

Measures from the Adult Social Care Outcomes Framework, England – 2011-12 - Final

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Executive Summary

On 31 March 2011, *Transparency in outcomes: a framework for adult social care*¹ announced the first Adult Social Care Outcomes Framework (ASCOF), covering the year 2011-12. The purpose of the ASCOF is two-fold:

- Nationally, the ASCOF report will give an indication of the strengths of social care and success in delivering better outcomes for people who use services.
- Locally, one of the key uses of the ASCOF is for 'benchmarking' and comparison between areas, enabling councils to compare their results with others. It will also support the "local account" of social care in an area by providing high-level information to underpin the narrative of these accounts.

This report contains the final figures for the 2011-12 ASCOF measures for England and supersedes the provisional ASCOF release in September 2012. The data that are used in the report are also available in CSV format and can be accessed on NASCIS.

A selection of ASCOF measures are commented on in this executive summary. The 2011-12 national values for all the measures are shown in Table 1 in the following overview section along with comparisons with 2010-11 where valid. Council level data for 2011-12 and 2010-11 are available as Excel annexes.

Enhancing quality of life for people with care and support needs

- The measure of social care related quality of life is calculated from responses to 8 questions in the Adult Social Care Survey (ASCS). A service user's answers to each question are given a score between 0 and 3 which relates to the level of needs they say they have across 8 different social care domains. Therefore the maximum score is 24 and the minimum is 0. In 2011-12, the average score was 18.7 which is the same as 2010-11². (*Measure 1A*).
- The proportion of service users and carers who received self-directed support was 43.0 per cent in 2011-12 compared to 29.2 per cent in 2010-11. It was highest for those service users aged 18-64 with a learning disability (58.8%) and lowest for those aged 18-64 with a mental health problem (14.6%). The proportion for older adults aged 65 or over was 45.2 per cent and the figure for carers of all ages was 44.6 per cent. (*Measure 1Ci*).
- When this is restricted to service users and carers just receiving a direct payment then the proportion is reduced to 13.7 per cent in 2011-12 compared to 11.7 per cent in 2010-11. The figure for those aged 18-64 with a learning disability changes to 25.0 per cent and the figure for carers of all ages is 34.7 per cent (*Measure 1Cii*).

Delaying and reducing the need for care and support

- There were 696 permanent admissions to residential care or nursing homes per 100,000 population for adults aged 65 or over in 2011-12. The equivalent number for adults aged 18-64 was 19. (*Measure 2Ai and ii*).
- The proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services was 82.7 per cent in 2011-12 which was an increase of less than 1 percentage point from 82.0 per cent in 2010-11. It was higher for

¹ http://www.dh.gov.uk/en/Consultations/Responsestoconsultations/DH_125464

² It should be noted that stratified sampling was introduced for the 2011-12 survey and there was also a change to the way in which councils were required to check that a service user had the capacity to take part in the survey. These changes should be considered when making comparisons over time although they are not expected to have had a noticeable affect when compared to the size of the confidence interval around these estimates.

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females (84.0%) than males (80.4%), and higher for adults aged 65-74 (87.3%) than 75-84 (84.2%) and 85+ (79.8%) (*Measure 2Bi*).

- The proportion of older people (65 and over) discharged from hospital into reablement/rehabilitation services with the clear intention that they will move on/back to their own home out of all those discharged from hospital was 3.2 per cent in 2011-12 which is similar to 2010-11. This was higher for females (4.1%) than males (2.3%), and higher for adults aged 85 or more (7.7%) than 75-84 (3.3%) and 65-74 (1.2%) (*Measure 2Bii*).

Ensuring people have a positive experience of care and support

- The proportion of service users who said they were extremely or very satisfied with their care and support was 62.8 per cent in 2011-12 which was similar to 2010-11³. It was slightly higher for those aged 18-64 (64.8%) than those aged 65 or more (61.8%). (*Measure 3A*).

Safeguarding people whose circumstances make them vulnerable and protecting from avoidable harm

- The proportion of service users who said they felt safe was 63.8 per cent in 2011-12 which was an increase from 62.4 per cent in 2010-11. This was higher for those aged 65 or more (65.6%) than for those aged 18-64 (60.6%). (*Measure 4A*).

³ It should be noted that stratified sampling was introduced for the 2011-12 survey and there was also a change to the way in which councils were required to check that a service user had the capacity to take part in the survey. These changes should be considered when making comparisons over time although they are not expected to have had a noticeable affect when compared to the size of the confidence interval around these estimates.

Overview

Table 1: All ASCOF measures for 2010-11 and 2011-12

Outcome code and description		Units	2010-11	2011-12
1A	Social care-related quality of life	Score out of 24	18.7	18.7
1B	Proportion of people who use services who have control over their daily life	%	75.0	75.1
1C i	Proportion of people using social care who receive self-directed support, and those receiving direct payments	%	29.2	43.0
1C ii	Proportion of people using social care who receiving direct payments		11.7	13.7
1D	Carer-reported quality of life	%
1E	Proportion of adults with learning disabilities in paid employment	%	..	7.1
1F	Proportion of adults in contact with secondary mental health services in paid employment	%	..	8.9
1G	Proportion of adults with learning disabilities who live in their own home or with their family	%	..	70.0
1H	Proportion of adults in contact with secondary mental health services who live independently, with or without support	%	..	54.6
2A i	Permanent admissions aged 18-64 to residential and nursing care homes, per 100,000 population	per 100,000 population	..	19.1
2A ii	Permanent admissions aged 65+ to residential and nursing care homes, per 100,000 population	per 100,000 population	..	695.9
2B i	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	%	82.0	82.7
2B ii	Proportion of older people (65+) discharged from hospital with the clear intention that they will move on/back to their own home out of those discharged from hospital	%	3.0	3.2
2C i	Average number of delayed transfers of care per 100,000 adult (18+) population	per 100,000 population	10.6	9.7
2C ii	Average number of delayed transfers of care which are attributable to social care per 100,000 adult (18+) population	per 100,000 population	4.1	3.7
3A	Overall satisfaction of people who use services with their care and support	%	62.1	62.8
3B	Overall satisfaction of carers with social services	%
3C	Proportion of carers who report that they have been included or consulted in discussion about the person they care for	%
3D	Proportion of people who use services and carers who find it easy to find information about services	%	74.2	73.8
4A	The proportion of people who use services who feel safe	%	62.4	63.8
4B	Proportion of people who use services who say that those services have made them feel safe and secure	%	..	75.5

.. = not available

- Measures 1A, 1B, 3A, 3D, 4A and 4D are based on the Adult Social Care Survey. Stratified sampling was introduced for 2011-12 and there was also a change to the way in which councils checked if a service user had the capacity to consent to take part in the survey. The impact of these changes is expected to be small in relation to the size of the confidence intervals of the survey estimates.
- Measures 1D, 3B and 3C are deferred for 2011-12 as they are taken from the Carers survey which takes place in 2012-13.
- Measures 1E and 1G are not comparable with 2010-11 as there has been a change to definition. The restriction to capture employment and accommodation status at assessment or review was removed. Instead service users could be included irrespective of whether they had had a review during the year, but the information did need to have been captured or confirmed within the reporting period 1 April 2011 to 31 March 2012.
- Measures 1F and 1H are based on MHMDS quarterly returns for 2011-12 and update the figures based on Q4 2011-12 published in September 2012. They are not considered comparable with 2010-11 data, however, because a new version of the dataset (MHMDS v4) was implemented in April 2011 and associated changes to the way the data is processed have had an impact on overall record volumes.
- Measures 2Ai and 2Aii are not comparable with 2010-11 due to the transfer of funding of service users with a learning disability from the NHS to councils. These service users were classed as new admissions in 2011-12 as the source of funding had changed even though they had been receiving a service previously. Chapter 3 has some more detailed results for this measure including an adjusted comparable figure.
- There has been a small change in 2011-12 to the data collection behind measures 2Bi and 2Bii. Those service users discharged from hospital and provided with a rehabilitation service following an assessment from social care services only, resulting in an individual support plan that involved active therapy, treatment or opportunity for recovery could be included. Previously only those where a joint health and social care assessment had taken place could be included. This is expected to have had a small effect.

Chapter 1 - Introduction

The Health and Social Care Information Centre (HSCIC) publishes a suite of reports on adult social care which cover:

- Activity – number of referrals, assessments, reviews and services received.
- Expenditure – amount spent by local authorities carrying out their social care activity including unit costs.
- Experience – surveys of service users and carers this includes questions on satisfaction with services received and quality of life of the individual.
- Workforce – the number and characteristics of staff employed by adult social services departments.
- Abuse of vulnerable adults - information on alerts and referrals to adult social care safeguarding teams.
- Adult Social Care Outcome Framework (ASCOF) – the series of measures in the framework.

These reports cover data provided by Councils with Adult Social Services Responsibilities (CASSRs) in England but not the independent sector. Therefore, it does not include people who pay entirely for their own care or people employed in the independent sector. It is estimated that around 170,000 (45%) of the registered care home places in England are occupied by self-funders and 170,000 older people pay for care in their own home. This increases to 270,000 if activities such as housework and shopping⁴ are included.

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On 31 March 2011, *Transparency in outcomes: a framework for adult social care*⁵ announced the first Adult Social Care Outcomes Framework (ASCOF), covering the year 2011-12.

The purpose of the ASCOF is two-fold:

- Nationally, ASCOF will give an indication of the strengths of social care and success in delivering better outcomes for people who use services.
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The handbook of definitions which is also available at the same link sets out the rationale for each measure and the full definition.

Text from the framework is quoted when introducing each chapter in the report and text from the handbook is quoted when introducing each measure.

Data Sources

This report combines data from several data sources:

- Adult Social Care Survey (ASCS) – used in measures 1A, 1B, 3A, 3D, 4A and 4B.
- Carers survey – 1D, 3B, 3C and 3D⁶.

⁴ See “An Analysis of Self-Funders in the Social Care Market” available from <http://ipc.brookes.ac.uk/publications/index.php?absid=646>

⁵ http://www.dh.gov.uk/en/Consultations/Responsestoconsultations/DH_125464

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- Referrals, Assessments and Packages of Care (RAP) – 1C.
- Adult Social Care Combined Activity Return (ASC-CAR) – 1E, 1G, 2A and 2B.
- Mental Health Minimum Dataset (MHMDS) – 1F and 1H.
- Delayed Transfers of Care (DTC) – 2C.
- Hospital Episode Statistics (HES) – 2B.
- ONS Mid-Year Population Estimates – 2A and 2C.

Further details on each of these data sources are given in appendix A.

For measures which use survey data, the number of respondents (the base) is also shown along with the value of the measure. This enables the user to assess how accurate the measure is given that it is taken from a survey. A more precise way of assessing the accuracy of the survey estimate is to use a confidence interval and these are given in the excel appendix along with the value of the measure. There is more discussion around confidence intervals and the different types of bias which can impact on surveys in appendix B.

⁶ The Carers survey does not take place until 2012-13 so measures 1D, 3B and 3C have been deferred until then while 3D is just based on the ASCS in 2011-12.

Chapter 2 - Enhancing quality of life for people with care and support needs

Introduction

This chapter of the report focuses on improving the lives of people who use social care services and support. Data within the findings comes from numerous sources including the Adult Social Care Survey⁷, the Referrals, Assessments and Packages of Care return (RAP), Carers Survey (from 2012-13 onwards), Adult Social Care Combined Activity Return (ASC-CAR) and the Mental Health Minimum Dataset (MHMDS).

The ASCOF framework states that “*the importance of measuring the enhancement of people’s quality of life are supported by the following outcome statements;*”

- *Carers can balance their caring roles and maintain their desired quality of life.*
- *People manage their own support as much as they wish, so that they are in control of what, how and when support is delivered to match their needs.*
- *People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation.”*

1A - Social Care related quality of life

The ASCOF handbook states that “*this indicator gives an overarching view of the quality of life of users based on outcome domains of social care related quality of life identified in the adult social care outcomes toolkit (ASCOT) developed by the Personal Social Services Research Unit*”⁸

Social Care Related Quality of Life (SCRQoL) is calculated from 8 questions in the ASCS which cover 8 different domains as shown in **table 2.1**. All the questions had four possible answers which are equated with being in the ideal state in respect to a specific life area or domain, having no needs, having some needs or high level needs.

⁷ It should be noted that stratified sampling was introduced for the 2011-12 survey and there was also a change to the way in which councils were required to check that a service user had the capacity to take part in the survey. These changes should be considered when making comparisons over time although they are not expected to have had a noticeable affect when compared to the size of the confidence interval around these estimates.

