



National Indicators for Local Authorities
and Local Authority Partnerships:
Handbook of Definitions

**Annex 3: Adult Health & Well-being and Tackling Exclusion
& Promoting Equality**

Introduction

On 11 October 2007 the Secretary of State for Communities and Local Government announced a new set of 198 national indicators for English local authorities and local authority partnerships. The set underpins the new 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.

A consultation exercise on the Government's proposed technical definitions for the 198 indicators ran from 8 November to 21 December 2007. Communities and Local Government have been working with other Government Departments and stakeholders to agree final definitions for inclusion in the handbook, taking into account the many helpful and informed comments received from consultees on individual indicators.

This handbook contains the final full definitions for all indicators to be enforced for 2008/09 and an outline of plans for the introduction of those indicators to be delayed to 2009/10. Methodology for the Place Survey will be published shortly.

In line with the consultation document the indicator definitions are split into four annexes as follows.

Annex 1: Stronger and Safer Communities

Annex 2: Children and Young People

Annex 3: Adult Health & Well-being and Tackling Exclusion & Promoting Equality

Annex 4: Local Economy and Environmental Sustainability

This document is Annex 3 to the document National indicators for Local Authorities and Local Authority Partnerships: Handbook of Definitions.

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Place Survey Indicator			
NI 119: Self-reported measure of people's overall health and wellbeing			
Is data provided by the LA or a local partner?	N	Is this an existing indicator?	Y
Rationale	Subjective measures of health and wellbeing are important indicators of the general health of the population. The Department of Health through its local commissioners, PCTs, is jointly responsible for delivering health and well-being for local populations with local government (and other agencies) through Local Area Agreements and Local Strategic Partnerships. A metric is therefore required to assess progress on improvements in health and wellbeing. The metric should be self-reported, since the local population is best placed to assess whether their health and wellbeing are improving.		
Data Source	Collection will be through the new Place Survey. Local authorities will submit data to the Audit Commission, who will weight it and submit it to CLG directly, and provide authorities with weighted copies of their own data sets.		
Collection interval	Biennial.		
Reporting organisation	Audit Commission and Primary Care Trusts (PCTs)		
Spatial level	Single tier, district and county council.		

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

NI 120: All-age all cause mortality rate			
Is data provided by the LA or a local partner?	N	Is this an existing indicator?	Y
Rationale	<p>All Age All Cause Mortality (AAACM) supports the following national PSA targets:</p> <p>By 2010, increase the average life expectancy at birth in England to 78.6 years for men and to 82.5 years for women.</p> <p>Reduce health inequalities by 10% by 2010 as measured by infant mortality and life expectancy at birth i.e.</p> <ul style="list-style-type: none"> Starting with Local Authorities, by 2010 to reduce by at least 10% the gap in life expectancy between the fifth of areas with the “worst health and deprivation indicators” (“the Spearhead Group”) and the population as a whole Starting with children under one year, by 2010 to reduce by at least 10% the gap in mortality between the “routine and manual” socioeconomic group and the population as a whole <p>Ultimate success against the national targets will be measured by the life expectancy at birth and infant mortality measures but AAACM is being used in NHS Operational Plans as a proxy to measure progress. AAACM is a more locally relevant measure, closely related to life expectancy and based on the same deaths data, and having the same risk factors and “drivers” for progress.</p>		
Definition	<p>The directly age standardised mortality rate per 100,000 population, from all causes at all ages (directly standardised to the European Standard Population). The indicator is reported and monitored as two separate mortality rates – one for males and one for females. Each of these rates is a single figure for all causes and all ages combined. Single year rates are used to enable timely reporting. (The associated national target is assessed using 3-year average figures).</p> <p>Components of calculation are:</p> <p>Deaths including all causes classified by underlying cause of death (ICD-10 A00-Y99, equivalent to ICD-9 001-999), registered in the respective calendar year(s). Neonatal deaths are included in the age groups that contain those aged less than 1 year.</p> <p>2001 Census based mid-year population estimates for the respective calendar years.</p>		

NI 120: All-age all cause mortality rate (continued)

Formula	<p>Direct age-standardisation is a method which enables comparison of mortality rates between different years and across different geographical areas, while taking account of differences in population age structure.</p> <p>The formula for standardised death rates is given by:</p> $\frac{\sum_i \left(N_i \frac{d_i}{n_i} \right)}{N} * 100,000$ <p>where:</p> <p>d_i is the number of deaths in age group i;</p> <p>n_i is the population of age group i;</p> <p>N_i is the population of age group i in the standard population;</p> <p>N is the total number of people in the standard population.</p> <p>Standard population is the European Standard Population. Rates are calculated for males and females separately (the same Standard population is used for males and females).</p> <p>See below for links to methodology and further guidance on statistical methods used in calculation.</p> <p>Disease classifications based on International Statistical Classification of Diseases and Related Health Problems version 10 (ICD-10 codes).</p>		
Worked example	See link below for methodology and worked example.	Good performance	"Good" performance is typified by a reduction in rates. For Spearhead areas "good" performance is typified by a reduction in rates that results in a reduction in the inequality gap with England.
Collection interval	Annual (Calendar year) Eg: 2008 reported for 2008/09 period.	Data Source	ONS: death registrations and population statistics (data published by National Centre for Health Outcomes Development). Data for 2008 expected to be available in late 2009.
Return Format	Directly age standardised rate per 100,000 population	Decimal Places	Two
Reporting organisation	Data are published by National Centre for Health Outcomes Development (http://www.nchod.nhs.uk), based on data supplied by The Office for National Statistics.		

NI 120: All-age all cause mortality rate (continued)	
Spatial level	Single tier and district council (NHS organisations will use data at Primary Care Trust level)
Further Guidance	<p>This indicator was previously one of the LAA mandatory indicators.</p> <p>See Annex 3 and Annex 5 of Compendium annex for indicator methodology – http://www.nchod.nhs.uk</p> <p>For further explanation of relevant national targets, including definition of Spearhead Group, see PSA Technical Note (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_065226).</p> <p>For Spearhead local authorities, indicative trajectories (expected to deliver required progress against the national life expectancy inequalities target) will be provided.</p>

NI 121: Mortality rate from all circulatory diseases at ages under 75			
Is data provided by the LA or a local partner?	N	Is this an existing indicator?	Y
Rationale	<p>Circulatory disease is one of the main causes of premature death (under 75 years of age) in England, accounting for just over a quarter of all such deaths in this age group. Reducing mortality rates will therefore make a significant contribution to increasing life expectancy. This is a Department of Health PSA Target:</p> <p>Substantially reduce mortality rates by 2010 from heart disease and stroke and related diseases by at least 40% in people under 75, with at least a 40% reduction in the inequalities gap between the fifth of areas with the worst health and deprivation indicators and the population as a whole.</p>		
Definition	<p>Directly Standardised Rates per 100,000 population aged under 75.</p> <p>Single year rates are used to enable timely reporting. The rate for persons is monitored, i.e. males and females combined. (This is different from NI120.)</p> <p>Components of calculation are:</p> <p>Deaths from all circulatory diseases, classified by underlying cause of death (ICD-10 I00-I99, ICD-9 390-459 adjusted), registered in the calendar year (2008 for 2008/09 report).</p> <p>2001 Census based mid-year population estimates (aged under 75) for the same calendar year.</p>		
Formula	<p>Direct age-standardisation is a method which enables comparison of mortality rates between different years and across different geographical areas, while taking account of differences in population age structure.</p> <p>The formula for standardised death rates is given by:</p> $\frac{\sum_i \left(N_i \frac{d_i}{n_i} \right)}{N} * 100,000$ <p>Where:</p> <ul style="list-style-type: none"> d_i is the number of deaths in age group i; n_i is the population of age group i; N_i is the population of age group i in the standard population; N is the total number of people in the standard population. <p>Standard population is the European Standard Population.</p> <p>See below for links to methodology and further guidance on statistical methods used in calculation. Disease classifications based on International Statistical Classification of Diseases and Related Health Problems version 10 (ICD-10 codes).</p>		

NI 121: Mortality rate from all circulatory diseases at ages under 75 (continued)			
Worked example	See link below for methodology and worked example	Good performance	"Good" performance is typified by a reduction in rate. For Spearhead areas "Good" performance is typified by a reduction in rate that results in a reduction in the inequality gap with England.
Collection interval	Annual (Calendar year) Eg: 2008 reported for 2008/09 period.	Data Source	ONS death registrations and population statistics (published by National Centre for Health Outcomes Development). Data for 2008 expected to be available in late 2009.
Return Format	Directly age standardised rate per 100,000 population	Decimal Places	Two
Reporting organisation	Data are published by National Centre for Health Outcomes Development (http://www.nchod.nhs.uk), based on data supplied by The Office for National Statistics		
Spatial level	Single tier and district council (NHS organisations will use data at Primary Care Trust level)		
Further Guidance	This indicator was previously one of the LAA mandatory indicators. See Annex 3 and Annex 5 of NCHOD Compendium annex for method – http://www.nchod.nhs.uk . For further explanation of relevant national targets, including definition of Spearhead Group (of areas with the worst health and deprivation indicators), see PSA Technical Note (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_065226).		

NI 122: Mortality rate from all cancers at ages under 75			
Is data provided by the LA or a local partner?	N	Is this an existing indicator?	Y
Rationale	<p>Cancer is one of the main causes of premature death (under 75 years of age) in England, accounting for nearly 4 in 10 of all such deaths in this age group. Reducing mortality rates will therefore make a significant contribution to increasing life expectancy. This is a Department of Health PSA Target:</p> <p>Substantially reduce mortality rates by 2010 from cancer by at least 20% in people under 75, with a reduction in the inequalities gap of at least 6% between the fifth of areas with the worst health and deprivation indicators and the population as a whole.</p>		
Definition	<p>Directly Standardised Rates per 100,000 population aged under 75.</p> <p>Single year rates are used to enable timely reporting. The rate for persons is monitored, i.e. males and females combined. (This is different from NI120.)</p> <p>Components of calculation are:</p> <p>Deaths from all malignant neoplasms (cancers), classified by underlying cause of death (ICD-10 C00-C97, ICD-9 140-208 adjusted), registered in the calendar years.</p> <p>2001 Census based mid-year population estimates (aged under 75) for the same calendar year.</p>		
Formula	<p>Direct age-standardisation is a method which enables comparison of mortality rates between different years and across different geographical areas, while taking account differences in population age structure.</p> <p>The formula for standardised death rates is given by:</p> $\frac{\sum_i \left(N_i \frac{d_i}{n_i} \right)}{N} * 100,000$ <p>Where:</p> <ul style="list-style-type: none"> d_i is the number of deaths in age group i; n_i is the population of age group i; N_i is the population of age group i in the standard population; N is the total number of people in the standard population. <p>Standard population is the European Standard Population.</p> <p>See below for links to methodology and further guidance on statistical methods used in calculation. Disease classifications based on International Statistical Classification of Diseases and Related Health Problems version 10 (ICD-10 codes).</p>		

NI 122: Mortality rate from all cancers at ages under 75 (continued)			
Worked example	See link below for methodology and worked example.	Good performance	“Good” performance is typified by a reduction in rate. For Spearhead areas “Good” performance is typified by a reduction in rate that results in a reduction in the inequality gap with England.
Collection interval	Annual (Calendar year) Eg: 2008 reported for 2008/09 period.	Data Source	ONS death registrations and population statistics (published by National Centre for Health Outcomes Development). Data for 2008 expected to be available in late 2009.
Return Format	Directly age standardised rate per 100,000 population.	Decimal Places	Two
Reporting organisation	Data are published by National Centre for Health Outcomes (http://www.nchod.nhs.uk) based on data supplied by The Office for National Statistics		
Spatial level	Single tier and district council (NHS organisations will use data at Primary Care Trust level)		
Further Guidance	This indicator was previously one of the LAA mandatory indicators. See Annex 3 and Annex 5 of NCHOD Compendium annex for method – http://www.nchod.nhs.uk . For further explanation of relevant national targets, including definition of Spearhead Group (of areas with the worst health and deprivation indicators), see PSA Technical Note (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_065226).		

