

ASCOF RESULTS 2015/16

“Measures from the Adult Social Care Outcomes Framework, England - 2015 to 2016” were published on 5th October 2016 and are available here:
<https://www.gov.uk/government/statistics/measures-from-the-adult-social-care-outcomes-framework-england-2015-to-2016>

This report summarises Slough’s performance against the other 151 English Councils with Social Services Responsibilities (‘CSSRs’) for the 22 ASCOF indicators with published results this year.

Slough has improved performance (in direct value terms) on 15 indicators of the 22 with results this year, achieved Upper quartile performance on four, second quartile performance on seven, third quartile performance on four and lowest quartile for seven.

Indicator	Source	Slough 14-15	Slough 15-16	England 15-16	South East 15-16	Unitary Councils 15-16	SN average 15-16*	Good is generally ...	DoT
1A	ASCS	18.2	18.4	19.1	19.3	19.3	19.1	High	↗
1B	ASCS	70.3	71.2	76.6	79.3	79.0	76.1	High	↗
1C(1A)	SALT	89.9	87.6	86.9	85.9	89.5	85.8	High	↘
1C(1B)	SALT	1.3	94.4	77.7	96.9	77.1	83.7	High	↗
1C(2A)	SALT	16.8	21.8	28.1	30.9	27.6	26.0	High	↗
1C(2B)	SALT	1.3	25.4	67.4	89.2	59.9	65.2	High	↗
1D	CS	7.9		**Not collected this year**				High	
1E	SALT	6.4	5.6	5.8	6.2	7.0	7.3	High	↘
1F	MHMDS	6.7	7.3	6.7	6.7	8.2	6.8	High	↗
1G	SALT	65.9	81.6	75.4	70.2	76.4	81.0	High	↗
1H	MHMDS	86.9	88.2	58.6	48.2	60.3	57.7	High	↗
1I(1)	ASCS	39.5	39.1	45.4	46.8	47.0	45.0	High	↘
1I(2)	CS	39.0		**Not collected this year**				High	
2A(1)	SALT	16.5	14.2	13.3	13.8	15.9	15.6	Low	↗
2A(2)	SALT	558	538.9	628.2	576.6	665.6	714.8	Low	↗
2B(1)	SALT	100	87.6	82.7	81.1	83.9	81.0	High	↘
2B(2)	SALT / HES	2.9	5	2.9	2.6	2.9	2.8	High	↗
2C(1)	DToC	5.9	8.4	12.1	14	12.1	11.4	Low	↘
2C(2)	DToC	0.1	1.0	4.7	5.5	4.3	4.1	Low	↘
2D	SALT	72.6	96	75.8	77.2	78.5	79.1	High	↗
3A	ASCS	55.2	59.3	64.4	65.7	66.3	64.1	High	↗
3B	CS	43.9		**Not collected this year**				High	
3C	CS	67.6		**Not collected this year**				High	
3D(1)	ASCS	72.5	74.3	73.5	74.5	75.6	74.3	High	↗
3D(2)	CS	58.8		**Not collected this year**				High	
4A	ASCS	64.7	65.2	69.2	70.1	69.6	66.2	High	↗
4B	ASCS	81.3	80.9	85.4	86.1	87.4	84.7	High	↘

Data Sources:

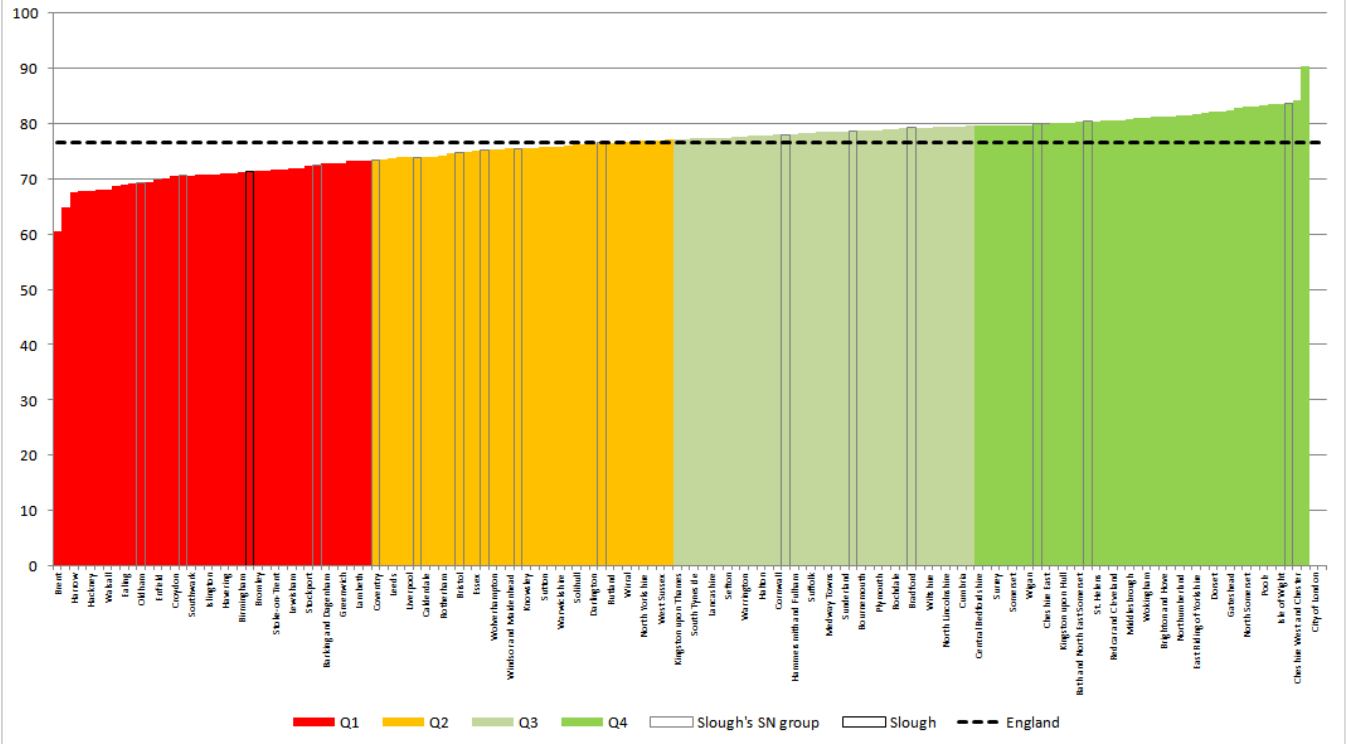
ASCS	Adult Social Care User Survey
CS	Carer Survey
SALT	Short and Long Term Support return
DToC	Delayed Transfers of Care monthly Sit-Rep reports
MHMDS	Mental Health Minimum Data Set
HES	Hospital Episode Statistics

DoT = Direction of Travel ↗ indicates improvement, ↘ indicates deterioration in performance value

■ Upper quartile ■ Second quartile ■ Third quartile ■ Lower quartile

*SN average is the mean average of the outcome results for those councils in our particular Statistical Neighbours Group: (Bedford, Reading, Bradford, Milton Keynes, Bristol, Southampton, Swindon, Coventry, Bracknell Forest, Peterborough, Bolton, Thurrock, Luton, Leicester, and Oldham).

ASCOF RESULTS 2015/16: 1B - The proportion of people who use services who have control over their daily life

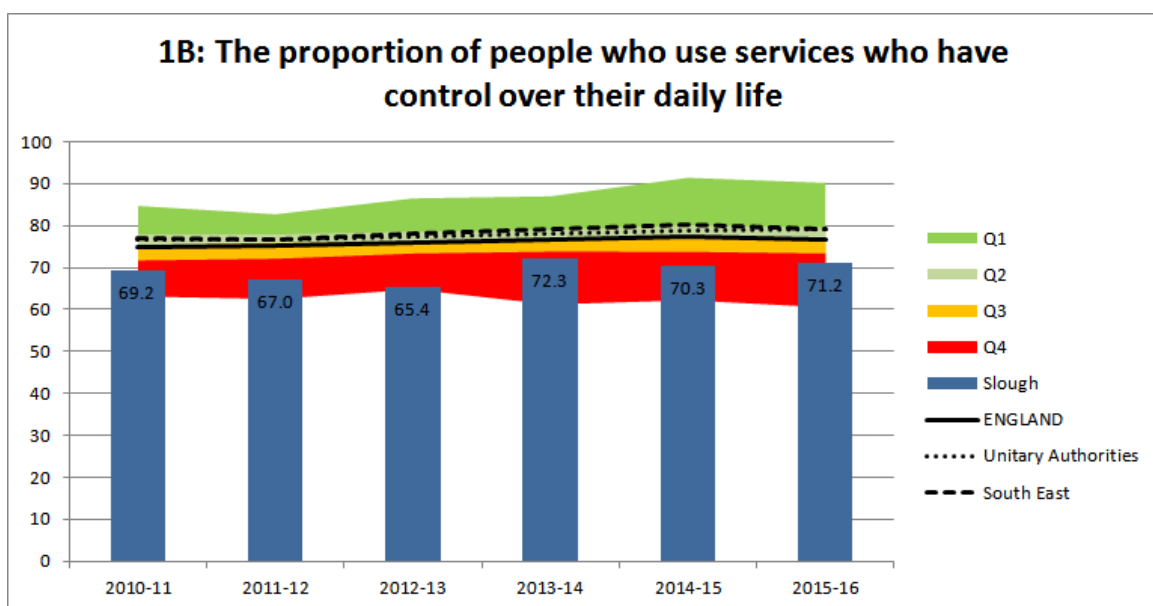


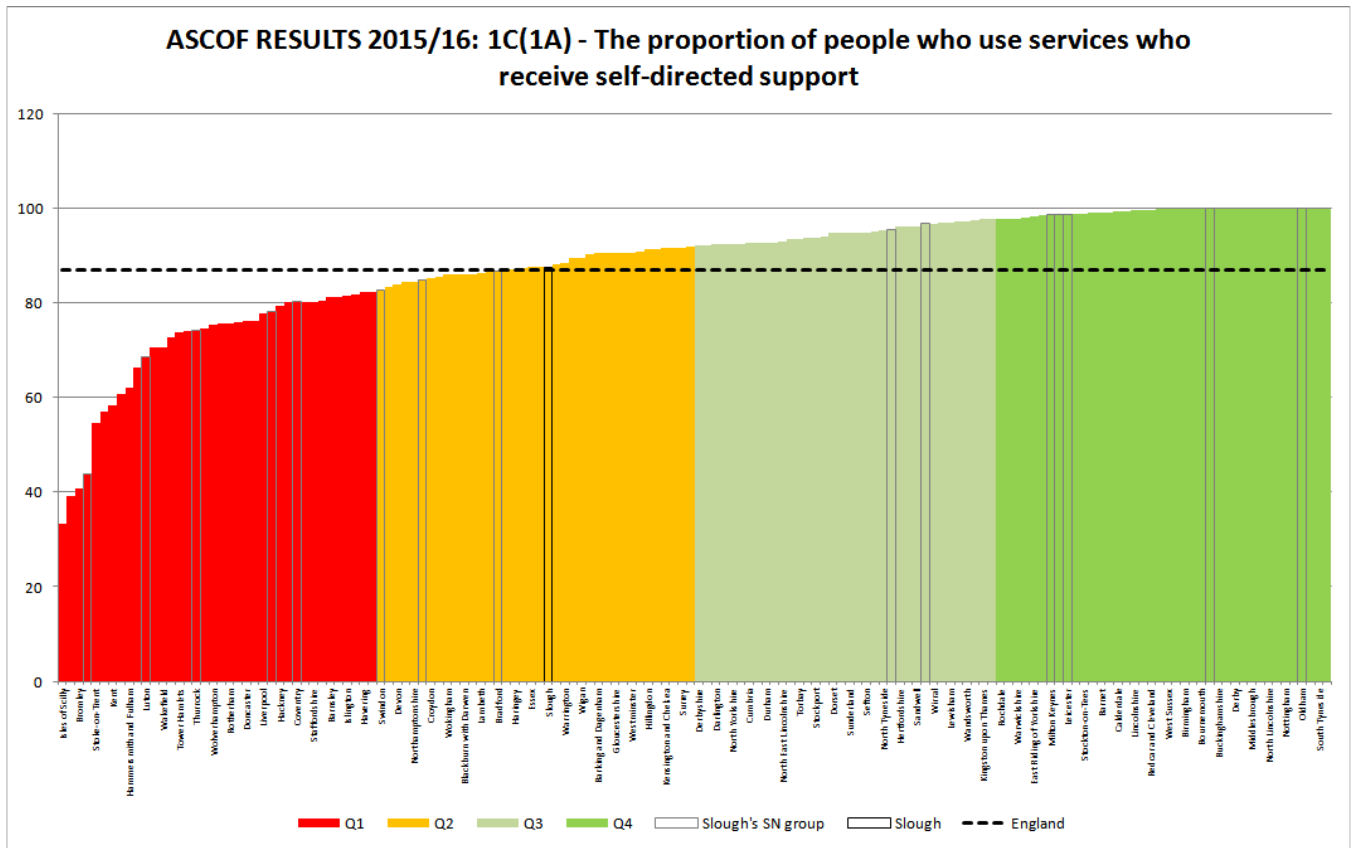
1B: The proportion of people who use services who say that they have control over their daily life.

A key aim in delivering care and support that is more personalised, and better controlled by the service users, is that the support provided more closely matches the needs and wishes of the individual.

Slough's value of 71.2 places us within the lowest quartile, but above two of our fifteen direct statistical neighbours. Value represents a minimal improvement over the previous year.

The time-series beneath shows we have consistently performed in lowest quartile, and although we have improved slightly, so have others.



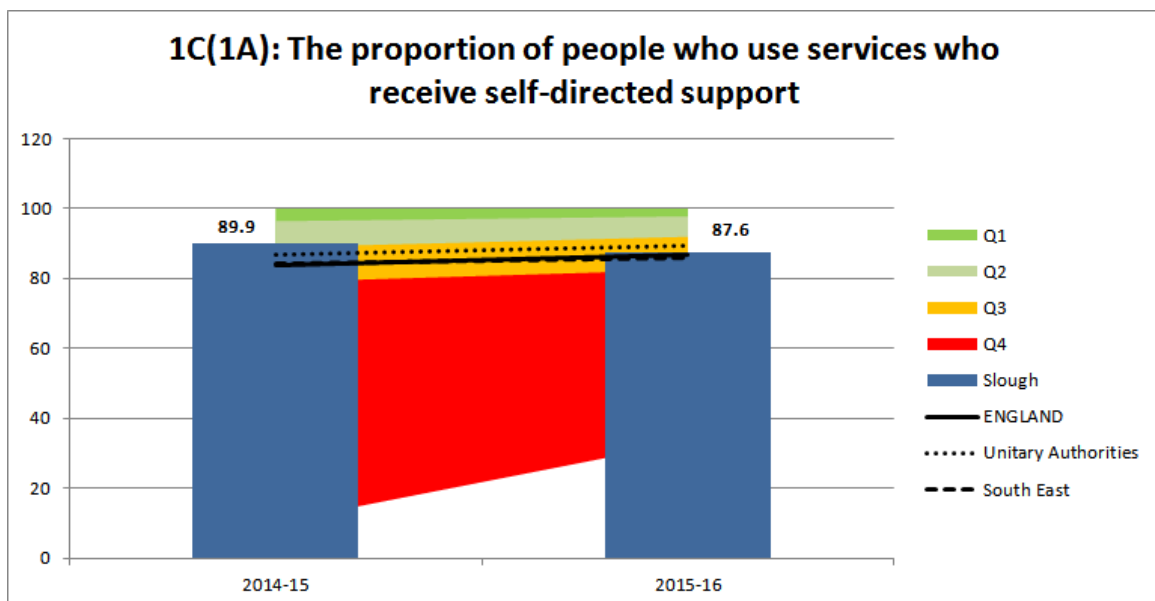


1C(1A): The proportion of users receiving long-term community support in the year who received self-directed support.

