



Improving health and care

The role of the outcomes frameworks

The role of the outcomes frameworks

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Prepared by

DH Strategy Group

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Foreword

The Department's overarching aim is to enable people to live better for longer, which will be achieved by improving the health and care outcomes that matter to people. Across health and care, these outcomes are wide ranging. They include for example, protecting people from major incidents and threats, ensuring people have a positive experience of care and support, and increasing life expectancy.

The government has sought to focus the health and care system on improving outcomes, rather than focus solely on process measures. This will ensure that clinicians and carers are liberated to provide the best care that meets the needs of individuals. This has recently been put on an even stronger footing with the publication of the government's first mandate to the NHS Commissioning Board.¹ Through the mandate, the government is asking the Board to focus on improving outcomes for the NHS.

Improved outcomes across the whole of the health and care system can only be achieved when all parts of the system work together. This document, 'Improving Health and Care: the role of outcomes frameworks', supports that joint working by setting out how the outcomes frameworks will help to improve transparency and accountability, support implementation at all levels of the system, and become more closely aligned to improve what matters to people.

Each part of the system has its own outcomes framework, reflecting the different priorities and accountability mechanisms. However, for the first time, we are refreshing all three outcomes frameworks at the same time. These refreshed outcomes frameworks place a greater emphasis on the use of shared and complementary indicators, highlighting shared responsibilities and goals, and facilitating joint working.

A clear focus on outcome measures, with regular publication of local level data, supports improvements in the quality of care through increased transparency and more effective accountability, both locally and nationally. The outcomes frameworks offer a way of measuring progress towards achieving our aims.

As we go forward, we will continue to work with each part of the system to improve the integration and consider closer alignment of all three outcomes frameworks.



Una O'Brien, Department of Health Permanent Secretary

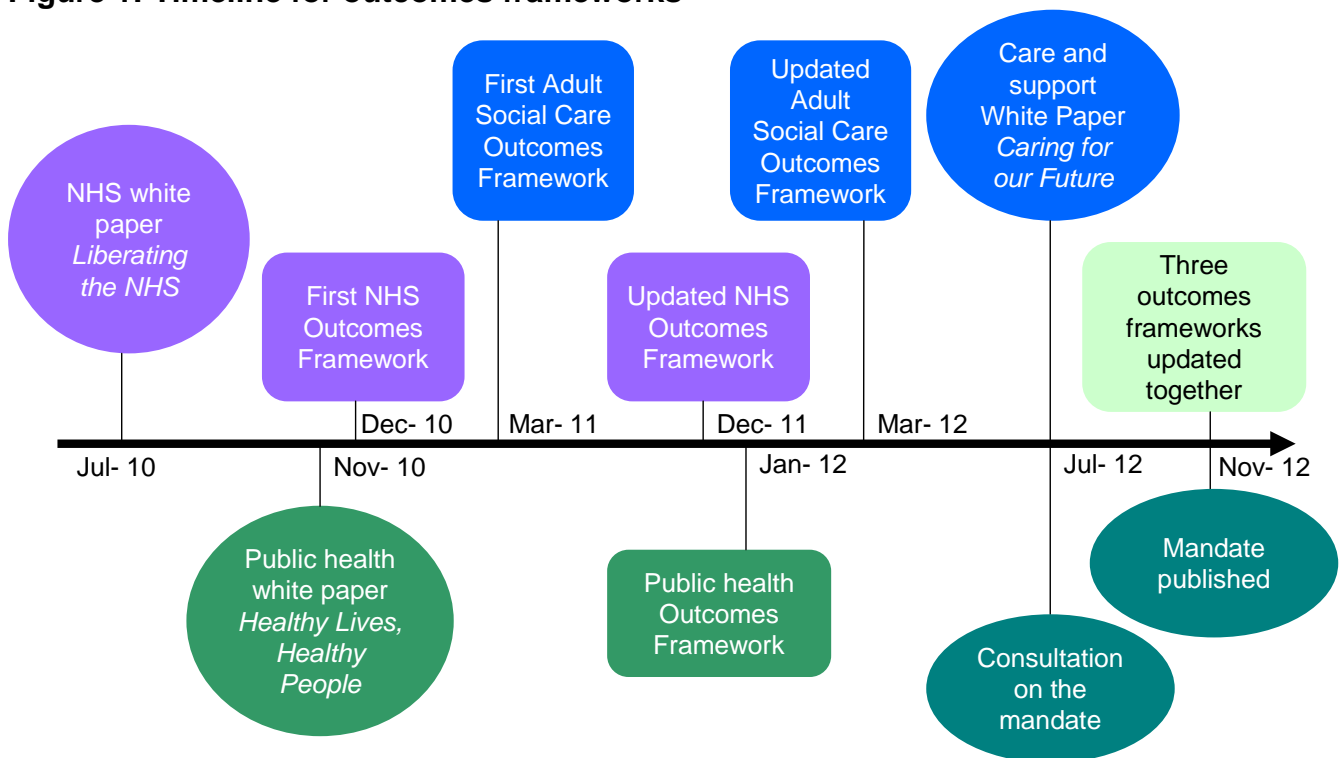
1. About the outcomes frameworks

- There are three outcomes frameworks, one each for public health, adult social care and the NHS.
- The outcomes frameworks set out high level areas for improvement, alongside supporting indicators, to help track progress without overshadowing locally agreed priorities.
- They will help to ensure that common challenges are highlighted at the local level across the health and care system, informing local priorities and joint action, whilst reflecting the different accountability mechanisms in place.

