

**A review of adult social care in
Southend-on-Sea**

LOCAL ACCOUNT 2016-17

DRAFT

All of the work we do is driven by our vision to create a better Southend and we ALL acknowledge that:

- Everyone in the community can contribute to, and benefit from, creating a better Southend.
- Residents/citizens establish what's important to them.
- Southend-on-Sea Borough Council works with partner agencies to make those things that are important to Southend residents actually happen.
- Agencies continually check out with the community that what we do is in line with what they have decided are the key priorities.
- The community knows its strengths and needs best – so we take an asset based approach to our work.
- Individuals/the community in the first instance are responsible for setting out their agenda and what's important to them, for creating their own solutions, and for meeting their own needs. All of our work supports this principle.
- We work alongside each other – sharing knowledge, skills, and the responsibility for supporting residents to create a better Southend.
- We each have areas of expertise: but we're prepared to flex the boundaries of these and allow people to work across roles/services in order to achieve our overall aim.
- We're committed to working in multi-disciplinary teams of specialists where possible; where not, we work in a joined up way across teams and services with a continuous flow of communication between all parties.

Local Account 2016-17

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Foreword

This annual Local Account provides an overview of adult social care in Southend-on-Sea during 2016-17, and our priorities and plans for 2017-18 and beyond.

The purpose of this Local Account is to inform people living in the Borough about the achievements, challenges and priorities for adult social care and the impact these have on people's lives.

A glossary that explains some of the terms used plus a list of useful contacts is included at the end of this document.

Our ambitions for redesigning adult social care

The adult social care redesign programme is changing our approach to people, their families, carers and the community. We are moving to an approach that is empowering, and helps the person in taking control of their own lives rather than being told what is best for them, with social workers taking a preventative approach to their work in community settings. Social workers and their health colleagues have a strong understanding of their local community and engage wholly with Southend residents to maximise independence, inclusion and reduce marginalisation. In other words, we recognise that everyone in the community is important and can contribute to our ambition to create a better Southend.

Redesigning adult social care is a transformational programme across the whole social care and health system in order to achieve our ambition; we are turning around culture and mind-set, developing engagement and communicating a compelling vision. We are working in partnership with local health providers and voluntary organisations to ensure people who have particular support needs receive preventative information, advice and support and excellent care that enables them to enjoy independence and be a part of society.

We are pleased to present this overview of adult social care in Southend-on-Sea 2016-17.

Simon Leftley

Deputy Chief Executive (People)

Councillor Lesley Salter

Portfolio Holder for Health & Adult Social Care

1. The National Picture

Adult social care provides advice and support to people over the age of 18 who may need some help.

The national emphasis is on developing a person's strengths, assets and aspirations, rather than on 'providing services'. We enable people and their carers to be as independent as possible with the right support from their families, friends and wider community network. We view our residents as both equal and as an asset who make a valued and constructive contribution to the Borough.

As a result we have been working hard to strengthen asset based community development and community inclusion projects so people can access the right advice and information earlier. Anyone who is likely to have difficulty in taking part in the assessment and planning process is also entitled to an independent advocate.

2. The Local Picture – How we support you

In 2016-17 in order to ensure sustainability and regeneration we continued to implement a re-design of adult social care, health and housing in line with the principles of the Care Act (2014).

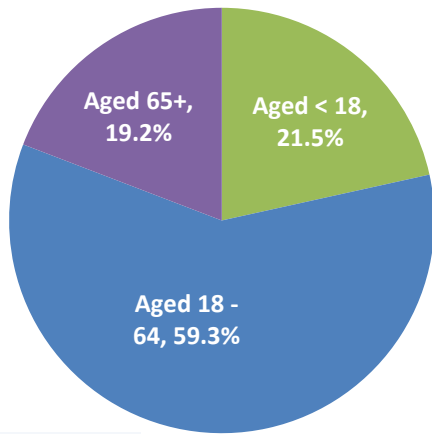
The re-design is developing an integrated single approach across health and social care to change and includes the voluntary sector and community groups. It is looking at the positives through strengths-based assessments and care planning, focusing on individual abilities and community resources, rather than a negative approach that focuses on the things people can't do and services to meet need.

