

ASCOF

Adult Social Care
Outcomes Framework

2017-18

Summary

This report summarises Slough's performance against the other 151 English Councils with Social Services Responsibilities ('CSSRs') for the 24 ASCOF indicators with published results this year.

Slough has:

- improved performance (in direct value terms) on 12 indicators of the 24 with results this year,
- achieved Upper quartile performance on five,
- second quartile performance on six,
- third quartile performance on eleven and
- lowest quartile for two.

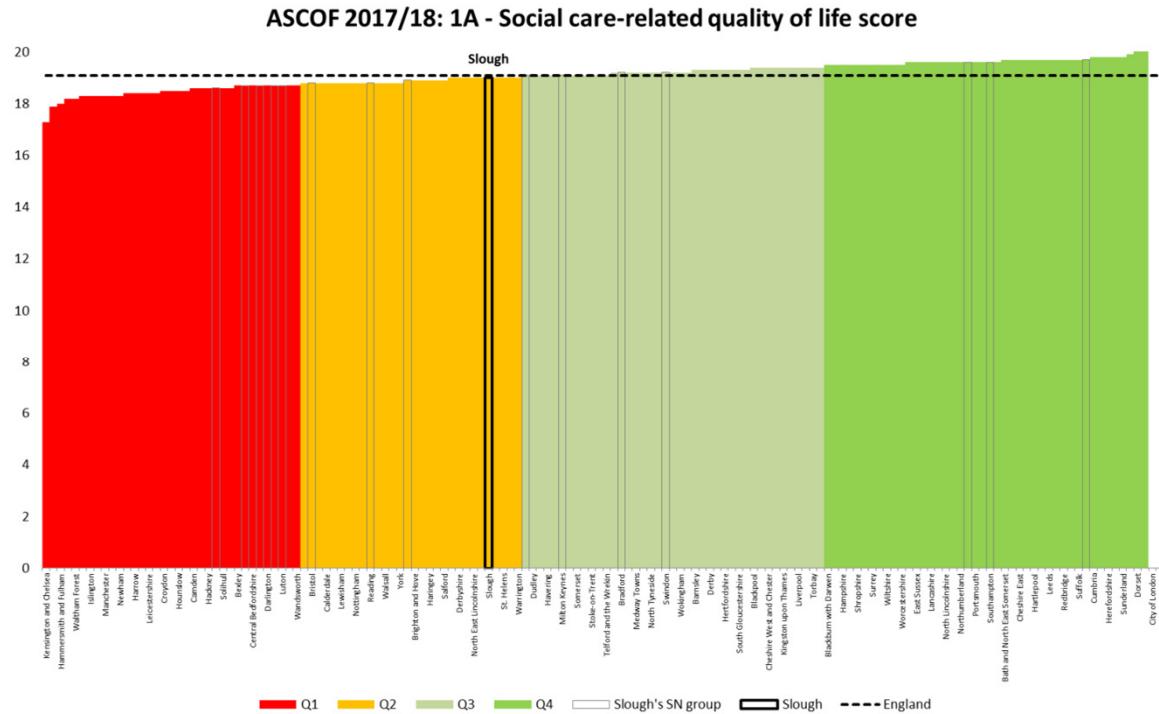
Summary table

Indicator	Source	Slough 2015-16	Slough 2016-17	Slough 2017-18	England 2017-18	South East 2017-18	Unitaries 2017-18	SN average 2017-18*	Good is ...	value	Quartile	England	SE	Unitaries	SN
1A	ASCS	18.4	18.7	19.0	19.1	19.3	19.3	19.0	High	↑	↑				
1B	ASCS	71.2	69.2	75.3	77.7	80.2	79.8	77.3	High	↑	↑				
1C(1A)	SALT	87.6	87.3	87.5	89.7	87.4	92.6	89.2	High				↑		
1C(1B)	SALT	94.4	94.5	98.2	83.4	94.5	82.3	82.8	High	↑		↑	↑	↑	↑
1C(2A)	SALT	21.8	26	25.5	28.5	28.8	27.7	28.9	High						
1C(2B)	SALT	25.4	76.9	92.0	74.1	91.5	67.6	77.1	High	↑		↑	↑	↑	↑
1D	CS	-	6.9	-	-	-	-	-	High						
1E	SALT	5.6	3.5	1.7	6	6.5	6.3	6.8	High						
1F	MHMDS	7.3	7	10	7	8	9	8.1	High	↑	↑	↑	↑	↑	↑
1G	SALT	81.6	84.5	83.9	77.2	72.8	77.9	81.1	High		↑	↑	↑	↑	↑
1H	MHMDS	88.2	54	80	57	48	58	59.7	High	↑	↑	↑	↑	↑	↑
1I(1)	ASCS	39.1	41.7	43.8	46	47	47.1	45.0	High	↑	↑				
1I(2)	CS	-	22.7	-	-	-	-	-	High						
1J	ASCS	-	0.4	0.39	0.405	0.402	0.411	0.407	High						
2A(1)	SALT	14.2	14.2	13.0	14	12.5	15.6	16.5	Low	↑	↑	↑			
2A(2)	SALT	538.9	477.8	499.5	585.6	561.5	613.3	676.3	Low		↑	↑	↑	↑	↑
2B(1)	SALT	87.6	87.4	90.1	82.9	82.2	81.8	84.8	High	↑	↑	↑	↑	↑	↑
2B(2)	SALT / HES	5	3.7	3.3	2.9	3.4	3.0	3.3	High		↑	↑			
2C(1)	DToC	8.4	11.6	7.9	12.3	15.6	12.3	11.7	Low	↑		↑	↑	↑	↑
2C(2)	DTOC	1.0	2.6	1.3	4.3	5.1	3.9	3.3	Low	↑	↑	↑	↑	↑	↑
2C(3)	DTOC			0.1	0.9	1.6	0.8	1.0			↑	↑	↑	↑	↑
2D	SALT	96	88	84.7	77.8	74.6	79.4	76.1	High		↑	↑	↑	↑	↑
3A	ASCS	59.3	57.3	62.3	65.0	65.9	66.3	62.5	High	↑	↑				
3B	CS	-	28.8	-	-	-	-	-	High						
3C	CS	-	67	-	-	-	-	-	High						
3D(1)	ASCS	74.3	74.5	73.6	73.3	73.8	74.9	72.4	High		↑		↑		
3D(2)	CS	-	60.4	-	-	-	-	-	High						
4A	ASCS	65.2	71	68.9	69.9	71.1	71.0	68.7	High	↑				↑	
4B	ASCS	80.9	80.7	84.4	86.3	86.0	88.3	84.5	High	↑	↑				

DOMAIN 1

**Enhancing quality of life
for people with care and support needs**

1A: Social care related quality of life



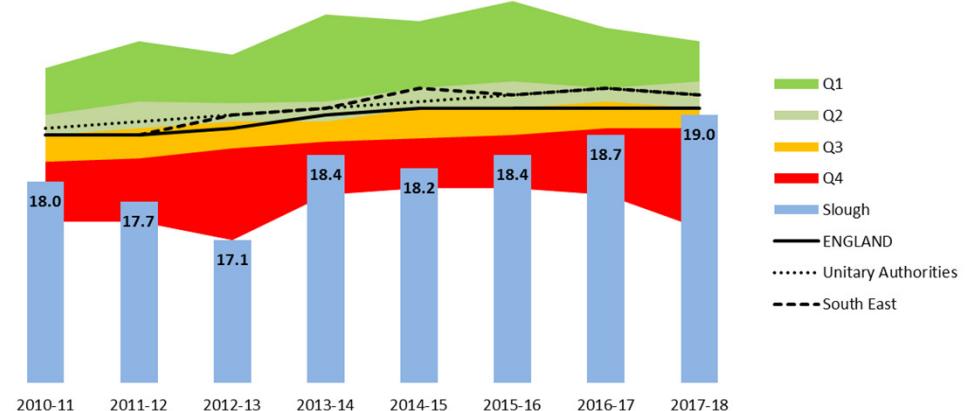
Source: Annual Survey of Long-term service users

(best possible score is 24)

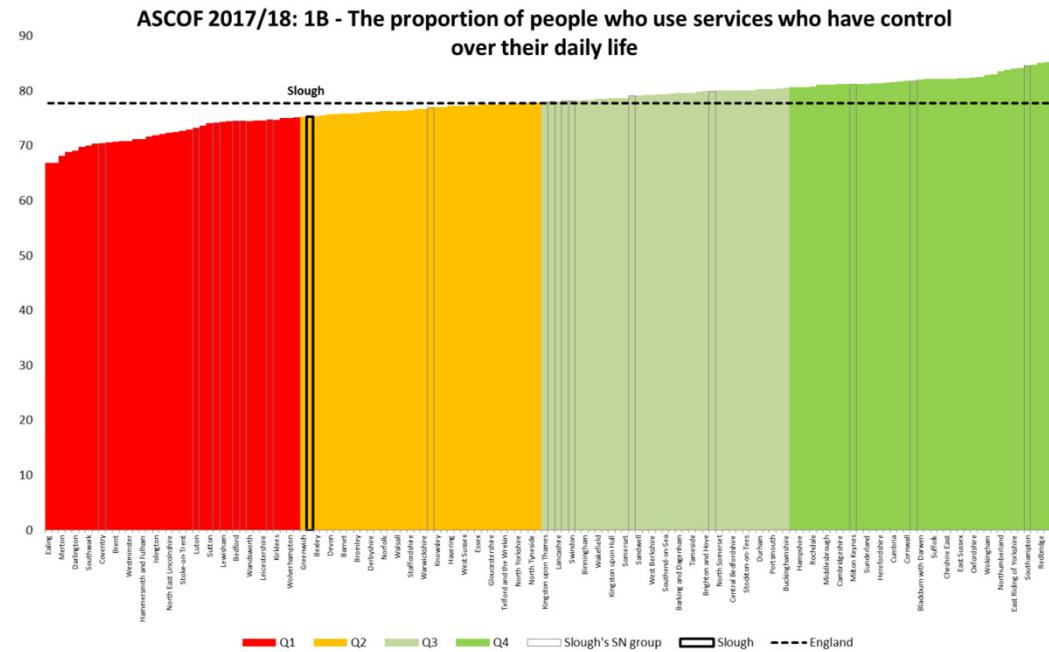
Composite measure based on responses to eight questions covering: control over daily life; ability to keep clean and presentable; sufficient food and drink; clean & comfortable home; feeling safe; having sufficient social participation; ability to spend time as you want; whether the support you receive helps you feel better about yourself....

Consistently in the lowest quartile - until this year!