The three outcomes frameworks

1. Since 2010, the Department of Health has published three outcomes frameworks, one for each part of the health and care system. The outcomes frameworks for Public Health, Adult Social Care and the NHS are intended to provide a focus for action and improvement across the system. Each of the outcomes frameworks include the main outcomes that represent the issues across health and care that matter most to all of us. This autumn, all three outcomes frameworks are being refreshed concurrently (see figure 1).

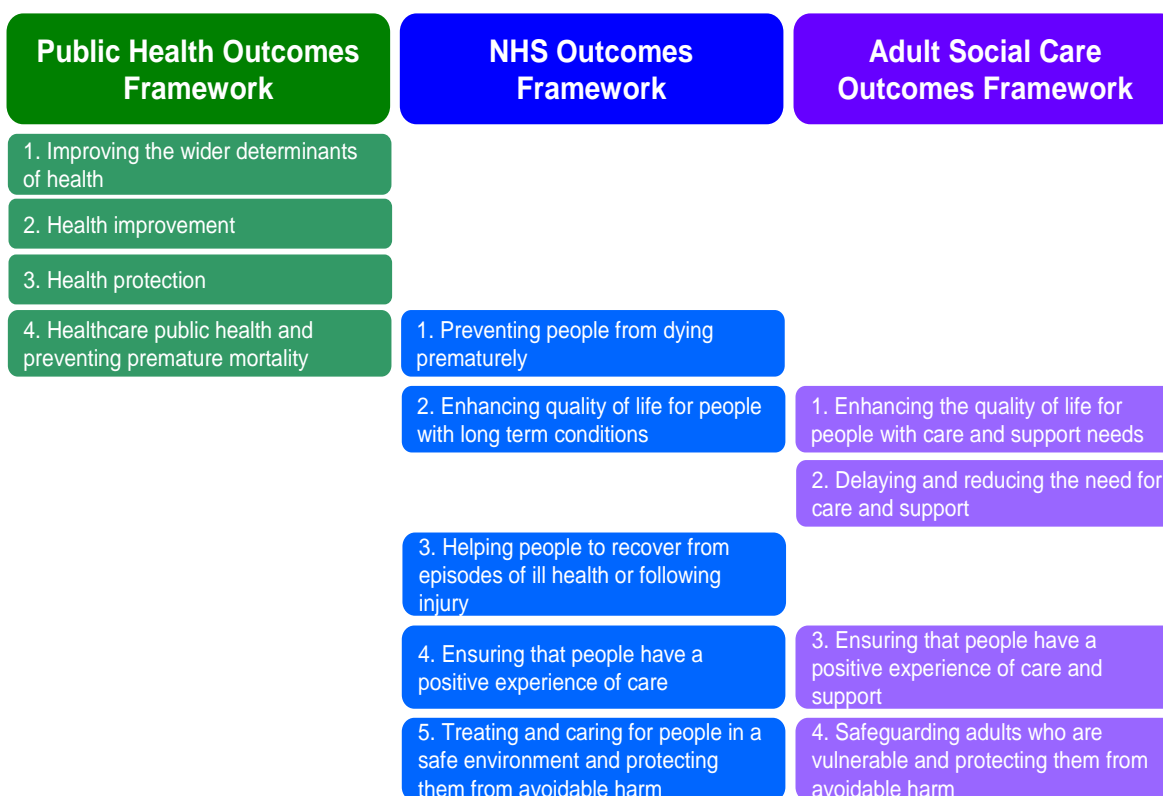
Figure 1: Timeline for outcomes frameworks



The role of the outcomes frameworks

- Each of the outcomes frameworks has a number of ‘domains,’ which cover at a high level the main areas where the government would like to see improvement (see figure 2). For example, the NHS Outcomes Framework has a domain covering helping people to recover from episodes of ill health or illness. Similarly, the Public Health Outcomes Framework prioritises reduction of health inequalities through improving the wider determinants of health, such as contributing to reducing re-offending. The Adult Social Care Outcomes Framework includes a domain that focuses on delaying and reducing the need for care and support.

