**NHS Digital**

**Indicator Supporting Documentation**

**IAP00422 The proportion of people who use services and carers who find it easy to find information about support (people who use services)**

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| IAP Code | IAP00422 |
| Title | The proportion of people who use services and carers who find it easy to find information about support (people who use services) – 3D, Part 1 |
| Published by | NHS Digital |
| Reporting period | Annual |
| Geographical Coverage | National |
| Reporting level(s) | England, Local Authorities, Councils with Adult Social Services Responsibilities (CASSRs) |
| Based on data from | Adult Social Care Survey, NHS Digital |
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| Rating | Fit for use with caveats |
| Assurance date | 11/07/2019 |
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| Indicator set | ASCOF |
| Brief Description | This measure reflects social services users’ and carers’ experience of access to information and advice about social care in the past year. Information is a core universal service and a key factor in early intervention and reducing dependency.  This is a two-part measure reflecting whether service users (part 1) and carers (part 2) find it easy to find information about services. The measures are calculated from data collected in the **Adult Social Care Survey (ASCS) for Part 1** (IAP00422) and the **Survey of Adult Carers in England (SACE) for Part 2** (IAP00423). |
| Purpose | The question from the Adult Social Care Survey for part 1 is Question 12: "*In the past year, have you generally found it easy or difficult to find information and advice about support, services or benefits?"*  Improved and/or more information benefits service users by helping them to have greater choice and control over their lives. Improved and/or more information benefits carers by helping them to have greater choice and control over their lives. This may help to sustain caring relationships through, for example, reduction in stress, improved welfare and physical health improvements.  These benefits accrue only where information is accessed that would not otherwise have been accessed or in those cases where the same information is obtained more easily. |
| Definition | The percentage of people answering, “very easy to find” and “fairly easy to find” to the question “*In the past year, have you generally found it easy or difficult to find information and advice about support, services or benefits?”* after weighting has been applied. |
| Data Source | Adult Social Care Survey (ASCS).  <https://digital.nhs.uk/binaries/content/assets/website-assets/data-and-information/data-collections/social-care-user-surveys/ascs_guidance_2018-19.pdf> |
| Numerator | The Department of Health and Social Care (DHSC) defines the construction of the indicator.  For 3D part 1 (users), the numerator is the number of people answering “very easy to find” and “fairly easy to find” to the question *“In the past year, have you generally found it easy or difficult to find information and advice about support, services or benefits?”* after weighting has been applied. |
| Denominator | The denominator is the number of people answering the questions *“In the past year, have you generally found it easy or difficult to find information and advice about support, services or benefits?”* for part 1 after weighting has been applied. |
| Calculation | For both the numerator (X) and denominator (Y), weighted data should be used to calculate the measure.  The data from the survey will be weighted by NHS Digital to take account of the stratified sampling technique that has been used when conducting the survey. The weights are automatically calculated within the survey data return along with the ASCOF outcome measures.  **Weighting Methodology**  *Variables and methodology:*  The introduction of stratified sampling and allowing councils to oversample in strata of interest to them, leads to the need to weight the data to convert the achieved sample back to represent the population from which the sample was drawn.  This is commonly done by dividing the number of people in each of the stratum in the eligible population by the number of returned questionnaires in each stratum. This has the effect of weighting for both the sample design and non-response at the same time.  These weights are provided automatically within the data return based on the number of responses in each stratum and the number in the eligible population in each stratum. |
| Interpretation Guidelines | This is a two-part measure reflecting whether service users (part 1) and carers (part 2) find it easy to find information about services. The measures are calculated from data collected in the Adult Social Care Survey and the Carers Survey and have been split in to 2 separate indicators: IAP00422 and IAP00423.  This sits within Domain 3 of the Adult Social Care Outcomes Framework (ASCOF) *Ensuring people have a positive experience of care and support* which contains the following questions:   * (3A) Overall satisfaction of people who use services with their care and support (IAP00419) * (3B) Overall satisfaction of carers with social services (IAP00420) * (3C) The proportion of carers who report that they have been included or consulted in discussions about the person they care for (IAP00421) * (3D, part 1) The proportion of people who use services and carers who find it easy to find information about support (people who use services) (IAP00422) * (3D part 2) The proportion of people who use services and carers who find it easy to find information about support (carers) (IAP00423) |
| Caveats | * ASCOF was developed as a whole suite of indicators however further rationale is needed to justify each individual indicator in the Framework * A ‘good’ result is detailed as being a high percentage result however there needs to be an ideal range or a specific result specified on which to fully assess the data * The weighting methodology is explained however an actual example of the methodology in practice is required to allow accurate recreation of the published figures. |

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| **Section 1: Introduction and Overview** |  |  |  |
| **1.1 Indicator title** | The proportion of people who use services and carers who find it easy to find information about support (people who use services) – 3D, Part 1 | **1.8 Application type** | *New* |
| **1.2 Reference number** *(if unsure, please leave for IMAS team)* | IAP00422 | **1.9 Requesting organisation** | Department of Health and Social Care |
| **1.3 Topic area** | Adult Social Care | **1.10 Applicant details** | Name: Robyn Wilson  Title: Analytical Section Head  Phone: 01132542470  Email: [robyn.wilson@nhs.net](mailto:robyn.wilson@nhs.net) |
| **1.4 Domain (if applicable)** | Domain 3: Ensuring people have a positive experience of care and support. | **1.11 Alternate contact details** | Name:  Email: |
| **1.5 Set** | Adult Social Care Outcomes Framework (ASCOF) | **1.12 SRO/ sponsor / policy owner details** | Name: Jane Campbell  Title: Adult Social Care Informatics Policy Lead  Phone:  Email: [ASCOF@dhsc.gov.uk](mailto:ASCOF@dhsc.gov.uk) |
| **1.6 Please explain if ‘Set’ is ‘Other’ or ‘N/A’** |  |  |  |
| **1.7 Brief Summary of indicator (max 100 words)** | This measure reflects social services users’ and carers’ experience of access to information and advice about social care in the past year. Information is a core universal service and a key factor in early intervention and reducing dependency.  This is a two-part measure reflecting whether service users (part 1) and carers (part 2) find it easy to find information about services. The measures are calculated from data collected in the **Adult Social Care Survey (ASCS) for Part 1** (IAP00422)and the **Survey of Adult Carers in England (SACE) for Part 2** (IAP00423). |  |  |

This application form should cover one indicator. Each indicator in a set will require its own application. Wherever you’re unsure about answering any section please contact [indicator.assurance@nhs.net](mailto:indicator.assurance@nhs.net)

Sections 2 and 3 cover policy and presentation which will be reviewed and approved by the Indicator Governance Board (IGB).

Sections 4 and 5 cover the data, construction and testing of the indicator and will be reviewed and approved by the Methodology Review Group (MRG). MRG will also advise IGB of their thoughts on policy and presentation as appropriate.

The final section is an overall view of the application by the Indicator and Methodology Assurance Service (IMAS) and will be completed by IMAS in conjunction with the applicant to advise both MRG and IGB.

Applications should be updated to take on board comments from IGB and MRG'; once approved, the finalised application and the Appraisal Log will form the basis of for its entry into the National Library of Quality Assured Indicators

