

Background Quality Report: Social Care and Mental Health Indicators from the National Indicator Set, final, England 2009-10

Dimension	Assessment by the author
Introduction	<p><i>Context for the quality report</i></p> <p>The then Government announced a set of national indicators (NIS) for English local authorities and local authority partnerships on 9 October 2007. 2009-10 is the second complete year for these indicators.</p> <p>The set underpins the existing performance framework for local government and meets the 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.</p> <p>The NHS Information Centre collects information on 12 of the indicators which relate to social care and mental health services. Detailed guidance on inclusion criteria of the return, definitions, and the data return proforma are available from the NHS IC Social Care Collections website at: http://www.ic.nhs.uk/services/social-care/social-care-collections/collections-2010</p>
Relevance	<p><i>The degree to which the statistical product meets user needs in both coverage and content.</i></p> <p>The NHS Information Centre collects information on 12 of the indicators which relate to social care and mental health services.</p> <p>The data is used by Central Government and the Care Quality Commission to monitor the impact of social care policy and by local Government to assess their performance in relation to their peers. This is also available for use by researchers looking at Council performance and by service users and the public to hold councils and government to account.</p> <p>The data include detailed breakdowns to facilitate such work. The specification of these detailed breakdowns is agreed by a working group including individuals from the NHS IC, Department of Health (DH), Care Quality Commission (CQC), independent representatives with an active interest in the subject and CASSR performance and information managers.</p>
Accuracy	<i>The proximity between an estimate and the unknown true value.</i>

	<p>Estimates</p> <p>Estimations were calculated to account for mandatory data that councils confirmed exists but were unable to quantify within their final submission. Estimations were produced in order to calculate England, regional and council type totals.</p> <p>No estimates were used in the calculation of values for NI149 and NI150 as the comes from the regular Mental Health Minimum Dataset submissions, rather than from a one off collection.</p>
Timeliness and Punctuality	<p><i>Timeliness refers to the time gap between publication and the reference period. Punctuality refers to the gap between planned and actual publication dates.</i></p> <p>The data collections which feed this publication (RAP and ASC-CAR) are undertaken annually and a report is published each year. The final 2009-10 publication is being released 13 months after the period the data relates. Provisional data was made publicly available on 30 September 2010.</p> <p>This publication was expected to be published in January 2011 but due to operational reasons was delayed till the 20 April 2011.</p>
Accessibility and Clarity	<p><i>Accessibility is the ease with which users are able to access the data, also reflecting the format in which the data are available and the availability of supporting information. Clarity refers to the quality and sufficiency of the metadata, illustrations and accompanying advice.</i></p> <p>Associated aggregated data tables are available to download from the NHS IC website in xls format.</p> <p>Additionally the information is available for analysis within the National Adult Social Care Intelligence Service (NASCIS) online analytical tool, and the data behind NASCIS has been made available in a CSV file.</p>
Coherence and Comparability	<p><i>Coherence is the degree to which data that are derived from different sources or methods, but refer to the same topic, are similar. Comparability is the degree to which data can be compared over time and domain.</i></p> <p>Coherence</p> <p>There are no known alternative sources of data on which to compare. As part of the data collection process, councils provide feedback on data quality and reasons for changes from the previous year.</p> <p>Comparability</p> <p>Changes to Data Collection periods</p>

