



The
Information
Centre

for health and social care

Information and Guidance for the Adult Social Care Combined Activity Return (ASC-CAR)

For the collection period
April 1st 2008 to March 31st 2009

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PLEASE READ THESE NOTES BEFORE COMPLETING THE RETURN

1 General guidance notes for completion of the ASC-CAR return

In October 2007 the Department for Communities and Local Government published a new National Indicator Set (NIS) for Local Authorities. The purpose of the NIS is to streamline the data requirements associated with the performance management of local authorities, as described in the local government White Paper, 'Strong and Prosperous Communities'. There were a total of 198 Indicators but only 8 relate directly to adult social care with a small number of additional indicators taking in the wider health and well being agenda. This new NIS will replace the current Performance Assessment Framework (PAF) indicators. Therefore, there is no longer a justification for the collection of some of the current information from Local Authorities.

As a result of the publication of the NIS, The NHS Information Centre for health and social care (The NHS IC) commenced a review, in January 2008, of all our adult social care national data collections and publications. A result of this review has now seen the deletion of the Supported Residents (SR1) activity return. However, a small number of data items from this return have been retained and are now collected through the new Adult Social Care Combined Activity Return (ASC-CAR). These tables are labelled with the prefix "S".

In addition, this return also includes two other sets of tables for new data that is required to support the NIS measures on employment and settled accommodation status for people with learning disabilities ("L" tables) and independence achieved through rehabilitation (I1 table).

More information about these tables can be found on this on the IC website at <http://www.ic.nhs.uk/services/social-care/social-care-collections/collections-2009>

This new combined return differs from other Social Care collections in that each section of the return collects distinct areas of information from each other. This means that the same terms may sometimes vary in definition for each section. Please check these definitions before completing the return.

2 Key dates for collection of ASC-CAR 2008/09 return

February 2009

ASC-CAR 2008/09 guidance and FAQ documents are released on the IC website (address below) along with a document detailing the proforma (you will not be able to enter data onto this version of the proforma).

<http://www.ic.nhs.uk/services/social-care/social-care-collections/collections-2009>

March 2009

Volunteer Councils with Adult Social Services Responsibilities (CASSRs) will be recruited for User Acceptance Testing (UAT) of the return on the Omnibus Survey system during February and council UAT will be completed during March. If you would like to take part in the UAT for this return, please send an email to:

KEYSTATS@ic.nhs.uk.

1st April 2009

The ASC-CAR 2008/09 return will become live on Omnibus. CASSRs will be able to complete their ASC-CAR return from this date to the deadline date.

The Omnibus guidance will be available from: <http://www.ic.nhs.uk/omnibusguidance>

If you have any queries regarding the ASC-CAR return which are not answered by this guidance document or the FAQs document, please send your queries as early as possible before the return deadline date to: KEYSTATS@ic.nhs.uk

27th May 2009

This is the deadline date for this year's return. We expect all CASSRs to adhere to this date. If there are any exceptional circumstances where this deadline date cannot be met, please inform us as soon as possible by sending an email to:

KEYSTATS@ic.nhs.uk

9th June 2009

Data items from the return that have been requested by the regulator will be transferred to CQC. **No data from returns submitted after 27th May will be included in the transfer.**

June - July 2009

Emails will be sent out to some councils regarding validation checks. Please respond to these emails as soon as you can.

October 2009

A publication written from the ASC-CAR 2008/09 return will be made available on the IC website.

3 List of Returns for 1st April 2008 to 31st March 2009.

The returns are concerned with adults, defined as those aged 18 or over, and relate to adult services. Children's services are not covered in these returns, and nor are services provided to adults on behalf of children (e.g. Section 17 payments). Some CASSRs are known to continue with children's services for a few clients aged 18 or over. Where possible these should be included with the adult returns.

The first five returns (S prefix) relate to number of supported residents in residential care, nursing care and adult placements.