NI 123: Stopping smoking				
Is data provided by the LA or a Local Strategic Partner?		Y	Is this an existing indicator?	Y
Rationale	<p>Smoking is the principal avoidable cause of premature death and ill health in England today. It kills an estimated 86,500 people a year in England (one-fifth of all deaths) and leads to an extra 560 thousand admissions to hospital. Reducing prevalence is therefore a key priority in improving the health of the population.</p> <p>Stop Smoking Services are a key NHS intervention to reduce smoking in all groups, with particular focus on routine and manual groups. They are part of a programme of action needed to meet the national target to tackle the underlying determinants of ill health and health inequalities by reducing smoking rates to 21% or less by 2010, with a reduction in prevalence among routine and manual groups to 26% or less. They are currently monitored through assessment of 4-week smoking quitters.</p>			
Definition	<p>Comparable, comprehensive, good quality data on smoking prevalence are not currently available at local level. Such data will be available for forthcoming years through the Integrated Household Survey. Until these data become available, figures for the rate of self-reported 4-week smoking quitters per 100,000 population aged 16 or over are to be used.</p> <p>This indicator relates to clients receiving support through the NHS Stop Smoking Services. A client is counted as a self-reported 4-week quitter if they have been assessed 4 weeks after the designated quit date and declares that he/she has not smoked even a single puff on a cigarette in the past two weeks. The indicator is a count of treatment episodes rather than people: so, if an individual undergoes two treatment episodes and has quit at four weeks in both cases, they are counted twice.</p> <p>See DH guidance (NHS Stop Smoking Services: service and monitoring guidance, October 2007/08) for detailed definitions:</p> <p>http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079644</p> <p>As indicated in the DH Statistical Bulletin April 2003 – March 2004 (http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/StatisticalWorkAreas/Statisticalpublichealth/DH_4097650) and communications to SHA tobacco leads and regional tobacco managers, the NHS smoking cessation services referred to in the 2001 guidance are now defined as the "NHS Stop Smoking Services". Further technical aspects remain as originally defined in the guidance of 2001/02.</p> <p>The population estimates used to calculate the number per 100,000 people aged 16 or over relate to an earlier time point than the period covered by the smoking quitters data. This is necessary because of the time lag in the availability of local population estimates. For example, the figures on the number of smoking quitters for the four quarters in 2006/07 are used in conjunction with the mid-2005 population estimates to produce the "2006/07" indicator values.</p> <p>http://www.statistics.gov.uk/StatBase/Product.asp?vlnk=601</p>			

NI 123: Stopping smoking (continued)			
Formula	$\left(\frac{x}{y}\right) * 100,000$ <p>where:</p> <p>x = number of self-reported 4-week smoking quitters.</p> <p>y = population aged 16 or over.</p>		
Worked example	<p>Suppose that the number of self-reported 4-week smoking quitters = 330</p> <p>And the population aged 16 or over = 41,250</p> <p>Then the rate of quitters per 100,000 population = $(330/41,250) * 100,000$</p> <p>= 800</p>	Good performance	<p>Good performance is typified by maintenance of the number of four-week smoking quitters who have attended NHS Stop Smoking Services per 100,000 population at at least the average level achieved in the period 2004/5 – 2006/07.</p>
Collection interval	<p>Numerator (number of self-reported 4-week quitters) collected quarterly:</p> <p>Q1 = April – June</p> <p>Q2 = July – September</p> <p>Q3 = October – December</p> <p>Q4 = January – March</p> <p>Denominator (latest population estimates) produced annually (end-June)</p>	Data Source	<p>The information is published by the Information Centre: (http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles/nhs-stop-smoking-services)</p>
Return Format	Rate per 100,000 population	Decimal Places	Zero
Reporting organisation	Information Centre for health and social care		
Spatial level	Primary Care Trust		
Further Guidance	<p>http://www.nice.org.uk/page.aspx?o=502517</p> <p>http://www.dh.gov.uk/assetRoot/04/07/81/16/04078116.pdf</p>		

NI 124: People with a long-term condition supported to be independent and in control of their condition			
Is data provided by the LA or a local partner?	N	Is this an existing indicator?	N
Rationale	<p>This indicator focuses attention on patient experience against exact national policy aims for people with long-term conditions. Long-term conditions describe people who suffer from a health condition that remains with them for the rest of their life, such as diabetes, asthma or dementia. People with long-term conditions want greater control of their lives, to be treated sooner before their condition causes more serious problems and to enjoy a good quality of life. This means transforming the lives of people with long-term conditions to move away from the reactive care based in acute settings toward a more systematic patient-centred approach, where care is rooted in primary and community settings and underpinned by strong partnerships across the whole health and social care spectrum.</p>		
Definition	<p>The percentage of people with a long-term condition who “had enough support from local services or organisations to help manage their long-term health condition(s)”.</p> <p>This will be sourced from the Healthcare Commission Primary Care Trusts patient survey. This is a random sample of adults registered with GP practices in England (which covers around 99 per cent of the population nationally). Expectation is for an achieved sample of around 540 people in each Primary Care Trust. The maximum 95% confidence interval for a Primary Care Trust with a sample of this size is +/- 4%.</p>		
Formula	$\left(\frac{x}{y}\right) * 100$ <p>Where:</p> <p>y = the number of people in the survey who define themselves as having one or more long-term conditions listed below using survey question “Do you have any of the following long-standing conditions?”</p> <ul style="list-style-type: none"> • deafness or severe hearing impairment, • blindness or partially sighted, • a long-standing physical condition, • a learning disability, • a mental health condition, • a long-standing illness, such as cancer, HIV, diabetes, chronic heart disease or epilepsy <p>x = the number of people in the survey with a long-term condition as defined above that said they “had enough support from local services or organisations to help manage their long-term health condition(s)” (those saying “yes, definitely” and “yes, to some extent”).</p>		

NI 124: People with a long-term condition supported to be independent and in control of their condition (continued)			
Worked example	If from the results of the survey, the number of people who say they are supported to manage their condition (X) = 100, and the number of people who define themselves as having a long-term condition (Y) = 160, then the percentage of people with a long-term condition who are supported = $(100/160) * 100 = 63\%$	Good performance	Good performance is typified by a higher percentage.
Collection interval	Annual – reporting in June/July each year	Data Source	Healthcare Commission Primary Care Trusts Patient Survey.
Return Format	Percentage	Decimal Places	Zero
Reporting organisation	Healthcare Commission		
Spatial level	Primary Care Trust		
Further Guidance	Further details of the survey methodology can be found at http://www.nhssurveys.org/categories.asp?parent=286		

NI 125: Achieving independence for older people through rehabilitation/intermediate care			
Is data provided by the LA or a local partner?	Y	Is this an existing indicator?	N
Rationale	<p>This indicator measures the benefit to individuals from intermediate care and rehabilitation following a hospital episode. It captures the joint work of social services and health staff and services commissioned by joint teams. The measure is designed to follow the individual and not differentiate between social care and NHS funding boundaries. The measure covers older people aged 65+ on discharge from hospital who:</p> <ol style="list-style-type: none"> 1. Would otherwise face an unnecessarily prolonged stay in acute in-patient care, or be permanently admitted to long term residential or nursing home care, or potentially use continuing NHS in-patient care; 2. Have a planned outcome of maximising independence and enabling them to resume living at home; 3. Are provided with care services on the basis of a multi-disciplinary assessment resulting in an individual support plan that involves active therapy, treatment or opportunity for recovery (with contributions from both health and social care); 4. Are to receive short-term interventions, typically lasting no longer than 6 weeks, and frequently as little as 1-2 weeks or less. <p>This new indicator relies on new data which will require piloting and is not likely to be available for reporting until October 2008. Comments from the consultation process will be taken into consideration as part of the development and piloting process.</p>		
Definition	<p>The proportion of older people discharged from hospital to their own home or to a residential or nursing care home or extra care housing bed for rehabilitation, with a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting) who are at home or in extra care housing or an adult placement scheme setting three months after the date of their discharge from hospital.</p> <p>Those who are in hospital or in a registered care home (other than for a brief episode of respite care from which they are expected to return home) at the three month date and those who have died within the three months are not reported in the numerator.</p> <p>3 months is defined as 91 days.</p> <p>Details of the timeframe for the numerator and denominator are being discussed as part of the development of the new collection. The aim is to finalise the details of this new collection by the end of March 2008.</p>		

NI 125: Achieving independence for older people through rehabilitation/intermediate care (continued)			
Formula	$\left(\frac{x}{y}\right) * 100$ <p>where:</p> <p>x = Number of those people discharged and benefiting from intermediate care/ rehabilitation still living at home (including in extra care housing or an adult placement scheme setting) three months after discharge from hospital. (Those temporarily in hospital or in a care home for respite/short term care with a clear plan for their return home at the 3 month point should be counted as being still 'at home'. Those who have died within the three months are not reported in the numerator).</p> <p>y = Number of people discharged from hospital aged 65+ on discharge date entering joint 'intermediate care' or a 'rehabilitation service' which includes input from the CASSR in the period (including those who are in hospital or in a registered care home at the three month date and those who have died within the three months).</p>		
Worked example	<p>Suppose the number of people aged 65+ on discharge and who were discharged and benefited from intermediate care/ rehabilitation still living at home 3 months after discharge in 2006 = 2,848.</p> <p>And if the total number people discharged from hospital aged 65+ and entering into joint 'intermediate care' or a 'rehabilitation service' for 2006 = 4,297</p> <p>Therefore the percentage achieving independence = $(2848/4297) * 100$</p> <p>= 66.3%</p>	Good performance	Good performance is typified by a higher percentage.
Collection interval	Annual – exact details are being worked up as part of the development work	Data Source	Social Care Keystats Collection (KS1) (Collection still being developed)
Return Format	Percentage	Decimal Places	One

NI 125: Achieving independence for older people through rehabilitation/intermediate care (<i>continued</i>)	
Reporting organisation	Information Centre Health and Social Care derived from information supplied by Councils with Social Services Responsibilities.
Spatial level	Single tier and county council
Further Guidance	Information Centre for health and social care: http://www.ic.nhs.uk/our-services/improving-social-care-information/social-care-collections

NI 126: Early Access for Women to Maternity Services			
Is data provided by the LA or a local partner?	Y	Is this an existing indicator?	N
Rationale	<p>All women should access maternity services for a full health and social care assessment of needs, risks and choices by 12 completed weeks of their pregnancy to give them the full benefit of personalised maternity care and improve outcomes and experience for mother and baby. Reducing the percentage of women who access maternity services late through targeted outreach work for vulnerable and socially excluded groups will provide a focus on reducing the health inequalities these groups face whilst also guaranteeing choice to all pregnant women.</p> <p>Completion of the assessment empowers women, supporting them in making well informed decisions about their care throughout pregnancy, birth and postnatally. The national choice guarantees:</p> <ul style="list-style-type: none"> • choice of how to access maternity care; • choice of type of antenatal care; • choice of place of birth; • choice of place of postnatal care. 		
Definition	<p>The percentage of women receiving services provided in the area who have seen a midwife or a maternity healthcare professional, for health and social care assessment of needs, risks and choices by 12 completed weeks of pregnancy</p> <p>In the first year this will be collected as a snapshot of all women who have accessed a service at a point in time and how many did this prior to 12 weeks. This is a new data collection.</p> <p>Pregnancy is defined as all maternities that extend past the first trimester, this would include still births and miscarriages and terminations after 12 weeks where known. It excludes pregnancies where care is provided outside an NHS setting or that have been terminated before 12 weeks.</p> <p>Midwife – To qualify as a midwife in this definition the person must hold current registration with the nursing and midwifery council and being in active employment as a midwife with the NHS.</p> <p>Maternity healthcare professional is a description which covers obstetricians and general practitioners with current registration with the General Medical Council and working for the NHS providing maternity services.</p> <p>12 completed weeks relates to the measured gestation of the pregnancy calculated following ultrasound assessment. 12 completed weeks refers to 12 weeks and 6 days.</p> <p>Health and Social Care assessment of needs, risks and choices – This must include the use of the National Institute of Clinical Excellence (NICE) antenatal care guidance assessment tool.</p> <p>Seen – This means completion of a full assessment, this may occur over multiple sessions but will be measured by the completion of the final session not the initiation of the first.</p>		

