or a local partner?	Y	Is this an existing indicator?	Y
Rationale	The aim is to measure the extent to which housing related support (Supporting People) helps people move on in a planned way to more independent living		
Definition	<p>The indicator measures the number of service users (i.e. people who are receiving a Supporting People Service) who have moved on from supported accommodation in a planned way, as a percentage of total service users who have left the service.</p> <p>The indicator applies to the following types of accommodation based services;</p> <ul style="list-style-type: none"> • Short term based accommodation services (less than 2 years) • Direct access accommodation (where the intended length of stay is less than a month) <p>Also how outreach services are able to support people to move onto more settled accommodation;</p> <ul style="list-style-type: none"> • Moving rough sleepers into hostels; or • Supporting service users to move on from unstable accommodation into supported housing or permanent housing. Unstable accommodation can include sleeping on friends floors staying in overcrowded accommodation, squatting, sleeping in care <p>This indicator does not include resettlement services as the outcomes for these services should be included under NI 142. This indicator defines a planned move to a more independent outcome that has been agreed with a service user as part of the support planning process. A more independent outcome may be linked to the provision of support. An independent outcome does not always have to involve a service user moving in to their own flat, it can involve a service user moving back with family provided that this outcome support the individual achieve greater independence.</p> <p>A 'planned move' could involve a move to the following</p> <ul style="list-style-type: none"> • A supported housing scheme • Permanent accommodation • Back to the service users family or • Other types of planned move <p>The indicator defines 'unplanned moves' as the following</p> <ul style="list-style-type: none"> • Abandonment • Disappearance • Evictions or departures due to a notice • Taken in to custody • Sleeping rough and • Other unplanned moves e.g. friend's floor 		

NI 141: Number of vulnerable people achieving independent living (continued)			
Definition (continued)	<p>A move to the following options is not considered a move to more independent outcome and therefore is also defined as unplanned</p> <ul style="list-style-type: none"> • Acute psychiatric hospital • A long stay hospital or hospice <p>Deaths are excluded from the calculation apart from suicides which are counted as an unplanned outcome on the basis that support services are intended to prevent suicides. Where a household moves on, for instance woman with children moving on from a refuge or a family moving on from a homelessness hostel, only one outcome should be shown for each household.</p>		
Formula	$\left(\frac{x}{y}\right) * 100$ <p>where:</p> <p>x = the number who have moved on in a planned way to independent living;</p> <p>y = the total number of service users who have moved on.</p>		
Worked example	<p>A short term service has 100 service users, of which 20 depart during the quarter. Of these, 12 have moved on in a planned way to greater independence. The proportion who have moved on in a planned way is therefore:</p> $\left(\frac{12}{20}\right) * 100 = 60\%$	Good performance	Good performance is typified by a high percentage
Collection interval	Quarterly (every February, May, August, November)	Data Source	Local authority. Data is obtained by the provider sending a quarterly return to the Administering Authority. All authorities then submit to CLG on a quarterly basis through the Supporting People Local System.
Return Format	Number for data items x and y	Decimal Places	Zero
Reporting organisation	Local authorities; Supporting People Teams		
Spatial level	Single tier and county council		

Further Guidance	www.spkweb.org.uk/subject/Quality_and_monitoring/Performance_framework/
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NI 142: Number of vulnerable people who are supported to maintain independent living			
Is data provided by the LA or a local partner?	Y	Is this an existing indicator?	Y
Rationale	To measure the extent to which the housing related support prevents service users from moving into institutional care.		
Definition	<p>The number of service users (i.e. people who are receiving a Supporting People Service) who have established or are maintaining independent living. This can be compared to the total number of service users who have been in receipt of Supporting People services during the period.</p> <p>Independent living is defined as someone living in their home or in long stay accommodation. A care home (both residential and nursing care), a hospice, long stay hospital or prison are not defined as independent living.</p> <p>The number of service users living independently includes service users currently in receipt of support services as well as service users who are living independently at the point when the support service ceases. Those service users who have died are counted as no longer requiring support.</p> <p>The indicator is analysed according to the following types of services, all of which are intended to support people to live independently:</p> <ul style="list-style-type: none"> • sheltered • very sheltered • accommodation based services (other than sheltered) with an intended stay of over two years • floating support • resettlement services 		
Formula	<p>Proportion of people who are supported to establish and maintain independent living =</p> $\left(\frac{a + b}{a + b + c} \right) * 100$ <p>where:</p> <p>a = service users currently in receipt of support to maintain independence</p> <p>b = service users who have established independence or no longer require the support</p> <p>c = service users who are no longer living independently</p> <p>The number of households supported to establish and maintain independent living is calculated by a + b</p>		

