



# Social Care and Mental Health Indicators from the National Indicator Set – further analysis 2009-10

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## Executive Summary

### Promoting Independence and choice

- The number of older people (aged 65 and over) discharged from hospital where there was the intention to return home was 64,400 clients of which 52,300 (81.2%) were still at home after 91 days (NI 125), compared to 78.2 per cent in 2008-09 . This percentage is lower for older clients; 77.9 per cent for those aged 85 and over compared to 84.6 per cent for those aged 65-74.
- 13.0 per cent of all adults and carers received services via self directed support (NI 130)<sup>1</sup>. 24.4 per cent of carers who received services were given self directed support compared to 14.7 per cent of adults aged 18-64 and 9.6 per cent of those aged 65 and over.
- 3,118 adults per 100,000 population were assisted directly through social services funded support to live independently compared to 3,202 in 2008-09 which is a decrease of 2.6 per cent. This includes those supported through services provided by grant funded organisations (NI 136).

### User Experience

- Over two-thirds (68.5%) of service users who recently received equipment or a minor adaptation said it had made their quality of life much better (NI 127). This is similar to the last available figures from 2007-08 (68.3%).
- 87.1 per cent said that they were very happy with the way they were treated by the people who discussed their needs with them, a slight decrease from the 2007-08 figure of 87.6 per cent (NI 128).

### Timeliness of assessment and delivery of care packages

- 81.3 per cent of adults aged 18 and over waited 4 weeks or less for their assessment to be completed, a slight increase from the 2008-09 figure of 79.8 per cent. 79.9 per cent of adults aged 18-64 waited 4 weeks or less for their assessment to be completed in 2009-10, compared to 81.9 per cent of those aged 65 and over (NI 132).
- 90.4 per cent of adults aged 18 and over waited 4 weeks or less from completed assessment to receipt of all services in 2009-10. 88.6 per cent of adults aged 18-64 waited 4 weeks or less for their assessment to be completed compared to 91.1 per cent of those aged 65 and over (NI 133)<sup>2</sup>.

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<sup>1</sup> In 2009-10 the numerator of NI 130 was expanded to include Personal Budgets and therefore NI 130 is not comparable to 2008-09

<sup>2</sup> Indicator NI 133 has been expanded to include all clients aged 18 and over in 2009-10 where as previously it was restricted to those

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## Carers' Services

- 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 26.4 per cent (NI 135) compared to 23.1 per cent in 2008-09. This varies from 38.7 per cent for carers of vulnerable adults aged 18-64 to 15.4 per cent for carers of those with mental health needs.

## Promoting social inclusion

- 61.0 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 64.5 per cent in 2008-09. The percentage of female adults with learning disabilities in settled accommodation (62.0%) was slightly higher than for males (60.2%) (NI 145).
- 6.4 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 6.8 per cent in 2008-09. Adults known to social services but not in receipt of services had a higher percentage in employment at 12.9 per cent, compared to 2.2 per cent for those in residential care (NI 146).
- 59.1 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 149).
- 7.9 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 (NI 150).

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aged 65 or over.

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## 1. Introduction

This indicator set underpins the performance framework for local government and meets 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. The NHS Information Centre collects information on 12 of the indicators which relate to social care and mental health services.

The social care information provided by Councils with Adult Social Services Responsibilities (CASSRs) and presented in this report is provisional and relates to the period April 2009 – March 2010. Final social care data is expected to be published in early 2011 which will include any revisions made by councils since the provisional data were published.

The mental health information in this report is supplied by NHS trusts providing specialist mental health services. This report includes the final data for the two indicators (NI149 and NI150) that relate to people in contact with secondary Mental Health services, except for two trusts whose data has been revised since the deadline for this publication. This will be included in the final release expected to be published in early 2011.

The social care information presented in this report is the same data published on the 12<sup>th</sup> August 2010. However, this report provides detailed analysis of the Social Care Indicators from the National Indicator Set; where possible broken down by client group, age and gender. The Mental Health data for indicators NI149 and NI150 is different from the data published on the 12<sup>th</sup> August as it uses annual 2009-10 data which was not available when the for the August publication. The data for NI149 and NI150 published in August was based on the first three quarters of 2009-10.

National level information is provided in this report with some council level and regional information. Full council, regional and council type information, including information by Primary Care Trust for NI 149 and NI 150, is available on the NHS Information Centre for health and social care web site at [www.ic.nhs.uk/pubs/socmhi09-10](http://www.ic.nhs.uk/pubs/socmhi09-10).

Caution should be taken when comparing data historically as there have been a number of changes to the data sources and definitions of the indicators as detailed in the editorial notes.

In 2009-10 not all organisations collecting the data have provided the full set of data needed to calculate the council level indicators by demographics and estimates have not been made. Therefore the England, Regional and Council type totals have been quoted based on councils that have provided the complete data. The national figures for all indicators have been based on 152 councils; although some of the breakdowns are based on fewer councils.

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Information for the mental health indicators (NI 149 and NI 150) was collected by NHS trusts for the first time in 2008-09 and many of them had problems with the data collection but this has improved for the second year of collection.

The report is divided into five chapters, promoting independence and choice, user experience, timeliness of assessment and delivery of care packages, carers' services and promoting social inclusion.

Chapter 2, Promoting independence and choice provides information for three Social Care Indicators. Achieving independence for older people through rehabilitation/intermediate care (NI125), Adults and older people receiving self directed support (NI130) and People supported to live independently (NI136).

Chapter 3, User experience provides information for two Social Care Indicators. Self reported experience of Social Care users (NI 127) and user reported measure of respect and dignity in their treatment (NI 128).

Chapter 4, Timeliness of assessment and the delivery of packages of care, provides information on two indicators. Timeliness of social care assessment (NI132) and Timeliness of social care packages (NI133).

Chapter 5, Carers Services, illustrates indicator NI135 by the client group of the cared for person.

Chapter 6, Promoting social inclusion, contains information on the two indicators relating to Adults with Learning disabilities in settled accommodation (NI145) and in paid employment (NI146) and the corresponding Indicators for those in contact with specialist mental health services in settled accommodation (NI149) and in paid employment (NI150).

More information on the Indicator definitions and the data resources can be found in the editorial notes section.

## 2. Promoting Independence and Choice

### Introduction

This chapter includes information relating to three indicators NI 125, NI 130 and NI 136. The analysis in this chapter will look at the differences in the indicator values by age group and gender, as well as giving some contextual information around the destination of clients for NI 125 where there is no intention for them to return home.

### **Achieving independence for older people through rehabilitation/re-enablement and intermediate care (NI125/VSC04)**

This indicator measures the benefit to individuals from intermediate care and rehabilitation / re-enablement services following a stay in hospital. It captures the joint work of social services and health staff and services commissioned by joint teams<sup>3</sup>. 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 and over.

This information was collected for the first time in 2008-09 and related to discharges within three months (October – December 2008). In 2009-10 this information was collected over a longer six month period (July – December 2009).

**Table 2.1** shows the number of people that are still in their own homes following discharge from hospital 91 days after discharge, and the number where there was the intention to return home. 64,400 clients were discharged (aged 65 and over) of which 52,300 (81.2%) were still at home after 91 days.

The percentage of those discharged still at home 91 days decreases as the client gets older, from 84.6 per cent for those aged 65-74 to 77.9 per cent for those aged 85 and over. 17 per cent of clients aged 65 and over discharged from hospital where the intention is for them to return home are aged 65-74, 42 per cent are aged 75-84 and 42 per cent are aged 85 and over.

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3. A Joint Review – is a joint, multi-disciplinary assessment prior or following their hospital discharge, the patient will subsequently have received services specifically aimed at rehabilitation/re-enablement and the patient's return to living at home. It requires inputs commissioned/provided by the NHS and/or the CASSR to re-enable or rehabilitate the patient so that they can continue to live at home, with or without the ongoing need for support by formal care staff.



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**Table 2.1: The number of clients aged 65 and over achieving independence through rehabilitation by age group, 2009-10<sup>1</sup>**

Discharges (July – December 2009)

Percentages and Rounded Figures

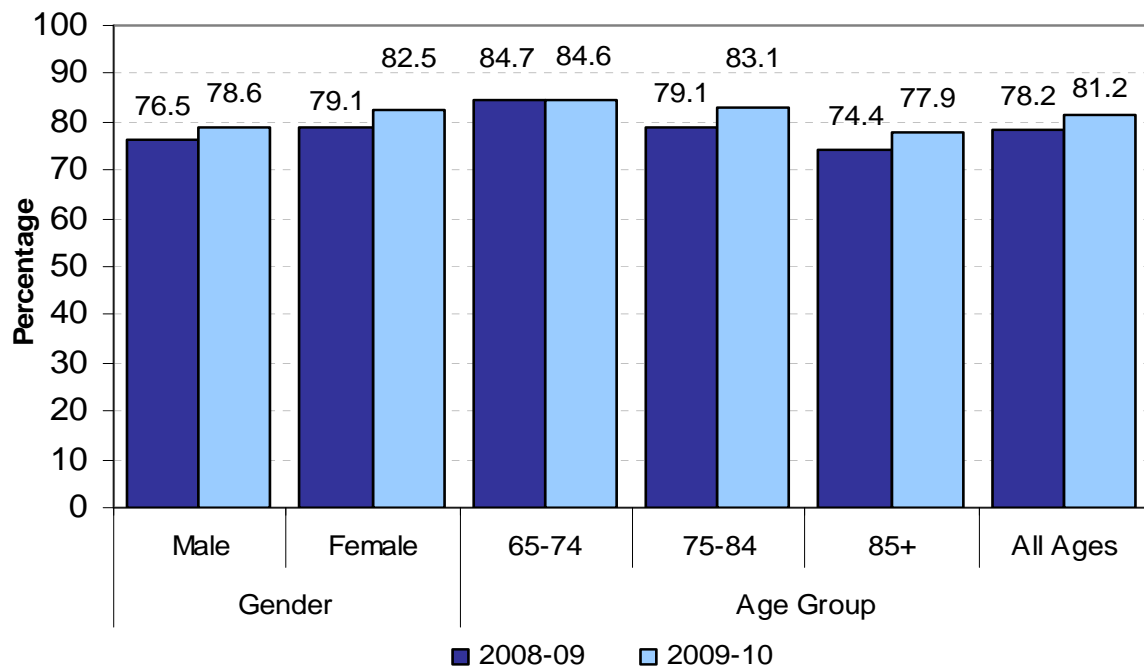
	Age Group			All ages
	65-74	75-84	85 and over	
Number of Discharges to rehabilitation where the person was still at home after 91 days (numerator)	9,050	22,250	20,950	52,250
Number of Discharges to rehabilitation where the intention is for the person to return home (denominator)	10,700	26,750	26,900	64,350
<b>Percentage of those discharged still at home after 91 days (NI125/VSC04)</b>	<b>84.6</b>	<b>83.1</b>	<b>77.9</b>	<b>81.2</b>

Source: ASC – CAR

1. All 152 councils provided the age breakdown of the indicator.

**Figure 2.1** shows the change in the indicator value by age group and gender from 2008-09 to 2009-10. The overall indicator value from 2008-09 and 2009-10 has increased by 3 percentage points from 78.2 per cent in 2008-09 to 81.2 per cent in 2009-10. The indicator has increased from 2008-09 to 2009-10 in all age groups with the exception of clients aged 65-74 which has decreased slightly. The indicator has remained higher for females than males.

**Figure 2.1: The number of clients aged 65 and over achieving independence through rehabilitation by age group and gender in 2008-09 and 2009-10<sup>1</sup>**



Source: ASC – CAR

1. All 152 councils provided the age breakdown of the indicator.

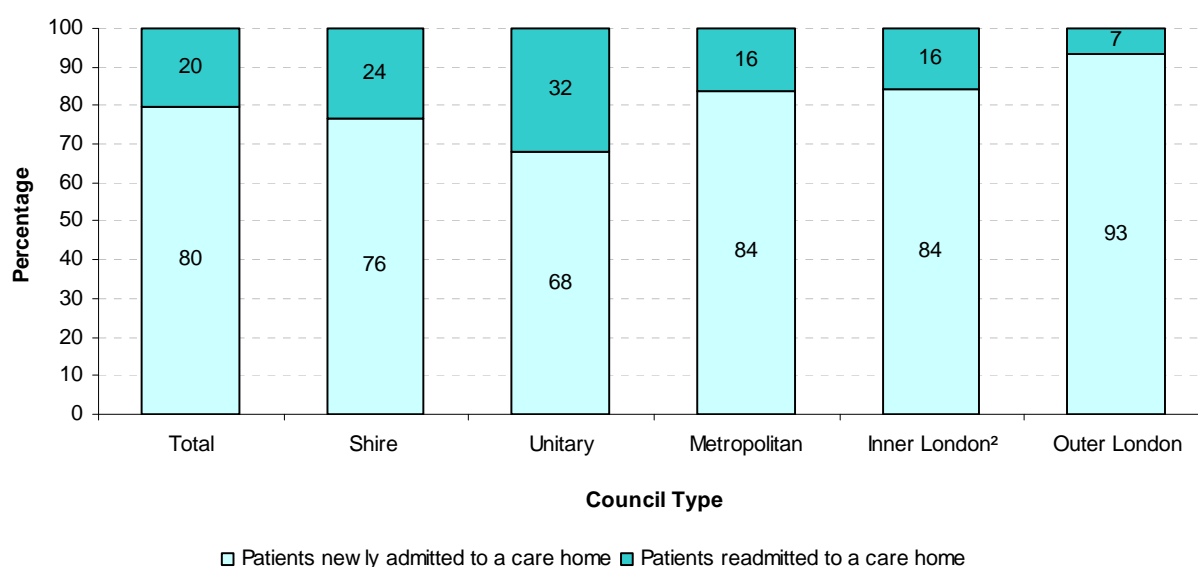
**Figure 2.2** displays information on the destination collected for clients where there was no intention to return home. 81 councils provided this data and they reported that there were 37,900 discharges from hospital where the intention was for them to go home and 1,800

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where the intention was not to return home. Of those not going home 80 per cent of patients that were discharged from hospital were admitted into a care home for the first time and 20 per cent were re-admitted into a care home.

The percentage of patients admitted into a care home for the first time is highest for Outer London councils at 93 per cent and lowest for Unitary authorities at 68 per cent.