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| **Section 2: Rationale and Policy Basis (IGB to assess, MRG to advise)** |  |
| **2.1 Why is this indicator needed and why is it important that it be measured?** | This measure reflects social services users’ and carers’ experience of access to information and advice about social care in the past year. Information is a core universal service and a key factor in early intervention and reducing dependency.  This is a two-part measure reflecting whether service users (3D, part 1) and carers (3D, part 2) find it easy to find information about services. The measures are calculated from data collected in the **Adult Social Care Survey (ASCS)** and the **Survey of Adult Carers in England (SACE)** and produced as IAP00422 and IAP00423.  The question from the Adult Social Care Survey for part 1 is Question 12; "In the past year, have you generally found it easy or difficult to find information and advice about support, services or benefits?" (this application).  The question from the Survey of Adult Carers in England for part 2 is Question 16; "In the past 12 months, have you found it easy or difficult to find information about support, services or benefits?" and can be found as IAP00423  This measure reflects experience of access to information and advice about social care. Information is a core universal service, and a key factor in early intervention and reducing dependency. Improved and/or more information benefits service users by helping them to have greater choice and control over their lives. Improved and/or more information benefits carers by helping them to have greater choice and control over their lives. This may help to sustain caring relationships through, for example, reduction in stress, improved welfare and physical health improvements.  Improved and/or more information benefits carers and the people they support by helping them to have greater choice and control over their lives. This may help to sustain caring relationships through, for example, reduction in stress, improved welfare and physical health improvements. These benefits accrue only where information is accessed that would not otherwise have been accessed, or in those cases where the same information is obtained more easily. |
| **2.2 Is there any clinical evidence or professional opinion that can be cited in the development of this indicator?**  *.* | The framework has been developed by the Department of Health and Social Care (DHSC), the Association of Directors of Adult Social Services (ADASS), and the Local Government Association (LGA).  On 31 March 2011, Transparency in outcomes: a framework for adult social care announced the first Adult Social Care Outcomes Framework (ASCOF), covering the year 2011/12.  This followed consultation on both the general approach and a draft Outcomes Framework between November 2010 and February 2011, where respondents commented on the framework as a whole as well as the proposed criteria for including specific measures. Based on responses to the consultation, a final framework was agreed ADASS, the Local Government Group (LGG) and the Department of Health (DH).  Previously the framework was overseen by the Outcomes and Information Development Board (OIDB) made up of representatives from across the social care sector including HSCIC, Local Government Association (LGA) and Care Quality Commission (CQC) and co-chaired by the Department of Health and Social Care and ADASS.  Due to the increasing remit of the board, it was decided to split the board to allow for a more tailored approach to the issues. In September 2014, two new boards were established; the Adult Social Care Data and Outcomes Board (ASC-DOB) and the Adult Social Care Technology and Informatics Group (ASC-TIG). Going forward ASC-DOB will be responsible for overseeing national data collections and for the annual Framework publication and Handbook of Definitions. |
| **2.3 Is there any clinical evidence or professional opinion to support the ongoing need for this indicator?** | The framework has been developed by the Department of Health (DH), the Association of Directors of Adult Social Services (ADASS), and the Local Government Association (LGA).  Previously the framework was overseen by the Outcomes and Information Development Board (OIDB) made up of representatives from across the social care sector including HSCIC, Local Government Association (LGA) and Care Quality Commission (CQC) and co-chaired by the Department of Health and Association for the Directors of Adult Social Services (ADASS). Due to the increasing remit of the board, it was decided to split the board to allow for a more tailored approach to the issues. In September 2014, two new boards were established; the Adult Social Care Data and Outcomes Board (ASC-DOB) and the Adult Social Care Technology and Informatics Group (ASC-TIG). Going forward ASC-DOB will be responsible for overseeing national data collections and for the annual Framework publication and Handbook of Definitions.  The development project was carried out by Personal Social Services Research Unit (PSSRU), which fed into the survey design. There are various studies using ASCOF data by the PSSRU such as <https://www.pssru.ac.uk/pub/dp2542.pdf>, <https://www.pssru.ac.uk/pub/4633.pdf> which demonstrate the importance of ASCOF, however they don’t specifically reference the development of ASCOF. Information on this may exist in a historic PSSRU paper, however this has not been located. |
| **2.4 Which governmental strategies or policies is supported by the use of this indicator?** | The Care and Support White Paper, published in July 2012, set out the Government’s vision for a reformed care and support system, building on the 2010 Vision for Adult Social Care, and Transparency in Outcomes: a framework for quality in adult social care  The Care Bill became the Care Act in May 2014, signalling the most significant change in care and support policies in over sixty years. The impact of the Care Act will be far reaching with fundamental changes to the way that care is delivered and paid for taking place over the next few years. These changes will mean that users of the services and their cares are in control of their own care and support. The ASCOF for 2018/19 will support councils to rise to this challenge of delivering key priorities by providing a clear focus for local priority setting and improvement and by strengthening the accountability of councils to local people. |
| **2.5 Who would use this indicator and why?** | Department of Health and Social Care (DHSC) define the construction of the indicator and NHS Digital conform to this methodology. Local authorities also use their data for their own benchmarking purposes.  The Adult Social Care Outcomes Framework (ASCOF) is used both locally and nationally to set priorities for care and support, measure progress and strengthen transparency and accountability.  The key roles of the ASCOF are:   * Locally, the ASCOF provides councils with robust information that enables them to monitor the success of local interventions in improving outcomes, and to identify their priorities for making improvements. Local Authorities can also use ASCOF to inform outcome-based commissioning models. * Locally, it is also a useful resource for Health and Wellbeing boards who can use the information to inform their strategic planning and leadership role for local commissioning. * Locally, the ASCOF also strengthens accountability to local people. By fostering greater transparency on the outcomes delivered by care and support services, it enables local people to hold their council to account for the quality of the services that they provide, commission or arrange. Local authorities are also using the ASCOF to develop and publish local accounts to communicate directly with local communities on the outcomes that are being achieved, and their priorities for developing local services. * Regionally, the data supports sector led improvement; bringing councils together to understand and benchmark their performance. This, in turn, stimulates discussions between councils on priorities for improvement, and promotes the sharing of learning and best practice. * At the national level, the ASCOF demonstrates the performance of the adult social care system as a whole, and its success in delivering high-quality, personalised care and support. Meanwhile, the framework supports Ministers in discharging their accountability to the public and Parliament for the adult social care system, and continues to inform, and support, national policy development.   The Government does not seek to performance manage councils in relation to any of the measures set out in this framework. Instead, the ASCOF will inform and support improvement led by the sector itself, underpinned by strengthened transparency and local accountability. |
| **2.6 Is there a relationship to other existing indicators?** | This is a two-part measure reflecting whether service users (part 1) and carers (part 2) find it easy to find information about services. The measures are calculated from data collected in the Adult Social Care Survey and the Carers Survey, and have been split in to 2 separate indicators, IAP00422 and IAP00423.  This is part of the ASCOF Indicators and sits within Domain 3. Ensuring people have a positive experience of care and support., which contains the following questions:   * (3A) Overall satisfaction of people who use services with their care and support (IAP00419) * (3B) Overall satisfaction of carers with social services (IAP00420) * (3C) The proportion of carers who report that they have been included or consulted in discussions about the person they care for (IAP00421) * (3D, part 1) The proportion of people who use services and carers who find it easy to find information about support (people who use services) (IAP00422) * (3D part 2) The proportion of people who use services and carers who find it easy to find information about support (carers) (IAP00423) |
| **2.7 Comparability to other existing indicators** | The comparability of measure 3D(1) and 3D(2) over time is addressed via the ASCOF publication. In common with all ASCS-based measures (1A, 1B, 1I(1), 1J, 3A, 3D(1), 4A and 4B), changes to these measures have created a break in the time-series, as described in early sections due to the change in eligible population from which survey samples are selected with the introduction of Short and Long Term Support (SALT) return.  Previously, the eligible population of adult social care users for the ASCS had been those in receipt of Council with Adult Social Service Responsibility (CASSR) funded services following a full assessment of need (i.e. a snapshot of those eligible for inclusion in Referrals, Assessments and Packages of Care (RAP) return table P1). However, with the introduction of SALT, the eligible population has changed to a snapshot of the most closely comparable SALT table, LTS001b, as at the chosen extract date. To be included in table LTS001b, a service user must, at the point that data are extracted from CASSR systems, be in receipt of long-term support services funded or managed by the CASSR following a full assessment of need.  Further information can be found on in the publications in Appendix C and a specific sheet detailing comparability over time in the timeseries publications that accompany the ASCOF release, the most recent was published in October 2017 and can be found at <https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/current> |
| **Section 3: Presentation and interpretation (IGB to assess, MRG to advise)** |  |
| **3.1 How will the indicator be presented?**  *.* | This indicator is disseminated by NHS Digital as part of ASCOF annual publications. There is an annual disaggregated spreadsheet released, as well as a time-series of aggregated outcomes.  The data is also available in a PowerBI report which is available in the Social Care Analytical Hub([http://bit.ly/SocialCare\_HUB).](http://bit.ly/SocialCare_HUB)) This enables councils to view interactive tables and charts of their data compared to their peers and councils in their region.  The data is also available in the NHS Digita[l Clinical Indicators](https://indicators.hscic.gov.uk/webview/) collection. |
| **3.2 What contextual information will be provided alongside the indicator?**  *.* | There is a need to understand more about how services and support are affecting the outcomes in people’s lives. Personalisation means putting the user at the heart of care planning and provision and it is critical to have high quality information to aid our understanding of the impact and outcomes achieved, to enable choice and inform services development and improvement. A robust survey programme, collecting the views of the people who use services and support, is the best and most appropriate vehicle to achieve this.  The Care Act 2014 consolidates past legislation and regulation, and continues to strive for greater transparency, accountability and personalisation in health and social care. Key to supporting the implementation of the Act is the need for outcome-focused intelligence.  The ASCS is the most significant pool of personal outcome information for those receiving LA-funded or managed adult social care. It is an important resource for reporting what has been achieved for local people, supporting development and improvement of local services and enabling people to make better choices about their care.  It is important to understand at national level how well services are meeting user and carer needs. However, data from the survey is not intended to be used solely to monitor performance through national outcome measures but also to be used locally to inform delivery of service and support and to monitor and develop standards. It is recognised that surveys are an important means for obtaining this information. It is understood that some councils may undertake regular feedback via their agreements with service providers but this survey will give a greater insight into outcomes for users and provide a consistent basis for comparing results across different areas.  Both surveys provide assured, benchmarked local data on outcomes to support local services to think about ways of improving outcomes in a very challenging financial climate. It is constructed so that an individual outcome can be disaggregated into constituent groups. So, as well as providing an overall quality of life index, it provides intelligence on whether specific groups experience better outcomes, whether services and support are meeting all outcome needs, and, in time, the value-added by social care services.  Numerators and denominators are presented in the annex files alongside the publication. Data is available at council, council type, regional and England level.  Furthermore, the 2017-18 Adult Social Care Survey publication can be found at  [https://digital.nhs.uk/data-and-information/publications/statistical/personal-social-services-adult-social-care-survey/2017-18 and the 2016-17](https://digital.nhs.uk/data-and-information/publications/statistical/personal-social-services-adult-social-care-survey/2017-18  and the 2016-17) Survey of Adult Carers in England can be found at  <https://digital.nhs.uk/data-and-information/publications/statistical/personal-social-services-survey-of-adult-carers/personal-social-services-survey-of-adult-carers-in-england-2016-17>  Outputs published include a narrative-based report which provides analysis of the key themes and trends in the data as well as a series of annex files which provide:  a) details of the methodology and  b) datasets in various formats (by question, local authority and key demographics)  to support further analysis by end-users. |
| **3.3 What is considered “good” performance? What is considered “bad” performance?** | The higher the indicator value the better the performance. However, as with all indicators, particularly high values should be investigated, either for good practice which can be shared across organisations, or to find out if there are untoward reasons for the high scores.  In 2017-18, the proportion of respondents (adult social care users who were randomly sampled to receive a questionnaire) who answered they find it “very easy” or “fairly easy” to find information about services ranged from 63.0% (Derby) to 85.0% (Liverpool).  In 2017-18, the proportion of carers who answered they find it “very easy” or “fairly easy” to find information about services ranged from 47.5% (Hackney) to 85.4% (St Helens). |
| **3.4 Is there a target to be achieved?** | The Government does not seek to performance manage councils in relation to any of the measures set out in this framework. Instead, the ASCOF will inform and support improvement led by the sector itself, underpinned by strengthened transparency and local accountability.  Regionally however, the data supports sector led improvement; bringing councils together to understand and benchmark their performance. This, in turn, stimulates discussions between councils on priorities for improvement, and promotes the sharing of learning and best practice.  Using the PowerBI report, councils can for example benchmark their performance against Chartered Institute of Public Finance and Accountancy (CIPFA) derived nearest neighbour peer groups as well as against their regional peers or known, similar organizations. CIPFA derived nearest neighbour peer groups are groupings of comparable local authorities chosen using a model which finds similarities between authorities based on a range of social and economic indicators such as employment. More information about the Nearest Neighbour Model is on the CIPFA website (<http://www.cipfastats.net/resources/nearestneighbours/>). The standard 2018 model (i.e. using default settings) is currently being used.  Also, as outlined above, local authorities are also using the ASCOF to develop and publish local accounts to communicate directly with local communities on the outcomes that are being achieved, and their priorities for developing local services.  Furthermore, within the 2014/15 ASCOF publication, we were able to include evidence of where local authorities had been able to identify areas to improve processes: “We use ASCOF scores to produce summary sheets with quartiles, rankings and colour coding to show how our local authority is performing compared to other local authorities within the region and nationally. We identify area where performance looks low and add text boxes to document explanations. From the comments received we have identified some themes and we are now using these to produce an action plan to address the issues. We also highlight areas where we are performing well. We have used the benchmarking data to improve our 2C part 2 measure outcome by reviewing processes and implementing regular monitoring.” |
| **3.5 How will any interested parties use the information provided by the indicator?** | See 2.5. |
| **3.6 Consider how the results can be used for benchmarking. If so, what methodology will be used?** | As 3.3 |