NI 126: Early Access for Women to Maternity Services (continued)			
Formula	<p>$N = \text{Numerator/Denominator} \times 100$</p> <p>Numerator – Number of women who have seen a midwife or a maternity healthcare professional, for health and social care assessment of needs, risks and choices by 12 completed weeks of pregnancy.</p> <p>Denominator – Total known pregnant women accessing the service for the first time</p>		
Worked example	<p>If 950 women have completed a full assessment by 12 weeks, out of 1000 women who reach 12 weeks pregnancy, the calculation is</p> <p>$= (950/1000) \times 100$</p> <p>$= 95.0\%$</p>	Good performance	Increasing
Collection interval	<p>LDPR Collections occur on a financial year quarterly basis.</p> <p>HES reports on a financial year quarterly basis based on providing a snapshot of monthly Secondary User Survey monthly collections</p> <p>An end of year refresh will occur which will consolidate all data for the year this is normally reported late in the calendar year and will form the yearly statistic.</p>	Data Source	<p>The information will be collected by the DH Information Centre and will be provided through Hospital Episode Statistics (HES) collection. This is a new collection which will not be in place for April 08. DH Local Delivery Planning Return (LDPR) will be used to collect key summary data in the first year.</p>
Return Format	Percentage	Decimal Places	One
Reporting organisation	<p>In the first year this data will be collected by Local Delivery Plan Returns held and reported by DH. From April 09 it is intended to report using Hospital Episode Statistics reported by The Information Centre</p>		
Spatial level	Primary Care Trust, single tier and county council		
Further Guidance	<p>A revised NICE guideline is expected to be published in due course and will include a health and social care needs assessment. This will be available at www.nice.org.uk</p>		

NI 127: Self reported experience of social care users	
For introduction in 2009/10	
Rationale	Social Care users' perceptions of services they receive are an essential aspect of assessing whether the personal outcomes that people want from care and support services are being delivered.
Background and update on indicator development	<p>The measure will be based on a survey, from questions to be asked of a selected sample of social care service users.</p> <p>In the current triennial cycle of social care user surveys, which focuses on a different user group each year, the experience of older people receiving home care is due to be repeated in 2008-09.</p> <p>Experience from the 2005-06 User Survey, along with findings from an extension Survey undertaken by the Personal Social Services Research Unit (PSSRU), will be reviewed to decide which questions should be repeated in this survey to be carried out in 2008-09. It is also expected that the review would look at the potential for including a new question around people being treated with dignity that would look to align with survey questions asked of NHS patients to inform developments for indicator NI 128 (User reported measure of respect and dignity in their treatment, which is also proposed for introduction in 2009/10).</p> <p>The indicator used historically, focuses on levels of user satisfaction, which is the most readily available global measure of the user's views. This may have limitations as a measure because it will be informed by the user's prior expectations. It is also difficult to use as a basis for action. Ideally we would like to develop the approach to be more in line with that used for NHS patients. This approach calculates weighted aggregates of questions relating to the actual experiences of service users. PSSRU have been commissioned to carry out some research to aid our understanding of the methodological issues and advise us on the feasibility of this approach for social care.</p> <p>We also need to consider the coverage of the indicator across different groups of social care users. We would like the indicator to be as inclusive as possible although we realise that there are issues with surveying particular vulnerable groups. This approach would also mean changing or extending the current programme of user surveys which needs careful consideration taking into account issues about frequency and costs. Key stakeholders will be consulted on the development of these surveys.</p> <p>We also need to consider how data from surveys covering different health settings/services can best be incorporated to produce a joint health and social care indicator in the future. It is not clear how soon this can feasibly be done. In the meantime we will examine the scope for the programme of health surveys and social care surveys to complement each other and where appropriate be aligned.</p> <p>Developments will also be informed by a review across health and social care of processes to collect, collate and present customer experience information that is being undertaken by PWC on behalf of DH.</p>

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

Expected collection arrangements and spatial level	It is anticipated that this indicator will be reported by Information Centre for Health and Social Care, derived from information supplied by Councils with Social Services Responsibilities. It will be reported at single tier and county council level.
Timetable for development	<ul style="list-style-type: none"> • The Personal Social Services Home care User Experience Survey through Councils with Social Care Responsibilities, based on and developed from the user surveys undertaken in the past, will be subject to consultation and review by the Strategic Information Group for Adult Social Care (SIGASC) • Development of data collections to underpin both indicators is underway and a DH/Information Centre working group is considering both indicators (NI 127 and NI 128) simultaneously, and is consulting on options for data collection. • By summer 2008 there will be an agreed proposal in order for collections to be operational for 2009/10.

NI 128: User reported measure of respect and dignity in their treatment	
For introduction in 2009/10	
Rationale	<p>The dignity of service users is fundamental to the provision of good services in both health and social care settings. This measure seeks to provide a high level understanding of whether service users feel that they are receiving care that does not diminish their dignity, affect their modesty and respects their human rights.</p> <p>It is vital that dignity is measured both in health and social care settings and so the measure will be part of the monitoring framework for both Primary Care Trusts and Local Authorities.</p>
Background and update on indicator development	<p>This is a key priority articulated by ministers, the Dignity in Care Campaign and Lord Darzi's interim report, Our NHS, Our Future, that dignity should be at the heart of care received.</p> <p>The existing measure of dignity asked by the Patient Experience Questionnaire as to whether 'the patient's dignity and respect were maintained at all times' in a variety of settings will be expanded to take in social care settings.</p> <p>A working group has been established to generate and consider options for collecting data to populate this performance indicator, in conjunction with NI127. Four main options have been short-listed. Given this is a new national data collection the preferred options will need to be examined with regards to methodology and speed of implementation. The expectation is a final option will be agreed by the summer of 2008 to allow time for the details of the survey to be developed for April 2009. The data collection will therefore be operational in 2009/10.</p>
Expected collection arrangements and spatial level	<p>It is anticipated that this indicator will be reported by Information Centre for Health and Social Care, derived from information supplied by Councils with Social Services Responsibilities. It will be reported at single tier and county council level.</p>
Timetable for development	<ul style="list-style-type: none"> • Development of data collections to underpin both indicators is underway and a DH/Information Centre working group is considering both indicators (NI 127 and NI 128) simultaneously, and is consulting on options for data collection. • By summer 2008 there will be an agreed proposal in order for collections to be operational for 2009/10.

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

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

NI 129: End of life care – access to appropriate care enabling people to be able to choose to die at home (continued)			
Worked example	<p>Suppose the total number of deaths registered at home in 2006 = 3,869.</p> <p>And If the total number of deaths registered in 2006 = 12,621</p> <p>Therefore the percentage of all deaths that occur at home = $(3,869/12,621) * 100$</p> <p>= 30.7%</p>	Good performance	Good performance is typified by a higher percentage.
Collection interval	Annual (Calendar year)	Data Source	ONS mortality data (deaths by place of occurrence); DH analysis
Return Format	Percentage	Decimal Places	One
Reporting organisation	Department of Health (based on data supplied by ONS)		
Spatial level	Primary Care Trust, local authority district and single tier authorities.		
Further Guidance	<p>NCHOD Knowledge Base publishes a 'cancer deaths at home' indicator with local level data at http://www.nchod.nhs.uk</p> <p>'Building on the Best' broadly sets out how the Government will make NHS services more responsive to patients, by offering more choice across the spectrum of healthcare. It can be accessed from http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4075292</p> <p>Mortality Statistics: General (Series DH1) are available from ONS. This contains key statistics of deaths and death rates in England and Wales by age, sex, marital status, place of death, birthplace and coroner involvement for the reference year.</p>		

NI 130: Social care clients receiving Self Directed Support per 100,000 population			
Is data provided by the LA or a local partner?		Y	Is this an existing indicator?
			N
Rationale	Self Directed Services, by which we mean direct payments and individual budgets, offer the individual client or carer greater flexibility in how their support is provided and ensure that their care and support package is directly responsive to their individual needs and wishes.		
Definition	<p>Number of adults, older people and carers receiving social care through a Direct Payment (and/or an Individual Budget) in the year to 31st March per 100,000 population aged 18 or over (age standardised) (for population 18 – 64 and 65-74, 75-84 and 85+)</p> <p>Number of adults, older people and carers receiving social care through a Direct Payment (and/or an Individual Budget) in the year to 31st March is taken from the Referrals, Assessment and Packages of Care Data (RAP) and Personal Social Services Expenditure (PSSEX1) data http://www.ic.nhs.uk/pss/returns/2007</p> <p>Part 1 – RAP Table P2f (Number of clients receiving community-based services during the period, provided or commissioned by the CASSR, by components of service, primary client type and age group) (1) Page 2 line 11 (Total of above) column 2 (Direct Payments) (2) Page 5 box 1 (3) Page 5 box 2 (4) Page 5 box 3, Plus</p> <p>Part 2 – PSSEX1 Activity sheet number of carers receiving direct payments during the year (1) aged 16-17 (2) aged 18-64 (3) aged 65-74 (4) aged 75-84 (5) aged 85 and over</p> <p>Age refers to the age of the carer.</p> <p>The first reference relates to the RAP return forms for 2006/07; however the 3 data items on P2f page 5 will be new items recorded from 2008/09 onwards. References to PSSEX1 return are new items that will be recorded from 2008/09 onwards.</p> <p>Denominator: ONS latest mid year population estimates</p>		
Formula	$\sum_j \left(\frac{x_j}{y_j} \right) * \left(\frac{Pop_j}{Pop_{Tot}} \right) * 100,000$ <p>Where:</p> <p>j is age groups 18-64, 65-74, 75-84, 85+</p> <p>x_j = For 2008-09: Those in each particular age group j who received a direct payment in the year to March 31, including carers. (Age as at 31 March).</p> <p>y_j = Local population in age group j.</p> <p>Pop_j = National population in age group j.</p> <p>Pop_{Tot} = Total adult national population, aged 18 and over.</p> <p>For 2009-10, x_j will be as 2008-09 plus those whose financial affairs were managed within an individual budget. The data collection mechanism is being developed.</p>		

NI 130: Social care clients receiving Self Directed Support (Direct Payments and Individual Budgets) <i>(continued)</i>			
Worked example	<p>Suppose the total number of people aged 18-64 who received a direct payment in the year 2008/09 to March 31 = 560 and the local mid-year population estimate aged 18-64 = 495,568</p> <p>and if people aged 18-64 comprise 75% of England's adult population,</p> <p>the indicator value for that age group is $[(560/495,568) * (0.75) * 100,000]$</p> <p>= 84.8 for age group 18 to 64</p> <p>The overall indicator value is found by repeating the calculation for each age group and summing over the four age groups.</p>	Good performance	Good performance is typified by a higher rate.
Collection interval	Financial year	Data Source	Referrals, Assessment and Packages of Care Data (RAP) and Personal Social Services Expenditure and Unit Costs: England (PSS EX1) And ONS latest mid year population estimates.
Return Format	Rate per 100,000	Decimal Places	One
Reporting organisation	Information Centre for Health and Social Care, based on information supplied by Councils with Social Services Responsibilities.		
Spatial level	Single tier and county council		
Further Guidance	Information Centre for health and social care http://www.ic.nhs.uk/pss/returns/2007		

NI 131: Delayed transfers of care			
Is data provided by the LA or Local Strategic Partner?	N	Is this an existing indicator?	N
Rationale	This indicator measures the impact of hospital services (acute and non-acute) and community-based care in facilitating timely and appropriate discharge from <u>all</u> hospitals for <u>all</u> adults. This measures the ability of the <i>whole system</i> to ensure appropriate discharge from hospital for the entire adult population, and is an indicator of the effectiveness of the interface between health and social care services.		
Definition	<p>The average weekly rate of delayed transfers of care from all NHS hospitals, acute and non-acute, per 100,000 population aged 18+.</p> <p>A delayed transfer of care occurs when a patient is ready for transfer from a hospital bed, but is still occupying such a bed.</p> <p>A patient is ready for transfer when:</p> <p>(a) a clinical decision has been made that the patient is ready for transfer AND</p> <p>(b) a multi-disciplinary team decision has been made that the patient is ready for transfer AND</p> <p>(c) the patient is safe to discharge/transfer.</p>		
Formula	$\left(\frac{x}{y}\right) * 100,000$ <p>Where:</p> <p>X = The average number of delayed transfers of care (population aged 18+) in a week taken over the year.</p> <p>Y = ONS mid-year population estimates for population aged 18+.</p>		
Worked example	<p>Suppose the total number of delayed discharges is 16,984.</p> <p>Divide this by 52 for a weekly figure.</p> <p>And if the ONS mid-year population estimate = 8M</p> <p>Therefore the average weekly rate of delayed transfers is calculated as</p> $((16,984 / 52) / 8,000,000) * 100,000$ <p>= 4.1</p>	Good performance	Good performance is typified by a lower rate.