Every day in our borough we deal with complex and challenging situations and our workforce plays a unique role in supporting people, often at the most difficult periods in their lives. The **Southend Locality Approach** supports communities by joining up professionals across a range of areas, including health, housing the voluntary sector and other community providers. Achieving our local vision requires the support and commitment of all of us including our partners in health and most importantly the people who live in our town.

Local Demographics

Southend is home to 179,799 residents. Of these, 38,729 (21.5%) are under the age of 18; 106,583(59.3%) are aged 18-64 and 34,487 (19.2%) are aged 65 and over.

2016 Population Split by Age Group

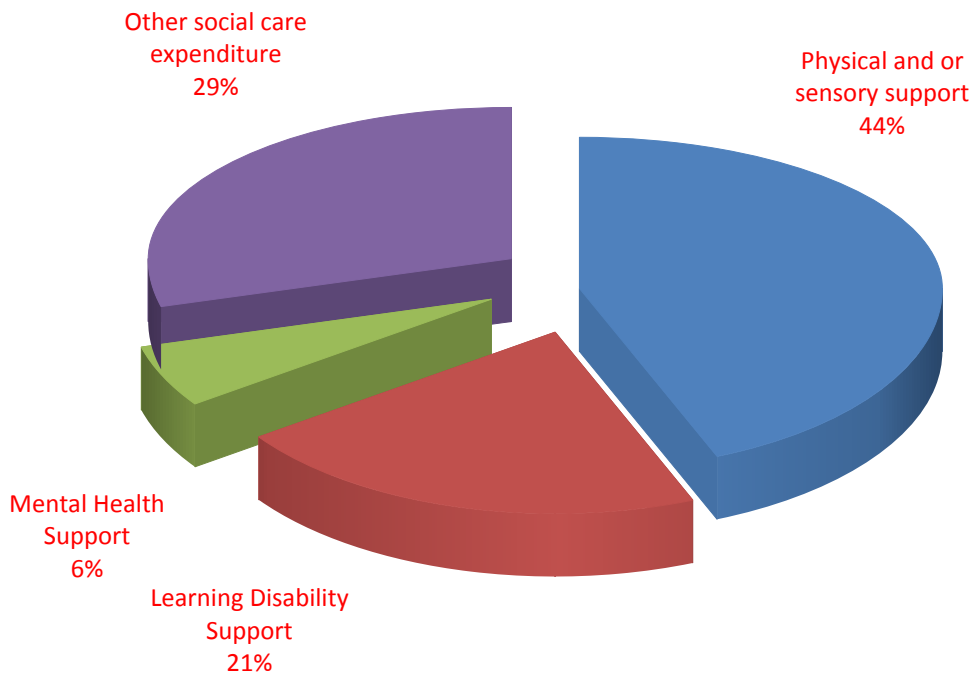


Source: ONS Mid-2016

What We Spend

During 2016-17 Southend Borough Council spent £67 million on adult social care. This is 36% of everything the council spends.

Adult Social Care Expenditure 2016-17 (gross)



Source: data provided by the Corporate Finance Team

Gross Spend for Adult Social Care 2016-17 by Primary Support Reason

Adult Social Care	£'000
Physical support - adults (18–64)	3,481
Physical support - older people (65+)	25,611
Sensory support - adults (18–64)	70
Sensory support - older people (65+)	391
Support with memory and cognition - adults (18–64)	20
Support with memory and cognition - older people (65+)	1,109
Learning disability support - adults (18–64)	12,512
Learning disability support - older people (65+)	1,925
Mental health support - adults (18–64)	2,963
Mental health support - older people (65+)	775
Social support: Substance misuse support	61
Social support: Asylum seeker support	33
Social support: Support for carer	1,878
Social support: Social Isolation	0
Assistive equipment and technology	1,384
Social care activities	6,735
Information and early intervention	254
Commissioning and service delivery	8,259
TOTAL ADULT SOCIAL CARE	67,461

