NHS Digital

Measures from the Adult Social Care Outcomes Framework

England 2015-16

Appendices

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Contents

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)[1] 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[2].

The particular elements which are taken from SALT for the ASCOF are detailed in the companion document 'SALT sources for ASCOF 2015-16' which is available, along with further details of the return and a copy of the collection template, from http://www.hscic.gov.uk/socialcarecollections2016.

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 main 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; and
- Easy read versions of the above for use by users with a learning disability.

Details of the questions used from the survey can be found in the Department of Health's Handbook of Definitions[3].

Further information on how the survey was run including copies of the questionnaires is available from: http://digital.nhs.uk/ascs1516.

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. The survey took place in 2014-15 and so there are therefore no SACE-based measures within 2015-16 ASCOF content. The survey will next take place in 2016-17.

Mental Health and Learning Disabilities Dataset (MHLDDS)

The MHLDDS is an approved NHS Information Standard[4] that delivers record-level data about the care of adults and older people using secondary mental health, learning disabilities or autism spectrum disorder services.

[1] http://content.digital.nhs.uk/socialcarecollections2014
[2] http://content.digital.nhs.uk/media/22400/EQ-CL2016-17Frameworkv2pdf/pdf/EQ-CL_2016-17_Framework_v2.pdf
[3] https://www.gov.uk/government/publications/adult-social-care-outcomes-framework-ascof-2015-to-2016
[4] http://www.isb.nhs.uk/library/standard/76

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.

Further information on the MHLDDS can be found on NHS Digital website at http://digital.nhs.uk/mhldsmonthly.

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).

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.nhsdigital.nhs.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 2015 estimates.

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

Geography

The council level annex tables contain disaggregation by council and region, in alignment with the Department for Communities and Local Government (DCLG) definitions. The council and region names and codes are also in alignment with those set out in the ONS

Guidance for Administrative Geographies[5] . 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 council belongs to are provided in the ONS area codes annex that is available alongside the publication.

[5] For full guidance on ONS Administrative Geographies, visit the ONS Open Geography Portal at https://geoportal.statistics.gov.uk

Appendix B: Data quality

This section outlines the data quality of each of the data sources used in the ASCOF publication. Where known issues have been identified, the councils affected have been included as caution should be taken when reviewing their data in case their ASCOF score has been impacted and may not be comparable.

Relevance

This report contains the final figures for the 2015-16 ASCOF measures for England.

The Isles of Scilly and City of London are exempt from carrying out the Adult Social Care Survey 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 and City of London therefore, do not have ASCOF outcome scores for Measures 1A, 1B, 1I, 3A, 3D, 4A and 4B.

Accuracy

The data collected by NHS Digital undergoes validation at source via routines built into data collection tools. Further validation is carried out once the data are received by NHS Digital and any queries are passed back to councils 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 NHS Digital:

1. Short and Long Term (SALT) Return

The following information provides a summary of the data quality section of the Community Care Statistics report. Full details of this report are available from:
http://digital.nhs.uk/pubs/commcaressa1516

2014-15 Resubmitted Data

This is the second year of the SALT (Short and Long Term) collection and councils were provided with the opportunity to revise their 2014-15 data; as such, some data has been updated from last year and the 2014-15 ASCOF scores contained within this report have been recalculated. These revised scores are included within table 1 and are used as the basis for comparisons over time. Further information about the resubmissions is included within the Community Care Statistics publication report which explains that only some of the councils who would have liked to have reviewed their data had the technology and resources to do so. Given this, caution should be exercised when reviewing the year-on-year trends provided and additionally, the SALT-based ASCOF scores (1C, 1E, 1G, 2A, 2B and 2D) originally published in the 2014-15 publication should no longer be used.

Accuracy and Reliability

The SALT data were collected using the Strategic Data Collection Service (SDCS) collection system, a part of NHS Digital. 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.

Action taken to safeguard data quality

NHS Digital actions included a number of validation checks:

- The SALT data return highlighted the total number of expected mandatory data items and the number that had been completed for each table.

