

Social Services Inspectorate Monitoring 2003-04

Delivery and Improvement Statement

October 2003

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INTRODUCTION

1. This guidance introduces SSI's monitoring programme and Delivery and Improvement Statement for 2003-04 and contains all of the information needed to complete the Delivery and Improvement Statement. In response to feedback on last year's programme, and the changing emphases of Department of Health policies, a number of changes have been made to the process and content of monitoring for the year ahead, as described below.
2. Monitoring will remain an essential component of the wider performance assessment process. The results will be recorded in SSI's performance database, and key information brought forward for review at the end of the year.

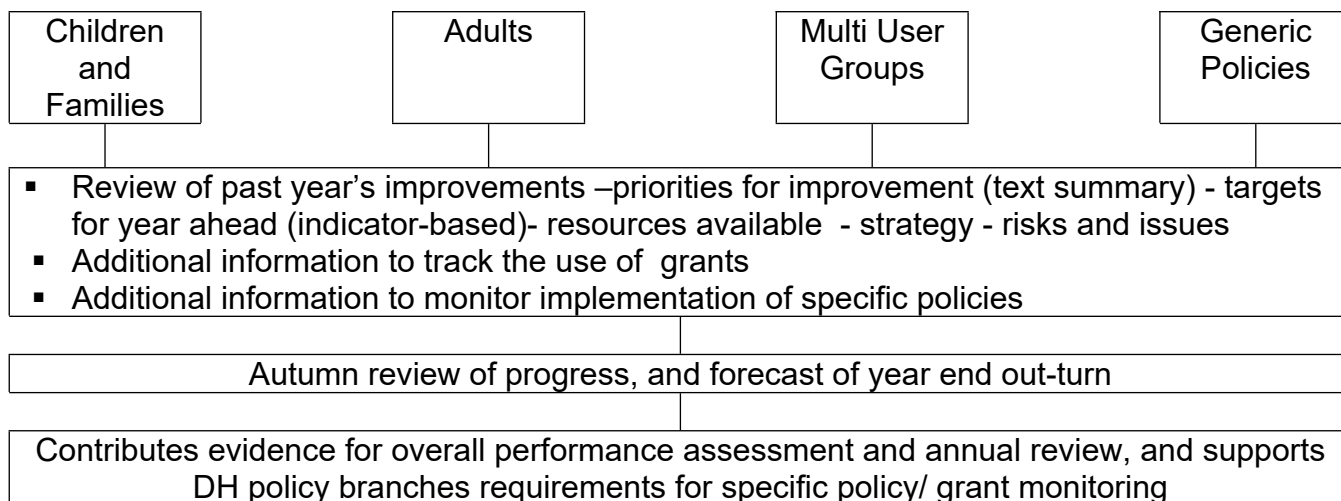
SUMMARY OF MAIN CHANGES TO MONITORING FOR 2003-04

3. The main changes to the 2003-04 monitoring process and content are:
 - The incorporation of planning information in the Delivery and Improvement Statement has **reduced the information required on grant plans** by incorporating concise planning and review information in place of more extensive separate plans.
 - Includes “**differentiated**” **performance monitoring for three star councils**, in which there are greater freedoms linked with the new Star Rating process.
 - Includes a **Director's summary of key improvements**. Space is provided for the Director to give a brief summary of the improvement outlook for the year ahead, including the main elements of strategy, risks and contingencies, and an indication of how resources will be directed towards priority improvements.

STRUCTURE OF THE DELIVERY AND IMPROVEMENT STATEMENT

4. The structure continues to seek a mix of number and text information related to recent achievements, priorities for the coming period, in-year progress updates and forecasts. The basic divisions of information relate to established service user groups, national objectives for the services, the relevant performance indicators, and to information about grants and national level policies. Details are given in the diagram below.

Structure of Delivery and Improvement Statement



PRODUCTS

5. The main outputs from the Delivery and Improvement Statement will be:
- Individual council profiles of the previous year's achievements, plans for improvements for the year ahead, and autumn updates for use in tracking performance during the year, and forecasts of performance by the year-end.
 - National and regional level analysis of performance with particular objectives or targets,
 - Brief information on the outcomes planned and achieved with the use of grants
 - Additional information to establish progress with the implementation of specific policies
 - Analysis tools that will assist SSI and councils to examine particular areas of performance.

All information will be recorded within SSI's Performance Assessment system (PADI) and used to highlight priorities for the Annual Review.

FREQUENCY AND TIMING OF MONITORING

6. There will be one Delivery and Improvement Statement only for 2003-04, issued in April, to establish baselines, improvement plans and targets for all of the main user groups for the year ahead. This will be updated and reviewed in the autumn. The timing of issue in the spring is designed to ensure that each council has had an opportunity to confirm its plans and budgets, and to complete the Key Indicator Statistical returns for when the Delivery and Improvement Statement is requested.

LOCAL REPORTING AND USE OF MONITORING INFORMATION

7. As with last year, SSI asks that the content of Delivery and Improvement Statements should be reported to a council committee in open session, within two months of its return to SSI, in the interests of an open and consistent approach. This will enable results to be used more openly in regional development work, strengthen SSI's ability to report council views and concerns within government, and increase confidence in the validity of the results. A number of analytical tools are now also available in the PADI for benchmarking purposes.

DIFFERENTIATED MONITORING – FREEDOMS FOR BEST PERFORMERS

8. Monitoring will adopt the principle of increasing freedoms for the best performers. The monitoring information is substantially reduced for 3-star rated councils. Three star rated councils will not have to provide information on:
 - Achievements in the past year, against improvement targets (text and indicator summaries)
 - Strategies to deliver improvements (text summary)
 - Additional information to monitor compliance with grant conditions
9. Three star councils are exempt from answering the following questions:
1001, 1101, 1201, 1301, 1309, 1401, 1501, 1601, 1701, 1801, 2101, 2104 - 2107, 2192 - 2194, 2201, 2204, 2225-2231, 2301, 2304 – 2307, 2327, 2328, 2401, 2404, 2420, 2421, 2501, 2504, 2601, 2604, 2701, 2704, 2715, 2717, 2718 – 2726 (Expenditure information only), 2801, 2804, 3101, 3104 – 3110, 3201, 3204 – 3207, 3225 – 3237, 3401, 3404 – 3409.
The DIS for three star councils will be customised to remove these questions.

REDUCTION OF GRANT PLAN REQUIREMENTS

10. The Delivery and Improvement Statement has been designed to deliver information about activity in relation to a number of grants. The incorporation of planning information in the Delivery and Improvement Statements has reduced the information required on grant plans by incorporating concise planning and review information in place of more extensive separate plans. The following grant plans are included in the DIS:
 - Quality Protects Management Action Plan
 - Carers Grant Plan
 - Learning Disability Development Fund

- Child and Adolescent Mental Health Grant
- Community Equipment
- National Training Strategy Grant
- Human Resources Strategy Development Grant
- Home Improvement - Access Grant

THE INSPECTOR'S ROLE

11. The SSI inspector will work with social services contacts to validate the Delivery and Improvement Statement, and where appropriate, to influence the content and /or pace of planned improvements. Inspectors will be looking for improvements that are challenging but realistic, in the light of the performance history. The national objectives for social services will provide the main focus and framework, together with the national priorities and milestones set by the Department of Health.

CONTACTS

12. The SSI Business and Information Managers will be the first point of contact to help resolve any queries about the Delivery and Improvement Statement content or its technical and handling aspects.

The Contacts for the SSI offices are:

REGION	CONTACT	E-MAIL	PHONE
Yorkshire and the Humber	Michael Peoples	Michael.Peoples@doh.gsi.gov.uk	0113 25 45694
North East	Gillian Robinson	Gillian.robinson@doh.gsi.gov.uk	0191 490 3405
North West	Karen Richards	Karen.richards@doh.gsi.gov.uk	0161 8762413
East Midlands	Caroline Joyce	caroline.joyce@doh.gsi.gov.uk	0115 959 7503
West Midlands	Kathy Francis	Katharine.Francis@doh.gsi.gov.uk	0121 606 4364
East	Natasha Lawrence	Natasha.lawrence@doh.gsi.gov.uk	0122 359 7751
	Michelle Foster	Michelle.Foster@doh.gsi.gov.uk	
South East	Mable Wilson	Mable.Wilson@doh.gsi.gov.uk	020 797 22715
South West	Abigail Dixey	Abigail.dixey@doh.gsi.gov.uk	0117 9416517
London	Robert Hayhurst	Robert.hayhurst@doh.gsi.gov.uk	020 797 22837

RETURNING THE DELIVERY AND IMPROVEMENT STATEMENT

13. Please e-mail the completed Delivery and Improvement Statement to the contact above by **13 November 2003**. The SSI business link inspector will then review the Delivery and Improvement Statement and will contact the SSD to discuss responses.

NOTE ON PERFORMANCE DATA AND TERMS USED IN THE GUIDANCE

14. Detailed notes are contained in individual sections of the Delivery and Improvement Statement. A few general notes on the terms used are provided here to help in introducing the Statement.

Term	Meaning
Objective	Statement of intent suitably detailed to be measurable and best expressed in outcome terms. The full set of objectives covers the full range of activity and this set is likely to be constant over time.
Priority for improvement	An objective or aim that is particularly important or urgent, deriving from national objectives for modernising social services. It is likely to be an area where failure to make progress will bring the biggest risks to the achievement of the aim.
Strategy	This should outline <u>how</u> priorities for social services improvement are to be achieved, within the framework of the council's corporate strategy
Performance indicators	<ul style="list-style-type: none"> Statistical measure with published definition, allowing comparison over time, and against targets. May relate directly to the outcomes described in an objective, or to standards Some but not all indicators have targets. Historic data in the Delivery and Improvement Statement will usually be pre-entered and taken from published national statistics wherever possible <p>The Delivery and Improvement Statement contains historic data on the PIs and asks councils to complete plans in spring and forecasts of the year end position in autumn.</p>
Performance indicator (plan figure)	Set in the Spring Delivery and Improvement Statement the plan is the where the council expects to be, on a performance indicator, at the end of the financial year. To produce a plan councils will consider their current position and historic trends but also what impact policies and resources will have on performance.
Performance Indicator (forecast figure)	<p>The mid-year forecast collected in autumn is the expected value of an indicator at the end of the year. Forecasts should be made using the actual data for the first half of the year and the forecast activity for the remainder of the year. These are helpful in identifying the direction of actual progress.</p> <p>If policies have been more or less successful than expected or the availability of resources has changed then it is likely that the forecast will be different to the plan.</p>
National Target	<p>The value that an indicator should reach by a given date.</p> <p>Some national targets need to be met at a national level whereas others need to be met by all councils. Current performance may mean that it is unrealistic for a council to plan to meet the national target.</p>
Milestone	Special case of a target, used where the final target date is some way off. The milestone target is an earlier date with a target some way

	towards the final target, used to assess progress towards the final target. Examples are to be found in the NSF for older people.
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Throughout the guidance we have indicated when information should be reported. The DIS instrumentation will indicate the data items to be completed in spring and autumn by highlighting the relevant cell green. For councils that want to print the DIS in Black and white a black border has been added to highlight information that need to be completed.

Pre-populated Data

Where appropriate SSI have attempted to populate the DIS with information already reported to the Department of Health.

In general pre-populated information falls into the following categories:

PAF Performance Indicators

- Information for 2000-01 and 2001-02 taken from published PAF PIs.
- Information for 2002-03 Plan and Forecast taken from the information reported to SSI in the autumn 2002 Delivery and Improvement Statement.
- Information for 2002-03 outturn has been replaced with the PAF data to be published in November 2003

Other numerical information

- where appropriate information used is from that reported in the autumn 2002 Delivery and Improvement Statement.
- Information for teenage conception rates uses that reported through the teenage pregnancy plans for years 1998, 1999, 2000, 2001 and 2004 targets
- Where possible / appropriate information from 2002 Carers Grant Plans have been used to populate the section on additional information requested to monitor the use of the Carers Grant Plan

Local Targets

Although we have removed the individual lines for local targets we would anticipate that councils would inform SSI of any important local targets within the Achievements for 2002-03 Priorities for Improvement for 2003-04 summary for each of the user groups.

Summary of changes to the Guidance

Question	Change	Page
Director's Update	Directors are asked to provide a commentary on overall current and forecast performance	13
1104 - Percentage of looked after children placed with family and friends	Further clarification on definition has been supplied	16
1110 - QPi Percentage of children looked after with named social worker	Further clarification on definition has been supplied	20
1207 - Qpii: Percentage of children on child protection register with a key worker	Further clarification on definition has been supplied <i>with reference to Working Together to Safeguard Children – paragraphs 5.75 and 5.76.</i>	26
1304 - QP5 The proportion of schooling lost in the local authority through unauthorised absence	Detailed definition provided	29
1306 – Number of full time equivalent social workers employed in or working closely with multi-disciplinary CAMHS teams.	Further clarification on definition has been supplied	30
1405 - PAF C18: Final warnings, reprimands and convictions of children looked after	Further clarification on definition has been supplied	35
1406 – 1407: PAF C19: Health of children looked after	Further clarification on definition has been supplied	36
1410 – The percentage of children looked after who had their four month review in the year ending 30 September 2003.	Further clarification on definition has been supplied	38
1411 – The percentage of children looked after who had their four month review in the year ending 30 September 2003, who have a permanence plan with monitorable milestones agreed at that review	Further clarification on definition has been supplied	39
1803 - Percentage of children looked after who directly communicated their views to a statutory review, by attendance or by written or electronic communication or via an advocate	Further clarification on definition has been supplied	54
2117 – Emergency Admissions for Older People who are normally resident within the council area per 1,000 population	This indicator should be provided on a rate per 1,000 population. Information in spring was recalculated on this basis where appropriate	71
2119 & 2198 – Number of Delayed Transfers of Care expressed as a rate per 100,000 population over 65	This is a different question to that asked in spring. The definition has changed to obtain information on a comparable basis to the 2002-03 PI.	72

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2120 - For residents in your council area how many days reimbursement payment do you estimate will have to be made to NHS Trusts	An automatic calculation has been included in the DIS to estimate the cost of reimbursement	57
2127 - PAF D43: Waiting times for packages of care	Further clarification on definition has been supplied	75
2134 - PAF E47 Ethnicity of older people receiving assessment.	Further clarification on definition has been supplied	77
2153 - Number of people funded by the council receiving intermediate care in a residential setting (rapid response / supported discharge) to prevent hospital admission	Further clarification on definition has been supplied	81
2159 - Number of intermediate care beds funded by the council	Further clarification on definition has been supplied	84
2160 - Percentage of assessments of older people will begin within 48 hours of first contact with social services	Further clarification on definition has been supplied	85
2182 - Number of extra-care housing tenancies to be provided in 2003/04	Further clarification on definition has been supplied	87
2183 - What involvement have you had in agreeing continuing care criteria with your health partners?	Further clarification on question has been supplied	65
2209 - PI: Percentage of adults with learning disabilities receiving community based services who are receiving short term breaks	Due to the quality of data in spring further clarification on definition has been supplied and all cells left open to allow confirmation of response in line with guidance	94
2210 - PI Percentage of carers aged 65 and over who have been assessed	Due to the quality of data in spring further clarification on definition has been supplied and all cells left open to allow confirmation of response in line with guidance	95
2214 - Proportion of expenditure on day and domiciliary services for people with learning disabilities to expenditure on residential provision for people with learning disabilities	Due to the quality of data in spring further clarification on definition has been supplied and all cells left open to allow confirmation of response in line with guidance	97
2215 - PI: Number of people with learning disabilities in work as a percentage of those with learning disabilities known to the council	Due to the quality of data in spring further clarification on definition has been supplied and all cells left open to allow confirmation of response in line with guidance	98
2216 - PI: The proportion of people with learning disabilities receiving services that are from minority ethnic groups	Due to the quality of data in spring further clarification on definition has been supplied and all cells left open to allow confirmation of response in line with guidance	99

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2218 - PI: Percentage of staff working in learning disability services achieving at least NVQ Level 2	Due to the quality of data in spring further clarification on definition has been supplied and all cells left open to allow confirmation of response in line with guidance	100
2222 – Percentage who have achieved their own person centred plan (as described in guidance)	Further clarification on definition has been supplied	101
2224 – Percentage of young people moving from children's to adults' services who have had services designed on the basis of their own person centred plan	Further clarification on definition has been supplied	102
2312 – PAF D38 Percentage of items of equipment costing less than £1,000 delivered in three weeks	Further clarification on definition has been supplied	110
2313 – Number of people who receive community equipment services	Further clarification on definition has been supplied	110
2606 - By what percentage has participation of problem drug users in drug treatment programmes changed compared to the previous year	Further clarification on definition has been supplied	126
2707 - What is the current status of implementation work to deliver the National Carers Strategy ?	Further clarification on question has been supplied	127
2717 - Percentage of the grant spent on Joint Care management or pooled budgets	Further clarification on definition has been supplied	131
2806 - PAF D52: Users satisfied with Social Services (BVPI 182) – new indicator	Further clarification on definition has been supplied	135
2809 - PAF D53: Users that asked for changes to services who were satisfied with those changes (BVPI 190) – new indicator	Further clarification on definition has been supplied	136
3121 – Funding for Trainee Social Work schemes: <i>Number of staff funded</i> by the Council on social work trainee or schemes	Further clarification on definition has been supplied	147
3124 – 3129: Number of assessed social work practice learning days per whole time equivalent social worker	Due to the quality of data in spring further clarification on definition has been supplied and all cells left open to allow confirmation of response in line with guidance	148
3142 – 3144: Numbers of approved foster carers and adopters	Further clarification on definition has been supplied	152
3146 – 3150: Provide information below about the numbers of staff employed by the statutory, private and	Due to the number of queries received on this question since spring the Employers Organisation, ADSS and	153

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voluntary sectors in your area	DH have produced some guidance on how to count and collect this information. The guidance was issued by the Employers Organisation in August and a copy is attached at the back of the guidance for ease of reference.	
3241 & 3250: PAF E44: Relative spend on family support	Further clarification on definition has been supplied	163
3422 - What is the progress in your authority towards an electronic social care record ESCR	Further clarification on question has been supplied	170

Director's Summary

The Director of Social Services is requested to confirm that:

- **The Delivery and Improvement Statement is a fair representation of the council's commitments and intentions for social services in 2003-04.**
- **Where the Statement refers to improvements that must be delivered in co-operation with other organisations, or departments of the council, it is consistent with current or expected agreement with the key partners concerned.**

Space is provided below for the Director to give a brief summary of the improvement outlook for the year ahead, including the main elements of strategy, risks and contingencies, and an indication of how resources will be directed towards priority improvements.

Complete in spring – short text summary up to 3,000 characters – approximately 375 words

Director's update

The Director of Social Services is requested to confirm that the following sign-off statements apply:

- **the autumn update of this Delivery and Improvement Statement is a fair representation of the council's current and forecast performance**
- **any significant risks to performance have been identified in the statement**
- **relevant policy information and performance forecasts in the statement have been shared with key partners, including PCTs and SHAs.**

Space is provided below for any additional comments that Directors may wish to add about performance at the mid-year point and the outlook for the remainder of 2003-04.

Complete in autumn – short text summary up to 3,000 characters – approximately 375 words

Children's services

The requirement to produce a quality Protects Management Action plan (MAP) has been removed and children's services are now fully incorporated into the DIS. But please note that some elements appear in the section on Adults services e.g. some material which formed part of the MAP (mainly objectives 9,10 and 11) is now incorporated into the management and resources section of the Delivery and Improvement Statement.

OVERVIEW OF CHILDREN'S SERVICES

Strategy for Children's Services

1001 – Summary of Strategy for delivering on priority improvements for children's services	
Complete in spring – short text summary of 2000 characters, approximately 250 words	
Please summarise any serious risks to achieving the priorities for improving outcomes for children's services and the contingencies in place to deal with any risks.	
1002 – Risks	Complete in spring – short text summary of 800 characters, approximately 100 words
1003 – Contingencies	Complete in spring – short text summary of 800 characters, approximately 100 words

1004 – Please describe any contingencies that have been put into place in response to risks that have impacted on service delivery since spring.
Complete in autumn - short text summary of 800 characters, approximately 100 words

OBJECTIVE 1 – Progress with Safe and Secure Care

Achievements in 2002-03

1101 - Please summarise overall achievements (and any priorities for improvement that were not achieved) for Safe and Secure Care in 2002-03.
You may wish to comment on
- the provision of more family placements (through adoption, foster care, placement with family and friends),
- the range & level of residential placements, (including secure placements)
- meeting the placement needs of black and minority ethnic children
Complete in spring – short text summary of 800 characters, approximately 100 words

Priorities for 2003-04

1102 – Please specify the priorities for improvement in 2003-04 for Safe and Secure Care
Complete in spring - short text summary of 800 characters, approximately 100 words

Objective 1: Targets and Performance Indicators

2000-01	2001-02	2002-03 Plan	2002-03 Forecast	2002-03 Outturn (spring)	2003-04 Plan (spring)	2003-04 Forecast (autumn)
1103 – The number of children looked after per 10,000 population as at 31 March.						
1104 – Percentage of looked after children placed with family and friends.						

1105 – PAF A1 Percentage children looked after with 3 or more placements during one year						
1106 – PAF D35 Percentage children looked after continuously for at least 4 years, who have been in their foster placement for at least 2 years						
1107 – PAF B7 Percentage of Children looked after in foster placements or placed for adoption						
1108 – PAF C22 Percentage of Young Children looked after in foster placements or placed for adoption (excluding those placed with parents)						
1109 – PAF C23 Percentage of children looked after for 6 months or more who were adopted during the year						
1110 - QPi Percentage of children looked after with named social worker						
1111 - For looked after children adopted during the year, the percentage who were placed for adoption within 12 months of their best interest decision being made						

Progress on priorities for Safe and Secure Care during 2003-04

1112 – What progress has been made with action planned for Safe and Secure Care during 2003-04?

Complete in autumn

Response description:

Select from

- 1 - no progress
- 2 - significant slippage on plans
- 3 - some Action Planned on schedule but some slippage
- 4 - most Action Planned on schedule
- 5 - all Action Planned on schedule

All councils answering 1 - 4, please explain why action planned is not currently on course, or not likely to be achieved by the year end.

Additionally, **councils who are zero rated** should also describe progress to date, and the anticipated outcome at year end.

Complete in autumn – short text description of 800 characters, approximately 100 words

Additional information to inform policy development

1113 – How are you preparing to implement the Adoption and Children Act 2002 in respect of adoption support services

Complete in autumn – short text description of 800 characters, approximately 100 words

Annex: Performance Indicators and other technical details needed in the responses for Children's' Objective 1

1103 - Numbers of looked after children per 10,000 children under 18 as at 31st March

Response description:

Number to one decimal place.

Reason for question:

If government objectives are being achieved the balance of numbers between children supported within their own families and those looked after will change. Council policies should be directed at understanding the nature of the looked after population and the sub groups within it. It is important to understand and plan proactively

Definition

Numerator:

The number of children under 18, looked after as at 31st March, excluding those accommodated for an agreed series of short term placements

Denominator:

The population of children under 18 in the council area divided by 10,000

Reference: 2001 Census

1104 - Percentage of looked after children placed with family and friends

Response description:

Percentage to two decimal places

Reason for question:

As part of the Choice Protects review, the government is looking at the role of the family and friend (kinship care) as a positive placement option for children accommodated by or in care of the Local Authority. Council policies should be directed at understanding the nature of the looked after population and the potential role of all placement options.

Definition

Numerator:

The number of children in the denominator who are placed with family (e.g. grandparents) and friends but **not** including their own parents. This relates to the family/friends who are or become registered foster carers and therefore the child is a Looked After Child. If 'placed' by the LA the family/friends are/will become registered foster carers. In some instances section 17 payments are received where the child hasn't been 'placed' by the LA.

Denominator:

The total number of children who were looked after at 31 March, excluding any children who were looked after on that date under an agreed series of short term-placements (under the provisions of Reg. 13 of the Arrangement for Placement of Children (General) Regulations, 1991). Include Unaccompanied Asylum Seeking Children

1105 - PAF A1: Percentage of children looked after with 3 or more placements during one year

Response description:

Percentage to **two** decimal places

Reason for question:

This PI is the best available measure of the stability of care that a child has experienced. On the whole stability is associated with better outcomes. Proper assessment of a child's needs and an adequate choice of placements to meet the varied needs of different children are essential if appropriate stable placements are to be made. Inappropriate placements often break down and lead to frequent moves. However, we do accept that the circumstances of some individual children will require 3 or more separate placements during a year if they and others are to be kept safe. During 1996-97 20% of children had three or more placements, but the variation between councils was significant, in some as many as 36% of children experienced three or more placements.

Definition

Numerator:

Of the children looked after in the Denominator:, the number who had three or more separate placements (as defined by the SSDA9903 collection) during the year. All placements of 24 hours or more are counted, regardless of duration. Any placements that were already open on 1 April at the beginning of the year, and any which were open on 31 March at the end of the year' are included. All placements regarded as 'temporary' are included; the only exceptions being the following special cases: - temporary periods on holiday or in hospital; - where a foster carer goes on holiday for 21 days or less and the child temporarily stays with another carer; during this time (only two such breaks allowed in any one year; - other temporary absences of seven consecutive days or less, where the child then returned as planned to the previous placement. These exceptional categories of placement are likely to be infrequent; they are not recorded on the SSDA 903 for the one-third sample of looked after children, and for consistency are not included in this count of looked after children. Where a child had placements during the year separated by periods of not being looked after, each placement is counted, even if they were with the same carer. 'Placed for adoption is counted as a separate placement, even if with the same carer as the previous placement. Any placements that formed part of an agreed series of short term placements (under the provisions of Reg. 13 of the Arrangement for Placement of Children (General) Regulations, 1991) are not counted.

Reference: CLA100 Section 2

Denominator:

The total number of children who were looked after at 31 March, excluding any children who were looked after on that date under an agreed series of short term-placements (under the provisions of Reg. 13 of the Arrangement for Placement of Children (General) Regulations, 1991).

Reference: CLA100 Table 1.1C and Section 2.

1106 - PAF D35 Percentage children looked after continuously for at least 4 years, who have been in their foster placement for at least 2 years

Response description:

Percentage to one decimal place

Reason for question:

This indicator is designed to illustrate the relative effectiveness of councils in achieving longer-term stability. For children looked after for as long as 4 years, it is reasonable to expect that a substantial amount of that time is spent with the same foster carers, or that an adoptive placement would be found.

Definition

Numerator:

Of the children looked after in the Denominator:, the number who were in a foster placement and who had at 31 March been with the same foster carer continuously for at least 2 years (i.e. for more than 729 days inclusive of 31 March).

Reference: CLA100 Section 2

Denominator:

The number of children looked after at 31 March who had been looked after continuously for at least four years (i.e. for more than 1,460 days inclusive of 31 March), excluding children looked after at any time during that period under an agreed series of short term placements.

