

Adult Social Care Survey 2021/22

Main Findings



VERSION CONTROL

Confidentiality
PUBLIC

Version	Publishing Date	Comments	Authors
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SUMMARY

All Councils with Adult Social Services Responsibilities (CASSRs) in England are required to conduct an annual postal survey of those individuals in receipt of services from the department. The survey is called the Adult Social Care Survey (ASCS) and is overseen centrally by NHS Digital.

In January 2022, there were 9027 people in Derbyshire receiving social service care or support and a random sample of 1265 people were sent the survey, with 398 (31.5%) returned completed. The largest proportion of people who completed the survey were female, living in the community, 65 years and over, and with a physical support need.

The results of the ASCS populate several measures in the Adult Social Care Outcomes Framework (ASCOF) and are used by the Care Quality Commission (CQC), NHS Digital and the Department of Health to assess the experiences of people using care and support services. DCC uses this data to monitor the department's performance, with the findings shared with staff and clients once NHS Digital has released the results.

ASCOF 2021/22	Derbyshire	East Midlands	England
1A Social care-related quality of life score (score out of 24)	18.7	18.8	18.9
1B Proportion of people who have control over their lives (%)	76.1	78.2	76.9
1I1 Proportion of people who use services who have as much social contact as they would like (%)	40.7	41.6	40.6
3A Overall satisfaction of people who use services with their care and support (%)	67.1	65.3	63.9
3D1 Proportion of people who use services who find it easy to find information about services (%)	67.0	64.2	64.6
4A Proportion of people who use services who feel safe (%)	68.8	67.4	69.2
4B Proportion of people who use services who say that those services have made them feel safe and secure (%)	86.0	86.8	85.6

The majority of service users feel the care and services they receive helps with various aspects of their life including having control of their life, keeping clean and presentable, getting food and drink, feeling safe, having social contact and helping to spend time doing the things they like.

Recommendations

These recommendations relate to the findings in this survey report. We need to continue to focus effort on trying to maximise response to the survey in residential settings, which is lower than the community.

- Continue to focus attention on the ASCOF indicators which are not performing well, and consider reasons and possible solutions covering:
 - quality of life

- control
 - social contact
 - satisfaction
 - finding information
 - feeling safe
- Consider what we could do to improve access to food and drink.
- Consider how we could improve perception of control over daily life.
- Consider how we could improve social contact for our service users: loneliness can have a significant impact on an individual's mental and physical health, particularly given the effects of the Covid-19 pandemic restrictions influencing a decline in wellbeing and mental health.
- Consider whether the current higher proportion of people who do not leave their home is due to the lockdown restrictions of the Covid-19 pandemic or for other reasons which need to be investigated, using next year's survey results to compare.

The infographic summarising the results, which will be distributed to those who requested a copy of the results, is included in Appendix 2.

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1 INTRODUCTION

All Councils with Adult Social Services Responsibilities (CASSRs) in England are required to conduct an annual postal survey of those individuals in receipt of services from the council. The survey is called the Adult Social Care Survey (ASCS) and is overseen centrally by NHS Digital. More information is available on NHS Digital's website, which is a dedicated page ([available here](#)) explaining what the survey is and why we do it; more information about the methods followed and results are also available.

It seeks the opinions of service users aged 18 and over in receipt of services and gives us useful information about the lives of this group of individuals and how services are affecting those lives.

The results of the ASCS populate several measures in the Adult Social Care Outcomes Framework (ASCOF) and are used by the Care Quality Commission (CQC), NHS Digital and the Department of Health to assess the experiences of people using care and support services. DCC uses the data to monitor the council's performance, and the findings are shared with staff and clients once NHS Digital has released the results.

Due to the Covid-19 pandemic NHS Digital advised that councils could opt out of running the ASCS 2020/21 survey. Derbyshire County Council (DCC) opted not to run the survey due to pressures of the Covid-19 pandemic response.

1.1 Purpose

This report summarises the results for the ASCS for 2021/22, including the ASCOFs. These are also made available on NHS Digital's Power BI Adult Social Care Analytical Hub, available [here](#).

This report presents a more in depth look at the level of need within the adult social care client population, rather than just focusing on the ASCOFs.

2 METHODS

An eligible population of all individuals receiving services from DCC (9,027 people) was extracted from Mosaic (which is the system used by Adult Social Care in Derbyshire). A random sample of 1265 people from the eligible population were sent a postal survey. Reminders were also sent, as per the national guidance. Three different surveys were distributed: one in an easy read format, one for those living in residential or nursing homes, and one for those living in the community. The results of the survey were collated in-house and submitted to NHS Digital along with demographic information on service users. After the results were validated, the data was published by NHS Digital and the results have been analysed and described in this report.

3 RESPONSE RATE AND DEMOGRAPHICS

During January and March 2022, a survey was sent to a random sample of 1265 Derbyshire Adult Care service users. Reminders were sent out to those that did not respond. In total, 398 completed questionnaires were returned, representing a response rate of 31.5%. The overall response rate for England was 26.9%. A higher proportion of service users in the community responded than those in residential or nursing homes (figure 1), service users with a physical support primary support reason (PSR) had the highest response (figure 2) and over 65 years old had a higher response compared to 18-64 years old (figure 3).

Figure 1 Response by setting

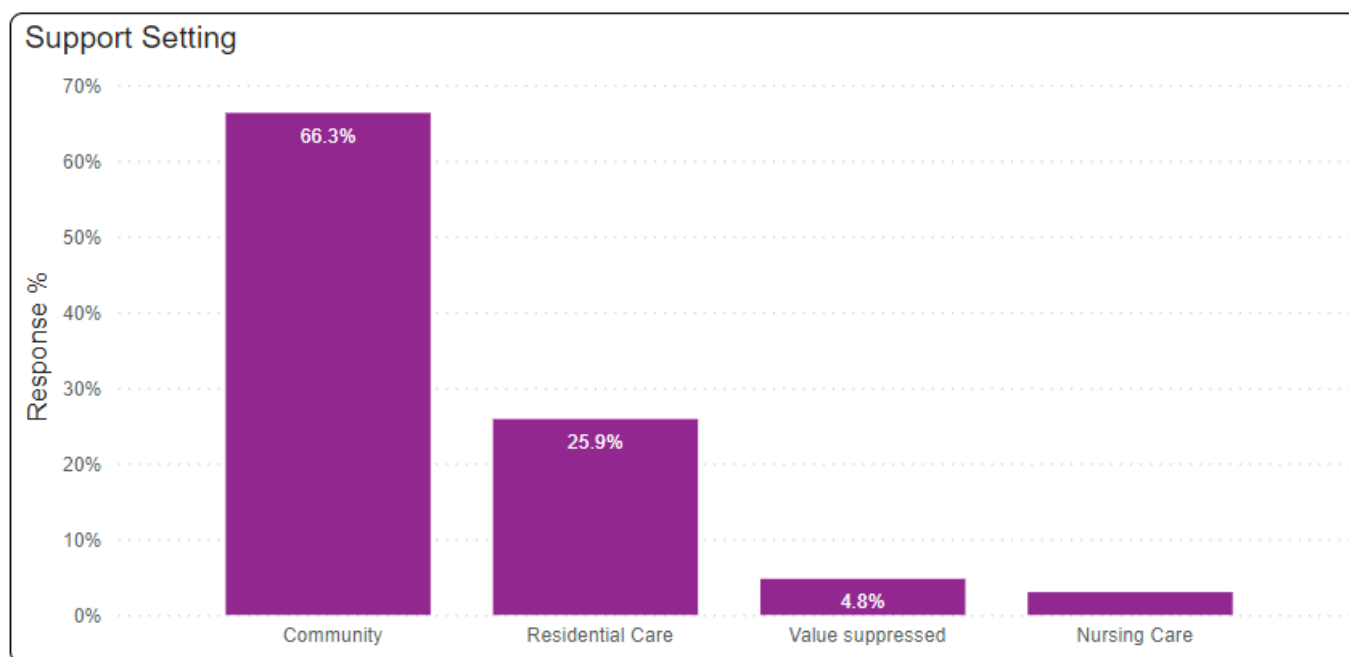


Figure 2 Response by primary support reason

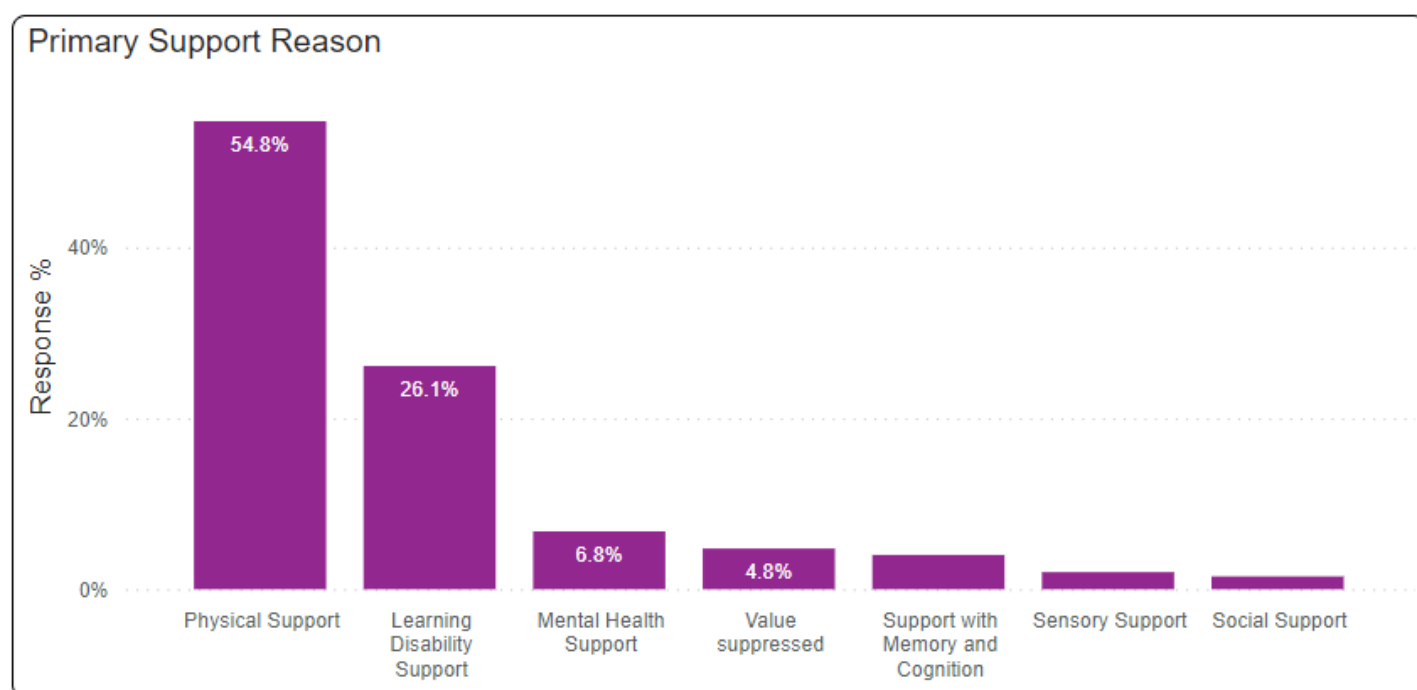
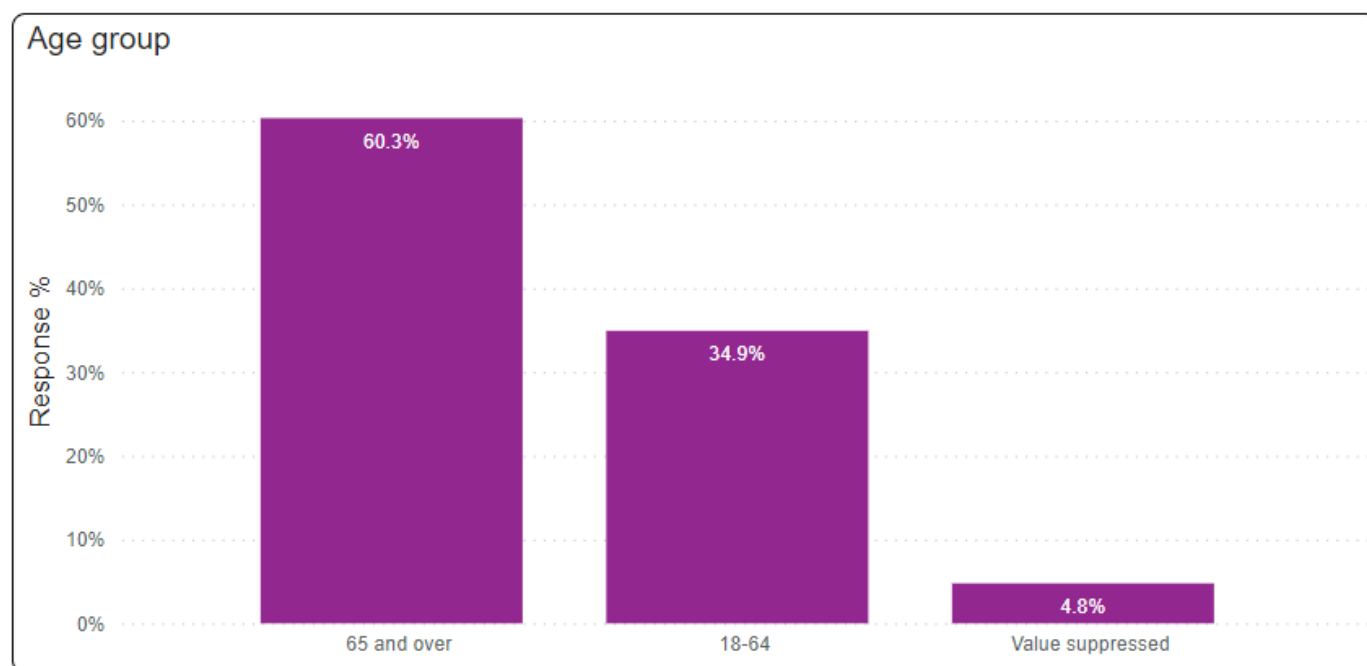


Figure 3 Response by age group

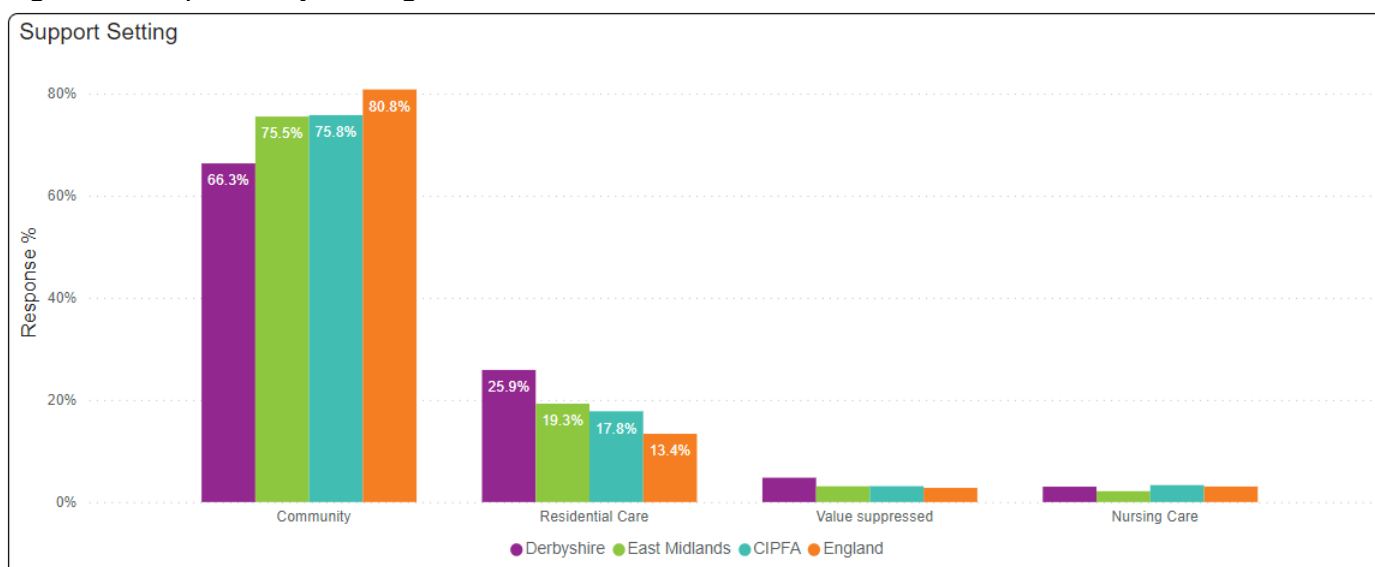


3.1 Demographics

This section summarises the main characteristics of the respondents to the survey, Derbyshire respondents are compared to East Midlands, CIPFA (statistically similar local authorities) and England.

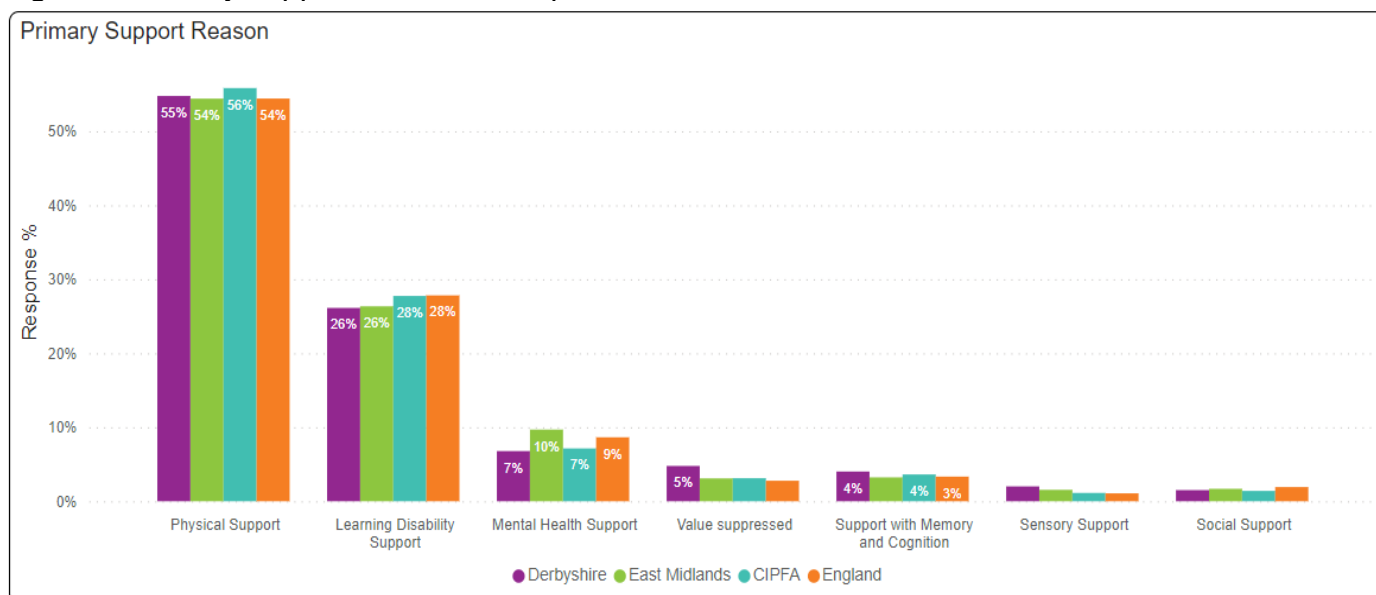
A greater number of Derbyshire respondents were from residential care than in the comparator areas and fewer were from community settings (figure 4).

Figure 4 Response by setting



The primary support reason for Derbyshire residents was similar to the comparator areas. Note that respondents can have more than one support reason, however only one is recorded in the survey.

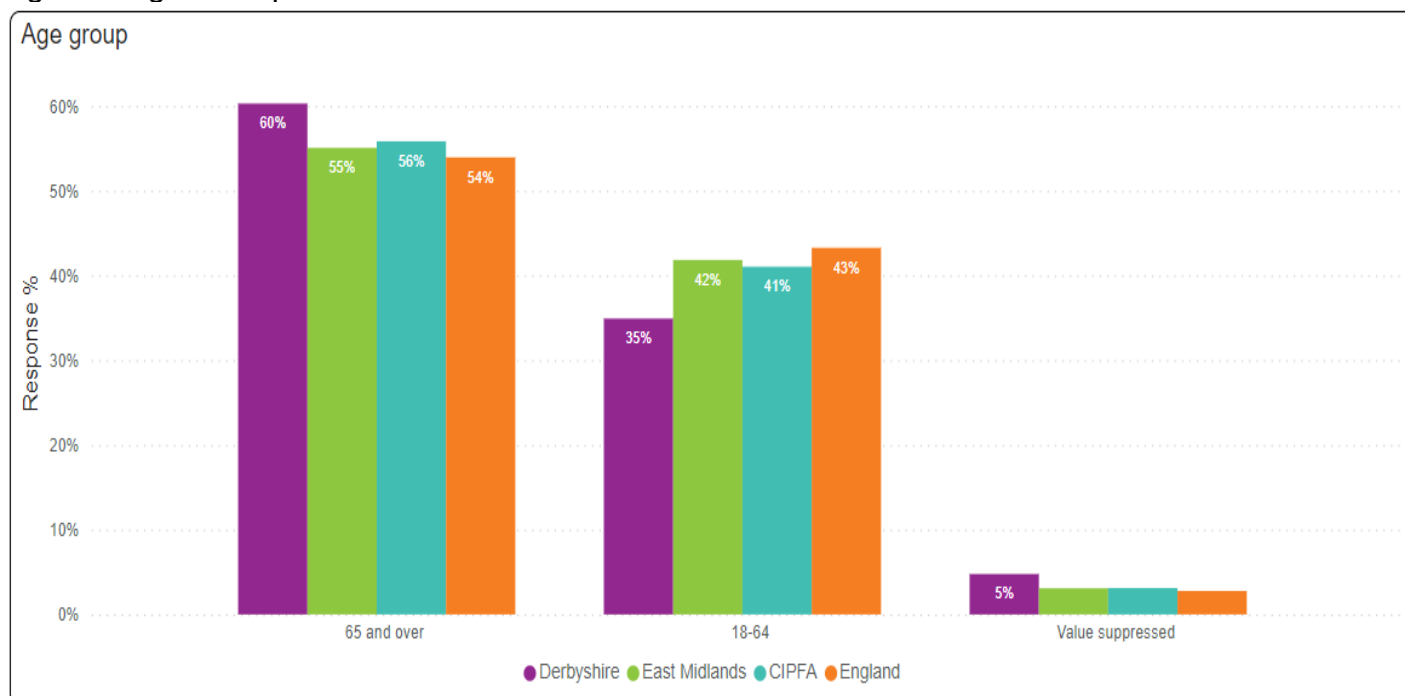
Figure 5 Primary support reason of respondents



Age and gender

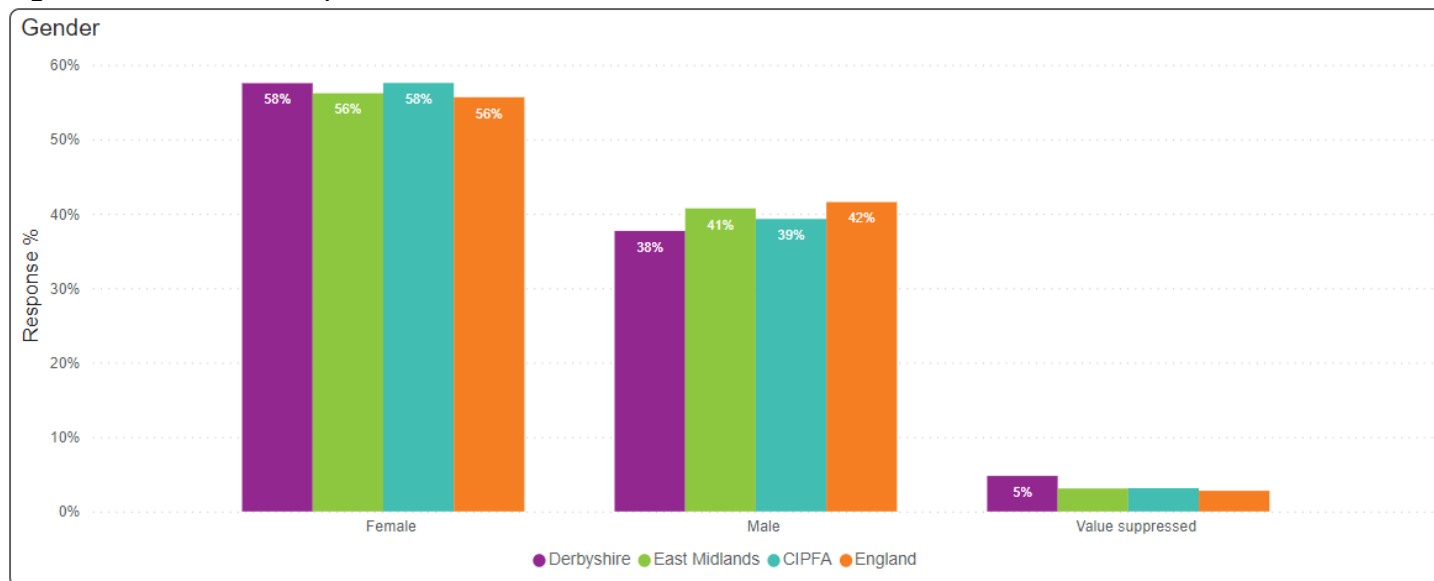
Derbyshire had slightly more respondents in the 65+ age group than the comparators and slightly fewer in the 18 – 64 age group (figure 6).

