



National end of life care
INTELLIGENCE NETWORK



National End of Life
Care Programme
Improving end of life care

End of Life Care Local Authority Profiles – Indicators Metadata Guide

How to use the Local Authority profiles and related information

Introduction

The Local Authority (LA) Profiles present over 50 indicators relevant to end of life care. They are available as downloadable PDF documents (one for each Local Authority – Upper Tier – in England) and in an interactive atlas, which can be viewed online.

PDF Profiles

The PDF Profiles present a snapshot of end of life care indicators for each LA in England. The spine chart, on which the indicators are displayed, allows you to quickly compare the LA with England and Strategic Health Authority (SHA) values. The map plots Acute Hospital Trust HQs and Community Hospitals in the LA and surrounding SHA area. This gives some context to help with interpretation of the indicators. There is more information about how to interpret the profile on the PDF. The profiles will help commissioners and providers of end of life care discuss service need.

Interactive atlas tool

The interactive atlas uses the InstantAtlas™ reporting tool:

1. To start, click on the map to choose the LA of interest. The indicators for the selected LA will then be shown. Alternatively, you can choose your LA by clicking on the 'Select localities' button above the England map.
2. To compare more than one LA, click on the first LA of interest, then hold down the 'Ctrl' key whilst you click on the one you want to compare it with.
3. Select the indicator domain you are interested in by clicking on the domain name (e.g. population). A list of the indicators related to that domain will then appear in the data table. To expand and collapse the whole list of domain types, click on the '-' or '+' symbols (below the data table).
4. Use the scroll bar on the right of the data table to see more data.
5. To view the indicator of interest (e.g. percentage of population aged 65+), click on the indicator name in the data display area. The data will also display in the bar chart (showing the England average) and an explanation of the data will be provided at the bottom of the screen.
6. You can download all of the data in the atlas using the 'Export data' button.

Data sources

The indicator data comes from a variety of data sources, including:

- Care Quality Commission (CQC)
- Department of Health (DH)
- Department of Work and Pensions (DWP)
- Health and Social Care Information Centre (HSCIC)
- Hospital Episode Statistics (HES)

- National Adult Social Care Intelligence Service
- National Clinical and Health Outcomes Knowledge Base (NCHOD)
- Office for National Statistics (ONS)

You can find more detailed information about the data sources, year of data etc. in Tables 1–8 in this guide. There are also brief descriptions of the data in the PDF profiles and in the InstantAtlas tool.

Cohort definition

The profiles are for England. For those indicators calculated from mortality data, deaths were included for residents of England categorised by the postcode of their usual place of residence.

This postcode was used to place each individual in a Local Authority – Upper Tier (LA) and Strategic Health Authority (SHA) following the LA/SHA configurations in 2010.

Maps showing service providers

Each PDF profile includes a map of Strategic Health Authority areas showing Acute Hospital Trust HQs and Community Hospitals. NB: Because of small numbers, the data for Isles of Scilly has been incorporated into a single profile for Cornwall and Isles of Scilly, and the data for the City of London has been incorporated into a single profile for Hackney and the City of London.

Description of statistics

The following tables provide information on the indicators in the LA profiles, including data definition, units of measurements and caveats where available.

The indicators are grouped into broad domains, namely: *population, deaths, place of death, cause of death, deaths in hospital, care homes, social care and social care expenditure*. See the Tables on pages 4–35 for detailed descriptions of the indicators.

- Table 1a: Population (age)
- Table 1b: Population (projected increase in population aged 85+ in 2033)
- Table 1c: Population (percentage Black and Minority Ethnic (BME))
- Table 1d: Population (percentage in urban settlements)
- Table 1e: Population (percentage living in most deprived quintile)
- Table 2: Deaths (number and age)
- Table 3: Place of death
- Table 4: Cause of death
- Table 5: Deaths in hospital
- Table 6: Care homes (number and beds)
- Table 7a–j: Social Care (SC)
- Table 8. SC Expenditure

Calculation of confidence intervals

For the purpose of statistical comparison, a 95% confidence interval was calculated for each indicator using the Wilson Score Method as described in [Technical Briefing 3: Commonly used public health statistics and their confidence intervals](#) (Association of Public Health Observatories, 2008).

A 'Z' test was used to compare the proportion of deaths for each Local Authority - Upper Tier with the value for England. The Z test depends on the value of:

$$Z = (P_L - P_E) / SE(P_L - P_E)$$

Where P_L is the local proportion, P_E is the proportion in England and $SE(P_L - P_E)$ is the standard error in the difference of these two proportions given by

$$SE(P_L - P_E) = \text{SQRT}[P_L*(1 - P_L)/N_L + P_E*(1 - P_E)/N_E]$$

Where N_L is the number of deaths locally and N_E is the number of deaths in England.

In instances where Z is greater than 1.96 the local proportion is reported as higher than England. When Z is less than -1.96 the local proportion is reported as lower than England and when Z is between -1.96 and 1.96 the local proportion is reported as not significantly different from England.

Notes on inclusion of social care indicators

These Profiles include social care indicators for the first time. These notes highlight their main limitations and strengths and provide context for understanding the data.

While there are clear limitations with the social care data, we hope that including them will provide helpful context for those working in end of life care, particularly in terms of giving an overview of the social care landscape. We hope, also, that they spark debate and highlight the urgent need for end of life care-specific indicators in social care data collections.

Defining an end of life cohort in social care data

No specific markers are currently available in the national social care datasets for people approaching the end of life. We have therefore decided to present social care indicators for people aged 65 and over, to make them as relevant as possible to end of life care. We have done this as:

1. most people die over the age of 65
2. the data is available for this age group.

Of course, there are younger people who receive social care or end of life care but, due to the limitations of the data, they are not measured by this set of indicators.

Limitations of social care expenditure data

Because of the limitations of the data (HSCIC), it has not been possible to construct simple indicators showing net spend on social care for people aged 65+ attributable solely to Local Authorities. The HSCIC gross expenditure data includes:

- money from individuals paying for part or all of their own care who have been assessed by the LA
- NHS Section 256 contributions, and
- money from other providers, including third sector organisations.