Achievements and Challenges

Some examples of our achievements in 2016-17 and challenges are:

Achievements

- The development of an early intervention and assessment approach to prevent needs increasing
- Social workers concentrating on what people can do and what enhances their lives rather than focusing on things people find difficult.
- Trialling social workers within the heart of our community, for example community hubs to delay needs and offer advice and information earlier.
- An overnight domiciliary care support (personal, domestic, or nursing care provided for people at home rather than in an institution) to minimise admissions into residential care and hospital
- Trialling a Community Social Worker to integrate social work practice with GP's and the community.

- The development of six 'Discharge-to-Assess' beds at Priory House to support timely discharges from hospital

Challenges

- We recognise how important it is to listen to the people living in Southend, we want to increase our engagement with local community members to agree how we can work together to make best use of the support available in the town and identify wishes and gaps which can be jointly addressed.
- Carers play a vital role in Southend-on-Sea to support people who need additional help. Change in legislation has given carers an equal footing with people who need care and support in their own right. We want to support carers more as they often find themselves in the most difficult situations, we want to support them to carry on living fulfilling and happy lives alongside the people they care for.

Adult Social Care Outcomes

The Adult Social Care Outcomes Framework (ASCOF) is used both locally and nationally to set priorities for care and support, measure progress and strengthen transparency and accountability. It also fosters greater transparency in the delivery of adult social care, supporting local people to hold their council to account for the quality of the services they provide commission or arrange.

Southend-on-Sea Borough Council use ASCOF as part of the planning process to set the priorities and future plans for adult social care in Southend-on-Sea which are set out in section 4 of this document.

For more information visit <http://ascof.hscic.gov.uk/>

The tables below compare Southend-on-Sea's performance for 2016-17 to 2015-16 (2014-15 for the Carer's Survey) as well as the national average for 2016-17 (the full table of results can be found as an appendix at the end of this document.)

There are 4 areas of Adult Social Care that are measured. Overall Southend improved for 15 of the 27 measures (56%) compared to 2015-16 (2014-15 for the Carer's Survey). 10 of 27 (37%) of measures were lower. The remaining 2 measures stayed the same (7%).

When comparing to national data, Southend are above the England average for 14 of the ASCOF measures and 13 are below the England average.

Enhancing quality of life for people with care and support needs

Number of Measures	Compared to Previously Published Figures (Southend)			Percentage of Direction of Performance compared to Southend Figures for 2015/16 (2014/15 for Carers Survey)
	Higher	Same	Lower	
13	6	2	5	<p>46.2% 15.4% 38.5%</p> <p>Higher Same Lower</p>
	46.2%	15.4%	38.5%	
	↑	↔	↓	
Number and % of Measures at or above 2016-17 England Average		7	53.8%	

Delaying and reducing the need for care and support

Number of Measures	Compared to Previously Published Figures (Southend)			Percentage of Direction of Performance compared to Southend Figures for 2015/16 (2014/15 for Carers Survey)
	Higher	Same	Lower	
7	3	0	4	<p>42.9% 0.0% 57.1%</p> <p>Higher Lower</p>
	42.9%	0.0%	57.1%	
	↑	↔	↓	
Number and % of Measures at or above 2016-17 England Average		4	57.1%	

Ensuring that people have a positive experience of care and support

		Compared to Previously Published Figures (Southend)			
Number of Measures	Higher	Same	Lower		
5	4	0	1	<div style="text-align: center;"> <p>Percentage of Direction of Performance compared to Southend Figures for 2015/16 (2014/15 for Carers Survey)</p> <p>80.0% 20.0%</p> <p>■ Higher ■ Lower</p> </div>	
	80.0%	0.0%	20.0%		
	↑	↔	↓		
Number and % of Measures at or above 2016-17 England Average (Excluding the Carer's Survey)		2	40.0%		

