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Information Centre



Community Care Statistics: Social Services Activity, England

2014-15

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This report may be of interest to members of the public, policy officials and other stakeholders to make local and national comparisons and to monitor the quality and effectiveness of services.

Author: Adult Social Care Statistics team
Health and Social Care Information Centre

Responsible statistician: Chris Buttery, Section Head

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- are produced according to sound methods; and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.

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Executive Summary

This is a report on the social care activity of Councils with Adult Social Services Responsibilities (CASSRs) in England. It contains information taken from council administrative systems used to record the process of assessing eligibility to state funded social care and providing services where people are eligible.

Data is taken from the Short and Long Term Services (SALT) collection; this has replaced both the Referrals, Assessments and Packages of Care (RAP) return and the Adult Social Care Combined Activity Return (ASC-CAR), as a result of the Zero Based Review (ZBR). These changes were announced in May 2013, and the Department of Health provided implementation funding to councils. The SALT stakeholder group (which includes representatives from the HSCIC, the Department of Health and local authorities in England), working alongside colleagues in the Adult Social Care Finance Return (ASC-FR) and Equalities and Classifications (EQ-CL) Framework groups, used the ZBR consultation responses to help produce the final SALT collection.

These measures were designed to be useful at both a local and national level. SALT will provide a much richer national picture of short term preventative services, including reablement and other short term services to maximise independence, than was possible in the RAP and ASC-CAR returns.

SALT tracks customer journeys through the social care system, starting with an initial request for support. After each key event, what happened next is then considered (referred to within the collection as a 'sequel'). For ease of reading, the report will refer to new clients, existing clients and clients who have completed Short Term Support to Maximise Independence (ST-Max). It should be noted that when we refer to a new client, this means the client is not in receipt of any Long Term Support at the time the contact was made. An existing client is already in receipt of Long Term Support. Where we refer to clients who have completed ST-Max, this only relates to instances where the sequel (what happened next) has been determined in the reporting year (2014-15). Due to a greater number of sequels than reported on previously, SALT provides greater insight into what happened next. Across the return, there are also further levels of breakdown, to capture more detail on outcomes; in line with this, there is also a change in focus to service setting and delivery mechanism, from reporting types of service previously. It is recommended that this report is read alongside the SALT guidance to support understanding, available at:

http://www.hscic.gov.uk/media/15887/SALTGuidancev17/pdf/SALT_Guidance_v1_8.pdf

Data is no longer available on service users whose only services are the provision of equipment, professional support or short term residential care.

As SALT is a new collection, these changes will mean that it will not be possible to make direct comparisons between 2014-15 and previous years, with the exception of one data item: STS004, Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into Reablement / Rehabilitation Services. This was previously ASC-CAR Table I1.

Findings in this executive summary refer to both the period 1st April 2014 to 31st March 2015, and people receiving services at 31st March 2015. As this was the first year of

collecting the new data, there were various challenges with implementation (discussed further in Annex B) and as such, not all councils provided all the data items required within the returns. Where this occurred, the small number of missing data items have been estimated to create national totals for this report; this was necessary for four councils. Councils also reported local-level extrapolation, e.g. to estimate full year data, where they did not have a full year's worth of data. Both council estimation and HSCIC estimation is consistent with the approach taken historically for final reports.

Key Findings

- There were 1,846,000 requests for support from new clients actioned in 2014-15¹. Of these, 72 per cent (1,327,000) were from clients aged 65 and over; the remaining 28 per cent of clients (519,000) were aged 18-64.
- The majority of these new requests for support, (1,460,000 clients, or 79 per cent), came through the Community. A further 18 per cent (333,000 clients) had been discharged from hospital.
- The most common sequel to requests for support was Universal Services/Signposted to Other Services (31 per cent, or 575,000 requests), followed by No Services Provided – any reason (28 per cent, or 520,000 requests). A further 16 per cent (304,000 requests) were offered ongoing low level support, with ST-Max and Long Term Support accounting for 12 per cent (218,000 requests) and eight per cent (144,000 requests) respectively.
- STS004 is the only measure now available for direct year on year comparison. The percentage of those discharged still at home 91 days later has reduced slightly from 83 per cent in 2013-14 to 82 per cent this year, driven primarily by a decrease for those clients aged 85 and over. However, when considering a longer term view, this was up from 81 per cent, five years ago (2009-10).
- There were 254,000 completed instances (for both new and existing clients) of Short Term Support to Maximise Independence (ST-Max) with a determined sequel during 2014-15. In addition, 29,000 were still accessing the support at year end.
- For those receiving a completed instance of this form of support, the most common Primary Support Reason was Physical Support: Personal Care Support (70 per cent, or 178,000 requests).
- After receiving Short Term Support, 26 per cent (65,000 clients) went on to receive Long Term Support, of which 93 per cent (60,000 clients) received this support in the Community.
- 890,000 clients accessed Long Term Support during 2014-15; of these, 659,000 were accessing the service at year end. 485,000 clients at year end had been in receipt of this Long Term Support for more than 12 months.
- The most common Primary Support Reason for Long Term Support (received by 51 per cent or 450,000 clients), was Physical Support – Personal Care support.
 - Learning Disability support then followed, received by 16 per cent of clients and Mental Health support for 12 per cent.

¹ This relates to new requests for social care support received by the council from new clients where the sequel, or outcome, to that request was determined during the year. A new client is one that is not in receipt of any Long Term Support at the time the contact was made.

- Physical Support: Access and Mobility Only, and Support with Memory and Cognition each accounted for nine per cent of clients with the remainder split across Sensory Support and Social Support.
- 86,000 clients were accessing Long term Support (Nursing) in 2014-15 with 194,000 clients accessing Residential support. These two settings supported 32 per cent of all clients accessing Long Term Support last year. The remaining 609,000 clients (68 per cent) were supported in the Community, most (350,000 clients, or 39 per cent) through a CASSR managed personal budget.
- Clients aged 65 and over account for two-thirds (68 per cent) of all clients accessing Long Term Support. Within this age group, nearly two-thirds (64 per cent) accessing Long Term Support during 2014-15 required Physical Support - Personal Care Support. Among those clients aged 18 to 64, the most common Primary Support Reason was Learning Disability support, accounting for 43 per cent of the age group.
- There were 334,000 instances of support being provided direct to carers.
- 6,000 (one per cent) requests for carer support related to carers aged under 18. For 24 per cent of all requests for carer support, no direct support was provided.
- In this first SALT collection, it was mandatory to report on those clients with Autism and Asperger's Syndrome who received Long Term Support at year end. As of 31st March 2015, there were 12,000 clients with Autism and 5,000 clients with Asperger's Syndrome (combined, they account for three per cent of all clients receiving Long Term Support at year end). These clients are predominantly aged between 18 and 64; 96 per cent of the 12,000 clients with Autism and 97 per cent of the 5,000 clients with Asperger's Syndrome were in this age band.

Summary Table: Main figures from the SALT return for 2014-15

England, 2014-15

| Number of requests for short term support | Number of long term clients with planned and unplanned reviews ¹ | | Number of clients receiving services during the period | | |
|--|--|--------------|--|--------------|----------------|
| Number of requests for support from new clients (STS001) | Long term clients for whom an unplanned review was completed during the period (LTS002b) | 76,000 | Clients receiving community based services (LTS001) | 609,000 | |
| | Long term clients for whom a planned review was completed during the period (LTS002b) | 233,000 | Clients receiving residential care services (LTS001) | 194,000 | |
| | | | Clients receiving nursing care services (LTS001) | 86,000 | |
| Total | 1,846,000 | Total | 309,000 | Total | 890,000 |

Source: Short and Long Term return; STS001, LTS002b and LTS001

1. These clients have been in long term support for more than 12 months at year end.

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Introduction

The Health and Social Care Information Centre (HSCIC) publishes a suite of reports on adult social care in England, in addition to this report the HSCIC publishes reports which cover:

- Expenditure - amount spent by CASSRs carrying out their social care activity including service unit costs
- Experience - surveys of service users and carers which include questions on satisfaction with services received and quality of life of the individual
- Workforce - the number and characteristics of staff employed by adult social services departments
- Safeguarding - information on referrals to adult social care safeguarding teams.

This report covers the social care activity of CASSRs in England and for the first time includes people who pay entirely for their own care. Self-funding clients are reported in SALT during their initial contact with the council, however, full-cost clients are counted in all measures. A full-cost client is one who pays the full direct costs of the services they receive but whose support is arranged by the CASSR which includes regular reviews, support planning etc.

Some of the data used in this report and shown in Annex E will be used to populate the following Adult Social Care Outcomes Framework (ASCOF)² measures:

- 1C: Proportion of people using social care who receive self-directed support, and those receiving direct payments
- 1E: Proportion of adults with learning disabilities in paid employment
- 1G: Proportion of adults with learning disabilities who live in their own home or with their family
- 2A: Long-term support needs met by admission to residential and nursing care homes, per 100,000 population
- 2B: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement or rehabilitation services.
- 2D: The outcome of short term services: sequel to service

These outcomes are reported in the “*Measures from the Adult Social Care Outcomes Framework, England - 2014-15 Final Release*”.³

Data Sources

² ASCOF definitions can be seen at <https://www.gov.uk/government/publications/the-adult-social-care-outcomes-framework-2012-to-2013>

³ Please see <http://www.hscic.gov.uk/pubs/adusoccareof1415fin> for further details

This report uses data from the Short and Long Term return (SALT) which is new for 2014-15.

The SALT data collection is a set of measures produced through consultation with stakeholders as part of the Zero Based Review (ZBR) 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 Qualifications (EQ-CL) Framework.

The Health and Social Care Information Centre (HSCIC) was asked by the Outcomes and Information Development Board (OIDB) to develop and consult on new proposals for adult social care data collections, taking account of the changing context of social care.

During 2011 a number of stakeholder groups were established with members from the Health and Social Care Information Centre, secondees to the ZBR Programme, a range of local authorities from across the country, the Department of Health and others. They considered what council level adult social care data should be collected nationally to meet the changing requirements. This programme was known as the Zero Based Review.

The stakeholders collaborated to develop proposals for three new national collections, namely the Safeguarding Adults Return (SAR), Short and Long Term Support (SALT), and Finance return (ASC-FR), which would replace the existing Abuse of Vulnerable Adults (AVA), Referrals, Assessments and Packages of care (RAP), Adult Social Care Combined Activity (ASC-CAR) and Personal Social Services Expenditure (PSSEX1) collections. A new standards framework, called the Equalities and Classifications (EQ-CL) Framework, was designed to support the three new collections by setting out common data items, data standards and timeframes. This was created to help ensure the consistency and comparability of adult social care data collected through national returns e.g. by reporting against a Primary Support Reason, should a CASSR be supporting a client with a learning disability, each council would report this client against the main reason for the support at that moment in time, as opposed to some reporting against the type of support, and others reporting against the learning disability itself.

The SALT stakeholder group, working alongside colleagues in the ASC-FR and EQ-CL groups, used consultation responses to help produce the final collection, which was then approved by OIDB. The result is a true co-production of the different stakeholders, taking into account local as well as national requirements. The HSCIC would like to recognise the vital contribution made by local authority representatives who gave up their time to ensure that the measures in SALT were relevant and focussed on the priorities facing adult social care.

The diagram below outlines the types of information collected by the SALT Return.

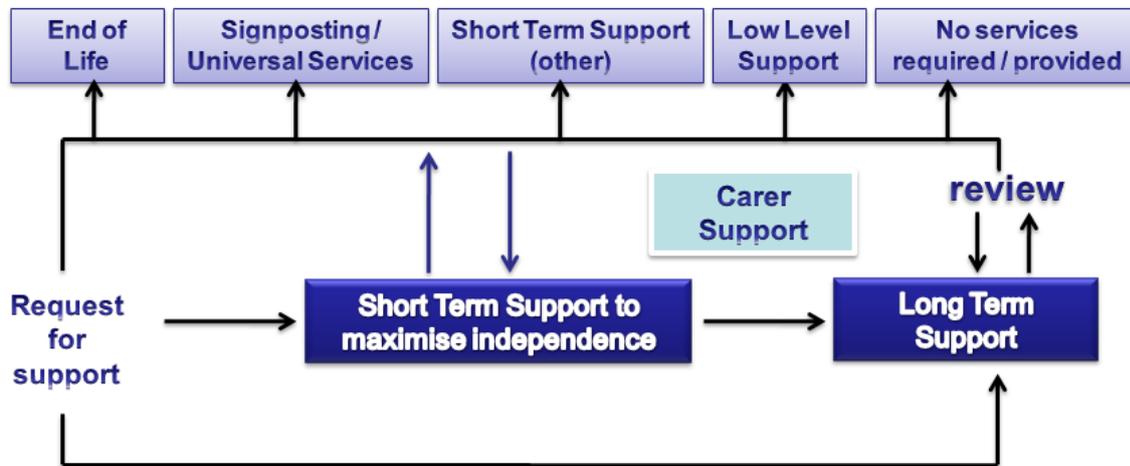


Figure 1: Customer Pathways through SALT

SALT has been designed to track customer journeys through the social care system, demonstrated by the arrows which represent the ways in which clients can move between different forms of support. Support to carers is also vital to and is referenced in the long term section of the return, as well as having its own measure.

Following a request for support, clients may be provided with a period of Short Term Support designed to maximise their independence (e.g. a reablement service) or be referred directly for Long Term Support (e.g. an emergency care home admission) or receive support such as ongoing low level support (e.g. an item of assistive equipment). Short Term Support to Maximise Independence is intended to be time-limited with the aim of ensuring clients become as independent as possible, ending with a formal assessment or review to determine what will follow. Long Term Support encompasses support provided with the intention of maintaining quality of life for an individual on an ongoing basis.

The emphasis is on recording key events and the sequels to those events. The 'STS' and 'LTS' measures in SALT should not be thought of as counts of short term and long term services.

The measures were designed to be useful at both a local and national level. SALT will provide a much richer national picture of short term preventative services than was possible in the RAP and ASC-CAR returns.

Below is a brief summary of the measures used in the SALT return.

STS – Short Term Support

STS001 Requests for support for new clients broken down by the different sequels

STS001 captures the level of demand for social care services from new clients by recording the number of requests for support and the sequel of those requests. This will help determine (in conjunction with measures STS002a and STS002b) whether reablement type interventions help prevent further demands on social care services and gives basic details of the nature of ongoing support required.

STS002a Short Term Support to Maximise Independence sequels for NEW clients

This measure tracks the sequel to a limited period of Short Term Support and will provide some indication of the outcomes of services intended to maximise the independence of new clients. Tracking the sequels to short term services will give an idea of the effectiveness of preventing longer-term reliance on social care.

STS002b Short Term Support to Maximise Independence sequels for EXISTING clients

This measure tracks the sequel to a limited period of Short Term Support and will provide some indication of the outcomes of services intended to maximise the independence of existing clients.

STS003 Snapshot Short Term Support to Maximise Independence

This measure indicates how much Short Term Support to Maximise Independence is provided at any given time. STS003 contains an estimate of what proportion of clients in receipt of Short Term Support to Maximise Independence would have previously been included in the RAP return.

STS004 Proportion of older people (65+ who were still at home 91 days after discharge from hospital into reablement / rehabilitation)

This measure collects data on the benefit to clients from reablement / rehabilitation services following a hospital episode. It captures the joint work of social services and health staff and services commissioned by joint teams as well those commissioned by social services only.

LTS – Long Term Support

LTS001a Long Term Support anytime in the year

This is a 'through the year' measure of supported clients where the support is long term. Long Term Support encompasses services provided with the intention of maintaining quality of life for an individual on an ongoing basis. This measure is broken down by age and primary support reason. This 'through the year' measure helps identify the turnover of clients in receipt of Long Term Support.

LTS001b Long Term Support at year end

This is a snapshot of supported clients at year end where the support is long term. Long Term Support encompasses services provided with the intention of maintaining quality of life for an individual on an ongoing basis. This measure is broken down by age and primary support reason.

LTS001c Long Term Support for 12+ months at year end

This is a snapshot measure of supported clients at the year end where the support is long term and has been in place for at least 12 consecutive months.

LTS002a Clients in receipt of Long Term support (Unplanned reviews and Planned reviews leading to a care home admission)

This measure tracks the sequel to an unplanned review of Long Term Support as well as recording planned reviews leading to a care home admission.

LTS002b Clients in receipt of Long Term support for more than 12 months at the year end (LTS001c) with a review during the year and the sequel to that review

Those clients receiving Long Term Support for more than 12 months at the year end (LTS001c), for whom an unplanned or planned review of care needs took place during the year and the sequel to that review.

LTS003 Carer support

Carer support provided during the year, broken down by the age of the carer, Primary Support Reason of the client (cared-for) and the type of support provided.

LTS004 Accommodation and Employment Status of working age clients with a Learning Disability

This measure collects information regarding the accommodation and employment status of working age clients whose Primary Support Reason is a Learning Disability.

Acknowledgement

Collation of the data for the SALT returns involves significant work for staff in CASSRs at a busy time. Furthermore, it is recognised that to provide data for this first SALT publication, significant implementation over the last two years has been required to ensure that the new measures are appropriate, and that the corresponding data can be recorded.

The Health and Social Care Information Centre would like to place on record its appreciation to CASSR staff, in the work of collating the data and their efforts to try to ensure that the data reported gave a true picture of services actually delivered. This report is based upon details from all 152 CASSRs in England.

1. Short Term Support

Introduction

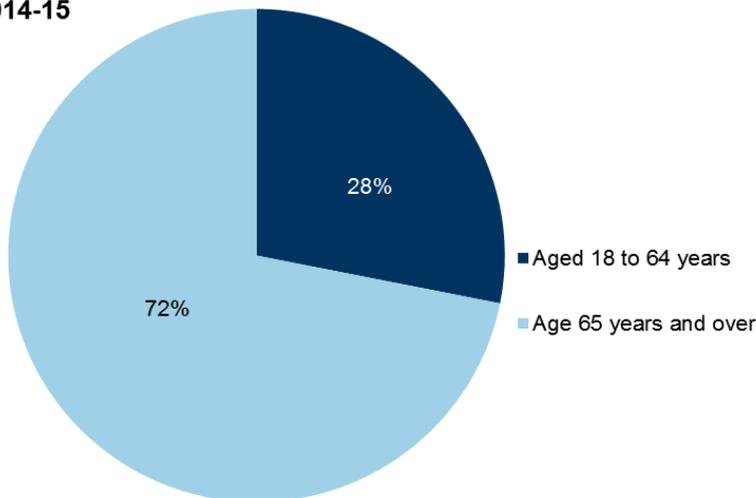
This chapter provides information on Short Term Support which is explored by Route of Access and Primary Support Reason. This chapter also covers the sequels to Short Term Support, what followed the period of Short Term Support. As mentioned previously, the 'STS' measures in SALT should not be thought of as counts of short term services, more the key events and sequels to those events.

Following a request for support, clients may be provided with a period of Short Term Support designed to maximise their independence (e.g. a reablement service) or be referred directly for Long Term Support (e.g. an emergency care home admission) or receive support such as ongoing low level support (e.g. an item of assistive equipment). Short Term Support to Maximise Independence is intended to be time-limited with the aim of ensuring clients become as independent as possible, ending with a formal assessment or review to determine what will follow. For ease of reading, this chapter refers to new clients, existing clients and clients who have completed Short Term Support to Maximise Independence (ST-Max). It should be noted that when we refer to a new client, this means the client is not in receipt of any Long Term Support at the time the contact was made. An existing client is already in receipt of Long Term Support. Where we refer to clients who have completed ST-Max, this only relates to instances where the sequel (what happened next) has been determined in the reporting year (2014-15).

There were 1,846,000 requests for support actioned from new clients where the outcome (sequel) was determined in 2014-15. The majority of these requests were received for clients aged over 65 years old (72 per cent).