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| **Section 4: Data (MRG to assess)** |  |
| **4.1 What is the source of the data and why should it be used?** | This indicator (3D, Part 1) uses the Adult Social Care Survey (ASCS).  The Adult Social Care User Survey was created in 2010-11, one year before becoming the basis for a number of the indicators in the ASCOF.  The ASCS is an annual survey of users who are in receipt of council funded services. Service users are sent a self-completion questionnaire, although those in residential care who are deemed to not have the capacity to consent to take part in the survey are removed from the sample before the questionnaires are sent out. Also, some service users have help completing the questionnaire.  There are three variants of the questionnaire which can be sent to a service user depending on their particular situation. However, these variants are designed to cover the same questions and the answers are combined to produce the results. The variants are:  • Users receiving services in the community.  • Users in residential care.  • Users with a learning disability.  <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/social-care-user-surveys/social-care-users-survey-2018-19>  IAP00423 (3D, Part 2) uses Survey of Adult Carers in England (SACE). Part 1 and 2 are not combined to a single figure.  All LAs with an eligible population of 150 or more service users are required to participate in the survey. LAs with an eligible population totalling less than 150 are not required to participate in the survey, as the resulting data may not meet the minimum requirements that are set out in terms of statistical accuracy.  The survey was put in place to generate the data needed for the outcome’s framework. There are no other data sources to consider as this is the only source available. |
| **4.2 Was any other data source considered?** | No, the ASCS and SACE are the only available data collections that we can use for this. |
| **4.3 What is the coverage period of the data?** | The ASCS survey is carried out annually. The SACE survey is carried out biennially. |
| **4.4 Which geographic area(s) will be covered and reported on by this indicator?** | Data is available at council with adult social service responsibility (CASSR), regional and England levels. |
| **4.5 How will the data be extracted or collected?** | The ASCS is a survey of users who are in receipt of council funded services. Service users are sent a self-completion questionnaire, although some service users have help completing the questionnaire, which is returned by post using a pre-paid envelope.  There are two main variants of the questionnaire which can be sent to a service user depending on their particular situation. However, these variants are designed to cover the same questions and the answers are combined to produce the results.  The variants are:   * Users receiving services in the community / users in residential care (with slight differences to reflect different settings) * Users with a learning disability (easy-read version)   Service users who are sent the easy-read version of the questionnaire (designed for, but not exclusively sent to, service users with a learning disability) will be treated in the same way, as this version of the questionnaire has been designed to be equivalent to the non-learning disabilities version. The easy-read version uses images from the Valuing People Clipart Collection ([www.inspiredservices.org.uk](http://www.inspiredservices.org.uk)) to make the questionnaire accessible to those with learning difficulties.  This survey covers those individuals who were in receipt of a council-funded long-term social care support service, as defined in the Equalities and Classifications Framework for adult social care (EQ-CL) on an extract date chosen by the council (i.e. the date on which these data are extracted from council information systems). This is the same population of service users as would be reported in table LTS001b of the Short and Long Term services (SALT) return if this table was populated in relation to the chosen extract date rather than 31 March. These service users make up what is known as the ‘Eligible Population’ for the survey. In-depth information on the sample can be found in section 5 of the Information and guidance for the Adult Social Care Survey for 2018-19:  <https://digital.nhs.uk/binaries/content/assets/website-assets/data-and-information/data-collections/social-care-user-surveys/ascs_guidance_2018-19.pdf> |
| **4.6 Data fields required** | Numerator - ASCS Question 12; "In the past year, have you generally found it easy or difficult to find information and advice about support, services or benefits?"  X Very easy to find  X Fairly easy to find  X Fairly difficult to find  X Very difficult to find  Geographic CASSR Code  Denominator - Number of people who responded to the survey |
| **4.7 Are any data filters required?** | None |
| **4.8 Are there any linkages to other datasets?** | N/A |
| **4.9 Are there any limitations or potential bias?** | Ease of finding information is affected by variables that are not within the control of the service provider. e.g. literacy and English as a first language vary by Region and Council.  The higher the level of non-response to a survey the greater the number of questionnaires that need to be sent out in order to achieve an acceptable sample size. Unfortunately, the higher the level of non-response, the higher the risk of serious non-response bias. Non-response bias comes about because the people who do not take part in a survey are different from those that do. If for example the people who respond to user satisfaction surveys are more likely to be dissatisfied than those that do not, any user satisfaction survey is likely to overestimate the true level of dissatisfaction among all users. The higher the level of non-response the greater this overestimation will be. In other words, any advantage gained by boosting the sample size in order to reduce the margins of error around results will be compromised if the issue of non-response is ignored.  To ensure results are meaningful and that comparisons can be made with a degree of certainty, it is a requirement that the margin of error around the estimates produced by the survey is no more than +/- 5%. Early in the process, councils need to work out how large a sample they will need to survey in order to achieve this margin of error. If the response rate achieved falls below that outlined as required by the sample size calculator available on the NHS Digital website at <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/social-care-user-surveys/social-care-user-survey-2018-19>, the margins of error (produced as part of the annex outputs that are made available alongside the final report) could be too wide for the results to be useful.  Random variation – Not all service users are sent a questionnaire so the measures are only an estimate of the true value, which would be obtained only if the entire population was surveyed. Councils are required to select a sample size such that any estimates from the survey have a 95 per cent confidence interval of less than +/- 5 per cent. This also means that ASCOF measure 1A, which is calculated from scores based on eight questions, has a confidence interval of less than +/- 2 per cent.  Survey design – Respondents are allowed to have help to complete the questionnaire. 81 per cent of respondents did so, and the type of help provided and who provided it was also captured. Although not ideal, allowing this as part of the survey design is essential in order to make the survey representative of as many service users as possible.  The development project carried out by Personal Social Services Research Unit (PSSRU), which fed into the survey design, found that care home workers were instrumental in ensuring care home residents were able to respond. This help ranged from simply chasing up a response to helping residents to interpret the questions by making them more meaningful to their life. To mitigate against care home workers trying to persuade residents to answer more positively than they would do otherwise, both the covering sheet of the questionnaire and the letter which was sent to care home managers said the results would not be used for inspection purposes, however it is acceptable to breach the confidentiality clause, as detailed in sections 4.76 and 4.77 of guidance documentation at <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/social-care-user-surveys/social-care-user-survey-2018-19>  Anecdotal evidence also suggests it is very difficult to instruct a service user not to ask their care worker for help (both in residential and community settings) when they are used to turning to them for help with everyday tasks such as dealing with the post. Service users were also able to turn to friends and family members for assistance although the covering letter and instructions informed service users that it was their views which should be recorded and not those of the helper.  The service users who did complete the survey unaided are a small subset of state funded social care users and, therefore, restricting the survey to this small group would provide quite a biased impression of the view of social care users. It would also leave a much smaller number of respondents which would increase the potential of random bias.  Collection mode bias – 99.9 per cent of the returned questionnaires were completed by post (councils were able to use a face to face or telephone interview if requested by the service user) and therefore there is minimal bias caused by the different methods of data collection. |
| **4.10 Further notes on data** | The response rate to question 12 for the 2017/18 ASCS was 94.5% for England, and response rates for CASSRs ranged from 77.3% (Nottingham) to 100% (Middlesbrough). |