1A: Social care-related quality of life score



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



Source: Annual Survey of Long-term service users

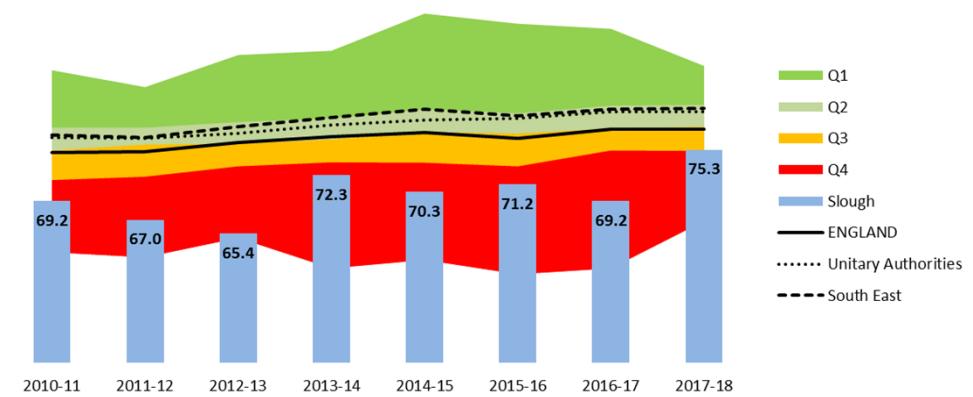
(best possible score is 100%)

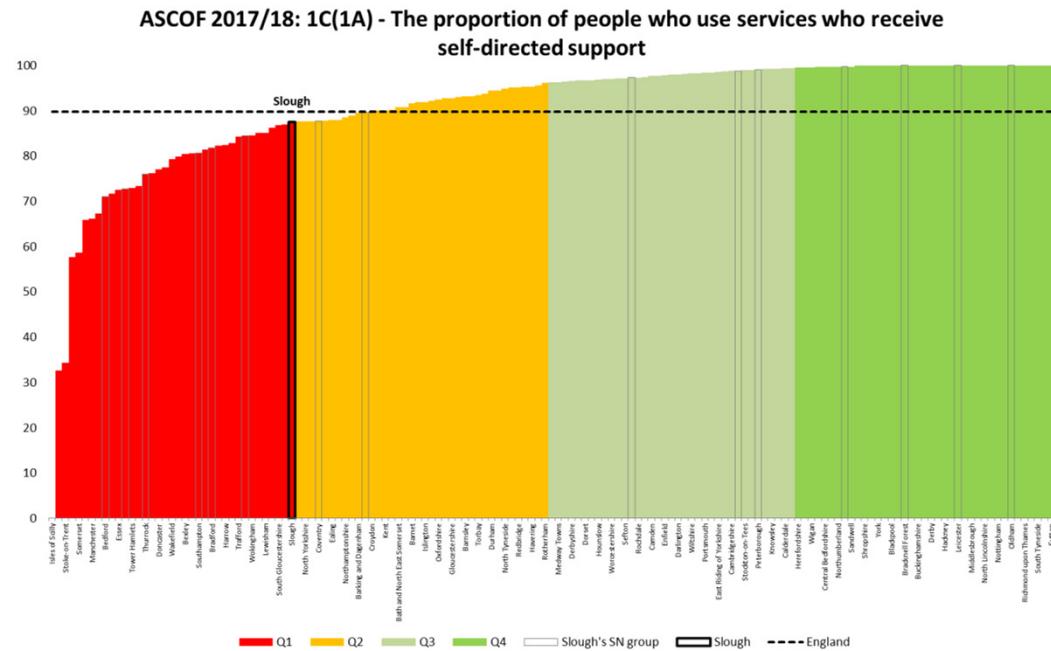
Good answers: 'I have as much control over my daily life as I want' or 'I have adequate control over my daily life'.

Bad answers: 'I have some control over my daily life but not enough' and 'I have no control over my daily life'.

Consistently in the lowest quartile, until this year!

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



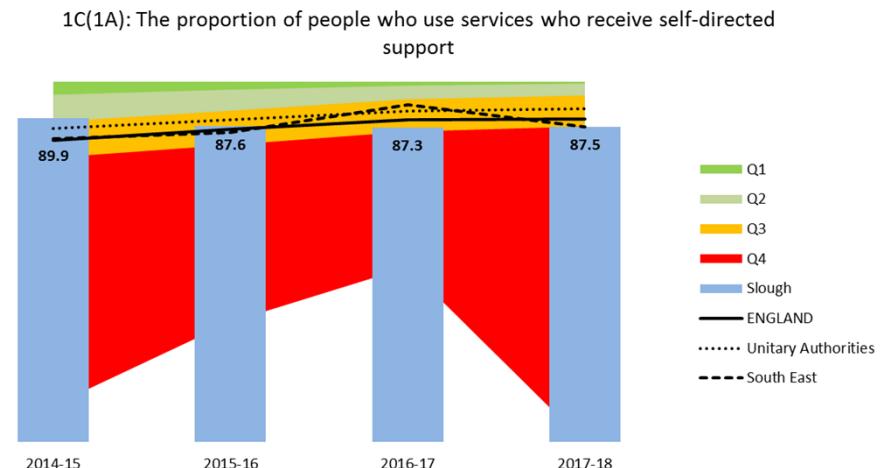


Source: Annual SALT return

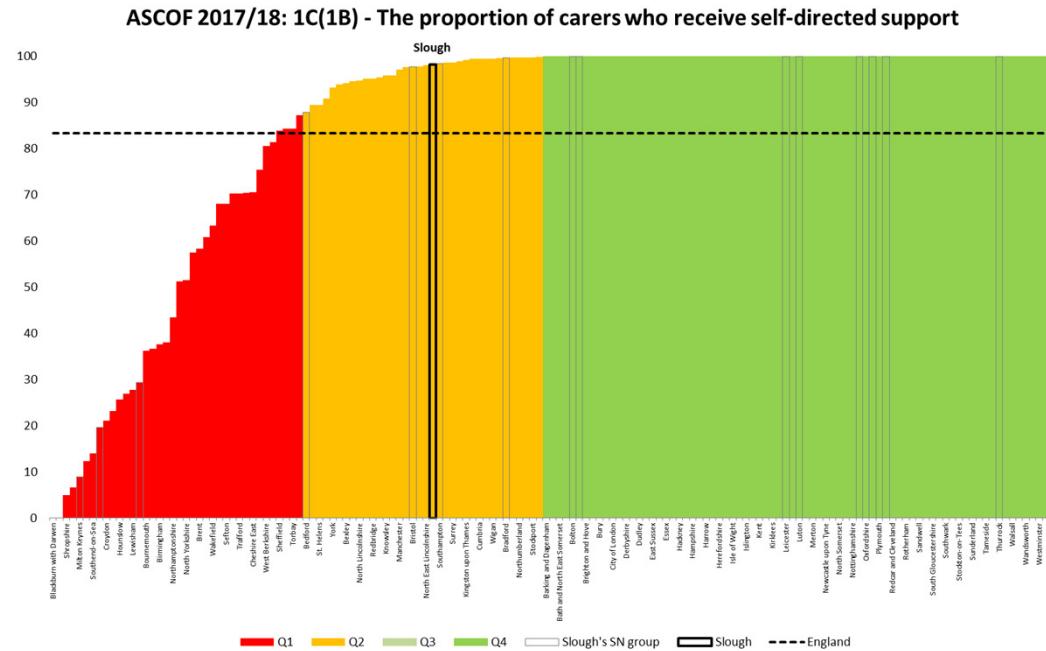
(best possible score is 100%)

A snap shot of community-based Long-Term service users at 31st March.

Local performance seems to have plateaued, while most other councils continue to increase.



1C(1B): The proportion of carers who receive self-directed support



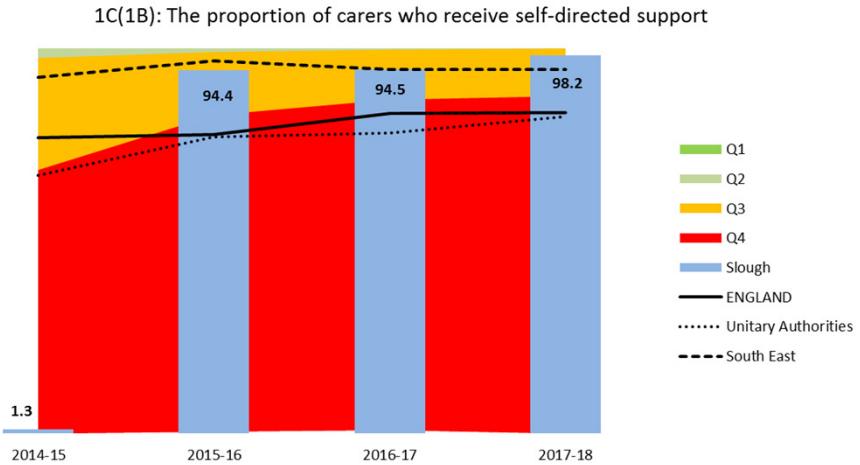
Source: Annual SALT return

(best possible score is 100%)

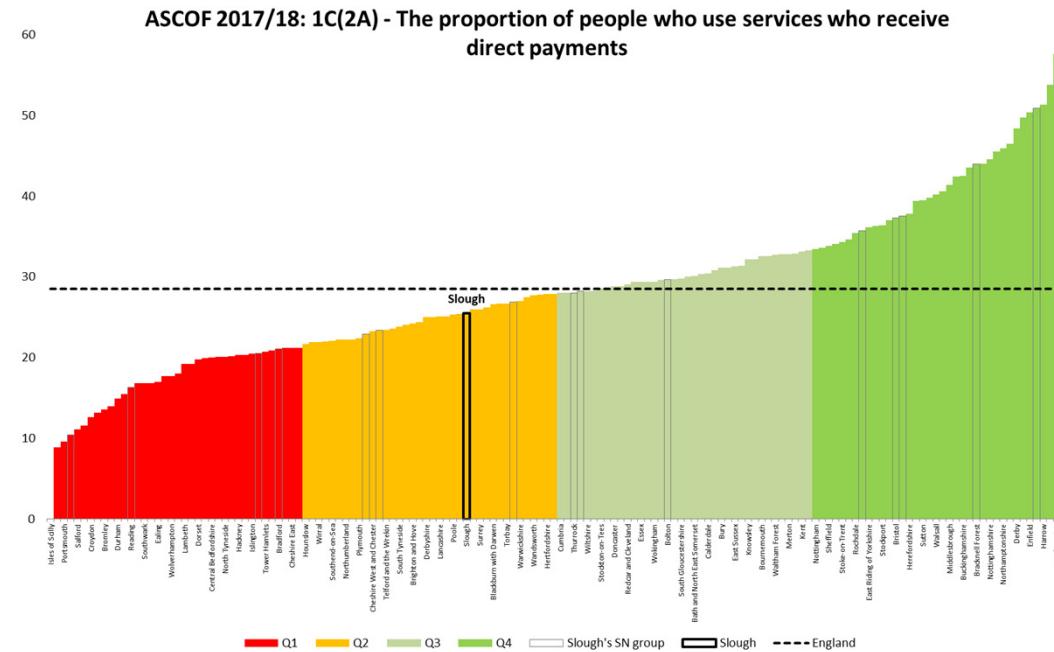
A snap shot of carers receiving carer's specific services at 31st March.

Slough's position changed dramatically with a change in attitude and policy between 2014/15 and 2015/16.

Note that about half of council's *report* 100%....