⁸ www.pssru.ac.uk/ascot

Table 2.1 Questions and their link to domains

No:	Question (See appendix D for the full question including answers)	Domain
3a	Which of the following statements best describes how much control you have over your daily life?	Control
4a	Thinking about your personal care, by which we mean being clean and presentable in appearance, which of the following statements best describes your situation?	Personal Care
5a	Thinking about the food and drink you get, which of the following statements best describes your situation?	Food
6a	Which of the following statements best describes how clean and comfortable your home is?	Accommodation
7a	Which of the following statements best describes how safe you feel?	Personal Safety
8a	Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?	Social Life
9a	Which of the following statements best describes how you spend your time?	Occupation
11	Thinking about the way you are helped and treated and how that makes you think and feel about yourself, which of these statements best describes your situation?	Dignity

Restricting the analysis to respondents who answered all of these questions it is possible to construct social care related quality of life by applying scores to each of the different levels of need as follows:

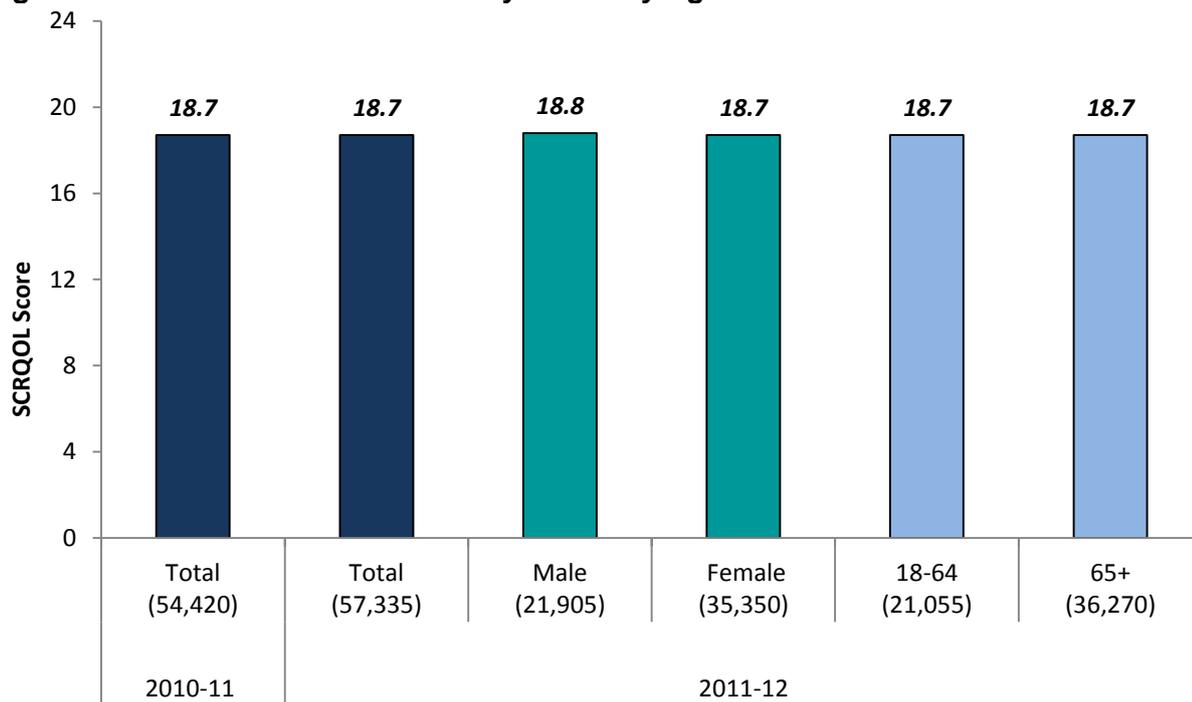
- **Ideal state** (1st answer option for each question) = 3. This indicates the individual's wishes and preferences in this aspect of their life are fully met
- **No needs** (2nd answer option) = 2. The individual has no needs, or the type of temporary trivial needs that would be expected in this area of life of someone with no impairments.
- **Some needs** (3rd answer option) = 1. Some needs are distinguished from no needs by being sufficiently important or frequent to affect an individual's quality of life
- **High needs** (last answer option) = 0. High needs are distinguished from some needs by having mental or physical health implications if they are not met over a period of time. This may be because of severity or number.

Therefore a score of 0 for a survey respondent would indicate high level needs on all questions and a maximum score of 24 would indicate no needs. This combined social care related quality of life measure can then be examined to see how it differs for different types of service users.

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In 2011-12, the average score was 18.7 which is the same as 2010-11⁹. There was very little or no difference by age or gender (**figure 2.1**).

Figure 2.1 Social Care Related Quality of Life by Age and Gender 2010-11 and 2011-12



1. Source: Adult Social Care Survey 2010-11 and 2011-12

There are differences by ethnicity as shown in **table 2.2**. Service users from the White and Mixed ethnic groups had the highest average SCRQoL scores and those from the Asian and Other ethnic group had the lowest.

Table 2.2 Average Social Care Related Quality of Life (SCRQoL) score by Ethnicity, 2011-2012

Ethnicity	Average Score 2011-12	Base 2011-12
White	18.8	51,205
Mixed	18.4	340
Asian	17.4	2,180
Black	17.8	1,910
Chinese	18.1	110
Other	17.3	460

1. Source: Adult Social Care Survey 2011-12

⁹ It should be noted that stratified sampling was introduced for the 2011-12 survey and there was also a change to the way in which councils were required to check that a service user had the capacity to take part in the survey. These changes should be considered when making comparisons over time although they are not expected to have had a noticeable affect when compared to the size of the confidence interval around these estimates.

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The largest differences were by client group with those with a learning disability having an average SCRQoL of 21.0 out of a maximum value of 24 while those with mental health problems had lower average scores of 18.1 (**table 2.3**). The physical disability and substance misuse client groups both had an average score of 18.5. Vulnerable people, a general heading to include those whose situation cannot be appropriately fitted in any of the preceding groups, had an average SCRQoL of 18.6. This group includes asylum seekers, refugees and welfare benefit clients.

Table 2.3: Average Social Care Related Quality of Life (SCRQoL) score by client group, 2011-12

Client Group	Average Score 2011-12	Base 2011-12
Physical Disability	18.5	39,485
Mental Health	18.1	8,540
Learning Disability	21.0	9,905
Substance Misuse	18.5	175
Vulnerable Person	18.6	1,455

1. Source: Adult Social Care Survey 2011-12

1B - The proportion of people who use services who have control over their daily lives

The ASCOF handbook states that “*control is one of the key outcomes for individuals derived from the policy on personalisation. Part of the intention of personalised services is to design and deliver services more closely matching the needs and wishes of the individual, putting them in control of their care and support. This measure is one means of determining whether that outcome is being achieved. This indicator measures one component of the overarching measure 1A – social care-related quality of life. A preference study conducted by RAND¹⁰ found that members of the public gave this domain the highest weight of the eight included, i.e. of all the domains included in the overarching measure, this is the one that is considered by the public to be the most important.*”

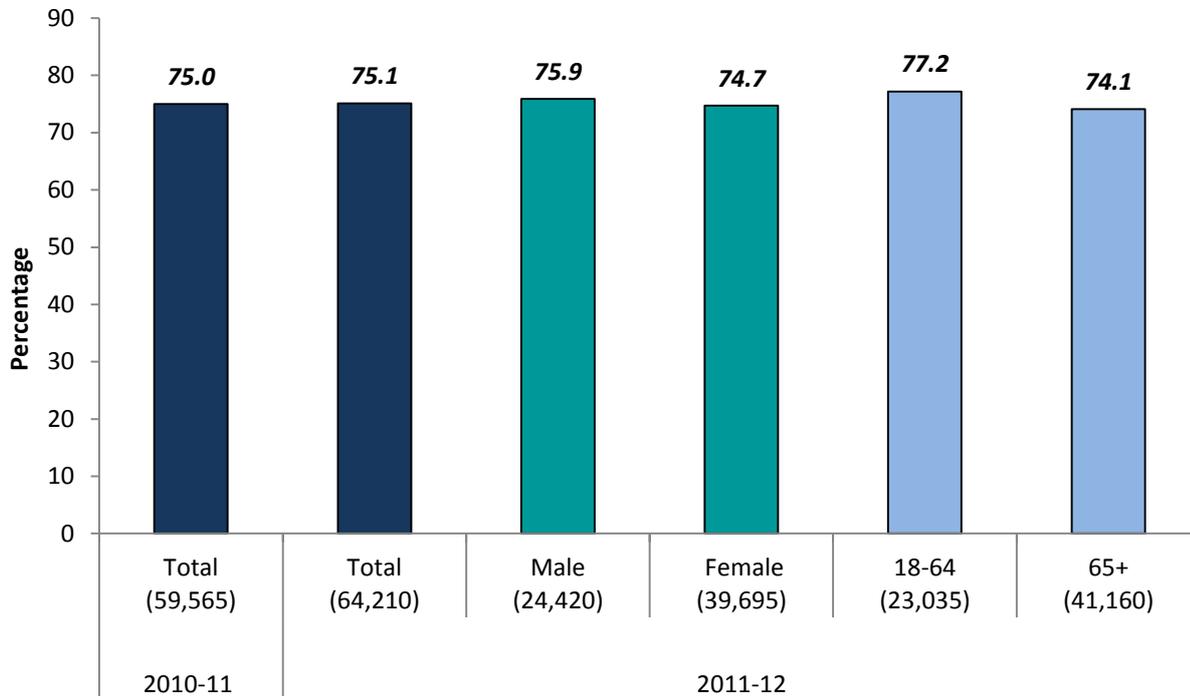
Measure 1B uses responses to question 3a in the Adult Social Care Survey which asks services users how much control they have over their daily lives. The measure is calculated as the proportion of respondents who say they have as much control as they want or adequate control, or who respond that they can make all the choices they want in response to the easy read version of the question which asks how much control the service user has in their life. It is expressed as a percentage of all service users who gave a valid response to question 3a.

¹⁰ Burge, P et al (2010) How do the public value different social care outcomes? Estimation of preference weights for ASCOT

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Figure 2.2 shows that the proportion of service users who said they either had as much control as they wanted or had adequate control was 75.1 per cent in 2011-12 which was very similar to 2010-11. It was slightly higher for those aged 18-64 (77.2%) than for those aged 65 or more (74.1%).

Figure 2.2: Proportion of people who use services having control over their daily lives by age group and gender 2010-11 and 2011-12



1. Source: Adult Social Care Survey 2010-11 and 2011-12

Table 2.4 shows that the proportion of service users reporting having control over their daily lives is highest amongst the learning disability client group (92.3%). This is almost 20 percentage points higher than those in the mental health group (72.7%).

Table 2.4: Proportion of people who use services having control over their daily lives by client group, 2011-12

Client Groups	Outcome 2011-12 (%)	Base 2011-12
Physical Disability	72.5	44,705
Mental Health	72.7	9,355
Learning Disability	92.3	10,765
Substance Misuse	78.3	190
Vulnerable People	76.8	1,665

1. Source: Adult Social Care Survey 2011-12

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Table 2.5 shows that in 2011-12 control over daily lives was reported by approximately three-quarters of respondents in the White and Mixed ethnic groups (76.1% and 72.4%). Discounting the ‘Other’ ethnic group, the lowest proportion of control over daily life was reported by people from the Asian or Asian British group (59.2%) – 17 percentage points lower than people in the White group.

Table 2.5: Proportion of people who use services having control over their daily lives by ethnic group, 2011-12

Ethnic Group	Outcome 2011-12 (%)	Base 2011-12
White	76.1	57,380
Mixed	72.4	370
Asian or Asian British	59.2	2,410
Black or Black British	62.8	2,125
Chinese	68.6	120
Other	63.7	505
Not Stated	75.6	835

1. Source: Adult Social Care Survey 2011-12

1Ci - The proportion of people using social care who receive self-directed support

1Cii - The proportion of people using social care who receive direct payments through a personal budget or other means

The ASCOF handbook states that *“this measure supports the drive towards personalisation outlined in the Vision for Adult Social Care¹¹ and Think Local, Act Personal¹², by demonstrating the success of councils in providing personal budgets and direct payments to individuals using services. Research has indicated that personal budgets have a positive effect in terms of impact on well-being, increased choice and control, cost implications and improving outcomes¹³”*.

Measure 1Ci is calculated as the number of people receiving self-directed support expressed as a percentage of all service users.

Measure 1Cii complements 1Ci. It restricts the numerator to be only those who receive self-directed support in the form of a direct payment as studies have shown that direct payments make people happier with the services they receive and are the purest form of personalisation¹⁴. The denominator remains all service users as in 1Ci.

The first column in of figures in **table 2.6** shows the different proportions of people using social care who receive self-directed support. The proportion of service users and carers who received self-directed support was 43.0 per cent in 2011-12 compared to 29.2 per cent in 2010-11. It was highest for those service users aged 18-64 with a learning disability (58.8%) and lowest for those aged 18-64 with a mental health problem (14.6%). The proportion for older adults aged 65 or over was 45.2 per cent and the figure for carers of all ages was 44.6 per cent.

The second column of figures shows that when this is restricted to service users and carers just receiving a direct payment then the proportion is reduced to 13.7 per cent in 2011-12 compared to 11.7 per cent in 2010-11. The figure for those aged 18-64 with a learning disability changes to 25.0 per cent and the figure for carers of all ages is 34.7 per cent. Those service users aged 16-64 with a mental health problem (6.7%) and those aged 65 or over (6.9%) were the least likely to be receiving a direct payment.

¹¹ http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/LocalAuthorityCirculars/DH_121768

¹² <http://www.thinklocalactpersonal.org.uk/>

¹³ C Glendinning et al, The national evaluation of the Individual Budgets pilot programme (IBSEN (Individual Budgets Evaluation Network); Social Policy Research Unit, University of York, 2008); Individual Budgets: Impacts and outcomes for carers, (2009, IBSEN; Social Policy Research Unit, University of York); Choice and competition in public services: a guide for policy makers (2010, OFT/Frontier Economics)

¹⁴ Choice and competition in public services: a guide for policy makers (2010, OFT/Frontier Economics)

Table 2.6: The proportion of people using social care who receive self-directed support (1Ci) or direct payments (1Cii) by age group and primary client type and carers 2010-11 and 2011-12

Year	Measure	1Ci (%)	1Cii (%)
2010-11	All Adults Aged 18+	29.2	11.7
2011-12	All Adults Aged 18+	43.0	13.7
	Adults aged 18 to 64 with a Physical Disability	47.9	23.7
	Adults aged 18 to 64 with a Mental Health problem	14.6	6.7
	Adults aged 18 to 64 with a Learning Disability	58.8	25.0
	Adults aged 18 to 64	38.3	17.7
	Adults aged 65 and over	45.2	6.9
	Carers aged under 65	48.4	40.4
	Carers aged 65 to 74	42.9	32.3
	Carers aged 75 and over	37.9	24.4
	Carers all ages	44.6	34.7

1. Source; Referrals, Assessments & Packages of care data return 2010-11 and 2011-12, proformas P2f, C2, SD1 and SD3.

1D - Carer reported quality of life

The ASCOF handbook states that “*this measure gives an overarching view of the quality of life of carers based on outcomes identified through research by the Personal Social Services Research Unit. This is the only current measure related to quality of life for carers available, and supports a number of the most important outcomes identified by carers themselves, to which adult social care contributes*”.