NI 142: Number of vulnerable people who are supported to maintain independent living (continued)			
Worked example	<p>Of 108 service users,</p> <p>(a) 100 are currently in receipt of support to maintain independence,</p> <p>(b) 5 service users have established independence or no longer require the support, and (c) 3 service users are no longer living independently. Therefore the proportion of people who are supported to establish and maintain independent living =</p> $\left(\frac{100 + 5}{100 + 5 + 3} \right) * 100 = 97\%$ <p>Total households supported to establish and maintain independent living is</p> $100 + 5 = 105.$	Good performance	Good performance is defined by high numbers and percentages
Collection interval	Quarterly (every February, May, August, November)	Data Source	Local authority. Data is obtained by the provider sending a quarterly return to the Administering Authority. All authorities then submit to CLG on a quarterly basis through the Supporting People Local System.
Return Format	Numbers for data items a, b and c above	Decimal Places	Zero
Reporting organisation	Local authorities', Supporting People Teams		
Spatial level	Single tier and county council		
Further Guidance	See: www.spkweb.org.uk/subject/Quality_and_monitoring/Performance_framework/		

NI 143: Offenders under probation supervision living in settled and suitable accommodation at the end of their order or licence			
Is data provided by the LA or a local partner?	N	Is this an existing indicator?	N
Rationale	The indicator is intended to help improve accommodation outcomes for ex-offenders, a key group at risk of social exclusion. It will also contribute to the wider reducing reoffending objective.		
Definition	<p>Community order: A community order is a type of court sentence which is to be served in the community. The offender is likely to have to fulfil requirements such as drug or alcohol treatments and testing, electronic monitoring (tagging), curfew, living at a specified address, unpaid work, doing or refraining from doing certain things or entering certain places, or attending certain offending behaviour programmes.</p> <p>On licence: When an offender is on licence, this is the period of time between the end of a custodial sentence and the end of the entire sentence in which the sentenced person is released into the community usually under certain conditions.</p> <p>Settled accommodation is defined as:</p> <ul style="list-style-type: none"> • Permanent, independent housing • Bail/probation hostel • Supported housing <p>Suitable accommodation: Suitable accommodation is defined in OASys (a National Offender Management Service reporting system) under two areas – suitability of the accommodation and suitability of the location of the accommodation. For the purposes of this indicator, anyone who was assessed as having major problems (a score of 2 in OASys) in either category would be considered to be in unsuitable accommodation. Anyone assessed as having some difficulties which are not serious (a score of 1 in OASys) or who have no difficulties (a score of 0 in OASys) would be considered to be in suitable accommodation.</p> <p>End of order or licence: The indicator covers all individuals who had a probation assessment completed at 'termination of community supervision' or 'end of licence'.</p>		
Formula	$\left(\frac{x}{y} \right) * 100$ <p>where:</p> <p>x = the number of offenders in settled and suitable accommodation at the end of their order or licence.</p> <p>y = the number of offenders who terminate their licence or order and are subject to a termination assessment.</p>		

NI 143: Offenders under probation supervision living in settled and suitable accommodation at the end of their order or licence (*continued*)

Worked example	<p>Offenders with order or licence termination assessment in settled accommodation = 5,969.</p> <p>Total number of offenders with order or licence termination assessment = 8,740.</p> <p>Proportion = $(5,969/8,740) \times 100 = 68.3\%$</p> <p>(hypothetical data)</p>	Good performance	Good performance is typified by a positive increase in percentage
Collection interval	Annual	Data Source	National Offender Management (NOMs) Service via OASys national reporting/ODEAT system
Return Format	Percentage	Decimal Places	One
Reporting organisation	National Offender Management Service/ local authority		
Spatial level	Single tier and county council		
Further Guidance			

