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# Measures from the Adult Social Care Outcomes Framework

England 2014-15, Final release

Published 6 October 2015



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The Adult Social Care Outcomes Framework aims to give an indication of the strengths and weaknesses of social care in delivering better outcomes for people who use services.

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## Executive Summary

This report provides the findings from the Adult Social Care Outcomes Framework (ASCOF) in England for the period 1 April 2014 to 31 March 2015. The ASCOF draws on data from a number of collections; details of these data sources and which measures they are used for can be found in the Data Sources chapter within this report. Further details of the measures, including the purpose of the framework, can be found in the ASCOF Handbook of Definitions, which is published by the Department of Health.

The ASCOF is part of a range of outcomes frameworks (alongside those of Public Health and the NHS) which collectively reflect the joint contribution of health and social care to improving outcomes. The ASCOF is used both locally and nationally to set priorities for care and support, measure progress and to strengthen transparency and accountability. Its purpose is three-fold:

- Locally, the ASCOF supports councils to improve the quality of care and support.
- The ASCOF fosters greater transparency in the delivery of adult social care, supporting local people to hold their council to account for the quality of the services they provide.
- Nationally, the ASCOF measures the performance of the adult social care system as a whole and its success in delivering high-quality, personalised care and support.

The ASCOF measures how well care and support services achieve the outcomes that matter most to people. The measures are grouped into four domains which are typically reviewed in terms of movement over time. A number of these measures however have seen changes to their source data or definition which have resulted in year-on-year comparisons not being appropriate. Time-based comparisons are therefore not always provided and further explanation can be found in Chapter 3 (Comparability). In summary however, the new Short and Long Term Support (SALT) data collection has replaced the previous activity (RAP and ASC-CAR) collections. This impacts on the following measures: 1C, 1E, 1G, 2A, 2B and 2D. Furthermore, the introduction of SALT has also affected the eligible population used in determining the Adult Social Care Survey (ASCS) samples. The following measures are therefore also impacted 1A, 1B, 1I(1), 3A, 3D(1), 4A and 4B.

As mentioned above, some of the measures included use survey data (the Adult Social Care Survey and the Survey of Adult Carers in England – SACE) and are therefore based on a sample of possible respondents. It is not possible to know the true value for the overall population in these cases however the variation present in the sampled data can be used to assess whether a change or difference is statistically significant. Where this is the case, statistical significance will be stated in the report. The non-survey-based measures use transactional data drawn from operational systems and so use all available data points. Any changes or differences presented, on the assumption of robust data quality, can therefore be taken as conclusive.

## Main findings

The findings below focus on the main differences and changes that have occurred in ASCOF measures in 2014-15. A summary of all measures at England-level is provided in Chapter 2.

- The overall social care-related quality of life (SCRQoL) score (measure 1A) for England in 2014-15 was 19.1. The North East and South East have reported the highest outcomes at 19.4, whilst the London region has the lowest outcome at 18.5. The 18-64 group had a higher score at 19.4 for England, compared to 18.9 for 65 and over. This pattern of 18-64 scoring more highly than 65 and over was repeated across all regions, although to varying degrees. Similarly, 77 per cent of services users felt they had control over their daily lives (measure 1B), with a higher percentage (81 per cent) of 18-64 year olds as compared to those aged 65 and over (75 per cent).
- On measures 1C, 84 per cent of service users receive self-directed support, compared to 77 per cent of carers. Conversely, 26 per cent of service users receive direct payments, compared to 67 per cent of carers. (Measures 1C(1) and 1C(2))
- Carer reported quality of life (measure 1D) has decreased from 8.1 in 2012-13 to 7.9 in 2014-15. Similarly, the overall satisfaction of carers with social services (measure 3B) has dropped from 43 per cent (sample size 46,840) in 2012-13 to 41 per cent (sample size 45,940) in 2014-15. Both of these changes are statistically significant.
- A higher proportion of service users (45 per cent) reported having as much social contact as they would like than for carers (39 per cent). This 39 per cent for carers however, is a statistically significant difference compared to 2012-13 (41 per cent). As with measure 1A, service users in England in the 18-64 age band saw a higher proportion (48 per cent) having as much social contact as they would like compared to 43 per cent in the 65 and over age band. This is in contrast to carers', where the 65 and over age group report a higher proportion (40 per cent), as compared to the 18-64 age group (36 per cent). (Measures 1I(1) and 1I(2))
- Following an increase between 2012-13 (81 per cent) and 2013-14 (83 per cent), the proportion of older people (age 65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services has reduced to 82 per cent in 2014-15. Additionally, 3.1 per cent of people aged 65 and over received reablement services following discharge from hospital. Stability in the numerator (the number of people discharged to rehabilitation where the intention is for the person to go back home) coupled with an increase in the denominator (the total number of people discharged from hospital) has resulted in this measure reducing from 3.3 per cent in 2013-14. (measures 2B(1) and 2B(2))
- 11.1 people per 100,000 population in England experienced a delayed transfer of care in 2014-15. Of these, 3.7 were attributable to social care or jointly to social care and the NHS. West Midlands (15.4), South West (15.0) and East Midlands (14.3) had the highest percentages of delayed transfers of care per 100,000 population with West Midlands (7.0) and South West (5.9) also having the highest percentage of delayed transfers that were attributable to social care or jointly to social care and the NHS. East Midlands, however, has a lower than average percentage that are attributable to social care or jointly to social care and the NHS compared to the England average (3.0 compared to 3.7). (measures 2C(1) and 2C(2))

- Furthermore, the total number of delayed transfers of care has increased in both 2013-14 and again in 2014-15, with the numerator (average number of delayed transfers of care) increasing by 16 per cent since 2013-14. Conversely, the number of delayed transfers of care which were attributable to social care or jointly to social care and the NHS decreased each year from 2010-11 (4.1) to 2013-14 (3.1). This rate however then increased in 2014-15 to 3.7 as a result of an increase in the numerator (the average number of delayed transfers of care that are attributable to social care or jointly to social care and the NHS) of 19 per cent. (measures (2C(1) and 2C(2))
- On measure 3D (1), 75 per cent of service users find it easy to find information about services, with regional scores ranging from 80 per cent (North East) to 72 per cent (East Midlands). On measure 3D(2), 66 per cent of carers in England find it easy to find information about services. This is a statistically significant reduction from 69 per cent in 2012-13. Regional scores range from 73 per cent (North East) to 62 per cent (East Midlands).



## Chapter 1: Introduction

The Adult Social Care Outcomes Framework (ASCOF) has been published annually since 2010-11, and draws on data from a number of collections. The ASCOF Handbook of Definitions, published by the Department of Health, provides in-depth information on the purpose of the framework, the construction of the constituent measures, and context for their interpretation. The ASCOF is used both locally and nationally to set priorities for care and support, measure progress and strengthen transparency and accountability. The purpose of the ASCOF is three-fold:

- Locally, the ASCOF supports councils to improve the quality of care and support. By providing robust, nationally comparable information on the outcomes and experiences of local people, the ASCOF supports meaningful comparisons between councils, helping to identify priorities for local improvement and stimulating the sharing of learning and best practice.
- The ASCOF fosters greater transparency in the delivery of adult social care, supporting local people to hold their council to account for the quality of the services they provide. A key mechanism for this is through councils' local accounts, where the ASCOF is already being used as a robust evidence base to support councils' reporting of their progress and priorities to local people.
- Nationally, the ASCOF measures the performance of the adult social care system as a whole and its success in delivering high-quality, personalised care and support. The framework will support Ministers in discharging their accountability to the public and Parliament for the adult social care system and will inform and support national policy development.

Here are some examples of how councils have used ASCOF data to improve the quality of care and support they provide.

One council gave an example of how they use ASCOF scores to help identify areas to improve processes: "We use ASCOF scores to produce summary sheets with quartiles, rankings and colour coding to show how our local authority is performing compared to other local authorities within the region and nationally. We identify areas where performance looks low and add text boxes to document explanations. From the comments received we have identified some themes and we are now using these to produce an action plan to address the issues. We also highlight areas where we are performing well. We have used the benchmarking data to improve our 2C part 2 measure outcome by reviewing processes and implementing regular monitoring."



One council gave an example of how they use ASCOF scores to help drive performance improvement: “We have worked hard to encourage directors not to see ASCOF scores as failings but as an opportunity to improve. If there is a council that is doing well in a particular area then regionally we discuss this to understand how we can improve. Staff from high performing local authorities have also visited struggling ones to see how they can help and pass on any knowledge of best practice”

One council explained how they use ASCOF data alongside other Social Care data: “We use data from NASCIS to move the conversation away from the quality and accuracy of the data to instead focus on what we can do with it. We use the suite of data available to look at strategies for prevention and to increase community support to try and reduce the costs of Adult Social Care. Other local authorities in our region are also using the benchmarking information to bring about improvements rather than saying who are good or bad performers.”

One council explained how they use ASCOF data to address improving control being experienced by users: “We analyse the ASCOF data beyond just our local authority, looking at patterns regionally and nationally. For example we looked at whether increasing provision of direct payments corresponded with more control being experienced by the user. The ASCOF data showed there wasn't the correlation expected between personal budgets and control being experienced by the user so we explored other reasons that help drive levels of control up. We came up with four recommendations for managers on what could be done to try and improve levels of control. We talked to teams, service managers and commissioners with the aim of persuading them to take the statistical findings seriously and to implement the recommendations.”

The ASCOF Handbook of Definitions<sup>1</sup> sets out the rationale, a detailed definition and a worked example for each measure. Text from the Adult Social Care Outcomes Framework is quoted when introducing each chapter in the report and text from the Handbook of Definitions is quoted when introducing each measure to give information on the rationale and definition. The handbook also sets out how the Department of Health remains committed to improving alignment between the ASCOF and the Public Health and NHS Outcome Frameworks, reflecting the joint contribution of health and social care to improving outcomes.

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<sup>1</sup> <https://www.gov.uk/government/publications/adult-social-care-outcomes-framework-2014-to-2015>

‘Improving health and care: the role of the Outcomes Framework<sup>2</sup> sets out how the three frameworks work together to support improvement for people who use health and care services and the public. Furthermore, the 2014-15 ASCOF and NHS Outcomes Framework and the technical refresh of the Public Health Outcomes Framework include an increased number of shared and complementary measures<sup>3</sup>.

The Adult Social Care Outcome Framework measures how well care and support services achieve the outcome that matters most to people. The measures are split into four domains. The domains are;

Domain 1 – Enhancing quality of life for people with care and support needs

Domain 2 – Delaying and reducing the need for care and support

Domain 3 – Ensuring that people have a positive experience of care and support

Domain 4 – Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm

The report is set out in four chapters to cover each of the four ASCOF domains.

## 2014-15 changes

Changes to definitions and data sources have resulted in time series comparisons not being appropriate for some of the ASCOF measures. Details of these changes and which measures are affected can be found in Chapter 3 (Comparability).

For 2014-15, some of the data for the adult social care outcome framework will be sourced from a new data collection; Short and Long Term Support (SALT). This collection has replaced the activity (RAP and ASC-CAR) collections. The introduction of SALT has also affected the eligible population used in the survey samples. Details of these changes and which measures they affect are outlined in Chapter 3 (Comparability). Due to these changes, time series analysis was not always appropriate. The report contains time series analysis where possible, or an explanation of the change that has prevented this type of analysis from being included. It is hoped that the availability of additional data points in future years, as well as the inclusion of data from other sources such as the NHS and Public Health Outcomes Frameworks, will enable the report to become even more informative.

Additionally, in the Carers Survey (SACE) for 2014-15 there has been a change to the weighting methodology. The 2012-13 results have been recalculated using this new methodology, and any comparisons made to 2012-13 data in this report refer to these recalculated figures. Consequently, 2012-13 figures presented in this report may not be an exact match to those in the original 2012-13 release. This report and the accompanying annexes present 2012-13 results calculated using the new weighting methodology. For completeness and comparability, the original 2012-13 outcome scores are also provided in brackets in table 2.1. For further information on the new weighting methodology please see the Carers report<sup>4</sup>.

Furthermore, some of the measures included use survey data (the Adult Social Care Survey and the Survey of Adult Carers in England) and are therefore based on a sample of possible respondents. It is not possible to know the true value for the overall population in these cases however the variation present in the sampled data can be used to assess whether a change or difference is statistically significant. Where this is the case, statistical significance

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<sup>2</sup> <https://www.gov.uk/government/publications/improving-health-and-care-the-role-of-the-outcomes-frameworks>

<sup>3</sup> A shared measure is a measure that appears in more than one framework. A measure is complementary when a similar measure addressing the same issue features in more than one of the frameworks.

<sup>4</sup> <http://www.hscic.gov.uk/pubs/psscscarersurvey1415>

will be stated in the report. The non-survey-based measures use transactional data drawn from operational systems and so use all available data points. Any changes or differences presented, on the assumption of robust data quality, can therefore be taken as conclusive. A more precise way of assessing the accuracy of the survey estimate is to use the margin of error and these are given, along with the bases, in the annexes, which accompany this report<sup>5</sup>. There is more discussion around the different types of bias which can impact on surveys in Appendix B: 'Data Quality'.

Where population estimates are used, mid-year estimates from the corresponding year are taken from the Office of National Statistics data.

For all measures, outcomes are also provided at regional level. Some regional analysis is included within this written report. Regional data are also provided in the accompanying annexes.

Council level data, along with regional totals and totals for council types, for 2014-15<sup>6</sup>, 2013-14<sup>7</sup>, 2012-13<sup>8</sup> and 2011-12<sup>9</sup> are available on the website of the Health and Social Care Information Centre and through the National Adult Social Care Intelligence Service (NASCIS)<sup>10</sup>.

Detailed reports on the underlining data sources used to produce these measures are listed below as well as being referenced throughout this report. Additional reporting is also available via the Health and Social Care Information Centre (HSCIC) website:

<http://www.hscic.gov.uk/social-care>.

## Data sources

This report combines data from several data sources:

- Personal Social Services Adult Social Care Survey (ASCS) – used in measures 1A, 1B, 1I(1), 3A, 3D(1), 4A and 4B <http://www.hscic.gov.uk/pubs/adusoccaresurv1415>
- Personal Social Services Survey of Adult Carers in England (SACE) – 1D, 1I(2), 3B, 3C and 3D(2) <http://www.hscic.gov.uk/pubs/psscarersurvey1415>
- Short and Long – Term (SALT) – 1C, 1E, 1G, 2A, 2B and 2D <http://www.hscic.gov.uk/pubs/commcaressa1415>
- Mental Health Minimum Dataset (MHMDs) – 1F and 1H [www.hscic.gov.uk/mhmds](http://www.hscic.gov.uk/mhmds)
- Delayed Transfers of Care (DToC) – 2C <http://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/delayed-transfers-of-care-data-2014-15/>
- Hospital Episode Statistics (HES) – 2B [www.hscic.gov.uk/hes](http://www.hscic.gov.uk/hes)
- ONS mid-year population estimates<sup>11</sup> – 2A and 2C [www.ons.gov.uk/ons/taxonomy/index.html?nscl=Population+Estimates](http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Population+Estimates)

Further details on each of these data sources are given in Appendix A: 'Editorial Notes'.

<sup>5</sup> <http://www.hscic.gov.uk/pubs/adusoccaresurv1415>

<sup>6</sup> [www.hscic.gov.uk/pubs/aduscoccareof1415fin](http://www.hscic.gov.uk/pubs/aduscoccareof1415fin)

<sup>7</sup> [www.hscic.gov.uk/pubs/adusoccareof1314fin](http://www.hscic.gov.uk/pubs/adusoccareof1314fin)

<sup>8</sup> [www.hscic.gov.uk/pubs/adusoccareof1213fin](http://www.hscic.gov.uk/pubs/adusoccareof1213fin)

<sup>9</sup> [www.hscic.gov.uk/pubs/adultsocialcareoutcomes1112](http://www.hscic.gov.uk/pubs/adultsocialcareoutcomes1112)

<sup>10</sup> <https://nascis.hscic.gov.uk/>

<sup>11</sup> The ONS mid-year population estimates used to calculate the final ASCOF figures for 2014-15 are for 2014 (the midpoint of 2014-15).

## Chapter 2: Summary of ASCOF Measures

Before making comparisons over time, the information in Chapter 3 (Comparability) should be considered.

**Table 2.1: Summary of ASCOF Domain 1 outcome values; by measure and year**

England, 2010-11 to 2014-15

Measure (units)		2010-11	2011-12	2012-13 (no weights) <sup>1</sup>	2013-14	2014-15
1A	Social care-related quality of life (score out of 24)	18.7	18.7 <sup>▲</sup>	18.8 <sup>▲</sup>	19.0 <sup>▲</sup>	b 19.1
1B	Proportion of people who use services who have control over their daily life (%)	75.0	75.1	76.1 <sup>▲</sup>	76.8	b 77.3
1C(1)	Proportion of people using social care who receive self-directed support (%)	29.2	43.0	56.2	61.9	x
1C(2)	Proportion of people using social care who receive direct payments (%)	11.7	13.7	16.8	19.1	x
1C(1a)	Proportion of people using social care receiving self-directed support (%)	x	x	x	x	83.7
1C(1b)	Proportion of carers receiving self-directed support (%)	x	x	x	x	77.4
1C(2a)	Proportion of people using social care receiving direct payments (%)	x	x	x	x	26.3
1C(2b)	Proportion of carers receiving direct payments for support direct to carer (%)	x	x	x	x	66.9
1D	Carer-reported quality of life (score out of 12)	x	x	8.1 (8.1)	v	7.9 <sup>▼</sup>
1E	Proportion of adults with a learning disability in paid employment (%)	6.6	7.1	7.0	6.7	b 6.0
1F	Proportion of adults in contact with secondary mental health services in paid employment (%)	9.5	8.9	8.8	7.0	6.8
1G	Proportion of adults with a learning disability who live in their own home or with their family (%)	59.0	70.0	73.5	74.9	b 73.3
1H	Proportion of adults in contact with secondary mental health services who live independently, with or without support (%)	66.8	54.6	58.5	60.8	59.7
1I(1)	Proportion of people who use services who reported that they have as much social contact as they would like (%)	41.9	42.3	43.2	44.5 <sup>▲</sup>	b 44.8
1I(2)	Proportion of carers who reported that they have as much social contact as they would like (%)	x	x	41.4 (41.3)	v	38.5 <sup>▼</sup>

b Denotes a break in the time series. Further details can be found in Chapter 3.

v The Carers' Survey is carried out biennially, and was first conducted in 2012-13; therefore there are no outcome scores for measures based on Carers' Survey data for 2013-14.

x Represents 'not applicable'; over the course of time, new measures have been introduced to ASCOF, and some measures have been discontinued or superseded. Therefore, outcome scores are not available for all measures for all years.

▲, ▼ The Adult Social Care Survey and Carers' Survey use sampling and therefore differences in outcomes for the measures based on these data (1A, 1B, 1D, 1I, 3A, 3B, 3C, 3D, 4A and 4B) may not be statistically significant. Where data are comparable between years, a statistically significant increase in the outcome score as compared to the previous year is denoted by ▲, and a statistically significant decrease by ▼. For measure 1A, the figure for

2011-12 is marked as being a statistically significant increase from 2010-11. The two figures appear to be the same because they are rounded to one decimal place.

1. In 2014-15, a new weighting methodology was implemented for the Carers' Survey at regional and national level; the 2012-13 scores have been reweighted accordingly, and the original unweighted scores are presented here in brackets. Further detail is available in Chapter 3.

**Table 2.2: Summary of ASCOF Domain 2 outcome values; by measure and year**  
England, 2010-11 to 2014-15

Measure (units)	2010-11	2011-12 (adjusted <sup>1</sup> )	2012-13	2013-14	2014-15
2A(1) Permanent admissions to residential and nursing care homes for younger adults (per 100,000 population)	15.0	19.1 (14.0)	15.0	14.4	x
2A(2) Permanent admissions to residential and nursing care homes for older adults (per 100,000 population)	686.6	695.9 (694.2)	697.2	650.6	x
2A(1) Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population	x	x	x	x	14.2
2A(2) Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	x	x	x	x	668.8
2B(1) Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (effectiveness of the service) (%)	82.0	82.7	81.4	82.5	82.1
2B(2) Proportion of older people (65 and over) who were offered reablement services following discharge from hospital (%)	3.0	3.2	3.2	3.3	3.1
2C(1) Delayed transfers of care from hospital (per 100,000 population)	10.6	9.7	9.4	9.6	11.1
2C(2) Delayed transfers of care from hospital, and those which are attributable to adult social care (per 100,000 population)	4.1	3.7	3.2	3.1	3.7
2D Proportion of those that received short-term service during the year where sequel was either no ongoing support or support of a lower level (%)	x	x	x	x	74.6

- x Represents 'not applicable'; over the course of time, new measures have been introduced to ASCOF, and some measures have been discontinued or superseded. Therefore, outcome scores are not available for all measures for all years.
1. In 2011-12 there was a 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. The adjusted score presented in brackets is the estimated national outcome had no such transfer taken place. Further detail is available in Chapter 3.

**Table 2.3: Summary of ASCOF Domain 3 outcome values; by measure and year**  
England, 2010-11 to 2014-15

Measure (units)		2010-11	2011-12	2012-13 (no weights) <sup>1</sup>	2013-14	2014-15
3A	Overall satisfaction of people who use services with their care and support (%)	62.1	62.8	64.1 <sup>▲</sup>	64.8 b	64.7
3B	Overall satisfaction of carers with social services (%)	x	x	43.1 (42.7)	v	41.2 <sup>▼</sup>
3C	Proportion of carers who report that they have been included or consulted in discussion about the person they care for (%)	x	x	73.3 (72.9)	v	72.3
3D	Proportion of people who use services and carers who find it easy to find information about services (%)	74.2	73.8	71.4	x	x
3D(1)	Proportion of people who use services who find it easy to find information about services (%)	74.2	73.8	74.1	74.5 b	74.5
3D(2)	Proportion of carers who find it easy to find information about services (%)	x	x	68.9 (68.7)	v	65.5 <sup>▼</sup>

b Denotes a break in the time series. Further details can be found in Chapter 3.

v The Carers' Survey is carried out biennially, and was first conducted in 2012-13; therefore there are no outcome scores for measures based on Carers' Survey data for 2013-14.

x Represents 'not applicable'; over the course of time, new measures have been introduced to ASCOF, and some measures have been discontinued or superseded. Therefore, outcome scores are not available for all measures for all years.

▲, ▼ The Adult Social Care Survey and Carers' Survey use sampling and therefore differences in outcomes for the measures based on these data (1A, 1B, 1D, 1I, 3A, 3B, 3C, 3D, 4A and 4B) may not be statistically significant. Where data are comparable between years, a statistically significant increase in the outcome score as compared to the previous year is denoted by ▲, and a statistically significant decrease by ▼.

1. In 2014-15, a new weighting methodology was implemented for the Carers' Survey at regional and national level; the 2012-13 scores have been reweighted accordingly, and the original unweighted scores are presented here in brackets. Further detail is available in Chapter 3.



**Table 2.4: Summary of ASCOF Domain 4 outcome values; by measure and year**  
England, 2010-11 to 2014-15

Measure (units)		2010-11	2011-12	2012-13	2013-14	2014-15
4A	Proportion of people who use services who feel safe (%)	62.4	63.8 <sup>▲</sup>	65.1 <sup>▲</sup>	66.0 <sup>▲</sup>	b 68.5
4B	Proportion of people who use services who say that those services have made them feel safe and secure (%)	x	75.5	78.1 <sup>▲</sup>	79.1 <sup>▲</sup>	b 84.5

b Denotes a break in the time series. Further details can be found in Chapter 3.

x Represents 'not applicable'; over the course of time, new measures have been introduced to ASCOF, and some measures have been discontinued or superseded. Therefore, outcome scores are not available for all measures for all years.

▲, ▼ The Adult Social Care Survey and Carers' Survey use sampling and therefore differences in outcomes for the measures based on these data (1A, 1B, 1D, 1I, 3A, 3B, 3C, 3D, 4A and 4B) may not be statistically significant. Where data are comparable between years, a statistically significant increase in the outcome score as compared to the previous year is denoted by ▲, and a statistically significant decrease by ▼.

## Chapter 3: Comparability

Care should be taken when comparing outcome values over time, in light of the changes detailed below. Comparability comments are arranged in date order followed by collection type. The table below shows in which year there have been comparability comments for each measure.

Measure(s)	Year
1A, 1B, 1I(1), 3A, 4A and 4B	2011-12, 2014-15
1D, 1I(2), 3B, 3C	2014-15
1C	2014-15
1F and 1H	2013-14
3D, 3D(1) and 3D(2)	2011-12, 2012-13, 2013-14, 2014-15
1E, 1G, 2A and 2B	2011-12, 2014-15

### In 2014-15

#### ASCS based measures:

**1A, 1B, 1I(1), 3A, 3D(1), 4A and 4B** – The changes to these measures create a break in the time-series. Previously, the eligible population of adult social care users for the ASCS has been those in receipt of LA-funded services following a full assessment of need (i.e. a snapshot of those eligible for inclusion in RAP table P1). However, with the introduction of SALT, the eligible population has changed to a snapshot of the most closely comparable SALT table, LTS001b, as at the chosen extract date. To be included in LTS001b a service user must, at the point that data are extracted from LA systems, be in receipt of long-term support services funded or managed by the LA following a full assessment of need.

The key changes to the population covered by the survey are:

- Service users whose only services are the provision of equipment, professional support or short-term residential care were included in P1 but are not included in LTS001b. The exception to this is that service users receiving professional support for their mental health needs are included in LTS001b even where this support is the only service they receive.
- ‘Full-cost clients’ (those who pay for the full costs of their services, but whose care needs are assessed and supported through the LA) were not eligible for inclusion in RAP but are included in SALT.

#### Carers’ Survey based measures:

**1D, 1I(2), 3B, 3C, 3D(2)** – for the 2014-15 Carers’ Survey, a new weighting methodology was introduced for the calculation of regional, council type and national results. The new methodology considers each local authority as a stratum, and a set of weights is calculated for each question based on the number of useable responses to each question. This change improves the accuracy of the aggregate level results because variability in sampling and response rates between local authorities are accounted for. There is no change to the

calculation of local authority level results. The 2012-13 Carers Survey (SACE) data has also been recalculated using this new weighting methodology and the new figures are provided within the report and supporting annexes to allow comparability. For completeness, the original outcomes where no weighting has been applied have also been included in brackets within Table 2.1 and Table 2.3.

### **SALT based measures:**

Previously, measures 1C, 1E, 1G, 2A and 2B were based on data from the RAP and ASC-CAR returns. However, these have been replaced with the SALT return, and the data captured for these measures differs as below (for full details of the transition to SALT and the associated changes to data, please see the SALT guidance document available at <http://www.hscic.gov.uk/socialcarecollections2015>).

**1C** – parts 1 and 2 have now been split (into 1a, 1b, 2a and 2b) to account for users and carers separately. The data pertaining to Users is now a snapshot, whereas previously the data was a flow from the reporting year. The data pertaining to Carers, however, remains a flow.

Full cost clients are now included in SALT, this will impact on the denominator for 1C(1A) and 1C(2A).

The numerator and denominator for 1C(1A) and 1C(2A) will also be affected by the exclusion of groups who were previously included in RAP P tables, as only those “in receipt of long-term support” as recorded in SALT LTS001b are included. Therefore, the denominator now excludes those clients solely in receipt of equipment and adaptations, those receiving short term support to maximise independence, and those in receipt of professional support and short-term residential care (not respite); these clients would have been included in the RAP P tables on which the measure was previously based.

**1E and 1G** – The changes to these measures create a break in the time-series. Previously, this measure included “all adults with a learning disability who are known to the council.” However, SALT LTS001a only captures those clients who have received a long-term service in the reporting year. Furthermore, the measure now only draws on the subset of these clients who have a primary support reason of Learning Disability Support; those clients who may previously have been included in the client group Learning Disability in ASC-CAR might not have a primary support reason of Learning Disability Support, and are now excluded from the measure.

**2A(1) and 2A(2)** - The transition from ASC-CAR to SALT resulted in a change to which admissions were captured by this measure, and a change to the measure definition. Previously, the measure was defined as "Permanent admissions of younger adults to residential and nursing care homes, per 100,000 population".

With the introduction of SALT, the measure was re-defined as "Long-term support needs of younger adults met by admission to residential and nursing care homes, per 100,000 population."

12-week disregards and full cost clients are now included, whereas previously they were excluded from the measure. Furthermore, whilst ASC-CAR recorded the number of people who were admitted to residential or nursing care during the year, the relevant SALT tables

record the number of people for whom residential/nursing care was planned as a sequel to a request for support, a review, or short-term support to maximise independence.

**1D** - Measure 1D was included for the first time in 2014-15.

## 2013-14

**1F and 1H** – previously, these measures were calculated annually from the MHMDS. However, from 2013-14, the outcome is calculated each month from a snapshot, and the ASCOF measure for the year is derived as an average of these monthly scores.

**3D, 3D(1) and 3D(2)** – measure 3D was split into two parts to reflect the views of users and carers separately. 3D(1) relates to service users, and 3D(2) relates to carers. In years where the Carers Survey (SACE) does not take place, 3D(2) is not calculated.

**1I** - Measure 1I was included for the first time in 2013-14. Time series data have been based on historical releases of the Personal Social Services Adult Social Care Survey and Personal Social Services Survey of Adult Carers.

## 2012-13

**3D** – previously, this measure was based on ASCS data only. However, for 2012-13, the measure was based on a combination of ASCS and Carers' Survey data; an outcome was calculated for the users, and an outcome was calculated for the carers. These outcomes were then averaged to yield the ASCOF measure for the year.

## 2011-12

### ASCS based measures:

**1A, 1B, 1I(1), 3A, 3D(1), 4A and 4B:** stratified sampling was introduced for 2011-12, resulting in council-level data being weighted to reflect the size of the eligible population in each stratum. Additionally, there was a change to the way in which councils checked whether a service user had the capacity to consent to take part in the survey. The impact of these changes is not thought to be significant (based on the size of the confidence intervals of the survey estimates).

### Measures 1E and 1G:

A data definition change allowed councils to include service users in the numerator as long as their employment status had been 'captured or confirmed' during the year, whereas previously the employment status had to have been recorded at assessment or review.

**Measure 2A(1) and 2A(2):**

The responsibility for some learning disability services was transferred from the NHS to local authorities in 2010-11; these service users were treated as new admissions, even though they had been receiving a service previously. Had no such transfer taken place, it is estimated that the outcome values for 2A(1) and 2A(2) would have been those shown in brackets in the relevant rows of Table 2.2.

**Measures 2B(1) and 2B(2):**

A data definition change in 2011-12 allowed clients who were discharged from hospital who had an assessment from social care services only to be included in the measure. Previously, these clients were excluded; only those who were discharged from hospital who had an assessment from health and social care services were included.

## Chapter 4: Domain 1 - Enhancing quality of life for people with care and support needs

### Introduction

This chapter of the report focuses on the first domain in the ASCOF: enhancing quality of life for people with care and support needs. There are nine outcome measures within this domain, and data to populate these measures come from numerous sources. These are the Adult Social Care Survey (ASCS), the Short and Long-Term (SALT) return, the Carers' Survey, the Mental Health Minimum Dataset (MHMDS) and the Mental Health and Learning Disabilities Dataset (MHLDDS).

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

- 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.”

A summary of all the measure outcomes for domain 1 is provided in **Table 2.1**. Before making comparisons over time, the information in Chapter 3 (Comparability) should be considered.