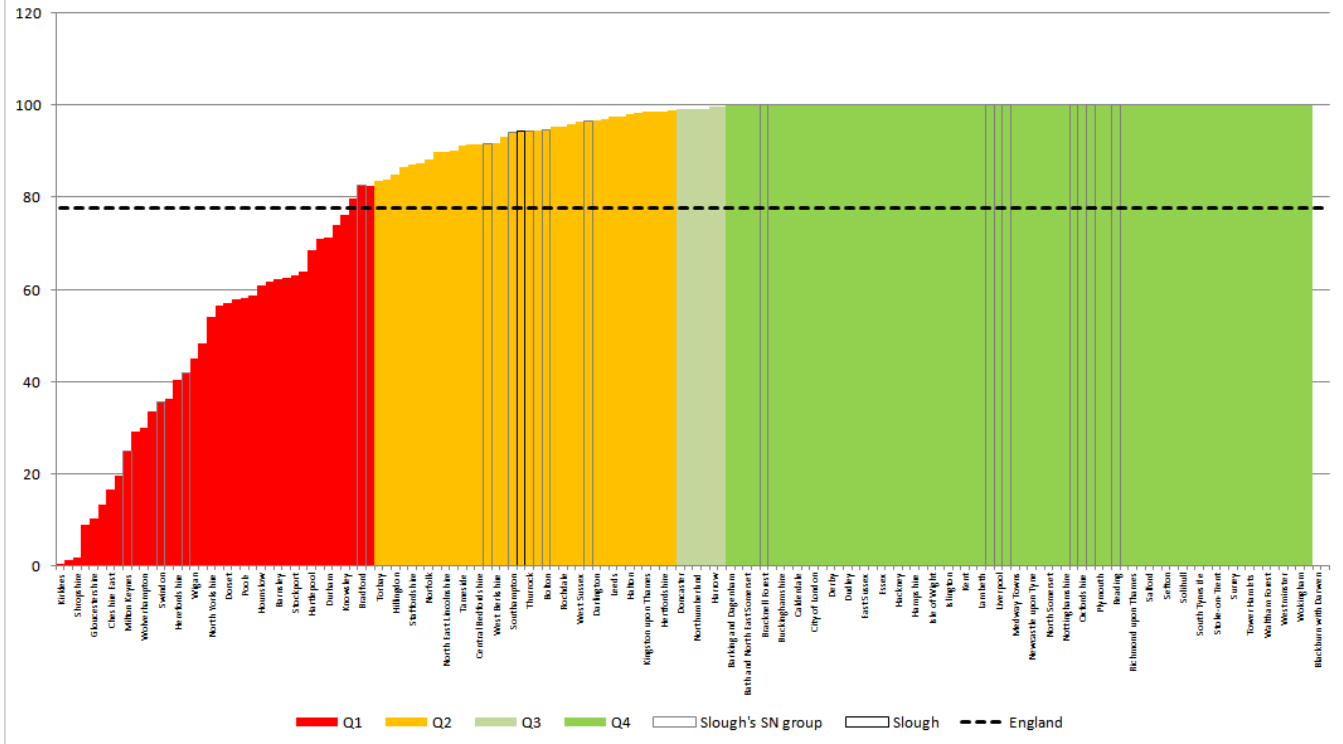
This measure reflects the progress made in delivering personalised services through self-directed support.

Slough's value of 87.6% places us in the third quartile of performance, in the middle of the range seen amongst our direct statistical neighbours, and just above the all-England position. The value achieved is slightly down on that achieved in the previous year (89.9%).

This indicator has only been collected in its present form since the introduction of the SALT return, and so we only have time series data for two years. The time-series beneath shows we have fallen slightly whilst other council averages have slightly increased.



ASCOF RESULTS 2015/16: 1C(1B) - The proportion of carers who receive self-directed support

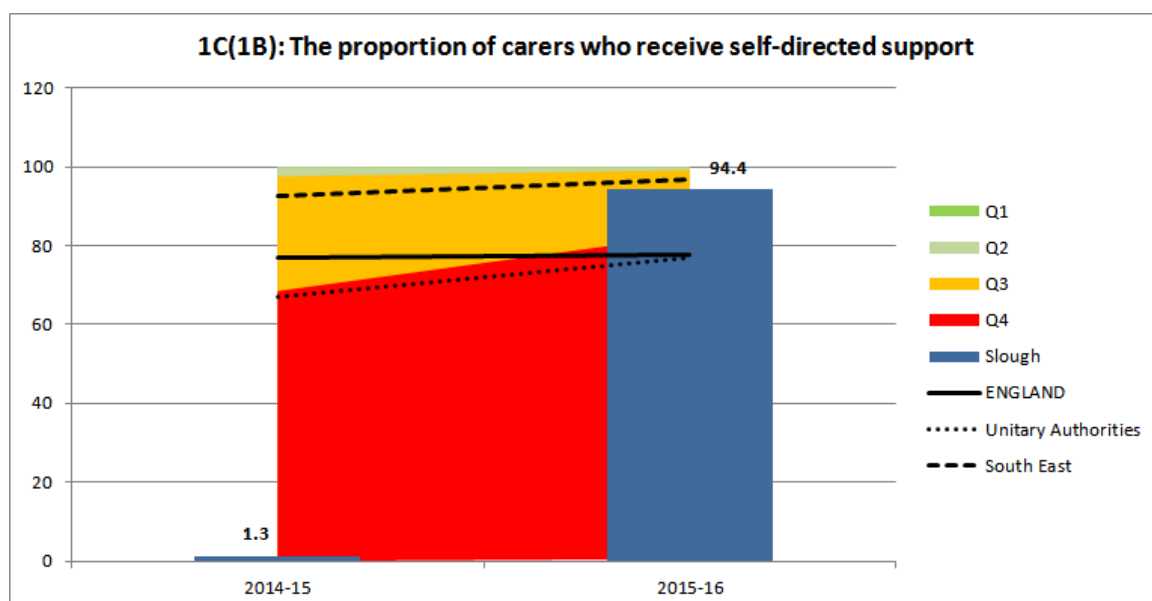


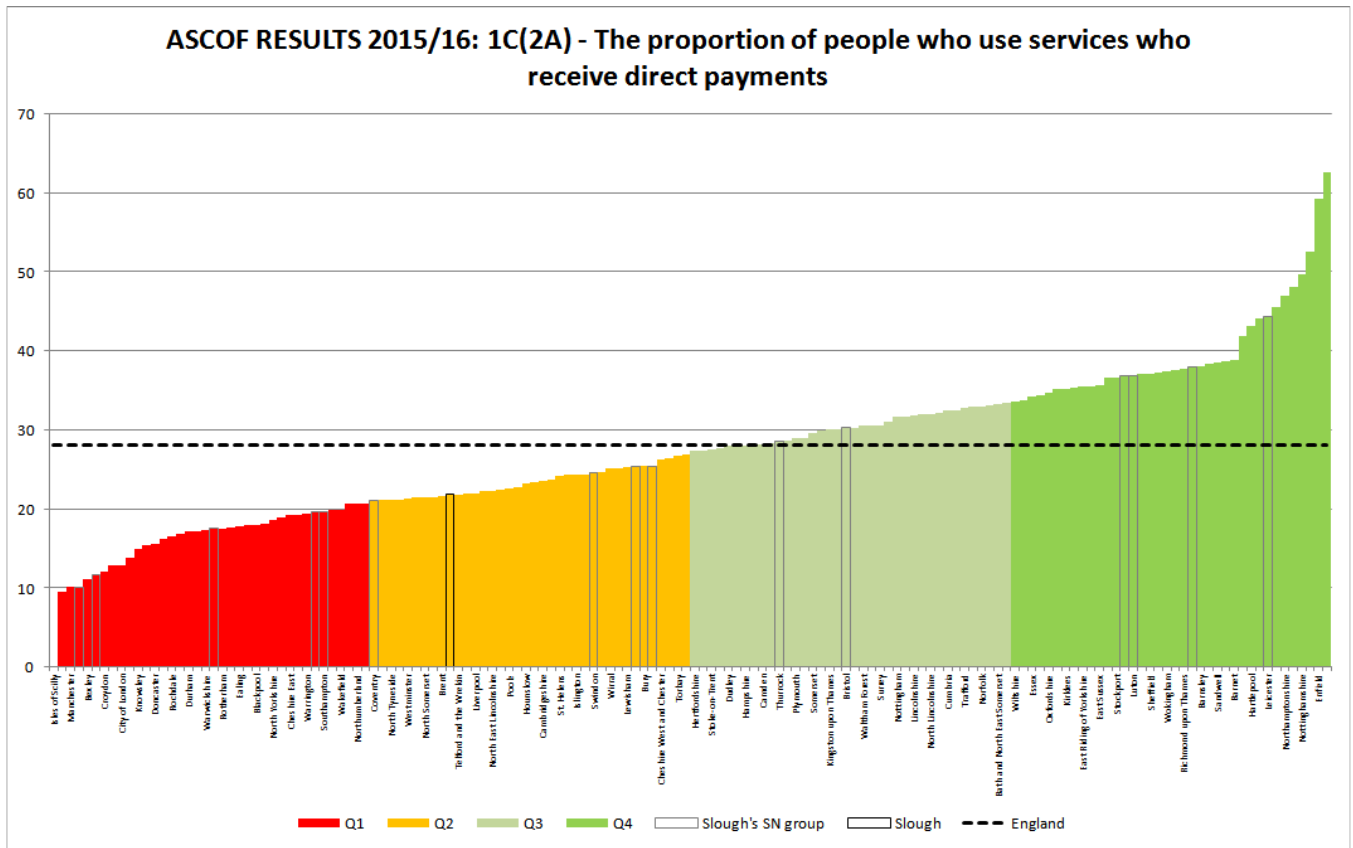
1C(1B): The proportion of carers receiving carer-specific support services in the year who received self-directed support.

This measure is intended to reflect progress made in delivering personalised services through self-directed support, as measured through either the manner in which support packages have been arrived at (through a self-directed assessment of needs) and / or through the provision of care packages through Direct Payments.

Slough's value of 94.4% represents third quartile performance, but is a considerable improvement on the previous year. Note the wide variation in council reported values – 70 councils report maximum success of 100%, whilst four report values less than 10%.

This measure represents different policy decisions by local areas as much as anything else. Many (ourselves included) have progressed rapidly by ensuring changes to assessment and review forms.





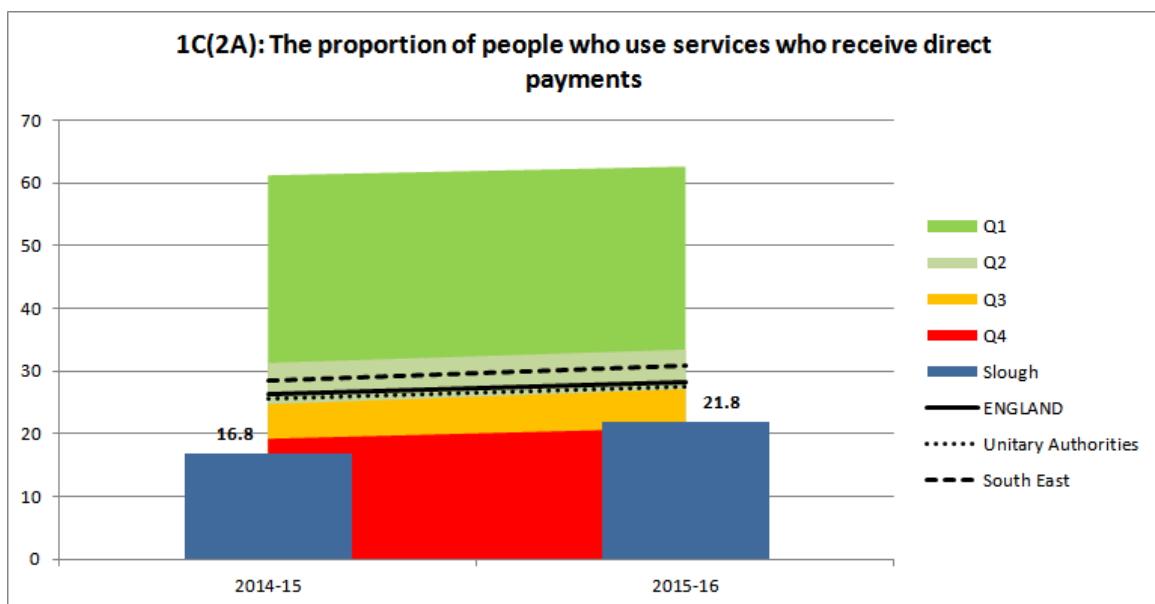
1C(2A): The proportion of users receiving long-term support during the year who received direct-payments as either their only support or as part of their support.

This measure is intended to reflect progress in delivering personalised services that are directly under the service user’s control, since the social care support is made wholly or partially in the form of direct financial payments, with the service user then purchasing their own care and support.

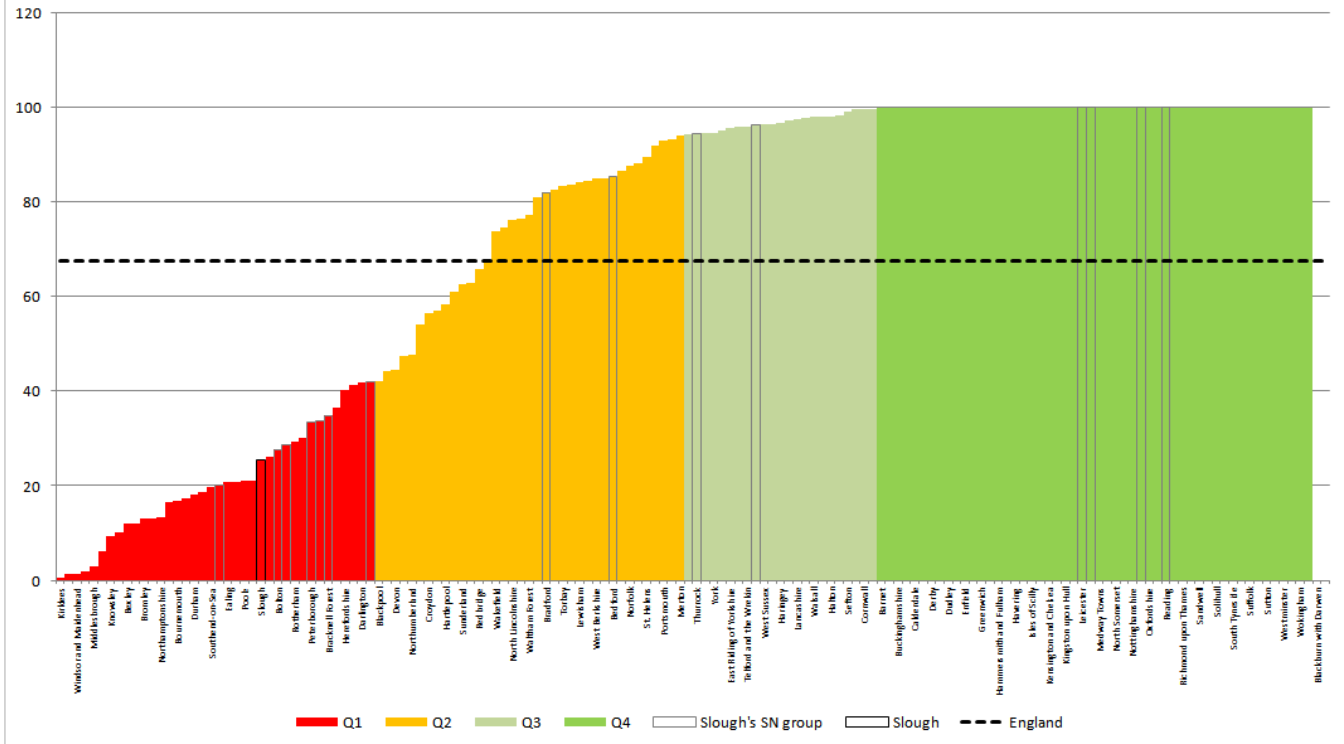
Slough’s value of 21.8% places us in the lower part of the third quartile. This represents an improvement on the previous year, as we have delivered more Direct Payments.