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| **Section 5: Construction and Testing (MRG to assess)** |  |
| **5.1 How will the indicator measure be calculated / constructed?**  *Please provide explanation of coding where applicable and rationale behind demographic breakdowns* | The indicator is calculated as the percentage. For both the numerator (X) and denominator (Y), weighted data should be used to calculate the measure.  The data from the survey will be weighted by the NHS Digital to take account of the Stratified sampling technique that has been used when conducting the survey. The weights are automatically calculated within the survey data return along with the ASCOF outcome measures.  Weights are used to ensure the survey results are representative of the eligible population. The following standard formula for variance of estimates in a stratified design has been used.  Taking H to be the total number of strata within the survey; the sampling weight for each stratum *h*, where *h=1,…,H,* is denoted by:  where is the number of eligible population elements in each stratum and  is the overall eligible population for the survey. |
| **5.2 Numerator explanation** | For 3D part 1 (users), the numerator is the number of people answering “very easy to find” and “fairly easy to find” to the question “In the past year, have you generally found it easy or difficult to find information and advice about support, services or benefits?” in ASCS after weighting has been applied (see section 5.6 for weighting methodology). |
| **5.3 Denominator explanation**  *.* | The denominator is the number of people answering the question “In the past 12 months, have you found it easy or difficult to find information about support, services or benefits?” in ASCS after weighting has been applied (see section 5.6 for weighting methodology). |
| **5.4 Provide a worked example** | Worked example:  The number of number of people answering, “very easy to find” and “fairly easy to find” to the question “In the past year, have you generally found it easy or difficult to find information and advice about support, services or benefits?” was 197.  The total number of users who responded to the question was 345.  Data weighted to reflect the stratified sampling technique that has been used when conducting the survey.  The measure value is [(197/345)\*100] which is equal to 57.1%. |
| **5.5 Could any risks be associated with the use of this indicator?** | As 5.8 |
| **5.6 Risk adjustment or standardisation type and methodology** | **Weighting Methodology**  *Variables and methodology:*  The introduction of stratified sampling and allowing councils to oversample in strata of interest to them, leads to the need to weight the data to convert the achieved sample back to represent the population from which the sample was drawn.  This is commonly done by dividing the number of people in each of the stratum in the eligible population by the number of returned questionnaires in each stratum. This has the effect of weighting for both the sample design and non-response at the same time.  These weights are provided automatically within the data return based on the number of responses in each stratum and the number of people in the eligible population in each stratum and vary from question to question. The below table is an example – these are not actual figures.  LD = Learning Disability  Example:  For LD all ages with an eligible population of 1000 and 100 returned questionnaires, weight is 10  For Non LD aged 18-64 with an eligible population of 2000 and 100 returned questionnaires, weight is 20.  Non-LD aged 65+ in residential and nursing care with an eligible population of 3000 and 200 returned questionnaires, weight is 15.  Non LD aged 65+ receiving community based services with an eligible population of 6000 and 500 returned questionnaires, weight is 12.  While the survey question asks directly about services, it is potentially subject to influence of exogenous factors, for example the characteristics of users. Further analysis will be required to explore this and establish whether risk adjustment should be applied.  The weighting methodology changes were developed and agreed by the Social Services User Survey Group, which includes representatives from the HSCIC, the Department of Health, the Personal Social Services Research Unit, the Care Quality Commission, and local authorities in England. See Appendix C of <https://files.digital.nhs.uk/publicationimport/pub18xxx/pub18642/pss-ascs-eng-1415-rpt.pdf> |
| **5.7 What are the confidence intervals and control limits and why have they been used?** | Confidence Intervals provide an indication on the reliability of a figure by calculating a range in which the value could sit. For example – if a figure is quoted as 46% but has CI of 42% - 48%, then we estimate that the true value lies within this range. This is done to take into account we are projecting sample figures onto a population.  Confidence Intervals  *Methodology[[1]](#footnote-1):*  The confidence coefficient is determined by the value of the ALPHA= option, which by default equals 0.05 and produces 95% confidence limits. The confidence limits are computed as:  Formula to show how to compute confidence limits  Where:  symbol of estimate of the meanis the estimate of the mean,  symbol for standard error of the meanis the standard error of the mean  is the symbol for percentile used in calculation of the t distributionth percentile of the ***t*** distribution with ***df*** calculated as:  Formula to calculate df  Weights are used to ensure the survey results are representative of the eligible population. The following standard formula for variance of estimates in a stratified design has been used.  Taking H to be the total number of strata within the survey; the sampling weight for each stratum *h*, where *h=1,…,H,* is denoted by:  where is the number of eligible population elements in each stratum and  is the overall eligible population for the survey.  The variance is:  This provides the information needed to calculate the 95 per cent confidence interval, calculated by:  𝑒𝑠𝑡𝑖𝑚𝑎𝑡𝑒 ±1.96√𝑉(𝑝)  where:  *p* is the sample proportion (statistic of interest) for the aggregated result  *ph* is the sample proportion in stratum h  *nh* is the achieved sample size (number of useable responses) in council h  *Nh* is the size of the eligible population in stratum h  *H* is the number of strata.  In the normal distribution, 95 per cent of the area under a normal curve lies within roughly 1.96 standard deviations of the mean. NHS Digital uses PROC SURVEYMEANS, within the SAS software package, to calculate margins of error. Rather than using 1.96, this uses a calculation[[2]](#footnote-2) which gives slightly greater accuracy and makes fewer assumptions about the sample size. |
| **5.8 Could the indicator be manipulated to influence the outcome?** | One of the key risks of undesired behaviours with any survey is inconsistencies introduced by the survey process. For example, where service users are helped to complete the questionnaire by a representative of the service provider or where the method of carrying out the survey excludes certain service users for example by being web- or telephone-based.  Guidance documentation is provided to local authorities to support them in carrying out the survey in a robust way. This seeks to mitigate the risks of these undesired behaviours occurring by for example providing a summary of the strengths and weaknesses of postal questionnaires compared to face-to-face and telephone interviews. This is designed to help councils in reaching informed decisions about how they administer the survey locally.  There are instances where it is reasonable for service users to call upon their service providers to help them in completing the questionnaire. Anecdotal evidence suggests that it is very difficult to instruct a service user not to ask their care worker for help when they are used to turning to them for help with everyday tasks such as dealing with the post. The questionnaire does ask if a user has had assistance completing the questionnaire, the responses to this are factored into both the analyses and data quality assessment.  To mitigate these risks however, the guidance also provides a range of ways though which councils can ensure service users are able to complete the questionnaire as independently as possible through for example family members, informal carers or advocates. The guidance also explicitly states that “Anyone directly involved in the provision of services to the participant should not help them to complete the questionnaire. This is because respondents may not feel able to give their true opinion and this would bias the results.”  Where it is not possible to find appropriate support to enable service users to complete a postal questionnaire, the survey may be administered as an interview, either by telephone or face-to-face. Interviews should be used by exception: the number of interviews completed should be small in relation to the size of the sample (generally this would be expected to be less than five per cent).  Ultimately, councils are able to use ASCS guidance documentation to ensure data are collected robustly and consistently, and to support transparent and fair comparisons between service providers. |