NI 131: Delayed transfers of care (continued)			
Collection interval	Annual (financial year)	Data Source	UNIFY2 – formerly, DH Strategic Executive Information System (STEIS).
Return Format	Rate per 100,000	Decimal Places	One
Reporting organisation	DH based on information from NHS organisations through UNIFY2.		
Spatial level	Primary Care Trusts, and single tier and county councils.		
Further Guidance	<p>UNIFY guidance is available at http://www.unify2.dh.nhs.uk/unify/interface/homepage.aspx. Local authorities will need to work with their NHS partners to secure regular access to the relevant data.</p> <p>This indicator is for delays to all patients in all settings and the underlying data collection is much more detailed, and will allow (local) identification of causes and settings. It is for localities to drill down to identify where the problem is, and which partner is best placed to take action, and for local authorities and their NHS partners to identify which set or sets of data they actually need, and how frequently they need to access and share only the information that helps them.</p>		

NI 132: Timeliness of social care assessment (all adults)			
Is data provided by the LA or a local partner?	Y	Is this an existing indicator?	N
Rationale	<p>Users and carers should expect practical help and other support to arrive in a timely fashion soon after their problems have been referred to social services.</p> <p>Timeliness of assessment is of importance in policy terms, recognised as crucial by Councils with Adult Social Services Responsibilities and significant for people who use services.</p>		
Definition	<p>Acceptable waiting times for assessments: For new clients (aged 18+), the percentage from where the time from first contact to completion of assessment is less than or equal to four weeks</p> <p>Sources: Referrals, Assessment and Packages of Care Data (RAP) (reference year). (Table A7, Length of time from first contact to completed assessment for new clients whose assessments were completed during the period in time bands, by referral category, age group and primary client type)</p> <p>Numerator – RAP Table A7 Page 1</p> <p>(1) All new clients aged 18-64 sum of lines 1 to 3 (less than or equal to 2 days, plus more than 2 days and less than or equal to 2 weeks, plus more than 2 weeks and less than or equal to 4 weeks)</p> <p>Plus</p> <p>(2) All new clients aged 65 and over sum of lines 1 to 3 (less than or equal to 2 days, plus more than 2 days and less than or equal to 2 weeks, plus more than 2 weeks and less than or equal to 4 weeks)</p> <p>Denominator – RAP Table A7 Page 1</p> <p>(1) All new clients aged 18-64 sum of lines 1 to 5 (less than or equal to 2 days, plus more than 2 days and less than or equal to 2 weeks, plus more than 2 weeks and less than or equal to 4 weeks, plus more than 4 weeks and less than or equal to 3 months; plus more than 3 months)</p> <p>Plus</p> <p>(2) All new clients aged 65 and over sum of lines 1 to 5 (less than or equal to 2 days, plus more than 2 days and less than or equal to 2 weeks, plus more than 2 weeks and less than or equal to 4 weeks, plus more than 4 weeks and less than or equal to 3 months, plus more than 3 months)</p>		

NI 132: Timeliness of social care assessment (all adults) (continued)			
Formula	$\left(\frac{x}{y}\right) * 100$ <p>Where:</p> <p>x = Of new clients for whom contact was made with the client, the number for whom the length of time from first contact with the client to completion of assessment was less than or equal to 4 weeks (that is 28, calendar days).</p> <p>y = The total number of new clients for whom contact was made with the client in the financial year.</p>		
Worked example	<p>Suppose the number of new clients for whom length of time from first contact to completion of assessment is less than or equal to 28 calendar days = 3,289.</p> <p>And if the total number of new clients whose assessment was completed and who went on to receive all services in the reporting = 5,026.</p> <p>Therefore the percentage of care packages on time = $(3,289/5,026) * 100$ = 65.4%</p>	Good performance	Good performance is typified by a higher percentage.
Collection interval	Financial year	Data Source	Referrals, Assessment and Packages of Care Data (RAP), Table A7.
Return Format	Percentage	Decimal Places	One
Reporting organisation	Information Centre for Health and Social Care based on information provided by Councils with Social Services Responsibilities.		
Spatial level	Single tier and county council		
Further Guidance	<p>Information Centre for health and social care http://www.ic.nhs.uk/pss/returns/2007</p> <p>This indicator is similar to that previously collected as PSS PAF indicator D55 part (ii), but extended to all ages.</p>		

NI 133: Timeliness of social care packages following assessment				
Is data provided by the LA or a local strategic partner?		Y	Is this an existing indicator?	Y
Rationale	<p>Users should expect practical help and other support to arrive in a timely fashion soon after their problems have been referred to social services.</p> <p>Timeliness of the delivery of care packages following social care assessment is of importance in policy terms, recognised as crucial by Councils with Adult Social Services Responsibilities and significant for people who use services for whom long delays in delivering the help and support they need can be detrimental.</p>			
Definition	<p>Acceptable waiting times for delivery of care packages following assessment: For new clients (For 2008/09: Adults aged 65+, from 2009/10 Adults all ages 18+) the percentage for whom the time from completion of assessment to provision of all services in the care package is less than or equal to 4 weeks.</p> <p>In 2008/09 data are only available for those aged 65+. From 2009/10 data will be available for all ages although the indicator can still continue to be calculated for the 65+ age group separately if required locally.</p> <p>The data for this indicator is taken from Referrals, Assessment and Packages of Care Data (RAP) http://www.ic.nhs.uk/pss/returns/2007</p> <p><i>Table A8 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 places during the period in time bands by primary client type.</i></p> <p>Numerator – RAP Table A8, Page 1, lines (1+2) ((Less than or equal to 2 weeks) plus (More than 2 weeks and less than or equal to 4 weeks))</p> <p>Denominator – RAP Table A8, Page 1, lines (1 to 4) ((Less than or equal to 2 weeks) plus (More than 2 weeks and less than or equal to 4 weeks) plus (More than 4 weeks and less than or equal to 6 weeks) plus (More than 6 weeks))</p> <p>References relate to the returns for 2006/07. Use equivalent for subsequent years.</p> <p>This indicator was previously collected as PAF indicator AO/D56 and BVPI 196 in 2007/08.</p>			
Formula	$\left(\frac{x}{y}\right) * 100$ <p>Where:</p> <p>x = Of the number of new clients (aged 65+ for 2008/09 and all ages from 2009/10) in the denominator, the number for whom length of time from completion of assessment to provision of all services in a care package is less than or equal to four weeks (28 calendar days).</p> <p>y = The total number of new clients whose assessment was completed and who went on to receive all services in the reporting year.</p>			

NI 133: Timeliness of social care packages following assessment (continued)			
Worked example	<p>Suppose the number of new clients (65+) for whom length of time from completion of assessment to provision of all services in a care package is less than or equal to 28 calendar days = 1,930.</p> <p>And if the total number of new clients (65+) whose assessment was completed and who went on to receive all services in the reporting year = 2,378.</p> <p>Therefore the percentage of care packages on time = $(1,930/2,378) * 100$ = 81.2%</p>	Good performance	Good performance is typified by a higher percentage
Collection interval	Financial year	Data Source	Referrals, Assessment and Packages of Care Data (RAP), Table A8
Return Format	Percentage	Decimal Places	One
Reporting organisation	Information Centre for Health and Social Care based on information supplied by Councils with Social Services Responsibilities.		
Spatial level	Single tier and county council		
Further Guidance	Information Centre for health and social care http://www.ic.nhs.uk/pss/returns/2007		

NI 134: The number of emergency bed days per head of weighted population			
Is data provided by the LA or a local partner?	Y	Is this an existing indicator?	Y
Rationale	This is a measure of improved pro-active care of patients, particularly those with chronic conditions. Reducing the number of emergency bed days requires input from a range of stakeholders to avoid admissions and to ensure appropriate time in hospital. There is a clear measure of success and it requires improvements in performance from a range of organisations in health and social care to achieve it.		
Definition	<p>Emergency bed days per head of weighted population (all ages)</p> <p>Emergency bed days are defined as in-year bed-days of Finished Consultant Episodes (FCEs) where the admission method is reported as emergency (HES admission method field admimeth, codes 21, 22, 23, 24, 28). Data is on a commissioner basis.</p> <p><u>Exclusions</u> The indicator excludes emergency bed-days with the following:</p> <p><u>Primary diagnosis codes –</u> A00-B99, relating to infectious and viral diseases. O00-Q99, relating to abortion and complications and abnormalities arising in labour, delivery and the neonatal and perinatal periods.</p> <p><u>External cause codes –</u> V01-V99, relating to vehicular accidents</p>		
Formula	<p>Direct age-standardisation is a method that enables comparison of rates between different years and across different geographical areas, while taking account of differences in population age structure.</p> <p>The formula for emergency bed days per head of weighted population is given by</p> $\frac{\sum_i \left(N_i \frac{d_i}{n_i} \right)}{N} * 100,000$ <p>Where:</p> <p>d_i is the Emergency Bed Days for the current financial year in age group i (age on admission to hospital);</p> <p>n_i is the population of age group i;</p> <p>N_i is the population of age group i in the standard population;</p> <p>N is the total number of people in the standard population.</p> <p>Standard population is the European Standard Population. The same population is used for males and females</p>		

NI 134: The number of emergency bed days per head of weighted population (<i>continued</i>)			
Worked example	For further information on direct-age standardisation see the Compendium of Clinical and Health Indicators, Data Definitions and User Guide for Computer Files January 2008, Annex 3 and Annex 5 of methods section. http://www.nchod.nhs.uk	Good performance	Good performance is typified by a lower number
Collection interval	Annual (financial year)	Data Source	Hospital Episode Statistics – Information Centre for Health and Social care. Population is 2004 based population projections from the Office for National Statistics http://www.statistics.gov.uk/StatBase/ssdataset.asp?vlnk=9496&Pos=2&ColRank=2&Rank=816
Return Format	Number	Decimal Places	One
Reporting organisation	Department of Health		
Spatial level	Primary Care Trust, single tier and county council		
Further Guidance	http://www.dh.gov.uk/assetRoot/04/08/69/19/04086919.pdf gives the current set of technical notes defining the PSA target on emergency bed days and reporting progress against it.		