**Table 2.1: Summary of ASCOF Domain 1 outcome values; by measure and year**  
England, 2010-11 to 2014-15

Measure (units)		2010-11	2011-12	2012-13 (no weights) <sup>1</sup>	2013-14	2014-15
1A	Social care-related quality of life (score out of 24)	18.7	18.7 <sup>▲</sup>	18.8 <sup>▲</sup>	19.0 <sup>▲</sup>	b 19.1
1B	Proportion of people who use services who have control over their daily life (%)	75.0	75.1	76.1 <sup>▲</sup>	76.8	b 77.3
1C(1)	Proportion of people using social care who receive self-directed support (%)	29.2	43.0	56.2	61.9	x
1C(2)	Proportion of people using social care who receive direct payments (%)	11.7	13.7	16.8	19.1	x
1C(1a)	Proportion of people using social care receiving self-directed support (%)	x	x	x	x	83.7
1C(1b)	Proportion of carers receiving self-directed support (%)	x	x	x	x	77.4
1C(2a)	Proportion of people using social care receiving direct payments (%)	x	x	x	x	26.3
1C(2b)	Proportion of carers receiving direct payments for support direct to carer (%)	x	x	x	x	66.9
1D	Carer-reported quality of life (score out of 12)	x	x	8.1 (8.1)	v	7.9 <sup>▼</sup>
1E	Proportion of adults with a learning disability in paid employment (%)	6.6	7.1	7.0	6.7	b 6.0
1F	Proportion of adults in contact with secondary mental health services in paid employment (%)	9.5	8.9	8.8	7.0	6.8
1G	Proportion of adults with a learning disability who live in their own home or with their family (%)	59.0	70.0	73.5	74.9	b 73.3
1H	Proportion of adults in contact with secondary mental health services who live independently, with or without support (%)	66.8	54.6	58.5	60.8	59.7
1I(1)	Proportion of people who use services who reported that they have as much social contact as they would like (%)	41.9	42.3	43.2	44.5 <sup>▲</sup>	b 44.8
1I(2)	Proportion of carers who reported that they have as much social contact as they would like (%)	x	x	41.4 (41.3)	v	38.5 <sup>▼</sup>

b Denotes a break in the time series. Further details can be found in Chapter 3.

v The Carers' Survey is carried out biennially, and was first conducted in 2012-13; therefore there are no outcome scores for measures based on Carers' Survey data for 2013-14.

x Represents 'not applicable'; over the course of time, new measures have been introduced to ASCOF, and some measures have been discontinued or superseded. Therefore, outcome scores are not available for all measures for all years.

▲, ▼ The Adult Social Care Survey and Carers' Survey use sampling and therefore differences in outcomes for the measures based on these data (1A, 1B, 1D, 1I, 3A, 3B, 3C, 3D, 4A and 4B) may not be statistically significant. Where data are comparable between years, a statistically significant increase in the outcome score as compared to the previous year is denoted by ▲, and a statistically significant decrease by ▼. For measure 1A, the figure for 2011-12 is marked as being a statistically significant increase from 2010-11. The two figures appear to be the same because they are rounded to one decimal place.

1. In 2014-15, a new weighting methodology was implemented for the Carers' Survey at regional and national level; the 2012-13 scores have been reweighted accordingly, and the original unweighted scores are presented here in brackets. Further detail is available in Chapter 3.



## 1A: Social care-related quality of life

### Rationale

The ASCOF Handbook of Definitions states that “this indicator gives an overarching view of the quality of life of users of social care. It is based on the 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<sup>12</sup>”.

### Definition

Social care-related quality of life (SCRQoL) is calculated from eight questions in the ASCS. It is a composite measure using responses to survey questions covering the eight domains identified in the ASCOT; control, dignity, personal care, food and nutrition, safety, occupation, social participation and accommodation. Details of the questions used can be found in Appendix C (Survey Questions).

Restricting the analysis to respondents who answered all of the questions, it is possible to construct a self-reported social care-related quality of life score. Therefore, this measure has a most positive score of 24 for a survey respondent (indicating that the respondent has no unmet needs across all eight domains), and higher scores suggest a better quality of the life. This combined social care-related quality of life score can be examined to see how it differs for different types of service users.

### Outcome – 2014-15 findings

The overall SCRQoL score for England in 2014-15 was 19.1. **Figure 1A.1** and **Table 1A.2** show that the North East and South East have the highest outcomes at 19.4, followed by South West (19.3). London has the lowest score of 18.5. The remaining regions are all within 0.1 of the England average.

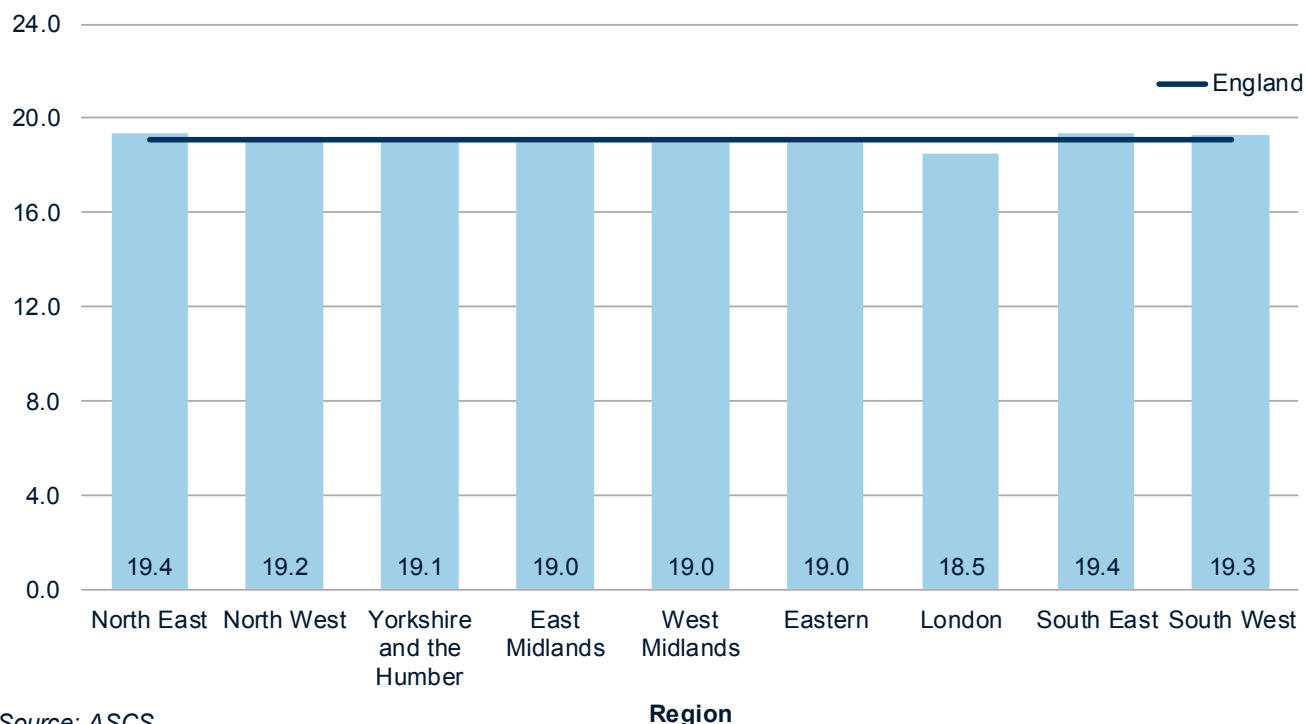
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<sup>12</sup> [www.pssru.ac.uk/ascot](http://www.pssru.ac.uk/ascot)

**Figure 1A.1: Social Care related quality of life (1A) scores; by region**

England 2014-15

Scores out of 24



Source: ASCS

The 18-64 age group had a higher score at 19.4 for England, compared to 18.9 for 65 and over. This pattern of 18-64 scoring more highly than 65 and over was repeated across all regions, although to varying degrees. Across the regions the 18-64 group reported scores of between 18.6 (London) and 19.9 (North East), whilst the 65 and over group reported scores of between 18.4 (London) to 19.2 (South West).

**Table 1A.2: Social Care related quality of life (1A) scores; by region and age**

England, 2014-15

Numbers and scores out of 24

	18-64		65 and over		Total	
	Sample size	Outcome	Sample size	Outcome	Sample size	Outcome
<b>England</b>	24,875	19.4	37,190	18.9	62,075	19.1
North East	1,625	19.9	2,920	19.1	4,545	19.4
North West	3,650	19.2	5,430	19.1	9,080	19.2
Yorkshire and the Humber	2,445	19.3	3,740	18.9	6,185	19.1
East Midlands	1,345	19.6	1,915	18.6	3,265	19.0
West Midlands	2,430	19.6	3,870	18.7	6,300	19.0
Eastern	2,225	19.6	3,140	18.7	5,365	19.0
London	5,915	18.6	7,875	18.4	13,795	18.5
South East	2,990	19.8	4,735	19.1	7,725	19.4
South West	2,255	19.4	3,570	19.2	5,820	19.3

Figures may not add up due to rounding

Source: ASCS

In England, males have a higher reported quality of life score (19.2) than females (19.0). All regions reported higher scores for males when compared to females. Further details of the regional scores by gender can be found in the accompanying annexes (**Table 1A.2** of Report Tables and Charts Annex).

### **Outcome – time series findings**

As the eligible population from which surveys samples are selected has changed following the introduction of SALT in 2014-15 time series comparisons are not included. For further details on the changes, see Chapter 3 (Comparability).

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

### Rationale

The ASCOF Handbook of Definitions states that “A key objective of the drive to make care and support more personalised is that support more closely matches the needs and wishes of the individual, putting users of services in control of their care and support. Therefore, asking users of care and support about the extent to which they feel in control of their daily lives is one means of measuring whether this outcome is being achieved. Of the eight questions that make up the overarching measure 1A – social care related quality of life – a preference study conducted by RAND<sup>13</sup> found that members of the public gave this question the highest weight. As such, an individual measure was felt to be warranted.”

### Definition

Measure 1B uses responses to Question 3a in the ASCS (see Appendix C: Survey Questions). The measure is calculated as the proportion of respondents who said they had as much control as they wanted or adequate control, or who responded that they made all the choices they wanted in response to the easy-read version of the questionnaire which was mainly, but not exclusively, sent to service users with a learning disability. It is expressed as a percentage of all service users who gave a valid response to (either version of) Question 3a.

### Outcome – 2014-15 findings

77.3 per cent of services users felt they had control over their daily lives. Across England, the region scores ranged from 80.1 per cent in the South East to 71.6 per cent in London (**Figure 1B.1**).

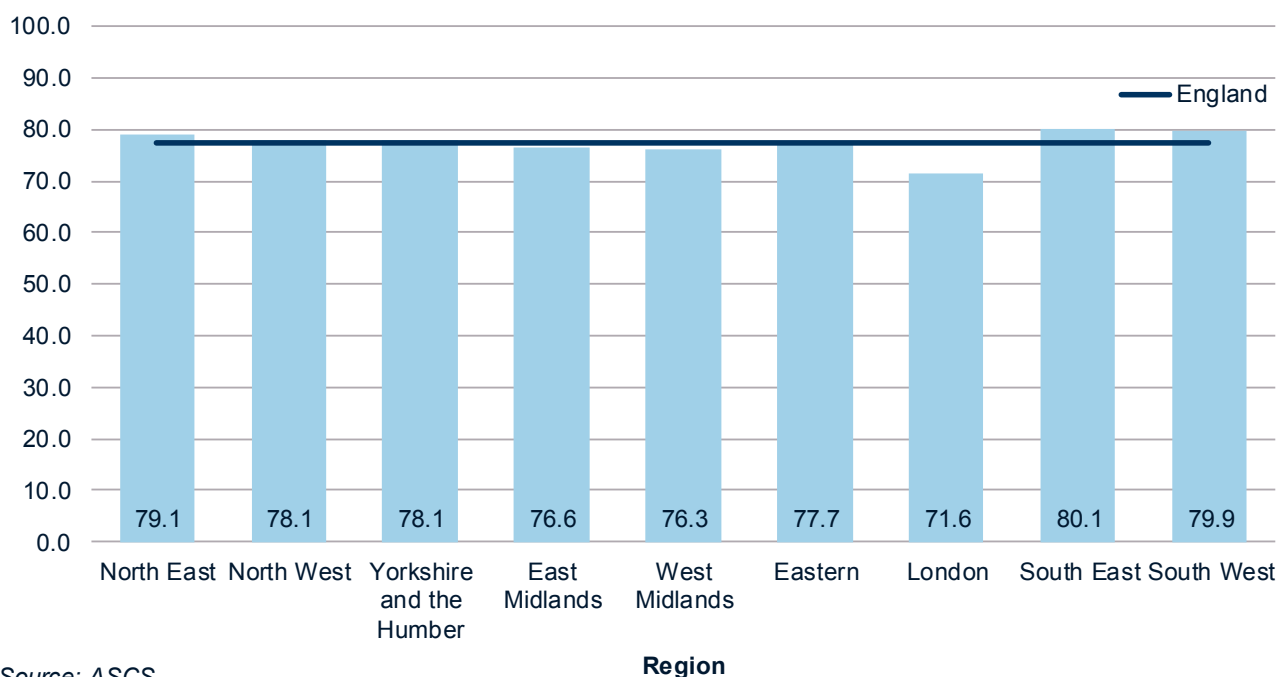
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<sup>13</sup> Burge, P et al. (2010) How do the public value different social care outcomes? Estimation of preference weights for ASCOT

**Figure 1B.1: The proportion of people who use services who have control over their daily life; by region**

England, 2014-15

Percentages



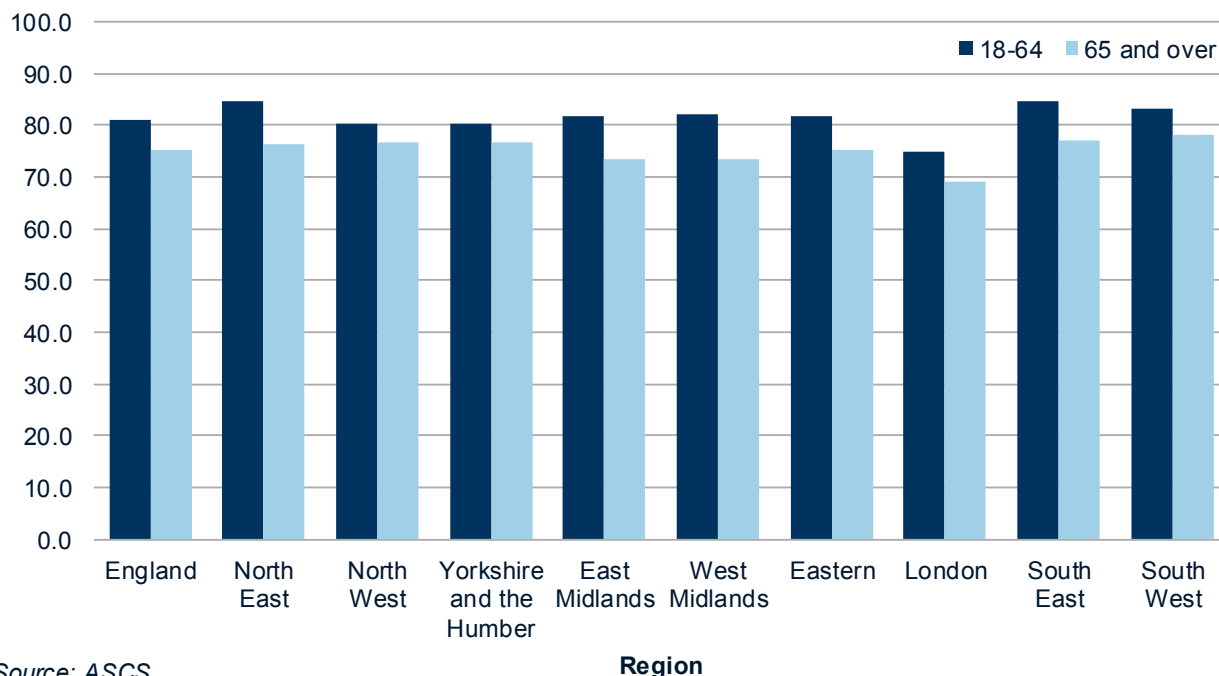
Source: ASCS

Furthermore, 81.0 per cent of 18-64 year old service users felt they had control over their daily lives compared to 75.1 per cent of those aged 65 and over. Indeed, as **Figure 1B.3** shows, across all regions, service users aged 18-64 reported a higher percentage who felt that they had control over their daily lives than in the 65 and over age group. This pattern was also observed for measure 1A, quality of life score, where the 18-64 age group reported a higher score across all regions than the 65 and over age group. The 18-64 age group ranged from 84.7 per cent (North East and South East) to 74.9 per cent (London). The 65 and over age group ranged from 78.2 per cent (South West) to 69.2 per cent (London).

**Figure 1B.3: The proportion of people who use services who have control over their daily lives; by region and age**

England, 2014-15

Percentages



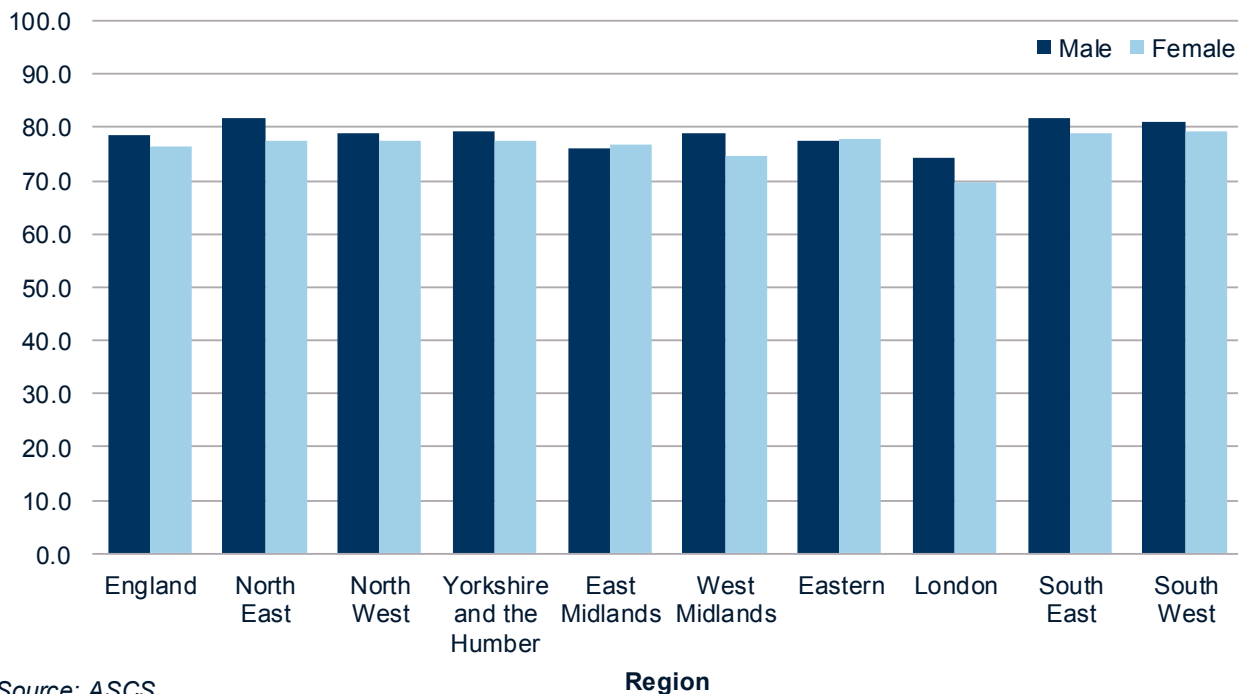
Source: ASCS

Additionally, as shown in **Figure 1B.4**, 78.7 per cent of male service users reported they have control over their daily lives compared to 76.5 per cent of female service users. The proportion of male service users that reported they have control over their daily lives ranged from 81.9 per cent (South East) to 74.2 per cent (London), with the female proportion ranging from 79.3 per cent (South West) to 69.7 per cent (London).

**Figure 1B.4: The proportion of people who use services who have control over their daily lives; by region and gender**

England, 2014-15

Percentages



Source: ASCS

The London region has outcome scores below the England average for all disaggregations for both measure 1A (Social care-related quality of life) and 1B (The proportion of people who use services who have control over their daily lives).

Full details on the regional and disaggregated outcomes are available in **Table 1B.1** and **Table 1B.2** of the Report Tables and Charts Annex.

## Outcome – time series findings

As the eligible population from which surveys samples are selected has changed following the introduction of SALT in 2014-15, time series comparisons are not included. For further details on the changes, see Chapter 3 (Comparability).



## 1C: The proportion of people using social care who receive self-directed support, and those receiving direct payments

### Rationale

The ASCOF handbook of definitions states that “research has indicated that personal budgets impact positively on well-being, increasing choice and control, reducing cost implications and improving outcomes<sup>14</sup>. Studies have shown that direct payments increase satisfaction with services and are the purest form of personalisation<sup>15</sup>. The Care Act, which will be implemented in 2015-16, will place personal budgets on a statutory footing.

In previous iterations of the ASCOF, there were recognised limitations to this measure. Its scope included some services and users of care and support for whom self-directed support may not have been appropriate, and therefore did not reflect the true extent of the provision of self-directed support and direct payments to those who are eligible.

With the implementation of the new datasets proposed by the zero-based review, this measure has been strengthened from 2014-15 onwards. Its scope has been limited to people who receive long-term support only, for whom self-directed support is most relevant, and this will better reflect councils’ progress in delivering personalised services. The measure has also been divided into two: one measure focuses on users; and another measure has been introduced which focuses on carers. Each will have a sub-measure for users/carers in receipt of direct payments, showing progress made on personalisation for users and carers separately.

The final change for this measure is that the measure of self-directed support for social care users will be based on ‘snapshot’ rather than full-year data.”

### Definition

1C is a two-part measure which reflects the proportion of people using services who receive self-directed support (1C part 1), and the proportion who receive a direct payment either through a personal budget or other means (1C part 2), for users (part a) and carers (part b) separately.

### Outcome – 2014-15 findings

83.7 per cent of service users receive self-directed support, compared to 77.4 per cent of carers. Conversely, 26.3 per cent of service users received direct payments. This compares to 66.9 per cent of all carers

**Figure 1C.1** shows that as the age of the service user increases, the proportion receiving self-direct support also increases. The reverse however is true for carers; as the age of the carer increases, the proportion receiving self-directed support decreases. Similarly, **Figure 1C.1** also shows that as the age of the service user increases, the proportion receiving direct payments decreases. This is also true for carers.

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<sup>14</sup> Quoting; 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);

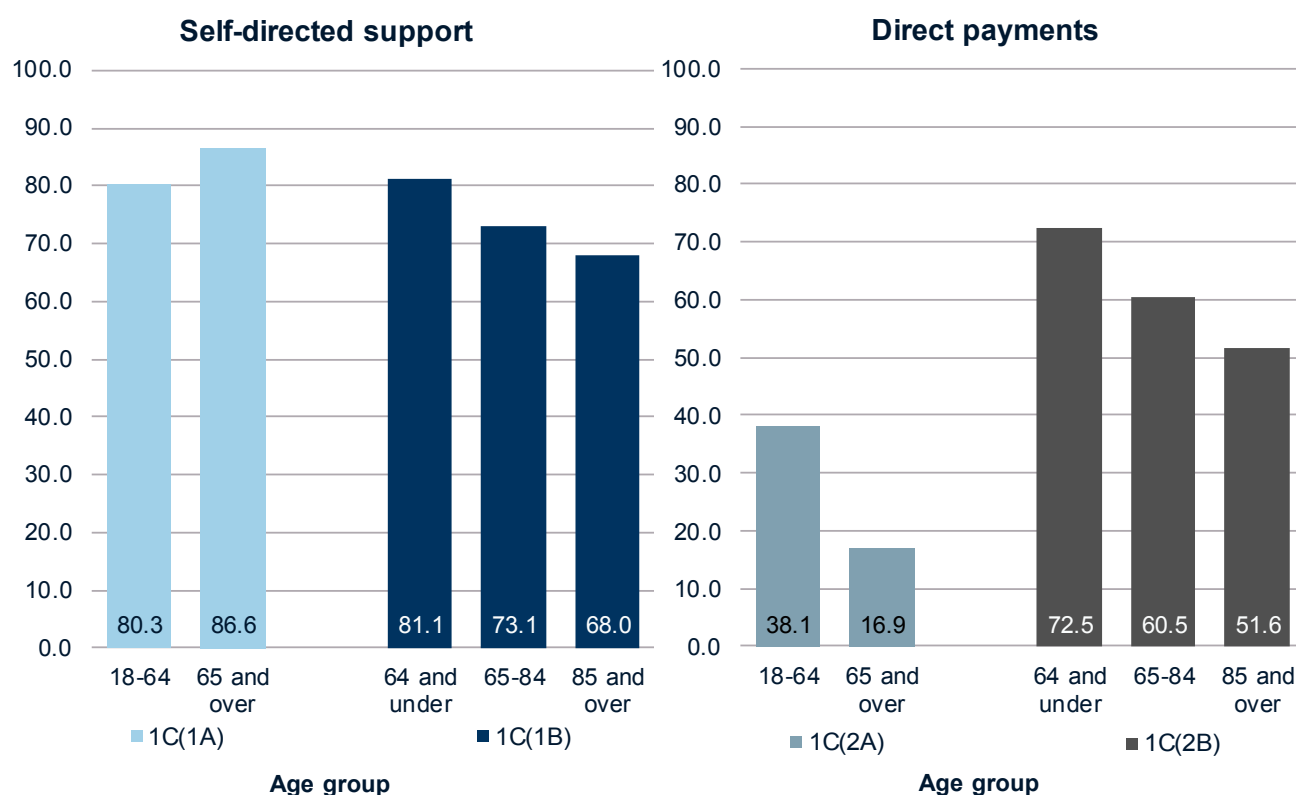
Choice and competition in public services: a guide for policy makers (2010, OFT/Frontier Economics)

<sup>15</sup> Quoting; Choice and competition in public services: a guide for policy makers (2010, OFT/Frontier Economics)

**Figure 1C.1: The proportion of people using social care who receive self-directed support (1C(1)), and those receiving direct payments (1C(2)); by age band**

England, 2014-15

Percentages



Source: SALT

At a regional level, across six of the nine regions, as the age of the service users increases, the proportion that receive self-directed support also increases. For three regions however, (South West, Eastern and West Midlands), the proportion that receive self-directed support decreases as the age of the service user increases. In summary:

- In the 18-64 age group the proportion of service users receiving all forms of self-directed support varies from 72.2 per cent (North West) up to 95.5 per cent (East Midlands).
- The 65 and over age group then varies between 77.8 per cent (South West) and 95.6 per cent (East Midlands).

Additionally, across eight of the nine regions as the age of the carer increases the proportion that receive all forms of self-directed support decreases. The only exception to this is the Eastern region where as the age of the carer increases so does the proportion receiving self-directed support. To summarize:

- In the 64 and under age group, the proportion varies from 73.2 per cent (West Midlands) to 92.3 per cent (South East).
- In the 65 to 84 age group, the proportions vary from 54.2 per cent (West Midlands) to 91.3 per cent (South East).
- In the 85 and over age group, the proportions vary from 33.8 per cent (West Midlands) to 87.3 per cent (Eastern).

Interestingly, the maximum values attained on this measure across the regions, although reducing as age increases, are similar. The lower proportions however show reductions as the age group of the carer increases.

For direct payments, the regional pattern mirrors that of England for both service users and carers. For service users:

- In the 18-64 age group, the proportion receiving self-directed support in the form of direct payments varies between 30.2 per cent (North West) and 54.9 per cent (East Midlands).
- In the 65 and over age group, the proportions vary between 14.2 per cent (South West) and 21.7 per cent (East Midlands).

For carers:

- In the 64 and under age group the proportion varies between 58.9 per cent (South West) and 89.4 per cent (East Midlands).
- In the 65 to 84 age group, the proportion varies between 33.9 per cent (South West) to 87.4 per cent (South East).
- In the 85 and over age group, the proportions vary from 17.3 per cent (North East) and 82.8 per cent (South East).

As with carers in relation to all forms of self-directed support, the maximum values attained on this measure across the regions, although reducing as age increases, are similar. The lower proportions however show reductions as the age group of the carer increases.

Further details of these figures can be found in **Tables 1C.2, 1C.3, 1C.4 and 1C.5** of the Report Tables and Charts annex.

Whilst under the previous RAP data collection, service users and carers who received direct payments may also have been in receipt of self-directed support, it was possible to receive direct payments without a personal budget and so without self-directed support. With implementation of SALT and its associated guidance documentation, this should no longer be the case.

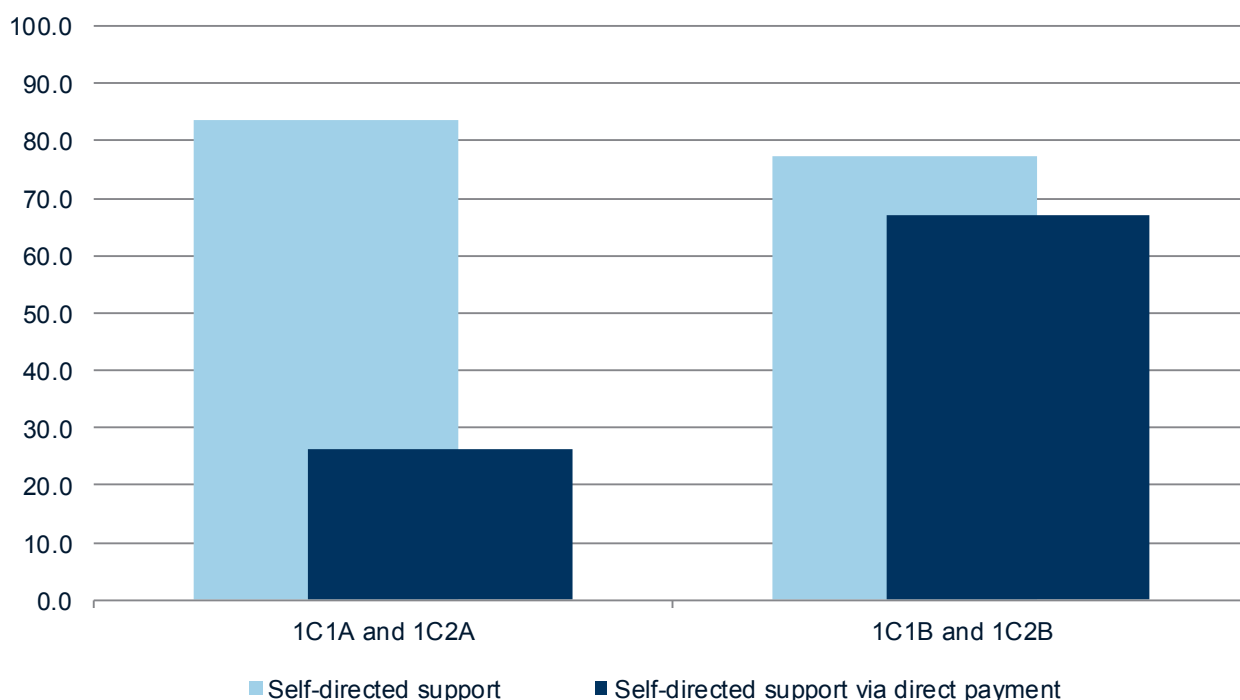
**Figure 1C.2** shows the proportion of service users and carers that receive self-directed support and of those, the proportion that receive self-directed support via a direct payment.

Although 83.7 per cent of all service users received self-directed support, only 26.3 per cent (or 31.4 per cent of those receiving self-directed support) received this support via direct payments. Conversely, whilst 77.4 per cent of carers received self-directed support, 66.9 per cent (or 86.4 per cent of those in receipt of all forms of self-directed support) received this support via direct payment.

**Figure 1C.2: The proportions of users (1C(1A) and 1C(2A)) and carers (1C(1B) and 1C(2B)) receiving self-directed support, and self-directed support via direct payments**

England, 2014-15

Percentages



Source: SALT

**Figure 1C.3** shows the regional variation across the four measures. The figure shows there is little variation in the proportion of carers that receive self-direct support (1C(1B)) and those that receive this via direct payments (1C(2B)) for seven of the nine regions. The exceptions to this are the North East and South West, where a smaller proportion of carers received self-directed support via direct payments.

Furthermore, for six of the nine regions, the proportion of service users that received self-directed support (1C(1A)) was higher than the proportion of carers in receipt of this support (1C(1B)). The exceptions to this were South East, London and Eastern regions. In summary:

- The proportion of users that receive self-directed support ranges from 79.2 per cent (South West) to 95.6 per cent (East Midlands).
- The proportion of carers that receive self-directed support varies from 63.1 per cent (Yorkshire and the Humber) to 91.5 per cent (South East).