It is based on the Carers survey which is not taking place until 2012-13 and therefore this measure is deferred.

1E - Proportion of adults with learning disabilities in paid employment

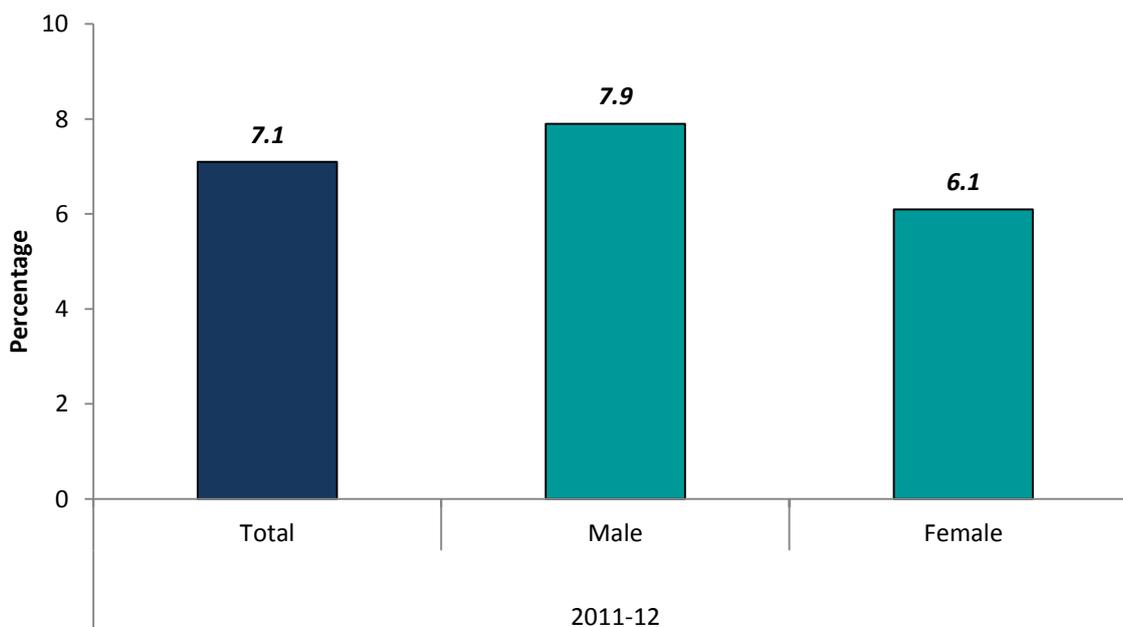
The ASCOF handbook states that “*this measure is intended to improve the employment outcomes for adults with learning disabilities, reducing the risk of social exclusion. There is a strong link between employment and enhanced quality of life, including evidenced benefits for health and wellbeing¹⁵ and financial benefits¹⁶.*”

It uses data from proforma L1 of the ASC-CAR data return which contains information on the employment status of individuals aged 18-64 with a learning disability¹⁷ known to CASSRs. It is expressed as the percentage of individuals who are in paid employment.

Note that results are not comparable with 2010-11 as the definition behind this proforma was changed. Specifically, the restriction to capture employment status at review was removed and instead it could be captured at any point during the reporting period 1 April 2011 to 31 March 2012.

Figure 2.3 shows that the proportion of adults known to CASSRS aged 18-64 with a learning disability in paid employment was 7.1 per cent in 2011-12. It was higher amongst males (7.9%) than females (6.1).

Figure 2.3: Proportion of adults known to CASSRS aged 18-64 with a learning disability in paid employment by gender, 2011-12



1. Source, ASC-CAR data return 2011-12, L1 Proforma

¹⁵ Vigna, E., Beyer, S. and Kerr, M. (2011) The role of supported employment agencies in promoting the health of people with learning disabilities. Cardiff: Welsh Centre for Learning Disabilities.

¹⁶ Beyer, S. (2008) *An evaluation of the outcomes in supported employment in North Lanarkshire*. North Lanarkshire Social Work Service

¹⁷ This only includes those service users who have learning disability as their primary client group. It therefore excludes other individuals aged 18-64 known to the CASSR who have a learning disability but a different primary client group.

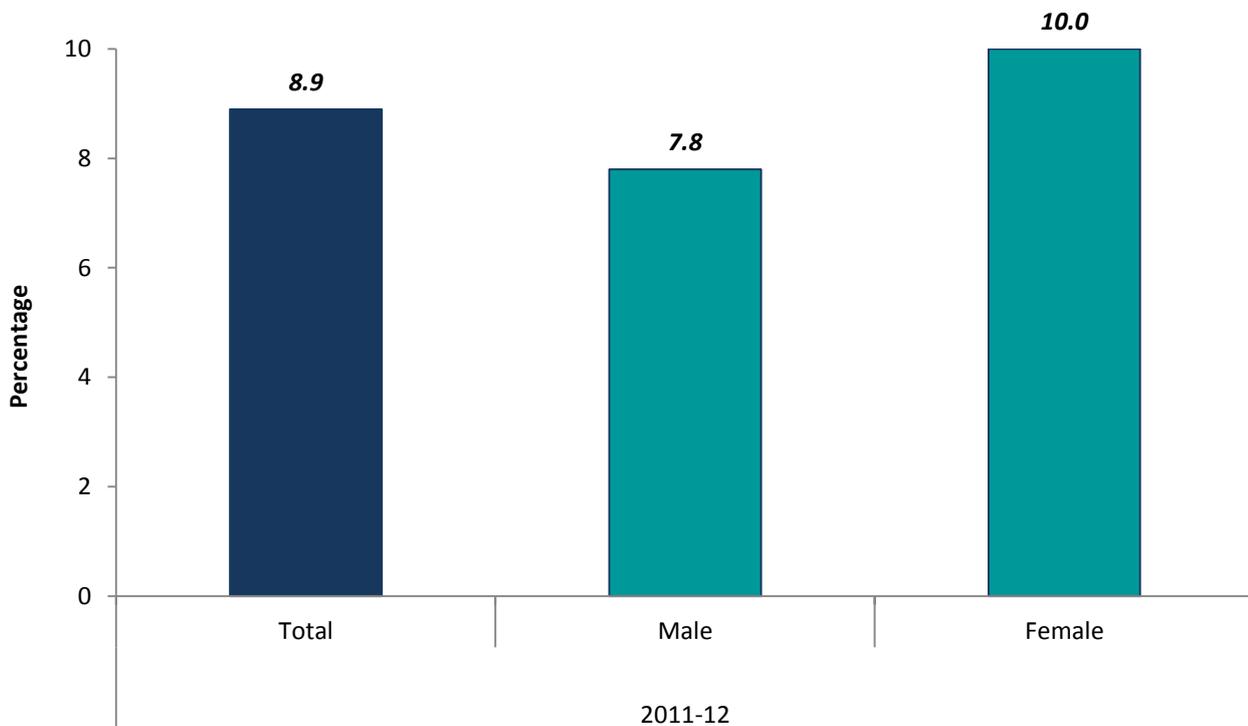
1F - Proportion of adults in contact with secondary mental health services in paid employment

The ASCOF handbook states that this “measure is intended to measure improved employment outcomes for adults with mental health problems, reducing their risk of social exclusion and discrimination. Supporting someone with their employment aspirations is a key part of the recovery process¹⁸. Employment outcomes demonstrate quality of life and are indicative that social care support is personalised. Employment is a wider determinant of health and social inequalities.”

The data is taken from the MHMDS and the measure shows the percentage of adults receiving secondary mental health services in paid employment at the time of their most recent assessment, formal review or other multi-disciplinary care planning meeting. Adults ‘in contact with secondary mental health services’ is defined as those aged 18 to 69 who are receiving secondary mental health services and who are on the Care Programme Approach (CPA).

Figure 2.4 shows that the proportion of adults in contact with secondary mental health services in paid employment was 8.9 per cent in 2011-12. It was slightly higher amongst females (10.0%) than males (7.8%).

Figure 2.4: Proportion of adults in contact with secondary mental health services in paid employment by gender, 2011-12



1. Source, Mental Health Minimum Data Set, 2011-12

¹⁸ Waddell, G. & Burton, A. (2006). *Is Work Good for your Health and Well-being?* London: TSO

1G - Proportion of adults with learning disabilities who live in their own home or with their family

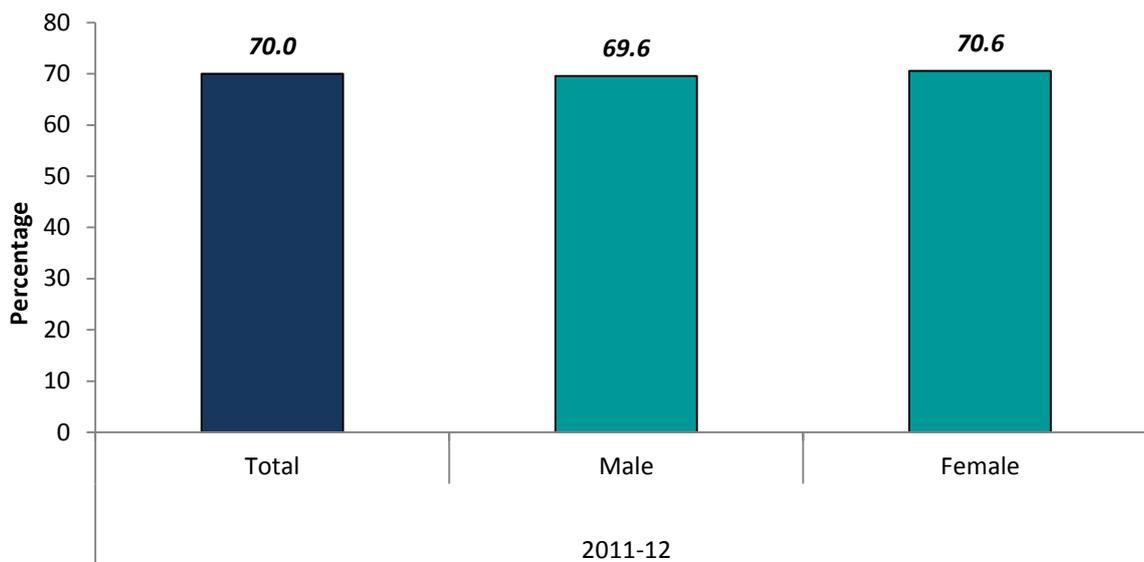
The ASCOF handbook states that this “measure is intended to improve outcomes for adults with learning disabilities by demonstrating the proportion in stable and appropriate accommodation. The nature of accommodation for people with learning disabilities has a strong impact on their safety and overall quality of life and reducing social exclusion.”

It uses data from proforma L2 of the ASC-CAR data return which contains information on the accommodation status of individuals aged 18-64 with a learning disability¹⁹ known to CASSRs. It is expressed as the percentage of individuals who are living on their own or with their family²⁰.

As with measure 1E, the results are not comparable with 2010-11 as the definition behind this proforma was changed. Specifically, the restriction to capture accommodation status at review was removed and instead it could be captured at any point during the reporting period 1 April 2011 to 31 March 2012.

Figure 2.5 shows that the proportion of adults known to CASSRS aged 18-64 with a learning disability who were living in their own home or with their family was 70.0 per cent in 2011-12. It was higher amongst females (70.6%) than males (69.6%).

Figure 2.5: Proportion of adults known to CASSRs aged 18-64 with a learning disability who were living in their own home or with their family by gender, 2011-12



1. Source, ASC-CAR data return 2011-12, L2 Proforma

¹⁹ This only includes those service users who have learning disability as their primary client group. It therefore excludes other individuals aged 18-64 known to the CASSR who have a learning disability but a different primary client group.

²⁰ “Living in their own home or with their family” is defined as owner occupier/shared ownership, tenant, mainstream housing with family/friends, supported accommodation/lodgings/group home, adult placement/shared lives, approved premises for offenders released from prison, sheltered housing, and mobile accommodation for gypsy/roma and traveller community.