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

Is data provided by the LA or a local partner?	Y	Is this an existing indicator?	N
Rationale	Support for carers is a key part of support for vulnerable people. Support for carers also enables carers to continue with their lives, families, work and contribution to their community. This measure provides a measurement of engagement with, and support to, carers.		
Definition	<p>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.</p> <p>The indicator is based on the Referrals, Assessment and Packages of Care Data (RAP) http://www.ic.nhs.uk/pss/returns/2007</p> <p>Numerator: Number of carers receiving a 'carer's break' or other specific carers service, or advice or information, during the year following a carer's assessment or review.</p> <p>Taken from Table C2 – Number of carers receiving different types of services provided as an outcome of an assessment or review by age group of carer (page 1).</p> <p>Line 5 (all ages) Sum of columns 1 (Services including respite for the carer and/or other carers' specific services) and 2 (information and advice only).</p> <p>Denominator: the number of adults receiving a community-based service during the year.</p> <p>Taken from Table P2f (Number of clients receiving community-based services during the period, provided or commissioned by the CASSR, by components of service, primary client type and age group) pages 1 and 3, line 11 ('Total of above'), column 1 (Total of clients).</p> <p>References relate to the RAP return forms for 2006/07. Please use equivalent for subsequent years.</p>		
Formula	$\left(\frac{x}{y}\right) * 100$ <p>Where:</p> <p>x = the number of carers receiving a 'carer's break' or other specific carers service, or advice or information, during the year following a carer's assessment or review;</p> <p>y = the number of adults receiving a community-based service during the year.</p>		

NI 135: Carers receiving needs assessment or review and a specific carer's service, or advice and information (continued)

Worked example	1,672 carers receiving a carer's break; 4,890 adults receiving a community-based service. The number of carers receiving a 'carer's break' or a specific carers' service, or advice or information, as a percentage of clients receiving community based services, is therefore: $\left(\frac{1672}{4890}\right) * 100 = 34.2\%$	Good performance	Good performance is typified by higher percentages
Collection interval	Financial year	Data Source (if external)	Referrals, Assessment and Packages of Care Data (RAP)
Return Format	Percentage	Decimal Places	One
Reporting organisation	Information Centre Health and Social Care based on information supplied by Councils with Social Services Responsibilities.		
Spatial level	Single tier and county council		
Further Guidance	Information Centre for Health and Social Care: http://www.ic.nhs.uk/pss/returns/2007		

NI 136: People supported to live independently through social services (all adults)			
Is data provided by the LA or Local Strategic Partner?	Y	Is this an existing indicator?	N
Rationale	<p>This provides a high-level indicator that signals the importance of cost-effective, evidence-based, innovative approaches to supporting people to live independently in the community. The indicator covers all adults receiving any amount of care/support to live independently, both through care packages provided directly by the local authority, and including that provided through organisations that are Grant Funded. It includes both intensive support in the community and lower levels of care/support and is consistent with the wider direction and development of <i>Our health, our care, our say</i> of providing treatment and support in community settings and preventing or postponing the need for more intensive care packages or residential care.</p> <p>While not in itself outcome focused, it can be seen as offering a proxy for quality of life, and to some extent choice and control in that it indicates the proportion of adults supported to live as independently as possible.</p>		
Definition	<p>This indicator will measure the number of adults 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.</p> <p>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.</p> <p>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. Where there is concern and where necessary, it should be possible to look underneath the headline figure with other linked data to get a clearer understanding of what's happening – for example the number of different organisations LAs fund in GFS and the change from year to year.</p> <p>The information for this indicator is taken from the Referrals, Assessment and Packages of Care Data (RAP), and Grant Funded Services (GFS1) data. More information on these returns is available from Information Centre for health and social care at</p> <p>http://www.ic.nhs.uk/pss/returns/2007 . Line and table references refer to the returns for 2006/07. Please use the equivalent for subsequent years.</p>		

NI 136: People supported to live independently through social services (all adults) (continued)	
Definition (continued)	<p>The numerators:</p> <p>Source: RAP Table P2s (Number of clients on the books to receive community based services on the last day of the reporting period which are provided or commissioned by the Councils with Social Services Responsibilities (CSSR))</p> <p>Part 1 – Adults and older people helped to live at home at 31 March (1) aged 18-64 Source: RAP Table P2s Page 1 line 11 (Total of above) column 1 plus (2) aged 65 and over. Source: RAP Table P2s Pages 3 and 5 line 11 (Total of above) column 1.</p> <p>Source: GFS1 Summary sheet table B1 (Total number of people receiving person centred care services from local authority funded organisations)</p> <p>Part 2 – Adults and older people receiving grant funded services during a sample week (1) aged 18-64 Source: GFS1 Summary sheet table B1 (1) line F (Total social services funding) columns 2-5 plus (2) aged 65 and over. Source: GFS1 Summary sheet table B1 (2) line F (Total social services funding) column 1.</p> <p>The numerator is made up of the sum of Part 1 and Part 2 described above.</p> <p>The denominator:</p> <p>Population figures are based on the latest mid year population estimates from ONS.</p> <p>An explanatory document providing further detail on needs weighting is being developed and will be made available to all local authorities.</p>
Formula	$\sum_j \left(\frac{x_j}{y_j} \right) * \left(\frac{Pop_j}{Pop_{Tot}} \right) * 100,000$ <p>Where:</p> <p>j is age groups 18-64, 65+</p> <p>x_j = Number of adults assisted directly through social services assessed/care planned, funded support to live independently, <i>plus</i> those supported through organisations that receive Local Government grant funded services (carer's assisted via grant funded services should be excluded).</p> <p>y_j = Local need-weighted population in age group j (need-weighted using the RNF allocation formulae)</p> <p>Pop_j = National population in age group j.</p> <p>Pop_{Tot} = Total adult national population, aged 18 and over.</p>

NI 136: People supported to live independently through social services (all adults) (continued)			
Worked example	<p>Suppose the total number of adults aged 18-64 that were assisted through social services to live independently for 2005/06 = 171 and the need-weighted population estimate for 2005 (aged 18-64) = 478,026</p> <p>and if people aged 18-64 comprise 75% of England's adult population, the indicator value for that age group is $[(171/478,026) * 0.75 * 100,000]$</p> <p>= 26.83 for age group 18 to 64 (hypothetical data)</p> <p>The overall indicator value is found by repeating the calculation for each age group (18-64, 65+) and summing the final result over the two age groups.</p> <p>An explanatory document providing further detail on needs weighting is being developed and will be made available to all local authorities.</p>	Good performance	Good performance is typified by a higher rate.
Collection interval	Collected annually during the financial year.	Data Source	Referrals, Assessment and Packages of Care Data (RAP) + Grant Funded Services (GFS1) data.
Return Format	Rate per 100,000	Decimal Places	Two
Reporting organisation	Information Centre for Health and Social Care based on information supplied by Councils with Social Services Responsibilities.		
Spatial level	Single tier and county council		
Further Guidance	Information Centre for health and social care http://www.ic.nhs.uk/pss/returns/2007		

Place Survey Indicator			
NI 137: Healthy life expectancy at age 65			
Is data provided by the LA or a local partner?	Y	Is this an existing indicator?	Y
Rationale	People are living longer but healthy life expectancy is not increasing at the same rate. It is clearly desirable for increased life expectancy to be spent in good health. The measure uses a self-reported health assessment, applied to life expectancy data. This is thus in part a subjective measure and the meanings attached by respondents to the categories may have changed over time due to medical advances or other factors. However, it captures the effects of the full range of interventions to improve objective health status on subjective states of health, and thus whether efforts are being appropriately targeted at conditions or behaviours that improve people's lives. The methodology is well-established, with a baseline for local areas of 2001 from census data.		
Data Source	Collection will be through the new Place Survey. Local authorities will submit data to the Audit Commission, who will weight it and submit it to CLG directly, and provide authorities with weighted copies of their own data sets.		
Collection interval	Biennial.		
Reporting organisation	Audit Commission.		
Spatial level	Single tier, district and county council.		

NI 138: Satisfaction of people over 65 with both home and neighbourhood			
Is data provided by the LA or a local partner?	Y	Is this an existing indicator?	Y
Rationale	To capture a measure of satisfaction of how older people live their lives at the local level, reflecting the effectiveness of policies on housing supply, adaptation and support; and those relating to the local area – environment, crime, transport, facilities etc. This is a well-established question used in the English Housing Survey, which can give national baseline data. This measure is preferred to ‘objective’ measures of housing or neighbourhood conditions because it reflects what is important to people, and captures a wide range of influences.		
Data Source	Collection will be through the new Place Survey. Local authorities will submit data to the Audit Commission, who will weight it and submit it to CLG directly, and provide authorities with weighted copies of their own data sets.		
Collection interval	Biennial.		
Reporting organisation	Audit Commission.		
Spatial level	Single tier, district and county council.		

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

Place Survey Indicator			
NI 140: Fair treatment by local services			
Is data provided by the LA or a local partner?	Y	Is this an existing indicator?	N
Rationale	<p>Dignity and respect are recognised as key determinants of an individual's wellbeing. Fair treatment by others is a critical component of removing inequalities of process, which create unjust barriers to involvement in society as well as in the economy. As a moral and ethical principal, fair and equal treatment is one to which we should aspire but in addition, the low self-esteem and sense of identity that unfair treatment can create impacts on all areas of daily life – including your economic and civic participation, your mental well-being, your social relationships etc.</p> <p>Where appropriate local authorities are encouraged to consider this indicator in terms of equalities group(s)¹ since individuals from equalities groups are more likely feel they have not been treated with respect.</p>		
Data Source	Collection will be through the new Place Survey. Local authorities will submit data to the Audit Commission, who will weight it and submit it to CLG directly, and provide authorities with weighted copies of their own data sets.		
Collection interval	Biennial.		
Reporting organisation	Audit Commission.		
Spatial level	Single tier, district and county council.		

¹ Equalities areas include: gender, ethnicity, disability, age, religion and belief, and sexual orientation. The question that feeds this indicator was previously used in the Citizenship survey. Note that the methodology for the Place Survey is different to the Citizenship survey.

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

NI 141: Percentage of vulnerable people achieving independent living (continued)			
Definition (continued)	<p>A move to the following options is not considered a move to more independent outcome and therefore is also defined as unplanned</p> <ul style="list-style-type: none"> • Acute psychiatric hospital • A long stay hospital or hospice <p>Deaths are excluded from the calculation apart from suicides which are counted as an unplanned outcome on the basis that support services are intended to prevent suicides. Where a household moves on, for instance woman with children moving on from a refuge or a family moving on from a homelessness hostel, only one outcome should be shown for each household.</p>		
Formula	$\left(\frac{x}{y}\right) * 100$ <p>where:</p> <p>x = the number of service users who have moved on from supported accommodation in a planned way to independent living;</p> <p>y = the total number of service users who have moved on.</p>		
Worked example	<p>A short term service has 100 service users, of which 21 depart during the quarter. Of these, 12 have moved on in a planned way to greater independence. The proportion who have moved on in a planned way is therefore:</p> <p>$(12/21) * 100 = 57.14\%$</p>	Good performance	Good performance is typified by a high percentage
Collection interval	Quarterly (every February, May, August, November)	Data Source	Local authority. Data is obtained by the provider sending a quarterly return to the Administering Authority. All authorities then submit to CLG on a quarterly basis through the Supporting People Local System.
Return Format	Number for data items x and y	Decimal Places	Data items x and y are whole numbers (people). Percentage to be reported to two decimal places.
Reporting organisation	Communities and Local Government		
Spatial level	Single tier and county council		
Further Guidance	See: http://www.spkweb.org.uk/Subjects/Quality_and_monitoring/Performance_framework/		

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

NI 142: Percentage of vulnerable people who are supported to maintain independent living
(continued)