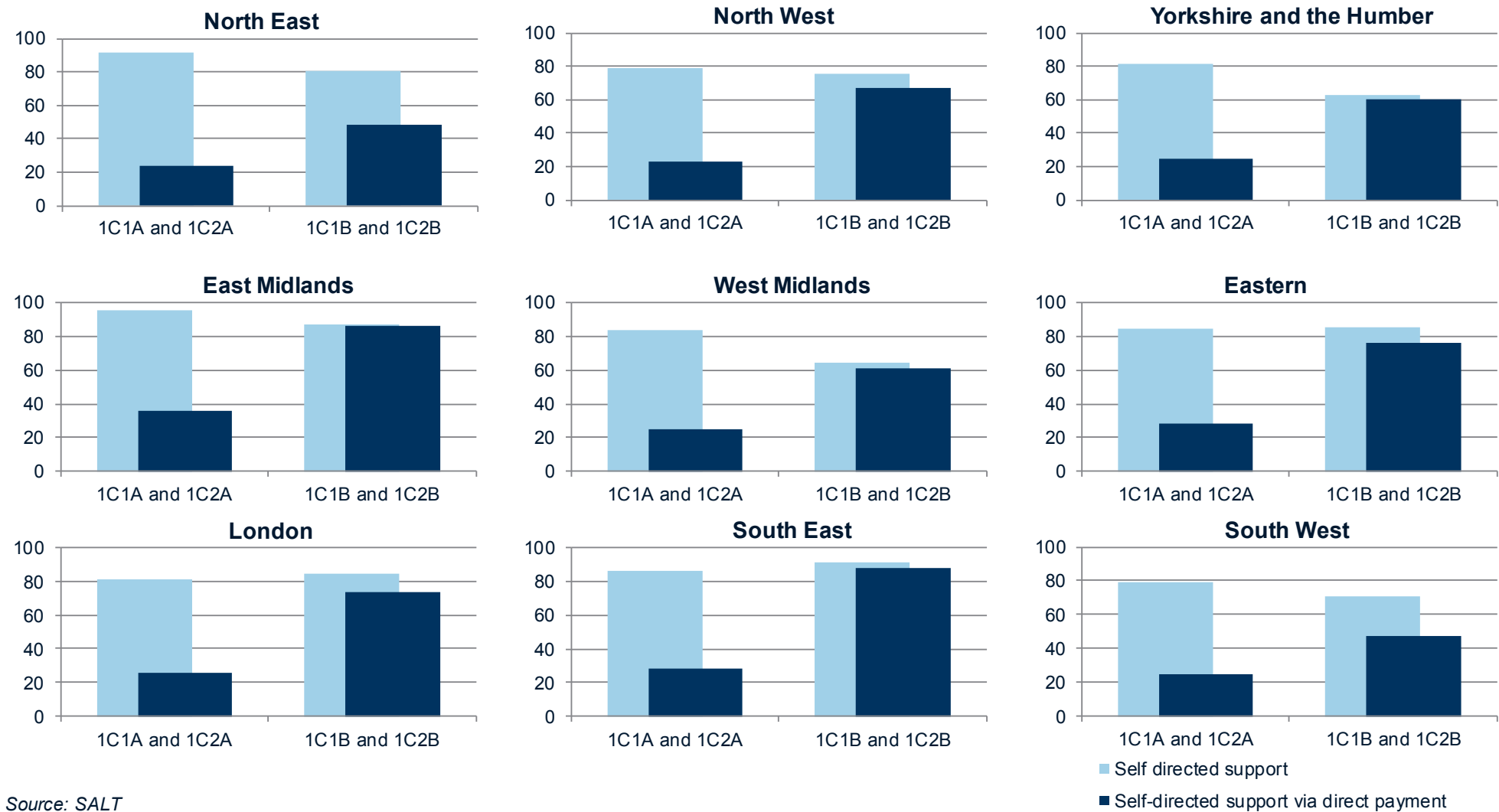
For all regions, a higher proportion of carers (1C(2B)) received direct payments, compared to service users (1C(2A)). To summarize:

- The proportion of service users that receive direct payments varies from 22.8 per cent (North West) to 35.9 per cent (East Midlands).
- The proportion of carers that receive direct payments varies from 47.7 per cent (South West) to 87.8 per cent (South East).

**Figure 1C.3: The proportions of users (1C(1A) and 1C(2A)) and carers (1C(1B) and 1C(2B)) receiving self-directed support, and self-directed support via direct payments; by region**

England, 2014-15

Percentages



Source: SALT

## **Outcome – time series findings**

The change in source from RAP to SALT in 2014-15 resulted in a change to who is included in this measure. Due to the change, time series comparisons are not included. For further details on the changes, see Chapter 3 (Comparability).

## 1D: Carer-reported quality of life

### Rationale

The ASCOF Handbook of Definitions 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”.

### Definition

Carer-reported quality of life is a composite measure which combines individual responses to six questions measuring different outcomes related to overall quality of life. These outcomes are mapped to six domains; occupation, control, personal care, safety, social participation and encouragement and support. The six questions used are from the Carers Survey (SACE), details of which can be found in Appendix C (Survey Questions).

As with measure 1A (Social care-related quality of life), this measure restricts analysis to respondents who answered all of the component questions. It is possible to construct a self-reported quality of life score by applying scores, with each of the six questions being given equal weight. Therefore, this measure has a most positive score of 12 for a survey respondent (indicating that the carer has no unmet needs across all six domains), and higher scores suggest a better quality of the life.

### Outcome – 2014-15 findings

Carer-reported quality of life score for carers in England was 7.9 out of 12.

**Table 1D.1** and **Figure 1D.1** show the variation across the regions with the North East having the highest score for all carers (8.5) and East Midlands and London having the lowest (7.6). North East, Yorkshire and the Humber and Eastern have higher than average scores that are statistically significant to the England average. East Midlands, London and South East have lower than average scores that are statistically significant to the England average.

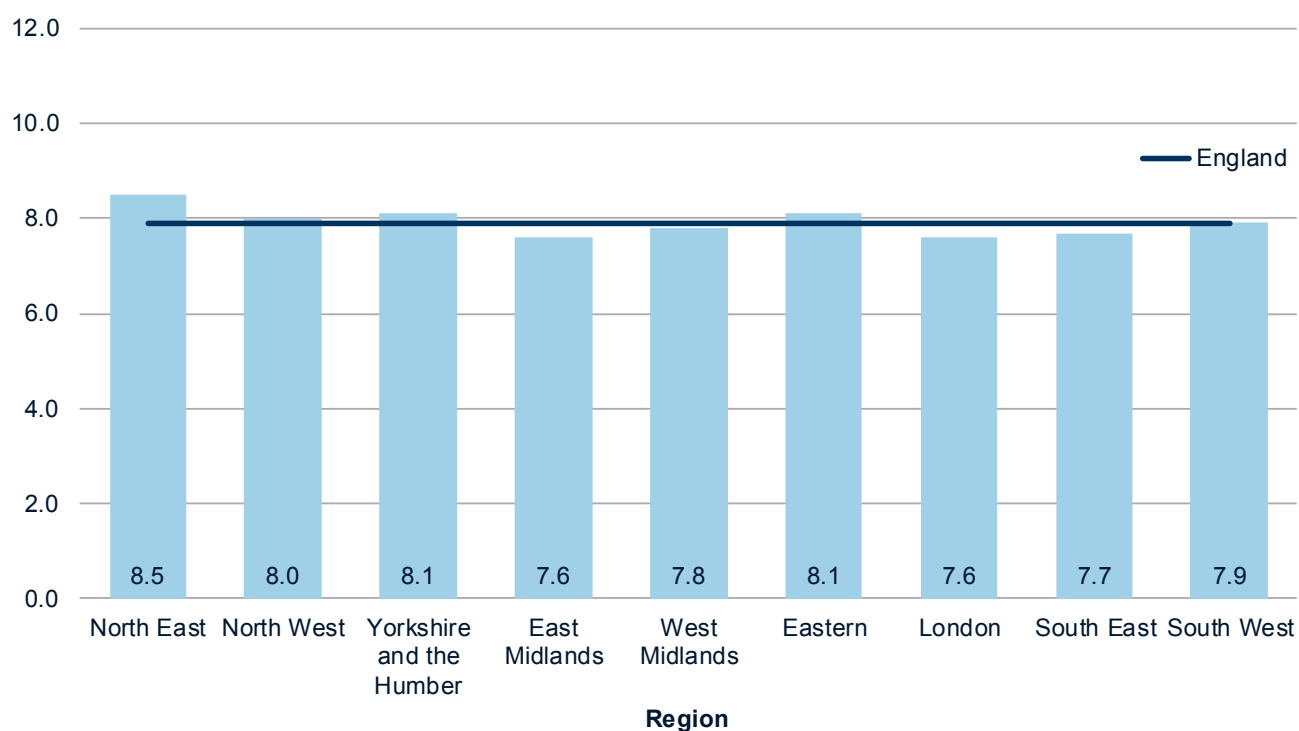
The table also shows that the quality of life score for carers aged 65 and over is higher (8.1) than that reported by the 18-64 age group (7.6); a pattern which occurs across all regions.



**Figure 1D.1: Carer-reported quality of life; by region**

England, 2014-15

Scores out of 12



Source: SACE

**Table 1D.1: Carer-reported quality of life; by region and age**

England, 2014-15

Numbers and scores out of 12

	18-64		65 and over		Total	
	Sample size	Outcome	Sample size	Outcome	Sample size	Outcome
<b>England</b>	25,460	7.6	25,285	8.1	52,700	7.9
North East	2,090	8.3	1,815	8.7	4,085	8.5
North West	4,110	7.8	3,540	8.3	7,905	8.0
Yorkshire and the Humber	2,690	8.0	2,945	8.2	5,760	8.1
East Midlands	1,810	7.2	1,980	7.9	3,830	7.6
West Midlands	2,420	7.5	2,505	8.0	5,065	7.8
Eastern	1,860	7.8	2,175	8.1	4,325	8.1
London	5,205	7.4	3,685	7.8	9,110	7.6
South East	3,085	7.5	3,700	7.9	7,165	7.7
South West	2,195	7.6	2,945	8.2	5,460	7.9

Figures may not add up due to rounding

Source: SACE

The quality of life score reported by male carers (8.1) was higher than the score reported by female carers (7.8), this pattern is mirrored across all regions. For details of the gender and regional scores see **Table 1D.2** in the Report Tables and Charts Annex.

### **Outcome – time series findings**

Carer reported quality of life has decreased from 8.1 (sample size 52,780) in 2012-13 to 7.9 (sample size 52,700) in 2014-15. This is a statistically significant reduction. For details of 2012-13 outcomes, see the time-series of aggregated outcome measures annex that accompanies this report.

## 1E: Proportion of adults with learning disabilities in paid employment

### Rationale

The ASCOF Handbook of Definitions states that “this measure is intended to improve the employment outcomes for adults with a learning disability, reducing the risk of social exclusion. There is a strong link between employment and enhanced quality of life, including evidenced benefits for health and wellbeing<sup>16</sup> and financial benefits<sup>17</sup>.”

### Definition

The measure shows the proportion of adults with a learning disability, who are known to councils and who were recorded as being in paid employment within the reporting period 1 April 2014 to 31 March 2015.

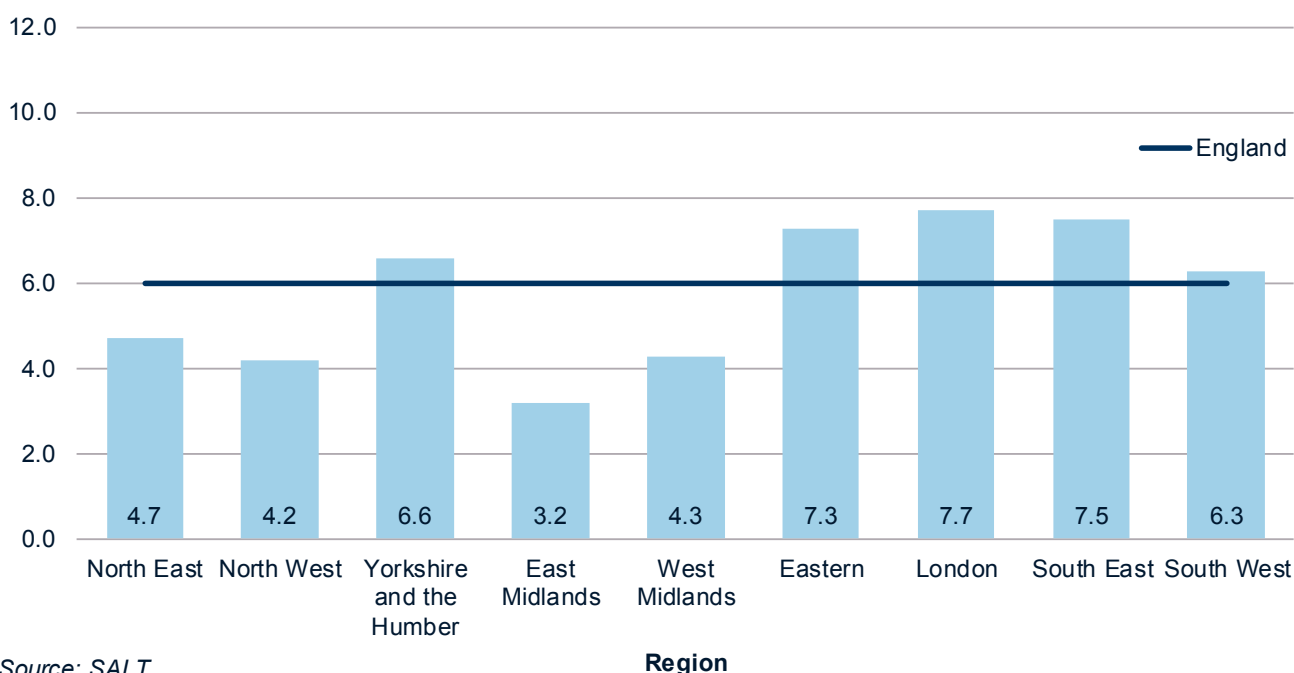
### Outcome – 2014-15 findings

In England, 6.0 per cent of adults with learning disabilities were in paid employment.

**Figure 1E.1** shows the proportion of adults with a learning disability who are known to councils and are recorded as being in paid employment and how this varies across the regions. East Midlands, North West, West Midlands and the North East all had a lower proportion of adults with learning disabilities in paid employment than the England average. Conversely, South West, Yorkshire and the Humber, Eastern, South East and London all had a higher proportion of adults with learning disabilities in paid employment.

**Figure 1E.1: Proportion of adults with learning disabilities in paid employment; by region**  
England, 2014-15

Percentages



<sup>16</sup> 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.

<sup>17</sup> Beyer, S. (2008) An evaluation of the outcomes in supported employment in North Lanarkshire. North Lanarkshire Social Work Service.

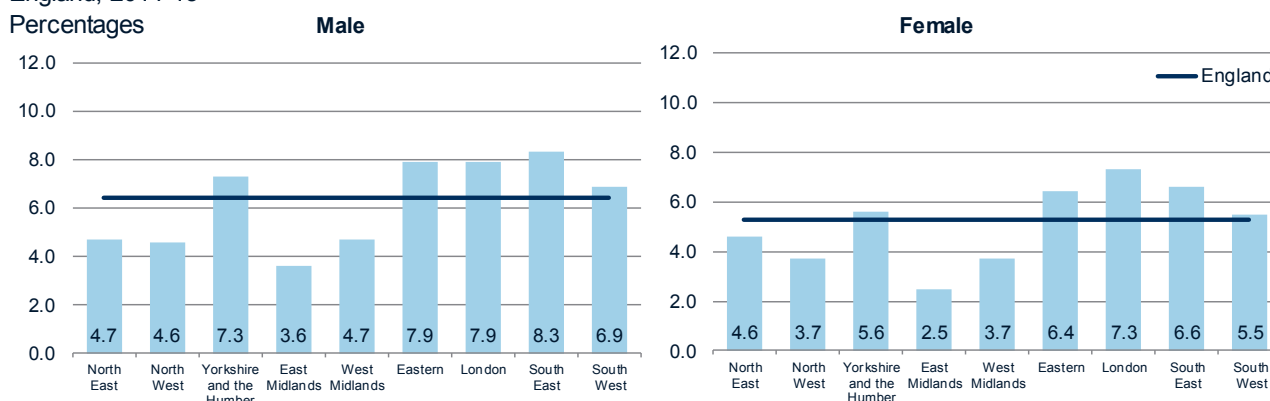
**Figure 1E.2** and **Table 1E.1** show there is a higher proportion of males (6.4 per cent) in paid employment, compared to females (5.3 per cent) in England. This picture is reflected across all regions.

Please note however that as is the case for measure 1G (the proportion of adults with learning disabilities who live in their own home or with their family), the denominators for the disaggregated figures for this measure are drawn from a different table in the Short and Long-term (SALT) activity data collection than the figure used for the total. The sum of the denominators for males and females in England (124,465) has been found to be higher than the total denominator (124,230). For further information please see the data quality statement in Appendix B (Data Quality).

**Figure 1E.2: Proportion of adults with learning disabilities in paid employment; by gender and region**

England, 2014-15

Percentages



Source: SALT

**Table 1E.1: Proportion of adults with learning disabilities in paid employment; by gender and region**

England, 2014-15

	Numbers and percentages								
	Male			Female			Total		
	Num <sup>1</sup>	Denom <sup>2</sup>	Outcome	Num <sup>1</sup>	Denom <sup>2</sup>	Outcome	Num <sup>1</sup>	Denom <sup>2</sup>	Outcome
<b>England</b>	4,660	72,295	6.4	2,765	52,170	5.3	7,430	124,230	6.0
North East	210	4,480	4.7	150	3,250	4.6	360	7,750	4.7
North West	480	10,310	4.6	270	7,200	3.7	745	17,620	4.2
Yorkshire and the Humber	575	7,825	7.3	320	5,670	5.6	890	13,420	6.6
East Midlands	225	6,265	3.6	110	4,475	2.5	335	10,530	3.2
West Midlands	330	7,090	4.7	185	4,955	3.7	515	12,005	4.3
Eastern	675	8,570	7.9	385	6,060	6.4	1,060	14,545	7.3
London	775	9,775	7.9	495	6,765	7.3	1,270	16,410	7.7
South East	910	10,955	8.3	570	8,640	6.6	1,480	19,725	7.5
South West	485	7,025	6.9	280	5,160	5.5	765	12,225	6.3

Figures may not add up due to rounding

Source: SALT

1. Numerator; number of working age (18-64) users who received long-term support during the year with a primary support reason of learning disability support, who are in paid employment
2. Denominator; number of working age (18-64) users who received long-term support during the year with a primary support reason of learning disability support

Additional information on employment in England generally is available via the ONS website<sup>18</sup>.

## **Outcome – time series findings**

The change in source from ASC-CAR to SALT in 2014-15 resulted in a change to who is included in this measure. Due to this change, time series comparisons have not been included. For further details on the changes, see Chapter 3 (Comparability).

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<sup>18</sup> <http://www.ons.gov.uk/ons/rel/subnational-labour/regional-labour-market-statistics/index.html>

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

### Rationale

The ASCOF Handbook of Definitions states that this “measure is of improved employment outcomes for adults with mental health problems, reducing their risk of social exclusion and discrimination. Supporting someone to become and remain employed is a key part of the recovery process<sup>19</sup>. Employment outcomes are a predictor of quality of life, and are indicative of whether care and support is personalised. Employment is a wider determinant of health and social inequalities.”

### Definition

The measure shows the average monthly percentage of adults receiving secondary mental health services in paid employment at the time of their most recent assessment, review or other multi-disciplinary care planning meeting. Adults being “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).

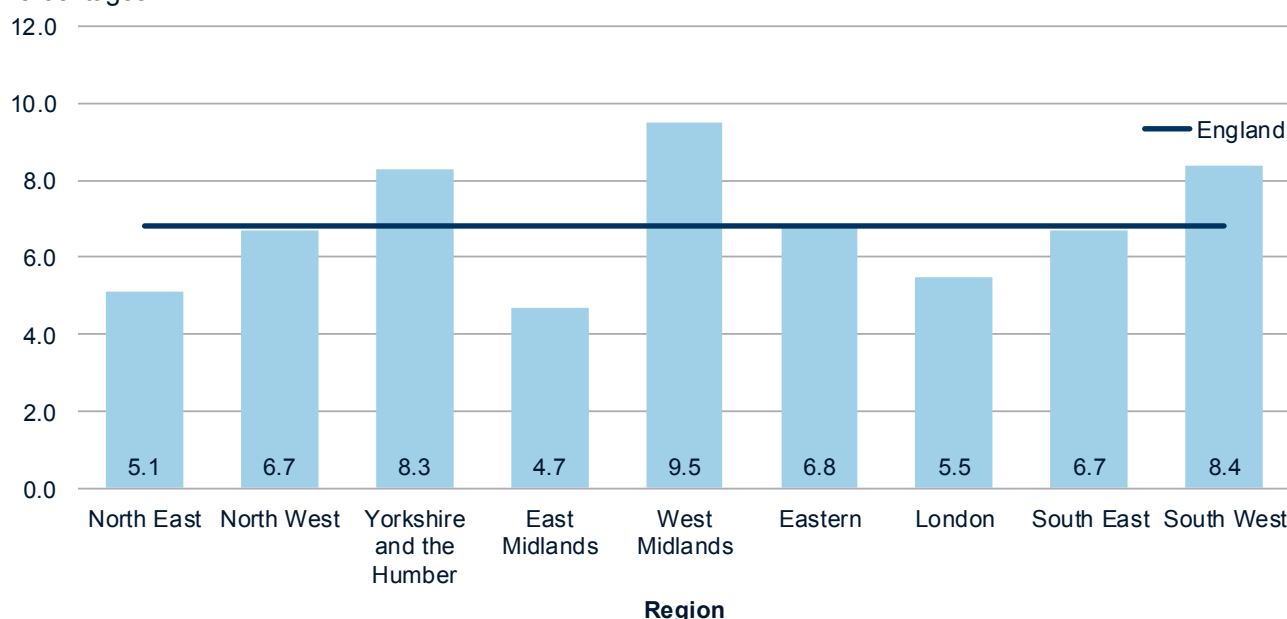
### Outcome – 2014-15 findings

6.8 per cent of adults in England in contact with secondary mental health services were in paid employment. **Figure 1F.1** shows the variation in this proportion by region. West Midlands has the highest proportion of adults in contact with secondary mental health services in paid employment at 9.5 per cent and the East Midlands has the lowest at 4.7 per cent.

**Figure 1F.1: Proportion of adults in contact with secondary mental health services in paid employment; by region**

England, 2014-15

Percentages



Source: MHMDS / MHLDDS

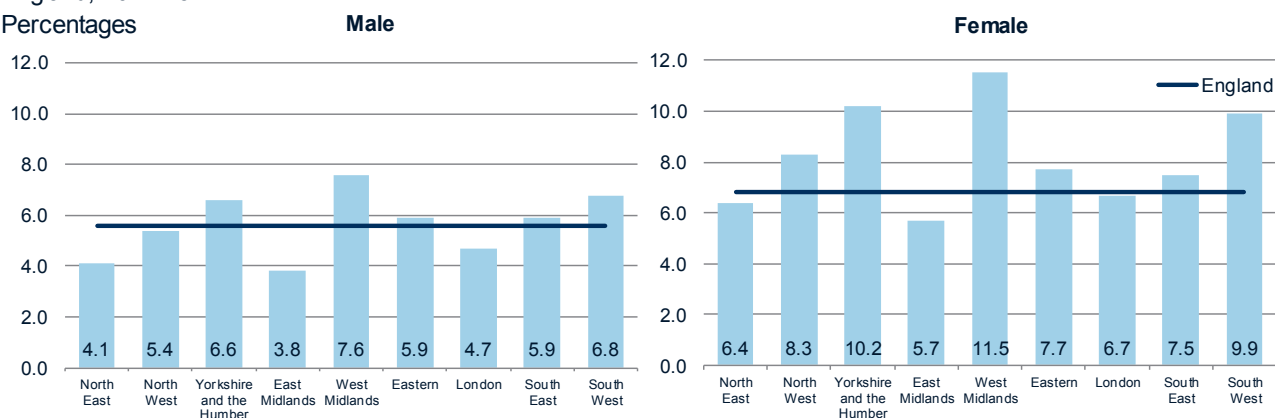
<sup>19</sup> Waddell, G. & Burton, A. (2006). Is Work Good for your Health and Well-being? London: TSO.

In contrast to measure 1G, **Figure 1F.2** below shows that for England, the proportion of females (8.3 per cent) who are in contact with secondary mental health services and in paid employment is generally higher when compared to males (5.6 per cent). This is reflected across all regions.

**Figure 1F.2: Proportion of adults in contact with secondary mental health services in paid employment; by gender and region**

England, 2014-15

Percentages



Source: MHMDS / MHLDDS

The outcome measures for the proportion of adults in contact with secondary mental health services in paid employment are based on an average of monthly outcomes, and therefore only outcome scores are presented. The monthly data used to calculate these outcomes can be found in the accompanying annex files.

Additional information on employment in England generally is available via the ONS website<sup>20</sup>.

## Outcome – time series findings

In 2013-14 there was a change to the calculation of the measure which is now derived from an average of monthly outcomes. This affects the comparability of data over time and so comparisons are only made here from 2013-14 onwards.

The proportion of adults in contact with secondary mental health services in paid employment has decreased for both males and females from 2013-14 to 2014-15. Females went from 8.5 per cent to 8.3 per cent and males went from 5.8 per cent to 5.6 per cent. The overall proportion of adults in contact with secondary mental health services in paid employment fell from 7.0 per cent in 2013-14 to 6.8 per cent in 2014-15.

Please note that the secondary mental health data used in measure 1F has been sourced from two data sets in 2014-15. The MHMDS was used from April to August 2014 and then replaced with the MHLDDS in September 2014. The definition of the ASCOF measure has not changed so the change in the dataset should not have affected the ASCOF outcome measure. Differences observed across the transitional period for some mental health providers however do appear to be greater than expected by monthly variation alone. The data quality section in Appendix B contains further information and a list of the councils who appear to have been affected by this, and other data submission issues across the year.

<sup>20</sup> <http://www.ons.gov.uk/ons/rel/subnational-labour/regional-labour-market-statistics/index.html>

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

### Rationale

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

### Definition

The measure shows the proportion of all adults with a learning disability who are known to councils and who are recorded as living in their own home or with their family within the reporting period 1 April 2014 to 31 March 2015.

### Outcome – 2014-15 findings

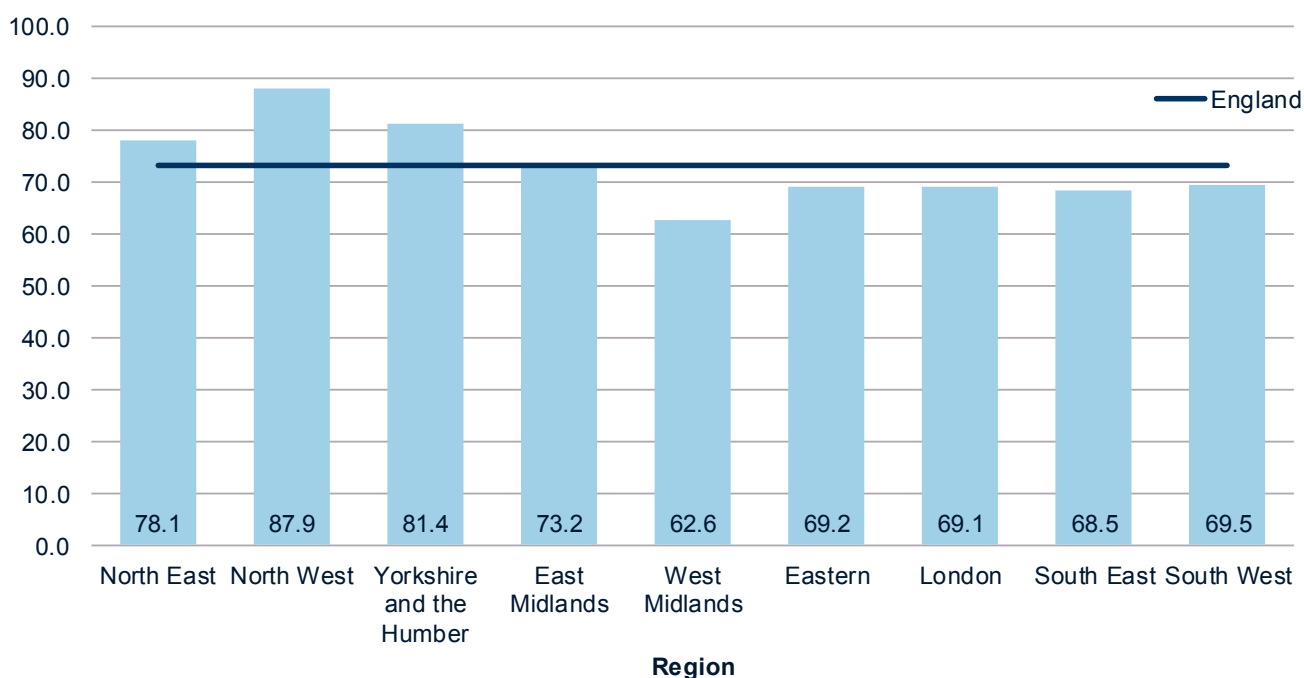
Across England, 73.3 per cent of adults with learning disabilities live in their own home or with their family.

**Figure 1G.1** illustrates how the proportion of adults with learning disabilities who live in their own home or with their family varies across regions. The North West has the highest proportion (87.9 per cent) whilst the West Midlands has the lowest proportion (62.6 per cent).

**Figure 1G.1: Proportion of adults with learning disabilities who live in their own home or with their family; by region**

England, 2014-15

Percentages



Source: SALT



Additionally, across England 73.2 per cent of male adults with learning disabilities live in their own home or with their family. This compares to 73.1 per cent of females. For further details of the scores by region and gender, see **Table 1G.1** in the accompanying Report Tables and Charts Annex.

As with measure 1E (proportion of adults with learning disabilities in paid employment), the denominators for these disaggregated figures are drawn from a different table in SALT to the figure used for the total. The denominators for males and females combined (124,465) are higher than the total denominator (124,230); this results in the total England score being higher than the disaggregated scores for both males and females. For further information see the data quality statement in Appendix B.

## Outcome – time series findings

The change in source from ASC-CAR to SALT in 2014-15 resulted in a change to who is included in this measure. Due to this change, time series comparisons are not included. For further details on these changes, see Chapter 3 (Comparability).

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

### Rationale

The ASCOF Handbook of Definitions 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.”

### Definition

The measure shows the average monthly 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 Care Programme Approach (CPA).

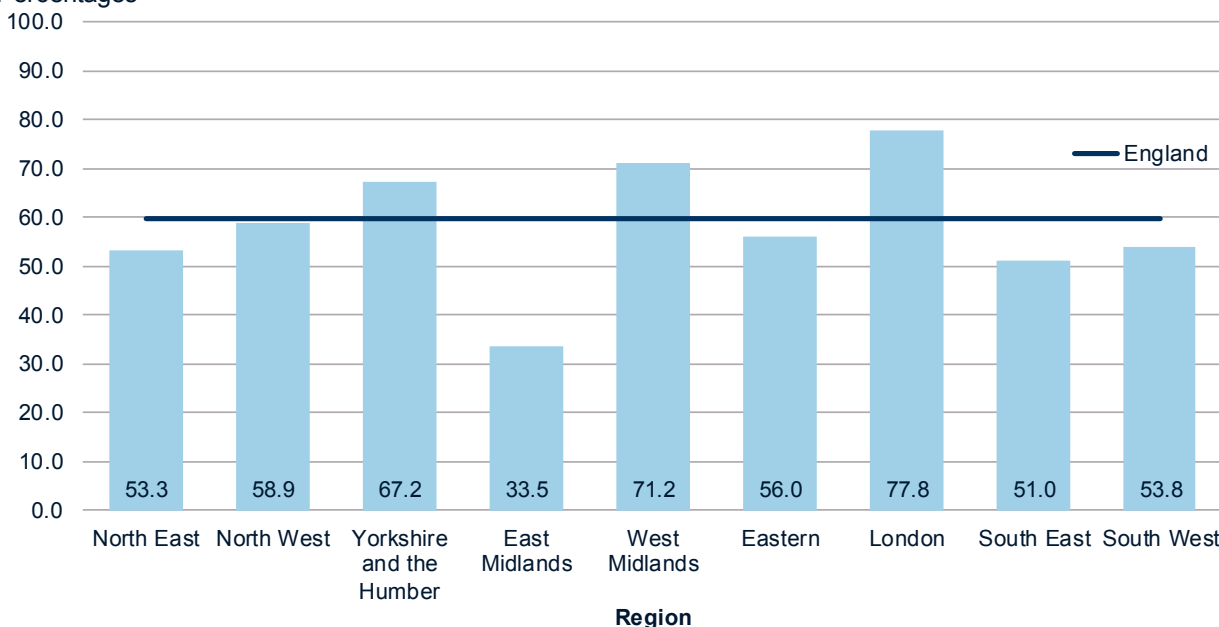
### Outcome – 2014-15 findings

59.7 per cent of adults in England in contact with secondary mental health services were living independently, with or without support. **Figure 1H.1** shows the variation on this measure across the regions. London has the highest proportion at 77.8 per cent and the East Midlands has the lowest at 33.5 per cent.

**Figure 1H.1: Proportion of adults in contact with secondary mental health services living independently, with or without support; by region**

England, 2014-15

Percentages



Source: MHMDS / MHLDDS

In England, 61.3 per cent of females in contact with secondary mental health services live independently, with or without support. This compares to 58.4 per cent of males. In all regions across England, there is a higher proportion of females living independently, compared to males. For further details of the outcomes by region and gender, see **Table 1H.1** in the accompanying Report Table and Charts Annex.