**Figure 2.2: The percentage of patients aged 65 and over discharged from hospital and their destination, where there was no intention to return home, by council type, 2009-10<sup>1</sup>**  
Discharges (July – December 2009)



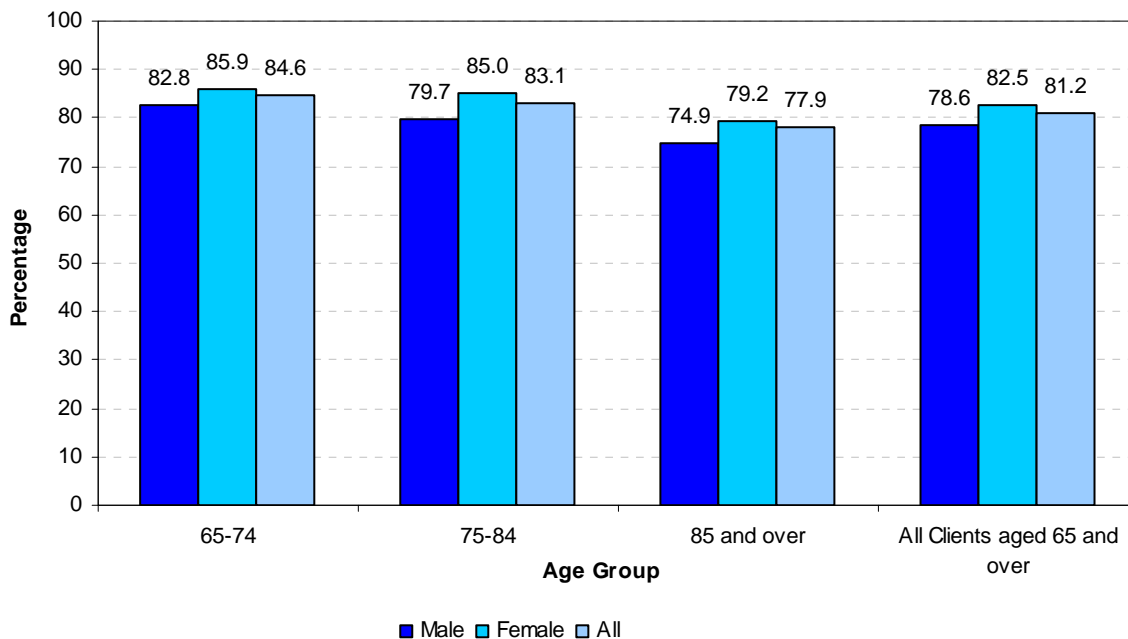
Source: ASC – CAR

1. Estimates have not been made where a council has not been able to provide the information; therefore the table is based on data from 81 councils who returned these elements of the ASC-CAR return which equates to 1,800 patients.
2. The figures for Inner London are based on 50 patients.

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**Figure 2.3** shows the differences between the indicator value for NI 125 by age group and gender. The figure shows that the indicator value is slightly higher for females for all age groups.

**Figure 2.3: Indicator value for NI125 by age group and gender, 2009-10<sup>1</sup>**



Source: ASC – CAR

1. All 152 councils provided the age breakdown of the indicator.

## Adults and older people receiving self directed support (NI 130/VSC17)

This indicator looks at Self Directed Services, for example direct payments and personal budgets. These offer the individual client or carer greater flexibility and choice in how their support is provided and ensure that their care and support package is directly responsive to their individual needs and wishes.

In 2009-10 the numerator of this indicator was expanded to include Personal Budgets as Personal Budgets were rolled out nationally in 2009-10 for all Clients and Carers; the denominator has changed from population to the number of people receiving one or more services commissioned or provided by the CASSR<sup>4</sup>.

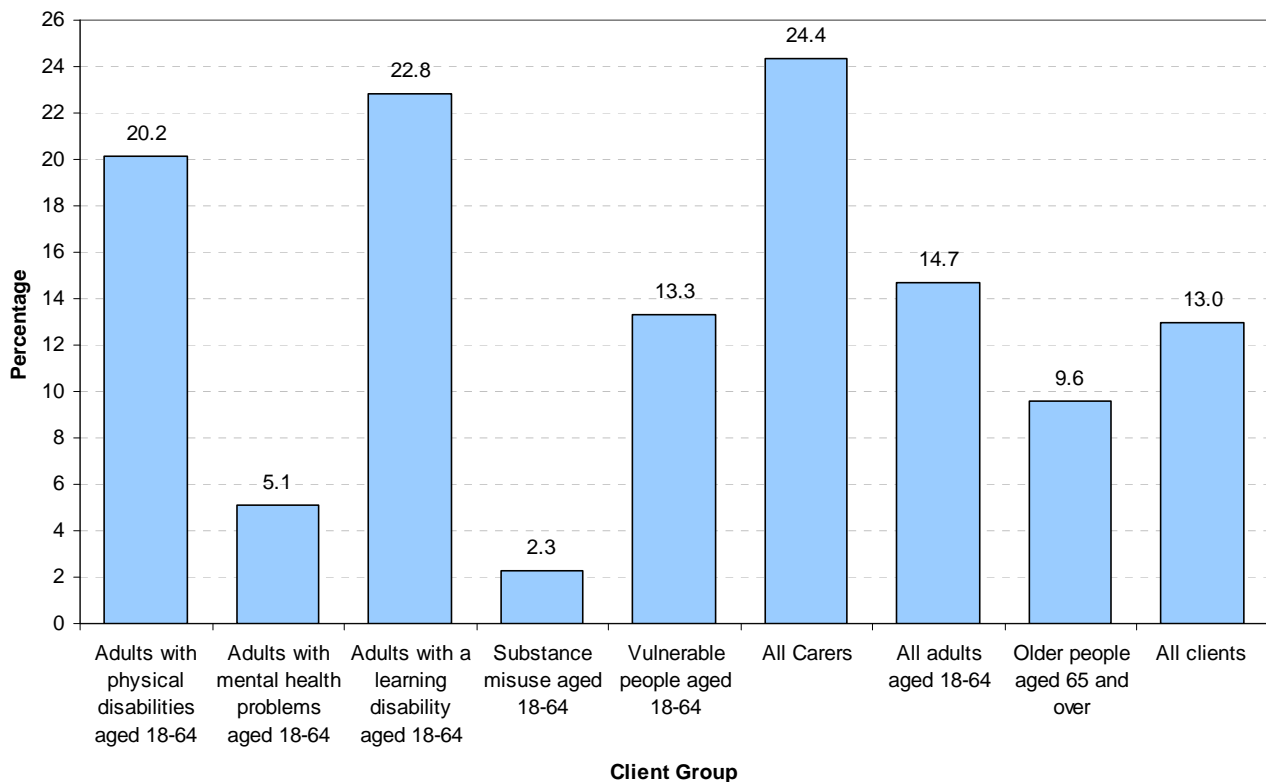
**Figure 2.4** shows that the percentage of all clients and carers receiving self directed support is 13.0 per cent in 2009-10. The group with the highest percentage is all carers (24.4%)

<sup>4</sup> For more information on the changes to the definition of NI 130 see link to the communities and local government web site <http://www.communities.gov.uk/publications/localgovernment/nationalindicatorsupdate>

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followed by adults aged 18-64 with a learning disability (22.8%). However, only 2.3 per cent of service users aged 18-64 in the substance misuse primary client group and 5.1 per cent of those with aged 18-64 with mental health problems received self directed support.

**Figure 2.4: The percentage of social care clients receiving personal budgets and/or direct payments of those receiving services in 2009-10**



Source: ASC – CAR

1. Estimates have not been made where a council has not provided information; the client groups within the table are based on 152 councils apart from vulnerable people and substance misuse (150 councils). The total is based on returns from all 152 councils.

## People supported to live independently (NI 136/VSC03)

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 all adults receiving care/support to live independently in their own homes, both through care packages provided directly by the local authority, and including help provided through organisations that are Grant Funded. This indicator measures the number of adults 18 and over per 100,000 population that are assisted directly through social services funded support to live independently, plus those supported through organisations that receive social services grant funded services.

There is the potential for double counting between assessed services and grant funded services but including this latter group gives a broader picture of the overall level of services

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which are supporting people to live independently. The latest estimate of the proportion of people receiving Grant Funded Services who are also receiving services from councils through formal care plans from social services is 10 per cent<sup>5</sup>. There is also the potential for double counting between grant funded organisations due to data protection so it is not possible to estimate the level of duplication between these organisations.

The indicator is age standardised and also adjusted for likely needs for social care services using needs-weighted population data produced from the Relative Needs Formula (RNF) allocation calculations<sup>6</sup>.

**Table 2.2** shows the breakdown of the indicator by age group and **Figure 2.6** provides a further breakdown of those adults aged 18-64 by client type. The number of adults per 100,000 population supported to live independently through social services was 3,118.5 in 2009-10, a decrease of 2.6 per cent from the 2008-09 figure of 3,202.0.

**Table 2.2: The number of adults per 100,000 population supported to live independently through social services by age group in 2008-09 and 2009-10.**

	2008-09	2009-10 <sup>1</sup>
Adults aged 18-64	1,480.9	1,454.8
Adults aged 65 and over	9,883.1	9,502.1
<b>Adults aged 18 and over</b>	<b>3,202.0</b>	<b>3,118.5</b>

Source: RAP and ONS Mid Year Estimations

1. All 152 councils provided the age breakdown of the indicator.

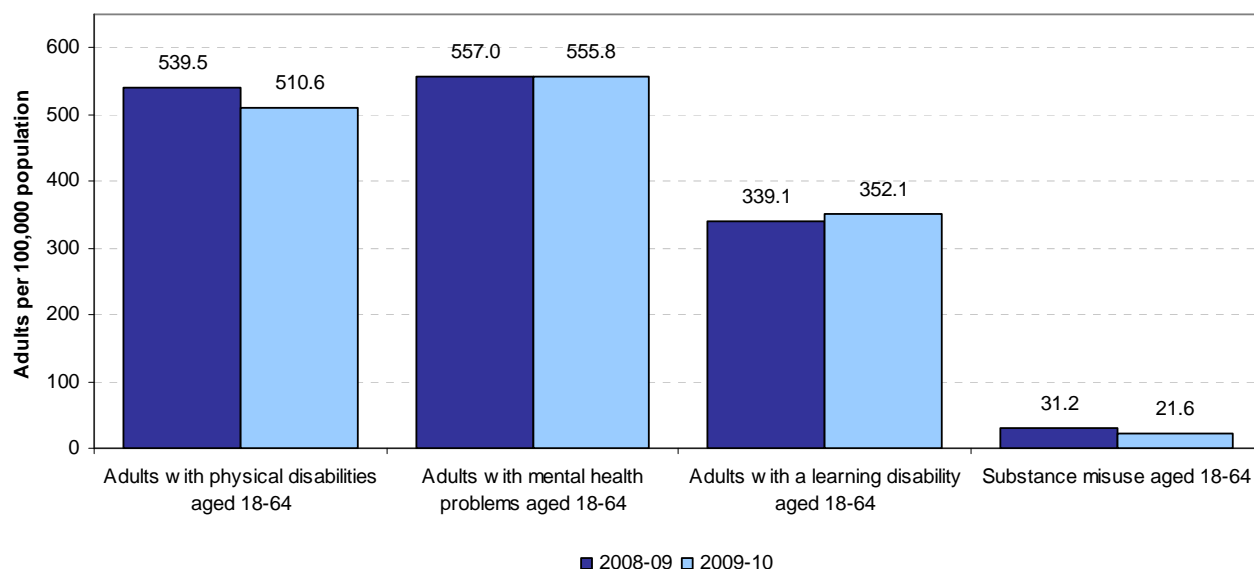
**Figure 2.6** shows the differences between the indicator values for each client group for adults aged 18-64. The client group with the highest value is adults with mental health problems where 555.8 adults per 100,000 population were supported to live independently in 2009-10, this was also the highest value client group in 2008-09. The only group to show an increase was service users with a Learning Disability which increased from 339.1 per 100,000 population in 2008-09 to 352.1 in 2009-10.

<sup>5</sup> See chapter 4 of "Community Care Statistics: Grant Funded Services for Adults, England – 2008-09" available from: <http://www.ic.nhs.uk/statistics-and-data-collections/social-care/adult-social-care-information/community-care-statistics-grant-funded-services-for-adults-england--2008-09>

<sup>6</sup> For more information on the Relative Needs calculations please refer to guidance on the NHS Information Centre website <http://www.ic.nhs.uk/webfiles/Services/Social%20care/Collections/2007%20to%2008/2008-02-28%20Options%20for%20the%20NI%20136.pdf>

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**Figure 2.6: The number of adults per 100,000 population<sup>1</sup> supported to live independently through social services by client group<sup>2</sup> for adults aged 18-64 in 2008-09 and 2009-10<sup>3</sup>**



Source: RAP, GFS and ONS Mid Year Estimations

1. Denominator for all 18-64 client groups use the overall population estimates for all 18-64 year olds as a breakdown by disability is not available.
2. Grant Funded Services data is not collected separately for the vulnerable people group. Therefore this client group has not been shown separately.
3. The client groups within the table are based on 152 councils apart from substance misuse (150 councils) in 2009-10,

## 3. User experience

### Introduction

This chapter includes information relating to two indicators NI 127 and NI 128 which both relate to Social Care users' experience of the care and support services received. The analysis in this chapter will look at the indicator values by gender, age group, ethnicity and primary client group. For 2009-10, the indicators are based on a survey of adults receiving community equipment and / or minor adaptations.

This survey covers a representative sample of service users recently receiving a piece of community equipment and / or a minor adaptation to their home funded wholly or in part by a Council with Adult Social Services Responsibilities. Please see the editorial notes for more information on the coverage of this survey.

This survey was conducted for the first time in 2007-08<sup>7</sup> and has been repeated in 2009-10. 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. For example, the 95% confidence interval gives the range in which you would expect the true indicator value to fall 95 times if 100 samples were selected. These 95% confidence intervals are shown by the use of vertical lines on the charts (error bars). All the differences discussed within the commentary over time and between categories are statistically significant.

### Self reported experience of Social Care users (NI 127/VSB 15)

Question 10, "How has the equipment /minor adaptation affected the quality of your life?" is being used in the 2009-10 national indicator set to assess Social Care users' perceptions of services they receive. This is an essential aspect of assessing whether the personal outcomes that people want from care and support services are being delivered.

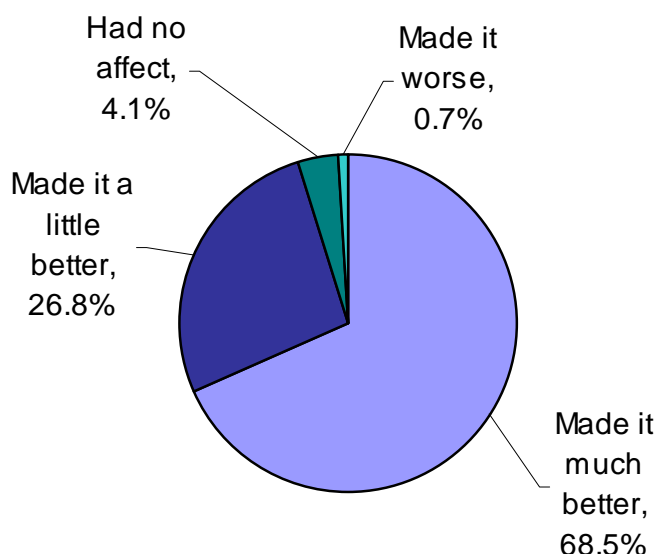
**Figure 3.1** shows the distribution of answers to the question on quality of life. 68.5 per cent of respondents said that the equipment or minor adaptation had made their life much better, 26.8 per cent it was a little better, 4.1 per cent said it had no effect, and less than 1 per cent said their life had been made worse. This distribution is similar to the results in 2007-08.

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<sup>7</sup> The publication of the results from the 2007-08 survey can be found [www.ic.nhs.uk/pubs/pssadultsequip0708](http://www.ic.nhs.uk/pubs/pssadultsequip0708)

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**Figure 3.1: Q10 – How has the equipment/minor adaption affected the quality of your life, 2009-10?<sup>1</sup>**



Source: UES

1. Based on 62,350 respondents.

**Table 3.1** shows that the impact of the equipment or minor adaptation on the respondent's quality of life was similar for males and females.