Figure 1.1: Proportion of Requests for Support from New Clients

England, 2014-15



Source: Short and Long Term Support Return STS001
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Table 1.1: Number of Requests for Support from New Clients by Age Band
England, 2014-15

| Age Band | Number of Contacts | Percentage by Age Band |
|-----------------------|--------------------|------------------------|
| Aged 18 to 64 years | 519,000 | 28% |
| Age 65 years and over | 1,327,000 | 72% |
| Total | 1,846,000 | |

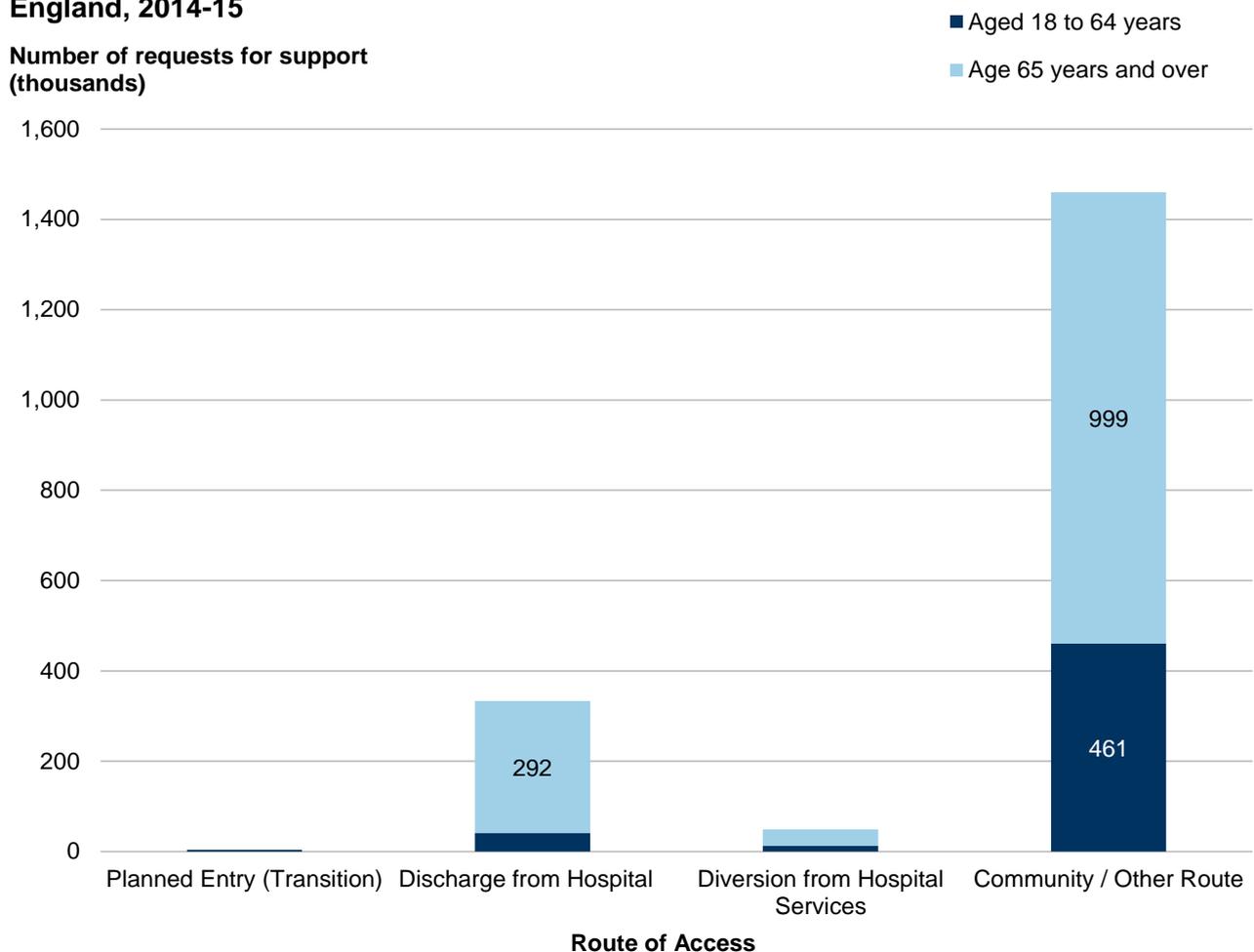
Source: Short and Long Term Support Return STS001

Due to rounding to nearest thousand, some numbers may appear as zero. Figures may not add up due to rounding.

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Figure 1.2 shows, by route of access, the number of requests for support from new clients actioned in 2014-15.

Figure 1.2: Number of Requests for Support from New Clients by Route of Access
England, 2014-15



Source: Short and Long Term Support Return STS001

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Community Care Statistics: Social Services Activity, England 2014-15

Table 1.2: Number of Requests for Support from New Clients by Route of Access
England, 2014-15

| Route of Access | Aged 18 to 64 years | Age 65 years and over | Total | Percentage by Route of Access |
|----------------------------------|------------------------|--------------------------|------------------|-------------------------------------|
| Planned Entry (Transition) | 3,000 | 0 | 4,000 | 0% |
| Discharge from Hospital | 41,000 | 292,000 | 333,000 | 18% |
| Diversion from Hospital Services | 13,000 | 36,000 | 49,000 | 3% |
| Community / Other Route | 461,000 | 999,000 | 1,460,000 | 79% |
| Total | 519,000 | 1,327,000 | 1,846,000 | |

Source: Short and Long Term Support Return STS001

Due to rounding to nearest thousand, some numbers may appear as zero. Figures may not add up due to rounding.

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Considering routes of access, where a request for support was made and the outcome determined, this was most likely to arise from the Community/Other Route (1,460,000 clients or 79 per cent). This was true for both the 18 to 64 and 65 and over age group (89 per cent and 75 per cent of their respective age groups). This was followed by Discharge from Hospital, at 18 per cent overall (333,000 clients) which was more common in the clients aged over 65 years old, compared to clients aged between 18 and 64 years old (accounting for 22 per cent and eight per cent of their respective age groups).

Table 1.3 shows that 218,000 (12 per cent) of these requests for support resulted in Short Term Support to Maximise Independence (ST-Max). A further four per cent (75,000) received other Short Term Support.

Table 1.3: Number of Requests for Support from New Clients by Sequel to Request for Support (and Support Setting)
England, 2014-15

| Sequel to Request for Support (and Support Setting) | Aged 18 to 64 years | Age 65 years and over | Total | Percentage by Sequel to Request for Support |
|--|------------------------|--------------------------|------------------|--|
| Short Term Support to Maximise Independence | 26,000 | 192,000 | 218,000 | 12% |
| Long Term Support - Nursing Care | 0 | 10,000 | 11,000 | 1% |
| Long Term Support - Residential Care | 1,000 | 15,000 | 17,000 | 1% |
| Long Term Support - Community | 28,000 | 88,000 | 116,000 | 6% |
| End of Life | 2,000 | 8,000 | 10,000 | 1% |
| Ongoing Low Level Support | 84,000 | 220,000 | 304,000 | 16% |
| Short Term Support (Other) | 23,000 | 52,000 | 75,000 | 4% |
| Universal Services / Signposted to Other Services | 190,000 | 386,000 | 575,000 | 31% |
| No Services Provided - Any Reason | 164,000 | 356,000 | 520,000 | 28% |
| Total | 519,000 | 1,327,000 | 1,846,000 | |

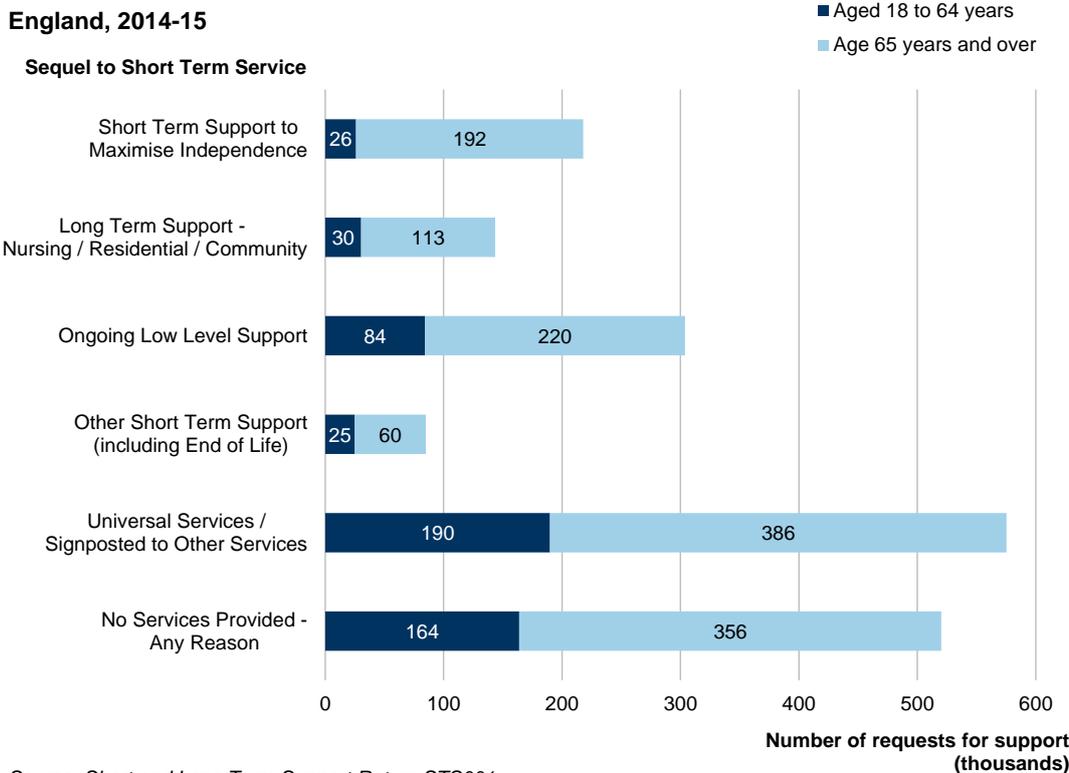
Source: Short and Long Term Support Return STS001

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The most common sequel to requests for support was Universal Services/Signposted to Other Services (31 per cent, or 575,000 requests), followed by No Services Provided – any reason (28 per cent, or 520,000 requests). A further 16 per cent (304,000 requests) were offered ongoing low level support, with ST-Max and Long Term Support accounting for 12 per cent (218,000 requests) and eight per cent (144,000 requests) respectively.

Figure 1.3: Number of Requests for Support from New Clients by Sequel to Request for Support (and Support Setting)



Source: Short and Long Term Support Return STS001
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Table 1.4 shows that of the new clients⁴ that received ST-Max as a result of a request for support, 16 per cent (34,000) did not complete their ST-Max. 5,000 of these clients did not complete the ST-Max because they moved to Long Term Support.

Table 1.4: New Clients where the Sequel to a Request for Support was ST-Max, what followed the period of Short Term Support

England, 2014-15

| Sequel to Short Term Service | Total | Percentage by |
|--|----------------|---------------|
| Early Cessation of Service (Not Leading to Long Term Support) | 29,000 | 14% |
| Early Cessation of Service (Leading to Long Term Support) | 5,000 | 2% |
| Long Term Support (Any Setting) | 41,000 | 20% |
| Ongoing Low Level Support | 14,000 | 7% |
| Short Term Support (Other) | 10,000 | 5% |
| No Services Provided - Universal Services / Signposted to Other Services | 12,000 | 6% |
| No Services Provided - Needs Identified but Self Funding | 7,000 | 3% |
| No Services Provided - Needs Identified but Support Declined | 7,000 | 3% |
| No Services Provided - No Identified Needs | 84,000 | 40% |
| Total | 208,000 | |

Source: Short and Long Term Support Return STS002a

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Following their completed period of ST-Max, 109,000 clients (53 per cent) received no further services.

⁴ It should be noted that as this data is sourced from a different SALT table, the total differs slightly from the 218,000 quoted in Table 1.3

Table 1.5 shows that of the 65,000 clients who received Long Term Support after completing ST-Max, 60,000 clients received Community Long Term Support, making it the most common type of Long Term Support to be provided following a completed period of ST-Max (93 per cent).

Table 1.5: Sequel to ST-Max is Long Term Support, by Support Setting
England, 2014-15

| New Clients | Aged 18 to 64 years | Age 65 years and over | Total | Percentage by Support Setting |
|--------------------|----------------------------|------------------------------|---------------|--------------------------------------|
| Community | 4,000 | 38,000 | 43,000 | 93% |
| Residential | 0 | 2,000 | 2,000 | 5% |
| Nursing | 0 | 1,000 | 1,000 | 2% |
| Total | 4,000 | 42,000 | 46,000 | |

Source: Short and Long Term Support Return STS002a

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Table 1.6: Sequel to ST-Max is Long Term Support, by Support Setting
England, 2014-15

| Existing Clients | Aged 18 to 64 years | Age 65 years and over | Total | Percentage by Support Setting |
|-------------------------|----------------------------|------------------------------|---------------|--------------------------------------|
| Community | 2,000 | 15,000 | 17,000 | 90% |
| Residential | 0 | 1,000 | 1,000 | 7% |
| Nursing | 0 | 0 | 0 | 3% |
| Total | 2,000 | 17,000 | 19,000 | |

Source: Short and Long Term Support Return STS002b

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Table 1.7: Sequel to ST-Max is Long Term Support, by Support Setting
England, 2014-15

| New & Existing Clients | Aged 18 to 64 years | Age 65 years and over | Total | Percentage by Support Setting |
|-----------------------------------|----------------------------|------------------------------|---------------|--------------------------------------|
| Community | 7,000 | 53,000 | 60,000 | 92% |
| Residential | 0 | 3,000 | 4,000 | 6% |
| Nursing | 0 | 0 | 2,000 | 2% |
| Total | 7,000 | 58,000 | 65,000 | |

Source: Short and Long Term Support Return STS002a, STS002b

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There were 254,000 completed instances (both new and existing clients) of ST-Max with a determined sequel during 2014-15.

Table 1.8: New and Existing Clients where the Sequel to a Request for Support was ST-Max, what followed the period of Short Term Support
England, 2014-15

| Sequel to Request for Support (and Support Setting) | New | Existing |
|--|----------------|---------------|
| Early Cessation of Service (Not Leading to Long Term Support) | 29,000 | 6,000 |
| Early Cessation of Service (Leading to Long Term Support) | 5,000 | 2,000 |
| Long Term Support (Any Setting) | 41,000 | 18,000 |
| Ongoing Low Level Support | 14,000 | 4,000 |
| Short Term Support (Other) | 10,000 | 3,000 |
| No Services Provided - Universal Services / Signposted to Other Services | 12,000 | 1,000 |
| No Services Provided - Needs Identified but Self Funding | 7,000 | 1,000 |
| No Services Provided - Needs Identified but Support Declined | 7,000 | 1,000 |
| No Services Provided - No Identified Needs | 84,000 | 11,000 |
| Total | 208,000 | 46,000 |

Source: Short and Long Term Support Return STS002a, STS002b

Due to rounding to nearest thousand, some numbers may appear as zero. Figures may not add up due to rounding.

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On the 31st March 2015, 29,000 clients were receiving Short Term Support to Maximise Independence (ST-Max); As seen in Table 1.9, 87 per cent of these clients at year end were aged 65 years old and over.

Table 1.9: Snapshot Count of Clients receiving 'Short Term Support to Maximise Independence' at the year end (31st March)
England, 2014-15

| | Aged 18 to 64 years | Age 65 years and over | Total |
|--|---------------------|-----------------------|---------------|
| Short Term Support to Maximise Independence | 4,000 | 25,000 | 29,000 |

Source: Short and Long Term Support Return STS003

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Between the 1st October and the 31st December 2014, 44,000 discharges were made into rehabilitation where the intention was for the patient (aged 65 and over) to go back home.

Table 1.10: Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into Reablement / Rehabilitation Services
England, 2014-15

| | Total | Total Aged 65 and over | | Aged 65 to 74 | | Aged 75 to 84 | | Aged 85 and over | |
|---|---------------|------------------------|------------|---------------|------------|---------------|------------|------------------|------------|
| | | Male | Female | Male | Female | Male | Female | Male | Female |
| Number of discharges to rehabilitation where the intention is for the patient to go back home (1st October – 31st December) | 44,000 | 16,000 | 28,000 | 3,000 | 4,000 | 7,000 | 11,000 | 6,000 | 13,000 |
| Number of discharges above where person was still at home 91 days later | 36,000 | 13,000 | 23,000 | 3,000 | 3,000 | 5,000 | 9,000 | 5,000 | 10,000 |
| Proportion of discharges above where person was still at home 91 days later | 82% | 80% | 83% | 84% | 88% | 81% | 85% | 77% | 80% |

Source: Short and Long Term Support Return STS004

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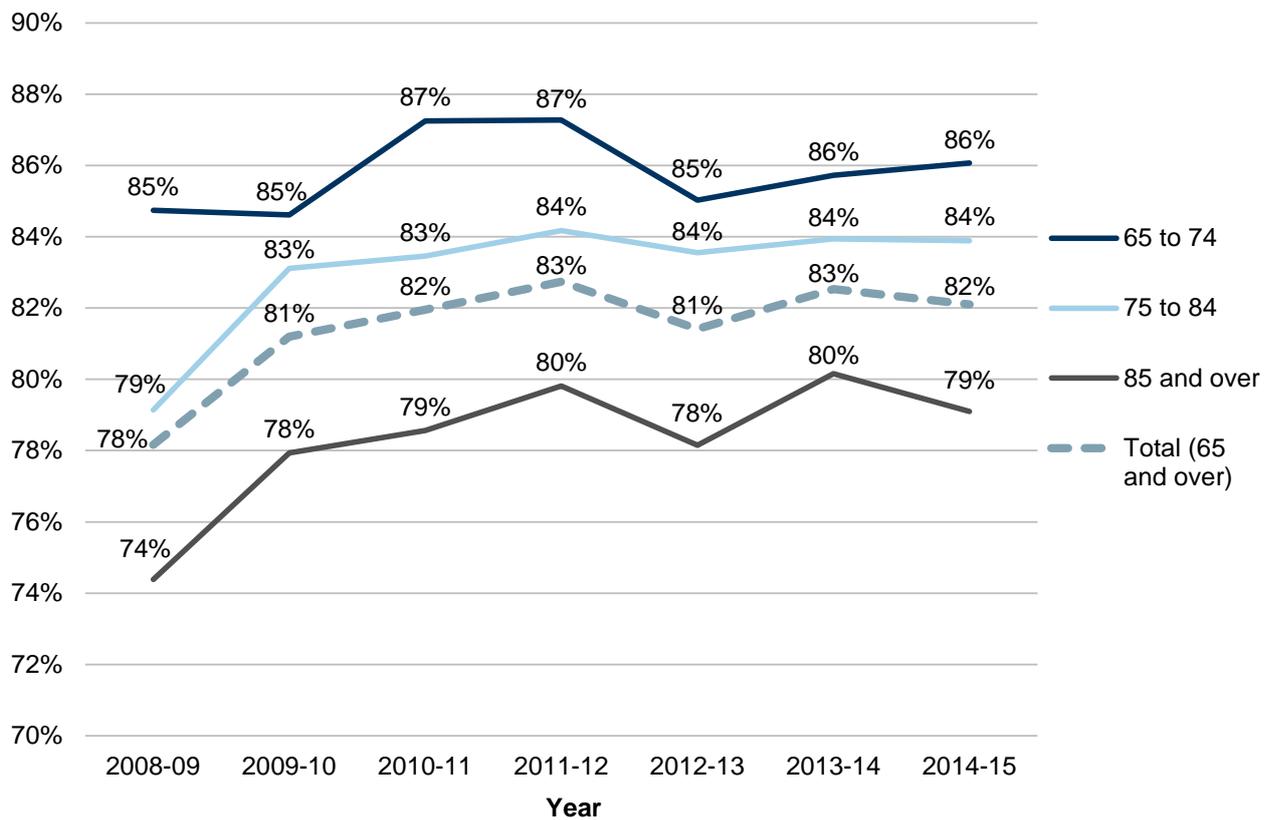
Eighty-two per cent of these discharges resulted in the patient being still at home 91 days later. This was a decrease of one percentage point from last year, from 83 per cent, albeit looking back further, the percentage of patients still at home 91 days later is up from 81 per

cent in the last five years, and up from 78 per cent since the data collection started (2008-09), as shown in Figure 1.4.

Figure 1.4: Proportion of Older People who were still at home 91 days after discharge from hospital into Reablement / Rehabilitation Services

England, 2008-09 to 2014-15

Percentage



Source: Adult Social Care Combined Activity Return I1, Short and Long Term Support Return STS004
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As seen in Figure 1.4, whilst there was a slight increase for those aged 65-74, with the 75-84 age group remaining unchanged, the decrease for all those aged over 85 accounted for the dip in the national trend, with this latter age group accounting for the majority of clients (44 per cent, 19,000 discharges).

2. Long Term Support

Introduction

This chapter provides information on Long Term Support, including data on mandatory and voluntary health conditions. This information is explored by Delivery Mechanism, Age, Gender and Primary Support Reason. Long Term Support encompasses support provided with the intention of maintaining quality of life for an individual on an ongoing basis. Data is available for all those supported in this way in 2014-15, with a specific table outlining how many clients have been accessing Long Term Support for more than 12 months at year end, as this provides information on those clients who are potentially the most vulnerable.

As seen in Table 2.1, in the highlighted rows, eight per cent of requests for support from new clients resulted in Long Term Support (144,000 requests for support). Seventy-nine per cent (113,000 clients) of these requests for support were from new clients aged 65 and over. The majority of Long Term Support determined as a result of a request for support was Community support (81 per cent).

Table 2.1: Number of Requests for Support from New Clients by Sequel to Request for Support (and Support Setting)
England, 2014-15

| Sequel to Request for Support (and Support Setting) | Aged 18 to 64 years | Age 65 years and over | Total | Percentage by Sequel to Request for Support |
|--|----------------------------|------------------------------|------------------|--|
| Short Term Support to Maximise Independence | 26,000 | 192,000 | 218,000 | 12% |
| Long Term Support - Nursing Care | 0 | 10,000 | 11,000 | 1% |
| Long Term Support - Residential Care | 1,000 | 15,000 | 17,000 | 1% |
| Long Term Support - Community | 28,000 | 88,000 | 116,000 | 6% |
| End of Life | 2,000 | 8,000 | 10,000 | 1% |
| Ongoing Low Level Support | 84,000 | 220,000 | 304,000 | 16% |
| Short Term Support (Other) | 23,000 | 52,000 | 75,000 | 4% |
| Universal Services / Signposted to Other Services | 190,000 | 386,000 | 575,000 | 31% |
| No Services Provided - Any Reason | 164,000 | 356,000 | 520,000 | 28% |
| Total | 519,000 | 1,327,000 | 1,846,000 | |

Source: Short and Long Term Support Return STS001

Due to rounding to nearest thousand, some numbers may appear as zero. Figures may not add up due to rounding.

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Overall, 890,000 people accessed Long Term Support during the year. Over two-thirds of these (68 per cent) were aged over 65. The most common Primary Support Reason was for Physical Support: Personal Care Support, as seen in Table 2.2 and Figure 2.1 (also repeated in Chapter 4).

