



Community Care Statistics: Social Services Activity, England - 2010-11 - Provisional Release

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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 combines data from two sources, the Referrals, Assessments and Packages of Care (RAP) and the Adult Social Care Combined Activity Return (ASC-CAR). Information presented here is provisional and relates to England for the period 1 April 2010 to 31 March 2011. Final data is expected to be published in March 2012

National level figures are only available if all 152 councils have provided that data item, apart from two of the RAP tables where estimates have been made for missing data. Therefore not all results published previously are available at this stage, but they will be available when final data for 2010-11 is published. The number of service users receiving direct payments is not referred to in this executive summary as there are concerns around the data quality of this item.

National level information is provided in this report; data at a Regional and CASSR level is available (together with a whole wealth of other social care data) via the National Adult Social Care Intelligence Service (NASCIS) online. NASCIS provides a set of analytical, query and reporting options which can be accessed from <http://nascis.ic.nhs.uk>

Main findings

Access to Care

- During the year there were 2.12 million contacts from new clients made to CASSRs in England, similar to 2009-10, this is a 4 per cent increase from 2005-06.
- 1.02 million contacts required a further assessment or commissioning of ongoing service in 2010-11, this is a fall of 7 per cent from 1.09 million in 2009-10 and a fall of 3 per cent from 2005-06.
- 1.10 million contacts were attended to solely at or near the point of contact this is an increase of 7 per cent from 1.03 million in 2009-10, and an increase of 10 per cent from 2005-06.
- Of the 2.12 million contacts, around 543,000 (26%) were self-referrals, 465,000 (22%) were referred from Secondary Health sources (for example, by hospices or hospital wards), 294,000 (14%) were referred by family, friends or neighbours, 300,000 referrals (14%) were from Primary/Community Health. 71,000 clients (3%) were from an unknown referral source; this percentage distribution has remained similar in recent years.
- Where the waiting time was known between first contact and completed assessment, 34 per cent were assessed within two days of the first contact (compared with 35% in 2009-10 and 29% in 2005-06), 62 per cent of clients were assessed within two weeks of first contact.
- There were 1.15 million existing service users with completed reviews reported in 2010-11, a fall of 12 per cent from 2009-10, but a fall of only 1 per cent from 2005-06.

Packages of Care

- 1.57 million service users received services (following a community care assessment) during the year, this is a decrease of 7 per cent from 2009-10 and a decrease of 10 per cent from 2005-06. Feedback from councils suggests that the fall this year is due to a number of reasons including data cleaning, dealing with more service users at the first point of contact, raising the level of need at which people become eligible for council funded services and stopping some types of services altogether. This will help to explain reductions in packages of care mentioned elsewhere in this and the following sections. These explanations may also help to explain the reduction in the number of reviews, and the switch from referrals resulting in further assessment and commissioning of a service to being dealt with solely at the point of contact mentioned in the previous section.
- There were 448,000 new service users who were assessed in 2010-11 and went on to receive services which represents 28 per cent of all service users.
- The number of service users receiving nursing care was 87,000 in 2010-11, a fall of 4 per cent from 90,000 in 2009-10, but a fall of 19 per cent since 2005-06.
- The number of adults in residential care in 2010-11 was 212,000 (down 2% from 2009-10), of which over three quarters (78%) were aged 65 and over compared to 91 per cent aged 65 and over in nursing care.

Community Based Services

- The number of service users receiving community based services was 1,34 million in 2010-11, a fall of 8 per cent from 1.46 million service users in 2009-10 and a fall of 10 per cent from 2005-06. Of those service users receiving community based services in 2010-11, 65 per cent were aged 65 and over.
- There were 374,000 service users in receipt of self directed support and/or direct payments provided or commissioned by the CASSR during 2010-11 which has more than doubled since 2009-10 from 169,000.
- As at 31 March 2011, 319,000 service users received home care, 243,000 received equipment and adaptations, 221,000 received professional support, 135,000 received day care, 48,000 received meals and 17,000 received short term residential care.
- For those service users receiving services as at 31 March 2011, 65 per cent were classified in the primary client type 'physical disability' while 21 per cent of service users were in primary client type 'mental health' and 12 per cent had a learning disability. Of the remainder, 1 per cent had a primary client group of 'substance misuse' and 2 per cent were other vulnerable people.

Residential Care

- The number of supported residents in registered accommodation was 220,000, a fall of 3 per cent from 226,000 last year and a fall of 14 per cent from 256,000 in 2006..
- There were 16,000 supported residents in CASSR staffed homes, down 11 per cent from last year, 146,000 supported residents in independent residential care, down 2 per cent and 57,000 supported residents in independent nursing provision, down 3 per cent from last year.
- As at 31 March 2011, 4,310 service users were receiving care through an adult placement scheme; an increase of 2 per cent from 2010.

- The percentage of supported residents in independent residential care has increased by 5 percentage points from 61 per cent as at 31 March 2006 to 67 per cent in 2011; the percentage in council staffed homes has decreased by 3 percentage points from 31 March 2006 to 7 per cent as at 31 March 2011. The percentage of supported residents in independent nursing care has fallen slightly by 3 percentage points from 29 per cent to 26 per cent over the same period.
- Of the 220,000 supported residents in registered accommodation, 77 per cent were aged 65 and over.
- Of supported residents aged 18 to 64 in registered accommodation, 61 per cent were people with learning disabilities, 21 per cent were people with mental illness or health, with 17 per cent being adults with a physical disability and the remaining 2 per cent were in the substance misuse and other vulnerable people category.
- There were a total of 64,000 permanent admissions to registered accommodation in 2010-11 which is a fall of 1 per cent from 65,000 in 2009-10 and a fall of 9 per cent from 2005-06.

Carers

- 403,000 were assessed, either separately or jointly with the client during 2010-11 compared to 415,000 in 2009-10 (a fall of 3%), but an increase of 19 per cent from 2005-06.
- In 2010-11 380,000 carers received a service (including information and advice only) compared to 387,000 in 2009-10 which is a decrease of 2 per cent but an increase of 34 per cent from 2005-06. This represents 94 per cent of the carers assessed or reviewed which has increased from 93 per cent in 2009-10 and 84 per cent from 2005-06.
- There has been a 7 per cent increase in the number of carers receiving information only from 179,000 in 2009-10 to 191,000 in 2010-11, this is an increase of 35 per cent from 2005-06. The numbers receiving carer specific services was 189,000; this is a decrease of 9 per cent from 208,000 in 2009-10 but an increase of 33 per cent from 2005-06.

Appendix A: Editorial Notes

Introduction

The NHS Information Centre collects information from Councils with Adult Social Services Responsibilities (CASSRs) in England. Information presented in this report is provisional and relates to the period April 2010 – March 2011. Final data is expected to be published in March 2012.