Safeguarding adults whose circumstances make them vulnerable and protection from avoidable harm

		Compared to Previously Published Figures (Southend)			
Number of Measures	Higher	Same	Lower		
2	2	0	0	<div style="text-align: center;"> <p>Percentage of Direction of Performance compared to Southend Figures for 2015/16 (2014/15 for Carers Survey)</p> <p>100.0%</p> <p>■ Higher</p> </div>	
	100.0%	0.0%	0.0%		
	↑	↔	↓		
Number and % of Measures at or above 2016-17 England Average		1	50.0%		

Keeping People Safe

The **Southend-on-Sea Safeguarding Adults Board (SAB)** works to support adults who have care and support needs and who therefore may be unable to protect themselves from abuse. Made up of a wide range of public sector organisations from the statutory and voluntary sectors it ensures that organisations from around the Borough work together in partnership, to help reduce the risks of abuse and prevent adults being subject to abuse. The SAB also leads work in the community aimed at raising awareness about abuse, preventing abuse and supporting those who have been harmed by abuse.

As part of the **PREVENT Strategy** the Council have statutory responsibilities to assist the Government to prevent vulnerable people being drawn into terrorist activity. The PREVENT Board is a multi-agency initiative and a key element are CHANNEL Panels which are a convened group of safeguarding professionals, representative of statutory services, who can assist in supporting a person who is or is at risk of being radicalised and are managed by the Council.

'**Keep Safe**' is one example of how people aged 16+ are being safeguarded in Southend on Sea. Keep Safe is a scheme to support people aged 16+ who have a learning disability and access the community independently. The scheme is facilitated by SHIELDS Parliament, a self-advocacy group supported by Basildon and Thurrock Independent Advocacy Service. Local businesses sign up to the scheme by agreeing to provide use of a telephone in a public area for a person who may be experiencing an emergency or who are in distress. Participants in the scheme look for the yellow and black telephone sticker in the shop window. Using the emergency number card or fob provided, they can call their carer or parent or if required the shop would assist or call the police if needed. The scheme aims to support people to reduce the feelings of fear or agitation in accessing the community alone.

Working together:

We continue to develop our well-established Locality Approach culture of partnership working amongst health, social care, clinical commissioners, Southend Hospital, and a range of local public, private and voluntary sector partners. The result is better support at home and earlier treatment in the community to prevent people needing emergency care in hospital or in care homes.

There are many examples of our integrated (partnership) approach that people living in Southend-on-Sea may already have seen as well as many behind the scenes changes that make providing services easier:

- we continue to develop Multi-Disciplinary Teams working across the Borough and focused around GP practices.
- the social worker team at the hospital has been further developed to ensure patients in need of social services receive them at the right time and in the right place following discharge from hospital

- the way we manage hospital discharge is considered national best practice

Listening to You:

As part of the statutory duty to consult and the wider commitment to engage with service users and stakeholders we have conducted a wide range of consultations and engagement activities within adult social care in 2016-17.

- 1) Our Town Our Future conversations were launched following a peer review to create an asset-based, shared and live vision of a resilient Southend where residents and public services work together as equal partners to explore opportunities and address challenges. The conversations are taking place across Southend and across demographics. An example of the potential impact of these conversations were visits to the Age Concern lunch club where members engaged in the exercise and identified Southend as a great place to live with lots of things to do but felt affected by bus route changes. They were helped to draft a letter to the company to advise of the effect it had on them and offered to be a contact point for future consultations.
- 2) Social Work Students as part of their degree completed a community study walking the streets of Southend, listening to residents and getting involved with groups to identify existing strengths and resources and provide recommendations as to how groups can access further resources that will help them to grow.
- 3) Through working in GP Hubs and the community the social workers identified that one of the main issues raised with them by colleagues and residents is social isolation amongst frail adults who have not reached the social care threshold. This information guided the asset mapping efforts culminating in an additional 150 resources to be added to the public information point and an online map being trialled with professionals first.