Figure 6 Age of respondents



Derbyshire respondents' gender breakdown was similar to comparators (figure 7).

Figure 7 Gender of respondents



4 ADULT SOCIAL CARE OUTCOMES FRAMEWORK (ASCOFS)

The Adult Social Care Outcomes Framework is a national set of indicators that all local authorities with social services responsibilities are benchmarked against. These are published by NHS Digital and can be explored using the Power BI Adult Social Care Analytical Hub (this can be found [here](#)). Some of the indicators are reflected in the Council Plan and ASCH Service Plan. Seven of the indicators in the ASCOF are sourced from the results of this survey. These are presented below, with comparators and trends. The scales have been deliberately distorted (*i.e., the y axis does not start at 0*) in order to allow clarity when displaying Derbyshire, England, and the East Midlands comparators. This does mean that small random fluctuations may appear more important than they should. However, the confidence intervals for Derbyshire are also shown to allow an interpretation of statistical significance¹. The larger these are the less reliable the rates are; this reflects the small sample size which may vary by question, depending on response rate for individual questions. (A table containing ASCOF figures can be found in the appendix 1). Note that confidence intervals were not available for the first three years of the survey, 2014-15, 2015-16 and 2016-17.

4.1 1A Social care-related quality of life score

Indicator 1A (Social care related quality of life, shown in figure 8) is a composite measure (developed by the Personal Social Services Research Unit) calculated from several of the questions in the survey:

- Control - Q3a: Which of the following statements best describes how much control you have over your daily life?
- Personal care - Q4a: Thinking about keeping clean and presentable in appearance, which of the following statements best describes your situation?
- Food and Nutrition - Q5a: Thinking about the food and drink you get, which of the following statements best describes your situation?
- Accommodation - Q6a: Which of the following statements best describes how clean and comfortable your home/care home is?
- Safety - Q7a: Which of the following statements best describes how safe you feel?
- Social participation - Q8a: Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?
- Occupation - Q9a: Which of the following statements best describes how you spend your time?
- Dignity - Q11: Which of these statements best describes how the way you are helped and treated makes you think and feel about yourself?

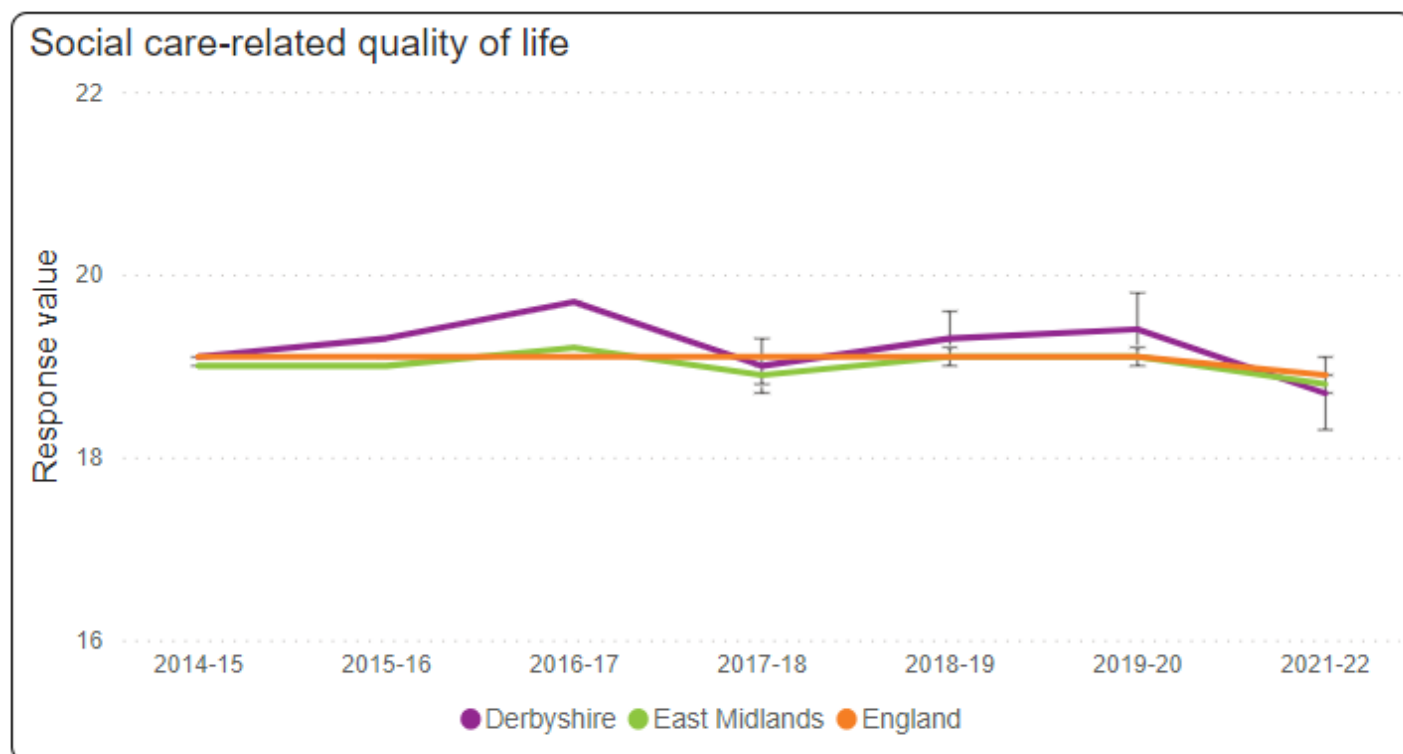
Each of the questions has 4 possible answers which are: no unmet needs; needs adequately met; some needs met, and no needs met, scoring from 1 to 4 respectively. The responses are then combined into the quality of life score, out of a possible 24.

Figure 8 shows that social care related quality of life decreased slightly in 2021/22 to 18.7 compared to the previous year (19.4) although this was not statistically significant and it was also

¹ A result is said to be statistically significant if it is likely not caused by chance or the variable nature of the samples. Further explanation appendix 3

not significantly different to the score for England (18.9), or the East Midlands (18.8) as the confidence intervals for Derbyshire overlap with all these areas.

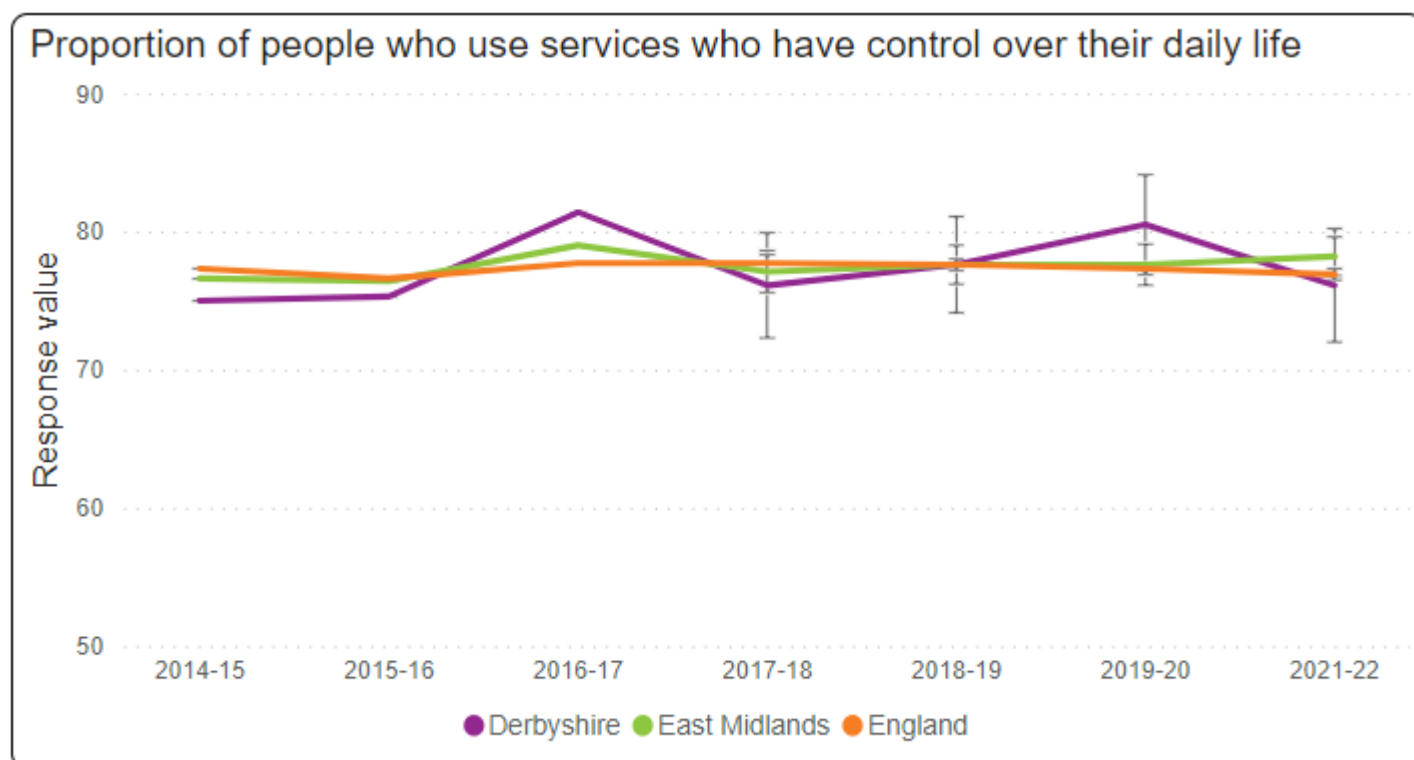
Figure 8 1A Social care related quality of life



4.2 1B The proportion of people who use services who have control over their daily life

Figure 9 shows that there has been, broadly speaking, no change in the proportion of people who use services who have control over their daily life, in the last few years. There have been very slight fluctuations, but these are not statistically significant as indicated by the overlapping confidence intervals. The most recent data point for 2021/22 (76.1%) shows Derbyshire has similar scores to England (78.2%), and the East Midlands (76.9%).

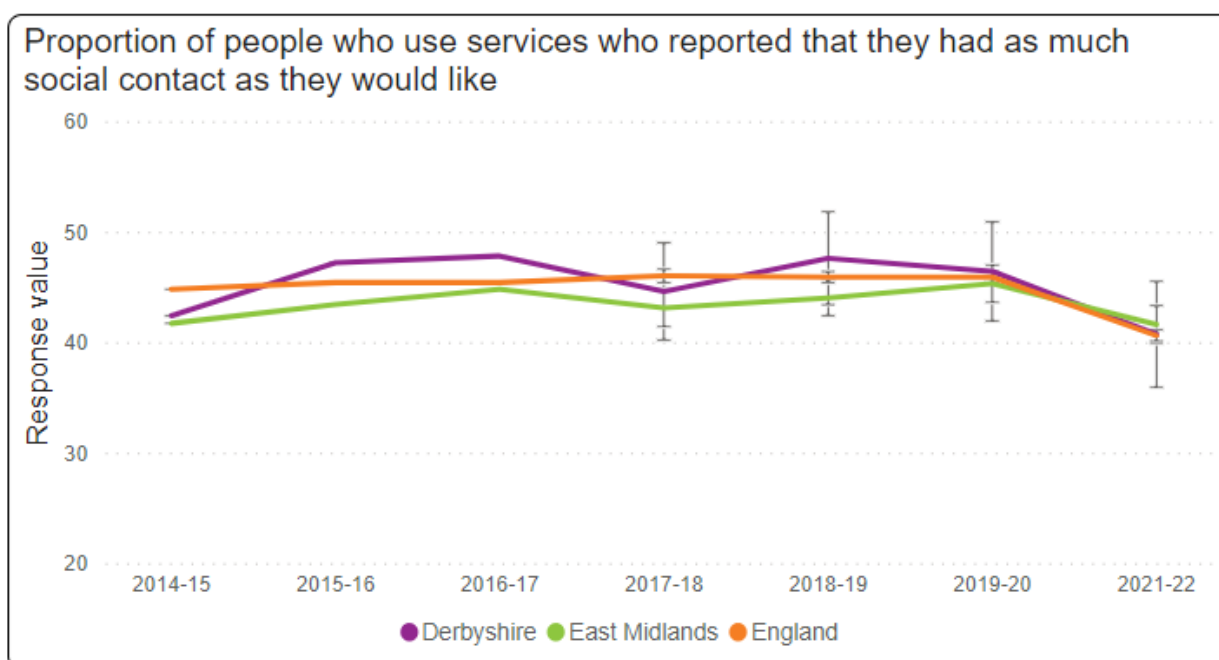
Figure 9 1B proportion of people who use services who have control over their daily life



4.3 111 The proportion of people who use services who reported that they had as much social contact as they would like

Not surprisingly, there has been a decrease in the proportion of people who said they had as much social contact as they liked, reflecting the restrictions imposed by the Covid-19 pandemic. Derbyshire results (40.7%) are slightly lower than East Midlands (41.6%), and similar to England (40.6%).

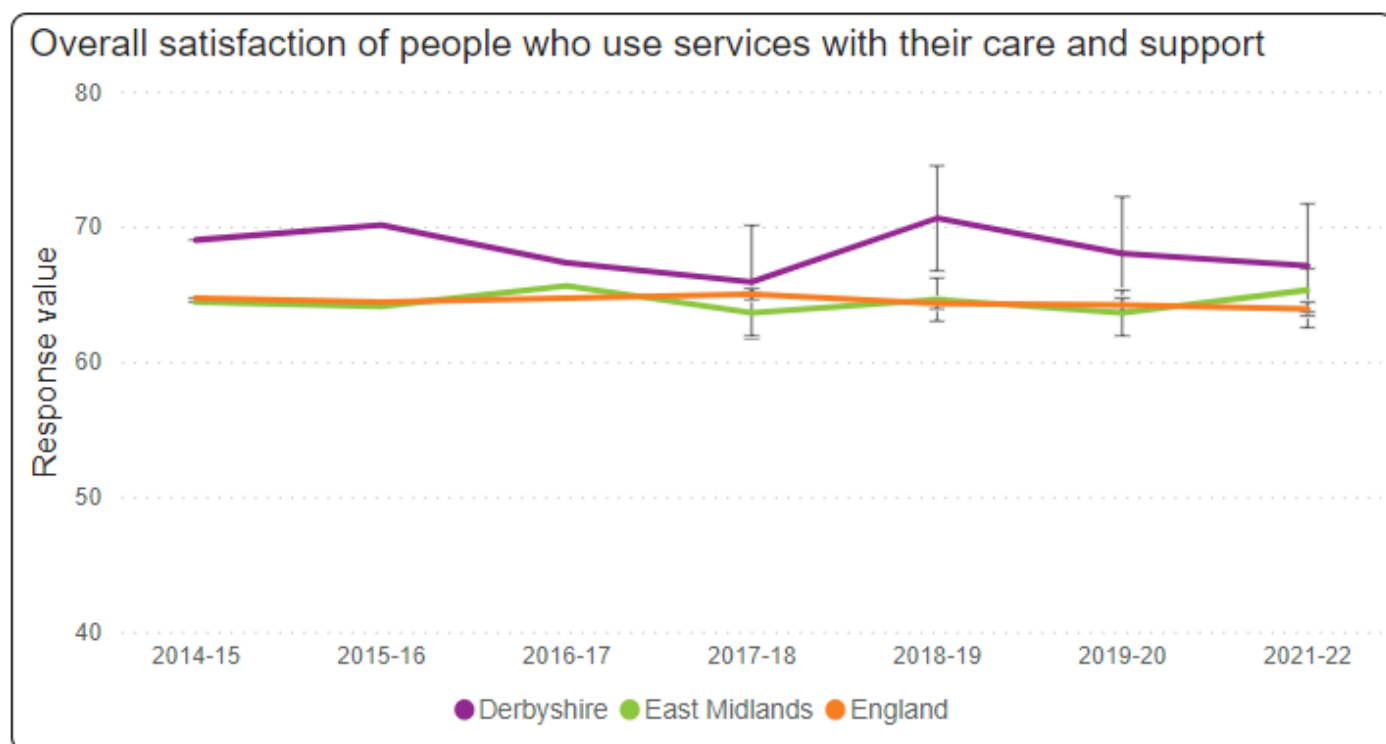
Figure 10 The proportion of people who use services who reported that they had as much social contact as they would like



4.4 3A Overall satisfaction of people who use services with their care and support

Over the last two years there has been a decrease in the satisfaction of services. This year results show that the rate has decreased slightly from 68% to 67.1%. The England rate has remained steady, however the East Midlands rate has increased slightly this year. Though the Derbyshire rate is higher than both England and East Midlands rates, it is not statistically significantly higher.

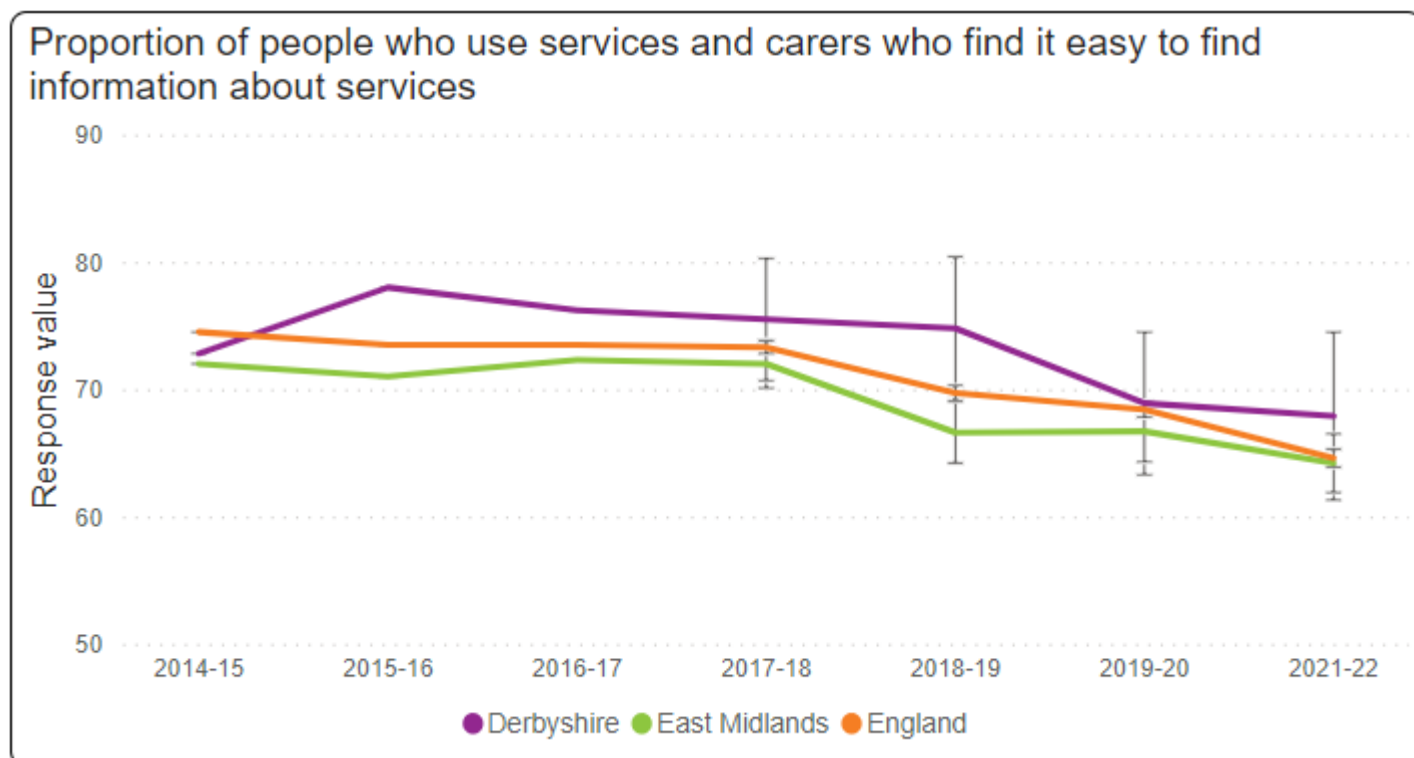
Figure 11 The proportion of people who use services who are satisfied with their care and support



4.5 3D1 Proportion of people who use services who find it easy to find information about services

Indicator 3D1 explores the proportion of those who find it easy to find information about services. There has been a slight drop this year (67.9%) in Derbyshire compared to last year (68.9%), but this is not statistically significant. This year's rate is slightly higher than England (64.6%), and the East Midlands (64.2%).

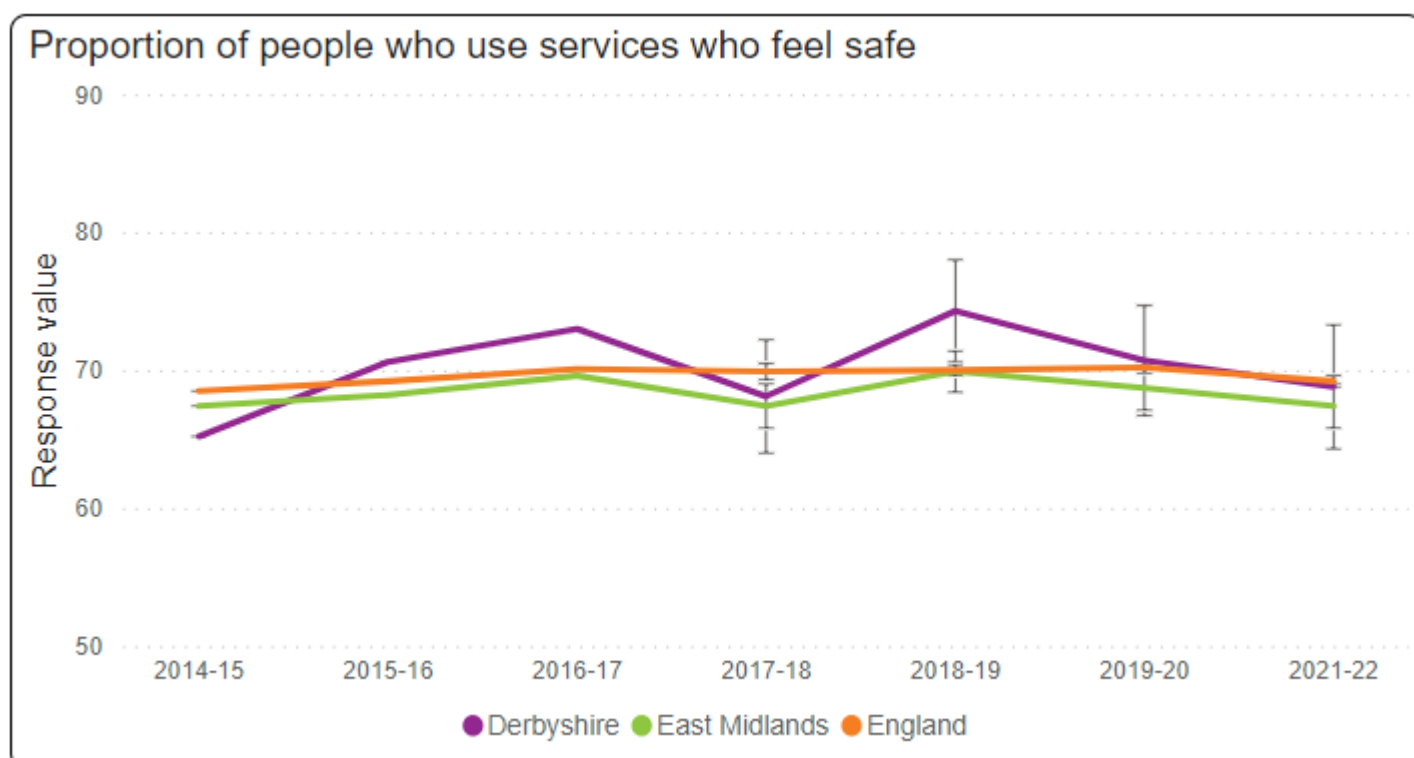
Figure 12 Proportion of people who use services who find it easy to find information about services



4.6 4A The proportion of people who use services who feel safe

Figure 13 shows the proportion of people who feel safe. While there has been a decrease in the rate in Derbyshire (68.8%), this is not statistically significantly lower than last year (70.7%) or compared to England (69.2%) and East Midlands (67.4%) this year.