Where local authorities are coterminous with PCTs, they may wish to look at the PCT End of Life Care Profile indicators for PCT-reported expenditure on End of Life Care. See:

http://www.endoflifecare-intelligence.org.uk/end_of_life_care_profiles/primary_care_trust_profiles.aspx

Changes to relevant social care data collections

Social care provision and the collection of social care data is currently under review. Latest developments include:

- 2010/11 was the last year of the National Indicator Set (NIS)
- the Social Care and Mental Health indicators have been replaced by the Adult Social Care Outcomes Framework (ASCOF) from 2011/12 onwards
- Release of the 2011/12 ASCOF return is imminent, but not yet available publicly
- Former National Indicators NI 125, NI 127, NI 130, NI 145, NI 146, NI 149 and NI 150 will appear in the new framework, although there will be some small changes to the definitions. For more information, see: <http://www.ic.nhs.uk/statistics-and-data-collections/social-care/adult-social-care-information/social-care-and-mental-health-indicators-from-the-national-indicator-set-2010-11-final-release>

Although some of the NIS indicators are being discontinued, they have been included in these Profiles as they are the best available at the current time. It is also worth noting that, during production of the Profiles, a zero-based review of social care returns was carried out jointly by the Department of Health (DH) and the Association of Directors of Adult Social care (ADASS). As a result, there have been further proposals to change or discontinue some returns, which may affect some of the indicators presented here. The consultation on these proposals is due to close in August 2012 and the new social care collections to take effect from 2013/14.

Therefore, in the future, the social care indicators in these profiles will change. However, the information they currently offer is an opportunity to:

- gather the best available information reflecting the social care needs and issues affecting people near the end of life, and their carers
- facilitate future improvements in end of life care for those most in need
- provide a discussion framework from which to build future understanding
- stimulate development of improved information gathering and sharing where appropriate
- provide some continuity between old and new national data sets to assist decision makers and care leaders.

Acknowledgements

We are grateful to colleagues in social care and the Health and Social Care Information Centre (HSCIC) for their advice on how best to present these indicators.

Table 1a: Population (age)	
Domain Population	Sub-domain 1. Percentage aged 65+ (persons) 2. Percentage aged 65+ (males) 3. Percentage aged 65+ (females) 4. Percentage aged 75+ (persons) 5. Percentage aged 75+ (males) 6. Percentage aged 75+ (females) 7. Percentage aged 85+ (persons) 8. Percentage aged 85+ (males) 9. Percentage aged 85+ (females)
Data Source	Office for National Statistics (ONS) population dataset
Reporting Organisation	South West Public Health Observatory
Time Period	Average annual for 2008-2010
Rationale	These measures describe the demographic profile within each LA area. They focus on the age and sex distribution of older adults.
Definition	The proportion of the LA population that is equal to or older than the stated age.
Methodology	<p>The indicator value is:</p> $\left(\frac{x}{y}\right) * 100$ <p>Numerator – Number of LA residents within each age/sex group. This is the number of cases. Denominator – The total number of LA residents for each gender category.</p> <p>For example, the indicator 'percentage aged 65+ (males)' is calculated as: (male LA residents aged 65 and over/Total LA male population)*100.</p>
Interpretation of Indicator	A high value indicates a relatively large elderly population.
Coverage	Local Authority - Upper Tier (LA)
Units	Percentage
Further Guidance	N/A
Additional Information	N/A

Domain Population	Sub-domain 10. Percentage increase in population aged 85+ (2033 projection)
Data Source	Office for National Statistics (ONS) 2008-based subnational populations projections for England
Reporting Organisation	South West Public Health Observatory
Time Period	Mid-year 2008
Rationale	People in the oldest age group are likely to have high need of social care and health care.
Definition	Long-term subnational population projections are an indication of the future trends in population by age and sex. They are trend-based projections, which means assumptions for future levels of births, deaths and migration are based on observed levels mainly over the previous five years. They show what the population will be if these trends continue.
Methodology	The indicator value is calculated as: Percent change = $([2033 \text{ projections} - \text{annual average for } 2008-10] / \text{annual average for } 2008-10) * 100$
Interpretation of Indicator	A large value will suggest a large increase future demand for social and health services.
Coverage	Local Authority - Upper Tier (LA)
Units	Percentage
Further Guidance	N/A
Additional Information	N/A

Table 1c: Population (percentage Black and Minority Ethnic (BME))	
Domain Population	Sub-domain 11. Percentage of resident population who are Black and Minority Ethnic (BME)
Data Source	2001 Census data from National Clinical and Health Outcomes Knowledge Base (NCHOD)
Reporting Organisation	South West Public Health Observatory
Time Period	Average annual for 2008-2010
Rationale	Different cultures can have differing care needs at the end of life. Also, some communities can have difficulty accessing services.
Definition	Ethnicity is self-defined in the national Census, therefore ethnic group in this instance is based on the ethnic or racial group to which individuals consider they belong.
Methodology	<p>The indicator value is:</p> $\left(\frac{x}{y}\right) * 100$ <p>Numerator – Number of LA residents declared Black and Minority Ethnic (BME). Denominator – The total number of LA residents.</p> <p>For example, the indicator 'percentage of population who are Black and Minority Ethnic (BME)' is calculated as: (LA residents considered Black and Minority Ethnic (BME)/Total LA population)*100.</p>
Interpretation of Indicator	A high value for this indicator suggests a diverse population with differing needs.
Coverage	Local Authority - Upper Tier (LA)
Units	Percentage
Further Guidance	https://groups.ic.nhs.uk/archivedcompendia/public/Documents/March%202010/2010_03_User_Guide.pdf
Additional Information	N/A