National level figures are only available if all 152 councils have provided that data item and no data quality issues have been identified, apart from two of the RAP tables, P1¹ and P2s², where estimates have been made for missing data. Therefore not all results published previously are available at this stage, but they will be available when final data for 2010-11 is published.

Sources of Data

This report is based on an analysis of information relating to the year 1 April 2010 to 31 March 2011 sourced from the Referrals, Assessments and Packages of Care Return (RAP) and sections of the Adult Social Care Combined Activity Return (ASC-CAR).

The RAP and ASC-CAR returns are concerned with adults, defined as those aged 18 or over, and relate 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). Some CASSRs are known to continue with children's services for a few service users aged 18 or over, these should be included within the adult returns.

Community care is the process by which requests for social care help (made to Councils with Adult Social Services Responsibilities) are translated, via assessment and care planning, into appropriate services.

The guidance and copies of the proformas for the collections are available on the NHS IC website³ and a summary is given in the following sections.

RAP Forms

Most of the RAP forms seek data for a period of time, usually a full year, but a few forms relate to a snapshot on the last day of the period (i.e. as at 31 March 2011). The returns are concerned with adults aged 18 and over and relate to adult personal social services. The C1 and C2 returns relate 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 and age group.

¹ The P1 table collects the number of clients receiving services provided or commissioned by the CASSR during the period, by age group, primary client type, and service type.

² The P2s table collects the number of clients on the books to receive community based services provided or commissioned by the CASSR on the last day of the period, by age group, primary client type, and components of service

³ A full set of proformas and the guidance is available at <http://www.ic.nhs.uk/services/social-care/social-care-collections/collections-2011>

The RAP proformas:

- referrals (R proformas) – for events;
- assessments and reviews (A proformas) - relating to numbers of service users (and events for the total number of review events);
- packages of care (P proformas) – relating to numbers of service users;
- self directed support (SD proformas) – relating to the number of service users and carers receiving self directed support via a personal budget and/or direct payment;
- carers (C proformas);
- home care - previously collected via the HH1 return which was discontinued in 2007-08. (H proforma)

Historical changes to the forms are detailed in the Data Quality annex C.

ASC-CAR Forms

The S proformas relate to the numbers of supported residents in residential care, nursing care and adult placements. Prior to 2008-09 this information was collected on the Supported Residents (SR1) return.

There are also three additional proformas which collect data for three indicators from the National Indicator Set which are not contained within this document but will be available via NASCIS. They are reported on more fully in “Social Care and Mental Health Indicators from the National Indicator Set - Provisional Report - 2010-11” which is available here: www.ic.nhs.uk/pubs/socmhi1011

Completion and Response

Basis of tables

This report presents information at a national level. Any data not provided on proformas P1 and P2s on RAP has been estimated in order to provide national totals; more details of the estimation methodology are given later in this chapter. No estimates have been provided for the other RAP and ASC-CAR tables so any figures quoted within this report are based on cells within the proforma which were supplied by all councils. Estimates will be produced for all tables when the final data is published.

Tables containing information at CASSR level can be created from the raw data which is available (together with a whole wealth of other social care data) via the NHS Information Centre National Adult Social Care Intelligence Service (NASIS) online analytical processor. NASIS provides a set of analytical, query and reporting tools which can be accessed from <http://nascis.ic.nhs.uk>

Method of collection of data

The RAP data was collected via the Omnibus collection tool for the first time in 2010-11. The Omnibus system is an online tool and includes a set of key validation checks that are applied to the data, enabling it to be validated at source before submission to the NHS Information Centre for health and social care. Councils are able to provide explanations for overriding any validation checks and also explain any other discrepancies in data for which there is not a validation check. This reduces the level of error in returns and the subsequent need for follow up with CASSRs when the data undergo further validation checks within the NHS Information Centre.

The RAP data was previously collected via the NHS IC's Internet Data Collection tool (IDC). Due to the size and complexity of the RAP return it was not possible to include all the "at source" validations within the Omnibus system and instead these were carried out by the NHS IC after the data had been submitted. Specifically, year on year checks previously carried out on the IDC were not included in the Omnibus system.

The ASC-CAR return was collected in its current format via the Omnibus collection tool as in previous years.

The NHS IC currently undertakes two rounds of validation checks for RAP and ASC-CAR and councils have an opportunity to change their data after each round. Analysis of the level of changes has shown that changes resulting from the 2nd round of checks is minimal⁴ and therefore the NHS IC are proposing to reduce the number of validation rounds they carry out to one. This has already been discussed with the Adult Review Group (ARG) and Outcomes and Information Development Board (OIDB)⁵ who support the plans. The NHS IC would welcome further comments on this proposal from users of this report which can be sent to socialcarequeries@ic.nhs.uk by 17 January 2012.

⁴ See paper 33/06 for the ARG meeting on 10 November 2011 available from:

<http://www.ic.nhs.uk/services/social-care/review-approval-and-development/adult-review-group>

⁵ More information on ARG and OIDB is given in appendix C on data quality.

Timeliness of the RAP and ASC-CAR returns

150 out of 152 councils submitted a completed RAP return for 2010-11 by the May deadline; this compares to 147 out of 152 councils in 2009-10.

151 out of 152 councils submitted a completed ASC-CAR return for 2010-11 by the May deadline; this compares to 150 out of 152 councils in 2009-10.

Completeness of the proformas

All 152 councils were able to provide full information for all of the S Tables in the ASC-CAR Return, and no estimation was required for these tables in 2010-11.

All 152 councils submitted RAP data returns but only 133 councils (88%) submitted all data items and 19 (13%) provided partial data. The 19 councils who did not provide all the data items were:

- Cumbria
- Northumberland
- North East Lincolnshire UA
- Bury
- Manchester
- Rochdale
- Knowsley
- Sandwell
- Northamptonshire
- Luton UA
- Buckinghamshire
- Essex
- Lewisham
- Westminster
- Barnet
- East Sussex
- Medway Towns UA
- Bath and North East Somerset UA
- Bedford UA

For the two tables where estimates have been calculated for missing data in this report, P1 and P2s, 142 councils (93%) provided full data for P1 and 141 councils (93%) provided full data for P2s and estimations were made for the data not provided. No other estimations have been made for the RAP tables so other statistics which appear in the Executive Summary are based on returns from all 152 councils for those specific data items.

The number of people receiving direct payments is not mentioned in the executive summary because there are some concerns around the quality of this data item. Specifically, it appears highly likely that some councils have included the number of people receiving personal budgets consisting solely of council commissioned services in the figures they have supplied for direct payments. The number of people reported to be receiving direct payments can be obtained from the annex tables and will also be available via NASCIS but should be used with caution due to this issue. This is being investigated with an aim to provide more robust figures when the final data is published.