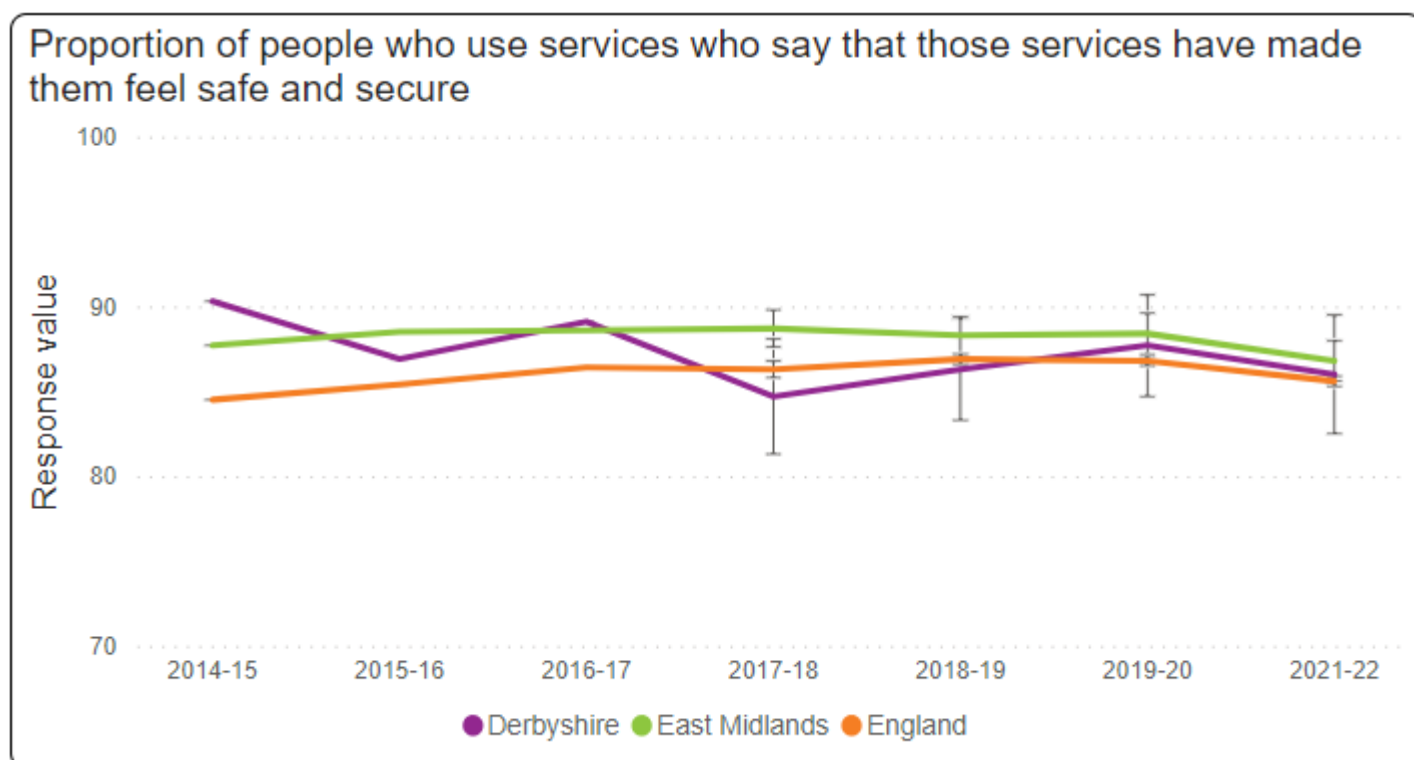
Figure 13 The proportion of people who use services who feel safe



4.7 4B The proportion of people who use services who say that those services have made them feel safe and secure

There was a slight decrease from last year in Derbyshire in the proportion of people who use services who say that those services have made them feel safe, 86% compared to 87.7%. This is however not statistically significantly different from previous years; it is also similar to the comparators.

Figure 14 The proportion of people who use services who say that those services have made them feel safe and secure



5 ASCS QUESTION RESPONSES

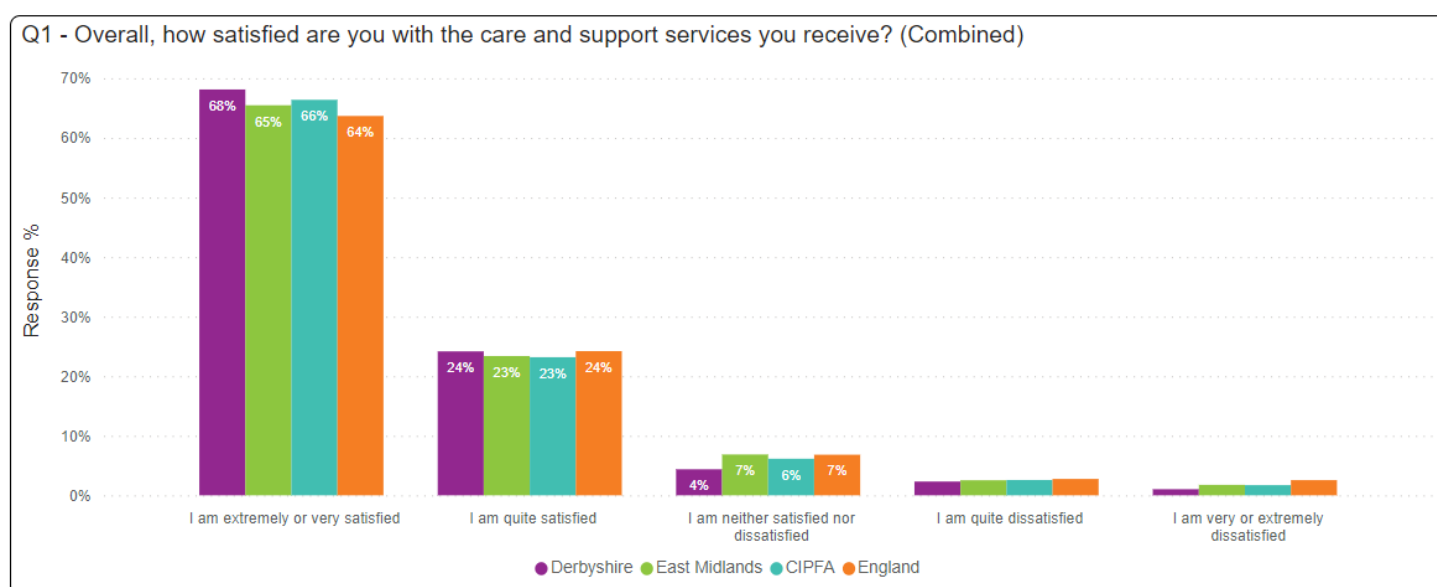
5.1 Satisfaction with Services

Users were asked a series of questions to understand how they felt about the care and support they received.

5.1.1 Overall, how satisfied are you with the care and support services you receive?

When services users were asked how satisfied they were with the care and support they receive, the majority (68%) said they were either extremely satisfied or very satisfied. This is slightly higher than the comparators, see figure 15.

Figure 15 Overall, how satisfied or dissatisfied are you with the care and support services you receive?



5.1.2 Quality of life

Quality of life is a composite measure calculated from several of the questions in the survey as previously discussed (section 4.1) and shows that the quality of life of our service users is similar in Derbyshire to that in England, the East Midlands and our CIPFA comparators, figure 16.

Exploring quality of life by Learning Disability (LD) and non-LD populations shows that the majority of LD service users said their life was really great or mostly good, however the majority of non-LD services users said their quality of life was good or alright, see figures 16, 17 & 18. Note that service users with a learning disability receive an easy read question as opposed to a standard one.

The majority of respondents (93%) said that the support services they receive help them to have a better quality of life.

Figure 16 Thinking about the good and bad things that make up your quality of life, how would you rate the quality of your life as a whole? Combined easy read and standard questionnaires

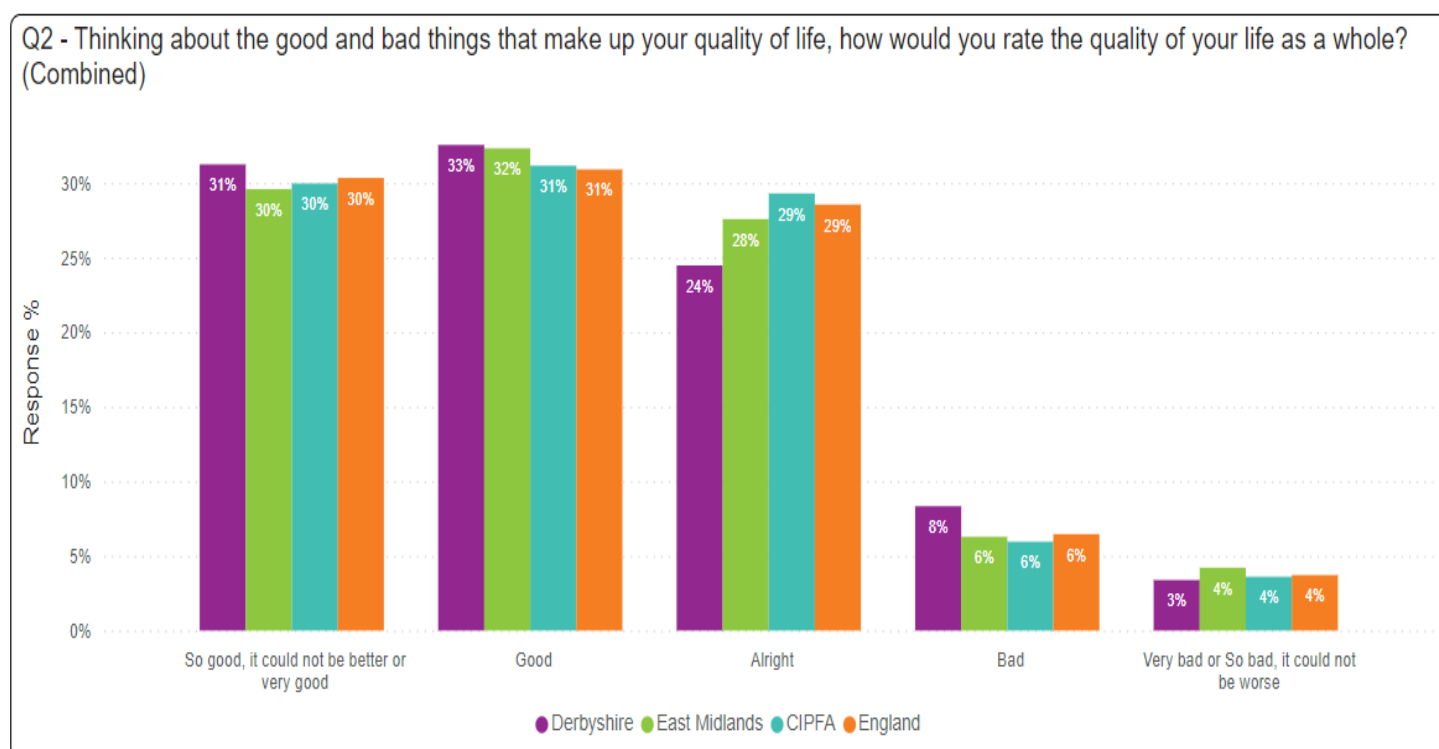


Figure 17 Thinking about the good and bad things that make up your quality of life, how would you rate the quality of your life as a whole? Easy read questionnaires

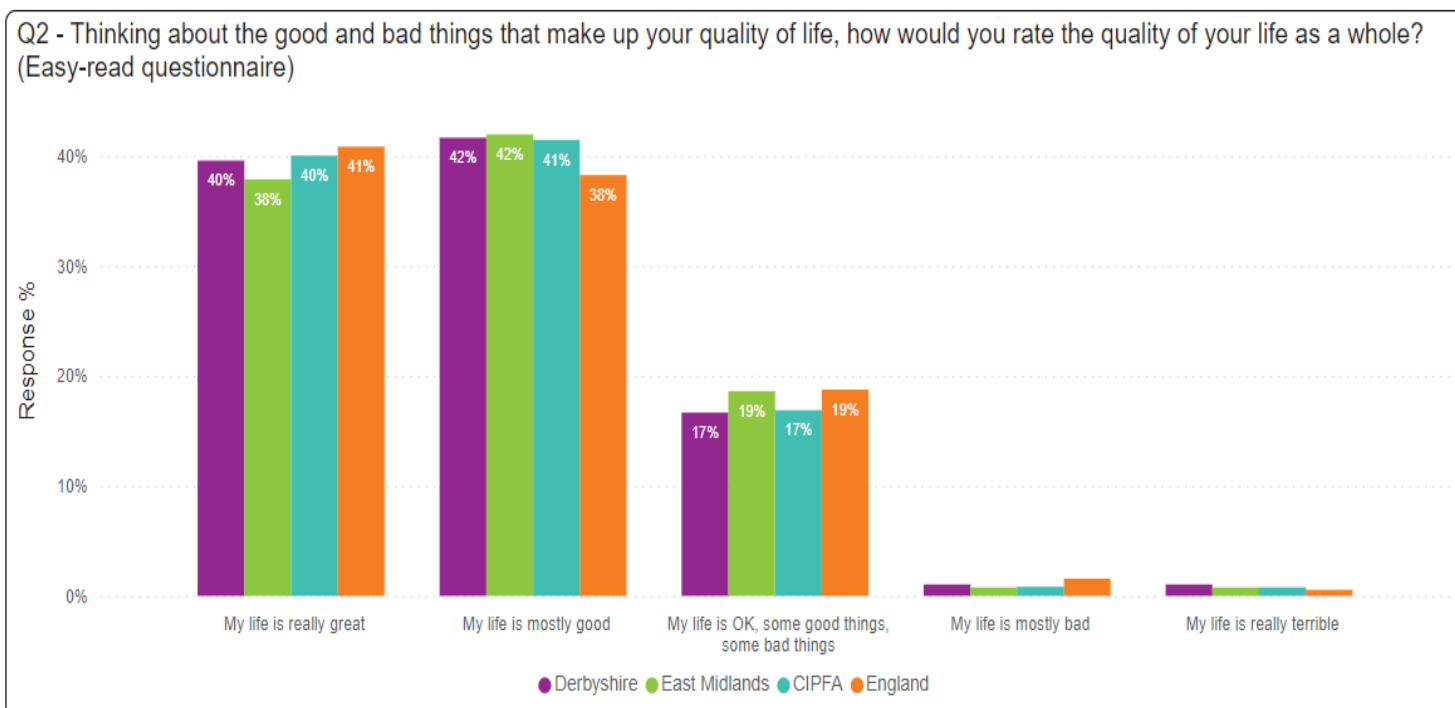
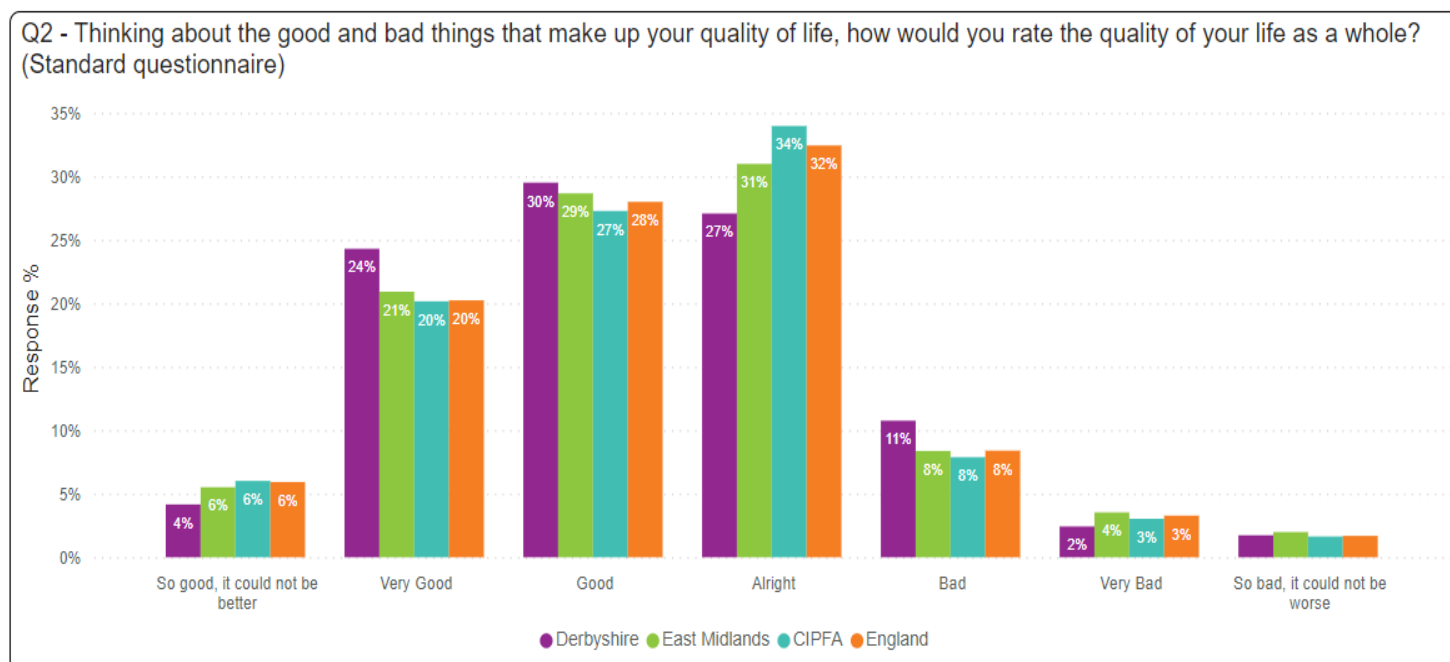


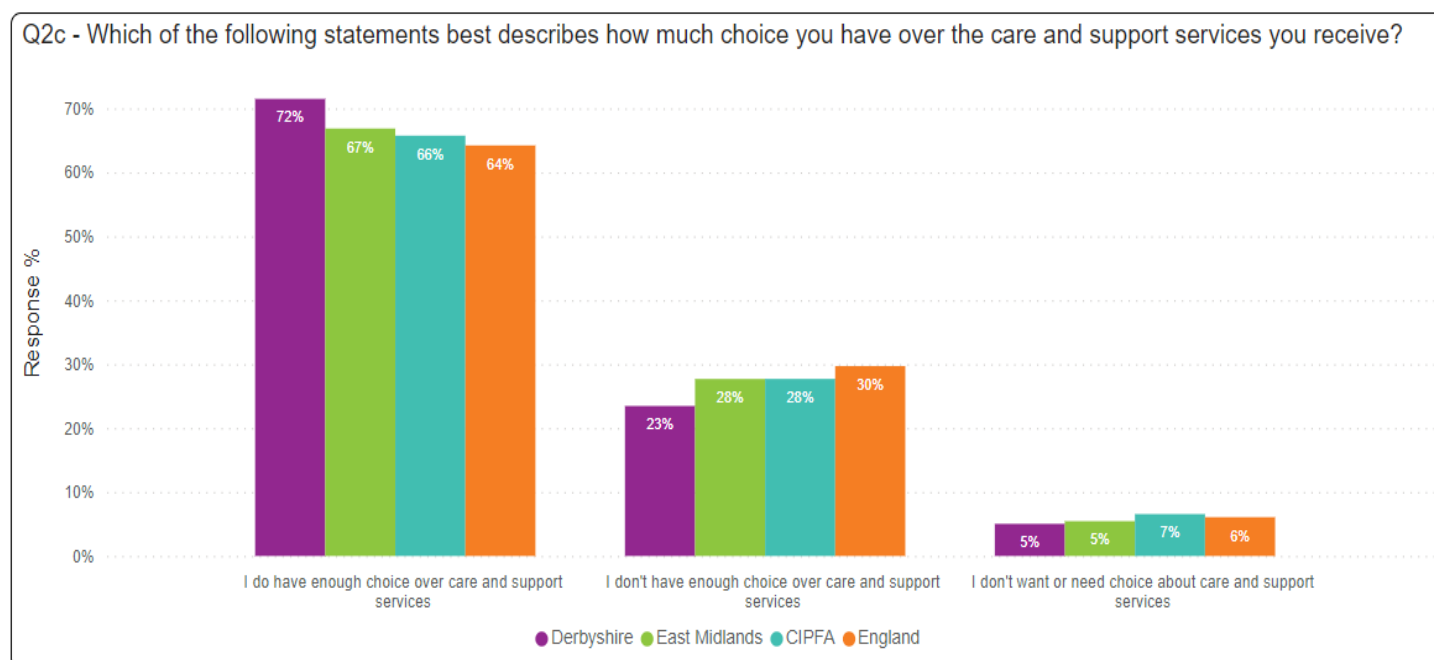
Figure 18 Thinking about the good and bad things that make up your quality of life, how would you rate the quality of your life as a whole? Standard questionnaires only



5.1.3 Which of the following statements best describes how much choice you have over care and support services you receive?

Service users that received a non-easy read questionnaire and live in the community were asked how much choice they had over the care and support they receive. 72% said that they had enough choice over the care and support they receive. Figure 19 shows that this was higher than comparator areas. However, over a fifth (23%) did not have the choice they wanted.

Figure 19 Which of the following statements best describes how much choice you have over care and support services you receive?



5.1.4 Which of the following statements best describes how much control you have over your daily life?

It is important that service users have control of their own life. The majority of Derbyshire service users said they had as much control as they want or adequate control of their life (77%). There was a small proportion (7%) that said they had no control of their daily life, figure 20. Figure 21 shows that 84% of service users said that the care and support services they receive helps them to have control of their life, this is slightly higher than the comparators.

Figure 20 Which of the following statements best describes how much control you have over your daily life?