1C(2A): The proportion of people who use services who receive direct payments

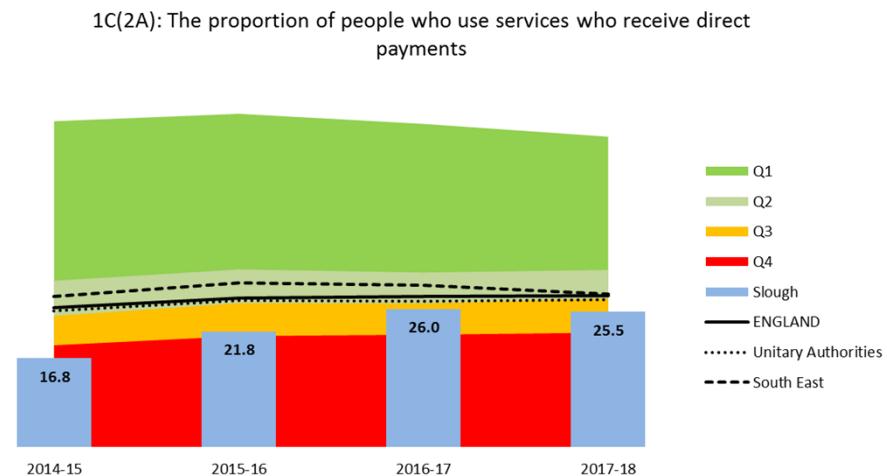


Source: Annual SALT return

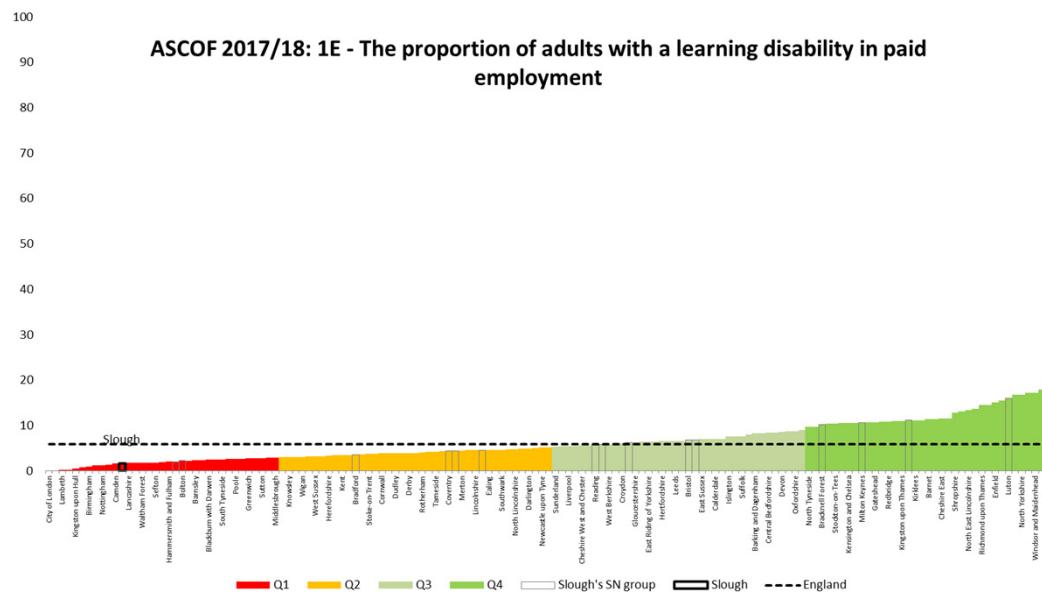
(best possible score is high – not 100% due to use of residential care: maximum in latest year was 58.3%)

Slough had been improving, but has effectively plateaued in 2017/18.

Also, though not specific to this measure – we also have a low proportion of users receiving ONLY Direct Payments...



1E: The proportion of adults with a learning disability in **paid** employment



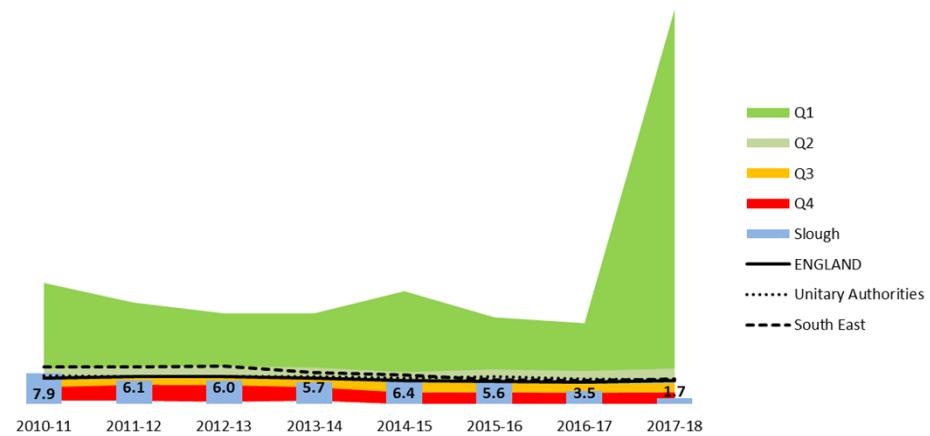
1E: The proportion of adults with a learning disability in paid employment

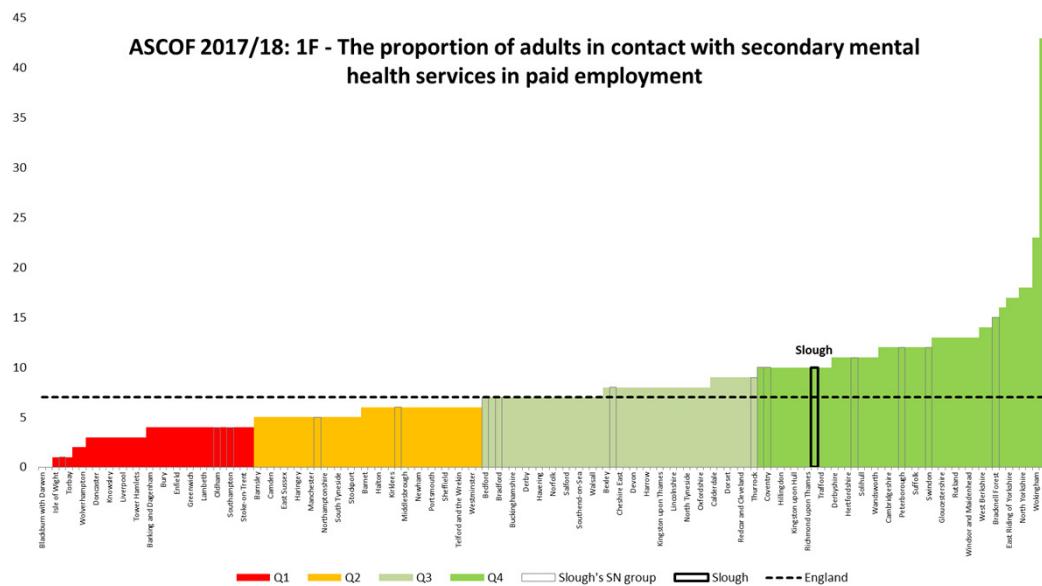
Source: Annual SALT return

(best possible score is 100% - theoretically, but impractical except for the Isles of Scilly)

Position on this distribution will be impacted by eligibility criteria for long-term support – as threshold rises, likelihood of eligible clients being in paid employment falls away.

Slough is amongst the lowest values for this measure.





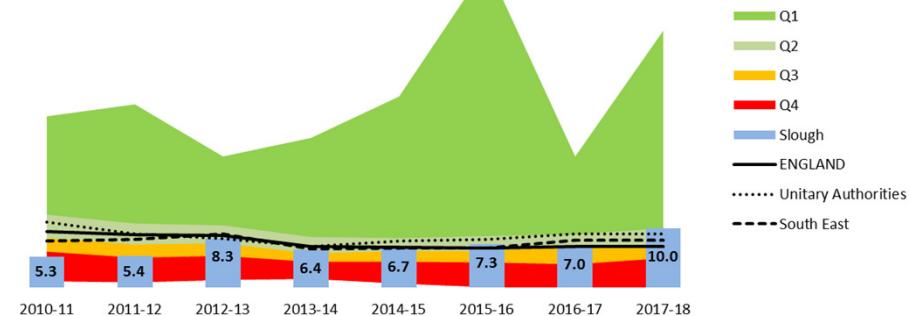
Source: Mental Health Minimum Data Set

(best possible score is 100% - theoretically – although this is extremely unlikely).

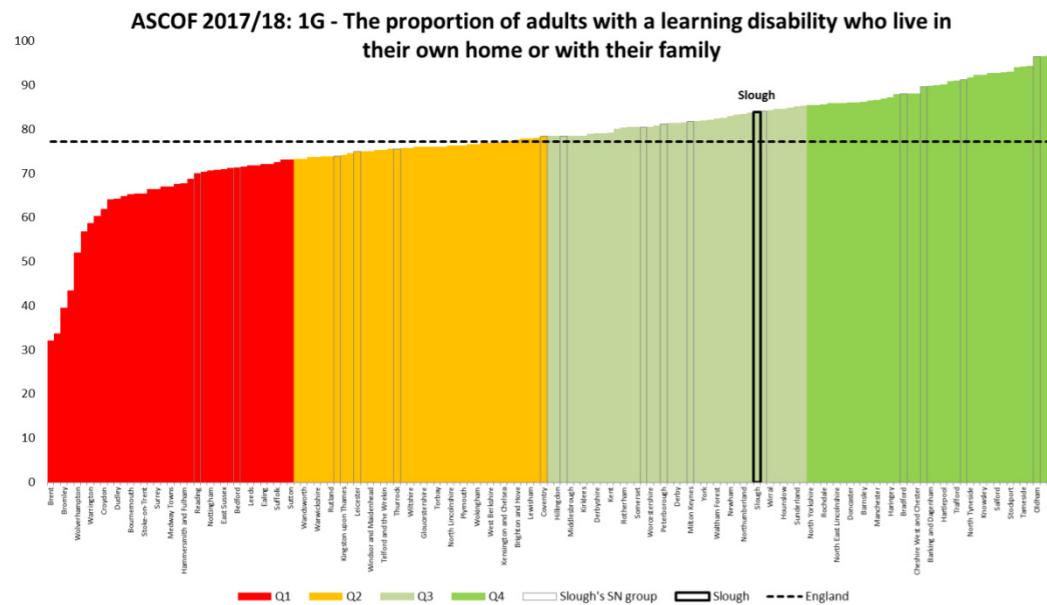
The method of collecting this data was altered during 2016/17, and produced some wildly different end of year results across England in its first year.

The ‘best result’ at 43% was achieved in the Isles of Scilly.