- Blank and zero data items have been followed up with councils to ensure that blanks represent unknown data and zeros represent known data items with no individuals or events.
- Examining internal consistency within a table – "autosum" functionality was built into the SALT data return. The calculation of totals from their components removed the need for a number of validation rules while still ensuring that figures agree within tables.
- Examining internal consistency between tables – e.g., ensuring that totals on tables that are disaggregated in different ways (gender, service type) are consistent.
- Examining data for plausibility – e.g., looking to see if the number of service users receiving services during the year is higher than those receiving services at 31 March.

In addition to the automated validation within NHS Digital processes, each data return was manually reviewed to identify both discrepancies (data values which contradicted each other) and anomalies (data values which weren't in line with national trends but could be accounted for by differences in local practice). These findings were then discussed with the council in order to better understand issues that impacted their data, values that would be corrected through resubmission, and to get a high level overview of how adult social care operated in their area. The findings were summarised and signed off by each council, and further to these conversations, councils were provided with the opportunity to submit revised data.

Completeness of submissions

All councils submitted data for this return. Whilst there were a small number of blank cells at the point of submission, councils were able to advise us of the correct content, to ensure that full data were obtained for mandatory items. No estimates were generated for this collection.

Council-specific issues

Further to submitting their final data, a number of councils identified issues with their data that may impact their ASCOF scores.

Both Bournemouth and Lewisham reported issues accurately recording Permanent Admissions, which means the data submitted have affected their ASCOF 2A score.

Suffolk's data contains several inconsistencies between tables, where totals should balance. This predominantly impacts the Short Term tables, STS002a and STS002b. These inconsistencies may impact on some of their ASCOF scores.

Southwark advised us during the validation call that there were issues with their data due to IT issues, impacting STS002a, STS002b, LTS002a and LTS002b, and as such apportioned their data based on the figures from last year. The ASCOF scores for Southwark may have been affected.

Additionally, Bromley advised NHS Digital via the feedback survey that their data still wasn't as accurate as they'd like it to be.

With regard to 2014-15 issues, most of the councils named in the 2014-15 Data Quality statement did not resubmit revised data and as such, the previously noted issues for Camden, Cornwall, North Yorkshire, Oxfordshire, Slough and Stockton still apply.

An additional ASCOF issue was noted in relation to 2014-15 regarding St Helens, who reported data recording issues that led to a considerably high 2A score.

Issues impacting national data

Planned/Unplanned reviews: the total number of reviews may be understated if practitioners are recording that a review took place in free-format notes on a client's record, rather than

via a review form in the case management system. This may impact on ASCOF scores for councils.
Details of other issues impacting national data are provided in the Community Care Statistics publication.

Other issues that were raised during the validation calls

- Diversion from hospital services route of access underused
- Workers not choosing Transition as route of access
- Issues identifying carers in Short Term tables
- Issues identifying End of Life as a sequel to a request for support

Internal validations

A number of validations were included in the data return to advise councils where data items in one table should reconcile with those in another. On receipt of the final data, it was noted that at England level, a number of inconsistencies still remained between tables. This predominantly impacts the Short Term tables (STS002a and STS002b) with discrepancies also noted with gender disaggregation tables (LTS001b, Tables 4a and 4b; LTS004 Table 1).

General ASCOF-specific issues noted in the SALT data quality statement

ASCOF 2A relates to admissions to residential and nursing care homes, per 100,000 population. Councils have advised us that in 2014-15 and 2015-16 there could be variation between recording intended admissions, as the guidance states, and capturing actual admissions.

ASCOF 1E considers the proportion of adults with a PSR of Learning Disability. The guidance states that if the latest employment status has not been captured during the reporting period, it should be reported as “unknown”. For councils with a high proportion of ‘unknown’ clients, clients recorded in paid employment could be lower than the actual number in paid employment, thus potentially lowering the ASCOF 1E numerator.

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[6] and validations applied are available from:
http://www.digital.nhs.uk/pubs/adusoccaresurv1516

Random Sources of Bias

Surveys produce estimates of ‘true’ values for a population of interest. These ‘true’ values could only be known if an entire population were to be surveyed. Estimates calculated from surveys are therefore always surrounded by a confidence interval which expresses the level of uncertainty caused by only surveying a sample of service users. A 95 per cent confidence interval for example, gives the range within which it would be expected that the true indicator value would fall 95 times if 100 samples were selected.