NI 144: Offenders under probation supervision in employment at the end of their order or licence			
Is data provided by the LA or a local partner?	N	Is this an existing indicator?	Y
Rationale	The indicator is intended to help improve employment outcomes for ex-offenders, a key group at risk of social exclusion. It will also contribute to the wider reducing reoffending objective.		
Definition	<p>Community order: A community order is a type of court sentence which to be served in the community. The offender is likely to have to fulfil requirements such as drug or alcohol treatments and testing, electronic monitoring (tagging), curfew, living at a specified address, unpaid work, doing or refraining from doing certain things or entering certain places, or attending certain offending behaviour programmes.</p> <p>On licence: When an offender is on licence, this is the period of time between the end of a custodial sentence and the end of the entire sentence in which the sentenced person is released into the community usually under certain conditions.</p> <p>Employment is defined as:</p> <p>Full-time employed or self-employed (30 hrs or more a week, on average)</p> <p>Part-time employed or self-employed (less than 30 hrs a week, on average)</p> <p>End of order or licence: The indicator covers all individuals who had a probation assessment completed at 'termination of community supervision' or 'end of licence'.</p>		
Formula	$\left(\frac{x}{y}\right) * 100$ <p>Where:</p> <p>x = the number of offenders in employment at the end of their order or licence.</p> <p>y = the total number of offenders who terminate their licence or order and are subject to a termination assessment.</p>		
Worked example	<p>Offenders with order or licence termination assessment = 8,740</p> <p>Offenders with order or licence termination assessment in Emp. = 3,458</p> <p>Proportion = $(3,458/8,740) \times 100 = 40.0\%$</p> <p>(hypothetical data)</p>	Good performance	Good performance is typified by a positive increase in percentage

NI 144: Offenders under probation supervision in employment at the end of their order or licence
(continued)

Collection interval	Annual	Data Source	National Offender Management Service (NOMS) via OASys national reporting/ ODEAT
Reporting organisation	NOMS /local authority		
Spatial level	Single tier and county councils		
Further Guidance			

NI 145: Adults with learning disabilities in settled accommodation			
Is data provided by the LA or a local partner?	Y	Is this an existing indicator?	N
Rationale	The indicator is intended to improve settled accommodation outcomes for adults with learning disabilities – a key group at risk of social exclusion.		
Definition	<p>Adults with learning disabilities: All adults aged 18+ with learning disabilities that are known to 'Councils with Adult Social Services Responsibilities' (CASSRs)</p> <p>Settled Accommodation: The categories below will be used to operationalise settled accommodation. Those in the second category (accommodation with varying degrees of tenure/residence) may be classified as being in settled or unsettled accommodation depending on the extent of security of tenure/residence in their current accommodation and/or whether they have settled accommodation to return to. Guidance will be issued to assist with making this assessment.</p> <p>1. Unsettled accommodation eg,</p> <ul style="list-style-type: none"> • rough sleepers; • people in squats, night shelters, sofa surfing; • people placed in temporary accommodation (eg, B&B) by a local authority; • person asked to leave/unable to return home) <p>2. Accommodation with varying degrees of tenure/residence eg,</p> <ul style="list-style-type: none"> • Accommodation with housing related support (e.g., Supported accommodation or lodgings, Staffed/Unstaffed Group Home, Direct Access Provision, Foyer) • Accommodation with health and social care support (eg, any stay in a health facility, such as: NHS Facilities/Hospitals; Acute or long stay NHS Residential Facility/Hospital; Independent Hospitals and Clinics; Specialist Rehabilitation/Recovery; Secure psychiatric Unit) • Accommodation with both housing and health and social care support (eg, Registered Care Home; Nursing home (single status); Addiction Rehabilitation Unit) • Accommodation with Criminal Justice Support (eg Bail/probation hostel; Prison; Young offenders institution) <p>3. Settled accommodation eg,</p> <ul style="list-style-type: none"> • owner-occupier; • shared ownership scheme; • tenant – local authority/ALMO, housing association; • private sector rental; • flat sharing, other mainstream housing; • extra-care housing; • sheltered housing 		

NI 145: Adults with learning disabilities in settled accommodation (continued)			
Formula	$\left(\frac{x}{y}\right) * 100$ <p>where:</p> <p>x = the number of adults with learning disabilities known to councils with adult social service responsibilities (CASSRs) in settled accommodation</p> <p>y = the total number of adults with learning disabilities known to CASSRs</p>		
Worked example	<p>Adults with LD = 87,486</p> <p>Adults with LD in settled accommodation = 80,749</p> <p>Proportion = $(80,749/87,486) \times 100 = 92.3\%$</p> <p>(hypothetical data)</p>	Good performance	Good performance is typified by a positive increase in percentage
Collection interval	Annual	Data Source	Key Statistics 1 (collected by the Information Centre).
Return Format	Percentage	Decimal Places	One
Reporting organisation	Local authorities provide data to the Information Centre for Health and Social Care		
Spatial level	Single tier and county council		
Further Guidance	http://www.cabinetoffice.gov.uk/social_exclusion_task_force/psa.aspx		

