

Community Care Statistics

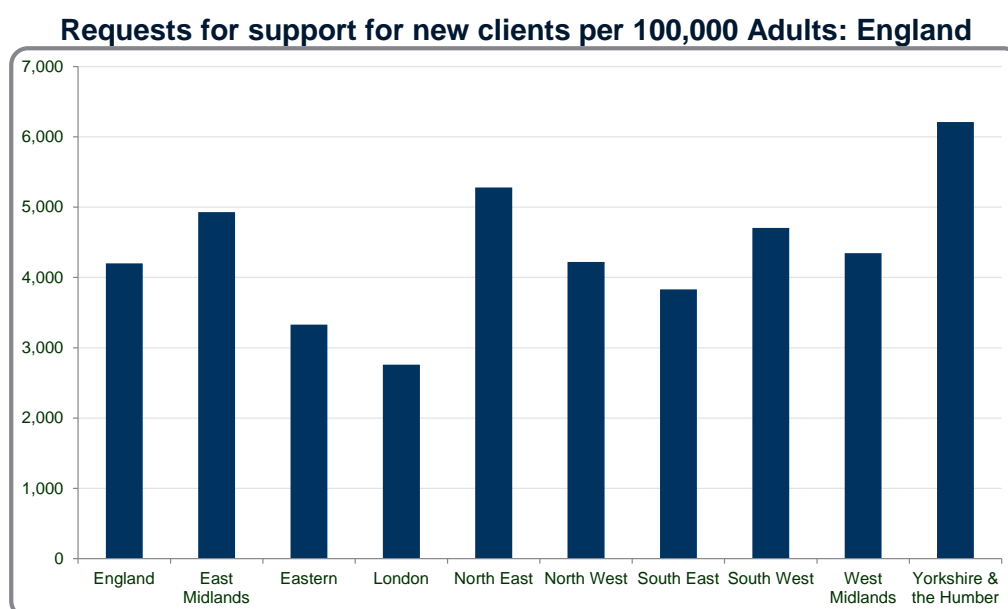
Social Services Activity, England, 2015-16

Published 5 October 2016

This is a report on the social care activity of Councils with Adult Social Services Responsibilities (CASSRs) in England between 1st April 2015 and 31st March 2016. It contains aggregate information mainly 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. This is the second year of the SALT (Short and Long Term) collection and councils were provided with the opportunity to revise their 2014-15 data; as such, some data has been updated from last year. The report explains that only some of the councils who would have liked to review the data had the technology and resources to do so. Given this, caution should be taken in reviewing year on year trends.

Key findings

- There were 1,811,000 requests for support from new clients, which had reached the stage of having a known outcome to that request (referred to within SALT as a sequel) during the reporting period. 28 per cent of these were from clients aged 18-64, with the remaining 72 per cent from clients aged 65 and over.
- There were 245,000 completed instances of Short Term Support to Maximise Independence, for new and existing clients during the reporting period.
- There were 873,000 clients receiving long term support during the reporting period.



Data Sources: SALT STS001 Tables 1a and 1b, 2015 Mid-Year Population Estimates from the Office for National Statistics