Table 1d: Population (percentage in urban settlements)	
Domain Population	Sub-domain 12. Percentage resident in urban settlements (population over 10,000)
Data Source	Office for National Statistics (ONS) populations dataset
Reporting Organisation	South West Public Health Observatory
Time Period	Average annual for 2008-2010
Rationale	The density of urban populations compared to rural can affect the way services are provided and accessed.
Definition	Local Super Output Area populations are categorised by the ONS depending on whether or not they are part of an urban settlement of 10,000 people or more.
Methodology	The indicator value is given as; $\left(\frac{x}{y} \right) * 100$ Numerator – Number of LA residents in urban settlements. This is the number of cases. Denominator – The total number of LA residents.
Interpretation of Indicator	The higher the value of this indicator, the more urban the LA, with implications, for example, for access to services and public transport.
Coverage	Local Authority - Upper Tier (LA)
Units	Percentage
Further Guidance	http://www.ons.gov.uk/ons/guide-method/geography/products/area-classifications/rural-urban-definition-and-la/rural-urban-definition--england-and-wales-/rural-and-urban-statistics-guidance-notes.pdf
Additional Information	N/A

Domain Population	Sub-domain 13. Percentage of residents in the most deprived quintile ^{a,b}
Data Source	^a Department for Communities and Local Government ^b Office for National Statistics (ONS) populations dataset
Reporting Organisation	South West Public Health Observatory
Time Period	Average annual for 2008-2010
Rationale	The relative deprivation of a community may indicate particular demands for end of life care, differing home circumstances, patterns of morbidity and ability to access services.
Definition	The number of LA residents who are in the most deprived 20% of the England population. The most deprived 20% of the population is defined here as those residents totalling a fifth of the population who live in Local Super Output Areas (LSOAs) with the highest scores of deprivation as measured by the income domain of the Indices of Deprivation 2007.
Methodology	The indicator value is: $\left(\frac{x}{y} \right) * 100$ <p>Numerator – Total population in the most income deprived LSOAs (average annual 2008-10). This is the number of cases. Denominator – The total number of LA residents.</p>
Interpretation of Indicator	The higher the value of this indicator, the more deprived the population on average, having implications, for instance, for home circumstances and cause of death.
Coverage	Local Authority - Upper Tier (LA)
Units	Percentage
Further Guidance	www.communities.gov.uk/publications/communities/indicesdeprivation07
Additional information	N/A

Domain Deaths	Sub-domain 14. Crude death rate (%) – persons ^{a,b} 15. Crude death rate (%) – males ^{a,b} 16. Crude death rate (%) – females ^{a,b} 17. Percentage of deaths aged 75+ (persons) ^a 18. Percentage of deaths aged 75+ (males) ^a 19. Percentage of deaths aged 75+ (females) ^a 20. Percentage of deaths aged 85+ (persons) ^a 21. Percentage of deaths aged 85+ (males) ^a 22. Percentage of deaths aged 85+ (females) ^a
Data Source	^a Office for National Statistics (ONS) population dataset ^b Office for National Statistics (ONS) Public Health Annual Mortality Extract
Reporting Organisation	South West Public Health Observatory
Time Period	Average annual for deaths registered 2008-2010
Rationale	These indicators describe death patterns within each LA area. They focus on the age and sex distribution of older adults.
Definition	Crude rates do not take into account the age structure of the population.
Methodology	<p>1.) The indicator value for the crude death rate is:</p> $\left(\frac{x}{y} \right) * 100$ <p>Numerator – Number of deaths in LA (year of death registration). This is the number of cases. Denominator – The total LA population.</p> <p>For example, the indicator 'Crude death rate (%) – males' is calculated as: (all male deaths/all male population) reported as a percentage.</p> <p>2.) The percentage of deaths indicator value is:</p> $\left(\frac{x}{y} \right) * 100$ <p>Numerator – Number of deaths within each age/sex group. This is the number of cases. Denominator – The total number of deaths for each gender category.</p> <p>For example, the indicator 'Percentage of deaths aged 75+ (males)' is calculated as: (Male deaths aged 75 and over/Total male deaths)*100.</p>
Interpretation of Indicator	<p>A higher value of the crude rate suggests a higher per capita demand for end of life services.</p> <p>The indicators describing the percentage of deaths 75+ years or 85+ years may be reflective of an older, healthier population who, on average, survive into old age.</p>
Coverage	Local Authority - Upper Tier (LA)
Units	Percentage
Further Guidance	N/A
Additional Information	N/A

Table 3: Place of death	
Domain Place of death	Sub-domain 23. Percentage of deaths in hospital 24. Percentage of deaths in own home 25. Percentage of deaths in hospice 26. Percentage of deaths in care home
Data Source	Office for National Statistics (ONS) Public Health Annual Mortality Extract
Reporting Organisation	South West Public Health Observatory
Time Period	Average annual for deaths registered 2008-2010
Rationale	Gives an indication of where end of life care services are delivered.
Definition	<p>These indicators describe the place of death for residents in each LA.</p> <p>The place of death categories used are the same as those used by ONS use for their DR series of Mortality Statistics:</p> <ul style="list-style-type: none"> • Hospital: NHS or non-NHS, acute or community hospitals/units but not psychiatric hospitals. • Own residence: the death occurred in the place of usual residence where this is not a communal establishment. • Care home: NHS or private nursing homes, private or Local Authority residential home or specialist nursing homes. • Hospices: many hospices are 'freestanding' but some are found within NHS hospitals. Also, hospices increasingly work in the community. At present ONS classifies the place of death as hospice only when the death occurs in a freestanding hospice premises. <p>Note: Some deaths occur in other places: These include 'Other communal establishment', psychiatric hospital/unit, a private address other than normal place of residence, or public places. These categories have not been presented.</p>
Methodology	<p>The indicator value is:</p> $\left(\frac{x}{y}\right) * 100$ <p>Numerator – Number of LA residents dying in each place. This is the number of cases. Denominator – The total number of deaths in the LA.</p> <p>For example, the indicator 'Percentage of deaths in hospital' is calculated as: (Deaths occurring in hospital/Total LA deaths)*100.</p>
Interpretation of Indicator	Extreme high or low values of this indicator may suggest particular service configurations. For example, prioritising end of life care services in people's own homes and care homes may show partly as a low proportion of deaths in hospital or hospices.
Coverage	Local Authority - Upper Tier (LA)
Units	Percentage
Further Guidance	N/A
Additional Information	N/A