### Outcome – time series findings

As with measure 1F, in 2013-14 there was a change to the calculation of the measure which is now derived from an average of monthly outcomes. This affects the comparability of data over time and so comparisons have only been made from 2013-14 onwards.

The secondary mental health data, required for measures 1H, was also sourced from two data sets in 2014-15. The MHMDS was used from April to August 2014. This was then replaced with the MHLDDS in September 2014. The definition of the ASCOF measure has not changed so the change in the dataset should not have affected the ASCOF outcome measure. The differences observed across the transitional period for some mental health providers however do appear to be greater than expected by monthly variation alone. The data quality section in Appendix B contains further information and a list of the councils who appear to have been affected by this, and other data submission issues across the year.

The overall proportion of adults in contact with secondary mental health services living independently, with or without support, decreased from 60.8 per cent in 2013-14 to 59.7 per cent in 2014-15. The proportion for both females and males also decreased (females from 62.4 per cent in 2013-14 to 61.3 per cent in 2014-15; males from 59.4 per cent in 2013-14 to 58.4 per cent in 2014-15).

## **1I: Proportion of people who use services, and their carers, who reported that they had as much social contact as they would like**

### **Rationale**

The ASCOF Handbook of Definitions states that “there is a clear link between loneliness and poor mental and physical health” and “this measure will draw on self-reported levels of social contact as an indicator of social isolation for both users of social care and carers.”

### **Definition**

Measure 1I is split into two parts; part 1 relates to service users and part 2 to carers.

Part 1 uses responses to Question 8a in the ASCS (see Appendix C: Survey Questions). The measure is calculated as a proportion of respondents who said that they have as much social contact as they want with people they like, or who responded that they see their friends and family as much as they want in response to the easy-read version of the questionnaire which was mainly, but not exclusively, sent to service users with a learning disability. It is expressed as a percentage of all service users who gave a valid response to (either version of) question 8a.

Part 2 uses responses to Question 11 in the Carers' Survey (see Appendix C: Survey Questions). The measure is calculated as a proportion of respondents who said that they have as much social contact as they want. It is expressed as a percentage of all carers who gave a valid response to question 11. Part 2 was a new measure for 2013-14 but as the Carers' survey is a biennial collection, it has been reported on for the first time in 2014-15.

### **Outcome – 2014-15 findings**

#### **1I(1) Proportion of people who use services who reported that they had as much social contact as they would like**

44.8 per cent of service users reported having as much social contact as they would like.

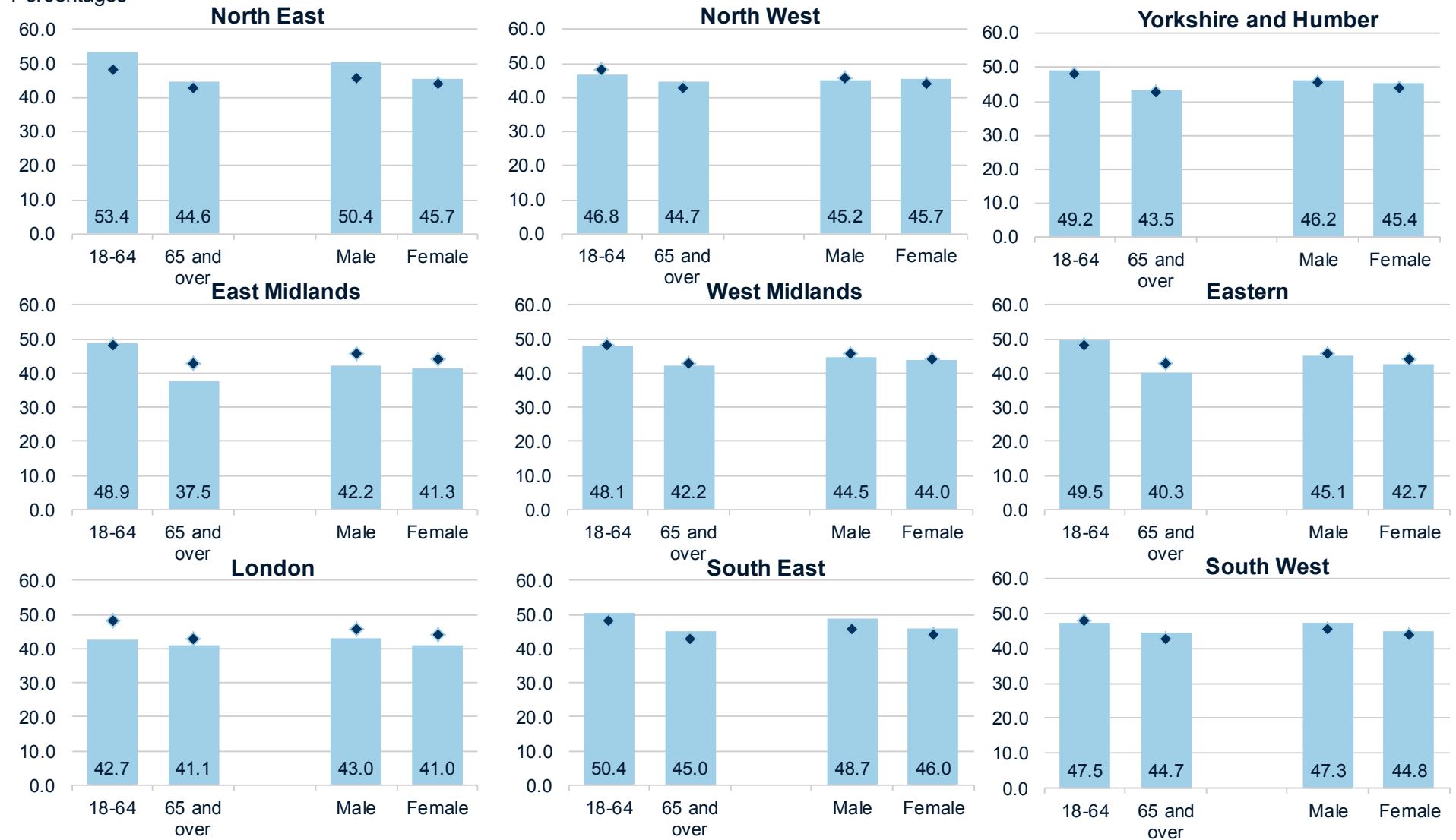
The North East reports the highest proportion of users (47.6 per cent) that had as much social contact as they would like, whilst London had the lowest proportion at 41.8 per cent.

**Figure 1I.1** shows the proportion of users who reported that they had as much social contact as they would like for each region, by age and gender.

**Figure 11.1: The proportion of users who reported that they had as much social contact as they would like; by region, age and gender (11(1))**

England, 2014-15

Percentages



Source: ASCS

England scores: 18-64, 48.0; 65 and over, 42.8; male, 45.7; female, 44.1

Region ♦ England

In England, the 18-64 age group had a higher proportion of users who reported having as much social contact as they would like, at 48.0 per cent, compared to 42.8 per cent for the 65 and over age group. Across the regions the 18-64 group reported scores of between 42.7 (London) to 53.4 (North East) and the 65 and over group reported scores from 37.5 (East Midlands) to 45.0 (South East). London and East Midlands are generally lower than England average, with South East generally higher.

Males in England reported the higher proportion of users having as much social contact as they would like at 45.7 per cent, whilst females reported 44.1 per cent. With the exception of the North West (which reported 45.2 per cent proportion for males and 45.7 per cent for females) all other regions reported higher proportion of males, compared to females, as having as much social contact as they would like. Again, London and East Midlands are generally lower than England average, with South East generally higher.

For details of the outcomes at national and regional level, see **Table 11.1** and **Table 11.2** of the Report Tables and Charts Annex.

## Outcome – 2014-15 findings

### 11(2) Proportion of carers who reported that they had as much social contact as they would like

38.5 per cent of carers report having as much social contact as they would like. Across the regions, the North East reports the highest proportion of carers (47.4 per cent) who had as much social contact as they would like. The East Midlands had the lowest proportion at 35.1 per cent.

Carers aged 65 and over have a higher proportion (40.0 per cent) of those reporting as much social contact as they would like, when compared to the 18-64 age group (36.3 per cent). This pattern was the same for eight of the nine regions. Yorkshire and the Humber was the only region where the proportion for 18-64 (40.6 per cent) was higher than for 65 and over (40.1 per cent).

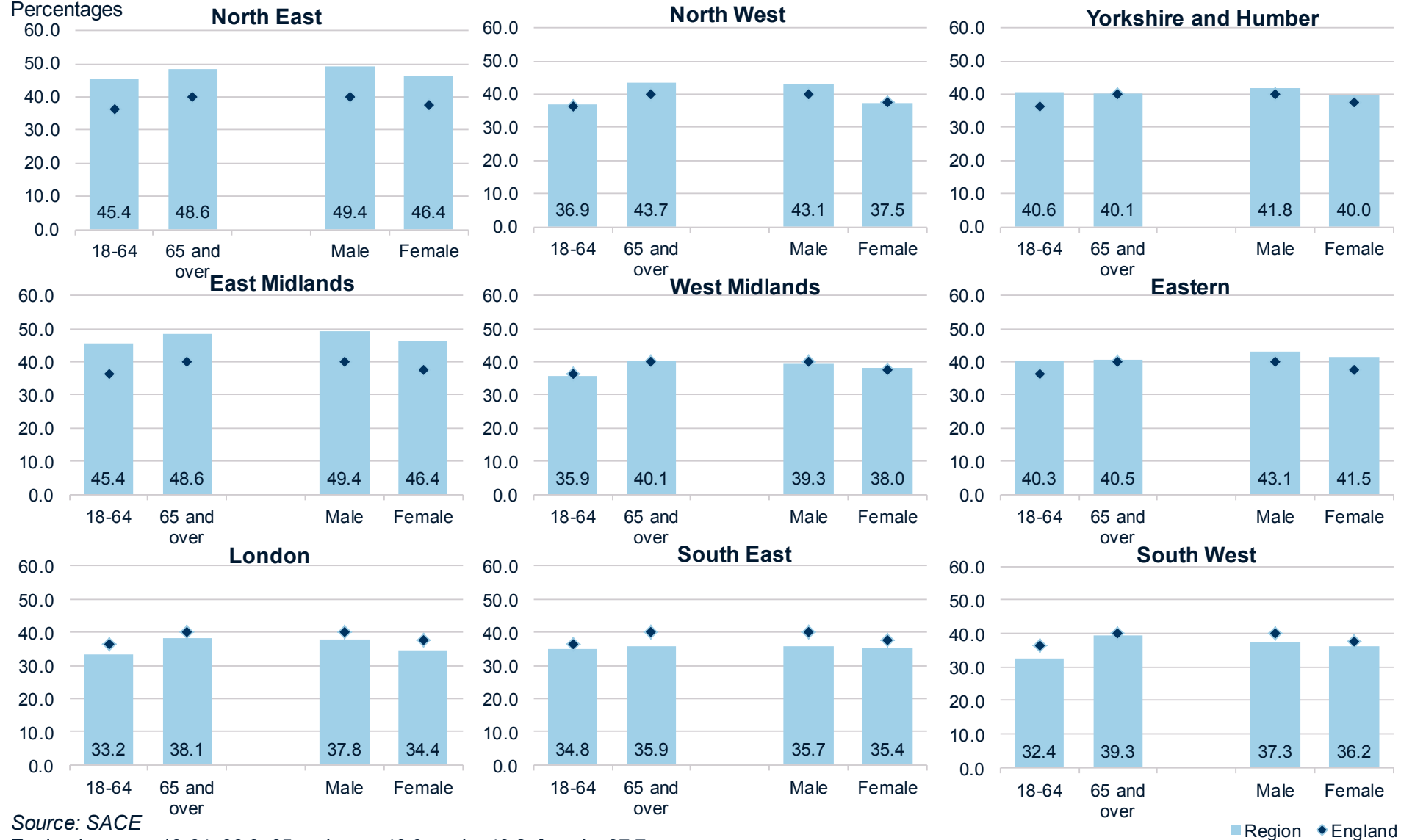
There is a higher proportion of male carers (40.2 per cent) reporting they have as much social contact as they would like compared to female carers (37.7 per cent). In all regions, male carers reported higher proportions to female carers.

**Figure 11.2** shows the proportion of carers who reported that they had as much social contact as they would like for each region, by age and gender.

**Figure 11.2: The proportion of carers who reported that they had as much social contact as they would like; by region and age and gender (11(2))**

England, 2014-15

Percentages



Source: SACE

England scores: 18-64, 36.3; 65 and over, 40.0; male, 40.2; female, 37.7

For details on the outcomes at national and regional level, see **Table 11.3** and **Table 11.4** of the Report Tables and Charts Annex.

Looking at both measures, a higher proportion of users (44.8 per cent) report they have as much social contact as they would like, compared with carers (38.5 per cent). This is reflected across all regions. For users, this proportion is higher for the 18-64 age group (48.0 per cent) than for the 65 and over age group (42.8 per cent). This is in contrast to carers' where the 65 and over age group (40.0 per cent) report a higher amount having as much social contact as they would like compared to the 18-64 age group (36.3 per cent).

### Outcome – time series findings

For 11 (1), as the eligible population from which surveys samples are selected has changed following the introduction of SALT in 2014-15, time series comparisons are not included. For further details on the changes, see Chapter 3 (Comparability).

11(2) was a new measure for 2013-14 and first reported on in 2014-15. Although this was not a measure in 2012-13, responses from the Carers Survey (SACE) have been used to calculate what the outcome measures would have been. The 2012-13 outcome measures for 11(2) have been provided in **Table 2.1**. In 2012-13, 41.4 per cent (sample size 56,170) of carers reported having as much social contact as they would like. This compares to 38.5 per cent (sample size 55,875) in 2014-15. This is a statistically significant change.



## Chapter 5: Domain 2 - Delaying and reducing the need for care and support

### Introduction

This chapter of the report focuses on the second domain in the ASCOF: delaying and reducing the need for care and support. The ASCOF 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: the Short and Long Term (SALT) return, ONS mid-year population estimates, Hospital Episode Statistics (HES) and Delayed Transfers of Care (DToC).

A summary of all the measure outcomes for domain 2 is provided in **Table 2.2**. Before making comparison over time the information in Chapter 3 (Comparability), should be considered.

**Table 2.2: Summary of ASCOF Domain 2 outcome values; by measure and year**  
England, 2010-11 to 2014-15

Measure (units)	2010-11	2011-12 (adjusted <sup>1</sup> )	2012-13	2013-14	2014-15
2A(1) Permanent admissions to residential and nursing care homes for younger adults (per 100,000 population)	15.0	19.1 (14.0)	15.0	14.4	x
2A(2) Permanent admissions to residential and nursing care homes for older adults (per 100,000 population)	686.6	695.9 (694.2)	697.2	650.6	x
2A(1) Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population	x	x	x	x	14.2
2A(2) Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	x	x	x	x	668.8
2B(1) Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (effectiveness of the service) (%)	82.0	82.7	81.4	82.5	82.1
2B(2) Proportion of older people (65 and over) who were offered reablement services following discharge from hospital (%)	3.0	3.2	3.2	3.3	3.1
2C(1) Delayed transfers of care from hospital (per 100,000 population)	10.6	9.7	9.4	9.6	11.1
2C(2) Delayed transfers of care from hospital, and those which are attributable to adult social care (per 100,000 population)	4.1	3.7	3.2	3.1	3.7
2D Proportion of those that received short-term service during the year where sequel was either no ongoing support or support of a lower level (%)	x	x	x	x	74.6

- x Represents 'not applicable'; over the course of time, new measures have been introduced to ASCOF, and some measures have been discontinued or superseded. Therefore, outcome scores are not available for all measures for all years.
1. In 2011-12 there was a 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. The adjusted score presented in brackets is the estimated national outcome had no such transfer taken place. Further detail is available in Chapter 3

## **2A: Long-term support needs met by admission to residential and nursing care homes, per 100,000 population**

### **Rationale**

The ASCOF Handbook of Definitions states that “avoiding permanent placements in residential and nursing care homes is a good measure of delaying dependency, and the inclusion of this measure in the framework supports local health and social care services to work together to reduce avoidable admissions. Research suggests that, where possible, people prefer to stay in their own home rather than move into residential care.”

### **Definition**

2A is a two-part measure reflecting the number of younger adults (part 1) and older people (part 2) whose long-term support needs were met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care) relative to the population size of each group. The measure compares council records with ONS population estimates. The numbers of adults aged 18-64 (2A part 1) and aged 65 and over (2A part 2) whose long-term support needs were met by a change of setting to residential or nursing care are taken from the SALT return.

### **Outcome – 2014-15 findings**

14.2 younger adults aged 18-64 per 100,000 had long-term support needs met by admission to residential and nursing care homes. For the 65 and over age group, the rate was 668.8 per 100,000 population.

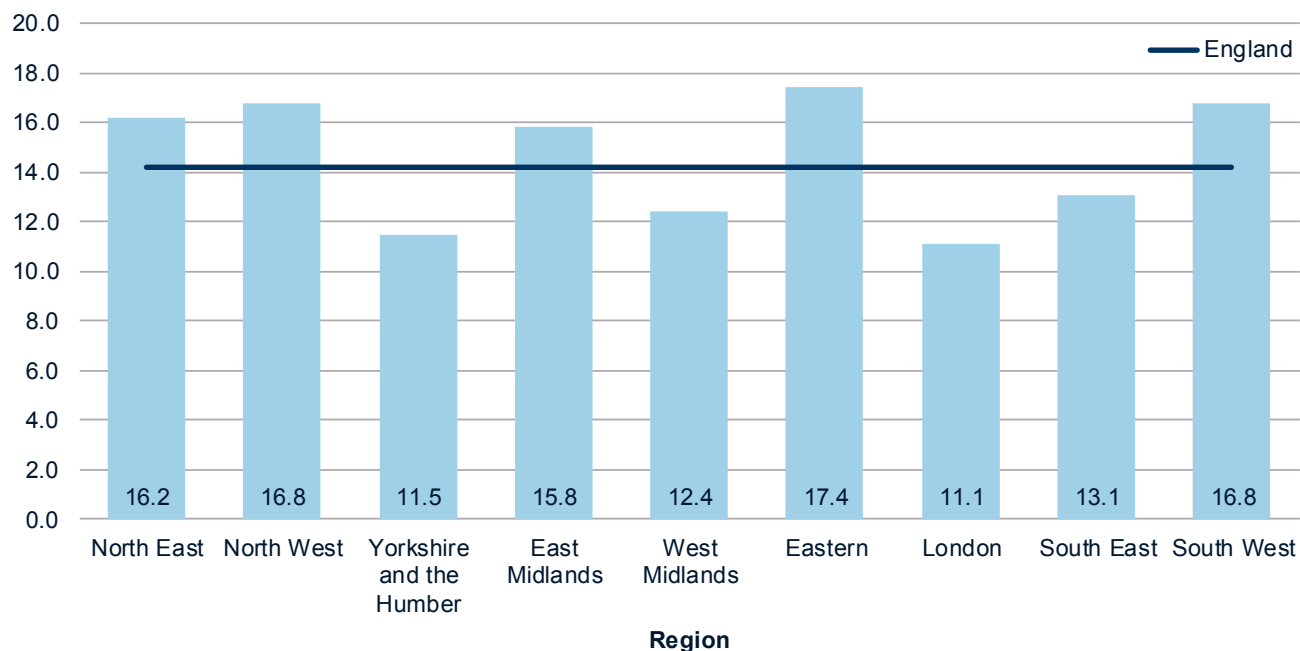
**Figure 2A.1** shows the variation across regions for the 18-64 age group:

- Eastern (17.4), North West (16.8), South West (16.8), North East (16.2) and East Midlands (15.8) have rates that are higher than the England average (14.2).
- London (11.1), Yorkshire and the Humber (11.5), West Midlands (12.4) and South East (13.1) had rates that were lower than the England average.

**Figure 2A.1: Number of adults aged 18 to 64 whose long-term support needs were met by admission to residential and nursing care homes, per 100,000 population; by region (2A(1))**

England, 2014-15

Rate (per 100,000)



Source: SALT & ONS

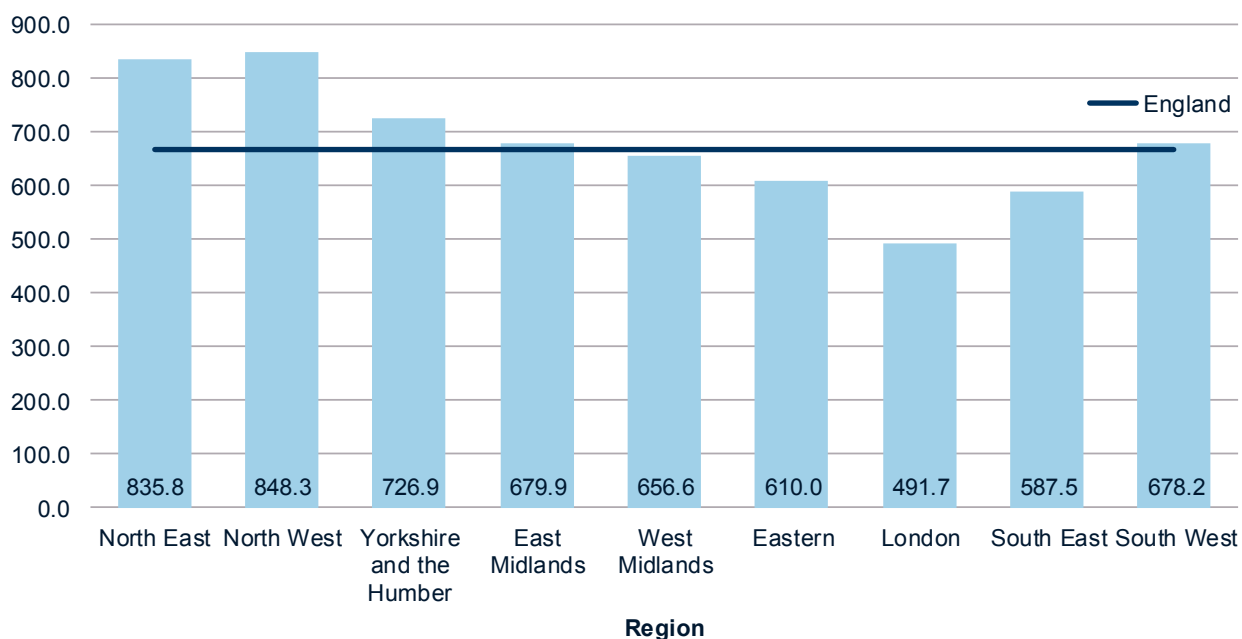
**Figure 2A.2** shows the variation across regions for the 65 and over age group:

- The North West region (848.3) and North East (835.8) have the highest rates
- London has the lowest rate at 491.7 per 100,000 population.

**Figure 2A.2: The number of adults aged 65 and over whose long-term support needs were met by admission to residential and nursing care homes, per 100,000 population (2A(2)); by region**

England, 2014-15

Rate (per 100,000)



Source: SALT & ONS

## Outcome – time series findings

The transition from ASC-CAR to SALT in 2014-15 resulted in a change to which admissions were captured by this measure, and a change to the measure definition. Due to the changes, time series comparisons are not included. For further details on the changes, see Chapter 3 (Comparability).

## 2B: The proportion of older people (age 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services

### Rationale

The ASCOF Handbook of Definitions states “there is strong evidence that reablement services lead to improved outcomes and value for money across the health and social care sectors. Reablement seeks to support people and maximise their level of independence, in order to minimise their need for ongoing support and dependence on public services.

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, health staff and services commissioned by joint teams, as well as adult social care reablement.”

### Definition

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 1 collects the number of people aged 65 and over who are discharged from acute or community hospitals 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), who are at home or in extra care housing or an adult placement scheme setting 91 days after the date of their discharge from hospital.

Part 2 measures the coverage of reablement services 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 1) as a proportion of all people aged 65 and over discharged from hospital, which is obtained from HES.

### Outcome – 2014-15 findings

#### 2B(1) The proportion of older people (age 65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services

82.1 per cent of older people (age 65 and over) were still at home 91 days after discharge from hospital into reablement / rehabilitation services (2B(1)). The North East had the highest proportion at 86.4. The South East had the lowest proportion at 79.4. For details of the regional measure outcomes see **Table 2B.3** of Report Tables and Charts Annex.

**Table 2B.1** shows the proportion of females (83.2) aged 65 and over who were still at home 91 days after discharge was higher than males (80.1) for England. This picture was reflected across all regions. For regional outcome measures by gender see **Table 2B.3** of Report Tables and Charts Annex.

**Table 2B.1: The proportion of older people (age 65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services (2B(1)); by gender**  
 England, 2014-15 *Numbers and percentages*

	Male			Female			Total		
	Num. <sup>1</sup>	Denom. <sup>2</sup>	Outcome	Num. <sup>1</sup>	Denom. <sup>2</sup>	Outcome	Num. <sup>1</sup>	Denom. <sup>2</sup>	Outcome
<b>England</b>	12,885	16,085	80.1	23,045	27,680	83.2	35,930	43,765	82.1

Numbers may not add up due to rounding

Source: SALT

1. Numerator: Number of older people (aged 65 and over) discharged from acute or community hospitals 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), who are at home or in extra care housing or an adult placement scheme setting 91 days after the date of their discharge from hospital.
2. Denominator: Number of older people (aged 65 and over) discharged from acute or community hospitals 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)

**Table 2B.2** also shows that in England, as the age of the person increases, the proportion that are still home 91 days after discharge from hospital into reablement / rehabilitation services decreases. This picture is largely mirrored across all regions in England. The proportion of people in the 75-84 age group who are still at home however was higher than in the 65-74 age band in West Midlands and South East.

**Table 2B.2: The proportion of older people (age 65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services (2B(1)); by region and age band**

England, 2014-15			Numbers and percentages						
	65-74			75-84			85 and over		
	Num. <sup>1</sup>	Denom. <sup>2</sup>	Outcome	Num. <sup>1</sup>	Denom. <sup>2</sup>	Outcome	Num. <sup>1</sup>	Denom. <sup>2</sup>	Outcome
<b>England</b>	5,835	6,775	86.1	14,720	17,550	83.9	15,375	19,440	79.1
North East	430	465	91.8	1,090	1,230	88.7	920	1,130	81.6
North West	955	1,115	85.5	2,220	2,700	82.4	2,105	2,720	77.5
Yorkshire and the Humber	470	540	86.5	1,380	1,635	84.3	1,380	1,700	81.1
East Midlands	400	455	87.3	940	1,110	84.7	1,020	1,310	78.1
West Midlands	570	685	83.4	1,585	1,895	83.6	1,550	2,050	75.6
Eastern	540	640	84.5	1,520	1,880	80.9	1,710	2,210	77.3
London	985	1,095	89.9	2,075	2,395	86.6	2,125	2,585	82.3
South East	800	985	81.5	2,120	2,590	81.8	2,350	3,065	76.7
South West	685	795	86.5	1,795	2,115	84.7	2,215	2,675	82.8

Numbers may not add up due to rounding

Source: SALT

1. Numerator: Number of older people (aged 65 and over) discharged from acute or community hospitals 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), who are at home or in extra care housing or an adult placement scheme setting 91 days after the date of their discharge from hospital.
2. Denominator: Number of older people (aged 65 and over) discharged from acute or community hospitals 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)

## Outcome – 2014-15 findings

### 2B(2) The proportion of people aged 65 and over who received reablement services following discharge from hospital

3.1 per cent of people aged 65 and over received reablement services following discharge from hospital. London had the highest proportion of people aged 65 and over receiving reablement services at 4.1 per cent, with East Midlands having the lowest at 2.3 per cent. For further details on the regional variation in this measure, see **Table 2B.5** of Report Tables and Charts Annex.

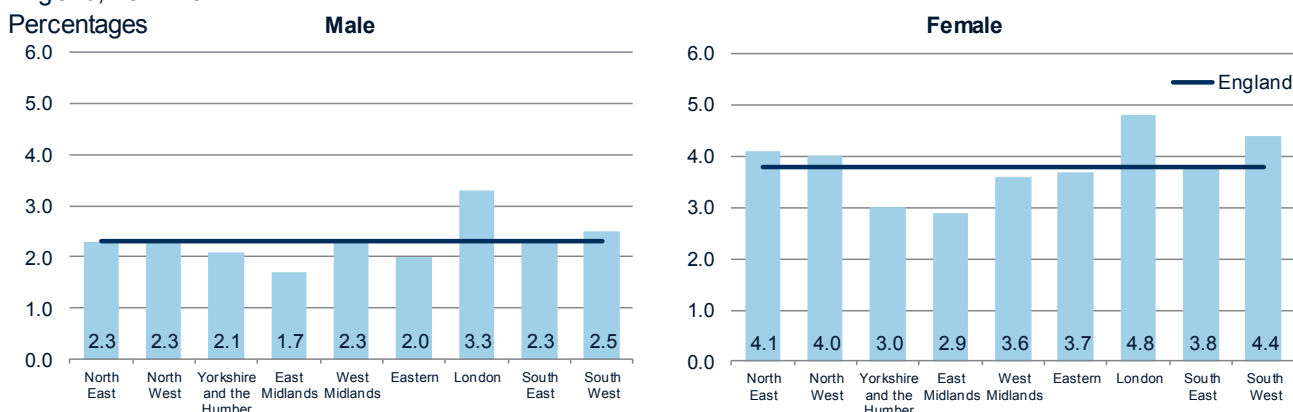
**Figure 2B.1** shows there was a higher proportion of females (3.8) compared to males (2.3) that received reablement services in England. This picture is reflected across all regions.



**Figure 2B.1: The proportion of people aged 65 and over who received reablement services following discharge from hospital (2B(2)); by region and gender**

England, 2014-15

Percentages



Source: SALT &amp; HES

**Table 2B.4** then shows that as age group increases, the proportion of people receiving reablement services following discharge from hospital also increases. For the 65-74 age range, 1.1 per cent received reablement services. This compares to 3.3 per cent of the 75-64 age group and 7.6 per cent of the 85 and over age group. This pattern is reflected across all regions.

**Table 2B.4: The proportion of people aged 65 and over who received reablement services following discharge from hospital (2B(2)); by age**

England, 2014-15

	65-74			75-84			85 and over		
	Num. <sup>1</sup>	Denom. <sup>2</sup>	Outcome	Num. <sup>1</sup>	Denom. <sup>2</sup>	Outcome	Num. <sup>1</sup>	Denom. <sup>2</sup>	Outcome
<b>England</b>	6,775	622,410	1.1	17,550	539,535	3.3	19,440	257,325	7.6

Numbers may not add up due to rounding

Source: SALT &amp; HES

1. Number of older people (aged 65 and over) discharged from acute or community hospitals 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).
2. Number of older people (aged 65 and over) discharged from hospitals in England between 1 October 2014 and 31 December 2014. This includes all specialities and zero-length stays. Data for geographical areas is based on usual residence of patient.

## Outcome – time series findings

For 2B(1), following an increase in the outcome measure from 2012-13 (81.4 per cent) to 2013-14 (82.5 per cent), this measure then dropped in 2014-15 to 82.1 per cent. As shown in **Table 2B.7**, whilst the denominator (the number of people discharged to rehabilitation where the intention is for the person to go back home) has remained relatively unchanged from 2012-13 to 2014-15, the reduction in the outcome measure to 82.1 per cent is therefore due to the numerator (the number of older people who are still at home 91 days later) being reduced between 2013-14 and 2014-15.

**Table 2B.7: The proportion of older people (age 65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services (2B(1)); by year**

England, 2011-12 to 2014-15

Numbers and percentages

	2B(1)		Outcome
	Numerator <sup>1</sup>	Denominator <sup>2</sup>	
2010-11	30,000	36,610	82.0
2011-12	33,930	41,010	82.7
2012-13	35,340	43,410	81.4
2013-14	36,140	43,790	82.5
2014-15	35,930	43,765	82.1

Numbers may not add up due to rounding

Source: SALT

1. Numerator: Number of older people (aged 65 and over) discharged from acute or community hospitals 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), who are at home or in extra care housing or an adult placement scheme setting 91 days after the date of their discharge from hospital.
2. Denominator: Number of older people (aged 65 and over) discharged from acute or community hospitals 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)

On measure 2B(2), the denominator (the total number of people discharged from hospital) has remained largely unchanged from 2012-13 (1,340,970) to 2013-14 (1,333,580) before then increasing in 2014-15 (1,419,305). This was a 5.8 per cent rise from 2012-13.