- **S1** Number of residents supported by your local authority in residential and nursing placements as at 31 March 2009, by type of residence, primary client type and age group (ref: SR1 tab.1)

- **S2** Number of residents aged 65 and over supported by your local authority in residential and nursing placements as at 31 March 2009, by type of residence and age group (ref: SR1 tab.2)

- **S3** Number of LA supported PERMANENT admissions to residential and nursing care during 1 April 2008 to 31 March 2009 (excluding admissions to group homes), by type of residence, primary client type and age group. (ref: SR1 tab. 5a)

- **S4** Number of transfers from LA supported TEMPORARY to PERMANENT residential and nursing care during 1 April 2008 to 31 March 2009 (excluding admissions to group homes), by type of residence and age group (ref: SR1 tab. 5b)

- **S5** Number of LA supported PERMANENT residents transferring between residential and nursing care during 1 April 2008 – 31 March 2009 (excluding admissions to group homes) by age group. (ref: SR1 tab. 5c)

The next two returns (L prefix) relate to learning disabilities (employment and settled accommodation).

- **L1** Number of working age learning disabled clients known to CASSRs who are in paid employment at the time of their latest assessment or review, by employment status, service type and gender.
(NI146; Adults with learning disabilities in employment)
- **L2** Number of working age learning disabled clients known to CASSRs who are in settled accommodation at the time of their latest assessment or review, by accommodation status and gender.
(NI145; Adults with learning disabilities in settled accommodation)

The final return is concerned with the number of clients achieving independence through rehabilitation.

- **I1** Number of clients aged 65 and over achieving independence through rehabilitation, by age group and gender.
(NI125; Achieving independence for older people through rehabilitation/intermediate care)

4 National Indicator Set for 2008-09

Indicator	NI146 Adults with learning disabilities in employment
Definition	<p>The percentage of adults with learning disabilities known to CASSRs in paid employment at the time of their assessment or latest review which have been completed during the collection period.</p> <p>The indicator will also collect data on those in voluntary unpaid work.</p>
Numerator	<p>Number of working age learning disabled clients known to CASSRs at the time of their assessment or review</p> <p>In 2008/09 the data will relate to the period 1st October 2008 to 31st March 2009, which will then be grossed after collection to the full 12 month financial year period.</p> <p><i>Source: ASC-CAR proforma, Table L1, row 6, column 9 (Overall total)</i></p>
Denominator	<p>Number of working age learning disabled clients known to CASSRs. Learning disabled clients who should be reviewed by the CASSR in a financial year (1st April 2008 to 31st March 2009) but are not <u>should also be counted</u> in the denominator.</p> <p><i>Source: ASC-CAR proforma, Table L1, row 9, column 9 (Overall total)</i></p>

Indicator	NI145 Adults with learning disabilities in settled accommodation
Definition	The percentage of adults with learning disabilities known to CASSRs in settled accommodation at the time of their assessment or latest review.
Numerator	<p>Number of adult learning disabled clients known to CASSRs in settled accommodation in their <u>usa</u> accommodation at the time of their latest assessment or review</p> <p>In 2008/09 the data will relate to the period 1st October 2008 to 31st March 2009, which will then be grossed after collection to the full 12 month financial year period.</p> <p><i>Source: ASC-CAR proforma, Table L2, row 21, column 3</i></p>
Denominator	<p>Number of working age learning disabled clients known to CASSRs. Learning disabled clients who should be reviewed by the CASSR in a financial year (1st April 2008 to 31st March 2009) but are not <u>should also be counted</u> in the denominator.</p> <p><i>Source: ASC-CAR proforma, Table L2, row 22, column 3</i></p>

Indicator	NI125 Achieving independence for older people through rehabilitation/intermediate care
Definition	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 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.
Numerator	Number of those people discharged and benefiting from intermediate care/rehabilitation still living at home three months after discharge from hospital. <i>Source: ASC-CAR proforma, Table I1, row 1, column 9</i>
Denominator	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. <i>Source: ASC-CAR proforma, Table I1, row 2, column 9</i>

5 Supported residents (S) Tables

This section of the return collects information on residents in registered care homes for residential and nursing care and other residential accommodation who are supported financially by the local authority. **Residents who receive no financial support from the local authority should not be included.**

Information provided should relate to residents receiving local authority financial support at 31st March 2009 or admissions and transfers during the period 1st April 2008 to 31st March 2009.