Table 4: Cause of death	
Domain Cause of death	Sub-domain 27. Percentage of deaths from respiratory disease (underlying) 28. Percentage of deaths from respiratory disease (mentions) 29. Percentage of deaths from cancer (underlying) 30. Percentage of deaths from cardiovascular disease (underlying) 31. Percentage of deaths from liver disease (mentions) 32. Percentage of deaths from renal disease (mentions) 33. Percentage of deaths from Alzheimer's, dementia and senility (mentions)
Data Source	Office for National Statistics (ONS) Public Health Annual Mortality Extract
Reporting Organisation	South West Public Health Observatory
Time Period	Average annual for 2008-2010
Rationale	The 'underlying cause' of death is the main cause of death recorded on a death certificate. 'Mentions' are either the underlying cause or a contributory cause as recorded on the death certificate. We have selected the most common underlying causes and most commonly mentioned contributory causes that are demanding of end of life care.
Definition	<p>These indicators describe what people die of within each LA area.</p> <p>The underlying cause of death is determined from the death certificate by the ONS. It is defined by the World Health Organisation as <i>"the disease or injury that initiated the train of events directly linked to death; or the circumstances of the accident or violence that produced the fatal injury"</i> and is the cause of death data recorded on a death certificate.</p> <p>Death certificates also record 'contributory causes' of death, where a disease or condition has contributed to the death but is not part of the causal sequence. The Public Health Annual Mortality Extract includes up to 15 diseases or conditions which that can be part of the causal sequence of events leading to death. In these profiles, 'mentions' refer to those deaths where a disease is recorded as either the underlying or contributory cause of death.</p> <p>The underlying and contributory causes of death are coded by the ONS using ICD10 codes (International Classification of Disease, Tenth Issue). These codes are used to categorise all record deaths:</p> <p>Underlying cause</p> <ul style="list-style-type: none"> • Cancer: ICD10 codes: C00 to C97 – includes all malignant neoplasms. • Cardiovascular disease: ICD10 codes: I00 to I52 and I60 to I69 – includes rheumatic fever, rheumatic heart disease, hypertension, ischaemic heart disease, stroke. • Respiratory disease: ICD10 codes: J00 to J99 – includes influenza, pneumonia, bronchitis, emphysema, asthma and other chronic obstructive pulmonary disease. <p>Mentions</p> <ul style="list-style-type: none"> • Respiratory disease: ICD10 codes: J00 to J99 – includes influenza, pneumonia, bronchitis, emphysema, asthma and other chronic obstructive pulmonary disease. • Liver disease: ICD10 codes: K70, K76, C22*, B581, D868, I820, J632, K770, O226, O904, Q446, T391, T864, Z944,

	<p>Y830, I81, K71, K72, K73, K74, K75, K76, I85, K85, K830, K831, K838, K839, K86, B008, B251, B15, B16, B17, B18, B19 – includes alcoholic liver disease, fatty liver disease, liver cancer, viral liver disease, pancreatitis and patients likely to present with abnormal liver function tests or jaundice and other chronic liver disease.</p> <ul style="list-style-type: none"> • Renal disease: ICD10 codes: N17, N18, N28, I12* and I13* – includes acute and chronic renal failure, renal ischaemia and infarction, and hypertensive renal disease. • Alzheimer’s disease, dementia or senility: ICD10 codes: F01, F03, G30 and R54 <p>Note: The assigned (*) indicates codes that appear in multiple categories. For example, C22 (liver cancer) appears in both the liver disease and cancer categories.</p>
Methodology	<p>The indicator value is:</p> $\left(\frac{x}{y} \right) * 100$ <p>Numerator – Number of LA residents dying from each disease. This is the number of cases. Denominator – The total number of deaths in the LA.</p> <p>For example, the indicator ‘Percentage of deaths from cancer (underlying)’ is calculated as: (Deaths from cancer (underlying)/Total LA deaths)*100.</p>
Interpretation of Indicator	<p>Extreme values of these indicators may suggest that local end of life care services have an unusual balance of demands because of the patterns of diseases in that area.</p>
Coverage	Local Authority - Upper Tier (LA)
Units	Percentage
Further Guidance	N/A
Additional Information	N/A

Table 5: Deaths in hospital	
Domain Deaths in hospital	Sub-domain 34. Percentage of terminal admissions that are emergencies 35. Percentage of terminal admissions aged 85+ 36. Percentage of terminal admissions that are 8 days or longer 37. Average number of bed days per admission ending in death
Data Source	Hospital Episode Statistics (HES)
Reporting Organisation	South West Public Health Observatory
Time Period	Financial year 2010/11
Rationale	These indicators describe the patterns in hospital admissions prior to death in hospital.
Definition	A terminal admission is described as an admission to hospital that ends in death and is identified as such in HES. Because the ONS place of death category of hospital is not exactly the same as those sites that submit data to HES, the ONS-derived number of deaths in hospital may differ from the HES derived number of people who died during a hospital admission.
Methodology	The indicator value is: $\left(\frac{x}{y}\right) * 100$ Numerator – Number of terminal admissions for each category. This is the number of cases. Denominator – The total number of admissions that end in death. For example, the indicator 'Percentage of terminal admissions that are emergencies' is calculated as: (Number of terminal admissions that are emergency admissions/Total number of terminal admissions)*100.
Interpretation of Indicator	These indicators will vary in part because not all hospitals provide palliative care services on site.
Coverage	Local Authority - Upper Tier (LA)
Units	Percentage
Further Guidance	N/A
Additional Information	N/A