2010-11: action taken to safeguard data quality

The NHS Information Centre actions included a number of validation checks:

- Examining internal consistency within a form and between forms (e.g. ensuring that components added to totals).
- For key variables, comparing information with that already given in 2010-11, for example, looking at the total number of people receiving at least one service each year.
- 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; examining the percentage of people receiving services where the service was for example equipment and adaptations, or professional support against the total number of service users receiving services.
- For the information on waiting times, examining cases where a very high or very low percentage of service users have been assessed or received all their services within specified times when compared nationally with other CASSRs.
- Comparing data submitted this year with last year's data to enable any large year on year changes to be queried with CASSRs.
- Blank and zero data items were also followed up with CASSRs.

There were follow-ups with the majority of councils about some aspect of their data.

Estimation procedures in 2010-11

This provisional publication includes estimation for two RAP Tables, P1 and P2s.

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

1. Entire sections were completely blank – contributions for these sections were assumed to be in line with the profile for councils responding to these sections;
2. Parts of sections were missing - in these cases, the blank cells were assumed to be zero where there was a very clear presumption, from evidence within the other RAP proformas from the council, or in the explanation provided by the council that the blank cell(s) represented zeros. In other cases, an estimate was inserted. This was estimated either in terms of the known total for the activity from another proforma where there was one, or in terms of the national profile for that cell for other councils who did provide the data.

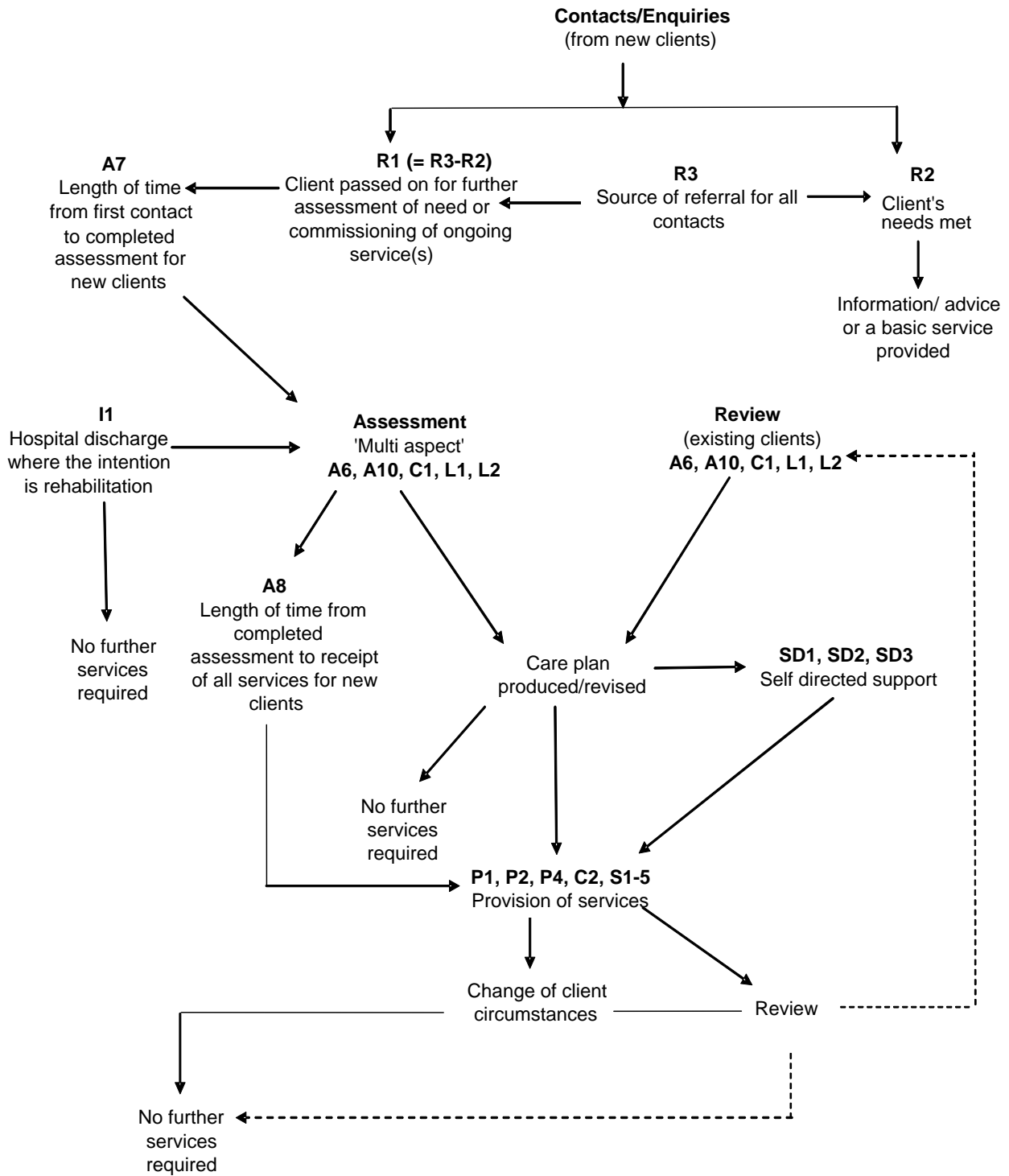
Implications for the tables

There are some differences between some of the tables in the total numbers of clients being reported because there are often legitimate reasons for CASSRs not providing certain data items. This leads to datasets where a total does not equal the sum of its components. In addition, the estimation procedure for missing values has been carried out separately for each proforma/table. Where appropriate these discrepancies of reporting and estimation have been rolled into a “reconciliation” item, which in effect measures the tolerance between the different England estimates derived for each of the proformas. The definitive figures for packages of care are in Table P1, number of assessments in table A6 and number of reviews in A1.

Reconciliation items are also included on C1 and C2 because details such as the age of the carer, or the age and/or primary client type of the person cared for are not known, whilst the overall number of assessments or reviews is known.

Appendix B: Flowchart of RAP and ASC-CAR Proformas

Annex B: Flowchart of RAP and ASC-CAR Proformas



Appendix C: Data Quality

Relevance, the degree to which the statistical product meets the user needs in both Coverage and Content.

The information is provided at Council level for all Councils with Adult Social Services Responsibilities (CASSRs) in England. The data is used by Central Government and the Care Quality Commission to monitor the impact of social care policy and by local Government to assess performance in relation to their peers. This is also available for use by researchers looking at Council performance and by service users and the public to hold councils and government to account.

The data include detailed breakdowns to facilitate such work. The specification of these detailed breakdowns is agreed by the Adult Review Group (ARG)⁶ which includes representatives from the NHS IC, Department of Health (DH), Care Quality Commission (CQC) and CASSR performance and information managers.