Local authorities also have a statutory duty to carry out a sample survey of all users of adult social care services. The results from this survey feed into the ASCOF framework mentioned earlier and the measures within the framework can be found at the following website; <http://ascof.hscic.gov.uk/>

Early findings from the Adult Social Care Users Survey

2016-17 ASCOF Performance for Southend-on-Sea	Southend-on-Sea Published Data			Compared to 2015-16 Results	Compared to England Average 16/17	Output	Eng Avg 16/17
ASCOF Measures from the Adult Social Care Users Survey	2014/15	2015/16	2016/17				
Social care-related quality of life score	18.8	18.9	19.2	Higher	Above	Score	19.1
The proportion of people who use services who have control over their daily life	76.6	75.8	80.5	Higher	Above	%	77.7
The proportion of people who use services who reported that they had as much social contact as they would like	45.1	44.1	44.6	Higher	Below	%	45.4
Overall satisfaction of people who use services with their care and support	60.2	59.8	60.0	Higher	Below	%	64.7
The proportion of people who use services who find it easy to find information about support	75.6	73.5	77.9	Higher	Above	%	73.5
The proportion of people who use services who feel safe	70.0	66.1	70.0	Higher	Below	%	70.1
The proportion of people who use services who say that those services have made them feel safe and secure	87.4	86.0	88.8	Higher	Above	%	86.4

3. Monitoring and accountability

Healthwatch England

Healthwatch England is the national consumer champion for people who use health and social care services. It was set up as part of the changes to the way the NHS and social care services are run. It represents the views of the public to improve services nationally. Each local Healthwatch is independent of the NHS and local authorities.

Healthwatch Southend

Healthwatch Southend is a health and social care consumer champion for the residents of Southend-on-Sea. They are commissioned by Southend-on-Sea Borough Council using funding provided by the Department of Health and are a confidential, independent and free service for all Southend residents and anyone receiving health or social care services within the Borough.

Healthwatch Southend gives a voice to all the people of Southend-on-Sea; adults and children. It offers a range of services to the people of Southend, including:

- advocacy support for people who wish to raise a concern or complaint about NHS services and who would like help to do so
- information and guidance about health and social care services in the area
- improving services by gathering views and passing them on to the people who commission local providers

If repeated concerns are received, Healthwatch can influence both the organisations delivering health and social care services and those that pay for them. Healthwatch researches trends in poor service and reports their findings to Healthwatch England to influence the Department of Health and NHS England. At a local level they report research findings to the people who make the decisions about health and social care, such as the NHS Clinical Commissioning Group (CCG), the hospital, and Southend-on-Sea Borough Council.

They are represented on the following local Boards and advisory groups:

- Southend Health and Wellbeing Board
- Southend People Scrutiny Committee
- Essex Quality surveillance group
- Southend Safeguarding Adults Board
- Southend Primary Care Commissioning Committee
- Southend Dementia Steering Group
- Pharmaceutical Needs Assessment Group

Southend Health and Wellbeing Board

There is a Health and Wellbeing Board in each council to oversee the aim of improving the overall health and wellbeing of the population, and reducing health inequalities.

In the past year, Southend's Health and Wellbeing Board (HWB) has been working closely with health colleagues throughout the ongoing development of NHS proposals to re-shape local health services. The Sustainability and Transformation Plan (STP) has been a routine item for discussion and HWB leaders continue to be closely engaged as proposals develop.

Despite a period of significant transition in membership and organisational reconfiguration, the HWB has remained stable and effective thanks to the robust structures and relationships that have been developed over time.

The Board continues to refine its longer term priorities and is in the process of refreshing the HWB Strategy, with a closer focus on increasing local levels of physical activity, while

addressing issues of inequality, in view of the associated positive and broad ranging health outcomes.

Complaints and Compliments

The total number of complaints received by the Council regarding adult social care during 2016-17 was 190.

