



**Provisional**

# Social Care and Mental Health Indicators from the National Indicator Set – further analysis 2008-09

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# Contents

Contents	3
Summary	4
Introduction	6
Promoting Independence and Choice	8
Timeliness of Assessment and the Delivery of Packages of Care	17
Carers Services	22
Promoting Social Inclusion	25
Editorial Notes	37
Indicator Definitions	44
Related Publications	50
Further Information	52

# Provisional

## Summary

### Promoting Independence and choice

- The number of older people (aged 65 over) discharged from hospital where there was the intention to return home is 37,000 clients of which 28,900 (78.1%) were still at home after 91 days (NI 125). This percentage is lower for older clients 84.6% for those aged 65-74 to 74.3% for those aged 85 and over.
- 277.3 adults and carers per 100,000 population received self directed support via direct payments. This equates to 6.5% of all service users (NI 130). 14.7% of carers who received services were given self directed support compared to 9.5% of other adults receiving services aged 18-64 and 3.6% of those aged 65 and over receiving services.
- 86,000 adults aged 18 and over received direct payments during the year. This is an increase of 29% from 67,000 in 2007-08.
- 3,217.45 adults per 100,000 population were assisted directly through social services funded support to live independently. This includes those supported through services provided by grant funded organisations (NI 136).

### Timeliness of assessment and delivery of care packages

- 79.8% of adults aged 18 and over waited 4 weeks or less for their assessment to be completed, a slight increase from the 2007-08 figure of 79.5%. 75.1% of adults aged 18-64 waited 4 weeks or less for their assessment to be completed however for those aged 65 and over it was 81.7% (NI 132).
- 90.7% of adults aged 65 and over waited 4 weeks or less from completed assessment to receipt of all services, a slight decrease from the 2007-08 figure of 90.9% (NI 133).

### Carers' Services

- The total number of carers receiving a carer's specific service or advice and information as a proportion of clients receiving a community based service in the year is 23.0% (NI 135). This ranges from 29.7% for carers of adults aged 18-64 with a learning disability to 12.8% for carers of those with mental health needs.

# Provisional

## Promoting social inclusion

- 65.2% of adults with learning disabilities aged 18-64 and known to Councils with Adult Social Services Responsibilities (CASSRs) were in settled accommodation at the time of their assessment or latest review. The proportion of female adults with learning disabilities in settled accommodation (66.1%) is slightly higher than for males (64.4%). (NI 145).
- 7.5% of adults with learning disabilities aged 18-64 and known to Councils with Adult Social Services Responsibilities (CASSRs) were in paid employment at the time of their assessment or latest review. Adults known to social services but not in receipt of services have a higher proportion in employment at 12.7% compared to 2.3% for those in residential care (NI 146).
- 21.5% of adults with mental health problems aged 18-69 in contact with secondary mental health services were known to be in settled accommodation at the time of their assessment or latest review (NI 149).
- 3.4% of adults with mental health problems aged 18-69 in contact with secondary mental health services were known to be in paid employment at the time of their assessment or latest review (NI 150).

## Introduction

The Secretary of State for Communities and Local Government announced a new set of national indicators for English local authorities and local authority partnerships as part of the Chancellor's Comprehensive Spending Review announcement on Tuesday 9 October 2007<sup>1</sup>. 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. The NHS Information Centre collects information on 10 of the indicators which relate to social care and mental health services.

This report contains detailed analysis of the Social Care and Mental Health Indicators from the National Indicator Set; where possible broken down by client group, age and gender.

The information presented in this report is provisional and relates to the period April 2008 – March 2009. The Mental Health Indicators NI149 and NI150 are subject to change due to a revision in the data for Pennine Care NHS Foundation Trust. Therefore the indicator values based on their data will change (this could affect more than one council or PCT in the area) and this change will be incorporated in the Mental Health Bulletin expected to be published in November 2009. The rest of the report which relates to CASSR's final Social Care Indicators will be published in early 2010 which will include any revisions made by councils since the provisional data were published.

The social care information presented in this report is an update of the social care data published on the 13<sup>th</sup> August 2009. This report provides updates on indicator NI 130 and NI 136 due to the release of ONS mid year population estimates for 2008 and a new cut of data for carers receiving direct payments from the PSS Ex1 return.

National level information is provided in this report with some council level and regional information. Full council, regional and council type information, including information by Primary Care Trust for NI 149 and NI 150, is available on the NHS Information Centre for health and social care web site at [www.ic.nhs.uk/pubs/socmhi08-09](http://www.ic.nhs.uk/pubs/socmhi08-09)

Caution should be taken when comparing data historically as there have been a number of changes to the data sources as detailed in the editorial notes. Some information has been collected for the first time this year and so may not be as robust as information that has been collected for a number of years. In addition some information has only been collected for part of the year and then grossed up to represent a full year.

In 2008-09 not all organisations collecting the data have provided the full set of data needed to calculate the council level indicators and estimates have not been made. Therefore the

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<sup>1</sup> For more information regarding the comprehensive spending review  
<http://www.communities.gov.uk/corporate/about/howwework/corporatereports/reportsaccounts/csr2007/>

# Provisional

England, Regional and Council type totals have been quoted based on councils that have provided the complete data. The national figures for NI 130 have been based on 141 councils; NI136 is based on 149 councils but the rest of the national level social care indicators are based on the full set of 150 councils, although some of the breakdowns are based on fewer councils. Information for the mental health indicators (NI 149 and NI 150) was collected by NHS trusts for the first time in 2008-09 and many of them had problems with the data collection. The impact on individual council level indicators of incomplete or missing trust data is less easy to quantify because there is not a direct mapping between provider trusts and councils.

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

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

Chapter 3, Timeliness of assessment and the delivery of packages of care, provides information on two indicators. Timeliness of social care assessment (NI132) and Timeliness of social care packages (NI133).

Chapter 4, Carers Services, illustrates indicator NI135 by the client group of the cared for person.

Chapter 5, Promoting social inclusion, contains information on the two indicators relating to Adults with Learning disabilities in settled accommodation (NI145) and in paid employment (NI146) and the corresponding Indicators for those in contact with specialist mental health services in settled accommodation (NI149) and in paid employment (NI150).

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

## Promoting Independence and Choice

### Introduction

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

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

This indicator measures the benefit to individuals from intermediate care and rehabilitation/ re-enablement services following a stay in hospital. It captures the joint work of social services and health staff and services commissioned by joint teams<sup>2</sup>. The measure is designed to follow the individual and not differentiate between social care and NHS funding boundaries. The measure covers older people aged 65 and over.

This information has been collected for the first time in 2008-09 and therefore may not be as robust as data collected for a number of years. The data relates to discharges within three months (October – December 2008) and from 2009-10 this information will be collected over a six month period (July – December).

**Table 1.1** shows the number of people that are still in their own homes following discharge from hospital 91 days after discharge, and the number where there was the intention to return home. 37,000 clients were discharged (aged 65 and over) of which 28,900 (78.1%) were still at home after 91 days.

The percentage of those discharged still at home 91 days decreases as the client gets older, from 84.6 per cent for those aged 65-74 to 74.3 per cent for those aged 85 and over. 18 per cent of clients aged 65 and over discharged from hospital where the intention is for them to return home are aged 65-74, 40 per cent are aged 75-84 and 42 per cent are aged 85 and over.

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

**Table 1.1: The number of clients aged 65 and over achieving independence through rehabilitation by age group, 2008-09<sup>1</sup>**

Discharges (October – December 2008)

	Age Group			All ages
	65-74	75-84	85 and over	
Number of Discharges to rehabilitation where the person was still at home after 91 days (numerator)	5,650	11,750	11,500	28,900
Number of Discharges to rehabilitation where the intention is for the person to return home (denominator)	6,650	14,850	15,500	37,000
<b>Percentage of those discharged still at home after 91 days (NI125/VSC04)</b>	<b>84.6</b>	<b>79.1</b>	<b>74.3</b>	<b>78.1</b>

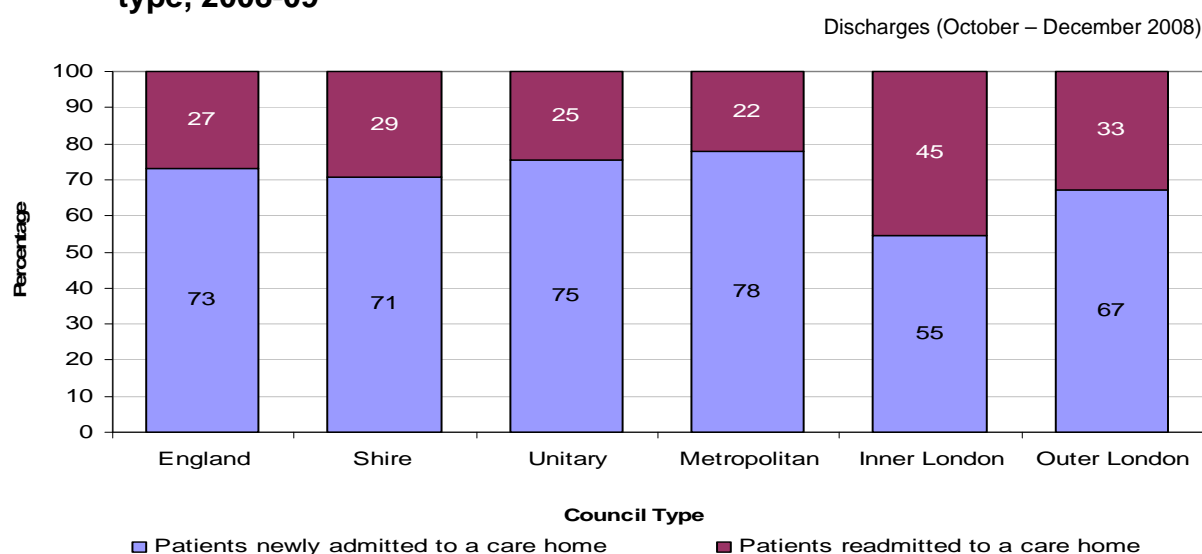
Source: ASC – CAR

1. All 150 councils provided the age breakdown of the indicator.

**Figure 1.2** displays information on the destination collected for clients where there was no intention to return home. Based on full data from 132 councils, there were 31,800 discharges from hospital where the intention was for them to go home and 1,600 where the intention was not to return home. Of those not going home 73 per cent of patients that were discharged from hospital were admitted into a care home for the first time and 27 per cent were re-admitted into a care home.

The percentage of patients admitted into a care home for the first time is highest for Metropolitan District councils at 78 per cent.

**Figure 1.2: The percentage of patients aged 65 and over discharged from hospital and their destination, where there was no intention to return home, by council type, 2008-09<sup>1</sup>**



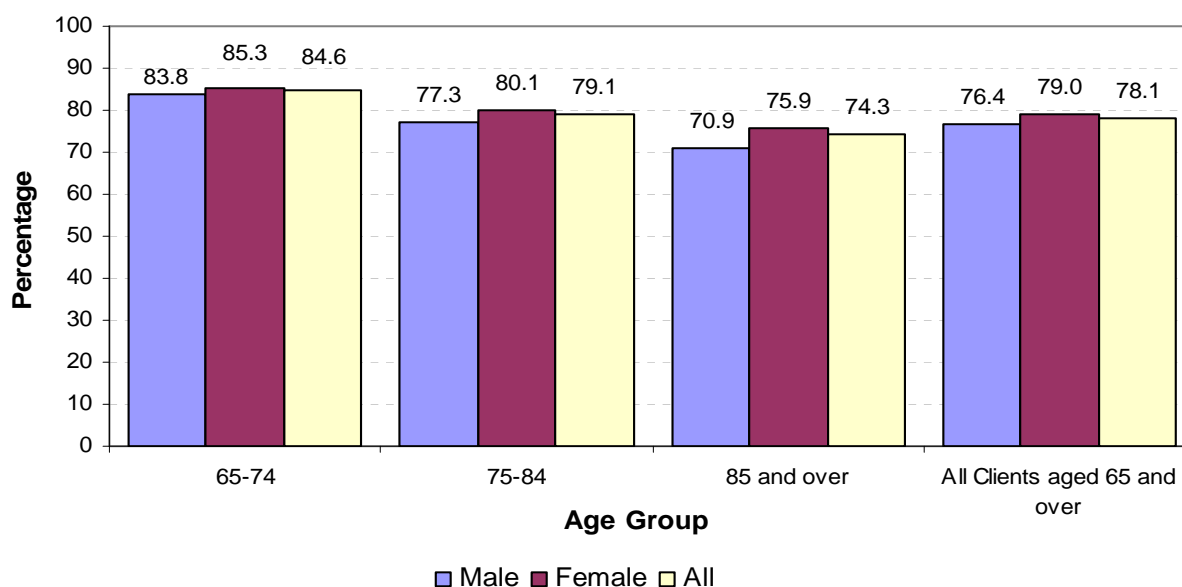
Source: ASC – CAR

1. Estimates have not been made where a council has not been able to provide the information; therefore the table is based on 132 councils who returned data for these elements of the ASC-CAR return.
2. The figures for Inner London are based on 50 patients.

# Provisional

**Figure 1.3** shows the differences between the indicator value for NI 125 by age group and gender. The figure shows that the indicator value is slightly lower for males for all age groups.

**Figure 1.3: Indicator value for NI125 by age group and gender, 2008-09<sup>1</sup>**



1. All 150 councils provided the age and gender breakdown of the indicator.

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

This indicator looks at Self Directed Services, for example direct payments and personal budgets. These offer the individual client or carer greater flexibility and choice in how their support is provided and ensure that their care and support package is directly responsive to their individual needs and wishes. For 2008-09 Self Directed Services are taken to be Direct Payments and from 2009-10 personal budgets will also be included. If someone has received a direct payment as part of a personal budget, then they will have been included in 2008-09.

For 2008-09 the definition of this indicator is the number of social care clients receiving self directed support per 100,000 population and is age standardised<sup>3</sup>.