1F: The proportion of adults in contact with secondary mental health services in paid employment



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

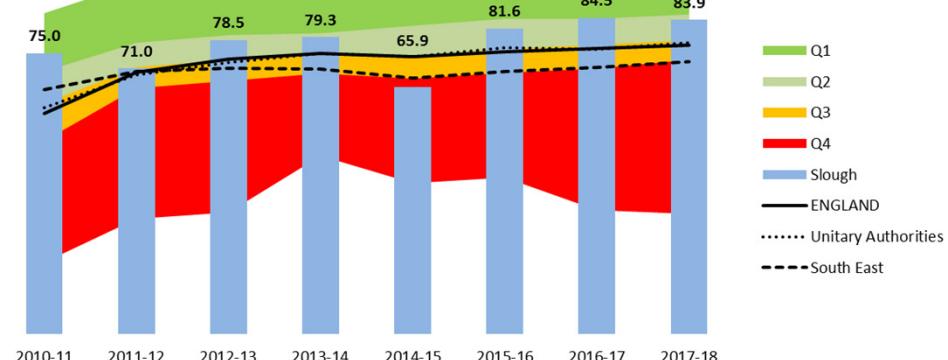


Source: Annual SALT return

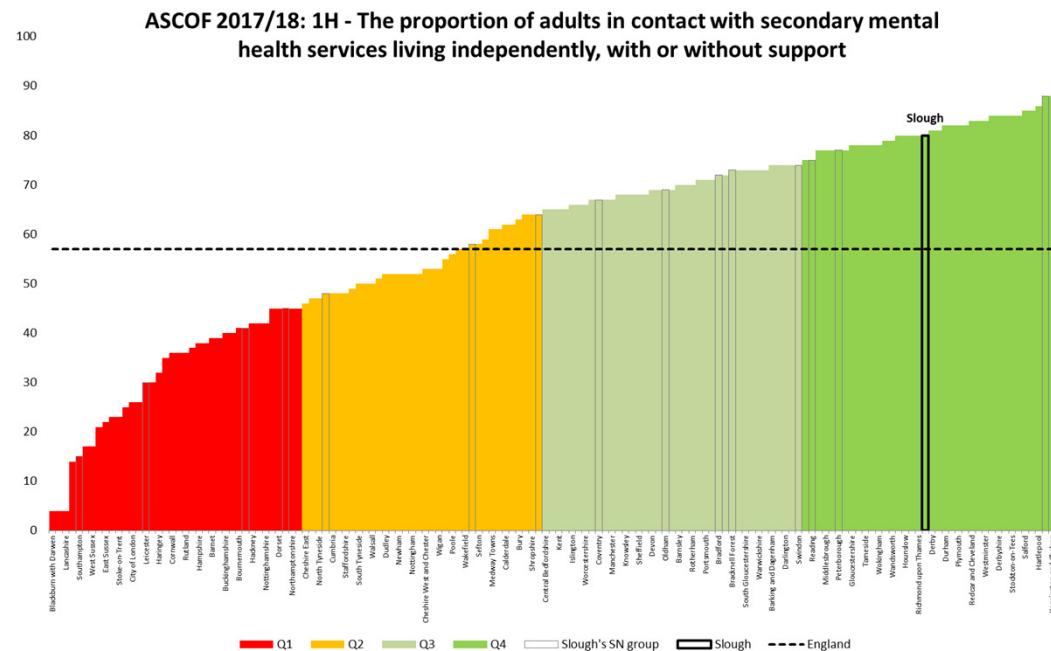
(best possible score is 100% - theoretically – although there will always be some in residential or nursing care homes.)

Conversion of residential settings to supported living has improved Slough's position, but it dropped ever so slightly in latest year.

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



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

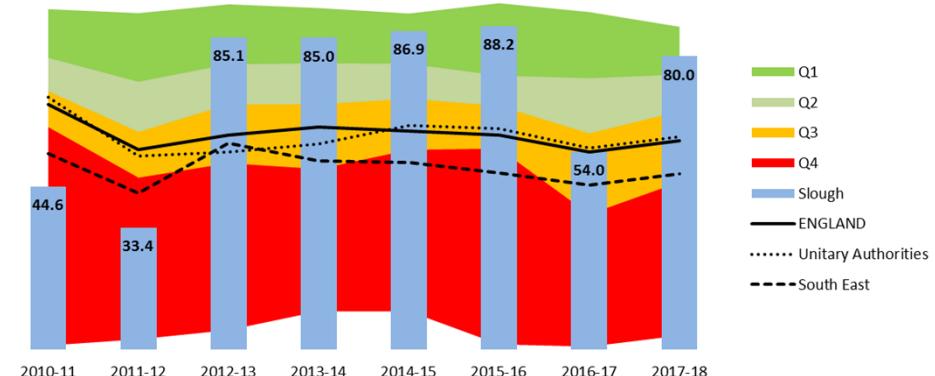


Source: Mental Health Minimum Data Set

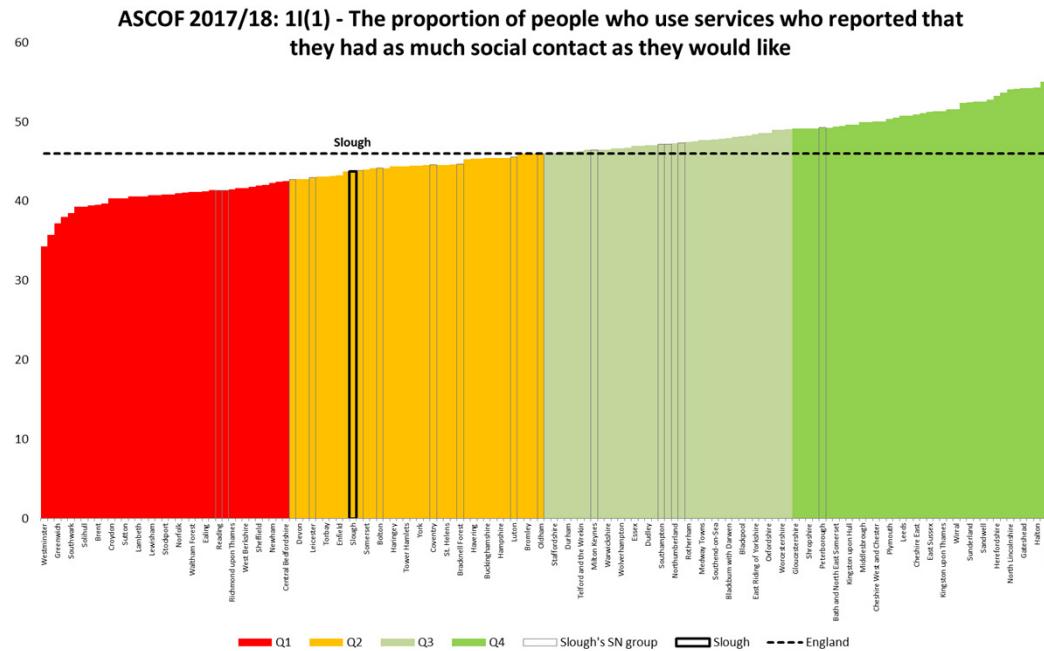
(best possible score is 100% - theoretically – although this is unlikely).

The method of collecting this data was altered during 2016/17, and produced some wildly different end of year results across England in that year. The apparent dip in performance in 2016/17 should therefore be treated with suspicion.

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



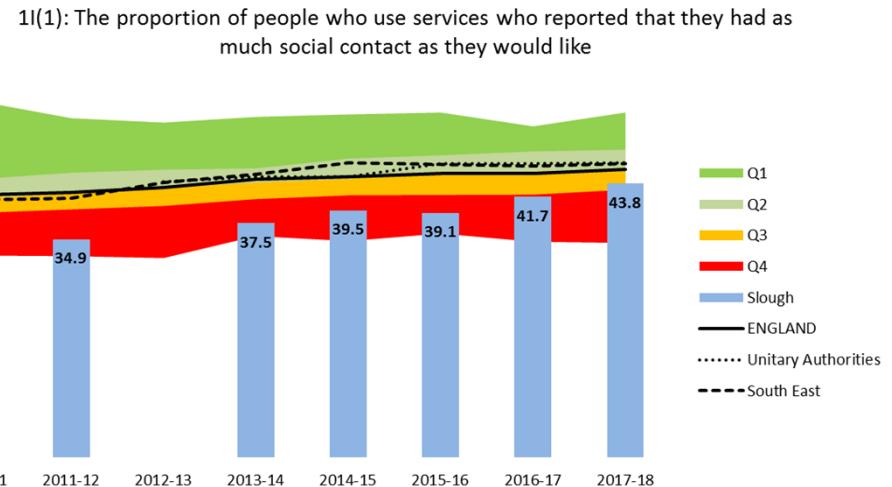
1I(1): The proportion of people who use services who reported that they had as much social contact as they would like



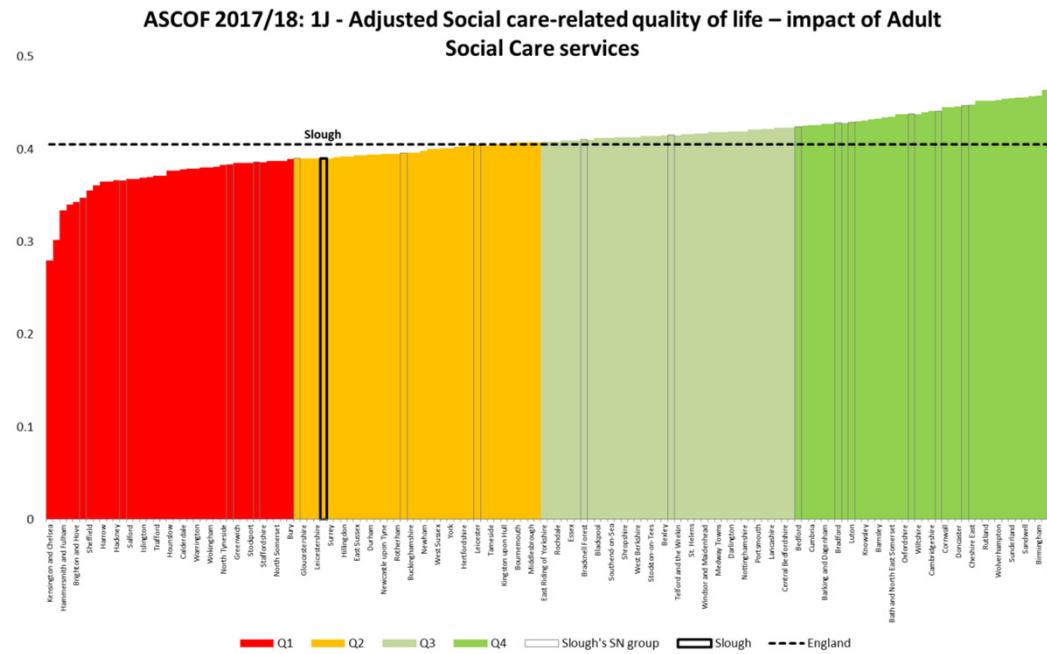
Source: Annual survey of LT Service users

(best possible score is 100% - theoretically, but impractical).

Slough has made improvements, but only escaped from the lowest quartile in the latest year. Enabling control over adequate social contact remains a challenge.