Reference: CLA100 Section 2

1107 - PAF B7: Percentage of children looked after (excluding those placed with parents) who were in foster places or placed for adoption

Response description:

Percentage to one decimal place

Reason for question:

Most children's needs are such that they will make better developmental progress in family settings rather than in residential care (although for a minority of children residential care will continue to offer the best solution). In most cases caring for children in family settings also costs less than residential care. Therefore a higher value indicates both a better outcome and a more efficient one, subject to placing children with parents where appropriate and providing residential care for the minority of children for whom this is best.

Definition

Numerator:

Of the children looked after in the Denominator:, the number who were in foster placements or placed for adoption.

Reference: CLA 100 Table 1.3 Section 2

Denominator:

The total number of children who were looked after at 31 March, excluding any children placed with parents or who were looked after on that date under an agreed series of short term placements (under the provisions of Reg. 13 of the Arrangement for Placement of Children (General) Regulations, 1991).

Reference: CLA100 section 2

1108 – PAF C22 Percentage of Young Children looked after in foster placements or placed for adoption (excluding those placed with parents)

Response description:

Percentage to one decimal place

Reason for question:

Most children's needs are such that they will make better developmental progress in family settings rather than in residential care; this is particularly true of children under the age of 10 (although for a minority of children residential care will continue to offer the best solution). In most cases caring for children in family settings also costs less than residential care. Therefore a higher value indicates both a better outcome and a more efficient one, subject to placing children with parents where appropriate and providing residential care for the minority of children for whom this is best.

Definition

Of children looked after at 31 March (excluding those placed with parents) and under the age of 10 the percentage who were in foster placements or placed for adoption.

Numerator:

Of the children looked after in the Denominator:, the number who were in foster placements or placed for adoption.

Reference: CLA100 Section 2.

Denominator:

The total number of children who were looked after at 31 March and were under the age of 10 on that day, excluding any children placed with parents or who were looked after on that date under an agreed series of short term placements (under the provisions of Reg. 13 of the Arrangement for Placement of Children (General) Regulations, 1991).

Reference: CLA100 Section 2.

1109 - PAF C23 Percentage of children looked after for 6 months or more who were adopted during the year

Response description:

Percentage to **two** decimal places

Reason for question:

For most children the best place to grow up is with their birth parents. Where this is not possible, society has a clear responsibility to provide children with stability and permanence in their lives. The Government believes that more can and should be done to promote the wider use of adoption which offers the only legally secure placement for children unable to return to their birth families. This indicator seeks to encourage the use of adoption. And helps assess progress towards the Government's target for adoption included in the Priorities and Planning Framework 2003-2006:

Maintain current levels of adoption placement stability as measured by the proportion of placements for adoption ending with the making of an adoption order) so that the quality is not compromised whilst increasing the use of adoption as follows:

- By 2004-05 increase by 40% the number of looked after children who are adopted, and aim to exceed this by achieving, if possible, a 50% increase by 2006 up from 2,700 in 1999-2000. All councils will bring their practice up to the current level of the best performers (band 4 and 5 of the PSS PAF indicator C23)
- By 2004-05 increase by 95% the proportion of looked after children placed for adoption within 12 months of the decision that adoption is in the child's best interests, up from 81% in 2000-2001 and maintain this level (95%) up to 2006, by locally applying the timescales in the National Adoption Standards, taking account of the individual child's needs.

Definition

Numerator:

The number of children who ceased to be looked after during the year as a result of the granting of an adoption order (counting only those children who were adopted after having been looked after by the council immediately prior to adoption). Children placed for adoption or freed for adoption remain looked after until the adoption order is granted.

Reference: AD1: count all forms.

Denominator:

The total number of children who were looked after at 31 March and who at that date had been looked after for 6 months or more, (i.e. more than 181 days inclusive of 31st March) excluding any children who were looked after on that date under an agreed series of short term placements (under the provisions of Reg. 13 of the Arrangement for Placement of Children (General) Regulations, 1991)

Reference: CLA100 Table 1.1

1110 - QPi Percentage of children looked after with named social worker

Response description:

Percentage to one decimal place

Definition

Numerator:

The number of those children who have a named **suitably qualified** social worker other than a team leader

Denominator:

The number of children looked after (including those on short-term placements)

1111 - For looked after children adopted during the year, the percentage who were placed for adoption within 12 months of their best interest decision being made

Response description:

Percentage to one decimal place of the total number of looked after children adopted during the year.

Reason for question:

To help assess progress towards the Government's target for adoption included in the Planning and Priorities Framework (*Improvement, Expansion and Reform*)

Definition

Numerator:

The number of children included in the Denominator: who were placed for adoption within 12 months of the decision that adoption was in their best interest. 'Best interest' is where the Adoption Panel has recommended that adoption is in the child's best interests and the agency decision maker has confirmed this, and the legal position is such that this can legally be done – i.e. as in the AD1 guidance Item 7.

Denominator:

The number of children who ceased to be looked after during the year ending 31 March as a result of the granting of an adoption order. Includes only those children who were adopted after having been looked after by the authority immediately prior to adoption. Children placed for adoption or freed for adoption remain looked after until the adoption order is granted.

Objective 2 – Progress with Protection from Abuse & Neglect

Achievements in 2002-03

1201 – Please summarise overall achievements (and any priorities for improvement that were not achieved) for Protection from Abuse & Neglect in 2002-03.

You may wish to comment on

- Monitoring and auditing the time scales for child protection set out in Working Together to Safeguard Children
- Action on paragraph 2.25 of Safeguarding Children the Joint Chief Inspectors report on arrangements to safeguard children, which refers to a review of thresholds for providing services
- Implementation of inter-agency protocols on children involved in prostitution

Complete in spring – short text summary of 800 characters, approximately 100 words

Priorities for 2003-04

1202 – Please specify the priorities for improvement in 2003-04 for Protection from Abuse & Neglect

Complete in spring - short text summary of 800 characters, approximately 100 words

Objective 2: Targets and Performance Indicators

2000-01	2001-02	2002-03 Plan	2002-03 Forecast	2002-03 Outturn (spring)	2003-04 Plan (spring)	2003-04 Forecast (autumn)
1203 – PAF A3 Percentage of children registered during the year on the child protection register, who had been previously registered						
1204 – PAF C21 Duration on the Child Protection Register						
1205 – PAF C20 Reviews of Child Protection Cases old definition						
						Not required
1206 – PAF C20 Reviews of Child Protection Cases new definition						
Not required	Not required	Not required	Not required			
1207 – Qpii: Percentage of children on child protection register with a key worker						

Progress on priorities for Protection from Abuse & Neglect during 2003-04

1208 - What progress has been made with action planned for Protection from Abuse & Neglect during 2003-04?

Complete in autumn

Response description:

Select from

- 1 - no progress
- 2 - significant slippage on plans
- 3 - some Action Planned on schedule but some slippage
- 4 - most Action Planned on schedule
- 5 - all Action Planned on schedule

Delivery and Improvement Statement 2003-04 (Autumn Update)

All councils answering 1 - 4, please explain why actions planned are not currently on course, or not likely to be achieved by the year end.
Additionally, **councils who are zero rated** should also describe progress to date, and the anticipated outcome at year end.

Complete in autumn – short text description of 800 characters, approximately 100 words

Annex: Performance Indicators and other technical details needed in the responses for Children's' Objective 2

1203 - PAF A3 Percentage of children registered during the year on the child protection register, who had been previously registered

Response description:

Percentage to two decimal places

Reason for question:

The purpose of registration on the Child Protection Register is to devise and implement a Child Protection Plan, which leads to lasting improvements in the child's safety and overall well being. Some re-registrations are essential in responding to adverse changes in circumstances, but high levels of re-registration may suggest that the professionals responsible for the child's welfare are not intervening effectively either to bring about the required changes in the child's family situation or to make alternative plans for the child's long term care.

Definition

Numerator:

Of the children in the Denominator:, the number of children who had previously been on the Child Protection Register of that council regardless of how long ago that was. New councils that have been created by local government reorganisation should include children who were previously on the register of the corresponding old council. It is possible for an individual child to be re-registered by the same council more than once in the year. In such circumstances each occasion of re-registration should be counted in the Numerator:.

Reference: CPR3 Table 7 line 2 and Table 9

Denominator:

The number of children registered to the Child Protection Register at any time during the year.

The Denominator: is a count of each occasion of registration in the year, and may count the same child more than once.

Reference: CPR3 Table 5 and Table 9

1204 - PAF C21 Duration on the Child Protection Register

Response description:

Percentage to two decimal places

Reason for question:

Registration should ensure that children who are likely to suffer significant harm are protected and that they and their families are receiving the services necessary to bring about the required changes in the family situation. Professionals, the child and the family should be working towards specified outcomes, which should lead to the child's name being taken off the register within two years.

Definition

Numerator:

Of the children in the Denominator:, the number who had been on the register continuously for two years or longer (i.e. for more than 729 days including day of de-registration)

Reference: CPR3 Table 8 lines (5 + 6) and Table 9.

Denominator:

The number of children de-registered from the Child Protection Register during the year.. This may count a child more than once if they were de-registered more than once during the year.

Reference: CPR3 Table 8 line 7 and Table 9.

1205 – 1206: PAF C20 Reviews of Child Protection Cases

Response description:

Percentage to one decimal place

Reason for question:

This indicator tries to measure the effectiveness of the interventions provided to children on the Child Protection Register. Reviews are a key element in delivering Child Protection Plans and effective reviews should ensure the provision of good quality interventions.

Definition

The definition is being amended to take full account of the requirements of Working Together to Safeguard children.

Old Definition

The percentage of child protection cases which should have been reviewed during the year that were reviewed. It will, continue to be used to inform judgements made for star ratings on performance in 2002-03.

Numerator:

Of the children in the Denominator:, the number of children whose cases had been reviewed (in accordance with Working Together 1999) so that the maximum gap between reviews during the year was 6 months and also that the maximum gap between reviews and the end of the year was 6 months. A review should be recorded in writing and should consider the child's safety, health and development against the intended outcomes set out in the child protection plan.

Source CPR 3 Table 9

Denominator:

The number of children on the Child Protection Register at 31 March who at that date had been on the Register continuously for at least the previous 6 months.

New definition

This reflects the requirement that the first child protection review conference should be held within 3 months of the initial child protection conference and takes account of the pattern of reviews in previous years. If you already collect data which will enable you to estimate out-turn for C20 for 2002- 03 according to the new definition please enter it.

Numerator:

Of the children in the Denominator:, the number whose cases had been reviewed so that:

- i) the first review of the year was held within 6 months of the last review in the previous year (or within 3 months of the child being placed on the Child Protection Register, if there was no review in the previous year);
 - ii) the maximum gap between reviews during the year was 6 months;
- and**
- iii) a review was held within 6 months of the end of the year (i.e. on or after 1 October)

Denominator:

The number of children on the Child Protection Register at 31 March who at that date had been on the Register continuously for at least the previous 3 months.

1207 - Qpii: Percentage of children on child protection register with a key worker

Response description:

Percentage to one decimal place

Reason for question:

Working Together, which is based on research, inspections, and reviews of individual cases, stresses the importance of key workers in ensuring that plans are developed and implemented to protect children from abuse.

Definition

Numerator:

The number of children in the denominator: who have a key worker *i.e. the practitioner who has been allocated responsibility for the case not in a managerial role. Role of key worker – Working Together to Safeguard Children – paragraphs 5.75 and 5.76.*

Denominator:

The number of children whose names are on the child protection register as at 31st March.

OBJECTIVE 3 - Life Chances of Children in Need

Achievements in 2002-03

1301 - Please summarise overall achievements (and any priorities for improvement that were not achieved) for Life Chances of Children in Need in 2002-03.

You may wish to comment on

- How far children in need, including those from black and minority ethnic groups, have been able to benefit from early years provision, including pre-school education, Sure Start/Sure Start Plus, Children's Fund, Connexions, teenage pregnancy strategies, CAMHS
- CSSR contribution to these initiatives

Complete in spring – short text summary of 800 characters, approximately 100 words

Priorities for 2003-04

1302 - Please specify the priorities for improvement in 2003-04 for Life Chances of Children in Need

Complete in spring - short text summary of 800 characters, approximately 100 words

Objective 3: Targets and Performance Indicators

2000-01	2001-02	2002-03 Plan	2002-03 Forecast	2002-03 Outturn (spring)	2003-04 Plan (spring)	2003-04 Forecast (autumn)
1303 – PAF E45 Ratio of proportion of children in need that were from ethnic minorities to the proportion of children in the local population that were from ethnic minorities						
1304 – QP5 The proportion of schooling lost in the local authority through unauthorised absence						
1305 – QP4 The number of children permanently excluded from school						
1306 – Number of full time equivalent social workers employed in, or working closely with, multi-disciplinary CAMHs teams.						
Not required	Not required	Not required	Not required		Not required	

1998	1999	2000	2001	2002 Forecast (spring – update in autumn)	2003 Plan (spring)	2004 Target
1307 – The numbers of conceptions to females aged 15-17 per 1000 population of that age group in the year						
Provided	provided	provided	Provided			provided

Progress on priorities for Life Chances of Children in Need during 2003-04

1308 - What progress has been made with action planned for Life Chances of Children in Need during 2003-04?

Complete in autumn

Response description:

Select from

- 1 - no progress
- 2 - significant slippage on plans
- 3 - some Action Planned on schedule but some slippage
- 4 - most Action Planned on schedule
- 5 - all Action Planned on schedule

All councils answering 1 – 4, please explain why actions planned are not currently on course, or not likely to be achieved by the year end.
Additionally, **councils who are zero rated** in all cases should also describe progress to date, and the anticipated outcome at year end.

Complete in autumn – short text description of 800 characters, approximately 100 words

Additional information to monitor outcomes for which grant money has been made

Child and Adolescent Mental Health Services

1309 – Please identify specific achievements in 2002-03 resulting from the use of the CAMHS grant.

Complete in spring – short text description of 800 characters, approximately 100 words

1310 – What plans do you have for 2003-04 to move towards the provision of comprehensive children and adolescent mental health service including mental health promotion and early intervention

Complete in spring – short text description of 800 characters, approximately 100 words

1311 – What plans do you have for 2003-04 to increase CAMHs by at least 10% across the service according to agreed local priorities, demonstrated by increased staffing patient contacts and/or investments which will include the appointment of a minimum of four child and adolescent mental health workers or similar CAMH professionals

Complete in spring – short text description of 800 characters, approximately 100 words

Black and minority ethnic children

1312 – Please identify any service improvements taking place in 2003-04 that are specifically intended to enhance the life chances of black and minority ethnic children including those who are looked after

Complete in spring – short text description of 800 characters, approximately 100 words

Annex: Performance Indicators and other technical details needed in the responses for Children's' Objective 3

1303 - PAF E45 Ratio of proportion of children in need that were from ethnic minorities to the proportion of children in the local population that were from ethnic minorities

Response description:

Number to two decimal places

Reason for question:

It is unlikely that people from minority ethnic communities will have less need to access social services than white people (normally the majority ethnic group), and in some cases their need may be greater. Similarly people whose first language is not English may have difficulty in accessing services and may be those most likely to need services. For these reasons we would expect this indicator to have a value of at least one. A value of less than one would suggest that children from minority ethnic communities have poorer access to services than white children.

Definition

Numerator:

The percentage of children in need that were classified as other than "white".

*Reference: The percentage of all children (other than asylum seeking children) with a valid ethnic code reported on the database in the "children in need" collection, who have a code other than "white". The "children in need" data collection that was carried out in **February 2003**, covers all children in contact with Social Services during the census week and all other children in need on the council database. It uses ethnic codes consistent with those in the **2003 Census**. Children whose ethnic codes are not valid (because it is not in the census codes) are excluded from the calculation.*

Denominator:

The estimated percentage of all children (aged under 18) living in the Council area who are classified as other than "white".

*Reference: **2003 CIN Census***

1304 - QP5 The proportion of schooling lost in the local authority through unauthorised absence

Response description:

Number to **two** decimal places

Reason for question:

School attendance and potential achievement is a key to improved outcomes for all children and particularly for those who can be defined as children in need. This indicator may reflect a variety of issues within schools and across LEAs, including parental views about education.

Definition

Percentage of schooling lost through unauthorised absence.

Numerator:

Count of number of half days lost through unauthorised absence in the LA schools during the school year.

Denominator:

The total number of half days schooling available during the school year. DfES defines a school year for their purposes as running from 1 September to the following 31 August.

1305 - QP4 The number of children permanently excluded from school

Response description:

Positive Number

Reason for question:

Quality Protects is one of the Government's policies which is intended to reduce social exclusion. It requires corporate activity by education and social services authorities which ensures that children in need have the same opportunities as others. Many children and young people excluded from school will be children in need and the ways in which the issues are addressed to meet their educational needs will impact on their development and how other needs are being met. .

Definition

The number of children permanently excluded by any of the local authority's schools at any time during the school year. DfES defines a school year for their purposes as running from 1 September to the following 31 August.

1306 – Number of full time equivalent social workers employed in or working closely with multi-disciplinary CAMHS teams.

Response description:

Number to **two** decimal places

Reason for question:

An increase in CAMHS services of 10% per year is part of the government's public service agreement. A measure of the numbers of social workers is indicative of the commitment of councils to this crucial area of work.

Definition

The data required in the DIS is that provided through the baseline mapping exercise completed for all CAMH services at the end of 2002.

Social services staff means all staff employed by (as opposed to commissioned by) social services departments to work on CAMH issues irrespective of whether their workplace is within health, local authority or voluntary settings. Exclude administrative and secretarial staff.

Following the guidance in HSC2003/003:LAC (2003) 2, councils should reflect the priorities in their joint CAMHS Development Strategies agreed with PCTs, education and other partners and incorporated into the local delivery plans which outline the implementation of the Priorities and Planning Framework 2003 –2006. The Annex to the circular describes the functions of child mental health workers, 'to support, train, liase with, consult to and provide direct work with other agencies providing services to children.

1307 – The numbers of conceptions to females aged 15-17 per 1,000 population of that age group in the year

Response description:

Number to one decimal place

Estimate of 2002 outturn and plan for 2003 in spring, update 2002 outturn in autumn.

Reason for question

Under 18 conception rates at the level of council with social services responsibility (CSSR) are published annually by the Office for National Statistics, 14 months after the end of the year to which they relate. These are derived from data on births and abortions. Data for 2001 was made available at the end of February 2003 and the relevant CSSR data for 2001 has been inserted in the table above.

Councils should insert their anticipated conception rates for 2002 and 2003 in the template, as in the local teenage pregnancy plan. These should reflect the year on year percentage reductions required to meet the agreed local target for 2004. The 2004 conception % reduction target for your CSSR has been included in the table. It is expected that the 2002 and 2003 rates will broadly follow the relevant trajectory suggested in the table below, which shows the total percentage reduction from the 1998 baseline. It is recognised that local circumstances may determine some variation.

Total cumulative percentage reduction in conception rates from 1998

1999	2000	2001	2002	2003	2004
4	6	8	10	12	15
2	4	5	7	8	10

Local 10-year teenage pregnancy strategies and action plans have been developed jointly to reach these targets. Further information on the local teenage pregnancy strategy and conception reduction targets will be available from the local Teenage Pregnancy Co-ordinator.

Definition

Numerator:

Of the population in the Denominator:, the numbers of conceptions (resulting in one or more live births or in a legal abortion) to all under 18s in the calendar year

Denominator:

Population of females aged 15- 17 years. The rate is expressed per thousand female aged 15-17.

OBJECTIVE 4 – Life Chances of Children Looked After

Achievements in 2002-03

1401 - Please summarise overall achievements (and any priorities for improvement that were not achieved) for Life Chances of Children Looked After in 2002-03.

You may wish to comment on

- education, health care, including substance abuse
- leisure and cultural opportunity
- offending behaviour by looked after children
- use of the information and technology fund

Complete in spring – short text summary of 800 characters, approximately 100 words

Priorities for 2003-04

1402 – Please specify the priorities for improvement in 2003-04 for Life Chances of Children Looked After

Complete in spring - short text summary of 800 characters, approximately 100 words

Objective 4: Targets and Performance Indicators

2000-01	2001-02	2002-03 Plan	2002-03 Forecast	2002-03 Outturn (spring)	2003-04 Plan (spring)	2003-04 Forecast (autumn)
1403 – The percentage of young people leaving care aged 16 or over with at least 5 GCSE at Grades A* - C.						
1404 – PAF A2: Percentage of young people leaving care aged 16 or over with at least 1 GCSE at grades A*-G, or GNVQ						
1405 – PAF C18: Final warnings, reprimands and convictions of children looked after						
1418 – PAF C18A: Percentage of children aged 10 and over, looked after for at least 12 months given final warning in the year						
		Not required	Not required			
1406 – PAF C19: Health of children looked after - old definition						
					Not required	Not required
1407 – PAF C19: Health of children looked after - new definition						
Not required	Not required	Not required	Not required	Not required		
1408 – PAF C24: Percentage children looked after continuously for at least 12 months and were of school age, who missed 25 or more days schooling for any reason during the previous school year						
1409 – QP4.0.1: The proportion of LAC reviews within the preceding six months that were completed within the required timescales						
1410 – Percentage of children looked after who had their four month review in the year ending 30 September 2003.						Complete in autumn

1411 – The percentage of children looked after who had their 4 month review in the year ending September 2003 who have a permanence plan with monitorable milestones agreed at their four month review	Complete in autumn
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2000-01	2001-02	2002-03 Plan	2002-03 Forecast	2002-03 Outturn (spring)	2003-04 Plan (spring)	2003-04 Forecast (autumn)
1412 – Percentage of council's children's homes with at least one computer to which children have access						
1413 – Percentage of local authority foster care settings with at least one computer to which children have access						
1414 – Percentage of children looked after who have access to a computer where they are living						

Progress on priorities for Life Chances of Children Looked After during 2003-04

1415 – What progress has been made with action planned for Life Chances of Children Looked After during 2003-04?

Complete in autumn

Response description:

Select from

- 1 - no progress
- 2 - significant slippage on plans
- 3 - some Action Planned on schedule but some slippage
- 4 - most Action Planned on schedule
- 5 - all Action Planned on schedule

All councils answering 1 - 4, please explain why actions planned are not currently on course, or not likely to be achieved by the year end.

Additionally, **councils who are zero rated** in all cases should also describe progress to date, and the anticipated outcome at year end.

Complete in autumn – short text description of 800 characters, approximately 100 words

Additional information to assist monitoring of policy implementation - CAMHS

1416 – Please identify any specific action planned for 2003-04 to ensure that looked after children have access to CAMH services

Complete in autumn - short text summary of 800 characters, approximately 100 words

Additional information in relation to the education of looked after children

1417 – How are you implementing the recommendations of the Social Exclusion Unit report on the education of children in public care (expected Spring 2003)

Complete in autumn - short text summary of 800 characters, approximately 100 words

Annex: Performance Indicators and other technical details needed in the responses for Children's' Objective 4

1403 - Percentage of young people leaving care aged 16 or over with at least 5 GCSE at grades A*-C

Response description:

Percentage to **two** decimal places

Reason for question:

Raising the educational attainment of looked after children is key to maximising their life chances. Educational attainment is one of the most important determinants of future outcomes and a measure that is supported by readily available information. There is clearly a need for co-operation between SSDs, LEAs and Schools to improve the attainment of children looked after. In May 2000, the Department of Health and the Department of Education and Skills published joint guidance on the education of children and young people in public care. The Planning and Priorities Framework (*Improvement, Expansion and Reform*) includes the Department's PSA target to increase the proportion of young people leaving care aged over 16 with at least five GCSEs at grades A*-C to at least 15% by 2004. The indicator includes all children looked after as this emphasises the council's corporate responsibility for the education of vulnerable children.

The Social Exclusion Unit will shortly be publishing a report with recommendations on what further should be done to improve the educational attainment of looked after children. The PSA target will be reviewed in light of this report.

Definition

Numerator:

Of the young people in the Denominator:, the number who on leaving care had obtained at least 5 GCSE at grade A* - C. Qualifications gained before the young person was looked after and qualifications from exams sat while the young person was looked after are included, even if the results were announced after the young person ceased to be looked after. Qualifications gained from examinations sat after the young person ceased to be looked after are not included.

Denominator:

The number of young people who ceased to be looked after during the year at the age of 16 or over. All those in this age group leaving care are included regardless of how long they had been looked after before ceasing. However young people who ceased after having been looked after during the year only under an agreed series of short-term placements are not included.

1404 - PAF A2: Percentage of young people leaving care aged 16 or over with at least 1 GCSE at grades A*-G, or GNVQ

Response description:

Percentage to one decimal place

Reason for question:

Raising the educational attainment of looked after children is key to maximising their life chances. Educational attainment is one of the most important determinants of future

outcomes and a measure that is supported by readily available information. There is clearly a need for co-operation between SSDs, LEAs and Schools to improve the attainment of children looked after. In May 2000, the Department of Health and the Department of Education and Skills published joint guidance on the education of children and young people in public care. The Planning and Priorities Framework (*Improvement, Expansion and Reform*) includes the Department's PSA target to increase the proportion of young people leaving care aged over 16 with at least five GCSEs at grades A*-C to at least 15% by 2004. The indicator includes all children looked after as this emphasises the council's corporate responsibility for the education of vulnerable children.

The Social Exclusion Unit will shortly be publishing a report with recommendations on what further should be done to improve the educational attainment of looked after children. The PSA target will be reviewed in light of this report.

Definition

Numerator:

Of the young people in the Denominator:, the number who on leaving care had obtained at least 1 GCSE at grade A* - G or a GNVQ. Qualifications gained before the young person was looked after and qualifications from exams sat while the young person was looked after are included, even if the results were announced after the young person ceased to be looked after. Qualifications gained from examinations sat after the young person ceased to be looked after are not included. GCSE short courses, part one or full GNVQs at either foundation or intermediate level, and GNVQ language units are included; NVQs are not. *Reference: OC1: Count of forms where items 8 or 10 are greater than 0.*

Denominator:

The number of young people who ceased to be looked after during the year at the age of 16 or over. All those in this age group leaving care are included regardless of how long they had been looked after before ceasing. However young people who ceased after having been looked after during the year only under an agreed series of short-term placements are not included.

Reference: OC1: Count of all forms.

1405 - PAF C18: Final warnings, reprimands and convictions of children looked after

Response description:

A ratio expressed as a number to **two** decimal places.

Reason for question:

Offending is both a factor in the past history of a significant number of children who become looked after and a measure of the quality of care and support which children receive once in care. This should be considered alongside C18A. The Planning and Priorities Framework (*Improvement, Expansion and Reform*) includes the Department's PSA target to narrow the gap in the rate of final warnings, reprimands and convictions for these children, when compared with their peers in the local population. The PSA target will be achieved if the proportion of children in care who receive a reprimand, final warning or conviction in the year to 30 September is reduced by a third from the baseline position at September 2000 (ie. from 10.8% to 7.2%).