Note the large variation between council values – from a minimum of 0% (Isles of Scilly) to a maximum of 62.6% (Barking and Dagenham).

Slough started from a low baseline but improved quartile standing this year.



ASCOF RESULTS 2015/16: 1C(2B) - The proportion of carers who receive direct payments

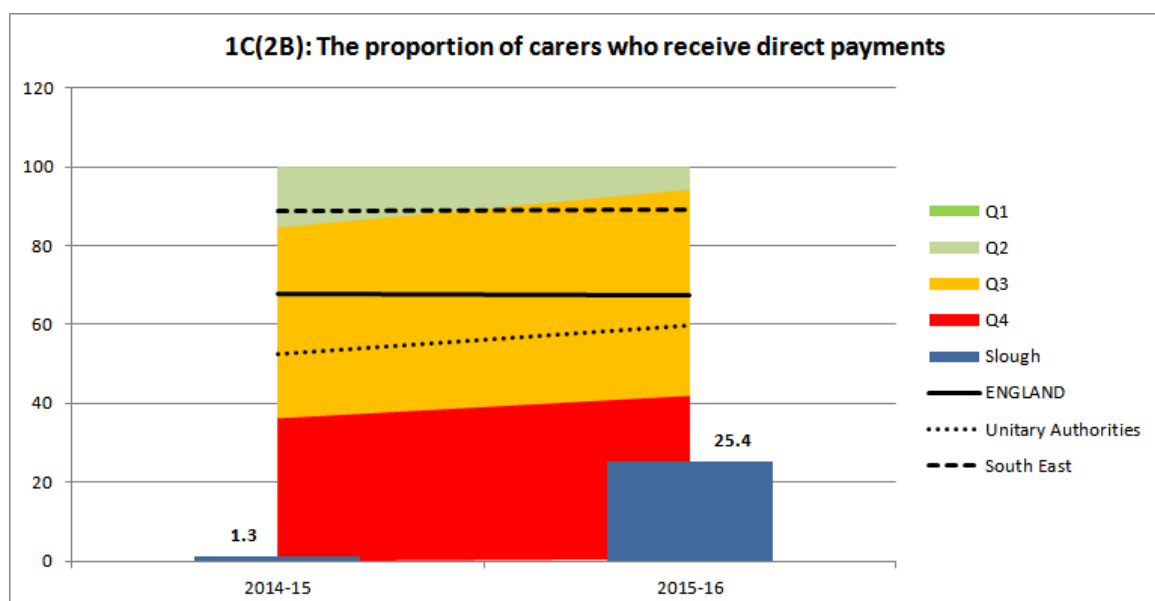


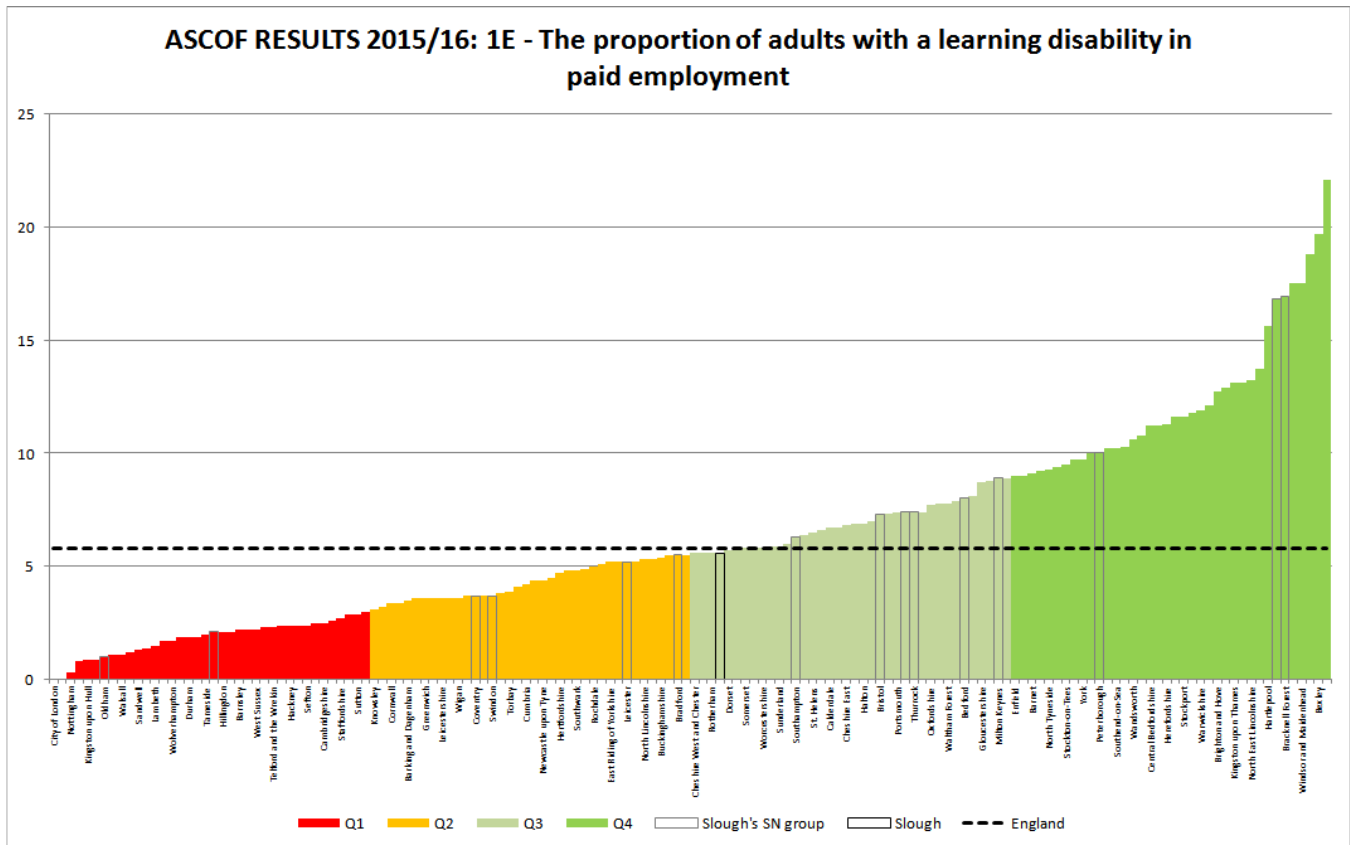
1C(2B): The proportion of carers receiving care specific services during the year who received direct-payments as either their only support or as part of their support.

This measure is intended to reflect progress in delivering personalised services that are directly under the carer’s control, since the social care support is made wholly or partially in the form of direct financial payments, with the carer then purchasing their own care and support.

Slough’s value of 25.4% places us in the lowest quartile. This represents a significant improvement on the previous year, as we have delivered Direct Payments to far more Carers; however, we remain one of the lowest providers of Direct Payments to Carers.

Note the large variation between council values – from a minimum of 0.5% (Kirklees) to a maximum of 100% (claimed by 52 councils). Nineteen separate councils report providing Direct Payments to fewer than 20% of the Carers they support.



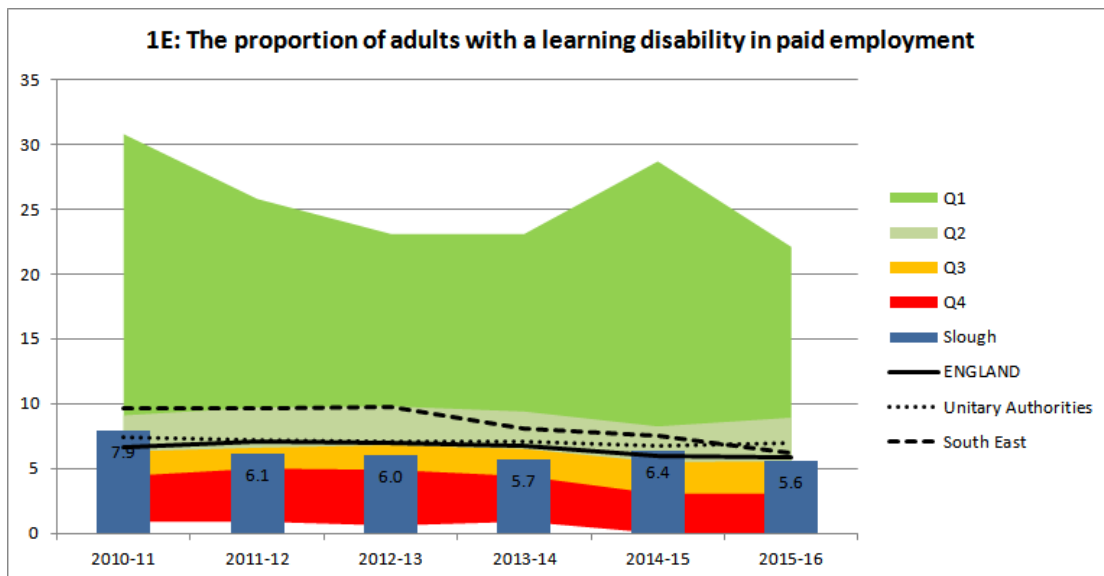


1E: The proportion of adults with a learning disability of working age who are in paid employment.

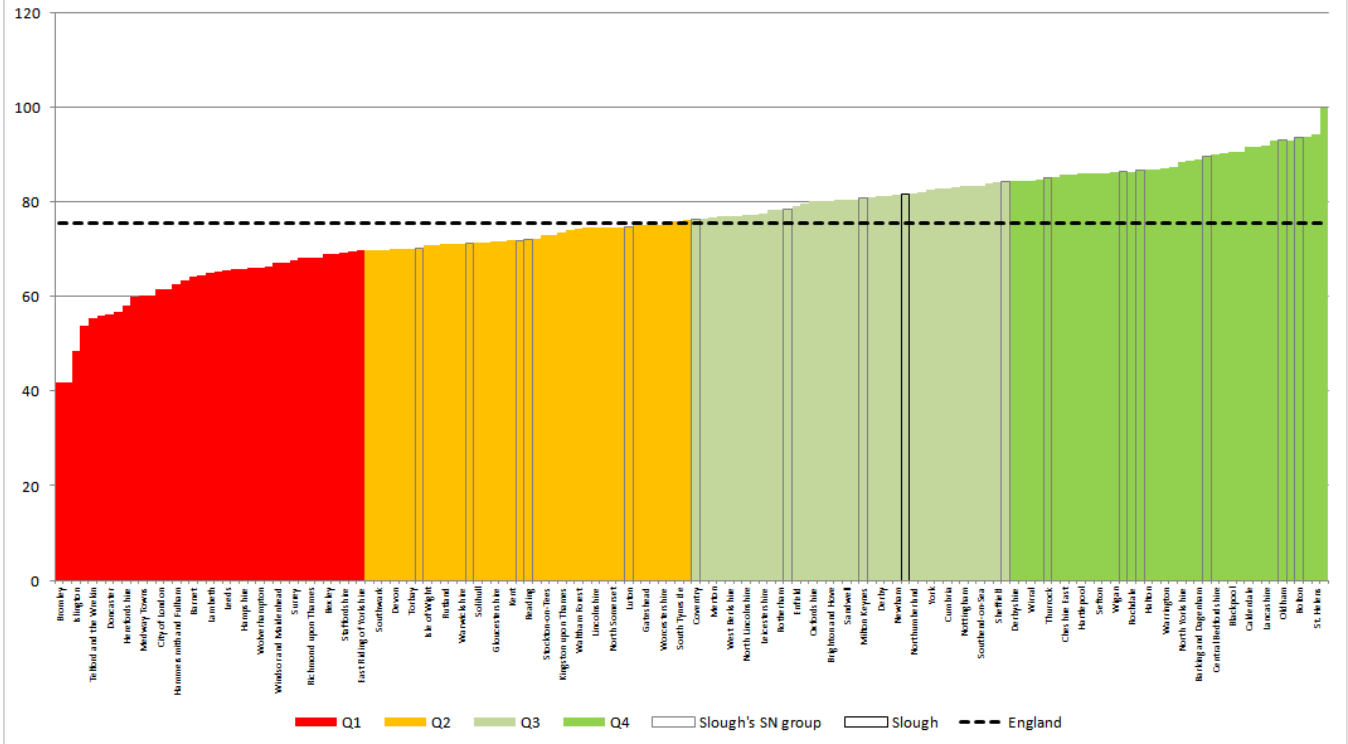
This measure is intended to assist in improving the employment outcomes for adults with a learning disability, thereby reducing the risk of social isolation and also the cost of benefit payments.

Slough's value of 5.6% places us within the lower part of the second quartile, just beneath the all-England position of 5.8%. This represents a very small drop in performance compared to the previous year. Historically, we are placed low in the distribution.

Note the very wide variation in values reported by different areas – from a minimum of 0% (City of London and the Isles of Scilly) to a maximum of 22.1% (Hounslow). Individual council policies, application of thresholds for support, and local employment conditions will all play a part in determining the ability and probability of social care long-term service users to secure paid employment. Note that neither voluntary employment, nor attendance at learning establishments count as a positive under this measure.



ASCOF RESULTS 2015/16: 1G - The proportion of adults with a learning disability who live in their own home or with their family

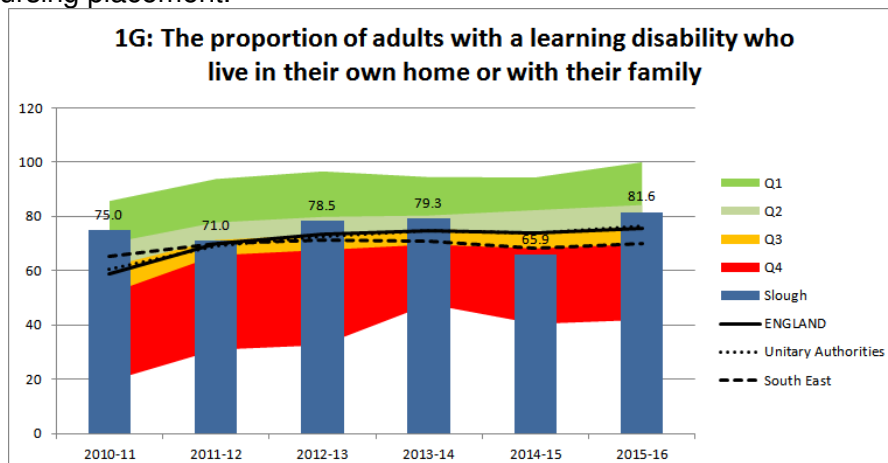


1G: The proportion of adults with a learning disability who live in their own home or with family.