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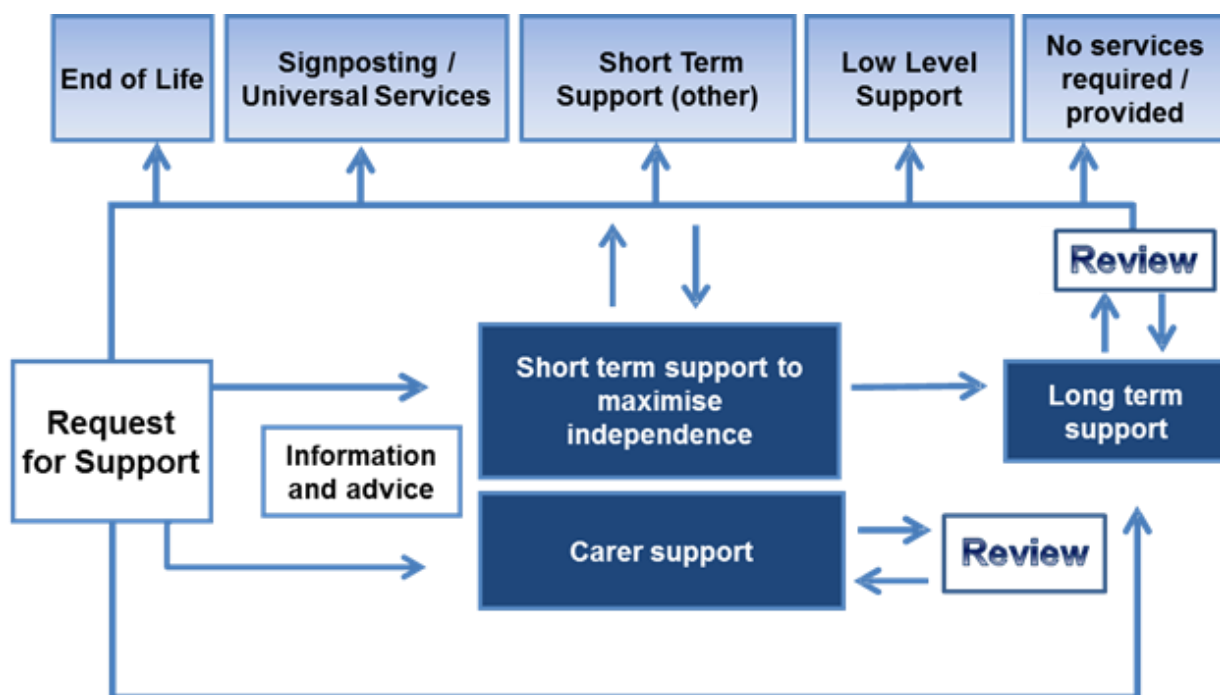
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This report may be of interest to members of the public, policy officials and other stakeholders to make local and national comparisons and to monitor the quality and effectiveness of services.

Introduction

The SALT (Short and Long Term Services) data collection tracks the client journey through the adult social care system in England. It also reports on the Primary Support Reason (this describes why the individual requires social care support). More information on the terminology used in this report is provided in the supporting information document.



The Community Care Statistics report is a long-standing annual publication. However following the Zero Based Review, this is only the second year that the new data were collected using SALT. Councils were also provided with the opportunity to revise their 2014-15 data and where time series is included in any of this publication's products, this is based on the restated figures. The report explains that only some of the councils who would have liked to review the data had the technology and resources to do so. Given this, caution should be taken in reviewing year on year trends. This is the first year of the data which could be impacted by the Care Act.

This report presents the key findings only, based on mandatory data, at England level. For regional and local analysis, please see the publication annex tables, comparator dashboard, and the full data collected, including voluntary elements of the data, which are available in both Excel and CSV format from <http://content.digital.nhs.uk/pubs/commcaressa1516> . Further information around the SALT data collection can also be found here. NHS Digital plans to continue to develop and release user friendly outputs relating to this data.

2014-15 Resubmitted Data

In addition to the support offered to councils through the Zero Based Review implementation, in 2016 there were a series of regional workshops and discussions with councils. As part of the 2015-16 validation round, councils were invited to resubmit 2014-15 data. 50 councils submitted restated data to NHS Digital and the revised data are now available as part of the products for this latest publication.

<http://content.digital.nhs.uk/pubs/commcaressa1516>.

It is possible that local authorities will continue to make data improvements in future years.

NHS Digital recently requested feedback from the 102 councils who did not resubmit, or resubmitted unchanged data, to better understand the implications for year on year comparisons. The findings are presented in the data quality statement.

A number of councils said that they could have made changes if they had had the resource to do so. With this in mind, it is important to note that while the restated 2014-15 figures will be more accurate than the ones published in 2015, they only include resubmissions from a subset of councils. There is a variation in the number of councils resubmitting data for each table, varying between 2 councils resubmitting for STS004 and 22 councils resubmitting for STS001. There is also a variation in the extent to which the numbers have changed. This should be borne in mind when using the data to consider any changes.

The lists of councils who resubmitted data, and who recently confirmed that they were confident with their original 2014-15 submission are shown at the end of the report.