1J: Adjusted Social care-related quality of life – impact of Adult Social Care services



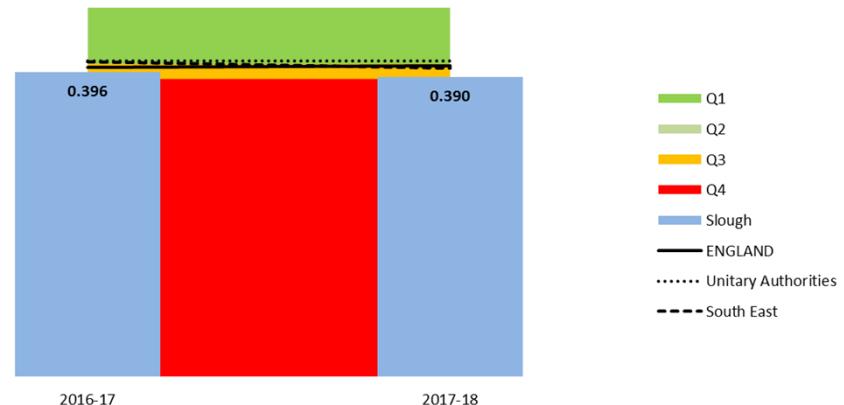
Source: Annual Survey of LT Service users

(best possible score is +1 - theoretically)

Negative scores are possible. All positive scores at least show the support provided has some degree of positive impact.

Slough is just beneath national average.

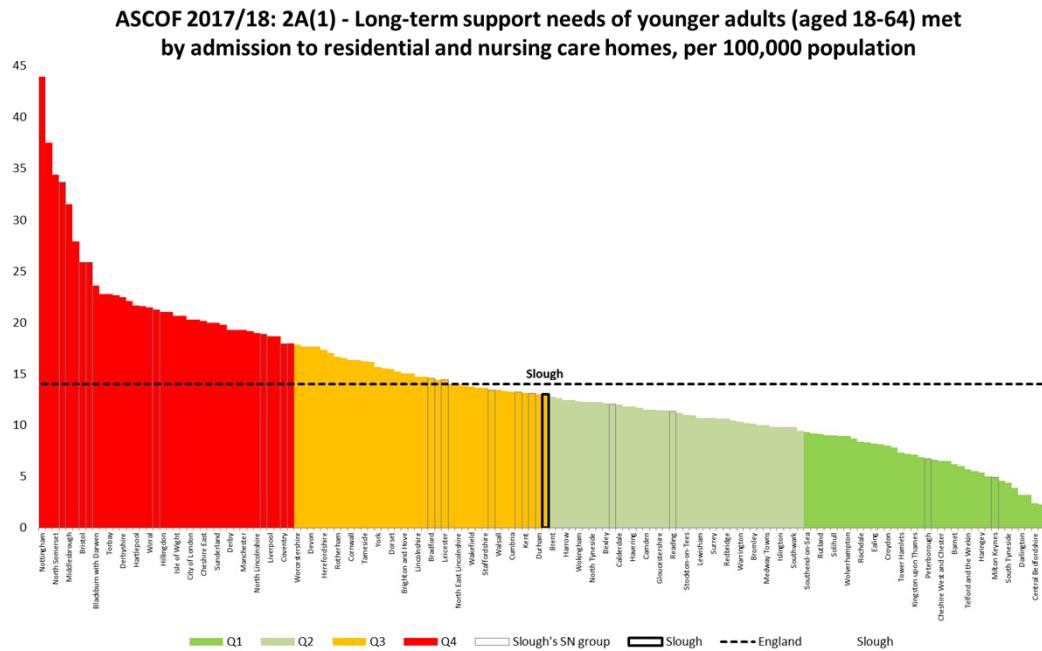
1J: Adjusted Social care-related quality of life – impact of Adult Social Care services



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, per 100,000 population

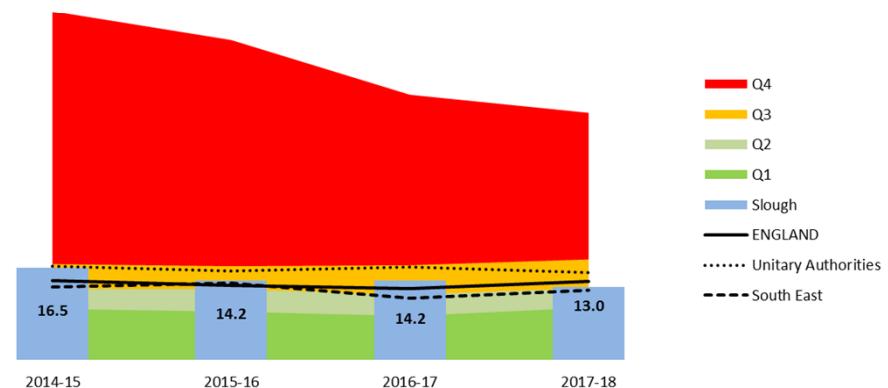


2A(1): Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population

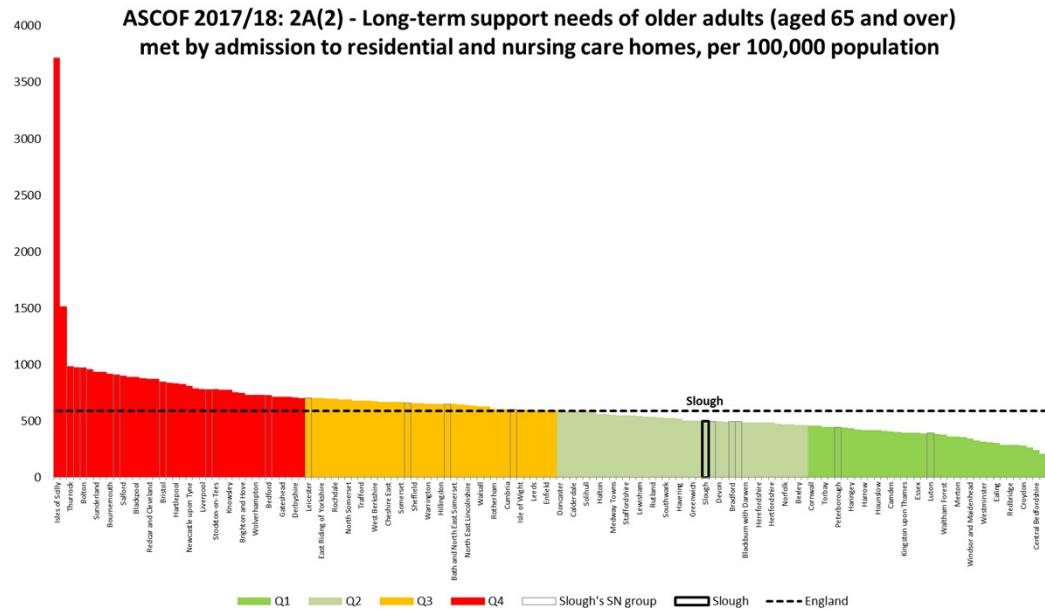
Source: Annual SALT return

(best score is – theoretically - zero)

Slough's outcome is generally within third quartile, but this year we performed better than the national average and *almost* scraped into second quartile.



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



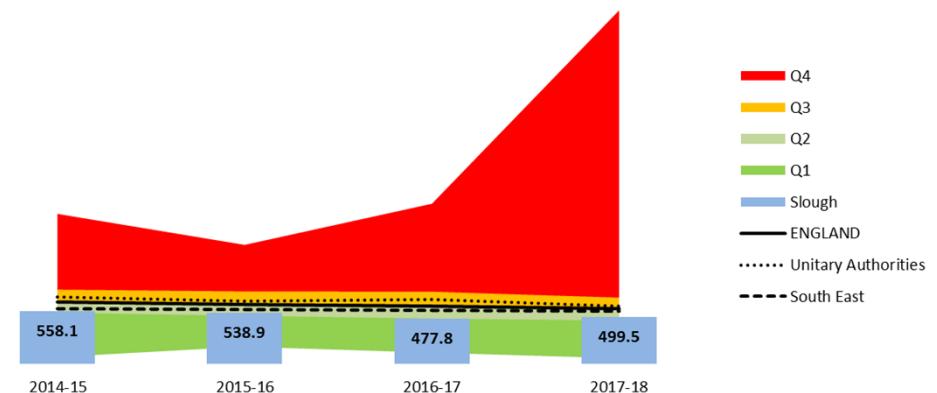
2A(2): Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population

Source: Annual SALT return

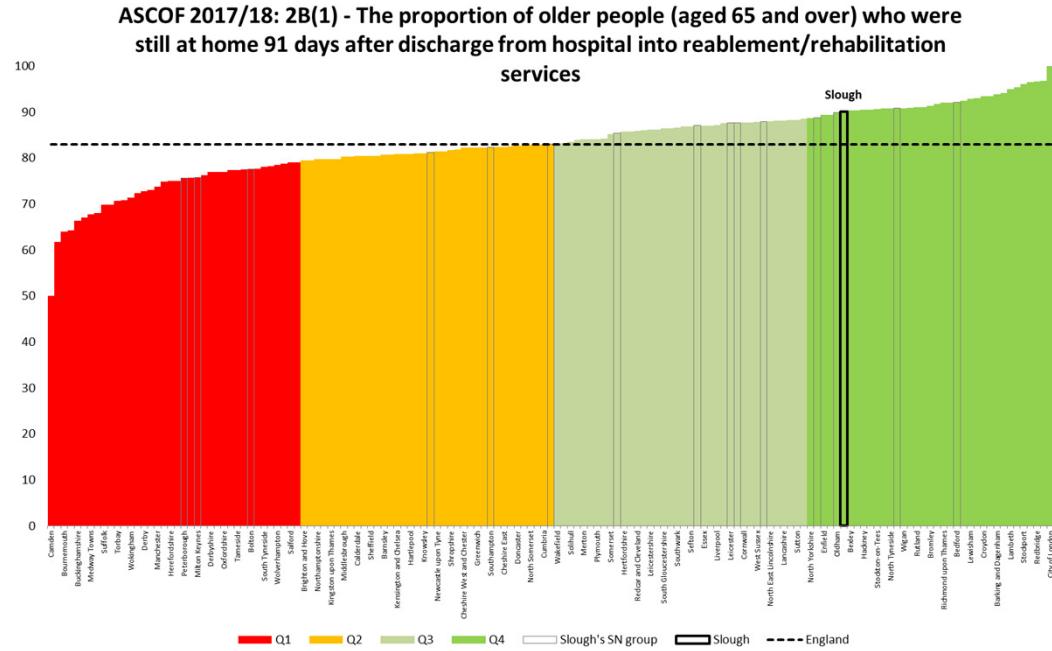
(best score is – theoretically – zero or very low)

Slough's outcome is consistently within 2nd quartile.

We consistently perform well in this matter.