Accuracy

The information published here is provisional and has undergone some validation which will have resulted in some councils' figures being queried and resubmitted. Therefore the data may change between the provisional and final publication. It is possible to give an indication on the magnitude of possible changes by looking at the size of the changes between the provisional and final 2009-10 publications. Although there were a number of changes in the England level data between the provisional and final 2009-10 publications, the largest absolute change to a data item between the provisional and final publications was a drop of around 600 in the total number of people receiving professional support on P2s, although this only equated to a 0.2 per cent change. The largest percentage change (0.5%) was a decrease of around 400 in the number of people receiving other community based services on P2s.

Further validation will now take place and final estimates for all data tables are expected to be published in March 2012.

Coherence and Comparability

As part of the data collection process, councils provide feedback on data quality and reasons for changes from the previous year.

⁶ For more information on ARG see <http://www.ic.nhs.uk/services/social-care/review-approval-and-development/adult-review-group>

Changes to Data Collections

RAP Collection

In 2003-04 several changes were made to the referrals and assessments proformas (see following details). Data from 2003-04 onwards is therefore not directly comparable with data from previous years. In 2004-05 the RAP guidance relating to service users receiving services was restated to only include service users who are assessed by social services and have a care plan. The 2004-05 data is therefore not comparable to previous years. Section 6 of the 2001-02 national report⁷ gave a detailed discussion of the implications of the 2001-02 results for the results published for earlier years. All points to consider when comparing data over time are summarised below.

1999-00

With the publication of the 2001-02 RAP data it became clear that some of the detailed data for the second RAP dress rehearsal (1999-2000) were no longer plausible in relation to the data reported for the following two years.

In 1999-00, there were problems with the size and representativeness of the sample used to derive the sample estimates. The councils in the sample may have had more activity in certain services than councils which did not respond that year. These concerns cast doubt on the P2f analysis for 1999-00, and the whole of this section was therefore withdrawn from January 2003. This means that there are no figures for 1999-00 for meals on wheels, home care/home help, professional support, transport and equipment. Time trends which use data for these items from previously published RAP reports are not valid.

2000-01

In a number of instances the raw data supplied by councils for 2001-02 exceeded the grossed up estimate of the data reported in 2000-01. In the vast majority of these cases there seems to be compelling evidence that the 2000-01 data are too low, most probably because large groups of service users were missed in CASSR IT systems.

2001-02 and 2002-03

- (i) The figures for visually impaired clients receiving a completed assessment fell by nearly a third to 33,000 in 2001-02, although the figure of 36,000 in 2002-03 is more in line with the 2001-02 figure. This seems to be a data collation issue for Local Authorities.
- (ii) The figures on the number of completed assessments for asylum seeking clients appeared to show a marked fall during 2001-02 followed by a further drop during 2002-03. Councils reporting large numbers in 2000-01 were asked to explain the apparent fall, but were not able to come up with a satisfactory explanation.
- (iii) No guidance was given with RAP on what constitutes 'frailty' as opposed to 'physical disability'. The result is that the two categories have not been consistently reported across the years. In 2001-02, for the subset 'frailty' there was a 23 per cent increase in 2001-02 from the year before whilst the figures in 'physical disability' dropped by 10 per cent during 2001-02. The data for these categories in 2002-03 are similar to those reported in 2001-02.

⁷ See

http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/StatisticalWorkAreas/Statisticalsocialcare/DH_4016125

However the trend in the total numbers of both categories taken together for 2000-01 to 2002-03 appears plausible. In 2004-05 these two subsets have been combined to form the subset 'physical disability, frailty and/ or temporary illness'.

2003-04

In 2003-04 several changes were made to the referrals and assessments proformas as follows;

- (i) The referral forms were redefined to only include contacts from new clients, i.e. clients not on the books of the Councils with Adult Social Services Responsibilities (CASSR) at the time the contact was made.
- (ii) An assessment was redefined as the first assessment for a new client.
- (iii) A review was redefined as an examination of an existing client's needs which must include a formal reassessment.

2004-05

In 2004-05 several changes were made to the RAP proformas as follows;

- (i) Two new carers' returns were introduced to collect the number of carers' assessments and carers' services provided.
- (ii) Guidance was re-issued to clarify a number of issues regarding the coverage of RAP and the recording practices that councils should adhere to, particularly for the P forms. The most significant issue was confirmation that only service users who have had a community care assessment carried out by the CASSR (or legally delegated NHS partner) and whose services form part of a care plan should be included in the RAP return. Therefore the 2004-05 data from the P tables is not comparable to previous years.

2005-06

In 2005-06 several changes were made to the RAP proformas as follows;

- (i) The new carers' returns (C1 and C2) captured information on the age and client group of the cared for person and relate to activity over the full 12 months.
- (ii) Information on 'referral category' was no longer collected in forms A8 and A9.
- (iii) Information on HIV was no longer collected in the 2006-07 reporting period. The category 'of which HIV' was deleted from the A1 and P1 returns.
- (iv) Information on Preserved rights was no longer collected in the P1 return.
- (v) The length of waiting time captured on the A9 return was changed to 'first contact with social services to first contact with client' rather than 'time to start of assessment'.
- (vi) 'Transport' as one of the components of community based services was no longer captured separately.
- (vii) Councils recorded the outcome of assessments for new clients only on proformas A5 and A6.
- (viii) 'Total assessment events' was deleted from proforma A1.

2006-07

In 2006-07 several changes were made to the RAP proformas as follows;

- (i) A new table was introduced to P2s to collect data on service users planned to receive services by or on behalf of social services via an Individual Budget.
- (ii) P4 was split into two age groups, 18-64 and 65 and over.
- (iii) Titles for the C returns were reworded to avoid confusion caused in the previous year's collection.

2007-08

In 2007-08 several changes were made to the RAP proformas as follows;

- (i) New table introduced to R2 entitled: Number of contacts for new clients receiving services covered by definitions relating to RAP P forms at the point of contact outside a formal assessment. This table collected data by CASSRs on a voluntary basis for the period 1st October 2007 – 31st March 2008.
- (ii) Due to new legislation, Section 31 arrangements (of the Health Act 1999) were referred to as Section 75 arrangements (of the NHS Act 2006). http://www.opsi.gov.uk/acts/acts2006/ukpga_20060041_en_6#pt3-l1g75
- (iii) New guidance for CASSRs on recording service users receiving services via “In Control” projects (for implementation in 2007/08) was issued.
- (iv) Revised guidance was issued on:
 - a) The definition of the subset ‘Dementia’.
 - b) Double counting of service users on pages 1, 2 and 3 of the A1 proforma.
 - c) Definitions on recording of equipment on P2s concerning one-off pieces of equipment.
 - d) The recording of ‘Telecare’.
 - e) Definitions of ‘respite care’ and ‘Short term residential - not respite’
 - f) The removal of ‘overnight – respite care’ from ‘P’ forms. This became a service provided to carers on the ‘C’ forms.
 - g) Carer assessments carried out by other organisations for implementation from 2008-09.