NI 146: Adults with learning disabilities in employment			
Is data provided by the LA or a local partner?		Y	Is this an existing indicator?
			Y
Rationale	The indicator is intended to improve the employment outcomes for adults with learning disabilities – a key group at risk of social exclusion.		
Definition	<p>Adults with learning disabilities: All adults aged 18-69 with learning disabilities that are known to 'Councils with Adult Social Services Responsibilities' (CASSRs)</p> <p>Employed:</p> <p>1 – working full-time as an employee or self-employed (16 or more hours per week);</p> <p>2 – working as an employee or self-employed (5 to 15 hours per week);</p> <p>3 – working as an employee or self-employed (1 to 4 hours per week).</p> <p>Categories 1-3 above are to be combined to report on the employment rate for this group.</p>		
Formula	$\left(\frac{x}{y}\right) * 100$ <p>Where:</p> <p>x = the number of adults with learning disabilities known to CASSRs in employment</p> <p>y = the total number of adults with learning disabilities known to CASSRs</p>		
Worked example	<p>Adults with LD = 87,486</p> <p>Adults with LD in Emp. = 17,147</p> <p>Proportion = $(17,147/87,486) \times 100 = 19.6\%$</p> <p>(hypothetical data)</p>	Good performance	Good performance is typified by a positive increase in percentage
Collection interval	Annual	Data Source	Key Statistics 1 (collected by the Information Centre).
Return Format	Percentage	Decimal Places	One
Reporting organisation	Local authorities provide data to the Information Centre for Health and Social Care		
Spatial level	Single tier and county council		
Further Guidance	http://www.cabinetoffice.gov.uk/social_exclusion_task_force/psa.aspx		

NI 147: Care leavers in suitable accommodation				
Is data provided by the LA or a local partner?		Y	Is this an existing indicator?	Y
Rationale	The indicator measures accommodation outcomes for young adults formerly in care – a key group at risk of social exclusion. The indicator is intended to increase the proportion of former care leavers who are in suitable accommodation. This will help minimise the risk of care leavers being in unsuitable housing or becoming homeless.			
Definition	<p>‘Former care leavers’: Young people aged 19 (ie, at or near their 19th birthday) who were looked after under any legal status (other than V3 or V4¹) aged 16.</p> <p>‘Suitable accommodation’: Accommodation is to be regarded as suitable if it provides safe, secure and affordable provision for young people. It would generally include short-term accommodation designed to move young people on to stable long-term accommodation, but would exclude emergency accommodation used in a crisis. Categories B, C, D, E, K, T, and U should usually be considered as suitable accommodation (see below). Nevertheless there may be individual circumstances where this is not the case.</p> <p>B: With parents or relatives</p> <p>C: Community home or other form of residential care such as an NHS establishment</p> <p>D: Semi-independent, transitional accommodation (eg supported hostel, trainer flats); self-contained accommodation with specialist personal assistance support (e.g. for young people with disabilities, pregnant young women and single parents); and self-contained accommodation with floating support.</p> <p>E: Supported lodgings (where supervisory staff or advice workers are available to provide formal advice or support).</p> <p>K: Ordinary lodgings, without formal support. In general this will include young people lodging with former foster carers</p> <p>T: Foyers and similar supported accommodation which combines the accommodation with opportunities for education, training or employment.</p> <p>U: Independent living, eg independent tenancy of flat, house or bedsit, including local authority or housing association tenancy, or accommodation provided by a college or university. Includes flatsharing.</p> <p>V: Emergency accommodation (eg night shelter, direct access, emergency hostel)</p> <p>W: Bed and breakfast X: In custody Y: Other accommodation</p> <p>¹ Children in legal status V3 or V4 are subject to short-term break agreements. These children normally live at home, but are accommodated by a local authority in a pattern of short periods of care in order to give their parents (or guardians) some “respite”. The breaks must form part of a regular programme of support agreed between social services and the child’s parents/guardians. Each break must include at least one night away from home, but cannot exceed four weeks (28 days) of continuous care. V3 status refers to children accommodated under an agreed series of short-term breaks, when individual episodes of care are recorded. V4 status refers to children Accommodated under an agreed series of short-term breaks, when agreements are recorded (ie NOT individual episodes of care).</p>			

