

Statement of Administrative Sources



Annex B: Supporting metadata

Organisation	The Information Centre for Health and Social Care (The NHS Information Centre for health and Social Care) http://www.ic.nhs.uk/	
Enquiries	Please contact the NHS Information Centre (NHS IC) Contact centre Telephone: 0845 300 6016 and email: enquiries@ic.nhs.uk	
Responsible Statistician	Name: Paul Niblett Section: Social Care Statistics	
Section 1: Statistical End Product	People registered as Deaf or Hard of Hearing Year Ending March, England	
Section 2: Original Administrative/Management Source/System	Name	Register for the Deaf and Hard of Hearing
	Name of the organisation responsible	Councils with adult Social Services Responsibilities (CASSR's)
	Purpose of the administrative source	Managing service users care.
	Unit of Inquiry	Person registered as Deaf or Hard of Hearing aggregated to CASSR level.

Information provided is believed to be correct as of Feb 2012 and may be subject to change.

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	Intended Coverage	All people registered as Deaf or Hard of Hearing. Note that registration is voluntary.
	Actual Coverage	All people registered as Deaf or Hard of Hearing
	Geographical Coverage	England
	Lowest level of Geographical Coverage	CSSR
	Extent to which statistical end-producers can influence system?	There is a quarterly Adult Review Group (ARG) meeting which is chaired by the NHS IC and attended by Council representatives, the Department of Health, Care Quality Commission and external parties interested in particular projects such as charity organisations. The minutes and papers for these meetings are published on the NHS IC web site at http://www.ic.nhs.uk/services/social-care/review-approval-and-development/adult-review-group
	Data definitions used	Guidance is given to councils in order for the aggregated returns to be completed. This is published on the NHS IC web site at http://www.ic.nhs.uk/services/social-care/social-care-collections
	Classification systems used	N/A
	Data Collection Process	1)Periodicity/Timing 2)Validation process
	Access Arrangements	Triennial The annual submission is signed off by senior management within the council.
	Dissemination Procedures	Data is collected via the Omnibus system which is an online data collection tool operated by the NHS IC. Authorised users have a log on and password in order to access the system. N/A

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	Publication procedure	N/A
	Timing/Periodicity of public release	N/A
	Nature of changes to system that could impact on statistics	Changes to the definitions of data items and discontinuation of data items following review and consultation could impact the continuity of time series in the statistics.
Section 3: Change Process	Any formal changes to the data collection, including adding or removing data items and clarifications to definitions, are discussed in detail through the Adult Review Group (chaired by the NHS IC and include representatives from councils, Department of Health, Care Quality Commission and other key stakeholders). The recommendations are then sent to the Outcomes & Information Development board (OIDB) for consideration and approval. The OID board is co-chaired by the Department of Health and the Association of Directors of Adult Social Services (ADASS) and includes the key stakeholders for adult social care.	
Section 4: The subsequent statistical production process	Validation procedures	The NHS IC data collection tools validate the data on submission. Further validations are conducted by the NHS IC Social Care Collection Team which includes: <ul style="list-style-type: none"> • Analysis of aggregated data against previous time series.
	Quality assessment	Information on the quality of the data is summarised in the publication
	Periodicity of release	Triennial
	Potential impact of changes to the source on the statistics produced	Changes to the definitions of data items and discontinuation of data items following review and consultation means that there is a break in the time series.
	Procedures for mitigating such discontinuities	There are no discontinuities in the time series but if there were, we would ensure that any discontinuities were clear, for example thick black lines across tables and charts containing trends and the inclusion of footnotes on all tables and charts.

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