

National Adult Social Care Intelligence Service (NASCIS)

Measures from the Adult Social Care Outcomes Framework (ASCOF): Comparator Report 2014-15

Solihull (410)

NASCIS Standard Report 8
This report is based on the final release of data

Published 6th October 2015

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Report based on final data

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Introduction

This report shows measures from the 2014-15 Adult Social Care Outcomes Framework (ASCOF) for Solihull (410) in the context of data for 15 comparable councils.

Comparator groups

The comparator group average is based on this council plus the 15 comparator councils. Comparator groups are not available for the Isles of Scilly (906).

Comparable councils are selected according to the Chartered Institute of Public Finance and Accountancy (CIPFA) Nearest Neighbour Model, which identifies similarities between authorities based upon a range of socio-economic indicators. Further information about the Nearest Neighbour Model can be found on the CIPFA web site at: http://www.cipfastats.net/resources/nearestneighbours

Sources

This report is based on final 2014-15 data. Chart sources include:

Short and Long-Term Support collection (SALT) - charts 1C, 1E, 1G, 2A, 2B

Personal Social Services Adult Social Care Survey (Adult Social Care Survey (ASCS))

- charts 1A, 1B, 1I part1, 3A, 3D part 1, 4A, 4B

Personal Social Services Survey of Adult Carers (Carers' Survey (CS)) - charts 1D, 1I part 2, 3B, 3C, 3D part 2

Delayed Transfers of Care (DToC) - charts 2C

Hospital Episode Statistics (HES) - chart 2B part 2

Mental Health and Learning Disabilities Dataset (MHLDS) - charts 1F, 1H

Mid-year population estimates, Office for National Statistics (ONS) - charts 2A, 2C

References

Adult Social Care Outcomes Framework (ASCOF)

More information and the Handbook of Definitions (Aug-14) are available from: https://www.gov.uk/government/publications/adult-social-care-outcomes-framework-2014-to-2015

Adult Social Care Outcomes Toolkit (ASCOT)

The ASCOT measure (1A) is designed to capture information about an individual's social carerelated quality of life (SCRQoL). ASCOT is the source for the questions in the ASCS. Users wishing to make commercial use of ASCOT materials should contact the ASCOT team (ascot@kent.ac.uk) who will be put in touch with Kent Innovation and Enterprise, as registration is required.

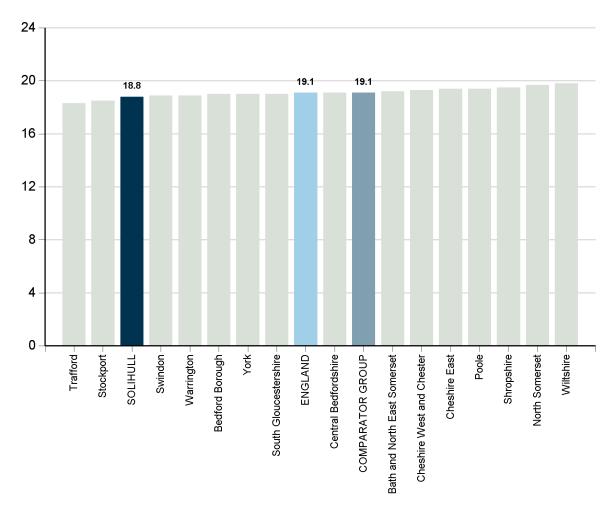
http://www.pssru.ac.uk/ascot/

Summary of ASCOF 2014-15 Outcomes

Indicator	SOLIHULL	COMPARATOR GROUP	ENGLAND
1A	18.8	19.1	19.1
1B	74.3	78.3	77.3
1C1A	92.5	82.3	83.7
1C1B	100.0	47.2	77.4
1C2A	30.1	26.6	26.3
1C2B	100.0	42.0	66.9
1D	7.7	8.1	7.9
1E	3.1	8.1	6.0
1F	9.7	9.5	6.8
1G	68.4	77.2	73.3
1H	77.9	61.0	59.7
111	42.1	45.1	44.8
112	36.8	40.6	38.5
2A1_1415	4.1	15.4	14.2
2A2_1415	452.9	625.5	668.8
2B1	69.0	83.9	82.1
2B2	1.7	2.7	3.1
2C1	9.0	12.5	11.1
2C2	3.4	4.8	3.7
2D	56.4	74.2	74.6
3A	63.0	66.9	64.7
3B	34.3	43.2	41.2
3C	68.3	74.1	72.3
3D1	71.0	76.2	74.5
3D2	60.5	68.7	65.5
4A	67.5	69.4	68.5
4B	81.8	83.5	84.5

Where council measures are not shown, data are either unavailable or have been suppressed by HSCIC.