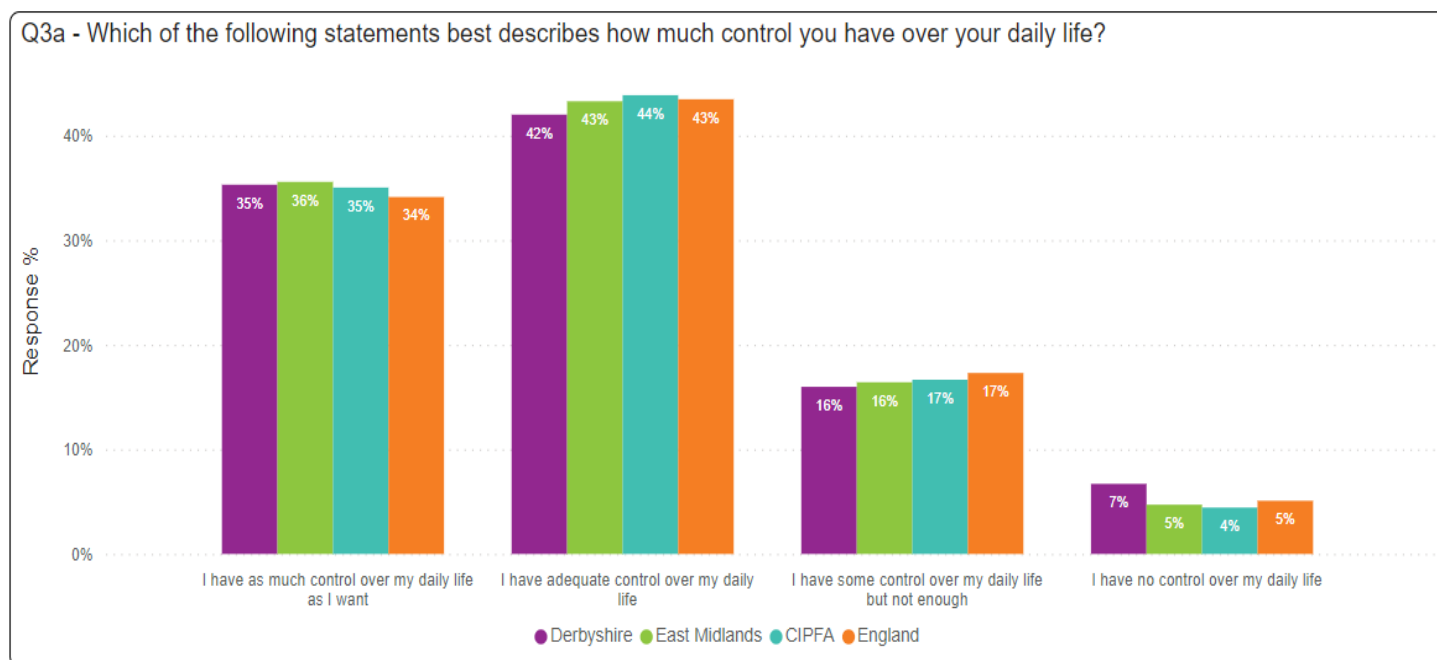
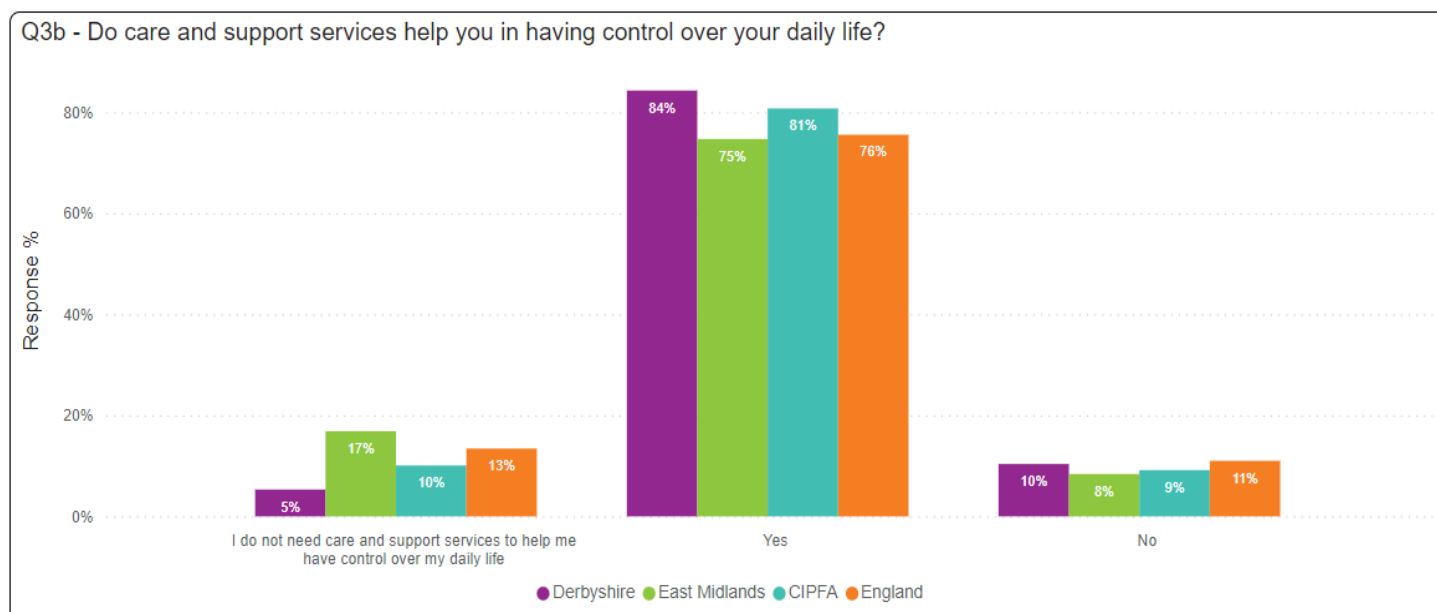


Figure 21 Do care and support services help you in having control over your daily life.



5.1.5 Thinking about keeping clean and presentable in appearance, which of the following statements best describes your situation?

Figure 22 shows that 61% of service users felt clean and able to present themselves in a way that they like and 32% feel that they are adequately clean and presentable, these are similar rates to comparators. 80% of service users thought that the services they receive helped to keep them clean and presentable, see figure 23.

Figure 22 Thinking about keeping clean and presentable in appearance, which of the following statements best describes your situation?

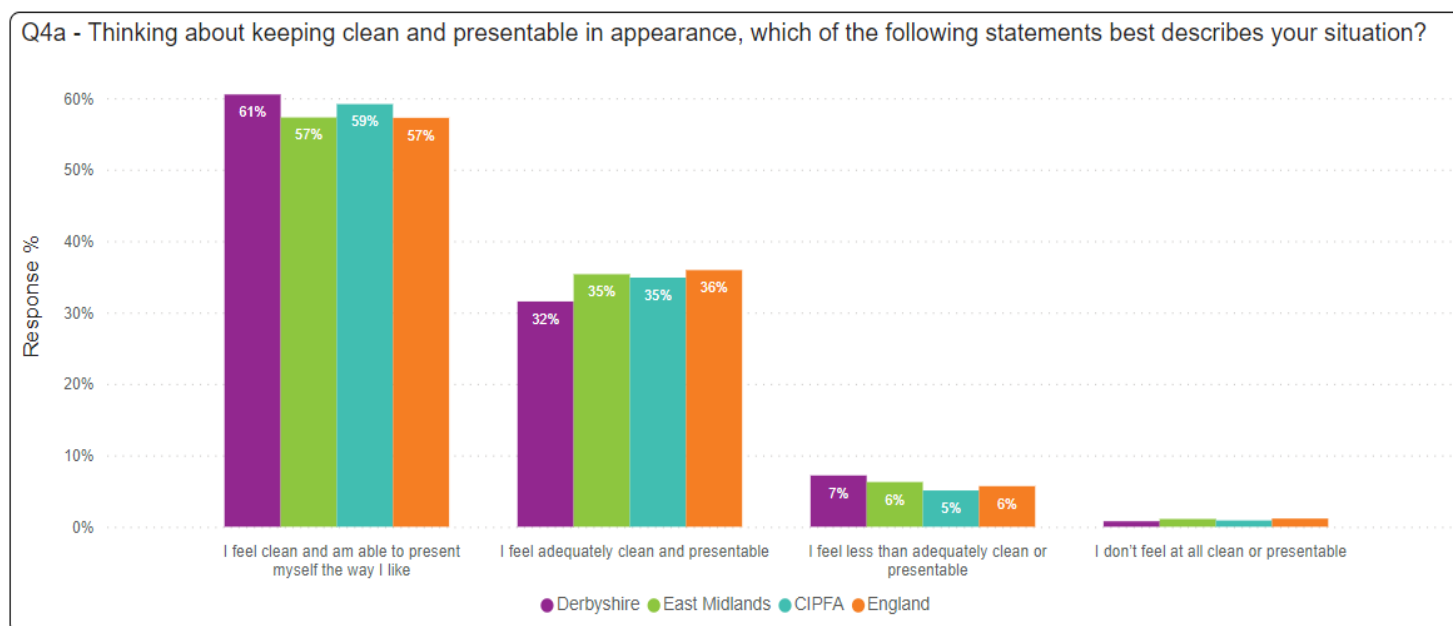
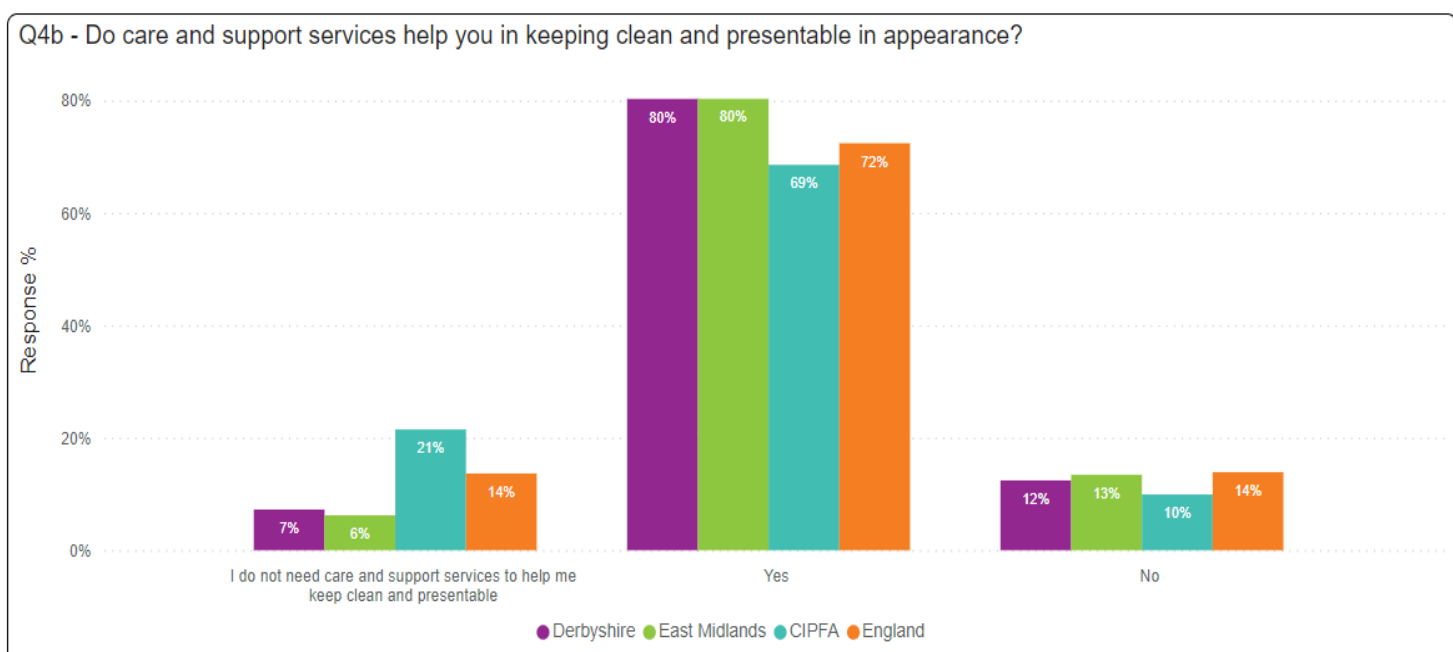


Figure 23 Do care and support services help you in keeping clean and presentable in appearance?



5.1.6 Thinking about the food and drink you get, which of the following statements best describes your situation?

The majority of service users reported that they get all the food and drink they wanted (65%) or got adequate food and drink at OK times (31%). Most service users (76%) thought the care and support they receive help them to get food and drink, this was higher than comparator areas, see figure 25, though lower than the previous year (82%). 17% of respondents did not get the help they wanted to access food and drink.

Figure 24 Thinking about the food and drink you get, which of the following statements best describes your situation?

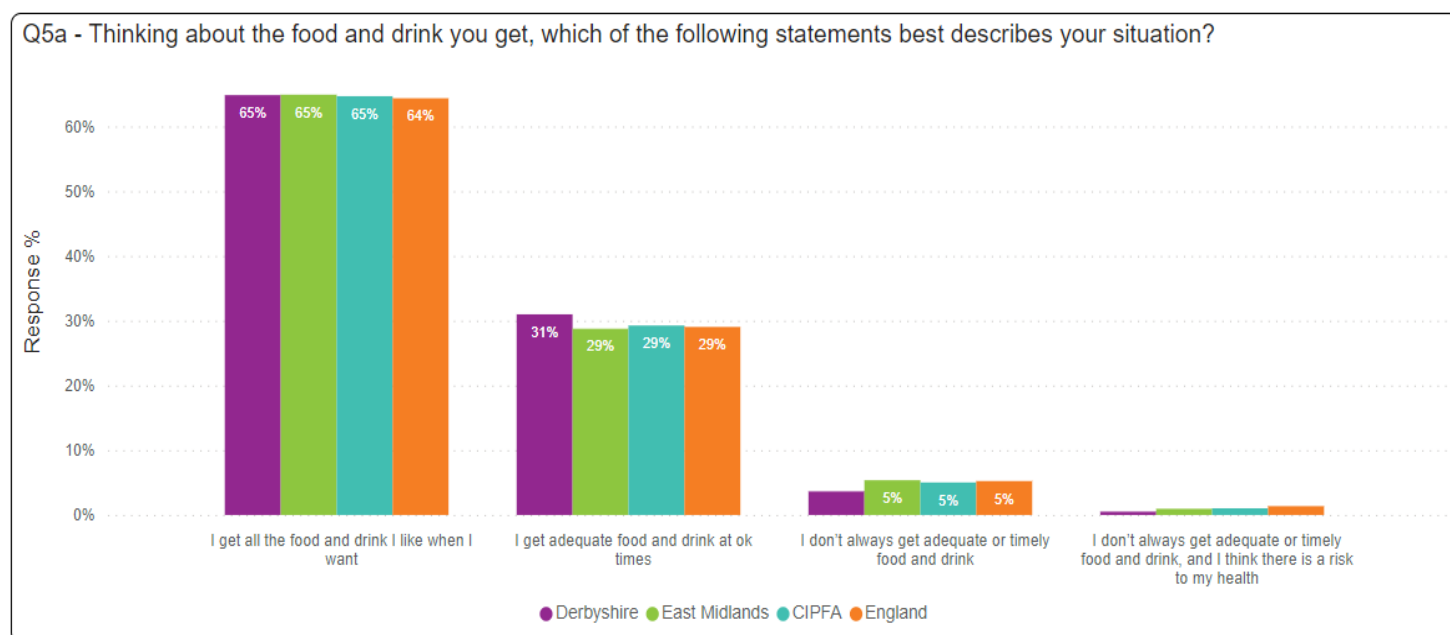
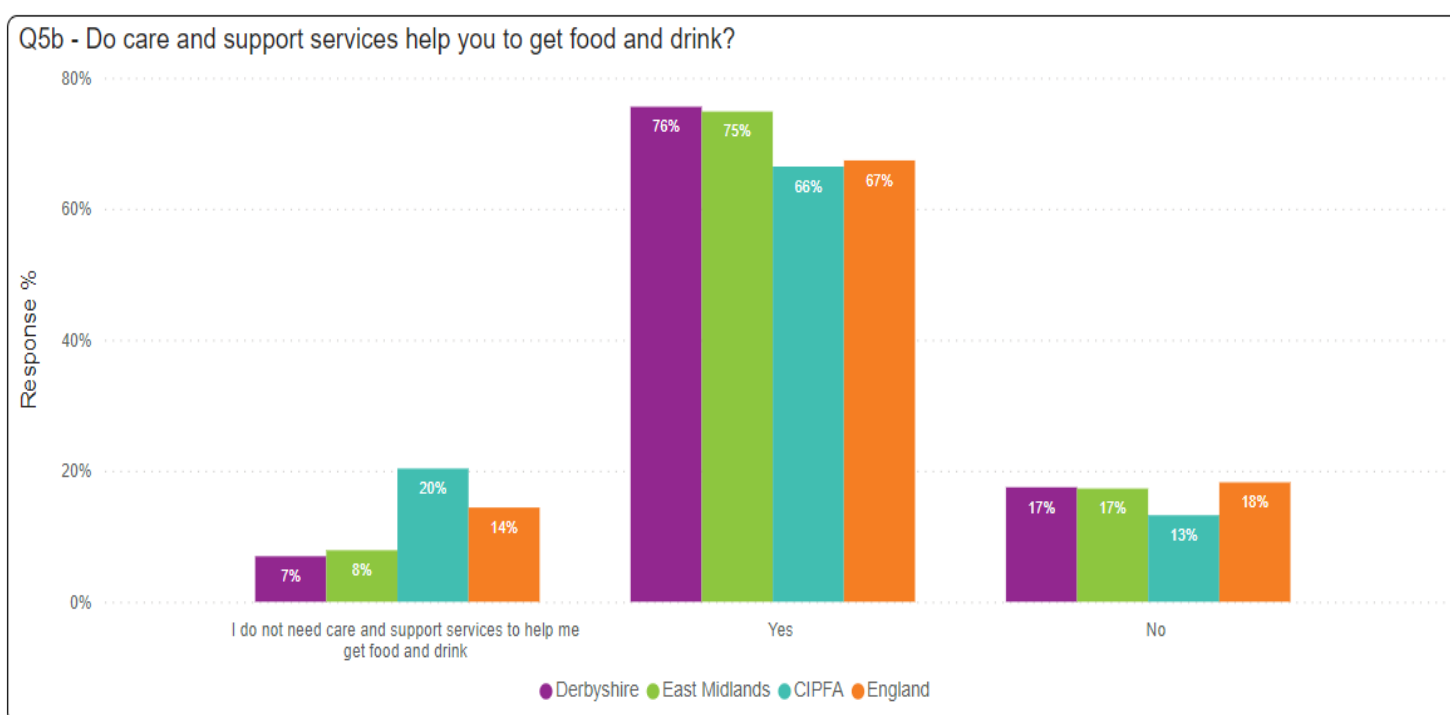


Figure 25 Do care and support services help you to get food and drink?



5.1.7 Which of the following statements best describes how clean and comfortable your home is?

Figure 26 shows that the majority of service users that responded had a home that is as clean and comfortable as they want (70%), or adequately clean (28%); these rates are similar to the comparator areas. Three quarters reported that they thought the services and care they receive help keep their home clean and comfortable, see figure 27.

Figure 26 Which of the following statements best describes how clean and comfortable your home is?

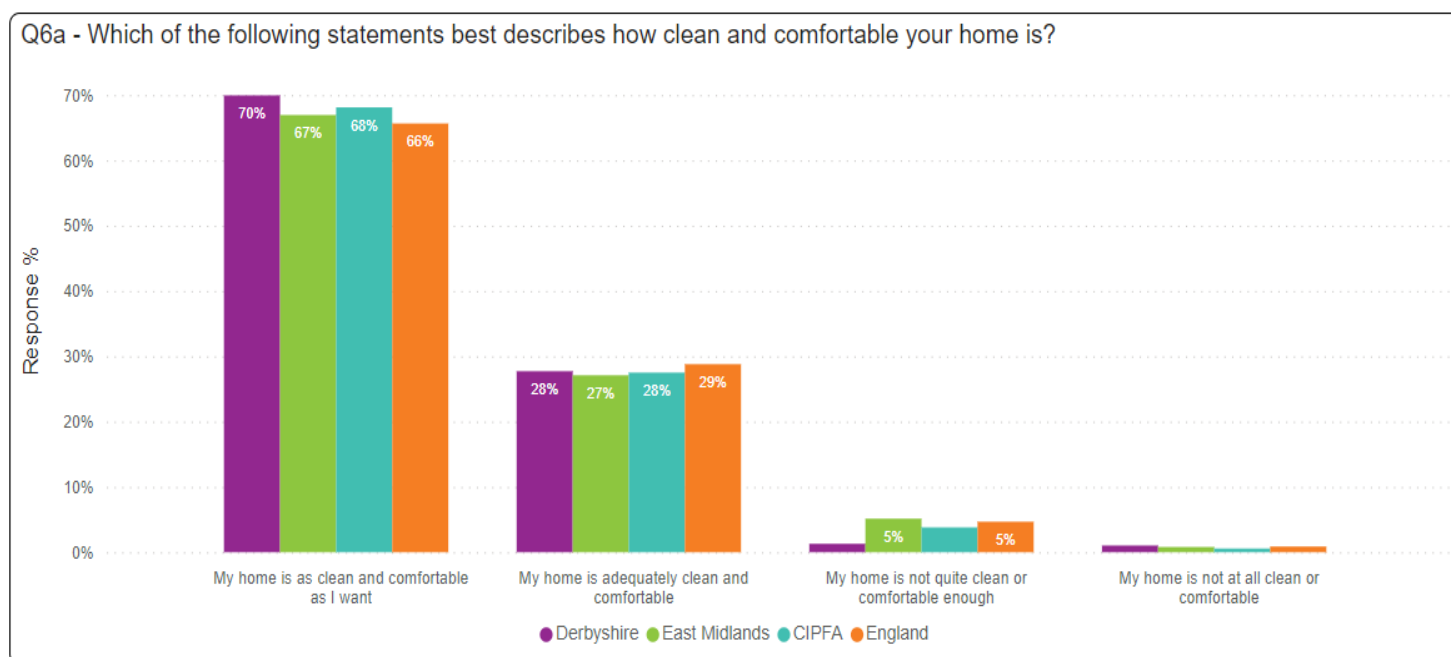
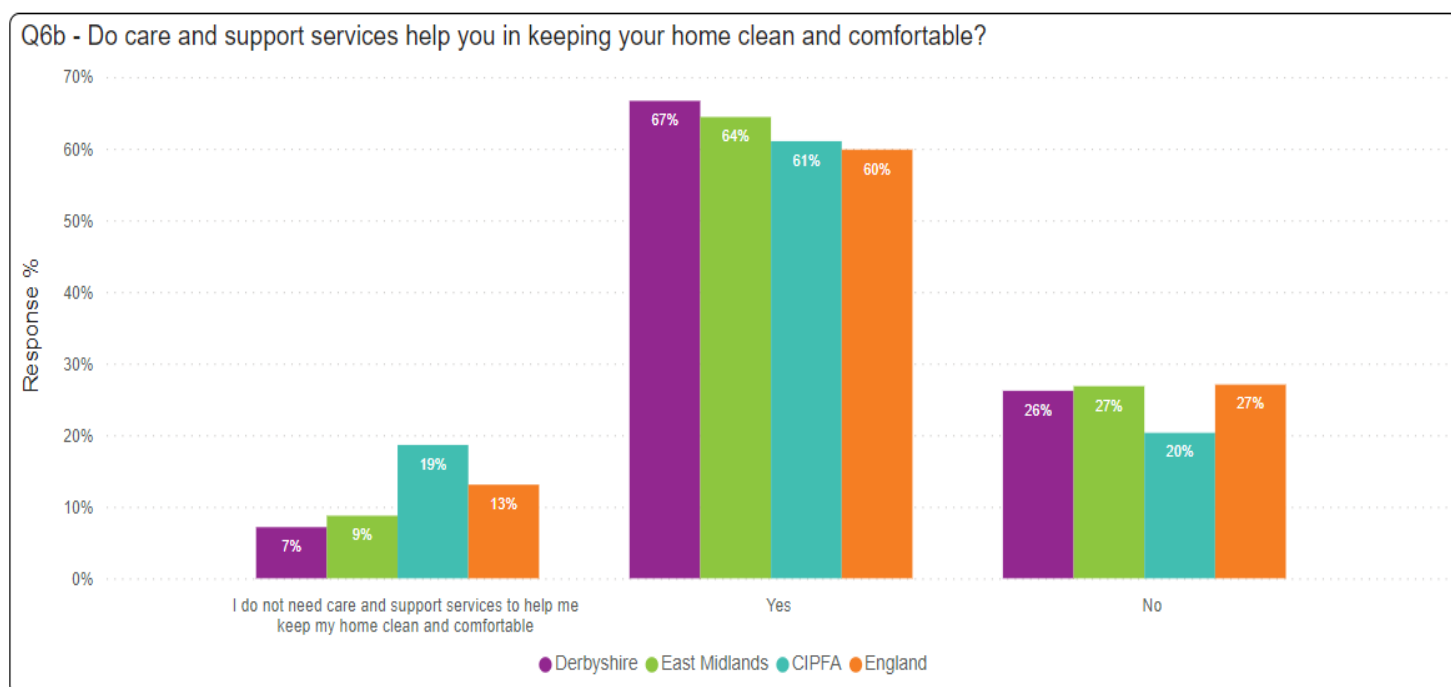


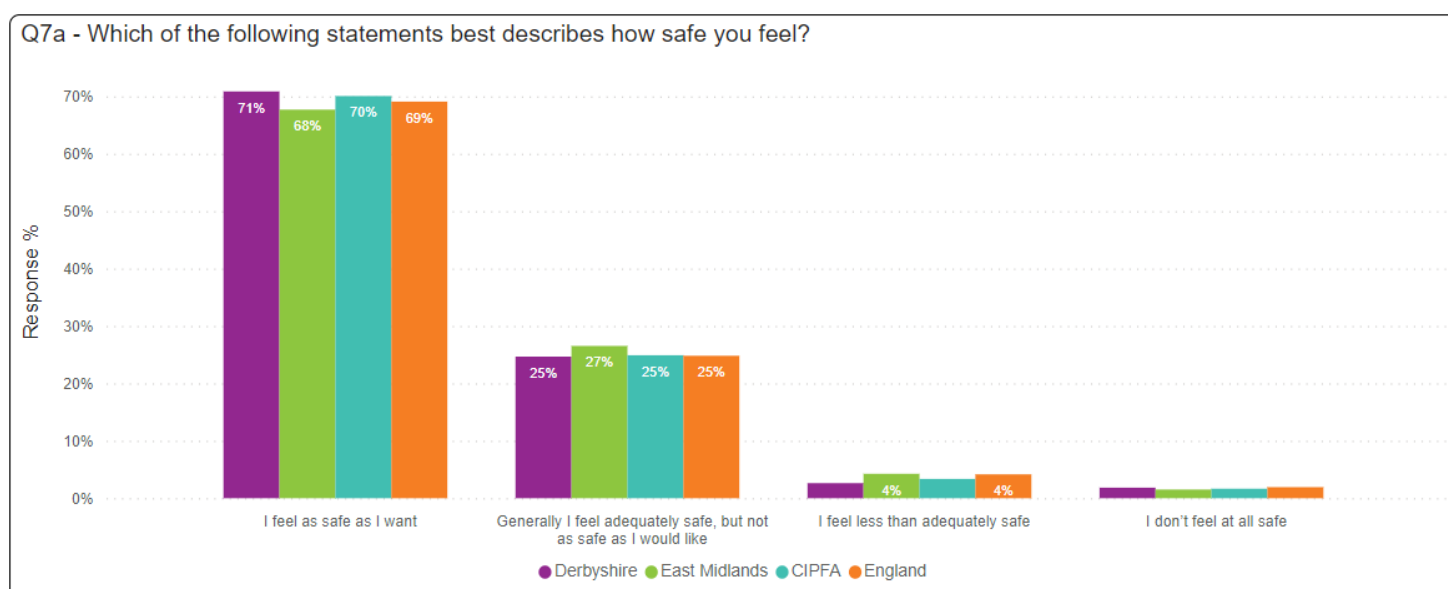
Figure 27 Do care and support services help you in keeping your home clean and comfortable?