Table 2.2: The number of people accessing Long Term Support, by Primary Support Reason, by age band
England, 2014-15

| Primary Support Reason | Aged 18 to 64 years | Age 65 years and over | Total | Percentage by Primary Support Reason |
|--|----------------------------|------------------------------|----------------|---|
| Physical Support: Access and Mobility Only | 19,000 | 60,000 | 79,000 | 9% |
| Physical Support: Personal Care Support | 66,000 | 384,000 | 450,000 | 51% |
| Sensory Support | 4,000 | 13,000 | 17,000 | 2% |
| Support with Memory and Cognition | 3,000 | 74,000 | 77,000 | 9% |
| Learning Disability Support | 124,000 | 15,000 | 140,000 | 16% |
| Mental Health Support | 63,000 | 44,000 | 107,000 | 12% |
| Social Support | 6,000 | 12,000 | 19,000 | 2% |
| Total | 287,000 | 603,000 | 890,000 | |
| Percentage by age band | 32% | 68% | | |

Source: Short and Long Term Support Return LTS001a

Due to rounding to nearest thousand, some numbers may appear as zero. Figures may not add up due to rounding.

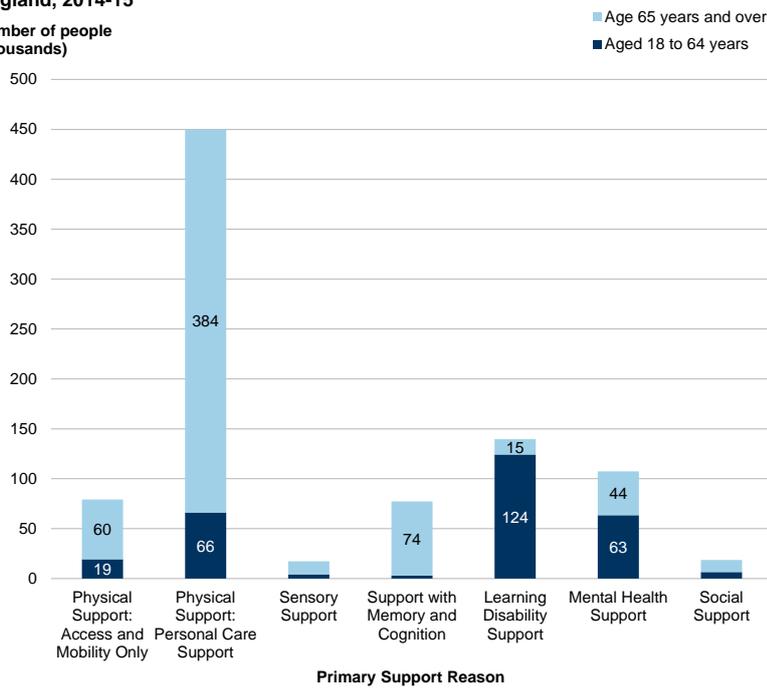
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Community Care Statistics: Social Services Activity, England 2014-15

Figure 2.1: People accessing Long Term Support, by Primary Support Reason

England, 2014-15

Number of people (thousands)



Source: Short and Long Term Support Return LTS001a

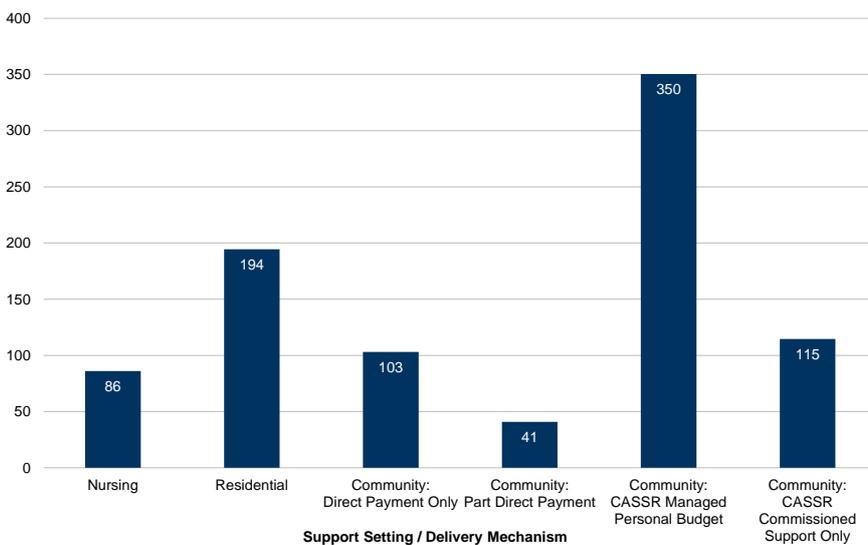
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There were 86,000 people receiving nursing care during the year whereas the number in residential care was more than double this, at 194,000. These two support settings accounted for just under a third (32 per cent) of clients accessing Long Term Support in 2014-15. The remaining 609,000 clients (68 per cent) were supported in the Community, most (350,000 clients, or 39 per cent) through a CASSR managed personal budget.

Figure 2.2: People accessing Long Term Support, by Support Setting / Delivery Mechanism

England, 2014-15

Number of people (thousands)



Source: Short and Long Term Support Return LTS001a

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Of the 890,000 clients accessing Long Term Support during 2014-15, nearly three-quarters (74 per cent⁵, or 659,000 clients) were still accessing the support at year end. The majority of those accessing the support at year end were aged 65 and over (62 per cent). Sixty per cent of those accessing the support at year end were female⁶.

**Table 2.3: The number of people accessing Long Term Support at the year end (31st March), by age band
England, 2014-15**

| Support Setting/Delivery Mechanism | Aged 18 to 64 years | Age 65 years and over |
|---|--------------------------------|----------------------------------|
| Nursing | 6,000 | 49,000 |
| Residential | 37,000 | 108,000 |
| Community - Direct Payment only | 59,000 | 33,000 |
| Community - Part Direct Payment | 19,000 | 10,000 |
| Community - CASSR Managed Personal Budget | 87,000 | 177,000 |
| Community - CASSR Commissioned Support only | 40,000 | 34,000 |
| Total | 248,000 | 411,000 |
| Percentage by age band | 38% | 62% |

Source: Short and Long Term Support Return LTS001b

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**Table 2.4: The number of people accessing Long Term Support at the year end
(31st March), by gender
England, 2014-15**

| Support Setting/Delivery Mechanism | Male | Female |
|---|----------------|----------------|
| Nursing | 18,000 | 35,000 |
| Residential | 52,000 | 92,000 |
| Community - Direct Payment only | 37,000 | 53,000 |
| Community - Part Direct Payment | 14,000 | 16,000 |
| Community - CASSR Managed Personal Budget | 104,000 | 156,000 |
| Community - CASSR Commissioned Support only | 34,000 | 39,000 |
| Total | 260,000 | 391,000 |
| Percentage by gender | 40% | 60% |

Source: Short and Long Term Support Return LTS001b

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⁵ Using the combined total from Table 2.3

⁶ It should be noted that although both Table 2.3 and Table 2.4 (LTS001b Tables 1a and b, and LTS001b Tables 4a and b respectively) report clients receiving Long Term Support at the year end, they are sourced from different tables within the SALT proforma, and as such, there is a slight variance in the totals.

Of the 659,000 clients accessing Long Term Support at year end, nearly three quarters (74 per cent, or 485,000 clients) were accessing the support for more than 12 months. Overall, of these, the largest proportion (36 per cent or 176,000 clients) had the delivery mechanism Community – CASSR Managed Personal Budget.

**Table 2.5: The number of people who have been accessing Long Term Support for more than 12 months at the year end (31st March)
England, 2014-15**

| Support Setting / Delivery Mechanism | Aged 18 to 64 years | Age 65 years and over | Total | Percentage by |
|---|------------------------|--------------------------|----------------|---|
| | | | | Support Setting / Delivery Mechanism |
| Nursing | 5,000 | 36,000 | 41,000 | 8% |
| Residential | 33,000 | 81,000 | 115,000 | 24% |
| Community - Direct Payment only | 48,000 | 24,000 | 72,000 | 15% |
| Community - Part Direct Payment | 17,000 | 8,000 | 25,000 | 5% |
| Community - CASSR Managed Personal Budget | 70,000 | 106,000 | 176,000 | 36% |
| Community - CASSR Commissioned Support only | 33,000 | 24,000 | 56,000 | 12% |
| Total | 206,000 | 279,000 | 485,000 | |

Source: Short and Long Term Support Return LTS001c

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A total of 158,000 Long Term Support clients underwent an unplanned review in 2014-15; the chart below shows the event that led to the review (it should be noted that a client could receive more than one unplanned review). The majority of unplanned reviews were triggered by a change in client condition (accounting for 43 per cent of unplanned reviews), followed then by 22 per cent of unplanned reviews resulting from Other Accidents/Incidents and 20 per cent of unplanned reviews resulting from an unplanned hospital episode.

**Table 2.6: Those Clients receiving Long Term Support recorded in LTS001a who received an Unplanned Review during the year, by Significant Event
England, 2014-15**

| Significant Event | Number of Events | Percentage by |
|-------------------------------|---------------------|----------------------|
| | | Significant Event |
| Hospital Episode (Planned) | 5,000 | 2% |
| Hospital Episode (Unplanned) | 46,000 | 20% |
| Issues Related to Carer | 8,000 | 4% |
| Change of Residence | 10,000 | 4% |
| Safeguarding Concern | 6,000 | 3% |
| Fall | 2,000 | 1% |
| Bereavement | 2,000 | 1% |
| Change in Client Condition | 97,000 | 43% |
| Other Accident / Incident | 51,000 | 22% |
| Total Events | 228,000 | |
| Total Clients in table | 158,000 | |

Source: Short and Long Term Support Return LTS002a

Due to rounding to nearest thousand, some numbers may appear as zero. Figures may not add up due to rounding.

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Forty-five per cent of these unplanned reviews resulted in no change in Long Term Support, with 28 per cent leading to an increase in the level of Long Term Support, as seen in Table 2.7.

Table 2.7: Those clients receiving Long Term Support recorded in LTS001a who received an Unplanned Review during the year, by Sequel, by age band
England, 2014-15

| Sequel | Aged 18 to 64 years | Age 65 years and over | Total Events | Percentage by Sequel |
|---|---------------------|-----------------------|----------------|----------------------|
| Change in Setting: Move to Nursing Care | 0 | 7,000 | 7,000 | 3% |
| Change in Setting: Move to Residential Care | 1,000 | 13,000 | 14,000 | 6% |
| Change in Setting: Move to Community | 1,000 | 3,000 | 5,000 | 2% |
| Short Term Support to Maximise Independence | 1,000 | 9,000 | 10,000 | 5% |
| No Change in Setting: Level of Long Term Support Increased | 11,000 | 53,000 | 64,000 | 28% |
| No Change in Setting: No Change in Long Term Support | 25,000 | 77,000 | 102,000 | 45% |
| No Change in Setting: Level of Long Term Support Decreased | 3,000 | 9,000 | 12,000 | 5% |
| No Change in Setting: ALL Long Term Support Temporarily Suspended | 0 | 1,000 | 2,000 | 1% |
| No Change in Setting: ALL Long Term Support Ended | 2,000 | 11,000 | 13,000 | 6% |
| Total Events | 45,000 | 183,000 | 228,000 | |
| Total Clients in table | 34,000 | 124,000 | 158,000 | |

Source: Short and Long Term Support Return LTS002a

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When we consider those accessing Long Term Support for over 12 months, additional data show the mix between planned and unplanned reviews, as seen in Table 2.8, with 73 per cent of all reviews being planned.

Table 2.8: Those Clients receiving Long Term Support for more than 12 months at the year end (LTS001c), for whom an Unplanned or Planned Review of Care Needs took place during the year, by the Sequel to that Review
England, 2014-15

| Sequel to Review | Unplanned Reviews | Planned Reviews |
|--|-------------------|-----------------|
| No Change in Long Term Support | 56,000 | 223,000 |
| Level of Long Term Support Increased | 28,000 | 33,000 |
| Level of Long Term Support Decreased | 7,000 | 15,000 |
| Change in Setting (to nursing/residential/community) | 9,000 | 8,000 |
| All other Sequels to Review | 6,000 | 11,000 |
| Total | 106,000 | 290,000 |
| Percentage by review type | 27% | 73% |

Source: Short and Long Term Support Return LTS002b

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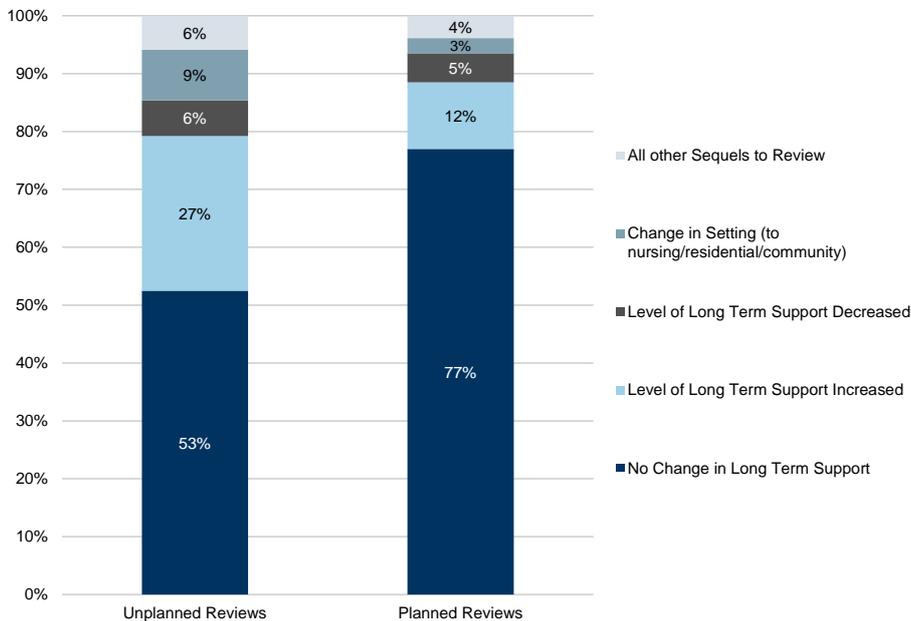
A total of 223,000 (77 per cent) planned reviews resulted in no change, with a further 33,000 (12 per cent) leading to an increase in the Level of Long Term Support provided. In contrast, 53 per cent of unplanned reviews (56,000) resulted in no change (albeit this was still the most likely outcome) with 27 per cent (28,000) leading to an increase in the Level of Long Term Support provided.

Community Care Statistics: Social Services Activity, England 2014-15

Figure 2.3: Those clients receiving Long Term Support for more than 12 months at the year end (LTS001c), for whom an Unplanned or Planned Review of Care Needs took place during the year, by the Sequel to that Review

England, 2014-15

Percentage of clients



Source: Short and Long Term Support Return LTS002b

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There were 637,000 clients accessing support at year end with their ethnicity recorded; a further 3,000 refused to have their ethnicity recorded. This represents a response rate of 98 per cent. Table 2.9 represents the ethnicity of those receiving Long Term Support at year end. Clients were recorded against every ethnicity in the table.

Table 2.9: The number of people accessing Long Term Support at the year end (31st March), by ethnicity
England, 2014-15

| Ethnicity | Total | Percentage |
|---|---------|------------|
| White | | 88% |
| English / Welsh / Scottish / Northern Irish / British | 547,000 | 84% |
| Irish | 8,000 | 1% |
| Gypsy or Irish Traveller | 0 | 0% |
| Any other White Background | 19,000 | 3% |
| Mixed / Multiple Ethnic Groups | | 1% |
| White and Black Caribbean | 1,000 | 0% |
| White and Black African | 1,000 | 0% |
| White and Asian | 1,000 | 0% |
| Any other Mixed / Multiple Ethnic Background | 2,000 | 0% |
| Asian / Asian British | | 4% |
| Indian | 11,000 | 2% |
| Pakistani | 8,000 | 1% |
| Bangladeshi | 3,000 | 0% |
| Chinese | 1,000 | 0% |
| Any other Asian Background | 6,000 | 1% |
| Black / African / Caribbean / Black British | | 4% |
| African | 7,000 | 1% |
| Caribbean | 14,000 | 2% |
| Any other Black / African / Caribbean Background | 4,000 | 1% |
| Other Ethnic Group | | 1% |
| Arab | 0 | 0% |
| Other | 5,000 | 1% |
| No Data | | 2% |
| Refused | 3,000 | 0% |
| Undeclared / Not Known | 13,000 | 2% |

Source: Short and Long Term Support Return LTS001b

Due to rounding to nearest thousand, some numbers may appear as zero. Figures may not add up due to rounding.

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3. Carers

Introduction

This chapter provides information on Carers, and cared-for people. This information is explored by age group and primary support reason.

Carers make a vital contribution to promoting the wellbeing and independence of the people they care for and supporting carers effectively helps them to have a life of their own alongside caring. Carers also prevent clients from requiring more intensive social care support, which would place additional pressure on local authority budgets.

It should be noted that SALT defines a carer⁷ as “Carers who provide or intend to provide a substantial amount of care on a regular basis for another individual aged 18 or over”. Paid care workers and volunteers from a voluntary organisation are excluded from this. It is possible for a client to have more than one carer, and for a carer to additionally be a client in his or her own right. SALT now records carers who are not in receipt of support services, or do not receive a review or assessment in the year; they would previously have been excluded from RAP.

There were 334,000 carers in receipt of direct support from a council in 2014-15⁸. In addition, there were 103,000 carers for whom the council provided no direct support. The most common type of support provided to the carer was Information, Advice and Other Universal Services/Signposting, with 196,000 carers receiving this. This trend was observed across all four age categories. Carers could also have received support involving the cared-for person, such as respite. There were 56,000 cared for people that received this type of support in 2014-15, irrespective of any support provided to their carer.

Table 3.1: Carer Support provided during the year, by type of Support provided
England, 2014-15

| Support provided | Total Carers | Percentage by Support provided |
|---|---------------------|---------------------------------------|
| Support Direct to Carer | | |
| Direct Payment Only | 73,000 | 22% |
| Part Direct Payment | 19,000 | 6% |
| CASSR Managed Personal Budget | 14,000 | 4% |
| CASSR Commissioned Support Only | 31,000 | 9% |
| Information, Advice and Other Universal Services / Signposting | 196,000 | 59% |
| Total | 334,000 | |
| No Direct Support Provided to Carer | 103,000 | |
| Support involving Cared for Person | | |
| Respite or Other Forms of Carer Support delivered to the Cared for Person | 56,000 | |

Source: Short and Long Term Support Return LTS003

Due to rounding to nearest thousand, some numbers may appear as zero. Figures may not add up due to rounding.

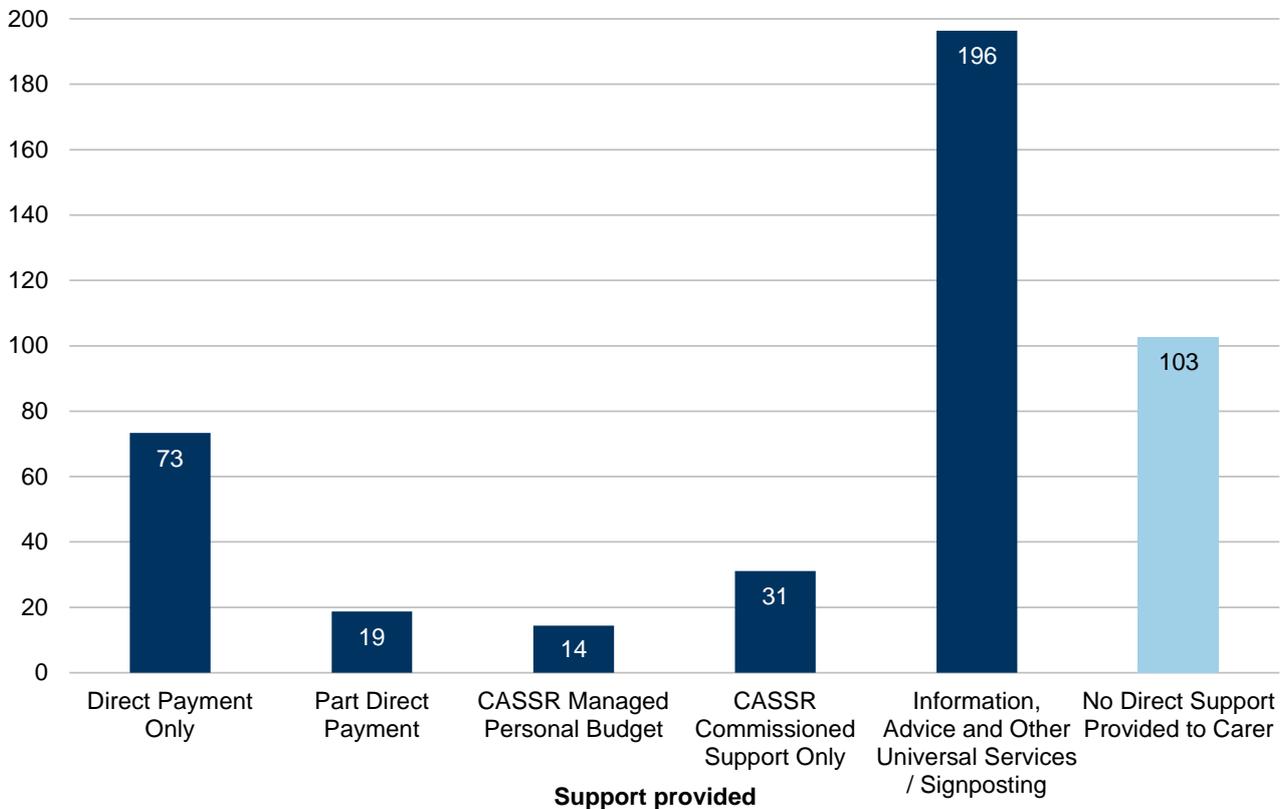
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⁷ For full definition, please see Annex D: Glossary

⁸ This number is different from that quoted in the **Personal Social Services Survey of Adult Carers in England, 2014-15** due to a different definition. Please see <http://www.hscic.gov.uk/pubs/psscscarersurvey1415> for further details.