The definition for this indicator will change from 2009-10 to the percentage of people receiving self directed support out of those receiving one or more services commissioned or

<sup>3</sup> For more information and worked examples of age standardisation see <http://www.ic.nhs.uk/webfiles/Services/Social%20care/Collections%20200708/Copy%20of%20NI136%20worked%20example%20and%202006-07%20data%20to%20publish.xls>

# Provisional

provided by the CASSR<sup>4</sup> and will no longer be age standardised. Both of these definitions are explored in this section.

**Table 1.4** details the original definition used for 2008-09 for NI 130 which is the number of people receiving self directed support per 100,000 population. The number of people that received self directed support in 2008-09 is 277.3 per 100,000 population age standardised.

All adults aged 18-64 (excluding carers) receiving direct payments equates to 153.3 per 100,000 population compared to Older people aged 85 and over equating to 1,172.6 per 100,000 population. This is expected as there is a much greater likelihood of receiving social services as a person gets older even though direct payments are more popular for the younger client groups as shown in **figure 1.5** where 3.6 per cent of older people receiving services are receiving direct payments as part of their service package compared to 9.5 per cent of adults aged 18 – 64.

**Table 1.4: The number of social care clients receiving self directed support per 100,000 population by client group in 2008-09<sup>1</sup>**

	Number of people receiving Direct Payments	Indicator Value
Adults with physical disabilities aged 18-64 <sup>2</sup>	29,350	91.3
Adults with mental health problems aged 18-64 <sup>2</sup>	5,950	18.6
Vulnerable People aged 18-64 <sup>2</sup>	500	1.6
Adults with a learning disability aged 18-64 <sup>2</sup>	13,400	41.6
Substance misuse aged 18-64 <sup>2</sup>	100	0.3
All Adults aged 18 - 64 <sup>2</sup>	49,300	153.3
Older People aged 65 - 74	10,100	236.3
Older People aged 75 - 84	13,400	465.2
Older People aged 85 and over	13,300	1,172.6
Carers aged 16-64 <sup>2</sup>	17,600	58.2
Carers aged 65-74	5,300	129.5
Carers aged 75-84	3,800	137.1
Carers aged 85 and over	1,700	158.5
<b>All clients aged 18 and over<sup>3</sup></b>	<b>105,100</b>	<b>277.3</b>

1. Estimates have not been made where a council has not provided information; the client groups within the table are based on 150 councils apart from vulnerable people (149 councils), Substance misuse (146 councils), carers aged 16-64 (141 councils) and carers aged 65-74, 75-84 and 85+ (146 councils). The total is based on returns from 141 councils.
2. Denominator for all client groups use the overall population estimates for all 18-64 year olds which is not split disability.
3. The total for all adults aged 18 and over is age standardised to account for the difference in population profiles within councils, however the breakdown by age and client group has not been age standardised and shows the value per 100,000 population.

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

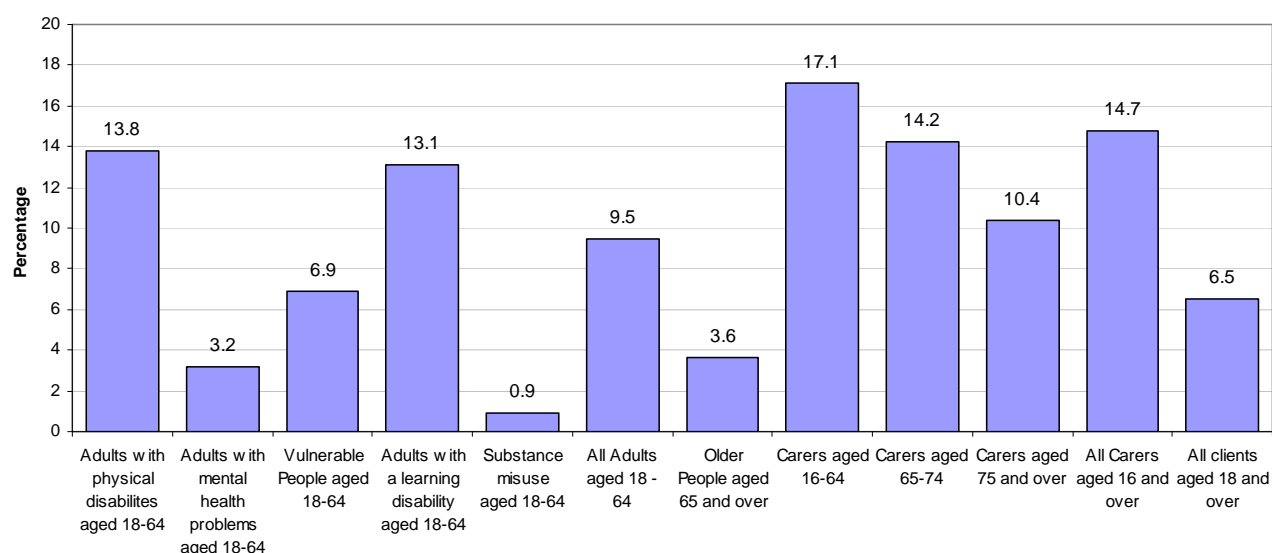
# Provisional

The new definition to take effect from 2009-10 is the number of social care clients receiving self directed support as a percentage of all clients receiving social services.

**Figure 1.5** shows that the percentage of adults aged 18 and over receiving self directed support is 6.5 per cent in 2008-09.

The group with the highest percentage is carers aged 18 and over (14.7%) followed by Adults aged 18 – 64 with a physical disability (13.8%) with more vulnerable groups being less likely to receive direct payments instead of services commissioned by the council.

**Figure 1.5: The percentage of social care clients receiving direct payments of those receiving services in 2008-09**

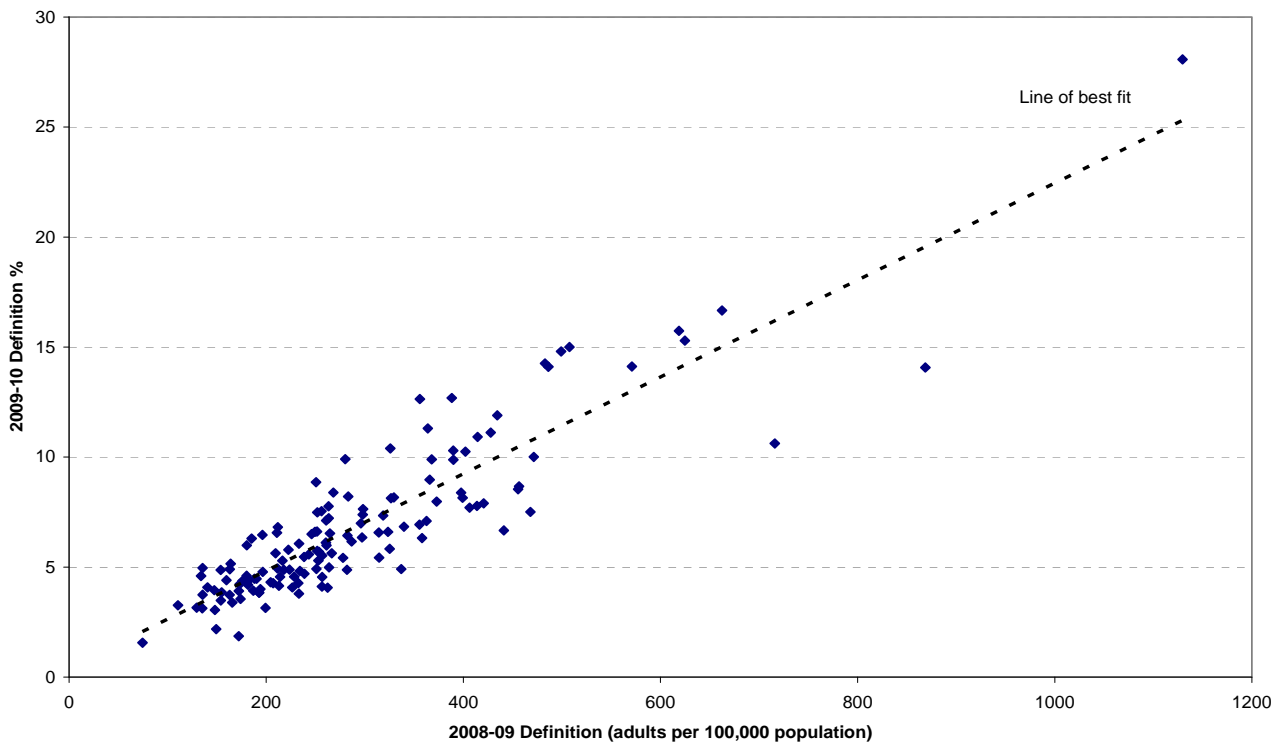


1. Estimates have not been made where a council has not provided information; the client groups within the table are based on 150 councils apart from vulnerable people (148 councils), Substance misuse (146 councils) and carers (136 councils). The total is based on returns from 141 councils.

**Figure 1.6** shows the difference in performance of the two different definitions of this indicator at council level with each dot representing a council. This shows that there is a strong positive relationship between the performances of the two definitions.

# Provisional

**Figure 1.6: Comparison of council performance the 2008-09 and 2009-10 definitions of NI 130, 2008-09**



1. 11 councils did not provide information to calculate the indicator for either or both definitions and so have been excluded from the chart.

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

This provides a high-level indicator that signals the importance of cost-effective, evidence-based, innovative approaches to supporting people to live independently in the community.

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

There is the potential for double counting between assessed services and grant funded services but including this latter group gives a broader picture of the overall level of services which are supporting people to live independently. There is also the potential for double counting between grant funded organisations.

In November 2007 CASSRs were asked to submit estimations of the number of people that had been reported to them by voluntary and independent organisations as having received person-centred services during the survey week who were already receiving care as part of a formal care package, and hence are reported on the RAP return. It is estimated that approximately 20 per cent of the people reported in the GFS1 return may have also been counted in the RAP return.

# Provisional

The indicator is age standardised and also adjusted for likely needs for social care services using needs-weighted population data produced from Relative Needs Formula (RNF) allocation calculations<sup>5</sup>.

**Table 1.7** shows the breakdown of the indicator by age group and **Figure 1.8** provides a further breakdown of those adults age 18-64 by client type. The number of adults per 100,000 population supported to live independently through social services was 3,217.45 in 2008-09.

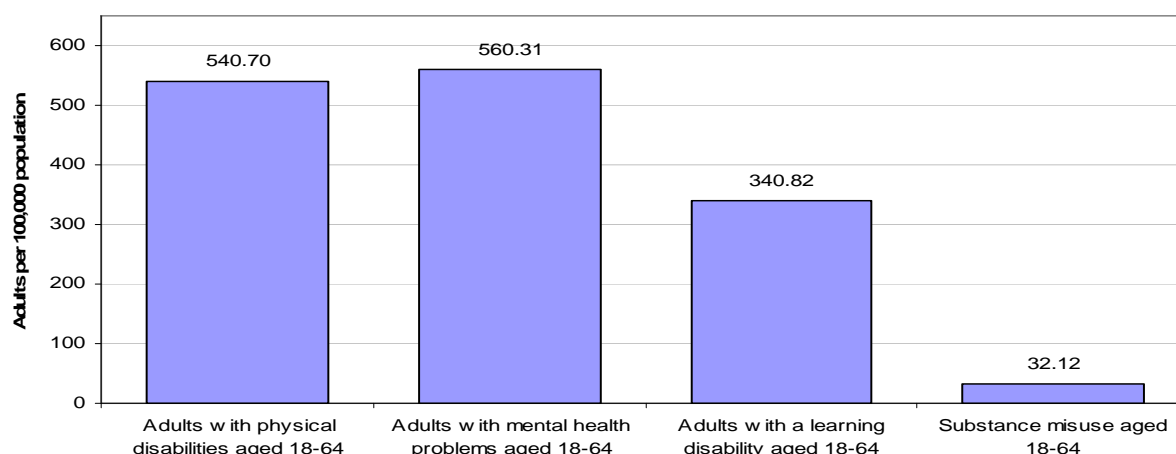
**Table 1.7: The number of adults per 100,000 population<sup>1</sup> supported to live independently through social services by age group in 2008-09.**

	2008-09
Adults aged 18-64	1,487.53
Adults aged 65 and over	9,930.85
<b>Adults aged 18 and over</b>	<b>3,217.45</b>

1. Estimates have not been made where a council has not provided information; the figures within the table are based on 149 councils.

**Figure 1.8** shows the differences between the indicator values for each client group for adults aged 18-64. The client group with the highest value is adults with mental health problems where 560.31 per 100,000 population were supported to live independently in 2008-09.

**Figure 1.8: The number of adults per 100,000 population<sup>1</sup> supported to live independently through social services by client group<sup>2</sup> for adults aged 18-64 in 2008-09<sup>3</sup>.**



1. Denominator for all 18-64 client groups use the overall population estimates for all 18-64 year olds which is not split by those with a disability.
2. Grant Funded Services data is not collected separately for the vulnerable people group therefore this client group not been shown separately.
3. Estimates have not been made where a council has not provided information; the client groups within the table are based on 149 councils apart from substance misuse (145 councils),

<sup>5</sup> For more information on the Relative Needs calculations please refer to guidance on the NHS Information Centre website <http://www.ic.nhs.uk/webfiles/Services/Social%20care/Collections/2007%20to%2008/2008-02-28%20Options%20for%20the%20NI%20136.pdf>

# Provisional

**Table 1.9** shows the proportion of people that have received community based services and Grant funded services in 2007-08 and 2008-09. The proportions have changed over the two years, with Direct Payments and Grant funded services increasing. The number of people receiving direct payments has been completed by all 150 councils and comparing to 2007-08, direct payments have increased by 29 per cent from 66,800 to 86,100 in 2008-09.