Business Case

The information which is collected through this return is essential for commissioning and planning. It provides a check for CASSRs and DH on the number of people in registered care homes who receive local authority funding and is used in answering PQs and ministerial briefings. The volume measures of this return can be usefully analysed against expenditure.

What to Include

- Residents where the local authority makes any contribution to the costs of care, no matter how trivial the amount and irrespective of how the balance of these costs are met;
- Supported residents in:
 - Local authority staffed care homes for residential care;
 - Independent sector care homes for residential care;
 - Registered care homes for nursing care;

What to Exclude

- Residents where the costs of care are met in full by social security benefits (e.g. housing benefit) or private means or a combination of these two
- Residents who are assessed and are paying the full cost
- Persons solely receiving social work supervision
- Residents in homes located within your authority area for whom the costs of care are met by other authorities
- Information on the number of residents who are supported by payments from a Health Authority (under Section 28A of the National Health Service Act 1977) should be excluded
- Residents in unstaffed (group) homes should be excluded from all parts of the S tables

Definitions for S Tables

Age

Supported residents should be allocated to age bands on the basis of their age at 31st March 2009.

Admissions (Table S3)

An admission is a separate event of a person entering residential or nursing care (and being supported by the Local Authority) during the year 1st April 2008 to 31st March 2009. It is possible for a person to have more than one admission to care during the year. Care should be taken with regard to transfer of a person from one home to another as follows:

- Transfers **between permanent** residential care **and** nursing care **do not** count as new admissions so should be excluded from table S3. (Also see transfers below).
- Transfers between residential care homes (e.g. in the event of home closure) do not count as new admissions. Similarly, transfers between nursing homes do not count as new admissions.
- Re-admissions following a definite break during which the intention was not to return to the home do count as new admissions.
- A change from permanent to temporary care does not count as a new admission (unless there is a break between admissions).
- A change from temporary to permanent care **does** count as a new admission so should be included in table S3. (See transfers below).
- If someone was previously in care as a fully funded service user and then becomes supported by the authority, this is considered a new admission (and also a supported resident).

Transfers (Tables S4 and S5)

- A change from temporary to permanent should be counted as a transfer from temporary to permanent in Table S3.
- Permanent transfers between residential care and nursing care should be counted as a transfer in table 5c. This includes transfers within dual registered homes.
- For a fuller explanation of transfers see the table in Annex B.

Breaks in Care

For cases where there is a definite break in care where the intention was to return to the home, the funding is the deciding factor. This is the case if a service user in residential care is admitted to hospital and when discharged, returns to nursing care. If there is a break in the service user's funding during the break in care then the service user is counted as a new admission on return to care. If funding is continued during the break in care then the service user is counted as a transfer and not as a new admission.

Breaks in Funding

For cases where a council ceases funding, then re-starts at a later date, this is viewed as a new admission, whether or not there is a break in care.

Service User Group (General)

Supported residents should be allocated to a service user group, wherever possible, on the basis of the condition of the person (i.e. the main reason for the provision of care for that person) rather than the primary function of the home in which the person is placed. Annex A shows how the service user group categories on the ASC-CAR form relate to those used on the Referrals, Assessments and Packages of Care project (RAP).

Local Authority Staffed

Residential accommodation provided by local authorities under the terms of Part III, Section 21 of the National Assistance Act 1948

Nursing Care

Nursing and other medical care provided in the premises defined in Sections 21 to 22 of the Registered Homes Act 1984, and in subsequent amendments as set out in The Care Standards Act 2000.

Residents supported in nursing beds within Local Authority care homes should be recorded under the “nursing care” category.