**Final Assurance Rating from the Indicator Governance Board - 11/07/2019**

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| --- | --- |
| **Reason for assessment** | Initial assurance |
| **Iteration** | 1st IGB meeting |

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| --- | --- |
| **Ratings Against Assessment Criteria** |  |
| Clarity | **Fit for use with caveats** |
| Rationale | **Fit for use with caveats** |
| Data | **Fit for use** |
| Construction | **Fit for use with caveats** |
| Presentation and Interpretation | **Fit for use with caveats** |
| Risks and Usefulness | **Fit for use** |
| **Overall Rating** | **Fit for use with caveats** |
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| **Outcome** | **This indicator has been approved for inclusion in the National Library of Quality Assured Indicators** |

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| **Key findings from Assurance** |
| **Caveats**   * The Adult Social Care Outcomes Framework was developed as a whole suite of indicators, however further rationale is needed to justify each individual indicator in the Framework * A ‘good’ result is detailed as being a high percentage result, however, there needs to be an ideal range or a specific result specified on which to fully assess the data. * The weighting methodology is explained, however an actual example of the methodology in practice is required to allow accurate recreation of the published figures. |

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| **Approval date** | 11/07/2019 |
| **Review date** | 11/07/2024 |

**Details of Methodology Appraisal – 02/05/2019**

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| **Methodology appraisal body** | IMAS Methodology Review Group (MRG) |
| **Reason for assessment** | Initial assurance |
| **Iteration** | Update from MRG Chair |

***Suggested Assurance Rating by Methodology Appraisal Body***

|  |  |
| --- | --- |
| **Ratings Against Assessment Criteria** |  |
| Introduction and Overview | Fit for use |
| Rationale and Policy Basis | Fit for use with caveats |
| Presentation and Interpretation | Fit for use with caveats |
| Data | Fit for use |
| Construction and Testing | Fit for use with caveats |
| IMAS provided Information | Fit for use |
| **Overall Appraisal Rating** | **Fit for use with caveats** |

**Summary Recommendation to Applicant:**

MRG thanked the applicant for their work on the application. After review of the responses to the queries raised by MRG, it has been determined that the application can progress to IGB, recommending that it is approved with caveats. It is expected that you will work with the sponsor and relevant bodies to resolve the caveats when the application returns for review.

**Summary Recommendation to IGB:**

MRG recommends that IGB approve this indicator with the following caveats:

* The Adult Social Care Outcomes Framework was developed as a whole suite of indicators, however further rationale is needed to justify each individual indicator in the Framework
* A ‘good’ result is detailed as being a high percentage result, however, there needs to be an ideal range or a specific result specified on which to fully assess the data.
* The weighting methodology is explained, however an actual example of the methodology in practice is required to allow accurate recreation of the published figures.

**Please see the appraisal log below for detailed description of recommendations, issues and actions that explain the above rating(s).**

**Details of Methodology Appraisal – 21/02/2019**

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| --- | --- |
| **Methodology appraisal body** | IMAS Methodology Review Group (MRG) |
| **Reason for assessment** | Initial assurance |
| **Iteration** | 1st MRG meeting |

***Suggested Assurance Rating by Methodology Appraisal Body***

|  |  |
| --- | --- |
| **Ratings Against Assessment Criteria** |  |
| Introduction and Overview | Not enough information provided |
| Rationale and Policy Basis | Not enough information provided |
| Presentation and Interpretation | Not enough information provided |
| Data | Not enough information provided |
| Construction and Testing | Not enough information provided |
| IMAS provided Information | Not enough information provided |
| **Overall Appraisal Rating** | **Not enough information provided** |

**Summary Recommendation to Applicant:**

MRG thanked the applicant for their work on the application so far. It was felt that there was not enough information on why this particular indicator was part of the Framework and there needs to be information about this throughout the application. Once the amendments have been made to the policy and rationale, the indicator could be split in to two applications, but care is needed to ensure all details are correct.

**Summary Recommendation to IGB:**

N/A

**Please see the appraisal log below for detailed description of recommendations, issues and actions that explain the above rating(s).**

**What do the Assurance Ratings mean?**

|  |  |
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| **Rating** | **Description** |
| **Fit for use** | This indicator can be used with confidence that it is constructed in a sound manner that is fit for purpose. |
| **Fit for use with caveats** | The indicator is fit for use, however users should be aware of caveats and/or recommendations for improvement that have been identified during the assurance process. |
| **Use with caution – data quality issue** | The indicator is based on a sound methodology for which the assurance process endorse the use, however issues have been identified with the national data source which have implications for its use as an indicator. |
| **Not fit for use** | Issues have been identified with the indicator which have resulted in the assurance process currently not endorsing its use as a quality indicator. |
| **Not enough information provided** | There has not been enough information supplied to the assurance process to be able to accurately give the indicator a level of assurance. |

**Appraisal Log**

**1. Introduction and Overview**

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| ***Section*** | ***Issue or recommendation*** | ***Raised***  ***by / Date*** | ***Response or Action taken by applicant*** | ***Response by / Date*** | ***Resolved*** | ***Sign off by / Date*** |
| 1.1 | Not sure what kind of support. ‘advice about social care’ might be better. Perhaps change 'service users' to 'social services users' as from the indicator title it is not clear that this indicator relates to social services | MRG 21/02/2019 | We are unable to change the title as these indicators are owned by DHSC. We know they are looking to refresh and we will feed this back to them. | Robyn Wilson |  | Gemma Ramsay  (MRG Vice Chair)  02/05/19 |
| 1.1 | Upon starting to read this title of this indicator, the reader will immediately think it is something to do with the proportion of people who use services.  Perhaps this will become a bit less confusing when the two indicators are separated. | MRG 24/04/2019 | Split should rectify this issue in part, however we are unable to change the title as these indicators are owned by DHSC. We know they are looking to refresh and we will feed this back to them. | Robyn Wilson |  | Gemma Ramsay  (MRG Vice Chair)  02/05/19 |
| 1.7 | Is ‘information and advice about social care’ defined? | MRG 21/02/2019 | This is not our definition of information and advice, but is rather from the user perspective, which is why this is not in the application.  *What is information and advice – this should be defined in the application? Could use information from the questionnaire.*  The questionnaire simply asks the questions stipulated in 4.6. plus a clarification sentence: *Please include information from different sources, such as voluntary organisations, and private agencies as well as [named Social Services]. There is no further definition other than this in the guidance, questionnaire or handbook of definitions.* | Robyn Wilson |  | Gemma Ramsay  (MRG Vice Chair)  02/05/19 |
| 1.7 | This two part measure may hide poor experience of either users or carers. What does this two-part measure provide which cannot be obtained from having 2 separate indicators? | MRG 21/02/2019 | It is two separate indicators  *IMAS: Given the response from Robyn, this will now need to have a companion indicator with a separate IAP number, however as the policy information and evidence will be applicable to both, and it is just the way that service users and carers are calculated, this could be assessed ‘as is’ and a second indicator produced once the other queries have been resolved. This application will be amended to reflect this.* | Robyn Wilson |  | Gemma Ramsay  (MRG Vice Chair)  02/05/19 |