1A - Social care related quality of life score (out of 24), 2014-15



This Authority Compared to its CIPFA Comparator Group

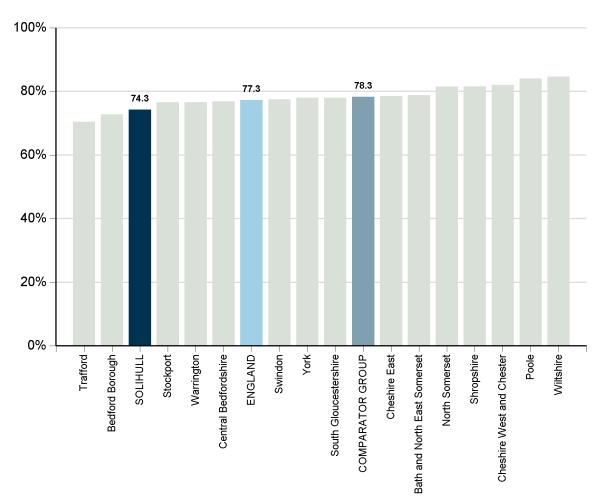
This indicator gives an overarching view of the quality of life of users of social care. It is a composite measure based on responses to eight questions in the ASCS.

Where council measures are not shown, data are either unavailable or have been suppressed by HSCIC.

Sources

Numerator and denominator: ASCS.

1B - The proportion of people who use services who have control over their daily life, expressed as a percentage, 2014-15



This Authority Compared to its CIPFA Comparator Group

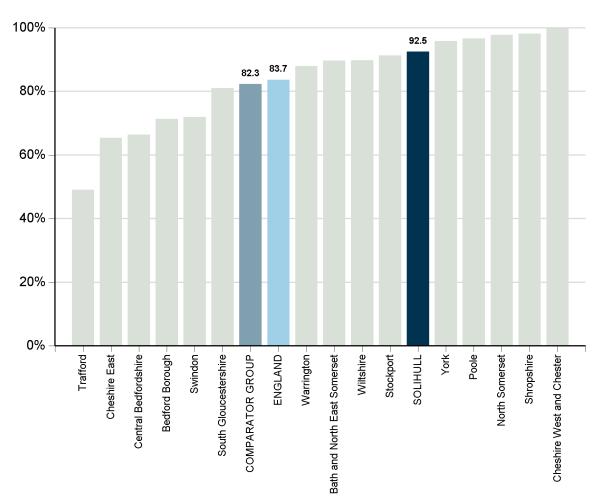
A key objective of the drive to make care and support more personalised is that support more closely matches the needs and wishes of the individual, putting users of services in control of their care and support. Therefore, asking users of care and support about the extent to which they feel in control of their daily lives is one means of measuring whether this outcome is being achieved.

Where council measures are not shown, data are either unavailable or have been suppressed by HSCIC.

Sources

Numerator and Denominator: ASCS.

1C part 1A - Proportion of users receiving long-term community support in the year ending 31 March who received self-directed support, 2014-15

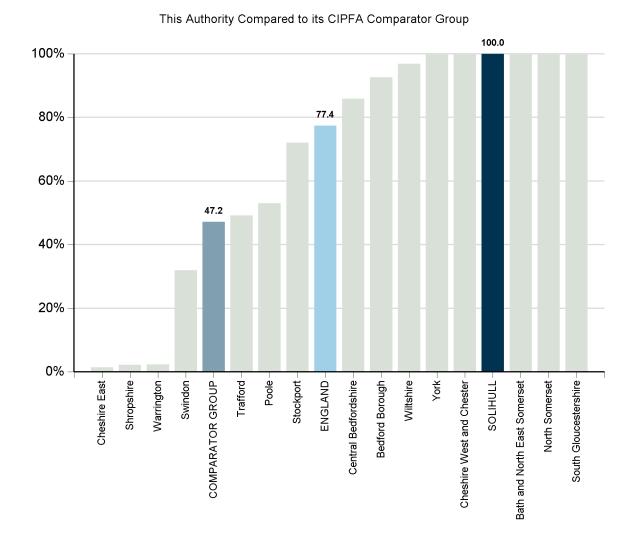


This measure reflects the progress made in delivering personalised services through self-directed support.

Where council measures are not shown, data are either unavailable or have been suppressed by HSCIC.

Sources

1C part 1B - Proportion of carers receiving carer specific services in the year ending 31 March who received self-directed support, 2014-15

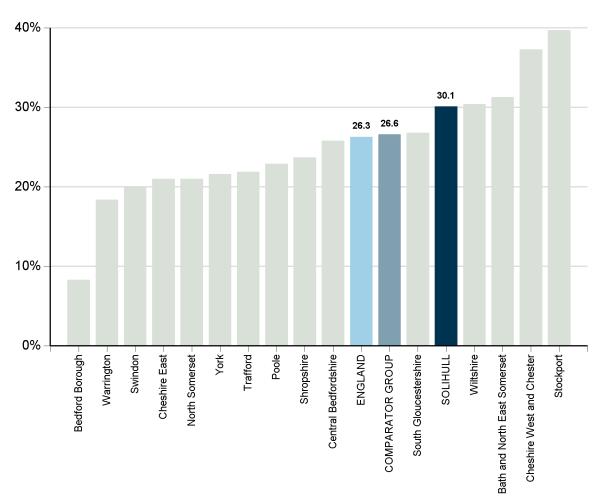


This measure reflects the progress made in delivering personalised services through self-directed support.