1H - Proportion of adults in contact with secondary mental health services living independently, with or without support

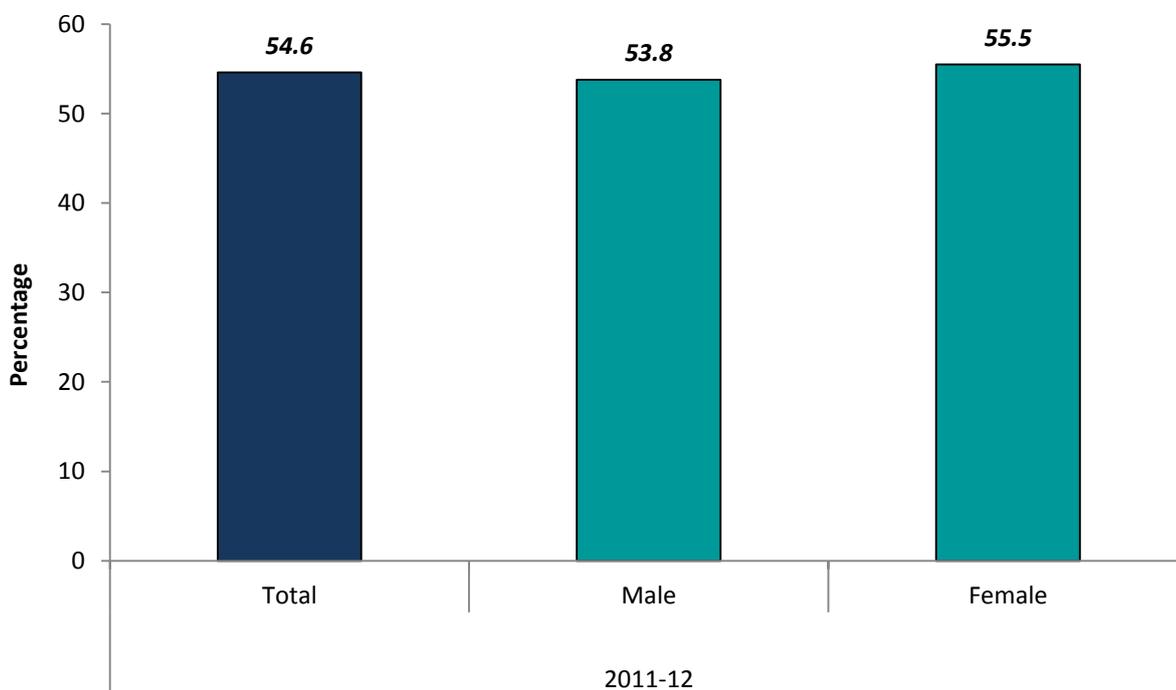
The ASCOF handbook states that this “measure is intended to improve outcomes for adults with mental health problems by demonstrating the proportion in stable and appropriate accommodation. This is closely linked to improving their safety and reducing their risk of social exclusion.”

The data is taken from the MHMDS and the measure shows the percentage of adults receiving secondary mental health services living independently at the time of their most recent assessment, formal review or other multi-disciplinary care planning meeting. Adults ‘in contact with secondary mental health services’ is defined as those aged 18 to 69 who are receiving secondary mental health services and who are on the CPA.

‘Living independently, with or without support’ refers to accommodation arrangements where the occupier has security of tenure or appropriate stability of residence in their usual accommodation in the medium- to long-term, or is part of a household whose head holds such security of tenure/residence. These accommodation arrangements are recorded as settled accommodation in the MHMDS. This has the same definition as ‘Living on their own or with their family’ in measure 1G (see above), however different wording is used to capture the emphasis on general independence.

Figure 2.6 shows that the proportion of adults in contact with secondary mental health services living independently, with or without support was 54.6 per cent in 2011-12. It was slightly higher amongst females (55.5%) than males (53.8%).

Figure 2.6: Proportion of adults in contact with secondary mental health services living independently, with or without support by gender, 2011-12



1. Source, Mental Health Minimum Data Set, 2011-12

Chapter 3 - Delaying and reducing the need for care and support

Introduction

The ASCOF framework states that “*The following outcome statements support this domain:*

- *Everybody has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs.*
- *Earlier diagnosis, intervention and reablement mean that people and their carers are less dependent on intensive services.*
- *When people develop care needs, the support they receive takes place in the most appropriate setting, and enables them to regain their independence.”*

Data in this section come from multiple sources including Adult Social Care Combined Activity Return (ASC-CAR), ONS mid-year population estimates, Hospital Episode Statistics (HES) and Delayed Transfers of Care (DTC).

2A - Permanent admissions to residential and nursing care homes, per 100,000 population, Adults aged 18-64 (2Ai) and 65 and over (2Aii)

The handbook states that “*Avoiding permanent placements in residential and nursing care homes is a good indication of delaying dependency, and local health and social care services will work together to reduce avoidable admissions. Research suggests where possible people prefer to stay in their own home rather than move into residential care.*”

This measure has two parts where part i relates to adults aged 18-64 and part ii relates to those aged 65 or over.

The number of permanent admissions which forms the numerator for both parts of this measure is taken from table S3 of the ASC-CAR return. However, data for this measure is not directly comparable with 2010-11 as there has been a recording change in this table which has impacted on the number of permanent admissions. The Valuing People Now (VPN) initiative²¹ changed the responsibility for, and funding of, some learning disability services which became commissioned by local authorities.

These service users were counted as new clients as their care became the responsibility of a council and they were not in receipt of council funded care. This approach is consistent with the treatment of other people whose funding source has changed from zero council contribution to care costs, for example self funders who become funded by the council.

Therefore these service users were classed as new permanent admissions and recorded in table S3 of the ASC-CAR return. As a result, an additional row was added to the ASC-CAR S3 permanent admissions table in the learning disability section. This row captured for each type of accommodation (i.e. each column) the following information:

“Of those ‘new admissions’ in the learning disability rows, how many people were already resident in a residential care, nursing care or adult placement setting which was previously the responsibility of the NHS and transferred to the local authority under Valuing People Now?”

This information was captured to allow users of the data to understand the effect of the VPN funding transfer and to maintain a time series of new admissions to care homes. This additional data

²¹ http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_087149.pdf

requirement was only needed for one year (2011-12) and will be removed from ASC-CAR S3 for 2012-13.

However, it has been possible to produce adjusted measures for 2011-12 which allow for the impact of this change, i.e. to remove the number of admissions which were as a result of this recording change. This has been done by taking the number of new admissions as a result of the change of funding which was only collected for those aged 18 or over and apportioning this between the 18-64 and 65 and over age groups using data taken from the three previous years 2008-09, 2009-10 and 2010-11. This is done for each council and each type of accommodation separately.

Tables 3.1 shows the values for measure 2A unadjusted for the impact of the VPN transfer while table 3.2 shows the adjusted measures and includes a comparison with 2010-11.

There were 695.9 permanent admissions to residential care or nursing homes per 100,000 population for adults aged 65 or over in 2011-12. This includes those service users whose funding has been transferred from the NHS to councils. The equivalent number for adults aged 18-64 was 19.1 (table 3.1).

Table 3.1 Permanent admissions to residential and nursing care homes, per 100,000 population by Nursing and Residential Homes aged 18-64 by primary client type and 65 and over, 2011-12

Measure	Disaggregation	Outcome
2Ai - Permanent admissions to residential and nursing care homes per 100,000 population - Adults aged 18-64	Physical Disability	4.7
	Mental Health	4.3
	Learning Disability	9.6
	Total	19.1
2Aii - Permanent admissions to residential and nursing care homes per 100,000 population - Adults aged 65+	Total	695.9

1. Source, ASC-CAR data return 2011-12, S3 Proforma

Table 3.2 shows the adjusted measures for 2011-12 were 694.2 and 14.0 respectively. This represents an increase from 686.6 for those aged 65 or more in 2010-11 but a decrease from 15.0 for those aged 18 to 64.

Table 3.2 ADJUSTED permanent admissions to residential and nursing care homes, per 100,000 population by Nursing and Residential Homes aged 18-64 by primary client type and 65 and over, 2010-11 and 2011-12

Measure	Year	Outcome
2Ai - Permanent admissions to residential and nursing care homes per 100,000 population - Adults aged 18-64	2010-11	15.0
	2011-12	14.0
2Aii - Permanent admissions to residential and nursing care homes per 100,000 population - Adults aged 65+	2010-11	686.6
	2011-12	694.2

1. Source, ASC-CAR data return 2011-12, S3 Proforma

2B - Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services

Part i - Proportion of successful reablement

Part ii - Coverage of reablement services

The handbook states that *“This measures the benefit to individuals from reablement, intermediate care and rehabilitation following a hospital episode, by determining whether an individual remains living at home 91 days following discharge – the key outcome for many people using reablement services. It captures the joint work of social services and health staff and services commissioned by joint teams, as well as adult social care reablement.*

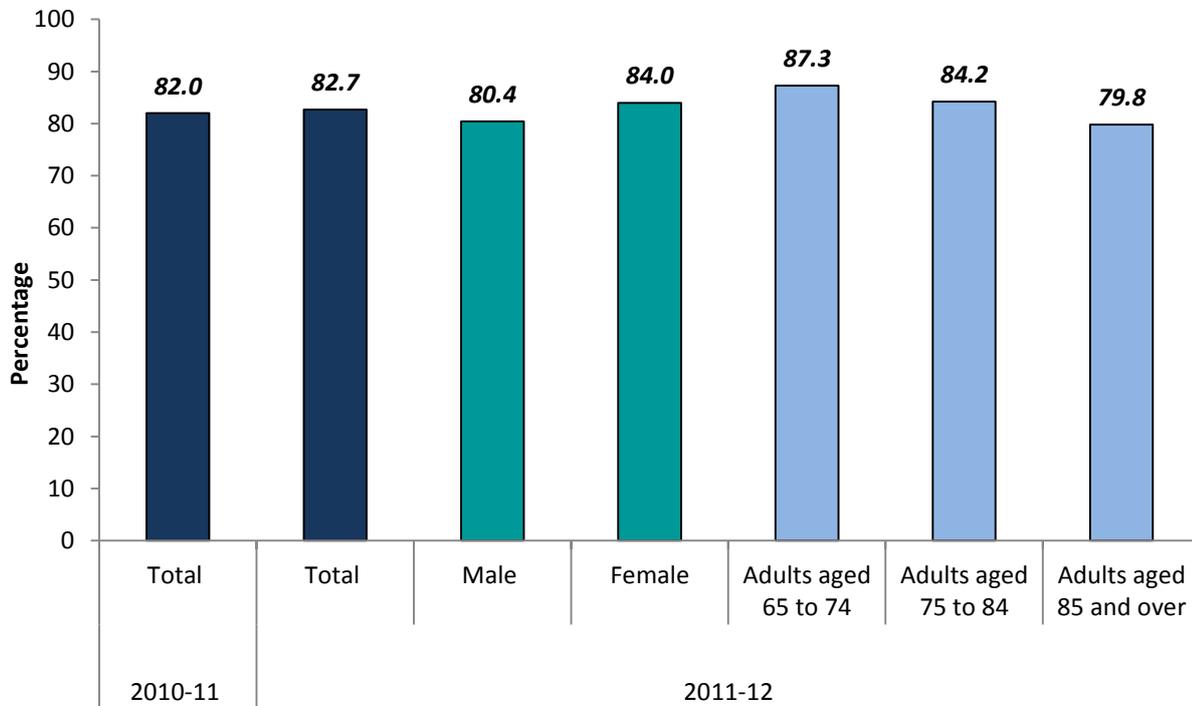
This is a two-part measure which reflects both the effectiveness of reablement services (part 1), and the coverage of the service (part 2).”

Part i uses data from proforma I1 of the ASC-CAR return which collects the number of people aged 65 or over who are discharged from hospital to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting). In order to be captured in proforma I1, individuals need to be provided with care services on the basis of either a joint assessment from NHS and social care services or an assessment from social care services only, resulting in an individual support plan that involves active therapy, treatment or opportunity for recovery.

Part ii measures the coverage of the reablement service by expressing the number of people discharged from hospital to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home (i.e. the denominator in part i) as a proportion of all people aged 65 or more discharged from hospital which is obtained from HES.

Figure 3.1 shows that the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services was 82.7 per cent in 2011-12 which was an increase of less than 1 percentage point from 82.0 per cent in 2010-11. It was higher for females (84.0%) than males (80.4%), and higher for adults aged 65-74 (87.3%) than 75-84 (84.2%) and 85+ (79.8%).

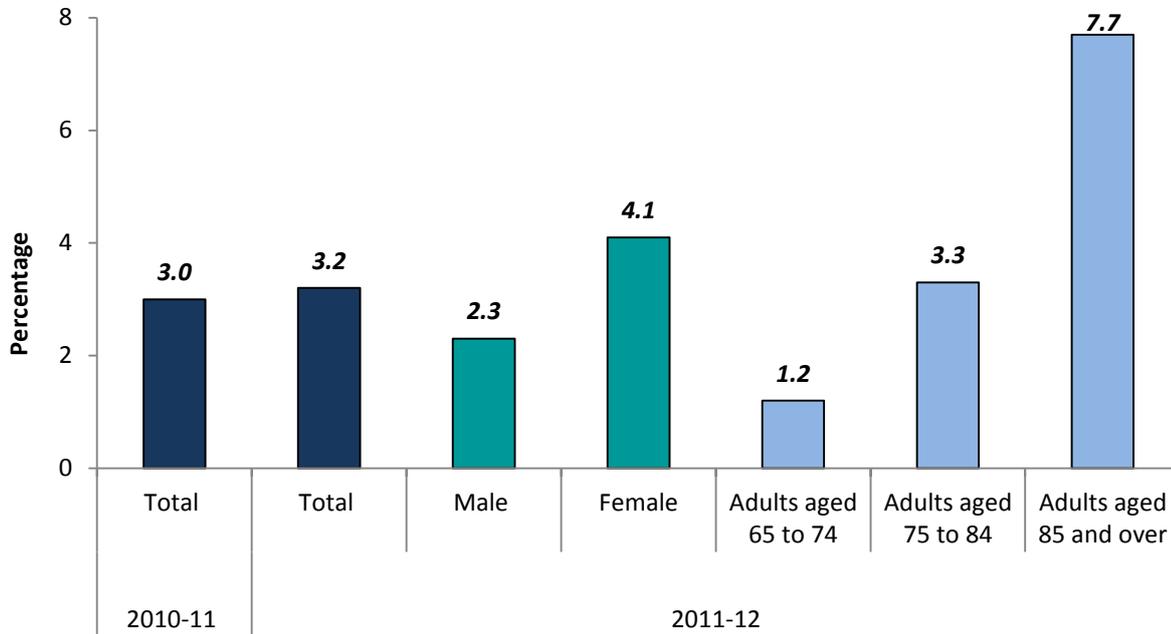
Figure 3.1 Proportion of people aged 65 and over still at home 91 days after discharge from hospital into reablement services by age and gender (2bi) 2010-11 and 2011-12



1. Source, ASC-CAR data return 2011-12, I1 Proforma

Figure 3.2 shows that the proportion of older people (65 and over) discharged from hospital into reablement/rehabilitation services with the clear intention that they will move on/back to their own home out of all those discharged from hospital was 3.2 per cent in 2011-12 which is similar to 2010-11. This was higher for females (4.1%) than males (2.3%), and higher for adults aged 85 or more (7.7%) than 75-84 (3.3%) and 65-74 (1.2%).