**Table 3.1: Gender by quality of life (Q10), 2009-10**

Percentages<sup>1</sup> and Rounded Figures

Gender	Quality of Life				Total Respondents
	Made it much better	Made it a little better	Had no affect	Made it worse	
Male	67.2	28.0	4.1	0.6	22,000
Female	69.2	26.1	4.0	0.7	40,300
<b>Total</b>	<b>68.5</b>	<b>26.8</b>	<b>4.1</b>	<b>0.7</b>	62,350

Source: UES

- less than 0.5 per cent

1. Figures may not add up to 100 per cent due to rounding.

2. The total includes a small number of service users where the gender is unknown.

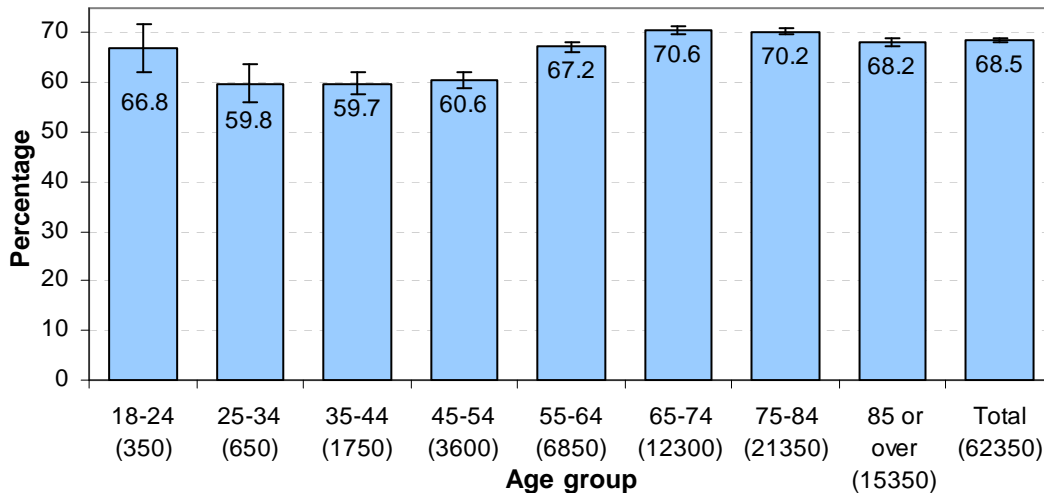
**Figure 3.2** shows that in general, the impact of the equipment or minor adaptation on the respondent's quality of life was greater for older people. One exception to this is 18-24 year olds where 66.8 per cent of respondents said their life had been made much better

However, due to the confidence intervals (shown by the error bars) in the chart for the 18-24 year olds overlapping, the result for this group is not significantly different to the other age groups.



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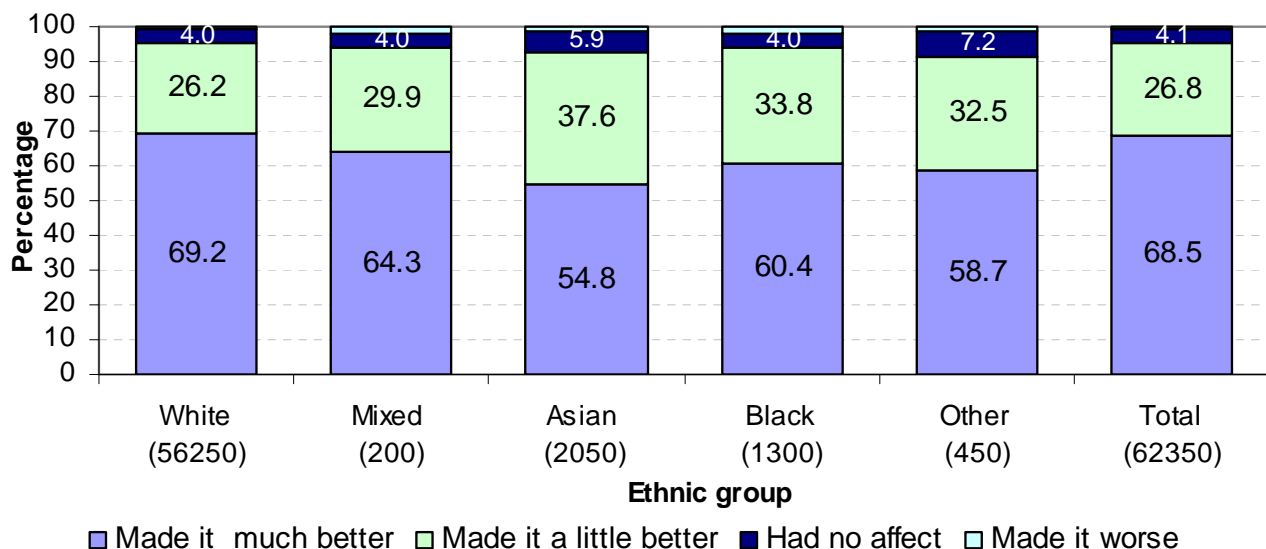
**Figure 3.2: Age group by quality of life indicator (Q10), 2009-10**



Source: UES

**Figure 3.3** shows that 69.2 per cent of respondents in the White ethnic group said that the equipment / minor adaptation had made their life much better compared to 54.8 per cent in the Asian group.

**Figure 3.3: Ethnicity by quality of life indicator (Q10), 2009-10**



Source: UES

- less than 0.5 per cent

1. Figures may not add up to 100 per cent due to rounding.

It can be seen from **Table 3.2** that 68.0 per cent of respondents aged 18-64 with a learning disability said the equipment or minor adaptation had made their life much better compared to 62.6 per cent of those aged 18-64 with a mental health problem.

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**Table 3.2: Primary Client Group for adults aged 18-64 and older people by quality of life, 2009-10**

Percentages<sup>1</sup> and Rounded Figures

Primary Client Group	Quality of Life				Total Respondents
	Made it much better	Made it a little better	Had no affect	Made it a little worse	
Adults with Physical Disabilities aged 18-64	63.6	31.0	4.3	1.1	11,400
Adults with Learning disabilities aged 18-64	68.0	22.9	6.8	2.3	500
Adults with Mental health problems aged 18-64	62.6	31.6	5.2	0.7	450
Other Adults aged 18-64	66.1	28.3	4.8	0.9	350
Adults aged 18-64	64.0	30.5	4.4	1.1	13,200
Older People aged 65 and over	69.7	25.8	3.9	0.6	49,000
<b>Total</b>	<b>68.5</b>	<b>26.8</b>	<b>4.1</b>	<b>0.7</b>	<b>62,350</b>

Source: UES

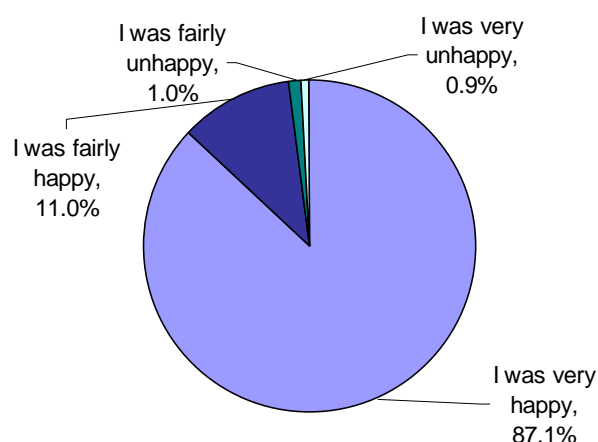
1. Figures may not add up to 100 per cent due to rounding.  
- less than 0.5 per cent

## User reported measure of respect and dignity in their treatment (NI 128/VSC 32)

The dignity of service users is fundamental to the provision of good services in both health and social care settings. Question 3, "How happy were you with the way those who discussed your needs treated you?" is being used in the 2009-10 National Indicator Set to assess the dignity in which Social Care users' were treated. Dignity is a key priority articulated by the Department of Health, the Dignity in Care Campaign introduced by the then government and Lord Darzi's NHS Next Sage Review.

**Figure 3.4** shows distribution of answers to the question on dignity. 87.1 per cent of respondents said they were very happy with the way the people discussed their needs treated them, which is a slight decrease from the 2007-08 figure 87.6 per cent. 11.0 per cent were fairly happy, 1.0 per cent were fairly unhappy and the remaining 0.9 per cent were very unhappy.

**Figure 3.4: Q3 – How happy were you with the way those who discussed your needs treated you, 2009-10?<sup>1</sup>**



Source: UES

1. Based on 61,600 respondents.

**Table 3.3** shows that the distribution of responses to the question “How happy were you with the way those who discussed your needs treated you?” are similar for males and females.

**Table 3.3: Gender by dignity indicator (Q3), 2009-10**

Percentages<sup>1</sup> and Rounded Figures

Gender	How happy were you with the way those who discussed your needs treated you?				Total Respondents
	I was very happy	I was fairly happy	I was fairly unhappy	I was very unhappy	
Male	86.5	11.5	1.1	0.9	21,700
Female	87.4	10.8	1.0	0.9	39,850
<b>Total</b>	<b>87.1</b>	<b>11.0</b>	<b>1.0</b>	<b>0.9</b>	<b>61,600</b>

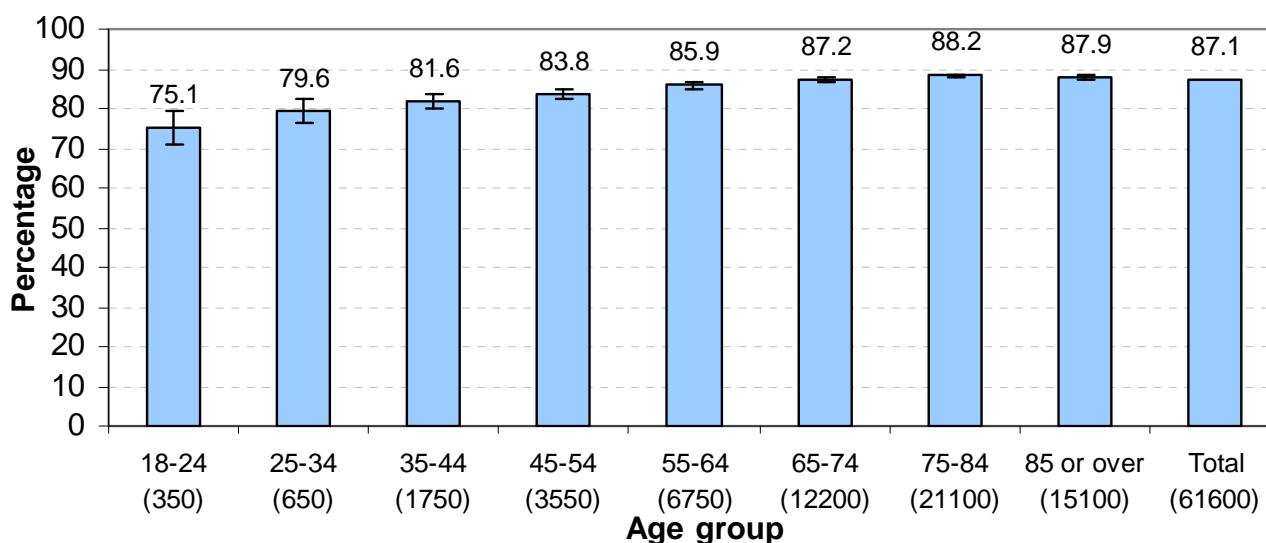
Source: UES

1. Figures may not add up to 100 per cent due to rounding.

**Figure 3.5** shows that older respondents reported higher levels of favourable answers to the dignity question. 87.9 per cent of those aged 85 or over said they were very happy with how they were treated compared to only 75.1 per cent of 18 to 24 year olds.

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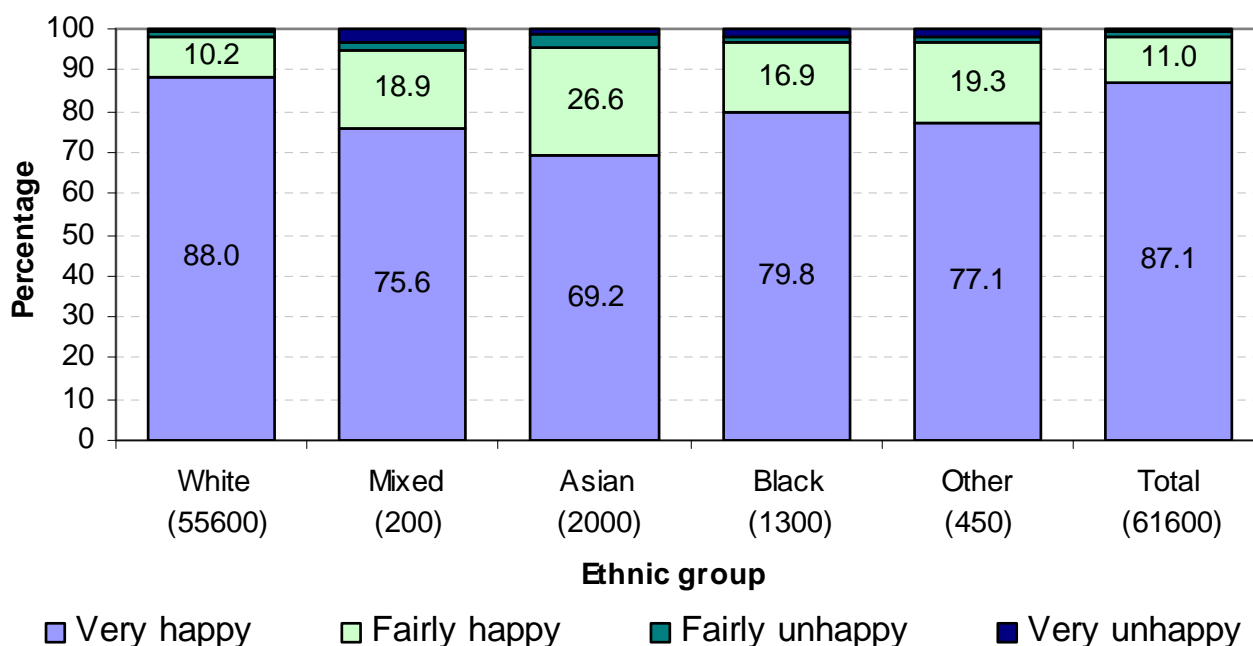
**Figure 3.5: Age group by dignity indicator (Q3), 2009-10**



Source: UES

**Figure 3.6** shows that a higher percentage of respondents in the White ethnic group were very happy with the way the people who discussed their needs treated them (88.0 per cent) compared to the other ethnic groups. Those service users who were “Black” responded more favourably than those who were “Asian”, 79.8 per cent compared to 69.2 per cent respectively.