**Figure 3.1: Carer Support provided during the year, by type of Support provided
England, 2014-15**

Number of carers
(thousands)



Source: Short and Long Term Support Return LTS003

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Table 3.2 shows the age of carers, and whilst just over half (51 per cent, or 225,000 requests) were from carers aged 18-64, one per cent were from young carers (6,000 aged below 18), and 10 per cent (42,000 carers) from carers over the age of 85.

**Table 3.2: Carer Support provided during the year, by the Age of the Carer, by type of Support provided
England, 2014-15**

| Support provided | Carer aged under 18 | Carer aged 18 to 64 | Carer aged 65 to 84 | Carer aged 85 and over | Total Carers | Percentage by Support provided |
|--|---------------------|---------------------|---------------------|------------------------|----------------|--------------------------------|
| Support Direct to Carer | | | | | | |
| Direct Payment Only | 1,000 | 45,000 | 24,000 | 3,000 | 73,000 | 17% |
| Part Direct Payment | 0 | 11,000 | 7,000 | 1,000 | 19,000 | 4% |
| CASSR Managed Personal Budget | 0 | 7,000 | 6,000 | 1,000 | 14,000 | 3% |
| CASSR Commissioned Support Only | 1,000 | 14,000 | 14,000 | 3,000 | 31,000 | 7% |
| Information, Advice and Other Universal Services / Signposting | 3,000 | 96,000 | 76,000 | 22,000 | 196,000 | 45% |
| No Direct Support Provided to Carer | 1,000 | 51,000 | 39,000 | 12,000 | 103,000 | 24% |
| Total | 6,000 | 225,000 | 164,000 | 42,000 | 437,000 | |
| Percentage by Age of the Carer | 1% | 51% | 38% | 10% | | |

Source: Short and Long Term Support Return LTS003

Due to rounding to nearest thousand, some numbers may appear as zero. Figures may not add up due to rounding.

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Table 3.3 shows the breakdown of the Primary Support Reason for cared-for people. Physical Support: Personal Care Support was the most common, with just over a third of recorded instances requiring carer support for this reason. It should be noted that for 21 per cent, the Primary Support Reason was not recorded or the details were not current. Please note, this includes those carers who received no direct support from the council.

Table 3.3: Carer Support provided during the year, by Primary Support Reason of the Client
England, 2014-15

| Primary Support Reason of Cared for Person | Total Carers | Percentage by Primary Support Reason |
|---|----------------|--------------------------------------|
| Physical Support: Access and Mobility Only | 53,000 | 12% |
| Physical Support: Personal Care Support | 159,000 | 36% |
| Sensory Support: Support for Visual Impairment | 5,000 | 1% |
| Sensory Support: Support for Hearing Impairment | 2,000 | 1% |
| Sensory Support: Support for Dual Impairment | 1,000 | 0% |
| Support with Memory and Cognition | 30,000 | 7% |
| Learning Disability Support | 39,000 | 9% |
| Mental Health Support | 32,000 | 7% |
| Social Support: Substance Misuse Support | 1,000 | 0% |
| Social Support: Asylum Seeker Support | 0 | 0% |
| Social Support: Support for Social Isolation / Other | 12,000 | 3% |
| No PSR - Cared for Person not recorded or details not current | 92,000 | 21% |
| Total Cared for | 426,000 | |

Source: Short and Long Term Support Return LTS003

Due to rounding to nearest thousand, some numbers may appear as zero. Figures may not add up due to rounding.
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Table 3.4 shows that 25 per cent (52,000) of new clients receiving ST-Max had a carer, with 34 per cent (16,000) of existing clients receiving the same ST-Max support.

Table 3.4: New and Existing Clients where the Sequel to a Request for Support was ST-Max, by Carer Support
England, 2014-15

| Support from Carer | New Clients | Percentage by Carer Support | Existing Clients | Percentage by Carer Support |
|--------------------|----------------|-----------------------------|------------------|-----------------------------|
| No Carer | 156,000 | 75% | 30,000 | 66% |
| Carer | 52,000 | 25% | 16,000 | 34% |
| Total | 208,000 | | 46,000 | |

Source: Short and Long Term Support Return STS002a, STS002b

Due to rounding to nearest thousand, some numbers may appear as zero. Figures may not add up due to rounding.
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4. Primary Support Reason – Physical Support

Introduction

This chapter provides information on Physical Support, which comprises of Access and Mobility Only and Personal Care Support. It is by far the most common reason for people accessing social care services, for both Short Term Support and Long Term Support. The most common Primary Support Reason, for both completed ST-Max with a determined sequel (70 per cent, or 178,000 new and existing clients), and Long Term Support (51 per cent, or 450,000 clients), was Physical Support: Personal Care Support.

Table 4.1: Number of clients with a primary support reason of 'Physical Support: Access and Mobility Only'
England, 2014-15

| Type of client | Aged 18 to 64 years | Age 65 years and over | Total | Percentage of all clients |
|---|---------------------|-----------------------|--------|---------------------------|
| ST Max new clients | 5,000 | 31,000 | 36,000 | 17% |
| ST Max existing clients | 1,000 | 6,000 | 7,000 | 15% |
| Clients accessing Long Term Support | 19,000 | 60,000 | 79,000 | 9% |
| Clients accessing Long Term Support at year end (31st March 2015) | 17,000 | 42,000 | 59,000 | 9% |
| Clients accessing Long Term Support for more than 12 months at year end (31st March 2015) | 13,000 | 24,000 | 37,000 | 8% |
| Clients where support was provided to carer | .. | .. | 41,000 | 13% |

Source: Short and Long Term Support Return STS002a, STS002b, LTS001a, LTS001b, LTS001c, LTS003

Due to rounding to nearest thousand, some numbers may appear as zero. Figures may not add up due to rounding.

.. Indicates data not available.

ST Max new clients refers to the number of completed instances of ST Max for a new client where the sequel to the ST Max was determined in 2014-15

ST Max existing clients refers to the number of completed instances of ST Max for an existing client where the sequel to the ST Max was determined in 2014-15

Percentage of all clients refers to this PSR total as a percentage of the overall total requests for the relevant form of support

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Table 4.2: Number of clients with a primary support reason of 'Physical Support: Personal Care Support'
England, 2014-15

| Type of client | Aged 18 to 64 years | Age 65 years and over | Total | Percentage of all clients |
|---|---------------------|-----------------------|---------|---------------------------|
| ST Max new clients | 12,000 | 134,000 | 147,000 | 70% |
| ST Max existing clients | 3,000 | 28,000 | 31,000 | 67% |
| Clients accessing Long Term Support | 66,000 | 384,000 | 450,000 | 51% |
| Clients accessing Long Term Support at year end (31st March 2015) | 54,000 | 254,000 | 308,000 | 47% |
| Clients accessing Long Term Support for more than 12 months at year end (31st March 2015) | 43,000 | 171,000 | 213,000 | 44% |
| Clients where support was provided to carer | .. | .. | 122,000 | 38% |

Source: Short and Long Term Support Return STS002a, STS002b, LTS001a, LTS001b, LTS001c, LTS003

Due to rounding to nearest thousand, some numbers may appear as zero. Figures may not add up due to rounding.

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ST Max new clients refers to the number of completed instances of ST Max for a new client where the sequel to the ST Max was determined in 2014-15

ST Max existing clients refers to the number of completed instances of ST Max for an existing client where the sequel to the ST Max was determined in 2014-15

Percentage of all clients refers to this PSR total as a percentage of the overall total requests for the relevant form of support

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Table 4.3: Number of clients with a primary support reason of 'Physical Support'
England, 2014-15

| Type of client | Aged 18 to 64 years | Age 65 years and over | Total | Percentage of all clients |
|---|---------------------|-----------------------|---------|---------------------------|
| ST Max new clients | 18,000 | 165,000 | 182,000 | 87% |
| ST Max existing clients | 4,000 | 34,000 | 38,000 | 81% |
| Clients accessing Long Term Support | 85,000 | 444,000 | 529,000 | 60% |
| Clients accessing Long Term Support at year end (31st March 2015) | 71,000 | 296,000 | 367,000 | 56% |
| Clients accessing Long Term Support for more than 12 months at year end (31st March 2015) | 55,000 | 195,000 | 250,000 | 52% |
| Clients where support was provided to carer | .. | .. | 163,000 | 50% |
| Clients accessing Respite or other forms of carer support* | .. | .. | 30,000 | 54% |

Source: Short and Long Term Support Return STS002a, STS002b, LTS001a, LTS001b, LTS001c, LTS003

Due to rounding to nearest thousand, some numbers may appear as zero. Figures may not add up due to rounding.

.. Indicates data not available.

ST Max new clients refers to the number of completed instances of ST Max for a new client where the sequel to the ST Max was determined in 2014-15

ST Max existing clients refers to the number of completed instances of ST Max for an existing client where the sequel to the ST Max was determined in 2014-15

*irrespective of any support provided to their carer.

Percentage of all clients refers to this PSR total as a percentage of the overall total requests for the relevant form of support

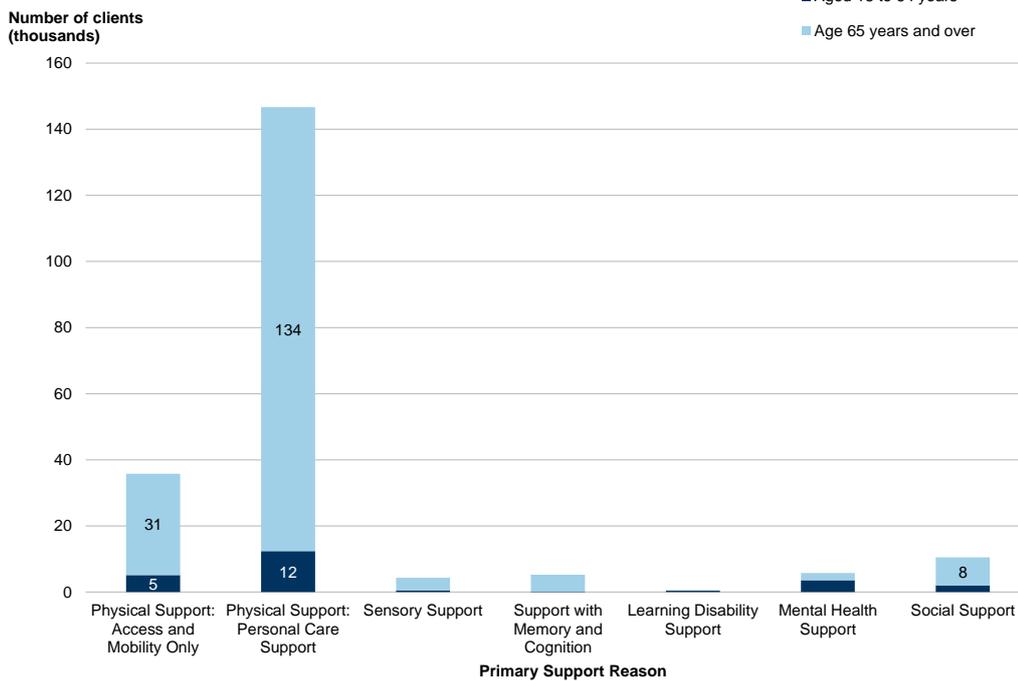
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Percentage of all clients refers to this PSR total as a percentage of the overall total requests for the relevant form of support

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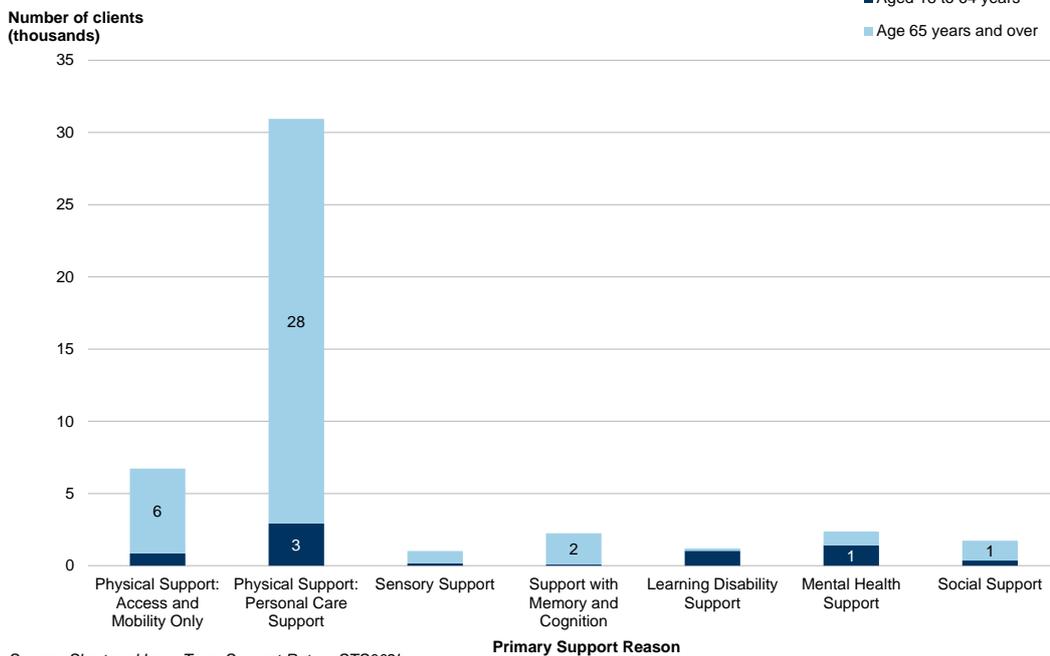
Overall, Physical Support accounts for 182,000 (87 per cent) new clients and 38,000 (81 per cent) existing clients with Short Term Support to Maximise Independence completed in 2014-15. Most of these, around 90 per cent, are aged 65 and over for both new and existing clients.

**Figure 4.1: New Clients where the Sequel to a Request for Support was ST-Max, by Primary Support Reason
England, 2014-15**



Source: Short and Long Term Support Return STS002a
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**Figure 4.2: Existing Clients where the Sequel to a Request for Support was ST-Max, by Primary Support Reason
England, 2014-15**



Source: Short and Long Term Support Return STS002b
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Table 4.4 shows that in over half (52 per cent, or 95,000) of requests for support from new clients requiring Physical Support, no services were provided following the period of ST-Max; where support was provided, it was most likely to be Long Term Support (any setting), occurring in 36,000 (20 per cent) instances.

Table 4.4: Of new and existing clients where the sequel to a request for support was 'Short Term Support to Maximise Independence' a breakdown of what followed the period of short term support, broken down by primary support reason
England, 2014-15

| | Sequel to Short Term Support to Maximise Independence | | | | | | | | | Total |
|--|---|---|---------------------------------|---------------------------|----------------------------|--|--|--|--|----------------|
| | Early cessation of service (not leading to long term support) | Early cessation of service (leading to long term support) | Long Term Support (any setting) | Ongoing Low Level Support | Short Term Support (other) | No Services Provided - Universal Services/signposted to other services | No Services Provided - needs identified but self funding | No Services Provided - needs identified but support declined | No Services Provided - no identified needs | |
| Primary Support Reason - new clients | 27,000 | 4,000 | 36,000 | 12,000 | 8,000 | 9,000 | 6,000 | 6,000 | 74,000 | 182,000 |
| Physical Support: Access & mobility only | 5,000 | 1,000 | 5,000 | 3,000 | 1,000 | 2,000 | 1,000 | 2,000 | 16,000 | 36,000 |
| Physical Support: Personal care support | 22,000 | 4,000 | 32,000 | 9,000 | 7,000 | 7,000 | 5,000 | 4,000 | 57,000 | 147,000 |
| Primary Support Reason - existing clients | 5,000 | 2,000 | 15,000 | 3,000 | 2,000 | 1,000 | 1,000 | 1,000 | 9,000 | 38,000 |
| Physical Support: Access & mobility only | 1,000 | 0 | 2,000 | 1,000 | 1,000 | 0 | 0 | 0 | 2,000 | 7,000 |
| Physical Support: Personal care support | 4,000 | 1,000 | 13,000 | 2,000 | 2,000 | 1,000 | 0 | 1,000 | 7,000 | 31,000 |

Source: Short and Long Term Support Return STS002a, STS002b

Due to rounding to nearest thousand, some numbers may appear as zero. Figures may not add up due to rounding.

ST Max new clients refers to the number of completed instances of ST Max for a new client where the sequel to the ST Max was determined in 2014-15

ST Max existing clients refers to the number of completed instances of ST Max for an existing client where the sequel to the ST Max was determined in 2014-15

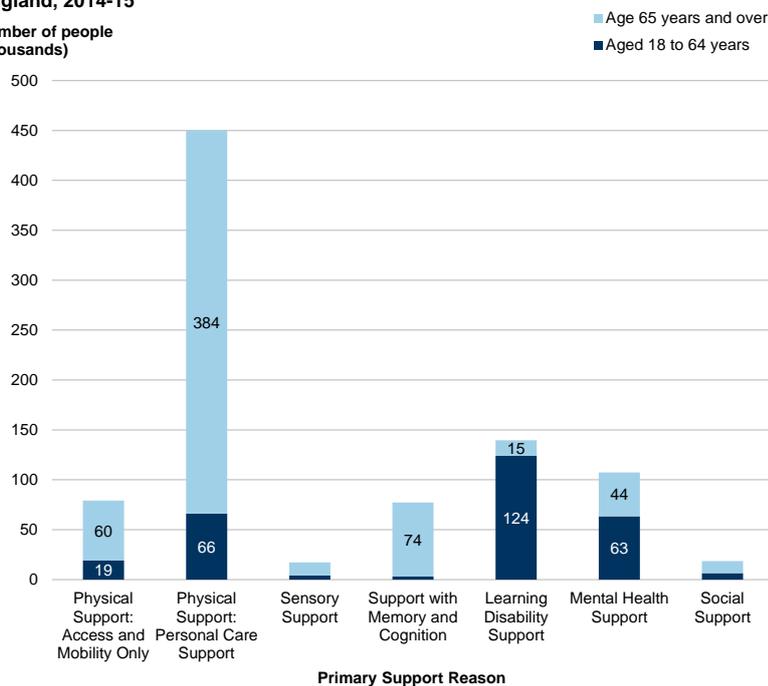
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When considering Long Term Support, Physical Support accounts for 529,000 (60 per cent) clients accessing Long Term Support at any time during the year, as evident in Figure 2.1 (seen first in Chapter 2).

Figure 2.1: People accessing Long Term Support, by Primary Support Reason

England, 2014-15

Number of people (thousands)



Source: Short and Long Term Support Return LTS001a

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Of these 529,000, 69 per cent (367,000) were still accessing services at the year end (Table 4.3).

The most common support setting/delivery mechanism for those accessing Long Term Support was a CASSR Managed Personal Budget (45 per cent overall; 36 per cent for those aged 18-64, 46 per cent for those aged 65 and over), followed by Residential support for 18 per cent.

Table 4.5: The number of people accessing Long Term Support, by Support Setting / Delivery Mechanism
Primary Support Reason: Physical Support
England, 2014-15

| Support Setting / Delivery Mechanism | Physical Support: | | Physical Support: Total | Percentage of Primary Support Reason of Physical Support: | | Percentage by Primary Support Reason of Total | |
|--|--------------------------|-----------------------|-------------------------|---|----------------|---|-------|
| | Access and Mobility Only | Personal Care Support | | Support: Total | Support: Total | Total | Total |
| Nursing | 5,000 | 53,000 | 59,000 | 11% | 86,000 | 10% | |
| Residential | 12,000 | 86,000 | 98,000 | 18% | 194,000 | 22% | |
| Community: Direct Payment Only | 14,000 | 48,000 | 62,000 | 12% | 103,000 | 12% | |
| Community: Part Direct Payment | 3,000 | 17,000 | 21,000 | 4% | 41,000 | 5% | |
| Community: CASSR Managed Personal Budget | 34,000 | 202,000 | 236,000 | 45% | 350,000 | 39% | |
| Community: CASSR Commissioned Support Only | 11,000 | 44,000 | 55,000 | 10% | 115,000 | 13% | |
| Total | 79,000 | 450,000 | 529,000 | | 890,000 | | |

Source: Short and Long Term Support Return LTS001a

Due to rounding to nearest thousand, some numbers may appear as zero. Figures may not add up due to rounding.
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Half (50 per cent) of all instances where a carer received direct support in 2014-15, 163,000, were for people requiring Physical Support, with 54 per cent of respite/carer support delivered to the cared-for person also accounted for by the Physical Support categories. (Table 3.3).

5. Primary Support Reason – Sensory Support

Introduction

This chapter provides information on Sensory Support which comprises of Support for Visual Impairment, Support for Hearing Impairment and Support for Dual Impairment.

Sensory Support accounted for 4,000 new clients and 1,000 existing clients who had completed ST-Max in 2014-15. For each type, this accounted for two per cent of their respective totals. Most of these were aged 65 and over for both new and existing clients (88 per cent and 85 per cent respectively). Visual impairment accounted for the majority of clients in this category (57 per cent new and 51 per cent existing).

Table 5.1: Number of clients with a primary support reason of 'Sensory Support: Support for Visual Impairment'
England, 2014-15

| Type of client | Aged 18 to 64 years | Age 65 years and over | Total | Percentage of all clients |
|---|---------------------|-----------------------|--------|---------------------------|
| ST Max new clients | 0 | 2,000 | 2,000 | 1% |
| ST Max existing clients | 0 | 0 | 1,000 | 1% |
| Clients accessing Long Term Support | 3,000 | 7,000 | 10,000 | 1% |
| Clients accessing Long Term Support at year end (31st March 2015) | 2,000 | 5,000 | 7,000 | 1% |
| Clients accessing Long Term Support for more than 12 months at year end (31st March 2015) | 2,000 | 3,000 | 5,000 | 1% |
| Clients where support was provided to carer | .. | .. | 3,000 | 1% |

Source: Short and Long Term Support Return STS002a, STS002b, LTS001a, LTS001b, LTS001c, LTS003

Due to rounding to nearest thousand, some numbers may appear as zero. Figures may not add up due to rounding.