Where council measures are not shown, data are either unavailable or have been suppressed by HSCIC.

Sources

1C part 2A - Proportion of users receiving long-term support in the year to 31 March who received direct-payments or part direct-payments, 2014-15

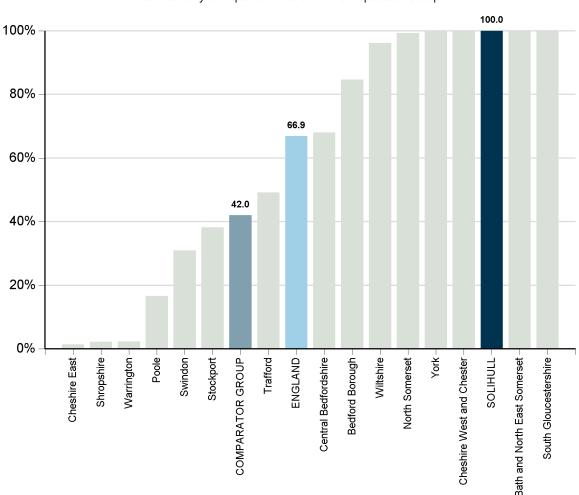


This measure reflects the progress made in delivering personalised services through direct payments.

Where council measures are not shown, data are either unavailable or have been suppressed by HSCIC.

Sources

1C part 2B - Proportion of carers receiving carer specific services in the year to 31 March who received direct-payments or part direct-payments, 2014-15



This measure reflects the progress made in delivering personalised services through direct payments.

Where council measures are not shown, data are either unavailable or have been suppressed by HSCIC.

Sources

1D - Carer-reported quality of life score (out of 12), 2014-15

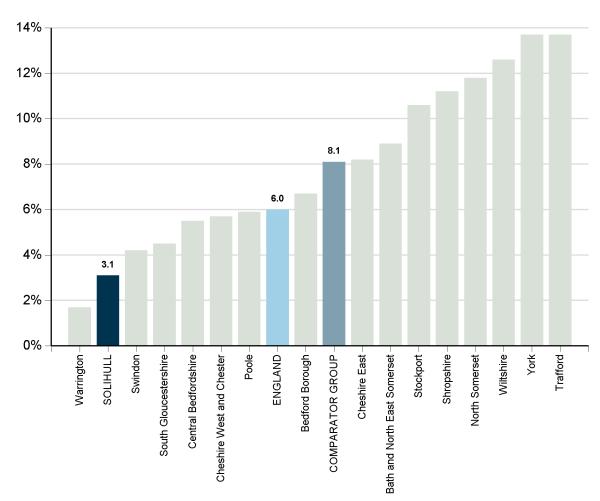
12 10 8.1 7.9 8 7.7 6 4 2 0 Wiltshire -Trafford -York South Gloucestershire COMPARATOR GROUP -Poole -Swindon ENGLAND-Cheshire East Shropshire -Central Bedfordshire North Somerset Bedford Borough Stockport Warrington Bath and North East Somerset SOLIHULL Cheshire West and Chester

This Authority Compared to its CIPFA Comparator Group

This measure gives an overarching view of the quality of life of carers. It is a composite measure based on responses to six questions in the CS.

Sources

1E - Adults with a learning disability in paid employment, expressed as a percentage, 2014-15



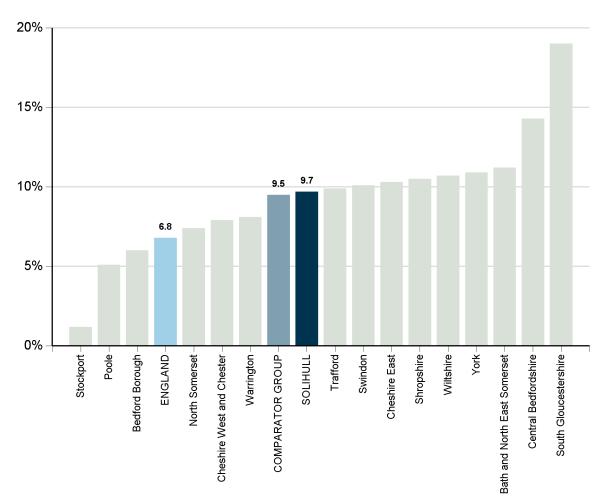
This Authority Compared to its CIPFA Comparator Group

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.

Where council measures are not shown, data are either unavailable or have been suppressed by HSCIC.