Requests for Support

The level of demand for social care services from new clients

Requests for support made in relation to the provision of adult social care services are captured by local authorities, and reported by both the route of access (which setting the request originated from) and their sequel, the outcome of the request (what provision if any was offered).

For SALT, the routes of access are Transition, Discharge from Hospital, Diversion from Hospital Services and through the Community.

For SALT, the sequels are Short Term Support to Maximise Independence (ST-Max, a range of services that are of short duration typically being provided for a few weeks with the explicit aim of trying to minimise the person's use of ongoing social care services), Long Term Support, End of Life care, Ongoing low level support, Other Short Term Support, Universal Services, or No services provided.

Depending on the set up at the Local Authority, these requests may be received directly into Adult Social Care departments, via a contact centre handling all requests for support from the council, or a mixture of both.

Findings

- There were 1,811,000 requests for support from new clients, which had reached the stage of having a known sequel during the reporting period. 28 per cent of these were from clients aged 18-64, with the remaining 72 per cent from clients aged 65 and over.
- 57 per cent of requests for support resulted in no direct support from the council. This was split between 524,000 requests resulting in Universal Services/Signposted to other services¹ and 515,000 requests resulting in no identified needs².
- 24 per cent of requests for support for new clients aged 65 and over came through the Discharge from Hospital route of access (compared to eight percent of requests from 18-64 year olds).
- Approximately a third (115,000) of 361,000 new clients with route of access Discharge from Hospital had ST-Max as the outcome to their request for support. Nine per cent (91,000) of 992,000 new clients aged 65 and over with routes of access other than Discharge from Hospital had ST-Max as the outcome to their request for support.

¹ Universal services describe community facilities and services available to everyone within their community such as transport, leisure, education, housing and access to information and advice. 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.

² 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.

Short Term Support to Maximise Independence

The impact of a limited period of Short Term Support

This provides some indication of the outcomes of services intended to maximise the independence of new clients. Tracking the sequels to short term services gives an idea of the effectiveness of preventing longer-term reliance on social care.

Findings

- There were 209,000 completed instances of ST-Max for new clients. Over half (54 per cent) received ST-Max following a Discharge from Hospital. Of these, 41 per cent had no further needs identified (compared to 38 per cent of all completed ST-Max for new clients).
- The majority of clients (71 per cent) have a Primary Support Reason of Physical Support: Personal Care Support.
- There were 36,000 completed instances of ST-Max for existing clients. 45 per cent of these saw the client returning to Long Term Support. The table is not designed to show whether clients returning to Long Term Support returned at the same or a different level of care.

Long Term Support

Services provided with the intention of maintaining quality of life for an individual on an ongoing basis

Long Term support is allocated on the basis of eligibility criteria / policies (i.e. an assessment of need has taken place), and are subject to regular review.

Findings

- There were 873,000 clients receiving long term support during the reporting period. 652,000 were still accessing long term support at year end, and of these, 482,000 had been accessing long term support for more than 12 months.
- 44 per cent of clients accessing Long Term Support in a Community setting at year end had a carer identified.
- 86,000 clients were accessing Long term Support (Nursing) in 2015-16; this is unchanged from 2015-16. There were 190,000 clients accessing Residential support throughout the year.
- The most common Primary Support Reason for clients aged 18-64 was Learning Disability Support (for 45 per cent of clients), and for clients aged 65 and over it was Physical Support: Personal Care Support (for 63 per cent of clients).

Reviews

Maintaining regular contact with clients as well as reacting to unforeseen events

Unplanned reviews are those triggered by significant events as opposed to planned, scheduled reviews which occur routinely.

Findings

- The most likely outcome of a review, across both planned and unplanned reviews, is that there is no change in Long Term Support. 147,000 planned reviews (49 per cent) and 50,000 unplanned reviews (51 per cent) resulted in no change.
- 55 per cent of clients who have been accessing long term support for more than 12 months at the year end (as reported in LTS001c) were reviewed (planned or unplanned) during the year.
- There are 13,000 planned reviews for all long term clients (as reported in LTS001a) where the sequel is a move to residential or nursing care.