2008-09

In 2008-09 a number of changes were made to the RAP proformas following the review of social care collections that took place in 2008. These changes were as follows;

- (i) A number of proformas were deleted: R1, A1 page 1, A1 page 3, A5 and A9.
- (ii) The table detailing services received at point of contact on R2 page 1 was deleted.
- (iii) The A6 and P4 proformas were split by gender.
- (iv) New tables were added to proforma A8 to capture waiting time data for service users aged 18-64. Completion of these additional tables was on a voluntary basis in 2008-09.
- (v) The 2 separate columns entitled ‘CASSR Residential care’ and ‘Independent sector residential care’ were amalgamated into one column headed ‘residential care’ on each of the P1 and P4 proformas.
- (vi) To support NI 130, 3 extra boxes were added to P2f page 5 to collect the number of service users aged ‘65-74’, ‘75-84’ and ‘85 and over’ receiving direct payments during the year.
- (vii) A new proforma (H1) was introduced to collect number of planned hours and visits per week for those service users on the books to receive homecare as at 31st March.
- (viii) Revised guidance was issued on:
 - a) Professional Support
 - b) Information and Advice for carers
 - c) Self assessments

2009-10

In 2009-10 several changes were made to the RAP proformas as follows:

- (i) A voluntary new proforma A10 was added to the RAP return in 2009-10, which captures data on the number of section 256 (formerly s28) and self-funding service users with completed assessments and reviews provided at the expense of the CASSR.

- (ii) The inconsistent ordering of primary client groups across the RAP tables was brought in line to adhere to the following single order:
 - a) Physical disability
 - b) Mental health
 - c) Learning disability
 - d) Substance misuse
 - e) Vulnerable people
- (iii) Four new additional ethnicity categories were added to A6 and P4 as “Traveller of Irish Heritage” and “Gypsy/Roma” (under the broader heading of ‘White’), and “Refused” and “Information not yet obtained”, (recorded under the broader heading of ‘Not Stated’).
- (v) Following the voluntary introduction in 2008-09 of new tables to the RAP proforma A8 to capture the waiting times to receiving services for those aged 18 to 64, these tables became mandatory.
- (vi) New proformas on Self Directed Support for service users and carers (SD1, SD2 and SD3) were added to record information for local and central policy monitoring on Self Directed Support for service users by ethnicity and carers. The table on P2s which recorded information in the number of service users receiving personal budgets was removed.
- (vii) The columns on the RAP P2f and P2s labelled ‘direct payments’ were expanded to include ‘Existing/new Direct Payments and Personal Budgets’. Service users who were receiving council commissioned services via a personal budget or direct payment were only included under this heading and not under the specific service received.

2010-11

There were a large number of changes to the RAP proformas in 2010-11 following a review of the collection:

- (i) A6 - The two A6 female and two A6 male tables gathering data on sequel to assessment by ethnicity were replaced by two tables, A6 page 1 and A6 page 2, capturing the same data, except not divided by gender.
- (ii) A7 - Page 1 was amalgamated into a single table and a ‘total clients’ row was added. A7 page 2 was retained, but return of this page was voluntary for 2010-11. The previous A7 page 3, ‘time to completion of assessment by referral category’ was deleted.
- (iii) A8 - Page 1 was amalgamated into a single table and a ‘total clients’ row was added. The previous A8 page 2, ‘timeliness of services by primary client type’, was deleted.
- (iv) A11 - Following changes to A6 mentioned above, two small tables, labelled A11, were introduced to ensure necessary equalities monitoring information was still captured. The A11 tables collected information for clients for whom an assessment was completed during the period, by gender, age, primary client type and sequel to assessment. The tables have an identical cohort to A6 and can be considered as a different cross-tabulation of the A6 data.
- (v) P2f - The data lines on P2f page 5 were deleted but the ‘basis of return’ section was retained. The ‘Existing/new direct payments and personal budgets’ columns in P2f were changed to record direct payments only, whether delivered through a personal budget or not. All other P2f components of service columns were altered to count clients receiving the given service as a council commissioned service, whether or not this was through a personal budget.
- (vi) P2s - The data lines on P2s page 7 were deleted; the ‘basis of return’ section was retained.

- (vii) P2s - Pages 3, 4, 5 and 6, capturing data on clients aged 65 to 74 and clients aged 75 and over separately, were merged into two pages capturing the 65 and over age group.
- (viii) P2s - The 'Existing/new direct payments and personal budgets' columns in P2s were changed to record direct payments only, whether delivered through a personal budget or not. All other P2s components of service columns were altered to count clients receiving the given service as a council commissioned service, whether or not this was through a personal budget.
- (ix) P4 - The four P4f female and four P4m male tables gathering data on clients receiving services by ethnicity were replaced by four P4 tables, capturing the same data but not divided by gender.
- (x) P7 - The changes to P4 remove all data by gender on services to adults, this led to two small tables, labelled P7, being introduced to ensure necessary equalities monitoring information is still available. The P7 tables capture clients receiving services provided or commissioned by the CASSR during the period, by gender and age group, cross-tabulated with service type. The tables have an identical cohort to P1 and can be considered as a different cross-tabulation of the P1 or P4 data.

ASC-CAR Collection

The SR1 return, introduced for the 1993-94 collection year, collected information on CASSR supported residents in staffed homes or other accommodation although the return was drastically revised for the 1997/98 collection year. Data was historically collected by type of care (residential or nursing), age group, type of accommodation (CASSR, voluntary, private, homes and other accommodation), type of stay (long or short) and location (within or outside CASSR). Data on short and long stay admissions of supported residents was also collected. It should be noted that no information is collected on supported residents that are in private hospitals and clinics. From 2008-09 the tables within the SR1 return were transferred into the ASC-CAR return. Table number references in the following sections which show changes to the collection refer to the current table numbers in ASC-CAR.

1997-98

- (i) For supported residents, the client group prior to 1997-98 was based on the primary purpose of the homes rather than on the individuals within each home. However, with effect from the collection for the year ended 31 March 1998, councils were encouraged to base the classification on the conditions of the individual and the primary reason for the provision of care.

2002-03

- (i) On 8th April 2002, responsibility for funding residential care moved to CASSRs. Residents who were formerly in receipt of a preserved rights income up to 8th April 2002 but were not supported by the council before that date were recorded as being a new permanent admission in 2002-03. Service users that were in receipt of preserved rights but who were already being supported by councils before April 2002 were not treated as new admissions in 2002-03 but were included in the count of supported residents.