Figure 3.2 Proportion of people aged 65 and over still at home 91 days after discharge from hospital into reablement services by age and gender (2bii), 2010-11 and 2011-12



1. Source, ASC-CAR data return 2011-12, I1 Proforma
2. Hospital Episode Statistics

2C - Delayed transfers of care from hospital, and those which are attributable to adult social care per 100,000 population²²

Part i – Overall number of delayed transfers of care

Part ii – The number of these delays which are attributable to social care or jointly to social care and the NHS

The ASCOF handbook states that “*this measures the impact of hospital services (acute, mental health and non-acute) and community-based care in facilitating timely and appropriate transfer from all hospitals for all adults. This indicates the ability of the whole system to ensure appropriate transfer from hospital for the entire adult population, and is an indicator of the effectiveness of the interface within the NHS, and between health and social care services. Minimising delayed transfers of care and enabling people to live independently at home is one of the desired outcomes of social care*”.

Data for this measure is provided by DTOC reports which are collected by DH.

Table 3.3 shows that the overall number of delayed transfers of care per 100,000 population in 2011-12 fell to 9.7 from 10.6 in 2010-11, while the number due to social care or jointly to social care and the NHS fell to 3.7 from 4.1 per 100,000 population.

Table 3.3 Rate of Delayed transfers of care from hospital per 100,000 population, 2010-11 and 2011-12

Measure part	2010-11 Outcome	2011-12 Outcome
2Ci - Overall number of delayed transfers of care	10.6	9.7
2Cii - The number of these delays which are attributable to social care or jointly to social care and the NHS	4.1	3.7

1. Delayed Transfers of Care (DTOC) 2010-11 and 2011-12

2. ONS Mid-year population estimates

²² The following reasons are considered as being attributable to social care or jointly to social care and the NHS and therefore included in part ii; awaiting completion of assessment, awaiting public funding, awaiting residential home or nursing home placement or availability, awaiting care package in own home, awaiting community equipment and adaptations, patient or family choice and disputes.

The following additional reasons are considered to be attributable to the NHS and therefore included in part I along with all those included in part ii; awaiting further non-acute (including PCT and mental health) NHS care (including intermediate care, rehabilitation services etc) and housing where patients are not covered by NHS and Community Care Act.

Chapter 4 - Ensuring people have a positive experience of care and support

Introduction

This chapter of the report looks at users of social care services and measuring whether they have had positive interactions with the support or services they have received.

The ASCOF framework states that *“the following outcome statements support this domain:*

- *People who use social care and their carers are satisfied with their experience of care and support services.*
- *Carers feel that they are respected as equal partners throughout the care process.*
- *People know what choices are available to them locally, what they are entitled to, and who to contact when they need help.*
- *People, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances of each individual.”*

Data within this section comes from two sources.

1. The Adult Social Care Survey (ASCS). This survey is run annually and seeks the views of CASSR funded social care service users who have received a service in the last 12 months, this excludes carers (unless they are service users outside of their caring role).
2. The Carers survey seeks the views of carers of people who are known to their CASSR. These carers are selected on the basis they have either been reviewed or assessed in the 12 months prior to the survey being conducted. This is a biennial survey and is not taking place until 2012-13. Therefore measures 3B and 3C which just use data from this survey are deferred until 2012-13 and measure 3D which uses data from both the ASCS and Carers survey is based solely on the ASCS in 2011-12.

3A – Overall satisfaction of people who use services with their care and support

The ASCOF handbook states that *“This measures the satisfaction with services of people using adult social care, which is directly linked to a positive experience of care and support. Analysis of surveys suggests that this question is a good predictor of the overall experience of services and quality”.*

Measure 3A uses responses to question 1 in the ASCS which asks service users how satisfied or dissatisfied they are with their care and support services, with the equivalent question in the easy read version asking service users how happy they are with the way staff help them. The measure is calculated as the proportion of respondents who say they are either extremely or very satisfied, or those who say the way staff help them is really good in response to the easy read version of the question. It is expressed as a percentage of all service users who give a valid response to question 1.

Table 4.1 shows the proportion of service users who said they were extremely or very satisfied with their care and support was 62.8 per cent in 2011-12 which was similar to 2010-11²³. It was slightly higher for those aged 18-64 (64.8%) than those aged 65 or more (61.8%).

Table 4.1 Levels of satisfaction amongst users of social care support and services 2010-11 and 2011-12

Year	Measure	Outcome (%)	Base
2010-11	England	62.1	58,015
2011-12	England	62.8	63,870
	Male	63.2	24,285
	Female	62.6	39,490
	18-64	64.8	22,890
	65+	61.8	40,965

1. Source: Adult Social Care Survey 2010-11 and 2011-12

Table 4.2 demonstrates levels of satisfaction were lowest amongst the mental health client group (60.7%) – almost 12 percentage points below the level of satisfaction reported by people with a learning disability (72.4%).

Table 4.2 Levels of satisfaction amongst users of social care support and services by client group, 2011-12

Client Group	Outcome 2011-12 (%)	Base 2011-12
Physical Disability	61.5	44,510
Mental Health	60.7	9,340
Learning Disability	72.4	10,655
Substance Misuse	69.3	185
Vulnerable People	63.3	1,645

1. Source: Adult Social Care Survey 2011-12

²³ It should be noted that stratified sampling was introduced for the 2011-12 survey and there was also a change to the way in which councils were required to check that a service user had the capacity to take part in the survey. These changes should be considered when making comparisons over time although they are not expected to have had a noticeable affect when compared to the size of the confidence interval around these estimates.

Table 4.3 shows the proportion of those reporting satisfaction amongst ethnic groups. The figure was highest for the Chinese group although the small number of respondents to the survey from this group should be taken into consideration. Levels of satisfaction were lowest amongst the Asian or Asian British group at 51.2 per cent, over 12 percentage points below those from a White ethnic background (63.6%).

Table 4.3 Levels of satisfaction amongst users of social care support and services by ethnic group 2011-12

Ethnic Group	Outcome 2011-12 (%)	Base 2011-12
White	63.6	57,055
Mixed	57.2	370
Asian or Asian British	51.2	2,410
Black or Black British	53.0	2,110
Chinese	64.1	120
Other	55.1	505
Not Stated	62.6	840

1. Source: Adult Social Care Survey 2011-12

3B – Overall satisfaction of Carers with Social Services

The ASCOF handbook states that *“this measures the satisfaction with services of carers of people using adult social care, which is directly linked to a positive experience of care and support. Analysis of user surveys suggests that this question is a good predictor of the overall experience of services and quality.”*

It is based on the Carers survey which is not taking place until 2012-13 and therefore this measure is deferred

3C – The proportion of carers who report they have been included or consulted in discussions about the person they care for

The ASCOF handbook states that *“Carers should be respected as equal partners in service design for those individuals for whom they care – this improves outcomes both for the cared for person and the carer, reducing the chance of breakdown in care. This measure reflects the experience of carers in how they have been consulted by both the NHS and social care.”*

It is based on the Carers survey which is not taking place until 2012-13 and therefore this measure is deferred.

3D – The proportion of people who use services and carers who find it easy to find information about services

The ASCOF handbook states that “*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. 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.*”

For the 2012-13 reporting year, data from the Carers Survey will be combined with responses from the ASCS to form the full outcome for this measure. As such, 3D is classified as partly deferred for the 2011-12 year.

It uses responses to question 12 in the ASCS which asks service users if they have generally found it easy or difficult to find information and advice about support, services or benefits in the past year. The measure is calculated as the proportion of respondents who say they found information and advice either very easy or fairly easy to find as a percentage of all service users who give a valid response to question 12 excluding those who said they’ve never tried to find information or advice. The equivalent question in the easy read version asks service users if they’ve found it difficult or easy to find out about things like the support they could get, their money, and things like that. Those saying they’ve found it very or quite easy to find this out are included in the numerator while those saying they’ve never tried to find it out are excluded from the denominator.

The measure is expressed as a percentage.

Table 4.4 shows that the proportion of service users who said it was either very easy to find or fairly easy to find information and advice was 73.8 per cent in 2011-12 which was very similar to 2010-11. It was lower for those aged 18-64 (70.6%) than for those aged 65 or more (75.8%).

Table 4.4 Ease of finding information about services as reported by service users 2010-11 and 2011-12

Year	Measure	Outcome (%)	Base
2010-11	England	74.2	42,955
2011-12	England	73.8	47,520
	Male	74.0	18,920
	Female	73.7	28,525
	18-64	70.6	18,640
	65+	75.8	28,870

1. Source: Adult Social Care Survey 2010-11 and 2011-12.

Measures from the Adult Social Care Outcomes Framework, England – 2011-12 - Final Release

Table 4.5 shows those in the Vulnerable People client group reported the lowest levels in ease of finding information (72.6%). The equivalent figure was highest amongst those in the learning disability group (79.6%).

Table 4.5 The proportion of people who use services who find it easy to find information about services by client group, 2011-12

Client Group	Outcome 2011-12 (%)	Base 2011-12
Physical Disability	72.9	32,685
Mental Health	73.4	7,090
Learning Disability	79.6	8,135
Substance Misuse	72.7	150
Vulnerable People	72.6	1,225

1. Source: Adult Social Care Survey 2011-12.

In **table 4.6** it can be seen the highest proportion of those who found information about services easy to come by (excluding the Other and Not Stated categories) is amongst the White group (74.4%). Ease of finding information is lowest amongst the Asian or Asian British group (65.6%).

Table 4.6 The proportion of people who use services who find it easy to find information about services by ethnic group, 2011-12

Ethnic Group	Outcome 2011-12 (%)	Base 2011-12
White	74.4	41,935
Mixed	66.8	300
Asian or Asian British	65.6	1,990
Black or Black British	68.4	1,770
Chinese	72.3	95
Other	72.9	420

1. Source: Adult Social Care Survey 2011-12.

Chapter 5 - Safeguarding the vulnerable

Introduction

The ASCOF framework states the following *“The following outcome statements support this domain:*

- *Everyone enjoys physical safety and feels secure.*
- *People are free from physical and emotional abuse, harassment, neglect and self-harm.*
- *People are protected as far as possible from avoidable harm, disease and injury.*
- *People are supported to plan ahead and have the freedom to manage risks in the way that they wish.”*

For the two measures in this domain, the ASCOF handbook states that *“Safety is fundamental to the wellbeing and independence of people using social care (and others). There are legal requirements about safety in the context of service quality, including CQC’s essential standards for registered services. There is also a vital role of being safe in the quality of the individual’s experience.”*

The data in the chapter comes exclusively from the Adult Social Care Survey and uses information from two questions asking the service user if they feel safe in their current environment and if the support and services they receive help them feel safer.

4A - The proportion of people who use services who feel safe

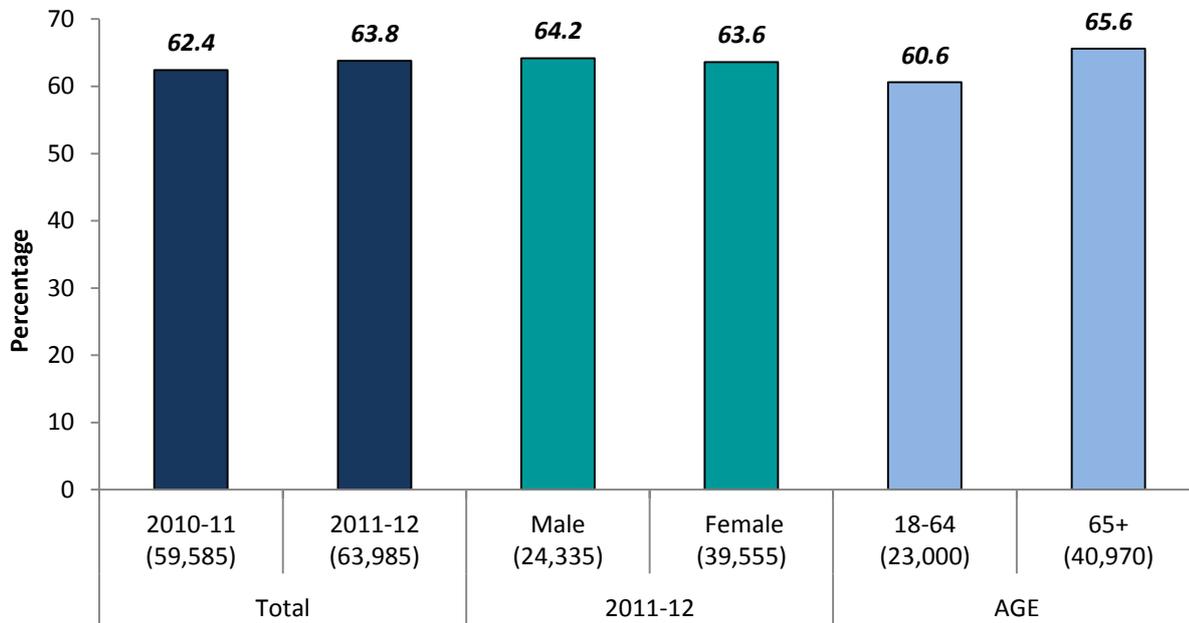
The ASCOF handbook states that *“this measures one component of the overarching ‘social care related quality of life’ measure. It provides an overarching measure for this domain.”*

It uses responses to question 7a in the ASCS which asks service users how safe they feel. The measure is calculated as the proportion of respondents who say they feel as safe as they want as a proportion of all service users who give a valid response to question 7a. The equivalent question in the easy read version asks service users is very similar and those saying they feel very safe are included in the numerator.