5.1.8 Which of the following statements best describes how safe you feel?

Service users were asked how safe they feel inside and outside of their home. 71% of respondents said they feel as safe as they want, this was similar to the figures for England, East Midlands and CIPFA. 25% said they feel adequately safe, but not as safe as they want. 4% of respondents said they felt less than adequately safe or didn't feel at all safe, figure 28. Those who responded that they did not feel safe at all were followed up by a Safeguarding Lead. 87% of service users thought that the care and support they received helped them feel safe.

Figure 28 Which of the following statements best describes how safe you feel?



5.1.9 Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?

Ensuring that service users have social contact is very important. Figure 29 shows that 42% had as much social contact as they would like and 29% said they had adequate social contact. 29% of respondents were not happy with the amount of social contact they could access. Over a quarter of those who responded said that care and support services did not help them with social contact, figure 30. Though 65% of respondents did receive help with social contact and this was higher than the comparator areas.

Figure 29 Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?

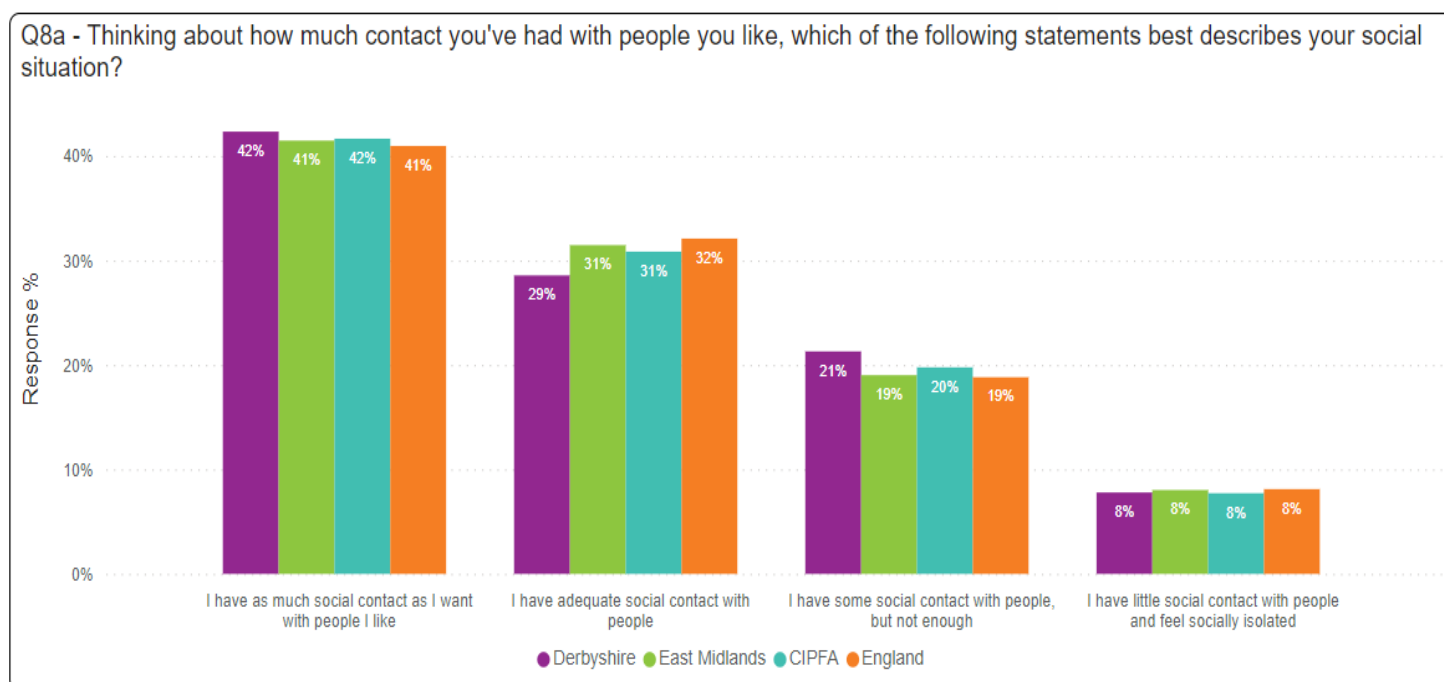
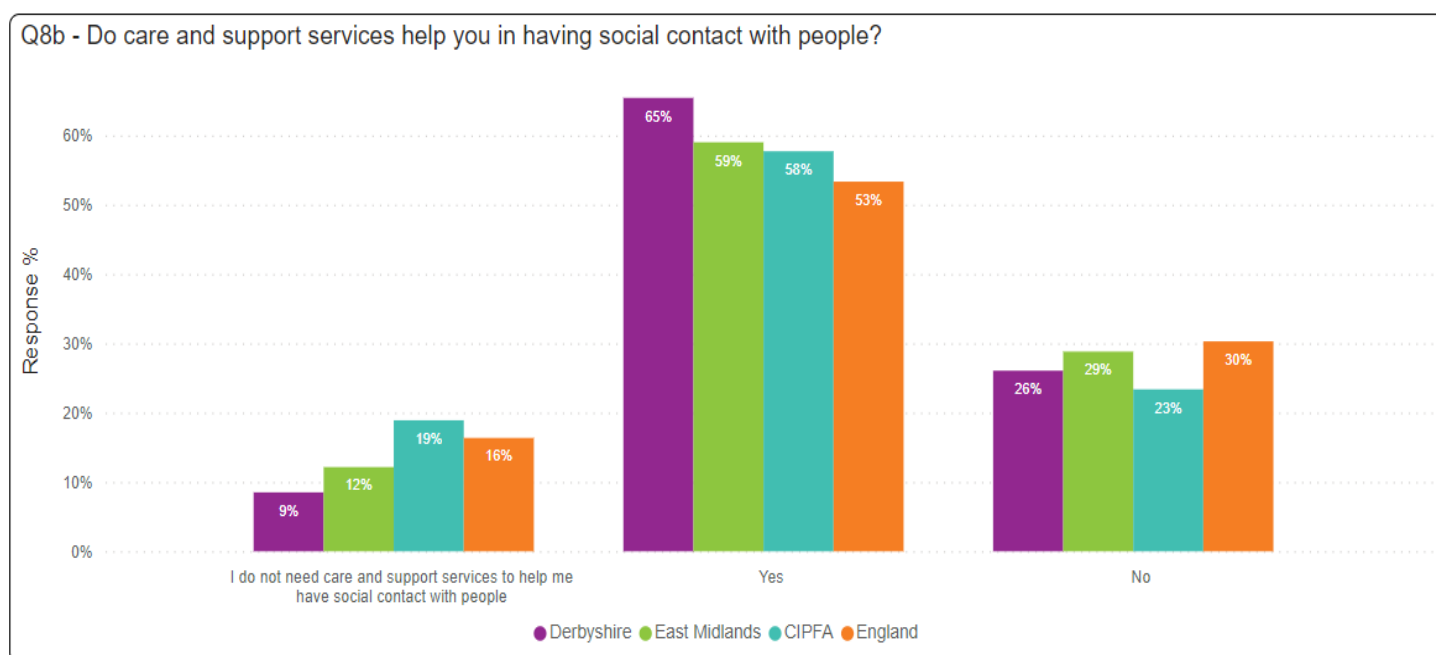


Figure 30 Do care and support services help you in having social contact with people?



5.1.10 Which of the following statements best describes how you spend your time?

Only 38% of people are able to spend time as they want, doing things they value or enjoy. This was similar to the figures for the comparators. A similar percentage (30%) were able to do 'enough' of the things they value, whereas 11% stated they don't do anything they value or enjoy with their time, figure 31. Over a quarter of respondents did not receive help from care and support services to assist in how they spent their time, figure 32.

Figure 31 Which of the following statements best describes how you spend your time?

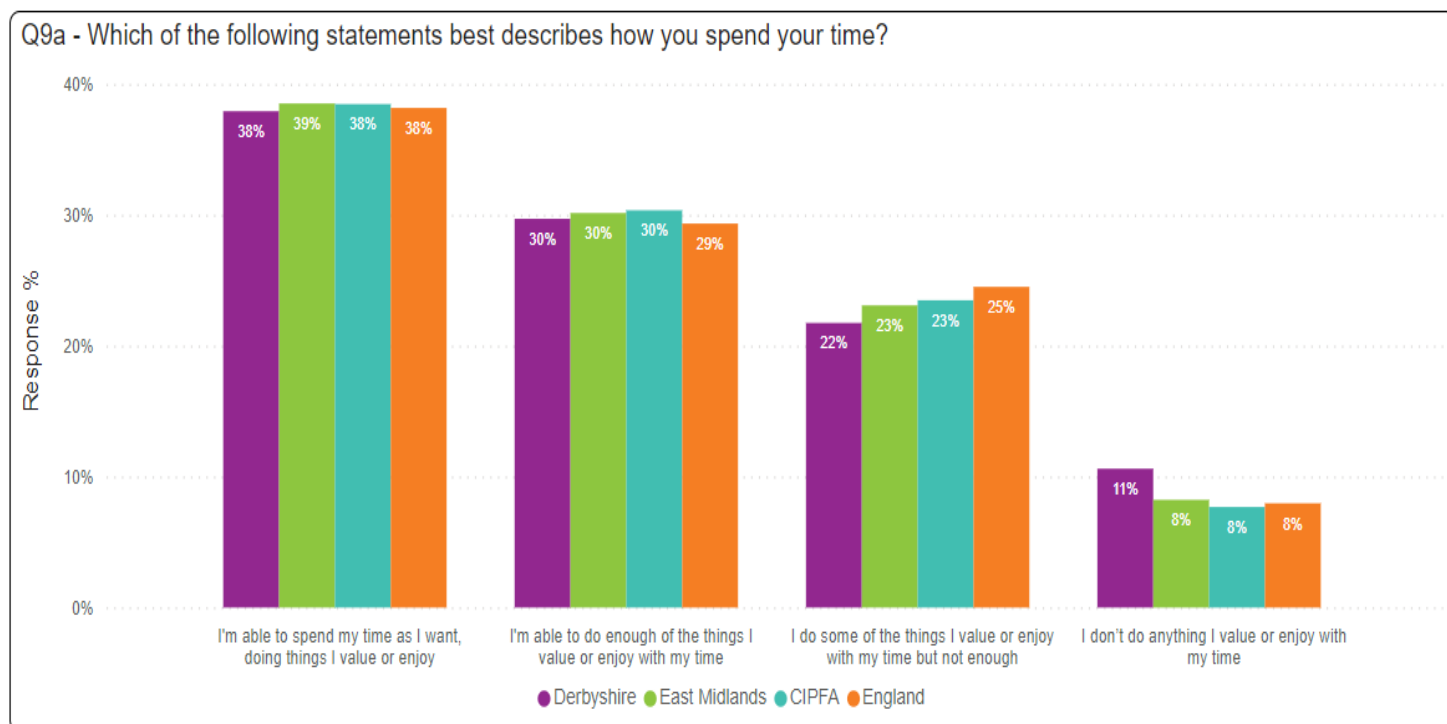
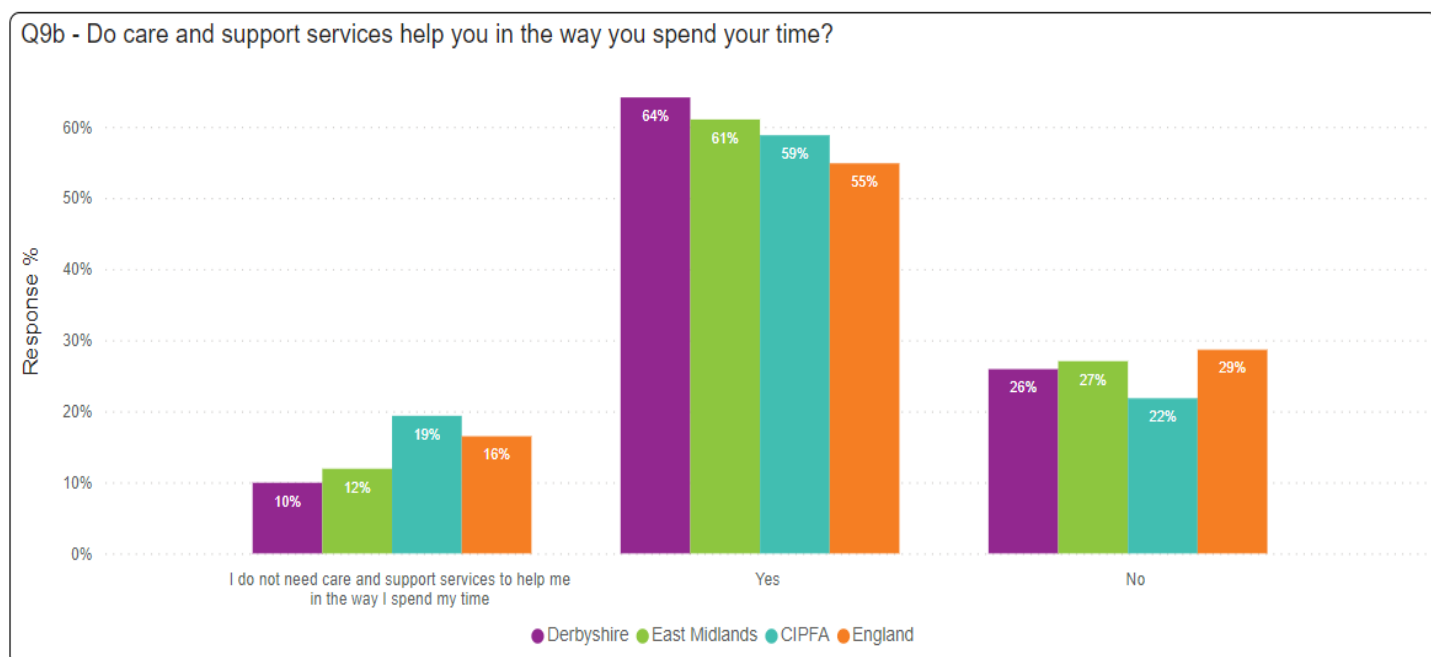


Figure 32 Do care and support services help you in the way to spend your time



5.1.11 Which of these statements best describes how having help to do things makes you think and feel about yourself?

Receiving help and services to do things can be perceived differently by different people. 64% said that having help made them feel better about themselves. However, 9% of respondents said that it sometimes undermines the way they feel about themselves and 1% said that it completely undermines the way they feel, figure 33.

Figure 34 shows how the way people are treated and helped makes them feel about themselves. The majority (63%) said the way they were helped and treated makes them think and feel better about myself.

Figure 33 Which of these statements best describes how having help to do things makes you think and feel about yourself?

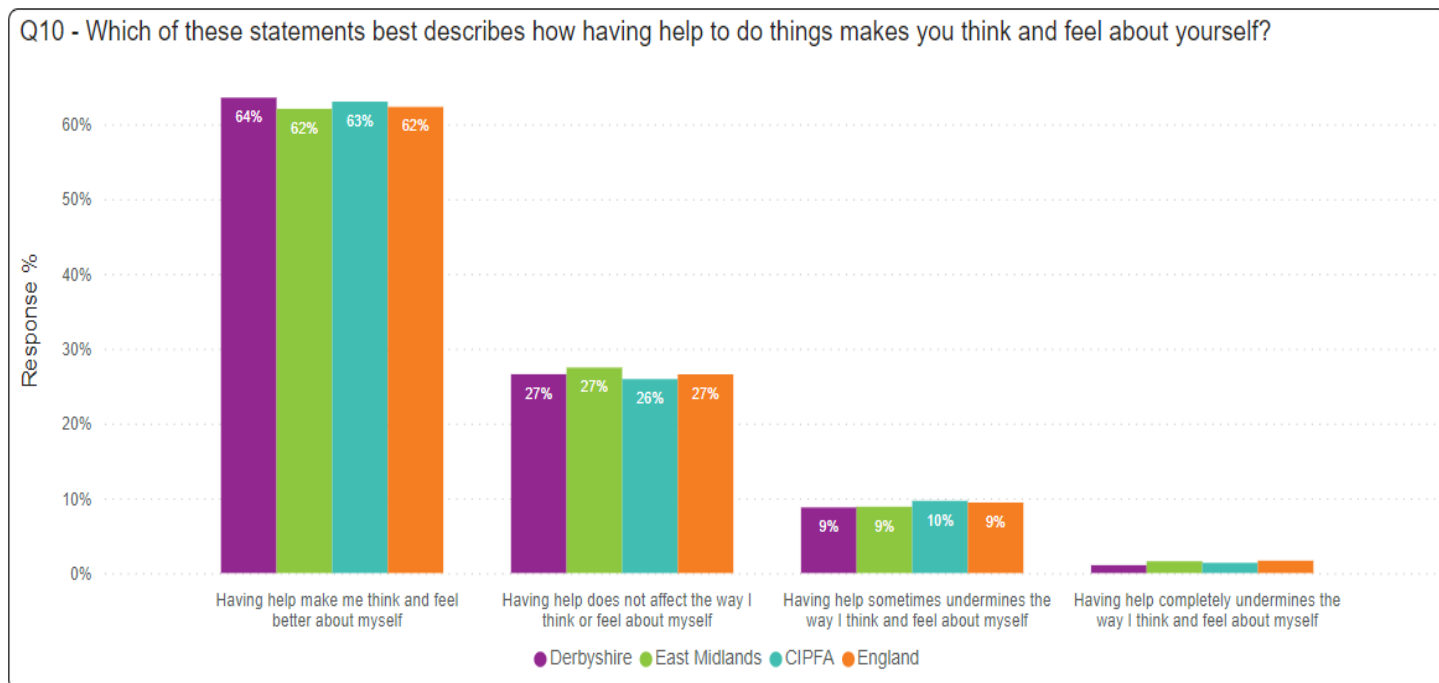
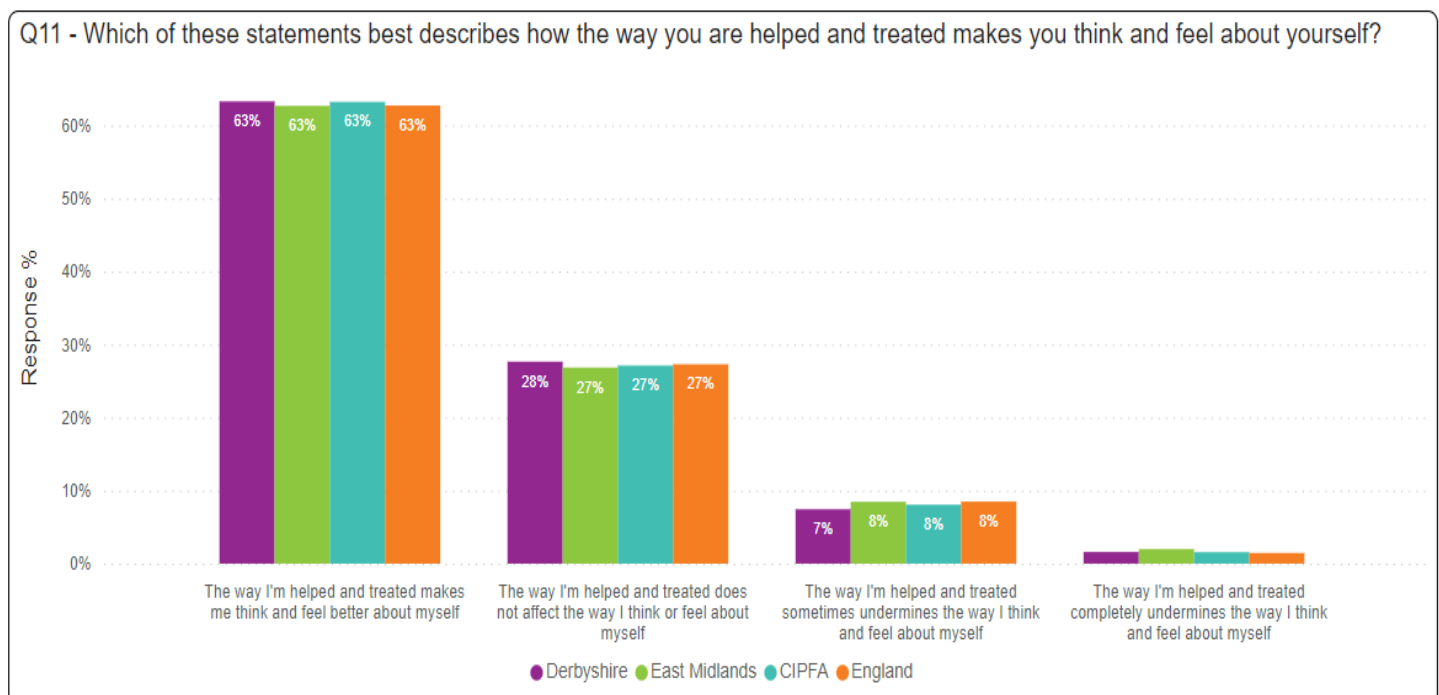


Figure 34 Which of these statements best describes how the way you are helped and treated makes you think and feel about yourself?



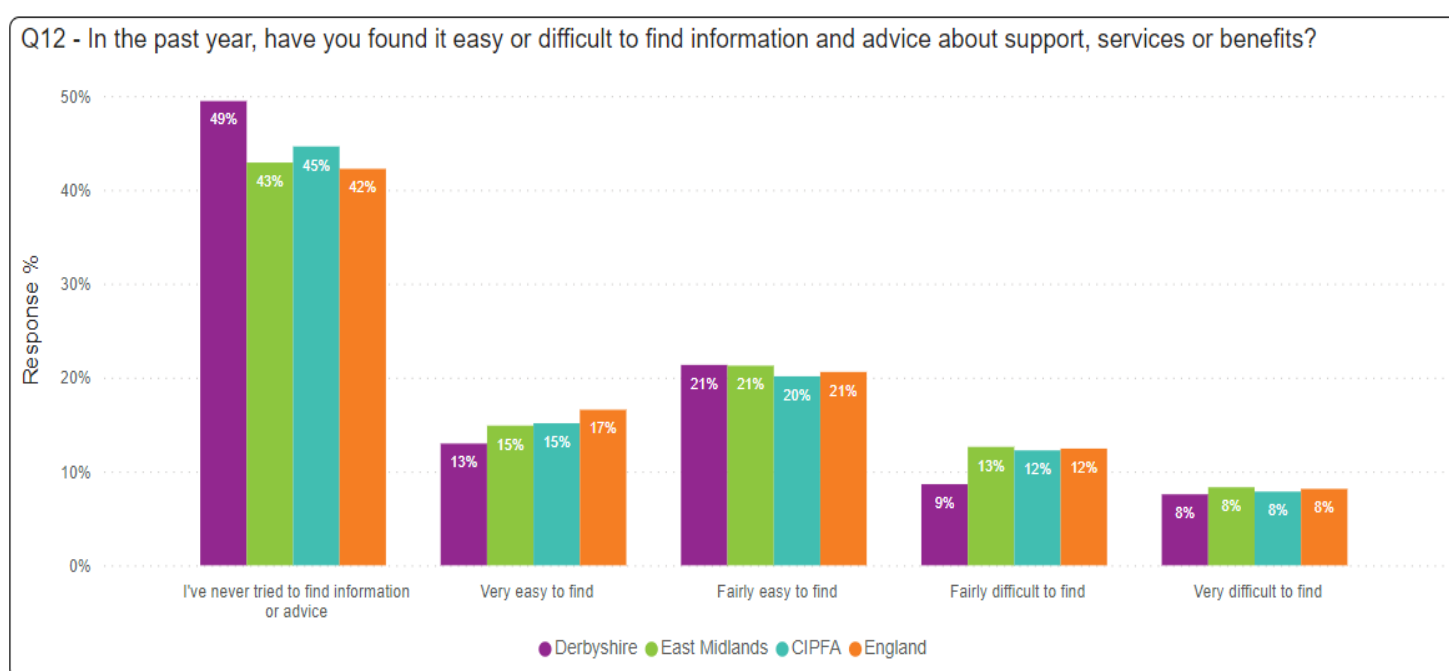
5.2 Advice and Information

5.2.1 *In the past year, have you generally found it easy or difficult to find information and advice about support, services or benefits?*

Service users were asked how easy or difficult they found it to find information and advice about support services and benefits. This could be information from voluntary organisations and private agencies, as well as Derbyshire County Council. Figure 35 shows that almost half of respondents (49%) had never tried to find information or advice.