Carers

Those providing a substantial amount of care, unpaid, on a regular basis for another individual aged 18 or over

Carers make a vital contribution to promoting the wellbeing and independence of the people they care for and prevent clients from requiring more intensive social care support, which would place additional pressure on local authority budgets. We understand this area was subject to a considerable change in recording practice since 2014-15, due to actions such as list cleaning,

Findings

- There were 387,000 carers in contact with the council, of whom 314,000 (81 per cent) received direct support. There were also 57,000 instances of respite or other support delivered to the cared-for person. Where such support is delivered to the cared-for person, their carers may also be receiving support themselves from the council; these figures are not mutually exclusive and as such, should not be added together.
- A third of carers in contact with the council (131,000) did not receive a review or assessment during the year.
- Over half the carers in contact with the council (53 per cent) are aged 18-64. Nine per cent (35,000 carers) are aged over 85.

Data Quality

Purpose

This data quality statement aims to provide users with an evidence-based assessment of the quality of the statistical output from the SALT 2015-16 collection, reporting against the nine European Statistical System (ESS) quality dimensions.

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 researchers to monitor the impact of social care policy and by local government to assess performance in relation to their peers, to support Freedom of Information requests and for sector led improvement. A number of the measures within the ASCOF suite draw on data from the Short and Long Term (SALT) collection.

Further details on the SALT collection can be found here

<http://content.digital.nhs.uk/socialcarecollections2016>

Accuracy and Reliability

Accuracy is the proximity between an estimate and the unknown true value.

Reliability is the closeness of early estimates to subsequent estimated values.

The accuracy of the SALT data is the responsibility of the CASSRs who submit the data to NHS Digital. SALT is an aggregate collection mainly taken from council administrative systems. As NHS Digital does not have access to the individual records behind the aggregate counts, we are reliant on local authorities to assess their own data quality.

In many instances, assessing reliability depends on local knowledge, as each CASSR determines the approach taken in their area; what may be an anomaly in one area could be indicative of being pro-active in another. However, a range of activities are undertaken (outlined in more detail below) to check and improve quality, including regional support groups, national validation checks and plausibility checks. The discussions with councils have provided useful anecdotal information about distributions and trends.

Resubmission of 2014-15 data

The 2014-15 data released with this publication is based on data from 50 local authorities who re-submitted some of their data alongside the 2015-16 return and 102 who did not. Given this, it is important that this report considers the data quality issues in both years. Some improvements were made in 2015-16 to the validation process, to pick up on some of the issues identified in the first year of the return.

In addition to the support offered to councils through the Zero Based Review implementation, in 2016 there were a series of regional workshops and discussions with councils. As part of the 2015-16 validation round, councils were invited to resubmit 2014-15 data. 50 councils submitted restated data to NHS Digital and the revised data are now available as part of the products for this latest publication.

<http://content.digital.nhs.uk/pubs/commcaressa1516>.

It is possible that local authorities will continue to make data improvements in future years.

We continue to develop our knowledge of the data challenges. As such, NHS Digital recently requested feedback from the 102 councils who did not resubmit, or resubmitted unchanged data, to better understand the implications for year on year comparisons.

We had responses from 61 councils. Of those councils responding, 30% advised us that they were confident in their original submission, with 41% selecting the statement *'Our council would have liked to have made changes however there are insufficient resources to dedicate to a resubmission'* and 5% selecting the statement *'Our council would have liked to have made changes but are no longer able to extract 2014-15 data due to system changes'*. The remaining 25% selected 'other'. Often this was because their reason was a combination of the two options we provided. Some said that they had not made a resubmission because the changes would be very minor. Lists of councils who provided resubmitted data, and who confirmed that they were confident in the original submission are available at the end of this report.

The lists of councils who resubmitted data, and who recently confirmed that they were confident with their original 2014-15 submission are shown at the end of the report.

As shown below, a number of councils said that they could have made changes if they had had the resource to do so. With this in mind, it is important to note that while the restated 2014-15 figures will be more accurate than the ones published in 2015, they only include resubmissions from a subset of councils. There is a variation in the number of councils resubmitting data for each table, varying between 2 councils resubmitting for STS004 and 22 councils resubmitting for STS001. There is also a variation in the extent to which the numbers have changed. This should be borne in mind when using the data to consider any changes.