NI 147: Care leavers in suitable accommodation (continued)			
Formula	$\left(\frac{x}{y}\right) * 100$ <p>where:</p> <p>x = the number of young people aged 19 who were looked after under any legal status (other than V3 or V4) aged 16, and who are in suitable accommodation.</p> <p>y = the total number of young people aged 19 who were looked after under any legal status (other than V3 or V4) aged 16), excluding those whose situation is not known.</p>		
Worked example	<p>Former care leavers aged 19 = 5,300</p> <p>Former care leavers aged 19 in suitable accommodation = 4,600</p> <p>Proportion = $(4,600/5,300) \times 100 = 86.8\%$</p> <p>(2006 national data)</p>	Good performance	Good performance is typified by a positive increase in percentage
Collection interval	Annual	Data Source	Local authority report through SSDA903 return to DCSE.
Return Format	Percentage	Decimal Places	One
Reporting organisation	Local authority		
Spatial level	Single tier and county council		
Further Guidance	http://www.dfes.gov.uk/datastats1/guidelines/children/returns.shtml		

NI 148: Care leavers in employment, education or training				
Is data provided by the LA or a local partner?		Y	Is this an existing indicator?	Y
Rationale	The indicator measures levels of participation in employment, education or training (EET) for young adults formerly in care – a key group at risk of social exclusion. The indicator is part of the Social Exclusion PSA and is intended to drive improvements in long-term outcomes for care leavers, by ensuring they receive the support they need to access employment, education or training.			
Definition	<p>'Former care leavers': Young people aged 19 who were looked after under any legal status (other than V3 or V4²) aged 16.</p> <p>'In employment, education or training': Engaged either full (at least 16 hrs per week) or part-time (less than 16 hrs per week) in one of the following:</p> <p><u>Higher education:</u> 'Higher education' means all studies at a higher academic level than A level. This includes degrees, diplomas in higher education, teaching and nursing qualifications, HNDs, ONDs, and BTEC. The educational course does not have to be residential.</p> <p><u>Education other than higher:</u> This means all other education not covered by 'higher education'. The educational course does not have to be residential.</p> <p><u>Training or employment:</u> 'Training' includes government-supported training, including Youth Training, New Deal, Training for Work, and National Traineeships. 'Employment' includes paid employment, self-employment, and voluntary unpaid work.</p> <p>² Children in legal status V3 or V4 are subject to short-term break agreements. These children normally live at home, but are accommodated by a local authority in a pattern of short periods of care in order to give their parents (or guardians) some "respite". The breaks must form part of a regular programme of support agreed between social services and the child's parents/guardians. Each break must include at least one night away from home, but cannot exceed four weeks (28 days) of continuous care. V3 status refers to children accommodated under an agreed series of short-term breaks, when individual episodes of care are recorded. V4 status refers to children Accommodated under an agreed series of short-term breaks, when agreements are recorded (i.e. NOT individual episodes of care).</p>			
Formula	$\left(\frac{x}{y}\right) * 100$ <p>Where:</p> <p>x = the number of young people aged 19 who were looked after under any legal status (other than V3 or V4) aged 16, and who are in EET.</p> <p>y = the total number of young people aged 19 who were looked after under any legal status (other than V3 or V4) aged 16.</p>			

NI 148: Care leavers in employment, education or training (continued)			
Worked example	Former care leavers aged 19 = 5,300 Former care leavers aged 19 in EET = 3,300 Proportion = $(3,300/5,300) \times 100 = 62.3\%$ (2006 national data)	Good performance	Good performance is typified by a positive increase in percentage
Collection interval	Annual	Data Source	Local authority report through SSDA903 return to DCSF.
Return Format	Percentage	Decimal Places	One
Reporting organisation	Local authority		
Spatial level	Single tier and county council		
Further Guidance	http://www.dfes.gov.uk/datastats1/guidelines/children/returns.shtml		