Sources

1F - Adults in contact with secondary mental health services in paid employment, expressed as a percentage, 2014-15



This Authority Compared to its CIPFA Comparator Group

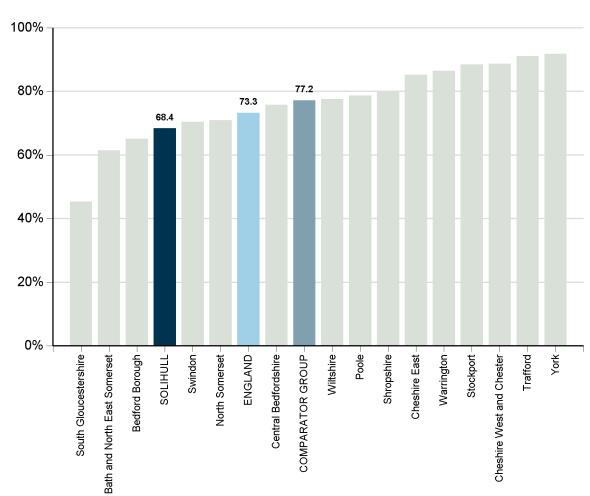
This measure is of improved employment outcomes for adults with mental health problems, reducing their risk of social exclusion and discrimination. Employment outcomes are a predictor of quality of life, and are indicative of whether care and support are personalised. Employment is a wider determinant of health and social inequalities.

Where council measures are not shown, data are either unavailable or have been suppressed by HSCIC.

Sources

Numerator and denominator: MHMDS / MHLDS

1G - Adults with a learning disability who live in their own home or with family, expressed as a percentage, 2014-15



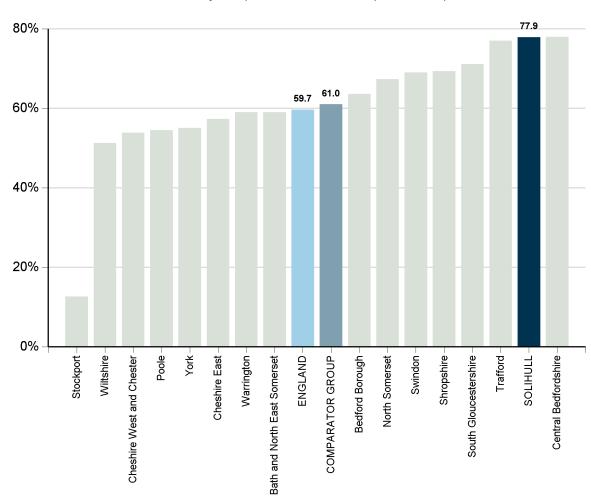
This Authority Compared to its CIPFA Comparator Group

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.

Where council measures are not shown, data are either unavailable or have been suppressed by HSCIC.

Sources

1H - Adults in contact with secondary mental health services living independently, with or without support, expressed as a percentage, 2014-15



This Authority Compared to its CIPFA Comparator Group

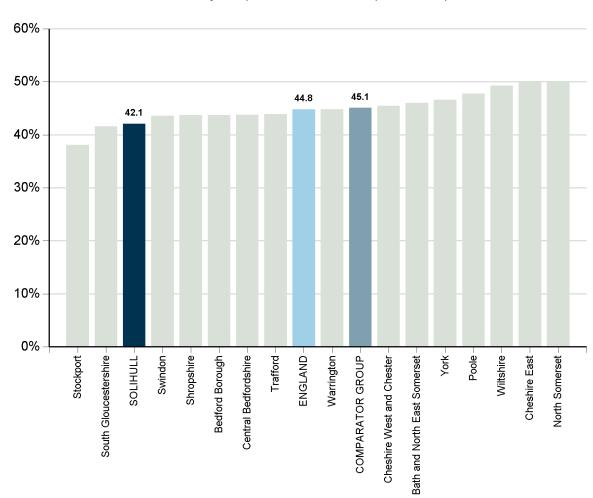
This measure is intended to improve outcomes for adults with mental health problems by demonstrating the proportion in stable and appropriate accommodation. This is closely linked to improving their safety and reducing their risk of social exclusion.

Where council measures are not shown, data are either unavailable or have been suppressed by HSCIC.

Sources

Numerator and denominator: MHMDS / MHLDS

11 part 1 - The proportion of people who use services who reported that they had as much social contact as they would like, 2014-15

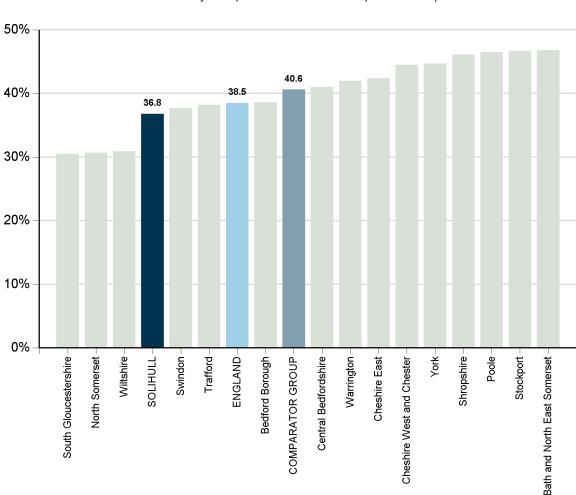


There is a clear link between loneliness and poor mental and physical health. This measure draws on self-reported levels of social contact as an indicator of social isolation for users of social care.