Number of councils resubmitting 2014-15 data in 2016, by table re-submitted

Table	Description	Number of councils resubmitting 2014-15 data in 2016
STS001	Requests for Support from new clients aged 18-64	22
STS001	Requests for Support from new clients aged 65+	22
STS002a	Completed ST-Max for new clients	15
STS002b	Completed ST-Max for existing clients	12
STS004	Number of discharges	2
STS004	Number still at home after 91 days	2
LTS001a	The number of people accessing long term support during the year to 31st March, aged 18-64	10
LTS001a	The number of people accessing long term support during the year to 31st March, aged 65+	10
LTS001b	The number of people accessing long term support at 31st March, aged 18-64	11
LTS001b	The number of people accessing long term support at 31st March, aged 65+	12
LTS001c	The number of people accessing long term support at 31st March, for more than 12 months, aged 18-64	12
LTS001c	The number of people accessing long term support at 31st March, for more than 12 months, aged 65+	12
LTS002a	Unplanned reviews for LTS001a clients, aged 18-64	11
LTS002a	Unplanned reviews for LTS001a clients, aged 65+	12
LTS002a	Planned reviews for LTS001a clients where sequel is a move to nursing or residential care	12
LTS002b	Unplanned reviews for LTS001c clients, aged 18-64	10
LTS002b	Unplanned reviews for LTS001c clients, aged 65+	10
LTS002b	Planned reviews for LTS001c clients	9
LTS003	Total carers	14
LTS003	Total cared-for	15
LTS004	Accommodation status of working age clients with a PSR of Learning Disability: Living on their own/with family	6
LTS004	Accommodation status of working age clients with a PSR of Learning Disability: Unsettled accommodation	4

The national figures before and after re-submission are shown below.

National totals for 2014-15 before and after re-submission

Table	Description	2014-15 data as published in October 2015	2014-15 data with revisions as published in October 2016
STS001	Requests for Support from new clients aged 18-64	519,000	515,000
STS001	Requests for Support from new clients aged 65+	1,327,000	1,319,000
STS002a	Completed ST-Max for new clients	208,000	207,000
STS002b	Completed ST-Max for existing clients	46,000	45,000
STS004	Number of discharges	44,000	43,000
STS004	Number still at home after 91 days	36,000	36,000
LTS001a	The number of people accessing long term support during the year to 31st March, aged 18-64	287,000	285,000
LTS001a	The number of people accessing long term support during the year to 31st March, aged 65+	603,000	600,000
LTS001b	The number of people accessing long term support at 31st March, aged 18-64	248,000	247,000
LTS001b	The number of people accessing long term support at 31st March, aged 65+	411,000	409,000
LTS001c	The number of people accessing long term support at 31st March, for more than 12 months, aged 18-64	206,000	206,000
LTS001c	The number of people accessing long term support at 31st March, for more than 12 months, aged 65+	279,000	281,000
LTS002a	Unplanned reviews for LTS001a clients, aged 18-64	45,000	44,000
LTS002a	Unplanned reviews for LTS001a clients, aged 65+	183,000	178,000
LTS002a	Planned reviews for LTS001a clients where sequel is a move to nursing or residential care	16,000	16,000
LTS002b	Unplanned reviews for LTS001c clients, aged 18-64	29,000	30,000
LTS002b	Unplanned reviews for LTS001c clients, aged 65+	77,000	77,000
LTS002b	Planned reviews for LTS001c clients	290,000	291,000
LTS003	Total carers	437,000	407,000
LTS003	Total cared-for	426,000	396,000
LTS004	Accommodation status of working age clients with a PSR of Learning Disability: Living on their own/with family	91,000	92,000
LTS004	Accommodation status of working age clients with a PSR of Learning Disability: Unsettled accommodation	33,000	33,000

In terms of the number of carers, we believe there are additional reasons why 2015-16 is a more accurate representation, with a subset of local authorities realising through the validation round and through clarification given in regional workshops that they had previously overstated their figures, with numbers reducing through list cleaning, an action not applicable to other measures.