Definition

Numerator:

This is a ratio consisting of:

- the number of children looked after at 30 September aged 10 or over, who had been looked after continuously for at least 12 months and who had, during these twelve months, received a reprimand, final warning or conviction for an offence that had been committed while they were looked after;

Reference: OC2, Question 7b

divided by:

- the total number of children looked after at 30 September aged 10 or over, who had been looked after continuously for at least 12 months.

Reference: OC2 Question 7a

Denominator:

The proportion of all children (aged 10-17) living in the local police force area who had received a reprimand, final warning or conviction for an offence during the previous calendar year. (Figures on this basis are not published but are supplied by the Home Office to the Department of Health). **The denominator for PAF C18 can be found at:**

www.doh.gov.uk/stats/forms.htm#oc2 under the heading "Number of young people aged 10-18 cautioned or convicted by police force area, denominator for PAF C18 for 12 months ending 30 September 2002"

1418 – PAF C18A: Percentage of children aged 10 and over look after for at least 12 months given final warning in the year

Response description:

Percentage to **two** decimal places

Reason for question:

The Planning and Priorities Framework (*Improvement, Expansion and Reform*) includes the Department's PSA target to narrow the gap in the rate of final warnings, reprimands and convictions for these children, when compared with their peers in the local population. The PSA target will be achieved if the proportion of children in care who receive a reprimand, final warning or conviction in the year to 30 September is reduced by a third from the baseline position at September 2000 (ie. from 10.8% to 7.2%).

Definition

This indicator is the numerator for PAF C18.

Numerator:

Number of children looked after at 30 September aged 10 or over, who had been looked after continuously for at least 12 months and who had, during these twelve months, received a reprimand, final warning or conviction for an offence that had been committed while they were looked after;

Reference: OC2, Question 7b

Denominator:

Total number of children looked after at 30 September aged 10 or over, who had been looked after continuously for at least 12 months.

Reference: OC2 Question 7a

1406 – 1407: PAF C19: Health of children looked after

Response description:

An average of two percentages to one decimal place.

Reason for question:

Promoting the health and well-being of looked after children is an important part of maximising their life chances. The Department published new guidance on promoting the health of looked after children in November 2002. This indicator measures basic health requirements for all children which should not be overlooked for children looked after. This indicator should have an association with good parenting, notwithstanding the fact that older children looked after might exercise their right to refuse medical examinations and treatments. We would expect to see high proportions of children looked after receiving this basic health care

The definition is being amended for 2003-2004 to remove immunisation data over which councils have little control either in terms of its accuracy or their capacity to improve it.

Councils should provide an outturn for 2002-03 using the old definition and for 2003-04 Plan & Forecast to be provided on the new definition.

Old Definition

Numerator:

The number of the children in the Denominator:

- for whom routine immunisations were up to date at 30 September.
Reference: OC2 return, Question 9
- who had their teeth checked by a dentist during the year ending 30 September
Reference: OC2 return, Question 10
- who had an annual health assessment during the year ending 30 September
Reference: OC2 return, Question 11.

Denominator:

The total number of children looked after at 30 September, who had been looked after continuously for at least 12 months.

Reference: OC2 return, Question 1.

New Definition

Numerator:

The number of the children in the Denominator:

- who had their teeth checked by a dentist during the year ending 30 September
Reference: OC2 return, Question 10
- who had an annual health assessment during the year ending 30 September
Reference: OC2 return, Question 11.

Denominator:

The total number of children looked after at 30 September, who had been looked after continuously for at least 12 months.

Reference: OC2 return, Question 1.

1408 - PAF C24: Percentage children looked after continuously for at least 12 months and were of school age, who missed 25 or more days schooling for any reason during

the previous school year

Response description:

Percentage to **two** decimal places

Reason for question:

Children looked after should be given the maximum opportunities to benefit from educational opportunities. Access to school is obviously an important factor both in securing qualifications and in providing normal social interactions. Some children are not in school simply because arrangements have not been made. Social Services, Local Education Authorities and schools will need to work together to ensure that children looked after are not excluded or playing truant and that looked after children in school are learning and not causing high levels of disruption.

Definition

Numerator:

Of the children in the Denominator:, the number who missed a total of 25 days of education of any kind for any reason during the previous school year.

Reference: OC2 Question 2d

Denominator:

The number of children looked after at 30 September who had been looked after continuously at that date for at least 12 months and were old enough to receive full time schooling during the school year that ended in the previous July.

Reference: OC2 Question 2a

1409 - QP4.0.1: The proportion of LAC reviews within the preceding six months that were completed within the required timescales

Response description:

Percentage to one decimal place

Definition

The calculation should be number of reviews carried out in the previous 6 months to the required timescale as a percentage of the number of reviews that were carried out in that period.

Numerator:

The number of looked after reviews that were completed within the required timescales, expressed as a percentage.

Denominator:

The number of looked after reviews that were completed in the preceding six months.

1410 – The percentage of children looked after who had their four month review in the year ending 30 September 2003.

Response description:

Percentage to one decimal place.

Definition:

Numerator:

The number of children looked after who had their 4-month review in the year to 30 September

Denominator:

The number of children who began to be looked after in the year to 30 September, excluding those accommodated for an agreed series of short term placements

Each child should be counted each time they start to be looked after. For example if a child started to be looked after and then ceased and started again later in the year, the child should be counted twice. This ensures we do not exclude children who have come back into the care system during the year and captures all entries into care during the year and the corresponding review(s).

1411 – The percentage of children looked after who had their four month review in the year ending 30 September 2003, who have a permanence plan with monitorable milestones agreed at that review.

Response description:

Percentage to one decimal place.

Reason for question:

Research studies have raised concern about the effectiveness of planning and the quality of record-keeping for looked after children. Section 7 guidance issued alongside the National Adoption Standards in August 2001 requires that all looked after children have permanence plans with monitorable milestones agreed at their four-month review.

Definition:

Numerator:

The number of children in the Denominator: who had a permanence plan with monitorable milestones agreed at their 4-month review.

Denominator:

The number of children looked after who had their 4-month review in the year to 31.3.03

Each child should be counted each time they start to be looked after. For example if a child started to be looked after and then ceased and started again later in the year, the child should be counted twice. This ensures we do not exclude children who have come back into the care system during the year and captures all entries into care during the year and the corresponding review(s).

1412 - Percentage of council's children's homes with at least one computer to which children have access

Response description:

Percentage to one decimal place

Reason for question:

Children and young people increasingly have access to computers and other information technology to help them with their schoolwork and to develop new skills. The Government believes that children and young people in and leaving care should not be denied these opportunities. Significant funds have been made available to councils through the Capital Modernisation Fund to increase access to Information and Communication Technology for looked after children and care leavers.

Definition

Numerator:

The number of local authority children's homes with a least one computer to which children have access.

Denominator:

The total number of local authority children's homes.

1413 - Percentage of local authority foster care settings with at least one computer to which children have access

Response description:

Percentage to one decimal place

Reason for question:

Children and young people increasingly have access to computers and other information technology to help them with their schoolwork and to develop new skills. The Government believes that children and young people in and leaving care should not be denied these opportunities. Significant funds have been made available to councils through the Capital Modernisation Fund to increase access to Information and Communication Technology for looked after children and care leavers.

Definition

Numerator:

The number of foster care settings with a least one computer to which children have access.

Denominator:

The total number of foster care settings.

1414 - Percentage of children in care who have access to a computer where they are living

Response description:

Percentage to one decimal place

Reason for question:

Children and young people increasingly have access to computers and other information technology to help them with their schoolwork and to develop new skills. The Government believes that children and young people in and leaving care should not be denied these opportunities. Significant funds have been made available to councils through the Capital

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Modernisation Fund to increase access to Information and Communication Technology for looked after children and care leavers.

Definition

Numerator:

Number of children in care who have access to a computer where they are living.

Denominator:

Total number of children in care.

OBJECTIVE 5 - 16+ year olds in and leaving care

Achievements in 2002-03

1501 - Please summarise overall achievements (and any priorities for improvement that were not achieved) for 16+ year olds in and leaving care in 2002-03.

You may wish to comment on

- action to improve the education, training and employment, suitable accommodation, and support services for care leavers
- care leavers out of area
- support for young people not covered by the Children (Leaving Care) Act

Complete in spring – short text summary of 800 characters, approximately 100 words

Priorities for 2003-04

1502 - Please specify the priorities for improvement in 2003-04 for 16+ year olds in and leaving care

Complete in spring - short text summary of 800 characters, approximately 100 words

Objective 5: Targets and Performance Indicators

2000-01	2001-02	2002-03 Plan	2002-03 Forecast	2002-03 Outturn (spring)	2003-04 Plan (spring)	2003-04 Forecast (autumn)
1503 - PAF A4: Percentage of young people looked after on 1 April in their 17th year (aged 16) who were engaged in education, training or employment at the age 19.						

Progress on priorities for 16+ year olds in and leaving care during 2003-04

1504 - What progress has been made with action planned for 16+ year olds in and leaving care during 2003-04?

Complete in autumn

Response description:

Select from

- 1 - no progress
- 2 - significant slippage on plans
- 3 - some Action Planned on schedule but some slippage
- 4 - most Action Planned on schedule
- 5 - all Action Planned on schedule

All councils answering 1 - 4, please explain why actions planned are not currently on course, or not likely to be achieved by the year end.

Additionally, **councils who are zero rated** should also describe progress to date, and the anticipated outcome at year end.

Complete in autumn – short text description of 800 characters, approximately 100 words

Additional information to inform policy development

Please provide the following data relating to the implementation of the Leaving Care Act.				
(complete in spring)	Number of young people as at 31.3.03 who are:	% of with pathway plans	% with allocated personal adviser	% resident outside the council's boundaries
1505 - Eligible				
1506 - Relevant				
1507 - Former relevant				

Annex: Performance Indicators and other technical details needed in the responses for Children's' Objective 5

1503 - PAF A4: Percentage of young people looked after on 1 April in their 17th year (aged 16) who were engaged in education, training or employment at the age 19.

Response description:

Percentage to one decimal place

Reason for question:

Research shows that care leavers experience high levels of unemployment and are at risk of joining socially excluded groups (e.g. rough sleepers). This PI is the first national collection of data in this area and supports two of the national objectives for children's services. Achieving the target levels of performance will mean significant improvements in the opportunities for care leavers. The indicator will give an important indication of how authorities are performing for care leavers, post implementation of the Children (Leaving Care) Act 2000.

The Planning and Priorities Framework (*Improvement, Expansion and Reform*) includes the Department's PSA target that the level of employment, training and education amongst young people aged 19 in 2003-04 who were looked after at age 16 should be at least 75% of the level amongst all young people of the same age in their area. This level of achievement would need to be maintained until 2006.

Definition

Numerator:

Of the young people in the Denominator:, the number who were in contact within the period 3 months before to 1 month after their 19th birthday and were engaged in education, training or employment whether full-time or part-time. The responsibility for obtaining, recording and returning this information rests with the council that had looked after the young person before he or she ceased to be looked after. In the case of councils affected by local government re-organisation, responsibility rests with the successor council that has taken over the responsibility for the young person.

Reference: OC3, count of forms where item 8 is coded G1, G2, or G3

Denominator:

The number of young people whose 19th birthday falls in the year ending 31 March of the reporting year 't', who were:

- a) looked after on 1 April of year 't-2' at the age of 16 and who ceased to be looked after before their 19th birthday;
or:
- b) who were looked after and turned 17 on the 1 April 't-2' and who ceased to be looked after before their 19th birthday

Young people who had been looked after on 1 April of year 't-2' under an agreed series of short term placements are excluded.

Each young person is counted only once, even if they ceased to be looked after more than once.

Reference: OC3 count of all forms.

If the council does not know what happened to the young person, the person should be included in the Denominator: but not the Numerator:.

Councils should only use version 2.0 (or later) of the OC3 guidance notes, issued January 2002. The OC3 guidance was expanded and updated to take account of the Regulations and Guidance to the Children (Leaving Care) Act 2002.

The proportion of 19 year olds in the population as a whole in education, training or employment is collected through the labour force survey. These data are used as the comparator for this indicator.

1505 – 1507: Please provide the following data relating to the implementation of the Leaving Care Act.

Response description:

Number of young people as at 31.3.03 who are: Whole number

% of with pathway plans: Percentage to one decimal place

% with allocated personal adviser: Percentage to one decimal place

% resident outside the council's boundaries: Percentage to one decimal place

Definition

See Children Leaving Care Act 2000 regulations and guidance

http://www.doh.gov.uk/qualityprotects/work_pro/project_5.htm

Eligible: a child who is aged 16 or 17 and has been looked after by a local authority for 13 weeks or periods which amounted in all to a prescribed period, which began after he reached the age of 14 and ended after he reached the age of 16. **The child has to be in care on their 16th birthday.** Exclude any children who were looked after under an agreed series of short term-placements (under the provisions of Reg. 13 of the Arrangement for Placement of Children (General) Regulations, 1991).

Relevant: a child is a relevant child if he is aged 16 or 17; is not subject of a care order, and at the time when he attained the age of 16 was detained or in a hospital and immediately before he was detained or admitted to hospital was looked after by a local authority for a period or periods amounting in all to at least 13 weeks, which began after he reached the age of 14. **Where a "relevant" young person returns home and six months later this has been successful and they remain under 18, then they become "qualifying" and would not become former relevant at 18.**

Former relevant: Young people aged 18-21 who have been either eligible or relevant or both. Include young people of 21 and over if they are still being helped by the responsible authority. **The status of former relevant continues even if the young person is living with their family with the level of support appropriate to their needs. They may remain former relevant for statistical purposes.**

The term relevant and former relevant refers applies to children who left care after October 2001 when legislation began.

A Pathway plan sets out in writing, the manner in which the responsible authority proposes to meet the needs of the care leaver and the date by which, and by whom, any action required to implement any aspect of the plan will be carried out

Allocated personal adviser: to carry out the functions laid out in section 12 of the Children (Leaving Care) (England) Regulations 2001.

Resident outside the council's boundaries: eligible, relevant and former relevant children who are living in the area of another local authority remain the responsibility of the authority which looked after them.

OBJECTIVE 6 - To ensure that children with specific social needs arising out of disability or a health condition are living in families or other appropriate settings in the community where their assessed needs are adequately met and reviewed

Achievements in 2002-03

1601 - Please summarise overall achievements (and any priorities for improvement that were not achieved) for Objective 6 in 2002-03.

You may wish to comment on

- planning and delivering services on a multi-agency basis
- increasing inclusion and reducing discrimination
- increasing participation in decisions about service development
- implementation of Valuing People for children and young people with learning disabilities

Complete in spring – short text summary of 800 characters, approximately 100 words

Priorities for 2003-04

1602 – Please specify the priorities for improvement in 2003-04 for Objective 6

Complete in spring - short text summary of 800 characters, approximately 100 words

Objective 6: Targets and Performance Indicators

2000-01	2001-02	2002-03 Plan	2002-03 Forecast	2002-03 Outturn (spring)	2003-04 Plan (spring)	2003-04 Forecast (autumn)
1603 – The number of disabled children supported in their families or living independently, receiving services in the census week, per 10,000 children under 18						

Progress on priorities for children with specific social needs arising out of disability during 2003-04

1604 - What progress has been made with action planned for Objective 6 during 2003-04?

Complete in autumn

Response description:

Select from

- 1 - no progress
- 2 - significant slippage on plans
- 3 - some Action Planned on schedule but some slippage
- 4 - most Action Planned on schedule
- 5 - all Action Planned on schedule

All councils answering 1 - 4, please explain why these targets are not currently on course, or not likely to be achieved by the year end.

Additionally, **councils who are zero rated** should also describe progress to date, and the anticipated outcome at year end.

Complete in autumn – short text description of 800 characters, approximately 100 words

Annex: Performance Indicators and other technical details needed in the responses for Children's' Objective 6

1603 - The number of disabled children supported in their families or living independently, receiving services in the census week, per 10,000 children under 18

Response description:

Number to one decimal place

Reason for question:

Disabled children are by definition (CA1989) children in need. This figure will give councils and users comparative data on the levels of support they are providing for disabled children and their families.

Definition

Numerator:

The number of disabled children supported in their families or living independently , receiving services in the census week. This will include children in receipt of short-term breaks but not disabled children who are looked after on a more permanent basis.

Reference: CiN guidance – Chapter 3, Coverage of the Census, Which families do we include.

Denominator:

The population of children under 18 in the council area divided by 10,000

OBJECTIVE 7 - To ensure that referral and assessment procedures discriminate effectively between different types and levels of need and produce a timely response

Achievements in 2002-03

1701 - Please summarise overall achievements (and any priorities for improvement that were not achieved) for referral and assessment in 2002-03.

You may wish to comment on

- ensuring that services provided to children following assessment are producing beneficial outcomes

Complete in spring – short text summary of 800 characters, approximately 100 words

Priorities for 2003-04

1702 - Please specify the priorities for improvement in 2003-04 for referral and assessment

Complete in spring - short text summary of 800 characters, approximately 100 words

Objective 7: Targets and Performance Indicators

2000-01	2001-02	2002-03 Plan	2002-03 Forecast	2002-03 Outturn (spring)	2003-04 Plan (spring)	2003-04 Forecast (autumn)
1703 – Qpiii [7.1]: Percentage of referrals in year ending 31 March that are repeat referrals within 12 months						
1704 – Qpiv [7.2]: Percentage of Initial assessments within 7 working days of referral						
1705 – Qpv [7.3]: Percentage of core assessments completed within 35 working days						
1706 – Qpvi [7.4]: Percentage of completed assessments that set out objectives and appropriate service responses within the child's timescales						

Progress on priorities for referral and assessment during 2003-04

1707 - What progress has been made with action planned for referral and assessment during 2003-04?

Complete in autumn

Response description:

Select from

- 1 - no progress
- 2 - significant slippage on plans
- 3 - some Action Planned on schedule but some slippage
- 4 - most Action Planned on schedule
- 5 - all Action Planned on schedule

All councils answering 1 - 4, please explain why these targets are not currently on course, or not likely to be achieved by the year end.

Additionally, **councils who are zero rated** should also describe progress to date, and the anticipated outcome at year end.

Complete in autumn – short text description of 800 characters, approximately 100 words

Annex: Performance Indicators and other technical details needed in the responses for Children's' Objective 7

1703 – Qpiii[7.1]: Percentage of referrals in year ending 31 March that are repeat referrals within 12 months, where the reason for re-referral indicates that the response to the original referral did not appropriately meet the child's needs.'

Response description:

Percentage to **two** decimal places

Reason for question:

If re-referral rates are high this may suggest that initial assessments at first referral are not assessing needs appropriately or alternatively that following an assessment, appropriate services have not been put in place, or cases have been closed before the required outcomes have been achieved.

Definition

Numerator:

A referral for this purpose is where a case has been closed and a referral occurs within 12 months of a previous referral to the same council, and the reason for the re-referral indicates that the response to the original referral did not appropriately meet the child's needs.

Denominator:

A referral is defined as a request for services to be provided by the social services department. This is in respect of a case of a child not previously known to the council, or where the case was open but is now closed. The response may include no action, but that in itself is a decision, and should be made promptly and recorded and counts as a referral. New information about a child who is part of an already open case does not constitute a referral for this purpose. Referrals refer to individual children separately, do not count family groups as a single referral.

Councils should use CPR3 guidance version 1.1 updated January 2002 or later at <http://www.doh.gov.uk/stats/forms.htm>.

1704 - Qpiv [7.2]: Percentage of Initial assessments within 7 working days of referral

Response description:

Percentage to one decimal place

Reason for question:

The Assessment Framework sets a timescale for an initial assessment which authorities are expected to meet. Feedback from children and parents has been very positive about the requirement to undertake an initial assessment within 7 working days. Where this timescale has been met, they have described being very appreciative of a prompt service. Research findings show that CSSRs with multi-agency referral forms and agreed joint protocols for undertaking assessments are able to meet this timescale.'

Definition

Referral

A referral is defined as a request for services to be provided by the social services department. The response may include no action, but that in itself is a decision, and should be made promptly and recorded.

Initial Assessment

An initial assessment is defined as a brief assessment of each child referred to social services with a request for services to be provided. It should be undertaken within a maximum of seven working days. An initial assessment is deemed to have commenced at the point of referral to the social services department or when the new information on a case already open indicates that an initial assessment should be repeated.

1705 - Qpv[7.3]: Percentage of core assessments completed within 35 working days

Response description:

Percentage to one decimal place

Reason for question:

The Assessment Framework sets a time-scale for a core assessment which authorities are expected to meet. When s.47 enquiries are initiated, a core assessment should also begin. The s.47 enquiries are part of this core assessment. Successful meeting of the time-scales also indicates effective joint working where multi-agency assessment is required.

Definition

Core Assessment

A core assessment is defined as an in-depth assessment of the needs of a child and the capacity of their parents or care givers to respond appropriately to these needs within the wider family and community network. At the conclusion of this phase of assessment, there should be an analysis of the findings to arrive at an understanding of the child's situation. This understanding should be used to inform a subsequent plan which sets out the case objectives, and the nature of services to be provided. The time-scale for the completion of a core assessment is a maximum of 35 working days. A core assessment is deemed to have commenced at the point at which the initial assessment ended, or strategy discussion decided to initiate enquiries under S47 of the Children Act 1989, or new information obtained on an open case indicates that a core assessment should be undertaken.

1706 - Qpvi[7.4]: Percentage of completed assessments that set out objectives and appropriate service responses within the child's timescales

Response description:

Percentage to one decimal place

Reason for question:

Research and inspections have shown that where plans made following assessments set out objectives and take account of the identified needs of the child within the child's timescales, developmental outcomes are likely to be good for children.

Definition

Numerator:

Number of assessments (initial and core) completed in the year ending 31 March, which set out objectives and service responses which are appropriate to the child's identified needs and require specific changes within the child's timescales.

Denominator:

Assessments (initial and core) completed in the year ending 31st March

OBJECTIVE 8 - To actively involve users and carers in planning services and in tailoring individual packages of care; and to ensure effective mechanisms are in place to handle complaints

Achievements in 2002-03

1801 - Please summarise overall achievements (and any priorities for improvement that were not achieved) for involving users and carers in 2002-03.

You may wish to comment on

- effective participation in decision making about individual care
- service planning and on advocacy and children's rights services

Complete in spring – short text summary of 800 characters, approximately 100 words

Priorities for 2003-04

1802 – Please specify the priorities for improvement in 2003-04 for involving users and carers

Complete in spring - short text summary of 800 characters, approximately 100 words

Objective 8: Targets and Performance Indicators

2000-01	2001-02	2002-03 Plan	2002-03 Forecast	2002-03 Outturn (spring)	2003-04 Plan (spring)	2003-04 Forecast (autumn)
1803 - Percentage of children looked after who directly communicated their views to a statutory review, by attendance or by written or electronic communication or via an advocate						

Progress on priorities for involving users and carers during 2003-04

1804 - What progress has been made with action planned for involving users and carers during 2003-04?

Complete in autumn

Response description:

Select from

- 1 - no progress
- 2 - significant slippage on plans
- 3 - some Action Planned on schedule but some slippage
- 4 - most Action Planned on schedule
- 5 - all Action Planned on schedule

All councils answering 1 - 4, please explain why these targets are not currently on course, or not likely to be achieved by the year end.

Additionally, **councils who are zero rated** should also describe progress to date, and the anticipated outcome at year end.

Complete in autumn – short text description of 800 characters, approximately 100 words

Annex: Performance Indicators and other technical details needed in the responses for Children's' Objective 8

1803 - Percentage of children looked after who directly communicated their views to a statutory review, by attendance or by written or electronic communication or via an advocate

Response description:

Percentage to one decimal place

Reason for question:

For a review to be effective in ensuring that the best interests of a child or young person are being met, it is essential that their views are available to the review and that they are able to comment on both their past experience and future wishes.

Definition

Numerator:

Of the young people in the Denominator: the percentage who directly communicated their views (or chose to remain silent) to a statutory review, by attendance or by written or electronic communication or via an advocate (chosen by the child unless under 3 when the parents views should be counted). All reviews should be reported – if a child only attends one of two possible reviews then the outcome is 50%.

Denominator:

The number of young people looked after as at 31.3.03, excluding those looked after in a series of agreed short-term placements. (Children under 3 should be discounted from Numerator and Denominator and views of parents considered in keeping with the best interest of the child) This PI only includes children who were due for a review in the time period specified.

Older People

This section of the Position Statement asks for:

- Summary information about performance improvements in the past year, priorities for the year ahead, and specific targets.
- Additional information to assist in monitoring Department of Health policies.

The headings used below relate to the National Objectives for social services.

Strategy for Older People

2101 – Summary of Strategy for delivering on priority improvements for older people	
Complete in spring – short text summary of 2000 characters, approximately 250 words	
Please summarise any serious risks to achieving the priorities for improving outcomes for older people and the contingencies in place to deal with any risks.	
2102 – Risks	Complete in spring – short text summary of 800 characters, approximately 100 words
2103 – Contingencies	Complete in spring – short text summary of 800 characters, approximately 100 words

Achievements in 2002-03

Please summarise overall achievements (and any priorities for improvement that were not achieved) for older people in 2002-03.	
2104 – Promoting Independence (help to live at home, a safe, full and normal a life as possible, social participation)	
Complete in spring – short text summary of 800 characters, approximately 100 words	
2105 – Partnership with NHS (hospital admissions and discharge, placements, maximising health and independence)	
Complete in spring – short text summary of 800 characters, approximately 100 words	
2106 – Capacity and Commissioning (planning, commissioning and monitoring an adequate supply of services)	
Complete in spring – short text summary of 800 characters, approximately 100 words	
2107 – Fair Access (eligibility, assessment, and review of care packages)	
Complete in spring – short text summary of 800 characters, approximately 100 words	

Priorities for 2003-04: Promoting Independence

2108 – Please specify the priorities for promoting independence in 2003-04.	
Complete in spring – short text summary of 800 characters, approximately 100 words	

2000-01	2001-02	2002-03 Plan	2002-03 Forecast	2002-03 Outturn (spring)	2003-04 Plan (spring)	2003-04 Forecast (autumn)
2109 – PAF C32: Older People helped to live at home						
2110 – PAF C28: Intensive Home Care						
2111 – PAF B11: Intensive Home Care as a percentage of intensive home care and residential care						
2112 – PAF B12: Cost of intensive social care for adults and older people – old definition						

		not applicable	not applicable		not applicable	not applicable
2196 – PAF B12: Cost of intensive social care for adults and older people – new definition						
not applicable	not applicable	not applicable	not applicable			
2113 – PAF B17: Unit cost of home care for adults and older people						
		not applicable	not applicable			

Priorities for 2003-04: Partnership

Please specify the priorities for improvement in 2003-04, and include the following in your response:

2114 – Emergency admissions for older people

Complete in spring – short text summary of 800 characters, approximately 100 words

2115 – Delayed transfers of care

Complete in spring – short text summary of 800 characters, approximately 100 words

2116 – other local priorities for partnership

Complete in spring – short text summary of 800 characters, approximately 100 words

Targets and Performance Indicators

2000-01	2001-02	2002-03 Plan	2002-03 Forecast	2002-03 Outturn (spring)	2003-04 Plan (spring)	2003-04 Forecast (autumn)
2117 – Emergency Admissions for Older People who are normally resident within the council area per 1,000 population						
2118 – PAF C33: Avoidable harm for older people						
		not applicable	not applicable			
Position end June 2003 (w/e 29-06-03)	Position end July 2003 (w/e 27-07-03)	Position end August 2003 (w/e 31-08-03)	Plan end December 2003 (w/e 28-12-03)	Plan end January 2004 (w/e 25-01-04)	Plan end February 2004 (w/e 29-02-04)	Plan end March 2004 (w/e 28-03-04)
2198 – Number of Delayed Transfers of Care reported through the weekly SITREP returns for your council expressed as a rate per 100,000 population over 65 (June - August 2003)						
			not applicable	not applicable	not applicable	not applicable
2119 – Number of Delayed Transfers of Care expressed as a rate per 100,000 population over 65 (information for June - August taken from spring DIS and calculated as a rate per 100,000 population, this indicator should include all delays from acute beds for council residents irrespective of who is responsible for the delay)						
Pre-populated	Pre-populated	Pre-populated				

2199 – Where councils have amended data in 2119 for periods shown below, please explain why the figures in 2119 differ from those reported through the SITREP system.