**Table 1.9: The percentage distribution of the services received by people supported to live independently through social services, 2008-09.**

	Adults aged 18-64	Adults aged 65 and over
Home care	17	33
Day care	18	10
Meals	1	8
Short term residential not respite	2	2
Direct payments	9	3
Professional support	41	16
Equipment & adaptations	15	26
Other	9	6
Grant Funded Services	16	22

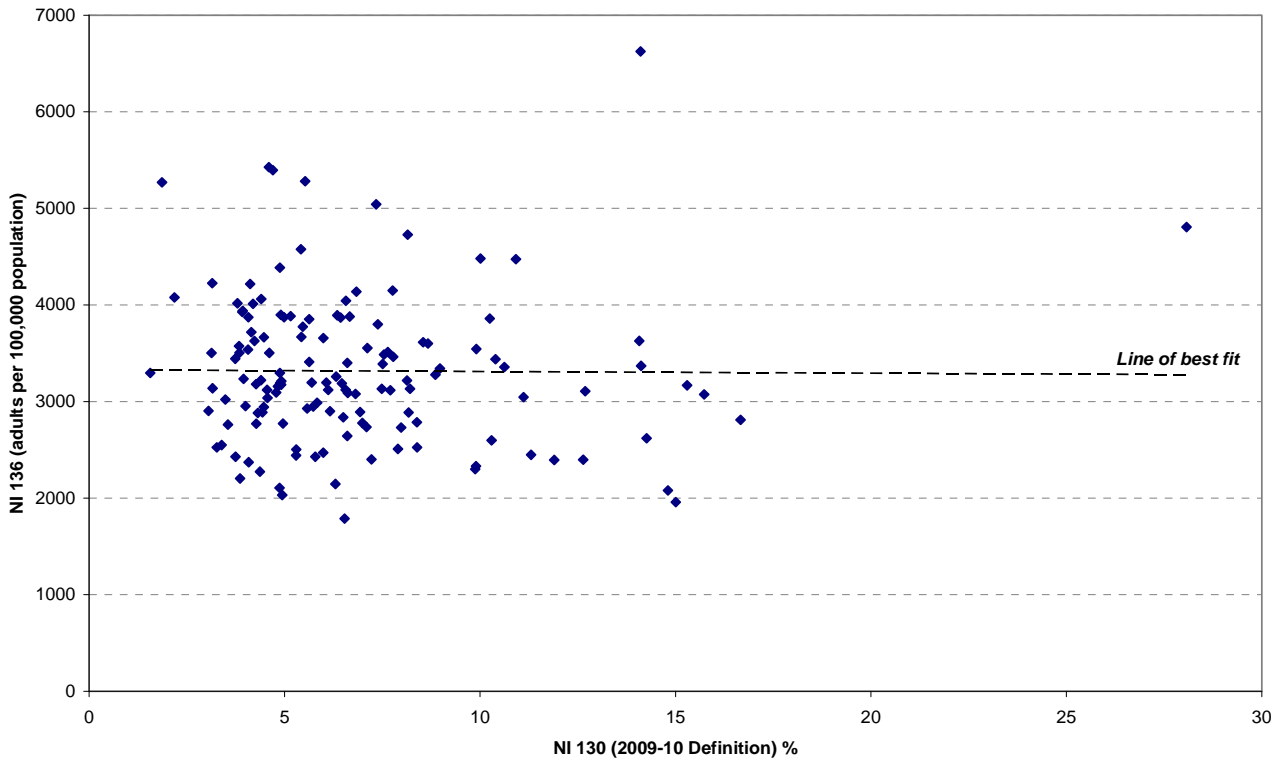
*Source: RAP and GFS1*

1. Includes double counting as a client may receive more than one service and therefore percentages do not sum to 100 per cent.
2. 2008-09 data does not include estimations and the percentages are calculated on full information provided by 145 councils for the 18-64 age group and 144 for the 65 and over age group.

**Figure 1.10** shows the relationship of council performance between NI 136 and NI 130 (2009-10 definition). There are elements of the numerator in NI 136 that are the same as the denominator for NI 130 (2009-10 definition) although they do cover different time periods with the numerator for NI 136 as at 31<sup>st</sup> March while the denominator for NI 130 relates to services over the financial year. However, the chart shows that there is little relationship between the two indicators.

# Provisional

**Figure 1.10: Comparison of council performance between N130 (2009-10 definition) and NI136 in 2008-09**



1. 12 councils did not provide information to calculate the indicator for either or both definitions and so have been excluded from the chart.

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

### Introduction

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

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

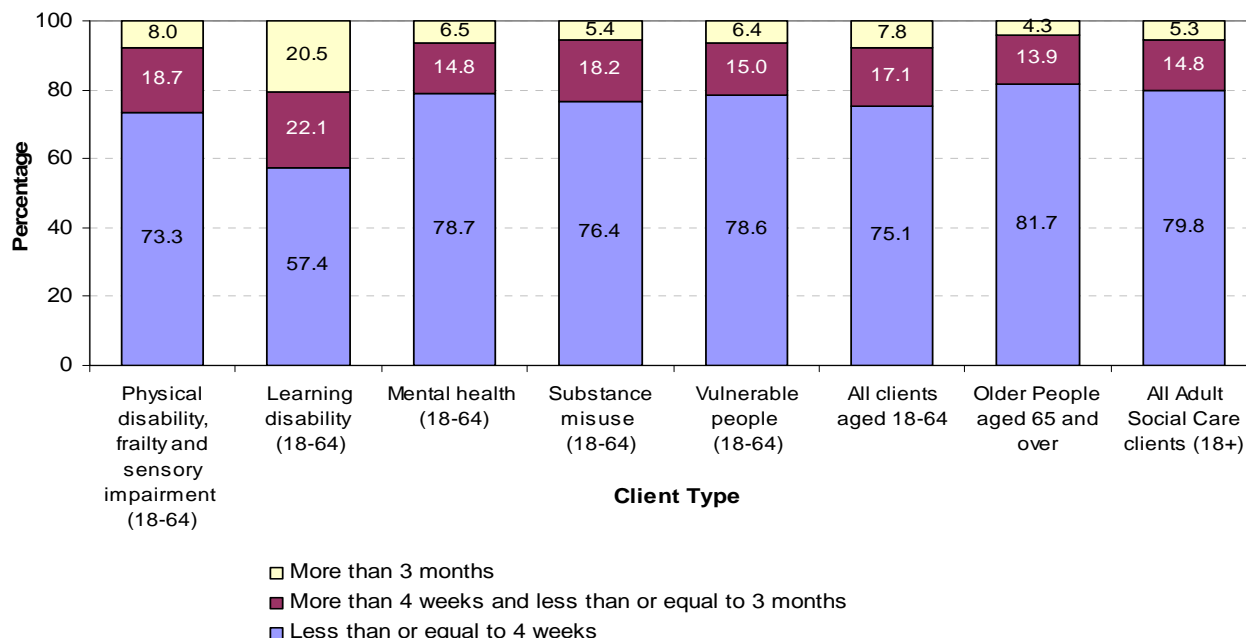
Users and carers should expect practical help and other support to arrive in a timely fashion soon after their problems have been referred to social services. Timeliness of assessment is of importance and is recognised as crucial by Councils with Adult Social Services Responsibilities and significant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

In **figure 2.1** the indicator value is shown by the first part of the bar (blue) within the stacked bar chart (Less than or equal to 4 weeks), and is broken down by primary client and age group. The figure shows that there is variation across the primary client groups and the different age brackets.

75.1 per cent of adults aged 18-64 wait 4 weeks or less for their assessment to be completed, however for those aged 65 and over this rises to 81.7 per cent. Those adults with a learning disability wait longer for their assessment with 42.6 per cent waiting longer than 4 weeks compared to 23.6 per cent for those with a primary client group of substance misuse.

# Provisional

**Figure 2.1: The length of time to completion of assessment for new clients by primary client group, age group and time band, England in 2008-09**



Source: RAP (A7)

1. Percentages may not add up to 100 per cent due to rounding.
2. Full information from 150 councils were provided for the age breakdowns and adults aged 18-64 with a physical disability, 149 councils provided data for Adults aged 18-64 with a learning disability, adults aged 18-64 mental health problem and vulnerable people aged 18-64. Adults aged 18-64 with a substance misuse problem were calculated using returns from 145 councils

**Table 2.2** shows the improvement in the timeliness of assessment over time. The length of time from first contact to completed assessment has improved for those aged 18-64 since 2006-07 by over 6 percentage points and increased for those aged 65 and over by nearly 3 percentage points.

**Table 2.2: Cumulative distribution of all new clients from first contact to completed assessment in England by age group, 2006-07 to 2008-09**

	All new clients			Age 18-64			Age 65 and over		
	2006-07	2007-08	2008-09	2006-07	2007-08	2008-09	2006-07	2007-08	2008-09
<b>Up to and including 4 weeks (NI132)</b>	<b>76.0</b>	<b>79.5</b>	<b>79.8</b>	<b>68.7</b>	<b>72.0</b>	<b>75.1</b>	<b>79.0</b>	<b>82.5</b>	<b>81.7</b>
Up to and including 3 months	91.9	93.5	94.7	87.6	89.7	92.2	93.7	95.0	95.7
More than 3 months	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: RAP (A7)

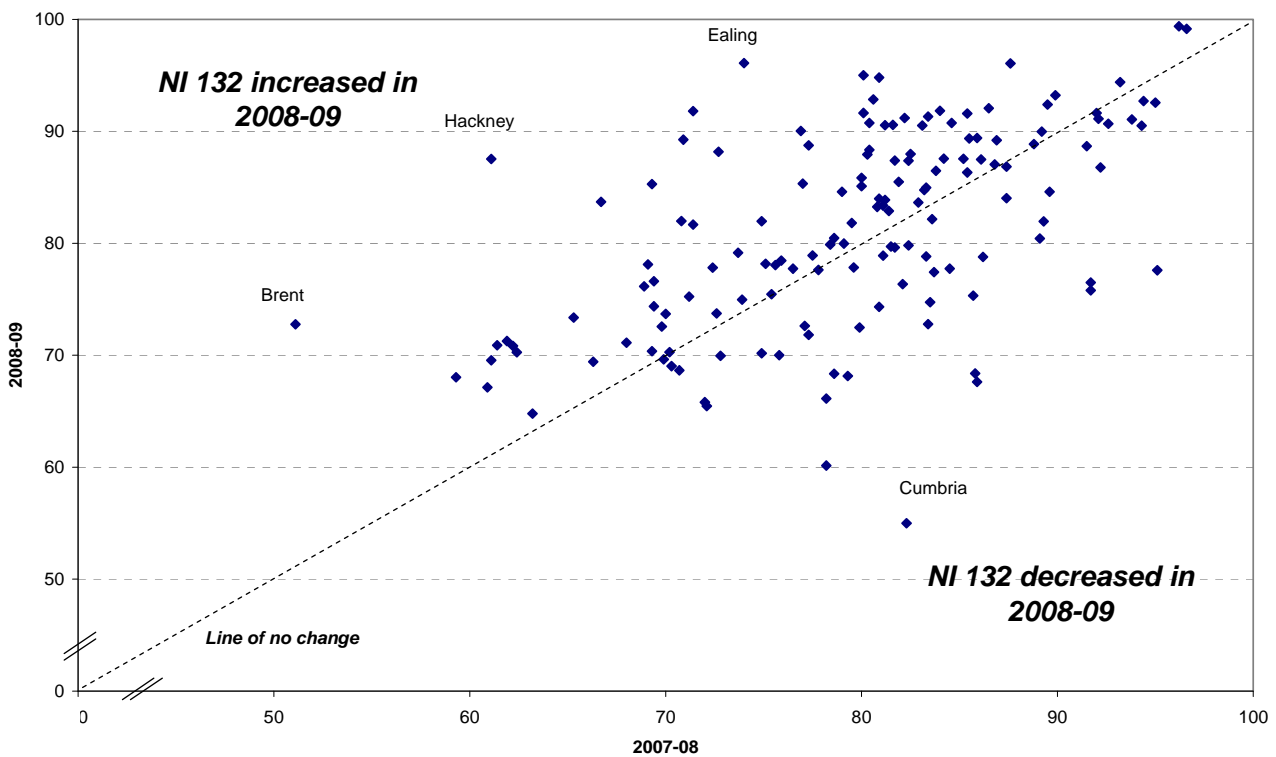
**Figure 2.3** shows the change in the performance of NI 132 between 2007-08 and 2008-09, the majority of councils have shown an increase in performance between the two years.

# Provisional

Brent council has increased their NI 132 value from 51.1 per cent in 2007-08 to 72.8 per cent in 2008-09. In 2008-09 Brent Council undertook a major piece of work to improve the quality of the data for this indicator. As part of their transformation of adult social care project, Brent Council have revised their procedures around assessments.

Hackney and Ealing have also improved their performance over the two years from 61.1 per cent to 87.5 per cent in 2008-09 for Hackney and from 74.0 per cent to 96.1 per cent for Ealing. This was a targeted area for improvement that was a priority in 2008-09 for Ealing Council. Cumbria's performance however has decreased over the two years from 82.3 per cent in 2007-08 to 55.0 per cent in 2008-09.