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

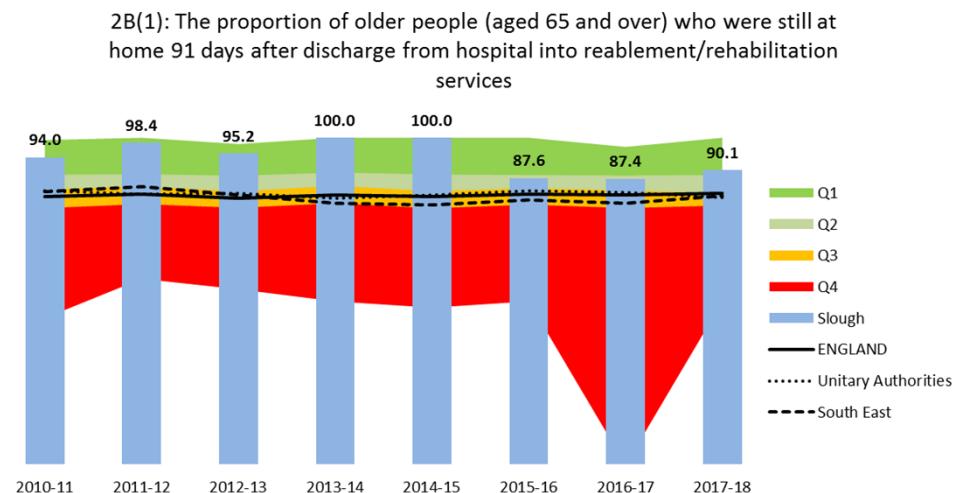


Source: Annual SALT return

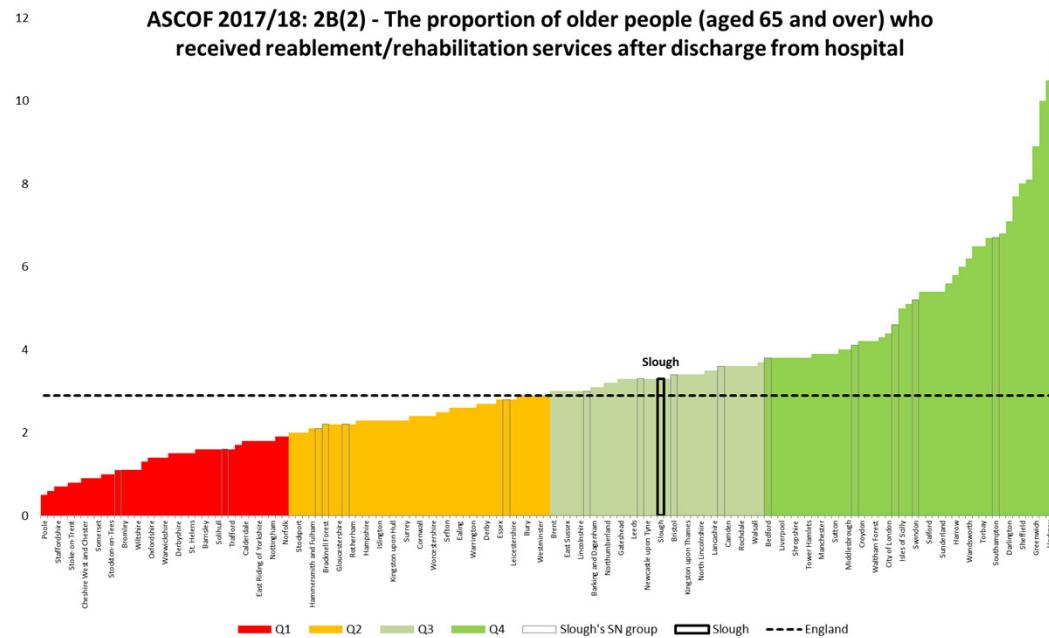
(best possible score is 100%)

Slough's position returned to top quartile this year.

Note that there is a balance to be struck in not restricting access to this service too much, without accepting people who will clearly not benefit from this approach.



2B(2): The proportion of older people (aged 65 and over) who received reablement/rehabilitation services after discharge from hospital



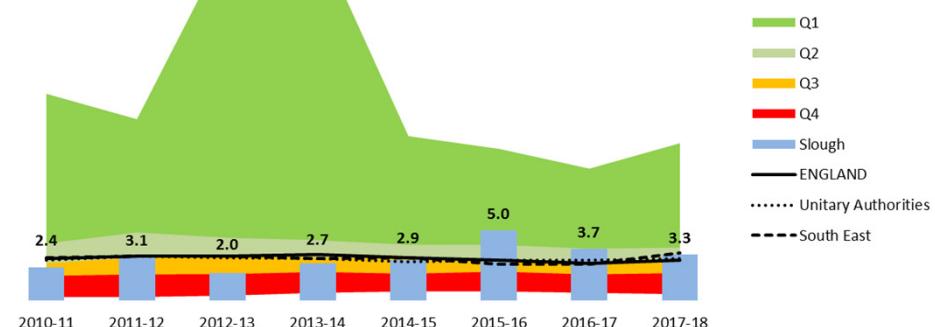
Source: Annual SALT return + HES

(best possible score is treated as higher = better)

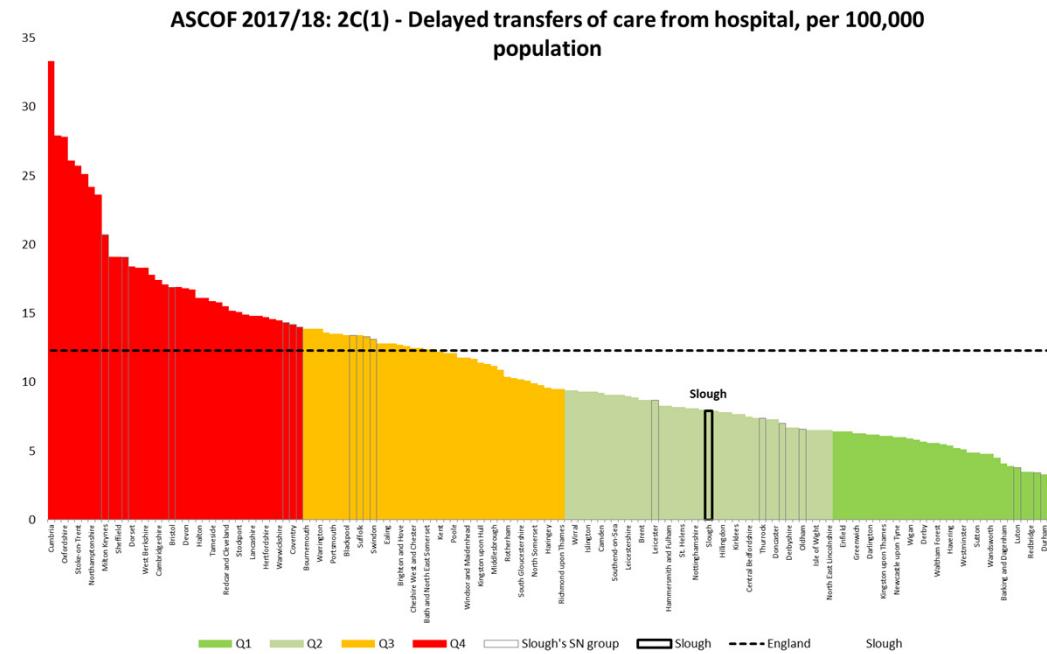
This measures the extent of reablement provision; clearly the majority of older people discharged from hospital do ***not*** require reablement support.

Arguably, closeness to middle of distribution may be more reassuring than a stance on either end.

2B(2): The proportion of older people (aged 65 and over) who received reablement/rehabilitation services after discharge from hospital



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

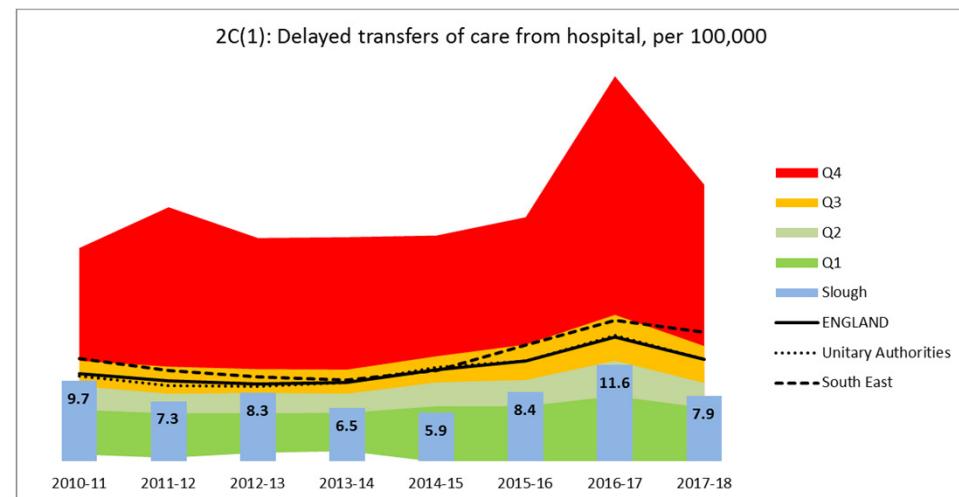


Source: Monthly SitRep reports submitted by hospitals.

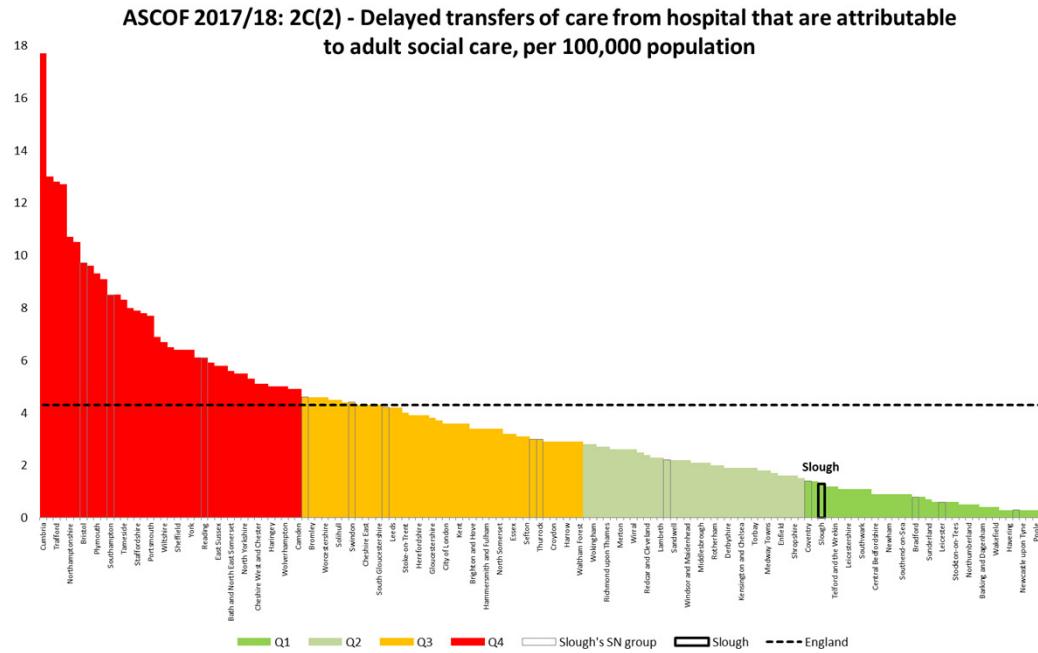
(best possible score would be zero)

There are many underlying reasons behind such delays; the most frequently encountered include personal or family objection, homelessness (i.e. 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 generally fares well, but DTOCs were increasing until the previous year.