Financial year	2013-2014	2014-2015	2015-16	2016-17
Number of complaints	136	166	176	190

There has been a steady upward trend in the number of complaints being received by the Council (8% up on 2015-16). This trend reflects the nationwide picture as reported in the Local Government Ombudsman's 'Annual Review of Local Government Complaints' (2015-16) which highlighted a rise in complaints and enquiries received by them. Reasons cited for this upward trend include the impact of declining resources on council services and growing willingness of the public to make complaints.

Compliments were also received, with numbers shown below. There has been a decline in the number of compliments received, however we are unable to ascertain why this is the case. It could simply be that compliments are not being passed to the Complaints Team to be formally logged.

Financial year	2013-2014	2014-2015	2015-16	2016-17
Number of comments and compliments	470	407	341	269

Lessons Learnt and Service Improvements

The Council continues to use complaints as a learning tool to improve services and to plan for the future. Examples of service improvements undertaken throughout the year as a result of customer feedback include:

Issue	Improvements
Concern about letters sent via finance, outlining the hourly charge for care. The letter did not make it clear that the hourly charge was per carer.	Updated to letter to make the charges clearer, that if a service user was receiving 2 carers then the hourly charge would be per carer.

Issue with the number of missed calls or late calls.	Trial of real time alerts on the electronic call monitoring system (CM2000) this meant the care provider could identify where calls have not been made, and be pro-active in making alternative arrangements if necessary.
Confusion caused by the terminology used by Social Workers when explaining the costs associated with care.	Complaints and their outcomes are fed back to Social Workers within team meetings to make Social Workers aware of the language they use verbally and in writing and the confusion it could cause.

8. Plans for 2017-18

- We will continue to build on our existing integrated service provision by developing our Locality Approach. We want to ensure that people only have to tell their story once because their care is joined up. An example of this is our social workers working closely with GPs to develop stronger partnerships between Social Care, GP Practices and the wider community. (Ensuring that People have a positive experience of care and support)
- We are engaging with community groups and forums and specifically focusing on bringing people together to reduce isolation as well as support them to live healthy, active, independent and fulfilling lives. (Enhancing quality of life for people with care and support needs)
- We will launch an interactive Asset Map that provides the details of a number of different groups, events and a range of ways people can be supported in the borough. (Delaying and reducing the need for care and support)
- We will be continuing our work around the Transforming Care agenda with our partners across Southend-on-Sea, Thurrock and Essex. One element of this agenda is the work we are undertaking on a unified Learning Disability Pathway. It will be this pathway which will ensure residents and families living with a learning disability across the county will receive the same joined up approach to accessing support. (Ensuring that People have a positive experience of care and support)
- Social Workers will be working in the heart of our community, for example in community hubs, to delay needs and increase advice and information earlier (Delaying and reducing the need for care and support)

- We are strong advocates for people to remain in their own homes rather than in institutional types of care and are adopting a new 'enablement' ethos to how we commission domiciliary care We will be delivering a new Domiciliary Care contract that will have an enabling approach, this means that people will be supported at home to be as independent as possible. (Delaying and reducing the need for care and support)
- We will commence planning on a new dual registered 60 bed care home and day care centre for people with a learning disability as replacement for Priory House, Delaware House and the Viking Centre respectively. (Ensuring that People have a positive experience of care and support)
- We will tender and deliver new contracts for adult and young people drug and alcohol prevention, treatment and recovery systems/ develop a targeted recovery approach to the commissioning and delivery of drug and alcohol services. (Safeguarding adults whose circumstances make them vulnerable and protection from avoidable harm)
- REACH (Recovery, Empowerment, Achievement, Community and Hope) is the name of the new Recovery College that is being piloted across South East Essex during 2016-17. REACH is co-produced and co-lead with people who have lived experience and aims to provide psycho-educational courses and self-management tools for people with on-going mental health issues. As well as a range of courses there will be an active and peer led student union that will offer both support and social opportunities. (Enhancing quality of life for people with care and support needs)
- We will produce a Market Position Statement which will confirm the Council's strategic vision for care provision and set out how we will work together with Southend's Clinical Commissioning Group to commission health and community care services going forward and give providers a steer of how to shape their business. (Ensuring that People have a positive experience of care and support)