As outlined above, the numerator for 2B(2) (which is the same as the denominator for 2B(1)), has remained relatively unchanged from 2012-13 to 2014-15. As shown in **Table 2B.8**, the 5.8 per cent increase in the denominator, coupled with the stability of the numerator, has resulted in the outcome measure reducing from 3.3 in 2013-14 to 3.1 in 2014-15.

**Table 2B.8: The proportion of people aged 65 and over who received reablement services following discharge from hospital (2B(2)); by year**

England, 2010-11 to 2014-15

Numbers and percentages

	2B(2)		Outcome
	Numerator <sup>1</sup>	Denominator <sup>2</sup>	
2010-11	36,610	1,232,710	3.0
2011-12	41,010	1,276,940	3.2
2012-13	43,410	1,340,970	3.2
2013-14	43,790	1,333,580	3.3
2014-15	43,765	1,419,305	3.1

Numbers may not add up due to rounding

Source: SALT &amp; HES

1. Number of older people (aged 65 and over) discharged from acute or community hospitals 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).
2. Number of older people (aged 65 and over) discharged from hospitals in England between 1 October 2014 and 31 December 2014. This includes all specialties and zero-length stays. Data for geographical areas is based on usual residence of patient.

## 2C: Delayed transfers of care from hospital, and those which are attributable to social care or jointly to social care and the NHS, per 100,000 population

### Rationale

The ASCOF Handbook of Definitions 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. It is an important marker of the effective joint working of local partners, and is a measure of the effectiveness of the interface 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”.

### Definition

A delayed transfer of care from acute or non-acute (including community and mental health) care occurs when a patient is ready to depart from such care and is still occupying a bed.

Measure 2C part 1 reflects the overall number of delayed transfers of care per 100,000 population. Measure 2C part 2 reflects the number of delayed transfers of care which are attributable to social care or jointly to social care and the NHS.

Both parts of this measure are based on DToC data, which are collected by NHS England.

### Outcome – 2014-15 findings

11.1 adults per 100,000 population in England experienced a delayed transfer of care, with 3.7 per 100,000 of these attributable to social care or jointly to social care and the NHS.

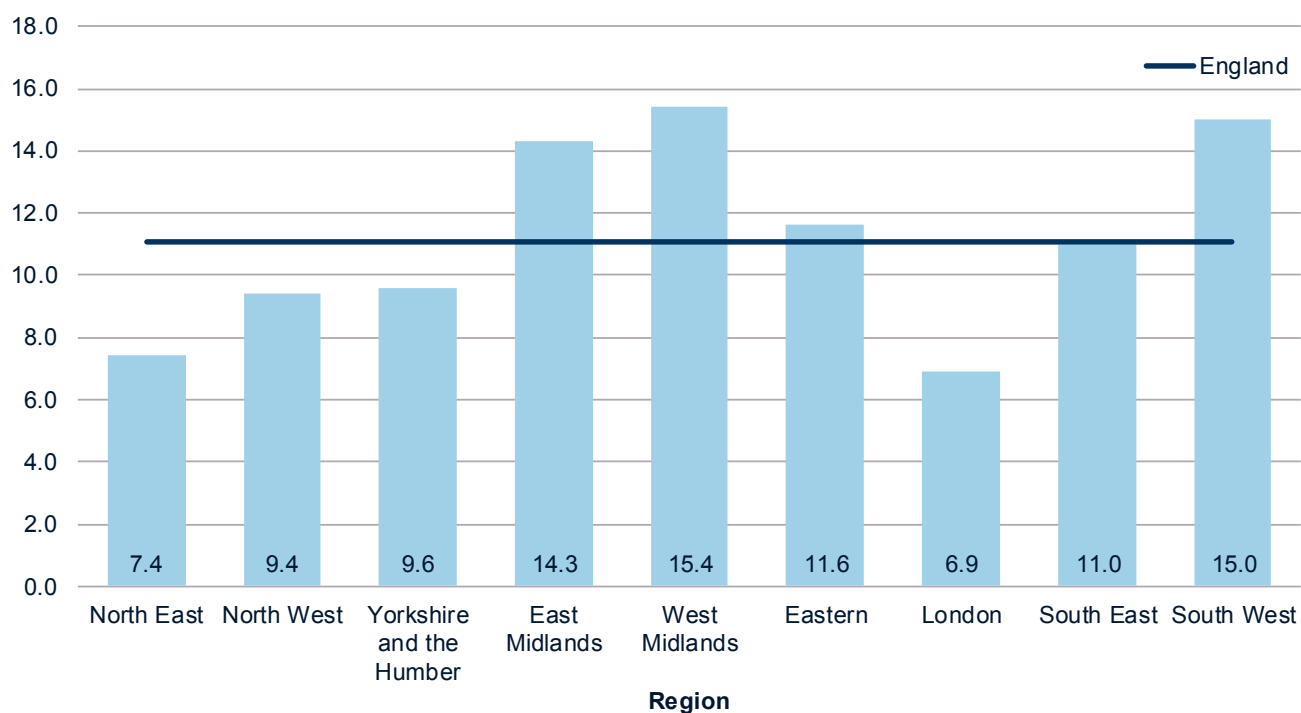
**Figure 2C.1** and **Figure 2C.2** show there is a large amount of regional variation in both the delayed transfers of care per 100,000 population, and those that are attributable to social care or jointly to social care and the NHS. In summary, for measure 2C:

- Outcomes for measure 2C(1) (delayed transfers of care per 100,000 population) range from 15.4 (West Midlands) to 6.9 (London).
- The regions with the highest rates of delayed transfers of care per 100,000 population (measure 2C(1)) were West Midlands (15.4), South West (15.0) and East Midlands (14.3).
- West Midlands (7.0) and South West (5.9) also had the highest rate of delayed transfers that were attributable to social care or jointly to social care and the NHS per 100,000 population (measure 2C(2)).
- Conversely, whilst having one of the higher rates for measure 1C(1), East Midlands has a lower than average rate of delayed transfers that were attributable to social care or jointly to social care and the NHS when compared to the England average (3.0 per 100,000 population compared to an England average of 3.7 per 100,000 population).
- Overall, the rates per 100,000 population of delayed transfers of care that are attributable to adult social care, or jointly to social care and the NHS (measure 2C(2)), ranged from 7.0 (West Midlands) to 1.6 (North East).

**Figure 2C.1: Delayed transfers of care from hospital, per 100,000 population (2C(1)); by region**

England, 2014-15

Rate, per 100,000

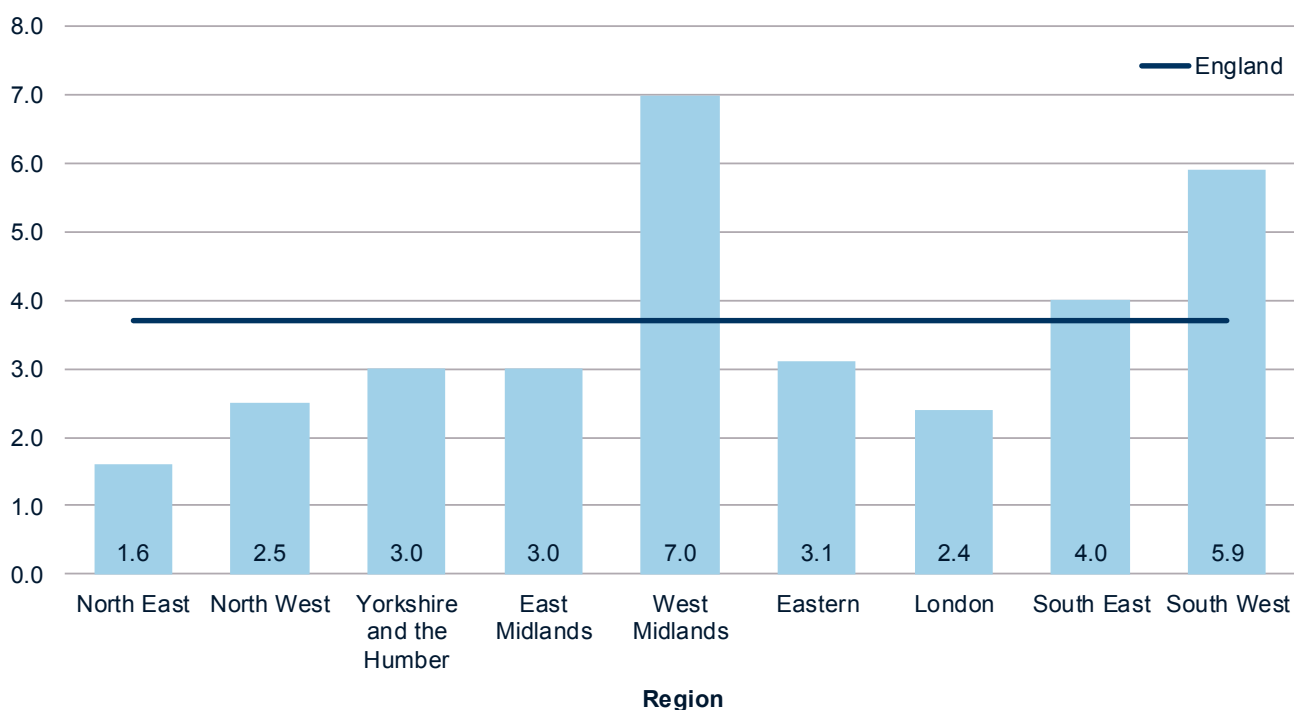


Source: DTOC & ONS

**Figure 2C.2: Delayed transfers of care from hospital that are attributable to adult social care, per 100,000 population (2C(2)); by region**

England, 2014-15

Rate, per 100,000



Source: DTOC & ONS

Examples of reasons for delayed transfers of care, and to which service they would be attributable can be found in the ASCOF Handbook of Definitions. The 'Delayed Transfers of Care Statistics for England 2014/15'<sup>21</sup> is published by NHS England and also gives more detail on the reasons for delayed transfer. In contrast to measures 2C, rather than using the ASCOF definition as the number of delayed transfers, the NHS England report analyses the reasons and attributable organisations for the number of delayed days due to delayed transfers. To further understand the reasons behind the delays, this data are still, however, of use. The 'Delayed Transfers of Care Statistics for England 2014-15' report identifies that in 2014-15, delays where the patient was awaiting further non-acute NHS care made up the largest number of delays (20.1 per cent or 327,419 of total delayed days). Furthermore, the largest increases in 2014-15 were seen in delays due to patients awaiting care packages in their own home and delays to patients awaiting further non-acute NHS care:<sup>22</sup>

- Delays due to patients awaiting care packages in their own home increased from 37,567 days in quarter 4 of 2013-14 to 61,865 days in quarter 4 of 2014-15.
- Delays due to patients awaiting further non-acute NHS care increased from 79,292 days in quarter 4 of 2013-14 to 93,846 days in quarter 4 of 2014-15.

The largest decrease was in the number of housing delays not covered by the Care Act which decreased from 13,652 days in quarter 4 of 2013-14 to 10,380 days in quarter 4 of 2014-15.

## Outcome – time series findings

Following two years of reduction from 2010-11 to 2011-12 and then to 2012-13 for measure 2C part 1, **Figure 2C.3** shows that the number of delayed transfers of care has increased in both 2013-14 and again in 2014-15 (from 9.4 in 2012-13 to 9.6 in 2013-14 and then to 11.1 in 2014-15). The number of delayed transfers of care in 2014-15 was 11.1 per 100,000 population, and is now higher than the rate in 2010-11 (10.6).

For measure 2C part 2, **Figure 2C.3** shows that the number of delayed transfers of care which were attributable to social care or jointly to social care and the NHS decreased each year from 2010-11 (4.1) to 2013-14 (3.1). This rate has however now increased from 3.1 in 2013-14 to 3.7 in 2014-15.

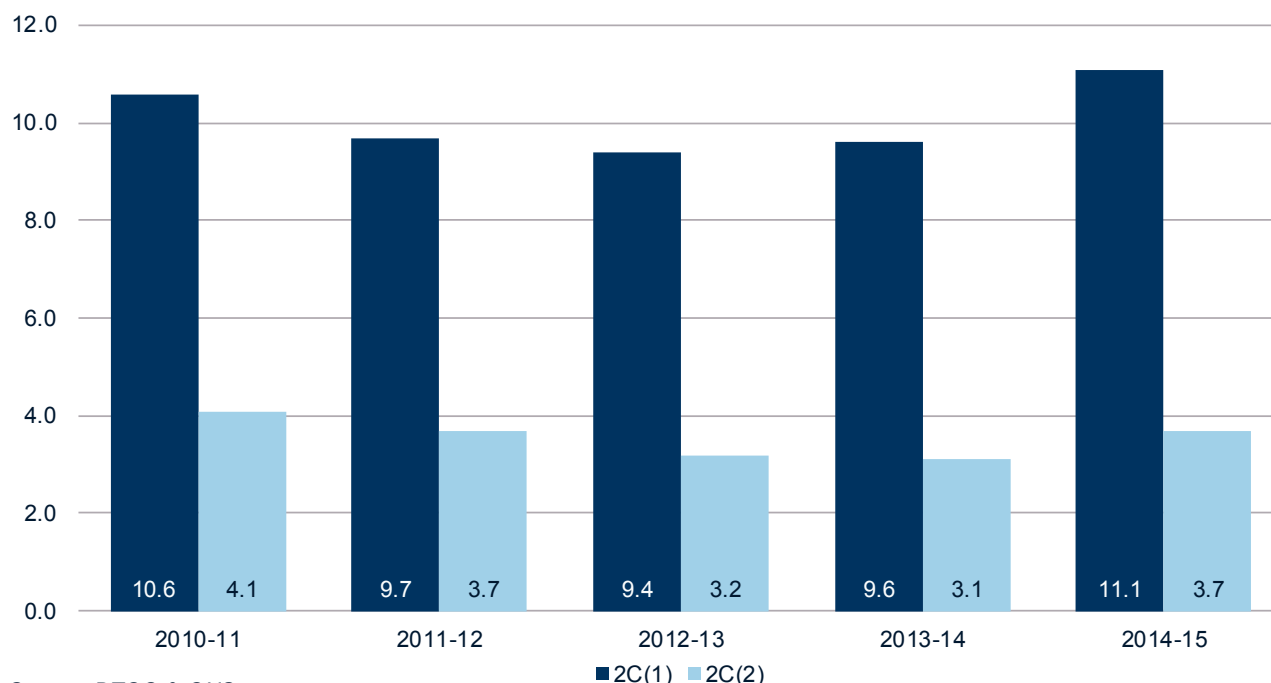
<sup>21</sup> <http://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/04/2014-15-Delayed-Transfers-of-Care-Annual-Report.pdf>

<sup>22</sup> <http://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2014/05/DTOC-England-Timeseries-March-2015-c67Qc.xls>

**Figure 2C.3: Delayed transfers of care from hospital, per 100,000 population (2C(1)) and Delayed transfers of care from hospital that are attributable to social care, or jointly to social care and the NHS per 100,000 population (2C(2)); by year**

England, 2010-11 to 2014-15

Rate, per 100,000



Source: DTOC & ONS

**Table 2C.3** and **Table 2C.4** also show there is more regional variation in the delayed transfers of care per 100,000 population in 2014-15 compared to 2013-14. In 2014-15, rates ranged from 6.9 (London) to 15.4 (West Midlands). This compares to a range from 6.8 (South East) to 12.1 (East Midlands) in 2013-14.

Additionally, in 2014-15 there is also slightly more regional variation in the delayed transfers of care per 100,000 population that are attributable to social care (or jointly to social care and the NHS) compared to 2013-14. In 2014-15, rates ranged from 1.6 (North East) to 7.0 (West Midlands). This compares to a range of 1.6 (North West) to 5.2 (West Midlands) in 2013-14.

**Table 2C.3: 2C part 1 - Delayed transfers of care per 100,000 population; by region and year**  
England, 2013-14 to 2014-15

Numbers and rates

	2013-14			2014-15		
	Num. <sup>1</sup>	Denom. <sup>2</sup>	Outcome (rate per 100,000)	Num. <sup>1</sup>	Denom. <sup>2</sup>	Outcome (rate per 100,000)
<b>England</b>	4,086	42,359,365	9.6	4,726	42,724,915	11.1
North East	168	2,085,435	8.1	154	2,093,715	7.4
North West	406	5,593,740	7.3	531	5,618,115	9.4
Yorkshire and the Humber	382	4,200,040	9.1	407	4,219,055	9.6
East Midlands	441	3,637,740	12.1	524	3,671,680	14.3
West Midlands	528	4,423,765	11.9	687	4,456,290	15.4
Eastern	503	4,308,160	11.7	549	4,730,845	11.6
London	539	4,678,280	11.5	457	6,618,715	6.9
South East	445	6,529,750	6.8	767	6,969,600	11.0
South West	674	6,902,450	9.8	652	4,346,895	15.0

Numbers may not add up due to rounding

Source: DTOC &amp; ONS

1. Numerator: average number of delayed transfers of care on a particular day taken over the year (aged 18 and over) - this is the average of the 12 monthly snapshots collected in the monthly Situation Report (SitRep).
2. Denominator: size of the adult population (aged 18 and over) in the area

**Table 2C.4: 2C part 2 - Delayed transfers of care, per 100,000 population, which are attributable to social care or jointly to social care and the NHS; by region and year**

England, 2013-14 to 2014-15

Numbers and rates

	2013-14			2014-15		
	Num. <sup>1</sup>	Denom. <sup>2</sup>	Outcome (rate per 100,000)	Num. <sup>1</sup>	Denom. <sup>2</sup>	Outcome (rate per 100,000)
<b>England</b>	1,310	42,359,365	3.1	1,562	42,724,915	3.7
North East	42	2,085,435	2.0	33	2,093,715	1.6
North West	91	5,593,740	1.6	141	5,618,115	2.5
Yorkshire and the Humber	106	4,200,040	2.5	125	4,219,055	3.0
East Midlands	109	3,637,740	3.0	110	3,671,680	3.0
West Midlands	232	4,423,765	5.2	313	4,456,290	7.0
Eastern	177	4,308,160	4.1	148	4,730,845	3.1
London	170	4,678,280	3.6	161	6,618,715	2.4
South East	147	6,529,750	2.3	275	6,969,600	4.0
South West	236	6,902,450	3.4	257	4,346,895	5.9

Numbers may not add up due to rounding

Source: DTOC &amp; ONS

1. Numerator: Average number of delayed transfers of care on a particular day taken over the year that are attributable to social care or jointly to social care and the NHS (aged 18 and over) - this is the average of the 12 monthly snapshots
2. Denominator: Size of the adult population (aged 18 and over) in the area

In reviewing these changes over time, it is apparent that the denominator (size of population) has remained stable over the last five years, as shown in **Table 2C.2** below. The numerator however for 2C1 (average number of delays transfers of care) has increased from 4,086 in 2013-14 to 4,726 in 2014-15. This is a 15.7 per cent increase. These year-on-year changes to numerator and denominator can be seen in **Figure 2C.4** below.

**Table 2C.2: Delayed transfers of care from hospital per, 100,000 population (2C(1)) and Delayed transfers of care from hospital that are attributable to social care, or jointly to social care and the NHS per 100,000 population (2C(2)); by year.**

England, 2011-12 to 2014-15

*Numbers and rates*

	2C(1)			2C(2)		
	Num. <sup>1</sup>	Denom. <sup>2</sup>	Outcome (rate per 100,000)	Num. <sup>1</sup>	Denom. <sup>2</sup>	Outcome (rate per 100,000)
2010-11	4,365	41,188,675	10.6	1,691	41,188,675	4.1
2011-12	4,044	41,766,420	9.7	1,542	41,766,420	3.7
2012-13	3,963	42,070,420	9.4	1,365	42,070,420	3.2
2013-14	4,086	42,359,365	9.6	1,310	42,359,365	3.1
2014-15	4,726	42,724,915	11.1	1,562	42,724,915	3.7

Numbers may not add up due to rounding

Source: DTOC & ONS

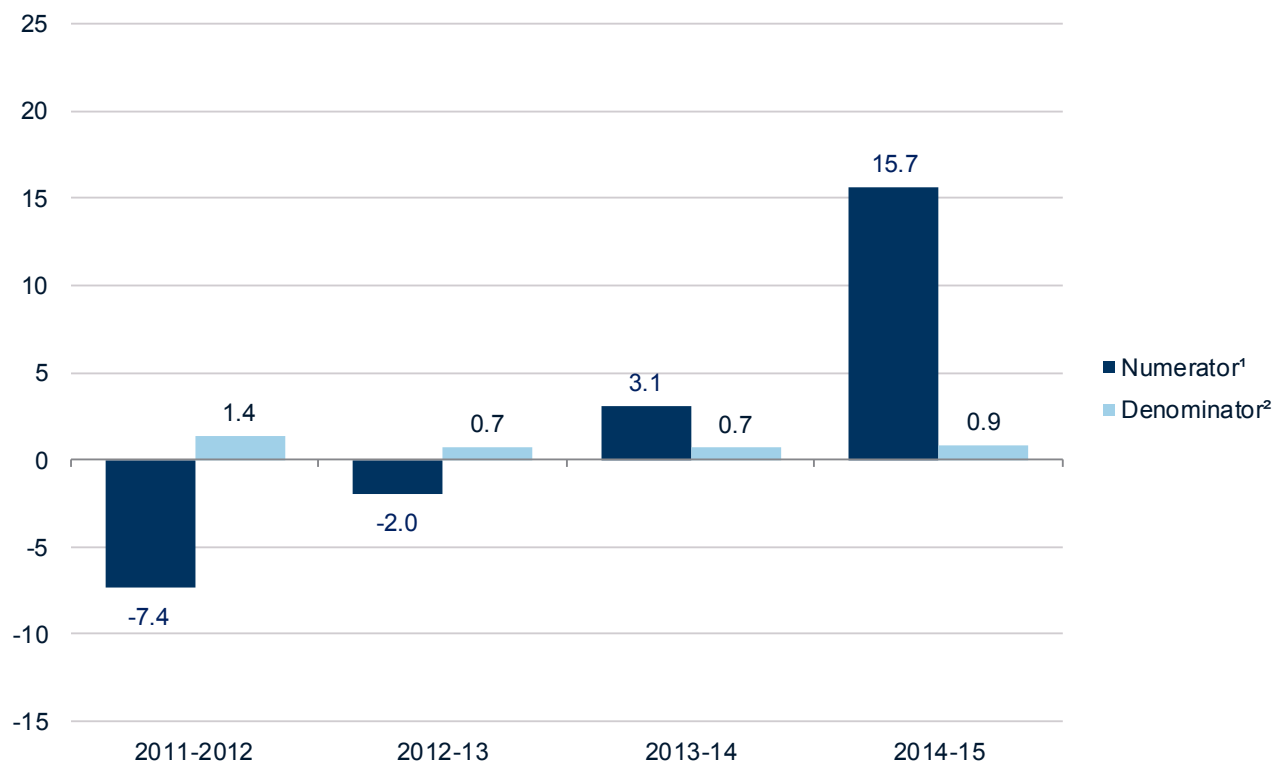
1. Numerator: average number of delayed transfers of care on a particular day taken over the year (aged 18 and over) - this is the average of the 12 monthly snapshots collected in the monthly Situation Report (SitRep).
2. Denominator: size of the adult population (aged 18 and over) in the area
3. Numerator: Average number of delayed transfers of care on a particular day taken over the year that are attributable to social care or jointly to social care and the NHS (aged 18 and over) - this is the average of the 12 monthly snapshots.



**Figure 2C.4: Percentage change year-on-year of measure 2C(1) numerator and denominator**

England, 2011-12 to 2014-15

Percentage change from previous year



Source: DTOC &amp; ONS

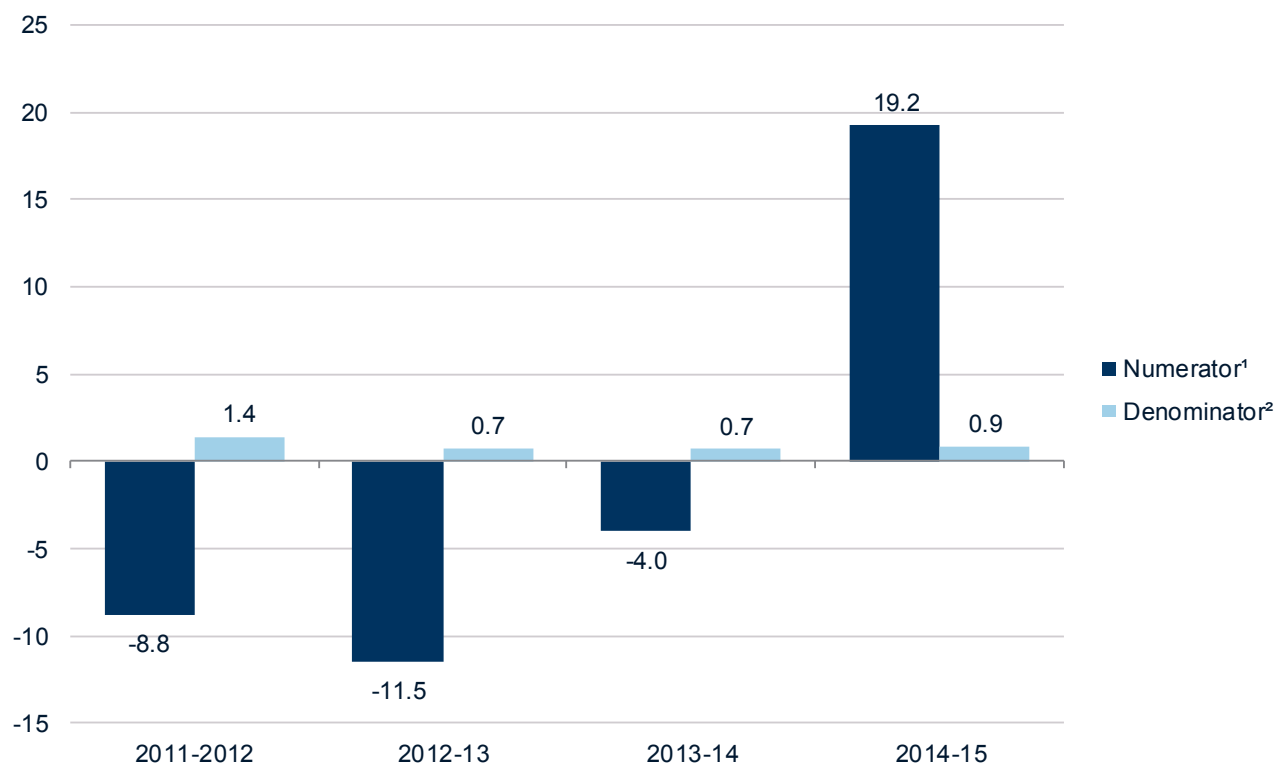
1. Numerator: average number of delayed transfers of care on a particular day taken over the year (aged 18 and over) - this is the average of the 12 monthly snapshots collected in the monthly Situation Report (SitRep).
2. Denominator: size of the adult population (aged 18 and over) in the area

Similarly, for measure 2C2, the numerator (average number of delays transfers of care that are attributable to social care) has increased from 1,310 in 2013-14 to 1,562 in 2014-15. This is a 19.2 per cent increase. These year-on-year changes to numerator and denominator can be seen in **Figure 2C.5** below.

**Figure 2C.5: Percentage change year-on-year of measure 2C(2) numerator and denominator**

England, 2011-12 to 2014-15

Percentage change from previous year



Source: DTOC & ONS

1. Numerator: Average number of delayed transfers of care on a particular day taken over the year that are attributable to social care or jointly to social care and the NHS (aged 18 and over) - this is the average of the 12 monthly snapshots
2. Denominator: Size of the adult population (aged 18 and over) in the area

## 2D: The outcome of short-term services: sequel to service

### Rationale

This is a new measure for 2014-15. The ASCOF Handbook of Definitions states that “this measure will reflect the proportion of those new clients who received short-term services during the year, where no further request was made for ongoing support. Since the aim of short-term services is to re-able people and promote their independence, this measure will provide evidence of a good outcome in delaying dependency or supporting recovery – short-term support that results in no further need for services.”

### Definition

Short-term support is defined as ‘short-term support which is designed to maximise independence’, and therefore will exclude carer contingency and emergency support. The measure uses data from the SALT collection, which provides a breakdown of what followed new clients’ period of short-term support (where the sequel to their request for support was ‘Short-term support to maximise independence’).

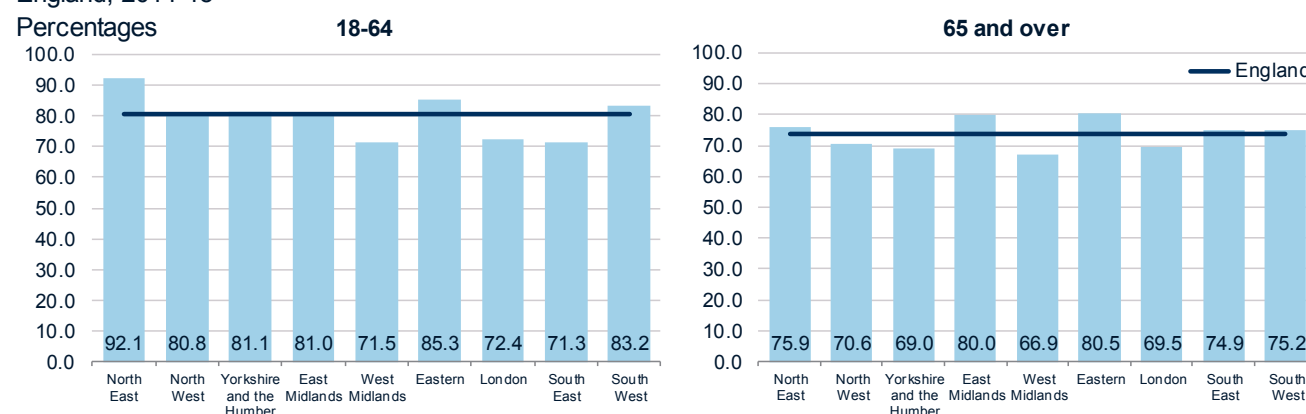
The measure is given as the percentage of those that received a short-term service during the year where the sequel was either no ongoing support or support of a lower level.

### Outcome – 2014-15 findings

74.6 per cent of new clients had a sequel of either no ongoing support or support at a lower level. The Eastern region has the highest outcome at 80.9 per cent, with the lowest outcome in the West Midlands at 67.3 per cent. For details of all regional outcomes, see **Table 2D.1** of the Report Tables and Charts Annex.

**Figure 2D.1** below shows the variation across the regions compared to England by age group. In England the outcome was higher for those aged 18-64 (80.4 per cent) than for those aged 65 and over (73.7 per cent). This was also the case for eight of the nine regions, the one exception being South East where the outcome for those aged 18-64 was 71.3 per cent compared to 74.9 per cent for the 65 and over age group.

**Figure 2D.1: The outcome of short-term services: sequel to service; by region and age**  
England, 2014-15



Source: SALT

### Outcome – time series findings

As this is a new measure for 2014-15 there are no time series data.

## Chapter 6: Domain 3 - Ensuring that people have a positive experience of care and support

### Introduction

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

The ASCOF 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 come from the Adult Social Care Survey (ASCS) and Carers’ Survey.

A summary of all the measure outcomes for domain 3 is provided in **Table 2.3**. Before making comparison over time the information in Chapter 3 (Comparability).

**Table 2.3: Summary of ASCOF Domain 3 outcome values; by measure and year**  
England, 2010-11 to 2014-15

Measure (units)		2010-11	2011-12	2012-13 (no weights) <sup>1</sup>	2013-14	2014-15
3A	Overall satisfaction of people who use services with their care and support (%)	62.1	62.8	64.1 <sup>▲</sup>	64.8 b	64.7
3B	Overall satisfaction of carers with social services (%)	x	x	43.1 (42.7)	v	41.2 <sup>▼</sup>
3C	Proportion of carers who report that they have been included or consulted in discussion about the person they care for (%)	x	x	73.3 (72.9)	v	72.3
3D	Proportion of people who use services and carers who find it easy to find information about services (%)	74.2	73.8	71.4	x	x
3D(1)	Proportion of people who use services who find it easy to find information about services (%)	74.2	73.8	74.1	74.5 b	74.5
3D(2)	Proportion of carers who find it easy to find information about services (%)	x	x	68.9 (68.7)	v	65.5 <sup>▼</sup>

b Denotes a break in the time series. Further details are available in Chapter 3.

v The Carers' Survey is carried out biennially, and was first conducted in 2012-13; therefore there are no outcome scores for measures based on Carers' Survey data for 2013-14.

x Represents 'not applicable'; over the course of time, new measures have been introduced to ASCOF, and some measures have been discontinued or superseded. Therefore, outcome scores are not available for all measures for all years.