.. Indicates data not available.

ST Max new clients refers to the number of completed instances of ST Max for a new client where the sequel to the ST Max was determined in 2014-15

ST Max existing clients refers to the number of completed instances of ST Max for an existing client where the sequel to the ST Max was determined in 2014-15

Percentage of all clients refers to this PSR total as a percentage of the overall total requests for the relevant form of support

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Table 5.2: Number of clients with a primary support reason of 'Sensory Support: Support for Hearing Impairment'
England, 2014-2015

| Type of client | Aged 18 to 64 years | Age 65 years and over | Total | Percentage of all clients |
|---|---------------------|-----------------------|-------|---------------------------|
| ST Max new clients | 0 | 1,000 | 1,000 | 1% |
| ST Max existing clients | 0 | 0 | 0 | 1% |
| Clients accessing Long Term Support | 1,000 | 4,000 | 5,000 | 1% |
| Clients accessing Long Term Support at year end (31st March 2015) | 1,000 | 3,000 | 3,000 | 1% |
| Clients accessing Long Term Support for more than 12 months at year end (31st March 2015) | 1,000 | 2,000 | 2,000 | 0% |
| Clients where support was provided to carer | .. | .. | 2,000 | 1% |

Source: Short and Long Term Support Return STS002a, STS002b, LTS001a, LTS001b, LTS001c, LTS003

Due to rounding to nearest thousand, some numbers may appear as zero. Figures may not add up due to rounding.

.. Indicates data not available.

ST Max new clients refers to the number of completed instances of ST Max for a new client where the sequel to the ST Max was determined in 2014-15

ST Max existing clients refers to the number of completed instances of ST Max for an existing client where the sequel to the ST Max was determined in 2014-15

Percentage of all clients refers to this PSR total as a percentage of the overall total requests for the relevant form of support

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Table 5.3: Number of clients with a primary support reason of 'Sensory Support: Support for Dual Impairment'
England, 2014-15

| Type of client | Aged 18 to 64 years | Age 65 years and over | Total | Percentage of all clients |
|---|---------------------|-----------------------|-------|---------------------------|
| ST Max new clients | 0 | 0 | 0 | 0% |
| ST Max existing clients | 0 | 0 | 0 | 0% |
| Clients accessing Long Term Support | 1,000 | 2,000 | 3,000 | 0% |
| Clients accessing Long Term Support at year end (31st March 2015) | 1,000 | 1,000 | 2,000 | 0% |
| Clients accessing Long Term Support for more than 12 months at year end (31st March 2015) | 0 | 1,000 | 1,000 | 0% |
| Clients where support was provided to carer | .. | .. | 1,000 | 0% |

Source: Short and Long Term Support Return STS002a, STS002b, LTS001a, LTS001b, LTS001c, LTS003

Due to rounding to nearest thousand, some numbers may appear as zero. Figures may not add up due to rounding.

.. Indicates data not available.

ST Max new clients refers to the number of completed instances of ST Max for a new client where the sequel to the ST Max was determined in 2014-15

ST Max existing clients refers to the number of completed instances of ST Max for an existing client where the sequel to the ST Max was determined in 2014-15

Percentage of all clients refers to this PSR total as a percentage of the overall total requests for the relevant form of support

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Table 5.4: Number of clients with a primary support reason of 'Sensory Support'
England, 2014-15

| Type of client | Aged 18 to 64 years | Age 65 years and over | Total | Percentage of all clients |
|---|---------------------|-----------------------|--------|---------------------------|
| ST Max new clients | 1,000 | 4,000 | 4,000 | 2% |
| ST Max existing clients | 0 | 1,000 | 1,000 | 2% |
| Clients accessing Long Term Support | 4,000 | 13,000 | 17,000 | 2% |
| Clients accessing Long Term Support at year end (31st March 2015) | 3,000 | 9,000 | 12,000 | 2% |
| Clients accessing Long Term Support for more than 12 months at year end (31st March 2015) | 3,000 | 6,000 | 9,000 | 2% |
| Clients where support was provided to carer | .. | .. | 6,000 | 2% |

Source: Short and Long Term Support Return STS002a, STS002b, LTS001a, LTS001b, LTS001c, LTS003

Due to rounding to nearest thousand, some numbers may appear as zero. Figures may not add up due to rounding.

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Percentage of all clients refers to this PSR total as a percentage of the overall total requests for the relevant form of support

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Community Care Statistics: Social Services Activity, England 2014-15

In 2,000 instances (49 per cent), new clients, following a period of ST-Max, were provided with no further services as there were no identified needs; the next most likely outcome was ongoing low level support (21 per cent).

Table 5.5: Of new and existing clients where the sequel to a request for support was 'Short Term Support to Maximise Independence' a breakdown of what followed the period of short term support, broken down by primary support reason
England, 2014-15

| | Sequel to Short Term Support to Maximise Independence | | | | | | | | Total | |
|--|---|---|---------------------------------|---------------------------|----------------------------|---|--|--|--------------|--|
| | Early cessation of service (not leading to long term support) | Early cessation of service (leading to long term support) | Long Term Support (any setting) | Ongoing Low Level Support | Short Term Support (other) | No Services Provided - Universal Services/ signposted to other services | No Services Provided - needs identified but self funding | No Services Provided - needs identified but support declined | | No Services Provided - no identified needs |
| Primary Support Reason - new clients | 0 | 0 | 1,000 | 1,000 | 0 | 0 | 0 | 0 | 2,000 | 4,000 |
| Sensory Support: Support for visual impairment | 0 | 0 | 0 | 1,000 | 0 | 0 | 0 | 0 | 1,000 | 2,000 |
| Sensory Support: Support for hearing impairment | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,000 | 1,000 |
| Sensory Support: Support for dual impairment | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Primary Support Reason - existing clients | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,000 |
| Sensory Support: Support for visual impairment | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,000 |
| Sensory Support: Support for hearing impairment | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sensory Support: Support for dual impairment | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Source: Short and Long Term Support Return STS002a, STS002b

Due to rounding to nearest thousand, some numbers may appear as zero. Figures may not add up due to rounding.

ST Max new clients refers to the number of completed instances of ST Max for a new client where the sequel to the ST Max was determined in 2014-15

ST Max existing clients refers to the number of completed instances of ST Max for an existing client where the sequel to the ST Max was determined in 2014-15

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In line with ST-Max, Sensory Support accounted for just two per cent of people accessing Long Term Support at any time during the year. Of these 17,000 clients, 71 per cent were accessing services at the year end (Table 5.4).

The most popular support was via the Community setting, through a CASSR Managed Personal Budget (39 per cent), followed by Residential Support (19 per cent).

Table 5.6: The number of people accessing Long Term Support, by Support Setting / Delivery Mechanism

Primary Support Reason: Sensory Support
England, 2014-15

| Support Setting / Delivery Mechanism | Sensory Support: Support for Visual Impairment | Sensory Support: Support for Hearing Impairment | Sensory Support: Support for Dual Impairment | Percentage of Primary Support Reason of Sensory Support | | Total | Percentage by Primary Support Reason of Total |
|--|--|---|--|---|------------------------|----------------|---|
| | Impairment | Impairment | Impairment | Sensory Support: Total | Sensory Support: Total | | |
| Nursing | 1,000 | 0 | 0 | 1,000 | 8% | 86,000 | 10% |
| Residential | 2,000 | 1,000 | 0 | 3,000 | 19% | 194,000 | 22% |
| Community: Direct Payment Only | 2,000 | 1,000 | 0 | 3,000 | 16% | 103,000 | 12% |
| Community: Part Direct Payment | 1,000 | 0 | 0 | 1,000 | 5% | 41,000 | 5% |
| Community: CASSR Managed Personal Budget | 4,000 | 2,000 | 1,000 | 7,000 | 39% | 350,000 | 39% |
| Community: CASSR Commissioned Support Only | 1,000 | 1,000 | 0 | 2,000 | 14% | 115,000 | 13% |
| Total | 10,000 | 5,000 | 3,000 | 17,000 | | 890,000 | |

Source: Short and Long Term Support Return LTS001a

Due to rounding to nearest thousand, some numbers may appear as zero. Figures may not add up due to rounding.

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In line with accounting for two per cent of both completed ST-Max, and Long Term Support, this Primary Support Reason represented two per cent of the total when considering carers who received direct support. Of the three Sensory Support categories, those requiring Support for Visual Impairment received the most carer support (59 per cent of all carer support for Sensory Support, again comparable with the Primary Support Reason sub-category percentage split across other metrics).

6. Primary Support Reason – Support with Memory and Cognition

Introduction

This chapter provides information on Support with memory and cognition.

Support with Memory and Cognition accounted for 5,000 (three per cent) new clients and 2,000 (five per cent) existing clients with completed Short Term Support to Maximise Independence in 2014-15. Most of these, around 97 per cent, were aged 65 and over for both new and existing clients.

Table 6.1: Number of clients with a primary support reason of 'Support with Memory and Cognition'
England, 2014-15

| Type of client | Aged 18 to 64 years | Age 65 years and over | Total | Percentage of all clients |
|---|---------------------|-----------------------|--------|---------------------------|
| ST Max new clients | 0 | 5,000 | 5,000 | 3% |
| ST Max existing clients | 0 | 2,000 | 2,000 | 5% |
| Clients accessing Long Term Support | 3,000 | 74,000 | 77,000 | 9% |
| Clients accessing Long Term Support at year end (31st March 2015) | 3,000 | 51,000 | 54,000 | 8% |
| Clients accessing Long Term Support for more than 12 months at year end (31st March 2015) | 2,000 | 35,000 | 37,000 | 8% |
| Clients where support was provided to carer | .. | .. | 22,000 | 7% |
| Clients accessing Respite or other forms of carer support* | .. | .. | 6,000 | 12% |

Source: Short and Long Term Support Return STS002a, STS002b, LTS001a, LTS001b, LTS001c, LTS003

Due to rounding to nearest thousand, some numbers may appear as zero. Figures may not add up due to rounding.

.. Indicates data not available.

ST Max new clients refers to the number of completed instances of ST Max for a new client where the sequel to the ST Max was determined in 2014-15

ST Max existing clients refers to the number of completed instances of ST Max for an existing client where the sequel to the ST Max was determined in 2014-15

*irrespective of any support provided to their carer.

Percentage of all clients refers to this PSR total as a percentage of the overall total requests for the relevant form of support

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This was the only Primary Support Reason whereby the most likely support offered following ST-Max would be Long Term Support (34 per cent) for new clients. The same outcome was also most likely for existing clients, with a slightly higher percentage (44 per cent).

Table 6.2: Of new and existing clients where the sequel to a request for support was 'Short Term Support to Maximise Independence' a breakdown of what followed the period of short term support, broken down by primary support reason
England, 2014-15

| | Sequel to Short Term Support to Maximise Independence | | | | | | | | | |
|--|---|---|---------------------------------|---------------------------|----------------------------|---|--|--|--|-------|
| | Early cessation of service (not leading to long term support) | Early cessation of service (leading to long term support) | Long Term Support (any setting) | Ongoing Low Level Support | Short Term Support (other) | No Services Provided - Universal Services/ signposted to other services | No Services Provided - identified but self funding | No Services Provided - identified but support declined | No Services Provided - no identified needs | Total |
| Primary Support Reason - new clients | | | | | | | | | | |
| Support with Memory & Cognition | 1,000 | 0 | 2,000 | 0 | 0 | 0 | 0 | 0 | 1,000 | 5,000 |
| Primary Support Reason - existing clients | | | | | | | | | | |
| Support with Memory & Cognition | 0 | 0 | 1,000 | 0 | 0 | 0 | 0 | 0 | 0 | 2,000 |

Source: Short and Long Term Support Return STS002a, STS002b

Due to rounding to nearest thousand, some numbers may appear as zero. Figures may not add up due to rounding.

ST Max new clients refers to the number of completed instances of ST Max for a new client where the sequel to the ST Max was determined in 2014-15

ST Max existing clients refers to the number of completed instances of ST Max for an existing client where the sequel to the ST Max was determined in 2014-15

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In contrast to ST-Max, there is a higher percentage when considering Long Term Support with Memory and Cognition accounting for nine per cent of people accessing Long Term Support at any time during the year. Of these 77,000 clients, 69 per cent (54,000) were accessing services at the year end.

Just under half of clients requiring support with memory and cognition in 2014-15 (45 per cent) were supported in a residential setting; this was the only Primary Support Reason classification reporting a majority of clients supported through residential care.

Table 6.3: The number of people accessing Long Term Support, by Primary Support Reason, by Support Setting / Delivery Mechanism
Primary Support Reason: Support with Memory and Cognition
England, 2014-15

| Support Setting / Delivery Mechanism | Support with Memory and Cognition | Percentage of Primary Support Reason of Support with Memory and Cognition | Total | Percentage by Primary Support Reason of Total |
|--|---|---|----------------|---|
| Nursing | 14,000 | 18% | 86,000 | 10% |
| Residential | 35,000 | 45% | 194,000 | 22% |
| Community: Direct Payment Only | 3,000 | 4% | 103,000 | 12% |
| Community: Part Direct Payment | 2,000 | 3% | 41,000 | 5% |
| Community: CASSR Managed Personal Budget | 19,000 | 25% | 350,000 | 39% |
| Community: CASSR Commissioned Support Only | 4,000 | 5% | 115,000 | 13% |
| Total | 77,000 | | 890,000 | |

Source: Short and Long Term Support Return LTS001a

Due to rounding to nearest thousand, some numbers may appear as zero. Figures may not add up due to rounding.

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Around seven per cent of instances where a carer received direct support were for cared-for people requiring Support with Memory and Cognition, and this category accounted for 12 per cent of those receiving respite/services for the cared-for person (Table 6.1).

7. Primary Support Reason – Learning Disability Support

Introduction

This chapter provides information on Learning Disability Support, including additional data on Employment and Accommodation Status. It should be noted that due to the changes to the collection, this chapter focuses on clients who are being supported primarily because of their Learning Disability; there may be additional clients who have a learning disability who will not be included in these data if their Primary Support Reason identified at assessment falls under one of the other Primary Support Reason classifications.

Table 7.1: Number of clients with a primary support reason of 'Learning Disability Support'
England, 2014-15

| Type of client | Aged 18 to 64 years | Age 65 years and over | Total | Percentage of all clients |
|---|---------------------|-----------------------|---------|---------------------------|
| ST Max new clients | 0 | 0 | 1,000 | 0% |
| ST Max existing clients | 1,000 | 0 | 1,000 | 3% |
| Clients accessing Long Term Support | 124,000 | 15,000 | 140,000 | 16% |
| Clients accessing Long Term Support at year end (31st March 2015) | 116,000 | 14,000 | 130,000 | 20% |
| Clients accessing Long Term Support for more than 12 months at year end (31st March 2015) | 104,000 | 13,000 | 117,000 | 24% |
| Clients where support was provided to carer | .. | .. | 28,000 | 9% |

Source: Short and Long Term Support Return STS002a, STS002b, LTS001a, LTS001b, LTS001c, LTS003

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.. Indicates data not available.

ST Max new clients refers to the number of completed instances of ST Max for a new client where the sequel to the ST Max was determined in 2014-15

ST Max existing clients refers to the number of completed instances of ST Max for an existing client where the sequel to the ST Max was determined in 2014-15

Percentage of all clients refers to this PSR total as a percentage of the overall total requests for the relevant form of support

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Whilst this was the Primary Support Reason for 16 per cent of all clients accessing Long Term Support, for clients aged 18-64, this was the most common Primary Support Reason; 124,000 clients representing 43 per cent of all 18-64 year olds received Long Term Support in 2014-15. Learning Disability Support accounts for just a quarter of a per cent of new clients and three per cent of existing clients (1,000 clients for each) with Short Term Support to Maximise Independence in 2014-15. Most of these are aged between 18 and 64 (78 per cent for new clients, increasing to 86 per cent of existing clients).

Where ST-Max followed a request for support, when the Primary Support Reason was Learning Disability, the outcomes for new clients were most likely to be No Services provided – No identified needs (39 per cent) followed by Long Term Support – any setting (31 per cent). For existing clients, Long Term Support – any setting was the most likely outcome (44 per cent) then followed by No Services Provided – no identified needs (38 per cent).

Community Care Statistics: Social Services Activity, England 2014-15

Table 7.2: Of new and existing clients where the sequel to a request for support was 'Short Term Support to Maximise Independence' a breakdown of what followed the period of short term support, broken down by primary support reason
England, 2014-15

| | Sequel to Short Term Support to Maximise Independence | | | | | | | | | Total |
|--|---|---|---------------------------------|---------------------------|----------------------------|---|--|--|--|-------|
| | Early cessation of service (not leading to long term support) | Early cessation of service (leading to long term support) | Long Term Support (any setting) | Ongoing Low Level Support | Short Term Support (other) | No Services Provided - Universal Services/ signposted to other services | No Services Provided - needs identified but self funding | No Services Provided - needs identified but support declined | No Services Provided - no identified needs | |
| Primary Support Reason - new clients¹ | 7% | 3% | 31% | 6% | 6% | 6% | 0% | 2% | 39% | |
| Learning Disability Support | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,000 |
| Primary Support Reason - existing clients¹ | 2% | 1% | 44% | 9% | 4% | 1% | 0% | 1% | 38% | |
| Learning Disability Support | 0 | 0 | 1,000 | 0 | 0 | 0 | 0 | 0 | 0 | 1,000 |

Source: Short and Long Term Support Return STS002a, STS002b

¹Due to low numbers, percentages have been added to the table for ease of reference

Due to rounding to nearest thousand, some numbers may appear as zero. Figures may not add up due to rounding.

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ST Max existing clients refers to the number of completed instances of ST Max for an existing client where the sequel to the ST Max was determined in 2014-15

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Learning Disability Support accounted for 16 per cent of people accessing Long Term Support at any time during the year (Table 7.1). Of these 140,000 clients, 93 per cent were accessing services at the year end. For those accessing services throughout the year, the most common support setting was in the community, supported by a CASSR managed personal budget.

Table 7.3: The number of people accessing Long Term Support, by Primary Support Reason, by Support Setting / Delivery Mechanism
Primary Support Reason: Learning Disability Support
England, 2014-15

| Support Setting / Delivery Mechanism | Learning Disability Support | Percentage of Primary Support Reason of Learning Disability Support | Total | Percentage by Primary Support Reason of |
|--|-----------------------------|---|----------------|---|
| | | Support | | Total |
| Nursing | 2,000 | 2% | 86,000 | 10% |
| Residential | 33,000 | 24% | 194,000 | 22% |
| Community: Direct Payment Only | 22,000 | 16% | 103,000 | 12% |
| Community: Part Direct Payment | 14,000 | 10% | 41,000 | 5% |
| Community: CASSR Managed Personal Budget | 55,000 | 39% | 350,000 | 39% |
| Community: CASSR Commissioned Support Only | 13,000 | 10% | 115,000 | 13% |
| Total | 140,000 | | 890,000 | |

Source: Short and Long Term Support Return LTS001a

Due to rounding to nearest thousand, some numbers may appear as zero. Figures may not add up due to rounding.

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Around nine per cent of all requests for carer support were for cared-for people with a Primary Support reason of Learning Disability Support (Table 7.1).

Of the working age⁹ clients with a Primary Support reason of Learning Disability Support whose employment status is known, 10 per cent were in paid employment (7,000 working age clients).

⁹ Working age clients are clients aged 18-64

**Table 7.4: Employment Status of working age clients with a Primary Support Reason of Learning Disability Support, by gender
England, 2014-15**

| Employment Status | Male | Female |
|--|---------------|---------------|
| Paid Employment - less than 16 hours a week | 3,000 | 2,000 |
| Paid Employment - 16 hours or more a week | 2,000 | 1,000 |
| Not in Paid Employment (Seeking Work) | 8,000 | 5,000 |
| Not in Paid Employment (Not Actively Seeking Work / Retired) | 30,000 | 22,000 |
| Unknown | 31,000 | 22,000 |
| Total | 72,000 | 52,000 |

Source: Short and Long Term Support Return LTS004

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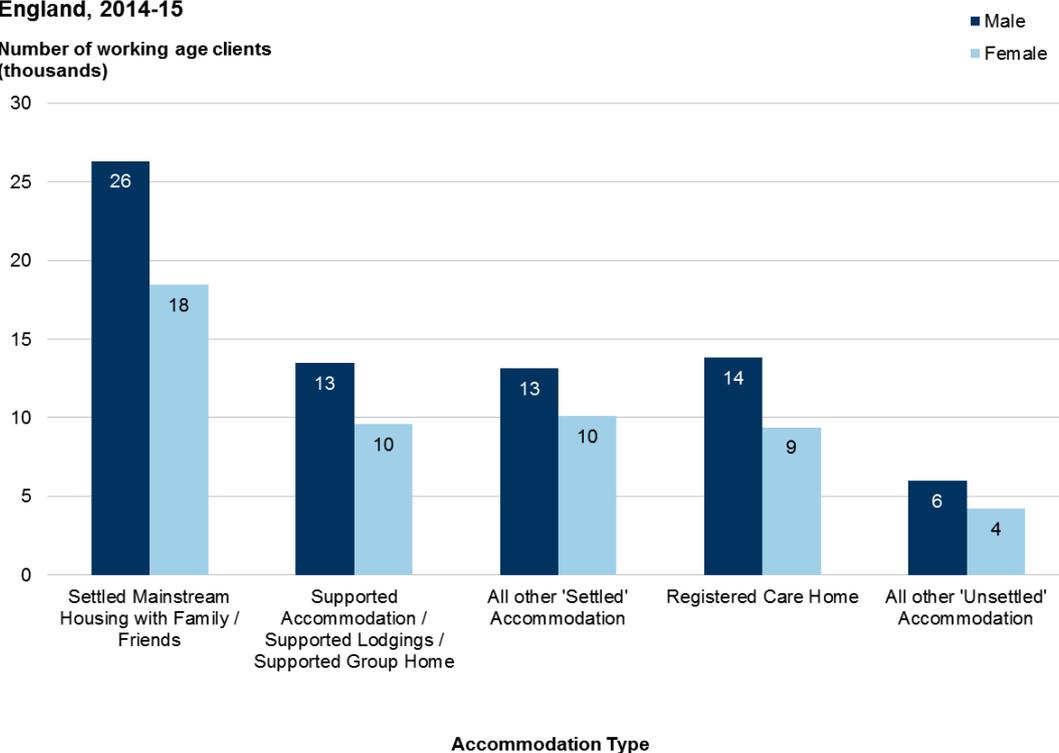
Of the clients in paid employment 63 per cent were male and 37 per cent were female, compared to 58 per cent male and 42 per cent female overall within this group. Seventy-two per cent of 'known' clients were not in paid employment and not actively seeking work/retired (51,000 clients). There were a further 53,000 clients in this category whose employment status was unknown.