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



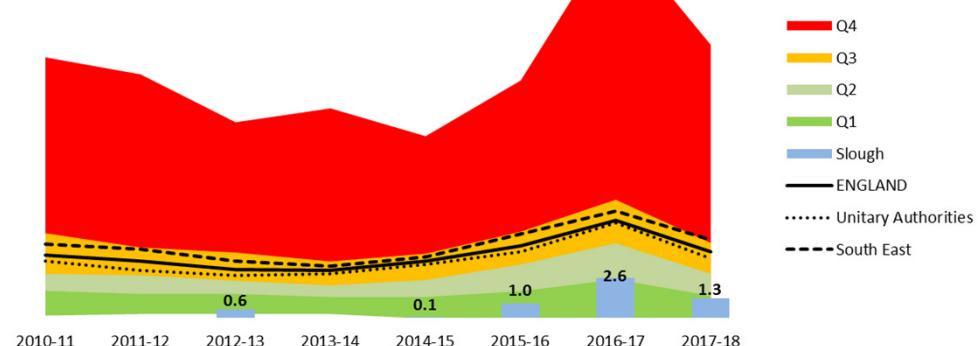
Source: Monthly SitRep reports submitted by hospitals

(best possible score is zero)

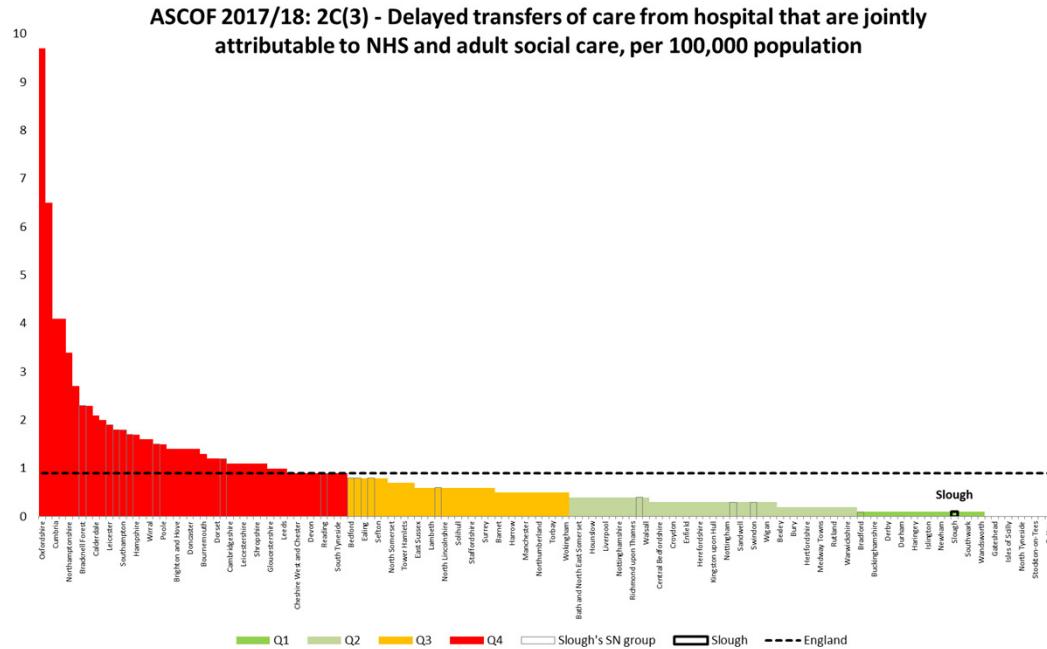
Position is defined by Hospitals (who submit the data).

Pressures include the ability to react quickly to a Discharge Notification. Slough social care consistently performs well.

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



2C(3): Delayed transfers of care from hospital that are jointly attributable to NHS and adult social care, per 100,000 population



Source: Monthly SitRep reports submitted by hospitals

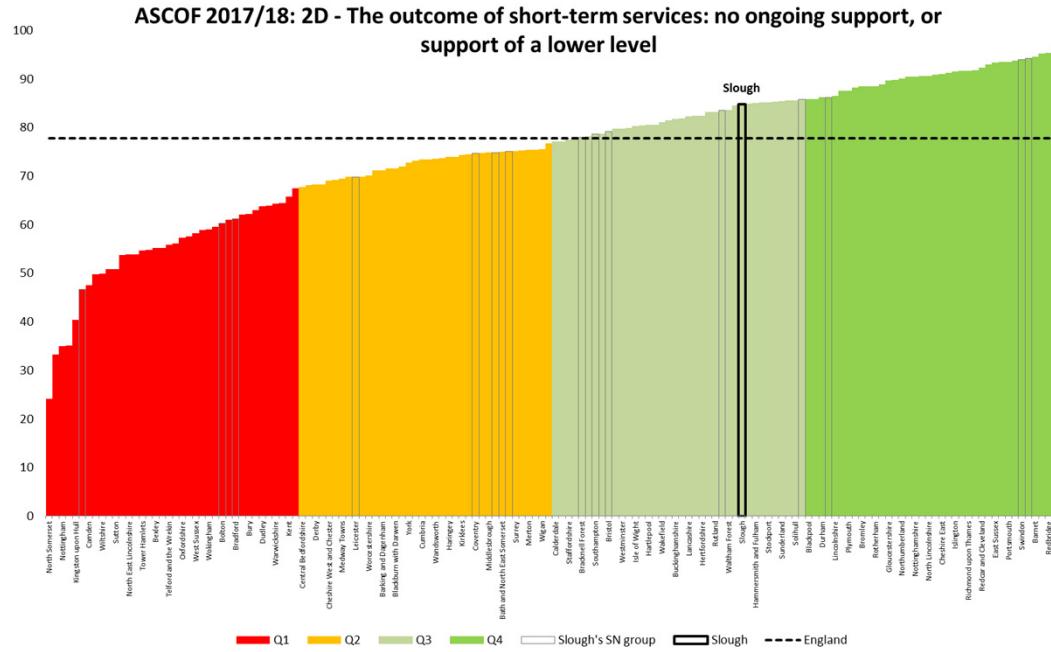
(best possible score is zero)

Position is defined by Hospitals (who submit the data).

Pressures include the ability to react quickly to a Discharge Notification.

This measure was included in ASCOF for the first time in 2017-18.

2D: The outcome of short-term services: no ongoing support, or support of a lower level

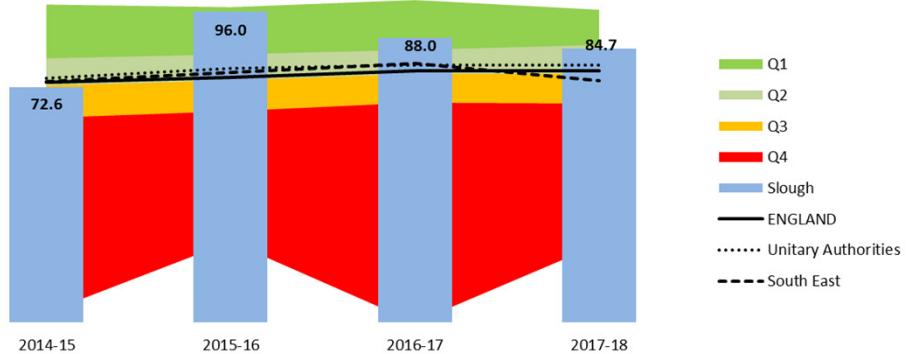


Source: Annual SALT return

(best possible score is theoretically 100%)

This 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 efforts 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.

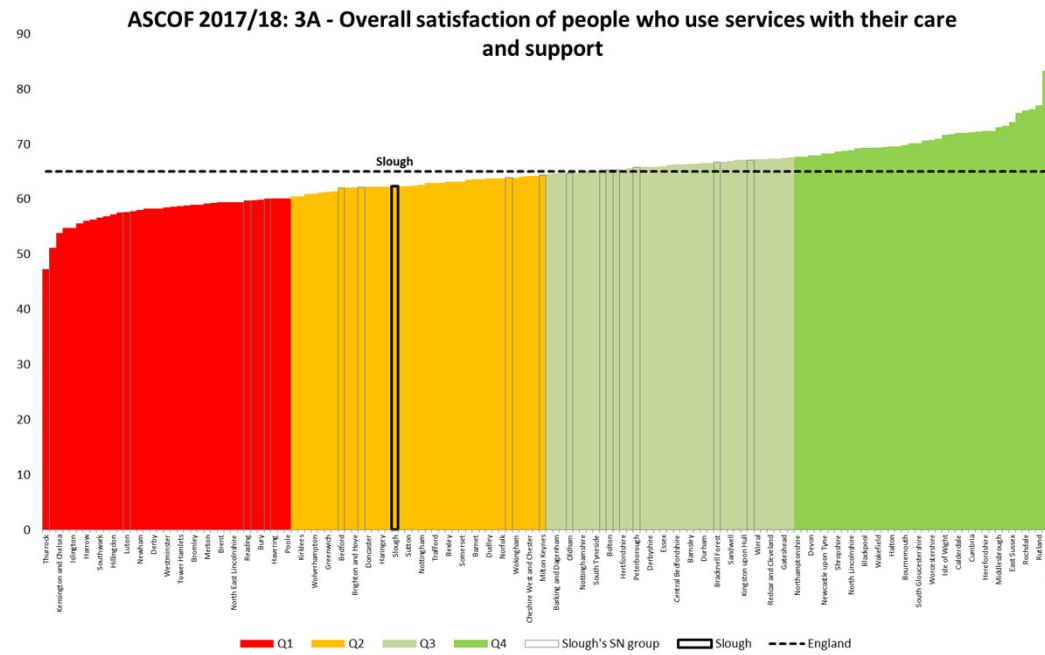
2D: The outcome of short-term services: sequel to service



DOMAIN 3

**Ensuring that people have a positive
experience of care and support**

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



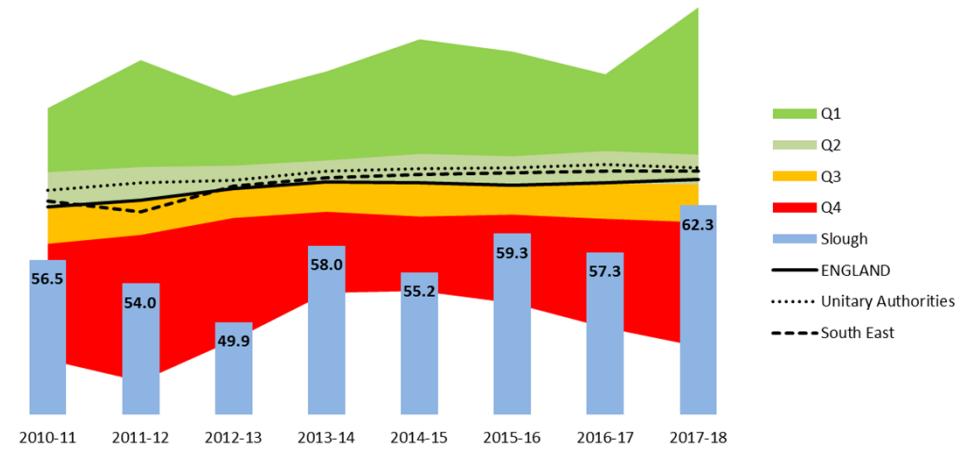
Source: Annual Survey of LT Service Users