Information on data quality gained through the annual feedback survey

Responses to our 2016 Feedback survey available here

<http://content.digital.nhs.uk/socialcarecollections2017> showed that 81 per cent of councils have regular audits (internal or external) to review how records are kept and if they are up to date / accurate. 81 per cent of councils also advised us that someone else checks their figures before submission to NHS Digital. 65 per cent say that they have internal training or written procedures on the recording / reporting of data for this return. 91 per cent of councils intend to use the data, however a very small number (four per cent of respondents) said they would not, due to data quality issues.

In the first year of SALT collection, it was 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 challenges³ 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 NHS Digital (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.

2015-16: Action taken to safeguard data quality

The SALT data were collected using the Strategic Data Collection Service (SDCS) collection system, a part of NHS Digital. Councils were able to provide explanations to override any non-critical validation checks and explain any other discrepancies in data for which there are no validation checks. This helped to reduce the level of error in returns.

As in 2014-15, NHS Digital actions included a number of automated validation checks, as listed below. However these checks were more extensive in 2015-16 and in addition to the automated validation within NHS Digital processes, each data return was manually reviewed to identify both discrepancies (data values which contradicted each other) and anomalies (data values which weren't in line with national trends but could be accounted for by differences in local practice). These findings were then discussed with the majority of local authorities in order to better understand issues that impacted their data, values that would be corrected through resubmission, and to get a high level overview of how adult social care operated in their area. The findings were summarised and sent to each authority for sign-off. Further to these conversations, authorities were provided with the opportunity to submit revised data.

- The SALT data return highlighted the total number of expected mandatory data items and the number that had been completed for each table.
- Blank and zero data items have been followed up with 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 – automatic totals were built into the SALT data return. The calculation of totals from their components removed the need for a number of validation rules while still ensuring that figures agree within tables.
- Examining internal consistency between tables – e.g. ensuring that totals on tables that are disaggregated in different ways (gender, service type) are consistent.

³ The results of this can be found at http://content.digital.nhs.uk/media/15006/Implementation-Survey-August-2014/pdf/Implementation_survey_Aug_14.pdf

- 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.

Completeness of submissions

All councils submitted data for this return. Whilst there were a small number of blank cells at the point of submission, councils were able to advise us of the correct content, to ensure that full data were obtained for mandatory items.

No estimates were generated for the 2015-16 collection. For the 2014-15 collection, as communicated in its previously published Data Quality statement available here, estimates were generated for Camden, Cornwall, Oxfordshire and Slough.

<http://content.digital.nhs.uk/catalogue/PUB18663/comm-care-stat-act-eng-2014-15-rep.pdf>

Issues impacting national data

Mental Health data: as a result of the validation calls, the number of clients included in the dataset is felt to be inaccurate. Service provision in many cases is via a third party and so provision of data is often partial, and in some cases over-stated, with the data unable to be cross-referenced against anything for Quality Assurance purposes. Some councils reported not being able to access Mental Health data at all.

Planned/Unplanned reviews: councils advised us that in many instances, the system determines whether a review is planned or unplanned, driven by the date the annual review was originally scheduled for. Furthermore, the total number of reviews may be understated if practitioners are recording that a review took place in free-format notes on a client's record, rather than via a review form in the case management system.

Other issues that were raised by more than one council during the validation calls included:

- Issues identifying carers in Short Term tables. This has led to an enhancement to the data return for 2016-17 to include an additional row for clients where it is not known if they have a carer.
- A number of Local Authorities informed us that System Suppliers did not always update systems to accommodate NHS Digital collection changes in a timely manner in the version used by the council.

Council-specific issues

Further to submitting their final 2015-16 data, two councils identified issues with their data that impacted their ASCOF scores. Both Bournemouth and Lewisham reported issues accurately recording admissions to residential and nursing care homes, which mean the data submitted have affected their ASCOF 2A score.

Suffolk's data contains several inconsistencies between tables, where totals should balance. This predominantly impacts the Short Term tables STS002a and STS002b.