Worked example	Of 108 service users, (a) 100 are currently in receipt of support to maintain independence, (b) 5 service users have established independence or no longer require the support, and (c) 3 service users are no longer living independently. Therefore the proportion of people who are supported to establish and maintain independent living $= \frac{(100 + 5)}{(100 + 5 + 3)} * 100$ $= 97.22\%$	Good performance	Good performance is typified by a high percentage
Collection interval	Quarterly (every February, May, August, November)	Data Source	Local authority. Data is obtained by the provider sending a quarterly return to the Administering Authority. All authorities then submit to CLG on a quarterly basis through the Supporting People Local System.
Return Format	Numbers for data items a, b and c above	Decimal Places	Data items a, b and c are whole numbers. Percentage to be reported to two decimal places.
Reporting organisation	Communities and Local Government		
Spatial level	Single tier and county council		
Further Guidance	See: www.spkweb.org.uk/subject/Quality_and_monitoring/Performance_framework/		

NI 143: Offenders under probation supervision living in settled and suitable accommodation at the end of their order or licence			
Is data provided by the LA or a local partner?	N	Is this an existing indicator?	Y
Rationale	The indicator is intended to help improve accommodation outcomes for ex-offenders, a key group at risk of social exclusion. It will also contribute to the wider reducing reoffending objective.		
Definition	<p>The percentage of offenders under probation supervision living in settled and suitable accommodation at the end of their order or licence.</p> <p>Under probation supervision: Serving a community order, or on licence.</p> <p>Community order: A community order is a type of court sentence which is to be served in the community. The offender must fulfil requirements including one or many of: drug or alcohol treatments and testing, electronic monitoring (tagging), curfew, living at a specified address, unpaid work, doing or refraining from doing certain things or entering certain places, or attending certain offending behaviour programmes.</p> <p>On licence: When an offender is on licence, this is the period of time between the end of the custodial portion of a sentence and the end of the entire sentence in which the sentenced person is released into the community under certain conditions.</p> <p>Settled accommodation is defined as:</p> <ul style="list-style-type: none"> • Permanent, independent housing • Bail/probation hostel • Supported housing <p>Suitable accommodation: Suitable accommodation is defined in OASys under two areas – suitability of the accommodation (i.e., quality of residence, appropriateness of living arrangements, overcrowding, relationships with rest of household) and suitability of the location of the accommodation (i.e., local level of criminal activity, access to criminal contacts, proximity to victims). For the purposes of this indicator, anyone who was assessed as having major problems (a score of 2 in OASys) in either category would be considered to be in unsuitable accommodation. Anyone assessed as having some difficulties which are not serious (a score of 1 in OASys) or who have no difficulties (a score of 0 in OASys) would be considered to be in suitable accommodation.</p> <p>End of order or licence: The indicator covers all individuals who had a probation assessment completed at 'termination of community supervision' or 'end of licence' which includes data on accommodation (for NI 143) and employment (for NI 144) status.</p>		

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

Formula	$\left(\frac{x}{y}\right) * 100$ <p>where:</p> <p>x = the number of offenders in settled and suitable accommodation at the end of their order or licence.</p> <p>y = the number of offenders who terminate their licence or order and are subject to a termination assessment (during the year).</p>		
Worked example	<p>Offenders with order or licence termination assessment during the year = 8,740</p> <p>Offenders with order or licence termination assessment during the year in settled and suitable accommodation at the end of their order or licence = 5,969</p> <p>Proportion = $(5,969/8,740) \times 100 = 68.3\%$</p>	Good performance	Good performance is typified by a positive increase in percentage
Collection interval	Annual on a financial year basis	Data Source	NOMS via OASys national reporting/ ODEAT
Return Format	Percentage	Decimal Places	One
Reporting organisation	National Offender Management Service		
Spatial level	Single tier and county councils		
Further Guidance			

NI 144: Offenders under probation supervision in employment at the end of their order or licence			
Is data provided by the LA or a local partner?	N	Is this an existing indicator?	Y
Rationale	The indicator is intended to help improve employment outcomes for ex-offenders, a key group at risk of social exclusion. It will also contribute to the wider reducing reoffending objective.		
Definition	<p>The percentage of offenders under probation supervision in employment at the end of their order or licence.</p> <p>Under probation supervision: Serving a community order, or on licence.</p> <p>Community order: A community order is a type of court sentence which is to be served in the community. The offender must fulfil requirements including one or many of: drug or alcohol treatments and testing, electronic monitoring (tagging), curfew, living at a specified address, unpaid work, doing or refraining from doing certain things or entering certain places, or attending certain offending behaviour programmes.</p> <p>On licence: When an offender is on licence, this is the period of time between the end of the custodial portion of a sentence and the end of the entire sentence in which the sentenced person is released into the community under certain conditions.</p> <p>Employment is defined as:</p> <ul style="list-style-type: none"> • Full-time employed or self-employed (30 hrs or more a week, on average) • Part-time employed or self-employed (less than 30 hrs a week, on average) <p>End of order or licence: The indicator covers all individuals who had a probation assessment completed at 'termination of community supervision' or 'end of licence' which includes data on accommodation (for NI 143) and employment (for NI 144) status.</p>		
Formula	$\left(\frac{x}{y}\right) * 100$ <p>Where:</p> <p>x = the number of offenders in employment at the end of their order or licence.</p> <p>y = the total number of offenders who terminate their licence or order and are subject to a termination assessment (during the year).</p>		

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

Worked example	<p>Offenders with order or licence termination assessment during the year = 8,740</p> <p>Offenders with order or licence termination assessment during the year in employment at the end of their order or licence = 3,458</p> <p>Proportion = $(3,458/8,740) \times 100 = 39.6\%$</p>	Good performance	Good performance is typified by a positive increase in percentage
Collection interval	Annual on a financial year basis	Data Source	NOMS via OASys national reporting/ ODEAT
Return Format	Percentage	Decimal Places	One
Reporting organisation	National Offender Management Service		
Spatial level	Single Tier And County Councils		
Further Guidance			

NI 145: Adults with learning disabilities in settled accommodation			
Is data provided by the LA or a local partner?	Y	Is this an existing indicator?	N
Rationale	The indicator is intended to improve settled accommodation outcomes for adults with learning disabilities – a key group at risk of social exclusion.		
Definition	<p>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.</p> <p>Adults with learning disabilities known to CASSRs: 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.</p> <p>Settled accommodation: Refers to accommodation arrangements where the occupier has security of tenure/residence in their <u>usual</u> accommodation in the medium- to long-term, or is part of a household whose head holds such security of tenure/residence. The accommodation types that represent settled accommodation for the purpose of this indicator are:</p> <ul style="list-style-type: none"> • Owner Occupier/Shared ownership scheme (where tenant purchases percentage of home value from landlord) • Tenant – Local Authority/Arms Length Management Organisation/Registered Social Landlord/Housing Association • Tenant – Private Landlord • Settled mainstream housing with family/friends (including flat-sharing) • Supported accommodation/Supported lodgings/Supported group home (accommodation supported by staff or resident caretaker) • Approved premises for offenders released from prison or under probation supervision (e.g. Probation Hostel) • Sheltered Housing/Extra care sheltered housing/Other sheltered housing • Mobile accommodation for Gypsy/Roma and Traveller community 		

NI 145: Adults with learning disabilities in settled accommodation (continued)**Definition (continued)**

Non-settled accommodation: Refers to accommodation arrangements that are precarious, or where the person has no or low security of tenure/residence in their usual accommodation and so may be required to leave at very short notice. The accommodation types that represent non-settled accommodation for the purpose of this indicator are:

- Rough sleeper/Squatting
- Night shelter/emergency hostel/direct access hostel (temporary accommodation accepting self referrals)
- Refuge
- Placed in temporary accommodation by Local Authority (including Homelessness resettlement) – e.g. Bed and Breakfast
- Staying with family/friends as a short term guest
- Acute/long stay healthcare residential facility or hospital (e.g. NHS or Independent general hospitals/clinics, Long stay hospitals, specialist rehabilitation/recovery hospitals)
- Registered Care Home
- Registered Nursing Home
- Adult placement scheme
- Prison/Young Offenders Institution/Detention Centre
- Other temporary accommodation

Data for this indicator is to be reported by gender.

Further guidance on the indicator can be found at the following link:
http://www.cabinetoffice.gov.uk/social_exclusion_task_force/psa.aspx

NI 145: Adults with learning disabilities in settled accommodation (continued)			
Formula	$\left(\frac{x}{y}\right) * 100$ <p>where:</p> <p>x = the number of adult learning disabled clients known to CASSRs in settled accommodation in their <u>usual</u> accommodation at the time of their assessment or latest review.</p> <p>y = the number of adult learning disabled clients known to CASSRs (i.e. those 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 addition, include in the denominator learning disabled clients who should be reviewed by the CASSR in a financial year but are not.</p> <p>Notes for x:</p> <ul style="list-style-type: none"> • In 2008/09 the data will relate to the period 1st October 2008 to 31st March 2009. The numerator will be grossed to provide data on the full 12 month financial year period for 2008/09. The grossing will be performed centrally by the Information Centre for Health and Social Care. <p>Notes for y:</p> <ul style="list-style-type: none"> • Learning disabled clients who should be reviewed by the CASSR in a financial year but are not <u>should also be counted</u> in the denominator. • Those who are detained under the Mental Health Act should be <u>excluded</u> from the denominator. 		
Worked example	<p>Adults with learning disabilities known to CASSRs = 122,155</p> <p>Adults with learning disabilities known to CASSRs in settled accommodation = 85,510</p> <p>Proportion = $(85,510/122,155) \times 100 = 70.0\%$</p>	Good performance	Good performance is typified by a positive increase in percentage
Collection interval	Annual on a financial year basis	Data Source	Key Statistics 1 (collected by the Information Centre).
Return Format	Percentage	Decimal Places	One

NI 145: Adults with learning disabilities in settled accommodation (<i>continued</i>)	
Reporting organisation	The Information Centre for Health and Social Care
Spatial level	Single tier and county council
Further Guidance	http://www.cabinetoffice.gov.uk/social_exclusion_task_force/psa.aspx

NI 146: Adults with learning disabilities in employment			
Is data provided by the LA or a local partner?	Y	Is this an existing indicator?	N
Rationale	The indicator is intended to improve the employment outcomes for adults with learning disabilities – a key group at risk of social exclusion.		
Definition	<p>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.</p> <p>Adults with learning disabilities known to CASSRs: 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.</p> <p>Paid employment is measured using the following categories:</p> <ol style="list-style-type: none"> 1. Working as a paid employee or self-employed (30 or more hours per week) 2. Working as a paid employee or self-employed (16 to less than 30 hours per week) 3. Working as a paid employee or self-employed (more than 4 to less than 16 hours per week) 4. Working as a paid employee or self employed (more than 0 to 4 hours per week) 5. Working regularly as a paid employee or self-employed but less than weekly (e.g., fortnightly, monthly or on some other regular basis) <p>Employee: Those who work for a company and have their National Insurance paid for directly from their wages and are earning at or above the National Minimum Wage. This also includes those who are working in <u>supported employment</u> (i.e. those who are receiving support and assistance from a specialist agency to maintain their job) who are earning at or above the National Minimum Wage.</p> <p>Self employed: Those who work for themselves and generally pay their National Insurance themselves. This should also include those who are unpaid family workers (i.e. those who do unpaid work for a business they own or for a business a relative owns).</p> <p>Categories 1-5 above are to be combined to report on the per cent of learning disabled clients known to CASSRs in paid employment.</p>		

NI 146: Adults with learning disabilities in employment (continued)**Definition (continued)**

The indicator will also collect data on those in voluntary unpaid work using the following categories:

- Working as a paid employee or self-employed and in unpaid voluntary work
- In unpaid voluntary work only

Unpaid voluntary work: Work of a voluntary nature that is unpaid, including unpaid work experience.

The unpaid voluntary work categories are not to be included in the count of those who are in paid employment.