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| **2. Rationale and Policy Basis** |  |  |  |  |  |  |
| ***Section*** | ***Issue or recommendation*** | ***Raised***  ***by / Date*** | ***Response or Action taken by applicant*** | ***Response by / Date*** | ***Resolved*** | ***Sign off by / Date*** |
| 2.1 | There might be some criticism that there is a difference between being able to find information, and being able to understand it, but I think the understand part is beyond the scope of this. Is it addressed in another one of the survey questions? | MRG 21/02/2019 | No. Although councils have the opportunity to ask additional questions which they will only use at a local level. | Robyn Wilson |  | Gemma Ramsay  (MRG Vice Chair)  02/05/19 |
| 2.1 | *“The question from the Adult Social Care Survey for part 1 is Question 12; "In the past year, have you generally found it easy or difficult to find information and advice about support, services or benefits?"*  *The question from the Survey of Adult Carers in England for part 2 is Question 13; "In the past 12 months, have you found it easy or difficult to find information about support, services or benefits?"”*  Why are the questions different? | MRG 21/02/2019 | The surveys were created and developed independently of each other and at different times.  *Comment can be fed back to DHSC.*  Is it possible to share these documents with DHSC? | Robyn Wilson |  | Gemma Ramsay  (MRG Vice Chair)  02/05/19 |
| 2.1 | *“Improved and/or more information benefits service users by helping them to have greater choice and control over their lives. Improved and/or more information benefits carers by helping them to have greater choice and control over their lives. This may help to sustain caring relationships through, for example, reduction in stress, improved welfare and physical health improvements.”*  What does "sustain caring relationships" mean? | MRG 21/02/2019 | This is the exact text from the ASCOF Handbook of Definitions for the indicator, available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/687208/Final\_ASCOF\_handbook\_of\_definitions\_2018-19\_2.pdf as part of the rationale for the indicator.  This is directed by DHSC and we are not authorised to interpret this. | Robyn Wilson |  | Gemma Ramsay  (MRG Vice Chair)  02/05/19 |
| 2.1 | *“might want to say something about why we need to measure this – for example, is there previous evidence that access to information was a problem?”*  Might want to say something about why we need to measure this – for example, is there previous evidence that access to information was a problem? | MRG 21/02/2019 | As above, this paragraph is a lift from the ASCOF handbook of definitions | Robyn Wilson |  | Gemma Ramsay  (MRG Vice Chair)  02/05/19 |
| 2.2 | ASCOT needs defining | MRG 21/02/2019 | Adult Social Care Outcomes Toolkit – has been amended. | Robyn Wilson |  | Gemma Ramsay  (MRG Vice Chair)  02/05/19 |
| 2.2 | You have answered this section to talk more about the governance arrangements in place for the indicator, rather than any sort of evidence that it is important.  The response here is about the framework rather than this particular indicator. Has there been any clinical / social work expert practitioner input in support of this indicator? | MRG 21/02/2019 | The Framework was developed via proposals that were consulted on: <http://www.cpa.org.uk/cpa_documents/Transparency%20_in_Outcomes_for_adult_social_care.pdf> and referred to in the original Handbook of definitions <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215310/dh_131732.pdf> which said  “On 31 March 2011, Transparency in outcomes: a framework for adult social care announced the first Adult Social Care Outcomes Framework (ASCOF), covering the year 2011/12.  This followed consultation on both the general approach and a draft Outcomes Framework between November 2010 and February 2011, where respondents commented on the framework as a whole as well as the proposed criteria for including specific measures. Based on responses to the consultation, a final framework was agreed between the Association of Directors of Adult Social Services (ADASS), the Local Government Group (LGG) and the Department of Health (DH).”  This has been added to the application  *Is there anything specific to the indicator?*  Not that we can find – ASCOF development is treated as a package and all of that documentation is provided within the application.  *This will be a caveat about the framework being considered as a whole rather than individual indicators* | Robyn Wilson |  | Gemma Ramsay  (MRG Vice Chair)  02/05/19 |
| 2.2 | Sounds a bit strange to say ‘it has been decided’ about something that happened 4½ years ago. Maybe change to ‘it was decided’ ? | MRG 24/04/2019 | Done | IMAS |  | Gemma Ramsay  (MRG Vice Chair)  02/05/19 |
| 2.3 | The response here is about the framework rather than this particular indicator. Has there been any clinical / social work expert practitioner input in support of this indicator? | MRG 21/02/2019 | MRG accepted the following for IAP00425 (ASCOF Measure The proportion of people who use services who say that those services have made them feel safe and secure) last year:  *The [ASCOF] development project was carried out by Personal Social Services Research Unit (PSSRU), which fed into the survey design. There are various studies using ASCOF data by the PSSRU such as https://www.pssru.ac.uk/pub/dp2542.pdf, https://www.pssru.ac.uk/pub/4633.pdf which demonstrate the importance of ASCOF.*  This text has been repeated here as the framework has been developed and is reviewed as a whole. | Robyn Wilson |  | Gemma Ramsay  (MRG Vice Chair)  02/05/19 |
| 2.3 | Do the boards (DHSC, ADASS, DOB) have any professional/practitioner expertise? | MRG 21/02/2019 | Yes, some members have practitioner experience. | Robyn Wilson |  | Gemma Ramsay  (MRG Vice Chair)  02/05/19 |
| 2.3 | Again ‘it was decided’ would sound more natural for something that happened so long ago. | MRG 24/04/2019 | Done | IMAS |  | Gemma Ramsay  (MRG Vice Chair)  02/05/19 |
| 2.4 | The question asks for indicator specific use, this is very much about ASCOF | MRG 21/02/2019 | There is no difference, ASCOF is used as a package and therefore this specific indicator is used in the way described  *Further information is available in the handbook of definitions*  The Handbook does not talk about policy in relation to this specific question. As previously stated, ASCOF is viewed as a whole not as single indicators.  *This will be a caveat about the framework being considered as a whole rather than individual indicators* |  |  | Gemma Ramsay  (MRG Vice Chair)  02/05/19 |
| 2.5 | The question asks for indicator specific use, this is very much about ASCOF | MRG 21/02/2019 | There is no difference, ASCOF is used as a package and therefore this specific indicator is used in the way described  *Further information is available in the handbook of definitions*  *Improved and/or more information benefits carers and the people they*  *support by helping them to have greater choice and control over their lives.*  This suggests who could use it, in addition the specific examples already provided.  Current link to the Handbook of Definitions: <https://www.gov.uk/government/publications/adult-social-care-outcomes-framework-handbook-of-definitions>  *This will be a caveat about the framework being considered as a whole rather than individual indicators* | Robyn Wilson |  | Gemma Ramsay  (MRG Vice Chair)  02/05/19 |
| 2.5 | It would be useful to say something specific at the beginning of this section as to who will use the metric re information. Is there any particular organisation who has responsibility for ensuring this is adequate? | MRG 21/02/2019 | Revised to say:  “The Adult Social Care Outcomes Framework (ASCOF) is used both locally and nationally to set priorities for care and support, measure progress and strengthen transparency and accountability. DHSC define the construction of the indicator and NHS Digital conform to this methodology. Local authorities also use this data for their own benchmarking purposes.” | Robyn Wilson |  | Gemma Ramsay  (MRG Vice Chair)  02/05/19 |
| 2.5 | Appraisal log says that the following text has been added to 2.5, but I cannot see it there: ‘DHSC define the construction of the indicator and NHS Digital conform to this methodology. Local authorities also use their data for their own benchmarking purposes’. | MRG 24/04/2019 | Done | IMAS |  | Gemma Ramsay  (MRG Vice Chair)  02/05/19 |
| 2.6, 2.7 | Are there any other indicators like this outside ASCOF framework? | MRG 21/02/2019 | No. This has been reviewed, however there may potentially be new indicators proposed. | Robyn Wilson |  | Gemma Ramsay  (MRG Vice Chair)  02/05/19 |