Of those that said they had tried to find information or advice, 34% responded that they find it very easy or fairly easy to find information, and 17% responded that it was fairly or very difficult to find information.

Figure 36 In the past year, have you generally found it easy or difficult to find information and advice about support, services or benefits?



5.3 Health

This section of the report explores the health of service users and their ability to undertake everyday tasks.

When asked to describe their health, the majority of Derbyshire service users reported their health as good (32%) or fair (35%). 16% responded that their health was very good, however 17% reported bad or very bad health (figure 37). Respondents were asked about their health state on the day they answered the questionnaire and whether they were experiencing any pain or discomfort and anxiety or depression. Figure 38 shows that 14% were experiencing extreme pain or discomfort. Figure 39 shows that over half of respondents (55%) were moderately or extremely anxious or depressed.

Figure 37 How is your health in general?

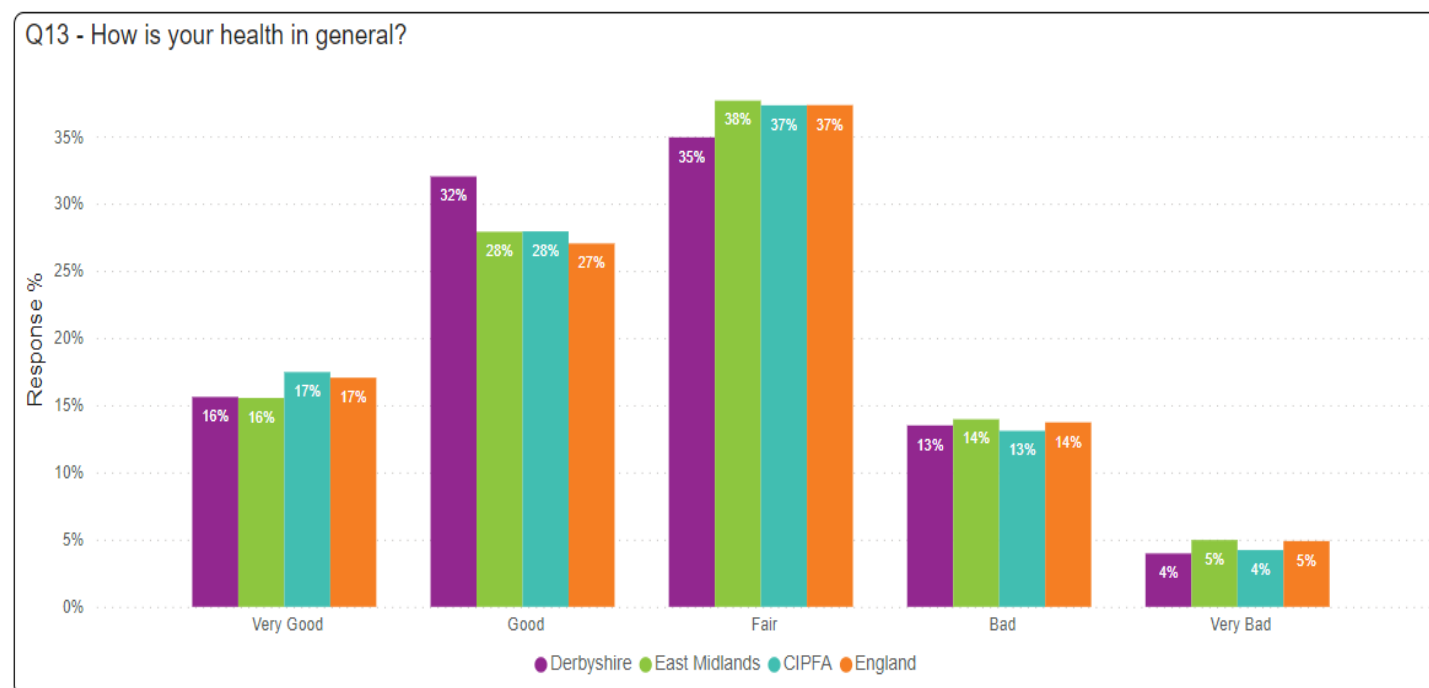


Figure 38 Which statements best describe your own health state today (Pain or discomfort)

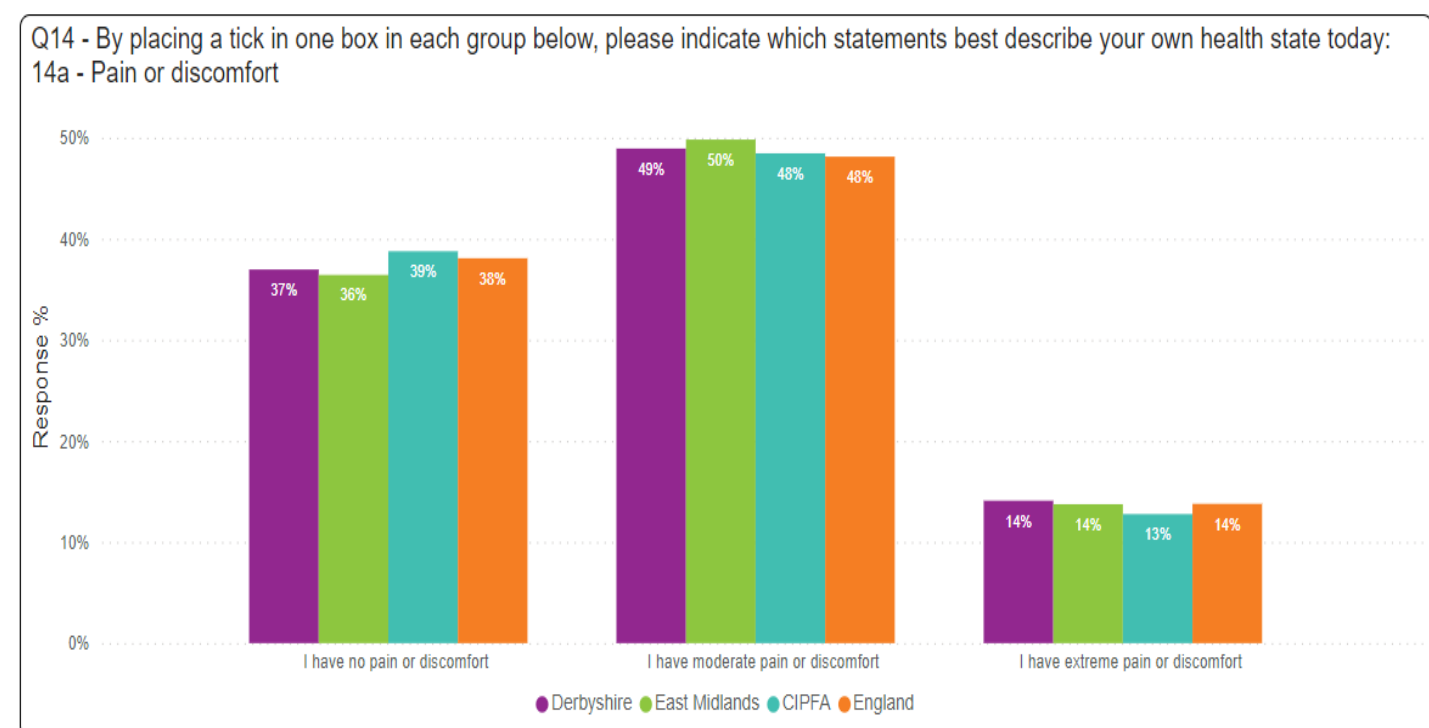
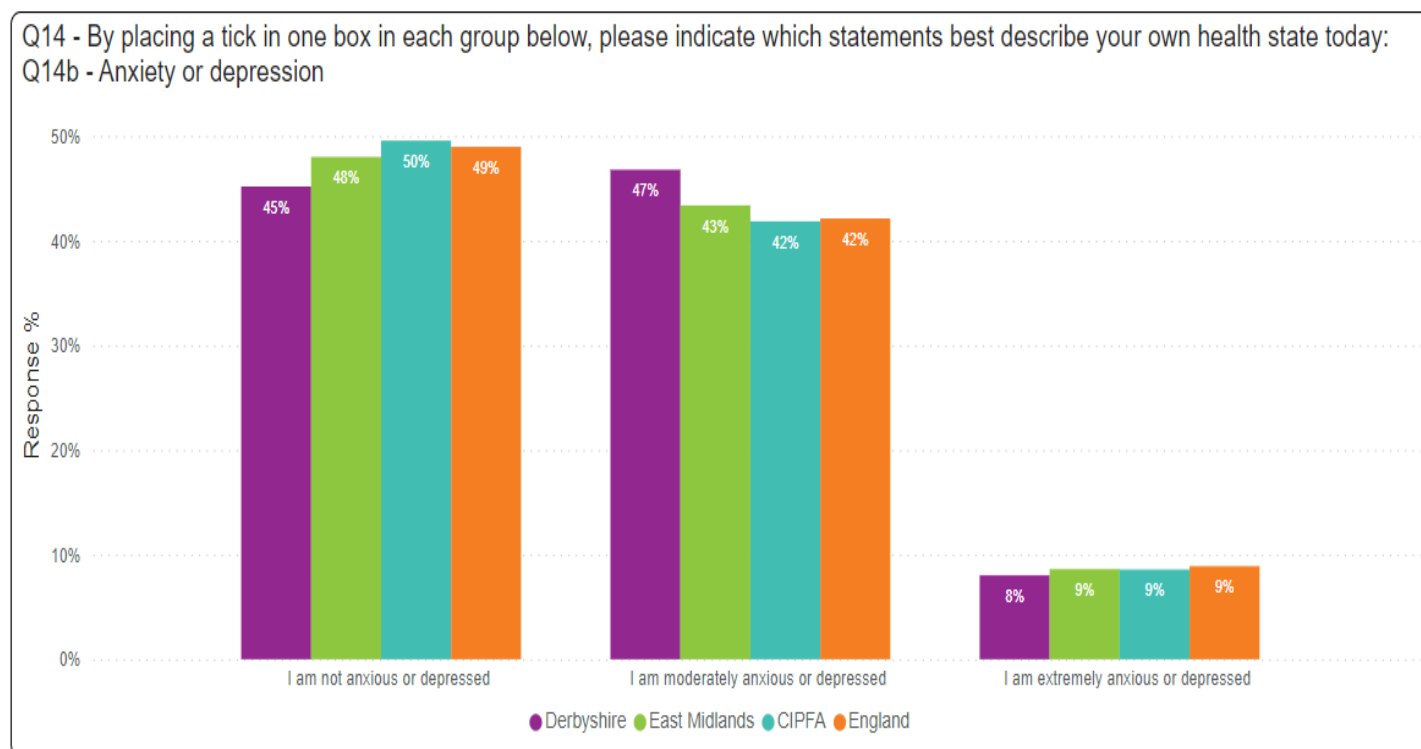


Figure 39 Which statements best describe your own health state today (Anxiety or depression)



5.3.1 Ability to undertake everyday tasks

The following two questions asked service users how they coped with a range of everyday tasks. Figure 40 shows that less than half (49%) of service users can move around their home easily. Slightly more than half (54%) can get in and out of bed or a chair easily (figure 41). Nearly three quarters (74%) can feed themselves, however that does leave 26% struggling or unable to feed themselves (figure 42). Only 16% of the Derbyshire respondents were able to deal with paperwork and financial matters by themselves (figure 43). There was not much difference between the Derbyshire results and comparators apart from the question about paperwork, a higher proportion of Derbyshire respondents could not deal with paperwork than comparators.

Figure 40 Do you usually manage to get around indoors (except steps) by yourself?

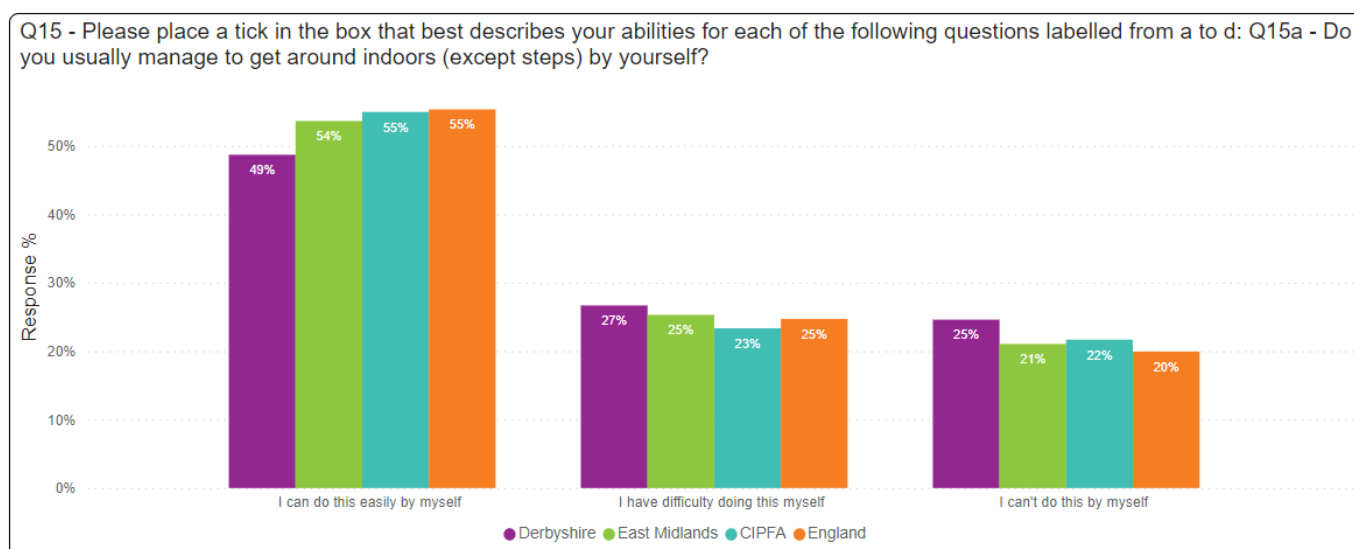


Figure 41 Do you usually manage to get in and out of a bed (or chair) by yourself?

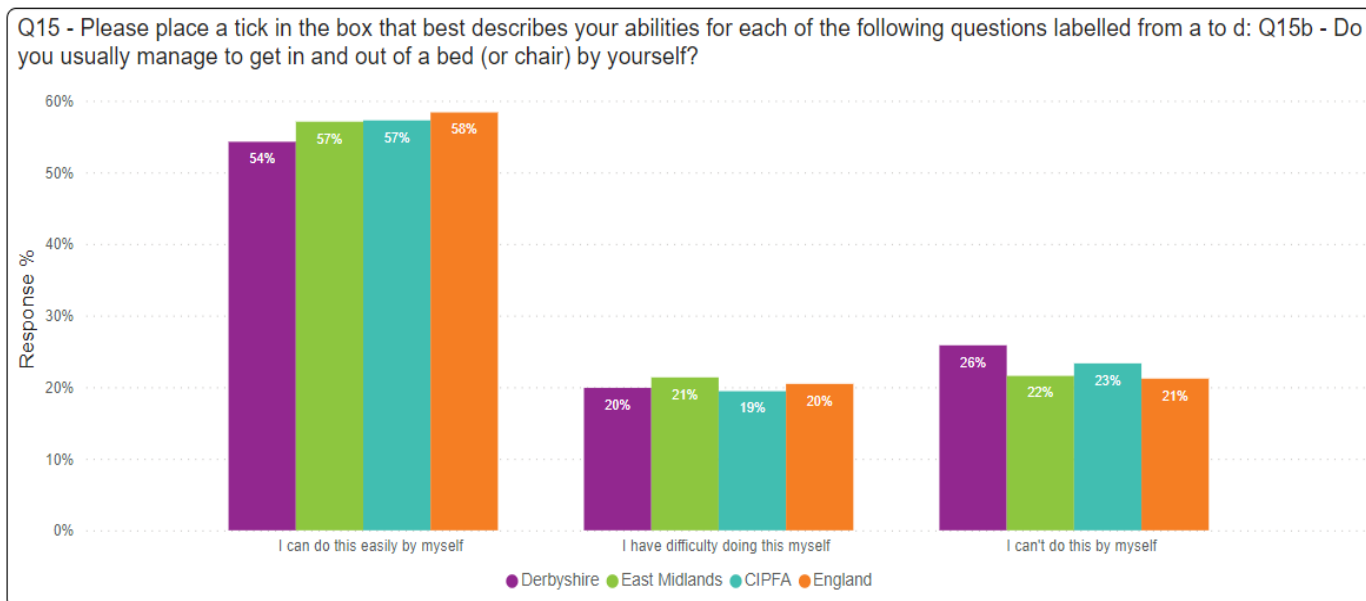


Figure 42 Do you usually manage to feed yourself?

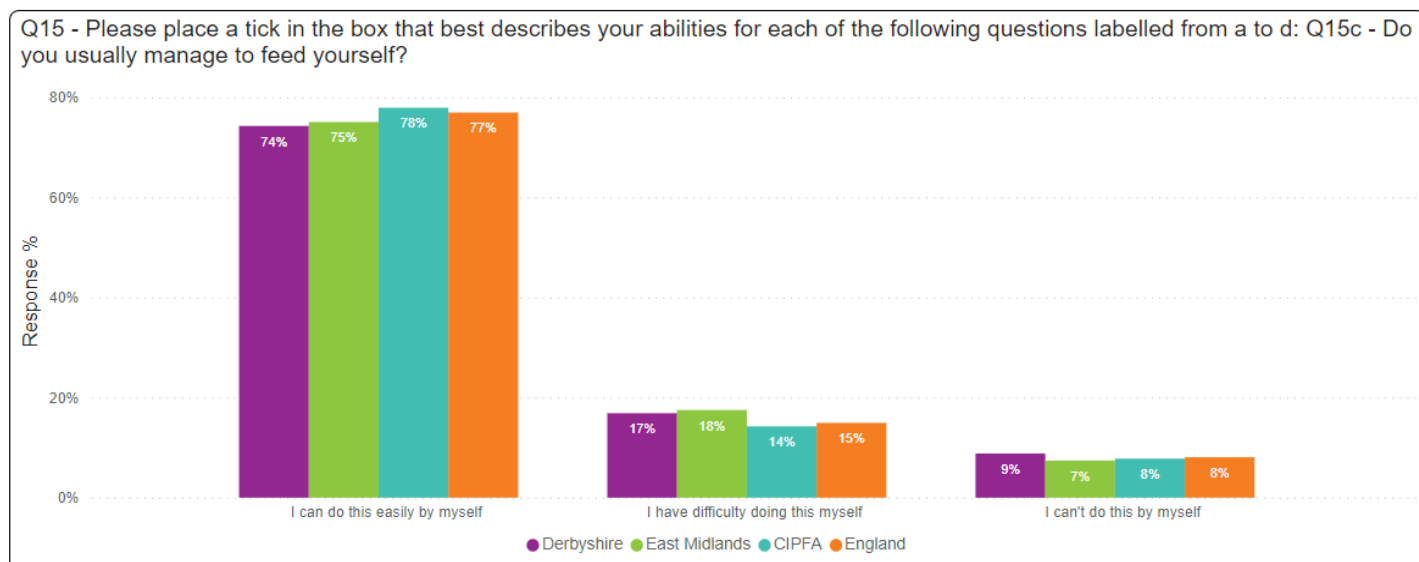
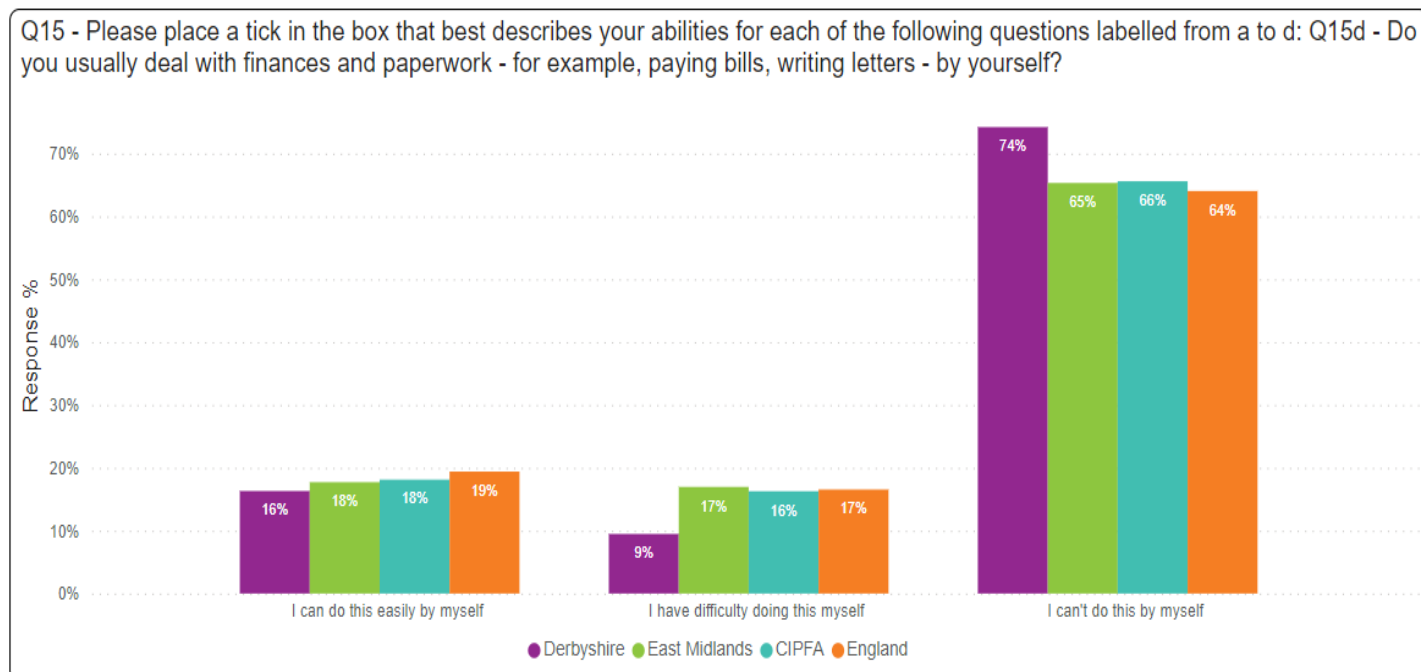


Figure 43 Do you usually deal with finances and paperwork by yourself?



Similar to the previous question this asked service users how they coped with a range of everyday tasks including getting dressed, using the toilet, having a bath/shower or washing your face. The results varied across the different tasks. Nearly three quarters (73%) of respondents struggled or could not wash themselves without help (figure 44). Derbyshire respondents were less capable than the comparator areas in getting dressed and undressed, only 37% were able to do this easily compared with 45% for England (figure 45). Regarding using the toilet, again Derbyshire respondents were less able than the comparators, with 28% unable to manage alone compared with 21% for England (figure 46). Derbyshire was similar to comparators in respondents' ability to wash their hands and face without help (68%), figure 47.

Figure 44 Do you usually manage to wash all over by yourself, using a bath or shower?