The measure is expressed as a percentage.

Figure 5.1 shows the proportion of service users who said they felt safe was 63.8 per cent in 2011-12 which was an increase from 62.4 per cent in 2010-11. This was higher for those aged 65 or more (65.6%) than for those aged 18-64 (60.6%).

Figure 5.1 The proportion of people who use services who feel safe by age and gender 2010-11 and 2011-12



1. Source: Adult Social Care Survey 2010-11 and 2011-12

Table 5.1 shows that people from the Learning disability client group had the highest proportion of clients reporting feelings of safety (80.2%). Conversely, people from the Substance Misuse client group had the lowest proportion of users who reported feeling safe (57.0%)

Table 5.1 The proportion of people who use services who feel safe by client group 2011-12

Client Group	Outcome 2011-12 (%)	Base 2010-11
Physical Disability	61.8	44,490
Mental Health	60.4	9,335
Learning Disability	80.2	10,785
Substance Misuse	57.0	190
Vulnerable Person	62.3	1,640

1. Source: Adult Social Care Survey 2011-12

Table 5.2 shows the highest proportion of people reporting feelings of safety was amongst the White ethnic group at 64.6 per cent. The Asian ethnic group had the lowest proportion of service users reporting the same level of safety at 53.5 per cent which was over 11 percentage points below their White counterparts.

Table 5.2 The proportion of people who use services who feel safe by ethnicity 2011-12

Ethnicity	Outcome 2011-12 (%)	Base 2011-12
White	64.6	57,140
Mixed	60.0	370
Asian	53.5	2,415
Black	56.3	2,145
Chinese	59.7	125
Other	57.0	500
Not Stated	55.7	830

1. Source: Adult Social Care Survey 2011-12

4B - The proportion of people who use services who say that those services have made them feel safe and secure

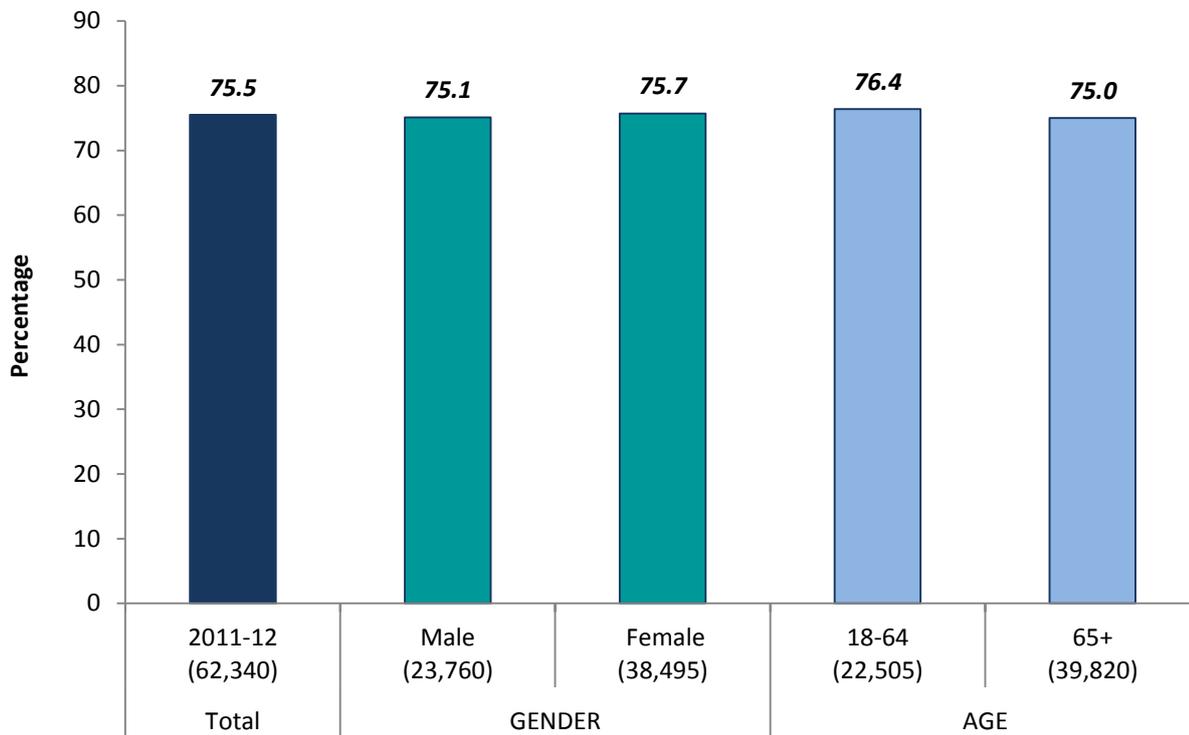
This measure uses responses to question 7b in the ASCS which asks service users whether their care and support services help them to feel safe. The measure is calculated as the proportion of respondents who select “yes” as a proportion of all service users who give a valid response to question 7b. The equivalent question in the easy read version asks service users if staff help them to feel safe and those who say “yes” are included in the numerator.

This question was not asked in 2010-11.

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Figure 5.2 shows that younger service users aged 18-64 were more likely to say that their services helped them to feel safe and secure (76.4%) than older service users aged 65 or more (75.0%).

Figure 5.2 The proportion of people who use services who say that those services have made them feel safe and secure 2011-12



1. Source: Adult Social Care Survey 2011-12

Similarly to Outcome 4A, people from the Learning Disability client group had the highest proportion of service users reporting that services had helped them feel safe and secure (95.1%). This figure was lowest amongst the Physical Disability group with 72.6 per cent of service users reporting the same feelings of safety and security (table 5.3).

Table 5.3 The proportion of people who use services who say that those services have made them feel safe and secure by client group 2011-12

Client Group	Outcome 2011-12 (%)	Base 2010-11
Physical Disability	72.6	43,225
Mental Health	73.7	9,135
Learning Disability	95.1	10,605
Substance Misuse	74.2	185
Vulnerable Person	74.6	1,600

1. Source: Adult Social Care Survey 2011-12

Table 5.4 shows that the highest proportion of people reporting that services had made them feel safe and secure was amongst the Mixed ethnic group (76.6%). Excluding the Not Stated category, people from the Asian ethnic group had the lowest proportion of users reporting services had made them feel safe and secure (69.2%)

Table 5.4 The proportion of people who use services who say that those services have made them feel safe and secure by ethnicity 2011-12

Ethnicity	Outcome 2011-12 (%)	Base 2011-12
White	75.9	55,685
Mixed	76.6	365
Asian	69.2	2,355
Black	74.9	2,075
Chinese	75.0	120
Other	74.9	490
Not Stated	65.5	805

1. Source: Adult Social Care Survey 2011-12

Appendix A: Editorial Notes

Full definitions of the ASCOF measures can be found at:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_133334

Data Sources

This report combines data from the following data sources:

- Adult Social Care Survey (ASCS) – used in measures 1A, 1B, 3A, 3D, 4A and 4B.
- Carers survey – 1D, 3B, 3C and 3D²⁴.
- Referrals, Assessments and Packages of Care (RAP) – 1C.
- Adult Social Care Combined Activity Return (ASC-CAR) – 1E, 1G, 2A and 2B.
- Mental Health Minimum Dataset (MHMDS) – 1F and 1H.
- Daily Transfers of Care (DTC) – 2C.
- Hospital Episode Statistics (HES) – 2B.
- Mid Year Population Estimates – 2A and 2C.

Further information about each of these data sources including web links where more information can be found follows:

Referrals, Assessments and Packages of Care Collection (RAP)

RAP was developed to provide a coherent set of National Statistics on adult community care. Community care is the process by which requests for social care help made to CASSRs are translated, via assessment and care planning into appropriate services.

The particular elements needed for ASCOF are taken from tables SD1, SD2, C2 and P2f. SD1 and SD3 collect information on the number of service users and carers in receipt of self-directed support, which is used as the numerator for measure 1C. Tables C2 and P2f collection information on the number of service users and carers receiving services, which is used as the denominator.

Further guidance on how to complete the return along with a copy of the proforma is available from: <http://www.ic.nhs.uk/socialcarecollections2012>

Adult Social Care Combined Activity Return (ASC-CAR)

The S tables of the ASC-CAR return collect information on residential and nursing care placements funded by CASSRs. A supported resident is a person receiving care in residential or nursing accommodation whose costs are met wholly or partly by a particular CASSR. Some CASSRs may place a resident in a home located outside the council area; in this report such residents have been assigned to the CASSR responsible for making the placement. Table S3 which collects information on the number of permanent admissions is used in measure 2A.

The L tables collect information on the employment and accommodation status of people aged 18 to 64 with a learning disability who are known to the council. Data from these tables is used in measures 1E and 1G.

The I1 table collects information on whether people aged 65 or over who are discharged from hospital to their home are still living there 91 days later. This is used in measure 2B.

Further guidance on how to complete the return along with a copy of the proforma is available from:

²⁴ The Carers survey does not take place until 2012-13 so measures 1D, 3B and 3C have been deferred until then while 3D is just based in the ASCS in 2010-11.

Adult Social Care Survey (ASCS)

The ASCS is a survey of users who are in receipt of council funded services on a specific day chosen by the council which must be within the period 1 September to 31 December. 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.

There are three variants of the questionnaire which can be sent to a service user dependent on their particular situation. However, these variants are designed to cover the same questions and the answers are combined to produce council level results. The variants are:

- Users receiving services in the community.
- Users in residential care.
- Users with a learning disability

The following questions are used to form ASCOF measures:

- 1A uses data from 8 questions which each cover a different social care domain:
 - Control - Q3a: Which of the following statements best describes how much control you have over your daily life?
 - Personal care - Q4a: Thinking about keeping clean and presentable in appearance, which of the following statements best describes your situation?
 - Food and Nutrition - Q5a: Thinking about the food and drink you get, which of the following statements best describes your situation?
 - Accommodation - Q6a: Which of the following statements best describes how clean and comfortable your home/care home is?
 - Safety - Q7a: Which of the following statements best describes how safe you feel?
 - Social participation - Q8a: Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?
 - Occupation - Q9a: Which of the following statements best describes how you spend your time?
 - Dignity - Q11: Which of these statements best describes how the way you are helped and treated makes you think and feel about yourself?
- 1B uses data from Q3a: Which of the following statements best describes how much control you have over your daily life?
- 3A uses data from Q1: Overall, how satisfied or dissatisfied are you with the care and support services you receive.
- 3D uses data from Q12: In the past year, have you generally found it easy or difficult to find information and advice about support, services or benefits?
- 4A uses data from Q7a: Which of the following statements best describes how safe you feel?
- 4B uses data from Q7b: Do care and support services help you in feeling safe?

Further guidance on how the survey was run including copies of the questionnaires is available from: <http://www.ic.nhs.uk/services/social-care/social-care-collections/user-surveys/user-survey-guidance-2011-12>

Carers Survey

The Carers Survey is a self completed questionnaire sent to carers who were assessed or reviewed by their council in the last 12 months.

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There are a number of questions used in the ASCOF measures:

- 1D uses six questions which cover different domains of life relevant to carers. They are:
 - Occupation – Q7. Which of the following statements best describes how you spend your time?
 - Control – Q8. Which of the following statements best describes how much control you have over your daily life?
 - Personal care – Q9. Thinking about how much time you have to look after yourself – in terms of getting enough sleep or eating well – which statement best describes your present situation?
 - Safety – Q10. Thinking about your personal safety, which of the statements best describes your present situation?
 - Social participation – Q11. Thinking about how much social contact you've had with people you like, which of the following statements best describes your social situation?
 - Encouragement and support – Q12. Thinking about encouragement and support in your caring role, which of the following statements best describes your present situation?
- 3B uses Q4: Overall, how satisfied or dissatisfied are you with the support or services you and the person you care for have received from Social Services in the last 12 months?
- 3C uses Q15: In the last 12 months, do you feel you have been involved or consulted as much as you wanted to be, in discussions about the support or services provided to the person you care for?
- 3D uses Q13: In the last 12 months, have you found it easy or difficult to find information and advice about support, services or benefits?

The fieldwork for the Carers survey took place in October and November 2012 and data will be returned to the HSCIC on 1st March 2013. Therefore, data is not yet available for ASCOF measures 1D, 3B and 3C while 3D is only currently based on the equivalent question in the ASCS.

Further guidance on how the survey will be run including copies of the questionnaire is available from:

<http://www.ic.nhs.uk/socialcare/usersurveyguide1112>

Mental Health Minimum Dataset (MHMDS)

The MHMDS is returned quarterly by all NHS providers of adult secondary mental health services and from Q1 2011/12 should have included all activity from independent sector providers contracted by the NHS (although, to date, the number of organisations actually submitting this mandatory return has been low). It is received as record level anonymised data from patient administration systems, Care Programme approach systems and Mental Health Act administration systems.

It contains records relating to people who receive NHS funded specialist secondary mental health services for adults and are, or are thought to be, suffering from a mental illness. Children and adolescents under the age of 18 should also be included where they are in receipt of care from a specialist adult secondary mental health service or an early intervention service.

Further information on the MHMDS can be found on the Health and Social Care Information Centre (HSCIC) website at: www.ic.nhs.uk/services/mhmds/spec

Following recommendations from the Mental Health Information Review in 2008, version 4 of MHMDS was implemented in April 2011 to support the introduction of 'Payment by Results' and to reflect better the current configuration of mental health services. The structure and format of version

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4 data is very different to previous versions of the MHMDS and the way in which data is submitted and processed has also changed

Information required for ASCOF measures 1F and 1H is from the MHMDS. However the scope of the MHMDS is much broader than the denominator group for these indicators, which is limited to people aged 18 to 69 who were on the Care Programme Approach during the reporting period.