Figure 2: The three outcomes frameworks



- These domains are supported by more detailed indicators to enable progress in improving outcomes to be tracked. In many cases, the different outcomes frameworks have shared or complementary indicators because they share similar goals. The refreshed outcomes frameworks demonstrate increased alignment by drawing on a greater number of shared and complementary measures than ever before.
- For example, the NHS and adult social care outcomes frameworks share goals on ensuring positive experiences of care, while the NHS and public health outcomes frameworks share goals on preventing people from dying prematurely. This increased alignment will support local partners across the health and care system to identify common ground, providing the basis for more integrated working locally.

The role of the outcomes frameworks

5. The three outcomes frameworks have been co-produced with main stakeholders and are different, reflecting the different accountability mechanisms in public health, adult social care and the NHS. The Public Health Outcomes Framework identifies areas for action, including across local and central government and other partners. The Adult Social Care Outcomes Framework supports the social care sector's efforts to drive improvement and performance, and is used by central government to set direction in adult social care, and tracking progress nationally. Through the government's mandate to the NHS Commissioning Board, the NHS Outcomes Framework will play a central role in holding the NHS Commissioning Board to account for delivering improved health outcomes at the national level. The Board will then be responsible for developing indicators for Clinical Commissioning Groups (CCG) populations to help drive quality at the local level.

6. The outcomes frameworks can be found on the Department of Health website at: <http://www.dh.gov.uk/health/tag/outcomes-framework/>

7. For information on the outcomes frameworks, please contact:

The NHS Outcomes Framework: nhsoutcomesframework@dh.gsi.gov.uk

The Public Health Outcomes Framework: phof@dh.gsi.gov.uk

The Adult Social Care Framework: Jennifer.byrom@dh.gsi.gov.uk

Why a focus on outcomes?

8. In the past, the health and care system has been dominated by centralised top down targets and process measures. Evidence from international sources and from other sectors suggests that process based targets can remove local control for delivering better health outcomes.² Top-down targets can reduce innovation and crowd out the fundamental objectives of reducing death and illness, increasing safety and improving patient and user experience more broadly.

9. The government's mandate to the NHS Commissioning Board, as well as recent white papers in public health, the NHS and adult social care have all set out the government's intention to re-focus the health and care system on people and the outcomes that matter most to them.³ The right information, focused on what matters to people, supports commissioners and providers of care to drive up standards. It helps identify local priorities for care and support, and allows local measurement of pace of improvement towards those priorities.

10. The outcomes frameworks provide the health and care system, the public and Parliament with robust and comparable outcomes-focused information, which show how far the system is delivering better outcomes for patients and users. They allow local partners to compare their performance against others, stimulating conversation, learning and the spread of best practice. This approach allows services to concentrate on what matters to people.

The role of the outcomes frameworks

11. This unprecedented freedom for the health and care system to develop innovative approaches to improvement requires transparent and accessible information to support accountability. The outcomes frameworks represent a breakthrough in the way progress is tracked by providing the outcome-focused information the system needs to drive forward improvement.⁴ The focus on outcomes provides local areas with new levels of freedom to make their own decisions on how to achieve better outcomes, whilst allowing service users and the public to hold them to account.
12. As steward of the health and care system, the Department has a responsibility to ensure that the system is fit for purpose and sustainable for the future, with a focus on continuous improvement. The Department oversees a system that enables people to live better for longer and offers better health, better care and better value for all. The outcomes frameworks provide assurance and accountability and provide a focus for quality improvement. Progress toward meeting these challenges and achieving the overall aims can be measured through the outcomes frameworks, which we will continue to further align and improve as we go forward.

2. Working together to achieve success

- Alignment of the outcomes frameworks is essential to meet the Department's aims for the health and care system. This alignment is supported by shared and complementary indicators, which will encourage joint working, integration of care, and coordination of services.
- At a local level, the principal vehicle for joint working at the local level will be health and wellbeing boards.
- Health and wellbeing boards are able to draw on all the outcomes frameworks if they so wish, to help inform strategic planning through Joint Strategic Needs Assessments, and Joint Health and Wellbeing Strategies, which must underpin local commissioning plans.

Aligning the health and care outcomes frameworks

1. Alignment of the three outcomes frameworks will be essential if we are to meet the challenges faced by the health and care system. Together they form a three-way alliance, supporting the system to address challenges in an integrated way and providing a focus for quality improvement across the system.
2. As a result, the outcomes frameworks have been, and continue to be, increasingly aligned to reflect areas of shared responsibility and priority in improving health outcomes and this autumn the outcomes frameworks are being refreshed simultaneously and published alongside each other to support local planning and delivery. They set out clearly where the different parts of the health and care system share responsibility for improving outcomes.

Shared and complementary indicators

3. In many cases, different parts of the system have shared or mutually supportive goals. The refreshed outcomes frameworks have an increased and more systematic use of shared and complementary indicators, supporting joint working toward shared goals. The shared and complementary indicators help provide a focus for joint working and shared priorities.
4. Figure 3 provides examples of how shared and complementary indicators work in practice. Annex A sets out in more detail those indicators shared between and complementary to the three outcomes frameworks.