[6] http://www.digital.nhs.uk/catalogue/PUB21630/pss-ascs-eng-1516-meth-info.pdf

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

Darlington	Reading	Southampton
Lincolnshire	Rutland	Thurrock
Liverpool	South Tyneside	Trafford

These nine councils have a margin of error of between five and six percentage points. Further information in relation to these councils and the use of confidence intervals is available via the Adult Social Care Survey Report.

Timescales of Fieldwork

The recommended fieldwork period for the users' survey is during January to March 2016. A fixed period is recommended to minimise the impact of any wider contextual issues, such as national news stories, that may influence the views expressed by respondents. Six councils made NHS Digital aware that it was necessary for them to conduct at least part of their fieldwork beyond this period; users of the data may wish to bear this in mind when making comparisons. These councils are listed below:

Barnsley	Darlington	Reading
Camden	Newcastle	Worcestershire

Questionnaire Inconsistencies

There are two main versions of the survey questionnaire: one for service users in residential or nursing care, and one for service users in receipt of community-based services. There are also a number of accessible versions of the questionnaires, including easy-read versions designed for service users with a learning disability. The following councils have reported inconsistencies with this part of the survey process, or errors in their distribution of these questionnaires.

- Islington initially distributed the standard residential survey to community service users as well as residential service users.
- Wigan Council initially distributed questionnaires to stratum 4 (65 and over in the community, excluding learning disability support) with a formatting error, which meant that part of the wording for question 12 was obscured.
- Warwickshire council informed NHS Digital that easy read questionnaires were not distributed to clients, unless they were specifically requested; the guidance states easy read questionnaires should be distributed for all clients with a learning disability unless otherwise requested.
- Oxfordshire council reported a distribution error which meant 33 per cent (475) of their stratum two and four surveys were sent to clients without the postage being paid, this meant some service users had to collect, and in the first instance pay for their survey.

Additionally, to help maximise response to the survey, councils are asked to send out reminders to service users who have not returned a questionnaire (either completed or blank) by the return date given by the council. Even where councils have already met the ±5 per cent margin of error requirement, a reminder should still be sent. This is because potential respondents that don't reply to the initial mailing may have different views and

experiences compared to those who do. Having a consistent approach to a survey's process helps to reduce non-response bias, as well as ensuring that the methodology is consistent across councils, and thus produces comparable data. The following councils have made NHS Digital aware that that they did not distribute reminder letters to one or more of their strata:

Derbyshire	South Tyneside	Wandsworth
Norfolk	Oxfordshire	Gloucestershire

Further details on the inconsistencies and the actions taken to mitigate the errors are provided in the data quality section of the Adult Social Care Survey Report. The errors and inconsistencies may impact on the ASCOF scores for these councils.

Completeness of Service User Data

As part of the survey process councils are required to populate 'Service User Data' fields in the data return relating to: running the survey, questionnaire recipients and administrative data (which can include services received and demographic data). It is important to note that NHS Digital do not use estimates in place of missing data.

Some of the incomplete data are used in ASCOF calculations and so will impact on scores.

Surrey council have reported missing demographic data for up to 350 mental health service users who were included in their sample. These data were not provided by the external Mental Health provider to the council and included missing data on age, gender and mechanism of delivery. The council did however manage to populate the missing data for gender and stratum, based on locally held information. Gender and age disaggregations are used in ASCOF calculations and so will be affected by the missing data.

In addition, some councils had issues with other demographic data fields that may impact ASCOF scores that users of these statistics calculate using the Adult Social Care Survey csv file. In particular the missing data may make calculations at disaggregations using delivery mechanism and support setting less accurate. Further details of the councils and missing data are provided in the data quality section of the Adult Social Care Survey Report.