- Position at end January 2003 (SITREP data week ending 26/01/2003)

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<ul style="list-style-type: none"> - Position at end February 2003 (SITREP data week ending 23/02/2003) - Position at end March 2003 (SITREP data week ending 30/03/2003) 	
Complete in spring – short text summary of 800 characters, approximately 100 words	
Have any changes to the data for the following periods in 2119 been discussed with all health partners. <ul style="list-style-type: none"> - Position at end January 2003 (SITREP data week ending 26/01/2003) 	Yes/No
Position at end February 2003 (SITREP data week ending 23/02/2003)	
Position at end March 2003 (SITREP data week ending 30/03/2003)	

	1 Oct 2003 to 31 December 2003 (autumn)	Cost of reimburse ment days	1 January 2004 to 31 March 2004 (autumn)	Cost of reimburse ment days
2120 - For residents in your council area how many days reimbursement payment do you estimate will have to be made to NHS Trusts		Automatic calculation		Automatic calculation
2121 - Estimate number of patients for whom a reimbursement payment will be made		Not applicable		Not applicable

Priorities for 2003-04: Capacity and Commissioning

Please identify priorities for improvement in 2003-04, and include the following in your response:
2122 - Action to stabilise and/ or incentivise changes to the supply of services
Complete in spring - short text summary of 800 characters, approximately 100 words
2123 - Action to improve the balance of services available of services available to meet needs
Complete in spring - short text summary of 800 characters, approximately 100 words
2124 – Changes planned to improve commissioning
Complete in spring - short text summary of 800 characters, approximately 100 words

Targets and Performance Indicators: Capacity and Commissioning

2000-01	2001-02	2002-03 Plan	2002-03 Forecast	2002-03 Outturn (spring)	2003-04 Plan (spring)	2003-04 Forecast (autumn)
2125 - PAF C26: Admissions of supported residents aged 65 or over to residential / nursing care						
2126 - PAF C27: Admissions of supported residents aged 18-64 to residential / nursing care						
2127 - PAF D43: Waiting times for packages of care						
2128 – PAF B13: Unit cost of residential and nursing care for older people – old definition						
		not applicable	not applicable		not applicable	not applicable
2197 – PAF B13: Unit cost of residential and nursing care for older people – new definition						

not applicable	not applicable	not applicable	not applicable			
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Additional information to monitor policy

2129 - What progress has been made in having systems in place to share information with named people about delayed transfers of care?

Complete in autumn

Response description:

Please select from:

- 1 - No systems are in place
- 2 - STEIS access via NHS location.
- 3 - STEIS access via Council location
- 4 - Real-time information shared about individual patients.

2130 - Has the council, together with NHS partners, reviewed the process of hospital discharge following the publication of the revised Hospital Discharge Workbook?

Complete in autumn

Response description:

Please select from:

- 1 - Hospital Discharge procedures have not been reviewed.
- 2 - The council and NHS partners are in the process of reviewing Hospital Discharge procedures.-
- 3 - The council and NHS partners have completed a review of Hospital Discharge procedures.-
- 4 - The council and NHS partners have modified Hospital Discharge procedures as a result of the review.

2131 - What progress has been made in agreeing a disputes resolution process between SSD and health partners to resolve problems on delayed transfers at the earliest point?

Complete in autumn

Response description:

Please select from:

- 1 - No action has been taken yet
- 2 - Current policies are being reviewed
- 3 - A review of current policies has been completed
- 4 - A review of current policies has been completed and action taken to implement changes

Priorities for 2003-04: Fair Access

2132 - Please specify the priorities for improvement in 2003-04 for Fair Access

Complete in spring - short text summary of 800 characters, approximately 100 words

Targets and Performance Indicators

2000-01	2001-02	2002-03 Plan	2002-03 Forecast	2002-03 Outturn (spring)	2003-04 Plan (spring)	2003-04 Forecast (autumn)
2133 - PAF D40 Clients receiving a review (BVPI55)						

2134 - PAF E47 Ethnicity of older people receiving assessment						
		not applicable	not applicable			
2135 - PAF E48 Ethnicity of older people receiving services following an assessment.						
[This indicator is included in Race Equality in Public Services]						
2136 - PAF E49 Assessments of older people per head of population						
2137 - PAF E50 Assessments of Adults and older people leading to provision of service						

Additional information to monitor policy

2138 – 2143: What stage has been reached in reviewing and revising eligibility criteria in consultation with local stakeholders for the following groups, and when will the revised eligibility criteria be applied to all new referral and requests for help?		
	Stage Reached	Eligibility criteria applied by
2138 – Older People		
2139 – Learning Disabilities		
2140 – Physical and Sensory Disabilities		
2141 – Mental Health		
2142 – HIV Aids		
2143 – Drugs & Alcohol		

Complete in spring

Response description:

For Stage reached

Please select from:

- 1 - No action has been taken yet
- 2 - Eligibility criteria policies are being reviewed
- 3 - Review of eligibility criteria policies has been completed
- 4 - Eligibility criteria is being revised to implement changes
- 5 - Revised eligibility criteria is being applied to all new referrals and requests for help

For eligibility criteria applied by

Please select from:

- 1 - end March 2003
- 2 - end April 2003
- 3 - end May 2003
- 4 - end June 2003
- 5 - end July 2003
- 6 - after July 2003

2144 - Please provide the website address where the above documents can be reviewed

Complete in spring

Response description:

Website address

2145 - Are the procedures for review in line with paragraphs 57 to 64 of the FACS guidance?

No/Yes

Complete in spring

2146 - If no, outline the basis on which your review procedures have been established.

Complete in spring - short text summary of 800 characters, approximately 100 words

2147 - How does the council ensure cost effectiveness of providing care to individuals

Complete in autumn

Response description:

Please select from:

- 1 - One policy applied to all individuals
- 2 - Policy being reviewed
- 3 - Review of policy has been completed
- 4 - Outcomes for individuals are considered on the merits of the individual case within a cost ceiling
- 5 - Outcomes for individuals are considered on the merits of the individual case only

2148 - Does the council operate a cost ceiling on community based care packages? If so identify the net cost ceiling per week

Complete in autumn

Response description:

Please select from:

- 1 - Council does not operate a cost ceiling
- 2 - Less than £200 per week
- 3 - Between £200 and £300 per week
- 4 - Between £300 and £400 per week
- 5 - Between £400 and £500 per week
- 6 - More than £500 per week

Progress on priorities for Older People during 2003-04

2149 - What progress has been made with action planned for Older People during 2003-04?

Complete in autumn

Response description:

Select from

- 1 - no progress
- 2 - significant slippage on plans
- 3 - some Action Planned on schedule but some slippage
- 4 - most Action Planned on schedule
- 5 - all Action Planned on schedule

All councils answering 1 -4, please explain why these targets are not currently on course, or not likely to be achieved by the year end.

Additionally, **councils who are zero rated** should also describe progress to date, and the anticipated outcome at year end.

Complete in autumn – short text description of 800 characters, approximately 100 words

2150 - Please describe any contingencies that have been put into place in response to risks that have impacted on service delivery since spring. In answering you may want to consider the risks and contingencies outlined in 2102 and 2103.

Complete in autumn - short text summary of 800 characters, approximately 100 words

Additional information to monitor Planning and Priorities Framework and National Service Framework

Intermediate Care

2151 – Please specify the priorities for improvement in Intermediate Care to enable the council and health partners to meet the PPF target on intermediate care by December 2004.

Complete in spring – short text response of 800 characters, approximately 100 words

2152 - What arrangements are in place to ensure Older People are not charged for Intermediate Care services?

Complete in autumn

Response description:

Select from

- 1 - No charge is made for any Intermediate Care service.
- 2 - A charge applies to residential Intermediate Care services only.
- 3 - A charge applies to non-residential services only
- 4 - A charge applies to both residential and non-residential Intermediate Care services.

	2002-03 Outturn (spring)	2003-04 Plan (spring)	2003-04 Forecast (autumn)
2153 - Number of people funded by the council receiving intermediate care in a residential setting (rapid response / supported discharge) to prevent hospital admission			
2154 - Number of people funded by the council receiving intermediate care in a residential setting (rapid response / supported discharge) to facilitate timely hospital discharge and/or effective rehabilitation			
2155 - Number of people funded by the council receiving non-residential intermediate care to prevent hospital admission			
2156 - Number of people funded by the council receiving non-residential intermediate care to facilitate timely hospital discharge and/or effective rehabilitation			

2157 - Number of places funded by the council in non-residential intermediate care schemes			
2158 - Total PSS expenditure on Intermediate Care £,000s			
2159 - Number of intermediate care beds funded by the council			

Assessments

	Mid year position as at 30/09/2003 (autumn)	2003-04 Forecast Outturn (autumn)
2160 - Percentage of assessments of older people which begin within 48 hours of first contact with social services		
2161 - Percentage of assessments completed within 4 weeks		
2162 - Percentage of assessments completed within 2 weeks		
2163 - Percentage of social services for older people provided within 4 weeks following assessment		
2164 - Percentage of social services for older people provided within 2 weeks following assessment		

Single Assessment Process

2165 – 2176: For each of the 12 steps outlined in the guidance, please identify progress and any obstacles or barriers to completing each step.

	Progress to date	Barriers to completing step by April 2004
2165 - Agree purpose and outcomes		
2166 - Agree shared values		
2167 - Agree terminology		
2168 - Map care processes		
2169 - Estimate the types and numbers of older people needing assessment		
2170 - Agree the stages of assessment and other aspects of care management		
2171 - Agree the link between medical diagnosis and assessment		
2172 - Agree the domains and sub-domains of assessment		
2173 - Agree assessment approaches, tools and scales		
2174 - Agree joint working arrangements		
2175 - Agree information requirements and outputs		
2176 - Implement a joint staff development strategy		

Complete in autumn

Response description:

Progress to date

Please select from:

- 1 - work has not yet begun
- 2 - work is at early stage
- 3 - discussions are at an advanced stage
- 4 - step has been completed

Barriers to completing step by April 2004

Short text description of 200 characters, approximately 25 words

Reason for question:

Local health and social care systems will be required to produce a progress report in April 2003 for delivery to DH in June 2003. This question is to check councils understanding of their position on single assessment process.

NSF Milestone: Falls

2177 – What contribution is the council making in partnership with the NHS in implementing risk management procedures to reduce the risk of older people falling?

Complete in autumn

Response description:

Please select from:

- 1 - No involvement in the development of plans with local NHS partners to implement risk management procedures to reduce the risk of older people falling.
- 2 - Discussions with local NHS partners to develop risk management procedures to reduce the risk of older people falling are planned.
- 3 - Plans to develop risk management procedures to reduce the risk of older people falling are in progress.
- 4 - Plans to develop risk management procedures to reduce the risk of older people falling have been agreed.
- 5 - The council has identified resources with NHS partners to implement risk management procedures to reduce the risk of older people falling.

Reason for question:

Whilst many of the relevant service improvements will be for health services, there are expectations of joint working across sectors and services. The NSF guidance seeks an audit of procedures and risk management procedures to reduce falls. This question is intended to gauge progress.

NSF Milestone: Strokes

2178 – What contribution is the council making in partnership with the NHS in the development of multi agency teams to take action in the prevention of strokes?

Complete in autumn

Response description:

Please select from:

- 1 - No involvement in the development of plans to develop multi-agency teams to

- prevent strokes.
- 2 - Discussions with NHS to develop multi-agency teams to prevent strokes are planned.
 - 3 - Plans to develop multi-agency teams to prevent strokes with local NHS are in progress.
 - 4 - Plans to develop multi-agency teams to prevent strokes with local NHS have been agreed.
 - 5 - The council has identified resources to establish multi-agency team to prevent strokes.

Reason for question:

The NSF for Older People sets standards for the delivery of Stroke Services. By April 2003 local NHS systems should have developed plans to implement these standards. The NSF promotes the principles of a person-centred approach within the context of whole systems working in relation to the delivery of services to Older People. The contribution councils make to the development of services for people who have had a stroke are important in the context of these principles.

NSF Milestone: Mental Health

2179 – What contribution is the council making in partnership with the NHS in developing protocols for access to diagnostics and treatment for patients with depression and dementia?

Complete in autumn

Response description:

Please select from:

- 1 - No involvement with NHS in the development of protocols for access to diagnostics and treatment for patients with depression and dementia.
- 2 - Discussions with local NHS in the development of protocols for access to diagnostics and treatment for patients with depression and dementia are planned.
- 3 - Plans to develop protocols with local NHS for access to diagnostics and treatment for patients with depression and dementia are in progress
- 4 - Plans to develop protocols with local NHS for access to diagnostics and treatment for patients with depression and dementia have been agreed.
- 5 - The council has identified resources to support local NHS in implementing access to diagnostics and treatment for patients with depression and dementia

NSF Standard 8 – Health Promotion

2180 - Please provide three examples of health promotion work undertaken that will help extend the healthy life expectancy of older people.

Complete in spring – short text response of 800 characters, approximately 100 words

Extra Care Housing

2181 - What plans are in place to achieve the extra care sheltered housing target by 2006?

Complete in autumn

Response description:

Please select from:

- 1 - No action has been taken yet
- 2 - Discussions are in progress with housing providers to increase the number of extra-care housing tenancies.
- 3 - Agreement has been reached with housing providers to increase the number of sheltered housing tenancies.
- 4 - Agreement has been reached with housing providers to increase the number of sheltered housing tenancies and form part of the councils housing strategy and Asset Management Plan.

Reason for question:

DH has announced a new target to increase the numbers of people being cared for in extra-care housing by 6,900 by 2005/06 from a baseline of 20,300 in 2000. Information on the rate of increase in the numbers of extra-care housing tenancies and their occupation by Older People is essential in monitoring the achievement of this target.

	2003-04 Plan (spring)	2003-04 Forecast (autumn)
2182 - Number of extra-care housing tenancies to be provided in 2003/04		

Additional information to monitor policy

Continuing Care

2183 - What involvement have you had in agreeing continuing care criteria with your health partners?

Complete in spring

Response description:

Please select from:

- 1 - No involvement in agreeing new continuing care criteria
- 2 - Partial involvement in agreeing new continuing care criteria
- 3 - Involved in agreeing new continuing care criteria
- 4 - Fully involved in and supported the new continuing care criteria with health partners

Reason for Question:

Local health bodies and councils were requested to agree their respective responsibilities for continuing health and social care services by 1 March 2002 (HSC 2001/015; LAC (2001)18). Once there is agreement about local responsibilities for NHS care and social care, councils should use this Fair Access guidance to determine eligibility for the services for which they are responsible by 1 October 2002 where possible, but no later than 7 April 2003. Continuing care criteria need to be agreed at a Strategic Health Authority level by 1 October 2002. As the framework for determining eligibility focuses on risks to independence, including health risks, this guidance may also be used as a starting point for eligibility criteria for packages of continuing health and social care. **The question is intended to identify the level of local involvement and agreement to the revised continuing care criteria.**

Free Nursing Care

2184 - Progress in working with NHS partners towards single payment for residents

Complete in autumn

Response description:

Please select from:

- 1 - Separate payments
- 2 - Current policies are being reviewed
- 3 - A review of current policies has been completed
- 4 - Single payment for all residents

2185 - Progress in agreeing plans with NHS partners to ensure new residents placed and funded efficiently

Complete in autumn

Response description:

Please select from:

- 1 - Separate assessments and funding streams
- 2 - Single assessment, but separate funding
- 3 - Plans to move towards integration (option 4)
- 4 - Single assessment and lead commissioner/pooled budget

Information Strategy for Older People

2186 – 2191: What progress has been made in respect of the following:	
2186 - Local agreement on the key points at which information transfers between organisations.	
2187 - Local protocol for information sharing.	
2188 - Electronic record that meets the needs of specialist teams for Intermediate Care, Strokes and Falls.	
2189 - Information systems support the Care Programme Approach and are available to specialist mental health services.	
2190 - Review of the extent to which Older People can access information on mental health.	
2191 - Implementation plans meet the needs of clinical and care targets in the Older People Information Strategy, summarised in the LIS toolkit.	

Complete in autumn

Response description:

Please select from:

- 1 - Discussions between local partner agencies have not taken place.
- 2 - Local discussions between partner agencies have commenced.
- 3 - Agreement between local partner agencies has been reached but milestone may not be achieved.
- 4 - Agreement between local partner agencies has been agreed and milestone will be achieved

Reason for question:

The implementation of the Information Strategy for Older People is crucial for the successful implementation of the single assessment process, information sharing protocols, availability of information, the effective implementation of CPA, and the involvement of users and carers. There should be some written agreements available or other forms of evidence such as a local protocol. This should also include not just

mechanisms but demonstrate the shared values set out in the SAP guidance.

Additional information to monitor outcomes for which grant money has been made available

Home Improvement - Access Grant

2192 – 2194: How much of the money allocated from the access **and systems capacity grant has been used to improve the following services?**

2192 - existing home improvement agencies

2193 - neighbouring home improvement agencies

2194 - establishing a new home improvement agency

Complete in spring

Response description:

Amount in £000's

2195 - What additional housing improvement services are being purchased?

Complete in spring – short text response of 800 characters, approximately 100 words

Reason for Question:

The access **and systems capacity** grant is to be used on home improvement services provided by home improvement agencies. Where home improvement agencies exist, grant money should be used to expand capacity of services, where they do not exist grant money should be used to purchase service from a neighbouring home improvement agency. **(i.e. a contracted agency outside the councils boundary that also supplies services to the council in which it is based)** or establish a new agency. Councils should work closely with their housing partners. **This is a spring question looking for information about *plans* [looking forward]. Question 2195 is seeking more specific information about the *additional services* being provided through expenditure of the new grant.**

Annex: Performance indicators and other technical details needed in the responses for older people

2109 - PAF C32: Older People helped to live at home

Response description:

Number **to one decimal place**

Reason for question:

The white paper "Modernising Social Services" sets out the Government's aims to promote the independence and social participation of social services users. Supporting people in their own homes is a key part of this agenda. This indicator covers people receiving any amount of care, so is being used to show how much low level care is provided. Such care can prevent or postpone a person needing more intensive care packages or residential care.

Definition

Numerator:

Older people aged 65 or over helped to live at home at 31 March.

Reference: RAP Table P2s Pages (3+5+7) line 6 column 1.

Denominator:

Population aged 65 or over (divide the Denominator: by 1,000 to give the indicator on per 1,000 of population basis).

Reference: ONS Mid-year estimate for 30 June.

Together with C28, this forms Opportunity For All Indicator 32

2110 - PAF C28: Intensive Home Care

Response description:

Number **to two decimal places**

Reason for question:

Many service users are helped to remain at home or to return home following a period of hospital treatment through the provision of intensive home care services. The provision of intensive home care services helps many people to remain at home, or to go home following hospital treatment or a period spent in a group home. Most people prefer care in their own homes rather than in a residential home and it comes closest to meeting the aim of helping people to live a normal, independent life.

Definition

Numerator:

The number of households receiving intensive home care (more than 10 contact hours and 6 or more visits during the week) during a survey week.

Reference: HH1 Table 3B.

Denominator:

Population aged 65 or over (divide the Denominator: by 1,000 to give the indicator on per 1,000 of population basis).

Reference: ONS Mid-year estimate for 30 June.

Together with C32, this forms Opportunity For All Indicator 32

2111 - PAF B11: Intensive home care as a percentage of intensive home care and residential care

Response description:

Percentage to one decimal place

Reason for question:

The provision of intensive home care services help many people to remain at home, or to go home following hospital treatment or a period spent in a group home. Most people prefer care in their own homes rather than in a residential home and it come closest to meeting the aim of helping people to live a normal independent life.

Often it is also the case that the gross unit cost of such services is less than that of residential care. Where this is the case a high value indicates both a better outcome and a more efficient one.

Definition

The number of households receiving intensive home help/care as a percentage of all adults and older people in residential and nursing care and households receiving intensive home help/care.

Numerator:

The number of households receiving intensive home care (More than 10 contact hours and 6 or more visits during the week) during the sample week.

Reference: HH1 Table 2B.

Denominator:

The total number of weeks all adult client groups and older people were supported in residential and nursing care during the year (including both permanent and temporary residents) divided by 52 plus the number of households in the Numerator:.

Reference: KS1

2112 & 2196 – PAF B12: Cost of intensive social care for adults and older people

Response description:

Cost to the nearest £

Reason for question:

The cost of services is an important aspect of efficient delivery of services. Other things (such as quality) being equal, a lower cost is more efficient. With this indicator the overall cost of providing intensive social care for adults and older people (both residential and nursing care and intensive home care) can be assessed, allowing for potential increases in costs for particular forms of care such as residential care arising from quality improvements or increases in dependency.

Old Definition

Numerator:

Gross total cost for residential and nursing care and home help/care for all adult client groups and older people during the year.

Reference: PSS EX1 sheet Incl SSMSS column G (Gross total cost (Current expenditure including capital charges): Total (including joint arrangements)) lines (C2 + C3 + C6 + D2 + D3 + D6 + E2 + E3 + E6 + F2 + F3 + F6) (nursing home placements, residential care home placements and home care for older people (aged 65 or over) including older mentally ill, adults aged under 65 with a physical disability or sensory impairment, adults aged under 65 with learning disabilities and adults aged under 65 with mental health needs).

Denominator:

The total number of weeks all adult client groups and older people were supported in residential and nursing care during the year (including both permanent and temporary residents).

Plus 52 times

The number of households receiving intensive home care (More than 10 contact hours and 6 or more visits during the week) during the sample week

Reference: HH1 Table 3B.

New Definition

Definition

Average gross weekly expenditure per person on supporting adults and older people in residential and nursing care and providing intensive home care.

Numerator

Gross total cost for residential and nursing care and home help/care for all adult client groups and older people during the year.

Reference: PSS EX1 sheet Incl SSMSS column G (Gross total cost (Current expenditure including capital charges): Total (including joint arrangements)) lines (C2 + C3 + C6 + D2 + D3 + D6 + E2 + E3 + E6 + F2 + F3 + F6) (nursing home placements, residential care home placements and home care for older people (aged 65 or over) including older mentally ill, adults aged under 65 with a physical disability or sensory impairment, adults aged under 65 with learning disabilities and adults aged under 65 with mental health needs).

Denominator

The total number of weeks all adult client groups and older people were supported in residential and nursing care during the year (including both permanent and temporary residents) plus the total number of weeks that full cost paying residents spent in local authority residential care homes or, if the fees are included in the expenditure for the numerator, in other residential care homes or nursing homes.

Reference: PSS EX1.

Plus 52 times

The number of households receiving intensive home care (More than 10 contact hours and 6 or more visits during the week) during the sample week.

Reference: HH1 Table 3B (collected on PSS EX1).

2113 – PAF B17: Unit cost of Home care for adults and older people

Response description:

Cost to the nearest £ (to two decimal places)

Reason for question:

Unit costs are an important aspect of efficiency. Other things (such as quality) being equal, efficiency increases the lower the unit cost. With unit costs it is particularly important to remember that performance must be looked at across all five performance areas – driving down unit costs at the expense of outcomes, for example, would not be appropriate.

Definition

Numerator:

Gross total cost for home care/home help for all adult client groups and older people during the year.

Reference: PSS EX1 sheet Incl SSMSS column G (Gross total cost (Current expenditure including capital charges): Total (including joint arrangements)) lines (C6 + D6 + E6 + F6 (home care for older people (aged 65 or over) including older mentally ill, adults aged under 65 with a physical disability or sensory impairment, adults aged under 65 with learning disabilities and adults aged under 65 with mental health needs).

Denominator:

The total number of home help/care contact hours for all adult client groups and older people during the sample week multiplied by 52

Reference: HH1 Table 1 line 4 columns (A+B).

2117 - Emergency Admissions for Older People who are normally resident within the council area per 1,000 population

Response description:

Number to one decimal place

Reason for question:

The emergency admission rate is an important measure of the effectiveness of preventative strategies, intermediate care (both admission prevention and post-acute rehabilitation), community care arrangements and hospital discharge arrangements for older people. As these arrangements must be jointly agreed between health and social services, it is also an indicator of how well these agencies are working together.

Definition

The number of emergency admissions of people over 75 per 1,000 population who are normally resident within the council boundary.

Numerator:

During the year to end of March, the number of emergency admissions of those aged 75 or over who are normally resident within the council area.

Denominator:

Population aged 75 or over resident within the council area (divide the Denominator: by 1,000 to give number of admissions per 1,000 of population).

Reference: ONS Mid-year estimate for 30 June.

This information was collected under PAF A5 on a health authority commissioner basis. We collected this information in spring monitoring in 2001 on older people who are normally resident within the council area and seek this information again in 2002. This Interface indicator is also included in the NHS PAF, in the Health Outcomes of NHS care area, indicator 6(i).

2118 – PAF C33: Avoidable harm for older people

Response description:

Number to one decimal place

Reason for question:

This outcome measure captures the extreme negative outcomes, which social services can play a part in tackling and preventing, alongside Health and Housing. Falls and hypothermia are the major causes of emergency hospital admissions of older people, although there are comparatively few admissions for hypothermia.

Definition

Numerator:

For people aged 75 or over, ordinary or day case admissions during the year to NHS hospitals where the primary diagnosis was injury caused by a fall (ICD codes are injuries S00-T98 caused by falls W00- W19) or any diagnosis was hypothermia (ICD code T68). These data are taken from Hospital Episode Statistics from patient postcoded data.