▲, ▼ The Adult Social Care Survey and Carers' Survey use sampling and therefore differences in outcomes for the measures based on these data (1A, 1B, 1D, 1I, 3A, 3B, 3C, 3D, 4A and 4B) may not be statistically significant. Where data are comparable between years, a statistically significant increase in the outcome score as compared to the previous year is denoted by ▲, and a statistically significant decrease by ▼.

1. In 2014-15, a new weighting methodology was implemented for the Carers' Survey at regional and national level; the 2012-13 scores have been reweighted accordingly, and the original unweighted scores are presented here in brackets. Further detail is available in Chapter 3.

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

### Rationale

The ASCOF Handbook of Definitions 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 reported satisfaction with services is a good predictor of people’s overall experience of services.”

### Definition

Measure 3A uses responses to Question 1 in the ASCS (see Appendix C: Survey Questions). 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 the question.

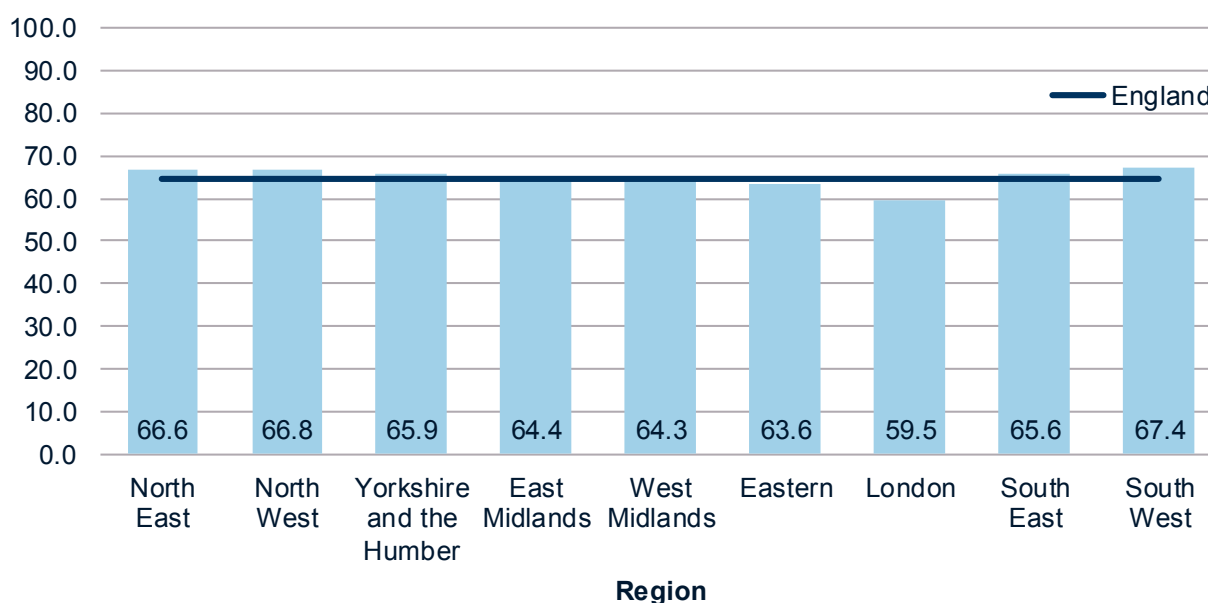
### Outcome – 2014-15 findings

For England, 64.7 per cent of users reported they were extremely or very satisfied with their care and support in 2014-15. **Figure 3A.1** provides a comparison by region. In summary, South West had the highest reported levels of satisfaction by users at 67.4 per cent and London had the lowest levels at 59.5 per cent. Related, London also had the lowest reported quality of life score (measure 1A) and the lowest proportion of people who use services who have control over their daily lives (measure 1B).

**Figure 3A.1: Overall satisfaction of people who use services with their care and support; by region**

England, 2014-15

Percentages



Source: ASCS

**Figure 3A.2** below then shows the percentage of service users overall satisfaction with their care and support by region, age and gender.

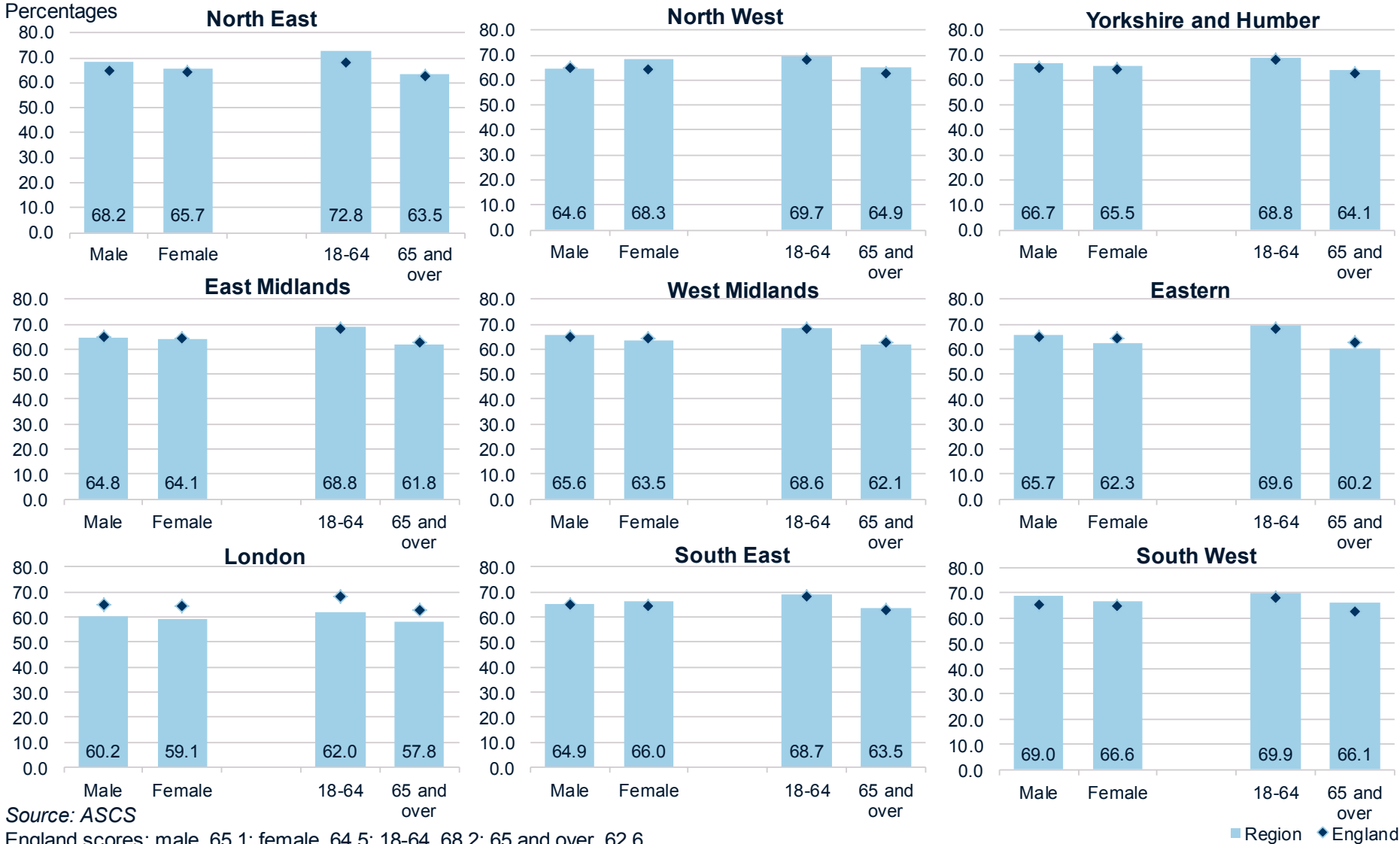
In England, 65.1 per cent of males were extremely or very satisfied with their care and support compared to 64.5 per cent of females. In seven of the nine regions, males had a higher reported level of satisfaction compared to females. The two regions where females had a higher level of satisfaction were North West and South East. Across the regions males reported scores of between 69.0 (South West) and 60.2 (London), whilst females reported scores of between 68.3 (North West) and 59.1 (London).

Regarding age groups, 68.2 per cent of service users aged 18-64 reported they were extremely or very satisfied with their care and support for England as a whole. This compares to 62.6 per cent of service users aged 65 and over. In all regions, the age group 18-64 reported higher levels of satisfaction than the 65 and over age group.

**Figure 3A.2: Overall satisfaction of people who user services with their care and support; by region, gender and age**

England, 2014-15

Percentages





## **Outcome – time series findings**

As the eligible population from which surveys samples are selected has changed following the introduction of SALT in 2014-15, time series comparisons are not included. For further details on the changes, see Chapter 3 (Comparability).

## 3B: Overall satisfaction of carers with social services

### Rationale

The ASCOF Handbook of Definitions 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 reported satisfaction with services is a good predictor of the overall experience of services and quality.”

### Definition

Measure 3B uses responses from question 4 from the Carers’ Survey (see Appendix C: Survey Questions). This measure identifies the proportion of carers who are extremely or very satisfied with the support or services they and the person they care for received from Social Services in the year. It is expressed as a percentage of all carers who submitted a valid response to Carers’ Survey Question 4. Those carers who did not receive any support or services from Social Services during the year are excluded from the numerator and denominator of the measure.

### Outcome – 2014-15 findings

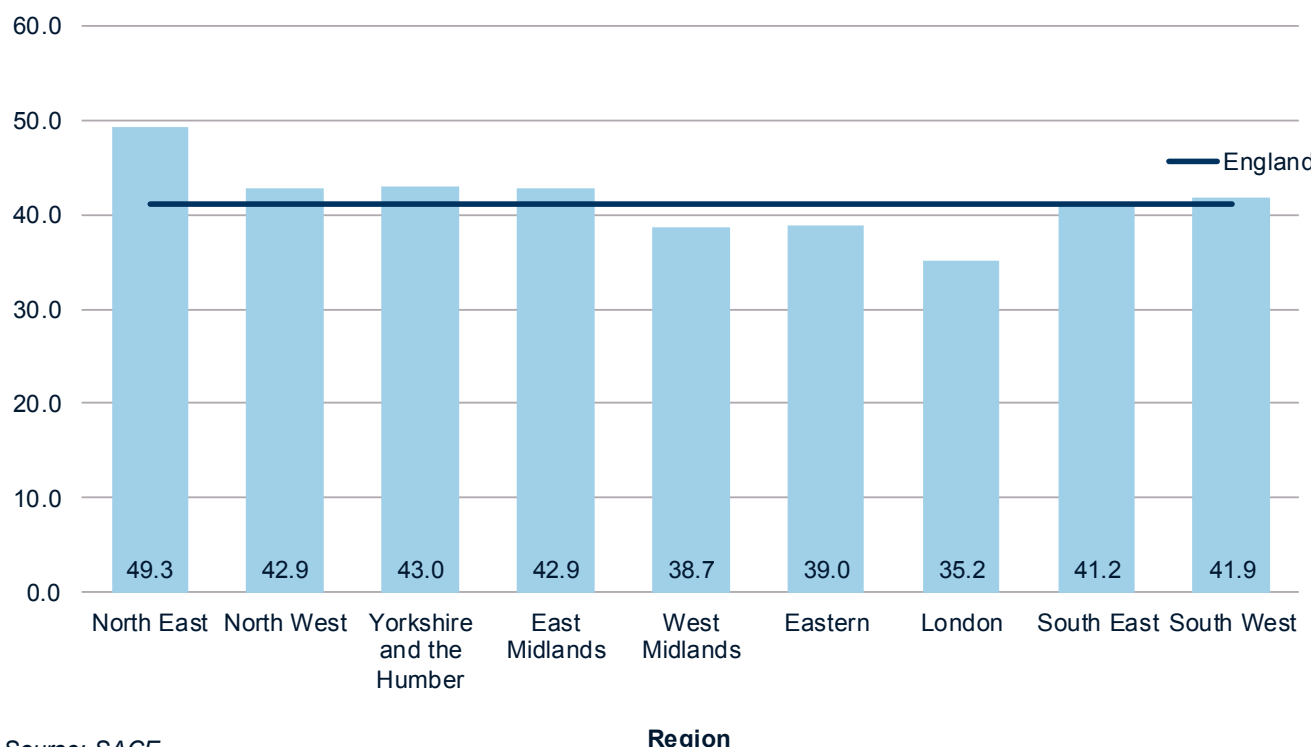
41.2 per cent of carers reported they were extremely or very satisfied with the support or services that they (and the person they care for) received from Social Services in the year.

**Figure 3B.1** below shows the overall satisfaction of carers with social services by region. In summary, the North East had the highest reported levels of satisfaction for carers at 49.3 per cent. This is in line with the Carer-reported quality of life score (Measure 1D) where the North East also had the highest score. London had the lowest levels reported at 35.2 per cent. Again, this is in line with measure 1D where London had the joint lowest score (along with East Midlands).

**Figure 3B.1: Overall satisfaction of carers with social services; by region**

England, 2014-15

Percentages



Source: SACE

Additionally, the overall satisfaction reported by male carers was higher (43.3 per cent) when compared to female carers (40.2 per cent); this was mirrored across all regions in England. Similarly, the overall satisfaction reported by carers aged 65 and over in England was higher (43.6 per cent) when compared to carers aged 18-64 (38.8 per cent). Again, this was mirrored across all regions. For details of the regional outcome measures by both gender and age, see **Table 3B.1** and **Table 3B.2** of the Report Tables and Charts Annex.

## Outcome – time series findings

The overall level of satisfaction of carers with social services has dropped from 43.1 per cent (sample size 46,840) in 2012-13 to 41.2 per cent (sample size 45,940) in 2014-15. This change is statistically significant.

## 3C: The proportion of carers who report that they have been included or consulted in discussion about the person they care for

### Rationale

The ASCOF Handbook of Definitions 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.”

### Definition

The relevant question drawn from the Carers’ Survey is Question 15 (see Appendix C: Survey Questions). The measure determines the proportion of carers who reported that they always or usually felt involved or consulted in discussions about the support or services provided to the person they care for. This is expressed as a percentage of carers who responded to the question. The carers who selected the response “there have been no discussions that I am aware of, in the last 12 months” were not included.

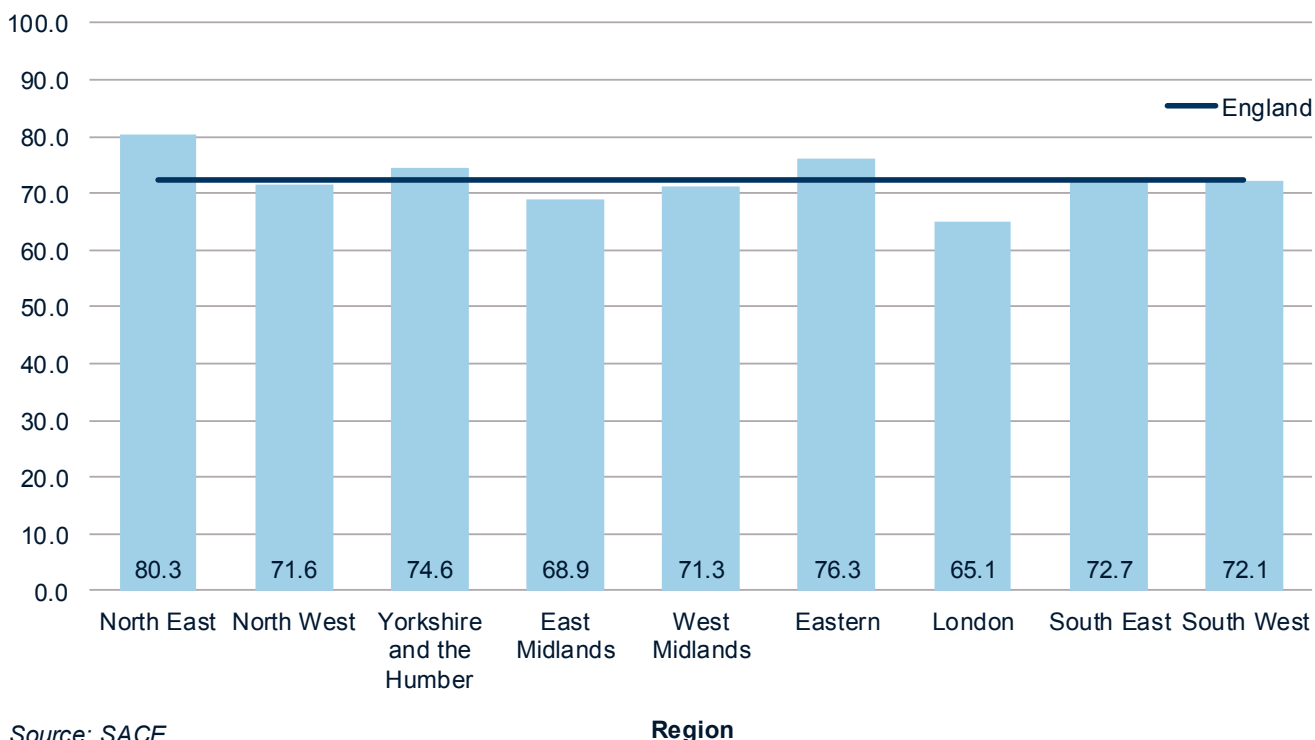
### Outcome – 2014-15 findings

72.3 per cent of carers in England reported they had been included or consulted in discussions about the person they care. **Figure 3C.1** shows variation by in this measure by region. As with measures 3B and 1D, Carers in the North East report the highest proportions being included or consulted at 80.3 per cent with London the lowest at 65.1 per cent.

**Figure 3C.1: The proportion of carers who report that they have been included or consulted in discussion about the person they care for; by region**

England, 2014-15

Percentages



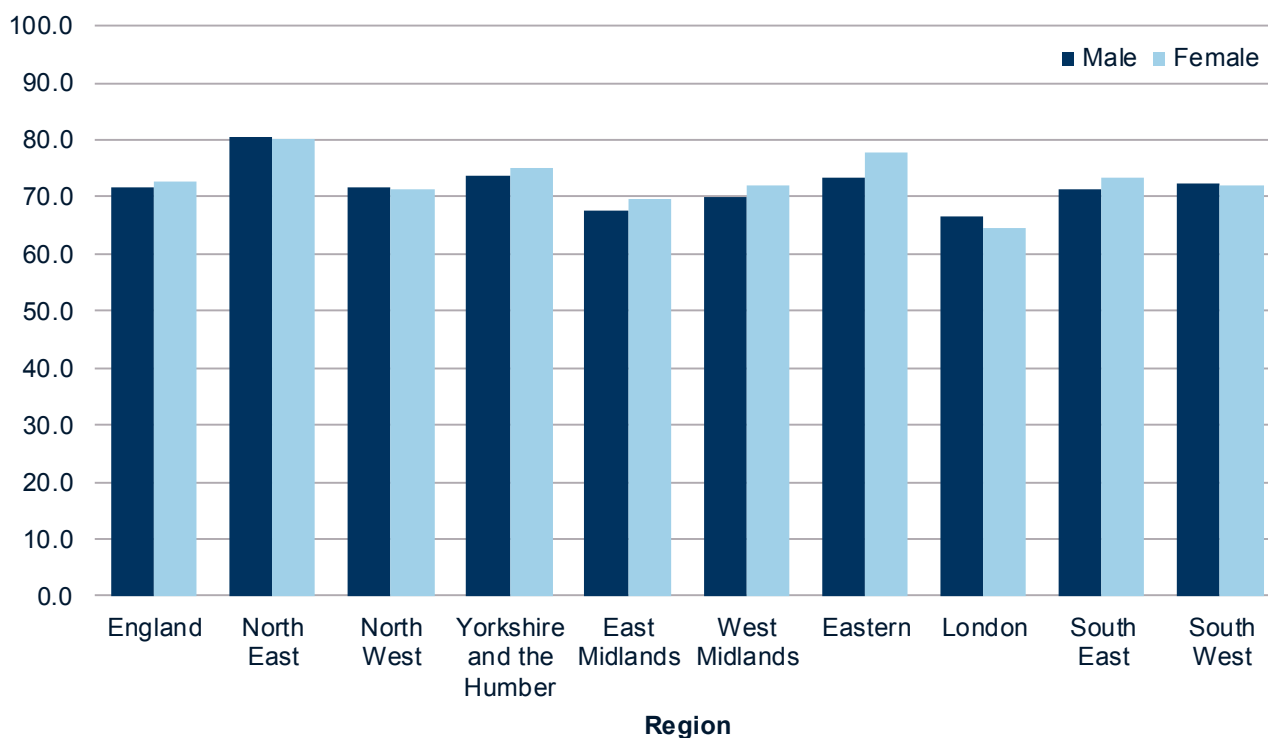
Source: SACE

Across England, 72.7 per cent of female carers felt they had been included or consulted in discussions. This compares to 71.7 per cent of male carers. This pattern differs across regions (see **Figure 3C.2**) with five of the nine regions (Yorkshire and the Humber, East Midlands, West Midlands, Eastern and the South East) in line the England overall average in seeing females report higher levels of consultation than males.

**Figure 3C.2: The proportion of carers who report that they have been included or consulted in discussion about the person they care for; by region and gender**

England, 2014-15

Percentages



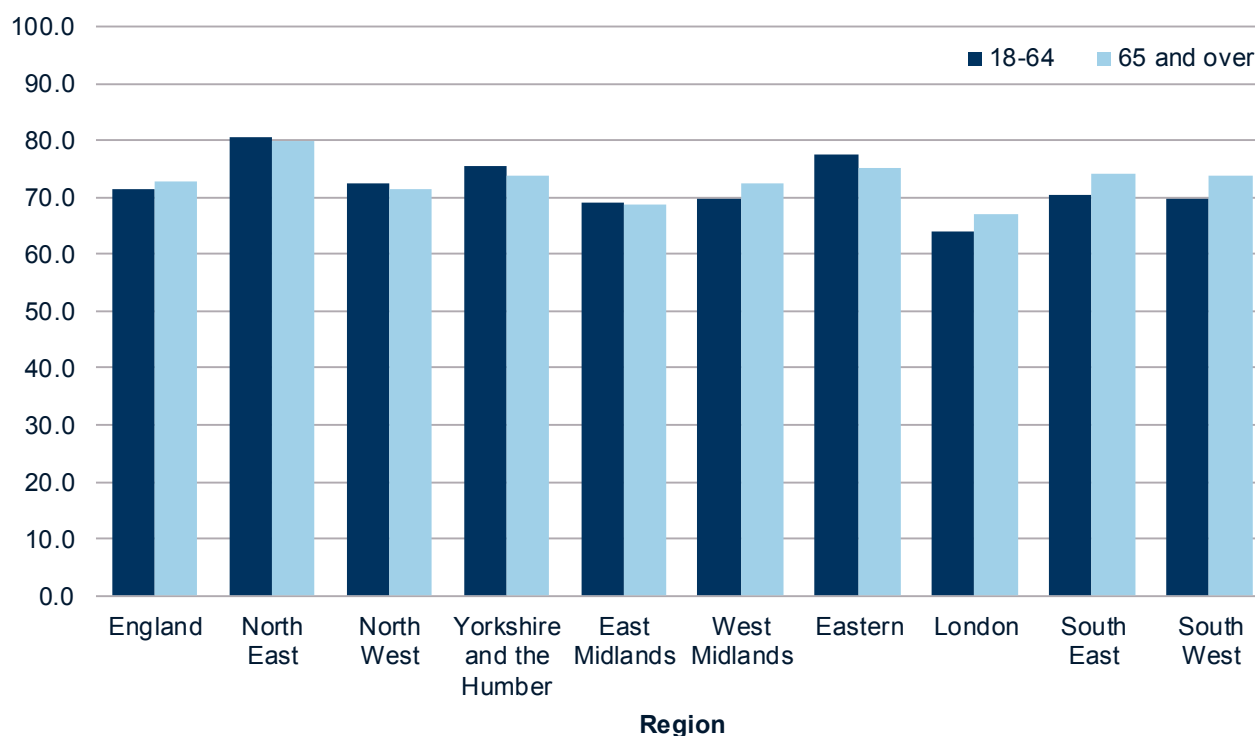
Source: SACE

Carers aged 65 and over reported a higher proportion (72.9 per cent) that felt included or consulted in discussions compared to those aged 18-64 (71.6 per cent). This pattern also varies by region (see **Figure 3C.3**), with four of the nine regions (West Midlands, London, South East and South West) in line with the overall England average in seeing the 65 and over age group report higher levels of consultation than those in the 18-64 group.

**Figure 3C.3: The proportion of carers who report that they have been included or consulted in discussion about the person they care for; by region and age band**

England, 2014-15

Percentages



Source: SACE

For further details of the outcome measures for regions by gender and age group see **Table 3C.1** and **Table 3C.2** of the Report Tables and Charts Annex.

## Outcome – time series findings

The proportion of carers who report that they have been included or consulted in discussions about the person they care for reduced from 73.3 per cent (sample size 41,920) in 2012-13 to 72.3 per cent (sample size 41,350) in 2014-15. This is not a statistical significant change.

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

### **Rationale**

The ASCOF Handbook of Definitions 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.”

### **Definition**

In 2013-14, the measure was split into two parts to reflect the views of service users and carers separately. 3D part 1 relates to service users, and 3D part 2 relates to Carers. The Carers’ Survey is biennial and so 2014-15 is the first year measure 3D part 2 has been calculated.

The relevant question in the ASCS is Question 12 (see Appendix C: Survey Questions) The number of respondents who felt it was fairly easy or very easy (or, in the case of the easy-read version, those who felt it was quite easy or very easy) to find information or advice is taken as a percentage of all service users who responded to either version of the ASCS. Service users who did not try to find information during the year were excluded from this proportion.

The relevant question in the Carers’ Survey is Question 13 (see Appendix C: Survey Questions). The number of carers who felt it was fairly easy or very easy to find information or advice is expressed as a percentage of all carers who responded to the question. Carers who did not try to find information during the year were excluded from this measure calculation.



## Outcome – 2014-15 findings

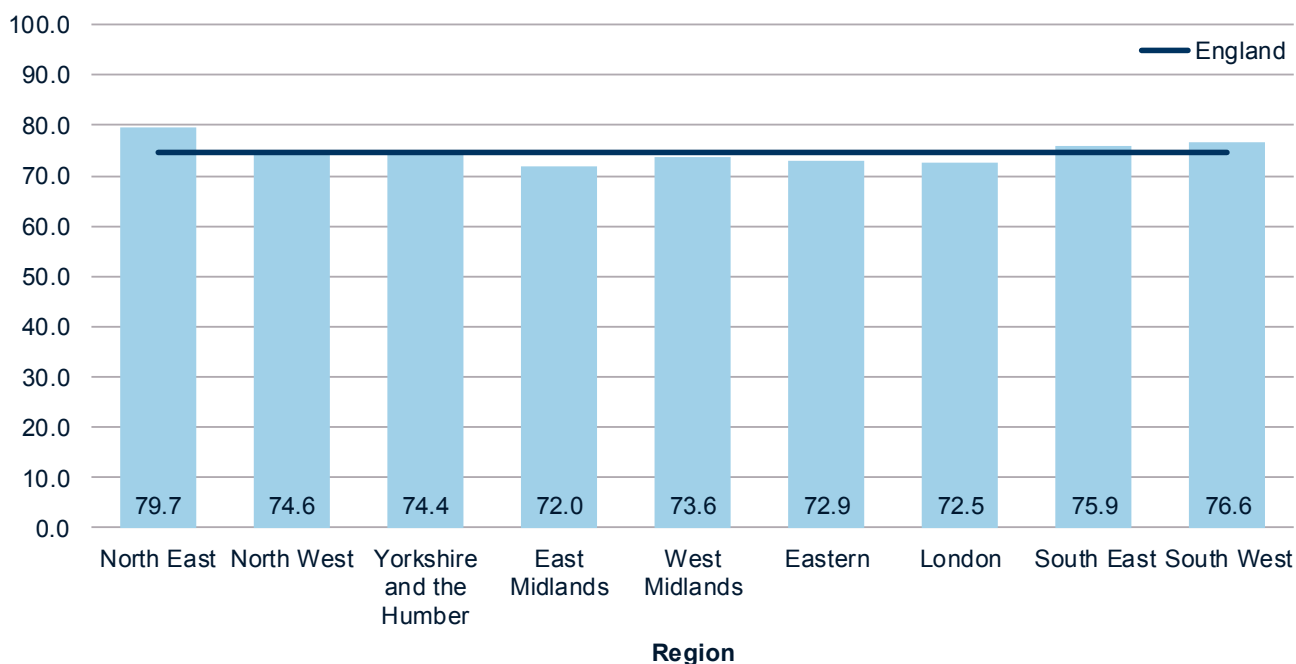
### 3D(1) The proportion of people who use services who find it easy to find information about support

74.5 per cent of service users find it easy to find information about services. **Figure 3D.1** shows how outcomes for this measure vary across the regions between 79.7 per cent (North East) and 72.0 per cent (East Midlands).

**Figure 3D.1: The proportion of people who use services who find it easy to find information about support (3D(1)); by region**

England, 2014-15

Percentages



Source: ASCS

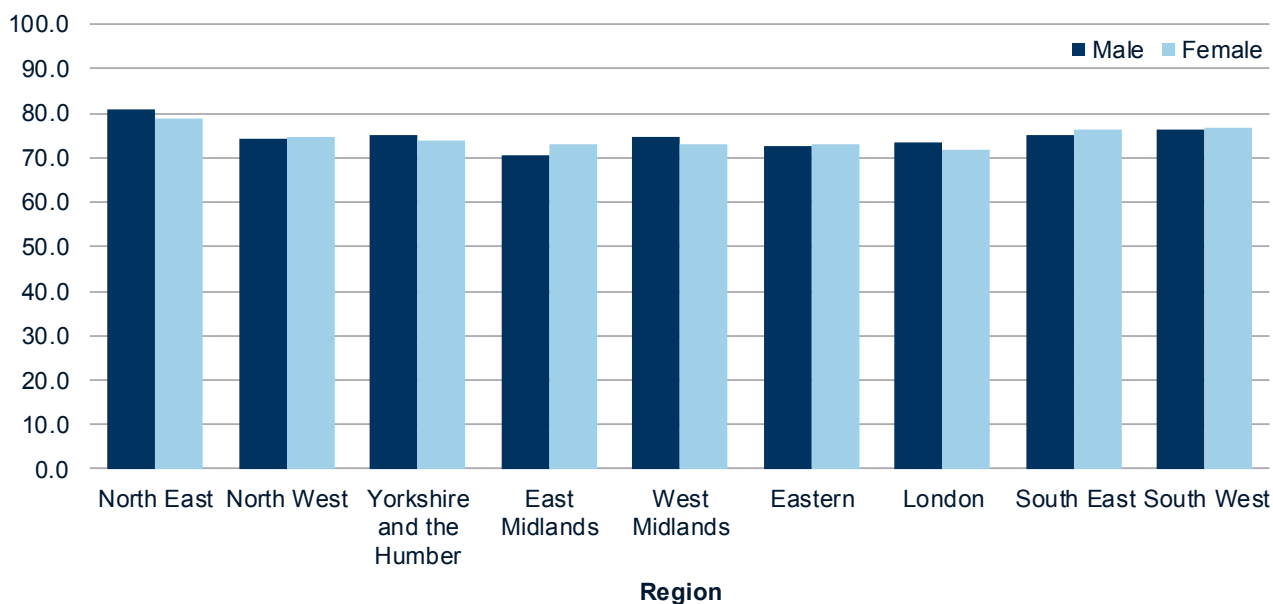
In England, 74.6 per cent of male users reported they find it easy to find information about support. This compares to 74.4 per cent of females.

- For males, the scores ranged from 80.7 per cent (North East) to 70.4 per cent (East Midlands).
- For females, the scores ranged from 79.0 per cent (North East) to 71.9 per cent (London).

**Figure 3D.2: The proportion of people who use services who find it easy to find information about support (3D(1)); by region and gender**

England, 2014-15

Percentages



Source: ASCS

76.2 per cent of users aged 65 and over find it easy to find information about services. This compares to 71.6 per cent of those aged 18-64.

- Scores for the 65 and over age group ranged from 80.7 per cent in the North East to 73.7 per cent in London and East Midlands.
- Scores for the 18-64 age group ranged from 77.6 per cent in North East to 69.2 per cent in East Midlands.

For details of outcome measures by region for gender and age see **Table 3D.1** and **Table 3D.2** of the Report Tables and Charts Annex.