Further information on the MHMDS is available from:

<http://www.ic.nhs.uk/mhmds>

Monthly Delayed Transfers of Care (DTC also known as SITREPs)

Information regarding delayed transfers of care is used in measure 2C. They are collected for non-acute (including PCT and mental health) as well as acute patients on the Monthly DTC return. A delayed transfer of care occurs when a patient is medically fit for discharge from acute or non-acute care and is still occupying a bed. Data on the number of patients with delayed transfers of care is a monthly snapshot taken at midnight on the last Thursday of each month and can fluctuate from month to month. Data on the number of delayed days is a cumulative figure for the month and therefore, the two are not comparable.

The data included in this report is scheduled to be revised in October 2012. The revisions will be included in the final report early in 2013.

More information can be found on the DH website at:

<http://transparency.dh.gov.uk/2012/06/21/dtoc-information/>

Hospital Episode Statistics (HES)

HES is a data warehouse containing details of all admissions to NHS hospitals in England. It includes private patients treated in NHS hospitals, patients who were resident outside of England and care delivered by treatment centres (including those in the independent sector) funded by the NHS. HES also contains details of all NHS outpatient appointments in England.

HES is the data source for a wide range of healthcare analysis for the NHS, Government and many other organisations and individuals. It contains admitted patient care data from 1989 onwards, with more than 18 million new records added each year, outpatient attendance data from 2003 onwards, with more than 80 million new records added each year, and A+E data from 2007-08 with more than 18 million new records added each year.

A small subset of this information on the number of people aged 65 or over who are discharged from hospitals is used as the denominator in measure 2B part 2.

Further information about HES can be found at:

<http://www.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937>

Mid Year Population Estimates

Population estimates are produced by the Office for National Statistics (ONS) and relate to the number of people resident in England at the 30th June in each year. They are used as denominators in measures 2A and 2C in order to provide a rate. The latest available estimates at the time this report was prepared were 2011. These were published on 25 September 2012 and replace the 2010 estimates which were used in the provisional publication of this data.

More information on mid year population estimates can be found at:

<http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Population+Estimates>

Appendix B: Data Quality

Relevance, the degree to which the statistical product meets the user needs in both Coverage and Content

On 31 March 2011, *Transparency in outcomes: a framework for adult social care*²⁵ announced the first Adult Social Care Outcomes Framework (ASCOF), covering the year 2011-12. The purpose of the ASCOF is essentially two-fold:

- Nationally, the ASCOF will give an indication of the strengths of social care and success in delivering better outcomes for people who use services.
- Locally, one of the key uses of the ASCOF is for 'benchmarking' and comparison between areas, enabling councils to compare their results with others. It will also support the "local account" of social care in an area by providing high-level information to underpin the narrative of these accounts.

This is a report containing the final figures for the 2011-12 ASCOF measures for England and supersedes the provisional report published on 12 September 2012. Changes to the data since the provisional report include a further round of validation on council supplied data in the RAP and ASC-CAR returns, and update to ONS population estimates, and updated cuts of DTOC and data supplied by Mental Health.

A result of this validation is that some councils do not have measures listed for their final outcomes but did in the provisional report. This is because the values they supplied were not in line with the guidance for the relevant data collection and have been overwritten. There are also some minor changes to some councils outcomes since the provisional report, this is a result of the validation checks.

Eight councils do not have values listed for some of their measures, there three potential reasons for this;

1. Some councils did not provide all the data items needed to calculate the measures. The affected councils and their corresponding measure(s) are;
 - a. Gloucestershire - 1G
 - b. Croydon - 1Cii
2. Data items provided by some councils which feed into the ASCOF measures were not provided in line with the guidance for the relevant data collection. The affected councils and their corresponding measure(s) are;
 - a. Cornwall - 1Ci and 1Cii
 - b. Lincolnshire, 1Ci and 1Cii
3. Data items provided by some councils which fed into the ASCOF measures were provided but it was too late to include them in this report as the validation window had closed. The affected councils and their corresponding measure(s) are;
 - a. Dorset, 1Ci and 1Cii
 - b. St Helens, 1G
 - c. Coventry 1G

In addition, the Isles of Scilly does not have ASCOF measures for 1A, 1B, 3A, 3D, 4A and 4B. This is because they are exempt from undertaking the ASCS due to the small number of service users in their area which means their results will not be robust.

²⁵ http://www.dh.gov.uk/en/Consultations/Responsestoconsultations/DH_125464

Accuracy

The data collected by the HSCIC undergoes validation at source via routines built into the data collection tools. Further validation is also carried out once the data is received by the HSCIC and any queries are passed back to CASSRs to give them the opportunity to resubmit their data.

RAP and ASC-CAR

The RAP and ASC-CAR data is collected by the web-based HSCIC Omnibus system which contains checks on consistency within the submitted data, for example components add up to the total given; figures on different tables match where they should and figures are not out of line compared to data from the previous year. These are soft checks so councils can override them and still submit data, although they will be asked to explain why they think the data is correct but it is not mandatory to provide this information.

Once the data is submitted, the HSCIC replicates these system validations and also carries out some range checks for selected data items, to identify values which look out of line with data from other councils.

Any data items which flag any of these validation checks form part of a validation report which is sent to councils, who are given an opportunity to resubmit their data, and/or provide explanations for why they think the data is correct.

These explanations have been examined in more detail since the provisional report was published and any explanations which revealed that the council did not follow the guidance for the collection have resulted in these data items may being overwritten and estimated instead.

Further details on the validation checks are available from:
<http://www.ic.nhs.uk/socialcarecollections2012>

ASCS

When the ASCS questionnaires are returned to the council, they are entered onto an excel data return provided by the HSCIC and returned to the HSCIC for validation.

The data return includes some in-built validations such as flagging missing data and ensuring that only valid responses to questions are given (e.g. not allowing a response of 5 to a question which only has 4 response levels). There are also some cross-field validations (such as ensuring that information is provided for at least one question, if the service user has been flagged as having responded to the survey). These are soft checks so councils can override them and still submit data.

The data return also includes one-way analysis tables of all variables, which councils can use to assess the quality of their data before returning it.

Validation is also carried out centrally by the HSCIC once the data has been submitted. This replicates the checks included in the return to identify those which were overridden, but also includes looking for fields where an unexpectedly high number of responses are the same as well as identifying questions with a low response rate. The profile of the sample is compared against the eligible population to ensure the sample has been drawn randomly, and the profile of the eligible population is checked against information collected from the RAP and ASC-CAR returns which form the basis of the sampling frame.

The results of these validations are sent to councils, when they have an opportunity to either submit revised data or provide explanations for any validation rules which have been flagged.

A full list of validations can be seen on the survey guidance webpage at:
<http://www.ic.nhs.uk/article/2213/User-survey-guidance-2012-13>

In addition, the ASCS is a survey and therefore has various sources of bias.

- **Random bias** – Not all service users are sent a questionnaire so the measures are only an estimate of the true value. The survey is designed so the 95 per cent confidence interval²⁶

²⁶ Surveys produce statistics that are estimates of the real figure for the whole population which would only be known if the entire population was surveyed. Therefore, estimates from sample surveys are surrounded by a confidence interval which assesses the level of
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around an estimate of 50 per cent can be no more 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 no more than +/- 2 per cent. However 24 councils did not achieve this minimum requirement and they are listed below:

- Bexley
- Birmingham
- Brent
- Bristol
- Central Bedfordshire
- City of London
- Darlington
- Derbyshire
- Dorset
- East Riding of Yorkshire
- Gateshead
- Harrow
- Hartlepool
- Havering
- Kingston upon Thames
- Lancashire
- Lincolnshire
- Luton
- Milton Keynes
- Nottingham
- Oldham
- Stoke-on-Trent
- Swindon
- Wirral

Of these councils 24 councils, 20 had a 95 per cent confidence interval between 5 and 6 per cent around an estimate of 50 per cent with two councils (Luton and Hartlepool) only needing one more respondent to meet the minimum requirement. The largest confidence interval was for City of London (7.4%). However as their eligible population size for the survey was less than 150 service users, they did not actually have to take part in the survey but chose to so they could gather some experience data from their service users.

- **Sampling and non-response bias** - Councils were asked to select their sample using a stratified design, The four strata were:
 - All service users with a learning disability.
 - All other services users aged 18 to 64.
 - Service users aged 65 or more (without a learning disability) who are in residential care.
 - Service users aged 65 or more (without a learning disability) who are resident in the community.

Councils were given the opportunity to over sample to produce robust results for specific strata which may be of interest to them. This creates sampling bias as the sample is then not representative of the overall eligible population.

In addition to sampling bias, non-response bias can occur if particular subgroups of the population are more likely to respond than others.

Both these potential sources of bias were controlled by the use of weights at council level. Each respondent was given a weight equal to the size of the eligible population in that stratum in the council divided by the number of respondents in that stratum in the council. This makes the weighted distribution of respondents by stratum equal to the distribution in the eligible population.

- **Survey design** – Respondents are allowed to have help to complete the questionnaire and around 69 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

uncertainty caused by only surveying a sample of service users. The 95 per cent confidence interval gives the range in which you would expect the true value to fall 95 times if 100 samples were selected.

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. 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 (31%) 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 per cent of the returned questionnaires were completed by post and therefore there is minimal bias caused by the different methods of data collection.

MHMDS

Since 2011/12 and the implementation of MHMDS version 4 there has been a significant increase in the volume records being produced from MHMDS quarterly submissions. Whilst this may reflect improved coverage or an increase in service users, it is likely to be connected to changes in the way the data is processed, as described above. Some patients do remain on the caseload despite infrequent contact with services, but it is also possible that 2011/12 data includes inactive cases that should have been closed in time for the quarterly submissions. Unclosed patient spells could have an impact on the denominator values.

The indicators are presented at council level. Data for each council will be made up of data submitted by one or more providers.

Further detail about the coverage and accuracy of individual provider submissions, including any missing submissions, can be found in the Background Data Quality Report and the Provider Level data quality measures that accompany each quarterly release:

<http://www.ic.nhs.uk/article/2021/WebsiteSearch?q=Routine+quarterly+mhm+reports+summary+statistics+and+related+information&area=both>

HES

The HES database is an extract from the secondary uses service (SUS) database which in turn is populated from patient administration systems in hospitals. Data suppliers are required to submit data on a monthly basis and the data quality of a number of key fields is tested on each submission. Data quality dashboards are produced to feedback information on quality to data suppliers, and the data quality team within the HSCIC works with suppliers to identify and resolve issues.

Further information on how HES data is processed including validation is available from:

<http://www.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937&categoryID=246>

DTOC

The data are collected via the web-based Unify2 system from NHS providers, who then submit data against the relevant Local Authority.

Once the data is submitted, the DH Knowledge & Intelligence team undertake validation checks on the data such as comparing totals to previous month, and where a patient has been identified in the monthly snapshot that at least one day is submitted against this patient. Other validations include ensuring that the data are submitted correctly as either acute or non-acute.

Any data items that flag any of these validation checks form part of an email that is sent to the NHS trust, who are given an opportunity to resubmit their data and/or provide explanations for why they think the data is correct.

Due to the timely nature of this data, several revisions are received for this dataset, which are published every six months as a periodic update. The 2011-12 data are now final.

Following the provisional ASCOF publication in September we were informed that the DTOC data supplied to us contained some inaccuracies. A message was placed on the website with the provisional publication explaining this. Data in this report has been corrected.

Coherence and Comparability

Some of the ASCOF measures were previously reported as part of the National Indicator Set (NIS). These statistics were last reported on by the HSCIC for 2010-11 and the report is available at:

<http://www.ic.nhs.uk/searchcatalogue?productid=4925&topics=1%2fSocial+care%2fSocial+care+activity&sort=Relevance&size=10&page=1#top>

For the other ASCOF measures, the underlying numerator and denominator has been collected in previous years even though it has not been used to form a measure or indicator. The only exception to this is measure 4B as this particular survey question was not included in the 2010-11 ASCS. Table B1 shows the relationship between ASCOF and NIS for those measures which are consistent between the two frameworks as well as issues to consider when comparing the 2011-12 data with previous years. Only those measures which are thought to be comparable are included in table 1 in the overview section of the report.