**Figure 3.6: Ethnicity by dignity indicator (Q3), 2009-10**



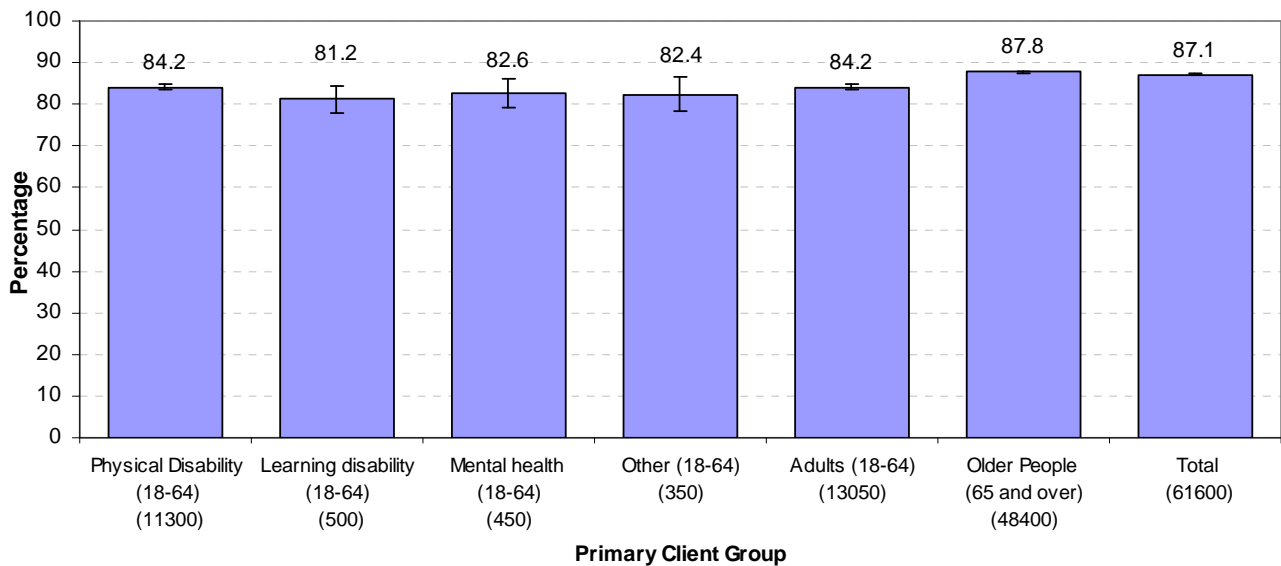
Source: UES

1. Figures may not add up to 100 per cent due to rounding.

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It can be seen from **Figure 3.7** that a higher proportion (87.1%) of adults aged 18-64 with a physical disability said they were very happy compared to adults aged 18-64 with a learning disability (82.1%).

**Figure 3.7: Primary Client Group for adults aged 18-64 and older people by dignity indicator, 2009-10**



Source: UES

## 4. Timeliness of Assessment and the Delivery of Packages of Care

### Introduction

This chapter includes information relating to two indicators NI 132 and NI 133 which both relate to the timeliness of social services. NI 132 provides information on the timeliness of assessments and NI 133 provides information on the timeliness of the delivery of services. The analysis in this chapter will look at the differences in the indicator values by age group and client type. Timeliness for assessments has been collected on a consistent basis since 2003-04. In 2009-10, timeliness to provision of services for adults aged 18-64 was collected for the first time.

### Timeliness of social care assessments (NI 132/VSC12)

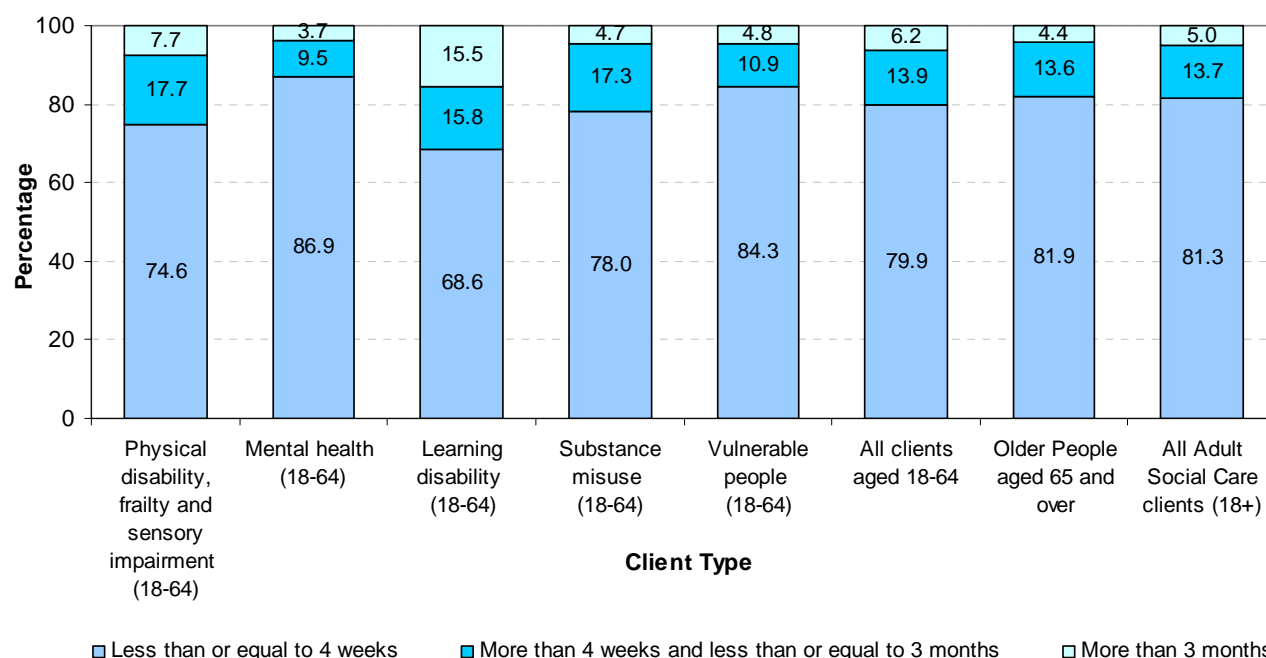
Users and carers should expect practical help and other support to arrive in a timely fashion soon after their problems have been referred to social services. Timeliness of assessment is of importance and is recognised as crucial by Councils with Adult Social Services Responsibilities and significant for people who use services.

In **Figure 4.1** the indicator value is shown by the bottom part of the bar within the stacked bar chart (Less than or equal to 4 weeks), and is broken down by primary client and age group. The figure shows that there is variation across the primary client groups and the different age brackets.

79.9 per cent of adults aged 18-64 waited 4 weeks or less for their assessment to be completed, however for those aged 65 and over this rises to 81.9 per cent. Those adults with a learning disability wait longer for their assessment with 31.4 per cent waiting longer than 4 weeks compared to 13.1 per cent for those with a primary client group of mental health. Overall an increase from 2008-09 has been seen in the percentage of clients waiting four weeks or less for their assessment to be completed in 2009-10 from 79.8 per cent to 81.3 per cent.

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**Figure 4.1: The length of time to completion of assessment for new clients by primary client group, age group and time band, England in 2009-10**



Source: RAP (A7)

1. Percentages may not add up to 100 per cent due to rounding.
2. Full information from 152 councils were provided for the age breakdowns. 151 councils provided the breakdowns for adults aged 18-64 with a physical disability and adults with a learning disability, 150 councils provided data for adults with a mental health problem and vulnerable people aged 18-64 and 149 councils provided data for adults aged 18-64 with a substance misuse problem.

**Table 4.1** shows the improvement in the timeliness of assessment over time. The length of time from first contact to completed assessment has improved for those aged 18-64 since 2007-08 by 8 percentage points and fallen for those aged 65 and over by under 1 percentage point.

**Table 4.1: Cumulative distribution of all new clients from first contact to completed assessment in England by age group, 2007-08 to 2009-10**

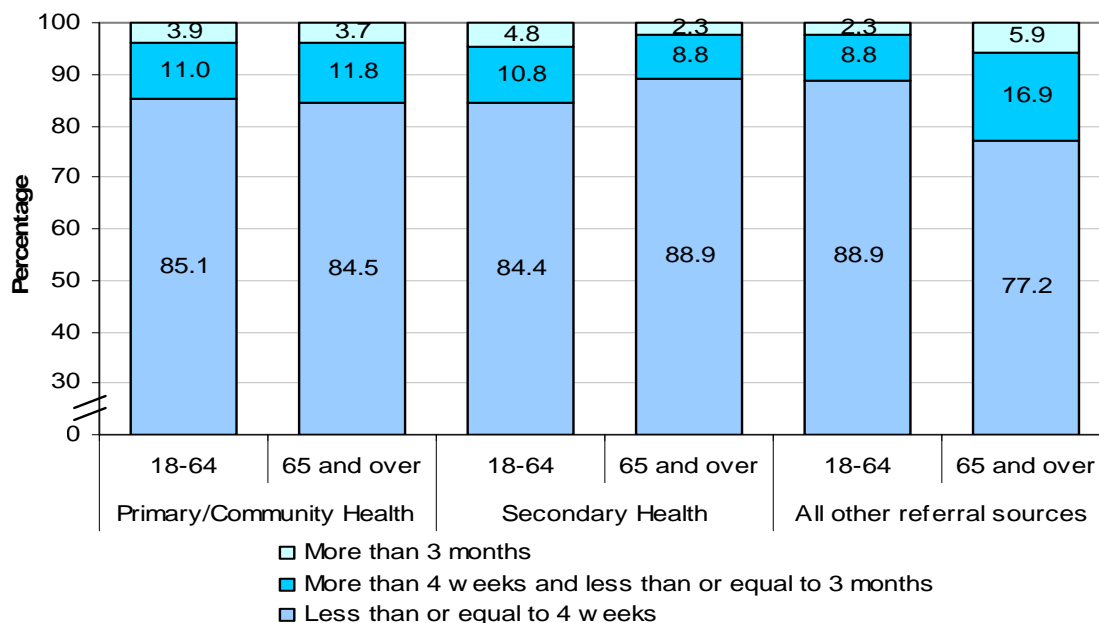
	Percentages								
	All new clients			Age 18-64			Age 65 and over		
	2007-08	2008-09	2009-10	2007-08	2008-09	2009-10	2007-08	2008-09	2009-10
Up to and including 4 weeks (NI132)	79.5	79.8	81.3	72.0	75.1	79.9	82.5	81.7	81.9
Up to and including 3 months	93.5	94.7	95.0	89.7	92.2	93.8	95.0	95.7	95.6
All	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: RAP (A7)

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**Figure 4.2** shows the Indicator value by referral source and age group. Assessments are completed more quickly for referrals from secondary health than other sources.

**Figure 4.2: The length of time to completion of assessment for new clients by referral source, age group and time band, England in 2009-10**



Source: RAP (A7)

1. 2009-10 data does not include estimations and is based on returns from 150 councils, with the exception of those referred via secondary health and aged 65 (149 councils).

## Timeliness of social care packages (NI 133/VSC13)

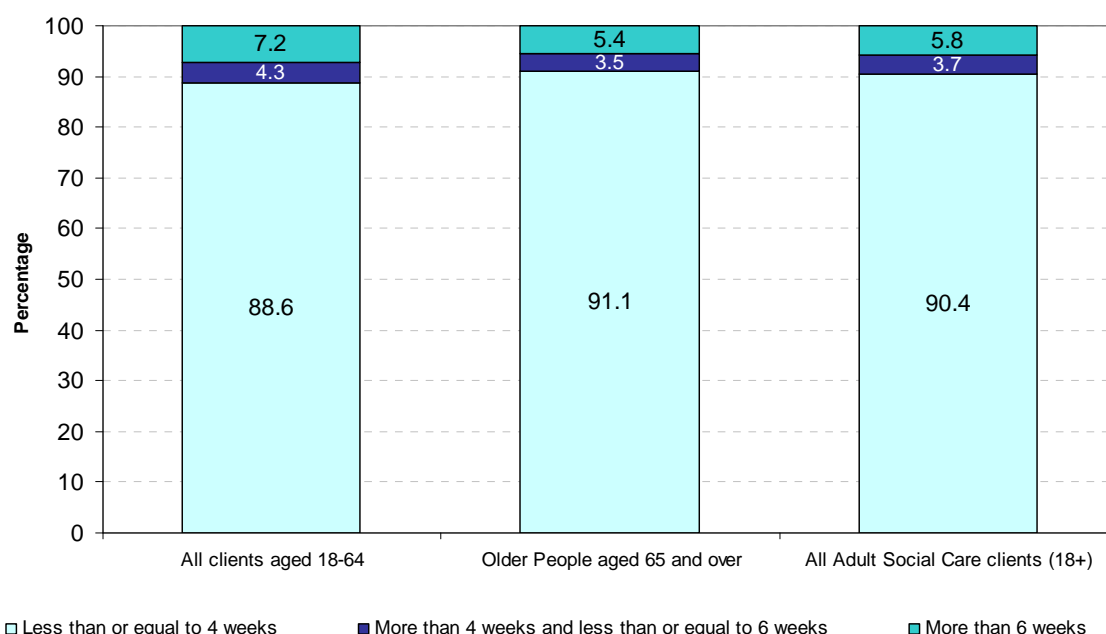
Users should expect practical help and other support to arrive in a timely fashion soon after their problems have been referred to social services. Timeliness of the delivery of care packages following social care assessment is of importance and recognised by Councils with Adult Social Services Responsibilities. Long delays in delivering the help and support users need can be detrimental. Indicator NI 133 has been expanded to include all clients aged 18 and over in 2009-10 where as previously it was restricted to those aged 65 or over.

**Figure 4.3** shows a slightly higher percentage of older people aged 65 and over received all of their services within 4 weeks 91.1 per cent compared to 88.6 per cent for 18-64 year olds.



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**Figure 4.3: Length of time from completed assessment to receipt of all services for new clients aged 18 and over for whom all services were put in place during the period by age group, 2009-10**



Source: RAP (A8)

1. Based on data from all 152 councils.

**Table 4.2** shows there has been a slight increase in the timeliness of delivery of services for adults aged 65 and over in 2008-09 and 2009-10, there has been no change in the length of time between assessment and receipt of services as 94.6 per cent of people received their services within 6 weeks in 2008-09 and 2009-10.