## Outcome – 2014-15 findings

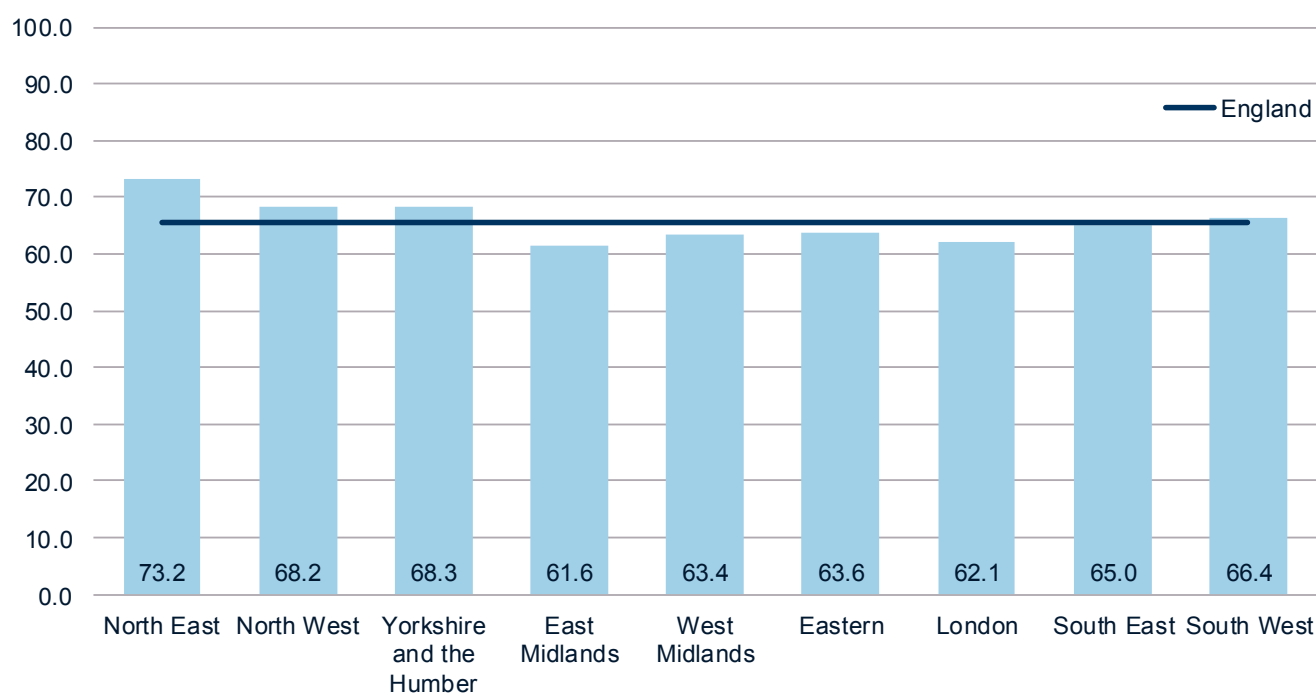
### 3D(2) The proportion of carers who find it easy to find information about support

65.5 per cent of carers in England find it easy to find information about services. **Figure 3D.3** shows the variation on this measure across the regions; the North East has the highest proportion of carers who find it easy to find information about services at 73.2 per cent. The lowest proportion occurs in the East Midlands at 61.6 per cent.

**Figure 3D.3: The proportion of carers who find it easy to find information about services (3D(2)); by region**

England, 2014-15

Percentages



Source: SACE

Region

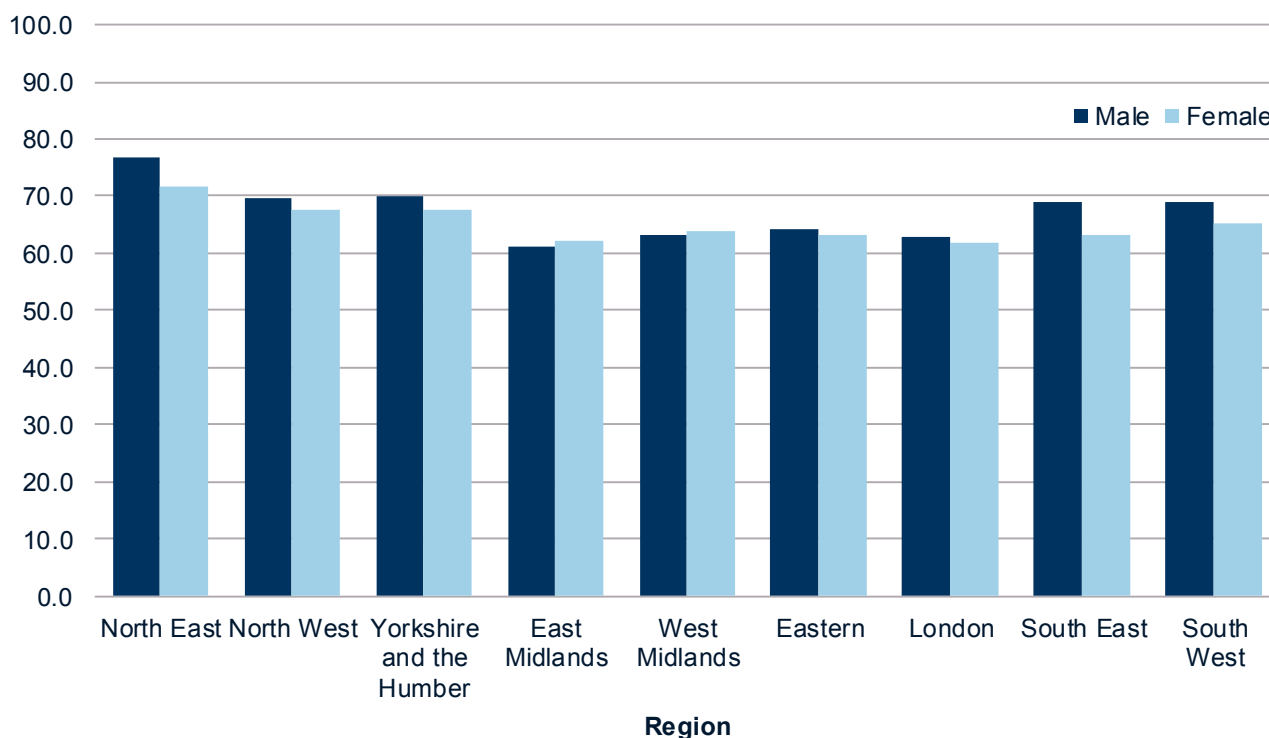
A higher proportion 65 and over carers (69.8 per cent) reported they found it easy to find information about services than the 18-64 age group (61.2 per cent). This pattern is mirrored across all regions in England, however the South West has the second highest score for those aged 65 and over (73.4 per cent) but the lowest score for those aged 18-64 (57.5 per cent). For details on the outcome measures by age see **Table 3D.3** of the Report Tables and Charts Annex.

67.2 per cent of male carers report they find it easy to find information compared to 64.8 per cent of female carers in England. **Figure 3D.4** shows the variation across regions. In seven of the nine regions, a higher proportion of male carers report they find it easy to find information when compared to female carers. In East Midlands and West Midlands, a higher proportion of female carers, when compared to males, report they find it easy to find information on services. For details on the outcome measures by gender see **Table 3D.4** of the Report Tables and Charts Annex.

**Figure 3D.4: The proportion of carers who find it easy to find information about services (3D(2)); by region and gender**

England, 2014-15

Percentages



Source: SACE

## Outcome – time series findings

For 3D (1), as the eligible population from which surveys samples are selected has changed following the introduction of SALT in 2014-15, time series comparisons are not included. For further details on the changes, see Chapter 3 (Comparability).

Although 3D(2) is first calculated in 2014-15, the disaggregated carers score was calculated in 2012-13 and so time series comparisons can be made.

The proportion of carers who found it easy to find information about services dropped from 68.9 per cent (sample size 40,140) in 2012-13 to 65.5 per cent (sample size 39,255) in 2014-15. This change is statistically significant.

## Chapter 7: Domain 4 - Safeguarding people whose circumstances make them vulnerable and protecting from avoidable harm

### Introduction

This chapter focuses on safeguarding individuals receiving services, particularly of those whose circumstances make them vulnerable. The ASCOF states that “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 of Definitions 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.”

The data in this chapter are sourced from the ASCS and use 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.

A summary of all the measures outcome for domain 1 is provided in **Table 2.4**. Before making comparison over time the information in Chapter 3 (Comparability) should be considered.

**Table 2.4: Summary of ASCOF Domain 4 outcome values; by measure and year**  
England, 2010-11 to 2014-15

Measure (units)	2010-11	2011-12	2012-13	2013-14	2014-15
4A Proportion of people who use services who feel safe (%)	62.4	63.8 <sup>▲</sup>	65.1 <sup>▲</sup>	66.0 <sup>▲</sup>	b 68.5
4B Proportion of people who use services who say that those services have made them feel safe and secure (%)	x	75.5	78.1 <sup>▲</sup>	79.1 <sup>▲</sup>	b 84.5

b Denotes a break in the time series. Further details can be found in Chapter 3.

x Represents 'not applicable'; over the course of time, new measures have been introduced to ASCOF, and some measures have been discontinued or superseded. Therefore, outcome scores are not available for all measures for all years.

▲, ▼ The Adult Social Care Survey and Carers' Survey use sampling and therefore differences in outcomes for the measures based on these data (1A, 1B, 1D, 1I, 3A, 3B, 3C, 3D, 4A and 4B) may not be statistically significant. Where data are comparable between years, a statistically significant increase in the outcome score as compared to the previous year is denoted by ▲, and a statistically significant decrease by ▼.

## 4A: The proportion of people who use services who feel safe

### Rationale

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

Safety is fundamental to the wellbeing and independence of people using social care, and the wider population. Feeling safe is a vital part of users’ experience and their care and support. There are legal requirements about safety in the context of service quality, including CQC’s essential standards for registered services.”

### Definition

Measure 4A uses responses to Question 7a in the ASCS (see Appendix C: Survey Questions). The measure is calculated as the number of respondents who say they feel as safe as they want as a percentage of all service users who give a valid response to the question of either version of the ASCS. The equivalent question in the easy-read version is very similar and those saying they feel very safe are included in the measure.

### Outcome – 2014-15 findings

**Table 4A.1** shows that 68.5 per cent of service users in England feel safe. This table also provides disaggregation by region and age band. Across the regions, the proportion of service users that reported feeling safe ranged from 71.9 per cent (North East) to 64.0 per cent (London). As outlined above, London also has the lowest scores for measures 1A (quality of life score), 1B (service users who have control over their daily lives) and 3A (satisfaction with care and support services).

**Table 4A.1: The proportion of people who use services who feel safe (4A); by region and age band**

England, 2014-15				Numbers and percentages		
	18-64		65 and over		Total	
	Sample size	Outcome	Sample size	Outcome	Sample size	Outcome
<b>England</b>	26,945	65.8	40,935	70.2	67,890	68.5
North East	1,740	67.9	3,155	73.9	4,895	71.9
North West	3,920	66.7	5,935	72.1	9,860	70.0
Yorkshire and the Humber	2,655	64.0	4,180	70.0	6,835	67.7
East Midlands	1,530	64.7	2,250	69.0	3,780	67.4
West Midlands	2,630	68.9	4,210	69.7	6,840	69.5
Eastern	2,375	67.5	3,415	69.8	5,785	69.0
London	6,405	61.1	8,710	66.0	15,120	64.0
South East	3,280	69.8	5,185	71.3	8,465	70.7
South West	2,420	63.4	3,895	71.0	6,315	68.3

Numbers may not add up due to rounding

Source: ASCS

**Table 4A.1**, also illustrates that a higher proportion of 65 and over service users (70.2 per cent) reported feeling safe when compared to the 18-64 age group (65.8 per cent). In all regions, a higher proportion of service users in the 65 and over age group reported they felt safe when compared to the 18-64 age group.

- Scores for the 65 and over age group ranged from 73.9 per cent (North East) to 66.0 per cent (London).
- Scores for the 18-64 age group ranged from 69.8 per cent (South East) to 61.1 per cent (London).

**Table 4A.2** shows in England, 70.2 per cent of males reported feeling safe, compared to 67.5 per cent of females. In eight of the nine regions, a higher proportion of males reported feeling safe than compared to females. The North West was the only region where a higher proportion of females (70.1 per cent) reported they felt safe compared to males (69.9 per cent).

- For males, the proportion feeling safe ranged from 73.7 per cent (North East) to 66.5 per cent (London).
- For females, the proportion feeling safe ranged from 70.7 per cent (North East) to 62.3 per cent (London).

**Table 4A.2: The proportion of people who use services who feel safe (4A); by region and gender**

England, 2014-15		Numbers and percentages				
	Male		Female		Total	
	Sample size	Outcome	Sample size	Outcome	Sample size	Outcome
<b>England</b>	27,205	70.2	40,640	67.5	67,890	68.5
North East	1,920	73.7	2,975	70.7	4,895	71.9
North West	4,035	69.9	5,825	70.1	9,860	70.0
Yorkshire and the Humber	2,715	69.8	4,115	66.3	6,835	67.7
East Midlands	1,530	69.8	2,250	66.0	3,780	67.4
West Midlands	2,690	69.6	4,145	69.4	6,840	69.5
Eastern	2,270	70.9	3,515	67.8	5,785	69.0
London	6,240	66.5	8,860	62.3	15,120	64.0
South East	3,435	72.9	5,015	69.3	8,465	70.7
South West	2,370	71.2	3,940	66.5	6,315	68.3

Numbers may not add up due to rounding

Source: ASCS

## Outcome – time series findings

As the eligible population from which surveys samples are selected has changed following the introduction of SALT in 2014-15, time series comparisons are not included. For further details on the changes, see Chapter 3 (Comparability).

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

### **Rationale**

The ASCOF Handbook of Definitions states that “this measure supports measure 4A by reflecting the extent to which users of care services feel that their care and support has contributed to making them feel safe and secure. As such, it goes some way to separate the role of care and support in helping people to feel safe from the influence of other factors, such as crime levels and socio-economic factors.

Safety is fundamental to the wellbeing and independence of people using social care, and the wider population. Feeling safe is a vital part of users’ experience and their care and support. There are legal requirements about safety in the context of service quality, including CQC’s essential standards for registered services.”

### **Definition**

Measure 4B uses responses to ASCS Question 7b (see Appendix C: Survey Questions). The measure is calculated as the number of respondents who selected “yes” (the care and support services help them to feel safe) as a proportion of all service users who gave a valid response to the question. Question 7b was not included in the ASCS in 2010-11; hence data for this year are unavailable.

### **Outcome – 2014-15 findings**

**Table 4B.1** shows 84.5 per cent of service users in England report they feel safe and secure due to the services they have received. Regional scores range from 88.8 per cent (North East) to 81.2 per cent (London).

Females reported a higher percentage of service users (84.9 per cent) that felt safe and secure due to the services they have received when compared to males (83.9 per cent).

- The proportion of females ranged from 89.4 per cent (North East) to 80.8 per cent (London).
- The proportion of males ranged from 87.7 per cent (North East) to 81.3 per cent (Eastern).



**Table 4B.1: The proportion of people who use services who say that those services have made them feel safe and secure (4B); by region and gender**  
England, 2014-15

	Male		Female		Total	
	Sample size	Outcome	Sample size	Outcome	Sample size	Outcome
<b>England</b>	26,680	83.9	39,710	84.9	66,440	84.5
North East	1,905	87.7	2,910	89.4	4,815	88.8
North West	3,950	83.5	5,695	85.1	9,645	84.5
Yorkshire and the Humber	2,670	81.7	4,050	81.8	6,720	81.8
East Midlands	1,495	87.6	2,210	87.8	3,710	87.7
West Midlands	2,640	85.5	4,065	86.4	6,705	86.1
Eastern	2,210	81.3	3,425	83.4	5,635	82.6
London	6,125	81.8	8,610	80.8	14,755	81.2
South East	3,370	84.3	4,890	86.3	8,275	85.5
South West	2,320	86.0	3,855	87.4	6,175	86.9

Numbers may not add up due to rounding

Source: ASCS

In eight of the nine regions, the proportion of females reporting they felt safe and secure due to the services they have received was higher than for males. The only exception was London where 81.8 per cent of males reported feeling safe and secure, compared to 80.8 per cent of females.

**Table 4B.2** shows that 84.7 per cent of 18-64 year old users said the services they received have made them feel safe and secure compared to 84.4 per cent of the 65 and over age group.

- The 18-64 year old age group ranged from 89.4 per cent (East Midlands) to 80.5 per cent (Yorkshire and the Humber).
- The 65 and over age group ranged from 88.7 per cent (North East) to 80.4 per cent (London).

**Table 4B.2: The proportion of people who use services who say that those services have made them feel safe and secure (4B); by region and age group**

England, 2014-15		Numbers and percentages				
	18-64		65 and over		Total	
	Sample size	Outcome	Sample size	Outcome	Sample size	Outcome
<b>England</b>	26,510	84.7	39,920	84.4	66,440	84.5
North East	1,725	88.9	3,095	88.7	4,815	88.8
North West	3,850	83.6	5,795	85.0	9,645	84.5
Yorkshire and the Humber	2,620	80.5	4,100	82.6	6,720	81.8
East Midlands	1,505	89.4	2,200	86.7	3,710	87.7
West Midlands	2,590	86.6	4,115	85.8	6,705	86.1
Eastern	2,325	83.6	3,315	82.0	5,635	82.6
London	6,290	82.3	8,455	80.4	14,755	81.2
South East	3,225	86.9	5,050	84.5	8,275	85.5
South West	2,375	86.2	3,800	87.3	6,175	86.9

Numbers may not add up due to rounding

Source: ASCS

## Outcome – time series findings

As the eligible population from which surveys samples are selected has changed following the introduction of SALT in 2014-15, time series comparisons are not included. For further details on the changes, see Chapter 3 (Comparability).

## Appendix A: Editorial notes

Information about each of the data sources used in ASCOF is shown below.

### Short and Long Term Return (SALT)

The SALT data collection is a set of measures produced through consultation with stakeholders as part of the Zero Based Review (ZBR) of social care data collections. It comprises two main sections, short term support (described as 'STS' measures) and long term support (described as 'LTS' measures). It also derives some of its structure from the Equalities and Classifications (EQ-CL) Framework.

The particular elements which are taken from SALT for the ASCOF are detailed in the companion document 'Data sources from SALT measures' which is available, along with further details of the return and a copy of the collection template, from <http://www.hscic.gov.uk/socialcarecollections2015>.

### Adult Social Care Survey (ASCS)

The ASCS is a survey of users who are in receipt of council funded services. Service users are sent a self-completion questionnaire, although those in residential care who are deemed to not have the capacity to consent to take part in the survey are removed from the sample before the questionnaires are sent out. Also, some service users have help completing the questionnaire.

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

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

Details of the questions used from the survey can be found in Appendix C.

Further information on how the survey was run including copies of the questionnaires is available from: <http://www.hscic.gov.uk/article/4793/User-survey-guidance---2014-15>

### Survey of Adult Carers in England (SACE)

The Carers' Survey is biennial and took place for the first time in 2012-13. It is a self-completed questionnaire sent to carers who were assessed or reviewed by their council over the 12 months. Carers can have help completing the questionnaire.

Details of the questions used from the survey can be found in Appendix C.

Further information on how the survey was run including copies of the questionnaires is available from <http://www.hscic.gov.uk/sace1415>.

## **Mental Health and Learning Disabilities Dataset (MHLDDS) and Mental Health Minimum Dataset (MHMDS)**

The MHLDDS is an approved NHS Information Standard<sup>23</sup> that delivers record-level data about the care of adults and older people using secondary mental health, learning disabilities or autism spectrum disorder services.

The MHLDDS is a mandatory return for all providers of NHS funded care, including independent sector providers. Data for clients who are wholly funded by any means that is not NHS, can also be submitted on an optional basis. The data are submitted and reported on a monthly basis.

The MHLDDS was formerly the MHMDS. The dataset was renamed in September 2014 following an expansion in scope to include patients with learning disabilities and those with autism spectrum disorder.

The data included in ASCOF 2014-15 are therefore comprised of five months from MHMDS v4.1 (April 2014 to August 2014) and seven months from MHLDDS v1.1 (September 2014 to March 2015). Data for each of the months are available in the annex files that form part of this publication.

Further information on the MHLDDS and MHMDS can be found on the HSCIC website at [www.hscic.gov.uk/mhldds](http://www.hscic.gov.uk/mhldds).

## **Monthly Delayed Transfers of Care (DToC)**

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 DToC 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. Data on the number of delayed days is a cumulative figure for the month. These two sets of data are therefore not directly comparable. More information can be found on the NHS England website at <http://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/>

## **Hospital Episode Statistics (HES)**

HES is a data warehouse containing details of all admissions, outpatient appointments and A&E attendances at NHS hospitals in England. The data are collected during a patient's time at hospital and are submitted to allow hospitals to be paid for the care they deliver. HES data are designed to enable secondary use, that is use for non-clinical purposes, of this administrative data.

It is a records-based system that covers all NHS trusts in England, including acute hospitals, primary care trusts and mental health trusts. HES information is stored as a large collection of separate records - one for each period of care - in a secure data warehouse.

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(2).

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<sup>23</sup> <http://www.isb.nhs.uk/library/standard/76>

The HES data are provisional and may be incomplete or contain errors for which no adjustments have yet been made. There may also be errors due to coding inconsistencies that have not yet been investigated and corrected.

Further information about HES can be found at: [www.hscic.gov.uk/hes](http://www.hscic.gov.uk/hes)

## 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 on the 30 June in each year. They are used as denominators in Measures 2A and 2C in order to provide a rate per standard volume of population in each geographical area. The latest available estimates at the time this report was prepared were 2014 estimates.

More information on mid-year population estimates can be found at [www.ons.gov.uk/ons/taxonomy/index.html?nscl=Population+Estimates](http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Population+Estimates)

## Geography

The council level annex tables contain disaggregation by CASSR and region, in alignment with the Department for Communities and Local Government (DCLG) definitions. The CASSR and region names and codes are also in alignment with those set out in the ONS Guidance for Administrative Geographies<sup>24</sup>. It should be noted however, that the classification of council type differs; the DCLG groupings used in this publication classify Greenwich as Inner London, and Haringey and Newham as Outer London. The ONS Administrative Geographies however, classify Greenwich as Outer London, and Haringey and Newham as Inner London. Details of which region each CASSR belongs to are provided in Appendix D (CASSR regions).

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<sup>24</sup> For full guidance on ONS Administrative Geographies, visit the ONS Open Geography Portal at <https://geoportal.statistics.gov.uk>

## Appendix B: Data quality

### Relevance

This report contains the final figures for the 2014-15 ASCOF measures for England.

The Isles of Scilly are exempt from carrying out the surveys as the number of service users within their area who met the survey eligibility criteria was too small to guarantee statistically robust results. The Isles of Scilly, therefore, do not have ASCOF outcome scores for Measures 1A, 1B, 1I, 3A, 3B, 3C, 3D, 4A and 4B.

The City of London was also exempt from carrying out the surveys but elected to complete them and their data has been included in the analysis. The City of London has ASCOF outcome scores for each of the survey measures 1A, 1B, 1I, 3A, 3B, 3C, 3D, 4A and 4B.

Due to the presence of small numbers, outcomes for a number of councils have been suppressed both in the council-level data annexes which accompany this report and on NASCIS (see either the annexes or NASCIS for further detail of the statistical disclosure controls applied).

### Accuracy

The data collected by the HSCIC undergoes validation at source via routines built into data collection tools. Further validation is carried out once the data are received by the HSCIC and any queries are passed back to CASSRs to give them the opportunity to resubmit their data. Each of the data sources which feed ASCOF measures is summarized below in terms of the accuracy of the data and any general data quality issues that have been identified to or by the HSCIC:

#### 1. Short and Long Term (SALT) Return

The following information provides a summary of the data quality for the Short and Long Term (SALT) support collection. Full details of the SALT report along with further information of the underlying methodology and validations applied are available from:

[www.hscic.gov.uk/pubs/commcaressa1415](http://www.hscic.gov.uk/pubs/commcaressa1415)

[www.hscic.gov.uk/socialcarecollections2015](http://www.hscic.gov.uk/socialcarecollections2015)

### Validations

The SALT templates were collected using the Strategic Data Collection Service (SDCS) collection system, part of the HSCIC. As well as validation checks within the template, the SDCS also included a set of key validation checks, enabling the data to be validated at source. Councils were able to provide explanations to override any non-critical validation checks and explain any other discrepancies in data for which there are no validation checks. This helped to reduce the level of error in returns and the subsequent need for follow up with CASSRs when the data underwent further post submission validation checks within the HSCIC. These validations will be developed further for 2015-16, where additional areas have been identified, for example to ensure gender disaggregations impacting ASCOF denominators sum to the England total and where transition as a route of access is not applicable for clients aged 65 and over.

As this is the first year collecting SALT data, which contains many new data items, it is noted that many CASSRs experienced challenges with the implementation. Matters brought to the attention of the HSCIC (through implementation surveys, and supporting commentary following validation) were typically related to technical issues (such as delays to or reduced-functionality of the new case management systems that would allow the new data items to be recorded) and training issues whereby there was misunderstanding with operational staff with either terminology, or how sequels should be recorded. For 2014-15, some local authorities used local-level extrapolation where certain fields had not yet been developed in their system. Many changes have already been made, be it further training undertaken, or changes made to recording systems, to rectify such issues for the 2015-16 return.

### **Estimation procedures in 2014-15**

Data provided by some CASSRs was incomplete in a number of ways:

- Entire sections were completely blank – contributions for these sections were assumed to be in line with the profile for councils responding to these sections
- Parts of sections were missing – in these cases, an estimate was inserted. This was estimated either in terms of applying local proportions to the known total for the activity, or in terms of the England profile for that cell (derived from other councils who did provide this information)

In cases where estimates have been generated (for either missing or incorrect data) these are not attributed to the council concerned within any data outputs but are used only to contribute to regional, comparator group and England totals.

### **Completeness of submissions**

In 2014-15, 146 (96 per cent) councils provided full data for all proforma.

### **Council-specific issues**

For most tables, completion was high with only a few councils not providing a full return; the total number of blank cells across the collection is equivalent to less than one per cent of all data items requested.

In relation to the data utilised for ASCOF, one council had data items which were estimated and therefore had no outcomes for the following measures:

Cornwall - 1C, 1E, 1G, 2A, 2B, and 2D. However, Cornwall have since produced a local level report which can be accessed at: [www.cornwall.gov.uk/ascoutcomesframework](http://www.cornwall.gov.uk/ascoutcomesframework)

Three councils also raised issues regarding the quality of their submitted data (which impact on their ASCOF measures), with the HSCIC after the collection had closed. These councils and their affected measures are:

North Yorkshire - 1C (1a)

Stockton on Tees 1C (1b and 2b)

Slough 1C (2b)



## Status of SALT data

Where CASSRs were unable to provide data on the basis of a full population count they were asked to provide information based on a sample of records grossed up to produce estimates. Further information on CASSRs which used a sample of records is available from the SALT publication<sup>25</sup>.

## 2. Adult Social Care Survey (ASCS)

The following information provides a summary of the data quality for the Adult Social Care Survey. Full details of this report, along with further information of the underlying methodology and validations applied are available from:

[www.hscic.gov.uk/pubs/adusoccaresurv1415](http://www.hscic.gov.uk/pubs/adusoccaresurv1415)

[www.hscic.gov.uk/ascs1415](http://www.hscic.gov.uk/ascs1415)

### Validation

When questionnaires are returned to the council they are entered onto a data return provided by the HSCIC. The data return includes built-in validations and summary tables that assist records in assessing the quality of their data before submitting it the HSCIC.

The Survey Data Return Validator<sup>26</sup> (an Excel-based macro) is available to councils. This enables them to assess data quality in the data return prior to submission. It carries out a number of checks on the data return including structural integrity, data matching acceptable values, consistency between data in related columns, and identifying potential anomalies in distributions. Further validation is carried out centrally by the HSCIC following receipt of data returns.

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

Only data that pass validation checks are included in the HSCIC analysis.

### Missing Data

The Isles of Scilly are exempt from the survey as the number of service users within their area who met the survey eligibility criteria was too small to guarantee statistically robust results.

During the process of data validation, Tameside Metropolitan Borough Council made the HSCIC aware that some mental health service users had not been included in their eligible population or sample. This will impact on the weights applied and subsequent calculations and users should be aware of this when considering the data.

Wiltshire County Council did not include individuals in nursing care in their survey sample, contrary to the guidance for administering the survey. This should be borne in mind when comparing the results.

Estimations are not used in place of missing data.

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<sup>25</sup> [www.hscic.gov.uk/pubs/commcaressa1415](http://www.hscic.gov.uk/pubs/commcaressa1415)

<sup>26</sup> Available to download at [www.hscic.gov.uk/article/4793/User-survey-guidance---2014-15](http://www.hscic.gov.uk/article/4793/User-survey-guidance---2014-15)



## Response Rates

Overall, the response rate achieved was 36 per cent. The overall response rate for the 2013-14 ASCS was 38 per cent.

## Accuracy

The survey is designed so the 95 per cent confidence interval around an estimate of 50 per cent can be no more than  $\pm 5$  percentage points. However, 15 councils did not achieve this minimum requirement and they are listed below:

Bury	Haringey	Rutland
City of London	Havering	Slough
Darlington	Kingston upon Thames	Tameside
East Riding of Yorkshire	Milton Keynes	Trafford
Halton	Poole	Wokingham

Further information in relation to these councils and the use of confidence intervals is available via the Adult Social Care Survey Report.

## Survey Design Sources of Bias

77 per cent of respondents had help to complete the questionnaire; the type of help provided and who provided it varied (as reported by responses to question 21).

Whilst there were instructions on the covering sheet to say that the service user should be involved in completing the questionnaire, some questionnaires (nine per cent, as reported by responses to question 22) were returned saying that the service user had not been involved at all in completing the questionnaire.

Of those who responded, where the method of collection is known, more than 99 per cent of the returned questionnaires were completed by the same method (post) and less than one per cent received either a face-to-face or telephone interview. Therefore, at a national level, there is minimal bias caused by the different methods of data collection.

It should be noted that for six councils, a higher proportion of responses were collected by interview. This should be kept in mind when considering the data and making comparisons, for example by response method. More details are given below.

- In Barking & Dagenham, nine per cent of responses were given by interview (three per cent face-to-face and six per cent by telephone).
- In Brighton & Hove, 14 per cent of responses were given by interview (14 per cent face-to-face and zero per cent by telephone).
- In Derbyshire, 11 per cent of responses were given by interview (ten per cent face-to-face and one per cent by telephone).
- In Hackney, 29 per cent of responses were given by interview (28 per cent face-to-face and one per cent by telephone).

- In Hartlepool, 47 per cent of responses were given by interview (47 per cent face-to-face and zero per cent by telephone).
- In Oldham, 14 per cent of responses were given by interview (nine per cent face-to-face and five per cent by telephone).

### Other Known Data Quality Issues

The survey fieldwork should have been conducted during the period January to March 2015. Four councils made the HSCIC aware that it was necessary for them to conduct at least part of their fieldwork later than this period; users of the data may wish to bear this in mind when making comparisons. These councils are listed below:

Leicester	Milton Keynes
Liverpool	Swindon

## 3. Survey of Adult Carers in England (SACE)

The following information provides a summary of the data quality for the Carers' Survey. Full details of this report along with further information of the underlying methodology and validations applied are available at:

[www.hscic.gov.uk/pubs/psscscarerssurvey1415](http://www.hscic.gov.uk/pubs/psscscarerssurvey1415)  
[www.hscic.gov.uk/sace1415](http://www.hscic.gov.uk/sace1415)

### Validation

When questionnaires are returned to the council they are entered onto a data return provided by the HSCIC. The data return includes built-in validations and summary tables that assist records in assessing the quality of their data before submitting it the HSCIC.

The Survey Data Return Validator<sup>27</sup> (an Excel-based macro) is available to councils. This enables them to assess data quality in the data return prior to submission. It carries out a number of checks on the data return including structural integrity, data matching acceptable values, consistency between data in related columns, and identifying potential anomalies in distributions. Further validation is carried out centrally by the HSCIC following receipt of data returns.

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

Only data that pass validation checks are included in the HSCIC analysis.

### Missing data

The Isles of Scilly were exempt from the survey as the number of carers within their area who met the survey eligibility criteria was too small to guarantee statistically robust results.

Isle of Wight council's eligible population and sample are drawn only from those carers who have been assessed or reviewed by Isle of Wight council, and does not include those who

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<sup>27</sup> Available to download at [www.hscic.gov.uk/article/4793/User-survey-guidance---2014-15](http://www.hscic.gov.uk/article/4793/User-survey-guidance---2014-15)

received assessments/reviews from a third party on behalf of the council, as it was not possible to identify which carers had been assessed or reviewed by the third party in the previous 12 months.

Where data are missing, estimated values have not been used.