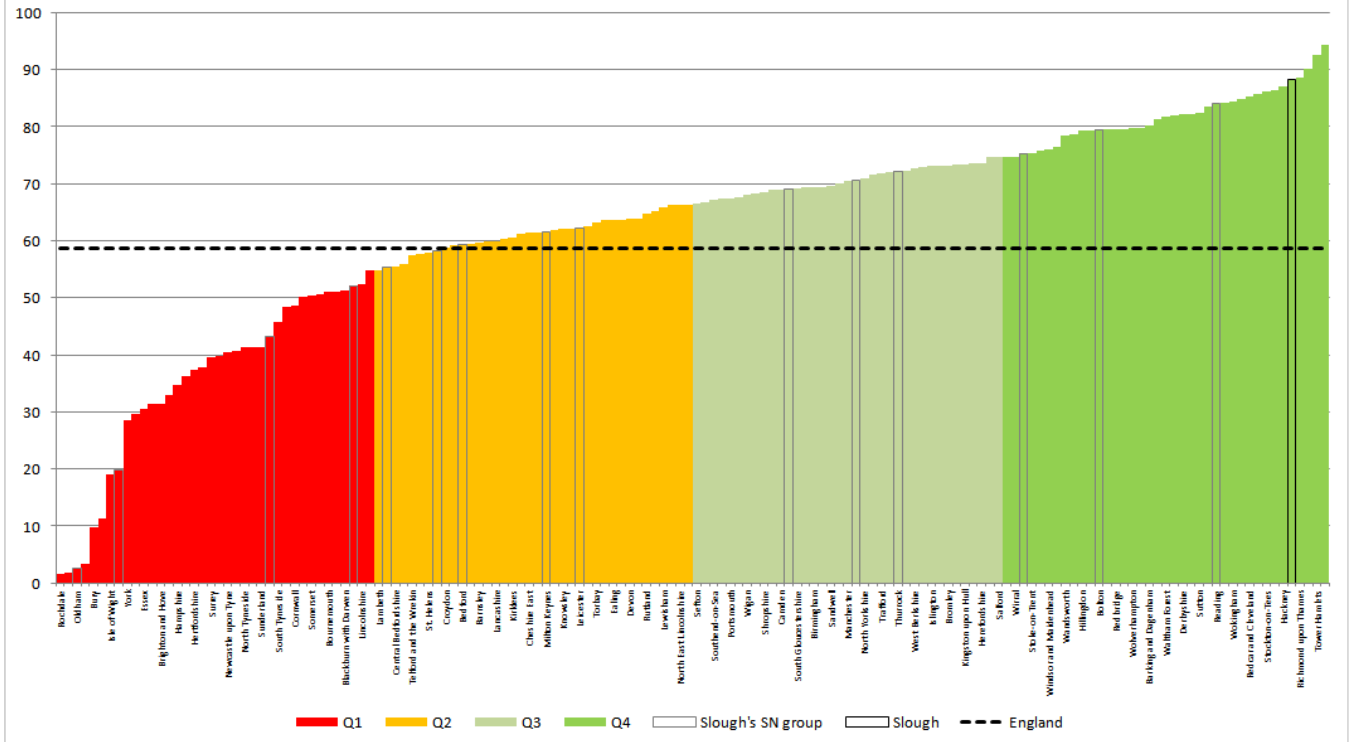
This measure is intended to improve outcomes for adults with a learning disability by demonstrating the proportion in 'stable and appropriate' accommodation. The nature of accommodation for these people has a strong impact on both their safety and overall quality of life, and the risk of social exclusion.

Slough's value of 81.6% places us within the second quartile, and this is an improvement from the previous year (65.9%). The all-England position is for 75.4% of LD service users to be living in their own, or their family, home. Note that much of the local improvement in the past year has resulted from the re-designation of residential homes to supported living placements.

There is significant variation in outcome value amongst different areas: a minimum of 41.9% (Bromley, and South Gloucestershire) rising to a maximum of 94.4% in St Helens or 100% in the Isles of Scilly (this latter likely to result from very small numbers of people, perhaps only one). It is a moot point whether these differences arise more from effective local policies or coding categories. Areas with relatively low eligibility thresholds for access to services will likely find that they support more users living with their families or even in their own tenancies. As eligibility thresholds tighten, a greater proportion of those being supported are likely to have more severe needs and therefore be more likely to require some form of residential or nursing placement.



ASCOF RESULTS 2015/16: 1H - The proportion of adults in contact with secondary mental health services living independently, with or without support

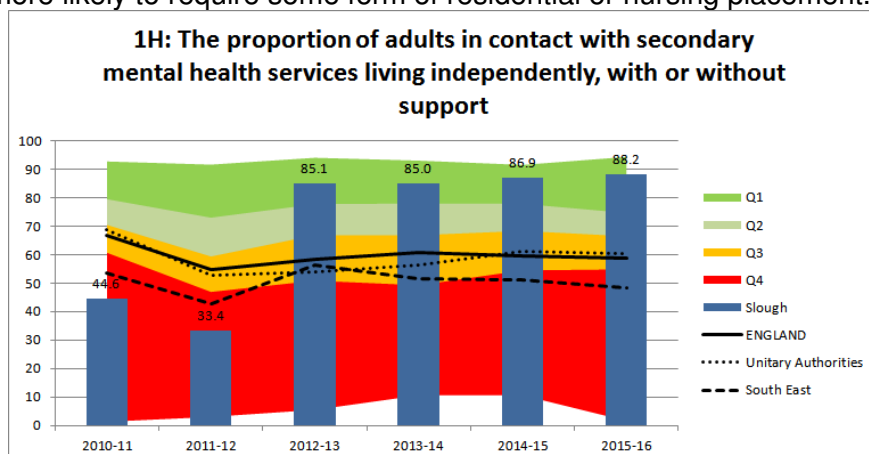


1H: The proportion of adults in contact with secondary mental health services who live independently, with or without support.

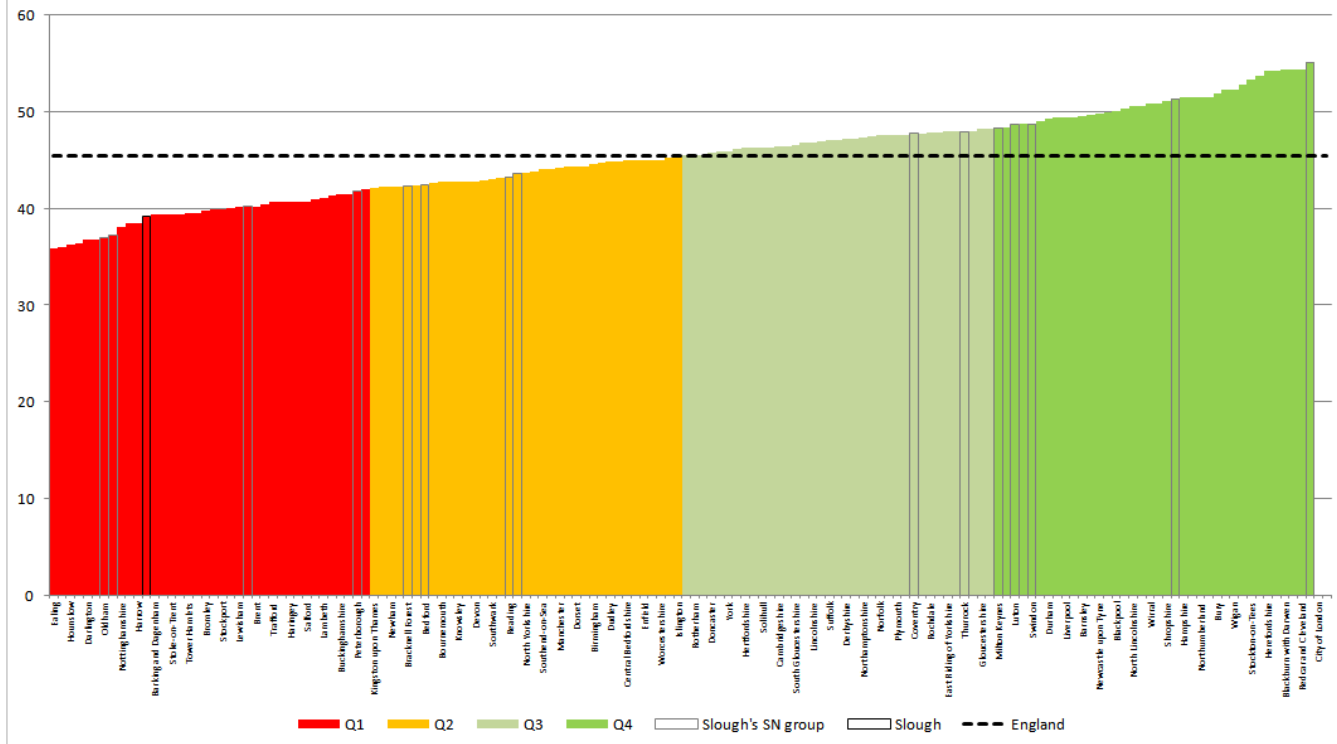
Similar to indicator 1G above, this measure is intended to improve outcomes for adults with mental health problems by demonstrating the proportion in ‘stable and appropriate’ accommodation. The nature of accommodation for these people has a strong impact on both their safety and overall quality of life, and the risk of social exclusion.

Slough’s value of 88.2% is the fifth highest across England, placing us within the Upper quartile, and this is a small improvement from the previous year (86.9%). The all-England position is for 58.6% of MH service users to be living in their own, or their family, home.

There is significant variation in outcome value amongst different areas: a minimum of 1.6% (Rochdale) rising to a maximum of 94.4% in the City of London (this latter likely to result from very small numbers of people, perhaps only one). It is a moot point whether these differences arise more from effective local policies or coding categories. Areas with relatively low eligibility thresholds for access to services will likely find that they support more users living with their families or in their own tenancies. As eligibility thresholds tighten, a greater proportion of those being supported are likely to have more severe needs and therefore be more likely to require some form of residential or nursing placement.



ASCOF RESULTS 2015/16: 1I(1) - The proportion of people who use services who reported that they had as much social contact as they would like

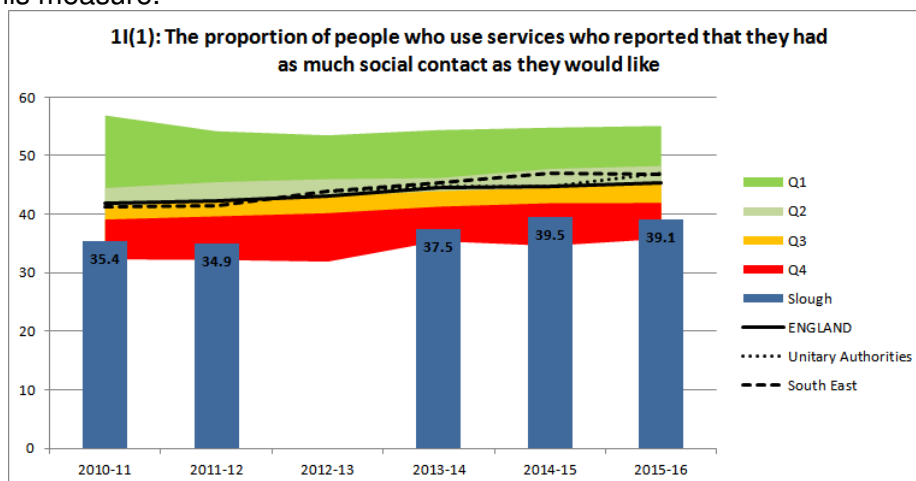


1I(1): The proportion of people who use services who reported that they had as much social contact as they would like.

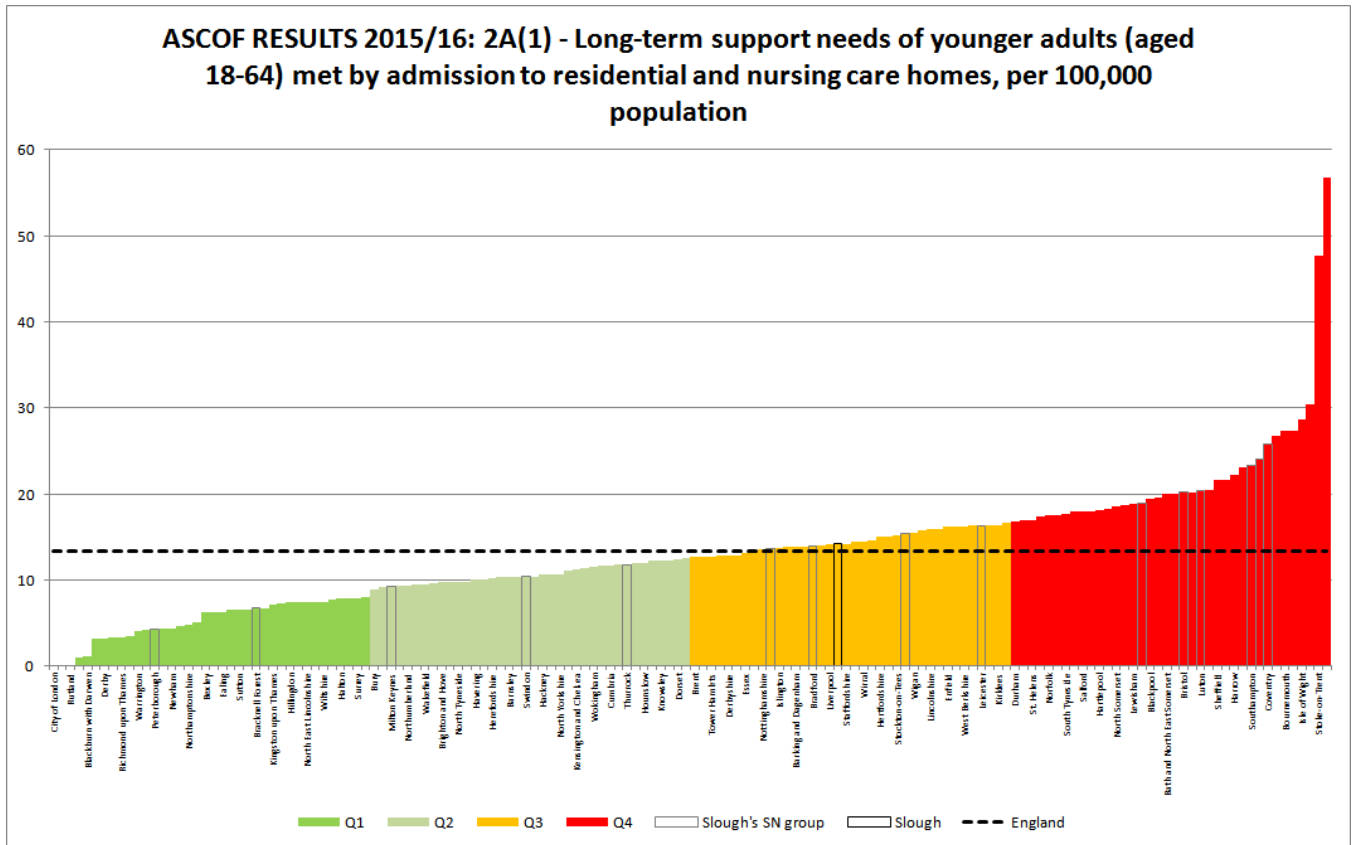
This measure derives from a survey of social care users. There is a clear link between loneliness and poor mental and physical health. This measure draws on self-reported levels of social contact as an indicator for social isolation.