Useful Contacts

Southend-on-Sea Borough Council

Adult Social Care

www.southend.gov.uk

Tel: 01702 215008

Carers Consortium

www.southendcarers.co.uk

Tel: 01702 393933

Healthwatch Southend

Centre Place

15 Prospect Close

Southend-on-Sea

SS1 2JB

01702 416320

Southend Association of Voluntary Services (SAVS)

29-31 Alexandra Street

Southend-on-Sea,

SS1 1BW

Tel: 01702 356000

www.savs-southend.org

Southend's Health & Wellbeing Information Point (SHIP) provides information, advice and guidance on local services and organisations that can help you increase your independence and wellbeing. www.southendinfopoint.org

GLOSSARY

Adult Social Care	Personal care and practical help for adults who have care or support needs due to age, illness or disability to help them live life as independently as possible.
Advocacy	An independent process which supports and enables people to express their views about their needs and choices.
Adult Social Care Survey	An annual questionnaire that seeks to gain an understanding of service users' views and experiences of adult social care. It seeks feedback from service users about how adult social services have affected their lives. This feedback and experience from service users is crucial information for improving adult social services.
Assessment	An assessment is the process by which the Council gains an understanding of a service user's level of need. It will involve asking the service user a series of questions, following which a financial assessment may also take place to determine whether funding can be provided
Asset-Based Community Development	An approach based on the principle of identifying and mobilising individual and community 'assets', rather than focusing on problems and needs.
Carer	Somebody who provides support, or who looks after a family member, partner or friend who needs help because of physical or mental illness or disability.
Clinical Commissioning Group (CCG)	A CCG is a group of GPs and clinicians which commissions (buys) health services for their local communities.
Commissioning	The process of identifying what services or products are needed, acquiring them and ensuring that they meet requirements.
Community-based services	Care and support services provided in the community rather than in hospital or residential homes.
Discharge-to-Assess beds	In Southend we have developed 6 residential care beds into discharge-to-assess beds to enable safe transfers from hospital and support adults who need a short period of reablement, ideally to get them back to their own homes and live as independently as possible;
Domiciliary Care	Personal, domestic, or nursing care provided for people at home rather than in an institution.

Home care	Help at home from paid carers for people with care and support needs.
Integrated care	Care and support provided jointly by health and social care services.
Local Account	The Local Account summaries what adult social services have done over the past year. It assesses how successful adult social services have been and outlines the future priorities.
Nursing care	Care carried out or supervised by a qualified nurse, including injections and dressings, paid for by the NHS.
Outcome	End result, change or benefit for an individual who uses social care and support services or takes part in other community activities.
Primary Care	As many people's first point of contact with the NHS, around 90 per cent of patient interaction is with primary care services. In addition to GP practices, primary care covers dental practices, community pharmacies and high street optometrists.
Reablement	Supports service users to regain and develop the confidence and skills to safely and independently live at home. It provides service users with help to perform certain tasks such as personal care and daily living.
Review	Regular evaluation of a person's needs to make sure their care and support plan is personalised and meets their needs.
Safeguarding	Protecting a vulnerable person's health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect.
SBC (Southend-on-Sea Borough Council)	The local authority with responsibility for the Borough of Southend-on-Sea.
Secondary Care	Secondary care refers to health services provided by medical specialists who generally do not have the first contact with a patient and patients are usually referred to secondary care by a primary care provider such as a GP.
Stakeholders	A person, group or organisation that has interest or concern in an organisation.
Wellbeing	Health and happiness.

We would welcome your feedback, which will help us to continuously improve the information we provide in the Local Account. The easiest way to provide your comments is via our online survey at this link: xxxxxxxx.