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| **3. Presentation and Interpretation** |  |  |  |  |  |  |
| ***Section*** | ***Issue or recommendation*** | ***Raised***  ***by / Date*** | ***Response or Action taken by applicant*** | ***Response by / Date*** | ***Resolved*** | ***Sign off by / Date*** |
| 3.2 | Usually the answers to this are more concrete in the sense of – it will say, this information is presented alongside XYZ indicators. | MRG 21/02/2019 | *Revised to say* Outputs published include a narrative-based report which provides analysis of the key themes and trends in the data as well as a series of annex files which provide:  a) details of the methodology and  b) datasets in various formats (by question, local authority and key demographics)  to support further analysis by end-users. | Robyn Wilson |  | Gemma Ramsay  (MRG Vice Chair)  02/05/19 |
| 3.3 | A fuller definition of what good looks like will determine if this is a quality indicator or management information. | MRG 21/02/2019 | *Can’t give any more beyond what’s already provided apart from to refer again to the Handbook written by DHSC*  Can’t give any more beyond what’s already provided apart from to refer again to the Handbook written by DHSC: <https://www.gov.uk/government/publications/adult-social-care-outcomes-framework-handbook-of-definitions>  *Do you have an ideal range?*  *No.*  *This will be a caveat* | Robyn Wilson |  | Gemma Ramsay  (MRG Vice Chair)  02/05/19 |
| 3.3 | Does "generally speaking" mean that sometimes low is better? Or, as explained in the next sentence that high scores may be unreliable? | MRG 21/02/2019 | *Removed – was written as if talking about all ASCOF indicators rather than this one* | Robyn Wilson |  | Gemma Ramsay  (MRG Vice Chair)  02/05/19 |
| 3.3 | “Proportion of respondents”  Define respondents, i.e. social service users | MRG 21/02/2019 | *Done* | Robyn Wilson |  | Gemma Ramsay  (MRG Vice Chair)  02/05/19 |
| 3.3 | Which year are these figures from? | MRG 21/02/2019 | *2017/18* | Robyn Wilson |  | Gemma Ramsay  (MRG Vice Chair)  02/05/19 |
| 3.3 | We don't ask for evidence of variability on this form (not sure why not) but it is helpfully provided here anyway - however we need to know whether there is significant variation, i.e. how many LA values are significantly higher or lower than the England value - if not very many are, the indicator isn't useful. | MRG 21/02/2019 | We do not currently have this information  *Member suggestion below, see next 3.3 comment* | Robyn Wilson |  | Gemma Ramsay  (MRG Vice Chair)  02/05/19 |
| 3.3 | *(In response to previous comment)* Appraisal form asked about how many LA values were significantly higher or lower than England, and respondent answered that they didn’t have that information. But results get published with a ‘margin of error’ – couldn’t that be used to answer the question about significance? | MRG 24/034/2019 | We do not currently have this information as it would require additional calculations that are not currently published. | Robyn Wilson |  | Gemma Ramsay  (MRG Vice Chair)  02/05/19 |
| 3.4 | What does evidence (research) or professional (practitioner) opinion suggest here? There needs to be an evidence base for what good looks like. | MRG 21/02/2019 | Can only refer back to the ASCOT and PSSRU developments which used evidence and practitioner involvement | Robyn Wilson |  | Gemma Ramsay  (MRG Vice Chair)  02/05/19 |
| 3.4 | 2014/15 seems a long time ago – is this still relevant? | MRG 24/04/2019 | The framework is currently under review and this will be considered as part of that review. | Robyn Wilson |  | Gemma Ramsay  (MRG Vice Chair)  02/05/19 |
| 3.5 | Are local councils going to act on the information themselves? Are charity organisations going to lobby/support those who are doing less well. | MRG 21/02/2019 | Question previously answered in 2.5, which is framework specific rather than indicator specific | Robyn Wilson |  | Gemma Ramsay  (MRG Vice Chair)  02/05/19 |
| 3.6 | There is info in 3.4 which could be used to answer this | MRG 21/02/2019 | Text has been added as per recommendation. | Robyn Wilson |  | Gemma Ramsay  (MRG Vice Chair)  02/05/19 |

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| **4. Data** |  |  |  |  |  |  |
| ***Section*** | ***Issue or recommendation*** | ***Raised***  ***by / Date*** | ***Response or Action taken by applicant*** | ***Response by / Date*** | ***Resolved*** | ***Sign off by / Date*** |
| 4.1 | This question reinforces my sense that the two indicators should have two applications | MRG 21/02/2019 | This will be actioned and updated accordingly. | Robyn Wilson |  | Gemma Ramsay  (MRG Vice Chair)  02/05/19 |
| 4.1 | There are minor errors in the text that need to be doubled checked, for instance:  *“The Adult Social Care User Survey was created in 2010-11,”*  Is followed by  *“The Adult Social Care User Survey was created in 2009-10.”* | MRG 21/02/2019 | Amended | Robyn Wilson |  | Gemma Ramsay  (MRG Vice Chair)  02/05/19 |
| 4.3 | Needs to be clear on release schedule, is it six-monthly (biannually) or every two years (biennually) | MRG 21/02/2019 | Amended | Robyn Wilson |  | Gemma Ramsay  (MRG Vice Chair)  02/05/19 |
| 4.4 | Please clarify if councils are presented at upper tier, all levels, or another combination | MRG 21/02/2019 | *To be replaced with CASSRs* | Robyn Wilson |  | Gemma Ramsay  (MRG Vice Chair)  02/05/19 |
| 4.6 | My understanding has been that the form is trying to capture the information needed for someone to reproduce the indicator. If that's the case, more is needed here. | MRG 21/02/2019 | The numerator and denominator both use the same question, using all valid responses for the denominator and a subset of that for the numerator.  Section has been expanded to reflect that the data fields required are “Valid answers to Adult Social Care Survey Question 12; "In the past year, have you generally found it easy or difficult to find information and advice about support, services or benefits?" | Robyn Wilson |  | Gemma Ramsay  (MRG Vice Chair)  02/05/19 |
| 4.6 | Please expand this answer to show all the answers to the questions and any other essential fields needed to get the data to recreate the indicator | MRG 21/02/2019 | Done | Robyn Wilson |  | Gemma Ramsay  (MRG Vice Chair)  02/05/19 |
| 4.6 | *X I’ve never tried to find information or advice*  I immediately wondered why you would want to include these answers in the calculation. I then looked at the book of definitions (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/687208/Final\_ASCOF\_handbook\_of\_definitions\_2018-19\_2.pdf), and at first it sounded as if it was saying they were included. However, at the top of p66, there is a section called ‘Exclusions’ which says that they are not included. | MRG 24/04/2019 | Removed this from the required fields. | Robyn Wilson |  | Gemma Ramsay  (MRG Vice Chair)  02/05/19 |
| 4.9 | This section is difficult to understand, can it be made to be more easily read? | MRG 21/02/2019 | Tweaked | Robyn Wilson |  | Gemma Ramsay  (MRG Vice Chair)  02/05/19 |
| 4.9 | Please explain the tables used to source the eligible population. You have shown the changes, but not explained the RAP or SALT tables. | MRG 21/02/2019 | This is irrelevant so have removed reference to RAP and SALT | Robyn Wilson |  | Gemma Ramsay  (MRG Vice Chair)  02/05/19 |
| 4.10 | So, does this mean 94.5% of the respondents to the survey completed q12? i.e. the response rate for q12 is actually 30.4% (32.2%x94.5%) - I don't think you can call the 94.5% a response rate - it's confusing. | MRG 21/02/2019 | Yes, 94.5% of the respondents to the survey completed q12. | Robyn Wilson |  | Gemma Ramsay  (MRG Vice Chair)  02/05/19 |
| 4.10 | There is considerable concern about the response rate; the panel feels that the figure should reflect the overall response rate of the survey rather than the response rate of people who answered the survey as the figures look too high and are misleading. | MRG 21/02/2019 | Was not trying to be misleading. This will be discussed by the wider Adult Social Care team in regards of future publications | Robyn Wilson |  | Gemma Ramsay  (MRG Vice Chair)  02/05/19 |
| 4.10 | In light of MRG’s earlier concerns, it would probably be better not to call this a ‘response rate’. | MRG 24/04/2019 | Will discuss revising the publication within the wider Adult Social Care team | Robyn Wilson |  | Gemma Ramsay  (MRG Vice Chair)  02/05/19 |