Data for this indicator is to be reported by gender and type of service that the client is receiving, that is, community based service, residential care service or no services.

- Community based services are services provided to support clients living in the community.
- Residential care services include the following:
 - LA residential care (excludes short-term residential). Residential care provided by the CASSR.
 - Independent sector residential care (excludes short-term residential). Includes residential care provided by another CASSR. Also includes adult fostering.
 - Nursing care (excludes short-term residential).

Further guidance on the indicator can be found at the following link:
http://www.cabinetoffice.gov.uk/social_exclusion_task_force/psa.aspx

Formula

$$\left(\frac{x}{y} \right) * 100$$

Where:

x = the number of adult learning disabled clients known to CASSRs in the paid employment categories 1 to 5 above, at the time of their assessment or latest review.

y = the number of adult learning disabled clients known to CASSRs (i.e. those 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 addition, include in the denominator learning disabled clients who should be reviewed by the CASSR in a financial year but are not.

NI 146: Adults with learning disabilities in employment (continued)			
Formula (continued)	<p>Notes for x:</p> <ul style="list-style-type: none"> In 2008/09 the data will relate to the period 1st October 2008 to 31st March 2009. The numerator will be grossed to provide data on the full 12 month financial year period for 2008/09. The grossing will be performed centrally by the Information Centre for Health and Social Care. <p>Notes for y:</p> <ul style="list-style-type: none"> Learning disabled clients who should be reviewed by the CASSR in a financial year but are not <u>should also be counted</u> in the denominator. Those who are detained under the Mental Health Act should be <u>excluded</u> from the denominator. 		
Worked example	<p>Adults with learning disabilities known to CASSRs = 122,155</p> <p>Adults with learning disabilities known to CASSRs in paid employment = 18,400</p> <p>Proportion = $(18,400/122,155) \times 100 = 15.1\%$</p>	Good performance	Good performance is typified by a positive increase in percentage
Collection interval	Annual on a financial year basis	Data Source	Key Statistics 1 (collected by the Information Centre).
Return Format	Percentage	Decimal Places	One
Reporting organisation	The Information Centre for Health and Social Care		
Spatial level	Single tier and county council		
Further Guidance	http://www.cabinetoffice.gov.uk/social_exclusion_task_force/psa.aspx		

NI 147: Care leavers in suitable accommodation				
Is data provided by the LA or a local partner?		Y	Is this an existing indicator?	Y
Rationale	<p>The indicator measures accommodation outcomes for young adults formerly in care – a key group at risk of social exclusion. The indicator is intended to increase the proportion of former care leavers who are in suitable accommodation. This will help minimise the risk of care leavers being in unsuitable housing or becoming homeless.</p>			
Definition	<p>The percentage of former care leavers aged 19 who were looked after under any legal status (other than V3 or V4¹) on 1 April in their 17th year, who were in suitable accommodation.</p> <p>‘Former care leavers’: All young people aged 19 who were looked after under any legal status (other than V3 or V4¹) on 1 April in their 17th year. A review of their accommodation arrangements should take place within 3 months before or one month after the care leaver’s 19th birthday. The indicator therefore includes those who turn 19 during the year.</p> <p>‘Suitable accommodation’: Accommodation is to be regarded as suitable if it provides safe, secure and affordable provision for young people. It would generally include short-term accommodation designed to move young people on to stable long-term accommodation, but would exclude emergency accommodation used in a crisis. Categories B, C, D, E, K, T, and U should usually be considered as suitable accommodation (see below). Nevertheless there may be individual circumstances where this is not the case.</p> <p>Accommodation that clearly exposes the person to risk of harm or social exclusion by reason of its location or other factors should be coded as ‘unsuitable’.</p> <p>Accommodation categories V, W, and X, should usually be considered ‘unsuitable’.</p> <p>Accommodation category Y (‘other accommodation’) should be judged to be ‘suitable’ or ‘unsuitable’ according to the individual circumstances, but our presumption is that mostly it will be ‘unsuitable’.</p> <p>Accommodation categories:</p> <p>B: With parents or relatives</p> <p>C: Community home or other form of residential care such as an NHS establishment</p> <p>D: Semi-independent, transitional accommodation (eg supported hostel, trainer flats); self-contained accommodation with specialist personal assistance support (e.g. for young people with disabilities, pregnant young women and single parents); and self-contained accommodation with floating support.</p> <p>E: Supported lodgings (where supervisory staff or advice workers are available to provide formal advice or support).</p>			

NI 147: Care leavers in suitable accommodation (continued)	
Definition (continued)	<p>K: Ordinary lodgings, without formal support. In general this will include young people lodging with former foster carers.</p> <p>T: Foyers and similar supported accommodation which combines the accommodation with opportunities for education, training or employment.</p> <p>U: Independent living, (e.g. independent tenancy of flat, house or bedsit, including local authority or housing association tenancy, or accommodation provided by a college or university. Includes flatsharing).</p> <p>V: Emergency accommodation (eg night shelter, direct access, emergency hostel)</p> <p>W: Bed and breakfast</p> <p>X: In custody</p> <p>Y: Other accommodation</p> <p>For more information on care leavers who should be included in this indicator, as well as the coding of suitable accommodation, see the guidance notes and frequently asked questions at the following link: http://www.dfes.gov.uk/datastats1/guidelines/children/returns.shtml</p> <p>¹ Children in legal status V3 or V4 are subject to short-term break agreements. These children normally live at home, but are accommodated by a local authority in a pattern of short periods of care in order to give their parents (or guardians) some "respite". The breaks must form part of a regular programme of support agreed between social services and the child's parents/guardians. Each break must include at least one night away from home, but cannot exceed four weeks (28 days) of continuous care. V3 status refers to children accommodated under an agreed series of short-term breaks, when individual episodes of care are recorded. V4 status refers to children accommodated under an agreed series of short-term breaks, when agreements are recorded (ie NOT individual episodes of care).</p>
Formula	$\left(\frac{x}{y}\right) * 100$ <p>where:</p> <p>x = the number of young people aged 19 who were looked after under any legal status (other than V3 or V4) on 1 April in their 17th year, and who were in suitable accommodation.</p> <p>y = the total number of young people aged 19 who were looked after under any legal status (other than V3 or V4) on 1 April in their 17th year. The denominator should also include those young people looked after who were not in touch with local authorities.</p> <p>Note that this indicator is to be reported as a simple percentage.</p>

NI 147: Care leavers in suitable accommodation (continued)			
Worked example	Former care leavers aged 19 = 5,300 Former care leavers aged 19 in suitable accommodation = 4,600 Proportion = $(4,600/5,300) \times 100 = 86.8\%$	Good performance	Good performance is typified by a positive increase in percentage
Collection interval	Annual on a financial year basis	Data Source	Local authority report through SSDA903 return to DCSF.
Return Format	Percentage	Decimal Places	One
Reporting organisation	Department for Children, Schools and Families		
Spatial level	Single tier and county council		
Further Guidance	http://www.dfes.gov.uk/datastats1/guidelines/children/returns.shtml		

NI 148: Care leavers in education, employment or training			
Is data provided by the LA or a local partner?	Y	Is this an existing indicator?	N
Rationale	The indicator measures levels of participation in education, employment or training (EET) for young adults formerly in care – a key group at risk of social exclusion. The indicator is part of the Social Exclusion PSA and is intended to drive improvements in long-term outcomes for care leavers, by ensuring they receive the support they need to access EET.		
Definition	<p>The percentage of former care leavers aged 19 who were looked after under any legal status (other than V3 or V4¹) on 1 April in their 17th year, who were in education, employment or training.</p> <p>‘Former care leavers’: All young people aged 19 who were looked after under any legal status (other than V3 or V4¹) on 1 April in their 17th year. A review of their education, employment or training status should take place within 3 months before or one month after the care leaver’s 19th birthday. The indicator therefore includes those who turn 19 during the year.</p> <p>‘In education, employment or training’: Engaged either full (at least 16 hrs per week) or part-time (less than 16 hrs per week) in one of the following:</p> <p><u>Higher education:</u> ‘Higher education’ means all studies at a higher academic level than A level. This includes degrees, diplomas in higher education, teaching and nursing qualifications, HNDs, ONDs, and BTEC. The educational course does not have to be residential.</p> <p><u>Education other than higher:</u> This means all other education not covered by ‘higher education’. The educational course does not have to be residential.</p> <p><u>Training or employment:</u> ‘Training’ includes government-supported training, including Youth Training, New Deal, Training for Work, and National Traineeships. ‘Employment’ includes paid employment, self-employment, and voluntary unpaid work.</p> <p>‘Not in education, employment or training’: Data is also collected on those who are not In education, employment or training (NEET) using the following:</p> <p><u>NEET because of own illness or disability:</u> Refers to young people where none of the EET categories applies, specifically because the young person’s own illness or disability has prevented them from participating in any of these activities.</p> <p><u>NEET other circumstances:</u> Refers to young people not covered by any of the other EET or NEET categories. This includes people who are not able to participate in any of these activities because of pregnancy, or because they are parents or carers.</p> <p>For more information on care leavers who should be included in this indicator, as well as the coding of EET, see the guidance notes and frequently asked questions at the following link: http://www.dfes.gov.uk/datastats1/guidelines/children/returns.shtml</p>		

NI 148: Care leavers in education, employment or training (continued)			
Formula	$\left(\frac{x}{y}\right) * 100$ <p>Where:</p> <p>x = the number of young people aged 19 who were looked after under any legal status (other than V3 or V4) on 1 April in their 17th year, and who were in EET.</p> <p>y = the total number of young people aged 19 who were looked after under any legal status (other than V3 or V4) on 1 April in their 17th year. The denominator should also include those young people looked after who were not in touch with local authorities.</p> <p>Note that this indicator is to be reported as a simple percentage and not as a ratio as per the previous PAF CF/A4 indicator.</p>		
Worked example	<p>Former care leavers aged 19 = 5,300</p> <p>Former care leavers aged 19 in EET = 3,300</p> <p>Proportion = $(3,300/5,300) \times 100 = 62.3\%$</p>	Good performance	Good performance is typified by a positive increase in percentage
Collection interval	Annual on a financial year basis	Data Source	Local authority report through SSSDA903 return to DCSEF.
Return Format	Percentage	Decimal Places	One
Reporting organisation	Department for Children, Schools and Families		
Spatial level	Single tier and county council		
Further Guidance	http://www.dfes.gov.uk/datastats1/guidelines/children/returns.shtml		

¹ Children in legal status V3 or V4 are subject to short-term break agreements. These children normally live at home, but are accommodated by a local authority in a pattern of short periods of care in order to give their parents (or guardians) some "respite". The breaks must form part of a regular programme of support agreed between social services and the child's parents/guardians. Each break must include at least one night away from home, but cannot exceed four weeks (28 days) of continuous care. V3 status refers to children accommodated under an agreed series of short-term breaks, when individual episodes of care are recorded. V4 status refers to children accommodated under an agreed series of short-term breaks, when agreements are recorded (i.e. NOT individual episodes of care).