Slough's value of 39.1% keeps us in the lowest quartile, with only eleven councils reporting a lower proportion. At the other end of the distribution, Southampton reports 55.1% of users stating they have adequate levels of social contact. Across England as a whole, 45.4% of survey respondents were happy with the level of social contact they had.

This measure is self-reported, so will be impacted by different subjective views of “how much social contact is enough”. This however, is simultaneously both a weakness and a strength for the indicator. It crucially determines at a local level how many of the service users we support are able to maintain their own desired levels of social contact. Whilst we cannot assist in all cases (e.g. we cannot bring children back from overseas), it is essential that we pay adequate attention to each individual's desired outcomes when planning and arranging their support. Recipients of Direct Payments are far more likely to report satisfaction on this measure.



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



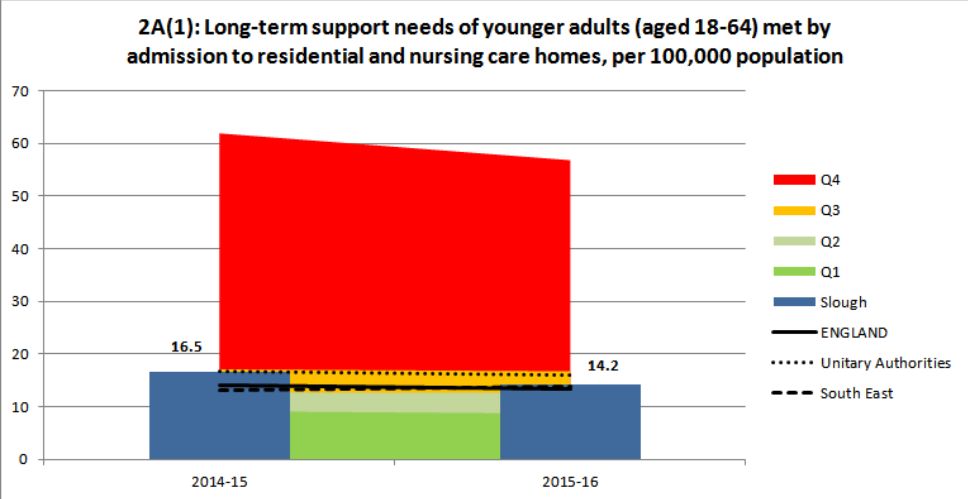
2A(1): Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, expressed as a rate per 100,000 local population of that age.

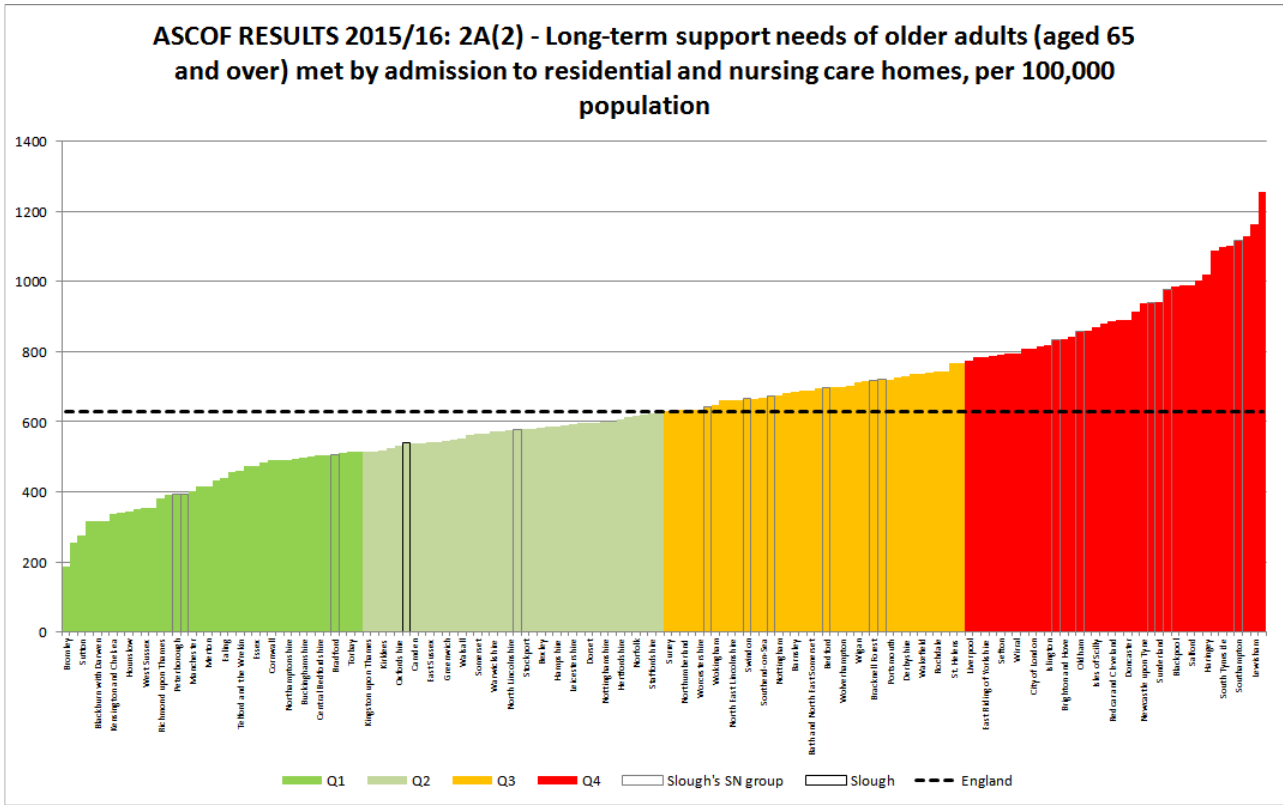
Otherwise known by the snappier title of “new permanent admissions to care homes”, this measure shines a spotlight on local progress in avoiding permanent placements in residential or nursing care homes. Multiple research reports have shown that, wherever possible, people prefer to stay in their own home rather than move into a care home. Areas with effective community-based support services are expected to see a lower level of supported care home admissions.

Slough’s outcome of 14.2 per 100,000 relates to 13 individuals who were admitted to care homes during 2015/16. This is a small deterioration from the previous year (which saw 7 individuals admitted), and places us within the third quartile, just above the all-England position of 13.3 per 100,000.

Note the huge variation between local areas – from a minimum of 0 in three (admittedly small) councils (City of London, Isles of Scilly, and Rutland) to a maximum of 56.8 in Central Bedfordshire.

Slough generally fares well at supporting people to stay at home, and improved further in the last year.





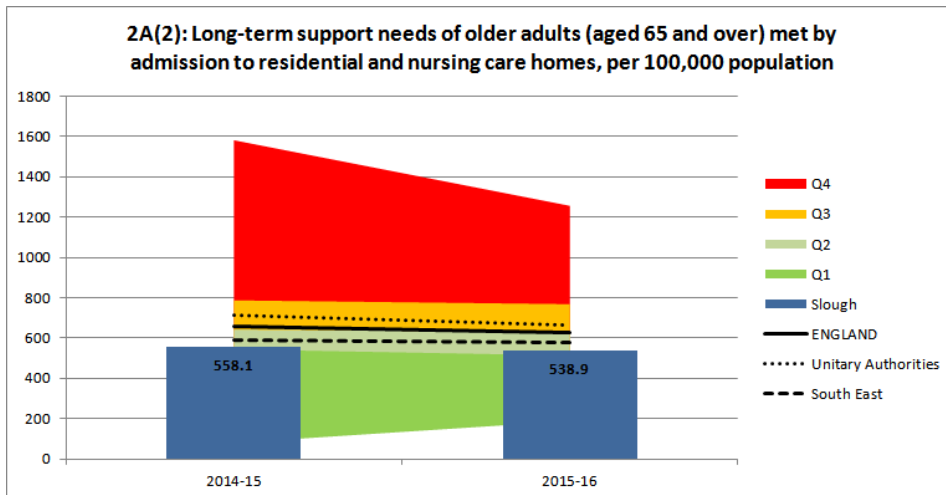
2A(2): Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, expressed as a rate per 100,000 local population of that age.

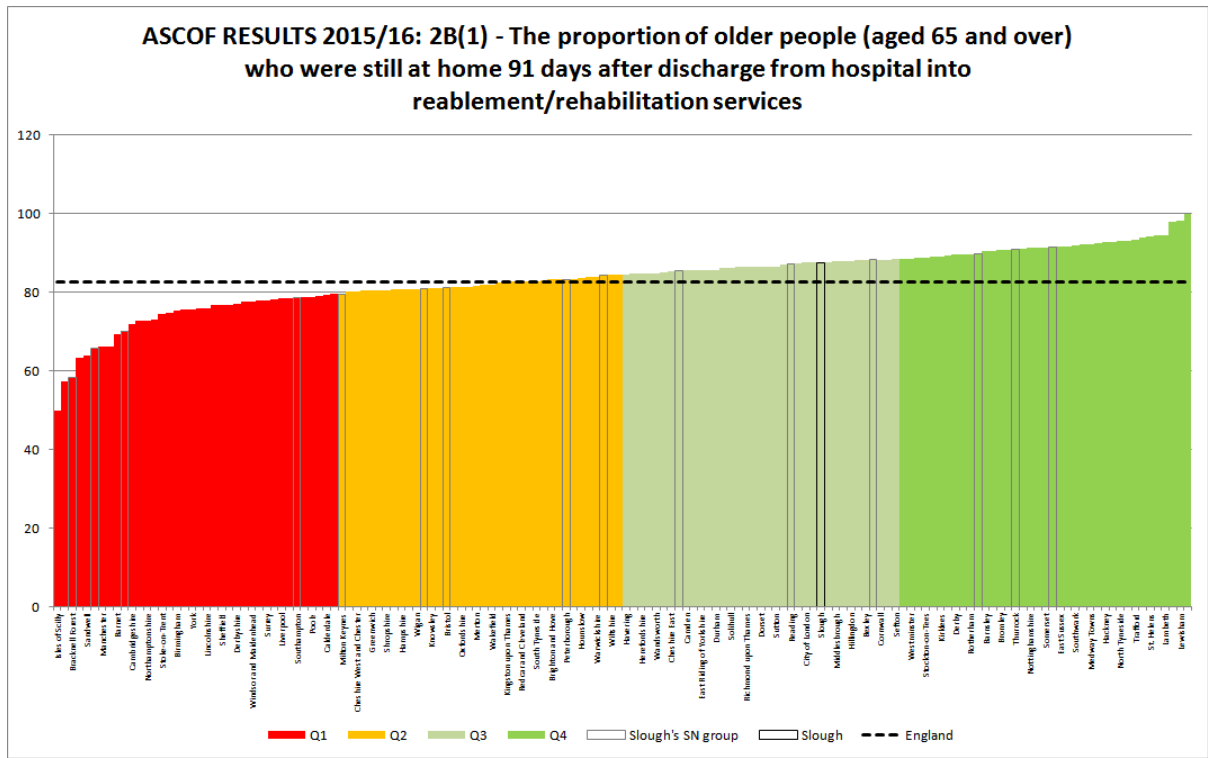
Similar to indicator 2A(1) above, but for a different age group.

Otherwise known by the snappier title of “new permanent admissions to care homes”, this measure shines a spotlight on local progress in avoiding permanent placements in residential or nursing care homes. Multiple research reports have shown that, wherever possible, people prefer to stay in their own home rather than move into a care home. Areas with effective community-based support services are expected to see a lower level of supported care home admissions.

Slough’s outcome of 539 per 100,000 relates to 75 individuals who were admitted to care homes during 2015/16. This is a small deterioration from the previous year (which saw 74 individuals admitted), and places us towards the better end of the second quartile, well below the all-England position of 628.2 per 100,000. Slough generally fares very well at supporting people to stay at home.

Note the huge variation between local areas – from a minimum of 188.4 (Bromley) to a maximum of 1,256.2 in Bournemouth. Local context will account for much of this variation, including the level of family and friends support available to older people, income levels and levels of ill-health. Local councils will need to shape their own service provision to best complement the circumstances of their own local residents.





2B(1): The proportion of older people (those aged 65 or older) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services.

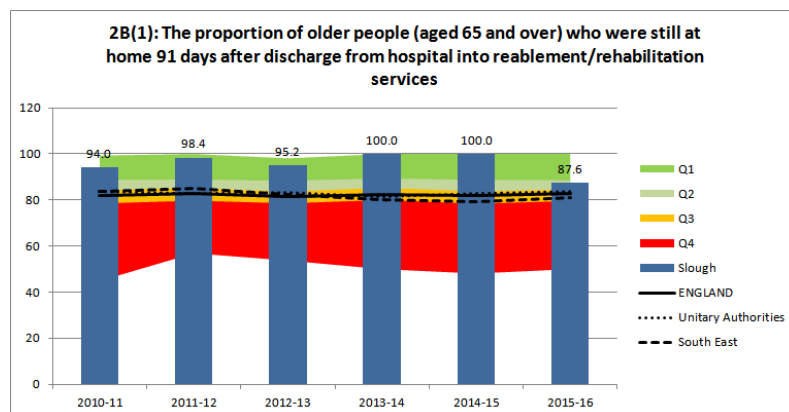
'Reablement' or 'rehabilitation' services seek to support people and maximise their level of independence, in order to minimise their need for ongoing support and dependence on public services. This measure looks at people entering reablement services to enable their discharge from a hospital bed (acute or non-acute hospitals are both included), and reviews their circumstances 3 months later. Although the indicator states "at home" it is essential to understand that the data collection methodology explicitly permits a range of other circumstances to count as "at home" when determining this indicator, including temporary readmission to hospital or temporary placement in a care home so long as the intention is still for them to be discharged home subsequently.