Figure 3: Shared and complementary indicators

<i>Shared indicators</i>	<i>Complementary indicators</i>
<p>Used where outcomes frameworks have shared responsibility and the same indicator is included in each.</p> <p>For example, the NHS and public health system share responsibility to reduce hospital readmissions within 30 days of discharge from hospital</p>	<p>Used where each outcomes framework has different measures that consider the same issue.</p> <p>For example, the NHS Outcomes Framework has an indicator relating to the health-related quality of life for people with long term conditions while the Adult Social Care Outcomes Framework has an indicator that measures social care related quality of life.</p>

5. This alignment of indicators provides incentives for different parts of the health and care system to work together to integrate care and coordinate services in the interests of patients, services users, their carers and families. Box 1 provides an example of how the outcomes frameworks work together to focus on one outcome – preventing people from dying prematurely.

Box 1 - Focus on mortality - preventing people from dying prematurely

The public health and NHS outcomes frameworks share many indicators on premature mortality. Reducing premature mortality is a priority area for the Secretary of State. The Mandate sets an ambition for England to become one of the most successful countries in Europe at preventing premature deaths and the focus in the outcomes frameworks will be just one element of the approach to tackle preventable mortality.

Shared indicators in the two outcomes frameworks will mean that in addition to continuing their traditional roles, with public health covering prevention and the NHS covering treatment, they will each work harder to support a more holistic approach. When taken together, the public health and NHS outcomes frameworks can help articulate what can be done to reduce levels of avoidable premature mortality across the health and care system through focusing on prevention, early diagnosis and treatment. For example, the public health indicator on smoking prevalence will help us understand how well we are doing to prevent some cancers, whilst through the public health indicator on rates of cancer diagnosis at stages 1 and 2 we will be more able to see how much earlier we are diagnosing cancer. This increases our chances of survival as demonstrated through the corresponding indicators within the NHS Outcomes Framework on cancer survival.

The role of the outcomes frameworks

6. The three outcomes frameworks also support the three parts of the health and care system in providing the right care and support to particular groups of people who require services. Box 2 provides just one example of how the outcomes frameworks work across health and care for older people.

Box 2 – The comprehensive system – supporting older people

There are several areas of commonality across the adult social care and NHS outcomes frameworks, reflecting the joint contribution of health and social care to these outcomes, in particular for older people.

For example, tackling dementia is a priority area for the Secretary of State. The Mandate reflects the government's aims that the NHS should be the best in Europe at supporting people with ongoing health problems to live healthily and independently, with control over the care they receive and to make the diagnosis, treatment and care of people with dementia in England the best in Europe.

Dementia is a big concern for many older people and the outcomes frameworks come together to support older people across the spectrum of prevention, early diagnosis and, if needed, care. The three outcome frameworks are linked through this high priority area with a shared indicator between the Public Health Outcomes Framework and the NHS Outcomes Framework to estimate the diagnosis rate for people with dementia and a shared placeholder between the NHS Outcomes Framework and the Adult Social Care Outcomes Framework on the effectiveness of post-diagnosis care in sustaining independence and improving life quality for people living with dementia.

7. The outcomes frameworks also provide a focus for different conditions as shown in Annex B. For example, on chronic obstructive pulmonary disease (COPD), the outcomes frameworks support joint working between public health and the NHS with shared aims on prevention and improving information.⁵ Similarly, the outcomes frameworks for public health and the NHS promote the importance of diagnosing dementia; and the adult social care and NHS outcomes frameworks include a placeholder measure to promote joined up working to improve the quality of life for people with dementia.

Coming together at the local level

8. The outcomes frameworks ensure that challenges are highlighted at the local level across the health and care system, and provide a common basis for action. The principal vehicle for joint working at the local level will be health and wellbeing boards. Health and wellbeing boards will bring the whole system together at a local level and will maximise opportunities to deliver integrated care across the NHS, public health and social care services, and influencing the wider determinants of health.

The role of the outcomes frameworks

9. Health and wellbeing boards will be able to draw on all the outcomes frameworks, if they wish, to help inform strategic planning through Joint Strategic Needs Assessments (JSNAs), and Joint Health and Wellbeing Strategies (JHWSs), which must underpin local commissioning plans. In this way, the outcomes frameworks can be used to support local strategic planning; however, they should not overshadow locally agreed priorities. Boards may also chose to use indicators from the outcomes frameworks to transparently measure their joint progress in improving outcomes for their local community. Health and wellbeing boards will promote joined up commissioning that will support integrated provision of services across the local health and social care system and beyond.

3. Implementing the outcomes frameworks

- The three outcomes frameworks have different groups of stakeholders and different accountability mechanisms. Implementation of the frameworks will reflect these differences.
- Looking forward, we will continue to further improve and align the outcomes frameworks across the NHS, public health and adult social care, through the greater use of shared and complementary measures.