NI 149: Adults in contact with secondary mental health services in settled accommodation			
Is data provided by the LA or a local partner?	Y	Is this an existing indicator?	N
Rationale	The indicator is intended to improve settled accommodation outcomes for adults with mental health problems – a key group at-risk of social exclusion.		
Definition	<p>'Mentally ill adults': Adults aged 18+ in contact with secondary mental health services (SMHS) who are on the Care Programme Approach (CPA).</p> <p>Settled Accommodation: The categories below will be used to operationalise settled accommodation. Those in the second category (accommodation with varying degrees of tenure/residence) may be classified as being in settled or unsettled accommodation depending on the extent of security of tenure/residence in their current accommodation and/or whether they have settled accommodation to return to. Guidance will be issued to assist with making this assessment.</p> <p>1. Unsettled accommodation eg;</p> <ul style="list-style-type: none"> • rough sleepers; • people in squats, night shelters, sofa surfing; • people placed in temporary accommodation (e.g., B&B) by a local authority; • person asked to leave/unable to return home) <p>2. Accommodation with varying degrees of tenure/residence – eg;</p> <ul style="list-style-type: none"> • Accommodation with housing related support (eg, Supported accommodation or lodgings, Staffed/Un-staffed Group Home, Direct Access Provision, Foyer) • Accommodation with health and social care support (eg, any stay in a health facility, such as: NHS Facilities/Hospitals; Acute or long stay NHS Residential Facility/Hospital; Independent Hospitals and Clinics; Specialist Rehabilitation/Recovery; Secure psychiatric Unit) • Accommodation with both housing and health and social care support (eg, Registered Care Home; Nursing home (single status); Addiction Rehabilitation Unit) • Accommodation with Criminal Justice Support (eg Bail/probation hostel; Prison; Young offenders institution) <p>3. Settled accommodation eg;</p> <ul style="list-style-type: none"> • owner-occupier; • shared ownership scheme; • tenant – local authority/ALMO, housing association; • private sector rental; • flat sharing, other mainstream housing; • extra-care housing; sheltered housing) 		

NI 149: Adults in contact with secondary mental health services in settled accommodation (continued)			
Formula	$\left(\frac{x}{y}\right) * 100$ <p>Where:</p> <p>x = the number of adults in contact with secondary mental health services in settled accommodation</p> <p>y = the total number of adults in contact with secondary mental health services</p>		
Worked example	<p>Adults in contact with SMHS = 464,780</p> <p>Adults In contact with SMHS in settled accommodation = 355,091</p> <p>Proportion = $(355,091/464,780) \times 100 = 76.4\%$</p> <p>(hypothetical data)</p>	Good performance	Good performance is typified by a positive increase in percentage
Collection interval	Annual	Data Source	Mental Health Minimum Data Set.
Return Format	Percentage	Decimal Places	One
Reporting organisation	Mental Health Trust provides data to the Information Centre for Health and Social Care.		
Spatial level	Single Tier and County Council		
Further Guidance	http://www.cabinetoffice.gov.uk/social_exclusion_task_force/psa.aspx		

NI 150: Adults in contact with secondary mental health services in employment			
Is data provided by the LA or a local partner?		Y	Is this an existing indicator?
			Y
Rationale	The indicator is intended to measure improved employment outcomes for adults with mental health problems – a key group at-risk of social exclusion.		
Definition	<p>'Mentally ill adults': Adults aged 18-69 in contact with secondary mental health services (SMHS) who are on the Care Programme Approach (CPA).</p> <p>Employed: 1 – working full-time as an employee or self-employed (16 or more hours per week); 2 – working as an employee or self-employed (5 to 15 hours per week); 3 – working as an employee or self-employed (1 to 4 hours per week).</p> <p>Categories 1-3 above are to be combined to report on the employment rate for this group.</p>		
Formula	$\left(\frac{x}{y}\right) * 100$ <p>Where:</p> <p>x = the number of adults in contact with secondary mental health services in employment</p> <p>y = the total number of adults in contact with secondary mental health services</p>		
Worked example	<p>Adults in contact with SMHS = 464,780</p> <p>Adults in contact with SMHS in Emp. = 97,603</p> <p>Proportion = $(97,603/464,780) \times 100 = 21.0\%$</p> <p>(hypothetical data)</p>	Good performance	Good performance is typified by a positive increase in percentage
Collection interval	Annual	Data Source	Mental Health Minimum Data Set.
Return Format	Percentage	Decimal Places	One
Reporting organisation	Mental Health Trust provides data to the Information Centre for Health and Social Care.		
Spatial level	Single Tier and County Councils		
Further Guidance	http://www.cabinetoffice.gov.uk/social_exclusion_task_force/psa.aspx		