In total, 91,000 clients were classed as living in their own home or with their family. This represents 73 per cent of all working age clients with a Primary Support Reason of Learning Disability Support. Almost half of working age clients with a Primary Support Reason of Learning Disability Support, who were recorded as living in their own home or with family and friends, were living in settled mainstream housing with family or friends, including flat-sharing (49 per cent). A quarter of clients were in supported accommodation, supported lodgings or in a supported group home (i.e. accommodation supported by staff or resident care taker).

**Figure 7.1: Accommodation of working age clients with a Primary Support Reason of Learning Disability Support, by gender
England, 2014-15**

England, 2014-15

Number of working age clients
(thousands)



Source: Short and Long Term Support Return LTS004

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In 2014/2015, 26,000¹⁰ working age clients with a Primary Support Reason of Learning Disability Support were known to not be living in their own home or living with family and friends. Of these known clients, 88 per cent were living in a registered care home (23,000 clients).

The majority of working age clients with a Primary Support Reason of Learning Disability Support not living in their own home or with family and friends were male (59 per cent).

Table 7.5: Accommodation of working age clients with a Primary Support Reason of Learning Disability Support, by gender
England, 2014-15

| Accommodation Type | Male | Female |
|---|---------------|---------------|
| Settled Mainstream Housing with Family / Friends | 26,000 | 18,000 |
| Supported Accommodation / Supported Lodgings / Supported Group Home | 13,000 | 10,000 |
| All other 'Settled' Accommodation | 13,000 | 10,000 |
| Registered Care Home | 14,000 | 9,000 |
| All other 'Unsettled' Accommodation | 6,000 | 4,000 |
| Total | 73,000 | 52,000 |

Source: Short and Long Term Support Return LTS004

Due to rounding to nearest thousand, some numbers may appear as zero. Figures may not add up due to rounding.

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¹⁰ Clients whose accommodation type was unknown were excluded from this total

8. Primary Support Reason – Mental Health Support

Introduction

This chapter provides information on Mental Health Support, which accounted for 6,000 (three per cent) new clients and 2,000 (five per cent) existing clients with Short Term Support to Maximise Independence seen in 2014-15. Most of these were aged between 18 and 64 (62 per cent for new and 60 per cent for existing clients).

Table 8.1: Number of clients with a primary support reason of 'Mental Health Support'
England, 2014-15

| Type of client | 2014-15 | | | |
|---|---------------------|-----------------------|---------|---------------------------|
| | Aged 18 to 64 years | Age 65 years and over | Total | Percentage of all clients |
| ST Max new clients | 4,000 | 2,000 | 6,000 | 3% |
| ST Max existing clients | 1,000 | 1,000 | 2,000 | 5% |
| Clients accessing Long Term Support | 63,000 | 44,000 | 107,000 | 12% |
| Clients accessing Long Term Support at year end (31st March 2015) | 49,000 | 33,000 | 82,000 | 12% |
| Clients accessing Long Term Support for more than 12 months at year end (31st March 2015) | 39,000 | 25,000 | 64,000 | 13% |
| Clients where support was provided to carer | .. | .. | 27,000 | 8% |

Source: Short and Long Term Support Return STS002a, STS002b, LTS001a, LTS001b, LTS001c, LTS003

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.. Indicates data not available.

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ST Max existing clients refers to the number of completed instances of ST Max for an existing client where the sequel to the ST Max was determined in 2014-15

Percentage of all clients refers to this PSR total as a percentage of the overall total requests for the relevant form of support

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For new clients, 30 per cent reported No Services Provided – no identified needs, following their period of ST-Max. In contrast, for existing clients, 46 per cent received ongoing low-level support following the period of ST-Max, the only Primary Support Reason to report this as the most likely outcome.

Table 8.2: Of new and existing clients where the sequel to a request for support was 'Short Term Support to Maximise Independence' a breakdown of what followed the period of short term support, broken down by primary support reason
England, 2014-15

| | Sequel to Short Term Support to Maximise Independence | | | | | | | | | Total |
|--|---|---|---------------------------------|---------------------------|----------------------------|---|--|--|--|-------|
| | Early cessation of service (not leading to long term support) | Early cessation of service (leading to long term support) | Long Term Support (any setting) | Ongoing Low Level Support | Short Term Support (other) | No Services Provided - Universal Services/ signposted to other services | No Services Provided - needs identified but self funding | No Services Provided - needs identified but support declined | No Services Provided - no identified needs | |
| Primary Support Reason - new clients¹ | 7% | 1% | 18% | 7% | 8% | 19% | 1% | 7% | 30% | |
| Mental Health Support | 0 | 0 | 1,000 | 0 | 0 | 1,000 | 0 | 0 | 2,000 | 6,000 |
| Primary Support Reason - existing clients¹ | 6% | 2% | 23% | 46% | 4% | 2% | 1% | 1% | 15% | |
| Mental Health Support | 0 | 0 | 1,000 | 1,000 | 0 | 0 | 0 | 0 | 0 | 2,000 |

Source: Short and Long Term Support Return STS002a, STS002b

¹Due to low numbers, percentages have been added to the table for ease of reference

Due to rounding to nearest thousand, some numbers may appear as zero. Figures may not add up due to rounding.

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ST Max existing clients refers to the number of completed instances of ST Max for an existing client where the sequel to the ST Max was determined in 2014-15

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Mental Health Support accounted for 12 per cent of people accessing Long Term Support at any time during the year. Of these 107,000 clients, 76 per cent were accessing services at the year end (Table 8.1).

The most common support provided to long term clients throughout 2014-15 was CASSR commissioned support only, accounting for 35 per cent of clients, then followed by Residential which supported 21 per cent.

Table 8.3: The number of people accessing Long Term Support, by Primary Support Reason, by Support Setting / Delivery Mechanism
Primary Support Reason: Mental Health Support
England, 2014-15

| Support Setting / Delivery Mechanism | Mental Health Support | Percentage of Primary Support Reason of | Total | Percentage by Primary Support Reason of |
|--|-----------------------|---|----------------|---|
| | | Mental Health Support | | Total |
| Nursing | 9,000 | 8% | 86,000 | 10% |
| Residential | 23,000 | 21% | 194,000 | 22% |
| Community: Direct Payment Only | 11,000 | 10% | 103,000 | 12% |
| Community: Part Direct Payment | 3,000 | 3% | 41,000 | 5% |
| Community: CASSR Managed Personal Budget | 24,000 | 23% | 350,000 | 39% |
| Community: CASSR Commissioned Support Only | 38,000 | 35% | 115,000 | 13% |
| Total | 107,000 | | 890,000 | |

Source: Short and Long Term Support Return LTS001a

Due to rounding to nearest thousand, some numbers may appear as zero. Figures may not add up due to rounding.

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Around eight per cent of all instances where a carer was receiving direct support was for cared-for people requiring Mental Health Support (Table 8.1).

9. Primary Support Reason – Social Support

Introduction

This chapter provides information on Social Support which comprises of Substance Misuse Support, Asylum Seeker Support and Support for Social Isolation / Other. The latter group accounted for the majority of those clients receiving Social Support across all Short and Long Term metrics (making up 94 per cent of new clients, and 84 per cent of those receiving Long Term Support).

Table 9.1: Number of clients with a primary support reason of 'Social Support: Substance Misuse Support'
England, 2014-15

| Type of client | 2014-15 | | | |
|---|---------------------|-----------------------|-------|---------------------------|
| | Aged 18 to 64 years | Age 65 years and over | Total | Percentage of all clients |
| ST Max new clients | 1,000 | 0 | 1,000 | 0% |
| ST Max existing clients | 0 | 0 | 0 | 0% |
| Clients accessing Long Term Support | 1,000 | 1,000 | 2,000 | 0% |
| Clients accessing Long Term Support at year end (31st March 2015) | 1,000 | 0 | 1,000 | 0% |
| Clients accessing Long Term Support for more than 12 months at year end (31st March 2015) | 1,000 | 0 | 1,000 | 0% |
| Clients where support was provided to carer | .. | .. | 1,000 | 0% |

Source: Short and Long Term Support Return STS002a, STS002b, LTS001a, LTS001b, LTS001c, LTS003

Due to rounding to nearest thousand, some numbers may appear as zero. Figures may not add up due to rounding.

.. Indicates data not available.

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ST Max existing clients refers to the number of completed instances of ST Max for an existing client where the sequel to the ST Max was determined in 2014-15

Percentage of all clients refers to this PSR total as a percentage of the overall total requests for the relevant form of support

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Table 9.2: Number of clients with a primary support reason of 'Social Support: Asylum Seeker Support'
England, 2014-15

| Type of client | 2014-15 | | | |
|---|---------------------|-----------------------|-------|---------------------------|
| | Aged 18 to 64 years | Age 65 years and over | Total | Percentage of all clients |
| ST Max new clients | 0 | 0 | 0 | 0% |
| ST Max existing clients | 0 | 0 | 0 | 0% |
| Clients accessing Long Term Support | 0 | 0 | 1,000 | 0% |
| Clients accessing Long Term Support at year end (31st March 2015) | 0 | 0 | 0 | 0% |
| Clients accessing Long Term Support for more than 12 months at year end (31st March 2015) | 0 | 0 | 0 | 0% |
| Clients where support was provided to carer | .. | .. | 0 | 0% |

Source: Short and Long Term Support Return STS002a, STS002b, LTS001a, LTS001b, LTS001c, LTS003

Due to rounding to nearest thousand, some numbers may appear as zero. Figures may not add up due to rounding.

.. Indicates data not available.

ST Max new clients refers to the number of completed instances of ST Max for a new client where the sequel to the ST Max was determined in 2014-15

ST Max existing clients refers to the number of completed instances of ST Max for an existing client where the sequel to the ST Max was determined in 2014-15

Percentage of all clients refers to this PSR total as a percentage of the overall total requests for the relevant form of support

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Table 9.3: Number of clients with a primary support reason of 'Social Support: Support for Social Isolation / Other'
England, 2014-15

| Type of client | 2014-15 | | | |
|---|---------------------|-----------------------|--------|---------------------------|
| | Aged 18 to 64 years | Age 65 years and over | Total | Percentage of all clients |
| ST Max new clients | 1,000 | 8,000 | 10,000 | 5% |
| ST Max existing clients | 0 | 1,000 | 2,000 | 4% |
| Clients accessing Long Term Support | 5,000 | 11,000 | 16,000 | 2% |
| Clients accessing Long Term Support at year end (31st March 2015) | 4,000 | 8,000 | 12,000 | 2% |
| Clients accessing Long Term Support for more than 12 months at year end (31st March 2015) | 3,000 | 5,000 | 8,000 | 2% |
| Clients where support was provided to carer | .. | .. | 8,000 | 2% |

Source: Short and Long Term Support Return STS002a, STS002b, LTS001a, LTS001b, LTS001c, LTS003

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.. Indicates data not available.

ST Max new clients refers to the number of completed instances of ST Max for a new client where the sequel to the ST Max was determined in 2014-15

ST Max existing clients refers to the number of completed instances of ST Max for an existing client where the sequel to the ST Max was determined in 2014-15

Percentage of all clients refers to this PSR total as a percentage of the overall total requests for the relevant form of support

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Table 9.4: Number of clients with a primary support reason of 'Social Support'
England, 2014-15

| Type of client | 2014-15 | | | |
|---|---------------------|-----------------------|--------|---------------------------|
| | Aged 18 to 64 years | Age 65 years and over | Total | Percentage of all clients |
| ST Max new clients | 2,000 | 8,000 | 10,000 | 5% |
| ST Max existing clients | 0 | 1,000 | 2,000 | 4% |
| Clients accessing Long Term Support | 6,000 | 12,000 | 19,000 | 2% |
| Clients accessing Long Term Support at year end (31st March 2015) | 5,000 | 8,000 | 13,000 | 2% |
| Clients accessing Long Term Support for more than 12 months at year end (31st March 2015) | 3,000 | 5,000 | 9,000 | 2% |
| Clients where support was provided to carer | .. | .. | 9,000 | 3% |

Source: Short and Long Term Support Return STS002a, STS002b, LTS001a, LTS001b, LTS001c, LTS003

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.. Indicates data not available.

ST Max new clients refers to the number of completed instances of ST Max for a new client where the sequel to the ST Max was determined in 2014-15

ST Max existing clients refers to the number of completed instances of ST Max for an existing client where the sequel to the ST Max was determined in 2014-15

Percentage of all clients refers to this PSR total as a percentage of the overall total requests for the relevant form of support

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Community Care Statistics: Social Services Activity, England 2014-15

Social Support accounted for 10,000 new clients (five per cent) and 2,000 (four per cent) existing clients with Short Term Support to Maximise Independence seen within 2014-15. Most of these, around 80 per cent, were aged 65 and over for new and existing clients. For new clients, the most likely outcome was No Services Provided - no identified needs; the same outcome was true for existing clients.

Table 9.5: Of new and existing clients where the sequel to a request for support was 'Short Term Support to Maximise Independence' a breakdown of what followed the period of short term support, broken down by primary support reason
England, 2014-15

| | Sequel to Short Term Support to Maximise Independence | | | | | | | | Total | |
|--|---|---|---------------------------------|---------------------------|----------------------------|--|--|--|--------------|--|
| | Early cessation of service (not leading to long term support) | Early cessation of service (leading to long term support) | Long Term Support (any setting) | Ongoing Low Level Support | Short Term Support (other) | No Services Provided - Universal Services / signposted to other services | No Services Provided - needs identified but self funding | No Services Provided - needs identified but support declined | | No Services Provided - no identified needs |
| Primary Support Reason - new clients | 1,000 | 0 | 1,000 | 0 | 0 | 1,000 | 0 | 1,000 | 5,000 | 10,000 |
| Social Support: Substance misuse support | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,000 |
| Social Support: Asylum seeker support | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Social Support: Support for Social Isolation/Other | 1,000 | 0 | 1,000 | 0 | 0 | 1,000 | 0 | 0 | 5,000 | 10,000 |
| Primary Support Reason - existing clients | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,000 | 2,000 |
| Social Support: Substance misuse support | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Social Support: Asylum seeker support | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Social Support: Support for Social Isolation/Other | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,000 | 2,000 |

Source: Short and Long Term Support Return STS02(a), STS02(b)
Due to rounding to nearest thousand, some numbers may appear as zero. Figures may not add up due to rounding.
ST Max new clients refers to the number of completed instances of ST Max for a new client where the sequel to the ST Max was determined in 2014-15
ST Max existing clients refers to the number of completed instances of ST Max for an existing client where the sequel to the ST Max was determined in 2014-15
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Social Support accounted for only two per cent of people accessing Long Term Support at any time during the year. Of these 19,000 clients, 72 per cent were accessing services at the year end (Table 9.4).

For those accessing this Long Term Support throughout the year, the most likely support was via CASSR Commissioned Support only in the Community (35 per cent of clients accessed this). If this is considered further, those seeking support for Substance Misuse Support were most likely to receive this support (31 per cent of this client group) whilst Asylum Seeker support and Social Isolation/other support were more likely to be supported by a CASSR managed personal budget (42 per cent and 50 per cent respectively).

Table 9.6: The number of people accessing Long Term Support, by Primary Support Reason, by Support Setting / Delivery Mechanism
Primary Support Reason: Social Support
England, 2014-15

| Support Setting / Delivery Mechanism | Social Support: Substance Misuse Support | Social Support: Asylum Seeker Support | Social Support: Support for Social Isolation / Other | Social Support: Total | Percentage of Primary Support Reason of Social Support: Total | Percentage by Primary Support Reason of Total |
|--|--|---------------------------------------|--|-----------------------|---|---|
| | | | | | | |
| Nursing | 0 | 0 | 1,000 | 1,000 | 5% | 86,000 |
| Residential | 1,000 | 0 | 2,000 | 3,000 | 14% | 194,000 |
| Community: Direct Payment Only | 0 | 0 | 2,000 | 3,000 | 14% | 103,000 |
| Community: Part Direct Payment | 0 | 0 | 1,000 | 1,000 | 5% | 41,000 |
| Community: CASSR Managed Personal Budget | 1,000 | 0 | 8,000 | 9,000 | 47% | 350,000 |
| Community: CASSR Commissioned Support Only | 1,000 | 0 | 2,000 | 3,000 | 15% | 115,000 |
| Total | 2,000 | 1,000 | 16,000 | 19,000 | | 890,000 |

Source: Short and Long Term Support Return LTS001a
Due to rounding to nearest thousand, some numbers may appear as zero. Figures may not add up due to rounding.
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Around three per cent of all instances where a carer received direct support were for cared-for people requiring Social Support; 91 per cent of these were supporting those with Social Isolation needs (Table 9.4).

10. Reported Health Conditions

Introduction

In this first SALT collection, a total of 216,000 reported long-term health conditions were recorded at year end, with a further 124,000 clients identified as having no relevant long-term reported health conditions. The majority of these were voluntary data items and so, with less than half of councils submitting this data, do not total the 659,000 clients reported as receiving Long Term Support at year end. It was mandatory to report on those clients with Autism and Asperger's Syndrome. In 2014-15, there were 12,000 clients with Autism and 5,000 clients with Asperger's Syndrome.

Those reporting mandatory health conditions were predominantly aged between 18 and 64; 96 per cent of the 12,000 clients with Autism and 97 per cent of the 5,000 clients with Asperger's Syndrome were in this age band. The most common support provided to those reporting Autism was a CASSR Managed Personal Budget (for 36 per cent of clients), followed by Residential support (24 per cent). For those clients reporting Asperger's Syndrome, again the most likely support mechanism was a CASSR Managed Personal Budget (for 41 per cent of clients), however then followed by Community support - Direct Payment only (for 23 per cent of clients).

Table 10.1: Long Term Support at year end by Reported Health Condition
England, 2014-15

Learning, Developmental or Intellectual Disability: Autism (excluding Asperger's Syndrome / High Functioning Autism)

| Support Setting / Delivery Mechanism | Aged 18 to 64 years | Age 65 years and over | Total |
|---|--------------------------------|----------------------------------|---------------|
| Nursing | 0 | 0 | 0 |
| Residential | 3,000 | 0 | 3,000 |
| Community - Direct Payment only | 2,000 | 0 | 2,000 |
| Community - Part Direct Payment | 1,000 | 0 | 1,000 |
| Community - CASSR Managed Personal Budget | 4,000 | 0 | 4,000 |
| Community - CASSR Commissioned Support only | 1,000 | 0 | 1,000 |
| TOTAL | 11,000 | 1,000 | 12,000 |

Learning, Developmental or Intellectual Disability: Asperger's Syndrome / High Functioning Autism

| Support Setting / Delivery Mechanism | Aged 18 to 64 years | Age 65 years and over | Total |
|---|--------------------------------|----------------------------------|--------------|
| Nursing | 0 | 0 | 0 |
| Residential | 1,000 | 0 | 1,000 |
| Community - Direct Payment only | 1,000 | 0 | 1,000 |
| Community - Part Direct Payment | 0 | 0 | 0 |
| Community - CASSR Managed Personal Budget | 2,000 | 0 | 2,000 |
| Community - CASSR Commissioned Support only | 0 | 0 | 0 |
| TOTAL | 5,000 | 0 | 5,000 |

Source: Short and Long Term Support Return LTS001b

Due to rounding to nearest thousand, some numbers may appear as zero. Figures may not add up due to rounding.

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As seen in Table 10.2, the most commonly reported condition was Physical: Other, accounting for 17 per cent of all optional health conditions (including those where no relevant condition was recorded), followed then by Dementia at nine per cent and Learning Disability at eight per cent. Under half of councils provided the voluntary data on reported health conditions (66 – 71 councils depending on the condition).