Denominator:

Population aged 75 or over. (divide the Denominator: by 1,000 to give the indicator on per 1,000 of population basis)

Reference: ONS Mid-year estimate for 30 June.

2198 – Number of Delayed Transfers of Care reported through the weekly SITREP returns for your council expressed as a rate per 100,000 population over 65 (June - August 2003)

Information on delayed transfers from the SITREP system, for the periods shown below has been calculated on a rate per 100,000 population aged 65 and over.

- Position end June 2003 (w/e 29-06-03)
- Position end July 2003 (w/e 27-07-03)
- Position end August 2003 (w/e 31-08-03)

This information is supplied to allow some comparative information for that which was supplied in the spring DIS. SSI has taken the information supplied in your spring DIS and calculated this on the same basis to allow comparison.

2119 – Number of Delayed Transfers of Care expressed as a rate per 100,000 population over 65 (information for June - August taken from spring DIS and calculated as a rate per 100,000 population, this indicator should include all delays from acute beds for council residents irrespective of who is responsible for the delay)

Response description:

Number to one decimal place

Reason for question:

There is an expectation that delays to transfers of care will be minimised through the following steps:

- Discharge planning begins on admission to hospital or in the early stages of recovery
- There are no built in delays in the process of deciding that a person will no longer benefit from acute care and is safe to be transferred to a non-acute setting
- That the NHS and Social Services will jointly review policies and protocols around discharge, including handling of choice of accommodation; and have systems and processes for assessment, safe transfer and placement, with locally agreed target times for all of these, as part of their capacity planning
- These steps should be guided by good professional practice and safe, person-centred, transfers. Although an acute ward is not appropriate once an acute episode is over, joint planning is needed to ensure that appropriate care is available in other settings.

These figures are being collected for all adults in SITREPs.

Definition

Numerator:

A delayed transfer of care occurs when a patient is ready for transfer from an acute hospital bed, but is still occupying such a bed. A patient is ready for transfer when,

- a. A clinical decision has been made that patient is ready for transfer **AND**
- b. A multi-disciplinary team decision has been made that patient is ready for transfer **AND**
- c. The patient is safe to discharge/transfer.

A multi-disciplinary team in this context includes nursing and other health and social care professionals, caring for a patient in an acute setting. **Include all delayed transfers of care irrespective of age or responsibility of delay.**

Denominator:

Population aged 65 and over (divide the Denominator: by 100,000 to give the indicator on per 100,000 population basis)

Reference: ONS Mid-year estimate for 30 June.

2120 - For residents in your council area how many days reimbursement payment do you estimate will have to be made to NHS Trusts

Response description:

Whole number

2121 - Estimate number of patients for whom a reimbursement payment will be made

Response description:

Whole number

Reason for question

The Community Care (Delayed Discharges etc) Bill completed its Parliamentary passage on 1 April 2003 and should shortly receive Royal Assent.

The sections of the Bill which deal with the process of communication between NHS and social service directorates will be implemented in October 2003, while the sections on liability to pay charges will be implemented in January 2004. Effectively this gives local partnerships the 3 months from October to December to ensure that processes are in place and “dry-run” the system before any financial impact. The Change Agent Team and implementation team will continue to offer support to local partnerships during this phase.

In addition £50m of the £100m for each full year of the scheme will be payable as a specific grant during the first half of 2003/4, which will allow councils to invest in order to minimise any charges which may be payable in January 2004. We will be consulting on the distribution of this grant shortly.

The other major change in the latter stages of the Bill was the clarification that the 3 day minimum planning period will exclude Sundays and Public Holidays until at least April 2005.

All Councils should:

- Ensure they have a common understanding with local NHS partners about resources being deployed to effect reductions in delayed transfers in 2003-4
- Ensure appropriate agreements processes and best practice with NHS partners to meet the requirements of the Community Care (Delayed Discharges etc) Bill.

Definition:

The proposed Community Care (Delayed Discharges) Bill introduces a system of reimbursement by Councils to the relevant NHS Acute Trust for delays caused by Social Services failure to provide timely assessment and/or services to a patient.

NHS bodies will be required to make two notifications to the Social Services Departments. The first – a Section 2 notification gives notice of a patient’s possible need for services on discharge. Following this notification the Social Services Department have a minimum of three days to carry out an assessment and arrange care services. The second – Section 3 notification gives notice of the day on which it is proposed that the patient will be discharged. Reimbursement liability begins on the day after the minimum period – the third day after the Section 2 notification or the day after the proposed discharge date, whichever is the later. A notification given after 2pm is counted as from the next day.

The Department website at www.doh.gov.uk/jointunit will have details of a grid explaining the timing of notifications and reimbursement start times. The Reimbursement FAQ also detail answers on issues of liability for reimbursement in relation to ‘self-funders’, directions on choice and patient/carer refusal to co-operate with assessment/care plan timescales.

2125 - PAF C26: Admissions of supported residents aged 65 or over to residential / nursing care

Response description:

Number to one decimal place

Reason for question:

While admission to a care home is appropriate for many people, it can be inappropriate for a significant number of older people, who with the help of effective community-based, respite or rehabilitative services, can be enabled to live or return home following hospital treatment. We hope that preventative and rehabilitation strategies to be put in place by councils, in partnership with the health services, will lead to falling numbers of admissions to residential and nursing care.

Definition

Numerator:

The number of admissions of older people (aged 65 or over to supported permanent residential and nursing care during the year).

Reference: SR1 Table 5 line 15 columns (A to E)

Numerator: excludes admissions of former preserved rights cases

Denominator:

Population aged 65 or over (divide the Denominator: by 10,000 to give the indicator on per 10,000 population basis).

Reference: ONS Mid-year estimate for 30 June

2126 - PAF C27: Admissions of supported residents aged 18-64 to residential / nursing care

Response description:

Number to **two** decimal places

Reason for question:

While admission to a care home is appropriate for many people, it can be inappropriate for a significant number of adults, who with the help of effective community-based, respite or rehabilitative services, can be enabled to live or return home following hospital treatment. We hope that preventative and rehabilitation strategies to be put in place by councils, in partnership with the health services, will lead to falling numbers of admissions to residential and nursing care.

Definition

Numerator:

The number of admissions of adults (aged 18-64) to supported permanent residential and nursing care during the year.

Reference: SR1 Table 5 line 14 columns (A to E)

Numerator: excludes admissions of former preserved rights cases

Denominator:

Population aged 18-64 (divide the Denominator: by 10,000 to give the indicator on per 10,000 population basis).

Reference: ONS Mid-year estimate for 30 June

2127 - PAF D43: Waiting times for packages of care

Response description:

Percentage to one decimal place

Reason for question:

Users and carers should expect practical help and other support to arrive in a timely fashion soon after their problems have been referred to social services. Long delays in delivering help can reflect badly on the arrangements which SSDs have in place for receiving referrals, undertaking assessments, completing care plans and arranging care packages. *Although this indicator will not be continuing in its present form the Plan and Forecast for 2003-04 is being asked for on the current definition (i.e. that used in 2002-03). From this SSI will be able to see the direction and speed of travel in comparison to historic information.*

Definition

Numerator:

Of new clients in the Denominator:, the number for whom length of time from first contact to first service was more than 6 weeks.

Reference: RAP Proforma P5, Page 1, lines (5 to 7) column 1 for All new clients 18-64 plus Page 1, lines (12 to 14), column 1 for All new clients 65+

Denominator:

The total number of new clients during the year.

Reference: RAP Proforma P5, Page 1, lines (1 to 7) column 1 for All new clients 18-64 plus Page 1, lines (8 to 14), column 1 for All new clients 65+

2128 & 2197 - PAF B13: Unit cost of residential and nursing care for older people

Response description:

Cost to nearest £

Reason for question:

Unit costs are an important aspect of efficiency. Other things (such as quality) being equal, efficiency increases the lower the unit cost. With unit costs it is particularly important to remember that performance must be looked at across all five performance areas – driving down unit costs at the expense of outcomes, for example, would not be appropriate.

Old Definition

Numerator:

Gross total cost for residential and nursing care for older people during the year.

Reference: PSS EX1 sheet Incl SSMSS column G (Gross total cost (Current expenditure including capital charges): Total (including joint arrangements)) lines (C2 (nursing home placements) + C3 (residential care home placements) for older people (aged 65 or over) including older mentally ill).

Denominator:

The total number of weeks older people were supported in residential and nursing care during the year (including both permanent and temporary residents).

New Definition

Average gross weekly expenditure per person on supporting older people in residential and nursing care.

Numerator:

Gross total cost for residential and nursing care for older people during the year.

Reference: PSS EX1 sheet Incl SSMSS column G (Gross total cost (Current expenditure including capital charges): Total (including joint arrangements)) lines (C2 (nursing home placements) + C3 (residential care home placements) for older people (aged 65 or over) including older mentally ill).

Denominator:

The total number of weeks older people were supported in residential and nursing care during the year (including both permanent and temporary residents) plus the total number of weeks that full cost paying residents spent in local authority residential care homes or, if the fees are included in the expenditure for the numerator, in other residential care homes or nursing homes.

Reference: PSS EX1.

2133 - PAF D40 Clients receiving a review (BVPI55)

Response description:

Percentage to one decimal place

Reason for question:

Good care management should ensure that people's needs are monitored and reviewed. Reviews should be carried out within three months of the start of a new package of care and at least annually thereafter.

Definition

Numerator:

Of the clients in the Denominator:, the number receiving a scheduled review or re-assessment during the year (either by SSD or non-SSD staff)

Reference: RAP proforma A2 Page 1 line 3.

Denominator:

The total number of clients (adults and older people) receiving services during the year.

Reference: RAP proforma P1 Page 1 first box.

2134 - PAF E47 Ethnicity of older people receiving assessment.

Response description:

Number to two decimal places

Reason for question:

It is unlikely that people from minority ethnic groups will have less need to access social services than white people (normally the majority ethnic group), and in some cases their need may be greater. Similarly people whose first language is not English may have difficulty in accessing services and may be those most likely to need services. For these reasons we would expect this indicator to have a value of at least one. A value of less than one would suggest that people from minority ethnic communities have poorer access to services than white people.

Definition

The percentage of older service users receiving an assessment that are from minority ethnic groups, divided by the percentage of older people in the local population that are from minority ethnic groups. PAF Indicator Definitions should be used.

Numerator:

The number of older clients with completed assessments during the year whose ethnic origin is Mixed, Asian or Asian British, Black or Black British, or Chinese or other ethnic group as a percentage of all such clients of these or White ethnic origin.

Reference: RAP Proforma A6, Page 2, lines (4 to 16) columns (1 to 5) as a percentage of RAP Proforma A6, Page 2, lines (1 to 16) columns (1 to 5) (collected on KS1).

Denominator:

The estimated percentage of older people (aged 65 or over) living in the Council area who are classified as other than "white".

Reference: 2001 Census.

2135 - PAF E48 Ethnicity of older people receiving services following an assessment.

[This indicator is included in Race Equality in Public Services]

Response description:

Number to two decimal places

Reason for question:

Clients assessed should have an equal chance of receiving services whatever their ethnic group, all other factors being equal.

Definition

Numerator:

Of the clients in the Denominator:, the number whose anticipated sequel to assessment was 'some or all services already started', 'some service(s) intended but none yet started' or 'service(s) offered but declined' and whose ethnic origin is Mixed, Asian or Asian British, Black or Black British, or Chinese or other ethnic group as a proportion of all such clients of these or White ethnic origin.

Reference: RAP Proforma A6, Page 2, lines (4 to 16) columns (1+2+4) as a proportion of RAP Proforma A6, Page 2, lines (1 to 16) columns (1+2+4).

Denominator:

The number of older clients with completed assessments during the year whose ethnic origin is Mixed, Asian or Asian British, Black or Black British, or Chinese or other ethnic group as a proportion of all such clients of these or white ethnic origin.

Reference: RAP Proforma A6, Page 2, lines (4 to 16) columns (1 to 5) as a proportion of RAP Proforma A6, Page 2, lines (1 to 16) columns (1 to 5).

2136 - PAF E49 Assessments of older people per head of population

Response description:

Number to one decimal place

Reason for question:

Social services are accessed via assessments, so this indicator is designed to access if there is fair distribution of assessments. Very low figures might suggest that there was a problem, whether with the referral or assessment process. This indicator relates to older people only, as most assessments are for this age group.

Definition

Numerator:

The number of older clients aged 65 or over with completed or terminated assessments during the year.

Reference: RAP Proforma A1 Page 1 line 6 columns (2 to 4) plus RAP Proforma A1 Page 2 line 1 columns (2 to 4)

Denominator:

Population aged 65 or over (divide the Denominator: by 1,000 to give the indicator on per 1,000 population basis).

Reference: ONS Mid-year estimate for 30 June.

2137 - PAF E50 Assessments of Adults and older people leading to provision of service

Response description:

Percentage to one decimal place

Reason for question:

In order to access services, someone must be both assessed and assessed as needing a service. Indicator E49 deals with the former and E50 the latter.

Definition

Numerator:

Of the clients included in the Denominator:, the number whose anticipated sequel to assessment was 'some or all services already started', 'some services intended but not yet started' and 'service(s) offered but declined'.

Reference: RAP Proforma A5, Pages (1 to 4) line 6 columns (1+2+4)

Denominator:

The number of Adult and older clients with completed assessments during the year.

Reference: RAP proforma A1 Page 1 first box

2151 - 2159: INTERMEDIATE CARE

General:

In responding to questions 2151-2159 please count only those service which are funded by the council. Where services are jointly commissioned estimate the council's contribution.

The NHS Plan sets out the Government's proposals for a major expansion of intermediate care services. Intermediate care encompasses a range of multi-disciplinary services bridging the boundary between primary care, community services and acute care, designed to safeguard independence by preventing inappropriate hospital stays,

maximising rehabilitation and recovery after illness or injury, and minimising premature dependence on long term institutional care.

These indicators are designed to monitor the relationship between the major new investment being made available for intermediate care, the related outputs and outcomes for older people and other service users.

For the purposes of reporting investment and activity, “intermediate care” should be regarded as describing services that meet all the following criteria:

- are targeted at older people or other vulnerable people who would otherwise
 - be inappropriately admitted to acute in-patient care;
 - face an unnecessarily prolonged stay in acute in-patient care;
 - be permanently admitted to long term residential or nursing home care, or continuing NHS in-patient care;
- are provided on the basis of a comprehensive geriatric assessment, resulting in a structured individual care plan that involves active therapy, treatment or opportunity for recovery
- have a planned outcome of maximising independence and typically enabling patients/users to resume living at home;
- involve short-term interventions, typically lasting no longer than 6 weeks and frequently as little as 1-2 weeks or less; and
- involve cross-professional working, with a single assessment framework, single professional records and shared protocols.

Intermediate care in domiciliary or day settings:

This covers teams providing one or more of the following intermediate care services in non-residential settings, i.e. in patients’ own homes or in day hospitals or other day care settings:

‘Rapid Response’ - a service designed to prevent avoidable acute admissions by providing rapid assessment/diagnosis for patients referred from GPs, A&E, NHS Direct or social services and (if necessary) rapid access on a 24-hour basis to short-term typically no more than 5 days nursing/therapy support and personal care in the patient’s own home.

‘hospital at home’ – intensive support in the patient’s own home, including investigations and treatments by health care professionals that are above the level that would normally be provided in primary care and do not require care in an acute hospital setting. Can be used either as a way of avoiding an inappropriate acute admission or of enabling earlier discharge from hospital.

‘supported discharge’ – a short term period of intensive home care possibly with nursing and/or therapeutic support in a patient’s home, , to enable earlier transfer of care from an acute hospital and to allow a patient to complete their rehabilitation and recovery at home

‘day rehabilitation’ – a short-term programme of therapeutic support, provided at a day hospital or day centre.

Teams will typically include a mix of medical, nursing, therapy, care management and home care staff, with access to community equipment services and housing-based support services.

Residential Rehabilitation:

A short term programme of therapy/care in a residential/in-patient setting (e.g. a community hospital, rehabilitation centre, nursing home, residential care home, or a step-down ward in an acute hospital) for people who are medically stable but need a short period of rehabilitation to enable them to regain sufficient physical functioning and confidence to return safely to their own home. This care may range from around 1-2 weeks (e.g. for pneumonia) to 4-6 weeks (e.g. following major surgery) or slightly longer (e.g. for frail older people recovering from major trauma). In a hospital setting this would be in a nurse/therapy led ward.

Typically input will be required from nurses, care managers and a range of allied health professions (e.g. physiotherapists, occupational therapists, speech/language therapists, psychologists, dieticians), supported by auxiliary care staff, to maximise patients/clients' residual functions and equip them with skills for independent living.

Such care may be 'step down', i.e. following a stay in an acute hospital; or it may be 'step up', i.e. following a referral by (say) a GP, social services or rapid response team and following comprehensive geriatric in cases which would otherwise necessitate acute admission or admission to longer-term residential care.

Reasons for questions:

The information will be used to contribute to monitoring progress in implementing the National Service Framework for Older People, both the intermediate care standard and the wider Older people's programme

2153 - Number of people funded by the council receiving intermediate care in a residential setting (rapid response / supported discharge) to prevent hospital admission

Response description:

Whole number

Definition

Total number of people receiving intermediate care in a residential setting who have been referred from the community (rather than following hospital discharge), i.e. 'step-up' forms of residential intermediate care. Such services should match the Departmental definition of "intermediate care" (see General Guidance above).

This should include all people receiving such services, whether or not they are subsequently admitted to hospital.

The number of people to benefit in various settings will depend on the through put of the beds and places i.e. episodes, rather than people. An individual may, during the course of a pathway through intermediate care services (or during a year) on a number of occasions, experience several episodes of care.

If we were to add together all the elements e.g. residential rehabilitation, day care and domiciliary services that an individual may receive and called that an episode, it would understate the level of activity. Moreover, it would make the whole service look very expensive.

It should be possible to estimate the number of episodes from the capacity and anticipated average length of stay with a service. Services which have been running for some time will find that easier as referral patterns become steady. "People receiving services" means "episodes" rather than the number of individuals for the above reasons. Report on services which are funded by the council. Where services are jointly commissioned estimate the councils contribution.

The NHS data should not include SSD data, joint NHS/SSD-funded services should be split 50:50 between both services. This data will provide a more holistic picture of intermediate care activity.

Beds in residential homes providing intermediate care should be counted among "people receiving intermediate care services".

2154 - Number of people funded by the council receiving intermediate care in a residential setting (rapid response / supported discharge) to facilitate timely hospital discharge and/or effective rehabilitation

Response description:

Whole number

Definition

Total number of people receiving intermediate care in a residential setting directly following discharge from hospital, to facilitate timely hospital discharge and/or effective rehabilitation. Such services should match the Departmental definition of "intermediate care" (see General Guidance above).

The number of people to benefit in various settings will depend on the through put of the beds and places i.e. episodes, rather than people. An individual may, during the course of a pathway through intermediate care services (or during a year) on a number of occasions, experience several episodes of care.

If we were to add together all the elements e.g. residential rehabilitation, day care and domiciliary services that an individual may receive and called that an episode, it would understate the level of activity. Moreover, it would make the whole service look very expensive.

It should be possible to estimate the number of episodes from the capacity and anticipated average length of stay with a service. Services which have been running for some time will find that easier as referral patterns become steady.

2155 - Number of people funded by the council receiving non-residential intermediate care to prevent hospital admission

Response description:

Whole number

Definition

Total number of people receiving intermediate care services at home, in day hospitals or in other day care settings to prevent inappropriate hospital admission, e.g. as part of 'rapid response' schemes. Such services should match the Departmental definition of "intermediate care" (see General Guidance above).

This should include all people receiving such services, whether or not they are subsequently admitted to hospital.

The number of people to benefit in various settings will depend on the through put of the beds and places i.e. episodes, rather than people. An individual may, during the course of a pathway through intermediate care services (or during a year) on a number of occasions, experience several episodes of care.

If we were to add together all the elements e.g. residential rehabilitation, day care and domiciliary services that an individual may receive and called that an episode, it would understate the level of activity. Moreover, it would make the whole service look very expensive.

It should be possible to estimate the number of episodes from the capacity and anticipated average length of stay with a service. Services which have been running for some time will find that easier as referral patterns become steady.

2156 - Number of people funded by the council receiving non-residential intermediate care to facilitate timely hospital discharge and/or effective rehabilitation

Response description:

Whole number

Definition

Total number of people receiving intermediate care services at home, in day hospitals or in other day care settings directly following discharge from hospital, to facilitate timely hospital discharge and/or effective rehabilitation. Such services should match the Departmental definition of "intermediate care" (see General Guidance above).

The number of people to benefit in various settings will depend on the through put of the beds and places i.e. episodes, rather than people. An individual may, during the course of a pathway through intermediate care services (or during a year) on a number of occasions, experience several episodes of care.

If we were to add together all the elements e.g. residential rehabilitation, day care and domiciliary services that an individual may receive and called that an episode, it would understate the level of activity. Moreover, it would make the whole service look very expensive.

It should be possible to estimate the number of episodes from the capacity and anticipated average length of stay with a service. Services which have been running for some time will find that easier as referral patterns become steady.

2157 - Number of places funded by the council in non-residential intermediate care schemes

Response description:

Whole number

Definition

Available capacity in day or domiciliary intermediate care schemes that match the Departmental definition of 'intermediate care', i.e. the number of patients or service users able to receive non-residential intermediate care services at any given time when services are operating at full capacity

What we mean by places is the total number of people able to receive non-residential intermediate care services at any given time - the capacity of the service. It is an attempt to apply a standard unit of measurement, analogous to a 'bed', to a range of services that are not bed based. e.g., we could have a hospital at home team capable of supporting, on average, depending on casemix, say 10 people at any one time - that is what it is designed to do. In addition, there might be a day hospital team providing step down care/rehabilitation for up to 15 people at a time. That is 25 places in total. It does not matter, for these purposes, that the services are very different or that the inputs are different - it still means that 25 people can be supported at any one time. The same principles apply to places as to beds over the question of whole time equivalents.

2158 - Total PSS expenditure on Intermediate Care £,000s

Response description:

£,000s

Definition

Total PSS expenditure on Intermediate care

It would be ideal to build up costs/budgets on a scheme by scheme basis, and you are advised to work towards this. However, if this is not yet possible, you will need to identify the PSS funds invested in all intermediate care services.

2159 - Number of intermediate care beds funded by the council

Response description:

Whole number

Definition

Total number of intermediate care beds.

Such figures would reflect the residential rehabilitation model of Intermediate Care, and may be either 'step down' (following stay in acute hospital), or 'step up' (referral by GP, Social services or 'Rapid Response' teams in cases which would otherwise necessitate acute admission or admission to longer term residential care.

On the principle of fitting in with capacity planning and SaFFs we need to think in terms of 'whole time equivalents'. Calculating the bed capacity provided can be done by adding up the beds commissioned, ensuring that they are year round provision. If additional beds are commissioned for 6 months of winter, these can be pro rata for the year,

e.g. 10 permanent beds + 10 extra for 6 months = 15 beds per year

If spot purchasing, then add up the bed days commissioned or calculate the overall capacity with the resource available.

All PSS expenditure on intermediate care (not just for over 65's) should be included.

2160 - Percentage of assessments of older people will begin within 48 hours of first contact with social services

Response description:

Percentage to one decimal place

Reason for question:

As part of the announcement made by the S of S in June 2002 on older people faster assessment was specified as a key feature. **The information will be use to assess what progress is being made.**

Definition

Numerator:

Of new clients in the Denominator:, the number for whom length of time from first contact to start of assessment was less than 48 hours (that is, two calendar days). (This time includes weekends and bank holidays.)

Reference: RAP 2003-04 form A9 page 1 line 5

Denominator:

The total number of new clients aged 65 or over whose assessments were completed during the year

Reference: RAP 2003-04 form A9 page 1 sum of lines 5-8

2161 - Percentage assessments completed within 4 weeks

Response description:

Percentage to one decimal place

Reason for question:

As part of the announcement made by the S of S in June 2002 on older people faster assessment was specified as a key feature

Definition

Numerator:

Of new clients in the Denominator:, the number for whom length of time from first contact to completion of assessment was less than or equal to 4 weeks (that is, 28 calendar days).

Reference: RAP 2003-04 form A7 page 1 sum of lines 6-8

Denominator:

The total number of new clients aged 65 or over whose assessment was completed during the year

Reference: RAP 2003-04 form A7 page 1 sum of lines 6-10

2162 - Percentage assessments completed within 2 weeks

Response description:

Percentage to one decimal place

Reason for question:

As part of the announcement made by the S of S in June 2002 on older people faster assessment was specified as a key feature

Definition

Numerator:

Of new clients in the Denominator:, the number for whom length of time from first contact to completion of assessment was less than or equal to 2 weeks (that is, 14 calendar days).

Reference: RAP 2003-04 form A7 page 1 sum of lines 6-7

Denominator:

The total number of new clients aged 65 or over whose assessment was completed during the year

Reference: RAP 2003-04 form A7 page 1 sum of lines 6-10

2163 - Percentage of social services for older people provided within 4 weeks following assessment

Response description:

Percentage to one decimal place

Reason for question:

Users and carers should expect practical help and other support to arrive in a timely fashion soon after their problems have been referred to social services and their needs have been identified.

Definition

Numerator:

Of new clients in the Denominator:, the number for whom length of time from completion of assessment to provision of all services in a care package was less than or equal to four weeks (that is, 28 calendar days).

Reference: RAP 2003-04 form A8 page 1 sum of lines 1-2

Denominator:

The total number of new clients aged over 65 or over for whom all services were put in place during the year.

Reference: RAP 2003-04 form A8 page 1 sum of lines 1-4

2164 - Percentage of social services for older people provided within 2 weeks following assessment

Response description:

Percentage to one decimal place

Reason for question:

Users and carers should expect practical help and other support to arrive in a timely fashion soon after their problems have been referred to social services and their needs have been identified.

Definition

Numerator:

Of new clients in the Denominator:, the number for whom length of time from completion of assessment to provision of all services in a care package was less than or equal to two weeks (that is, 14 calendar days).

Reference: RAP 2003-04 form A8 page 1 line 1

Denominator:

The total number of new clients aged over 65 or over for whom all services were put in place during the year.

Reference: RAP 2003-04 form A8 page 1 sum of lines 1-4

2182 - Number of extra-care housing tenancies to be provided in 2003/04

Response description:

Whole number

Reason for question:

DH has announced a new target to increase the numbers of people being cared for in extra-care housing by 6,900 by 2005/06 from a baseline of 20,300 in 2000. **This can be found on website <http://www.doh.gov.uk/planning2003-2006/appb.htm>.** Information on the rate of increase in the numbers of extra-care housing tenancies and their occupation by Older People is essential in monitoring the achievement of this target. **This target relates to the numbers of additional people in receipt of this service e.g. a tenancy for a couple should be counted as two.**

Definition

Numbers of extra care tenancies as defined within the local council's strategy for older people.