## Response rates

Overall, the response rate achieved was 44 per cent.

## Accuracy

A 95 per cent confidence interval gives the range within which it would be expected that the true indicator value would fall 95 times if 100 samples were selected. The survey is designed so the 95 per cent confidence interval around an estimate of 50 per cent can be no more than  $\pm 5$  percentage points. Further information can be found in the 'Methodology and Further Information' document, available on the HSCIC website at:

[www.hscic.gov.uk/pubs/psscarsersurvey1415](http://www.hscic.gov.uk/pubs/psscarsersurvey1415).

The following 16 councils did not achieve the minimum confidence interval requirement:

Barnet	Islington	Slough
Blackburn with Darwen	Kingston upon Thames	Thurrock
City of London	Liverpool	Waltham Forest
Enfield	Milton Keynes	Westminster
Hammersmith and Fulham	Rutland	
Harrow	Sheffield	

## Survey design sources of bias

Respondents were allowed to have help when completing the questionnaire and around 10 per cent of respondents did so. Although not ideal, allowing this as part of the survey design is essential in order to help to make the survey representative of as many carers as possible.

Of those who responded, where the method of collection is known, more than 99 per cent of the returned questionnaires were completed by the same method (post) and less than one per cent received either a face-to-face or telephone interview. Therefore, at national level there is minimal bias caused by the different methods of data collection.

A greater proportion of responses to the survey in Barking and Dagenham were given by interview (13 per cent of respondents). Overall, 34 per cent of responses by interview are accounted for by Barking and Dagenham. This should be kept in mind when considering the data and making comparisons, for example by response method.

## Other known data quality issues

The survey fieldwork should have been conducted during the period October to November 2014. Ten local authorities made the HSCIC aware that it was necessary for them to conduct their fieldwork later than this; users of the data may wish to bear this in mind when making comparisons. These councils were:

Cambridgeshire	North East Lincolnshire	Swindon
East Riding	Rutland	Windsor and Maidenhead
Hertfordshire	Southampton	
Liverpool	Southwark	

#### **4. Mental Health and Learning Disabilities Dataset (MHLDDS) and Mental Health Minimum Dataset (MHMDS)**

The secondary mental health data, required for measures 1F and 1H, were sourced from two data sets in 2014-15; the MHMDS v4.1 was used for the period April to August 2014 and was then superseded by the MHLDDS v1.1, which was used for the period September 2014 to March 2015. MHLDDS introduced changes to support the requirements of the national data.

Both MHLDDS and MHMDS are or were mandatory monthly collections for all NHS funded providers of adult secondary mental health and learning disability services. Data are received as record level pseudonymised data from patient administration systems, Care Programme Approach (CPA) systems and Mental Health Act (MHA) administration systems. Data providers make monthly submissions via the Bureau Service Portal on Open Exeter2. Full details of the way in which submissions are processed and the validations applied can be found in the User Guidance and Appendices found at: <http://www.hscic.gov.uk/mhmds/spec>.

The changes include an expansion of the scope to include patients receiving learning disabilities and autism spectrum disorder care services as well as the optional submission of non-NHS clients. Further details of the changes can be found at: <http://www.hscic.gov.uk/catalogue/PUB15937/mhmds-monthly-ann-change-oct-2014.pdf>

The definitions of the ASCOF measures 1F and 1H remain unchanged to previous years. In theory the change in dataset should not have affected the ASCOF outcome measures. However, data and information supplied by some of the providers indicates that there has been an impact on some of the monthly submissions as result of the change in data set.

Whilst some providers are understood to have reviewed and updated their data for MHLDDS, other providers have not been able submit all or parts of the data required. Where notable changes to the dataset have been identified by the HSCIC Community and Mental Health Team, the providers have been contacted and their explanations (when given) are provided in the data quality reports. Details of these data quality issues are reported on a monthly basis with the publication of the MHMDS and MHLDDS data, the monthly reports can be found at: <http://www.hscic.gov.uk/mhldsreports>.

Providers for the following councils were either specifically included in the 'Known issues' section of the monthly Mental Health data quality reports; or have been contacted by HSCIC as a result of apparent anomalies that have been observed in their data as presented via the 'Data quality measures' section of the monthly Mental Health reports:

Bury	Hertfordshire	Shropshire
Cambridgeshire	Leicester	Southampton
Cumbria	Leicestershire	Staffordshire
Darlington	Middlesbrough	Stockport
Derby	North Yorkshire	Stockton -on-Tees
Derbyshire	Oldham	Surrey
Durham	Peterborough	Tameside
Essex	Plymouth	Telford and the Wrekin
Hampshire	Redcar and Cleveland	
Hartlepool	Rochdale	

The councils identified have at least 56 per cent<sup>28</sup> of their denominator (working age adults that have received secondary mental health services and are on the Care Programme Approach) provided by the trust which has been included in the monthly data quality reports or has been contacted by the HSCIC. As a consequence any data quality issues identified or reported by the provider / trust may impact on the ASCOF score for the associated council and may also impact on the regional and national outcomes.

Other data quality issues are reported in the monthly data quality reports but the ones detailed below are those that appear to have had a more notable impact on the monthly data used to calculate the ASCOF scores:

- For Cambridgeshire and Peterborough councils the provider Cambridgeshire and Peterborough NHS Foundation Trust has been included in two of the monthly data quality reports. In November a large drop in CPA episodes was highlighted in the data quality report and the provider was working to improve data quality. In February they were included with a drop in record numbers due to a delay in updating data, following a change in provider processes. The provider anticipates this will be rectified from March 2015 submission onwards.
- For Cumbria council the provider Cumbria Partnership NHS Foundation Trust has been contacted in relation to a notable increase in CPA activity in July.
- For Derbyshire and Derby council the provider Derbyshire Healthcare NHS Foundation Trust is included in November's data quality report, due to "not on CPA" markers being erroneously extracted as CPA episodes before September. This issue was rectified from September onwards.
- For Hertfordshire council the provider Hertfordshire Partnership University NHS Foundation Trust appears in three of the monthly data quality reports. In July for a 47 per cent rise in overall records, in September for a late submission and incorrect site codes and in November, for submitting invalid episode end dates, which resulted in these records being ignored, due to the inclusion rules not being met.
- For Essex council the provider North Essex Partnership University NHS Foundation Trust appears in November's data quality report for a large drop in CPA episodes.
- For Plymouth council the provider Plymouth Community Healthcare (CIC) has been contacted in relation to a drop in CPA activity in August.
- For Staffordshire Shropshire and Telford and the Wrekin councils, the provider South Staffordshire and Shropshire Healthcare NHS Foundation Trust appears in two of the monthly data quality reports. In November's report they are highlighted with a large

<sup>28</sup> When identifying councils affected by data quality issues, the HSCIC analysed providers which accounted for a minimum of 25% of the council's denominator; the lowest qualifying percentage found was 56 per cent.

drop in CPA episodes and in January commented on a system error which resulted in the exclusion of some records, which was then rectified in the January refresh.

- For Hampshire and Southampton councils the provider Southern Health NHS Foundation Trust appeared in November's data quality report with a large drop in CPA episodes.
- For seven councils (Durham, North Yorkshire, Middlesbrough, Stockton-On-Tees, Darlington, Redcar and Cleveland and Hartlepool) the provider Tees, Esk and Wear Valleys NHS Foundation Trust appears in two of the monthly data quality reports and the provider has also supplied further information highlighting an error with the MHMDS data they submitted; which prior to November 2013 was pulling through the first ever recorded status for employment and accommodation; which in many cases was much longer than a 12 month period and therefore not picked up with the MHMDS dataset.
- For five councils (Rochdale, Stockport, Oldham, Bury and Tameside) the provider Pennine Care NHS Foundation Trust has been included in a number of data quality reports during 2014-15. In September and October there was no postcode information in their submissions; this was due to a mapping error, which will now be picked up in future validations. In November, the report stated there was a validation issue at the September refresh that has been rectified for October onwards. In January they were mentioned for the large drop in CPA episodes; a data warehouse error caused a drop in CPA episodes in the January refresh, the provider advised they will be rectified from the February refresh. They have also explained that technical issues and a new system have impacted on the quality of data within the submissions and that they are working to address these to ensure that the 2015/16 submissions are more reliable. Pennine Care has provided local figures directly to the local authorities, within its footprint, which give a more accurate picture of the employment and accommodation status of its clients in these areas.
- For Leicester and Leicestershire the provider Leicestershire Partnership NHS Trust in September's data quality report recorded a lower percentage (47.1%) of postcode information in their submissions. This was due to an error in the submission file which wasn't identified until after the deadline, as there was only one submission in September, there was no opportunity to refresh.
- For Surrey council the provider Surrey and Borders Partnership NHS Foundation Trust recorded no postcode information in the submissions documented in April's data quality report.

## 5. Hospital Episode Statistics (HES)

HES is a data warehouse containing details of all admissions, outpatient appointments and A&E attendances at NHS hospitals in England. Data submissions that populate HES are subject to data quality checks on a number of key fields. Data quality dashboards are produced to provide feedback on quality to data suppliers, and the data quality team within the HSCIC works with suppliers to identify and resolve issues.

The HES data are provisional and may be incomplete or contain errors for which no adjustments have yet been made. There may also be errors due to coding inconsistencies that have not yet been investigated and corrected.

Further information on how HES data are processed including validation is available from [www.hscic.gov.uk/hes](http://www.hscic.gov.uk/hes).

[www.hscic.gov.uk/article/1825/The-processing-cycle-and-HES-data-quality](http://www.hscic.gov.uk/article/1825/The-processing-cycle-and-HES-data-quality)



## 6. Monthly Delayed Transfers of Care (DToC)

NHS England compiles monthly delayed transfers of care data through a central return that is split into two parts: Patient Snapshot and Total Delayed Days. A delayed transfer of care is categorised by: the type of care the patient receives (acute or non-acute); the organisation responsible for the delay (NHS, Social Care or Both); and the reason for delay.

Healthcare providers submit DToC data to NHS England via an online tool. Data are associated with the Local Authority in which each delayed patient resides. Once data are submitted and signed-off, NHS England performs central validation checks to ensure good data quality.

The data contained in this publication and associated files have been based on DToC data published in April; these data are subject to further revision and are released on a biannual basis by NHS England. Changes between the outcome measures built using the initial and revised data have however been found to be minimal. Further information on Delayed Transfers of Care, including revisions to 2014-15 data that were published in September 2015, are available from:

[www.england.nhs.uk/statistics/delayed-transfers-of-care/](http://www.england.nhs.uk/statistics/delayed-transfers-of-care/).

### Coherence and comparability

Some of the ASCOF measures – 1C, 1E, 1F, 1G, 1H, 2B and 2C - were previously reported as part of the National Indicator Set (NIS). These statistics were last reported on by the HSCIC for 2010-11; this report is available at [www.hscic.gov.uk/pubs/finalsocmhi1011](http://www.hscic.gov.uk/pubs/finalsocmhi1011).

For ASCOF measures 1B, 1I, 2A, 3A, 3D and 4A the underlying numerator and denominator have been collected for 2010-11 and in previous years, even though they have not been used to form a measure or indicator. Exceptions to this are Measure 4B, as the survey question used for this measure was not included in the 2010-11 ASCS, and Measure 2D, as 2014-15 was the first year in which the SALT collection which captures sequel-to-service data was implemented.

### Timeliness and punctuality

The data relate to the financial year 2014-15 and therefore the lag from the end of the financial year is 7 months. This publication has been released in line with the pre-announced publication date and is therefore deemed to be punctual.

### Accessibility and clarity

There are no access restrictions that apply to the published data. Various approaches to suppression have been applied to different aspects of the data. Full details of these rules are available in the spreadsheet annex on the publication page at <http://www.hscic.gov.uk/pubs/aduscooccareof1415fin>

## Assessment of user needs and perceptions

User feedback on the format and content of this report, as well as regarding the associated data outputs, is invited. A web form is available for the submission of comments:

<http://www.hscic.gov.uk/haveyoursay>

The ASCOF is co-produced by the DH-chaired ASCOF Reference Group which has membership from Department of Health, local government and HSCIC. It is updated annually in order to ensure that the framework best supports and reflects central and local government priorities for adult social care.

In developing new measures, the Department are mindful of the reporting burden on councils, and the need to retain a focus on measuring the success of the adult social care system in delivering high quality care and support.

Data collections contributing to this publication were developed by the Adult Review Group and the Social Services User Survey Group (SSUSG) which has representation from HSCIC, Department of Health (DH), Care Quality Commission (CQC), independent representatives with an active interest in the subject, council performance and information managers as well as researchers from PSSRU.

The 2014-15 collections were approved by the Outcomes and Information Development Board (OIDB). This group being jointly co-chaired by: DH and the Association of Directors of Adult Social Services (ADASS) and having representation from HSCIC, CQC and LGA.

## 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.

[www.statisticsauthority.gov.uk/national-statistician/guidance/index.html](http://www.statisticsauthority.gov.uk/national-statistician/guidance/index.html)

Please see links below to the HSCIC relevant policies.

The HSCIC publications calendar web page provides links to relevant HSCIC policies and other related documents at

<http://www.hscic.gov.uk/pubs/calendar>

- Statistical Governance Policy
- Small Numbers Procedure
- Statement of Compliance with Pre-Release Order.

Further information on the Freedom of Information process is available at

<http://www.hscic.gov.uk/foi>



## Appendix C: Survey questions

Full details of the questions used in the surveys and the ASCOF measure they are used to calculate are provided in the appendix below.

### 1A: Social care-related quality of life

The social care-related quality of life (SCRQoL) is calculated from eight question in the ASCS which cover different domain. The questions and domain are shown in Table AppC.1.

**Table AppC.1: ASCS questions and their link to domains**

Question number	Question	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 and nutrition
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?	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 participation
9a	Which of the following statements best describes how you spend your time?	Occupation
11	Which of these statements best describes how the way you are helped and treated makes you think and feel about yourself?	Dignity

Source: ASCS

Each of the eight questions has four possible responses, which equate to:

- No unmet needs in a specific life area or domain (equates to the first answer option for each ASCS question). This indicates the individual's wishes and preferences in this aspect of their life are fully met. This is given a score of 3.
- Needs adequately met (equates to the second answer option for each ASCS question). This indicates 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. This is given a score of 2.

- Some needs met (equates to the third answer option for each ASCS question). Some needs are distinguished from no needs by being sufficiently important or frequent to affect an individual's quality of life. This is given a score of 1.
- No needs met (equates to the last answer option for each ASCS question). 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. This is given a score of 0.

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

Measure 1B uses responses to question 3a. Details of the question are provided in Table AppC.1.

The available responses to question 3a were:

- I have as much control over my daily life as I want
- I have adequate control over my daily life
- I have some control over my daily life but not enough
- I have no control over my daily life

## 1D: Carer-reported quality of life

The Carer-reported quality of life is calculated from six questions from the carers' survey which cover different domains. The questions and domain are shown in Table AppC.2.

**Table AppC.2: Carers' Survey questions and their link to domains**

Question number	Question	Domain
7	Which of the following statements best describes how you spend your time?	Occupation
8	Which of the following statements best describes how much control you have over your daily life?	Control
9	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?	Personal care
10	Thinking about your personal safety, which of the statements best describes your present situation?	Safety
11	Thinking about how much social contact you've had with people you like, which of the following statements best describes your social situation?	Social participation
12	Thinking about encouragement and support in your caring role, which of the following statements best describes your present situation?	Encouragement and support

Source: Carers' Survey

Each of the six questions has three possible responses, which are equated as having:

- No unmet needs in a specific life area or domain (equates to the first answer option for each Carers' Survey question). This is given a score of 2.
- Some needs met (equates to the second answer option for each second question). This is given a score 1.
- No needs met (equates to the last answer option for each ASCS question). This is given a score 0.

## **1I: Proportion of people who use services, and their carers, who reported that they had as much social contact as they would like**

Measure 1I(1) uses responses to question 8a in the ASCS. Details of the question is provided in Table AppC.1.

The available responses to question 8a were:

- I have as much social contact as I want with people I like
- I have adequate social contact with people
- I have some social contact with people, but not enough
- I have little social contact with people and feel socially isolated

Measure 1I(2) uses responses to question 11 from the Carers' Survey. Details of the question is provided in Table AppC.2.

The available responses to question 11 were:

- I have as much social contact as I want with people I like
- I have some social contact with people but not enough
- I have little social contact with people and feel socially isolated

## **3A: Overall satisfaction of people who use services with their care and support**

Measure 3A uses responses to Question 1 in the ASCS. Details of the question is provided in Table AppC.3.

**Table AppC.3: ASCS question 1**

Question number	Question
1	Overall, how satisfied or dissatisfied are you with the care and support services you receive?

Source: ASCS

The available responses to question 1 were:

- I am extremely satisfied
- I am very satisfied

- I am quite satisfied
- I am neither satisfied nor dissatisfied
- I am quite dissatisfied
- I am very dissatisfied
- I am extremely dissatisfied

Responses are also taken from the easy-read questionnaire where the question is 'How happy are you with the way staff help you' and the available responses are:

- I am very happy with the way staff help me, it's really good
- I am quite happy with the way staff help me
- The way staff help me is ok
- I do not think the way staff help me is that good
- I think the way staff help me is really bad

### 3B: Overall satisfaction of carers with social services

Measure 3B uses responses from question 4 from the Carers' Survey. Details of the question is provided in Table AppC.4.

**Table AppC.4: Carers' survey question 4**

Question number	Question
4	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?

Source: Carers' survey

The available responses to question 4 were:

- We haven't received any support or services from Social Services in the last 12 months
- I am extremely satisfied
- I am very satisfied
- I am quite satisfied
- I am neither satisfied nor dissatisfied
- I am quite dissatisfied
- I am very dissatisfied
- I am extremely dissatisfied

### 3C: Overall satisfaction of carers with social services

Measure 3C uses responses from question 15 from the Carers' Survey. Details of the question is provided in Table AppC.5.

**Table AppC.5: Carers' survey question 15**

Question number	Question
15	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?

Source: Carers' survey

The available responses to question 15 were:

- There have been no discussions that I am aware of, in the last 12 months
- I always felt involved or consulted
- I usually felt involved or consulted
- I sometimes felt involved or consulted
- I never felt involved or consulted

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

Measure 3D(1) uses responses from question 12 in the ASCS. Details of the question is provided in Table AppC.6.

**Table AppC.6: ASCS question 12**

Question number	Question
12	In the past year, have you generally found it easy or difficult to find information and advice about support, services or benefits?

Source: ASCS

The available responses to question 12 were:

- Very easy to find
- Fairly easy to find
- Fairly difficult to find
- Very difficult to find
- I've never tried to find information or advice

Measure 3D(2) uses responses from question 13 from the Carers' Survey. Details of the question is provided in Table AppC.7.

**Table AppC.7: Carers' survey question 13**

Question number	Question
13	In the last 12 months, have you found it easy or difficult to find information and advice about support, services or benefits?

Source: Carers' survey

The available responses to question 13 were:

- I have not tried to find information or advice in the last 12 months
- Very easy to find
- Fairly easy to find
- Fairly difficult to find
- Very difficult to find

#### **4A: The proportion of people who use services who feel safe**

Measure 4A uses responses to Question 7a in the ASCS. Details of the question is provided in Table AppC.1.

The available responses to question 7a were:

- I feel as safe as I want
- Generally I feel adequately safe, but not as safe as I would like
- I feel less than adequately safe
- I don't feel at all safe

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

Measure 4B uses responses to Question 7b in the ASCS. Details of the question is provided in Table AppC.8.

**Table AppC.8: ASCS question 7b**

Question number	Question
7b	Do care and support services help you in feeling safe?

Source: ASCS

The available responses to question 7b were:

- Yes
- No

## Appendix D: CASSR regions

Geography	Council type	Council region	ONS Area Code
<b>England</b>			<b>E92000001</b>
<b>North East</b>		<b>NE</b>	<b>E12000001</b>
Darlington	Unitary Authorities	NE	E06000005
Durham	Unitary Authorities	NE	E06000047
Gateshead	Metropolitan Districts	NE	E08000037
Hartlepool	Unitary Authorities	NE	E06000001
Middlesbrough	Unitary Authorities	NE	E06000002
Newcastle upon Tyne	Metropolitan Districts	NE	E08000021
North Tyneside	Metropolitan Districts	NE	E08000022
Northumberland	Unitary Authorities	NE	E06000057
Redcar and Cleveland	Unitary Authorities	NE	E06000003
South Tyneside	Metropolitan Districts	NE	E08000023
Stockton on Tees	Unitary Authorities	NE	E06000004
Sunderland	Metropolitan Districts	NE	E08000024
<b>North West</b>		<b>NW</b>	<b>E12000002</b>
Blackburn with Darwen	Unitary Authorities	NW	E06000008
Blackpool	Unitary Authorities	NW	E06000009
Bolton	Metropolitan Districts	NW	E08000001
Bury	Metropolitan Districts	NW	E08000002
Cheshire East	Unitary Authorities	NW	E06000049
Cheshire West and Chester	Unitary Authorities	NW	E06000050
Cumbria	Shire Counties	NW	E10000006
Halton	Unitary Authorities	NW	E06000006
Knowsley	Metropolitan Districts	NW	E08000011
Lancashire	Shire Counties	NW	E10000017
Liverpool	Metropolitan Districts	NW	E08000012
Manchester	Metropolitan Districts	NW	E08000003
Oldham	Metropolitan Districts	NW	E08000004
Rochdale	Metropolitan Districts	NW	E08000005
Salford	Metropolitan Districts	NW	E08000006
Sefton	Metropolitan Districts	NW	E08000014
St Helens	Metropolitan Districts	NW	E08000013
Stockport	Metropolitan Districts	NW	E08000007
Tameside	Metropolitan Districts	NW	E08000008
Trafford	Metropolitan Districts	NW	E08000009
Warrington	Unitary Authorities	NW	E06000007
Wigan	Metropolitan Districts	NW	E08000010
Wirral	Metropolitan Districts	NW	E08000015
<b>Yorkshire and the Humber</b>		<b>YH</b>	<b>E12000003</b>
Barnsley	Metropolitan Districts	YH	E08000016
Bradford	Metropolitan Districts	YH	E08000032
Calderdale	Metropolitan Districts	YH	E08000033

Geography	Council type	Council region	ONS Area Code
Doncaster	Metropolitan Districts	YH	E08000017
East Riding of Yorkshire	Unitary Authorities	YH	E06000011
Kingston upon Hull	Unitary Authorities	YH	E06000010
Kirklees	Metropolitan Districts	YH	E08000034
Leeds	Metropolitan Districts	YH	E08000035
North East Lincolnshire	Unitary Authorities	YH	E06000012
North Lincolnshire	Unitary Authorities	YH	E06000013
North Yorkshire	Shire Counties	YH	E10000023
Rotherham	Metropolitan Districts	YH	E08000018
Sheffield	Metropolitan Districts	YH	E08000019
Wakefield	Metropolitan Districts	YH	E08000036
York	Unitary Authorities	YH	E06000014
<b>East Midlands</b>		<b>EM</b>	<b>E12000004</b>
Derby	Unitary Authorities	EM	E06000015
Derbyshire	Shire Counties	EM	E10000007
Leicester	Unitary Authorities	EM	E06000016
Leicestershire	Shire Counties	EM	E10000018
Lincolnshire	Shire Counties	EM	E10000019
Northamptonshire	Shire Counties	EM	E10000021
Nottingham	Unitary Authorities	EM	E06000018
Nottinghamshire	Shire Counties	EM	E10000024
Rutland	Unitary Authorities	EM	E06000017
<b>West Midlands</b>		<b>WM</b>	<b>E12000005</b>
Birmingham	Metropolitan Districts	WM	E08000025
Coventry	Metropolitan Districts	WM	E08000026
Dudley	Metropolitan Districts	WM	E08000027
Herefordshire	Unitary Authorities	WM	E06000019
Sandwell	Metropolitan Districts	WM	E08000028
Shropshire	Unitary Authorities	WM	E06000051
Solihull	Metropolitan Districts	WM	E08000029
Staffordshire	Shire Counties	WM	E10000028
Stoke on Trent	Unitary Authorities	WM	E06000021
Telford and the Wrekin	Unitary Authorities	WM	E06000020
Walsall	Metropolitan Districts	WM	E08000030
Warwickshire	Shire Counties	WM	E10000031
Wolverhampton	Metropolitan Districts	WM	E08000031
Worcestershire	Shire Counties	WM	E10000034
<b>East</b>		<b>E</b>	<b>E12000006</b>
Bedford Borough	Unitary Authorities	E	E06000055
Cambridgeshire	Shire Counties	E	E10000003
Central Bedfordshire	Unitary Authorities	E	E06000056
Essex	Shire Counties	E	E10000012
Hertfordshire	Shire Counties	E	E10000015
Luton	Unitary Authorities	E	E06000032
Norfolk	Shire Counties	E	E10000020



Geography	Council type	Council region	ONS Area Code
Peterborough	Unitary Authorities	E	E06000031
Southend on Sea	Unitary Authorities	E	E06000033
Suffolk	Shire Counties	E	E10000029
Thurrock	Unitary Authorities	E	E06000034
<b>London</b>		<b>L</b>	<b>E12000007</b>
Barking and Dagenham	Outer London	L	E09000002
Barnet	Outer London	L	E09000003
Bexley	Outer London	L	E09000004
Brent	Outer London	L	E09000005
Bromley	Outer London	L	E09000006
Camden	Inner London	L	E09000007
City of London	Inner London	L	E09000001
Croydon	Outer London	L	E09000008
Ealing	Outer London	L	E09000009
Enfield	Outer London	L	E09000010
Greenwich	Inner London	L	E09000011
Hackney	Inner London	L	E09000012
Hammersmith and Fulham	Inner London	L	E09000013
Haringey	Outer London	L	E09000014
Harrow	Outer London	L	E09000015
Havering	Outer London	L	E09000016
Hillingdon	Outer London	L	E09000017
Hounslow	Outer London	L	E09000018
Islington	Inner London	L	E09000019
Kensington and Chelsea	Inner London	L	E09000020
Kingston upon Thames	Outer London	L	E09000021
Lambeth	Inner London	L	E09000022
Lewisham	Inner London	L	E09000023
Merton	Outer London	L	E09000024
Newham	Outer London	L	E09000025
Redbridge	Outer London	L	E09000026
Richmond upon Thames	Outer London	L	E09000027
Southwark	Inner London	L	E09000028
Sutton	Outer London	L	E09000029
Tower Hamlets	Inner London	L	E09000030
Waltham Forest	Outer London	L	E09000031
Wandsworth	Inner London	L	E09000032
Westminster	Inner London	L	E09000033
<b>South East</b>		<b>SE</b>	<b>E12000008</b>
Bracknell Forest	Unitary Authorities	SE	E06000036
Brighton and Hove	Unitary Authorities	SE	E06000043
Buckinghamshire	Shire Counties	SE	E10000002
East Sussex	Shire Counties	SE	E10000011
Hampshire	Shire Counties	SE	E10000014
Isle of Wight Council	Unitary Authorities	SE	E06000046
Kent	Shire Counties	SE	E10000016

Geography	Council type	Council region	ONS Area Code
Medway	Unitary Authorities	SE	E06000035
Milton Keynes	Unitary Authorities	SE	E06000042
Oxfordshire	Shire Counties	SE	E10000025
Portsmouth	Unitary Authorities	SE	E06000044
Reading	Unitary Authorities	SE	E06000038
Slough	Unitary Authorities	SE	E06000039
Southampton	Unitary Authorities	SE	E06000045
Surrey	Shire Counties	SE	E10000030
West Berkshire	Unitary Authorities	SE	E06000037
West Sussex	Shire Counties	SE	E10000032
Windsor and Maidenhead	Unitary Authorities	SE	E06000040
Wokingham	Unitary Authorities	SE	E06000041
<b>South West</b>		<b>SW</b>	<b>E12000009</b>
Bath and North East Somerset			
Somerset	Unitary Authorities	SW	E06000022
Bournemouth	Unitary Authorities	SW	E06000028
Bristol	Unitary Authorities	SW	E06000023
Cornwall	Unitary Authorities	SW	E06000052
Devon	Shire Counties	SW	E10000008
Dorset	Shire Counties	SW	E10000009
Gloucestershire	Shire Counties	SW	E10000013
Isles of Scilly	Unitary Authorities	SW	E06000053
North Somerset	Unitary Authorities	SW	E06000024
Plymouth	Unitary Authorities	SW	E06000026
Poole	Unitary Authorities	SW	E06000029
Somerset	Shire Counties	SW	E10000027
South Gloucestershire	Unitary Authorities	SW	E06000025
Swindon	Unitary Authorities	SW	E06000030
Torbay	Unitary Authorities	SW	E06000027
Wiltshire	Unitary Authorities	SW	E06000054

## Appendix E: 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.
- ASCOF measures 1G (Proportion of adults with a learning disability who live in their own home or with their family), 1H (Proportion of adults in contact with secondary mental health services who live independently, with or without support) and 1I (Proportion of people who use services and their carers who reported that they had as much social contact as they would like) are part of the Public Health Outcomes Framework.

#### Health and Social Information Centre

These data are also used on the NHS Choices My NHS website available at:

<https://www.nhs.uk/service-search/performance/search>

#### Councils with Adult Social Services Responsibilities

Different councils will use the data in different ways but there will be some commonality between them. Uses of the report made by councils 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 (TEASC)

TEASC is a 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 approach is on promoting innovation and Excellence and collective ownership of improvement. Its core elements 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). TEASC have published a narrative of progress in Adult Social Care which draws heavily on the data within this report.

### Unknown users

This report is free to access via the HSCIC website and therefore the majority of users will access it without being known to the HSCIC. It is important to understand how these users are using the statistics and also to gain feedback on how we can make the data more useful to them. We welcome feedback from report users; ideally covering the following points:

- 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?
- 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?

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Email: [enquiries@hscic.gov.uk](mailto:enquiries@hscic.gov.uk)

## Appendix F: 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.

This publication can be downloaded from the Health and Social Care Information Centre website at <http://www.hscic.gov.uk/pubs/aduscccareof1415fin>.

The Handbook of Definitions for the ASCOF measures can be found at <https://www.gov.uk/government/publications/adult-social-care-outcomes-framework-2014-to-2015>

National Indicator Set publications for previous years can be downloaded from the HSCIC website at <http://www.hscic.gov.uk/social-care>

The NIS report for 2010-11 “Social Care and Mental Health indicators from the National Indicator Set –2010-11 Final release” is available at <http://www.hscic.gov.uk/pubs/finalsocmhi1011>

Publications relating to social care activity, finance, staffing, and user experience surveys for adults can be downloaded from the HSCIC website at <http://www.hscic.gov.uk/social-care>

### Below is a list of links to other Social Care Reports:

- “Personal Social Services Adult Social Care Survey (ASCS), England 2014-15” is available at <http://www.hscic.gov.uk/pubs/adusoccaresurv1415>
- “Community Care Statistics: Social Services Activity, England 2014-15” is available at <http://www.hscic.gov.uk/pubs/commcaressa1415>
- “Personal Social Services Survey of Adult Carers in England, 2014-15” is available at <http://www.hscic.gov.uk/pubs/psscscarersurvey1415>.
- “Personal Social Services: Expenditure and Unit Cost, England, 2014-15, Provisional release” <http://www.hscic.gov.uk/pubs/pssexpcosts1415>
- “Safeguarding Adults in England 2013-14: Experimental Statistics, Final Report” is available at [www.hscic.gov.uk/pubs/sa1314](http://www.hscic.gov.uk/pubs/sa1314)
- “Guardianship under the 1983 Mental Health Act, England, 2014-15” is available at <http://www.hscic.gov.uk/catalogue/PUB18009>
- “Mental Capacity Act 2005, Deprivation of Liberty Safeguards, England, Annual Report 2014-15” is available at <http://www.hscic.gov.uk/pubs/mentcap1415annual>
- “Registered Blind and Partially Sighted People Year ending 31 March 2014, England” is available at [www.hscic.gov.uk/pubs/blindpartiallysighted14](http://www.hscic.gov.uk/pubs/blindpartiallysighted14)
- “Personal Social Services Staff of Social Services Departments at 30 September 2014, England [NS]” which is available at <http://www.hscic.gov.uk/pubs/pssstaffsept14>

### Data for child services

Information on social care for children is available at [www.gov.uk/childrens-services/childrens-social-care](http://www.gov.uk/childrens-services/childrens-social-care)

## **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

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

The Scottish Government

<http://www.scotland.gov.uk/Topics/Health/Support-Social-Care>

**Published by the Health and Social Care Information Centre  
Part of the Government Statistical Service**

**Responsible Statistician**

Stephen Jobling, Section Head

ISBN 978-1-78386-500-0

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

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