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

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

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

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

Internal validations

A number of validations were included in the data return to advise local authorities where data items in one table should reconcile with those in another. On receipt of the final data, it was noted that at England level, a number of inconsistencies still remained between tables. This predominantly impacts the Short Term tables (STS002a and STS002b) in relation to age and PSR splits, and was predominantly impacted by one council's data (please see council-specific issues, Suffolk). Discrepancies were also noted with gender disaggregation tables (LTS001b, Tables 4a and 4b; LTS004 Table 1).

Voluntary data

A limited number of local authorities provided voluntary data on social care provision to carers, transition between children's and adult social care and social care provision within prisons. The SALT reference group is currently assessing the value of these data, and the September 2016 letter to councils explains that the tables will change, so we advise that the voluntary data are treated with caution and simply used for information rather than being used for analysis.

Table-specific issues

The following issues were centrally identified in relation to 2014-15 data after the 2014-15 report was published in October 2015. Given that not all councils have resubmitted data for 2014-15, we assume that these issues will still exist in the 2014-15 data.

STS003: Whilst the guidance is quite clear that this is the "proportion of clients in receipt of short term support to maximise independence would have previously been included in the P forms of the RAP return", the data return for 2014-15 did not indicate as clearly that this is a proportion. 19 councils returned data that based on the guidance would have been impossible; as a result, the England total for this column exceeds the total for "Short term Support to Maximise Independence". Councils may have interpreted the count to mean how many clients would be in RAP P2 in total. The intention of this element of the STS003 table was to provide bridging data which would aid time series analysis, however due to the data quality issues, the publication just focused on the 2014-15 snapshot count of clients.

The 2015-16 data return was updated to make the requirement clearer, and a validation rule was incorporated to ensure this cannot occur in future returns. This table became voluntary for 2015-16 and has been removed from the 2016-17 return.

LTS001b and LTS001c: As LTS001c is a subset of LTS001b, internal validations ensure that at the point of submission, the total for LTS001c does not exceed the total for LTS001b. It was believed in 2014-15 that this level of validation would be sufficient. This

validation was not extended to the sub-totals and cells within the tables and as such, gave rise to a number of anomalies with the lower-level data at CASSR level. This should not be the case for 2014-15.

LTS002b: For Table 3, we are aware that in 2014-15, there is ambiguity in the data return and the guidance which means that Table 3, counts of clients with BOTH planned and unplanned reviews, may have been subject to local interpretation. Some councils have reported more clients receiving both types of reviews than the unplanned and planned review tables suggest is possible. For Table 3, the councils in question account for 69 per cent of the England total of “clients with BOTH planned and unplanned reviews”. We would not expect this data to be widely used for analysis but there may be an inflated national total. This issue was considered as part of the 2015-16 validation round.

LTS003: As in the scenario outlined above with LTS001b and LTS001c, at whole table level, there was a validation to ensure that the number of carers supported through respite was not more than the number of carers supported in total. This was not extended to individual rows within the tables, although it may have been considered in validation calls to councils.

ASCOF 2A relates to admissions to residential and nursing care homes, per 100,000 population, in SALT tables STS001, STS002a, STS002b and LTS002a. Councils have advised us that in 2014-15 and 2015-16 there could be variation between recording intended admissions, as the guidance states, and capturing actual admissions.

ASCOF 1E considers the proportion of adults with a PSR of Learning Disability in LTS004. The guidance states that if the latest employment status has not been captured during the reporting period, it should be reported as “unknown”. For councils with a high proportion of ‘unknown’ clients, clients recorded in paid employment could be lower than the actual number in paid employment, thus potentially lowering the ASCOF 1E numerator.

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 2015-16 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).

The report was published at the same last year and has been released in line with the pre-announced publication date; it is therefore deemed to be punctual.

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.

The source data, rounded to the nearest five for disclosure control reasons, is available in machine-readable csv format to allow the reader access to the underlying data. This is accessible via the NHS Digital website.

Also provided through the publication pages are national and regional tables, a comparator dashboard and supporting information to help the user understand the data more. There are no restrictions to access to the published data. Further information is available on the collections page

<http://content.digital.nhs.uk/socialcarecollections2016>

The numbers in the csv and national/regional tables are rounded to the nearest five, for disclosure reasons. The numbers referred to in this report are rounded to the nearest thousand, in line with the previous Community Care Statistics publication.