Registered Accommodation Categories

The 'Other Registered Accommodation' column was removed for the 2007/08 SR1 return. This year's ASC-CAR return has combined the 'Private' and 'Voluntary' columns under one 'Independent Residential Care' heading. Below is some guidance you may find useful in determining where to place particularly residents

- Homes owned by health - please include as 'Local Authority Staffed'
- Registered Social Landlord Residential (RSLRE) and Resettlement Care (RESETCAR) - please include in 'Independent Residential Care'
- Residential Colleges/Schools - if some part of the residential costs is being met by the council from social services budgets include in one of the appropriate remaining columns.
- Supported Living Placements - As these placements in themselves are not registered, please exclude from the return.
- Residents placed outside your council area - if supported by your council from social services budgets please include in one of the appropriate remaining columns
- Those where the type of accommodation is 'Unknown/Unspecified/Unclear/ Other' - please address this data quality issue by contacting the homes directly for clarification regarding the full status of the home.
- Recorded as 'Other' by CSCI - please contact the homes directly for clarification regarding the full status of the home.

If you have any additional residents that are not covered by the above, please contact the NHS Information Centre via the ASC-CAR inbox: KEYSTATS@ic.nhs.uk.

12 Week Disregard

When a service user falls into the 12 week disregard they are counted as a temporary admission. If, after the 12 week period, the council still funds part of the service user's care after this period, they should be included in the ASC-CAR as a transfer to permanent care (included in tables S3/S4). If however, after the 12 weeks period, the council no longer funds the service user's care, the service user would no longer be counted in the ASC-CAR.

Deferred Payments

From October 2001 deferred payments, under section 55 of the Health and Social Care Act 2001, were introduced. (Where residents whose property is taken into account by the financial assessment for residential accommodation, and who would ordinarily have to sell their homes to cover care fees, may keep their homes on admission to residential care contribute assessed income to care home fees, and the council makes up the difference between the residents contribution and its standard rate. Residents or their estates pay back the contribution made by the council when the property is eventually sold). Residents who are supported by this scheme are to be counted as permanent supported residents in S1 and on admission are to be counted as permanent admissions in Table S3.

Preserved Rights Cases

If someone became a supported resident as a result of the end of preserved rights scheme on 7 April 2002 they do not need to be separately identified on the ASC-CAR in 2008-09.

Registered Homes

Homes registered under the Care Standards Act 2000.

Residential Care

Accommodation with both board and personal care for persons requiring personal care by reasons of disablement, past or present dependence on alcohol or drugs, or past or present mental disorder.

Supported Resident

A person in residential or nursing care who is receiving financial support from the local authority towards the cost of that care.

Type of Stay: Permanent

Residential or nursing care which is of a permanent nature and where the intention is that the spell of care should not be ended by a set date. For people classified as permanent residents, the care home would be regarded as their normal place of residence.

Where a person who is normally resident in a care home is temporarily absent at 31 March (e.g. through temporary hospitalisation) and the local authority is still providing financial support for that placement, the person should be included in the figures.

Trial periods in residential or nursing care homes where the intention is that the stay will become permanent should be counted as permanent.

Whether a resident or admission is counted as permanent or temporary depends on the intention of the authority making the placement.

Type of Stay: Temporary

A spell of residential or nursing care which is intended to be of a temporary nature and of limited duration (although in some cases this may be as long as 12 to 18 months). This will include respite care, rehabilitation, short breaks and other care which is intended to be of a temporary nature, whatever the actual duration.

Unstaffed Group Home

This is a home catering for a small group of people sharing a common household which is not permanently staffed. The home has communal areas and residents share basic amenities like bathrooms and kitchens. Board and personal care are not provided in such homes. Since 2005/06 the information on unstaffed (group) homes has not been recorded in the SR1 return and still remains unrecorded on this year's ASC-CAR return.

6 Learning Disabled (L) Tables

A Public Service Agreement on socially excluded adults was announced as part of the Comprehensive Spending Review on 9 October 2007 (PSA 16). The aim of the PSA is to increase the proportion of socially excluded adults in settled accommodation and in employment. It focuses on four client groups:

- **Those with learning disabilities known to Councils with Adult Social Services Responsibilities;**
- Those in contact with secondary mental health services;
- Former care leavers at age 19; and
- Ex-offenders

The Cabinet Office is the lead department for the PSA but it will be delivered in partnership, with responsibility for achieving its outcomes shared between a range of different departments and delivery agencies. The Information Centre for health and social care will collect the data required for the indicators.