2003-04

- (i) Boyd loophole cases who were already resident in care homes prior to the abolition of the residential allowance on 6th October 2003 but were not supported by the council before that date were included as being permanent new admissions in 2003-04. Boyd loophole cases are defined as those people who funded their own care through receipt of a range of social security benefits, sometimes topped up by relatives. The abolition of the residential allowance

effectively closed the Boyd loophole and meant that these service users needed to approach CASSRs for support, thus making them new service users to the CASSRs.

2005-06

- (i) Tables S4 and S5 (5b and 5c in the SR1 return) were introduced to detail the number of people transferring between permanent and temporary care and also those transferring between residential and nursing care respectively.
- (ii) The recording of unstaffed homes was removed as these homes no longer existed.
- (iii) Where possible the recording of Adult Placements was separated out for the first time from 'Other registered accommodation' as Adult Placements were no longer registered.

2006-07

- (i) Table S3 (Table 5a in the SR1 return) was redefined to include transfers from temporary to permanent residential and nursing care during the year 1 April 2006 to 31 March 2007 as new permanent admissions. Transfers of permanent residents between residential and nursing care were excluded from this table. Tables S4 and S5 (5b and 5c in the SR1 return) remained unchanged from the 2005-06 collection; therefore comparisons can still be made with historical data.
- (ii) All Adult Placements were recorded separately.

2007-08

- (i) The Other Registered Accommodation column was removed from all tables. Residents previously recorded in this section were recorded as below:
 - a) Homes owned by health - included as 'Local Authority Staffed'
 - b) Registered Social Landlord Residential (RSLRE) and Resettlement Care (RESETCAR) - included in 'Voluntary Residential'
 - c) Residential Colleges/Schools - if some part of the residential costs were being met by the council from social services budgets then they were included in one of the appropriate remaining columns.
 - d) Supported Living Placements - As these placements in themselves were not registered, then they were excluded from the return.
 - e) Residents placed outside the council area - if supported by the council from social services budgets then they were included in one of the appropriate remaining columns, as well as Table 3.
 - f) Those where the type of accommodation was 'Unknown/Unspecified/Unclear/Other' – the homes were contacted directly for clarification regarding the full status of the home.
 - g) Those recorded as 'Other' by CSCI - the homes were also contacted directly for clarification regarding the full status of the home.

2008-09

Tables 1, 2, 5a, 5b and 5c were retained and included within the new ASC-CAR return (tables 3, 6 and 7 were discontinued). Details of the ASC-CAR returns are as follows;

- (i) Table S1: Previously SR1 table 1 – the categories under the headings 'voluntary' and 'private' were consolidated into one column entitled 'Independent Residential Care'. 'Adult Placement' column was separated from the 'registered homes' columns into a separate page.
- (ii) Table S2: Previously SR1 table 2 – this table was split into two pages.
- (iii) Table S3: Previously SR1 table 5a – the categories under the headings 'voluntary' and 'private' were consolidated into one column entitled

- 'Independent Residential Care'. 'Adult Placement' column was separated from the 'registered homes' columns into a separate page.
- (iv) Table S4: Previously SR1 table 5b – the categories under the headings 'voluntary' and 'private' were consolidated into one column entitled 'Independent Residential Care'. 'Adult Placement' column was separated from the 'registered homes' columns into a separate page.
 - (v) Table S5: Unchanged from the previous SR1 table 5c.

2009-10 and 2010-11

There were no changes to the S Tables in the proforma.

Timeliness and Punctuality

The data relate to the financial year 2010-11 and therefore the lag from the end of the collection period is around 8 months.

Accessibility and Clarity

There are no restrictions to access to the published data. The numbers are rounded to the nearest 5.

Assessment of User Needs and Perceptions

User feedback on the format and content of the Social Services Activity Publication is invited; a web form is available to submit comments at the bottom of the publication web page: www.ic.nhs.uk/pubs/carestats1011asr

The Social Care Collections are developed by the Adult Review Group (ARG) and the Social Services User Survey Group which is attended by NHS IC, Department of Health (DH), Care Quality Commission (CQC), independent representatives with an active interest in the subject and CASSR performance and information.

The 2010-11 collections were approved by the Strategic Improving Information Programme board (SIIP). This group is jointly co-chaired by DH and the Association of Directors of Adult Social Services (ADASS) and contains representatives from NHS IC, CQC and Local Government Association (LGA). Since signing off the 2010-11 collections SIIP has now become the Outcomes and Information Development Board (OIDB).

NHS IC social care returns are currently subject to a zero based review, where the data requirements and needs of our stakeholders and customers are being sought to shape future data collections. The results of this review will help shape and inform the future and format of the collections and ensure they continue to be fit for purpose. More information about the review can be seen at:

<http://www.ic.nhs.uk/services/social-care/the-zero-based-review>

Performance, Cost and respondent Burden

A compliance cost survey was undertaken in 2009-10 for the social care collections, including the two sources for this publication.

The estimated cost to councils of completing RAP and ASC-CAR is £1,010k. The costs to the NHS IC of collecting, validating and disseminating the data are estimated to be £215k.

Confidentiality, Transparency and Security

The data contained in this publication are Official Statistics. The code of practice for official statistics is adhered to from collecting the data to publishing.

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

Please see links below to the NHS IC relevant policies.

Statistical Governance Policy

<http://www.ic.nhs.uk/webfiles/publications/Statistical%20Governance%20Policy.pdf>

Freedom of Information Process

<http://www.ic.nhs.uk/data-protection/freedom-of-information-foi/guide-to-information/our-policies-and-procedures>

Appendix D: How are the statistics used?

Users and Uses of the Report

Uses of Statistics by Known Users

This section contains comments based on responses from the users listed. All these users have found the information in the report useful for the purposes set out.

Department of Health

- Inform policy monitoring.
- Speeches and briefings for Ministers and senior officials.
- PQs and Prime Minister's Questions.
- Media Enquiries and other correspondence.

Councils with Adult Social Services Responsibilities

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

- 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 the Adult social care (ASC) returns captured by the NHS Information Centre until the APA was cancelled by the government in 2010.

CQC are planning on using some of the ASC 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.