Accuracy of Eligible Population

During processing of the data returns, NHS Digital identified anomalies with the eligible population data reported by some councils, and contacted those identified as outliers. A number of organisations resubmitted data and this was used in final datasets. In addition to those councils where revisions were made, Dorset council also confirmed that their eligible population data were incorrect. Due to production timelines however, NHS Digital was not able to process their revised data for inclusion within the final publication outputs. Any inaccuracies in the eligible population data may affect the weights used in analysis to calculate question responses, confidence intervals, and to assess response rates, as well as potentially impacting on relevant ASCOF scores.

As a result of these findings, further work will be undertaken to improve validation of the eligible population data at council and stratum level for future iterations of the survey.

Survey Design Sources of Bias

79 per cent of respondents reported having help to complete the questionnaire; the type of help provided and who provided it varied (as reported by responses to question 21 within the survey). 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 service users as possible. The service users who did complete the survey unaided are a small subset of state funded social care users and therefore, restricting the survey to this small group would provide a biased impression of the view of social care users.

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, 99.9 per cent of the returned questionnaires were completed by the same method (post), with the lowest percentage at a council level 95 per cent. Therefore, at a national, regional and council basis, there is minimal bias caused by the different methods of data collection.

64 councils (based on those who provided complete information to NHS Digital) added or modified questions to obtain additional information from their service users. The survey guidance makes it clear that if councils wish to add questions to the questionnaire then they must seek approval from NHS Digital, and local research governance processes should be followed when exploring and testing these questions for local implementation and analysis. Modifications must not be made to any section of the survey materials that are not highlighted as requiring input from the council unless consent has been given by NHS Digital. This aims to limit variation, where possible, between councils conducting the survey and to help guard against order effects; for example, how the inclusion of additional questions may impact on responses to subsequent questions. The modifications that were made by councils included providing additional boxes asking service users to add comments to explain their answers, and asking questions which focused on various topics, details of these additional questions are provided in the data quality section of the Adult Social Care Survey Report. The data from the additional questions are not returned to NHS Digital and do not contribute to this publication.

3. Mental Health and Learning Disabilities Dataset (MHLDDS)

In January 2016, the mental health data set changed from Mental Health and Learning Disabilities Dataset (MHLDDS) to Mental Health Services Data Set (MHSDS). Due to the extent of the change, the ASCOF reference group agreed that the data from the new data set (MHSDS) needed to be reviewed before the impact could be assessed. For the 2015-16 ASCOF measures, calculations are therefore based solely on the data from April to November from the MHLDDS. Further information on this and how it impacts comparisons between years is available in the Appendix C (Comparability over time).

MHLDDS were mandatory monthly collections for all NHS funded providers of adult secondary mental health and learning disability services. Data were 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://digital.nhs.uk/mhsds/spec.

The monthly data for all providers has been reviewed to look for any anomalies. As the same dataset has been used for the April to November monthly submissions, it was expected that monthly returns from providers would be consistent. When reviewing the provider level data, some notable changes and anomalies were identified.

Where notable changes or anomalies to the dataset have been identified by NHS Digital 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 MHLDDS data, the monthly reports can be found at: http://digital.nhs.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 NHS Digital as a result of apparent anomalies that have been observed in their data as presented via the monthly Mental Health data files:

Bolton	Kingston Upon Thames	Rutland
Brighton and Hove	Leicester	Salford
Buckinghamshire	Leicestershire	Southend-on-Sea
Bury	Merton	Stockport
Camden	Norfolk	Suffolk
Ealing	Northamptonshire	Surrey
East Sussex	Oldham	Sutton
Essex	Oxfordshire	Tameside
Hammersmith and Fulham	Plymouth	Thurrock
Hampshire	Portsmouth	Trafford
Hounslow	Richmond Upon Thames	Wandsworth
Islington	Rochdale	West Sussex

The councils identified have at least 25 per cent 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 NHS Digital. For all bar Hampshire (28 per cent), the councils have over 84 per cent of their denominator provided by the identified provider. 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 Plymouth council the provider, Plymouth Community Healthcare, was included in the October Data Quality report. The provider updated that the issue they had with their extract process was rectified in October; months prior to October were incorrectly extracted and showed lower activity levels.