The sampling frame for the indicators will be those with learning disabilities who are 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).

CASSRs will start collecting the data described below from 1st October 2008 for reporting 6 months of data in the first year of collection. The data in the first year will be grossed up centrally by the Information Centre to provide an annual total; in subsequent years CASSRs will provide a full year of data.

Business Case

The information which is collected through this return is used in answering PQs and ministerial briefings. The data is used to feed into the learning disabled National Indicators NI146 and NI145.

What to Include

- Learning disabled clients who are known to the CASSR and who:
 - have had a completed assessment or review during the collection period, whether they have received a service or not
 - are of working age
 - are in paid employment (as an employee, including supported employment, self employed) or in unpaid voluntary work (Table L1)
 - are in non-settled and settled accommodation

What to Exclude

- Clients who are detained under the Mental Health Act

Definitions for L Tables

Learning disabled clients known to Councils with Adult Social Services Responsibilities

Those clients who have had completed assessments or reviews in the financial year and who have received a service, as well as those who have had completed assessments and/or reviews but who have not received a service. Learning disabled clients who should be reviewed by the CASSR in a financial year but are not should also be counted in the denominator.

For example;

- (i) Richard was assessed in December and following a formal community care assessment he was provided with a direct payment as part of an agreed care plan. At the time of the assessment Richard was working 20 hours as a paid employee. This client should be recorded in column 3, row 2 of table L1.
- (ii) Sally was reviewed in October and at that time was living in a Registered Care Home. This client should be recorded in column 2, row 7 of table L2.

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 supported employment (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.

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).

Unpaid voluntary work

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

Working age/Adults

Those aged 18-64 years old.

Settled accommodation

Accommodation arrangements where the occupier has security of tenure/residence in their usual accommodation in the medium- to long-term, or is part of a household whose head holds such security of tenure/residence. Table L2 lists the accommodation types that represent settled accommodation for the purposes of this Settled accommodation indicator.

Non-settled accommodation

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. Table L2 lists the accommodation types that represent non-settled accommodation for the purposes of this Settled accommodation indicator.

7 Rehabilitation/Re-enablement (I1) Table

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.

Business Case

The information which is collected through this return is essential for commissioning and planning and the monitoring of joint working arrangements. It is used in answering PQs and ministerial briefings. The data is used to feed into the rehabilitation/re-enablement National Indicator NI125.

What to Include

Older people aged 65+ on discharge from hospital who:

- Would otherwise face an unnecessarily prolonged stay in acute in-patient care, or be permanently admitted to long term residential or nursing home care, or potentially use continuing NHS in-patient care;
- Have a planned outcome of maximising independence and enabling them to resume living at home;
- Are provided with care services on the basis of a multi-disciplinary assessment resulting in an individual support plan that involves active therapy, treatment or opportunity for recovery (with contributions from both health and social care);
- Are to receive short-term interventions, typically lasting no longer than 6 weeks, and frequently as little as 1-2 weeks or less.

What to Exclude

- rehabilitation/re-enablement services which are provided solely by social services where there has been no joint assessment of health and social care needs
- Rehabilitation/re-enablement services following hospital discharge which are provided solely by health with no joint consideration of needs in the assessment/care planning process. (PCTs may wish to collate evidence on such activity and its outcomes for local consideration)
- continuing care services provided solely by health
- palliative care

Definitions for I1 Table

Rehabilitation/re-enablement services

A rehabilitation/re-enablement service is provided for people on discharge from hospital who;

- Would otherwise face an unnecessarily prolonged stay in acute in-patient/community hospital care, or be permanently admitted to long term residential or nursing home care, or potentially use continuing NHS inpatient care
- Have a planned outcome of maximising independence and enabling them to resume living at home
- Are provided with care services on the basis of a joint multi-disciplinary assessment resulting in an individual support plan that involves active therapy, treatment or opportunity for recovery
- Are to receive short-term rehabilitative interventions, typically lasting no longer than 6 weeks, and frequently as little as 1-2 weeks or less.