**Table 4.2: Length of time from completed assessment to receipt of all services for new clients aged 65 and over for whom all services were put in place during the period, 2008-09 to 2009-10**

Percentages<sup>1</sup> and Rounded Figures (thousands)

	2008-09		2009-10	
	Number	% Distribution	Number	% Distribution
All new clients aged 65 and over	322	100	310	100
<b>Less than or equal to 4 weeks (N1133)</b>	<b>292</b>	<b>90.7</b>	<b>283</b>	<b>91.1</b>
More than 4 weeks and less than or equal to 6 weeks	12	3.9	11	3.5
More than 6 weeks	17	5.4	17	5.4

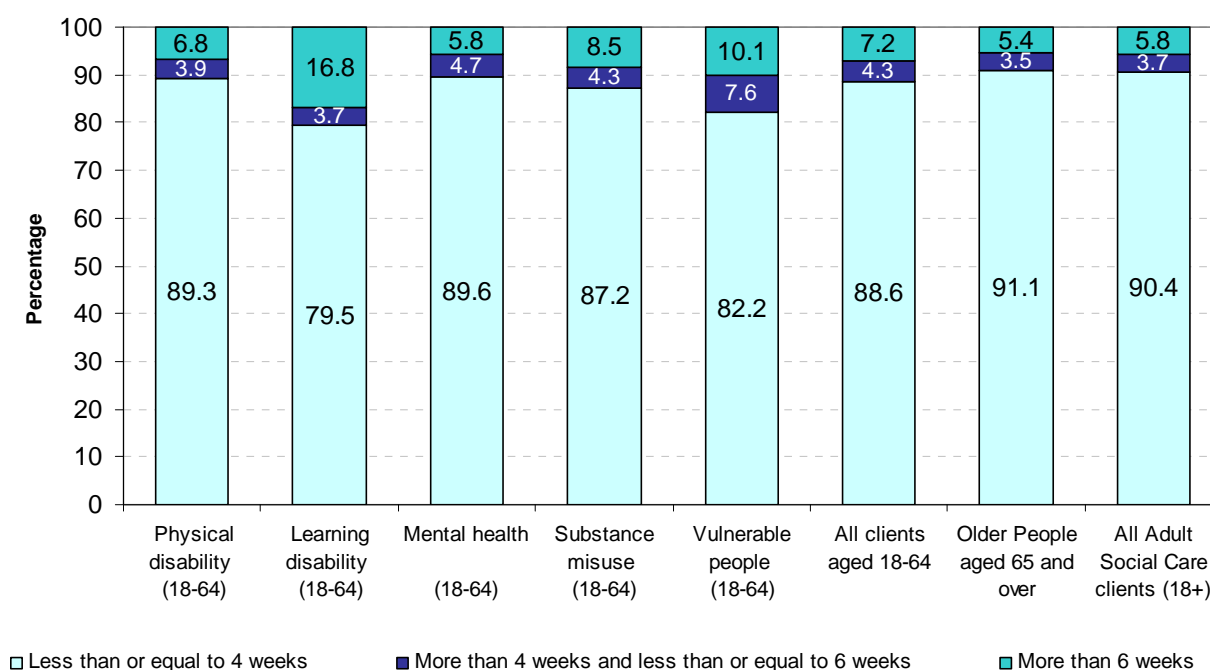
Source: RAP (A8)

1. Based on data from all 152 councils.

# Provisional

**Figure 4.4** shows the indicator value as the first part of the bar (largest portion) within the stacked bar chart (Less than or equal to 4 weeks), and is broken down by primary client group. The figure shows that overall 89.6 per cent of adults aged 18-64 with a mental health problem waited 4 weeks or less to receive new services compared to 79.5 per cent of adults aged 18-64 with a learning disability. The figure also shows that 16.8 per cent of adults with a learning disability waited more than 6 weeks to receive new services.

**Figure 4.4: The length of time to provision of all services for new clients by primary client group, age group and time band, England in 2009-10**



Source: RAP (A8)

- 2009-10 data does not include estimations and is based on returns from all 152 councils for adults with a physical disability, adults aged 18-64, 65+ and 18+, 151 councils for adults with mental health problems and learning disabilities, 150 council for vulnerable people and 149 for those with a substance misuse.

## 5. Carers Services

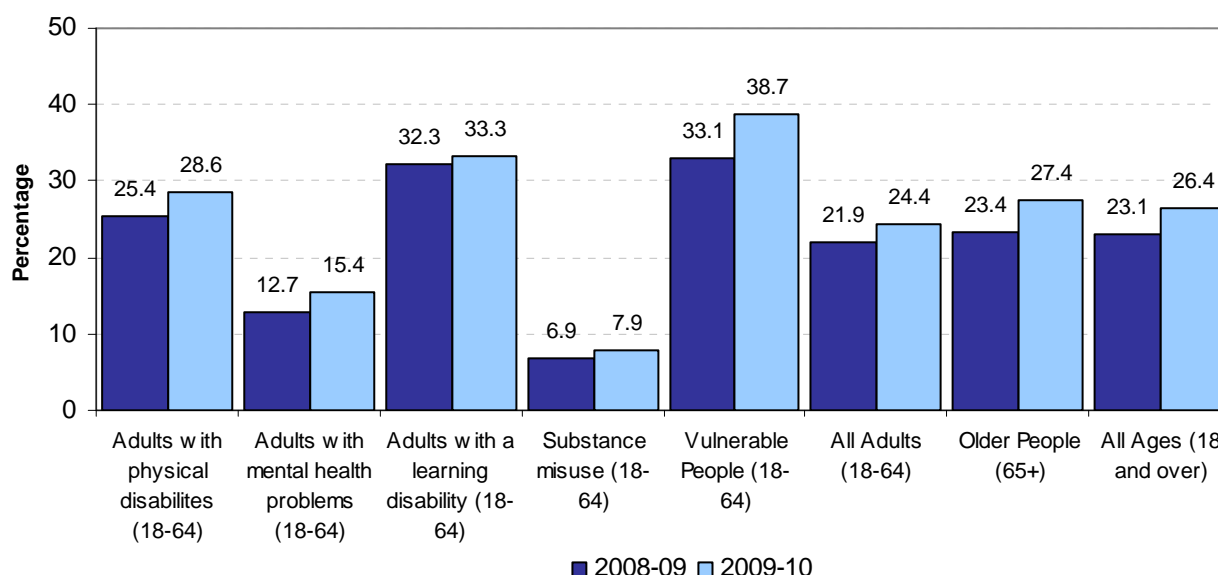
### Introduction

This chapter includes information relating to the indicator NI 135, the number of carers receiving services as a proportion of adults receiving a community based service in the year. The analysis in this chapter will look at the differences in the indicator by age group and client type of the person cared for.

**The number of carers whose needs were assessed or reviewed by the council in the 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 NI135 (VSC18)**

**Figure 5.1** looks at the changes to the indicator value by age group and primary client type of the cared for person over time. The indicator has increased for all groups between 2008-09 and 2009-10. The client group with the largest increase in the indicator value is for vulnerable people aged 18-64 from 33.1 per cent in 2008-09 to 38.7 per cent in 2009-10.

**Figure 5.1: The number of Carers receiving a carer's break or a specific carers' service or advice or information as a percentage of those clients receiving community based services by age and primary client group of the cared for person (NI 135), 2008-09 to 2009-10**



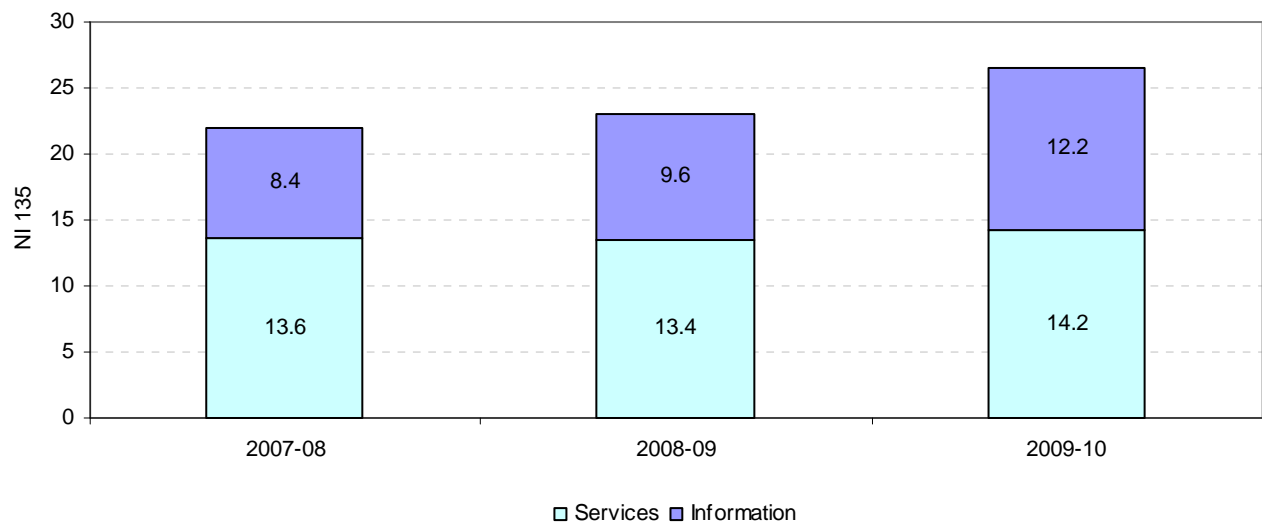
Source: RAP (C2 and P2f)

1. In 2009-10 figures for primary client group and age are based on page 2 of RAP C2 tables. Figures for adults aged 18-64 with a physical disability, learning disability or mental health problem are based on full data received from 150 councils. The figure for adults aged 18-64 with substance misuse is using full data from 146 councils and the figure for vulnerable adults aged 18-64 is based on data from 147 councils. Data for adults aged 18-64 and older people aged 65 and over are based on data from 150 councils. The data used for all adults is based on a full return of 152 councils and is using the data from page 1 table C2 in RAP.

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**Figure 5.2** illustrates the contribution made by Carers' Services and Information to the indicator value over time. This shows that services do contribute more to the indicator than information, however the increase in the indicator for 2009-10 is mainly due to the increase in the number of carers receiving information and advice only.

**Figure 5.2: The number of carers receiving a carer's break or a specific carers' service and advice or information as a percentage of all clients receiving community based services in 2007-08 to 2009-10.**



Source: RAP (C2 and P2f)

1. Based on returns from 152 councils.

## 6. Promoting Social Inclusion

### Introduction

This chapter includes information relating to two indicators NI 145 and NI 146 which relate to adults with learning disabilities and two indicators NI 149 and NI 150 which relate to adults in contact with secondary mental health services. NI 145 and NI 149 provide information on the type of accommodation and the proportion of adults in settled accommodation. NI 146 and NI150 provide information on the type of employment and the proportion of adults in paid employment.

Primary Care Trusts and Local Authorities share a key responsibility for providing or commissioning advice and support which can help adults with learning disabilities or severe mental health problems back into (or help them to retain) work and settled accommodation. The information for these indicators was added to existing data collections for social care and mental health for the first time in 2008-09.

For people with learning disabilities Local Authorities were considered the best route to collect information about accommodation and employment. The numerators for Indicators NI 145 and NI 146 were collected for the first time in 2008-09 on the Adult Social Care Combined Activity Return (ASC-CAR). In 2008-09 numerator data was based on 6 months and doubled, 2009-10 is based on a full 12 months.

For people with severe mental health problems, NHS service providers were considered the best route to collect information about accommodation and employment, although the indicators for this group form part of both the National Indicator Set for Councils with Adult Social Services Responsibility and the Vital Signs set for Primary Care Trusts. The information has been collected by NHS specialist mental health providers and transmitted centrally via the annual Mental Health Minimum Dataset (MHMDS) return. MHMDS is a record level dataset and the data can be analysed in different ways, including by local authority of the patient, as used for this release. The numerators for NI 149 and NI 150 were collected for the first time in 2008-09. This is the second year these data have been collected.

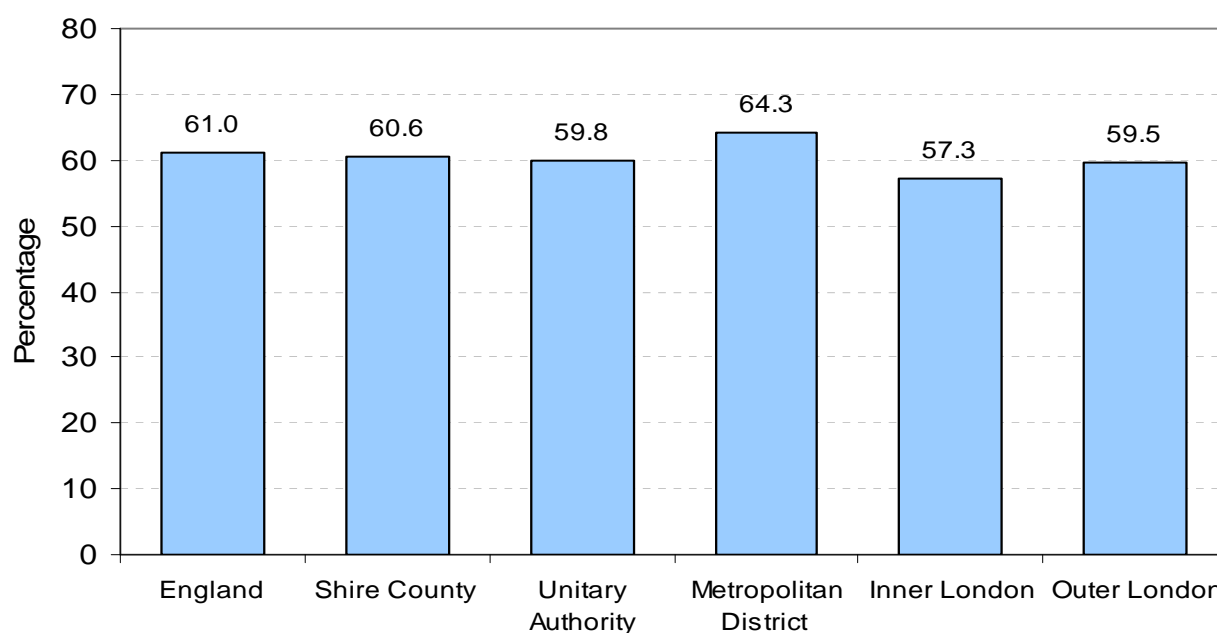
## Adults with Learning disabilities

### Proportion of adults with learning disabilities in settled accommodation (NI145/VSC05)

136,450 adults with learning disabilities (aged 18-64) known to social services received an assessment or review of which 83,250 (61.0%) were in settled accommodation at the time of their latest assessment or review compared to 85,950<sup>8</sup> (64.5%) in 2008-09.

**Figure 6.1** shows the variation in the proportion of adults with learning disabilities that are in settled accommodation by council type. Metropolitan Districts had the highest proportion in settled accommodation at 64.3 per cent and Inner London had the lowest proportion at 57.3 per cent. The variation between council types has reduced slightly in 2009-10 which may in part be due to the data collection being for the full 12 months as opposed to 6 months in 2008-09.

**Figure 6.1: Variation in NI 145 value, by council type for 2009-10**



**Table 6.1** shows the number of people in settled and non settled accommodation and the proportion of all people with learning disabilities known to the CASSRS by gender. The proportion of female adults in settled accommodation (62.0%) is slightly greater than for males (60.2%).

<sup>8</sup> This figure was only collected for half of the year and then doubled to represent the full year, councils whose numerator then exceeded the denominator was capped to equal the denominator. The capped numerator is quoted here.