People with Learning Disabilities

This section of the Position Statement asks for:

- Summary information about performance improvements in the past year, priorities for the year ahead, and specific targets.
- Additional information to assist in monitoring the use of the LDDF Grant, and targets around person centred planning outlined in LAC 2001(23) Valuing People.

Strategy for People with Learning Disabilities

2201 – Please outline your strategy for delivering the priorities for improving outcomes for people with learning disabilities and outline how this is linked to the councils corporate strategy.

Complete in spring - short text summary of 2000 characters, approximately 250 words

Please summarise any serious risks to achieving the priorities for improving outcomes for people with learning disabilities and the contingencies in place to deal with any risks.

2202 – Risks Complete in spring – short text summary of 800 characters, approximately 100 words

2203 – Contingencies Complete in spring – short text summary of 800 characters, approximately 100 words

Achievements in 2002-03

2204 - Please summarise overall achievements (and any priorities for improvement that were not achieved) for people with Learning Disabilities for 2002-03.

Complete in spring – short text summary of 800 characters, approximately 100 words

Priorities for 2003-04

2205 – Please specify the priorities for improvement in 2003-04 for people with learning disabilities?

Complete in spring – short text summary of 800 characters, approximately 100 words

Targets and Performance Indicators

2000-01	2001-02	2002-03 Plan	2002-03 Forecast	2002-03 Outturn (spring)	2003-04 Plan (spring)	2003-04 Forecast (autumn)
2206 - PI/PAF: The amount spent by each council on advocacy expressed as the amount per head of people with learning disabilities known to the council:						
2207 – PI: Percentage of adults with learning disabilities receiving community based services who are receiving direct payments						
2208 – PI: Percentage of all adults of all client groups receiving community based services who are in receipt of direct payments						
2209 - PI: Percentage of adults with learning disabilities receiving community based services who are receiving short term breaks (some further clarification of the guidance has been supplied. As a result this question has been left open for councils to check their response with the guidance and amend if necessary)						

2210 - PI Percentage of carers aged 65 and over who have been assessed (some further clarification of the guidance has been supplied. As a result this question has been left open for councils to check their response with the guidance and amend if necessary)						
2211 - PAF B14 Unit cost of residential and nursing care for adults with learning disabilities – old definition						
					not applicable	not applicable
2233 - PAF B14 Unit cost of residential and nursing care for adults with learning disabilities – new definition						
not applicable	not applicable	not applicable	Not applicable			
2212 – PAF C30: Number of adults with learning disabilities helped to live at home						
2213 - Gross expenditure on day care as a percentage of expenditure on all non-residential services						
2214 - Proportion of expenditure on day and domiciliary services for people with learning disabilities to expenditure on residential provision for people with learning disabilities (some further clarification of the guidance has been supplied. As a result this question has been left open for councils to check their response with the guidance and amend if necessary)						
2215 - PI: Number of people with learning disabilities in work as a percentage of those with learning disabilities known to the council (some further clarification of the guidance has been supplied. As a result this question has been left open for councils to check their response with the guidance and amend if necessary)						
2216 - PI: The percentage of people with learning disabilities receiving services that are from minority ethnic groups (some further clarification of the guidance has been supplied. As a result this question has been left open for councils to check their response with the guidance and amend if necessary)						
2217 - PI: Number of people with learning disabilities known to the local council per 1,000 population						
2218 - PI: Percentage of staff working in learning disability services achieving at least NVQ Level 2 (some further clarification of the guidance has been supplied. As a result this question has been left open for councils to check their response with the guidance and amend if necessary)						

Progress on priorities for People with Learning Disabilities during 2003-04

2219 – What progress has been made with action planned for people with Learning Disabilities

Complete in autumn

Response description:

Select from

1 - no progress

2 - significant slippage on plans

- 3 - some Action Planned on schedule but some slippage
- 4 - most Action Planned on schedule
- 5 - all Action Planned on schedule

All councils answering 1 – 4, please explain why these targets are not currently on course, or not likely to be achieved by the year end.
Additionally, **councils who are zero rated** should also describe progress to date, and the anticipated outcome at year end.

Complete in autumn – short text description of 800 characters, approximately 100 words

2220 - Please describe any contingencies that have been put into place in response to risks that have impacted on service delivery since spring. In answering you may want to consider the risks and contingencies outlined in 2202 and 2203.

Complete in autumn - short text summary of 800 characters, approximately 100 words

Additional Information required for monitoring targets outlined in LAC 2001(23)
Valuing people: a new strategy for learning disability for the 21st century

Person centred planning and closure of long-stay hospitals

2221 – Number of people normally resident in the council area living in long-stay hospitals	
2222 – Percentage who have achieved their own person centred plan	
2223 – Percentage who will be discharged from hospital by April 2004	

Complete in autumn

Person centred planning and transitions

2224 – Percentage of young people moving from children's to adults' services who have had services designed on the basis of their own person centred plan	
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Complete in autumn

Additional information to monitor outcomes for which grant money has been made available

Learning Disability Development Fund Grant (revenue) monitoring

	2002-03 Outturn (spring)	Plan 2003-04 (spring)	2003-04 Forecast (autumn)
2225 – Total Learning Disabilities Development Fund			
2226 – Amount of LDDF spent promoting further development of advocacy			
2227 – Amount of LDDF spent supporting the wider introduction of person centred planning			
2228 – Amount of LDDF spent developing supported living approaches for people with learning disabilities living with older carers			
2229 – Amount of LDDF spent completing the re-provision of the remaining long stay hospitals			
2230 – Amount of LDDF spent modernising			

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Day Services			
2231 – Amount of LDDF spent enhancing leadership in learning disability services			
2232 – Please illustrate examples of how the LDDF has contributed to improved outcomes for people with learning disabilities and their carers.			
Complete in spring – short text summary of 800 characters, approximately 100 words			

Annex: Details of the Performance Indicators and other technical information

Definition of 'Learning Disabilities' (Question 2201 et seq.)

We are aware that LAs use different criteria for assessing eligibility for services. Below is what we use whenever we are asked for a definition of LD - it is an extract from the White Paper Valuing People.

"Learning disability includes the presence of:

- A significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with;*
- A reduced ability to cope independently (impaired social functioning);*
- which started before adulthood, with a lasting effect on development.*

This definition encompasses people with a broad range of disabilities. The presence of a low intelligence quotient, for example an IQ below 70, is not, of itself, a sufficient reason for deciding whether an individual should be provided with additional health and social care support. An assessment of social functioning and communication skills should also be taken into account when determining need. Many people with learning disabilities also have physical and/or sensory impairments. The definition covers adults with autism who also have learning disabilities, but not those with a higher level autistic spectrum disorder who may be of average or even above average intelligence - such as some people with Asperger's Syndrome.

'Learning disability' does not include all those who have a 'learning difficulty' which is more broadly defined in education legislation."

In the recent JIP guidance we said

*The Government's White Paper "Valuing People: A New Strategy for Learning Disability for the 21st Century" sets out proposals for improving opportunities and achieving better outcomes for all children, young people, adults and older people with learning disabilities and their families. Its proposals are based on the key principles of legal and civil rights, independence, choice and inclusion. **They cover people with severe and profound learning disabilities through to people with mild or moderate learning disabilities and people with learning disabilities from across the autistic spectrum.** It takes a cradle to grave and cross Government approach. "Valuing People" sets a new objective and sub-objectives for improving the lives of children and young people. Action to implement these is being taken forward through the Quality Protects programme. However, relevant aspects from the Quality Protects Management Action Plans will be need to be included in the updated JIP to support any capital bids for developing integrated health and social care facilities for disabled children. A further 10 objectives with supporting sub-objectives set the agenda for improving the lives of adults with learning disabilities.*

The bottom line should perhaps be services provided by the council where a learning disability has been identified.

Targets and Performance Indicators

2206 - PI/PAF: The amount spent by each council on advocacy expressed as the amount per head of people with learning disabilities known to the council

Response description:

Number to one decimal place

Definition

Numerator:

An estimate of the amount to be spent on advocacy during the year. '**Advocacy**' covers all forms of advocacy for people with learning disabilities including citizen advocacy and self- advocacy, but excludes advocacy as part of the health facilitator role or as part of other professional or support worker roles.

Denominator:

Number of adults with learning disabilities known to the council during the year. A proxy for the number of people 'Known to the council' is the number of adults aged 18 and over on the books to receive community-based services (at 31 March) and those receiving a completed assessment during the year where the intention is not to provide a service.

The amount of spend by each council on advocacy will include resources allocated by the council and PCT etc. by way of any pooled funds. It will also include any LDDF.

Advocacy relates to both self-advocacy and citizen advocacy schemes that have been commissioned by the council/partners and are bound by contract. It can also include any resources that are spent on individual self-advocates to support their training etc.

The definition does not include advocacy provided on an individual voluntary basis nor does it include the support normally provided as part of a befriending service.

Reference:

RAP P2s form (pages 1,3,5,7,9 added together), first column on the 'Total of clients' and second row for the primary client type of 'learning disability'.

Plus

RAP A5 form (pages 1-4 added together), columns 3,4 and 5 for the anticipated sequels of 'No (new) services offered or intended to be provided', '(New) service(s) offered but declined' and 'Other sequel to assessment' – row 2 for learning disability clients

Councils should remove any double counting from the two forms if they can.

2207 - PI: Percentage of adults with learning disabilities receiving community based services who are receiving direct payments

Response description:

Percentage to **two** decimal places

Definition

Numerator:

Number of adults with learning disabilities who are receiving direct payments during the year

Reference: RAP P2f form (pages 1, 3, 5 added together), column 8 on 'direct payments' and second row for the primary client type of 'learning disability'.

Denominator:

Number of adults with learning disabilities who are receiving community-based services during the year

Reference: RAP P2f form (pages 1, 3,5 added together), column 1 on 'total of clients' and second row for the primary client type of 'learning disability'.

2208 - PI: Percentage of all adults of all client groups receiving community based services who are in receipt of direct payments

Response description:

Percentage to **two** decimal places

Definition

Numerator:

Number of adults of all client groups who are receiving direct payments during the year

Reference: RAP P2f form (pages 1, 3,5 added together), column 8 on 'direct payments' and sixth row for 'total of above'.

Denominator:

Number of adults of all client groups who are in receipt of community based services during the year (not a 'snapshot' at 31 March)

Reference: RAP P2f form (pages 1, 3,5 added together), column 1 on 'total of clients' and sixth row for 'total of above'.

2209 - PI: Percentage of adults with learning disabilities receiving community based services who are receiving short term breaks

Response description:

Percentage to **two** decimal places

Due to the quality of the data in spring this section of the DIS has been left open to allow council to check the guidance and confirm their response.

Definition

Numerator:

Number of adults with learning disabilities who are on the books to receive planned short term breaks at 31 March. **'Short term breaks'** is defined as 'planned short-term break' as used on RAP form P2s.

Reference: RAP P2s form (pages 1,3,5,7,9 added together), fifth column on the 'planned short term breaks' and second row for the primary client type of 'learning disability'.

This means the number of adults with learning disabilities who at the 31 March had a written statement in their care plan, **based on assessed need**, to provide a planned short term break at a pre specified time (e.g. **a few hours a day**, every last weekend of the month) or for a pre specified purpose (e.g. to allow a carer to take an annual holiday). **It can be in a persons own home or elsewhere.** Therefore the adult may not have been having a short term break at the 31st March but the intention to provide a short term break

for that adult was in place at 31st March. i.e. it is the first of the options offered by the council and will be different to the basis on which they returned data on their JIPs.

Denominator:

Number of adults with learning disabilities who are on the books to receive community-based services at 31 March

Reference: RAP P2s form (pages 1,3,5,7,9 added together), first column on the 'total of clients' and second row for the primary client type of 'learning disability'.

2210 - PI Percentage of carers aged 65 and over who have been assessed

Response description:

Percentage to one decimal place

Due to the quality of the data in spring this section of the DIS has been left open to allow council to check the guidance and confirm their response.

Definition

Numerator:

The number of carers who **have received their own individual carers assessment** during the year who were aged 65 or more (this assumes that a plan was agreed for those that were assessed).

Reference: RAP A4 form, columns 4, 5 and 6 added together (referring to the age groups of 65-74, 75-84, 85+) and first and second rows (added together) for the number of carers assessed separately during the period and all other carers assessed.

Denominator:

The total number of carers assessed during the year

Reference: RAP A4 form, first column for 'all ages' and first and second rows (added together) for the number of carers assessed separately during the period and all other carers assessed.

The data on carer assessments are not collected by DH on a client group basis, so councils may need to do some further work to establish how many of their older carers are caring for people with learning disabilities. Councils should report this indicator on the basis of carers of people with learning disabilities.

The information collected on RAP is about assessments rather than plans, but it is assumed that everyone with a completed assessment should be issued with a plan.

The definition does not include voluntary work; unpaid work; paid placements nor people with learning disabilities who are in work skilled units working towards City & Guilds NVQ qualifications, but not paid.

2211 & 2233 - PAF B14 Unit cost of residential and nursing care for adults with learning disabilities

Response description:

Cost to nearest £

Include section 28A clients if the cost is shown under *expenditure and income received* in the LA social services accounts. Ensuring activity matches expenditure. If not then also exclude the activity from B14.

Old Definition

Numerator:

Gross total cost for residential and nursing care for adults with learning disabilities during the year.

Reference: PSS EX1 sheet Incl. SSMSS column G (Gross total cost (Current expenditure including capital charges): Total (including joint arrangements)) lines (E2 (nursing home placements) + E3 (residential care home placements) for adults aged under 65 with learning disabilities).

Denominator:

The total number of weeks adults aged 18-64 with learning disabilities were supported in residential and nursing care during the year (including both permanent and temporary residents).

New Definition

Average gross weekly expenditure per person on supporting adults with learning disabilities in residential and nursing care.

Numerator:

Gross total cost for residential and nursing care for adults with learning disabilities during the year.

Reference: PSS EX1 sheet Incl SSMSS column G (Gross total cost (Current expenditure including capital charges): Total (including joint arrangements)) lines (E2 (nursing home placements) + E3 (residential care home placements) for adults aged under 65 with learning disabilities).

Denominator:

The total number of weeks adults aged 18-64 with learning disabilities were supported in residential and nursing care during the year (including both permanent and temporary residents) plus the total number of weeks that full cost paying residents spent in local authority residential care homes or, if the fees are included in the expenditure for the numerator, in other residential care homes or nursing homes.

Reference: PSS EX1.

2212 - PAF C30: Number of adults with learning disabilities helped to live at home per 1,000 population aged 18-64

Response description:

Number to **two** decimal places

Reason for question:

The white paper "Valuing People: A New Strategy for Learning Disability for the 21st Century" (published March 2001) sets out the Government's proposals for improving life chances of people with learning disabilities, based on the key principles of civil and legal rights, independence, choice and inclusion. This indicator covers people receiving any amount of care, so is being used to show how much low level care is provided. Such care can prevent or postpone a person needing more intensive care packages or residential care.

Definition

Numerator:

Adults aged 18-64 with learning disabilities helped to live at home at 31 March.

Reference: RAP Table P2s Page 1 line 2 column 1 (collected on KS1).

Denominator:

Population aged 18-64.

Reference: ONS Mid-year estimate for 30 June.

2213 - Gross expenditure on day care as a percentage of expenditure on all non-residential services

Response description:

Percentage to one decimal place

Definition

Numerator:

Gross total expenditure for day care for adults with learning disabilities during the year

Reference: PSS EX1 sheet Incl. SSMSS column G (Gross total cost (Current expenditure including capital charges): Total (including joint arrangements)) line E7 (day care).

Denominator:

Gross total expenditure for non-residential services for adults with learning disabilities during the year. '**Expenditure on all non-residential services**' is defined as those used on the PSSEX1 return. 'Residential services' are nursing home placements, residential care home placements and other accommodation. Everything else apart from assessment and care management should be classified as non-residential. This is the same as gross expenditure on day and domiciliary services.

Reference: PSS EX1 sheet Incl. SSMSS column G (Gross total cost (Current expenditure including capital charges): Total (including joint arrangements)) lines (E5 (direct payments) + E6 (home care) + E7 (day care) + E8 (equipment and adaptations) + E9 (meals) + E10 (other services to adults with learning disabilities) for adults aged under 65 with learning disabilities).

2214 - Proportion of expenditure on day and domiciliary services for people with learning disabilities to expenditure on residential provision for people with learning disabilities

Response description:

Number to one decimal place

These data should fall in the range 0-5 based on 2001-02 and 2002-03 PSS EX1 data.

These data should be reported as a proportion and not a percentage. Due to the quality of the data in spring this section of the DIS has been left open to allow council to check the guidance and confirm their response.

Definition

Numerator:

Gross total expenditure for day and domiciliary services for adults with learning disabilities during the year

Reference: PSS EX1 sheet Incl. SSMSS column G (Gross total cost (Current expenditure including capital charges): Total (including joint arrangements)) lines (E5 (direct payments) + E6 (home care) + E7 (day care) + E8 (equipment and adaptations) + E9 (meals) + E10 (other services to adults with learning disabilities) for adults aged under 65 with learning disabilities).

Denominator:

Gross total expenditure for residential provision for adults with learning disabilities during the year

Reference: PSS EX1 sheet Incl. SSMSS column G (Gross total cost (Current expenditure including capital charges): Total (including joint arrangements)) lines (E2 (nursing home placements) + E3 (residential care home placements) + E4 (supported and other accommodation) for adults aged under 65 with learning disabilities).

2215 - PI: Number of people with learning disabilities in work as a percentage of those with learning disabilities known to the council

Response description:

Percentage to **two** decimal places

Due to the quality of the data in spring this section of the DIS has been left open to allow council to check the guidance and confirm their response.

Definition

Numerator:

Number of people with learning disabilities in work during the year. 'Work' covers full time and part time work, employment in open and supported employment. Logically, this would include anyone working and getting up to the £20 disregard - this would be part-time work. **Work experience is excluded. Include the £15 therapeutic disregard placements.**

Denominator:

Number of adults with learning disabilities known to the council during the year. **Although there are issues with this question it needs to be answered as set for this years exercise. For the sake of consistency count the 'number of people with learning disabilities known to the council'.**

A proxy for the number of people 'Known to the council' is the number of adults aged 18 and over on the books to receive community-based services (at 31 March) and those receiving a completed assessment during the year where the intention is not to provide a service.

Reference:

RAP P2s form (pages 1,3,5,7,9 added together), first column on the 'Total of clients' and second row for the primary client type of 'learning disability'.

Plus

*RAP A5 form (pages 1-4 added together), columns 3,4 and 5 for the anticipated sequels of 'No (new) services offered or intended to be provided', '(New) service(s) offered but declined' and 'Other sequel to assessment' – row 2 for learning disability clients
Councils should remove any double counting from the two forms if they can.*

2216 - PI: The proportion of people with learning disabilities receiving services that are from minority ethnic groups

Response description:

Number to **two** decimal places

Due to the quality of the data in spring this section of the DIS has been left open to allow council to check the guidance and confirm their response.

Definition

Numerator:

The number of adults with learning disabilities receiving services during the year, whose ethnic origin is 'Mixed. Asian or Asian British, Black or Black British, or Chinese or other ethnic group, **as a proportion of** all such clients of these or White ethnic origin. The Numerator: refers to those aged 18 or over.

Reference: RAP form P4, page 2, column 2 and rows 4-16 as a proportion of RAP form, P4, page 2, column 2 and rows 1-16.

Denominator:

The estimated proportion of adults living in the Council area who are classified as other than 'white'. The Denominator: refers to those aged **18 or over**.

Reference: 2001 Census when available and in the meantime Labour Force survey or 1991 Census. Use 1991 figures if this provides the most accurate information.

2217 - PI: Number of people with learning disabilities known to the local council per 1,000 population

Response description:

Number **to two decimal places**

Definition

Numerator:

Number of adults with learning disabilities known to the council during the year
A proxy for the number of people 'Known to the council' is the number of adults aged 18 and over on the books to receive community-based services (at 31 March) and those receiving a completed assessment during the year where the intention is not to provide a service.

Reference:

RAP P2s form (pages 1,3,5,7,9 added together), first column on the 'Total of clients' and second row for the primary client type of 'learning disability'.

Plus

RAP A5 form (pages 1-4 added together), columns 3,4 and 5 for the anticipated sequels of 'No (new) services offered or intended to be provided', '(New) service(s) offered but declined' and 'Other sequel to assessment' – row 2 for learning disability clients

Councils should remove any double counting from the two forms if they can.

Denominator:

The council's population aged 18 and over

ONS mid-year population estimates.

2218 - PI: Percentage of staff working in learning disability services achieving at least NVQ Level 2

Response description:

Percentage to one decimal place

Due to the quality of the data in spring this section of the DIS has been left open to allow council to check the guidance and confirm their response.

Definition

Numerator:

Number of staff working in learning disability services who have achieved at least NVQ level 2 at 31 March. This relates to all staff including the independent sector not just the council's own employees and covers children's and adults service's.

Denominator:

Number of staff working in learning disability services at 31 March

Historically councils may have only taken into account the number of their own staff who have achieved NVQ or other appropriate qualifications. Within the guidance the position is clear. The calculation should include all permanent staff known to the council. Those people that work within the public, independent or voluntary sector within the council's geographical boundary.

It is accepted that the council will only have access to the relevant data from their own workforce information and from the organisations that they contract with to provide learning disability services on their behalf.

The definition relates to staff who are delivering a direct service not administrative staff except where they are involved in planning for services where a good knowledge of the issues will be critical.

Additional Information required for monitoring targets outlined in LAC 2001(23)
Valuing people: a new strategy for learning disability for the 21st century

Person centred planning and closure of long-stay hospitals

2221 – Number of people normally resident in the council area living in long-stay hospitals

Response description:

Whole number

Reason for question:

Valuing People set a target of April 2004 for moving people currently living in NHS old long stay hospitals to more appropriate accommodation. Local authorities who have people normally resident in their area living in long stay hospitals need to be fully involved in this process.

Definition

People normally resident in the council area are defined as those people for whom the local authority has responsibility for agreeing resettlement plans with an NHS Trust/PCT.

2222 – Percentage who have achieved their own person centred plan (as described in guidance)

Response description:

Percentage to one decimal place

Reason for question:

Valuing People set a target of 2003 for all people still living in long stay hospitals to have a person centred plan. **Person centred planning does not have an end, i.e. it is an ongoing process. It does nonetheless have to have an outcome, namely that the person has a plan that they are happy with and that the statutory authorities then use as the basis for informing assessments and their service planning and purchasing decisions. The fact that this will change and evolve over time is merely recognition of the changing nature of people's wishes and (hopefully) service responses. The transition question is about peoples' transition plans being based on a person centred plan that, again, is what the person has agreed with at that point in time. This question is specifically about how service planners have responded to people's own PCP's and not about the PCP's themselves.**

Definition

People living in long stay hospitals should have a person centred plan as described in the guidance published in December 2001 (www.doh.gov.uk/learningdisabilities). "Person centred planning is a way of assisting people to work out what they want, the support they require and helping them to get it."

Numerator:

Number of people normally resident in the council area living in long-stay hospitals who have person centred plans

Denominator:

Number of people normally resident in the council area living in long-stay hospitals

2223 – Percentage who will be discharged from hospital by April 2004

Response description:

Percentage to one decimal place

Reason for question:

Valuing People set a target of April 2004 for people currently living in NHS long stay hospitals to be moved to more suitable accommodation.

Definition

Numerator:

Number of people normally resident in the council area living in long stay hospitals who will be moved to more appropriate accommodation by April 2004

Denominator:

Number of people normally resident in the council area living in long-stay hospitals

Person centred planning and transitions

2224 – Percentage of young people moving from children's to adults' services who have had services designed on the basis of their own person centred plan

Response description:

Percentage to one decimal place

Reason for question:

The White Paper, *Valuing People*, set a target of 2003 for all young people moving from children's to adult services to have a person centred plan.

Definition

All young people with a learning disability in contact with children's social services who are referred to adult social services. should have a person centred plan as described in the guidance published in December 2001 (www.doh.gov.uk/learningdisabilities). "Person centred planning is a way of assisting people to work out what they want, the support they require and helping them to get it."

Numerator:

Number of young people with a learning disability in contact with children's services who have been referred from children's services to adult services in the past 12 months and who have a person centred plan

Denominator:

Number of young people with a learning disability in contact with children's services who have been referred from children's services to adult services in the past 12 months.

There is an expectation that if a young person has a person centred plan then the services that are subsequently provided by adult services will be designed on the basis of that plan.

Additional information required for the Learning Disability Development Fund Grant (Revenue)

2225 – Total Learning Disabilities Development Fund

Response description:

Amount in £000's

2226 –Amount of total LDDF spent promoting further development of advocacy

Response description:

Amount in £000's

2227 –Amount of total LDDF spent supporting the wider introduction of person centred planning

Response description:

Amount in £000's

2228 –Amount of total LDDF spent developing supported living approaches for people with learning disabilities living with older carers

Response description:

Amount in £000's

2229 –Amount of total LDDF spent completing the reprovision of the remaining long stay hospitals

Response description:

Amount in £000's

2230 –Amount of total LDDF spent modernising Day Services

Response description:

Amount in £000's

2231 –Amount of total LDDF spent enhancing leadership in learning disability services

Response description:

Amount in £000's

Reason for question:

The revenue element of the Learning Disability Development Fund was allocated to PCTs to be used as part of a pooled budget to support the implementation of Valuing People as set out in annex B of HSC 2001/016:LAC(2002)23 and as agreed with their partner local authority/ies.

Definition

Total Learning Disability Development Fund is the revenue element allocated to the local authority's partner PCTs . (Where a PCT relates to more than one local authority the PCT should have agreed the distribution between the local authorities at the start of the financial year. Only that part relating to the responding LA should be included.)

These lines should only include the amount spent from the Learning Disabilities Development Fund and should not include spend from elsewhere.

People with Physical and Sensory Disabilities

Strategy for Physical and Sensory Disabilities

2301 – Please outline your strategy for delivering the priorities for improving outcomes for people with physical and sensory disabilities and indicate how this is linked to the councils corporate strategy.

Complete in spring - short text summary of 2000 characters, approximately 250 words

Please summarise any serious risks to achieving the priorities for improving outcomes for people with physical and sensory disabilities and the contingencies in place to deal with any risks.

2302 – Risks Complete in spring – short text summary of 800 characters, approximately 100 words

2303 – Contingencies Complete in spring – short text summary of 800 characters, approximately 100 words

Achievements in 2002-03

Please summarise overall achievements (and any priorities for improvement that were not achieved) for people with physical and sensory disabilities in 2002-03.