Where council measures are not shown, data are either unavailable or have been suppressed by HSCIC.

Sources

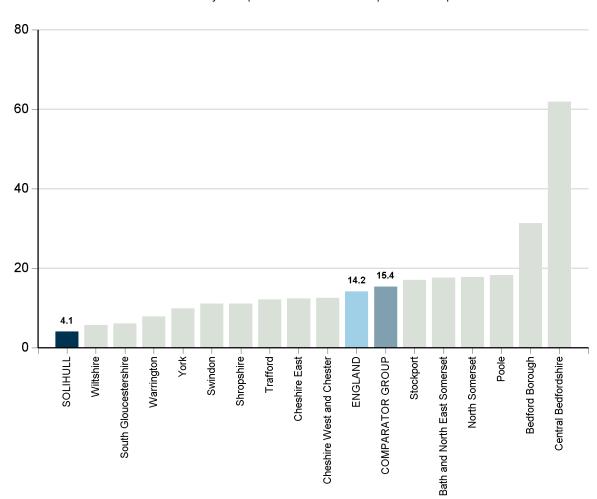
11 part 2 - The proportion of carers who reported that they had as much social contact as they would like, 2014-15



There is a clear link between loneliness and poor mental and physical health. This measure draws on self-reported levels of social contact as an indicator of social isolation for carers.

Sources

2A part 1- Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population, 2014-15



Avoiding permanent placements in residential and nursing care homes is a good measure of delaying dependency. Research suggests that, where possible, people prefer to stay in their own home than move into residential care.

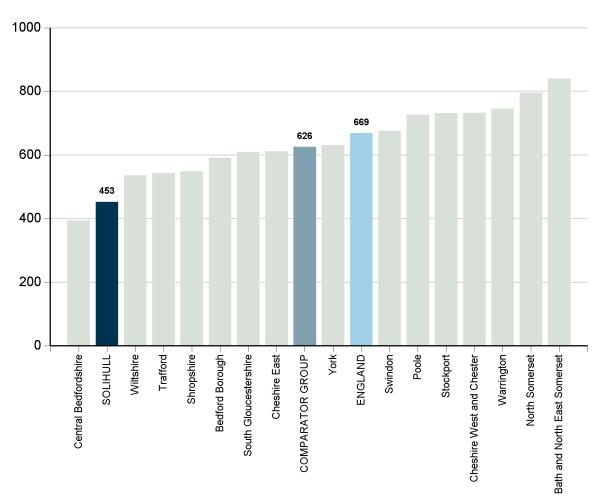
Where council measures are not shown, data are either unavailable or have been suppressed by HSCIC.

Sources

Numerator: SALT

Denominator: ONS 2014 mid-year population estimates (aged 18-64).

2A part 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, 2014-15



Avoiding permanent placements in residential and nursing care homes is a good measure of delaying dependency. Research suggests that, where possible, people prefer to stay in their own home than move into residential care.

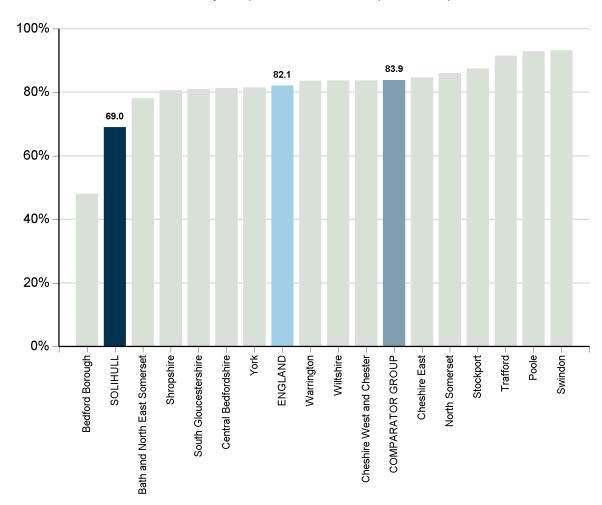
Where council measures are not shown, data are either unavailable or have been suppressed by HSCIC.

Sources

Numerator: SALT

Denominator: ONS 2014 mid-year population estimates (65 and over).