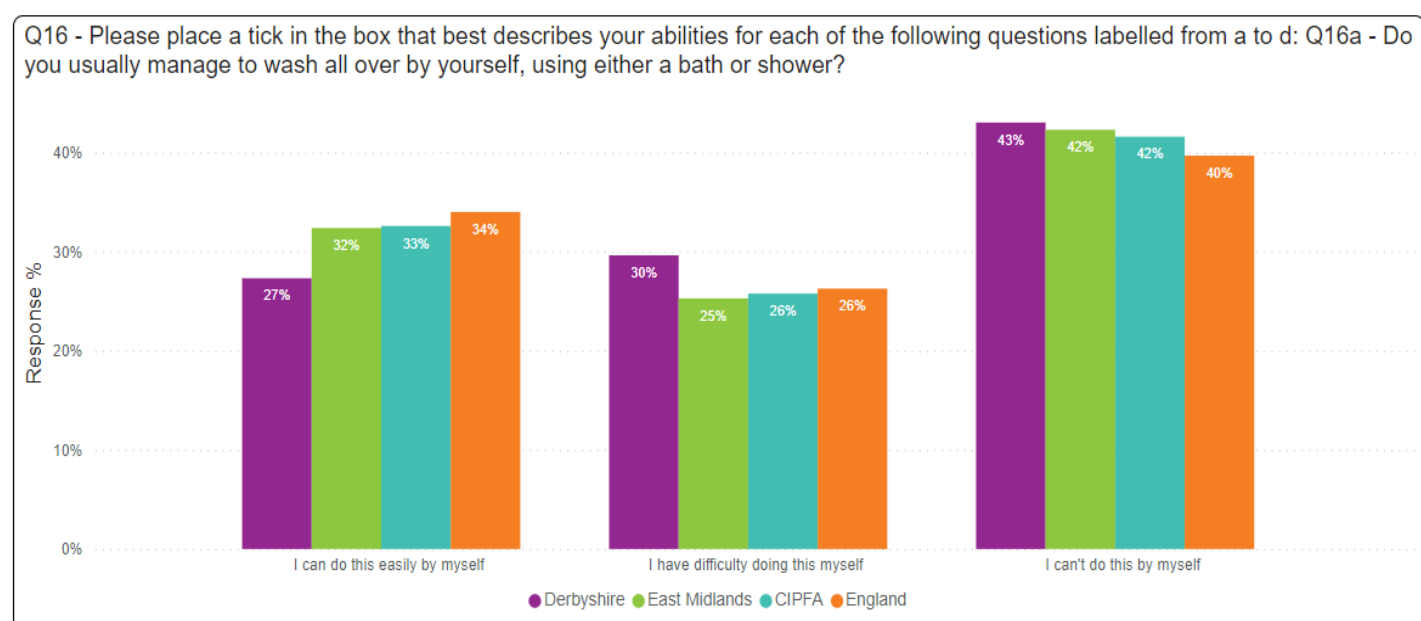


Figure 45 Do you usually manage to get dressed and undressed by yourself?

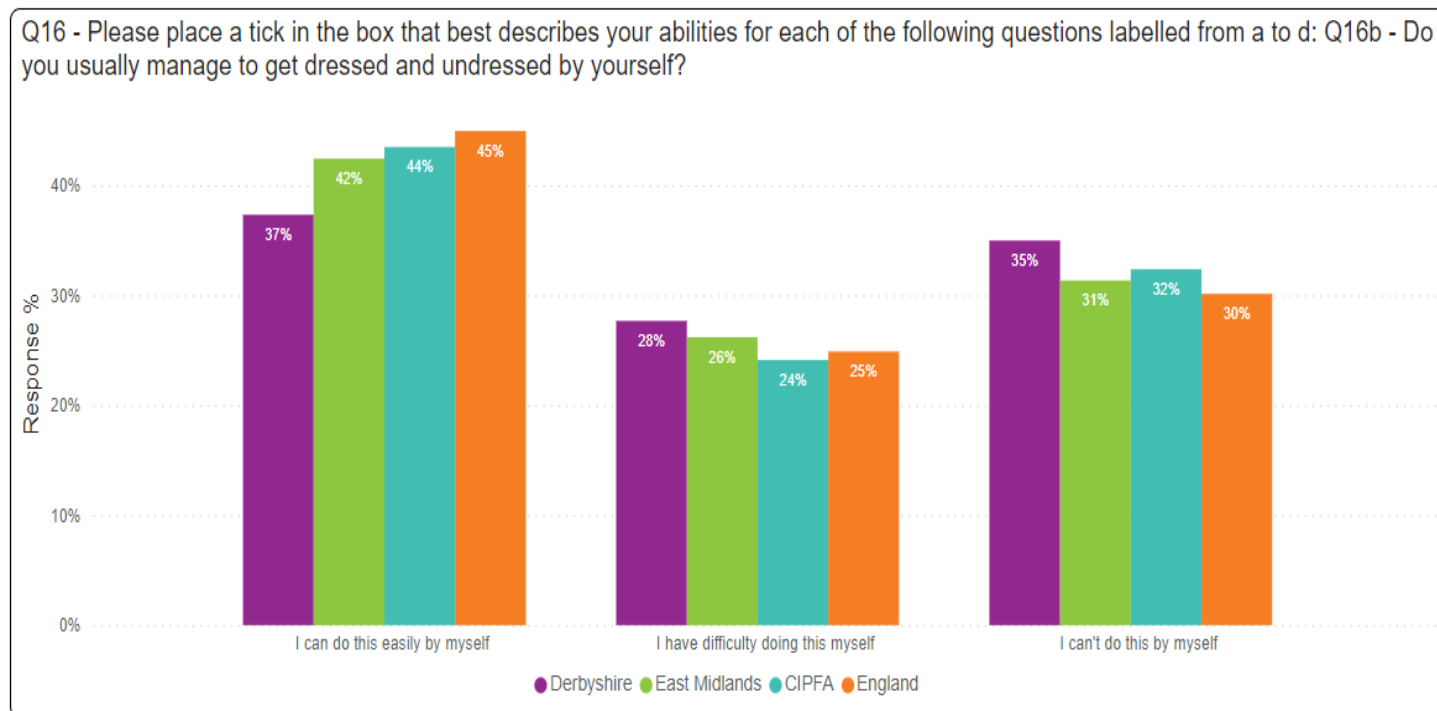


Figure 46 Do you usually manage to use the WC/toilet by yourself?

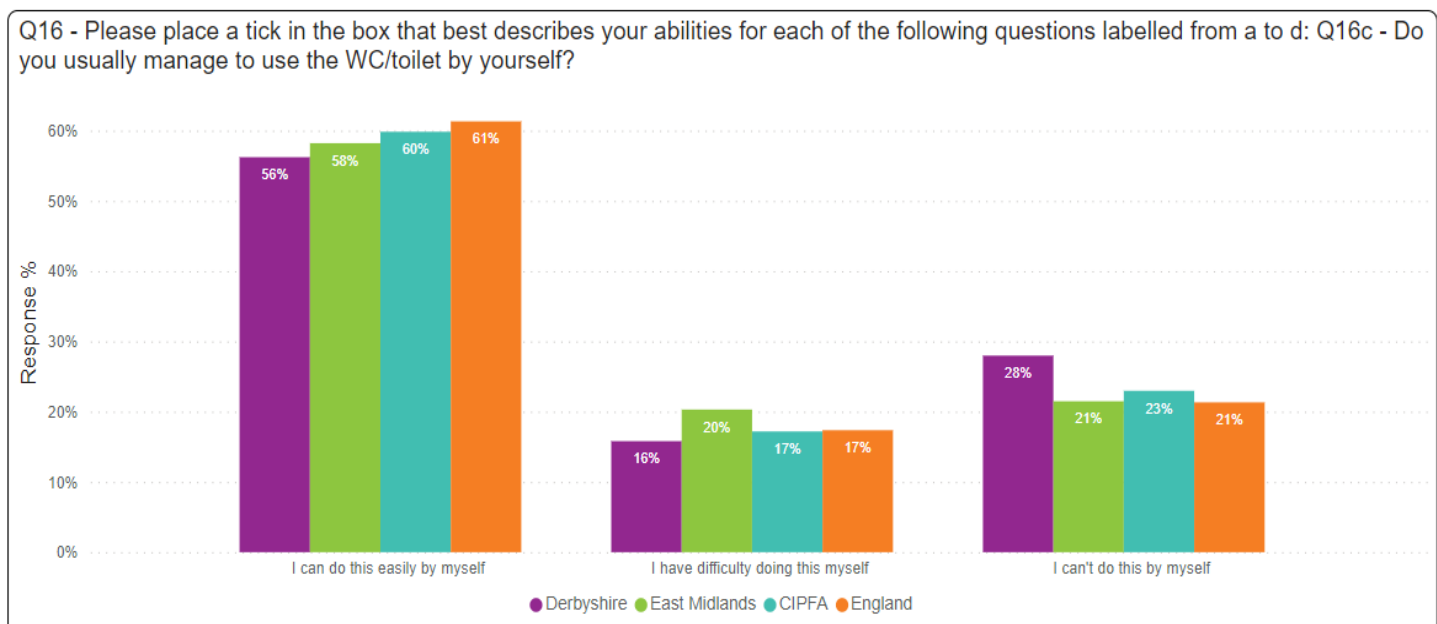
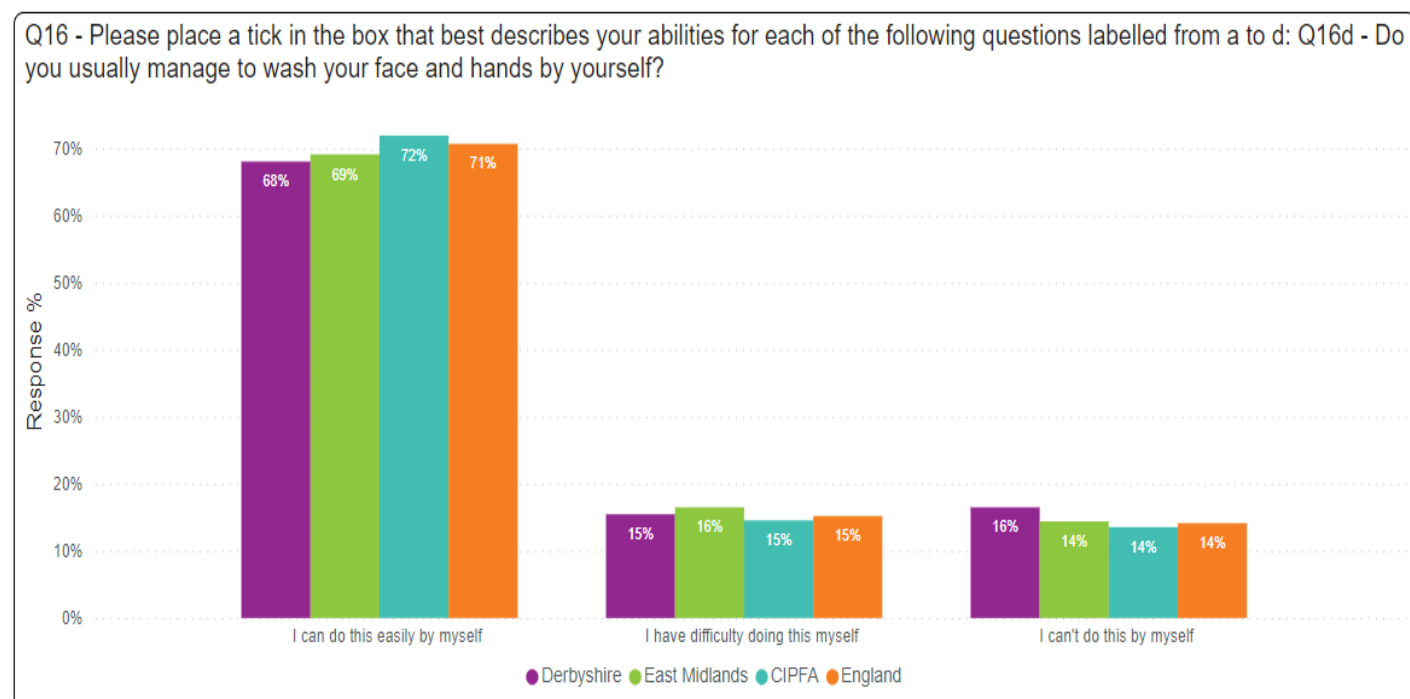


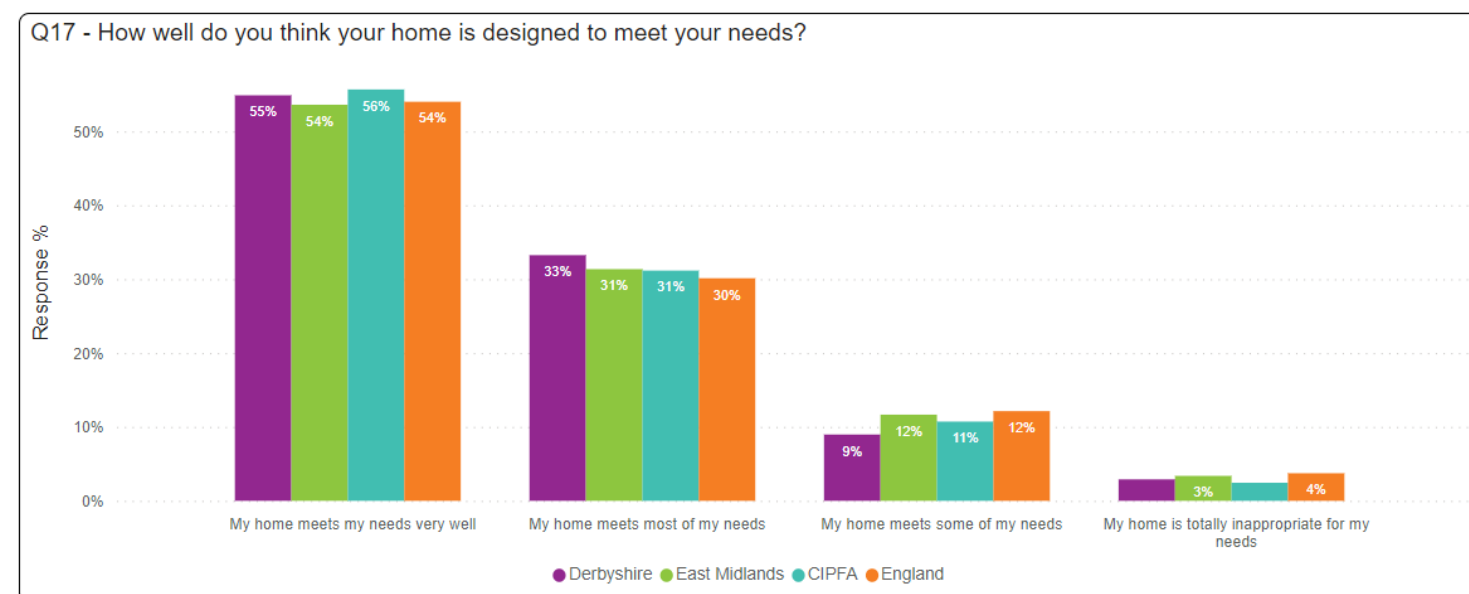
Figure 47 Do you usually manage to wash your hands and face by yourself?



5.3.2 How well do you think your home is designed to meet your needs?

Figure 48 illustrates what service users thought about how their home or care home met their needs. The majority (88%) thought their home met their needs very well or met most of their needs.

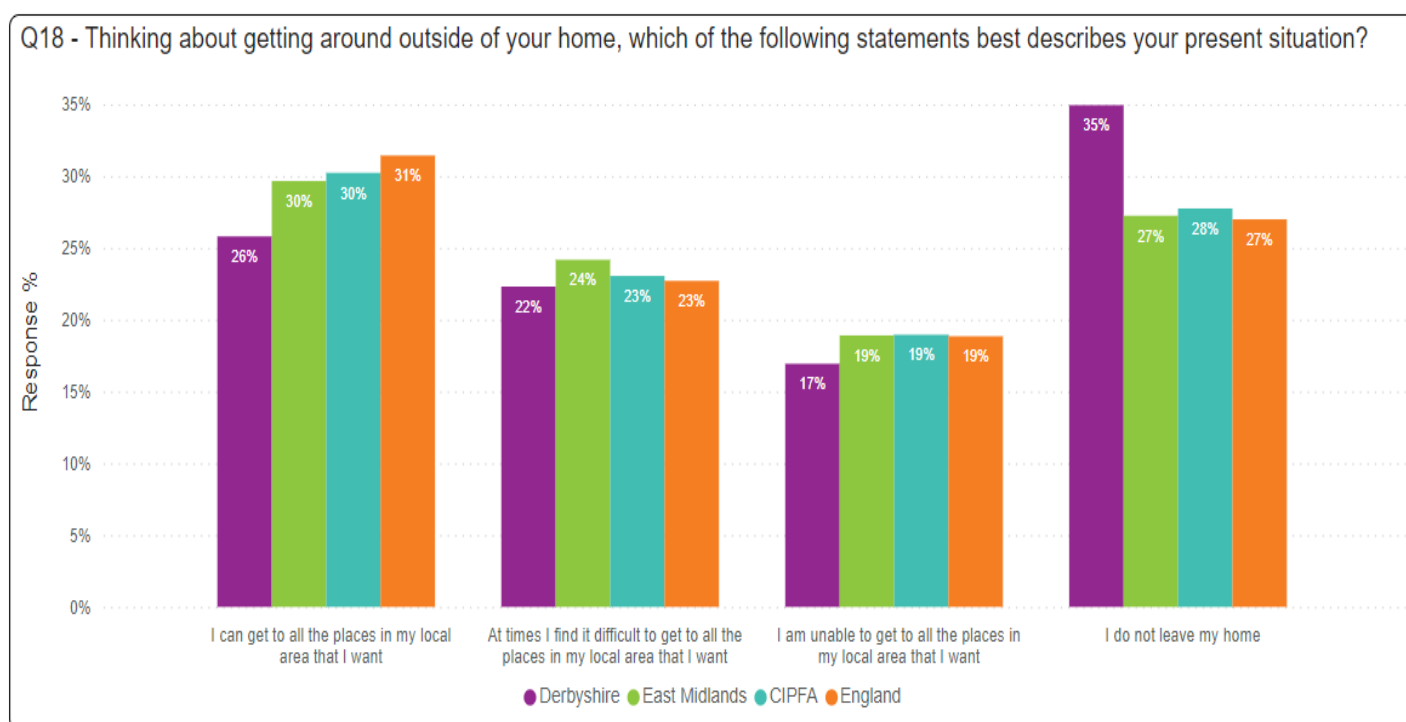
Figure 48 How well do you think your home is designed to meet your needs?



5.3.3 Thinking about getting around outside of your home, which of the following statements best describes your present situation?

In terms of being able to get around outside the home, there is quite an even split between the different levels reported by people. Compared to the comparator areas Derbyshire had larger a percentage of service users that did not leave their home (35%) and a smaller proportion of respondents who could get to the places locally that they wished to (26%), figure 49.

Figure 49 Thinking about getting around outside of your home, which of the following statements best describes your present situation?



5.4 The effect of the Covid-19 Pandemic

On the 23rd of March 2020 the UK population was instructed to stay indoors (lockdown) to prevent the spread of the Covid-19 virus. Most workplaces were closed, with only essential services operating. Members of the population who were classed as vulnerable due to health conditions were instructed to isolate (shielding), with arrangements made for deliveries of food, medical supplies and other essential items. The lockdown restrictions eased in the summer of 2020 but were then reinstated nationally twice more (with additional localised restrictions) until the final removal of restrictions on 19th July 2021.

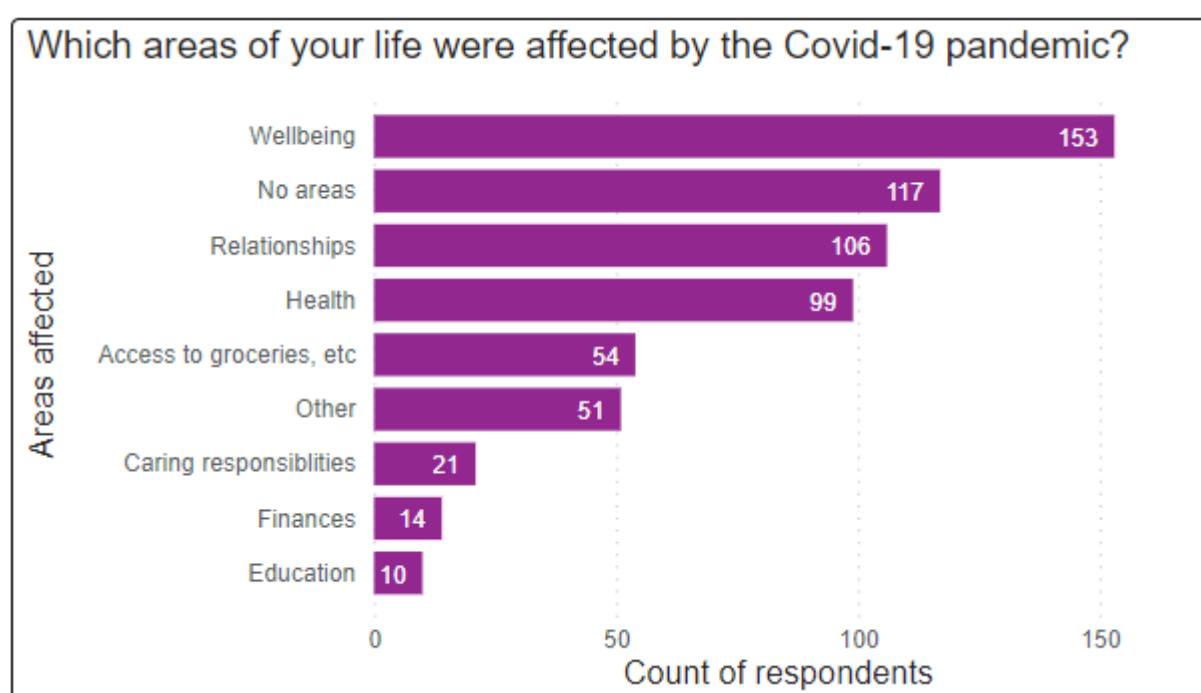
The Covid-19 pandemic and associated lockdowns had significant impact on those who received care: many support networks, respite centres and groups ceased to function during that time period. Derbyshire County Council opted to include an additional question in the survey which asked respondents how their lives were affected by the Covid-19 pandemic. Note there are no comparator areas for this question as the question was only for Derbyshire residents and not included in the national analysis by NHS Digital. Survey respondents were also given the option to complete a free text box to expand further on the effects of the pandemic.

Of the 357 people who completed this question, the wellbeing of nearly half (42.9%) was affected, with relationships and health also being strongly affected, figure 50.

107 respondents took the opportunity to add further comments to a free text box about their experiences during the pandemic. These were grouped into common themes, table 1.

Those who were in care homes during the pandemic noted that “visitor restrictions” were a major effect of the pandemic as well as missed interaction with family and friends, for example “*missing seeing my family due to restriction where they live and in the home*”. Respondents who lived in the community and attended day services were more concerned about the closure of these during the pandemic and the subsequent reduction of availability afterwards, for example “*I did not attend my (sic) day centre for 14 months and relied on family members to do everything for me and take care of me. I am back at my day centre now but we no longer have trips out*”. All respondents, whether in care homes or the community missed socialising, for example “*not being able to get out & about + people not being able to visit me affected my mental health & overall well-being*”.

Figure 50 Q23 Which areas of your life are being affected by the coronavirus (COVID-19) pandemic? Please select all that apply.



Note: respondents can select more than one response

Table 1 Themes associated with the affects of the Covid-19 pandemic on respondents life.