**Table 10.2: Of the people in LTS001a, the number of people accessing Long Term Support at the year end (31st March)
England, 2014-15**

| Reported Health condition | Status | Total People | Count of Councils |
|--|-----------|----------------|-------------------|
| Learning, Developmental or Intellectual Disability: Autism (excluding Asperger's Syndrome / High Functioning Autism) | Mandatory | 12,000 | 149 |
| Learning, Developmental or Intellectual Disability: Asperger's Syndrome / High Functioning Autism | Mandatory | 5,000 | 149 |
| Total: Mandatory | | 16,000 | |
| Learning, Developmental or Intellectual Disability: Learning Disability | Optional | 28,000 | 69 |
| Learning, Developmental or Intellectual Disability: Other | Optional | 2,000 | 68 |
| Long Term Health Condition - Physical: Chronic Obstructive Pulmonary Disease | Optional | 4,000 | 67 |
| Long Term Health Condition - Physical: Cancer | Optional | 4,000 | 67 |
| Long Term Health Condition - Physical: Acquired Physical Injury | Optional | 4,000 | 67 |
| Long Term Health Condition - Physical: HIV / AIDS | Optional | 3,000 | 66 |
| Long Term Health Condition - Physical: Other | Optional | 57,000 | 67 |
| Long Term Health Condition - Neurological: Stroke | Optional | 11,000 | 67 |
| Long Term Health Condition - Neurological: Parkinson's | Optional | 3,000 | 67 |
| Long Term Health Condition - Neurological: Motor Neurone Disease | Optional | 0 | 67 |
| Long Term Health Condition - Neurological: Acquired Brain Injury | Optional | 2,000 | 67 |
| Long Term Health Condition - Neurological: Other | Optional | 10,000 | 67 |
| Sensory Impairment: Visually impaired | Optional | 8,000 | 69 |
| Sensory Impairment: Hearing impaired | Optional | 5,000 | 69 |
| Sensory Impairment: Other | Optional | 3,000 | 67 |
| Mental Health Condition: Dementia | Optional | 29,000 | 69 |
| Mental Health Condition: Other | Optional | 25,000 | 68 |
| Total: Optional Health Conditions | | 199,000 | |
| Total: Health Conditions (Mandatory and Optional) | | 215,000 | |
| No Relevant Long Term Reported Health Conditions | Optional | 124,000 | 71 |
| Total: Optional - all, including no relevant long term reported health conditions | | 323,000 | |
| Total: All health conditions and no relevant long term reported health conditions | | 339,000 | |

Source: Short and Long Term Support Return LTS001b

This does not include data from councils where none was submitted and where it was felt that the data that was entered was not real (e.g., the whole table filled with zeros).

Due to rounding to nearest thousand, some numbers may appear as zero. Figures may not add up due to rounding.

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Even if all councils had provided the voluntary data items around the optional health conditions, it should be noted that the total would still not equal the 659,000 clients who received Long Term Support at year end, as clients could be included more than once, if they had multiple health conditions.

Annex A: Editorial Notes

Background Notes

This report is based on an analysis of information relating to the year 1st April 2014 to 31st March 2015. It uses data from the Short and Long Term (SALT) data collection, and the information presented here is based on final data.

The SALT return is concerned with adults (defined as those aged 18 or over) and relates to adult social services. Children's social services are not covered in these returns, nor are services provided to adults on behalf of children (e.g. Section 17 payments).

Community care is the process by which requests for social care help (made to CASSRs) are translated, via assessment and care planning into appropriate services.

As this is a new data collection, further details around changes to the methodology in HSCIC publications can be found at:

<http://www.hscic.gov.uk/pubs/methchanges>

Content of the returns for 2014-15

SALT collection

Most of the SALT tables seek data for the full year, but a few forms relate to a snapshot on the last day of the period (i.e. as at 31st March 2015). The only mandatory table that is an exception to this is the STS004 return which seeks data for the period between 1st March and 31st December with a 91 day follow up; optional tables STS001 2a and 2b cover the six month period between 1st October 2014 and 31st March 2015. The returns are concerned with adults aged 18 and over and relate to adult personal social services. The LTS003 return relates to carers of adults, some of whom may be aged under 18 but are caring for an adult aged 18 or over. Some information is collected by gender, ethnicity, age group and primary support reason. Definitions of primary support reasons and activity data can be found in the glossary in [Annex D](#).

The SALT proforma collected data on both Short Term Support (STS tables) and Long Term Support (LTS tables).

A list of the tables is given below. Copies are available on the HSCIC website, along with full guidance on how to complete them, at:

<http://www.hscic.gov.uk/socialcarecollections2015>

- STS001 Numbers of requests for support received from new clients, broken down by the different sequels to that request.
- STS002a Of new clients where the sequel to a request for support was 'Short Term Support to Maximise Independence' a breakdown of what followed the period of Short Term Support.
- STS002b Of existing clients who have received 'Short Term Support to Maximise Independence' a breakdown of what followed the period of Short Term Support.

- STS003 Snapshot count of clients receiving 'Short Term Support to Maximise Independence' at the year end (31st March) with an estimate of how many would have been counted in previous years for RAP Table P2s.
- STS004 Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services.
- LTS001a The number of people accessing Long Term Support during the year to 31st March.
- LTS001b Of the clients in LTS001a, the number of people accessing Long Term Support at the year end (31st March).
- LTS001c Of the clients in LTS001b, the number of people who have been accessing Long Term Support for more than 12 months at the year end (31st March).
- LTS002a Those clients receiving Long Term Support recorded in LTS001a who received an unplanned review during the year plus planned reviews for those Clients that led to a care home admission.
- LTS002b Those clients receiving Long Term Support for more than 12 months at the year end (LTS001c), for whom an unplanned or planned review of care needs took place during the year and the sequel to that review.
- LTS003 Carer support provided during the year, broken down by the age of the carer, primary support reason of the client and the type of support provided.
- LTS004 Accommodation and employment status of working age clients with a learning disability.

Annex B: Data Quality

In this section we discuss the steps taken to improve the quality of the data collected through the SALT return in 2014-15, and for future returns.

Information specific to the calculation of ASCOF measures is covered in the “*Measures from the Adult Social Care Outcomes Framework, England - 2014-15 Final Release*” which is available at:

<http://www.hscic.gov.uk/pubs/adusoccareof1415fin>

Relevance

The degree to which the statistical product meets user needs in both coverage and content.

The information is provided at council level for all 152 Councils with Adult Social Services Responsibilities (CASSRs) in England. The data is used by central government and the Care Quality Commission (CQC) to monitor the impact of social care policy and by local government to assess performance in relation to their peers. The data is also available for use by researchers looking at council activity and by service users and the public to hold councils and the government to account. For further detail on how the data is used, please see Annex C.

The collections are developed by stakeholder groups chaired by the HSCIC. These now report to the National Data Collections Programme Board which in turn reports to the Data and Outcomes Board (DOB).

The 2014-15 collections were approved by the Outcomes and Information Development Board (OIDB). This group was jointly co-chaired by the Department of Health and the Association of Directors of Adult Social Services (ADASS) and contained representatives from the HSCIC, CQC and Local Government Association (LGA).

Accuracy

The proximity between an estimate and the unknown true value.

The SALT proforma were collected using the Strategic Data Collection Service (SDCS) collection system, a part of the HSCIC. As well as the validation checks within the proforma, the SDCS also included a set of key validation checks, enabling the data to be validated at source. 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 and the subsequent need for follow up with CASSRs when the data underwent further post submission validation checks within the HSCIC. These validations will be developed further for 2015-16, where additional areas have been identified, e.g. to ensure gender disaggregations impacting ASCOF denominators are in line with the England total and where transition as a route of access is not applicable for clients aged 65 and over.

2014-15: Action taken to safeguard data quality

The HSCIC actions included a number of validation checks:

- The SALT proforma 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 CASSRs 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 proforma. 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.

There have been follow-ups with 147 councils to clarify some aspect of submitted data, either through validation reports or regarding blank cells. As this is the first year collecting SALT data, which contains many new data items, it is noted that many CASSRs experienced challenges with the implementation. A number of councils told us over the past couple of years that they had implementation challenges but these were not necessarily articulated at time of submission for example, a number of the sheets included for data quality issues were left almost or entirely blank. Those matters brought to the attention of the HSCIC (through implementation surveys, and supporting commentary following validation) were typically related to technical issues (such as delays to or reduced-functionality of the new case management systems that would allow the new data items to be recorded) and training issues whereby there was misunderstanding with operational staff with either terminology, or how sequels should be recorded. For 2014-15, some councils used local-level extrapolation where certain fields had not yet been developed in their system. Many changes have already been made, be it further training undertaken, or changes made to recording systems, to rectify such issues for the 2015-16 return.

Estimation procedures in 2014-15

Data provided by some CASSRs was incomplete in a number of ways:

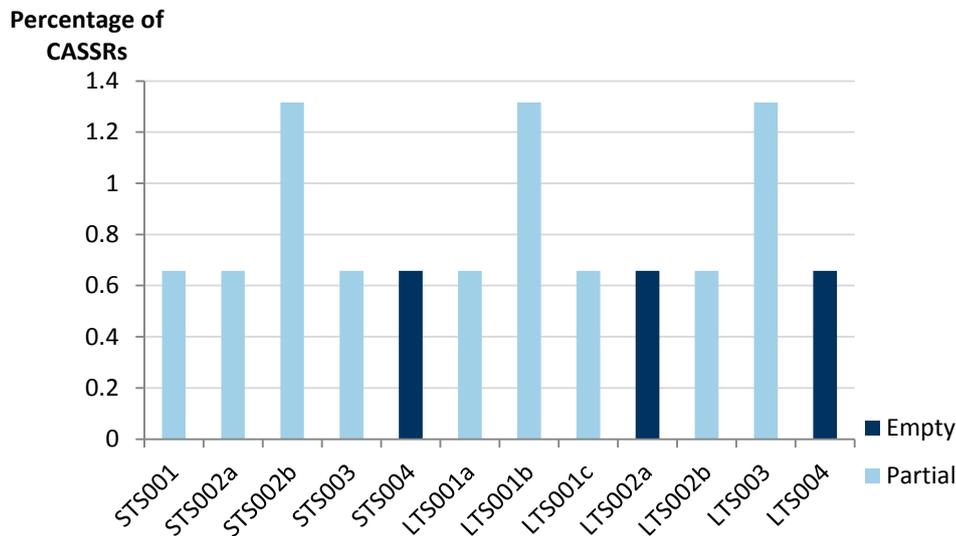
- Entire sections were completely blank – contributions for these sections were assumed to be in line with the profile for councils responding to these sections
- Parts of sections were missing – in these cases, an estimate was inserted. This was estimated either in terms of applying local proportions to the known total for the activity, or in terms of the England profile for that cell (derived from other councils who did provide this information)

In cases where estimates have been generated (for either missing or incorrect data) these are not attributed to the council concerned within any data outputs but are only used to contribute to regional, comparator group and England totals.

Completeness of submissions

Figure B1 shows the level of completion for each of the tables within the SALT proforma.

Figure B1: Percentage of partial and empty returns by SALT tables, England 2014-15



Source: SALT proforma

The Missing Items table in Annex I shows a complete breakdown of missing items per proforma per council for the SALT return.

In 2014-15, 146 (96 per cent) councils provided full data for all proforma.

Council-specific issues

For most tables, completion was high with only a few councils not providing a full return; the total number of blank cells across the collection is equivalent to less than one per cent of all data items requested.

It was necessary to estimate data items for Camden, Cornwall, Oxfordshire and Slough.

| Table | SALT tables | | | | | | | | | | | | Estimated items per CASSR |
|--------------------------------|-------------|---------|---------|--------|--------|---------|---------|---------|---------|---------|--------|--------|---------------------------|
| | STS001 | STS002a | STS002b | STS003 | STS004 | LTS001a | LTS001b | LTS001c | LTS002a | LTS002b | LTS003 | LTS004 | |
| Items per table ² | 100 | 332 | 322 | 8 | 18 | 156 | 479 | 156 | 189 | 209 | 139 | 84 | |
| Camden | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 19 | 0 | 19 |
| Cornwall | 44 | 258 | 249 | 4 | 12 | 22 | 110 | 22 | 169 | 183 | 133 | 50 | 1256 |
| Oxfordshire | 0 | 0 | 0 | 0 | 0 | 0 | 26 | 0 | 0 | 0 | 0 | 0 | 26 |
| Slough | 0 | 0 | 243 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 243 |
| Estimated items per table | 44 | 258 | 492 | 4 | 12 | 22 | 136 | 22 | 169 | 183 | 152 | 50 | 1544 |
| Count of CASSRs with estimates | 1 | 1 | 2 | 1 | 1 | 1 | 2 | 1 | 1 | 1 | 2 | 1 | |

Although Cornwall missed the SALT deadline with many of their items requiring estimates, they have since produced a local level report which can be accessed at :

www.cornwall.gov.uk/ascoutcomesframework

Slough also raised issues regarding the quality of their submitted data with the HSCIC after the collection had closed, as did Dorset, North Yorkshire and Stockton on Tees. The issues raised by North Yorkshire, Stockton on Tees and Slough impact their ASCOF 1C measures¹¹, whilst Dorset reported issues around client reviews.

The Estimated Items table in Annex I shows a complete breakdown of the number of data items estimated per proforma and council for the SALT return.

Figure B2: HSCIC Estimates required by SALT tables and CASSRs, England 2014-15

| SALT Proforma | | | | |
|---------------|------|----------|-------|--------------------|
| Table | Full | Partial* | Empty | Estimates required |
| STS001 | 151 | 1 | 0 | 1 |
| STS002a | 151 | 1 | 0 | 1 |
| STS002b | 150 | 2 | 0 | 2 |
| STS003 | 151 | 1 | 0 | 1 |
| STS004 | 151 | 0 | 1 | 1 |
| LTS001a | 151 | 1 | 0 | 1 |
| LTS001b | 150 | 2 | 0 | 2 |
| LTS001c | 151 | 1 | 0 | 1 |
| LTS002a | 151 | 0 | 1 | 1 |
| LTS002b | 151 | 1 | 0 | 1 |
| LTS003 | 150 | 2 | 0 | 2 |
| LTS004 | 151 | 0 | 1 | 1 |

* Partial refers to the completeness of the table when submitted to the HSCIC (this may include data estimated by councils)

Timeliness and Punctuality

Timeliness refers to the time gap between publication and the reference period.

Punctuality refers to the gap between planned and actual publication dates.

The data relate to the financial year 2014-15 and therefore the lag from the end of the reference period to the publication of these data is approximately six months (and includes the two months required by data suppliers to finalise their data for submission). This report was published two months earlier than the 2013-14 Community Care Statistics report.

This publication has been released in line with the pre-announced publication date and is therefore deemed to be punctual.

¹¹ North Yorkshire 1C (1a), Stockton on Tees 1C (1b and 2b) and Slough 1C (2b)

Accessibility and Clarity

Accessibility is the ease with which users are able to access the data, also reflecting the format in which the data are available and the availability of supporting information.

Clarity refers to the quality and sufficiency of the metadata, illustrations and accompanying advice.

There are no restrictions to access to the published data. The numbers (in Annex E) are rounded to the nearest five. The numbers referred to in this report are rounded to the nearest thousand.

Coherence and Comparability

Coherence is the degree to which data that are derived from different sources or methods, but refer to the same topic, are similar.

Comparability is the degree to which data can be compared over time and domain.

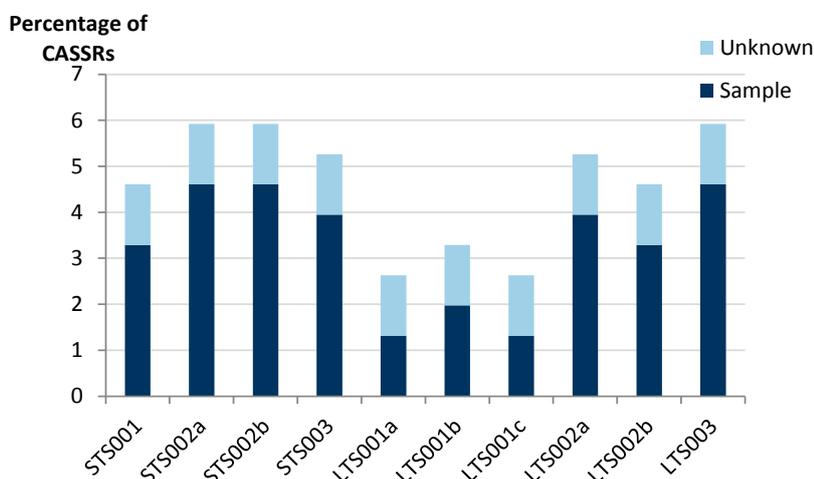
The data collections are signed off by National Data Collections Programme Board and Outcomes and Information Development Board as explained earlier, these groups contains representatives from most of the users outlined in Annex C.

Status of SALT data

Where CASSRs were unable to provide data on the basis of a full population count they were asked to provide information based on a sample of records grossed up to produce estimates. The 'basis of return' gives some indication of whether councils were using IT systems to produce SALT figures (i.e. some of those councils providing information on the basis of a sample or estimate were doing so from manual client records) and of the quality of the response. **Figure B3** illustrates that the proportion of councils using a sample to estimate the population for each of the SALT tables. It is mandatory to base STS004 and LTS004 on full population data, and so basis of return information for these tables was not collected.

This information is also available at council level in the Basis Annex Table within Annex I.

Figure B3: Percentage of CASSRs using a sample of records as the basis of return, by SALT table, England, 2014-15



SALT is a new collection, different from the RAP and ASC-CAR returns that it replaces. As such, it is not possible to make direct comparisons between data for 2014-15 and previous years, with the exception of one data item; STS004, Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into Reablement / Rehabilitation Services. This was previously ASC-CAR Table I1.

Assessment of User Needs and Perceptions

The processes for finding out about users and uses, and their views on the statistical products.

User feedback on the format and content of the Social Services Activity Publication is invited; please send any comments to enquiries@hscic.gov.uk quoting the name of the report within the title of your email.

As a result of the Zero Based Review work, the new SALT client activity collection to replace RAP and ASC-CAR for the 2014-15 reporting year was announced in the May 2013 letter to CASSRs¹². The HSCIC chairs a SALT stakeholder group, and also conducts feedback surveys, to consider any aspects of the collection including future changes.

Information about the new SALT Return is available at

<http://www.hscic.gov.uk/socialcarecollections2015>

More information on the original consultation can be seen at

<http://webarchive.nationalarchives.gov.uk/20120802111034/http://www.ic.nhs.uk/work-with-us/consultations/consultation-on-adult-social-care-data-developments-2012>

Further detail and clarification is given in subsequent letters, available at

<http://www.hscic.gov.uk/socialcarecollections2014>

Confidentiality, Transparency and Security

The procedures and policy used to ensure sound confidentiality, security and transparent practices.

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.

<http://www.statisticsauthority.gov.uk/national-statistician/guidance/index.html>

The HSCIC publications calendar web page provides links to relevant HSCIC policies and other related documents at

¹² The May 2013 letter to CASSRs is available at www.hscic.gov.uk/media/12017/May-2013-letter-to-social-services/pdf/new-collections-2013-v12.pdf

<http://www.hscic.gov.uk/pubs/calendar>

- Statistical Governance Policy
- Small Numbers Procedure
- Statement of Compliance with Pre-Release Order.

Further information on the Freedom of Information process is available at

<http://www.hscic.gov.uk/foi>

Annex C: How are the statistics used? Users and Uses of the Report

This section contains comments based on responses from the users listed. All these users have found the information in previous editions of this 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.

Councils with Adult Social Services Responsibilities

Different councils use the report in different ways but there will be some commonality between them. Ways in which councils may use the report include:

- Monitoring their own provision
- Benchmarking against other councils;
- 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.

Care Quality Commission (CQC)

In previous years, when CQC was still conducting the Annual Performance Assessment (APA) of councils, they extensively used a wide selection of Adult Social Care (ASC) returns captured by the HSCIC until the APA was cancelled by the government in 2010.

CQC are planning on using some of the information captured in the returns to help measure the contextual risk of care homes. Contextual risk is an independent suite of circumstances that describe or contextualise the environment within which health or social care is provided.

National Audit Office (NAO)

- To prepare reports and briefings for Parliament, typically around Value for Money

Impower

- To provide consultancy and insight on public services data

Unknown Users

The activity report is free to access via the HSCIC website and the majority of users will access the report without being known to the HSCIC.

It is therefore important for us to try 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 did you find out about this publication?
- How useful did you find the content in 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?

Please send any feedback to enquiries@hscic.gov.uk

Annex D: Glossary

Carer - The definition of a carer is taken from the *Carers and Disabled Children Act 2000* which utilises the following description: “*Carers (aged 16 and over) who provide or intend to provide a substantial amount of care on a regular basis for another individual aged 18 or over*”. Although the Act only refers to carers aged 16 and over, younger carers of adults should be included in this return. The Act excludes from the definition of a carer, paid care workers and volunteers from a voluntary organisation. It is possible for a client to have more than one carer, and for a carer to additionally be a client in his or her own right.

CASSR - Council with Adult Social Services Responsibility. The terms ‘council’ and ‘local authority’ if used in the EQ-CL and other documentation refer to CASSRs.

CASSR commissioned support only - A client with a package of services provided by the CASSR but not within a personal budget, with no cash payments.

CASSR managed Personal Budget - A client in receipt of a personal budget where none of their personal budget is being taken as a direct payment.

Direct Payment - Direct payment describes a payment *process* where support is given via the issue of monetary payments by local CASSRs directly to adult clients who have been assessed as needing certain services. Examples here could be: the issue of a personal budget solely via direct payment of funds to the recipient, or the issue of a grant payment to support a carer.

End of Life - EOL care is considered to be any episode of social care support provided as part of palliative care, and which is intended to support the individual until the care is no longer required. While the period of this support may be short, it falls outside the definition for ‘Short Term Support, both because the time period for the provision of the support may not be known, and because there is no expectation to review any need for further service at the end of the period.

Existing Client – A client who is in receipt of long term support at the time at which the request for support is made

Full-cost client - A full-cost client is one who pays the full direct costs of the services they receive but whose support is arranged by the CASSR which includes regular reviews, support planning etc.

Information, Advice and Other Universal Services / Signposting - If no costed support is given following screening / assessment but some form of advice or information (in the form of leaflets, verbal discussion with the carer) or other provision is made. This includes where specific recommendations are made or appointments set up with other organisations (e.g. in the voluntary sector).

Long Term Support (eligible services) - Long Term Support encompasses any service or support which is provided with the intention of maintaining quality of life for an individual

on an ongoing basis, and which has been allocated on the basis of eligibility criteria / policies (i.e. an assessment of need has taken place) and is subject to regular review. This category is further split into the primary settings in which an individual receives services:

Community will apply to those who live independently (including those in small group homes, sheltered housing or warden supported accommodation) who receive home or community based services.