PI Benchmark

"At Pi Benchmark our Care and HealthTrak product utilises NHS IC social care data, integrated with nationally available health data, national information such as ONS and POPPI/PANSI, along with the local data held by the specific organisation in order to allow our clients to make informed decisions in regards to spend, activity and resource allocation. Using all of these datasets, we create an interactive visualisation that allows users to better understand the large amount of data available to them. Our clients can then quickly identify areas of good practice, areas where opportunities exist and understand any relationships between these and other factors. Doing this in real time allows our clients to intelligently scrutinize both social care and health data and allows decisions to be made that benefit the local area"

Unknown Users

The survey report is free to access via the NHS IC website and therefore the majority of users will access the report without being known to the NHS IC. Therefore it is important to put mechanisms in place to try to understand how these additional users are using the statistics and also to gain feedback on how we can make the data more useful to them. On the webpage where the report is surfaced there is a link to a feedback webform which the NHS IC uses for all its reports. The specific questions asked on the form are:

- How useful did you find the content in this publication?
- How did you find out about this publication?
- What type of organisation do you work for?
- What did you use the report for? What information was the most useful? Were you happy with the data quality?
- To help us improve our publications, what changes would you like to see (for instance content or timing)?
- Would you like to take part in future consultations on our publications?

Any responses via this webform are passed to the team responsible for the report to consider.

Appendix E: Glossary

Admissions

An admission is a separate event of a person entering residential or nursing care (and being supported by the Local Authority).

Adult Placement

Adult Placement schemes are similar to fostering schemes for children. These are locally run and place between one to three adults with care or support needs with an adult placement carer and are no longer classed as registered accommodation. They ensure that these adults are able to enjoy an ordinary and independent life in the community and share in the family life of the carer. Adult placement schemes are also referred to as 'Shared Lives'.

Assessment

The process of gathering data for the purpose of determining a client's need and eligibility for services. The Community Care Act specifies that all services offered to a client should be the outcome of an assessment of needs. There are no restrictions as to who carries out the assessment or part of it. An "assessment" is defined as the **first** assessment for a **new** client. All subsequent assessments which include a reassessment are defined as a **review**. Screening also qualifies as an assessment under the terms of the NHS and Community Care Act 1990 (see 'Screening'). In some CASSRs partial self-assessment (by the client) is possible.

Assessment or review terminated

Some clients are passed through for an assessment or review of need, but for a variety of reasons the assessment or review is not completed, but rather is brought to an end before completion.

Boyd Loophole Cases

Residents who have funded their own care through receipt of social security benefits, sometimes topped up by relatives. Although these residents were all admitted to before April 2002, these residents will, by definition be new to local authority support from 6 October 2003.

Basic services

These are services where there is an initial but no ongoing financial or other resource commitment on the part of the CASSR. This term is used to describe the issue of blue badges, bus passes or administration of other comparable provisions, such as keys to public toilets for disabled people. CASSR blind / deaf registrations are also included. Many CASSRs do not distribute or fund the distribution of these provisions, whereas others do.

Care plan

A 'care plan' is a description of the client's needs and how these will be met that is developed and agreed as a result of an assessment or review.

Carer

The definition of a carer is taken from the Carers & Disabled Children Act 2000 which states the act affects *'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'*. 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.

Clients/Service Users

Customers of the CASSR who are 'on the books' for an assessment, or review, or the receipt of services. A client can be an individual, family or group or can contain several clients. Individuals being considered as a service provider, for example, as a carer or foster parent in adult fostering scheme, should not be counted as clients. The phrases 'clients' and 'service users' are often used interchangeably.

Community-based services

These are services provided to support service users living in the community.

Completed assessment

A completed assessment for RAP purposes is one where all the components of the assessment of an individual's needs and eligibility for services have been undertaken, and either a care plan has been agreed with the client or a decision taken that there should be no (further) services as a result of the assessment.

Contacts

A 'contact', often called an enquiry, is a person visiting, writing, phoning or making a request of the CASSR in some other way. In the broadest sense a 'contact' is anyone who has made a request of the CASSR, at any of its access points (including those shared with others, such as in health settings).

Day care

Attendance at a day care centre for day care and/ or meals and includes the attendance at training centres and luncheon clubs.

Deferred Payments

From October 2001 deferred payments, under section 55 of the Health and Social Care Act 2001, were introduced. This refers to a situation where residents whose property is taken into account by the financial assessment for residential accommodation and who would ordinarily have to sell their homes to cover care fees, may keep their homes on admission to residential care and contribute assessed income to care home fees with the council making up the difference between the residents contribution and its standard rate. Residents or their estates pay back the contribution made by the council when the property is eventually sold.

Direct payments

Direct payments are defined as monetary payments made by local CASSRs directly to adult service users aged 18 and over in lieu of social service provisions, who have been assessed as needing certain services.

Equipment and Adaptations

Equipment and adaptations are defined as one off pieces of equipment such as a ferrule, walking stick or bath rail (including fitting) as well as items of equipment or adaptations that incur an ongoing financial commitment or ongoing regular contractual maintenance', e.g. stair lifts or hoists, if these are maintained by the CASSR or where the CASSR funds the maintenance. This also includes expenditure on Telecare and other monitoring systems which are not classed as an aid or adaptation.

Former Preserved Rights Service users

People who became supported residents as a result of the end of the preserved rights scheme on 7 April 2002 should be included in ASC-CAR and RAP and there is no need to separately identify them.

Home Care

The definition of home care follows (as closely as possible), that which was used in the central data collection HH1 return on home help/home care. The categories home help/home care (meaning all care that is not a short term break in the client's own home) and overnight short term break (for the benefit of the client) that is provided in the client's own home have been combined.

Local Authority Staffed Care Home

Residential accommodation provided by local authorities under the terms of Part III, Section 21 of the National Assistance Act 1948

Nursing Homes

Nursing and other medical care provided in the premises defined in Sections 21 to 22 of the Registered Homes Act 1984, and in subsequent amendments as set out in The Care Standards Act 2000. Nursing care homes includes general and mental nursing homes only.

Package of care (care package)

A service or set of services agreed as part of the care plan arising from the first assessment or subsequent reviews. These services can be residential and / or community-based.

Personal and / or domestic care

Synonyms for home care.

Personal budget

A personal budget is a notional amount of social care funding for an individual's support, some or all of which may be taken as a direct payment.

Primary client type (group)

The categories of 'primary client type' are: physical disability, those with mental health needs, those with a learning disability, those with substance misuse problems and other vulnerable people.

Professional support

Typically this occurs when a professional is involved as part of the care package to provide therapy / support / professional input.

Registered Homes

Homes registered under the Care Standards Act 2000.

Rehabilitation services

Rehabilitation services are generally classified as temporary residential places.

Residential Care

Accommodation with both board and personal care for persons requiring personal care by reasons of disablement, past or present dependence on alcohol or drugs, or past or present mental disorder, or a learning disability. Residential care homes include local authority staffed and independent residential care homes and exclude adult placements, un-staffed and other homes.

Respite care

Overnight respite care is defined as following an assessment or review where the carer's needs have been taken into account, planned overnight breaks(s) are arranged for the client either at home or in an alternative setting to allow a break primarily for the carer.