2304 – Community Equipment Services

Complete in spring - short text summary of 800 characters, approximately 100 words

2305 – Welfare to work

Complete in spring - short text summary of 800 characters, approximately 100 words

2306 – Promoting Independence (specifically PAF C29: Younger physically disabled helped to live at home) Comment should cover access to relevant funding ,education ,training and employment: appropriate housing and carer support which might offer realistic options to support independence.

Complete in spring - short text summary of 800 characters, approximately 100 words

2307 – Other Local Priorities

Complete in spring - short text summary of 800 characters, approximately 100 words

Priorities for 2003-04

Please specify the priorities for 2003-04. Where possible express these as outcomes. Please include the following in your response:

2308 – Community Equipment Services

Complete in spring - short text summary of 800 characters, approximately 100 words

2309 – Welfare to work

Complete in spring - short text summary of 800 characters, approximately 100 words

2310 – Promoting Independence (specifically PAF C29: Younger physically disabled helped to live at home) Comment should cover access to relevant funding ,education ,training and employment: appropriate housing and carer support which might offer realistic options to support independence.

Complete in spring - short text summary of 800 characters, approximately 100 words

2311 – Other Local Priorities

Complete in spring - short text summary of 800 characters, approximately 100 words

Targets and Performance Indicators

2000-01	2001-02	2002-03 Plan	2002-03 Forecast	2002-03 Outturn (spring)	2003-04 Plan (spring)	2003-04 Forecast (autumn)
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Community Equipment						
2312 – PAF D38 Percentage of items of equipment costing less than £1,000 delivered in three weeks						
2313 – Number of people who receive community equipment services						
Promoting Independence						
2314 – PAF C29 Younger physically disabled helped to live at home per 1,000 population aged 18-64						
2315 – PAF B16 Unit cost of residential and nursing care for adults with physical disabilities – old definition.						
		not applicable	not applicable		not applicable	not applicable
2331 – PAF B16 Unit cost of residential and nursing care for adults with physical disabilities – new definition.						
not applicable	not applicable	not applicable	not applicable			

Progress on priorities for People with Physical and Sensory Disabilities during 2003-04

2316 - What progress has been made with action planned for People with Physical and Sensory Disabilities during 2003-04?

Complete in autumn

Response description:

Select from

- 1 - no progress
- 2 - significant slippage on plans
- 3 - some Action Planned on schedule but some slippage
- 4 - most Action Planned on schedule
- 5 - all Action Planned on schedule

All councils answering 1 - 4, please explain why these targets are not currently on course, or not likely to be achieved by the year end.

Additionally, **councils who are currently zero rated** should also describe progress to date, and the anticipated outcome at year end.

Complete in autumn - short text summary of 800 characters, approximately 100 words

2317 - Please describe any contingencies that have been put into place in response to risks that have impacted on service delivery since spring. In answering you may want to consider the risks and contingencies outlined in 2302 and 2303.

Complete in autumn - short text summary of 800 characters, approximately 100 words

Additional Information requested for monitoring Policy Implementation

Promoting Independence

2318 - Do you have a policy in place on manual lifting and handling that takes account of the HSE Guidance issued in March 2002 "Handling Home Care – Achieving safe, efficient and positive outcomes for care workers and clients"?

Complete in autumn

Response description:

Select from

- 1 - We have no policy
- 2 - Yes we have a policy **which doesn't take account of the HSE** but we don't plan to review it
- 3 - Yes we have a policy **which doesn't take account of the HSE Guidance** and we intend to review this in light of the HSE Guidance
- 4 - Yes we have a policy and it does take account of the HSE Guidance

2319 - What steps have been taken to identify adults with more profound and multiple disabilities [such as serious brain injury] and assess potential for independent living?

Complete in autumn

Response description:

Select from

- 1 - No specific action taken
- 2 - Some progress in identifying adults with complex needs
- 3 - Established arrangements in place for multi-disciplinary/agency assessment

2320 - Do you have in place protocols to support transition by children with disabilities from Children's Services to Adult Services?

Complete in autumn

Response description:

Select from

- 1 - No protocols are in place
- 2 - Protocols are being developed
- 3 - Protocols are in place and fully operational

Dual Sensory Impairment

2321 – 2326: LAC 2001 [8] defined specific requirements relating to services for adults with dual sensory impairment.

2321 – Is a responsible senior manager identified?	No/Yes
---	--------

Complete in autumn

2322 – Is information available in suitable formats for people with dual sensory loss?	No/Yes
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Complete in autumn

2323 – Is a database in place to support identification of deafblind population in council area?	No/Yes
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Complete in autumn

2324 – Assessment for people with dual sensory impairment are carried out by

Complete in autumn

Response description:

- 1 - specialist staff
- 2 - specialist staff as part of generic assessment
- 3 - generic team with some awareness of sensory impairment.
- 4 - Generically

2325 - Services offered are:

Complete in autumn

Response description:

- 1 - Specifically appropriate for people with dual sensory loss
- 2 - Special elements within a single sensory impairment service
- 3 - Single impairment service offered with some modification
- 4 - Single sensory impairment service offered

2326 - Changes to registration of people with Visual Impairment.

Do you have plans underway to address the revised process for registration of people with visual impairment?

Complete in autumn

Response description:

Select from

- 1 - No plans
- 2 - Plans being reviewed
- 3 - Plans underway to address revised process
- 4 - Plans underway to address revised process including a mechanism to communicate with optometrists

Community Equipment

2327 – What is the current status of the council's plans to utilise funding for community equipment services to meet the targets of integrated and 50 % increased provision by 2004?

Complete in autumn

Response description:

Select from

- 1 - Number of people (of all ages) issued with community equipment and minor adaptations will be the same or less than in 2000/01.
- 2 - Number of people (of all ages) issued with community equipment and minor adaptations will show a rise between 1 and 15% compared with 2000/01.
- 3 - Number of people (of all ages) issued with community equipment and minor adaptations will show a rise between 16 and 30% compared with 2000/01.
- 4 - Number of people (of all ages) issued with community equipment and minor adaptations will show a rise greater than 31% compared with 2000/01, and is on target to meet the NHS Plan target of a 50% increase by 2004.

Additional information to monitor outcomes for which grant money has been made available

2328 - Has the council identified the amount of ring-fenced grant for community equipment and minor adaptations for 2003/04 that is available to the community equipment service pooled budget?

Complete in autumn

Response description:

Select from

- 1 - Amount of ring-fenced grant for community equipment and minor adaptations for 2003/04 not yet identified no plans to pool the budgets.
- 2 - Amount of ring-fenced grant for community equipment and minor adaptations for 2003/04 identified but not yet in service budget not yet pooled.
- 3 - Amount of ring-fenced grant for community equipment and minor adaptations for 2003/04 identified and partial amount in service budget on a pooled basis.
- 4 - Full amount of ring-fenced grant for community equipment and minor adaptations for 2003/04 available to the community equipment service pooled budget.

2329 - Does the council have a computer-based system of monitoring times for individual clients between first contact, assessment and provision of equipment/minor adaptations in place?

Complete in autumn

Response description:

Select from

- 1 - No computer-based system of monitoring times for individual clients between first contact, assessment and provision of equipment/minor adaptations available or planned.
- 2 - Computer-based system of monitoring times for individual clients between first contact, assessment and provision of equipment/minor adaptations planned.
- 3 - Computer-based system of monitoring times for individual clients between first contact, assessment and provision of equipment/minor adaptations in place but results not yet available.
- 4 - Computer-based system of monitoring times for individual clients between first contact, assessment and provision of equipment/minor adaptations in place and results available.

Notes:

- 1) The purpose of this is to monitor progress against the NHS Plan target of a national increase of 50% more people benefiting from community equipment by 2004 (compared with 2001). The target applies to people of all ages, not just older people. Nationally, this is an increase from 1.3m to 1.95m. To achieve the national target many council and NHS community equipment services must be making considerable progress by now to exceed 50% locally. Additional funding has been made available in PSS and NHS baseline funding from the years 2001/02 to enable them to meet this target. From 2003, there will be further funding for equipment. For councils this will be within the access grant relating to reducing delayed discharge from hospital. See 3.
 - 2) The other NHS Plan target is integration of council and NHS community equipment services by 2004. The guidance sets out four criteria by which this will be judged, but a key one for monitoring purposes is progress towards pooling budgets. (The other three criteria are: unified stock; a sole service manager; a board of local stakeholders to advise the manager.)
 - 3) The purpose of this is to draw attention to, and to help monitor, the grant conditions.
 - 4) Overall time from initial contact to the provision of the equipment or minor adaptation* is a key quality consideration for most service users. The PPF target is that from 2004 all community equipment should be delivered within seven days. This question should be seen in the light of councils' arrangements to monitor times for the single assessment process. Well-performing councils will apply the same criteria to all requests for assessment for equipment needs, not just older people. They will also have in place the means to make an initial assessment and provide for easily-identified needs promptly, perhaps whilst the client is waiting for a more specialist assessment, such as by an occupational therapist.
- The term community equipment is as defined in the Integrating Community Equipment guidance. Therefore there is no upper limit to the cost of equipment. Minor adaptations, refers to non-structural work in the range £0 - £1,500 approx.

Element 3: NSF on Long Term Conditions [for publication 04]

2330 - Do you have in place specialist teams: continuing care protocols across agencies: access to specialist service provision?

Complete in autumn - short text summary of 800 characters, approximately 100 words

Reason for question:

The NSF will cover services for people with neurological conditions[head injury: epilepsy: Multiple Sclerosis: Brain and Spinal Injury: Parkinson's Disease] across the health and social care sectors. The focus on head injury and acquired brain injury was a key element in the proposal to develop a NSF, Councils will wish to establish a clear view of their baseline position.

Annex: Performance Indicators and other technical details needed in the responses for Physical and Sensory Disabilities

Community Equipment

2312 – PAF D38 Percentage of items of equipment costing less than £1,000 delivered in three weeks

Response description:

Percentage to one decimal place

Reason for question:

Small items of equipment can make a tremendous difference to the quality of life of service users and in some instances make it possible for them to remain at home. The timeliness of the delivery of these items is an important determinant of user satisfaction with the service. *Although the definition for this indicator is due to change for 2003-04 the plan and forecast for 2003-04 is being asked for on the current definition (i.e. that used in 2002-03). From this SSI will be able to see the direction and speed of travel in comparison to historic information.*

Definition

Numerator:

Of the items of equipment and adaptations in the denominator, the number delivered within three weeks. The period begins when a decision to supply the equipment/adaptation is made (likely to be prior to when the order is placed) and ends when the equipment/adaptation is satisfactorily installed in the opinion of the council (the delivery installation date, or when satisfactorily installed in the view of the council, if later). Councils may exclude cases where the time limit could not be met because of the client's actions or absence (e.g. when a person was in hospital or on a holiday etc).

Reference: KS1

Denominator:

The number of items of equipment or adaptations for use by adults and older people costing less than £1,000 delivered during the year, excluding equipment and adaptations that required structural work but including those that only needed simple fitting (e.g. bolting to a wall or floor). Adaptations provided by housing departments and connections to alarm systems are omitted. Each item costing under £1,000 (including the cost of installation) is counted and all items supplied during the financial year are included regardless of when ordered.

Reference: KS1

Good performance is generally high. Under the best value programme councils are required to set annual targets for improvement consistent with achieving 95.57% by 2004/05.

This should be looked at alongside D43 which will show waiting time for packages of care.

2313 – Number of people who receive community equipment services

Response description:

Whole number

Definition

Equipment enabling children and adults who require assistance to perform essential activities of daily living to maintain their health and autonomy and to live as full a life as possible. It includes minor adaptations, but excludes major adaptations to the home.

It is similar to D38 but includes items of more than £1,000. It may include structural work e.g. fitting a hoist might include some structural work which may not necessarily be major.

The “number of people” refers to those who received a service during the year April – March **and is the total number of people benefiting from the service that year, i.e. all open cases, including those that had equipment in a previous year and whose equipment will need maintenance/checking.**

The question is intended to cover council-commissioned community equipment services, which may at present be stand-alone or integrated with health. If the equipment services are not yet integrated, the question only applies to the council’s service.

When the Regulations to the Community Care (Delayed Discharges etc.) Act come into force there will be a legal definition of ‘community equipment service’ (but not ‘community equipment’, note). This will read in part “community equipment (aids and minor adaptations) service” means a qualifying service which consists of the provision of an aid, or a minor adaptation to property, for the purposes of assisting with nursing at home or aiding daily living; and, for the purposes of this paragraph, an adaptation is “minor” if the cost of making the adaptation is £1,000 or less’.

A more detailed description of what is and is not ‘community equipment’ is contained in the *Guide to Integrating Community Equipment Services*

2314 – PAF C29 Younger physically disabled helped to live at home per 1,000 population aged 18-64.

Response description:

Number to **two** decimal places

Reason for question:

The White Paper “Modernising Social Services” sets out the Government’s aims to promote the independence and social participation of social services users. Supporting people in their own homes is a key part of this agenda. This indicator covers people receiving any amount of care, so is being used to show how much low level care is provided. Such care can prevent or postpone a person needing more intensive care packages or residential care.

Definition

Numerator:

Adults aged 18-64 with physical disabilities helped to live at home at 31 March.

Reference: RAP Table P2s Page 1 line 1 (physical and sensory frailty and disability) column 1 (collected on KS1).

Denominator:

Population aged 18-64.

Reference: ONS Mid-year estimate for 30 June.

2315 & 2331 – PAF B16 Unit cost of residential and nursing care for adults with physical disabilities

Response description:

Cost to nearest £

Reason for question:

Unit costs are an important aspect of efficiency. Other things (such as quality) being equal, efficiency increases the lower the unit cost. With unit costs it is particularly important to remember that performance must be looked at across all five performance areas – driving down unit costs at the expense of outcomes, for example, would not be appropriate.

Old Definition

Numerator:

Gross total cost for residential and nursing care for adults with physical disabilities during the year.

Reference: PSS EX1 sheet Incl SSMSS column G (Gross total cost (Current expenditure including capital charges): Total (including joint arrangements)) lines (D2 (nursing home placements) + D3 (residential care home placements) for adults aged under 65 with a physical disability or sensory impairment).

Denominator:

The total number of weeks adults aged 18-64 with physical disabilities were supported in residential and nursing care during the year (including both permanent and temporary residents).

New Definition

Average gross weekly expenditure per person on supporting adults with physical disabilities in residential and nursing care.

Numerator:

Gross total cost for residential and nursing care for adults with physical disabilities during the year.

Reference: PSS EX1 sheet Incl SSMSS column G (Gross total cost (Current expenditure including capital charges): Total (including joint arrangements)) lines (D2 (nursing home placements) + D3 (residential care home placements) for adults aged under 65 with a physical disability or sensory impairment).

Denominator:

The total number of weeks adults aged 18-64 with physical disabilities were supported in residential and nursing care during the year (including both permanent and temporary residents) plus the total number of weeks that full cost paying residents spent in local authority residential care homes or, if the fees are included in the expenditure for the numerator, in other residential care homes or nursing homes.

Reference: PSS EX1.

Mental Health Services

Strategy for Mental Health Services

2401 – Please outline your strategy for delivering the priorities for improving mental health services in the year ahead.

Complete in spring - short text summary of 2000 characters, approximately 250 words

Please summarise any serious risks to achieving improvements in mental health services, and the contingencies in place to deal with any risks.

2402 – Risks Complete in spring - short text summary of 800 characters, approximately 100 words

2403 – Contingencies Complete in spring - short text summary of 800 characters, approximately 100 words

Achievements in 2002-03 (focus on social services)

2404 – Please summarise the social services improvements achieved (and any priorities for improvement that were not achieved) within mental health services in 2002-03.

Complete in spring - short text summary of 800 characters, approximately 100 words

Priorities for 2003-04:

2405 – Please identify priorities for mental health service improvements in 2003-04: (focus on the social services aspects, including specific services to carers). Include any important local targets in your response.

Complete in spring – short text summary of 800 characters, approximately 100 words

Targets and Performance Indicators

2000-01	2001-02	2002-03 Plan	2002-03 Forecast	2002-03 Outturn (spring)	2003-04 Plan (spring)	2003-04 Forecast (autumn)
2406 - PAF C31 Number of adults with mental health helped to live at home						
2407 - PAF B15 Unit cost of residential and nursing care for adults with mental illness – old definition						
					not applicable	not applicable
2434 - PAF B15 Unit cost of residential and nursing care for adults with mental illness – new definition						
Not applicable	not applicable	not applicable	not applicable			

Progress on priorities for Mental Health Services during 2003-04

2408 - What progress has been made with action planned for Mental Health Services during 2003-04?

Complete in autumn

Response description:

Select from

1 - no progress

2 - significant slippage on plans

- 3 - some Action Planned on schedule but some slippage
- 4 - most Action Planned on schedule
- 5 - all Action Planned on schedule

All councils answering 1 - 4, please explain why these targets are not currently on course, or not likely to be achieved by the year end.

Additionally, **councils who are currently zero rated** should also describe progress to date, and the anticipated outcome at year end.

Complete in autumn – short text description of 800 characters, approximately 100 words

2409 - Please describe any contingencies that have been put into place in response to risks that have impacted on service delivery since spring. In answering you may want to consider the risks and contingencies outlined in 2402 and 2403.

Complete in autumn – short text summary of 800 characters, approximately 100 words

Additional information required for the monitoring of Mental Health National Service Framework

2410 - What enhanced /altered contribution is the council planning to make – via finance or staffing – to the delivery this year of Assertive Outreach Teams

Complete in spring - short text summary of 800 characters, approximately 100 words

2411 - What progress has been made with action planned for 2003-04?

Complete in autumn

Response description:

Select from

- 1 - no progress
- 2 - significant slippage on plans
- 3 - some Action Planned on schedule but some slippage
- 4 - most Action Planned on schedule
- 5 - all Action Planned on schedule

All councils answering 1 - 4, please explain why these targets are not currently on course, or not likely to be achieved by the year end.

Additionally, **councils who are currently zero rated** should also describe progress to date, and the anticipated outcome at year end.

Complete in autumn – short text description of 800 characters, approximately 100 words

Reason for question:

This question is important because development of multidisciplinary Assertive Outreach teams (AOts) locally is a priority set out in Planning and Priorities Framework (PPF) guidance for 2003-4 and beyond, and is expected to feature as a local target in Local Delivery Plans (LDPs) for mental health, which should have been co-authored by Councils with their PCT colleagues, and submitted March 2003. The national target is for 50 extra Aots by 2004. The detailed service specification for AOts is set out in Policy Implementation Guidance (PIG), of which each Council has a copy. AOts are a central plank in the Government's commitment to ensure responsive community-based services are in place which work proactively with those with difficulties in maintaining lasting and consenting contact with services, who have severe mental disorder, and have multiple and complex needs. Such teams may be established through reconfiguration of existing services and/or through additional investment. They are expected to cover extended hours,

in line with the needs of their service users. Progress to date in establishing teams which meet the PIG specification is uneven, and this question provides opportunity to understand the detail of local commitments, and the Councils' part in them.

2412 - What enhanced /altered contribution is the council planning to make – via finance or staffing – to the delivery this year of Crisis Resolution Teams?

Complete in spring - short text summary of 800 characters, approximately 100 words

2413 - What progress has been made with action planned for 2003-04?

Complete in autumn

Response description:

Select from

- 1 - no progress
- 2 - significant slippage on plans
- 3 - some Action Planned on schedule but some slippage
- 4 - most Action Planned on schedule
- 5 - all Action Planned on schedule

All councils answering 1 - 4, please explain why these targets are not currently on course, or not likely to be achieved by the year end.

Additionally, **councils who are currently zero rated** should also describe progress to date, and the anticipated outcome at year end.

Complete in autumn – short text description of 800 characters, approximately 100 words

Reason for question

This question is important because, like AOTs (above), the establishment of Crisis Resolution teams – sometimes referred to as Home Treatment teams – are also a PPF-derived Government priority, which should feature in mental health LDPs. The national target is for 335 such teams in place by 2004, with all eligible people able to access such services 24 hours a day by 2005. A detailed service specification for such teams is set out in the PIG. Such multidisciplinary teams provide immediate, community-based, treatment and social care interventions 24 hours a day, 7 days a week, to people with severe mental illness “in crisis”, without the support of which admission to hospital is very probable. Establishing such teams may well require collaboration across some Council boundaries. They may be established by a mix of reconfiguration of existing CMHTs and out of hours services, and new investments. Many localities currently do not have services in place which convincingly meet the PIG specification, and this provides opportunity to understand the nature of local commitments being made, and progress being made – with NHS partners -in their delivery.

2414 - What enhanced /altered contribution is the council planning to make – via finance or staffing – to the delivery this year of Early Intervention Teams?

Complete in spring - short text summary of 800 characters, approximately 100 words

2415 - What progress has been made with action planned for 2003-04?

Complete in autumn

Response description:

Select from

- 1 - no progress
- 2 - significant slippage on plans
- 3 - some Action Planned on schedule but some slippage

4 - most Action Planned on schedule

5 - all Action Planned on schedule

All councils answering 1 - 4, please explain why these targets are not currently on course, or not likely to be achieved by the year end.

Additionally, **councils who are currently zero rated** should also describe progress to date, and the anticipated outcome at year end.

Complete in autumn – short text description of 800 characters, approximately 100 words

Reason for question

Establishment of Early Intervention teams are also PPF – and LDP- linked priorities, across health and social care. They are intended to be multidisciplinary, working with those aged 14-35 years with early presentation of a psychotic illness over extended periods to increase stability in vulnerable young adults' lives, making connections with sources of help in child and adolescent and adult mental health services, and with wider sources of social support. Nationally, the target is to have 50 such teams in place by 2004, serving, on average, populations of around 1 million each. This will, in most Council localities, require collaboration with other Councils in the establishment of such teams, and with NHS partners, often relating to the geographical 'footprints' of large specialist Mental Health Trusts. They may be established out of a mix of reconfigured services and new investment. Very few fully functioning teams are currently in place, so this question will assist understanding of Council involvement in developing such teams, and monitoring progress on plans laid.

2416 - What enhanced /altered contribution is the council planning to make – via finance or staffing – to ensure completion of assessments of the needs of carers of people with mental health and delivery of viable carer support plans?

Complete in spring - short text summary of 800 characters, approximately 100 words

2417 - What progress has been made with action planned for 2003-04?

Complete in autumn

Response description:

Select from

1 - no progress

2 - significant slippage on plans

3 - some Action Planned on schedule but some slippage

4 - most Action Planned on schedule

5 - all Action Planned on schedule

All councils answering 1 - 4, please explain why these targets are not currently on course, or not likely to be achieved by the year end.

Additionally, **councils who are currently zero rated** should also describe progress to date, and the anticipated outcome at year end.

Complete in autumn – short text description of 800 characters, approximately 100 words

Reason for question

Support for carers is an area of lead Council responsibility within the NSF. Councils should, by March 2003, have assessed the needs of all regular carers of the most severely mentally ill service users, and developed carer support plans with them. Support for carers is also a LDP target for 2003-4, with a national target of increasing breaks available to

carers and strengthening carer support and networks to the benefit nationally of about 165,00 carers of people on the Care Programme Approach by 2004. Performance in assessing and supporting carers of mentally ill adults is known to be variable. Some Councils employ or commission specialist workers in this field. Expanding breaks for such carers – who constitute around 18% of all carers – is a key objective. This question assists understanding of local initiatives in this area of work, and monitoring progress against commitments made.

2418 - What enhanced /altered contribution is the council planning to make – via finance or staffing – to the provision of more accessible mental health services to black and minority ethnic communities?

Complete in spring - short text summary of 800 characters, approximately 100 words

2419 - What progress has been made with action planned for 2003-04?

Complete in autumn

Response description:

Select from

- 1 - no progress
- 2 - significant slippage on plans
- 3 - some Action Planned on schedule but some slippage
- 4 - most Action Planned on schedule
- 5 - all Action Planned on schedule

All councils answering 1 - 4, please explain why these targets are not currently on course, or not likely to be achieved by the year end.

Additionally, **councils who are currently zero rated** should also describe progress to date, and the anticipated outcome at year end.

Complete in autumn – short text description of 800 characters, approximately 100 words

Reason for question

Patterns of mental illness, and service response, among black and minority ethnic communities vary significantly. Some populations are over represented among those compulsorily admitted to hospitals, and subject to invasive treatments. Others have historically been little engaged with helping services. Staff need to be culturally sensitive in the work they do, and Councils have responsibilities – with other public authorities - to promote understanding, access, engagement and appropriate help to/with minority communities, reinforced by their discrete responsibilities under the provisions of the Race Relations (Amendment) Act 2000. This is as relevant in areas with low minority populations as in others. Councils may wish to consider, in determining their approaches, the findings and recommendations of a recent report 'Inside Outside: Improving Mental Health Services for Black and Minority Ethnic Communities in England' (available from www.nimhe.org.uk), commissioned by the national Mental health Taskforce.

Mental Health Supplementary Credit Approval

2420 – What use are you making of the Mental Health Supplementary Credit Approval awarded the council for 2002-2004 for information/IT capacity development? (Councils which chose not to take up the SCA should identify “not applicable”)

Complete in spring – short text description of 800 characters, approximately 100 words

2421 - What progress has been made with action planned for 2003-04?

Complete in autumn

Response description:

Select from

- 1 - no progress
- 2 - significant slippage on plans
- 3 - some Action Planned on schedule but some slippage
- 4 - most Action Planned on schedule
- 5 - all Action Planned on schedule

All councils answering 1 - 4, please explain why these targets are not currently on course, or not likely to be achieved by the year end.

Additionally, **councils who are currently zero rated** should also describe progress to date, and the anticipated outcome at year end.

Complete in autumn – short text description of 800 characters, approximately 100 words

Reason for question

94% of Councils took up SCA awards for the development of local IT/ information capacity and systems. This 'earmarked' SCA acknowledged that many Councils' mental health information/IT capacity was insufficient, particularly in supporting effective information links with NHS partner agencies. This question seeks to establish in what specific ways use is being made of this resource, and with which partners.

2422 – What progress is planned in the delivery locally of the National Mental Health Minimum Data Set across health and social care?

Complete in spring and autumn

Response description:

Please select from

- 1 - no firm plans in place/known
- 2 - planned to be in place after April 2004
- 3 - planned to be in place by April 2004
- 4 - planned to be in place by October 2003
- 5 - in place at April 2003

Reason for question

It has been a longstanding commitment that this person-centred database should be in widespread local operation by April 2003, spanning health and social care. Progress made, however, is understood to be very variable. This question assists understanding of plans and progress in this area of key interface work.

Involvement in Local Delivery Plans

2423 – How would you describe your involvement in the development and planned implementation of the LDP(s) for mental health?

Complete in spring

Response description:

Please select from

- 1 - marginally involved/not involved
- 2 - modestly involved, but with no shaping influence
- 3 - fully involved but Plan does not reflect key social care priorities
- 4 - fully involved, Plan reflects key social care priorities

Reason for question

Responsibility for authorship of LDPs in mental health services is shared between Councils and PCTs. For 2003-4, all new significant revenue resource available for mental health services made available by the Government has been distributed via NHS funding routes. This question should assist understanding of the involvement and influence of Councils in LDP preparation.