# Provisional

**Table 6.1: The number of adults aged 18 - 64 with learning disabilities in settled and non-settled accommodation and the NI145 indicator value, by gender, 2009-10**

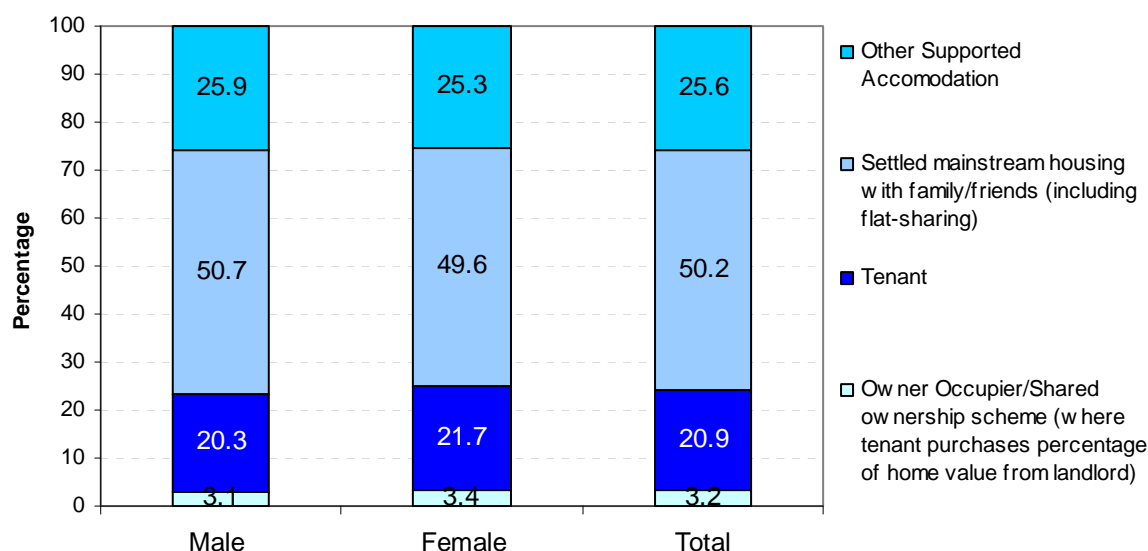
Percentages and Rounded Figures

	Adults with Learning Disabilities (18-64)		
	Male	Female	Total
Settled Accommodation (Numerator)	46,950	36,300	83,250
Adults known to social services (Denominator)	77,950	58,500	136,450
<b>NI 145 Value</b>	<b>60.2</b>	<b>62.0</b>	<b>61.0</b>
Non-settled Accommodation	17,900	12,950	30,850

Source: ASC-CAR

**Figure 6.2** shows that the percentage distribution of type of settled accommodation is similar for both males and females. A slightly higher percentage of females were living as a tenant, either with a private landlord or through council owned accommodation, 21.7 per cent compared to 20.3 per cent of males. Over half of all adults in settled accommodation lived with family or friends (including flat sharing).

**Figure 6.2: Percentage distribution of adults aged 18-64 with learning disabilities by type of settled accommodation and gender, 2009-10**



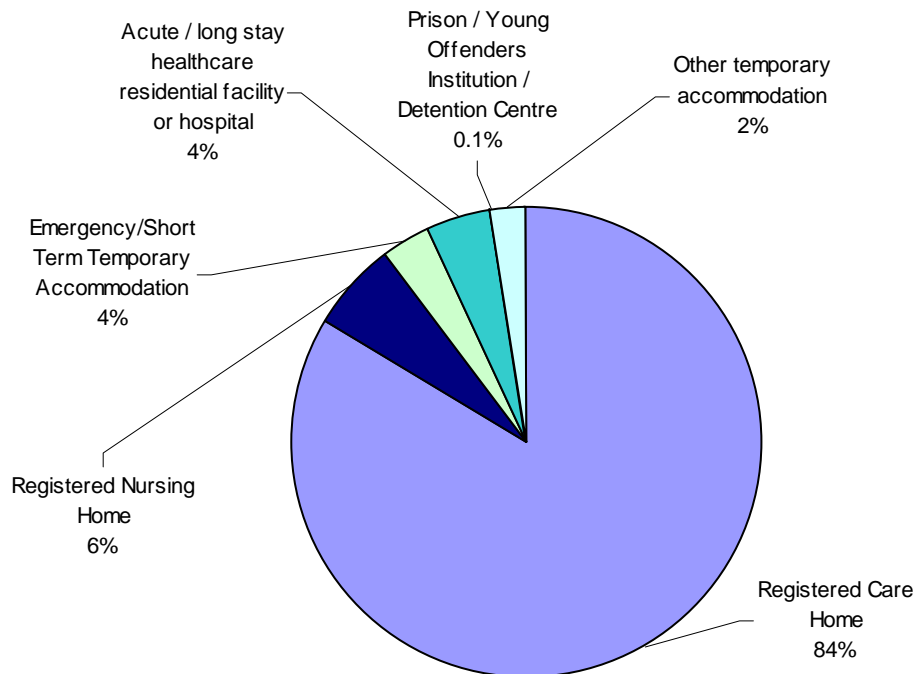
Source: ASC-CAR

1. Based on 152 councils.

**Figure 6.3** illustrates the number of people aged 18-64 with a learning disability known to the council in non settled accommodation by type of non-settled accommodation. 84 per cent of people are in Registered Care homes, with a further 6 per cent in Registered Nursing homes and 4 per cent in a health care residential facility or hospital. This compares to 80 per cent, 7 per cent and 6 per cent respectively in 2008-09.

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**Figure 6.3: The percentage distribution of adults aged 18-64 with learning disabilities in non-settled accommodation<sup>1</sup> by accommodation type, 2009-10.**



Source: ASC-CAR

1. 2009-10 data does not include estimations and is the total provided by 151 councils.

There has been an increase in the number of adults aged 18-64 in registered care homes, 80.3 per cent in 2008-09 and 83.6 per cent in 2009-10. The percentage of those in other temporary accommodation has decreased to 2.5 per cent in 2009-10 compared to 4.4 per cent in 2008-09.

## Proportion of adults with learning disabilities in paid employment (NI146/VSC07)

136,450 adults with learning disabilities (aged 18-64) known to social services received an assessment or review of which 8,800 (6.4%) were in paid employment at the time of their latest assessment or review compared to 6.8 per cent in 2008-09<sup>9</sup>.

**Figure 6.4** shows there is still a large variation in the proportion of adults with learning disabilities that are in paid employment by council type for 2009-10. However there has been a reduction in variation since 2008-09 which may in part be due to the data being more robust now it is collected over 12 months.

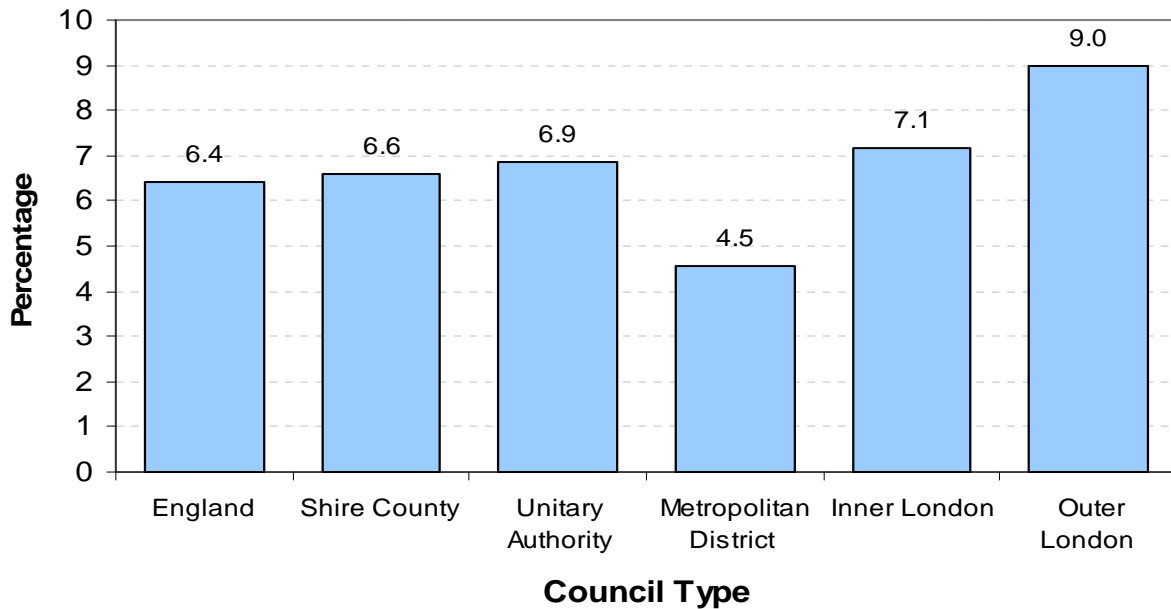
<sup>9</sup> This figure was only collected for half of the year and then doubled to represent the full year, councils whose numerator then exceeded the denominator has been capped to equal the denominator. The capped numerator is quoted here.



# Provisional

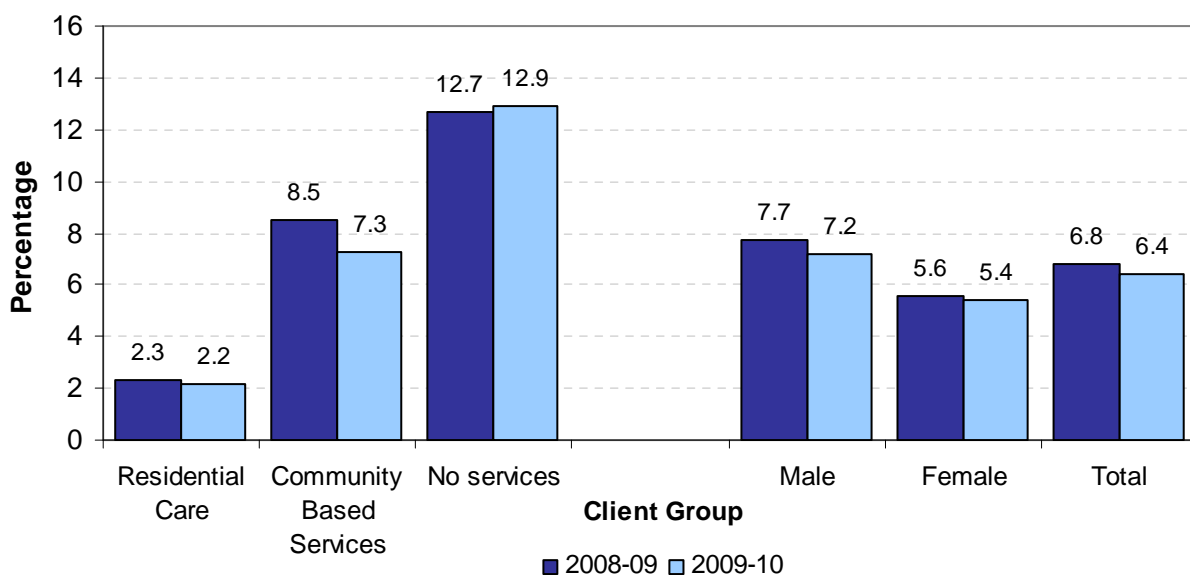
Outer London still has the highest proportion in paid employment at 9.0 per cent and Metropolitan councils had the lowest proportion at 4.5 per cent.

**Figure 6.4: Variation in NI 146 value, by council type, 2009-10**



**Figure 6.5** shows the indicator value by the type of service received and the gender of the person. As expected the proportion of people that do not receive social services that are in paid employment (12.9%) is higher than those in residential care (2.2%).

**Figure 6.5: The proportion of adults aged 18 – 64 with learning disabilities in paid employment by services received and gender, 2008-09 and 2009-10<sup>1</sup>.**



1. Based on full data received from 152 councils.

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**Table 6.2** shows the proportion in paid employment in each council type by type of service and gender. As expected those adults known to social services but not in receipt of services have a higher proportion in employment and this is true for all council types with the exception of Inner London and Shire Counties. For Inner London the proportion of those receiving community based services in paid employment is 9.2 per cent compared to 5.2 per cent for those not receiving any services. This may in part be due to the small number of people being recorded as receiving no services. In Shire counties the proportion of those receiving community based services is 8.4 per cent compared to 7.0 per cent for those not receiving any services. The percentage of females in paid employment is less than that for males, 5.4 per cent compared to 7.2 per cent respectively nationally.

**Table 6.2: The proportion of adults aged 18–64 with learning disabilities in paid employment by services they received and gender, by council type, 2009-10**

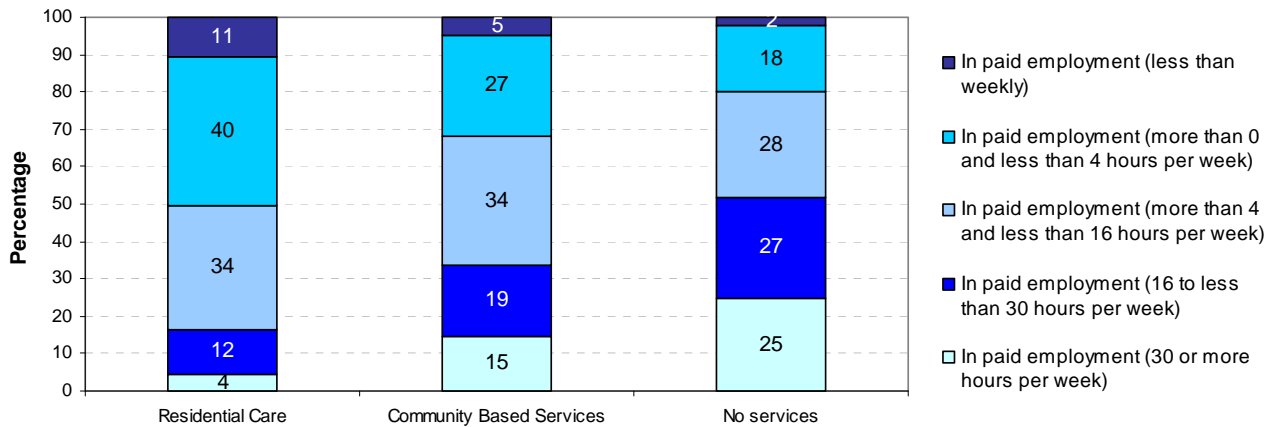
*Percentages*

	Service Type			Gender		All
	Residential Care	Community Based Services	No services	Male	Female	
<b>England</b>	<b>2.2</b>	<b>7.3</b>	<b>12.9</b>	<b>7.2</b>	<b>5.4</b>	<b>6.4</b>
Shire	1.8	8.4	7.0	7.2	5.8	6.6
Unitary	2.8	7.3	16.6	7.9	5.5	6.9
Metropolitan	1.2	4.6	11.7	5.3	3.6	4.5
Inner London	3.3	9.2	5.2	7.7	6.4	7.1
Outer London	3.3	9.3	30.4	9.7	7.9	9.0

**Figure 6.6** shows the difference between the percentage distributions of amount of paid employment by services received. As expected the number of hours of employment reduces as the type of service intensifies. Of those receiving no services 25 per cent are in full time paid employment compared to 4 per cent for those in residential care.

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**Figure 6.6: The percentage distribution of the number of hours of paid employment by the services received for adults aged 18-64 with learning disabilities, 2009-10**



Source: ASC-CAR

1. The percentage values for residential care and community based services is based on full data from 152 councils and the percentage values for the no service category was calculated based on full data from 151 councils

8,800 adults aged 18-64 known to CASSR's are in paid employment, of which 700 are in residential care, 6,900 are receiving community based services and 1,100 are not receiving any services from the council.