2B part 1 - Older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services, expressed as a percentage, 2014-15

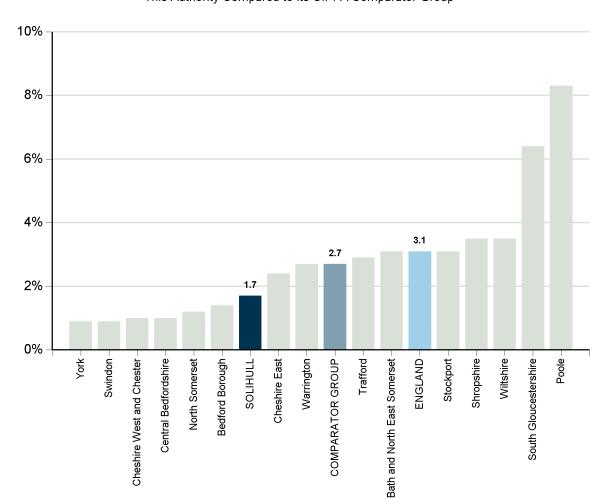


Reablement seeks to support people and maximise their level of independence, in order to minimise their need for ongoing support and dependence on public services. Remaining living at home 91 days following discharge is the key outcome for many people using reablement services.

Where council measures are not shown, data are either unavailable or have been suppressed by HSCIC.

Sources

2B part 2 - Older people (65 and over) who were offered reablement services following discharge from hospital, expressed as a percentage, 2014-15



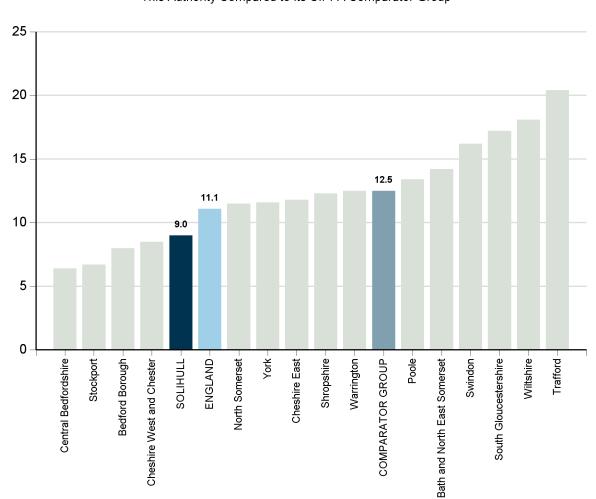
Reablement seeks to support people and maximise their level of independence, in order to minimise their need for ongoing support and dependence on public services. Remaining living at home 91 days following discharge is the key outcome for many people using reablement services.

Where council measures are not shown, data are either unavailable or have been suppressed by HSCIC.

Sources

Numerator: SALT Denominator: HES

2C part 1 - Delayed transfers of care from hospital, per 100,000 population, 2014-15



This Authority Compared to its CIPFA Comparator Group

This indicates the ability of the whole system to ensure appropriate transfer from hospital for all adults. Minimising delayed transfers of care and enabling people to live independently at home is one of the desired outcomes of social care.

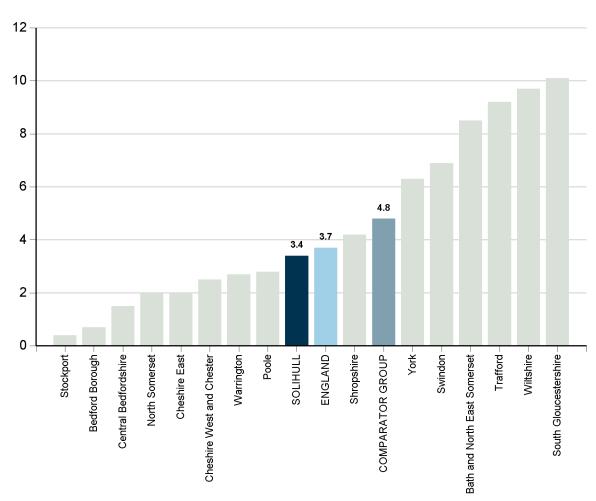
Where council measures are not shown, data are either unavailable or have been suppressed by HSCIC.

Sources

Numerator: DToC

Denominator: ONS 2014 mid-year population estimates (18 and over)

2C part 2 - Delayed transfers of care from hospital which are attributable to adult social care, per 100,000 population, 2014-15



This indicates the ability of the whole system to ensure appropriate transfer from hospital for all adults. Minimising delayed transfers of care and enabling people to live independently at home is one of the desired outcomes of social care.

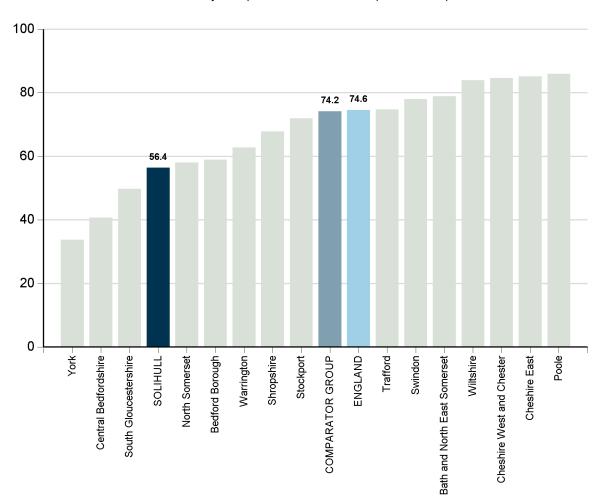
Where council measures are not shown, data are either unavailable or have been suppressed by HSCIC.