Table B1: Relationship between ASCOF and NIS

	ASCOF	NIS	Comments
1A	Social care-related quality of life	NI 127	Caution should be exercised when comparing to 2010-11 data as the survey methodology has changed slightly from 2010-11 survey as data are now weighted within each council to reflect the eligible population, and the methodology for checking capacity to consent to take part in the survey has been simplified and made less burdensome. However these changes are thought to have minimal impact when compared to the size of the confidence intervals surrounding the measures.
1B	The proportion of people who use services who have control over their daily life		Caution should be exercised when comparing to 2010-11 data as the survey methodology has changed slightly from 2010-11 survey as data are now weighted within each council to reflect the eligible population, and the methodology for checking capacity to consent to take part in the survey has been simplified and made less burdensome. However these changes are thought to have minimal impact when compared to the size of the confidence intervals surrounding the measures.
3A	Overall satisfaction of people who use services with their care and support		
3D	The proportion of people who use services and carers who find it easy to find information about services		
4A	The proportion of people who use services who feel safe		
4B	The proportion of people who use services who say that those services have made them feel safe and secure		No 2010-11 data are available as the question used to calculate this measure was not included in the 2010-11 ASCS.
1C	Proportion of people using social care who receive self-directed support, and those receiving direct payments	NI 130	Data is comparable with 2010-11
1D	Carer-reported quality of life		The Carers survey will take place in Autumn 2012 with data being published in Summer 2013. A carers survey was run in 2009-10 but it was voluntary for councils to take part. The methodology was also slightly different as carers who had not been assessed or reviewed in the last 12 months but were on the records of the cared for person could be included on a voluntary basis in the 2009-10 survey but they will not be included in the 2012-13 survey..
3B	Overall satisfaction of carers with social services		
3C	The proportion of carers who report that they have been included or consulted in discussion about the person they care for		
1E	Proportion of adults with learning disabilities in paid employment	NI 146	2011-12 data are not comparable with 2011-12 as there has been a change to definition. The restriction to capture employment and accommodation status at assessment or review was removed. Instead service users could be included irrespective of whether they had had a review during the year, but the information did need to have been captured or confirmed within the reporting period 1 April 2011 to 31 March 2012.
1G	Proportion of adults with learning disabilities who live in their own home or with their family	NI 145	
1F	Proportion of adults in contact with secondary mental health services in paid employment	NI 150	Data is not comparable with 2010/11 because of changes to the way data is submitted and processed.
1H	Proportion of adults in contact with secondary mental health services who live independently, with or without support	NI 149	
2A	Permanent admissions to residential and nursing care homes, per 100,000 population		Data will not be directly comparable to 2010-11 due to large number of service users who were transferred as part of the Valuing People Now initiative (VPN) which has changed the responsibility for, and funding of, some learning disability services. An attempt has been made to adjust the 2011-12 data for this impact and adjusted figures are shown in this report.
2B	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	NI 125	There has been a small change in 2011-12 to the data collection behind measures 2Bi and 2Bii. Those service users discharged from hospital and provided with a rehabilitation service following an assessment from social care services only, resulting in an individual support plan that involved active therapy, treatment or opportunity for recovery could be included. Previously only those where a joint health and social care assessment had taken place could be included. This is expected to have had a small effect.
2C	Delayed transfers of care from hospital, and those which are attributable to adult social care	NI131	2Ci existed as NI 131 in 2010-11 but was not published by the HSCIC. Due to the change during the 2010-11 reporting year from weekly to monthly figures the data is not directly comparable to any published 2010-11 data. However, a special exercise has been undertaken to produce comparable national figures which are given in the Overview section. Comparable council level data for 2010-11 will be published with the final 2011-12 report.

Measures from the Adult Social Care Outcomes Framework, England – 2011-12 - Final Release

For the outcomes 1F and 1H which use data date from the MHMDS there are three changes in particular which affect the comparability of annual figures for 2011-12 with earlier years.

1. Until 2011/12 providers' submissions were assembled according to a complex set of rules that automatically closed spells of care after a period of inactivity. In version 4 spells have to be explicitly closed by the provider so that they retain control over the caseload.
2. Providers no longer make an annual submission and annual figures have to be compiled from quarterly data, selecting one record for each person in the year. The discontinuation of the annual submission reduces the burden on providers and anticipates the introduction of monthly submissions to support Payment by Results in 2013-14. However, the annual submission gave providers a second opportunity to revise and improve data for the year: now the only opportunity for revising data is the quarterly refresh submission.
3. There has been a lot of re-organisation in specialist mental health services during the year with services no longer provided by PCTs and the transfer of services between providers could affect local figures.

Further information about MHMDS data quality can be found in the Background Quality Report that accompanies each quarterly release: <http://www.ic.nhs.uk/article/2021/Website-Search?q=Routine+quarterly+mhmds+reports+summary+statistics+and+related+information&area=both>

Timeliness and Punctuality

The data relate to the financial year 2011-12 and therefore the lag from the end of the financial year is 10 months.

The ZBR group are currently developing new activity collections which may replace the RAP and ASC-CAR collections for the 2014-15 collection cycle. This may be announced in a letter to councils at the end of March 2013. More information about the review including the consultation documents, full report and all the responses can be seen at:

www.ic.nhs.uk/adultsocialcareconsultation12

and the latest information on the new collection is at:

<http://www.ic.nhs.uk/article/2458/Collections-development>

The HSCIC is assessing the feasibility of and options for the earlier publication of data collected through the RAP and ASC-CAR collections for 2012-13.

The HSCIC currently plans to provide an update on its plans in a letter to councils at the end of March 2013. Any comments or queries should be addressed to: SocialCareQueries@ic.nhs.uk

Accessibility and Clarity

There are no restrictions to access to the published data. Small numbers of 5 or less (and measures based on small numbers) have been suppressed. Where a measure has been broken down into smaller groups such as primary client group, age group or gender and one or more groups has a denominator or numerator of 5 or less, then all the breakdowns have been suppressed.

Metadata is available in the excel annex on the publication page:

www.ic.nhs.uk/pubs/adultsocialcareoutcomes1112

Assessment of user Needs and Perceptions

User feedback on the format and content of this report is invited; a web form is available to submit comments at the bottom of the publication webpage:

Measures from the Adult Social Care Outcomes Framework, England – 2011-12 - Final Release

The range of measures which will be in ASCOF in the future was part of a wider consultation on social care collections which took place during the summer of 2012. This was known as the “Consultation on Adult Social Care Data Developments 2012” and more information including a report on the consultation responses can be seen at:
<http://www.ic.nhs.uk/adultsocialcareconsultation12>

Following this consultation a report was written which contained information relating to each of the main social care subject areas. The ASCOF section can be found on the above link.

The Social Care Collections are developed by the Adult Review Group and the Social Services User Survey Group (SSUSG) which is attended by HSCIC, Department of Health (DH), Care Quality Commission (CQC), independent representatives with an active interest in the subject and CASSR performance and information managers as well as researchers from PSSRU and local councils.

The 2011-12 collections were approved by the Outcomes and Information Development Board (OIDB). This group is jointly co-chaired by DH and the Association of Directors of Adult Social Services (ADASS) and contains representatives from HSCIC, CQC and LGA.

Performance, Cost and respondent Burden

A compliance cost survey was undertaken in 2009-10 for some of the social care collections which feed the ASCOF measures. This estimated the costs to councils of completing the RAP and ASC-CAR to be £1,010k. The costs to the HSCIC of collecting, validating and disseminating the data are estimated to be £170k.

The cost of completing the ASCS was captured for the 2010-11 survey which was the first time this survey was run. This was estimated to be £1,010k although this is expected to be an overestimate for 2011-12 as councils would have been developing a new process for the 2010-11 survey and elements of the methodology were also simplified for 2011-12 with an aim of reducing the burden. The costs to the HSCIC of collecting, validating and disseminating the data are estimated to be £53k.

The cost of collecting the data items in the annual Mental Health Minimum Dataset which are used to populate measures 1F and 1H is estimated by Review of Central Returns (ROCR) at £55,300.

The costs of collecting the DTOC data which is used to populate measure 2C is estimated to be around £110k and the cost to DH of analysing and reporting on the data is £60k.

It must be borne in mind that only a few data items within the collections and datasets feed into the measures so the costs indicated here are not the costs of collecting data to support the ASCOF. The exception to this is the MHMDS where only the cost of collecting the data which feeds ASCOF measures 1F and 1H has been included.

Confidentiality, Transparency and Security

The data contained in this publication are Official Statistics. The code of practice for official statistics is adhered to from collecting the data to publishing.

<http://www.statisticsauthority.gov.uk/national-statistician/guidance/index.html>

Please see links below to the HSCIC relevant policies.

Statistical Governance Policy

<http://www.ic.nhs.uk/CHttpHandler.ashx?id=1350&p=0>

Freedom of Information Process

<http://www.ic.nhs.uk/CHttpHandler.ashx?id=1453&p=0>

Data Access and Information Sharing policy

<http://www.ic.nhs.uk/CHttpHandler.ashx?id=1450&p=0>

Small Numbers Procedure

Appendix C: How are the statistics used? Users and Uses of the Report

Uses of Statistics by Known Users

This section contains comments based on responses from the users listed. All these users have found the information in the report useful for the purposes set out.

Department of Health

- Inform policy monitoring.
- Speeches and briefings for Ministers and senior officials.
- PQs and Prime Minister's Questions.
- Media Enquiries and other correspondence.
- ASCOF measure 2B (Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services) is part of the NHS Outcomes Framework.

Councils with Adult Social Services Responsibilities

Different councils will use the data in different ways but there will be some commonality between them. Ways in which councils may use the report will include:

- Benchmarking against other councils.
- Measuring/monitoring local performance.
- Policy development.
- Service development, planning and improvement.
- Management information, local reporting, accountability.
- Informing business cases.
- Identifying any immediate priorities/areas for concern.

Towards Excellence in Adult Social Care

Towards Excellence in Adult Social Care (TEASC) is a new programme to help councils improve their performance in adult social care. The sector-led initiative builds on the self-assessment and improvement work already carried out by councils. The key emphasis of this new approach will be on promoting innovation and excellence and collective ownership of improvement. Its core elements will involve regional work; robust performance data; self-evaluation; and peer support and challenge. TEASC includes representatives from the Association of Directors of Adult Social Services (ADASS), the Local Government Association (LGA), the Care Quality Commission (CQC), the Department of Health (DH), the Social Care Institute for Excellence (SCIE), the Society of Local Authority Chief Executives (SOLACE) and Think Local, Act Personal (TLAP). Their report on progress with improvements to Adult Social Care which draws heavily on the data within this report can be seen at: http://www.local.gov.uk/c/document_library/get_file?uuid=e9abc64b-17d5-4852-89f5-ac1fe408a7c1&groupId=10171

Unknown Users

The survey report is free to access via the HSCIC website and therefore the majority of users will access the report without being known to the HSCIC. Therefore it is important to put mechanisms in place to try to understand how these additional users are using the statistics and also to gain feedback on how we can make the data more useful to them. On the webpage where the report is surfaced there is a link to a feedback webform which the HSCIC uses for all its reports. The specific questions asked on the form are:

- How useful did you find the content in this publication?
- How did you find out about this publication?
- What type of organisation do you work for?

Measures from the Adult Social Care Outcomes Framework, England – 2011-12 - Final Release

- What did you use the report for? What information was the most useful? Were you happy with the data quality?
- To help us improve our publications, what changes would you like to see (for instance content or timing)?
- Would you like to take part in future consultations on our publications?

Any responses via this webform are passed to the team responsible for the report to consider.

Appendix D: Related Publications

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

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

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Press enquiries should be made to:

Media Relations Manager:

Telephone: 0845 300 6016

Email: enquiries@ic.nhs.uk

This publication can be downloaded from the Health and Social Care Information Centre website at:
www.ic.nhs.uk/pubs/adultsocialcareoutcomes1112

The handbook of definitions for the ASCOF measures can be found at:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_133334

National Indicator Set publication for 2010-11 (which contains previous years data) can be downloaded from the HSCIC website at:
www.ic.nhs.uk/pubs/finalsocmhi1011

Measures from the Adult Social Care Outcomes Framework, England – 2011-12 - Final Release

Publications relating to social care activity, finance, staffing, and user experience surveys for adults can be downloaded from the HSCIC website at:
www.ic.nhs.uk/pubs/adultsocialcarestatistics

Below is a list of links to specific Social Care reports:

“Community Care Statistics: Social Services Activity, England, 2011-12 Provisional Report” which is available at www.ic.nhs.uk/pubs/ccs12socialservicesactivity

“Community Care Statistics: Social Services Activity, England - 2010-11 - Final Release” which is available at www.ic.nhs.uk/pubs/carestats1011ssa

“Personal Social Services Adult Social Care Survey, England 2011-12 Final Report” which is available at www.ic.nhs.uk/pubs/adultsocialcaresurvey1112

“Personal Social Services Adult Social Care Survey, England - Final 2010-11” which is available at www.ic.nhs.uk/pubs/provadultsocialcaresurvey1011

“Personal Social Services: Expenditure and Unit Costs, England, 2010-11 – Final Council Data [NS]” which is available at www.ic.nhs.uk/pubs/pssexpcosts1011

“Registered Blind and Partially Sighted People Year ending 31 March 2011, England” which is available at: www.ic.nhs.uk/pubs/blindpartiallysighted11

“People Registered Deaf or Hard of hearing – Year ending March 31 2010, in England” which is available at www.ic.nhs.uk/pubs/regdeaf10

“Community Care Statistics 2010-11: Grant Funded Services (GFS1) Report - England” which is available at <http://www.ic.nhs.uk/pubs/carestats1011gfs>

“Personal Social Services Staff of Social Services Departments at 30 September 2011, England. [NS]” which is available at www.ic.nhs.uk/pubs/pssstaffsept11

“Abuse of Vulnerable Adults in England 2010-11: Experimental Statistics, Final Report” which is available at www.ic.nhs.uk/pubs/abuseva1011

Below is a list of links to where specific Mental Health reports can be found:

Specialist mental health services:

<http://www.ic.nhs.uk/searchcatalogue?topics=0%2fMental+health&sort=Relevance&size=10&page=1#top>

Mental Health Surveys:

<http://www.ic.nhs.uk/searchcatalogue?topics=1%2fMental+health%2fMental+health+surveys&sort=Relevance&size=10&page=1#top>

Data for child services

Information on social care for children is available at <http://www.education.gov.uk/researchandstatistics/statistics/statistics-by-topic/childrenandfamilies>

Data for the UK

Information within this report relates to England data. Similar publications for Wales, Scotland and Northern Ireland can be found via the following links:

The Welsh Assembly Government

Measures from the Adult Social Care Outcomes Framework, England – 2011-12 - Final Release

<http://wales.gov.uk/topics/health/publications/socialcare/reports/?lang=en>

The Scottish Government

[http://search1.scotland.gov.uk/Scotland?n=All&\\$rcexpanded=false&action=search&q=Social+Care](http://search1.scotland.gov.uk/Scotland?n=All&$rcexpanded=false&action=search&q=Social+Care)

Northern Ireland - Department of Health, Social Services and Public Safety

http://www.dhsspsni.gov.uk/index/stats_research/stats-cib/statistics_and_research-cib-pub/adult_statistics.htm

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This publication may be requested in large print or other formats.

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