The three outcomes frameworks

1. The three outcomes frameworks cover different areas of the health and care system, each of which have their own accountability mechanisms. Therefore, the way in which each outcomes framework is implemented and used to support the improvement in outcomes is different.
2. All three will increase transparency, showing how the health and care system is performing at the national and local level, increasing accountability across public health, adult social care and the NHS. The outcomes frameworks will act as catalysts for driving quality improvement and outcome measurement.

The Public Health Outcomes Framework

3. The Public Health Outcomes Framework sets the context for the public health system, from local to national level, setting out the broad range of opportunities to improve and protect health across the life course and to reduce inequalities in health that still persist. Achieving these outcomes requires the collective efforts of all parts of the public health system, and across public services and wider society in implementation.
4. Guiding the relationship between national and local government is the principle of localism. It will be for local authorities, who must have regard to the Public Health Outcomes Framework through their responsibility for public health, to demonstrate improvements in public health outcomes. This will be done in partnership with health and wellbeing boards in taking joint action to address local health and wellbeing needs.
5. Public Health England (PHE) will play a major role in developing supportive relationships with local authorities, providing expertise and constructive challenge to local authority performance in public health. The role of PHE in improving outcomes will be set out in a framework agreement between PHE and the Department of Health that will form the basis of a clear line of accountability with the PHE Operating Model setting out further detail.⁶

The role of the outcomes frameworks

6. PHE will regularly publish Public Health Outcomes Framework performance information at England and upper tier local authority level, along with a disaggregation of data by significant equalities and inequalities characteristics where available. They will also publish tools that support benchmarking of outcomes between and within local areas to provide insights into performance; this information will assist local leaders in developing their strategies to improve the health and wellbeing of their populations as they seek to understand how well their local services are supporting them. The publication of data by PHE will make the outcomes framework an essential tool alongside the NHS, Adult Social Care and other sectors' outcomes frameworks for driving local sector-led improvement.

The Adult Social Care Outcomes Framework

7. 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'⁷, and 'Transparency in Outcomes: a framework for Adult Social Care.'⁸ The Adult Social Care Outcomes Framework for 2013/14 will support councils to rise to the challenge of delivering White Paper priorities, by providing a clear focus for local priority setting and improvement, and by strengthening the accountability of councils to local people.
8. The purpose of the Adult Social Care Outcomes Framework is three-fold:
 - Locally, the framework supports councils to improve the quality of care and support. By providing robust, nationally comparable information on the outcomes and experiences of local people, the framework supports meaningful comparisons between councils, helping to identify priorities for local improvement, and stimulate the sharing of learning and best practice;
 - The framework fosters greater transparency in the delivery of adult social care, supporting local people to hold their council to account for the quality of the services they provide. An important mechanism for this is through councils' local accounts, where the framework is already being used as a robust evidence base to support councils' reports of their progress and priorities to local people;
 - Nationally, the framework measures the performance of the adult social care system as a whole, and its success in delivering high quality, personalised care and support. The framework will support Ministers in discharging their accountability to the public and Parliament for the adult social care system as a whole, and will inform and support national policy development.
9. Alongside the shift from process to outcome measures, in adult social care we are moving towards a system of devolved accountability, with fewer central levers over performance. Under this approach, success in delivering the outcomes in the Adult Social Care Outcomes Framework will be driven by sector led improvement. This programme supports local authorities to take responsibility for their own performance and improvement, developing a system of performance management 'by councils for councils'. It has been developed by national social care partners in close collaboration with the Department.⁹

The role of the outcomes frameworks

10. The Adult Social Care Outcomes Framework is already being used by the sector to measure its performance on the strength of the outcomes it delivers. Locally, the Adult Social Care Outcomes Framework is being used in local accounts, and is the councils' main tool for setting out their priorities and progress for local scrutiny. Nationally, the Towards Excellence in Adult Social Care improvement programme, led by the sector, has published its first national progress report, drawing on 2011/12 framework data. The report, the first to be written by councils themselves, will act as a baseline for measuring the pace of progress by the sector against its priorities, as well as improving the evidence base to support national policy-making and oversight of the system. Future sector progress reporting will draw on a wider range of information, strengthening the breadth and depth of the picture, but with the framework remaining at its core.

The NHS Outcomes Framework

10. From April 2013, the NHS Outcomes Framework will form part of the way in which the Secretary of State will hold the new NHS Commissioning Board to account for the commissioning system in the English NHS. The Department of Health will provide strategic direction and stewardship, allocate funding to the Board, and set objectives for it in the mandate. The Board must seek to achieve these objectives and the mandate will be at the heart of the accountability relationship between the Board and the Department of Health. The mandate to the NHS Commissioning Board represents the first time that the government has been legally required to set out the objectives for the NHS, and provides an important degree of transparency.
11. Improving health outcomes forms a core part of the mandate, which asks the NHS Commissioning Board to make continuous progress across all of the five domains and the outcome indicators in the NHS Outcomes Framework. The NHS Commissioning Board will develop indicators for CCG populations to help drive quality in the new system. Covering £60billion of services commissioned by CCGs across the NHS it will translate the NHS Outcomes Framework into clear, comparative data on the quality of services that CCGs commission for their local populations and the outcomes achieved for patients.
12. These indicators for CCG populations will reflect all of the NHS Outcomes Framework indicators shared between the NHS and public health or adult social care. This will ensure that the NHSCB can hold clinical commissioning groups to account for achieving outcomes that depend on integration with the public health and social care systems.