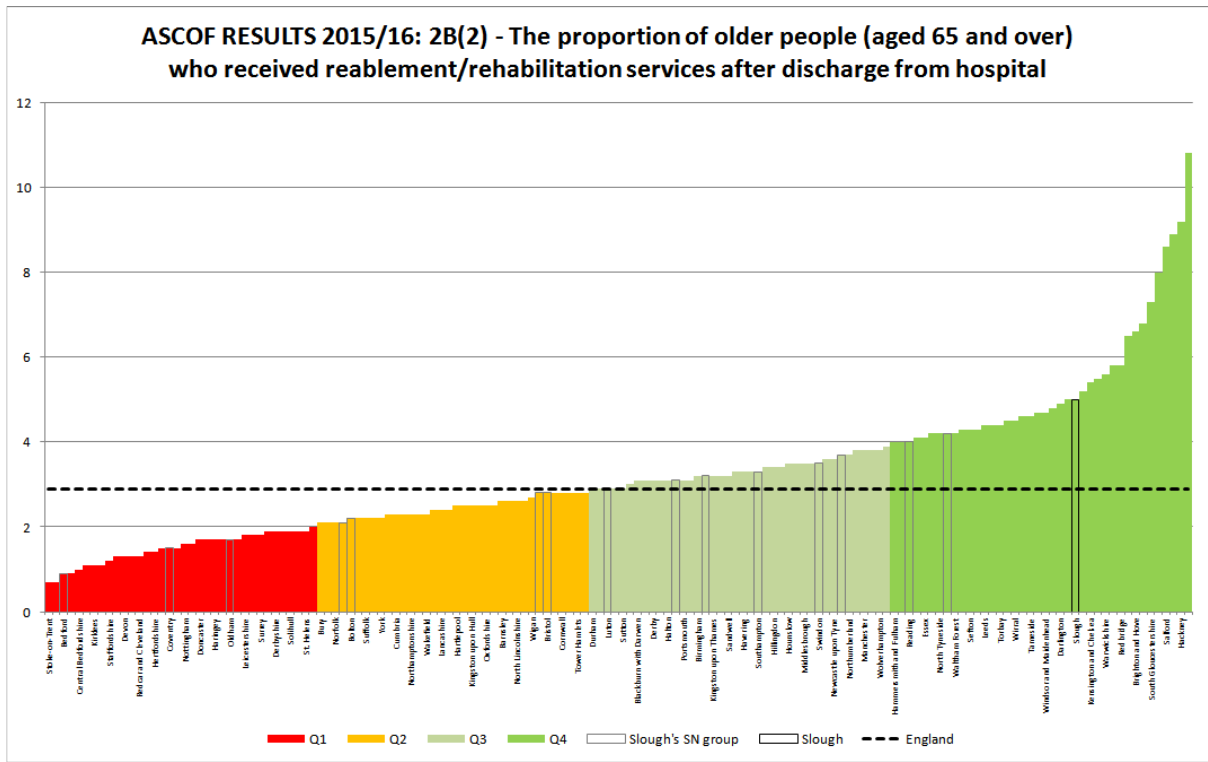
'Unsuccessful' reablement will see a large proportion of those who entered the service having either died before the 91 days has elapsed, or permanently admitted to a care home or long-stay hospital bed. However, sometimes it is not possible to ascertain the person's status – if for example they have moved elsewhere (outside of the local area) to stay with relatives or friends, so there are occasionally 'false negatives' counted within this data.

Slough has for several years performed very highly – within the upper quartile - on this measure, but our value this year (87.6%) has fallen and now places us within the upper end of the second quartile, above the all-England position of 82.7%. The lowest value reported was from the Isles of Scilly (50%) and the highest from Rutland (100%).

Slough's 'success' has fallen as a consequence of deliberately opening up reablement services to a larger group of people, and the total cohort size for this measure in 2015/16 all but doubled in size.

This measure is closely linked with measure 2B(2) below.





2B(2): The proportion of older people who were offered reablement services following discharge from hospital.

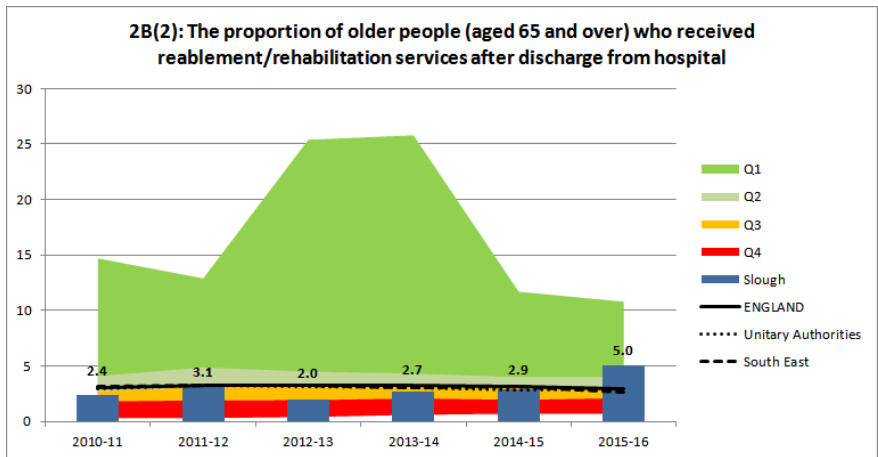
This measure is closely linked with measure 2B(1) above.

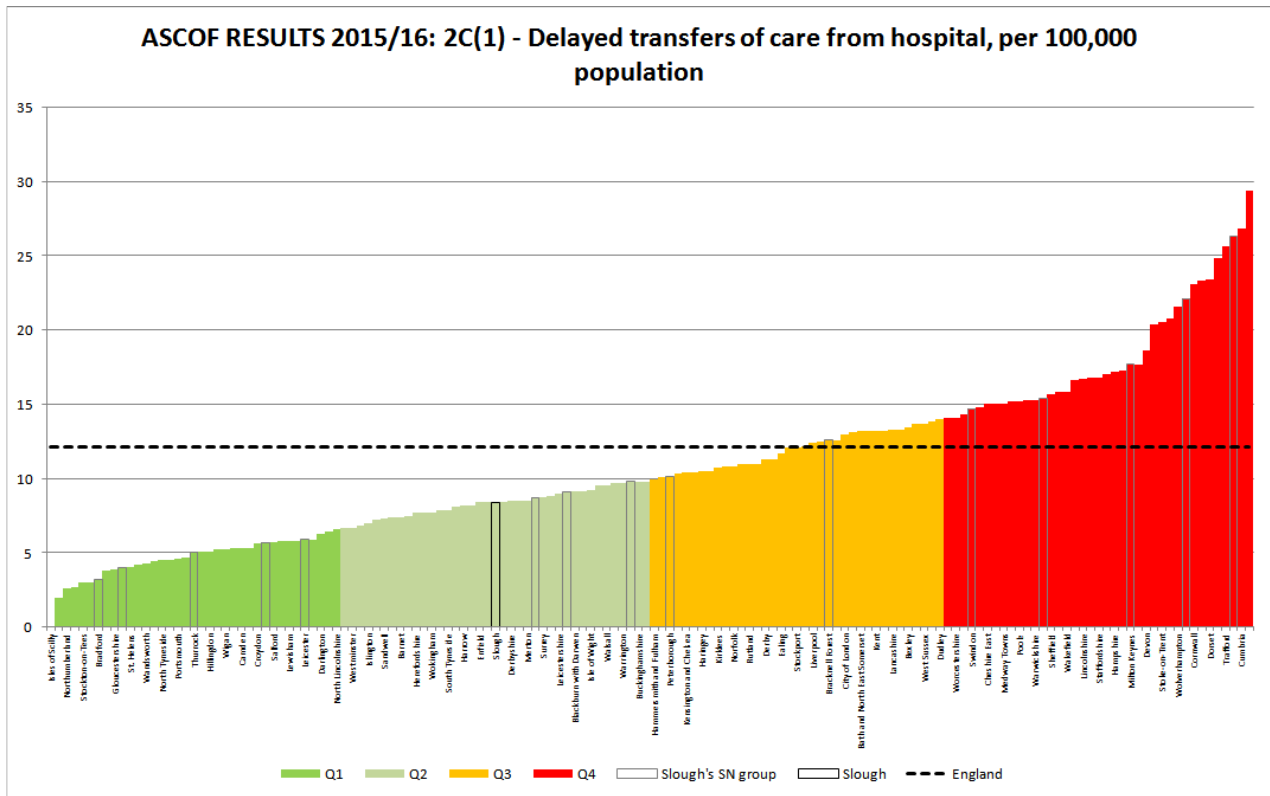
Reablement has been shown to be an effective way of providing short-term support to people in crisis to enable them to regain their independence (wholly or substantially) and therefore minimise their need for ongoing support and dependence on public services. As such, the effectiveness of reablement services is monitored using indicator 2B(1) above, and the **extent** of reablement provision through this indicator, 2B(2).

The indicator takes the number of people supported through local reablement services reported by social care departments on the annual SALT return, and divides that by the number of older people reported as discharged from hospitals through the Hospital Episode Statistics returns. As such, any discharge of anyone aged 65 or older, from any hospital across England may be counted in the denominator if the discharged patient gives their home address as Slough.

Only a small proportion of such patients will need or benefit from reablement support – most will be perfectly capable of returning home unaided. However, a smaller proportion will clearly benefit from extra support, and this support can prevent the need for hospital readmission or ongoing dependence later on.

Slough's value of 5% places us within the upper half of the upper quartile, thereby showing that we have achieved a very effective 'reach' for our reablement support service. The variation amongst areas is extensive, ranging from a minimum of 0.7% (Stoke-on-Trent, and West Sussex) to a maximum of 10.8% in Lambeth. As mentioned under indicator 2B(1) above, Slough has purposefully extended the reach of this service during 2015/16 as a cost-effective and successful service. Our performance has therefore improved significantly – last year's value was 2.9% (third quartile).





2C(1): Delayed transfers of care from hospital, per 100,000 local adult population.

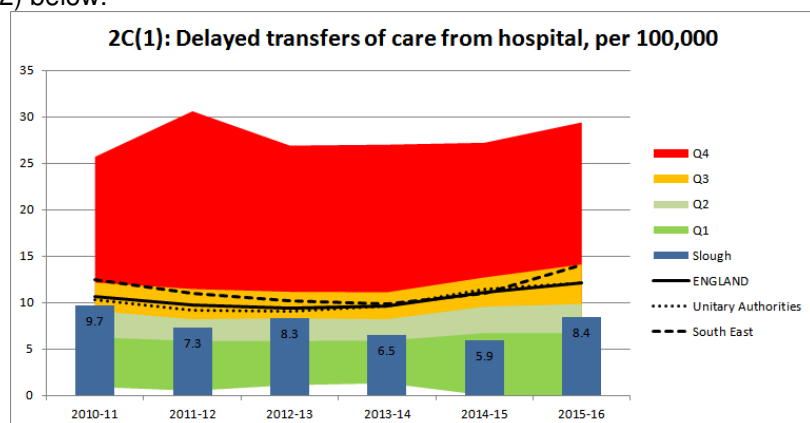
The data behind this measure is collected entirely from hospitals across England, via monthly 'DToc Sit-Rep' reports to a central NHS information centre, and the addresses of affected patients are used to allocate them to local council areas. The measure indicates the ability of the 'whole system' of health and social care sectors to ensure appropriate transfer from hospital for all adults. As such, it measures the combined efforts of hospitals, primary health services, social care services, voluntary services and friends and families of the affected individuals to enable safe and timely discharge.

Slough's value has been determined as 8.4 per 10,000. This means that out of every 10,000 adults living in Slough who were discharged from hospital in the period, 8.4 were delayed, or remained in a hospital bed beyond the point that they had been determined as medically fit to leave. There are many underlying reasons behind such delays, but the most frequently encountered will include personal or family objection, homelessness (therefore with no address to be discharged to), a patient requiring significant social care support to go safely home, or the immediate availability of a care home bed for the most frail.

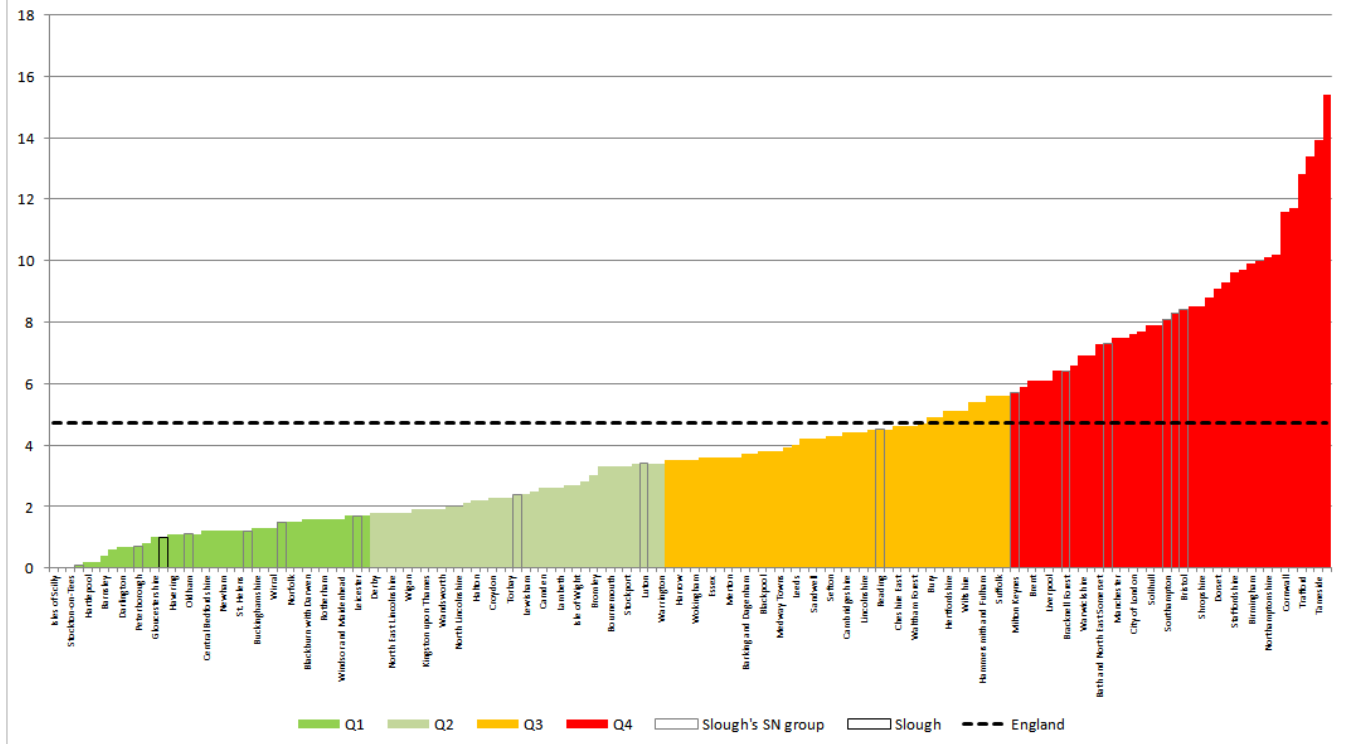
Slough's value is within the middle of the second quartile, with far fewer delayed discharges locally than the all-England position of 12.1. However, the proportion of such delays has increased since the previous year (it was 5.9 in 2014/15).

This measure therefore indicates that local services – of which the council is one part – are working fairly effectively to address this issue, although there is still room for further improvement.

Linked to indicator 2C(2) below.