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| **5. Construction and Testing** |  |  |  |  |  |  |
| ***Section*** | ***Issue or recommendation*** | ***Raised***  ***by / Date*** | ***Response or Action taken by applicant*** | ***Response by / Date*** | ***Resolved*** | ***Sign off by / Date*** |
| 5 | Not sure where on the form this should go but think it important to acknowledge that ease of finding information is affected by variables that are not within the control of the service provider. e.g. literacy and English as a first language vary by Region and Council. | MRG 21/02/2019 | *Added to 4.9* | Robyn Wilson |  | Gemma Ramsay  (MRG Vice Chair)  02/05/19 |
| 5.1 | Needs to show how it is calculated, including the weighting, rather than what the final calculation is, as well as explaining that the calculation is done using specific software. It was noted that the first part of section 5.4 could be moved to this section. | MRG 21/02/2019 | *First part moved. Some of 5.7 brought up to 5.1 also.* | Robyn Wilson |  | Gemma Ramsay  (MRG Vice Chair)  02/05/19 |
| 5.1 | This account makes no attempt to define what ‘X’ and ‘Y’ are. It is very important to spell this out, given the confusion over whether or not to include the people who said, ‘I haven’t tried to find information or advice’.  Also, it says on p21 of <https://files.digital.nhs.uk/69/1CAF62/meas-from-asc-of-eng-1718-appendices.pdf> that the weights now used are different for each question. This isn’t reflected in the account given here. We need an explanation of the new method, including what happens to the ‘I haven’t tried to find information or advice’ responses when it comes to weighting. | MRG 24/04/2019 | The first line says that:  The indicator is calculated as the percentage. For both the numerator (X) and denominator (Y), weighted data should be used to calculate the measure. | Robyn Wilson |  | Gemma Ramsay  (MRG Vice Chair)  02/05/19 |
| 5.3 | Is this indicator an aggregation of the 2 surveys? or is it 2 separate indicators: 3d part 1 and 3d part 2? If the later then it would be useful to state this upfront that we are assessing 2 different indicators from different data sources. | MRG 21/02/2019 | Two separate indicators. Rectified at the beginning.  IMAS NOTE: This will be addressed by having two separate indicators for part 1 and part 2, as previously mentioned. | Robyn Wilson |  | Gemma Ramsay  (MRG Vice Chair)  02/05/19 |
| 5.4 | A worked example of the weighting should be included here, prior to the worked example of the percentage | MRG 21/02/2019 | To be added another time – we don’t have one currently.  *Why not?*  *We have not had a need to produce a worked example previously. We are only required in our published documentation to give the methodology.*  *This will be a caveat to request an actual example of the weighting for the question, based on a publication for the next review.* | Robyn Wilson |  | Gemma Ramsay  (MRG Vice Chair)  02/05/19 |
| 5.6 | LD? Learning Disability? | MRG 21/02/2019 | Yes – updated in application form | Robyn Wilson |  | Gemma Ramsay  (MRG Vice Chair)  02/05/19 |
| 5.6, 5.7 | What is the source of the weighting and CI methodologies? | MRG 21/02/2019 | The weighting methodology changes were developed and agreed by the Social Services User Survey Group, which includes representatives from the HSCIC, the Department of Health, the Personal Social Services Research Unit, the Care Quality Commission, and local authorities in England. See Appendix C of <https://files.digital.nhs.uk/publicationimport/pub18xxx/pub18642/pss-ascs-eng-1415-rpt.pdf>  SAS Enterprise Guide – link is provided as a footnote in the application form | Robyn Wilson |  | Gemma Ramsay  (MRG Vice Chair)  02/05/19 |
| 5.6 | This doesn’t reflect what the documentation says about using different weights for each question. See p21 of <https://files.digital.nhs.uk/69/1CAF62/meas-from-asc-of-eng-1718-appendices.pdf> , and paras 5.13-5.17 of <https://webarchive.nationalarchives.gov.uk/20180328130852tf_/http://content.digital.nhs.uk/media/25522/ASCS-Guidance-2017-18/pdf/ASCS_Guidance_2017-18.pdf/>  It says in the Appraisal Log that a SAS guide to weighting has been used, but surely the ASCOF documentation takes precedence? | MRG 24/04/2019 | The application has been updated to clarify that questions have individual weighting based on the response rate.  The SAS documentation refers to confidence intervals. | Robyn Wilson |  | Gemma Ramsay  (MRG Vice Chair)  02/05/19 |
| 5.7 | This is not a formula for the degrees of freedom. The SAS documentation erroneously directs the reader to the ‘t test for the mean’ page (https://support.sas.com/documentation/cdl/en/statug/63347/HTML/default/statug\_surveymeans\_a0000000224.htm) for an explanation of the degrees of freedom (which they will not find there). | MRG 24/04/2019 | The link in the application is to the formula used for calculating confidence intervals, which is the main part of the response. The link quoted is not referenced in the application.  The methodology is the same for the proportion of people who use services who say that those services have made them feel safe and secure (IAP00425) which has been previously assured by MRG. | Robyn Wilson |  | Gemma Ramsay  (MRG Vice Chair)  02/05/19 |
| 5.7 | There needs to be enough here that someone could reproduce the CIs? | MRG 21/02/2019 | We believe there is enough here | Robyn Wilson |  | Gemma Ramsay  (MRG Vice Chair)  02/05/19 |
| 5.7 | This is a specific option for the specific command in the specific software used - neither of which are mentioned until much later. All this is saying is they are 95% confidence intervals - just say that. | MRG 21/02/2019 | We did that with similar applications and were asked to provide the methodology. This methodology was approved for IAP00425. | Robyn Wilson |  | Gemma Ramsay  (MRG Vice Chair)  02/05/19 |
| 5.7 | Just say the calculations are performed in SAS using the SURVEYMEANS procedure. The rest is unnecessary and not helpful. | MRG 21/02/2019 | We did that with similar applications and were asked to provide the methodology. | Robyn Wilson |  | Gemma Ramsay  (MRG Vice Chair)  02/05/19 |
| 5.7 | Could this be made clearer to be more understandable to a lay person? | MRG 21/02/2019 | Rudimentary explanation provided in application form | Robyn Wilson |  | Gemma Ramsay  (MRG Vice Chair)  02/05/19 |
| 5.8/5.5 | Don’t repeat information which you have previously used in other sections. | MRG 21/02/2019 | previously been advised to repeat if it fits in the section so that the Panel don’t need to keep going backwards and forwards between sections. | Robyn Wilson |  | Gemma Ramsay  (MRG Vice Chair)  02/05/19 |
| 5.8 | *“The guidance also explicitly states that “Anyone directly involved in the provision of services to the participant should not help them to complete the questionnaire. This is because respondents may not feel able to give their true opinion and this would bias the results.””*  This instruction puts care workers/service users in a double bind. It contradicts the acknowledgment in the previous paragraph that service users are likely to need to ask care workers for help. Would it be better to focus on the need to control for/ be aware of the potential bias if the service user is helped by a care worker? For most councils, face-to-face or telephone interview is not a practical or affordable alternative. | MRG 21/02/2019 | We have to advise against providing assistance to avoid the introduction of bias, but we do also have a question which asks if the user had assistance completing the questionnaire. This way, we take it into account when we perform our analyses to ensure the correct context is provided.  Appreciate that telephone/in person interviews are difficult, but due to ethics and accessibility requirements, it must be an option. Most of those sampled do not take up this option.  *This will be a caveat* | Robyn Wilson |  | Gemma Ramsay  (MRG Vice Chair)  02/05/19 |

**Any feedback should be made to the Data Standards Assurance Service (DSAS) Team at NHS Digital. Likewise, if you are unclear regarding any of the recommendations in this report or have any queries about the assurance process in general, please contact the DSAS team.**

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1. SAS EG Proc Means methodology - <https://support.sas.com/documentation/cdl/en/statug/63347/HTML/default/viewer.htm#statug_surveymeans_a0000000226.htm>. [↑](#footnote-ref-1)
2. <https://support.sas.com/documentation/cdl/en/statug/63347/HTML/default/viewer.htm#statug_surveymeans_a0000000226.htm> [↑](#footnote-ref-2)