(best possible score is 100%)

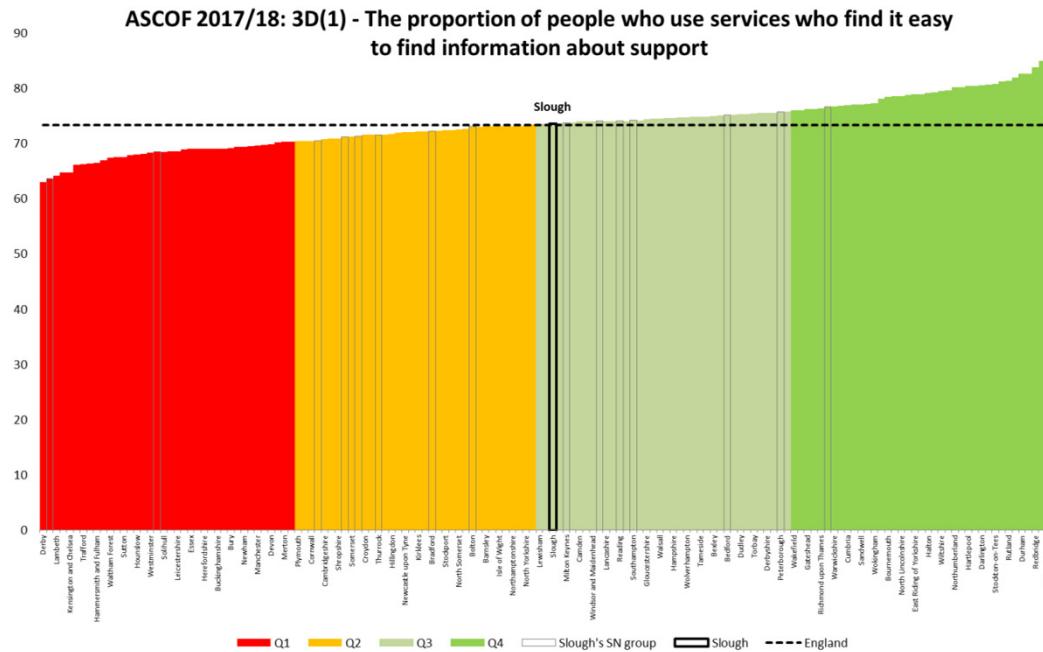
The satisfaction with services of people using social care is directly linked to a positive experience of the care and support provided. Repeated analyses of surveys strongly indicate that self-reported satisfaction with services is a very good overall predictor of the experience and quality of those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

Slough consistently sat in lowest quartile until this year.

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



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

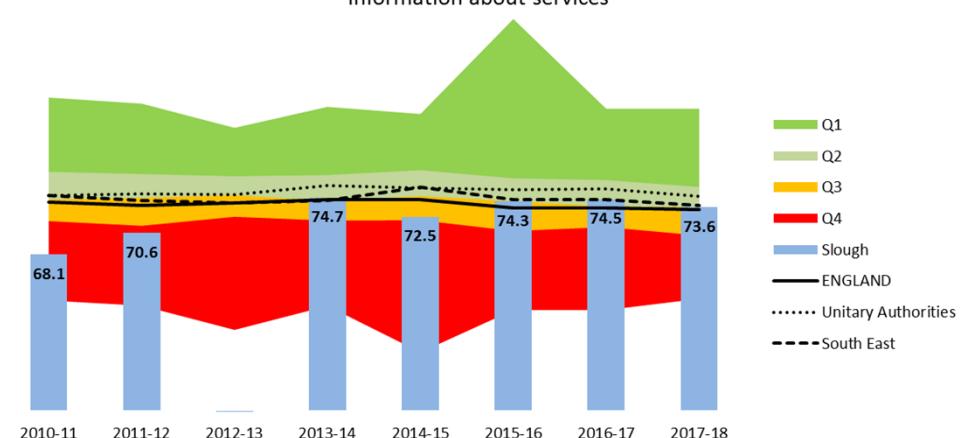


Source: Annual Survey of LT Service Users

(best possible score is 100%)

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.

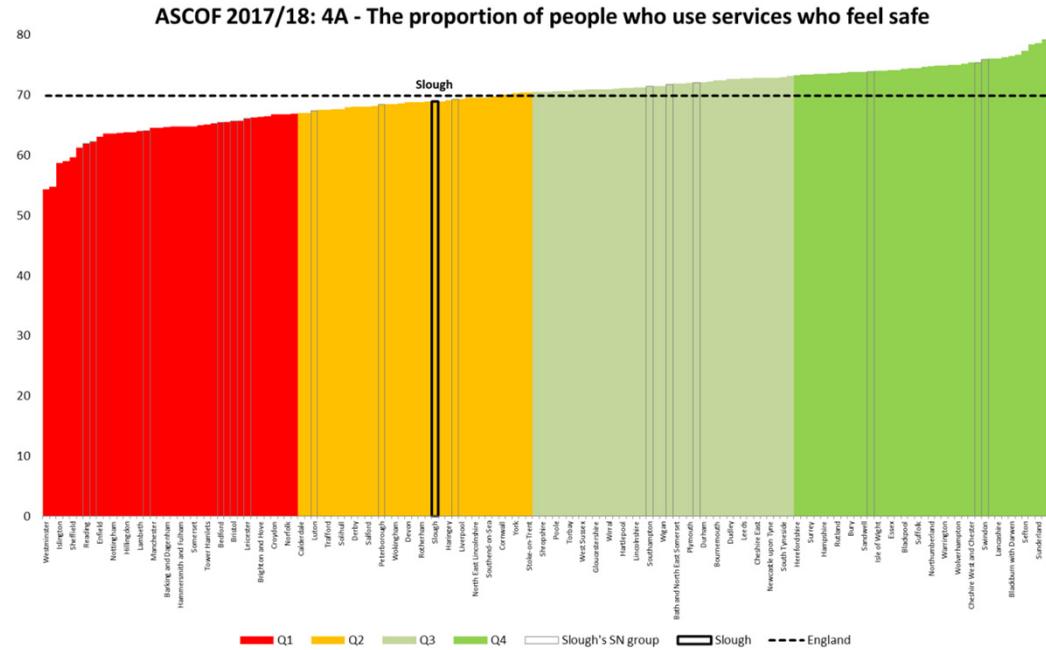
3D(1): Proportion of people who use services and carers who find it easy to find information about services



DOMAIN 4

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

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

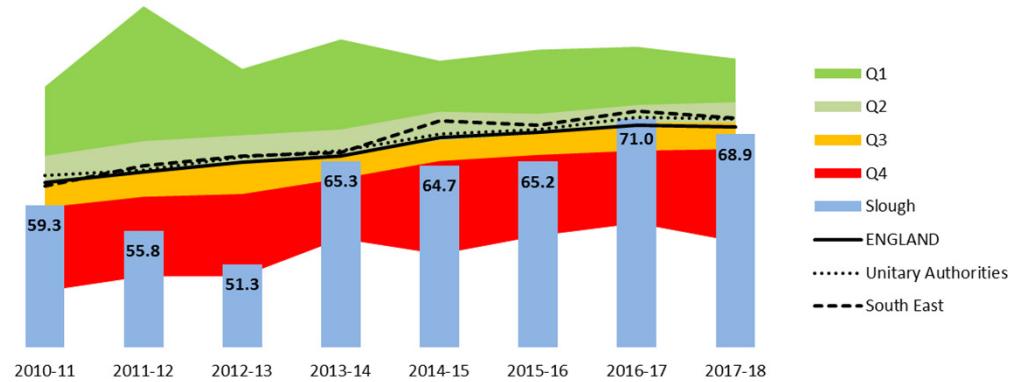


Source: Annual Survey of LT Service Users

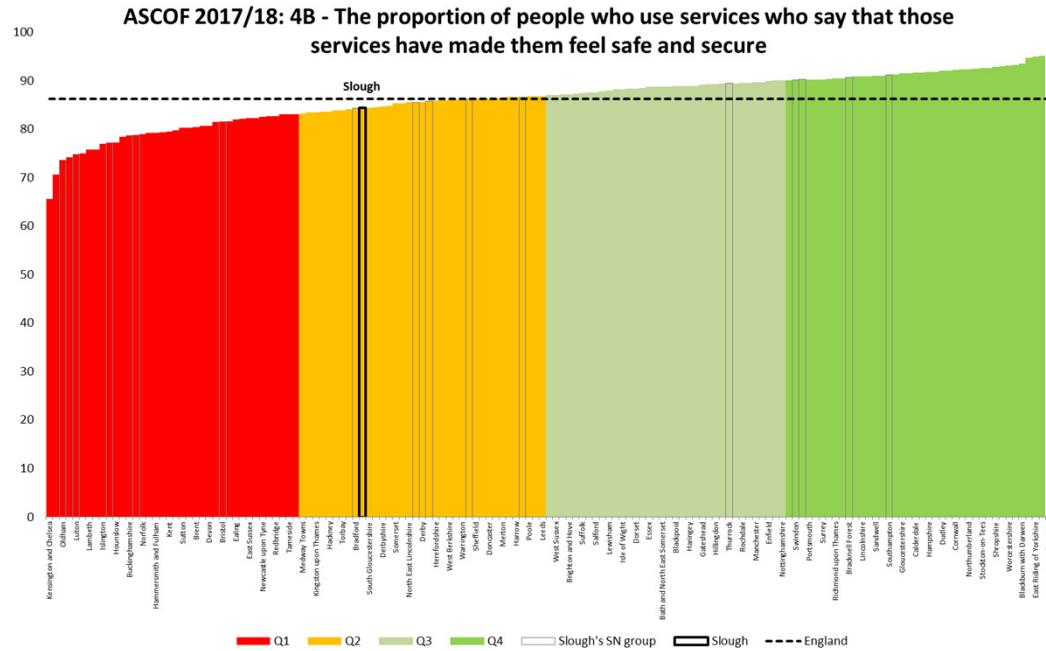
(max possible score is 100%)

This measure derives from self-reported statements about general safety in responses to the annual User Survey. 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 support services have **made** them feel safe and secure).

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



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



Source: Annual Survey of LT Service Users

(max possible score is 100%)

Slough's result of 80.7%, is ever so slightly down on the previous year's 80.9%, and places us towards the upper end of the lowest quartile.

Within Slough 71% of service users *feel* safe, but 80.7% 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...

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