Sources

Numerator: DToC

Denominator: ONS 2014 mid-year population estimates (18 and over)

2D - proportion of new clients who received a short-term service during the year where the sequel to service was either no ongoing support or support of a lower level, 2014-15



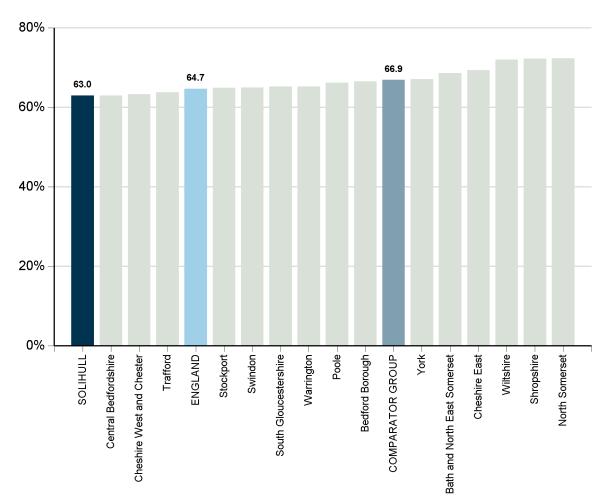
This Authority Compared to its CIPFA Comparator Group

The aim of short-term services is to reable people and promote their independence. This measure provides evidence of a good outcome in delaying dependency or supporting recovery - short-term support that results in no further need for services.

Where council measures are not shown, data are either unavailable or have been suppressed by HSCIC.

Sources

3A - Percentage of adults using services who are satisfied with the care and support they receive, 2014-15



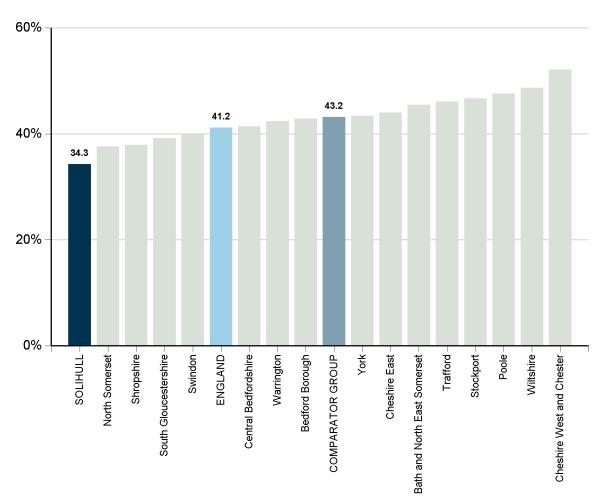
This Authority Compared to its CIPFA Comparator Group

The satisfaction with services of people using adult social care 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 the overall experience of services.

Where council measures are not shown, data are either unavailable or have been suppressed by HSCIC.

Sources

3B - Overall satisfaction of carers with social services, expressed as a percentage, 2014-15

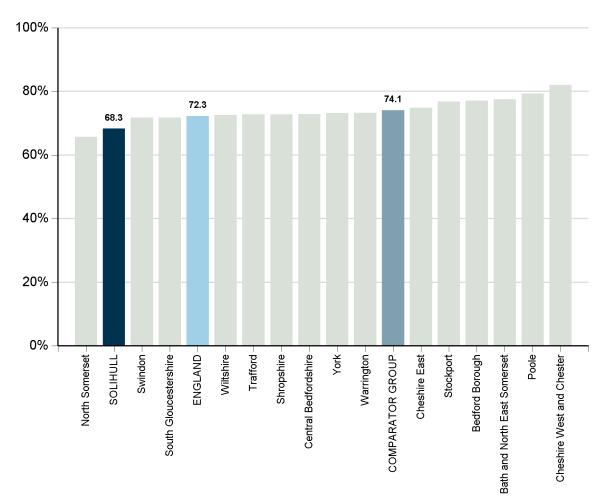


This Authority Compared to its CIPFA Comparator Group

The satisfaction with services of carers of people using adult social care 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.