**Figure 2.3: Comparison of performance between 2007-08 and 2008-09 by council.**

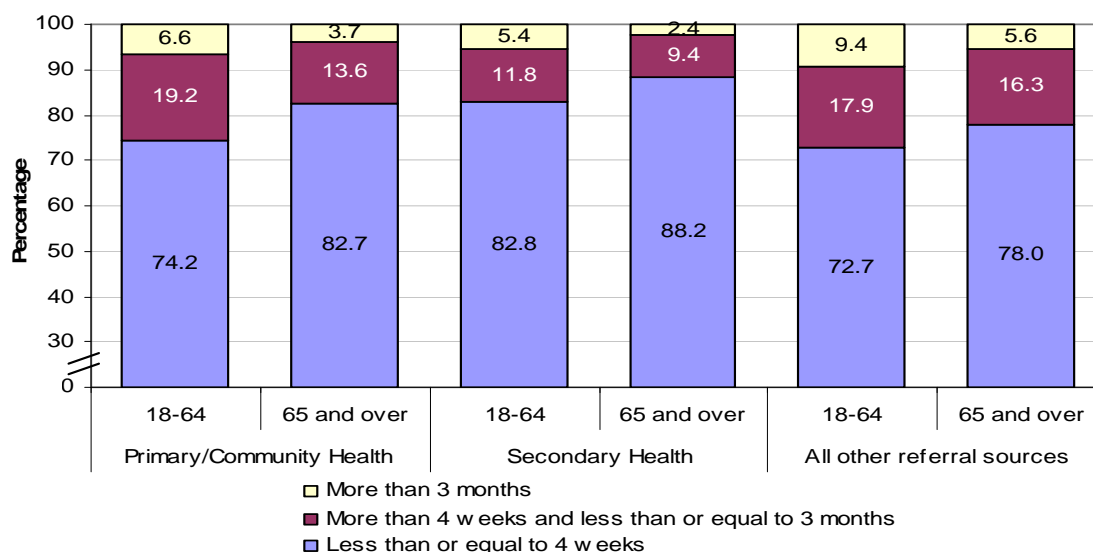


1. 3 councils did not provide information to calculate the indicator for either or both definitions and so have been excluded from the chart.

**Figure 2.4** shows the Indicator value by referral source and age group. Assessments are completed more quickly for referrals from secondary health than other sources.

# Provisional

**Figure 2.4: The length of time to completion of assessment for new clients by referral source, age group and time band, England in 2008-09**



Source: RAP (A7)

1. 2008-09 data does not include estimations and is based on returns from 147 councils.

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

Users should expect practical help and other support to arrive in a timely fashion soon after their problems have been referred to social services. Timeliness of the delivery of care packages following social care assessment is of importance and recognised by Councils with Adult Social Services Responsibilities. Long delays in delivering the help and support users need can be detrimental.

**Table 2.5** shows there has been improvement in the indicator value since 2006-07. Although the indicator value has decreased very slightly between 2007-08 and 2008-09, there has been a slight improvement in the length of time between assessment and receipt of services as 94.6 per cent of people have received their services within 6 weeks compared to 94.3 per cent in 2007-08.

**Table 2.5: Length of time from completed assessment to receipt of all services for new clients aged 65 and over for whom all services were put in place during the period, 2006-07 to 2008-09**

	2006-07		2007-08		2008-09	
	Number	% Distribution	Number	% Distribution	Number	% Distribution
All new clients aged 65 and over	302	100	315	100	322	100
<b>Less than or equal to 4 weeks (NI133)</b>	<b>269</b>	<b>89.3</b>	<b>286</b>	<b>90.9</b>	<b>292</b>	<b>90.7</b>
More than 4 weeks and less than or equal to 6 weeks	11	3.8	11	3.4	12	3.9
More than 6 weeks	21	6.9	18	5.7	17	5.4

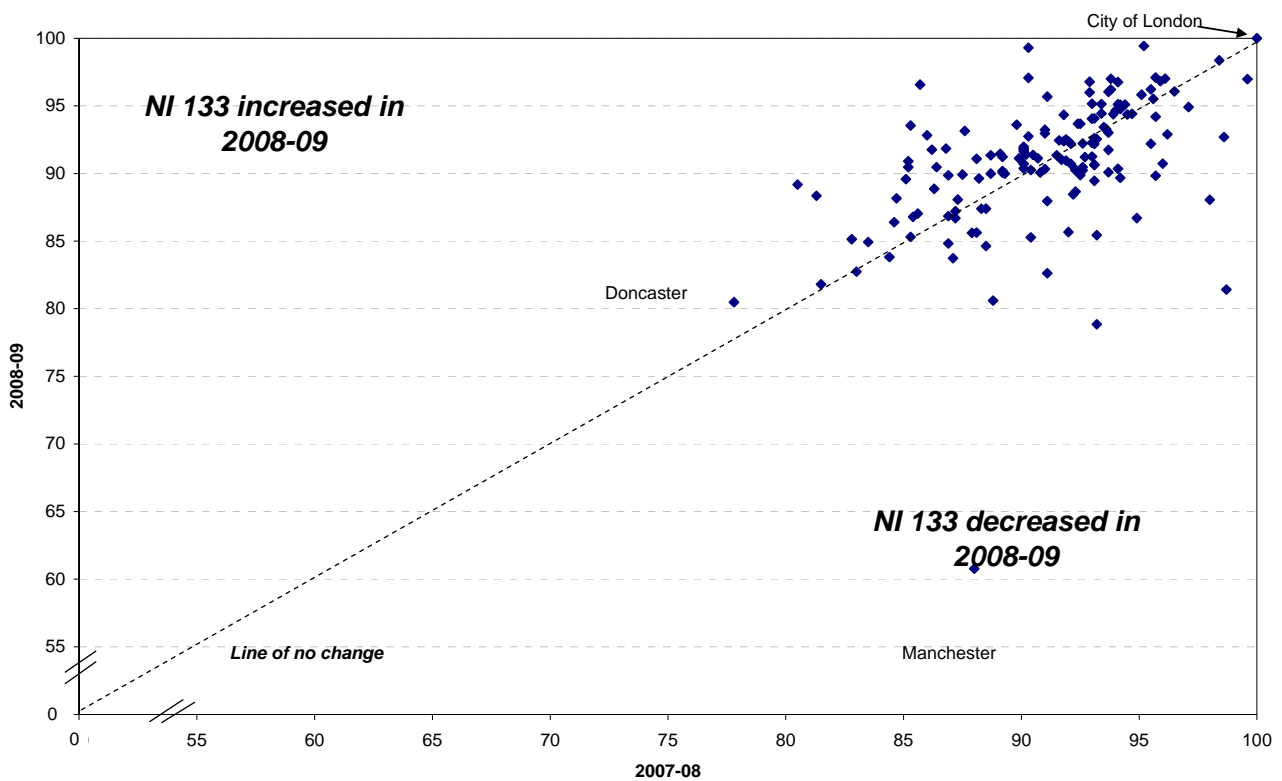
Source: RAP (A8)

# Provisional

**Figure 2.6** shows the change in the performance of NI 133 between 2007-08 and 2008-09, 83 (55%) of councils have shown an increase in performance between the two years.

Manchester has decreased from 88.0 per cent in 2007-08 to 60.8 in 2008-09. Doncaster's indicator value has increased from 77.8 per cent to 80.5 per cent in 2008-09. The City of London has achieved 100 per cent in both years; this may in part be due to the small number of service users in this council.

**Figure 2.6: Comparison of performance of NI133 between 2007-08 and 2008-09 by council.**



## Carers Services

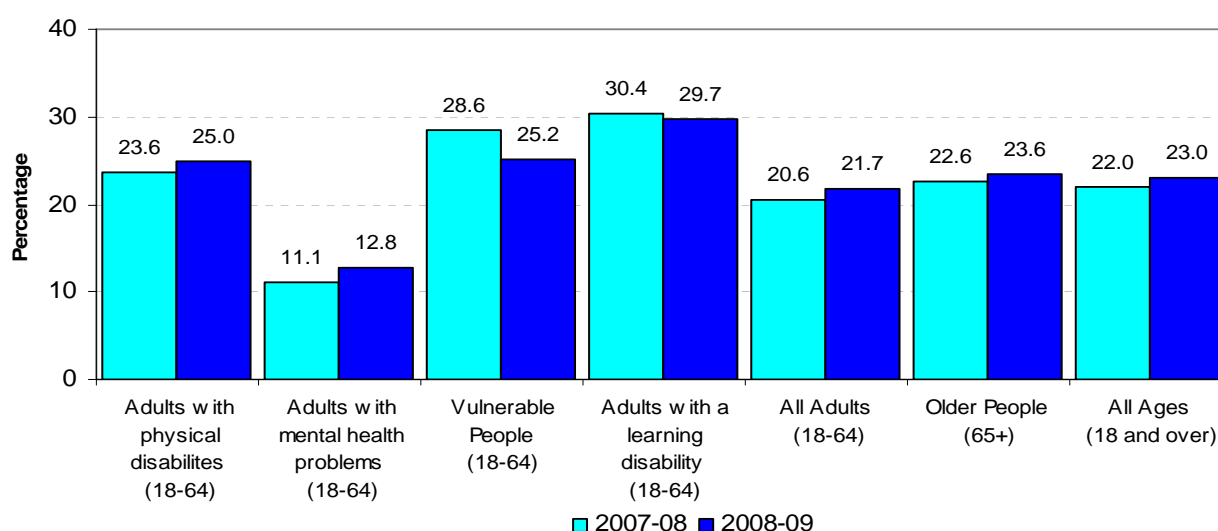
### Introduction

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

**The number of carers whose needs were assessed or reviewed by the council in the year who received a specific carer's service, or advice and information in the same year as a percentage of people receiving a community based service in the year NI135 (VSC18)**

**Figure 3.1** looks at the changes to the indicator value by age group over time. The indicator for older people (aged 65 and over) has increased by 1 percentage point over the two years from 22.6 per cent to 23.6 per cent. All client groups aged 18-64 have seen increases in the indicator value over the two years with the exception of vulnerable people and those with learning disabilities. The client group with the largest decrease in the indicator value is for vulnerable people from 28.6 per cent to 25.2 per cent.

**Figure 3.1: The number of Carers receiving a carer's break or a specific carers' service or advice or information as a percentage of those clients receiving community based services by age group (NI 135), 2007-08 to 2008-09**

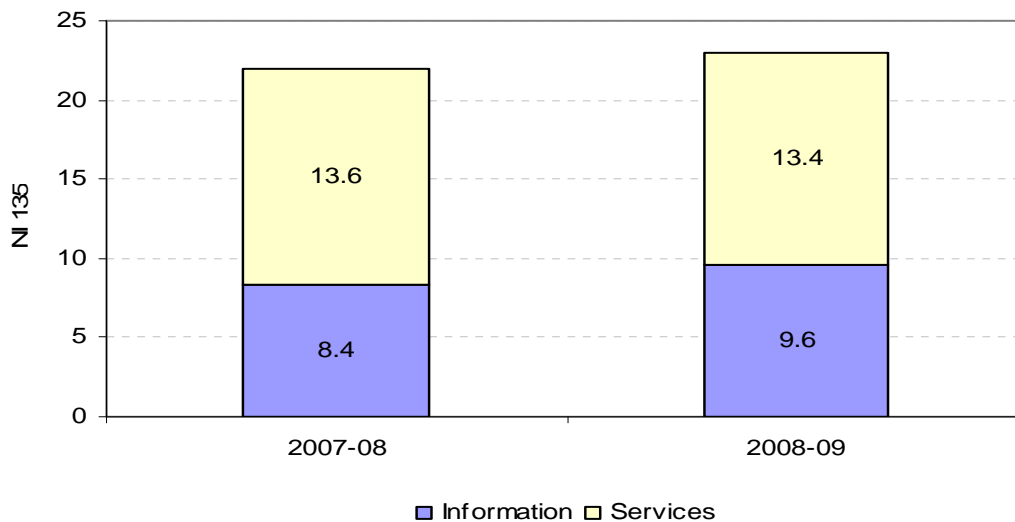


1. In 2008-09 figures for adults with a physical disability aged 18-64, all adults aged 18-64 were based on 149 council returns and older people were based on 148 council returns; vulnerable people aged 18-64 were based on 145 council returns; people with mental health problems and learning disabled people aged 18-64 were based on 147 council returns; those with substance misuse were calculated using 143 councils and full information from 150 councils were provided for all ages (18 and over).
2. Substance misuse has not been included due to inconsistency between 2007-08 and 2008-09 for a few councils; this will be investigated as part of ongoing validation.

**Figure 3.2** illustrates the contribution made by Carers' Services and Information to the indicator value over time. This shows that services do contribute more to the indicator than

information. However the contribution of services has remained broadly the same in 2008-09 and so the increase in the indicator is due to the increase in the number of carers receiving information and advice only.

**Figure 3.2: The percentage of Carers receiving a carer's break or a specific carers' service and advice or information of those clients receiving community based services in 2007-08 and 2008-09.**



1. 2008-09 data does not include estimations and is based on returns from 150 councils.