	<p>Data for 2009-10 for NI 125, NI 145 and NI 146 is more robust than in 2008-09 because it has been collected for a longer time period. In 2008-09 the number of people with learning disabilities in settled accommodation and employment was only collected for the second half of the year and then doubled to represent a full year although this did not take into account any seasonal trends or differing local practices. For NI 125, people discharged from hospital over a 6 month period were tracked to see if they were still at home three months later in 2009-10. In 2008-09, only those discharged over a 3 month period were tracked.</p> <p>Additional issues around mental health indicators (NI149 and 150) As the 2008-09 were affected by data quality issues, the increase in the indicator values seen in 2009-10 must be partly attributed to improving data quality. Information on accommodation and employment was collected by NHS trusts for people in contact with mental health services for the first time in 2008-09 and many organisations had problems collecting the information for all eligible patients in contact with services during the year. For example approximately 70% of people had no usable accommodation or employment information recorded in 2008-2009, compared with approximately 30% in the latest 2009-10 data. This means that the numerator values for NI 149 and 150 for individual organisations in 2008-09 were affected to varying degrees by data quality issues and should be treated with caution as the basis for comparison with 2009/10 values.</p> <p>Changes to the data sources and definitions The definition of NI 130 has expanded to include service users and carers receiving services via a personal budget. Therefore the 2009-10 value for NI 130 is not comparable with previous years.</p> <p>The definition of NI 133 has been expanded from adults aged over 65 to include all adults aged 18 and over in 2009-10, this is the first time this information has been collected for adults aged 18-64. Therefore the 2009-10 value for NI 133 is not comparable with previous years.</p> <p>More information can be found within the Editorial Notes section within the detailed provisional publication www.ic.nhs.uk/pubs/socmhi09-10</p>
Trade-offs between Output Quality Components	<p><i>Trade-offs are the extent to which different aspects of quality are balanced against each other.</i></p> <p>None</p>
Assessment of User Needs and Perceptions	<p><i>The processes for finding out about users and uses, and their views on the statistical products.</i></p> <p>User feedback on the format and content of the Social Care and Mental Health Indicators from the National Indicator Set, Final England 2009-10 report is invited, a web form is available to submit comments.</p>

	<p>The Social Care Collections are developed by the Adult Review Group and the Social Services User Survey Group which is attended by NHS IC, Department of Health (DH), Care Quality Commission (CQC), independent representatives with an active interest in the subject and CASSR performance and information managers as well as researchers from PSSRU and local councils.</p> <p>The 2009-10 collections were approved by the Strategic Improving Information Programme board (SIIP). This group is jointly co-chaired by DH and the Association of Directors of Adult Social Services (ADASS) and contains representatives from NHS IC, CQC and LGA. SIIP has now been replaced by the Outcomes and Information Development Board.</p> <p>NHS IC social care returns will be subject to a zero-based review, where the data requirements and needs of our stakeholders and customers are being sought to shape future data collections. The results of this review will help shape and inform the future and format of the collections and ensure that they continue to be fit for purpose.</p>
Performance, Cost and Respondent Burden	<p><i>The effectiveness, efficiency and economy of the statistical output.</i></p> <p>A compliance cost survey was undertaken in 2009-10 for the social care collections, including the three sources for this publication.</p> <p>This estimated the costs to councils of completing the RAP and ASC-CAR to be £1010k. The costs to the NHS IC of collecting, validating and disseminating the data are estimated to be £215k.</p> <p>This estimated the costs to councils of completing the survey of adults receiving Community Equipment and minor adaptations to be £335k. The costs to the NHS IC of collecting, validating and disseminating the data are estimated to be £85k.</p> <p>The cost of collecting the annual Mental Health Minimum Dataset which is used to populate NI149 and 150 is estimated by Review Of Central Returns (ROCR) at £55,300.</p> <p>It must be borne in mind that only a few data items within the collections and dataset feed into the indicators.</p>
Confidentiality, Transparency	<p><i>The procedures and policy used to ensure sound confidentiality, security and transparent practices.</i></p>

and Security	<p>The data contained in this publication are Official Statistics. The code of practice for official statistics is adhered to from collecting the data to publishing.</p> <p>http://www.statisticsauthority.gov.uk/national-statistician/guidance/index.html</p> <p>Please see links below to the NHS IC relevant policies.</p> <p>Statistical Governance Policy http://www.ic.nhs.uk/webfiles/publications/Statistical%20Governance%20Policy.pdf</p> <p>Freedom of Information Process http://www.ic.nhs.uk/webfiles/DataProtection/publication%20scheme/FI%20Process.pdf</p>
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