Sources

3C - The proportion of carers who report that they have been included or consulted in discussion about the person they care for, 2014-15

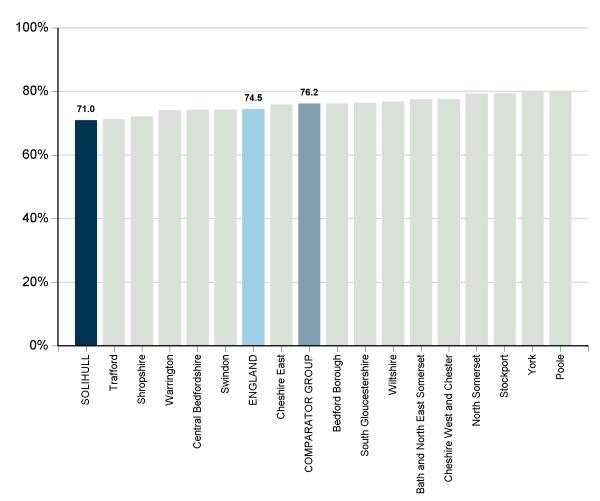


This Authority Compared to its CIPFA Comparator Group

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.

Sources

3D part 1 - The proportion of people who use services who find it easy to find information about services, 2014-15

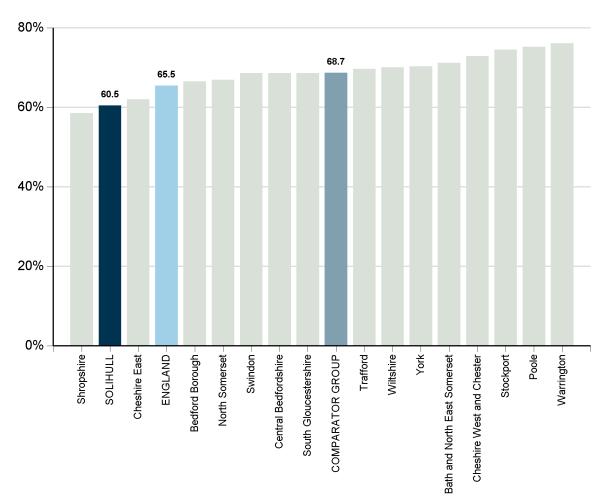


This measure refelcts social services users' experience of access to information and advice about social care. Information is a core universal service, and a key factor in early intervention and reducing dependency. Improved and/or more information benefits service users by helping them to have greater choice and control over their lives.

Where council measures are not shown, data are either unavailable or have been suppressed by HSCIC.

Sources

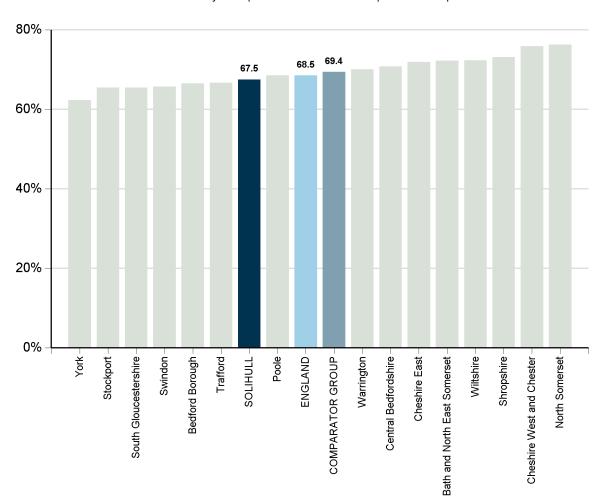
3D part 2 - The proportion of carers who find it easy to find information about services, 2014-15



This measure reflects carers' experience of access to information and advice about social care. Improved and/or more information benefits carers 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.

Sources

4A - The proportion of people who use services who feel safe, 2014-15



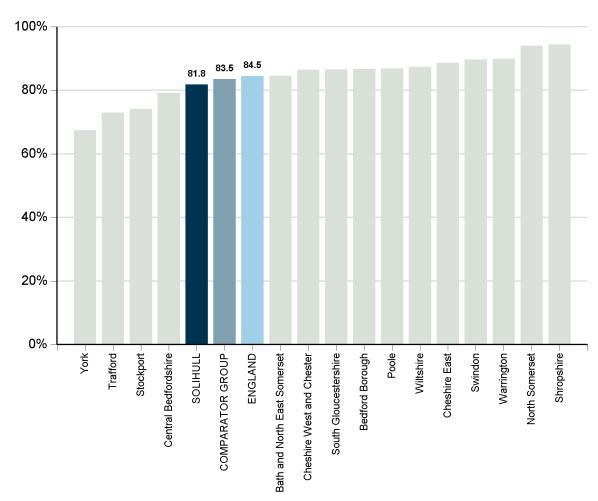
This Authority Compared to its CIPFA Comparator Group

Safety is fundamental to 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 standards for registered services.

Where council measures are not shown, data are either unavailable or have been suppressed by HSCIC.

Sources

4B - The proportion of people who use services who say that those services have made them feel safe and secure, 2014-15



This Authority Compared to its CIPFA Comparator Group

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.

Where council measures are not shown, data are either unavailable or have been suppressed by HSCIC.

Sources

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