Improving people's experience of integrated care

13. In January 2012, the NHS Future Forum, responding to the views of patient, service user and care organisations, reported that too often patients experience gaps in service provision, failures in communication, and poor transitions between services. National Voices reported that integrated care was the top demand from patient, service user and carer organisations who wanted care to be co-ordinated and personalised around the patient. As highlighted by the Future Forum: "Integration is a vitally important aspect of the

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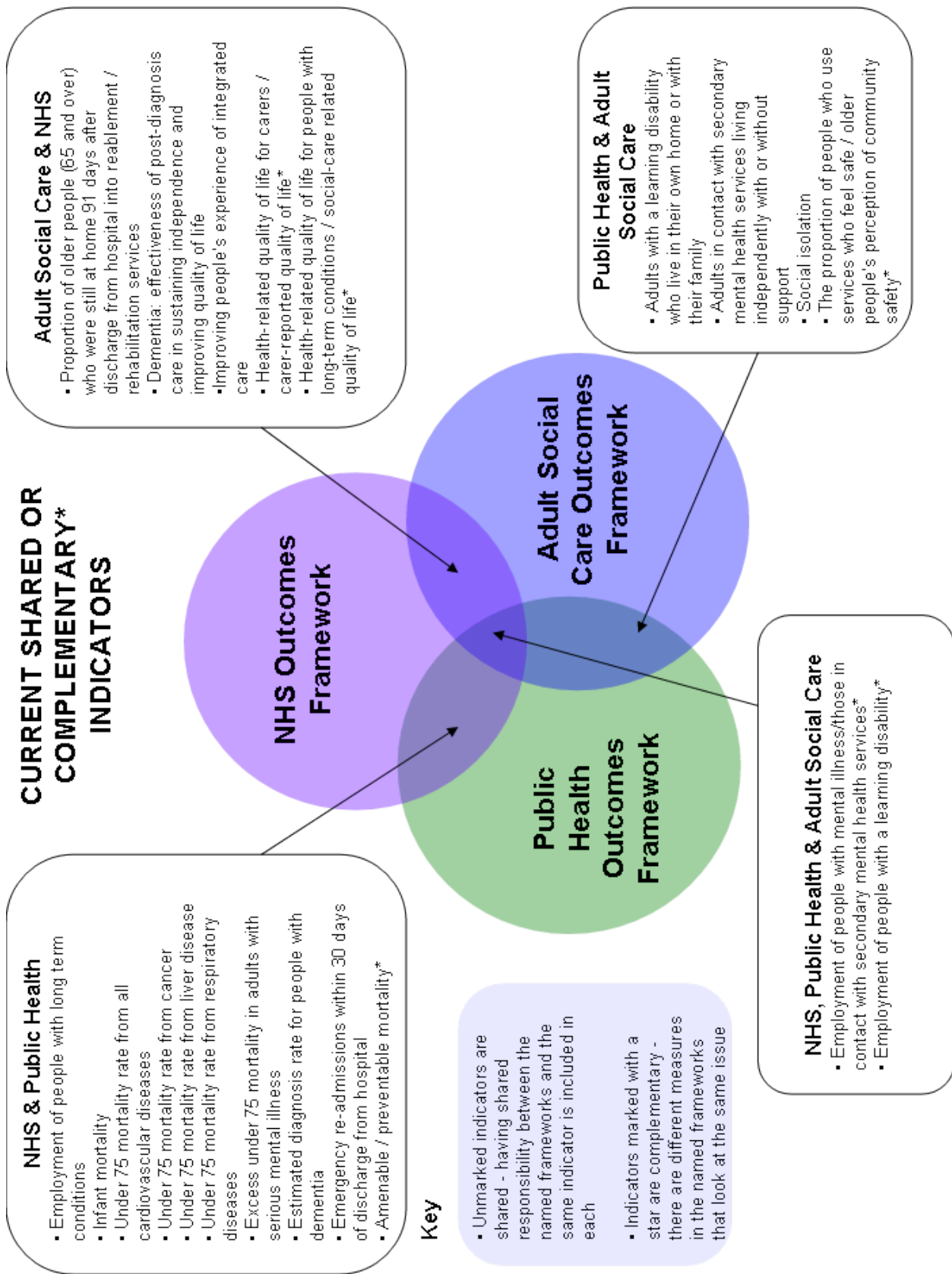
experience of health and social care for millions of people. It has perhaps the greatest relevance for the most vulnerable and those with the most complex and long term needs.”