**Table 6.3** details the number of working aged adults with learning disabilities known to social services, the numbers in unpaid voluntary work and those in both paid employment and unpaid voluntary work. In addition to the 8,800 adults in paid employment there are a further 8,100 in unpaid voluntary work only

**Table 6.3: The number of adults (18-64) with learning disabilities in voluntary work, 2009-10**

	Residential Care		Community Based Services		No services		All	
	Male	Female	Male	Female	Male	Female	Male	Female
Working in paid employment and in unpaid voluntary work	100	50	500	350	50	50	650	450
In unpaid voluntary work only	550	400	3,700	2,900	350	250	4,600	3,550
Total number of adults of working age 18-64 known to the council	18,800	13,800	53,450	40,550	5,000	3,550	77,250	57,900

Source: ASC-CAR

1. This information is taken from 151 council returns.

## Adults in Contact with Secondary Mental Health Services

### Introduction

For NI149 and NI150 the figures in this report use data from the Mental Health Minimum Dataset (MHMDS) annual returns for the period April 2009 to March 2010. These indicators relate to the accommodation and employment status of people with mental health problems whose complex needs are managed using the Care Programme Approach (CPA).

This is the second year that these annual statistics have been published. The 2009-10 results show both an increase in the number of people on CPA for whom accommodation and employment were recorded and an increase in the number of people on CPA. However the 2009-10 indicator values are not compared with the 2008-09 results because of difficulties in interpretation. The increase in the indicator values is at least partly due to a significant improvement in data collection and quality. There is more information about data quality issues in the Editorial Notes section.

In 2009-10 there were 179,850 adults aged 18-69 in contact with secondary mental health services who were on Care Programme Approach (CPA) during the year.

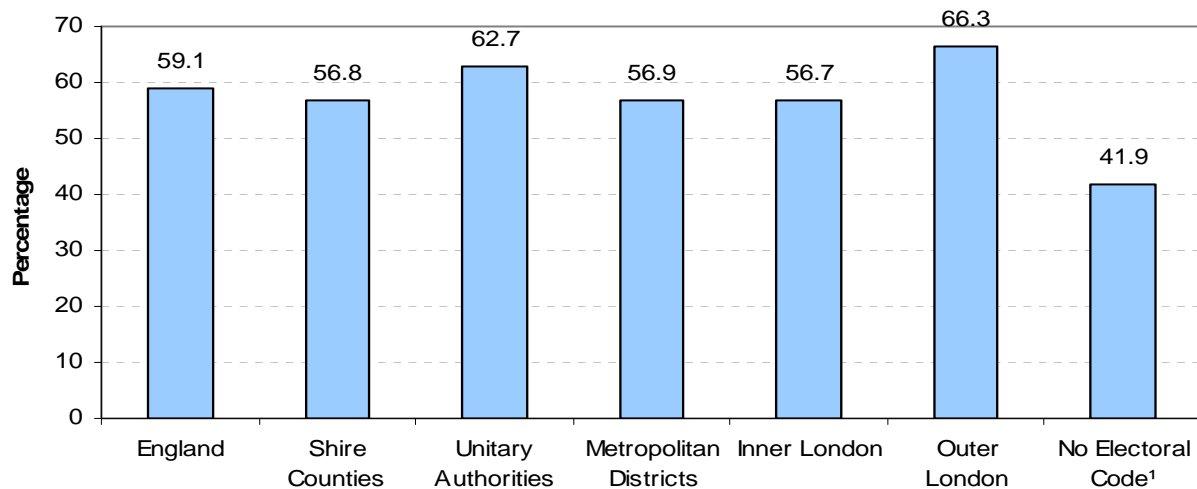
### Proportion of adults in contact with mental health services in settled accommodation (NI 149/VSC06)

59.1 per cent (106,200) of people on CPA were recorded as being in settled accommodation at the time of their most recent CPA review. As an indication of improving data coverage an extra 43,750 people aged 18-69 in contact with secondary mental health services that were on Care Programme Approach (CPA) were recorded in 2009-10, compared to the 136,100 people in 2008/09.

**Figure 6.7** shows the proportion of adults on CPA that were in settled accommodation by council type. The indicator values range from 56.7 to 66.3 per cent. In 2009-10 the all England value was 59.1 per cent, Metropolitan District councils were the closest to this with 56.9 per cent of people known to be in settled accommodation. Outer London councils had the highest proportion of people known to be in settled accommodation at 66.3 per cent. Councils in Inner London had the lowest proportion with 56.7 per cent. Information about electoral ward was not available for some people and this could reflect their unsettled accommodation status.

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**Figure 6.7: The proportion of adults on CPA that are in settled accommodation by council type, 2009-10**



1. Electoral ward was missing and therefore could not be mapped to a local authority.

**Table 6.4** shows the number of people on CPA by gender and the proportion of men and women that were in settled accommodation. There were more men than women on CPA, but a higher proportion of women than men were in settled accommodation (60.4 per cent compared with 57.8 per cent respectively). Men accounted for 63.9 per cent of people known to be in non-settled accommodation compared to women who represented 36.0 per cent.

**Table 6.4: The number of adults on CPA known to be in settled accommodation and non-settled accommodation and the NI 149 indicator value, by gender, 2009-10**

	Male	Female	Not known / not specified	Total
Numerator	54,350	51,850	0	106,200
Denominator	94,000	85,850	50	179,850
<b>NI 149 value</b>	<b>57.8</b>	<b>60.4</b>	<b>0.0</b>	<b>59.1</b>
Non-settled accommodation	8,600	4,850	-	13,450

Source: MHMDS

Type of accommodation was recorded for 63.2 per cent for adults aged 18-69 who were on CPA and for both men and women 'mainstream housing' was recorded as the type of accommodation for the majority of people (85 per cent of women and 71 per cent of men) as seen in Table 6.5.

**Twice** as many men as women were recorded as living in accommodation with mental healthcare support and over twice as many men as women were recorded as staying in an acute/long stay healthcare residential facility/hospital.

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**Table 6.5: The number of adults aged 18-69 on CPA by type of accommodation by gender, 2009-10**

	Female		Male		Total	
	Number	%	Number	%	Number	%
Accommodation with criminal justice support	50	0	550	1	600	1
Accommodation with mental health care support	4,000	7	8,600	14	12,600	11
Accommodation with other (not specialist mental health) care support	550	1	900	1	1,450	1
Acute/long stay healthcare residential facility/hospital	1,250	2	3,000	5	4,250	4
Homeless	1,500	3	3,200	5	4,750	4
Mainstream Housing	45,500	85	42,550	71	88,050	77
Mobile accommodation	50	0	100	0	150	0
Sheltered Housing (accommodation with a scheme manager or warden living on the premises or nearby, contactable by an alarm system if necessary)	850	2	1,000	2	1,850	2
Total	53,800	100	59,850	100	113,700	100

Source: MHMDS

1. The total includes 34 people where the gender was unknown or unspecified

2. An additional 66,200 people did not have a type of accommodation recorded

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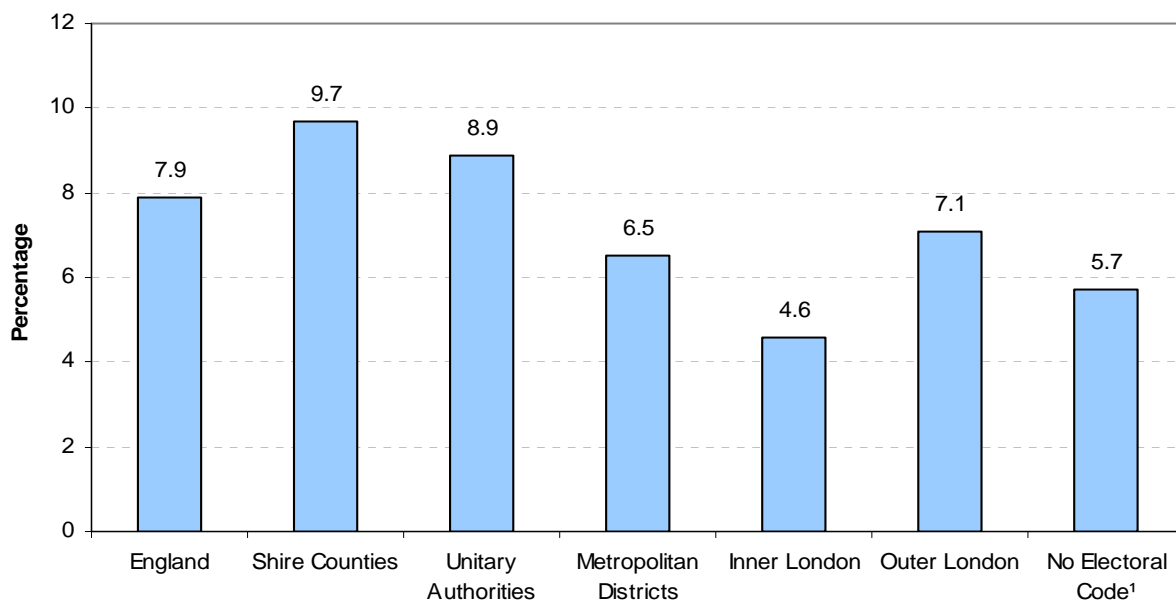
## Proportion of adults in contact with mental health services in employment (NI 150/VSC08)

For NI 150 the employed category refers to those who are either employed by a company or self-employed. It also includes those who are unpaid family workers, as well as those who participate in government-supported training and employment programmes.

7.9 per cent of people on CPA (14,250) were recorded as being in employment at the time of their most recent CPA review.

**Figure 6.8** shows the proportion of adults on CPA that were in employment by council type. Here the indicator ranges from 4.6 per cent in Inner London councils to 9.7 per cent in Shire Counties. Outer London had the closest indicator value (7.1 per cent) to the England figure which was 7.9 per cent. Information about electoral ward was not available for some people.

**Figure 6.8: The proportion of adults on CPA that are in employment by council type, 2009-10**



1. Electoral ward was missing and therefore could not be mapped to a local authority of council name

**[Table 6.6]** shows the number of people on CPA by gender and the proportion on those that are employed. 9.0 per cent of women were recorded as being employed which is higher than the 6.9 per cent recorded for men.

Other types of employment are recorded using the MHMDS. These are unemployed, other employment status, not disclosed, not applicable and not known. Unemployed refers to those who are in paid work but are actively seeking work or are waiting to start a paid job they have already obtained. The other employment status includes those who are economically inactive, that is those who are not in paid work, or they are not available to start. It includes students, long-term sick or disabled people, people who are not employed

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and not receiving benefits but not actively seeking work, those in unpaid voluntary work or those aged 18-69 who have retired from paid work.

For all adults on CPA the largest proportion for both men and women were those that were recorded as unemployed. In total, 82,550 people were recorded as being unemployed, 45.9 per cent of all adults on CPA in 2009-10.

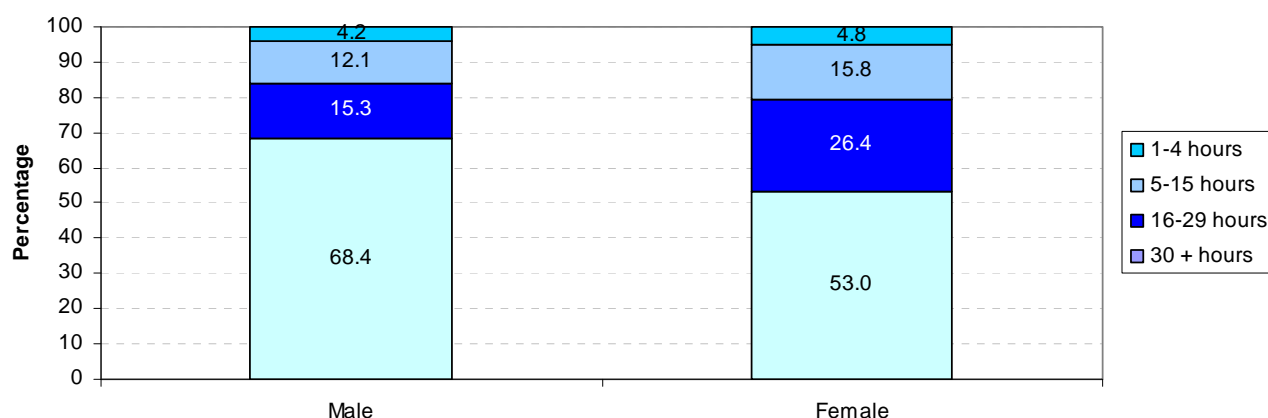
**Table 6.6: The NI 150 indicator value, by gender, displayed with other employment status categories, 2009-10**

	Male	Female	Not known / not specified	Total
Numerator	6,500	7,750	-	14,250
Denominator	94,000	85,850	50	179,850
<b>NI 150 value</b>	<b>6.9</b>	<b>9.0</b>	-	<b>7.9</b>
Unemployed	45,650	36,900	0	82,550
Other Employment Status	10,100	9,700	-	19,800
Not Disclosed Not Applicable Not Known	31,750	31,500	0	63,300

Source: MHMDS

**Figure 6.9** shows the number of hours worked per week by adults on CPA in employment, by gender. A larger percentage of men than women worked 30 hours or over per week (68.4 per cent of men compared to 53.0 per cent of women). A larger percentage of women than men worked reduced hours, that is 47.0 per cent of women compared to 31.6 per cent of men.

**Figure 6.9: The number of hours worked per week by adults on CPA in employment, 2009-10**





## Editorial Notes

### Introduction

The social care information presented in this report for 2009-10 is provisional and shows both England and council level information. This information, although provisional, has undergone some validation and has been used in the Care Quality Commission assessment process of Councils with Adult Social Service Responsibilities (CASSR).

The information in this report supersedes the August publication<sup>10</sup>, for the two indicators for people in contact with specialist mental health services (NI 149 and NI150).

Final data for the social care indicators is expected to be published in early 2011 and will include any revisions since the provisional data were published.

### Coverage

In 2009-10 all councils providing data for the social care indicator values for all service users have provided the full set of data needed to calculate the council level indicators and estimates have not been made. However, not all councils have provided all of the information for the breakdowns by gender, age and primary client group; where this is the case the number of councils that the figure is based on is footnoted.

Contextual information around the Indicators and information split by age, client type gender and service type was also collected as part of the collection from CASSR's. Not all councils provided this data and in these instances actual data provided is quoted within the report, and estimations have not been made.

In this second year 65 out of the 68 NHS trusts supplying data for the mental health indicators recorded information about employment and accommodation status for adults on CPA.

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<sup>10</sup> Information has previously been published by the NHS Information Centre in August 2010

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## 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)

This is the second year of a new national data set. The data in 2009-10 for the numerators of NI 145 and NI 146 have been collected over 12 months as opposed to 6 months and grossed up in 2008-09. The number of discharges (NI 125) has been collected for a six month period (July to December 2009), this information has not been grossed up and is quoted within the report as reported by the councils for the 6 month period with a three month follow up period.

### 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.

The proformas used to collect the information that feeds into the indicator calculations are A7, A8, P2f, P2s, C2 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 2009-10 a series of new tables SD1 – SD3 were introduced, these provide information on the number clients and carers receiving Self Directed Support
- Revised Guidance on recording Information and advice within the “C Tables” (2008-09).
- Clarification on transitional assessments for younger adults to be included in A7 (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)

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## **Grant Funded Services Return (GFS1)**

The Grant Funded Services (GFS1) return collects information on the number of people who are helped to live more independently in their own homes as a result of person-centred services provided by voluntary and other organisations in the independent sector (including district and borough councils in two tier authorities) via grants.