Table 6: Care homes	
Domain Care homes	Sub-domain 38. Number of care homes per 1,000 population aged 75+ ^{a,c} 39. Number of care home beds per 1,000 population aged 75+ ^{a,c} 40. Percentage of care homes achieving Gold Standard Framework ^{a,b}
Data Source	^a Care Quality Commission (CQC) ^b Gold Standard Framework (GSF) ^c Office for National Statistics (ONS) population statistics
Reporting Organisation	South West Public Health Observatory
Time Period	38. Feb 2012 care home and 2008-10 population data 39. Feb 2012 care home and 2008-10 population data 40. 2011 GSF data and Feb 2012 total of care homes
Rationale	The first two indicators (38 and 39) describe care home availability for people aged 75+. The third (40) looks at the uptake of the Gold Standard Framework (good practice guide for End of Life Care) in care home settings.
Definition	38. Number of registered care homes for each 1,000 LA residents aged 75 years or older, average 2008-10. 39. Number of available beds in registered care homes for each 1,000 LA residents aged 75 years or older. 40. Percentage of care homes achieving the GSF.
Methodology	Summary data from the CQC provided details including number of beds for every registered care home. Numerator – Number of care home establishments awarded the Gold Standard Framework. Denominator – Number of care home establishments.
Interpretation of Indicator	Good care home availability is typified by a higher value (indicators 38 and 39) and adherence to end of life care practice guidance is typified by higher values of indicator (40).
Coverage	Local Authority - Upper Tier (LA)
Units	Numbers and percentage
Further Guidance	http://www.cqc.org.uk/public#carehomes http://www.goldstandardsframework.org.uk/GSFCareHomes/GSFCHAccreditedHomes
Additional Information	N/A

Table 7a: Social Care	
Domain Social care	Sub-domain 41. Persons (65+) discharged for rehabilitation from hospital ^{a,b} (Derived from NI 125)
Data Source	^a Health and Social Care Information centre (HSCIC) ^b Office for National Statistics (ONS)
Reporting Organisation	South West Public Health Observatory
Time Period	^a Q3 2010-11 ^b 2010
Rationale	Promoting independence and choice. Provides an indication of the rate of persons aged 65 and over requiring rehabilitation from hospital in the local authority population.
Definition	Crude rate of people aged 65 and over, discharged from hospital to their normal place of residence, between October and December 2010/11, with the intention of rehabilitation (i.e. it includes all those intended for rehabilitation, not just those still at their usual place of residence after 91 days) per 100,000 population aged 65 and over.
Methodology	The numerator (x) is constructed from the denominator of National Indicator 125 (HSCIC: National Adult Social Care Intelligence System (NASCIS) from Disaggregated_NIS_201011_Final.xls 2010/11), which is part of the suite of reports provided in the Social Care and Mental Health Indicators from the National indicator Set. Available from: http://www.ic.nhs.uk/statistics-and-data-collections/social-care/adult-social-care-information/social-care-and-mental-health-indicators-from-the-national-indicator-set--2010-11-final-release The denominator (y) is persons aged over 65 years in the ONS mid-year estimated population 2010. The indicator value is: $(x/y)*100,000$ Confidence intervals are not publicly available.
Interpretation of Indicator	A higher value of this indicator could imply a greater demand for social care for persons over 65 years in recovery.
Coverage	Local Authority (LA)
Units	Crude rate per 100,000 population aged 65+
Further Guidance	
Additional Information	See the note on inclusion of social care indicators on page 3

Table 7b: Social Care	
Domain Social care	Sub-domain 42. Average user experience score (max. Score 24), persons aged 65 and over (Derived from NI 127)
Data Source	Health and Social Care Information centre (HSCIC)
Reporting Organisation	South West Public Health Observatory
Time Period	2010/11
Rationale	Capturing user experience. Provides an indication of the reported satisfaction level of social care users aged 65 and over.
Definition	Average score for social care user experience survey respondents aged 65 and over, as represented by an average score (out of a maximum of 24).
Methodology	<p>The numerator (x) is the sum of scores for all respondents who replied to the relevant survey questions (maximum score per respondent = 24). It is derived from NI 127 data and is a subset for people aged over 65 years, (HSCIC: From Disaggregated_NIS_201011_Final.xls 2010/11), which is part of the suite of reports provided in the Social Care and Mental Health Indicators from the National indicator Set. Available from:</p> <p>http://www.ic.nhs.uk/statistics-and-data-collections/social-care/adult-social-care-information/social-care-and-mental-health-indicators-from-the-national-indicator-set--2010-11-final-release</p> <p>The denominator (y) is the total number of respondents who replied to the relevant survey questions</p> <p>The indicator value is:</p> <p>(x/y)</p> <p>Confidence intervals provided are from data published by the HSCIC.</p>
Interpretation of Indicator	A higher value of this indicator suggests greater satisfaction with social care received by people over 65 years.
Coverage	Local Authority (LA)
Units	Average score in points (out of a maximum of 24 points).
Further Guidance	
Additional Information	See the note on inclusion of social care indicators on page 3