14. However, at present, no direct measurement of people’s experience of integrated care exist. In July 2012, we published the social care white paper ‘Caring for our Future’ which restated our commitment for a clear, ambitious and measurable goal to drive further improvements in people’s experience of integrated care¹⁰.
15. Research work aimed at advancing a methodology for capturing patient experience of integrated care is currently underway. Once available, this will be included within the adult social care and NHS outcomes frameworks. We also plan to include shared or complementary measures based upon these indicators within the Public Health Outcomes Framework, where feasible to do so in the next multi-year framework from 2016. For 2013/14, the NHS Outcomes Framework and the Adult Social Care Outcomes Framework share a placeholder on improving people’s experience of care and support

Next steps

16. Looking forward, the three outcomes frameworks will play an important role as the changes across the health and care system come into effect from April 2013. The Department of Health will continue to work with the system to improve the alignment of the outcomes frameworks from the overarching level down to the detail of the individual measures.

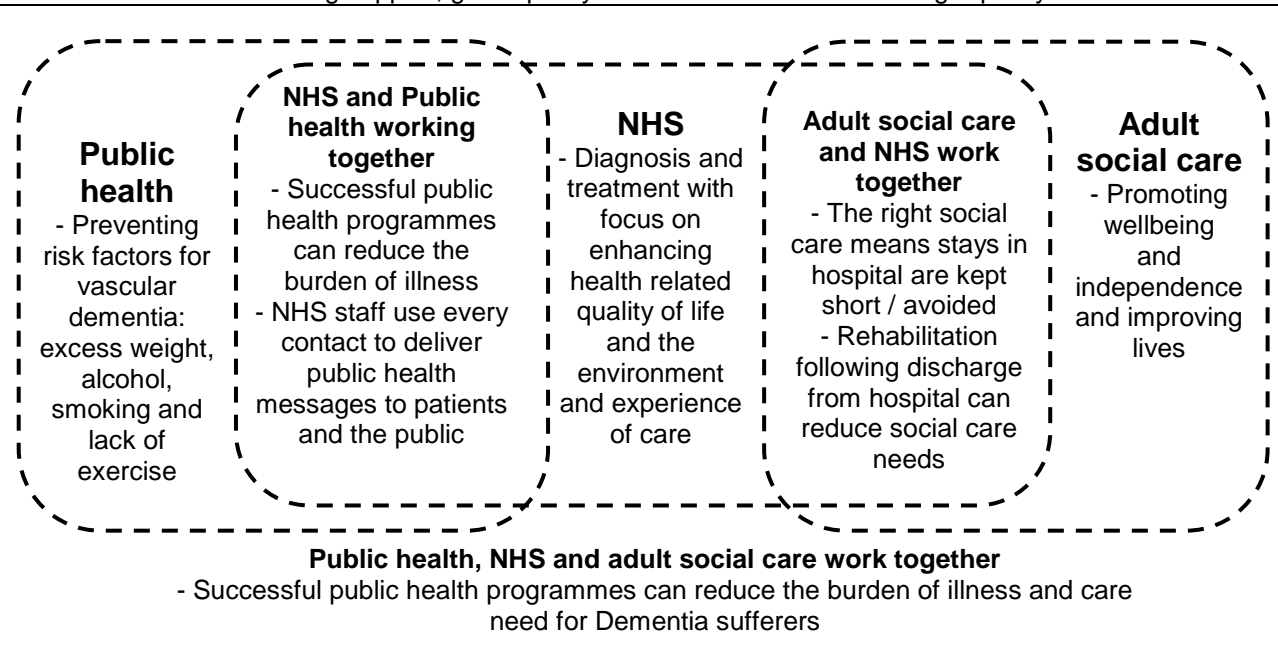
Annex A: The three outcomes frameworks, current shared or complementary* indicators