- For Portsmouth council the provider, Solent NHS Trust, was included in the September data quality report as having an incomplete submission as a result of migrating to a new system.

- For Hounslow, Ealing and Hammersmith and Fulham councils the provider, West London Mental Health NHS Trust, explained the reason for performance being lower between August and November 2015 was as a result of the relevant table in

their data warehouse referencing an old mapping table. The methodology for mapping local codes to national codes was changed to use RiO master tables, which have all the national codes populated and mapped accordingly, to resolve this issue going forward.

- For Oxfordshire and Buckinghamshire councils the provider, Oxford Health NHS Foundation Trust, is mentioned in a number of the data quality reports. In the November data quality report the provider explained that the reason is unknown for the decrease in episode volumes that became apparent in September. Following a period of stabilization and the implementation of the new dataset, volumes have now returned to pre-implementation levels.

- For Wandsworth, Merton, Richmond Upon Thames, Kingston Upon Thames and Sutton the provider, South West London and St George's Mental Health NHS Trust, updated that an error was made in the November submission. The error was corrected in the January submission for the Mental Health Services Dataset.

- For Essex council the provider, North Essex Partnership University NHS Foundation Trust, has been contacted in relation to a noticeable increase in CPA activity in October and November 2015. The Trust has not yet provided an explanation for this potential data quality issue.

- For Leicester, Leicestershire and Rutland councils the provider, Leicestershire Partnership NHS Trust, has been contacted in relation to noticeably lower employment and settled accommodation data in April and May 2015. The Trust has not yet provided an explanation for these potential data quality issues.

- For Thurrock, Southend-on-Sea and Essex councils the provider South Essex Partnership University NHS Foundation Trust has been contacted in relation to the noticeable drop in employment and settled accommodation data from September through to November 2015. The Trust has not yet provided an explanation for these potential data quality issues.

- For West Sussex, East Sussex and Brighton and Hove councils the provider Sussex Partnership NHS Foundation Trust has been contacted in relation to the noticeably higher settled accommodation data in April to June 2015. The Trust has not yet provided an explanation for this potential data quality issue.

- For Bolton, Salford and Trafford councils the provider, Greater Manchester West Mental Health NHS Foundation Trust, was included in the October data quality report. The provider updated that the systems changed at the beginning of September but some referrals had been duplicated. Duplicate referrals began to be removed from January 2016.

- For Camden and Islington councils the provider, Camden and Islington NHS Foundation Trust, updated that they migrated to a new Electronic Patient Record during September. The trust focused efforts on the move to the new dataset in January 2016. As part of the delivery of the new dataset, completeness of CPA, employment and accommodation has improved significantly.

- For Northamptonshire council the provider, Northamptonshire Healthcare NHS Foundation Trust, updated that they were transferring systems in November and were still in the process of reconciling data and hence no data had been submitted for November.

- For Suffolk and Norfolk councils the provider, Norfolk and Suffolk NHS Foundation Trust, were included in a number of data quality reports for having missing submissions due to the implementation of a new system. No data was submitted for May through to September.

- For Surrey and Hampshire councils the provider, Surrey and Borders Partnership NHS Foundation Trust, was included in the September data quality report for having a missing submission due to migrating systems.

- For Rochdale, Stockport, Oldham, Bury and Tameside the provider, Pennine Care NHS Foundation Trust, updated that there were technical issues that impacted on their ability to complete employment and accommodation information. The provider has made figures available directly to councils within its footprint and has worked to ensure that submissions of the new dataset from January 2016 onwards are more reliable.

Leeds and York Partnership NHS Foundation Trust and East London NHS Foundation Trust were also contacted about changes in the volumes of their data. These providers confirmed that changes in commissioning arrangements had resulted in different cohorts of clients being covered by them and therefore included within their submissions. These changes should not affect councils as the residence of the client is what is used to link a client to a council.

4. 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 NHS Digital 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.

Further information on how HES data are processed including validation is available from www.nhsdigital.nhs.uk/hes and http://digital.nhs.uk/article/1825/The-processing-cycle-and-HES-data-quality.