Residential will apply to those clients who live in registered care homes, even if they are in receipt of some community based services.

Nursing will apply to those clients who live in registered care homes where nursing services are also provided. Note that the categories Residential and Nursing should be used for placements that are intended to be permanent. Trial placements for a fixed period in order to assess suitability are included in this, as the expectation would be for clients to remain in long term care home support, but short term temporary stays in which the client has a planned return to a community setting are not, and should be counted in the Community category.

New client - Clients not in receipt of Long Term Support at the time the request for support was made.

New Request – A request is new when the client is not in receipt of any Long Term Support at the time the contact was made.

No Direct Support Provided to Carer - If there is no support required or available to offer direct to the carer then use this category. Also include cases here where although nothing was delivered to the carer, the cared-for person received services for the benefit of the carer (such as respite care). No Direct Support allows recognition of the fact that an assessment / review has taken place where those requests for support fell outside eligibility criteria for carer services.

No services provided - The client may have low-level needs which cannot be supported by the CASSR either following a formal Community Care Assessment or other eligibility criteria for Short Term Support, and there is no universal service which will help them. Selecting this sequel should not be seen as reflecting negatively on the local authority but more as a statement about the type of request for support that was made.

No services provided (needs identified but self-funding) - This category applies to clients for whom it can be identified that they or their carer(s) intend to purchase support privately and are withdrawing from assistance offered by the CASSR, including care planning support, annual reviews etc. This will help gather intelligence nationally on the numbers of self-funders who would otherwise have been supported by a local authority. It is accepted that it may not always be possible to find out a client's intention if they decline local authority support.

No services provided (Needs identified but support declined) - This category applies to clients where local authority support was offered on the basis of eligible needs, but

the client declined such support (for any reason except that they will be self-funding). This may occur when clients wish to try and remain independent without any outside help, or for any number of other reasons unconnected with their self-funding status.

No Services Provided (any reason) - The client may have low-level needs which cannot be supported by the CASSR and there is no universal service which will help them. This will also apply if the client dies or for some reason the process of assessing needs is terminated (if just temporarily suspended, wait until the assessment process has re-started and reached a conclusion before entering data here). Selecting this sequel should not be seen as reflecting negatively on the local authority but more about the nature of the request for support or client circumstances.

Ongoing Low Level Support - Should be used where a Local Authority decides to provide an ongoing service such as the provision of a minicom line / telecare, but no other service needs have been identified. Such services will be based in the community. All equipment and adaptations (including those with ongoing costs for maintenance and safety checks) should be included in this category as described above. This category doesn't suggest services are limited or minor in scope but it does suggest that they may continue in the background supporting clients with minimal attention required by the local authority.

Part Direct Payment - Similar to the above but where only some of the support comes through the provision of a cash payment or cash personal budget. This might be, for example, where a one-off payment is given to help the carer purchase some equipment and in addition, respite services are arranged by the council on an ongoing basis.

Personal Budget - Describes a mechanism of delivery of personalised care, with the following characteristics: the client (or their representative) has been informed about a clear, upfront allocation of funding, enabling them to plan their support arrangements. There is an agreed support plan making clear what outcomes are to be achieved with the money. The client (or their representative) can use the money in ways and at times of their choosing.

Primary Support Reason - The Primary Support Reason describes why the individual requires social care support; the primary disability / impairment impacting on the individual's quality of life and creating a need for support and assistive care. The Primary Support Reason should be identified and recorded at the point of assessment, and then any changes recorded during subsequent reviews. The Primary Support Reasons are as follows;

Physical support

The classification Physical Support contains two sub-classes, with the intention of differentiating between support with access and mobility only and the more intensive support described as Personal Care Support (which includes support *with* access and mobility).

Access and Mobility Only

The sub-class of Access and Mobility Only refers to services provided to allow clients to live as independently as possible and to perform day-to-day tasks. Examples of these could include:

- Getting in and out of chairs and beds
- Getting up and down stairs
- A 24-hour response service

Personal Care Support

This sub-class may include support with access and mobility, and uses the following definition of personal care:

a) *Physical assistance given to a person in connection with:*

i. *Eating or drinking (including the administration of parenteral nutrition);*

ii. *Toileting (including in relation to menstruation);*

iii. *Washing or bathing;*

iv. *Dressing;*

v. *Oral care, and*

vi. *The care of skin, hair and nails (with the exception of nail care provided by a chiropodist or podiatrist), and*

b) *Where needed the prompting and supervision of a person to do any of the types of personal care listed above, where that person is unable to make a decision for themselves in relation to performing such an activity without such prompting and supervision.*

Sensory support

The classification Sensory Support contains three sub-classes in order to differentiate between visual impairment, hearing impairment and dual sensory impairment.

Support for Visual Impairment

These are services provided to assist clients living with visual impairment. Examples of the types of support offered could include:

- Rehabilitation
- Training in practical and coping skills
- Equipment and adaptations
- Mobility and safer travel.

Support for Hearing Impairment

These are services provided to assist clients with tasks that are made difficult because of hearing difficulties. As with visual impairment, examples of the types of support offered could include:

- Rehabilitation
- Training in practical and coping skills
- Equipment and adaptations

Support for Dual Impairment

These are services for clients with a combination of hearing and visual impairments as defined above.

Support with Memory and Cognition

The classification Support with Memory and Cognition relates to support and services for clients with conditions affecting their thinking, knowing, awareness and remembering processes. The types of processes requiring support for the client, identified by the Alzheimer's Society as commonly affected in cognitive impairment, are:

- day-to-day memory
- planning
- language
- attention
- visuospatial skills ('visuo' referring to eyesight and 'spatial' referring to space or location), which give a person the ability to interpret objects and shapes

The degree of impairment requiring support can range from very subtle to very severe. Support with Memory and Cognition is associated most often with conditions such as dementia or physical causes such as an acquired brain injury.

Learning Disability support

The classification Learning Disability Support should be utilised in relation to services provided to assist individuals with understanding new or complex information and learning and applying new skills. Learning Disability support covers a very wide spectrum. The following list gives examples of types of support that could be included in this classification:

- help to keep safe and free from harm or neglect
- assistance to live independently
- support with social and educational activities
- help with communication
- support for work or training

An individual may have a learning disability but would not be recorded under Primary Support Reason Learning Disability Support if their primary reason for support identified at assessment is identified as falling under one of the other classifications.

Mental Health support

This classification covers a very wide range of support for mental health and mental illnesses. The following types of support provide illustrative examples of the type of care that may be provided. Councils and mental health partners will have a better understanding of local provision. EQ-CL is not prescriptive in this regard as we wish to capture the range of innovative care in this sector.

- Support with living independently in their own home, or having support to improve their home
- Support to go out, (perhaps with a personal assistant)
- Support to keep them motivated
- Someone to confide in, so they could talk over problems
- Support to travel independently

Social support

The classification Social Support covers a range of support arising from circumstances not referenced in the other classifications. There are three sub-classes in SALT which are intended to capture support provided for distinct areas of social care provision.

Substance Misuse support

These are services or interventions for clients with conditions defined by the National Institute for Health and Clinical Excellence (NICE) as “Intoxication by – or regular excessive consumption of and / or dependence on – psychoactive substances”. It includes problematic use of both legal and illegal drugs (including alcohol when used in combination with other substances).

Examples of the types of services offered for substance misuse include:

- Community drug & alcohol services
- Rehabilitation
- Harm reduction interventions

Asylum seeker Support

These are services or interventions for registered Asylum seekers.

Examples of the types of support offered to Asylum seekers could include:

- Supported access to health, housing or education services
- Language/interpreter support
- Providing Advice & Information
- Access to legal advice

Support for Social Isolation / Other

This includes support provided with the intention of reducing the social isolation of individuals, such as sitting and befriending services. This sub-class should also be used to capture any support services that do not easily sit within any other primary support reason sub-classes. It is not anticipated that many clients will be reported within this sub-class.

Respite or Other Forms of Carer Support delivered to the cared-for person - If any support is delivered to the client for the benefit of the carer, it can be included here. If all carers support is delivered to the client, it is still necessary to record No Direct Support Provided to Carer in the main section of the table, in order that an accurate count of carers is made. The most common example is respite care which might involve the client being placed in a residential setting in order to give the carer a break from their caring responsibilities. Note that direct payments made to the client's account for carer support are NOT included here - they should already have been counted in the direct payment categories, above.

Reported Health Condition - An illness, disability or condition affecting the client - and diagnosed by a healthcare professional - that contributes to the client's need for aid or services.

Review - A review is an examination of an existing client's needs and services (the care plan where it exists); it must include a (formal) reassessment, irrespective of whether it was a scheduled or unscheduled review. A scheduled review may be undertaken at regular intervals or by a predetermined date. A review, to be valid for these returns, must have been carried out or commissioned by the CASSR. A review by an independent sector organisation, unless commissioned by the CASSR, is not valid for inclusion.

Route of access - Route of access describes the circumstances around the clients need for support.

Safeguarding Concern - Although measures LTS002a and b are not concerned with details of the safeguarding process (safeguarding referrals are captured in the SAR collection and not SALT); a safeguarding alert may trigger an unplanned review of the client's social care needs.

Self-funded clients - Clients paying the full direct cost of the services they receive and not taking up any offer of support planning/care management (e.g. regular reviews) offered by the local authority.

Sequel to request for support - This is the sequel identified as the result of an initial screening/assessment with the client/representative before any type of support is provided. This encompasses decisions to by-pass short term interventions and provided long term services immediately, as well as issuing equipment or signposting to universal or voluntary sector services. Note that this measure is about the sequels to requests for support and

therefore the longer-term care pathways for these clients may not be known until much later. To be counted in this measure only the immediate sequel to the request need be known. Any clients whose request was made in the previous reporting year but where the response was only determined this year, should be included.

Sequel to review - Immediate sequel of a review of Long Term Support.

Sequels to short term services - This is the sequel identified as the result of a client receiving a short term service.

Shared Lives scheme - Formerly known as 'adult placement' Shared Lives offers people (predominantly those with a learning disability, but also older people and people with mental health problems) a flexible form of accommodation and person-centred support, which is provided by ordinary individuals or families (adult placement carers) in the local community.

Shared ownership scheme - Utilised within SALT reporting of accommodation status this describes housing where the individual owns part of their home with the remainder being owned by a housing association. Rent is paid on the latter portion.

Short Term Support - All/any episodes of support provided that are intended to be time-limited and at the end of which a formal assessment or review will be undertaken to determine what will follow. Such an assessment or review will need to take place several weeks after the start of the episode: this may not mean that the actual service has ceased, but that a review will be held, the support need assessed or reviewed; a decision to continue or not will be made; and a sequel can be clearly identified.

Short Term Support to Maximise Independence (ST-Max) - Includes all episodes of support provided that are intended to be time limited, with the intention of maximising the independence of the individual and reducing / eliminating their need for ongoing support by the CASSR. At the end of the support a review or assessment for ongoing care will take place to determine what will follow. Note that there is no requirement to know what will follow in order to be counted in this measure. While episodes of respite care may also be time limited, the support is usually provided as part of a longer term support package for a client, is commissioned only because of the existence of a carer who needs support, and in SALT is considered a carers service and should therefore be excluded. Any support provided to existing clients should be excluded, as these are not new clients. Emergency support (i.e. not reablement but a crisis support service) should be included in the Short Term Support (Other) category, and not in this one.

Significant event - An event in a person's life that has triggered an unplanned review of their social care needs. Examples include an unscheduled hospital episode and a change of residence.

Signposted to other services - Signposting indicates that the client cannot be supported by the CASSR either through a formal Community Care Assessment or other eligibility criteria for Short Term Support, and there is no universal service which will help them. Details are therefore given of other organisations (e.g. in the voluntary sector) that might be able to provide assistance.

Support from carer - Whether the client is cared for or supported by another unpaid individual, or not. This includes support from family, friends and neighbours where the client has identified 'there is someone who helps me.' Paid care workers funded by direct payments or provided as part of a commissioned service are excluded.

Support setting - Primary setting of services received by clients

Support to carer - This relates to a carer who is supported in their role as a carer. A carer who is receiving a service to primarily meet their own personal needs rather than to support them in their role as a carer should not have Support to Carer as their primary support reason.

Supported by advocate, family member or friend - Relates to the identification of support from an advocate (which can include an Independent Mental Health Advocate (IMHA), an Independent Mental Capacity Advocate (IMCA) or non-statutory advocate), family members or friends.

Supported living - Describes a method of delivery of social care, typically home care type services, to individuals within their own homes. It is characterised by flexibility in provision to best meet the individual's needs and wishes, rather than a traditional package of care which tends to be more prescriptive in terms of details of the care such as hours and visits.

Transition - Describes the process of change for young people with disabilities as they move from childhood to adulthood. This period may involve additional interdisciplinary work and planning between involved agencies (for example: collaboration may occur between a children's social care service and an adult social care service within some CASSRs).

Universal Services / Signposted to other support - A universal service is any service or support for which there are no test of eligibility and no requirement for review (such as transport, leisure, education, housing and access to information and advice). Signposting indicates that the client will not be supported by the CASSR and there is no universal service which will help them. Details are therefore given of other organisations (e.g. in the voluntary sector) that might be able to provide assistance.

Annex E: Reference Tables

Table Conventions

Layout

The table number indicates the name of the SALT table from which the data comes. The source is also given again at the foot of each table.

The title describes what the table contains and gives details of how the information is broken down.

All of the tables present information for adults aged 18 or over except for table LTS003 which contains data on carers aged under 18.

Rounding

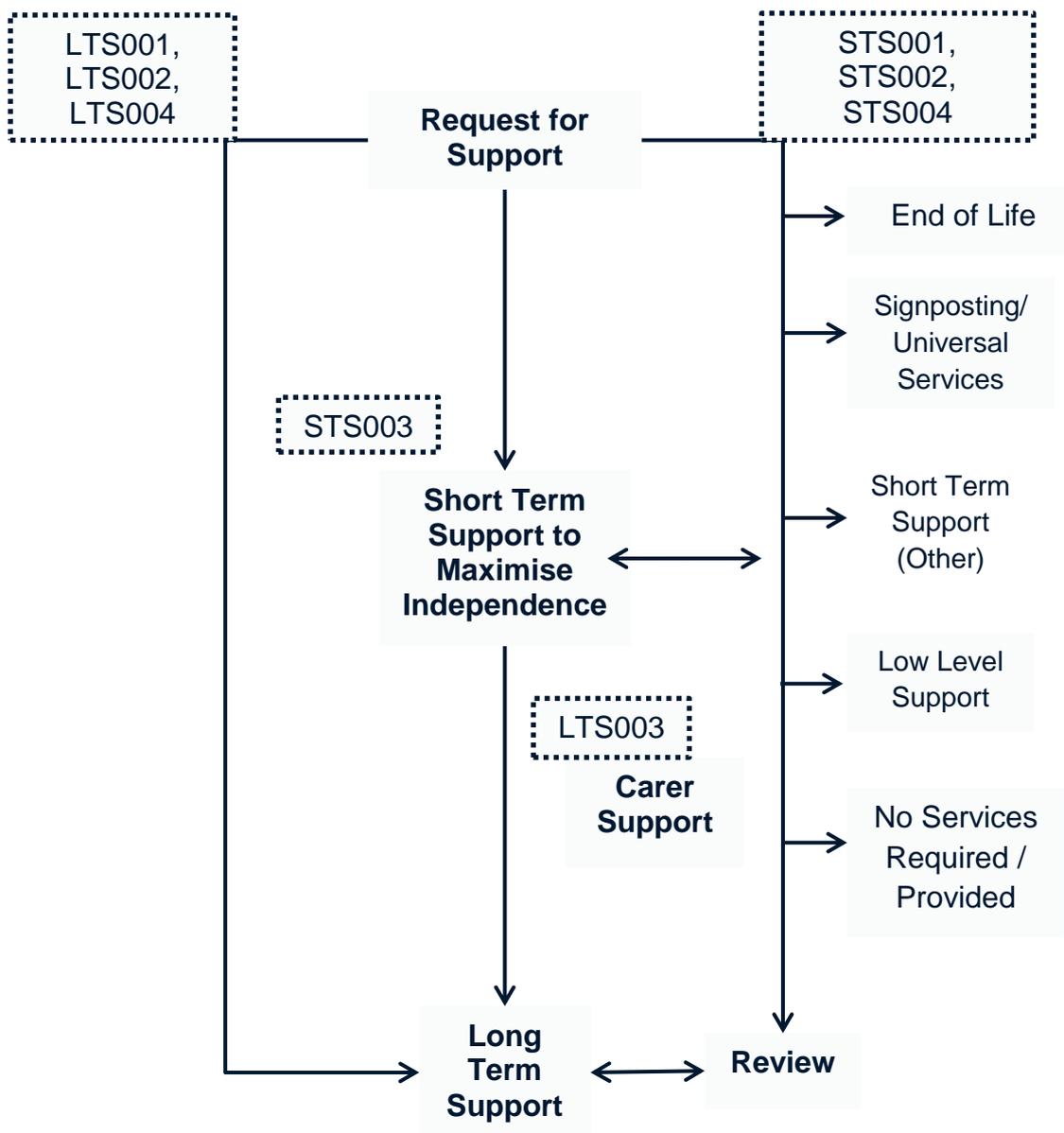
All figures presented in the Annex Tables are rounded to the nearest five and figures may not add to totals because of rounding.

Estimation

Not all councils provided all the data items required within the returns. Annex I contains a table which shows the number of data items not provided by each council. All missing data items have been estimated to create national totals for this report.

The Estimated Items table in Annex I shows a complete breakdown of the number of data items estimated per council for the SALT returns.

Annex F: Flowchart of SALT



Annex G: Related Publications

This publication can be downloaded from the HSCIC website at
<http://www.hscic.gov.uk/pubs/commcaressa1415>

Data from this report and some of our other social care reports can be accessed directly via our National Adult Social Care Intelligence Service (NASCIS). NASCIS is an online portal which contains standard reports for each council as well as the capacity to carry out further analysis of social care data using the Online Analytical Processor (OLAP). NASCIS can be found at

<https://nascis.hscic.gov.uk/>

Publications relating to social care activity, finance, staffing and user experience surveys can be found from the Adult Social Care publication page of the HSCIC website at

<http://www.hscic.gov.uk/social-care>

Last year's publication

"Community Care Statistics: Social Services Activity, England – Councils with Adult Social Services Responsibilities tables, final, 2013-14[NS]" is available at

<http://www.hscic.gov.uk/pubs/communitycaressa1314>

Adult Social Care Outcomes Framework (ASCOF)

The 2014-15 final report, *"Measures from the Adult Social Care Outcomes Framework, England, 2014-15, Final Release"* is available at

<http://www.hscic.gov.uk/pubs/adusoccareof1415fin>

Other Social Care Reports

"Personal Social Services: Expenditure and Unit Cost, England, 2014-15, Provisional Release [NS]" is available at

<http://www.hscic.gov.uk/pubs/pssexpcosts1415>

"Personal Social Services Adult Social Care Survey, England, 2014-15, Final Release" is available at

<http://www.hscic.gov.uk/pubs/adusoccaresurv1415>

"Personal Social Services Survey of Adult Carers in England, 2014-15, Final" is available at

<http://www.hscic.gov.uk/pubs/psscarersurvey1415>

“Personal Social Services Staff of Social Services Departments at 30 September 2014, England. [NS]” is available at

<http://www.hscic.gov.uk/pubs/pssstaffsept14>

“Safeguarding Adults in England 2014-15: Experimental Statistics, Final Report” is available at

<http://www.hscic.gov.uk/pubs/sa1415>

“Guardianship under the 1983 Mental Health Act, England, 2014-15” is available at

<http://www.hscic.gov.uk/pubs/guardianmh15>

“Mental Capacity Act 2005, Deprivation of Liberty Safeguards, England, Annual Report 2014-15” is available at

<http://www.hscic.gov.uk/pubs/mentcap1415annual>

“Registered Blind and Partially Sighted People, England, Year ending 31 March 2014” is available at

<http://www.hscic.gov.uk/pubs/blindpartiallysighted14>

Data for Child Social Services

Information on social care for children is available at

<https://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://wales.gov.uk/topics/health/publications/socialcare/reports/?lang=en>

The Scottish Government

<http://www.scotland.gov.uk/Publications/Recent>

Department of Health, Social Services and Public Safety

<http://www.dhsspsni.gov.uk/index/publications>

Annex H: Further Information

Comments

Feedback, comments and requests for further information should be addressed to:

The Contact Centre
Health and Social Care Information Centre
1 Trevelyan Square
Boar Lane
Leeds
West Yorkshire
LS1 6AE

Telephone: 0300 303 5678

Email: enquiries@hscic.gov.uk

Annex I: CASSR Data Provision Tables

Data within these tables are not rounded.

Basis Annex

This table provides a complete picture of whether CASSRs used a whole population count or a sample as the basis of return, for each SALT proforma. It gives a more detailed breakdown of Figure B2.

Completion Annex

This table provides a complete picture of whether CASSRs provided all, some or none of the data items for each SALT proforma. It gives a more detailed breakdown of Figure B1.

Missing Items Annex

This table details the number of data items requested for each of the SALT proforma and shows the number of missing items listed by CASSR and proforma.

Estimated Items Annex

This table details the number of data items requested for each of the SALT proformas and shows the number of data items estimated for (to replace missing data or data items judged to have been provided on an incorrect basis) by CASSR and proforma.

Annex J: Tables and Charts

The Tables and Charts within this report are available within an accompanying Excel Annex on the HSCIC website at:

<http://www.hscic.gov.uk/pubs/commcaressa1415>

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For further information

www.hscic.gov.uk

0300 303 5678

enquiries@hscic.gov.uk

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