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.

This is a statutory data collection to collect Short and Long Term (SALT) support information across England; there are no current alternative sources of this data with which these can be compared.

SALT is a new data collection arising from the Zero Based Review, first published in 2015 in respect of 2014-15. It was developed through close working with a stakeholder group of local authorities, system suppliers and DH and whilst there are many similarities with RAP and ASC-CAR (the returns replaced by SALT), there is only one table which is directly comparable with previous years, as confirmed by the SALT group. This is STS004, Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into Reablement/Rehabilitation Services, which can be used to produce time series analysis with ASC-CAR Table I1.

The SALT stakeholder group agreed that even where there were similarities between the new and previous collections, given the level of change, they should not be included in the final publication, given that that they were not directly comparable. As such, there was no reconciliation between the time series.

When considering trends between year one and year two of SALT, councils were provided with the opportunity to revise their 2014-15 data and where time series is included in the published materials, this is based on the restated figures. The report explains however that only some of the councils who would have liked to review the data had the technology and resources to do so. Given this, caution should be taken in reviewing year on year trends.

Trade-offs between output quality components

Trade-offs are the extent to which different aspects of quality are balanced against each other.

For the 2015-16 reporting period, two submission periods were made available for councils. This was consistent with last year's return. NHS Digital held validation calls with councils to discuss their first submissions (this was new for the 2015-16 process, and information on its usefulness is captured in the feedback survey, available here <http://content.digital.nhs.uk/socialcarecollections2017>). Councils were then able to make updates to their data during the second submission period.

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 salt@nhs.net

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 CASSRs⁴. NHS Digital also conducts feedback surveys⁵, to consider any aspects of the collection including future changes.

Information about the SALT Return is available at

<http://content.digital.nhs.uk/socialcarecollections2016>

Further changes to meet stakeholder requirements were announced in September 2016 and can be found here

<http://content.digital.nhs.uk/socialcarecollections2017>

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://content.digital.nhs.uk/socialcarecollections2014>

Performance, cost and respondent burden

A burden consultation was undertaken in 2016 for the new Short and Long Term (SALT) Return. This estimated total costs for CASSRs of completing SALT are currently being considered. The cost to the HSCIC of collecting, validating and disseminating the data are estimated to be approximately £150k.

⁴ The May 2013 letter to CASSRs is available at <http://content.digital.nhs.uk/media/12017/May-2013-letter-to-social-services/pdf/new-collections-2013-v12.pdf>

⁵ The 2015 SALT feedback survey is available at http://content.digital.nhs.uk/media/18453/SALT-feedback-report/pdf/SALT_Feedback_survey_report_v1.1.pdf

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. All publications are subject to a standard disclosure risk assessment prior to issue, which is approved by the Head of Profession for Statistics.

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

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

- <http://content.digital.nhs.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://content.digital.nhs.uk/foi>

Councils who resubmitted a revised 2014-15 data return

Bath and North East Somerset	East Riding of Yorkshire	Newham
Bedford Borough	Gateshead	North Somerset
Bexley	Greenwich	North Tyneside
Birmingham	Hackney	Nottingham
Bournemouth	Harrow	Poole
Bracknell Forest	Islington	Redbridge
Bradford	Kent	Salford
Bury	Kirklees	Sheffield
Cambridgeshire	Knowsley	Shropshire
City of London	Lancashire	Solihull
Coventry	Leeds	St Helens
Cumbria	Lincolnshire	Staffordshire
Derbyshire	Liverpool	Stockport
Devon	Manchester	Surrey
Dorset	Medway	Tameside
Durham	Merton	Wirral
Ealing	Milton Keynes	

Councils who confirmed through our recent feedback survey they were confident with their 2014-15 figures

Bolton	Northumberland
Calderdale	Richmond upon Thames
East Sussex	Sunderland
Enfield	Sutton
Isles of Scilly	Wakefield
Leicester	Walsall
Newcastle upon Tyne	Waltham Forest
Norfolk	Wokingham
North Lincolnshire	Worcestershire

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