Theme	Description	Responses	Example
Day services	Comments relating to closure of day services, or curtailed sessions and activities	10	<i>I did not attend by day centre for 14 months and relied on family members to do everything for me and take care of me. I am back at my day centre now, but we no longer have trips out.</i>
Family	Comments associated with restricted access to family and missing them	18	<i>The restrictions in place, placed issue on me visiting family. I understand they were there to protect people. Missing visiting families at birthdays, xmas and new year was hard. but I've remained healthy.</i>

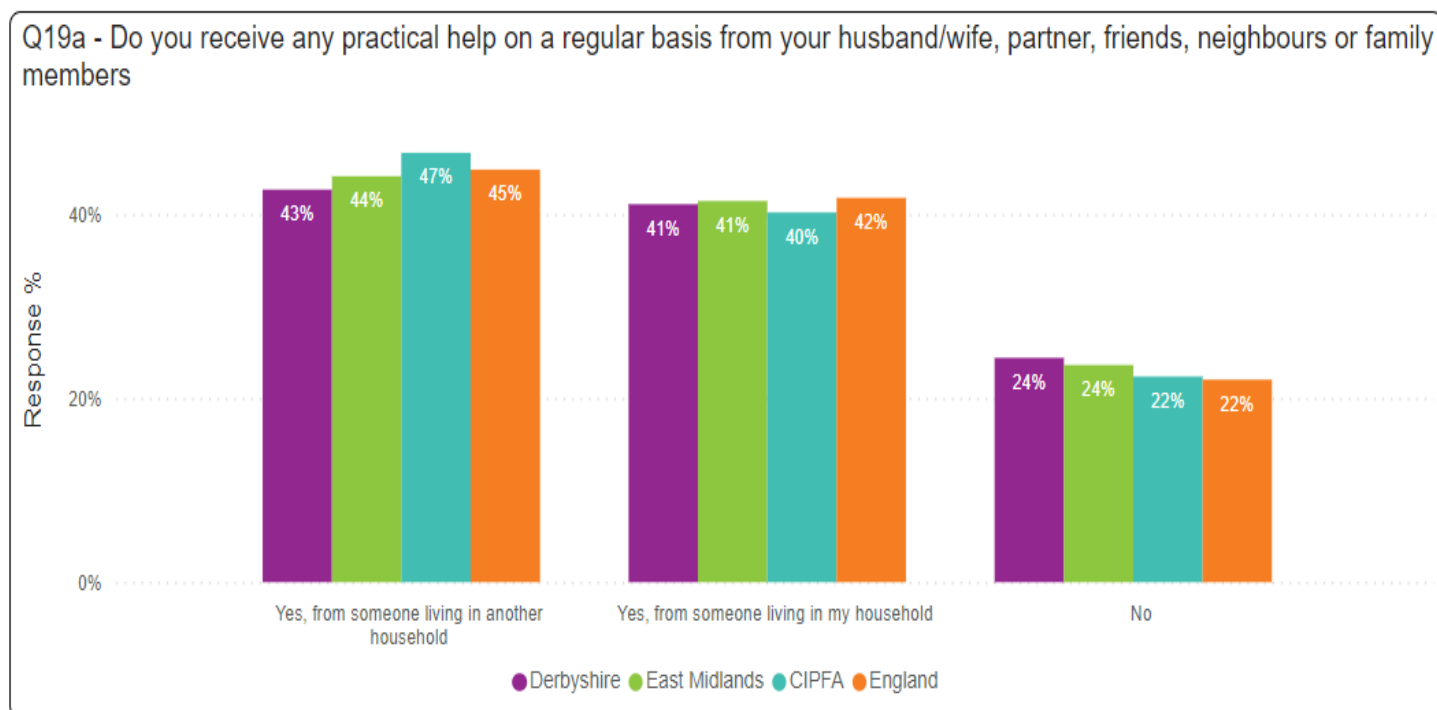
Friends	Comments associated with restricted access to friends and missing them	6	<i>My best friend was unable to see me for 2 years.</i>
Lack of support	These comments talked about changes to support packages, family and friends required to provide support, social worker or care staff shortages	7	<i>I have not had anyone to come with me to my hospital appts to help me understand what is being told. Before the pandemic I have all the support I needed. Although I have some in place it is not enough. I often cry and get sad when I'm at home a lot, My respite has been cut in half, also and it is not enough.</i>
Lonely	Comments relate to loneliness caused by shielding and the lockdown restrictions	3	<i>I was confined to my home as vulnerable. Nobody to talk to face to face except when night care came, 4 days x 2 hours.</i>
Medical Care	Comments relating to issues contacting GPs and getting appointments or equipment	5	<i>No help from GP sent home (end of life) by Queens. It has taken 8 months to hear from a doctor</i>
Mental Health	Comments explaining the negative effect of restriction on the respondent's mental health	12	<i>The lockdown affected [name]'s health. They became very depressed, anxious, they wouldn't go to bed. Wanted to be at White Moor Centre couldn't understand that they couldn't go even after [name] was allowed back they still struggles, [name] wants things back to normal, going to the masonic room, horse riding, ice skating. Even though [name] now is better than they were, they are not the same as they were.</i>
Shielding	Comments that directly referred to shielding	8	<i>My granddaughter had to isolate which made social contact less and getting groceries difficult.</i>
Usual Activities	Comments about being unable to participate in activities or normal daily routine due to lockdown restrictions	35	<i>Not being able to dance, I see people at Happy Days Discos. Also, not as much freedom to go to have lunch on my own on Fridays like I used to before Covid-19.</i>
Visitor Restrictions	These comments were predominately from those in care homes and discussed the lack of visitors and the effects on the respondent's wellbeing.	15	<i>Can't leave the home and only a select few visitors My social life when visits were limited to the care home.</i>

5.5 About yourself

5.5.1 Do you receive any practical help on a regular basis from your husband/wife, partner, friends, neighbours or family members?

43% of respondents said that they receive help on a regular basis from someone not at home or outside of their care home, which was similar to the comparators, figure 51. Note respondents could receive help from someone in their home and outside, so the percentages add up to more than 100%.

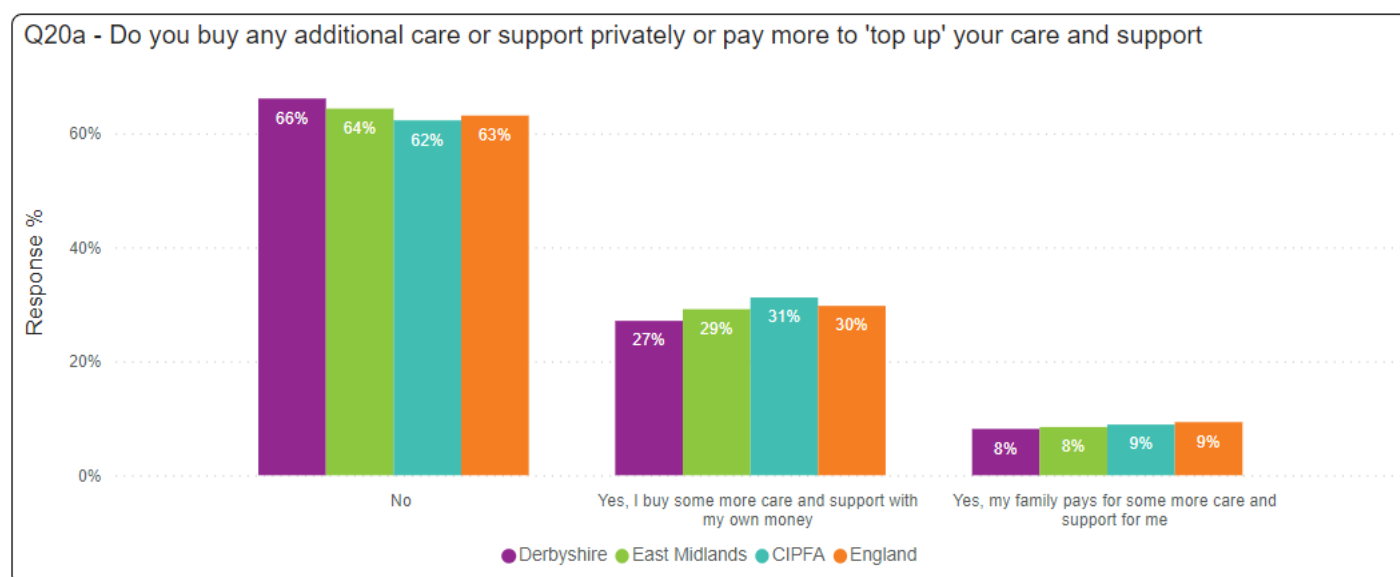
Figure 51 Do you receive any practical help on a regular basis from your husband/wife, partner, friends, neighbours or family members?



5.5.2 Do you buy any additional care or support privately or pay more to 'top up' your care and support?

Over a quarter (27%) of service users reported that they buy more care and support with their own money, and 8% said that their family provides money for extra care/support.

Figure 52 Do you buy any additional care or support privately or pay more to 'top up' your care and support?



5.6 About the survey

5.6.1 Did you have any help from someone else to complete this questionnaire?

Less than a fifth of respondents (19%) did not have help completing the questionnaire. Respondents who had help, received it from care workers, people living at home and people living outside of the home, figure 53. Those that received help had various types/levels of help, some just talked through the questions with someone, others read the questions to them, and in some cases (7%), some people helped by answering the questions for the service user.

Figure 53 Did you have any help from someone else to complete this questionnaire?

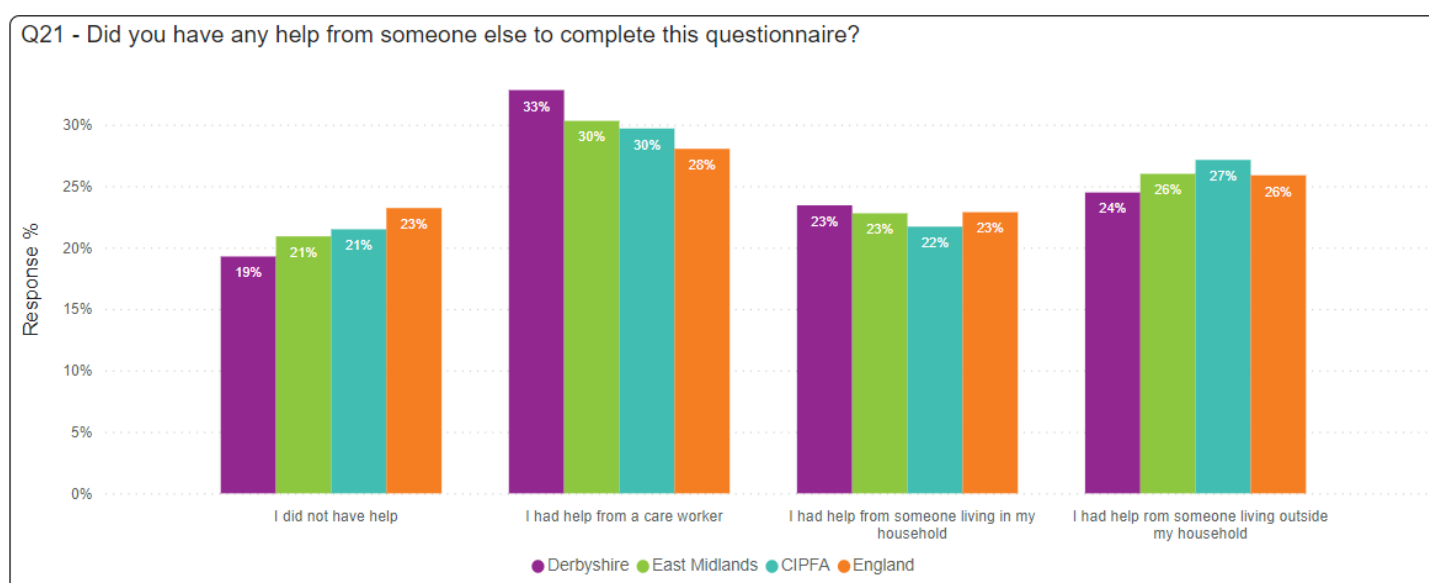
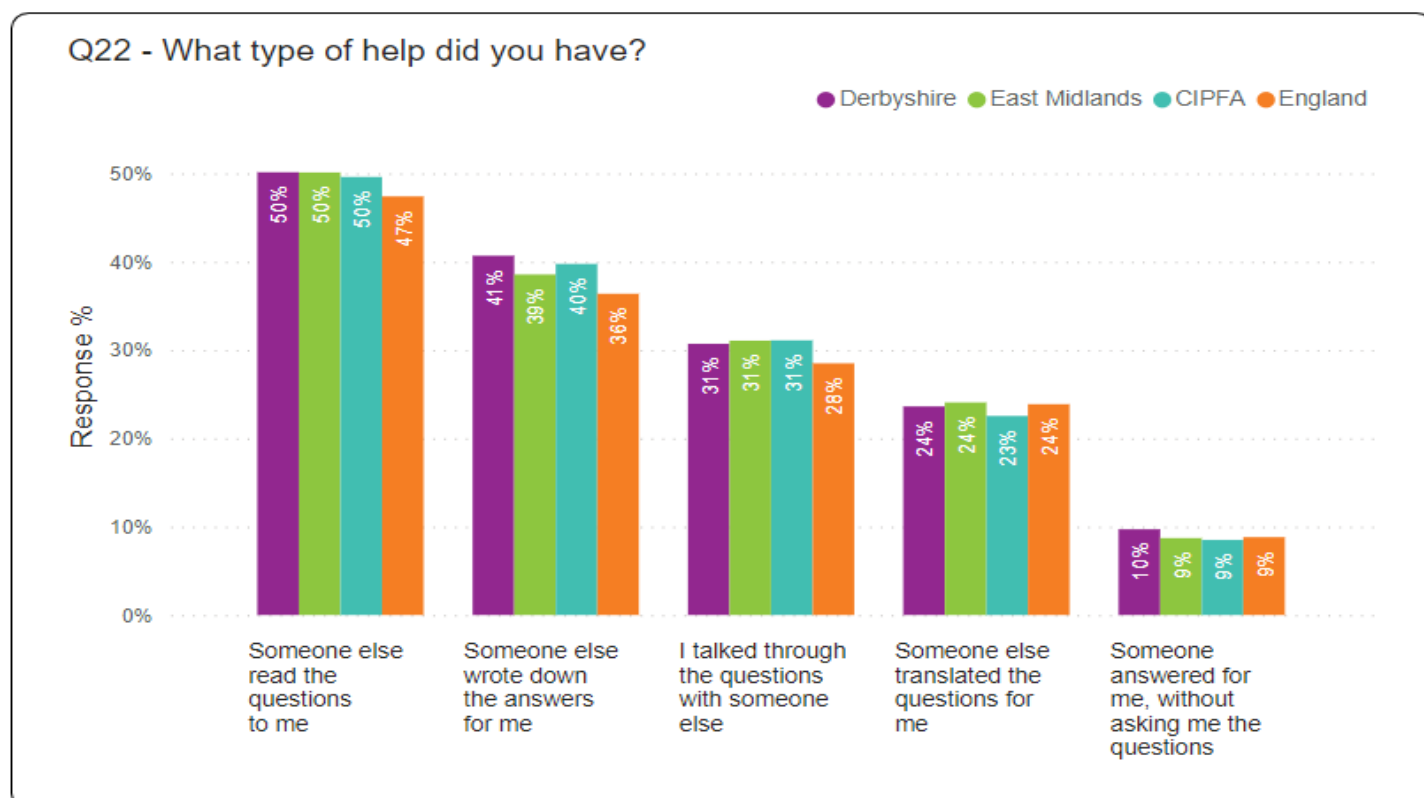


Figure 54 What type of help did you have?



6 CONCLUSION

This report summarises a survey that was carried out between January and March 2022, following the Covid-19 pandemic. The survey was due to be carried out over winter 2020/21 but was then made optional due to the extra pressures on this vulnerable population group, care homes, home care workers, informal carers and local authorities. Derbyshire opted not to take part. We therefore do not have results for the year 2020-21 as a comparison to monitor our progress.

This section summarises the main findings from the report.

- The response to the survey was greatest amongst those with physical support needs, those living in the community, those aged 65 and over, and women. This is a change from the 2019/20 survey which reported a higher response from those with a learning disability and aged between 18 and 64 years old.
- In line with national trends there have been decreases in all the ASCOF measures. Although some Derbyshire scores are higher than the comparators, they are not significantly so. The England score is shown in brackets.
 - (1A) Social care-related quality of life score 18.7 (18.9)
 - (1B) Proportion of people who have control over their lives 76.1% (78.2%).
 - (11i) Proportion of people who use services who have as much social contact as they would like 40.7% (40.6%).
 - (3A) Overall satisfaction of people who use services with their care and support 67.1% (63.9%).
 - (3D1) Proportion of people who use services who find it easy to find information about services 67.9% (64.6%).
 - (4A) Proportion of people who use services who feel safe 68.8% (69.2%).

- (4B) Proportion of people who use services who say that those services have made them feel safe and secure 86% (85.6%).
- The majority of service users feel the care and services they receive help with various aspects of their life including having control of their life, keeping clean and presentable, getting food and drink, feeling safe, having social contact and helping to spend time doing the things they like.
- Quality of life was higher in service users that completed an Easy Read version (predominantly those with a Primary Support Reason of Learning Disability) compared with those that completed the standard questionnaire.
- Service user satisfaction with the services they receive is high, 92% being either extremely, very or quite satisfied.
- The effects of the Covid-19 pandemic caused feelings of loneliness and had a negative effect on respondents' wellbeing and mental health. This was associated with decreased social interaction opportunities due to the curtailment of organised activities and day care sessions as well as lockdown restrictions in seeing family and friends. Derbyshire also reported a larger proportion than in comparator areas of people that did not leave the home.

6.1 Recommendations

These recommendations relate to the findings in this survey report. We need to continue to focus effort on trying to maximise response to the survey in residential settings, which is lower than the community.

- Continue to focus attention on the ASCOF indicators which are not performing well, and consider reasons and possible solutions covering:
 - quality of life
 - control
 - social contact
 - satisfaction
 - finding information
 - feeling safe
- Consider what we could do to improve access to food and drink.
- Consider how we could improve social contact for our service users: loneliness can have a significant impact on an individual's mental and physical health, particularly given the effects of the Covid-19 pandemic restrictions influencing a decline in wellbeing and mental health.
- Consider whether the current higher proportion of people who do not leave their home is due to the lockdown restrictions of the Covid-19 pandemic or for other reasons which need to be investigated, using next year's survey results to compare.
- Consider how we could improve perception of control over daily life.

APPENDIX 1 – ASCOF MEASURES

1A Social care-related quality of life score

Geographical Description	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2021-22
Derbyshire	19.10	19.30	19.70	19.00	19.30	19.40	18.70
East Midlands	19.00	19.00	19.20	18.90	19.10	19.10	18.80
England	19.10	19.10	19.10	19.10	19.10	19.10	18.90

1B Proportion of people who have control over their lives

Geographical Description	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2021-22
Derbyshire	75.00	75.30	81.40	76.10	77.60	80.50	76.10
East Midlands	76.60	76.40	79.00	77.10	77.60	77.60	78.20
England	77.30	76.60	77.70	77.70	77.60	77.30	76.90

11 Proportion of people who use services who have as much social contact as they would like

Geographical Description	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2021-22
Derbyshire	36.90	47.20	47.80	44.60	47.60	46.40	40.70
East Midlands	35.10	43.40	44.80	43.10	44.00	45.30	41.60
England	38.50	45.40	45.40	46.00	45.90	45.90	40.60

3A Overall satisfaction of people who use services with their care and support

Geographical Description	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2021-22
Derbyshire	69.00	70.10	67.30	65.90	70.60	68.00	67.10
East Midlands	64.40	64.10	65.60	63.60	64.60	63.60	65.30
England	64.70	64.40	64.70	65.00	64.30	64.20	63.90

3D1 Proportion of people who use services who find it easy to find information about services

Geographical Description	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2021-22
Derbyshire	72.80	78.00	76.20	75.50	74.80	68.90	67.90
East Midlands	72.00	71.00	72.30	72.00	66.60	66.70	64.20
England	74.50	73.50	73.50	73.30	69.70	68.40	64.60

4A Proportion of people who use services who feel safe

Geographical Description	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2021-22
Derbyshire	65.20	70.60	73.00	68.10	74.30	70.70	68.80
East Midlands	67.40	68.20	69.60	67.40	69.90	68.70	67.40
England	68.50	69.20	70.10	69.90	70.00	70.20	69.20

4B Proportion of people who use services who say that those services have made them feel safe and secure

Geographical Description	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2021-22
Derbyshire	90.30	86.90	89.10	84.70	86.30	87.70	86.00
East Midlands	87.70	88.50	88.60	88.70	88.30	88.40	86.80
England	84.50	85.40	86.40	86.30	86.90	86.80	85.60

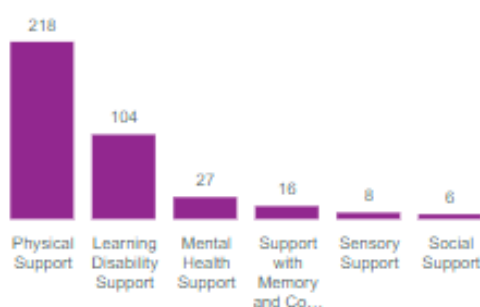
APPENDIX 2 - INFOGRAPHIC

Adult Social Care users in Derbyshire 2022

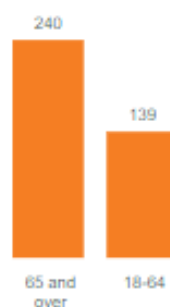
This infographic gives a summary of the ASCS survey carried out by all councils with social services responsibilities, focussing on the results for Derbyshire. It is for social care clients and staff.

- There are 9,027 people receiving social services care or support in Derbyshire, which is about 14 in every 1,000 adults in Derbyshire (Census 2021 for Derbyshire 635,657)
- In 2022 a random sample of 1265 people receiving services were sent a survey, and 398 completed it (31.5%)

Primary Support Reason



How old are they?



Where do they live?



What's their Quality of Life like?

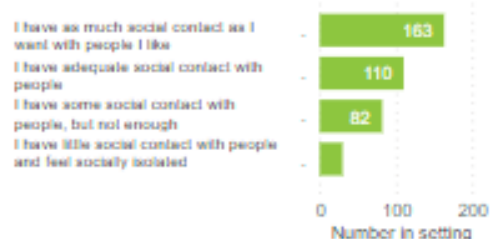
18.7 in Derbyshire (19.4 last year)
18.8 in East Midlands (19.1 last year)
18.9 in England (19.1 last year)
Quality of Life is a score out of a maximum of 24

(Figures may not all add up to 398 as not all questions were answered by all respondents)

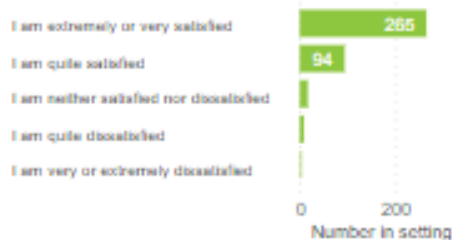
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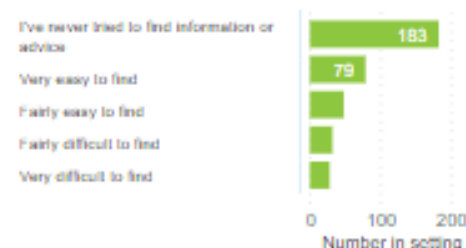
Q8a - Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?



Q1 - Overall, how satisfied are you with the care and support services you receive? (Combined)



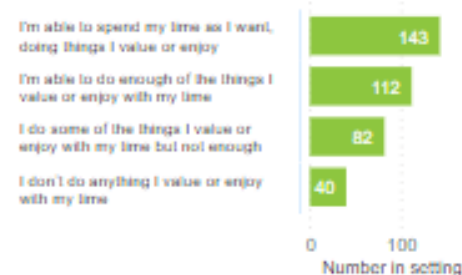
Q12 - In the past year, have you found it easy or difficult to find information and advice about support, services or benefits?



Q7a - Which of the following statements best describes how safe you feel?



Q9a - Which of the following statements best describes how you spend your time?



Q5a - Thinking about the food and drink you get, which of the following statements best describes your situation?



(Figures may not all add up to 398 as not all questions were answered by all respondents)

For any further information please contact kit@derbyshire.gov.uk



Public Health Knowledge & Intelligence Team

APPENDIX 3 – EXPLANATION OF STATISTICAL TERMS

Number and Rate

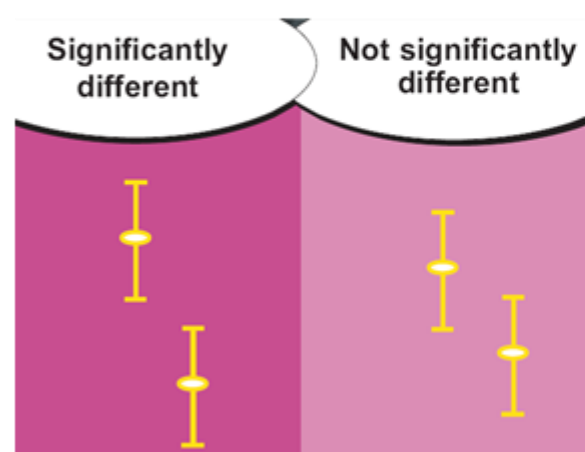
Number is the most basic measure; this may be a count of events such as the number of admissions to hospital or a count of the number of people with a particular attribute e.g. the number of children who are obese. However, in order to make comparisons between populations and over time we need to take into account the size of the population as numbers are likely to be higher in larger populations and may change over time. We do this by expressing the number as a rate per given number of the population (e.g. number of teenage conceptions per 1,000 females aged 15-17 years)

Confidence Intervals

Let's say two similar products A & B are released onto the market. The TV advertising campaign for both products state that all (100%) people surveyed would recommend them to a friend. Both sound just as good? But what if you found out that for product A only 2 people were surveyed, compared to product B where 100,000 people were surveyed? Which product would you have the most confidence in?

....Product B because a lot more people were surveyed. For product A only 2 people were surveyed, so there's a higher degree of uncertainty surrounding the recommendation i.e. it may just be by chance (natural variation) that these two people liked the product. In statistics we refer to this measure of uncertainty surrounding a value as a confidence interval i.e. we are confident that the true value lies somewhere within this range.

In general, where confidence intervals surrounding two comparable values (e.g. teenage conception rates between districts) overlap, we say the difference is not statistically significant. When values do not overlap, the difference is significant.



Source: Association of Public Health Observatories (APHO)