Alternatively you can provide feedback by contacting the Department for People on Tel: 01702 215008 or E-mail council@southend.gov.uk. You can also use these contact details to request a copy in an alternate format, such as audio, large print or a translated version.

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Appendix A: Full Adult Social Care Outcomes Framework (ASCOF) results

2016-17 ASCOF Performance for Southend-on-Sea	Southend-on-Sea Published Data			Compared to 2015-16 Results (14/15 for Carers Survey)	Compared to England Average 16/17	Output	Eng Avg 16/17
ASCOF Measure	2014/15	2015/16	2016/17				
Enhancing quality of life for people with care and support needs							
Social care-related quality of life score	18.8	18.9	19.2	Higher	Above	Score	19.1
The proportion of people who use services who have control over their daily life	76.6	75.8	80.5	Higher	Above	%	77.7
The proportion of people who use services who receive self-directed support	97.6	97.1	81.0	Lower	Below	%	89.4
The proportion of carers who receive self-directed support	8.8	19.6	32.3	Higher	Below	%	83.1
The proportion of people who use services who receive direct payments	30.9	32.1	26.3	Lower	Below	%	28.3
The proportion of carers who receive direct payments	3.6	19.6	32.3	Higher	Below	%	74.3
Carer-reported quality of life	8.2	Biennial	8.2	Same	Above	Score	7.7
The proportion of adults with a learning disability in paid employment	7.1	10.2	10.2	Same	Above	%	5.7
The proportion of adults in contact with secondary mental health services in paid employment	7.2	9.2	6.0	Lower	Below	%	7.0
The proportion of adults with a learning disability who live in their own home or with their family	81.4	83.4	85.5	Higher	Above	%	76.2
Proportion of adults in contact with secondary mental health services living independently with or without support	70.3	67.2	61.0	Lower	Above	%	54.0
The proportion of people who use services who reported that they had as much social contact as they would like	45.1	44.1	44.6	Higher	Below	%	45.4
The proportion of carers who reported that they had as much social contact as they would like	45.8	Biennial	44.9	Lower	Above	%	35.5
Delaying and reducing the need for care and support							
Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population (Lower Rate is Better)	11.3	12.2	5.6	Higher	Above	Rate	12.8
Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population (Lower Rate is Better)	831.0	669.7	620.5	Higher	Below	Rate	610.7

The proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	77.4	87.4	75.3	Lower	Below	%	82.5
The proportion of older people (aged 65 and over) who received reablement/rehabilitation services after discharge from hospital	2.5	1.8	1.6	Lower	Below	%	2.7
Delayed transfers of care from hospital, per 100,000 (Lower Rate is Better)	6.6	6.4	7.9	Lower	Above	Rate	14.9
Delayed transfers of care from hospital that are attributable to adult social care, per 100,000 population (Lower Rate is Better)	1.0	1.2	2.5	Lower	Above	Rate	6.3
The outcome of short-term services: sequel to service	68.4	70.1	82.0	Higher	Above	%	77.8
Ensuring that people have a positive experience of care and support							
Overall satisfaction of people who use services with their care and support	60.2	59.8	60.0	Higher	Below	%	64.7
Overall satisfaction of carers with social services	41.5	Biennial	35.3	Lower	Below	%	39.0
The proportion of carers who report that they have been included or consulted in discussion about the person they care for	66.9	Biennial	69.1	Higher	Below	%	70.6
The proportion of people who use services who find it easy to find information about support	75.6	73.5	77.9	Higher	Above	%	73.5
The proportion of carers who find it easy to find information about support	65.3	Biennial	66.5	Higher	Above	%	64.2
Safeguarding adults whose circumstances make them vulnerable and protection from avoidable harm							
The proportion of people who use services who feel safe	70.0	66.1	70.0	Higher	Below	%	70.1
The proportion of people who use services who say that those services have made them feel safe and secure	87.4	86.0	88.8	Higher	Above	%	86.4