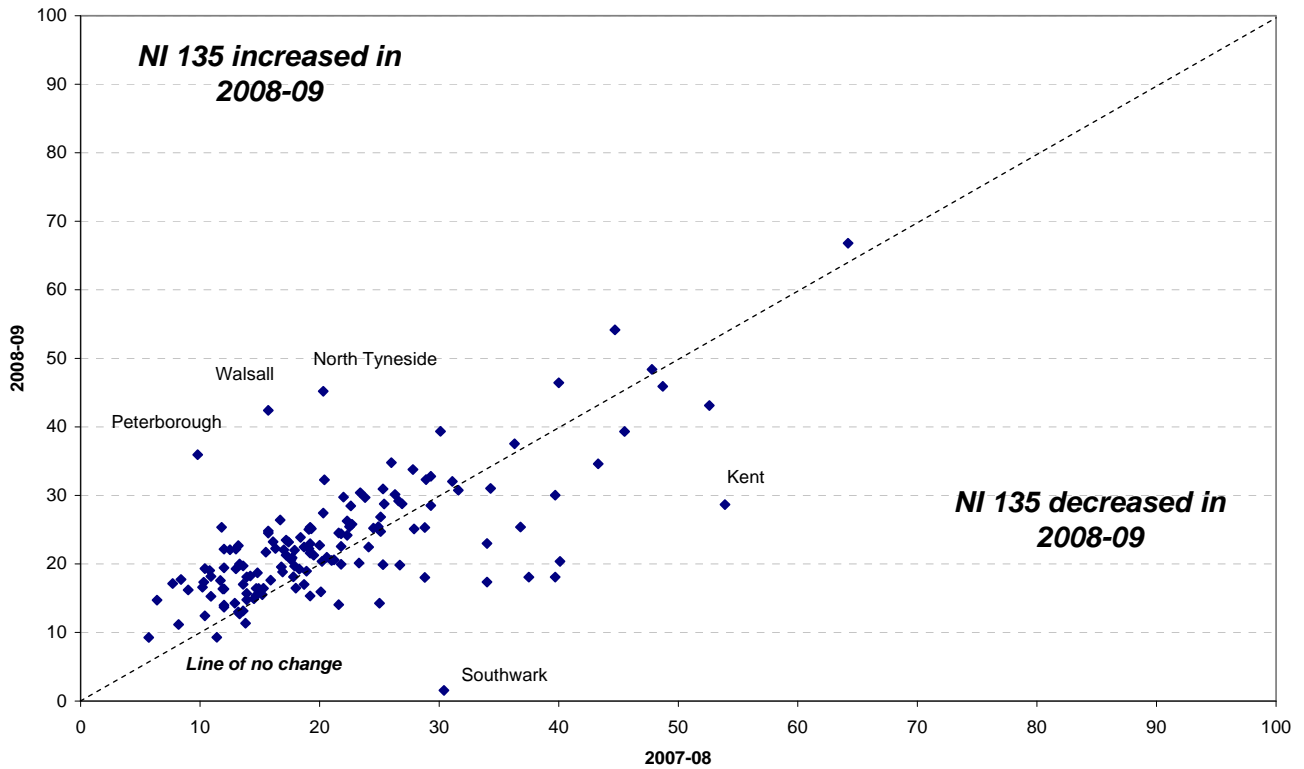
**Figure 3.3** compares the change in the performance of NI135 between 2007-08 and 2008-09 by council. Please note that the guidance was re-stated regarding information for carers in 2008-09 with the introduction of NI 135<sup>6</sup>.

The majority of councils have improved their performance of NI135 in 2007-08 and 2008-09, North Tyneside and Walsall council more than doubled their indicator value in 2008-09 from 20.3 per cent to 45.2 per cent for North Tyneside and 15.7 per cent to 42.4 per cent for Walsall. Peterborough also showed great improvement from 9.8 per cent in 2007-08 to 35.9 per cent in 2008-09. Kent and Southwark have had large decreases in their performance in this indicator to 28.7 per cent and 1.6 per cent in 2008-09 respectively.

<sup>6</sup> Please see the editorial notes for further information on the changes to the guidance.

# Provisional

Figure 3.3: Comparison of performance of NI135 between 2007-08 and 2008-09 by council.



1. 4 councils did not provide information to calculate the indicator for either or both definitions and so have been excluded from the chart.

## Promoting Social Inclusion

### Introduction

This chapter includes information relating to two indicators NI 145 and NI 146 which relate to adults with learning disabilities and two indicators NI 149 and NI 150 which relate to adults in contact with secondary mental health services. These form part of the Government's Public Sector Agreement 16 for socially excluded adults. NI 145 and NI 149 provide information on the type of accommodation and the proportion of adults in settled accommodation. NI 146 and NI150 provide information on the type of employment and the proportion of adults in paid employment.

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

For people with learning disabilities Local Authorities were considered the best route to collect information about accommodation and employment. The numerators for Indicators NI 145 and NI 146 are being collected for the first time in 2008-09 on the adult social care combined activity return (ASC-CAR). The information was collected from October 2008 to March 2009 for the numerator which has been doubled to provide an estimate for the full year. Therefore it is possible for the numerator to be more than the denominator, due to seasonal trends and local practices and therefore the indicators have been capped at 100 per cent; more detail and examples are given in the editorial notes.

For people with severe mental health problems, NHS service providers were considered the best route to collect information about accommodation and employment, although the indicators for this group form part of both the National Indicator Set for Councils with Adult Social Services Responsibility and the Vital Signs set for Primary Care Trusts. The information has been collected by NHS specialist mental health providers and transmitted centrally via the quarterly Mental Health Minimum Dataset (MHMDS).

The numerators for Indicators NI149 and NI150 were collected for the first time this year and a Data Set Change Notice (the mechanism by which the NHS mandates data changes) was issued on 6th April 2008 requiring trusts to collect information on the accommodation and employment status of people on Care Programme Approach.

Some trusts have had practical difficulties updating information systems and training front line staff to collect the information for all relevant clients seen during the year. This means that the numerator figures nationally, and to varying degrees at local authority level, are probably an undercount this year. A variety of actions are planned to improve data quality in 2009-10.

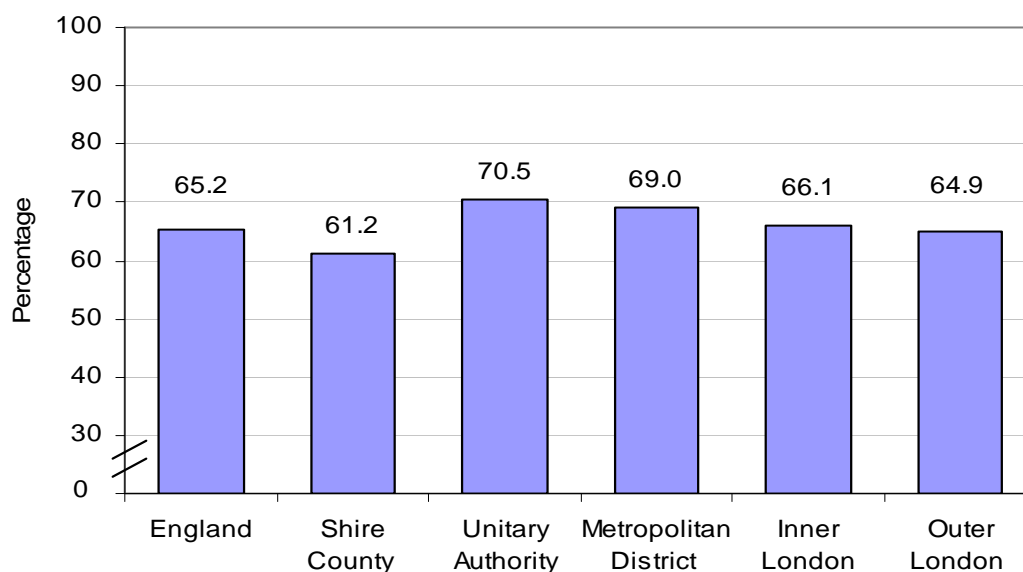
## Adults with Learning disabilities

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

132,300 adults with learning disabilities (aged 18-64) known to social services received an assessment or review of which 43,100<sup>7</sup> (65.2%) were in settled accommodation at the time of their latest assessment or review.

**Figure 4.1** shows the variation in the proportion of adults with learning disabilities that are in settled accommodation by council type. Unitary Authorities had the highest proportion in settled accommodation at 70.5 per cent and Shire Counties had the lowest proportion at 61.2 per cent. There is a large variation in performance of this indicator at council level which may in part be due to this being the first year of collection and the grossing up method applied to the data for 6 months.

**Figure 4.1: Variation in NI 145 value, by council type, 2008-09**



**Table 4.2** shows the number of people in settled and non settled accommodation and the proportion of all people with learning disabilities known to the CASSRS by gender. The proportion of female adults in settled accommodation (66.1%) is greater than for males (64.4%).

<sup>7</sup> This figure was only collected for half of the year and then doubled to represent the full year, councils whose numerator then exceeded the denominator has been capped to equal the denominator. This capped numerator is quoted here.

# Provisional

**Table 4.2: The number of adults aged 18 - 64 with learning disabilities in settled and non-settled accommodation and the NI145 indicator value, by gender, 2008-09**

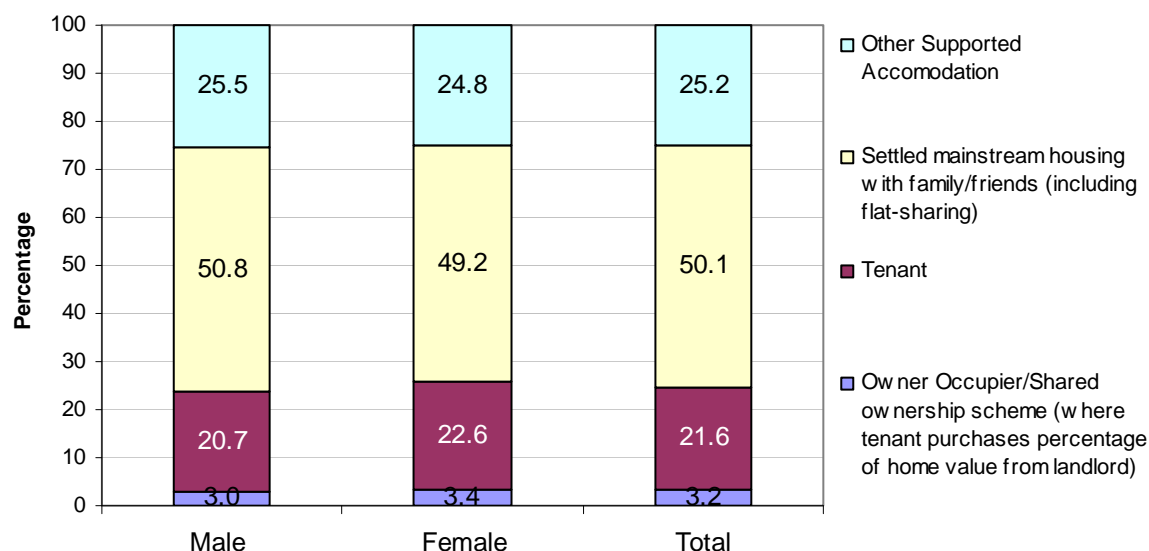
	Adults with Learning Disabilities (18-64)		
	Male	Female	Total
Settled Accommodation <sup>1</sup> (Numerator)	24,100	18,950	43,100
Adults known to social services (Denominator)	74,950	57,350	132,300
<b>NI 145 Value</b>	<b>64.4</b>	<b>66.1</b>	<b>65.2</b>
Non-settled Accommodation	11,450	8,350	19,800

Source: ASC-CAR

1. The numerator was only collected for half of the year and then doubled to represent the full year, councils whose numerator then exceeded the denominator has been capped to equal the denominator. The capped numerator has been used in the calculation for the indicator is shown in this table.

**Figure 4.3** shows that the percentage distribution of type of settled accommodation is similar for both males and females. A slightly higher percentage of females were living as a tenant, either with a private landlord or through council owned accommodation, 22.6 per cent compared to 20.7 per cent of males. Over half of all adults in settled accommodation lived with family or friends (including flat sharing).

**Figure 4.3: Percentage distribution of type of settled accommodation by gender, 2008-09**



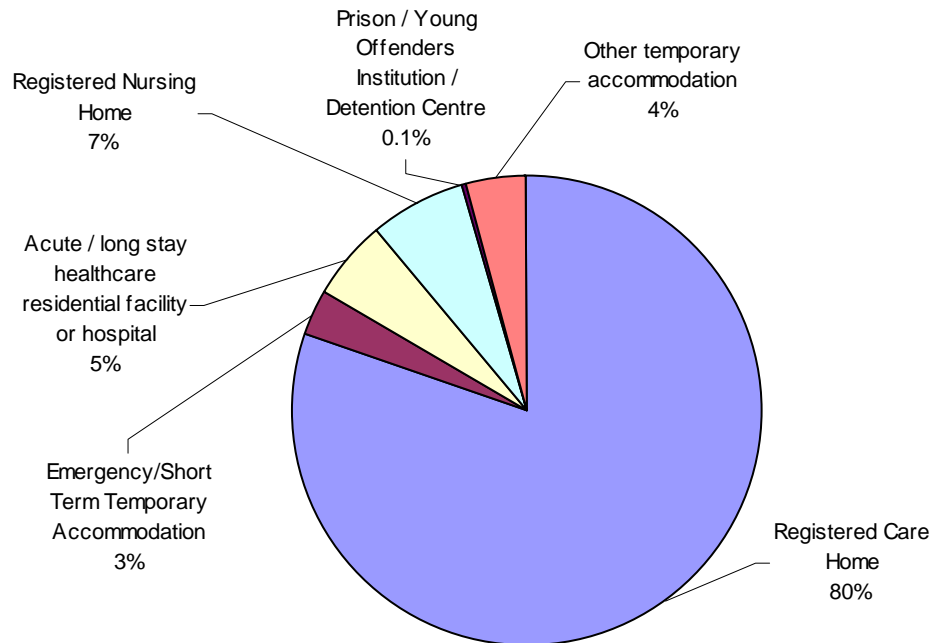
Source: ASC-CAR

- 2008-09 data does not include estimations and is the total provided by 148 councils.
- This information is taken from council returns and uses the uncapped data provided for 6 months.

**Figure 4.4** illustrates the number of people aged 18-64 with a learning disability known to the council in non settled accommodation by type of non-settled accommodation. 80 per cent of people are in Registered Care homes, with a further 7 per cent in Registered Nursing homes and 5 per cent in a health care residential facility or hospital.

# Provisional

**Figure 4.4: The percentage distribution of adults aged 18-64 with learning disabilities in non-settled accommodation<sup>1</sup> by accommodation type, 2008-09<sup>2</sup>.**



Source: ASC-CAR

1. This information is taken from council returns and uses the uncapped data provided for 6 months.
2. 2008-09 data does not include estimations and is the total of the full returns provided by 148 councils.