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

Rehabilitation/re-enablement should not solely comprise of the provision of, for example, an item of equipment, wound nursing or provision of meals on wheels or getting up / putting to bed services, nor simply restarting of service(s) already in place at the time of admission to hospital unless the service(s) were specifically intended to provide rehabilitative//re-enablement support.

The data collection covers both residential and non-residential 'rehabilitation/re-enablement services'.

Discharges

A hospital discharge is defined as an individual who has been formally admitted to hospital (not simply an attendance at A and E or outpatients) and then discharged. The length of time between admission and discharge will vary from a few hours (e.g. in a clinical decision unit) to days or weeks.

This table is based on the total number of discharges with a rehabilitation/re-enablement plan agreed jointly by the NHS and CASSR where the objective is to see the patient return home within the reporting period, not the unique number of people who have been discharged who meet these criteria over the period.

Double counting

If an individual has had more than one discharge to rehabilitation/re-enablement services during the reporting period, then include each discharge.

Age group

Age is calculated as at the date of discharge.

Start date

This is the date the joint rehabilitation services started, therefore the first day is recorded as day 1, not day 0.

Measuring time

3 months is measured as 91 days based on calendar days, not working days.

Type of hospital

Discharges of those aged 65 and over from both acute and community hospitals should be included (discharges from psychiatric units and EMI units should be excluded). Councils and NHS partners may, however want to extend the local reporting process to cover these discharges and / or instances where a joint rehabilitation plan is arranged to avoid admission to hospital.

The start date will be the day the discharge from the last hospital in the sequence of placements in hospitals ends. Some examples are;

- (i) a person may be first admitted to an acute bed, then transferred to a community hospital bed, and then discharged to rehabilitation/re-enablement service in a care home. The start date will be the day the person is discharged to rehabilitation/re-enablement service in a care home.
- (ii) a person may be first admitted to an acute bed, then transferred to a community hospital bed, sent back for final checks in an acute bed and then discharged to rehabilitation/re-enablement service. The start date will be the 7 day the person is discharged to rehabilitation/re-enablement service.

Multi-disciplinary assessment

This is defined as where both the health and social care needs of the individual have been assessed. This assessment may have been done jointly by health and social care staff, social care staff only or health staff only. The key element is that both the health and social care needs of the individual have been assessed.

Living at home

This is defined as those people living in their own home in the community, including in extra care housing or an adult placement scheme setting. Those people who are in hospital (other than for a brief episode of care from which they are expected to return home) or are in a registered care home (other than for a brief period of respite care from which they are expected to return home) are not considered to be living at home.

Person not known to social services and requiring following up

These are discharges where social services have no details of the person 91 days after discharge, e.g. the person is not listed on the social care records or on the books to receive social care services. In these cases social services have to use a variety of methods to trace these cases, For example:

- social care records
- patient registrations from Primary Care Trusts
- address details from GPs
- benefits data from housing team
- details of deaths from local Registrars
- details from local National Health Application and Infrastructure Services (NHAIS)
use of the NHS Strategic Tracing Service
(<http://www.connectingforhealth.nhs.uk/systemsandservices/nsts/access>)

When the person cannot be traced

For discharges where the person cannot be traced after 91 days, they should be included in the denominator, but not in the numerator. The number of discharges where the person cannot be traced should be recorded in the seventh row of the table.

8 Contacts

Any staff in CASSRs who require advice or who have an issue relating to the content and coverage of these returns are invited to contact the Contact Centre for the NHS Information Centre for Health and Social Care (IC) on 0845 300 6016 or email **KEYSTATS@ic.nhs.uk**. A variety of information relating to these returns is also available via the IC website at:

<http://www.ic.nhs.uk/services/social-care/social-care-collections/collections-2009>.

The person responsible for ASC-CAR is:

Anthony Harris: Section Head for Social Care Statistics Collections
The NHS Information Centre for Health and Social Care
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Note: We would welcome comments on this return.