ASCOF RESULTS 2015/16: 2C(2) - Delayed transfers of care from hospital that are attributable to adult social care, per 100,000 population



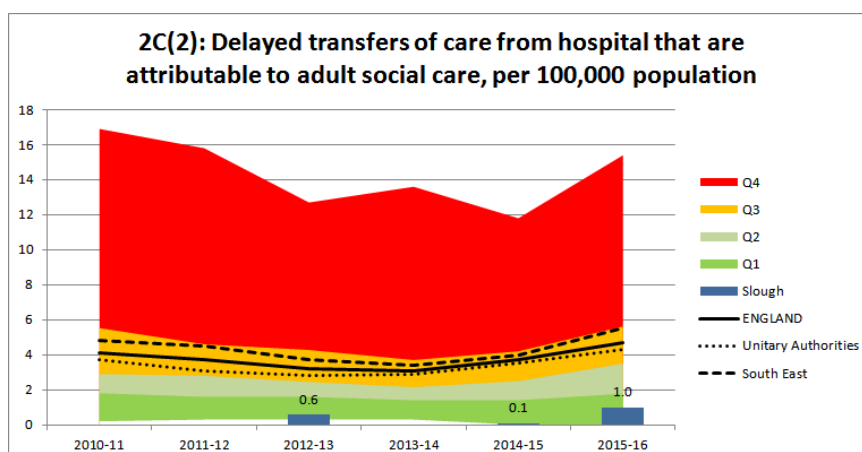
2C(2): Delayed transfers of care from hospital which are attributable to adult social care, per 100,000 local adult population.

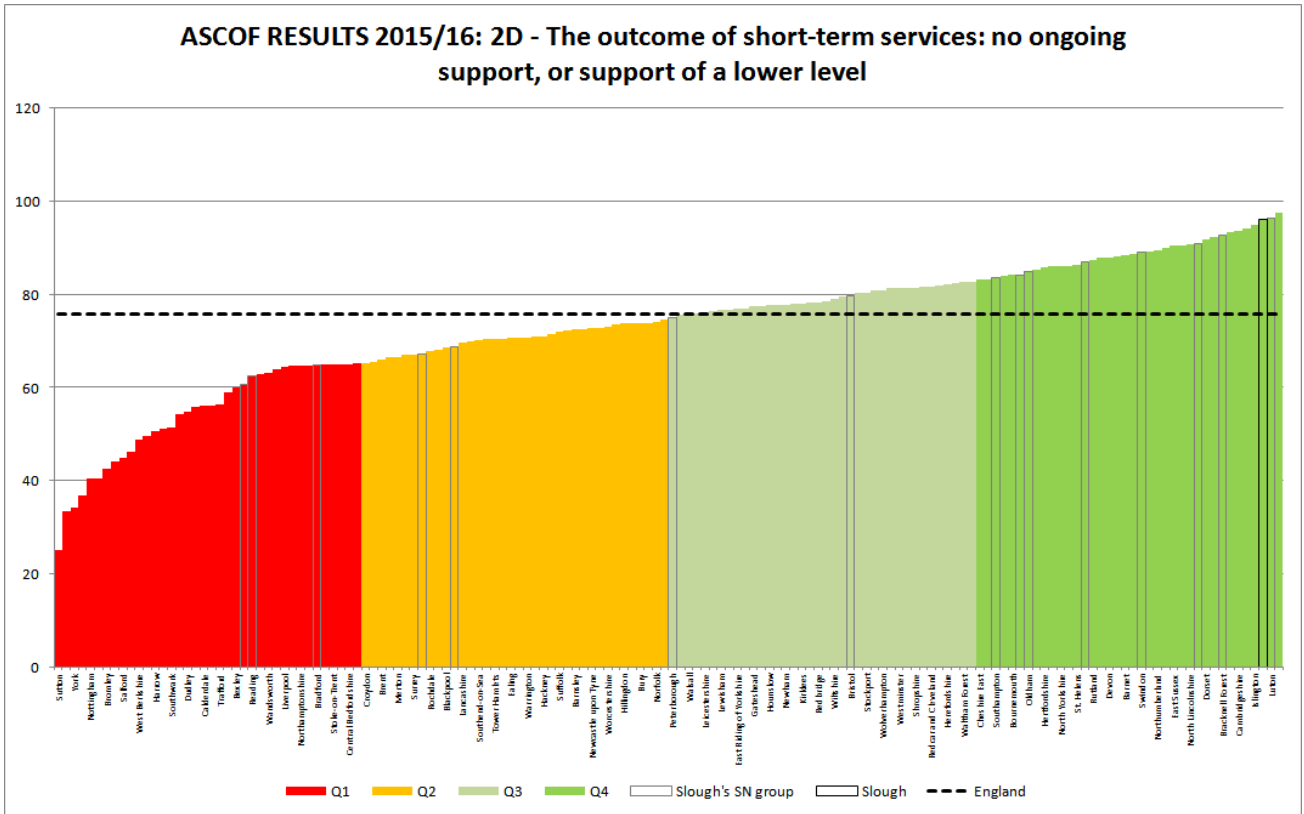
Linked to indicator 2C(1) above.

For all the delayed transfers of care established through the monthly DToC Situation Reports and counted in measure 2C(1) above, hospitals decide and categorise whether the delay is attributable wholly to health services, wholly to social care services, or partially attributable to both.

This measure then reflects on the proportion of all delayed transfers of care that have been attributed wholly or in part to social services as the 'blocking' body. The variation in local authority attribution is huge, ranging from three authorities who have not been held responsible for any delays (Isles of Scilly, Middlesbrough, Stockton-on-Tees) through to nine local authorities who have a rate of 10 per 100,000 or more laid at their door; Cumbria, at a value of 15.4, is the 'worst' performing authority on this measure.

Slough has been attributed as responsible for just 1 in every 100,000, tying with Gloucestershire and bettered by only twelve councils across England. When considered alongside the previous indicator of 2C(1), this shows that not only is the local combined sector working effectively together, but that *within* that partnership, Slough Borough Council is performing extremely well indeed.



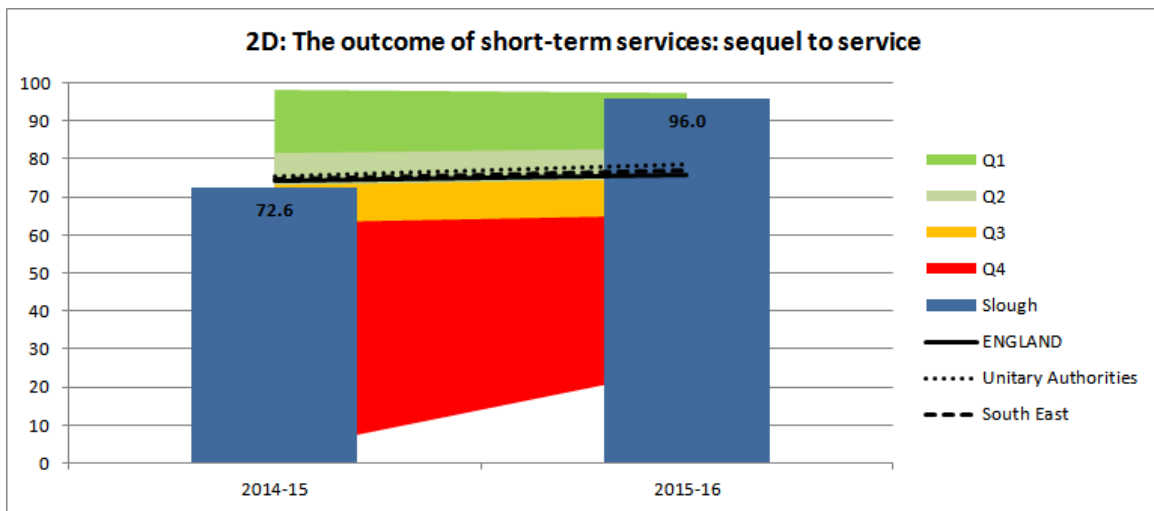


2D: The proportion of new clients who received a short-term service during the year where the sequel to service was either no ongoing support, or support of a lower level.

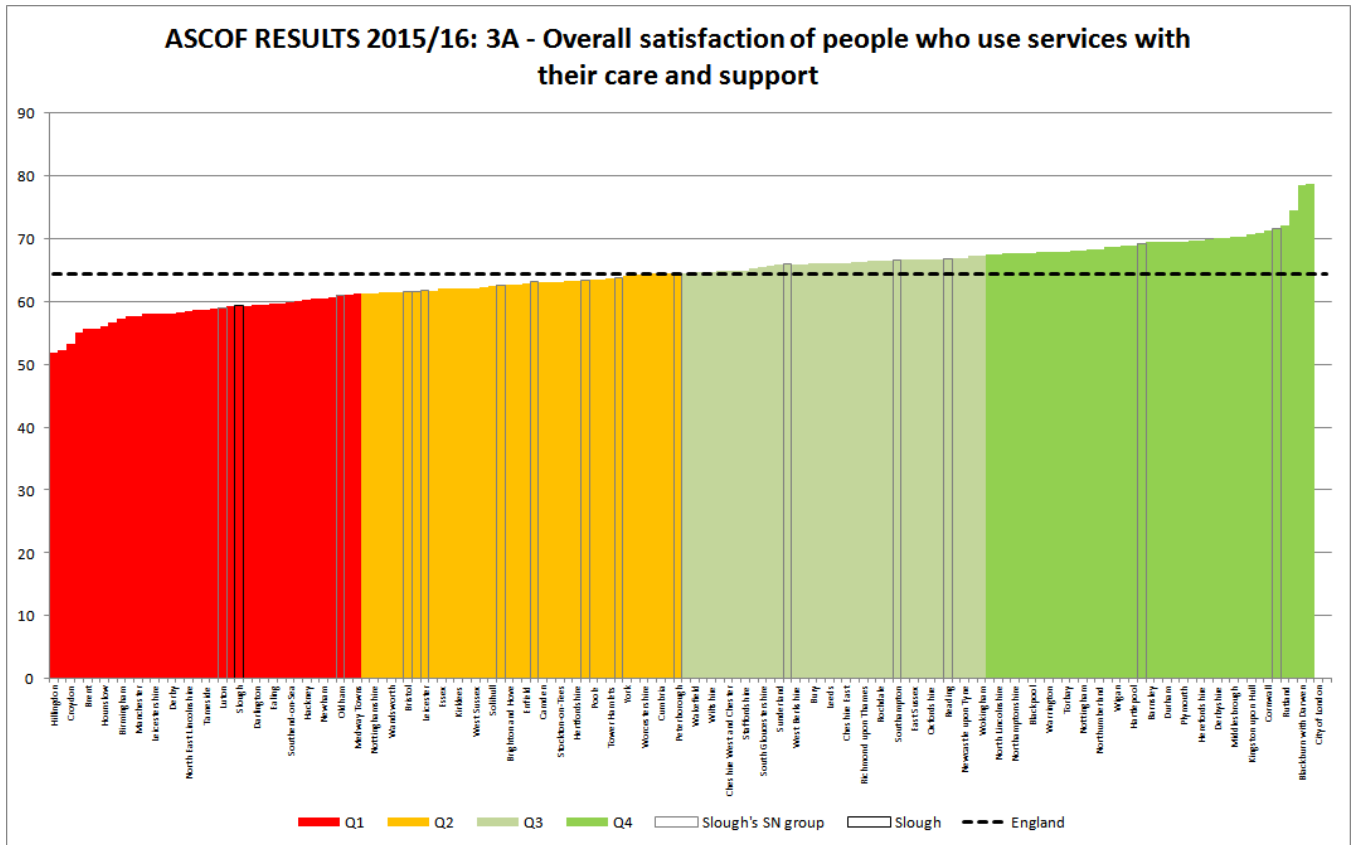
This measure aims to monitor the success of providing short-term services to people in response to their social care needs, providing ‘reablement’ type support and restoring them to independence following a short-term deterioration or crisis. Success in such an effort will delay dependency and / or support recovery, and require no further ongoing support services, or at the very least minimise the level of subsequent support that is required. Councils are encouraged to provide more short-term interventions, and to ensure that when they end the supported person is able to cope on their own.

Under this measure, Slough achieved very good success, with 96% of such service provision resulting in the supported person either no ongoing support or support at a lower level. Only two councils across England (Luton, and Windsor & Maidenhead) surpassed this percentage. We are therefore placed at the top end of the upper quartile, and this represents strong improvement from the previous year’s already effective rate of 72.6%.

The wide variation in reported success (from 25% in Sutton to the 97.4% reported by Windsor and Maidenhead) is likely to be partially explained by the entry criteria applied for deciding who is eligible for ‘short-term support’ as well as the effectiveness and range of services encompassed by this term.



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

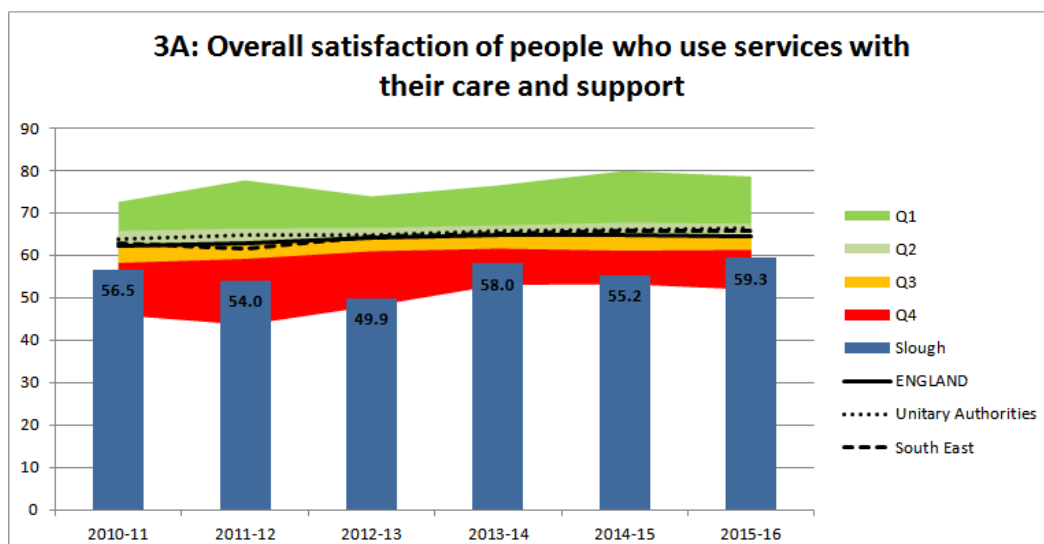


3A: The proportion of adults using services who are satisfied with the care and support they receive.