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

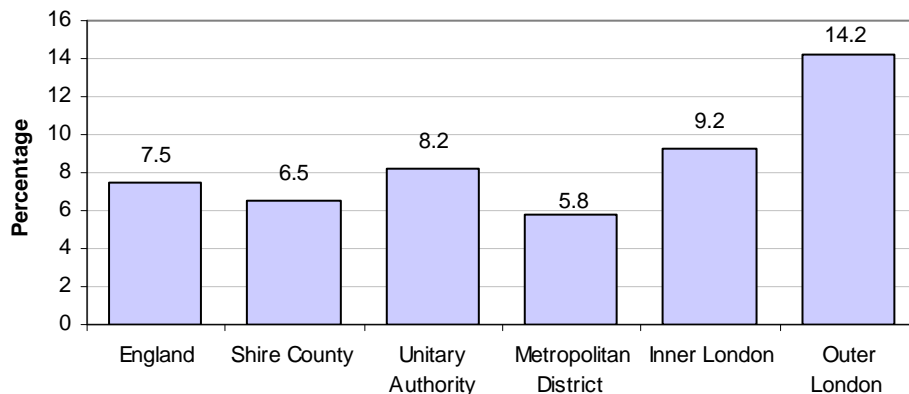
132,300 adults with learning disabilities (aged 18-64) known to social services received an assessment or review of which 4,900<sup>8</sup> (7.5%) were in paid employment at the time of their latest assessment or review.

**Figure 4.5** shows there is a large variation in the proportion of adults with learning disabilities that are in paid employment by council type. Outer London had the highest proportion in paid employment at 14.2 per cent and metropolitan had the lowest proportion at 5.8 per cent. There is a large variation in performance of this indicator at council level which may in part be due to this being the first year of collection and the grossing up of 6 months of data.

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

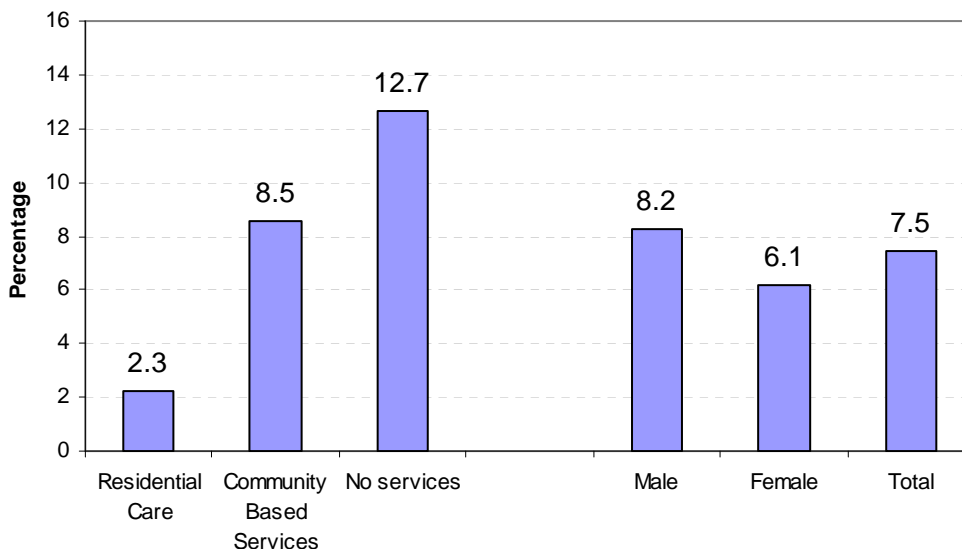
# Provisional

**Figure 4.5: Variation in NI 146 value, by council type, 2008-09**



**Figure 4.6** shows the indicator value by the type of service received and the gender of the person. As expected the proportion of people that do not receive social services that are in paid employment (12.7%) is higher than those in residential care (2.3%).

**Figure 4.6: The proportion of adults aged 18 – 64 with learning disabilities in paid employment by services received and gender, 2008-09.**



1. Indicator values for service type and gender were based on full data from 148 councils and the total indicator value was calculated based on full returns from 150 councils.

**Table 4.7** shows the proportion in paid employment in each council type by type of service and gender. As expected those adults known to social services but not in receipt of services have a higher proportion in employment and this is true for all council types with the exception of Inner London. For Inner London the proportion of those receiving community based services in paid employment is 13.4 per cent compared to 7.1 per cent for those not receiving any services. This may in part be due to the small number of people being recorded as receiving no services. The percentage of females in paid employment is less than that for males, 6.1 per cent compared to 8.2 per cent respectively nationally.

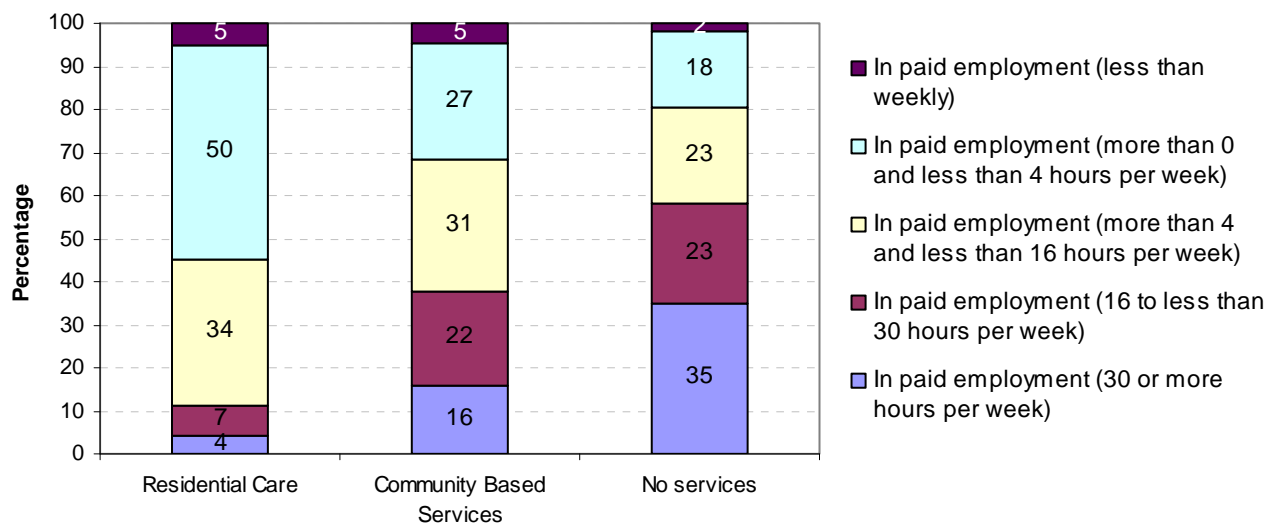
# Provisional

**Table 4.7: The proportion of adults aged 18–64 with learning disabilities in paid employment by services they received and gender, by council type, 2008-09**

	Service Type			Gender		
	Residential Care	Community Based Services	No services	Male	Female	All
<b>England</b>	2.3	8.5	12.7	8.2	6.1	7.5
Shire	2.0	8.4	8.9	7.2	5.7	6.5
Unitary	3.2	9.0	13.6	9.6	6.3	8.2
Metropolitan	1.6	5.2	17.9	6.5	5.0	5.8
Inner London	2.5	13.4	7.1	10.6	7.4	9.2
Outer London	3.1	15.8	19.0	14.3	10.7	14.2

**Figure 4.8** shows the difference between the percentage distributions of type of paid employment and if this is related to the services that they receive. As expected the number of hours of employment reduces as the type of service intensifies. Of those receiving no services 35 per cent are in full time paid employment compared to 4 per cent for those in residential care.

**Figure 4.8: The percentage distribution of the number of hours of paid employment by the services received for adults aged 18-64 with learning disabilities, 2008-09**



Source: ASC-CAR

1. This information is taken from council returns and uses the uncapped data provided for 6 months.
2. The percentage values for residential care and community based services is based on full data from 149 councils and the percentage values for the no service category was calculated based on full data from 148 councils

5,000 adults aged 18-64 known to CASSR's are in paid employment, of which 400 are in residential care, 3,800 are receiving community based services and 700 are not receiving any services from the council.

# Provisional

**Table 4.9** details the number of working aged adults with learning disabilities known to social services, the numbers in unpaid voluntary work and those in both paid employment and unpaid voluntary work.

Two thirds of adults with learning disabilities aged 18 - 64 known to the council are receiving community based services (66%).

**Table 4.9: The number of adults (18-64) with learning disabilities in voluntary work, 2008-09**

	Residential Care		Community Based Services		No services		All	
	Male	Female	Male	Female	Male	Female	Male	Female
Working in paid employment and in unpaid voluntary work	50	50	350	250	-	-	400	300
In unpaid voluntary work	350	300	2,000	1,600	200	150	2,550	2,000
Total number of adults of working age 18-64 known to the council	20,500	15,250	48,400	37,700	5,450	3,950	74,350	56,950

Source: ASC-CAR

1. This information is taken from 148 council returns and uses the uncapped data provided for 6 months.

## Adults in Contact with Secondary Mental Health Services

### Introduction

Indicators NI 149 and NI 150 relate to people with mental health problems whose complex needs are managed using the Care Programme Approach (CPA). This is the framework that supports and co-ordinates effective mental health care for people with severe mental health problems in secondary mental health services. Although they are a small proportion of the total number of people treated in specialist mental health services, this group is one of the most at risk of being socially excluded<sup>9</sup>.

CPA care coordinators should have a strong focus on ensuring that employment and housing needs are identified, considered and effectively met as part of individual care plans. Information about accommodation and employment are now collected as part of the client's CPA review, which should take place at least once a year.

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

136,100 adults aged 18-69 in contact with secondary mental health services were on Care Programme Approach during the year, of which 21.5 per cent (29,200) were known to be in settled accommodation at the time of the most recent review where information was collected.

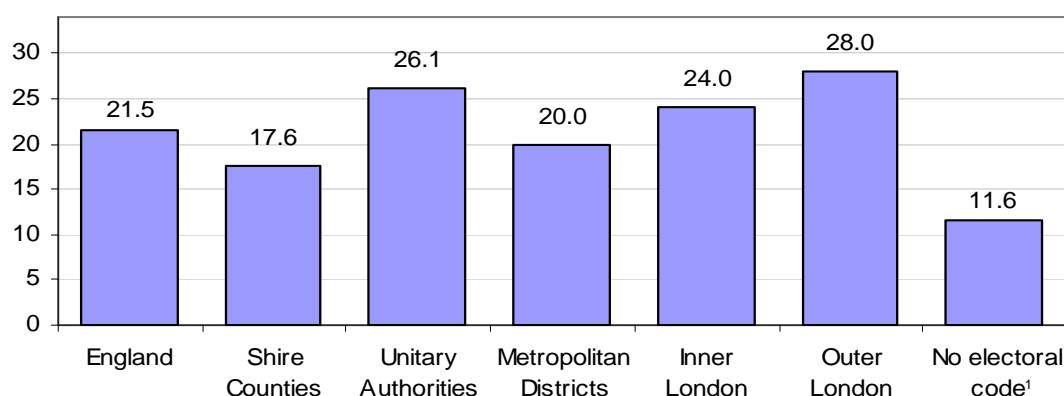
**Figure 4.10** shows the variation in the proportion of adults on CPA that are in settled accommodation by council type. The wide range of indicator values across all Councils in England (from 0 to 86.5) is attributable in part to data quality issues. Outer London authorities had the highest proportion known to be in settled accommodation at 28.0 per cent and Shire Counties had the lowest proportion at 17.6 per cent. With 20.0 per cent known to be in settled accommodation. Metropolitan Districts had the indicator value closest to the all England value of 21.5 per cent. Information about the electoral ward of the client was not available for some clients, and this could reflect their unsettled accommodation status.

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<sup>9</sup> Policy changes announced in the DH publication 'Refocusing the Care Programme Approach' in July 2008 detailed the change from Enhanced and Standard CPA to one level of CPA. This means the size of the population on the refocused CPA is likely to approximate that on the old Enhanced CPA)

# Provisional

**Figure 4.10: Variation in NI 149 value, by council type, 2008-09**



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

**Table 4.11** shows the number of people known to be in settled and non settled accommodation and the proportion of all people on CPA by gender. Although more men than women were on CPA the proportion of them in settled accommodation is broadly similar (21.2 per cent of men compared with 21.7 per cent of women).

**Table 4.11: The number of adults aged 18-69 on CPA known to be in settled and non-settled accommodation and the NI 149 indicator value, by gender, 2008-09**

	Adults on CPA (18-69)			
	Male	Female	Not known / not specified	Total
Numerator	15,500	13,700	50	29,200
Denominator	72,900	63,150	100	136,100
<b>NI 149 value</b>	<b>21.2</b>	<b>21.7</b>	<b>46.3</b>	<b>21.5</b>
Non-settled accommodation	3,750	2,850	-	6,650

Source: MHMDS

Details about the person's main or permanent residence were only recorded for 18 per cent of people on CPA, but where it was recorded there are differences between men and women as shown in **Table 4.12**.

For adults for whom details of accommodation were recorded a larger proportion of women than men were in mainstream housing (83% of women compared with 74% of men). However a larger proportion of men than women were in institutions or supported accommodation, for example 15 per cent of men, compared with 8 per cent of women, were in accommodation with mental health care support and 3 per cent of men, compared with 1 per cent of women, were in acute or long stay healthcare residential facilities or in hospital.

# Provisional

**Table 4.12: The number of adults aged 18-69 on CPA by type of accommodation by gender, 2008-09**

	Male		Female		Total	
	Number	% distribution	Number	% distribution	Number	% distribution
Mainstream Housing	9,800	74	9,750	83	19,600	78
Homeless	100	1	50	1	150	1
Accommodation with mental health care support	2,050	15	950	8	3,000	12
Acute/long stay healthcare residential facility/hospital	350	3	150	1	500	2
Accommodation with other (not specialist mental health) care support	200	1	100	1	300	1
Accommodation with criminal justice support	50	0	-	0	50	0
Sheltered Housing (accommodation with a scheme manager or warden living on the premises or nearby, contactable by an alarm system if necessary)	250	2	250	2	500	2
Mobile accommodation	-	0	-	0	-	0
Other	450	4	450	4	900	4
<b>Total</b>	<b>13,250</b>	<b>100</b>	<b>11,750</b>	<b>100</b>	<b>25,000</b>	<b>100</b>

Source: MHMDS

1. The total includes 35 people where the gender is unknown or not specified
2. An additional 4,200 did not have a type of accommodation recorded.