5. 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 council 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 September 2016. NHS England expect further changes to the January to March 2016 data that are due to be published in March 2017. Changes between the outcome measures between current and revised data are expected to be minimal. Further information on Delayed Transfers of Care, including revisions to 2015-16 data, are available from: 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 NHS Digital for 2010-11; this report is available at http://digital.nhs.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 2015-16 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://digital.nhs.uk/pubs/aduscoccareof1516fin.

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://digital.nhs.uk/haveyoursay.

The ASCOF is co-produced by the DH-chaired ASCOF Reference Group which has membership from Department of Health, local government and NHS Digital. 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 SALT Group and the Social Services User Survey Group (SSUSG) which has representation from NHS Digital,

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 2015-16 collections were approved by the Outcomes and Information Development Board (OIDB)[7]. This group being jointly co-chaired by: DH and the Association of Directors of Adult Social Services (ADASS) and having representation from NHS Digital, 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

The NHS Digital publications calendar web page provides links to relevant NHS Digital policies and other related documents at:

http://digital.nhs.uk/pubs/calendar

- Statistical Governance Policy[8]
- Disclosure Control Procedure[9]
- Statement of Compliance with Pre-Release Order.[10]

Further information on the Freedom of Information process is available at

http://digital.nhs.uk/foi.

[7] OIDB has been replaced by the Data and Outcome Board.
[8] http://digital.nhs.uk/media/1350/Publications-Calendar-Statistical-Governance-Policy/pdf/Statistical-Governance-Policy.pdf
[9] http://digital.nhs.uk/media/13158/Small-Numbers-Procedure/pdf/Small_Numbers_Procedure.pdf
[10] http://digital.nhs.uk/media/1349/Statement-of-Compliance-with-Pre-Release-Order/pdf/HSCIC_Statement_of_Compliance_with_Pre-release_Access_Order_2008.pdf

Appendix C: Comparability over time

As a result of changes to the sources and definitions of measures, care should be taken when comparing outcome values over time. Comparability comments have been added where there are changes to the measure which can affect comparability over time. These changes include changes to how the data is collected. 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.

Table 2: Summary of the years changes have been made to the ASCOF Data Sources and which measures are affected

Year	Adult Social Care Survey based measures	Activity based measures	Carers survey based measures	Mental Health Dataset based measures	Delayed Transfers of Care based measures
2011-12	1A, 1B, 1I(1), 3A, 3D, 4A and 4B	1E, 1G, 2A and 2B			
2012-13			3D		
2013-14	3D(1)		3D(2)	1F and 1H	
2014-15	1A, 1B, 1I(1), 3A, 3D(1) 4A and 4B	1C, 1E, 1G, 2A and 2B	1D, 1I(2), 3B, 3C, 3D(2)		
2015-16		1C, 1E, 1G, 2A, 2B and 2D		1F and 1H	

2015-16

Mental Health Data Set measures:

1F and 1H – In January 2016, the mental health data set changed from Mental Health and Learning Disabilities Dataset (MHLDDS) to Mental Health Services Data Set (MHSDS). Due to the potential for change, and the proximity of the change to the point at which the data were needed, the ASCOF reference group agreed that data from the new data set (MHSDS) would be reviewed before being used as part of the ASCOF indicators. For the 2015-16 ASCOF measures, calculations are therefore based solely on the data from MHLDDS.

The change in dataset also resulted in providers only being able to submit a primary version of their December data. A second, final submission is usually made and this was not possible for December: This data therefore does not have the same definition as the final data used from April to November. As a result, the ASCOF measures have therefore been calculated using the average of eight monthly scores from April to November.

The overall definitions of the ASCOF measures 1F and 1H remain unchanged, so it was expected that the monthly scores should remain consistent. Analysis has shown a reduction in the scores in October and November but this appears to follow the longer-term monthly trend; further details on this are provided in sections 1F and 1G of the report.

As the definitions have remained unchanged and the monthly data shows consistent patterns to earlier months, scores from 2015-16 can be compared to those from previous years. However, caution should still be taken when making these comparisons.