Annex B

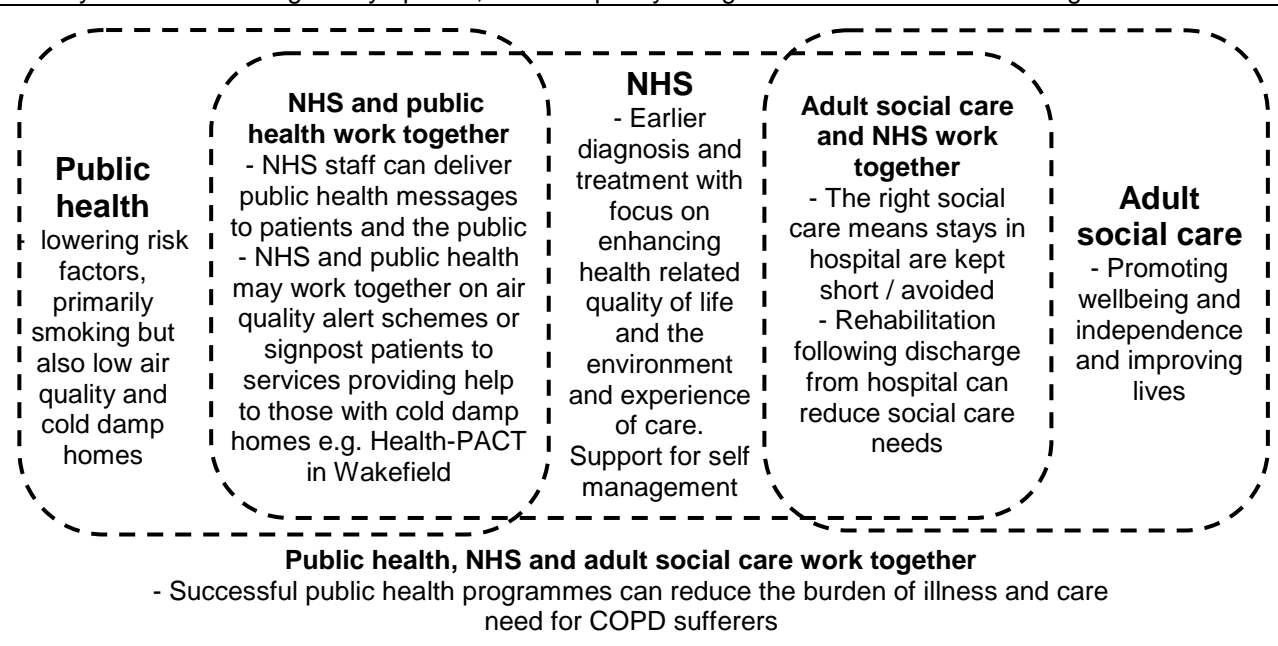
Working across the health and care system on dementia

Dementia is a syndrome associated with an ongoing decline of the brain and its abilities including memory, thinking, language, understanding and judgement. There are different types of dementia, currently, only vascular dementia is preventable. Risk factors for vasular dementia are similar to those for other illnesses. For other forms of dementia prevention is less well understood but protective factors may include keeping the brain active. Quick and competent assessment with an accurate diagnosis are important in dementia as well as access to continuing support, good quality information and access to high quality care in the home.



Working across the health and care system on COPD

Chronic obstructive pulmonary disease (COPD) is the name for a collection of lung diseases including chronic bronchitis, emphysema and chronic obstructive airways disease. People with COPD have trouble breathing in and out. This is referred to as airflow obstruction. Breathing difficulties are caused by long term damage to the lungs, usually because of smoking. Severe COPD can be prevented by making lifestyle changes including stopping smoking, which can also slow worsening of the disease. Treatment for COPD usually involves relieving the symptoms, for example by using an inhaler to make breathing easier.



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1 Department of Health (November 2012) 'The Mandate: a mandate from the Government to the NHS Commissioning Board: April 2013 to March 2015'

<https://www.wp.dh.gov.uk/publications/files/2012/11/mandate.pdf>

2 For example, Use of Targets to Improve Health System Performance: English NHS Experience and Implications for New Zealand, Nicholas Mays, NEW ZEALAND TREASURY WORKING PAPER 06/06 JULY 2006

3 In public health, the 2010 white paper, Healthy Lives, Healthy People³ set out the intention for the new public health system to be refocused around achieving positive health outcomes for the population and reducing inequalities in health. In the NHS, the 2010 white paper Liberating the NHS³ set out a plan to move away from processes towards outcomes. In adult social care, the 2012 White Paper Caring for our future: reforming care and support³ highlights the need to shift from a system which intervenes at the point of crisis to one which promotes outcomes including people's independence, connections and wellbeing.

4 Department of Health, (December 2011) 'NHS Outcomes Framework 2012/13' http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131700, Department of Health, (January 2012) 'A Public Health Outcomes Framework for England 2013-16' http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132358, Department of Health, (March 2011) 'Adult Social Care Outcomes Framework' http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_133334 NHS Outcomes Framework 2011/12

5 Air quality alert information for Wakefield from

<http://www.wakefielddistrict.nhs.uk/news/news/newsArticle/index.cfm?cid=555&fontSize=lrg>

6 Department of Health (December 2011) 'Public Health England's Operating Model'

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_131892.pdf

7 Department of Health (November 2010) 'A vision for adult social care: capable communities and active citizens'

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_121971.pdf

8 Department of Health (November 2010) 'Transparency in outcomes: a framework for adult social care':

http://www.dh.gov.uk/en/Consultations/Closedconsultations/DH_121509

9 The adult social care sector led improvement programme is governed by the Towards Excellence in Adult Social Care Board. The Board's membership is drawn from DH and its social care partners, including ADASS and SOLACE.

10 Department of Health (July 2012) 'Caring for our Future: reforming care and support' White paper

<http://www.dh.gov.uk/health/files/2012/07/White-Paper-Caring-for-our-future-reforming-care-and-support-PDF-1580K.pdf>