# Provisional

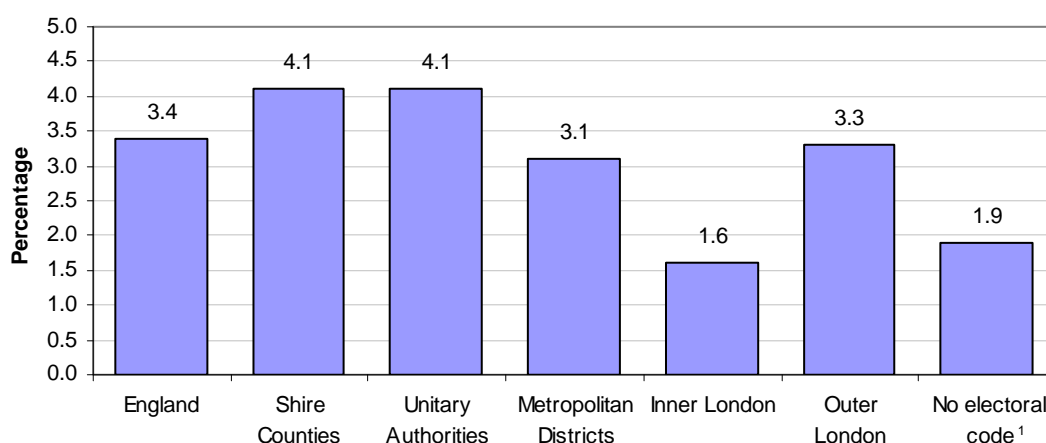
## Proportion of adults in contact with mental health services in employment (NI 150/VSC08)

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

136,100 adults aged 18-69 in contact with secondary mental health services were on CPA during the year, of which 3.4 per cent (4,700) were known to be employed at the time of the most recent review where information was collected.

**Figure 4.13** shows the variation in the proportion of adults on CPA that are known to be employed by council type. Unitary Authorities and Shire Counties had the highest proportion in employment at 4.1 per cent and Inner London authorities had the lowest proportion at 1.6 per cent.

**Figure 4.13: Variation in NI 150 value, by council type, 2008-09**



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

**Table 4.14** shows the number of people in employment and the proportion of all people on CPA by gender. Although a larger number of men than women were on CPA a higher proportion of women were employed (3.8 per cent of women compared with 3.1 per cent of men).

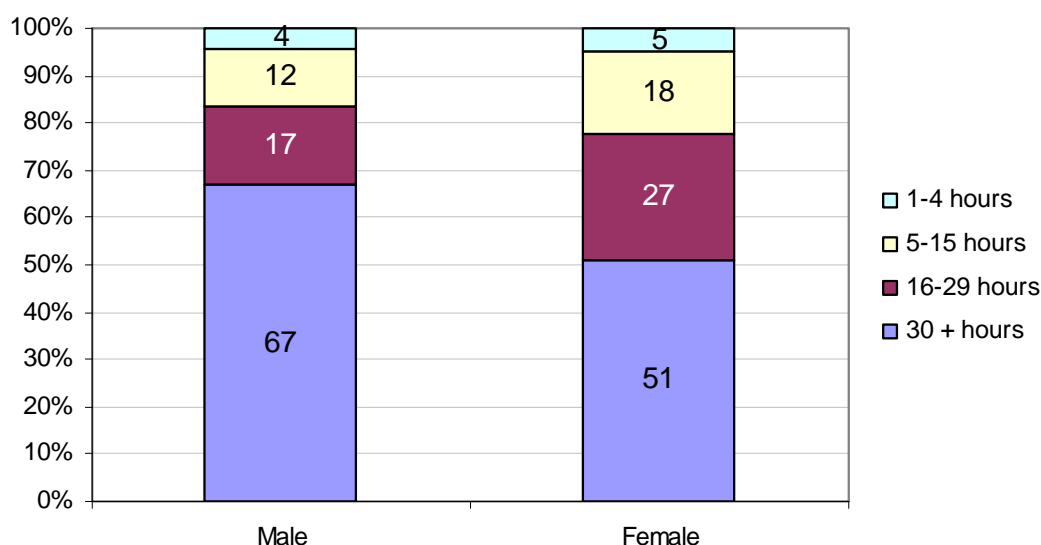
**Table 4.14: The number of adults aged 18-69 on CPA known to be in employment and the NI 150 indicator value, by gender, 2008-09**

	Adults on CPA (18-69)			Total
	Male	Female	Not known / not specified	
Numerator	2,250	2,400	-	4,700
Denominator	72,900	63,150	100	136,100
<b>NI 150 value</b>	<b>3.1</b>	<b>3.8</b>	<b>3.8</b>	<b>3.4</b>

# Provisional

The number of hours per week worked was recorded for 47 per cent of people who were recorded as being in employment. **Figure 4.15** shows that of those people for whom the number of hours worked was recorded, a larger proportion of men than women (67 per cent compared with 51 per cent) were working more than 30 hours per week. 49 per cent of women compared with 33 per cent of men were working reduced hours (less than 30 hours per week).

**Figure 4.15: Number of hours worked per week by people in employment, by gender, 2008-09**



Source: MHMDS

A breakdown of the indicator values by Local Authority and by Primary Care Trust is provided in the accompanying excel spreadsheets<sup>10</sup>. Further analysis from the MHMDS for 2008-09 will be published in the Mental Health Bulletin expected to be published in November 2009.

<sup>10</sup> The spreadsheets detailing council and primary care trust level information can be found at [www.ic.nhs.uk/pubs/socmhi08-09](http://www.ic.nhs.uk/pubs/socmhi08-09)

## Editorial Notes

### Introduction

The information presented in this report is provisional and shows both England and council level information and relates to the period April – March for 2007-08 to 2008-09. This information, although provisional, has undergone some validation and has been used in the Care Quality Commission assessment process of Councils with Adult Social Service Responsibilities (CASSR). The social care information supersedes the August publication<sup>11</sup> of the Social Care Indicators as a second cut of PSS Ex1 data and the population estimates for 2008 are now available and are used within the calculations for NI130 and NI136. The information relating to the two indicators for people in contact with specialist mental health services (NI 149 and NI150) should be treated with caution as analyses from the MHMDS are currently classed as 'experimental statistics'. Final data including a revision to the data for Pennine Care NHS Foundation Trust (which could affect more than one council or PCT in this area) is expected to be published in the Mental Health Bulletin in November 2009.

Final data for the social care indicators is expected to be published in early 2010 and will include any revisions made by councils since the provisional data were published.

### Background

The Secretary of State for Communities and Local Government announced a new set of national indicators (NIS) for English local authorities and local authority partnerships. The set underpins the new performance framework for local government and meets the Government's commitment to introduce a clear set of national outcomes and a single set of national indicators by which to measure them. The first official year for these indicators is 2008-09.

### Coverage

In 2008-09 not all councils providing data for the social care indicators have provided the full set of data needed to calculate the council level indicators and estimates have not been made. Therefore the England, Regional and Council type totals have been quoted based on councils that have provided the complete data. The national figures for NI 130 have been based on 141 councils, NI136 is based on 149 councils but the rest of the national level indicators are based on the full set of 150 councils although some of the breakdowns are based on fewer councils.

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<sup>11</sup> Information has previously been published by the NHS Information Centre in August <http://www.ic.nhs.uk/statistics-and-data-collections/social-care/adult-social-care-information/social-care-indicators-from-the-national-indicator-set--2008-09-england-provisional>

# Provisional

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

In this first year not all the NHS trusts supplying data for the mental health indicators managed to return information about accommodation and employment for all eligible service users. However they have been collecting the information required for the denominator for several years. The denominator figure for England is based on all NHS specialist mental health service providers but the numerator figure is based on incomplete data. However no estimates have been made and the mental health indicators are calculated on data received and provide a baseline to be improved upon

## Data Sources

Caution should be taken when comparing data historically as there have been a number of changes to the data sources as detailed in the section on notes to bear in mind when analysing the data.

### **Adult Social Care Combined Activity Return (ASC-CAR)**

This is the first year of a new national data set and so the data may not be as robust as information that has been collected for a number of years. In this first year, data for the numerators of NI 145 and NI 146 were only collected over six months and then grossed up to create full year figures. This may have led to variation across local authorities where different proportions of the underlying client group were assessed or reviewed in these six months. The number of discharges was collected for a three month period (October to December), this information has not been grossed up and is quoted within the report as reported by the councils for the 3 month period with a three month follow up period. Discharges over a six month period (April to October), with a three month follow up, will be collected from 2009-10

### **Referrals Assessments and Packages of Care Return (RAP)**

This collection has been collected since 2001, although the collection has undergone some changes during this period.

The proformas used to collect the information that feeds into the indicator calculations are A7, A8, P2f, P2s and C2. These proformas have undergone little change over the last two years; two voluntary tables for the 18-64 age group have been added to A8 and an individual budgets table included in the P2s form. Additionally, guidance has been restated regarding several elements, as listed here:

- A new table was introduced to P2s to collect data on clients planned to receive services, by or on behalf of social services, via an Individual Budget (2006-07).

# Provisional

- Titles for the C returns were reworded to avoid confusion caused in the previous year's collection (2006-07).
- Revised definitions of 'respite care' and 'Short term residential - not respite' (2007-08).
- The removal of 'overnight – respite care' from 'P' forms. This became a service provided to carers on the 'C' forms (2007-08).
- Revised definitions on recording of equipment on P2s – one-off pieces of equipment (2007-08).
- Guidance for CASSRs on how to record 'Telecare' (2007-08).
- Revised guidance on carer assessments carried out by other organisations, For implementation wherever possible from 2007-08.
- New guidance for CASSRs on recording clients receiving services via "In Control" projects (for implementation in 2007-08).
- Revised Guidance on recording Information and advice within the "C Tables" (2008-09).
- Clarification on transitional assessments for younger adults to be included in A7 (2008-09).
- Revised definition of Professional Support in the P Tables (2008-09)
- The recording of people in small homes and independent living as transferred from residential services in P1 to community based services (P2f and P2s) (2008-09).
- Due to new legislation, Section 31 arrangements (of the Health Act 1999) were referred to as Section 75 arrangements (of the NHS Act 2006).  
[http://www.opsi.gov.uk/acts/acts2006/ukpga\\_20060041\\_en\\_6#pt3-l1g75](http://www.opsi.gov.uk/acts/acts2006/ukpga_20060041_en_6#pt3-l1g75)

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

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

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

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

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

Activity data for Carers receiving direct payments during the year has been included, for one year only, on the PSS Ex1 return in 2008-09. Full information for carers receiving direct payments was not returned by 9 councils.

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

All trusts that provide secondary mental health services complete the MHMDS for service users using specialist mental health services for working age adults and people over the age of 65. MHMDS is a record level dataset with details of age, gender and ethnic group as well as transaction data (what services they received, appointments, admissions, contacts etc).

# Provisional

New data items with information about accommodation and employment were added to the input database in 2008-2009.

The scope of the MHMDS return is wider than the client group for NI 149 and NI150 because the indicators only cover people aged from 18- 69 and the definition requires that only those on Care Programme Approach should be included (in 2006-07 these were about 40% of the total number of people covered by MHMDS). Following the recent Refocusing CPA guidance from DH this group reduced to around 10% of all users of specialist mental health services for adults and older people.

Because the MHMDS contains record level data there is great potential for further analyses of the indicator data, for example by age and ethnicity as well as by gender, and by different geographies, for example by PCT or GP practice. Some further analyses of the indicators are expected to be published in the annual Mental Health Bulletin in November 2009 and more may be developed in future.

## Data quality for social care indicators

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

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

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

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

# Provisional

## Data quality for mental health indicators

Information on accommodation and employment was collected by NHS trusts for the first time in 2008-09 and many organisations had problems collecting the information for all eligible patients in contact with services during the year. The indicators should therefore be treated with caution and used as a baseline for improvement.

The Data Set Change Notice (DSCN - the mechanism by which the NHS mandates data changes) was issued on 6th April 2008 (<http://www.connectingforhealth.nhs.uk/dscn/dscn-2008/data-set-change-1/dscn-06-2008.pdf>) and changes to electronic data collection systems were made after this announcement. Although 89 per cent of trusts returned some valid employment data, but useful information about employment status (for example, not simply returning a default code of Not Known) was only recorded for 31 per cent of eligible patients. And although 80 per cent of trusts returned some valid accommodation data, but useful information was only recorded for 28 per cent of eligible patients. This means that the mental health indicators for 2008-09 should be treated with caution as a baseline for improvement.

The information used for the denominator has been collected and for five years and is considered more reliable. However analyses using MHMDS are currently classified as 'experimental statistics' and should be treated with caution. Further information about MHMDS data quality can be found on the NHS Information Centre web site: <http://www.ic.nhs.uk/webfiles/publications/mental%20health/NHS%20specialist%20mental%20health%20services/MHMDSexperimental200307/Mental%20Health%20Bulletin.%20Data%20Quality%20and%20Methodology.pdf> .

The quality and completeness of the accommodation and employment data collected by trusts in 2009-10 will be monitored via the MHMDS quarterly data quality reports.

## Notes to bear in mind when analysing the data

NI125 – This is the first year of collection and should be treated with caution as it may not be as robust as information that has been collected for a number of years. For 2008/09 the collection of the denominator was a three month period (1st October 2008 to 31st December 2008) with a three month follow-up for the numerator. From 2009/10, the collection of the denominator will be over a six month period (1 July 2009 to December 2009) with follow up for the numerator from October 2009 to March 2010.