Screening

This is the initial phase with a contact, when basic 'card index' type data is gathered (name, address, etc.) along with a sufficient indication as to the purpose of the contact. This enables staff to determine whether information / advice only or a one off basic service is appropriate, or whether further investigation and assessment are warranted. It is also the stage at which callers who have come inappropriately to the CASSR will be filtered out and / or redirected.

Section 256 client

Many CASSRs receive revenue from a local health authority partner through arrangements under Section 256 of the NHS Act 2006 (formerly Section 28a of the NHS Act 1977 as amended by Section 29 of the NHS Act 1999) to provide social care services to those who were resident in long stay institutions and Care in the Community homes.

Self directed support

Services which are delivered by social services or on behalf of social services via a direct payment or personal budget

Self-funded

A self-funded client is one who pays entirely the direct cost of the services they receive, but whose care is managed (e.g. reviewed) at the expense of the CASSR.

Short-term residential care – not respite

This refers to the provision of short term residential care for the client for any purpose other than respite care of a carer. It includes the provision of rehabilitation services. (see glossary definition for 'Components of service' for clarification).

Shared Lives

See adult placements.

Supported Resident

A Supported Resident is a person in residential or nursing care who is receiving financial support from the local authority towards the cost of that care.

Type of Stay: Permanent

Residential or nursing care which is of a permanent nature and where the intention is that the spell of care should not be ended by a set date. For people classified as permanent residents, the care home would be regarded as their normal place of residence.

Type of Stay: Temporary

A spell of residential or nursing care which is intended to be of a temporary nature and of limited duration (although in some cases this may be as long as 12 to 18 months). This will include respite care, rehabilitation, short breaks and other care which is intended to be of a temporary nature, whatever the actual duration.

Unstaffed Group Home

This is a home catering for a small group of people sharing a common household which is not permanently staffed. The home has communal areas and residents share basic amenities like bathrooms and kitchens. Board and personal care are not provided in such homes.

Appendix F: Reference Tables

Table Conventions

Layout

The first 2 or 3 letters and digits of the table number indicate the name of the RAP or ASC-CAR proforma from which the data comes, e.g. Table S1 is based on ASC-CAR form S1. 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.

Symbols

The following conventions are used throughout:

<i>Italics</i>	percentage
0	zero
.	not applicable
..	not available (i.e. information was not provided).
R	revised data

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

10 councils have not provided complete information for RAP table P1 and 11 did not provide complete information for P2s. Therefore estimates have been made by calculating proportions based on data reported by CASSRs who have provided a complete return. These estimates have been used to provide grossed up national figures for England, but are not published at CASSR level. National and Regional totals should be considered as estimates.

It should be noted that the estimation for missing values has been done separately for each individual proforma. This means that there may be marginal differences between the totals in some tables. These differences are shown in the tables as a reconciliation item.

Appendix G: Related Publications

This publication can be downloaded from the NHS Information Centre website at:

www.ic.nhs.uk/pubs/carestats1011ssa

This annual report takes data from sections of the Referrals, Assessment and Packages of care (RAP) return and the Adult Social Care – Combined Activity Return (ASC-CAR). This report forms part of a suite of statistical reports. Other reports cover information on the wider scope of activity and social services provided for Adults by CASSRs. Publications relating to social care activity, finance, staffing and user experience surveys are available from the Adult social care information page of The NHS IC website:

<http://www.ic.nhs.uk/statistics-and-data-collections/social-care/adult-social-care-information>

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. The online analytical processor can be found at <http://nascis.ic.nhs.uk/>

Last years publication can be found here:

“Community Care Statistics: Social Services Activity, England – Councils with Adult Social Services Responsibilities tables, provisional, 2009-10” which is available at www.ic.nhs.uk/pubs/carestats0910asr

Other Social Care Reports

“Abuse of Vulnerable Adults in England – 2010/11, Provisional, Experimental Statistics” which is available at www.ic.nhs.uk/pubs/provabusevulnerableadults1011

“Personal Social Services: Expenditure and Unit Cost, England, 2010-11 - Provisional Council Data [NS]” which is available at www.ic.nhs.uk/pubs/pssexpcosts1011

“Personal Social Services: Expenditure and Unit Cost, England, 2009-10 | Final Council Data [NS]” which is available at www.ic.nhs.uk/pubs/pss0910exp

“Personal Social Services Adult Social Care Survey, England 2010-11 – Provisional Release”
www.ic.nhs.uk/pubs/provadultsocialcaresurvey1011

“Survey of Carers in Households - 2009/10 England” which is available at www.ic.nhs.uk/pubs/carersurvey0910

“Personal Social Services Survey of Adult Carers in England – 2009-10” which is available at www.ic.nhs.uk/pubs/psscarersurvey0910

“Personal Social Services Survey of Adults Receiving Community Equipment and/or Minor Adaptations England, 2009-10” which is available at

www.ic.nhs.uk/pubs/pssadultsequip0910

“Personal Social Services Staff of Social Services Departments at 30 September 2010, England. [NS]” which is available at www.ic.nhs.uk/pubs/pssstaffsept10

“Community Care Statistics: Grant Funded Services for Adults - England - 2010-11” which is available at <http://www.ic.nhs.uk/pubs/carestats1011gfs>

“Registered Blind and Partially Sighted People, year ending March 2011” is available at <http://www.ic.nhs.uk/pubs/blindpartiallysighted11>

“People Registered Deaf or Hard of hearing - Year ending 31 March 2010, in England” is available at www.ic.nhs.uk/pubs/regdeaf10

National Indicator Set

A number of the data items collected on RAP and ASC-CAR are used in the calculation of the National Indicator Set (NIS). Commentary on these indicators is set out in the report *“Social Care and Mental Health indicators from the National Indicator Set: 2010-11 Provisional Release”* is available at www.ic.nhs.uk/pubs/socmhi1011

Data for Child Social Services

Information on social care for children is available at <http://www.education.gov.uk/childrenandyoungpeople>

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://search1.scotland.gov.uk/Scotland?n=All&\\$rcexpanded=false&action=search&q=Social+Care](http://search1.scotland.gov.uk/Scotland?n=All&$rcexpanded=false&action=search&q=Social+Care)

Department of Health, Social Services and Public Safety

http://www.dhsspsni.gov.uk/index/stats_research/stats-cib/statistics_and_research-cib-pub/adult_statistics.htm

Appendix H: Further Information

Comments

If you have any comments on this report they would be welcomed. Please complete the online feedback form which can be found on the publication webpage at

www.ic.nhs.uk/pubs/carestats1011ssa

Any questions concerning any data in this publication, or requests for further information, should be addressed to:

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