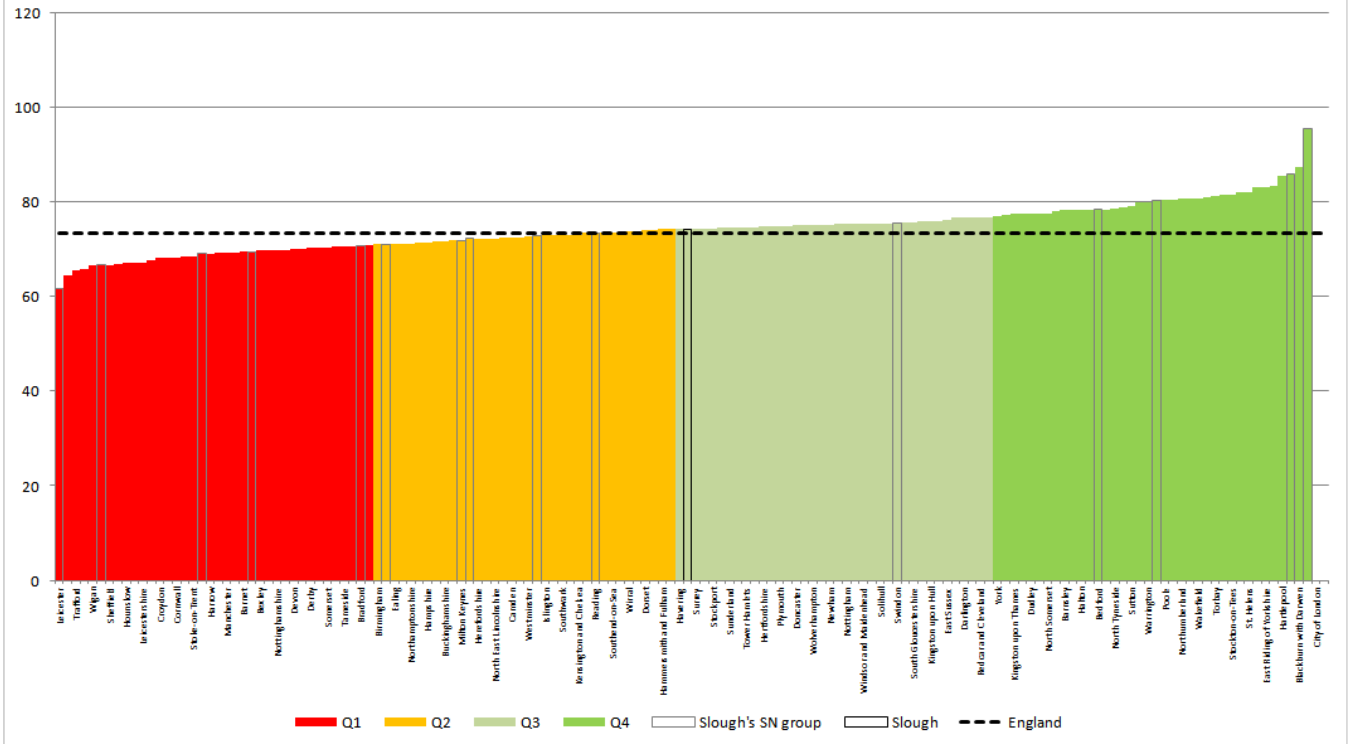
The satisfaction with services of people using adult social care is directly linked to a positive experience of the care and support provided. Repeated analyses of surveys strongly indicate that self-reported satisfaction with services is a very good overall predictor of the experience and quality of those services.

Slough's result of 59.3% is an improvement on last year's position (55.2%) but we remain within the lowest quartile nationally, with 126 councils achieving scores higher than we did. Self reported satisfaction varies from 51.9% in Hillingdon to 78.6% in Redbridge. Although council areas vary widely in terms of their resident populations, all but one of those deemed most similar to Slough (our "SN" group or "Statistical Neighbours") had higher scores.

This indicator tells us quite firmly that we can and should improve on service users' experiences.



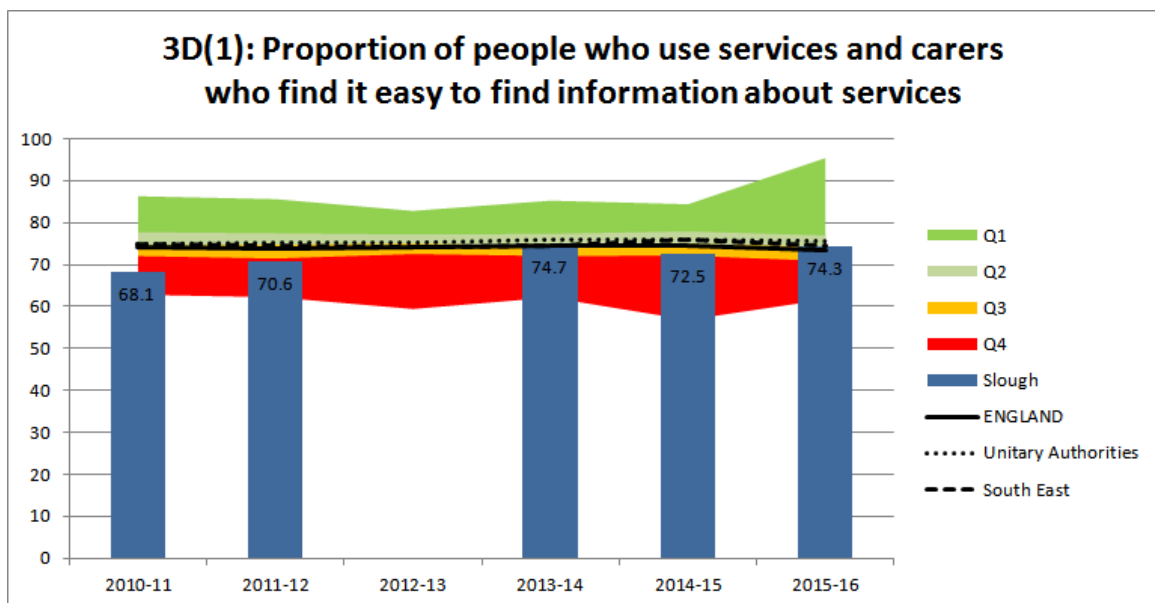
ASCOF RESULTS 2015/16: 3D(1) - The proportion of people who use services who find it easy to find information about support



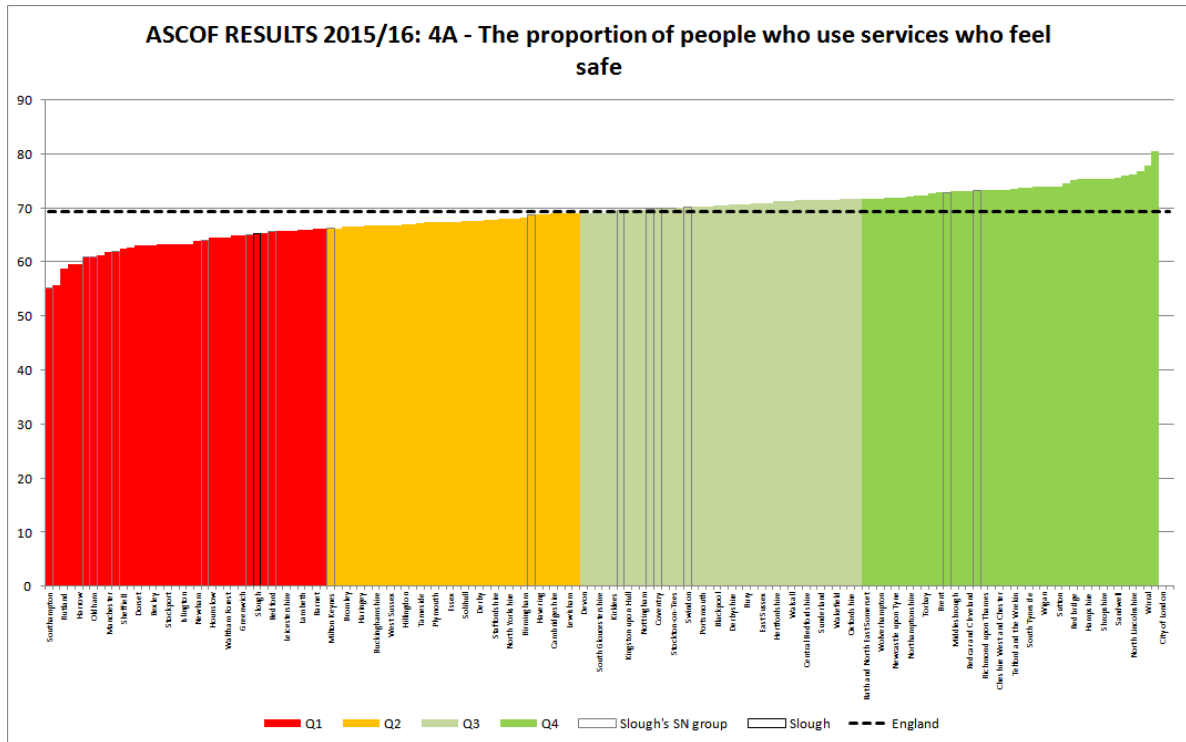
3D(1): The proportion of adults using services who find it easy to find information about services.

This indicator is another one derived from service users' responses to an annual postal survey. It reflects those users' experience of access to information and advice relating to social care. Information is a core universal service, and a key factor in early intervention and efforts to reduce dependency. Improved and / or more information will benefit service users by helping them to have greater choice and control over their lives, as well as ensuring less anxiety.

Slough's value of 74.3% represents a small improvement over the previous year (72.5%) and places us just into the second quartile – i.e. better than average, and just above the all-England position of 73.5%. Responses in other areas vary from 61.7% (Leicester) to an exceptional 95.4% (Southampton).



Domain 4: Safeguarding people whose circumstances make them vulnerable and protecting from avoidable harm



4A: The proportion of people who use services who say they feel safe.

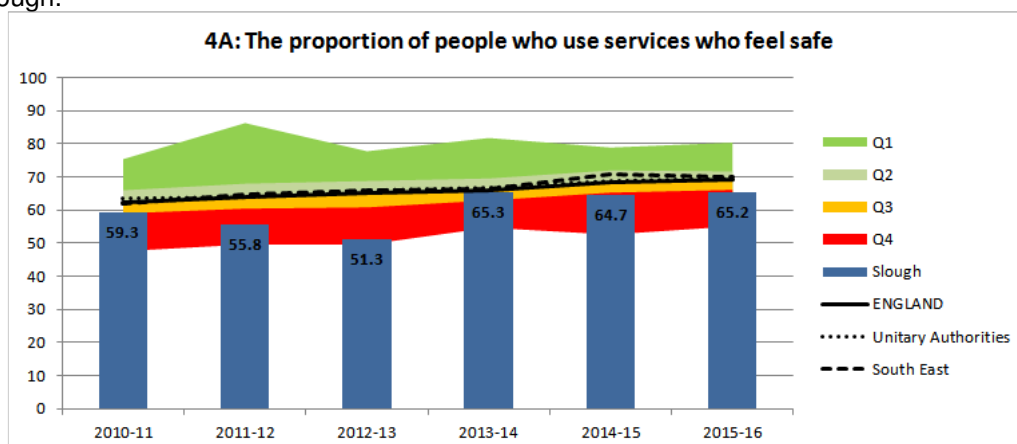
This measure derives from self-reported statements about general safety derived from responses to the annual User Survey.

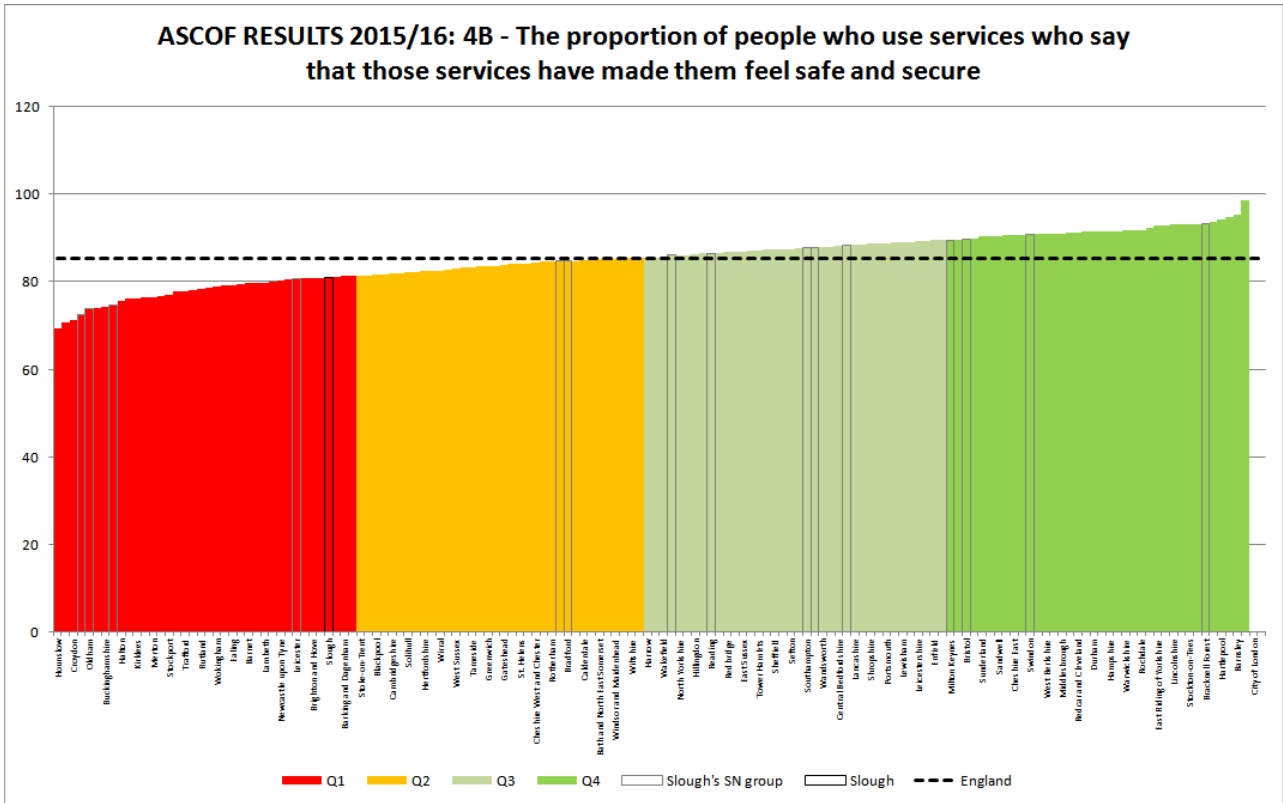
Safety is fundamental to the wellbeing and independence of people using social care, as well as to the wider population. Feeling safe is a vital part of users' experience and their care and support should help them to both be and to feel safer. There are also legal requirements about safety in the context of service quality, including CQC standards for registered providers.

This specific question relates to 'safety' in the most general sense, and should be considered alongside the next indicator, 4B (the proportion of people who use services who state that those services have made them feel safe and secure).

Slough's value of 65.2% represents a small improvement on the previous year (64.7%), but places us within the lowest quartile. Six of our SN comparators fare worse than us, nine exceed our value. Across all councils, the level of perceived safety varies from a low of 55.1% in Southampton to a high of 80.4% in Blackburn with Darwen. Even in the 'best' area therefore, one-in-five service users are saying they do NOT feel safe.

Perceptions of safety will vary with many, many influencing factors. It is clear from several other sources, including Crime Surveys, that Slough residents are generally more likely to say they feel unsafe when compared to residents of many other boroughs. Improving safety and therefore also the perception of safety is a priority for all public services in Slough.





4B: The proportion of people who use services who state that those services have made them feel safe and secure.

This indicator should be considered alongside indicator 4A above (the proportion of people who use services who say they feel safe).

This measure also derives from self-reported statements about general safety derived from responses to the annual User Survey. Safety is fundamental to the wellbeing and independence of people using social care, as well as to the wider population. Feeling safe is a vital part of users' experience and their care and support should help them to both be and to feel safer.

Across all councils, the proportion stating that the services they receive help them feel more safe and secure is higher than the proportion stating they feel generally safe (indicator 4A above). The range here is from 69.4% in Hounslow to a staggering 98.6% in Blackburn with Darwen.

Slough's result of 80.9%, is ever so slightly down on the previous year's 81.3%, and places us towards the upper end of the lowest quartile. We do better than four direct SN councils, but worse than eleven. Across all of England, 85.4% of respondents said the services they received helped them to feel safer.

So, within Slough 65.2% of service users feel safe, but 80.9% agree the services they receive help them feel safer. This means that one-in-five of Slough's service users feel that the support they receive does NOT help them feel safer.