Table 7c: Social Care	
Domain Social care	Sub-domain 43. Persons (aged 65+) receiving Self Directed Support (SDS) ^{a,b} (Derived from NI 130)
Data Source	^a Health and Social Care Information centre (HSCIC) ^b Office for National Statistics (ONS)
Reporting Organisation	South West Public Health Observatory
Time Period	2010/11
Rationale	Promoting independence and choice Self Directed Support (direct payments and individual budgets) are intended to offer clients and carers greater flexibility and independence in how support is provided and to ensure that their care and support package is directly responsive to their individual needs and wishes.
Definition	Crude rate of persons aged 65 and over who were reported as social care clients and/ or carers getting a direct payment and/or personal budget, per 100,000 population aged 65 and over.
Methodology	<p>The numerator (x) is derived from NI 130* (rounded) data and is a subset for people (social care clients and carers) aged over 65 years (HSCIC: From Disaggregated_NIS_201011_Final.xls 2010/11), which is part of the suite of reports provided in the Social Care and Mental Health Indicators from the National indicator Set. Available from:</p> <p>http://www.ic.nhs.uk/statistics-and-data-collections/social-care/adult-social-care-information/social-care-and-mental-health-indicators-from-the-national-indicator-set--2010-11-final-release</p> <p>The numerator is a sum of the number of people aged 65 and over, (from Referrals Assessments and Packages of Care (RAP) return, table SD1, 65 years and over subset) and the number of carers aged 65 and over (from RAP return, table SD3, 65 years or over and caring for an adult aged 18 or over subset) receiving self directed support in the year to 31 March per 100,000 population aged 65 and over.</p> <p>To be counted, the person or carer must be getting a direct payment or have in place another form of personal budget.</p> <p>Denominator (y) is persons aged over 65 years in the ONS mid-year estimated population 2010.</p> <p>The indicator value is:</p> $(x/y)*100,000$ <p>Confidence intervals are not publicly available.</p>
Interpretation of Indicator	Higher rates may indicate greater need for services or a more developed use of self-directed support or better access to services.
Coverage	Local Authority (LA)
Units	Persons aged 65 and over per 100,000 population (65+)
Further Guidance	
Additional Information	<p>*There has been a change in the definition of NI 130. In 2009/10 the definition expanded to include clients and carers receiving a direct payment and/or personal budget. Therefore 2010/11 data cannot be directly compared with data before 2009/10.</p> <p>See the note on inclusion of social care indicators on page 3</p>

Table 7d: Social Care	
Domain Social care	Sub-domain 44. Delayed transfers of care: persons, all ages, all settings ^{a,b} (Derived from NI 131)
Data Source	^a Health and Social Care Information Centre (HSCIC) ^b Office for National Statistics (ONS)
Reporting Organisation	South West Public Health Observatory
Time Period	^a 2010/11 ^b 2010
Rationale	When people no longer require hospital treatment, it is important for their wellbeing to minimise unnecessary delays in transfers of care to their usual place of residence (or other appropriate setting). Also, delays cause 'bed blocking' and use NHS budget which could be spent on treating others.
Definition	The average of the number of persons whose transfers of care were delayed on the day of each monthly census in 2011/12, per 100,000 persons aged over 65 years.
Methodology	The numerator (x) is the sum of the number of persons whose transfers were recorded as delayed at each monthly census in 2011/12, divided by 12 months. Denominator (y) is the number of persons aged 65 years and over (ONS mid-year estimated population 2010). The indicator value is: $(x/y) * 100,000$ Confidence intervals are not publicly available.
Interpretation of Indicator	Higher rates may indicate greater need or possibly poorer access to other NHS or social care services in an area. Although there is no marker in the data set for patient age, nor any marker for patients known to be receiving end of life care, most hospital admissions and discharge delays are experienced by people aged over 65 years.
Coverage	Local Authority (LA)
Units	Persons per 100,000 population (65+)
Further Guidance	
Additional Information	This indicator is not comparable with NI 131 prior to 2010/11. NI 131 collection has been discontinued nationally. The relevant Department of Health Unify2 SITREP return for this indicator has changed substantially, with 2010/11 data being collected at an end of month census rather than weekly counts. We have therefore constructed this indicator as the average monthly number of people (all ages, all settings) reported to be experiencing a delay in transfer of care on the day of monthly census. (All reasons for delay; NHS and or Social Care, or both.) See the note on inclusion of social care indicators on page 3

Table 7e: Social Care	
Domain Social care	Sub-domain 45. Delayed transfers of care: days of delay, persons, all ages, all settings ^{a,b} (Derived from NI 131)
Data Source	^a Health and Social Care Information Centre (HSCIC) ^b Office for National Statistics (ONS)
Reporting Organisation	South West Public Health Observatory
Time Period	^a 2010/11 ^b 2010
Rationale	When people no longer require hospital treatment, it is important for their wellbeing to minimise unnecessary delays in transfers of care to their usual place of residence (or other appropriate setting). Also, delays cause 'bed blocking' and use NHS budget which could be spent on treating others.
Definition	The average number days of delay in transfers of care in each month as a crude rate per 100,000 population aged 65 and over.
Methodology	<p>The numerator (x) is an average of the monthly number of days of delay in transfers of care in 2012. In line with Department of Health guidance, all reported days of delay are included, not just those for persons counted at monthly census.</p> <p>Denominator (y) is persons aged 65 and over (ONS mid-year estimated population 2010).</p> <p>The indicator value is:</p> $(x/y) * 100,000$ <p>Confidence intervals are not publicly available.</p>
Interpretation of Indicator	Higher rates may indicate greater need or possibly poorer access to other NHS or social care services in an area. Although there is no marker in the data set for patient age, nor any marker for patients known to be receiving end of life care, most hospital admissions and discharge delays are experienced by people aged over 65 years.
Coverage	Local Authority (LA)
Units	Days of delay per 100,000 population (65+)
Further Guidance	
Additional Information	<p>Not comparable with NI 131 prior to 2010/11. NI 131 collection has been discontinued nationally. The relevant Department of Health Unify2 SITREP return for this indicator has subsequently changed substantially, with 2010/11 data being collected at an end of month census rather than weekly counts. We have therefore constructed this indicator as the average monthly number of days of delay (all ages, all settings) reported for all persons delayed (not just on the day of monthly census). Delayed transfers of care for all reasons; NHS and or Social Care, or both and in all settings are reported.</p> <p>See the note on inclusion of social care indicators on page 3</p>