This is through schemes which provide person-centred services that do not form part of a formal care package agreed by the council, but which are nevertheless funded via grants from social services and other council budgets. Services provided this way are not currently included in the RAP return or any other central collection.

The need for this information has been brought about by the then Government's increasing emphasis on preventative services, consistent with the wider direction and development of the 'Our Health, Our Care, Our Say' White Paper, and in recognition of the important role played by the independent sector.

## **Personal Social Services Expenditure Return (PSS Ex1)**

Activity data for Carers receiving direct payments during the year has been included, for one year only, on the PSS Ex1 return in 2008-09.

## **Personal Social Services Survey of Adults Receiving Community Equipment and Minor Adaptations in England, 2009-10 (UES)**

The eligible population was defined as those users living in their own home receiving a piece of equipment or minor adaptation to their home during the four month period September to December 2009 funded wholly or in part by social services.

The Isle of Scilly, City of London and Bath and North East Somerset 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.

In total the questionnaire was distributed to approximately 126,700 service users out of an eligible population of 209,700. A user is classed as a respondent if they responded to one or more questions. A total of 65,300 (52%) users responded to one or more questions.

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

All trusts that provide secondary mental health services complete the MHMDS for service users using specialist mental health services for working age adults and people over the age of 65. MHMDS is a record level dataset with details of age, gender and ethnic group as well as transaction data (what services they received, appointments, admissions, contacts etc). New data items with information about accommodation and employment were added to the input database in 2008-2009.

The scope of the MHMDS return is wider than the client group for NI 149 and NI150 because the indicators only cover people aged from 18- 69 and the definition requires that only those on Care Programme Approach should be included.

Because the MHMDS contains record level data there is great potential for further analyses of the indicator data, for example by age and ethnicity as well as by gender, and by different geographies, for example by PCT or GP practice.

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## Data quality for social care indicators

A number of steps were taken to improve the quality of the social care information;

- Implementing the Internet Data Collection procedures which made explicit to CASSRs the validation rules applied to the data by the NHS Information Centre.
- Providing feedback to councils on the guidance and the definitions of the indicators and following up any missing data.

This information is provisional as only initial validations have been completed centrally on the data, although councils will have carried out their own validation routines before submitting the data. Validation checks to be completed by the NHS Information Centre prior to the final publication of data will include:

- Examining consistency between the RAP and ASC-CAR returns as well as internal consistency within the forms (e.g. ensuring that components added to totals).
- For key variables, comparing trends over time, for example, looking at the total number of people receiving at least one service each year.
- Examining data for plausibility – e.g. looking to see if the number of clients receiving services during the year is higher than those receiving services at 31 March; ensuring the number of Learning Disabled clients known to social services at least the same as the number receiving services in year; examining the percentage of people receiving services where the service was for example equipment and adaptations.
- For the information on waiting times, examining cases where a very high or very low percentage of clients have been assessed or received all their services within a very short time.
- Comparing the number of new clients to the number of clients receiving services and to the rate per population.
- Working with our partners at the Chartered Institute of Public Finance and Accountancy (CIPFA) to ensure apt and pertinent questions were asked during the validation exercise for the Personal Social Services Expenditure Return.

## Data quality for mental health indicators

Data about accommodation and employment was collected from July 2008 meaning that the 2008-09 annual statistics had only 9 months of data to contribute to these annual indicators. In addition to this mental health provider trusts experienced technical difficulties when trying to collect the new data items required for these indicators. Therefore the 2008-09 statistics for NI 149 and NI 150 should not be compared to the 2009-10 results because any marked differences are most likely due to an improvement in data collection and data quality.

Although coverage and data quality are much improved in the 2009-10 data, with over 100 per cent improvement in the proportion of people on CPA for whom accommodation and employment status was recorded, some individual providers' data may still be affected by technical issues. This might have an impact on the NI values for their most closely associated local authorities.

The accommodation and employment status of people on CPA are included in the Department of Health's quarterly Service Performance Indicators for mental health trusts which is being implemented from April 2010. In advance of full implementation these indicators were released every quarter in 2009-20 and these quarterly figures, by provider trust, show steadily improving coverage in terms of capturing the settled accommodation

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status and employment status of people on the denominator group. These quarterly data can be found on the NHS Information Centre for health and social care web site here:

<http://www.ic.nhs.uk/services/mhmds/quarterly> .

## 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.

NI127 and NI128 - This survey was conducted for the first time in 2007-08<sup>11</sup> and has been repeated in 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 who recently received equipment or a minor adaptation.

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 2009-10 is not directly comparable with 2008-09.

NI132 - This information has been collected on a consistent basis since 2003-04. Historical comparisons can be made.

NI133 - This information has been collected on a consistent basis since 2003-04 and therefore historical comparisons can be made. In 2009-10 the definition of this indicator has changed to include all adults aged 18 and over, as information is being collected on 18-64 year olds for the first time in 2009-10 and therefore 2009-10 data is not comparable to previous 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.

NI136 - Grant Funded Services information was collected for the first time in 2006-07 and was not deemed robust at a council level and only national figures were published. Information for 2008-09 and 2009-10 are comparable, however these are not comparable with previous years due to a broader type of schemes being included from 2008-09 onwards.

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<sup>11</sup> The publication of the results from the 2007-08 survey can be found [www.ic.nhs.uk/pubs/pssadultsequip0708](http://www.ic.nhs.uk/pubs/pssadultsequip0708)

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This indicator is age standardised and adjusted for likely needs for social care services using needs-weighted population estimates.

NI145 - The information for the numerator was collected for the full year in 2009-10. Therefore, data for 2009-10 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. Therefore, data for 2009-10 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.

NI149 and NI150 – Comparison with the data for 2008-09 should be treated with caution because of data quality issues, as explained in the section “Notes to bear in mind when analysing the data”.

MHMDS is record level data, collected by provider trusts and presented, in this release, by local authority. Specialist mental health providers treat patients from more than one local authority area and the people with severe mental health problems within one local authority may receive mental health services from different providers. This means that the data for each local authority usually comes from several providers and individual providers will not be able to predict the NI 149 and NI150 values for their own local authorities.

Also, it should be noted that the definitions and categories of information relating to accommodation are slightly different for the learning disability indicators (NI 145) and the mental health indicators (NI 149) according to the different accommodation options available to the groups included in the denominators.

It should also be noted that there is a very slight potential for overlap between people in the denominators for the learning disability and mental health indicators:

- Adults receiving secondary mental health services
- Adults with moderate to severe learning disabilities

This is because an adult with a moderate to severe learning disability could be receiving services for a mental health problem from secondary mental health services.

However a person being treated in NHS learning disability services would not be included in the MHMDS return because the MHMDS does not cover NHS learning disability services. It is expected that adults with moderate to severe learning disabilities will be included in the learning disability indicator if they are known to Councils with Adult Social Services Responsibilities (CASSRs) and if that is their primary client group, even if they are also receiving NHS inpatient care in NHS learning disability facilities.

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For the mental health indicators people are only included in the denominator if they have had an assessment or review in the year, whilst for the learning disability indicators the denominator includes people known to social services whether or not they received a review during the year. The age group differs between the mental health and the learning disability indicators and is adults aged 18-69 and adults aged 18-64 respectively.



## 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<sup>12</sup>. The NHS Information Centre collects information on 12 of the indicators which relate to social services and the care packages provided, and mental health services. The definitions for the 12 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.

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

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

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<sup>12</sup>The link to the CLG web site below is updated monthly and contains current indicator definitions  
<https://www.hub.info4local.gov.uk/DIHWEB/HubCommunications.aspx#News2>



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**NI 127:** Self reported experience of social care users.

Number of individuals responding “It has made it much better” to the following question in the equipment and minor adaptations survey as a percentage of the number of individuals answering the question below validly, i.e just ticking one of the five boxes:

**10. How has the equipment / minor adaptation affected the quality of your life?**

Please tick (✓) **one box**

It has made it much better ☐

It has made it a little better ☐

It has not had any effect ☐

It has made it a little worse ☐

It has made it a lot worse ☐

**Numerator Source:** Equipment and Minor Adaptations Survey 2009-10

**Denominator Source:** Equipment and Minor Adaptations Survey 2009-10

**NI 128:** User reported measure of respect and dignity in their treatment

Number of individuals responding, “I was very happy with the way they treated me” to the following question below in the equipment and minor adaptations survey as a percentage of the number of individuals giving one of the 2<sup>nd</sup> to 5<sup>th</sup> answers to the question and giving a valid answer, i.e excluding the “not applicable” answer and just ticking one of the four boxes:

**3. How happy were you with the way those who discussed your needs treated you?**

Please tick (✓) **one box**

Not applicable, I didn't talk to anybody ☐

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I was very happy with the way they treated me ☐

I was fairly happy with the way they treated me ☐

I was fairly unhappy with the way they treated me ☐

I was very unhappy with the way they treated me ☐

**Numerator Source:** Equipment and Minor Adaptations Survey 2009-10

**Denominator Source:** Equipment and Minor Adaptations Survey 2009-10

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**NI 130:** Proportion of Social care clients receiving Self Directed Support of all clients receiving social services provided or commissioned by the council

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 P2f, Page 2, line 11 (Total of above), column 1 & RAP: Table P2f, Page 4, line 11, column 1 & 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 132:** Timeliness of social care assessment (all adults)

The percentage where the time from first contact to completion of assessment for all new clients (aged 18 and over) is less than or equal to four weeks out of all new clients (aged 18 and over) assessed within the period.

**Numerator Source:** RAP: Table A7, page 1 (18-64), lines 1-3 &

RAP: Table A7, page 1 (65+), lines 6-8

**Denominator Source:** RAP: Table A7, page 1 (18-64), lines 1-5 &

RAP: Table A7, page 1 (65+), lines 6-10

**NI 133:** Timeliness of social care packages following assessment

The percentage from completed assessment to provision of all services for all new clients (aged 18 and over) is less than or equal to four weeks out of all new clients (aged 18 and over) receiving services within the period.

**Numerator Source:** RAP, Table A8, Page 1, lines (1+2+5+6)

**Denominator Source:** RAP, Table A8, Page 1, lines (1 to 8)

**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

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## **NI 136:** People supported to live independently through social services (all adults)

This indicator will measure the number of adults all ages per 100,000 population that are assisted directly through social services assessed/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 adjusted for likely needs for social care services using needs-weighted population data produced from Relative Needs Formula (RNF) allocation calculations. There is the potential for double counting between assessed services and grant funded services but this gives a broader picture of the overall level of services which are supporting people to live independently.

**Numerator Source:** RAP: Table P2s Page 1, line 11 (Total of above), column 1 & RAP: Table P2s Pages 3 + 5, line 11 (Total of above), column 1 & GFS1 Summary sheet table B2.1 aged 18-64 (THIS AUTHORITY: social services) columns 2-5 & GFS1 Summary sheet aged 65 and over. Source: GFS1 Summary sheet table B2.1 (2) (This authority: social services) column 1.

**Denominator Source:** Needs weighted population estimates from DH

## **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 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 therefore this was 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 has been 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).

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## **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 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 was 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

**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:** The proportion of adults in contact with 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 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:** The proportion of adults in contact with 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.

## Related Publications

This publication can be downloaded from the NHS Information Centre website at:

[www.ic.nhs.uk/pubs/socmhi09-10](http://www.ic.nhs.uk/pubs/socmhi09-10)

For more information on the annual assessments completed by the Care Quality Commission (CQC) formerly the Commission for Social Care Inspection (CSCI) are available via the Care Quality Commission website at

<http://www.cqc.org.uk/guidanceforprofessionals/councils/annualassessments.cfm>

Further information on the social care and adults in contact with secondary mental health services is available from the IC website.

Publications relating to social care activity, finance, staffing and user experience surveys can be found at [www.ic.nhs.uk/statistics-and-data-collections/social-care/adult-social-care-information](http://www.ic.nhs.uk/statistics-and-data-collections/social-care/adult-social-care-information).

The National Adult Social Care Intelligence Service (NASCIS) is an online portal which contains standard reports for each council as well as the capacity to carry out further analysis of social care data via the NASCIS online analytical tool and can be found at <http://nascis.ic.nhs.uk/>

Below is a list of links to specific social care reports:

*“Community Care Statistics: Social Services Activity, England – Councils with Adult Social Services Responsibilities tables, provisional, 2009-10”* which is available at [www.ic.nhs.uk/pubs/carestats0910asr](http://www.ic.nhs.uk/pubs/carestats0910asr)

*“Community Care Statistics: Social Services Activity, England – Councils with Adult Social Services Responsibilities tables, 2008-09”* which is available at [www.ic.nhs.uk/pubs/carestats0809asr](http://www.ic.nhs.uk/pubs/carestats0809asr)

*“Personal Social Services: Expenditure and Unit Cost, England, 2008-09 [NS]”* which is available at [www.ic.nhs.uk/pubs/pss0809exp](http://www.ic.nhs.uk/pubs/pss0809exp)

*“Personal Social Services Staff of Social Services Departments at 30 September 2009, England. [NS]”* which is available at [www.ic.nhs.uk/pubs/pssstaffsept09](http://www.ic.nhs.uk/pubs/pssstaffsept09)

*“Personal Social Services Survey of Adults Receiving Community Equipment and Minor Adaptations in England, 2009-10”* is available at [www.ic.nhs.uk/pubs/pssadultsequip0910](http://www.ic.nhs.uk/pubs/pssadultsequip0910)

*“Personal Social Services Survey of Adults Receiving Community Equipment and Minor Adaptations in England, 2007-08”* is available at [www.ic.nhs.uk/pubs/pssadultsequip0708](http://www.ic.nhs.uk/pubs/pssadultsequip0708)

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*“Personal Social Services: Home Care Users Aged 65 or over, England 2008-09 Survey”* which is available at [www.ic.nhs.uk/pubs/psshcu0809](http://www.ic.nhs.uk/pubs/psshcu0809)

*Community Care Statistics: Grant Funded Services for Adults, England – 2008-09”* which is available at <http://www.ic.nhs.uk/pubs/carestats0809gfs>

*“Registered Blind and Partially Sighted People, year ending March 2008”* is available at [www.ic.nhs.uk/pubs/blindpartiallysighted08](http://www.ic.nhs.uk/pubs/blindpartiallysighted08)

*“Registered Deaf and Hard of Hearing People, year ending March 2007”* is available at <http://www.ic.nhs.uk/pubs/regdeaf07>

Below is a list of links to specific mental health reports:

*Mental Health Bulletin: Second report on experimental statistics from the Mental Health Minimum Data Set annual returns, 2003-2008* is available at <http://www.ic.nhs.uk/pubs/mhbmhmds0308>

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

*MHMDS quarterly Data Quality Reports* available at <http://www.ic.nhs.uk/services/mental-health/mental-health-minimum-dataset-mhmds/trust-level-data-quality-reports>

## **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-3/statistics\\_and\\_research-cib-pub/adult\\_statistics-1.htm](http://www.dhsspsni.gov.uk/index/stats_research/stats-cib-3/statistics_and_research-cib-pub/adult_statistics-1.htm)

## Further Information

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 NHS 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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