NI 149: Adults receiving secondary mental health services in settled accommodation																																	
Is data provided by the LA or a local partner?	Y	Is this an existing indicator?	N																														
Rationale	The indicator is intended to improve settled accommodation outcomes for adults with mental health problems – a key group at-risk of social exclusion.																																
Definition	<p>The percentage of adults receiving secondary mental health services in settled accommodation at the time of their most recent assessment, formal review or other multi-disciplinary care planning meeting.</p> <p>Adults receiving secondary mental health services: Those aged 18 to 69 who are receiving secondary mental health services and who are on the Care Programme Approach.</p> <p>Settled accommodation: Refers to accommodation arrangements where the occupier has security of tenure or appropriate stability of residence in their <i>usual</i> accommodation in the medium- to long-term, or is part of a household whose head holds such security of tenure/residence.</p> <p>Non-settled accommodation: Refers to accommodation arrangements that are precarious, or where the person has no or low security of tenure/residence in their usual accommodation and so may be required to leave at very short notice.</p> <p>Accommodation types that represent settled or non-settled accommodation for the purpose of this indicator are presented in the table below.</p> <table border="1"> <thead> <tr> <th>MHMDS Code</th> <th>Accommodation type</th> <th>Settled accommodation status</th> </tr> </thead> <tbody> <tr> <td colspan="3" style="text-align: center;">1 = Settled accommodation 0 = Non-settled accommodation</td> </tr> <tr> <td colspan="3">Mainstream Housing (MA00)</td> </tr> <tr> <td>MA01</td> <td>Owner occupier</td> <td style="text-align: center;">1</td> </tr> <tr> <td>MA02</td> <td>Settled mainstream housing with family/friends</td> <td style="text-align: center;">1</td> </tr> <tr> <td>MA03</td> <td>Shared ownership scheme e.g. Social Homebuy Scheme (tenant purchase percentage of home value from landlord)</td> <td style="text-align: center;">1</td> </tr> <tr> <td>MA04</td> <td>Tenant – Local Authority/Arms Length Management Organisation/Registered Landlord</td> <td style="text-align: center;">1</td> </tr> <tr> <td>MA05</td> <td>Tenant – Housing Association</td> <td style="text-align: center;">1</td> </tr> <tr> <td>MA06</td> <td>Tenant – private landlord</td> <td style="text-align: center;">1</td> </tr> <tr> <td>MA09</td> <td>Other mainstream housing</td> <td style="text-align: center;">1</td> </tr> </tbody> </table>			MHMDS Code	Accommodation type	Settled accommodation status	1 = Settled accommodation 0 = Non-settled accommodation			Mainstream Housing (MA00)			MA01	Owner occupier	1	MA02	Settled mainstream housing with family/friends	1	MA03	Shared ownership scheme e.g. Social Homebuy Scheme (tenant purchase percentage of home value from landlord)	1	MA04	Tenant – Local Authority/Arms Length Management Organisation/Registered Landlord	1	MA05	Tenant – Housing Association	1	MA06	Tenant – private landlord	1	MA09	Other mainstream housing	1
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MA01	Owner occupier	1																															
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MA06	Tenant – private landlord	1																															
MA09	Other mainstream housing	1																															

NI 149: Adults receiving secondary mental health services in settled accommodation (continued)

Definition (continued)	MHMDS Code	Accommodation type	Settled accommodation status
Homeless (HM00)			
	HM01	Rough sleeper	0
	HM02	Squatting	0
	HM03	Night shelter/emergency hostel/Direct access hostel (temporary accommodation accepting self referrals, no waiting list and relatively frequent vacancies)	0
	HM04	Sofa surfing (sleeps on different friends floor each night)	0
	HM05	Placed in temporary accommodation by Local Authority (including Homelessness resettlement service) e.g. Bed and Breakfast accommodation	0
	HM06	Staying with friends/family as a short term guest	0
	HM07	Other homeless	0
Accommodation with mental health care support (MH00)			
	MH01	Supported accommodation (accommodation supported by staff or resident caretaker)	1
	MH02	Supported lodgings (lodgings supported by staff or resident caretaker)	1
	MH03	Supported group home (supported by staff or resident caretaker)	1
	MH04	Mental Health Registered Care Home	0
	MH09	Other accommodation with mental health care and support	1
Acute/long stay healthcare residential facility/hospital (HS00)			
	HS01	NHS acute psychiatric ward	0
	HS02	Independent hospital/clinic	0
	HS03	Specialist rehabilitation/recovery	0
	HS04	Secure psychiatric unit	0
	HS05	Other NHS facilities/hospital	0
	HS09	Acute/long stay healthcare residential facility/hospital	0

NI 149: Adults receiving secondary mental health services in settled accommodation (continued)			
Definition (continued)	MHMDS Code	Accommodation type	Settled accommodation status
Accommodation with other (not specialist mental health) care support (CH00)			
	CH01	Foyer – accommodation for young people aged 16-25 who are homeless or in housing need	1
	CH02	Refuge	0
	CH03	Non-Mental Health Registered Care Home	0
	CH09	Other accommodation with care and support (not specialist mental health)	1
Accommodation with criminal justice support (CJ00)			
	CJ01	Bail/Probation hostel	1
	CJ02	Prison	0
	CJ03	Young Offenders Institution	0
	CJ04	Detention Centre	0
	CJ09	Other accommodation with criminal justice support such as ex-offender support	1
Sheltered Housing (accommodation with a scheme manager or warden living on the premises or nearby, contactable by an alarm system if necessary) (SH00)			
	SH01	Sheltered housing for older persons	1
	SH02	Extra care sheltered housing (also known as 'very sheltered housing'. For people who are less able to manage on their own, but who do need an extra level of care. Services offered vary between schemes, but meals and some personal care are often provided.)	1
	SH03	Nursing Home	0
	SH09	Other sheltered housing	1

NI 149: Adults receiving secondary mental health services in settled accommodation (continued)

Definition (continued)	MHMDS Code	Accommodation type	Settled accommodation status												
Mobile accommodation															
<table border="1"> <tr> <td data-bbox="359 524 528 618">ML00</td> <td data-bbox="528 524 1177 618">Mobile accommodation (for Gypsy/Roma and Traveller community)</td> <td data-bbox="1177 524 1431 618" style="text-align: center;">1</td> </tr> </table>				ML00	Mobile accommodation (for Gypsy/Roma and Traveller community)	1									
ML00	Mobile accommodation (for Gypsy/Roma and Traveller community)	1													
Other codes															
<table border="1"> <tr> <td data-bbox="359 672 528 725">OC96</td> <td data-bbox="528 672 1177 725">Not elsewhere classified</td> <td data-bbox="1177 672 1431 725"></td> </tr> <tr> <td data-bbox="359 725 528 779">OC97</td> <td data-bbox="528 725 1177 779">Not specified</td> <td data-bbox="1177 725 1431 779"></td> </tr> <tr> <td data-bbox="359 779 528 833">OC98</td> <td data-bbox="528 779 1177 833">Not applicable</td> <td data-bbox="1177 779 1431 833"></td> </tr> <tr> <td data-bbox="359 833 528 887">OC99</td> <td data-bbox="528 833 1177 887">Not applicable</td> <td data-bbox="1177 833 1431 887"></td> </tr> </table>				OC96	Not elsewhere classified		OC97	Not specified		OC98	Not applicable		OC99	Not applicable	
OC96	Not elsewhere classified														
OC97	Not specified														
OC98	Not applicable														
OC99	Not applicable														
<p>Further guidance on the indicator can be found at the following link: http://www.cabinetoffice.gov.uk/social_exclusion_task_force/psa.aspx</p>															
Formula	$\left(\frac{x}{y} \right) * 100$ <p>Where:</p> <p>x = the number of adults in the denominator who were in settled accommodation at the time of their most recent assessment, formal review or other multi-disciplinary care planning meeting. Include only those whose assessments or reviews were carried out during a financial year.</p> <p>y = the total number of adults who have received secondary mental health services and who were on the Care Programme Approach at any point during a financial year.</p> <p>Notes: Those who are detained under the Mental Health Act should be <i>excluded</i> from the numerator (x) and denominator (y).</p>														
Worked example	<p>Adults receiving secondary mental health services = 464,780</p> <p>Adults receiving secondary mental health services in settled accommodation = 355,091</p> <p>Proportion = $(355,091/464,780) \times 100 = 76.4\%$</p>	Good performance	Good performance is typified by a positive increase in percentage												

NI 149: Adults receiving secondary mental health services in settled accommodation (continued)			
Collection interval	Annual on a financial year basis	Data Source	Mental Health Minimum Data Set
Return Format	Percentage	Decimal Places	One
Reporting organisation	Information Centre for Health and Social Care		
Spatial level	Single tier and county council		
Further Guidance	http://www.cabinetoffice.gov.uk/social_exclusion_task_force/psa.aspx		

NI 150: Adults receiving secondary mental health services in employment			
Is data provided by the LA or a local partner?	Y	Is this an existing indicator?	N
Rationale	The indicator is intended to measure improved employment outcomes for adults with mental health problems – a key group at-risk of social exclusion.		
Definition	<p>The percentage of adults receiving secondary mental health services in paid employment at the time of their most recent assessment, formal review or other multi-disciplinary care planning meeting.</p> <p>Adults receiving secondary mental health services: Those aged 18 to 69 who are receiving secondary mental health services and who are on the Care Programme Approach.</p> <p>Employment status is recorded using the following categories:</p> <ul style="list-style-type: none"> • Employed • Unemployed • Other including education or training • Not disclosed • Not applicable • Not known <p>Employed: Those who are employed by a company and have their National Insurance paid for directly from their wages. It also includes those who are <i>self employed</i> (i.e., those who work for themselves and generally pay their National Insurance themselves); those who are in <i>supported employment</i>; and those who are in <i>permitted work</i> (i.e., those who are in paid work and who are also receiving Incapacity Benefit).</p> <p>Unemployed: Those who are <i>not</i> in paid work but are actively seeking work and are available to start, or are waiting to start a paid job they have already obtained.</p> <p>Other including education or training: This category includes those who are economically inactive, that is, those who are <i>not</i> in paid work and who are not actively seeking work, or they are <i>not</i> available to start. It includes the following:</p> <ul style="list-style-type: none"> – <i>Students</i> who are undertaking full- (at least 16 hours per week) or part-time (less than 16 hours per week) education or training and who are <i>not</i> working or actively seeking work; – The <i>long-term sick or disabled</i>, including those who are receiving Incapacity Benefit, income support or both, and who are not working or actively seeking work ; – Those <i>looking after the family or home</i> and who are <i>not</i> working or actively seeking work; – Those who are <i>not receiving benefits</i> and who are not working or actively seeking work; 		

NI 150: Adults receiving secondary mental health services in employment (continued)			
Definition (continued)	<p>– Those who are in <i>unpaid voluntary work</i> who are not working or actively seeking work;</p> <p>– Those of working age who have <i>retired</i> from paid work.</p> <p>Not disclosed: Patient was asked but refused to respond.</p> <p>Not applicable: Patient has not received secondary mental health services or is not in the working age group.</p> <p>Not known: Patient's employment status is not known.</p> <p>The employed category above is to be used to report on the per cent of adults receiving secondary mental health services in paid employment.</p> <p>Further guidance on the indicator can be found at the following link: http://www.cabinetoffice.gov.uk/social_exclusion_task_force/psa.aspx</p>		
Formula	$\left(\frac{x}{y}\right) * 100$ <p>Where:</p> <p>x = the number of adults in the denominator in paid employment (i.e. those recorded as 'employed') at the time of their most recent assessment, formal review or other multi-disciplinary care planning meeting, in a financial year. Include only those whose assessments or reviews were carried out during a financial year.</p> <p>y = the total number of adults who have received secondary mental health services and who were on the Care Programme Approach at any point during a financial year.</p> <p>Notes: Those who are detained under the Mental Health Act should be excluded from the numerator (x) and denominator (y).</p>		
Worked example	<p>Adults receiving secondary mental health services = 464,780</p> <p>Adults receiving secondary mental health services in paid employment = 97,603</p> <p>Proportion = $(97,603/464,780) \times 100 = 21.0\%$</p>	Good performance	Good performance is typified by a positive increase in percentage
Collection interval	Annual on a financial year basis	Data Source	Mental Health Minimum Data Set

NI 150: Adults receiving secondary mental health services in employment (continued)			
Return Format	Percentage	Decimal Places	One
Reporting organisation	Information Centre for Health and Social Care		
Spatial level	Single tier and county council		
Further Guidance	http://www.cabinetoffice.gov.uk/social_exclusion_task_force/psa.aspx		