Table 7f: Social Care	
Domain Social care	Sub-domain 46. Persons (aged 65+) who had completed new social care assessments, all timescales. ^{a,b} (Derived from NI 132)
Data Source	^a Health and Social Care information centre (HSCIC) ^b Office for National Statistics (ONS)
Reporting Organisation	South West Public Health Observatory
Time Period	^a 2010/11 ^b 2010
Rationale	A measure of demand for and access to social care new client assessment for people aged 65 and over.
Definition	Crude rate of new social care clients aged 65 and over who had a completed assessment of their social care needs, per 100,000 population aged 65 and over.
Methodology	<p>The numerator (x) is a subset of the Referrals Assessments and Packages of Care Return (RAP), table A7 denominator. That is, the total number of new social care clients aged 65 and over who were reported as having had a completed assessment of their social care needs (any timescale), and not just those whose assessments were completed within 4 weeks or less. It is constructed in a similar way to the denominator of NI 132 (now discontinued nationally) using data from HSCIC's National Adult Social Care Intelligence System (NASCIS) Online Analytical Processor (OLAP) tool: https://nascis.ic.nhs.uk/Portal/Tools.aspx</p> <p>Owing to rounding, suppressions and estimation within NASCIS OLAP data, this indicator has been constructed as an estimate only.</p> <p>Denominator (y) is the number of persons aged over 65 years (ONS mid-year estimated population 2010).</p> <p>The indicator value is:</p> $(x/y) * 100,000$ <p>Confidence intervals are not publicly available.</p>
Interpretation of Indicator	Higher rates may indicate greater need and/or possibly better access to local authority social care services in an area. It does not measure timeliness of assessment, i.e. those whose assessments were completed within 4 weeks or less.
Coverage	Local Authority (LA)
Units	Persons (aged 65 and over) per 100,000 population (65+)
Further Guidance	
Additional Information	See the note on inclusion of social care indicators on page 3

Table 7g: Social Care	
Domain Social care	Sub-domain 47. Persons aged 65+ who had of package(s) of social care. ^{a,b} (From NI 133)
Data Source	^a Health and Social Care information Centre (HSCIC) ^b Office for National Statistics (ONS)
Reporting Organisation	South West Public Health Observatory
Time Period	^a 2010/11 ^b 2010
Rationale	A measure of supply of social care packages to people aged 65 and over.
Definition	Crude rate of persons who were social care clients (new and existing), aged 65 and over, and who had at least one package of care, (any timescale).
Methodology	<p>The numerator is a subset of the Referrals Assessments and packages of Care Return (RAP), Table A8 denominator. That is the total number of social care clients (new and existing) aged 65 and over who were reported as having taken delivery of at least one package of care (any timescale) and not just those who took delivery of at least one package of care within 4 weeks or less of completed assessment or review). It is constructed in a similar way to the National Indicator NI 133 denominator (now discontinued nationally) using data from HCSIC's National Adult Social Care Intelligence System (NASCIS) Online Analytical Processor (OLAP) tool- https://nascis.ic.nhs.uk/Portal/Tools.aspx</p> <p>Owing to rounding, suppressions and estimation within NASCIS OLAP data, this indicator has been constructed as an estimate only.</p> <p>Denominator (y) is persons aged over 65 years (ONS mid-year estimated population 2010).</p> <p>The indicator value is:</p> $(x/y)*100,000$ <p>Confidence intervals are not publically available.</p>
Interpretation of Indicator	Higher rates may indicate greater need and/or possibly better access to local authority social care services in an area.
Coverage	Local Authority (LA)
Units	Persons (aged 65 and over) per 100,000 population (65+)
Further Guidance	
Additional Information	See the note on inclusion of social care indicators on page 3

Table 7h: Social Care	
Domain Social care	Sub-domain 48. Carers aged 65+ who received social care support. ^{a,b} (Derived from NI 135)
Data Source	^a Health and Social Care information centre (HSCIC) ^b Office for National Statistics (ONS)
Reporting Organisation	South West Public Health Observatory
Time Period	^a 2010/11 ^b 2010
Rationale	Support for carers is a key part of support for vulnerable people, including those at the end of life. Support for carers enables them to continue with their lives, families, work and contribution to the community. This indicator provides an alternative measure for the number of carers aged 65 and over. See also indicator 50.
Definition	Crude rate of carers aged 65 and over, whose needs were assessed or reviewed by the council in a year, and who received a specific carer's service or advice and information in the same year
Methodology	The numerator (x) is constructed from the numerator of National Indicator (NI) 135 (HSCIC: National Adult Social Care Intelligence System (NASIS) from Disaggregated_NIS_201011_Final.xls 2010/11), which is part of the suite of reports provided in the Social Care and Mental Health Indicators from the National indicator Set. Available from: http://www.ic.nhs.uk/statistics-and-data-collections/social-care/adult-social-care-information/social-care-and-mental-health-indicators-from-the-national-indicator-set-2010-11-final-release Denominator (y) is persons aged 65 years and over (ONS mid-year estimated population 2010). The indicator value is: $(x/y)*100,000$ Confidence intervals are not publicly available.
Interpretation of Indicator	Higher rates may indicate greater need or possibly greater access to local authority social care services in an area.
Coverage	Local Authority (LA)
Units	Persons (aged 65 and over) per 100,000 population (65+)
Further Guidance	
Additional Information	The person being cared for could be of any age. See the note on inclusion of social care indicators on page 3

Table 7i: Social Care	
Domain Social care	Sub-domain 49. People (65+ years) who received social care support. ^{a,b} (Derived from NI 135 Denominator)
Data Source	^a Health and Social Care information centre (HSCIC) ^b Office for National Statistics (ONS)
Reporting Organisation	South West Public Health Observatory
Time Period	^a 2010/11 ^b 2010
Rationale	Provision of social care contributes to the quality of life for both care givers and recipients.
Definition	Crude rate of persons aged 65 and over, who were assisted directly through social services per 100,000 population aged 65+.
Methodology	<p>Numerator (x):</p> <p>The numerator (x) is constructed from the denominator of National Indicator NI 135 (HSCIC: National Adult Social Care Intelligence System (NASGIS) from Disaggregated_NIS_201011_Final.xls 2010/11), which is part of the suite of reports provided in the Social Care and Mental Health Indicators from the National indicator Set. Available from:</p> <p>http://www.ic.nhs.uk/statistics-and-data-collections/social-care/adult-social-care-information/social-care-and-mental-health-indicators-from-the-national-indicator-set--2010-11-final-release</p> <p>Denominator (y) is persons aged 65 (ONS mid-year estimated population 2010).</p> <p>The indicator value is:</p> $(x/y)*100,000$ <p>Confidence intervals are not publically available.</p>
Interpretation of Indicator	Higher rates may indicate greater need or possibly greater access to local authority social care services in an area.
Coverage	Local Authority (LA)
Units	Persons (aged 65 and over) per 100,000 population (65+)
Further Guidance	
Additional Information	See the note on inclusion of social care indicators on page 3