Activity based measures:

1C, 1E, 1G, 2A, 2B and 2D – this is the second year of the SALT (Short and Long Term) collection and councils were provided with the opportunity to revise their 2014-15 data; as such, some data has been updated from last year and the 2014-15 ASCOF scores contained within this report have been recalculated. These revised scores are included within table 1 and are used as the basis for comparisons over time. Further information about the resubmissions is included within the Community Care Statistics publication report which explains that only some of the councils who would have liked to have reviewed their data had the technology and resources to do so. Given this, caution should be exercised when reviewing the year-on-year trends provided and additionally, the SALT-based ASCOF scores (1C, 1E, 1G, 2A, 2B and 2D) originally published in the 2014-15 publication should no longer be used.

2014-15

Adult Social Care Survey 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 council-funded services following a full assessment of need (i.e. a snapshot of those eligible for inclusion in Referrals, Assessments and Packages of Care (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 council 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.

1A, 1B, 1I(1), 3A, 3D(1), 4A and 4B – for the 2014-15 Adult Social Care Survey, a new weighting methodology was introduced. To enhance accuracy, the new methodology considers each council for each stratum, and uses a different set of weights for each question depending on the number of useable responses there were for each question. These weights were calculated by dividing the count of the eligible population for each council / stratum combination by the count of useable responses to that question. This change improves the accuracy of the aggregate level results because variability in sampling and response rates between councils and questions are accounted for. Due to the change in

the eligible population, mentioned above, creating a break in time-series, 2013-14 scores have not been recalculated using this new weighting methodology.

Carers' based measures:

1D, 1I(2), 3B, 3C and 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 council 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 councils are accounted for. There is no change to the calculation of council 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.

Activity based measures:

Previously, measures **1C, 1E, 1G, 2A and 2B** were based on data from the Referrals, Assessments and Packages of Care (RAP) and Adult Social Care – Combined Activity Return (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://digital.nhs.uk/socialcarecollections2016).

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 as at 31st March, 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 (the number of service users receiving self-directed support / direct payments) and denominator (the number of clients accessing long-term support) 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 as a new ASCOF measure in 2014-15.

2013-14

Mental Health Data Set measures:

1F and 1H – previously, these measures were calculated annually from the Mental Health Minimum Dataset. 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.

Adult Social Care Survey and Carers Survey based measures:

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

Adult Social Care Survey and Carers Survey based measures:

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

Adult Social Care Survey based measures:

1A, 1B, 1I(1), 3A, 3D, 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).

Activity based 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.

2A(1) and 2A(2) - the responsibility for some learning disability services was transferred from the NHS to councils 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.

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.

Appendix D: 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.

NHS Digital

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

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

ASCOF outcomes are also included in the NHS Digital Indicator Portal: http://www.digital.nhs.uk/indicatorportal.

Councils with Adult Social Services Responsibilities (CASSRs)

Different CASSRs will use the data in different ways but there will be some commonality between them. Uses of the report made by CASSRs include:

- Benchmarking against other CASSRs.
- 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 NHS Digital website and therefore the majority of users will access it without being known to NHS Digital. 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?

A form to submit feedback is available at http://digital.nhs.uk/haveyoursay.

Feedback, comments and requests for further information may be sent to:

The Contact Centre
NHS Digital
1 Trevelyan Square
Boar Lane
Leeds
West Yorkshire
LS1 6AE

Telephone: 0300 303 5678

Email: enquiries@nhsdigital.nhs.uk

Appendix E: 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 councils and people in contact with NHS specialist mental health services. All reports will become available on the NHS Digital website.

This publication can be downloaded from the Health and Social Care Information Centre website at http://digital.nhs.uk/pubs/aduscoccareof1516fin.

The Handbook of Definitions for the ASCOF measures can be found at https://www.gov.uk/government/publications/adult-social-care-outcomes-framework-ascof-2015-to-2016.

National Indicator Set publications for previous years can be downloaded from the NHS Digital website at http://digital.nhs.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://digital.nhs.uk/pubs/finalsocmhi1011.

Publications relating to social care activity, finance, staffing, and user experience surveys for adults can be downloaded from the NHS Digital website at http://digital.nhs.uk/social-care.

Data for child services

Information on social care for children is available at 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