Please send any comments to: KEYSTATS@ic.nhs.uk

(We are asking for comments via e-mail as this makes it easier to collate them)

9 ANNEX A - Service User Groups on the ASC-CAR and RAP

ASC-CAR	RAP (Primary client type)
People with physical disabilities	Physical disability, frailty and sensory impairment
People with learning disabilities	Learning disability
People with mental health problems	Mental Health
Alcohol/drug misusers and others	Substance misuse Vulnerable people

10 ANNEX B - Updated to show transfers involving adult placements.

Transfer summary table

Starting from	Finishing in	Counted in
Temporary Residential	Temporary Residential	Not counted - See 2nd bullet under admissions
Temporary Residential	Permanent Residential	Table S3/S4
Temporary Residential	Temporary Nursing	Not counted
Temporary Residential	Permanent Nursing	Table S3/S4
<i>Temporary Residential</i>	<i>Temporary Adult Placement</i>	<i>Not counted</i>
<i>Temporary Residential</i>	<i>Permanent Adult Placement</i>	<i>Table S3</i>
Permanent Residential	Temporary Residential	Not counted - See 4th bullet under admissions
Permanent Residential	Permanent Residential	Not counted - See 2nd bullet under admissions
Permanent Residential	Temporary Nursing	Not counted - See 4th bullet under admissions
Permanent Residential	Permanent Nursing	Table S5
<i>Permanent Residential</i>	<i>Temporary Adult Placement</i>	<i>Not counted</i>
<i>Permanent Residential</i>	<i>Permanent Adult Placement</i>	<i>Table S3</i>
Temporary Nursing	Temporary Residential	Not counted - See 1st bullet under admissions
Temporary Nursing	Permanent Residential	Table S3/S4
Temporary Nursing	Temporary Nursing	Not counted - See 2nd bullet under admissions
Temporary Nursing	Permanent Nursing	Table S3/S4
<i>Temporary Nursing</i>	<i>Temporary Adult Placement</i>	<i>Not counted</i>
<i>Temporary Nursing</i>	<i>Permanent Adult Placement</i>	<i>Table S3</i>
Permanent Nursing	Temporary Residential	Not counted - See 4th bullet under admissions
Permanent Nursing	Permanent Residential	Table S5
Permanent Nursing	Temporary Nursing	Not counted - See 4th bullet under admissions
Permanent Nursing	Permanent Nursing	Not counted - See 2nd bullet under admissions
<i>Permanent Nursing</i>	<i>Temporary Adult Placement</i>	<i>Not counted</i>
<i>Permanent Nursing</i>	<i>Permanent Adult Placement</i>	<i>Table S3</i>
<i>Temporary Adult Placement</i>	<i>Temporary Residential</i>	<i>Not counted</i>
<i>Temporary Adult Placement</i>	<i>Permanent Residential</i>	<i>Table S3/S4</i>
<i>Temporary Adult Placement</i>	<i>Temporary Nursing</i>	<i>Not counted</i>
<i>Temporary Adult Placement</i>	<i>Permanent Nursing</i>	<i>Table S3/S4</i>
<i>Temporary Adult Placement</i>	<i>Temporary Adult Placement</i>	<i>Not counted</i>
<i>Temporary Adult Placement</i>	<i>Permanent Adult Placement</i>	<i>Table S3/S4</i>
<i>Permanent Adult Placement</i>	<i>Temporary Residential</i>	<i>Not counted</i>
<i>Permanent Adult Placement</i>	<i>Permanent Residential</i>	<i>Table S3</i>
<i>Permanent Adult Placement</i>	<i>Temporary Nursing</i>	<i>Not counted</i>
<i>Permanent Adult Placement</i>	<i>Permanent Nursing</i>	<i>Table S3</i>
<i>Permanent Adult Placement</i>	<i>Temporary Adult Placement</i>	<i>Not counted</i>
<i>Permanent Adult Placement</i>	<i>Permanent Adult Placement</i>	<i>Not counted</i>