Table 7j: Social Care	
Domain Social care	Sub-domain 50. Persons (aged 65+) entitled to Carer's Allowance. ^{a,b}
Data Source	^a Department of Work and Pensions (DWP) ^b Office for National Statistics (ONS)
Reporting Organisation	South West Public Health Observatory
Time Period	^a August 2011 ^b 2010
Rationale	Support for carers is a key part of support for vulnerable people, including those at the end of life. Support for carers enables them to continue with their lives, families, work and contribution to the community. This indicator provides an alternative measure for the number of carers aged 65 and over. See also indicator 48.
Definition	Crude rate of persons aged 65 and over known by DWP to be entitled to Carer's Allowance, per 100,000 population aged 65+.
Methodology	Numerator (x) is DWP Carer's Benefit data (entitlement caseload), subset for people aged over 65 years. Source: Carer's Allowance - all entitled cases Caseload (Thousands) : Local Authority of claimant by Age of claimant, August 2011 extract, latest available snapshot downloaded from DWP Tabulation Tool (May 2012): http://83.244.183.180/100pc/ca_ent/tabtool_ca_ent.html Denominator (y) is persons aged 65 and over (ONS mid-year estimated population 2010). The indicator value is: $(x/y)*100,000$ Confidence intervals are not publically available.
Interpretation of Indicator	Higher rates may indicate greater need or possibly better awareness of or access to Carer's Allowance in an area. This indicator is a measure of the DWP entitlement caseload (Carer's Allowance, persons 65+yrs) rather than of the actual number of people who may be entitled in an area. In addition, not all of those known to be entitled are necessarily in receipt of payment.
Coverage	Local Authority (LA)
Units	Persons (aged 65 and over) per 100,000 population (65+)
Further Guidance	N/A
Additional Information	See the note on inclusion of social care indicators on page 3

Table 8: Social Care (SC) Expenditure	
Domain Social care expenditure	Sub-domain 51. Gross residential and nursing care (£'000s per 100,000 aged 65+). ^{a,b} 52. Gross residential and nursing care, less NHS section 256 (£'000s per 100,000 aged 65+). ^{a,b} 53. Home care (£'000s per 100,000 aged 65+). ^{a,b} 54. Direct payments (£'000s per 100,000 aged 65+). ^{a,b} 55. Day care or day services (£'000s per 100,000 aged 65+). ^{a,b} 56. Meals (£'000s per 100,000 aged 65+). ^{a,b}
Data Source	^a Health and Social Care Information Centre (HSCIC) ^b Office for National Statistics (ONS)
Reporting Organisation	South West Public Health Observatory
Time Period	^a 2010/11 ^b 2010
Rationale	Social care is important for the well being of many people at end of life.
Definition	Crude rate of expenditure (£'000s) per 100,000 persons aged 65+
Methodology	Numerator (x): For each of the social care expenditure indicators as follows: 51. Gross total spend on residential and nursing care for older people (65+) during year ended 31 March 2011 (£'000s). 52. Gross total cost spend (less income from joint arrangements, Income from NHS (Section 256) and other income) on residential and nursing care for older people (65+) during year ended 31 March 2011 (£'000s) 53. Gross total cost for home care to older people (65+) during year ended 31 March 2011 (£'000s) 54. Gross total cost for direct payments to older people (65+) during year ended 31 March 2011 (£'000s) 55. Gross total cost for day care or day services for older people (65+) during year ended 31 March 2011 (£'000s) 56. Gross total cost for providing meals to older people (65+) during year ended 31 March 2011 (£'000s) Source: from Final_Council_Level_Unit_Costs_Data_2010_11.xls within the reporting suite for personal social services expenditure and unit costs available at the following web link: http://www.ic.nhs.uk/statistics-and-data-collections/social-care/adult-social-care-information/personal-social-services-expenditure-and-unit-costs-2010-11-final-release Denominator (y) is persons aged 65 and over (ONS mid-year estimated population 2010). The indicator value is: $(x/y) * 100,000$ Confidence intervals are not publicly available.
Interpretation of Indicator	The levels of expenditure on aspects of social care may provide an

	<p>indication of access to these social services. These snapshots of social care expenditure are for persons aged 65 and over as reported through Local Authorities in 2010/11, not all of whom will be the near end of their life.</p> <p>Some end of life care funding is provided through PCTs. This is described in the National End of Life Care Profiles for PCTs, indicator 42. (http://www.endoflifecare-intelligence.org.uk/end_of_life_care_profiles/primary_care_trust_profiles.aspx)</p>
Coverage	Local Authority (LA)
Units	Average annual expenditure (£'000s) per 100,000 population (65+)
Further Guidance	
Additional Information	See the note on inclusion of social care indicators on page 3

Further information

This guide is available online at:

www.endoflifecare-intelligence.org.uk

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About the National End of Life Care Intelligence Network

The Department of Health's National End of Life Care Strategy, published in 2008, pledged to commission a National End of Life Care Intelligence Network (NEoLCIN). The Network was launched in May 2010. It is tasked with collating existing data and information on end of life care for adults in England. This is with the aim of helping the NHS and its partners commission and deliver high quality end of life care in a way that makes the most efficient use of resources and responds to the wishes of dying people and their families.

Key partners include the National Cancer Intelligence Network (NCIN), which will work closely with the Network to improve end of life care intelligence; and the South West Public Health Observatory, lead public health observatory for end of life care, which hosts the NEoLCIN website. The SWPHO has been commissioned to produce key outputs and analyses for the Network, including the national End of Life Care Profiles.

See www.endoflifecare-intelligence.org.uk for more information about the Network and its partners.

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