NI130 - Information was collected for Carers receiving Direct Payments during the year on the PSS Ex1 for the first time in 2008-09. This was collected for a full year by age group and young carers aged 16-17 are included in the 18-64 group. Therefore, the 2008-09 indicator is not comparable with previous years. This indicator is age standardised. A new cut of the PSS Ex1 data and the 2008 mid year population estimates have been used in the calculation of this indicator and so these figures will differ from those previously published in August

# Provisional

2009 which used the 2007 mid year population estimates as the 2008 population estimates were not available.

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

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

NI135 - The guidance regarding Carers' Services was revised in 2008-09 and so caution should be taken when comparing this indicator over time. The definition of Information and advice has been tightened. A "package of information and advice" must be provided to the carer - the information and advice given must be **person centred** and **specifically tailored** to the individual needs of the carer. A "package of information and advice" could comprise a number of leaflets and telephone numbers provided **in response to an individual carer's particular needs**.

Provision of telephone numbers or distribution of one or more leaflets **indiscriminately** cannot be counted as Information and Advice as the RAP return is aiming to build up a picture of what is provided to clients and carers in response to an assessment of their individual needs.

NI136 - Grant Funded Services information was collected for the first time in 2006-07 and was not deemed robust at a council level and only national figures were published. Information for 2007-08 was published at a council level although this is not comparable with the 2008-09 data due to a broader type of schemes being included from 2008-09. This indicator is age standardised and adjusted for likely needs for social care services using needs-weighted population estimates. The 2008 mid year population estimates have been used in the calculation of this indicator and so these figures will differ from those previously published in August 2009 which used the 2007 mid year population estimates as the 2008 population estimates were not available.

NI145 - This information was collected for the first time in 2008-09 and so is not shown for previous years. The first year of collection should be treated with caution as it may not be as robust as information that has been collected for a number of years.

Information for the numerator was only collected for the second half of the year and then doubled to represent the full year, although this does not take into account any seasonal trends and differing local practices. Councils whose numerator then exceeded the denominator have had the indicator value capped at 100 per cent. Data will be collected for the full year in 2009-10.

# Provisional

NI146 - This information was collected for the first time in 2008-09 and so is not shown for previous years. The first year of collection should be treated with caution as it may not be as robust as information that has been collected for a number of years.

Information for the numerator was only collected for the second half of the year and then doubled to represent the full year, although this does not take into account any seasonal trends and differing local practices. Councils whose numerator then exceeded the denominator have had the indicator value capped at 100 per cent. Data will be collected for the full year in 2009-10.

NI149 and NI150 – Information for the numerators was collected for the first time in 2008-09 and the indicator is new for 2008-09 and so is not shown for previous years. The first year of collection should be treated with caution as it may not be as robust as information that has been collected for a number of years.

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

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

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

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

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

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

## Indicator Definitions

The Secretary of State for Communities and Local Government announced a new set of national indicators for English local authorities and local authority partnerships.<sup>12</sup> The NHS Information Centre collects information on 10 of the indicators which relate to social services and the care packages provided, and mental health services. The definitions for the ten indicators are provided below.

**NI 125:** Achieving independence for older people through re-enablement, rehabilitation and intermediate care

This is the proportion of older people aged 65 and over discharged from hospital to their own home or to a residential or nursing care home or extra care housing bed for rehabilitation, with a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting) who are at home or in extra care housing or an adult placement scheme setting three months after the date of their discharge from hospital. Those who are in hospital or in a registered care home (other than for a brief episode of respite care from which they are expected to return home) at the three month date and those who have died within the three months are not reported in the numerator. 3 months is defined as 91 days. In 2008/09 the collection of the denominator will be over a three month period with a three month follow-up for the numerator. From 2009/10, the collection of the denominator will be over a six month period, with the collection of the numerator beginning three months in.

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

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

**NI 130:** Social care clients receiving Self Directed Support (2008-09 Definition)

Number of adults, older people and carers receiving social care through a Direct Payment 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+)

**Numerator Source:** RAP: Table P2f, Page 2, line 11 (Total of above), column 2 (Direct Payments) & RAP: Table P2f, Page 5, box 1, box 2, box 3 & PSS EX1 Activity, Lines H3.1 to H3.5

**Denominator Source:** ONS mid-year population estimates

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

# Provisional

In 2008-09 direct payments have been used as a proxy for Self Directed Support and from 2009-10 clients receiving Individual Budgets will be included in the numerator for this indicator. The definition for this indicator will change from 2009-10 onwards to:

**NI 130:** Proportion of Social care clients receiving Self Directed Support of all clients receiving social services provided or commissioned by the council (2009-10 Definition)

Number of adults, older people and carers receiving self-directed support in the year to 31st March as a percentage of clients receiving community based services and carers receiving carer's specific services aged 18 or over. To be counted, the person (adult, older person or carer) must: be getting a direct payment; or have in place another form of personal budget as a percentage of the number of service users receiving community based services plus the number of carers receiving carer's specific services.

**Numerator Source:**

RAP: Table P2f, Page 2, line 11 (Total of above), column 2 (Direct Payments) & RAP: Table P2f, Page 5, box 1, box 2, box 3 & RAP Table S3

**Denominator Source:**

RAP: Table P2f, page 1, line 11, column 1 & RAP: Table P2f, page 3, line 11, column 1 & RAP: Table C2, page 1, line 5, column 1

**NI 132:** Timeliness of social care assessment (all adults)

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

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

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

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

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

**NI 133:** Timeliness of social care packages following assessment (2008-09 Definition)

The percentage from completed assessment to provision of all services for all new clients (aged 65 and over) is less than or equal to four weeks of all new clients (aged 65 and over) receiving services within the period.

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

**Denominator Source:** RAP, Table A8, Page 1, lines (5 to 8)

This indicator will be expanded to include all age groups from 2009-10

# Provisional

## **NI 133:** Timeliness of social care packages following assessment (2009-10 Definition)

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

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

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

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

The number of carers whose needs were assessed or reviewed by the council in a year who received a specific carer's service, or advice and information in the same year as a percentage of people receiving a community based service in the year.

**Numerator Source:** RAP, Table C2, Page 1, line 5, column 1 + 2

**Denominator Source:** RAP, Table P2f, Pages 1 + 3, line 11, column 1

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

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

**Numerator Source:** RAP: Table P2s Page 1, line 11 (Total of above), column 1 & RAP: Table P2s Pages 3 + 5, line 11 (Total of above), column 1 &

GFS1 Summary sheet table B2.1 aged 18-64 (THIS AUTHORITY: social services) columns 2-5 & GFS1 Summary sheet aged 65 and over. Source: GFS1 Summary sheet table B2.1 (2) (This authority: social services) column 1.

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

## **NI 145:** Adults with learning disabilities in settled accommodation

The percentage of adults with learning disabilities known to Councils with Adult Social Services Responsibilities (CASSRs) in settled accommodation at the time of their assessment or latest review. Adults with learning disabilities known to CASSRs are those

# Provisional

Learning disabled clients aged 18-64 who are assessed or reviewed in the financial year and who have received a service, as well as those who are assessed and/or reviewed but who have not received a service. Settled accommodation is deemed to be accommodation arrangements where the occupier has security of tenure/residence in their usual accommodation in the medium- to long-term, or is part of a household whose head holds such security of tenure/residence.

For 2008-09 information for the numerator was collected for the later 6 months of the year therefore this has been doubled to produce a proxy for the full year of data. It is accepted that doubling the numerator is an approximate way of trying to arrive at a figure for a full year. Councils will generally have collected information on accommodation when the client is reviewed and therefore any seasonal pattern in reviews, for example a concentration in the latter part of the financial year, will impact on the indicator. Due to the fact that practices would differ at the local level a decision was taken to double the numerator for all councils as a consistent approach. In 2009-10 information will be collected for a full year and so no grossing up will be required.

This indicator has been capped at 100 per cent as doubling the value provided by councils may exceed the denominator due to the points raised above. The capped numerator has been used to calculate the England regional and council type indicators to remove inflation of the indicator at these levels.

For example:

Council A provides a numerator of 436 and a denominator of 856, therefore the indicator is calculated using 428 as the numerator to give an indicator value of 100 per cent.

Therefore the figure that is used within the England calculation is also 428, as using 436 figure would inflate the England indicator value as the denominator has been collected for the full year and so has not been adjusted.

**Numerator Source:** ASC-CAR L2: Line 21 (total rows 12-20), column 3 (overall total).

**Denominator Source:** ASC-CAR L2: Line 22 (total known to council), column 3 (overall total).

## **NI 146:** Adults with learning disabilities in employment

The percentage of adults with learning disabilities known to Councils with Adult Social Services Responsibilities (CASSRs) in paid employment at the time of their assessment or latest review. Adults with learning disabilities known to CASSRs are those Learning disabled clients aged 18-64 who are assessed or reviewed in the financial year and who have received a service, as well as those who are assessed and/or reviewed but who have not received a service.

For 2008-09 information for the numerator was collected for the later 6 months of the year therefore this has been doubled to produce a proxy for the full year of data. It is accepted

# Provisional

that doubling the numerator is an approximate way of trying to arrive at a figure for a full year. Councils will generally have collected information on employment status when the client is reviewed and therefore any seasonal pattern in reviews, for example a concentration in the latter part of the financial year, will impact on the indicator. In addition, employment itself has a seasonal pattern which again is not adjusted for. Due to the fact that practices would differ at the local level a decision was taken to double the numerator for all councils as a consistent approach. In 2009-10 information will be collected for a full year and so no grossing up will be required.

This indicator has been capped at 100 per cent as doubling the value provided by councils may exceed the denominator due to the points raised above. This has only been applied for one council. The capped numerator has been used to calculate the England regional and council type indicators to remove inflation of the indicator at these levels.

**Numerator Source:** ASC-CAR L1: Line 6 (total rows 1-5), column 9 (overall total)

**Denominator Source:** ASC-CAR L1: Line 9 (total known), column 9 (overall total)

**NI 149:** The proportion of adults in contact with secondary mental health services in settled accommodation

The percentage of adults aged 18-69 receiving secondary mental health services and on the Care Programme Approach in settled accommodation at the time of their most recent assessment, formal review or other multi-disciplinary care planning meeting.

**Numerator Source:** MHMDS

**Denominator Source:** MHMDS

MHMDS is a record level dataset and includes a variety of demographic details in each patient record. The Local Authority used for the council level indicators was derived from the patient's Electoral Ward of usual address, which is derived from the patient's postcode as part of standard processing of MHMDS submissions.

**NI 150:** The proportion of adults in contact with secondary mental health services in employment

The percentage of adults aged 18-69 receiving secondary mental health services and on the Care Programme Approach in paid employment at the time of their most recent assessment, formal review or other multi-disciplinary care planning meeting.

**Numerator Source:** MHMDS

**Denominator Source:** MHMDS

# Provisional

MHMDS is a record level dataset and includes a variety of demographic details in each patient record. The Local Authority used for the council level indicators was derived from the patient's Electoral Ward of usual address, which is derived from the patient's postcode as part of standard processing of MHMDS submissions.

## Related Publications

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

The following publications are available from the Adult social care information page of The IC website:

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

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

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

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

*“Personal Social Services: Expenditure and Unit Cost, England – Councils with Adult Social Services Responsibilities tables, provisional, 2008-09”* is available at [www.ic.nhs.uk/pubs/pss0809exp](http://www.ic.nhs.uk/pubs/pss0809exp)

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

*“Community Care Statistics 2007-08: Referrals, Assessments and Packages of Care for Adults, England”* is available at <http://www.ic.nhs.uk/statistics-and-data-collections/social-care/adult-social-care-information/community-care-statistics-2007--08:-referrals-assessments-and-packages-of-care-for-adults-england-national-report-and-cassrs>

*“Community Care Statistics 2008: Home help/ home care services, England”* which is available on the Information Centre for health and social care website at [www.ic.nhs.uk/pubs/commcarestats08home](http://www.ic.nhs.uk/pubs/commcarestats08home)

# Provisional

*“Community Care Statistics 2007/08: Grant Funded Services for Adults, England”* is available at

[www.ic.nhs.uk/pubs/carestats08gfs](http://www.ic.nhs.uk/pubs/carestats08gfs)

*“Personal Social Services Staff of Social Services Departments at 30 September 2008, England. [NS]”* is available at

[www.ic.nhs.uk/pubs/pssstaffsept08](http://www.ic.nhs.uk/pubs/pssstaffsept08)

*“Personal Social Services Expenditure and Unit Costs: England 2007/08”* is available at

<http://www.ic.nhs.uk/statistics-and-data-collections/social-care/adult-social-care-information/personal-social-services-expenditure-and-unit-costs:-england-2007-08>

Publications relating to the prevalence of mental health problems, mental health service use, uses of the Mental Health Act can be found in the Mental Health section of the IC web site:

<http://www.ic.nhs.uk/statistics-and-data-collections/mental-health>.

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

*Mental Health Bulletin: Second report on experimental statistics from the Mental Health Minimum Data Set annual returns, 2003-2008* is available at

<http://www.ic.nhs.uk/pubs/mhbmhmnds0308>

*Adult Psychiatric Morbidity in England, 2007: results of a household survey* is available at

[www.ic.nhs.uk/pubs/psychiatricmorbidity07](http://www.ic.nhs.uk/pubs/psychiatricmorbidity07)

*MHMDS quarterly Data Quality Reports* available at

<http://www.ic.nhs.uk/services/mental-health/mental-health-minimum-dataset-mhmnds/mhmnds-data-quality-reports>

## Further Information

This report forms part of a suite of statistical reports. Other reports cover information on the wider scope of activity and social services provided for Adults by CASSR's and people in contact with NHS specialist mental health services. All reports will become available on the Information Centre website.

Comments on this report would be welcomed. Any questions concerning any data in this publication, or requests for further information, should be addressed to:

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This report is available on The IC website at: [www.ic.nhs.uk/pubs/socmhi08-09](http://www.ic.nhs.uk/pubs/socmhi08-09)

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