Links to Local Strategic Partnerships

2424 – What links have been made with LSPs highlighting the needs/potential assistance LSPs may provide in support of those experiencing mental distress?

Complete in autumn

Response description:

Please select from

- 1 - no focus by LSP yet on needs/service information
- 2 - basic needs/service information has been presented to LSP
- 3 - requests for LSP assistance has been sought, but with no clear results
- 4 - requests for LSP assistance has been sought, with some success

Reason for question

The community, environmental, social and economic associates of mental ill-health are well-known. LSPs, in their strategic focus on promoting economic well-being, regeneration and community cohesion may be useful in supporting delivery of more social enterprises, enhancing community support and socially inclusive projects, and other developments of benefit to prospective and actual mental health service users. This question assists understanding of the extent to which LSPs are being seen and used as a source of potential support for such purposes to such people.

Funding

Please describe the progress made in accessing funds for mental health schemes/services from:

- 2425 – Single Regeneration Budgets**
- 2426 – Transitional Housing Benefit**
- 2427 – New Deal Resources**
- 2428 – Neighbourhood renewal funds**
- 2429 – Lottery funds**
- 2430 – European Social Fund**
- 2431 – Other (please specify)**

Complete in autumn

Response description:

Please select from

- 1 - no bids made
- 2 - bids made for funding support but unsuccessful
- 3 - funding obtained for small project(s)
- 4 - funding obtained for key service/scheme(s)

Reason for question

Mental illness is one of the single largest causes of ill-health. Preventative and support services may be of many kinds, and Councils need to consider using more generic,

alternative funding streams to address the 'social inclusion agenda', which has significant relevance to those with histories of mental ill-health, and which is a key concern of Councils. This question links with 2424 above, and assists understanding of the extent to which Councils are considering more generic funding streams to promote a wider range of support for people experiencing mental distress.

Workforce Issues

2432 - Please summarise the HR strategies in place or planned to support mentally distressed employees, manage the sickness absence of mentally distressed employees, and for recruiting as employees people with histories of mental distress.

Complete in spring - short text summary of 800 characters, approximately 100 words

2433 - What progress has been made with action planned for 2003-04?

Complete in autumn

Response description:

Please select from

- 1 - no progress
- 2 - significant slippage on plans
- 3 - some Action Planned on schedule but some slippage
- 4 - most Action Planned on schedule
- 5 - all Action Planned on schedule

All councils answering 1 - 4, please explain why these targets are not currently on course, or not likely to be achieved by the year end.

Additionally, **councils who are currently zero rated** should also describe progress to date, and the anticipated outcome at year end.

Complete in autumn – short text description of 800 characters, approximately 100 words

Reason for question

Having – or retaining - meaningful employment is a fundamental desire of many people with histories of mental ill-health. This question assists understanding of the extent to which Councils as employers support existing staff experiencing mental distress, and how inclusive or targetted their recruitment practices are. Existing skills shortages within the social care workforce require Councils to be more proactive and imaginative in their approaches, and current policy exhorts Councils – and others – to consider recruitment in mental health services some with a direct experience of mental distress, particularly as support workers/Support, Time and Recovery workers (STRs) to work directly supporting people with, largely, long term mental health needs, to help aid their recovery.

Annex: Details of Performance Indicators for Mental Health

2406 - PAF C31 Number of adults with mental health helped to live at home

Response description:

Percentage to **two** decimal places

Definition

Adults with mental health helped to live at home per 1,000 population aged 18-64.

Numerator:

Adults aged 18-64 with mental health helped to live at home at 31 March.

Reference: RAP Table P2s Page 1 line 3 column 1 (collected on KS1).

Denominator:

Population aged 18-64.

Reference: ONS Mid-year estimate for 30 June.

2407 & 2434 - PAF B15 Unit cost of residential and nursing care for adults with mental illness

Response description:

Cost to nearest £.

Old Definition

Average gross weekly expenditure per person on supporting adults with mental illness in residential and nursing care.

Numerator:

Gross total cost for residential and nursing care for adults with mental illness during the year.

Reference: PSS EX1 sheet Incl. SSMSS column G (Gross total cost (Current expenditure including capital charges): Total (including joint arrangements)) lines (F2 (nursing home placements) + F3 (residential care home placements) for adults aged under 65 with mental health needs).

Denominator:

The total number of weeks adults aged 18-64 with mental illness were supported in residential and nursing care during the year (including both permanent and temporary residents), plus the total number of weeks that full cost paying residents spent in local authority residential care homes or if the fees are included in the expenditure for the Numerator:, in other residential care homes or nursing homes.

New Definition

Average gross weekly expenditure per person on supporting adults with mental illness in residential and nursing care.

Numerator:

Gross total cost for residential and nursing care for adults with mental illness during the year.

Reference: PSS EX1 sheet Incl SSMSS column G (Gross total cost (Current expenditure including capital charges): Total (including joint arrangements)) lines (F2 (nursing home placements) + F3 (residential care home placements) for adults aged under 65 with mental health needs).

Denominator:

The total number of weeks adults aged 18-64 with mental illness were supported in residential and nursing care during the year (including both permanent and temporary residents) plus the total number of weeks that full cost paying residents spent in local authority residential care homes or, if the fees are included in the expenditure for the numerator, in other residential care homes or nursing homes.

Reference: PSS EX1.

HIV/Aids

Strategy for HIV/AIDS

2501 - Summary of Strategy for delivering on priority improvements for HIV/AIDS	
Complete in spring - short text summary of 1000 characters, approximately 125 words	
Please summarise any serious risks to achieving the priorities for improving outcomes for HIV/AIDS and the contingencies in place to deal with any risks.	
2502 - Risks	Complete in spring – short text summary of 800 characters, approximately 100 words
2503 - Contingencies	Complete in spring – short text summary of 800 characters, approximately 100 words

Achievements in 2002-03

2504 - Please summarise achievements (and any priorities for improvement that were not achieved) in 2002-03 for HIV/AIDS
Complete in spring - short text summary of 800 characters, approximately 100 words

Priorities for 2003-04

2505 – Please specify the priorities for people with HIV/AIDS in 2003-04 focusing on the social services contribution. Where possible express these as outcomes.
Complete in spring - short text summary of 800 characters, approximately 100 words

Progress on priorities for HIV/AIDS during 2003-04

2506 - Using the multiple-choice responses below, please provide a progress update.
Complete in autumn

Response description:

Please select from

- 1 - no progress
- 2 - significant slippage on plans
- 3 - some Action Planned on schedule but some slippage
- 4 - most Action Planned on schedule
- 5 - all Action Planned on schedule

All councils answering 1 - 4, please explain why these targets are not currently on course, or not likely to be achieved by the year end.

Additionally, **councils who are zero rated** should also describe progress to date, and the anticipated outcome at year end.

Complete in autumn - short text summary of 800 characters, approximately 100 words
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2507 – Please describe any contingencies that have been put into place in response to risks that have impacted on service delivery since spring. In answering you may want to consider the risks and contingencies outlined in 2502 and 2503.

Complete in autumn - short text summary of 800 characters, approximately 100 words
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Drug and Alcohol Misuse

Strategy for Drugs and Alcohol Misuse

2601 - Summary of Strategy for delivering on priority improvements for Drugs and Alcohol Misuse	
Complete in spring - short text summary of 1000 characters, approximately 125 words	
Please summarise any serious risks to achieving the priorities for improving outcomes for Drugs and Alcohol Misuse and the contingencies in place to deal with any risks.	
2602 - Risks	Complete in spring – short text summary of 800 characters, approximately 100 words
2603 - Contingencies	Complete in spring – short text summary of 800 characters, approximately 100 words

Achievements in 2002-03

2604 - Please summarise achievements (and any priorities for improvement that were not achieved) in 2002-03 for Drug and Alcohol Misuse
Complete in spring - short text summary of 800 characters, approximately 100 words

Priorities for 2003-04

2605 - Please specify the priorities for Drug & Alcohol Misuse in 2003-04, focusing on the social services contribution. Where possible express these as outcomes.
Complete in spring - short text summary of 800 characters, approximately 100 words

2000-01	2001-02	2002-03 Plan	2002-03 Forecast	2002-03 Outturn (spring)	2003-04 Plan (spring)	2003-04 Forecast (autumn)
2606 - By what percentage has participation of problem drug users in drug treatment programmes changed compared to the previous year?						

Progress on priorities for Drugs and Alcohol Misuse during 2003-04

2607 - What progress has been made with action planned for Drugs and Alcohol Misuse during 2003-04?
Complete in autumn

Response description:

Select from

- 1 - no progress
- 2 - significant slippage on plans
- 3 - some Action Planned on schedule but some slippage
- 4 - most Action Planned on schedule
- 5 - all Action Planned on schedule

All councils answering 1 - 4, please explain why these targets are not currently on course, or not likely to be achieved by the year end. Additionally, <u>councils who are zero rated</u> should also describe progress to date, and the anticipated outcome at year end.
Complete in autumn - short text summary of 800 characters, approximately 100 words

2608 - Please describe any contingencies that have been put into place in response

to risks that have impacted on service delivery since spring. In answering you may want to consider the risks and contingencies outlined in 2602 and 2603.

Complete in autumn - short text summary of 800 characters, approximately 100 words

Annex: Performance Indicators and other technical details needed in the responses for Drug and Alcohol Misuse

2606 - By what percentage has participation of problem drug users in drug treatment programmes changed compared to the previous year

Response description:

Percentage to one decimal place

Reason for question:

Planning and Priorities Guidance requires an increase in the participation of problem drug users in drug treatment programmes by 55% by 2004 and by 100% by 2008, and increase year on year the proportion of users successfully sustaining or completing treatment programmes

Definition

Individuals living in a DAT area receiving a structured drug treatment for the first time as a proportion of the total number receiving any structured drug treatment in a financial year.

The local DAT should have a figure for the previous year. Where information is not available councils need to calculate best estimates – this applies throughout the DIS.

Councils should have available numbers of all users receiving treatment, and new users for the past two years:

New users:	A - 2001/02
	B – 2002/03
All users receiving treatment	C – 2001/02
	D – 2002/03

New people entering treatment as a % of all users in treatment in the year 2002/03 is $B/D \times 100$

New people entering treatment as a % of all users in treatment in the year 2001/02 is $A/C \times 100$

% change compared to the previous year $B/D \times 100$ less $A/C \times 100$

So: if A=30 and C=90 new people entering treatment as a % of all users in treatment in the year 2001/02 = $30/90 \times 100 = 33.3\%$

If B=55 and D=110, new people entering treatment as a % of all users in treatment in the year 02/03 = $55/110 \times 100 = 50\%$

% change from 2001/02 to 02/03 is $50\% - 33.3\% = 16.7\%$ (increase)

This performance indicator requires that the total number of individuals who receive structured treatment, the number of individuals new to drug service provision, and the modality they are first admitted to are all known (or joint modalities if they begin on the same day). The figures are available from the NDTMS (National Drug Treatment Minimum Data Set.)

Carers

Strategy for Carers

2701 - Summary of Strategy for delivering on priority improvements for Carers	
Complete in spring - short text summary of 1000 characters, approximately 125 words	
Please summarise any serious risks to achieving the priorities for improving outcomes for Carers and the contingencies in place to deal with any risks.	
2702 - Risks	Complete in spring – short text summary of 800 characters, approximately 100 words
2703 - Contingencies	Complete in spring – short text summary of 800 characters, approximately 100 words

Achievements in 2002-03

2704 - Please summarise achievements (and any priorities for improvement that were not achieved) in 2002-03 for Carers (enabling and supporting informal carers)
Complete in spring - short text summary of 800 characters, approximately 100 words

Priorities for 2003-04

2705 - Please identify the improvement priorities for carers in 2003-04. These should reflect priorities as you have defined them locally, including those associated with the Carers Grant
Complete in spring - short text summary of 800 characters, approximately 100 words

Targets and Performance Indicators

2000-01	2001-02	2002-03 Plan	2002-03 Forecast	2002-03 Outturn (spring)	2003-04 Plan (spring)	2003-04 Forecast (autumn)
2706 – PAF D42: Carers Assessments						

2707 - What is the current status of implementation work to deliver the National Carers Strategy ?

Complete in autumn

Response description:

Select from

- 1 - no multi agency carers strategy in place
- 2 - multi agency carers strategy in development
- 3 - multi agency carers strategy in place but not reviewed in last two years
- 4 - multi agency carers strategy in place and reviewed in last year

Reason for question:

The National Carers Strategy emphasises the importance of statutory and voluntary organisations and carers working in partnership to improve and deliver support for carers. Although the information on the DIS does not include space for grant expenditure on administration this will be collected in the grant audit form which Councils return to DH by 30 September each year.

	2003 (spring)	March 2004 (spring)
2708 - If you maintain or have access to a carers database please provide number of carers on the carers database at 31 March		

2709 - If you do not have a carers database, please describe the systems you have in place to identify carers and keep in touch with them
Complete in spring - short text summary of 800 characters, approximately 100 words

Progress on priorities for Carers during 2003-04

2710 - What progress has been made with action planned for Carers during 2003-04?
Complete in autumn

Response description:

Select from

- 1 - no progress
- 2 - significant slippage on plans
- 3 - some Action Planned on schedule but some slippage
- 4 - most Action Planned on schedule
- 5 - all Action Planned on schedule

All councils answering 1 - 4, please explain why these targets are not currently on course, or not likely to be achieved by the year end. Additionally, councils who are currently zero rated should also describe progress to date, and the anticipated outcome at year end.
Complete in autumn - short text summary of 800 characters, approximately 100 words

2711 - Please describe any contingencies that have been put into place in response to risks that have impacted on service delivery since spring. In answering you may want to consider the risks and contingencies outlined in 2702 and 2703.
Complete in autumn - short text summary of 800 characters, approximately 100 words

Additional information to monitor outcomes for which grant money has been made

	2002-03 Outturn (spring)	2003-04 Plan (spring)	2003-04 Forecast (autumn)
2712 - Total number of breaks provided			
2713 - Total number of new breaks provided with additional money			
2714 - How many carers are receiving carers services (ie non breaks services) as defined under the Carers & Disabled Children Act 2000			
2715 - What percentage of grant was spent on ensuring access to breaks for black and minority ethnic carers			
2716 - Percentage of the councils population whose ethnic origin is "other than White"			
2717 - Percentage of the grant spent on Joint			

Care management or pooled budgets			
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Carers Grant allocation across User Groups

2718 – 2726: Please confirm the numbers of carers receiving breaks services through the Carers Grant for the following user groups:

	2002-03 Outturn (spring)		2003-04 Plan (spring)		2003-04 Forecast (autumn)	
	Numbers	Amount spent (£,000s)	Numbers	Amount spent (£,000s)	Numbers	Amount spent (£,000s)
2718 - Carers of people with Mental Health						
2719 - Carers of people with Learning Disabilities						
2720 - Carers of people with Physical and Sensory Disabilities						
2721 - Carers of Older People						
2722 - Parents / Carers of Disabled Children						
2723 - Young Carers						
2724 - Carers of other service users						
2725 - Total Carers Grant (£,000s)						
	Sum of above	Sum of above	Sum of above	Sum of above	Sum of above	Sum of above

2726 - Numbers of Black and Minority Ethnic Carers of who have received a breaks service

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Annex: Performance Indicators and other technical details needed in the responses for Carers

2706 – PAF D42: Carers Assessments

Response description:

Percentage to one decimal place

Reason for question:

Many carers have the need for respite and support as a result of the care they provide. Under the Carers and Disabled Children Act 2000, local councils have a mandatory duty to give carers an assessment in their own right. The number of carers receiving assessments can indicate the extent to which a council is working with and for carers.

Definition

Numerator:

The total number of carer assessments during the year.

Reference: RAP Proforma A4 lines (1 (Number of carers assessed separately during the

period) + 2 (All other carers assessed (e.g. jointly with client)) column 1.

Denominator:

The number of clients with completed assessments during the year.

Reference: RAP Proforma A1, page 1 first box.

Plus

The number of carers assessed separately during the year.

Reference: RAP Proforma A4, line 1, column 1.

2708 - Number of carers on the carers database at 31 March

Response description:

Whole number

Reason for question:

A carers register identifies all carers not just those currently in receipt of services in their own right. It will include those who are accessing breaks through community care services to the service user and those who have declined services to date. Identification of carers is highlighted in the National Carers Strategy and primary care is recognised as key to this process.

Definition

Carers databases are used for a number of purposes, including capturing information about the diverse range of carers living in an area, using needs based information to shape service development, and sending information out to carers on a regular basis. The 2001 Census asked for details about carers, and this data will become available during 2003. By comparing this information with the numbers of carers known to the Council, an evaluation can be made of the extent to which Councils are being proactive about identifying carers to offer support.

2712 - Total number of breaks provided

Response description:

Whole number

2713 - Total number of new breaks provided with additional money

Response description:

Whole number

2714 - How many carers are receiving carers services (ie non breaks services) as defined under the Carers & Disabled Children Act 2000

Response description:

Whole number

2715 - What percentage of grant was spent on ensuring access to breaks for black and minority ethnic carers

Response description:

Percentage to one decimal place

2716 - Percentage of the councils population whose ethnic origin is "other than White"

Response description:

Percentage to one decimal place

2717 - Percentage of the grant spent on Joint Care management or pooled budgets

Response description:

Percentage to one decimal place

Reason for question:

These questions monitor the use of the Carers Grant. They provide information on outcomes that are measurable against the NHS plan and other government targets. One of the areas of significant policy focus is to increase services to the black and minority ethnic carers and this will enable us to measure this. Encouraging joint services between health and social care is also a priority, the question on pooled budgets will give authorities the potential to demonstrate evidence of using Health Act flexibilities to reducing barriers between services.

Definitions for the above lines

Breaks = as defined in the Grant Guidance (A 'breaks service' is to be construed as one which actually gives the carer a break from direct responsibility of supervising or caring for the relevant person by providing a service to that person). **Each break period should be counted e.g. if as part of a breaks package, a carer has a weekly break the response should be 52 for the year. The data needs to be in number of breaks and not hours. The reason being it better reflects the variety in support across the different areas and client groups.**

New breaks = those additional to the existing packages (either new services to new carers or increased level of service to existing carers)

Services in their own right = 'carers services' as defined by the Carers and Disabled Children Act 2000 and described in the Carers Grant Guidance. (Where sustainability of the carer's role is dependent on other factors local councils can spend carers grant on services for carers, examples might include driving lessons, moving and handling classes or access to training opportunities for the carer.)

Please confirm the numbers of carers receiving breaks services and the amount spent through the Carers Grant for the following user groups:

2718 - Carers of people with Mental Health

Response description:

Numbers of carers – whole number

Amount spent – number to one decimal place (amount in £,000s)

2719 - Carers of people with Learning Disabilities

Response description:

Numbers of carers – whole number

Amount spent – number to one decimal place (amount in £,000s)

2720 - Carers of people with Physical and Sensory Disabilities

Response description:

Numbers of carers – whole number

Amount spent – number to one decimal place (amount in £,000s)

2721 - Carers of Older People

Response description:

Numbers of carers – whole number

Amount spent – number to one decimal place (amount in £,000s)

2722 - Parents / Carers of Disabled Children

Response description:

Numbers of carers – whole number

Amount spent – number to one decimal place (amount in £,000s)

2723 - Young Carers

Response description:

Numbers of carers – whole number

Amount spent – number to one decimal place (amount in £,000s)

2724 - Carers of other service users

Response description:

Numbers of carers – whole number

Amount spent – number to one decimal place (amount in £,000s)

2725 - Total Carers Grant (£,000s)

Response description:

Numbers of carers – whole number

Amount spent – number to one decimal place (amount in £,000s)

Total of all the user groups above. This information will be calculated automatically within the Delivery and Improvement Statement

2726 - Numbers of Black and Minority Ethnic Carers of who have received a breaks service

Response description:

Numbers of carers – whole number

Amount spent – number to one decimal place (amount in £,000s)

Reason for question:

To capture information relating to the population and spread of the use of the Grant. It will allow councils and the Department of Health to identify service user groups which are under represented. Useful from a policy perspective in terms of numbers data. The collection of numbers of carers receiving breaks is more outcome focused than the previous information on percentages of expenditure.

Definitions for the above lines

Other service users – provides a category for those carers who's cared for person is not either not recorded or comes from another service user group not represented above

Black and minority ethnic carers – this should include anyone from any of the above user groups. A carer for an older person who is also black and minority ethnic should be included in both lines.

Users

2801 - Summary of Strategy for delivering on priority improvements for Users	
Complete in spring - short text summary of 1000 characters, approximately 125 words	
Please summarise any serious risks to achieving the priorities for improving outcomes for Users and the contingencies in place to deal with any risks.	
2802 - Risks	Complete in spring – short text summary of 800 characters, approximately 100 words
2803 - Contingencies	Complete in spring – short text summary of 800 characters, approximately 100 words

Achievements in 2002-03

2804 - Please summarise achievements (and any priorities for improvement that were not achieved) in 2002-03 for Users
Complete in spring - short text summary of 800 characters, approximately 100 words

Priorities for 2003-04

2805 - Please identify the improvement priorities for users in 2003-04.
Complete in spring - short text summary of 800 characters, approximately 100 words

Targets and Performance Indicators

2000-01	2001-02	2002-03 Plan	2002-03 Forecast	2002-03 Outturn (spring)	2003-04 Plan (spring)	2003-04 Forecast (autumn)
2806 – PAF D52: Users satisfied with Social Services (BVPI 182) – new indicator						
not applicable	not applicable	not applicable	not applicable			
2807 – PAF D37: Availability of single rooms						
		not applicable	not applicable			
2808 - PAF D39: Percentage of people receiving a statement of their needs and how they will be met (BVP158).						
2809 – PAF D53: Users that asked for changes to services who were satisfied with those changes (BVPI 190) – new indicator						
not applicable	not applicable	not applicable	not applicable			

Consultation and Responsiveness to Users

RESPONSIVENESS TO USERS: Please give up to three examples where policy/practice has changed during the last year following consultation with service users	
2810	Complete in spring - short text summary of 400 characters, approximately 50 words
2811	Complete in spring - short text summary of 400 characters, approximately 50 words
2812	Complete in spring - short text summary of 400 characters, approximately 50 words

Progress on priorities for Users during 2003-04

2813 - What progress has been made with action planned for Users during 2003-04?
Complete in autumn

Response description:

Select from

- 1 - no progress
- 2 - significant slippage on plans
- 3 - some Action Planned on schedule but some slippage
- 4 - most Action Planned on schedule
- 5 - all Action Planned on schedule

All councils answering 1 - 4, please explain why these targets are not currently on course, or not likely to be achieved by the year end.

Additionally, **councils who are currently zero rated** should also describe progress to date, and the anticipated outcome at year end.

Complete in autumn - short text summary of 800 characters, approximately 100 words

2814 - Please describe any contingencies that have been put into place in response to risks that have impacted on service delivery since spring. In answering you may want to consider the risks and contingencies outlined in 2802 and 2803.

Complete in autumn - short text summary of 800 characters, approximately 100 words

Annex: Performance Indicators and other technical details needed in the responses for Users

2806 - PAF D52: Users satisfied with Social Services (BVPI 182) – new indicator

Response description:

Percentage to one decimal place.

Definition

The percentage of respondents to a survey of older people receiving home care asked 'Overall, how satisfied are you with the help from Social Services that you receive in your own home?' who answered 'Extremely satisfied' or 'Very satisfied'. *Although this is a first year for this survey, councils will need to consider what policies and procedures they will put into place that will influence user satisfaction. Councils should be planning to improve on this area and should attempt to estimate what impact their actions will have on the two user satisfaction indicators if they were to be measured in 2003-04.*

Numerator:

The number of survey respondents answering 'Extremely satisfied' or 'Very satisfied'.

Reference: PSS Elderly Home Care User Experience Survey (collected on KS1).

Denominator:

The number of survey respondents.

Reference: PSS Elderly Home Care User Experience Survey (collected on KS1).

2807 - PAF D37 Availability of single rooms

Response description:

Percentage to one decimal place.

Reason for question:

The option of a single room on entering residential care is important in preserving the dignity and remaining independence of the client entering the home.

Definition

Numerator:

Of the single adults and older people in the denominator, the number who were allocated single rooms.

Denominator:

The number of single adults and older people for whom permanent residential or nursing care placements were arranged during the year (excluding people aged under 65 who belong to alcohol/drug misusers and "other" client groups).

2808 - PAF D39: Percentage of people receiving a statement of their needs and how they will be met (BVP158).

Response description:

Percentage to one decimal place.

Reason for question:

Service users should be involved in the assessment of their need and the planning of their care. Providing clients with written statements of need and the services to be provided gives the client a clear expectation of what will be delivered.

Definition

Numerator:

Of the adults and older people in the denominator, the number who had received by 31 March a description of what their needs were so far as these services were concerned and how those needs would be met.

Denominator:

The total number of adults and older people getting a community or residential service covered by RAP return P1 during the year.

2809 - PAF D53: Users that asked for changes to services who were satisfied with those changes (BVPI 190) – new indicator

Response description:

Percentage to one decimal place.

Definition

The percentage of respondents to a survey of older people receiving home care asked 'If you ask for changes in the help you are given, are those changes made?' who answered 'Always'. **Although this is a first year for this survey, councils will need to consider what policies and procedures they will put into place that will influence user satisfaction. Councils should be planning to improve on this area and should attempt to estimate what impact their actions will have on the two user satisfaction indicators if they were to be measured in 2003-04.**

Numerator:

The number of survey respondents answering 'Always'.

Reference: PSS Elderly Home Care User Experience Survey (collected on KS1).

Denominator:

The number of survey respondents excluding those who have never requested changes.

Reference: PSS Elderly Home Care User Experience Survey (collected on KS1).

Human Resources Development

Strategy for Human Resource Development

3101 – Please outline your strategy for delivering the priorities for improving Human Resources Development and outline how this is linked to the councils corporate strategy and local partnerships.
Complete in spring – short text description of up to 2000 characters, approximately 250 words

Reason for question:

To ensure that councils have considered how they will deliver their HR priorities, and how this links to their overall business strategy.

Please outline the main risks, issues or potential obstacles to the achievement of the improvements identified above, and the contingencies in place to deal with them.	
3102 – Risks	Complete in spring – short text description of 800 characters, approximately 100 words
3103 – Contingencies	Complete in spring – short text description of 800 characters, approximately 100 words

Achievements in 2002-03

Please summarise achievements (and any priorities for improvement that were not achieved) in 2002-03 for Human Resources Development:
3104 – HR Development Strategy
Complete in spring – short text summary of 400 characters, approximately 50 words
3105 - Recruitment & Retention
Complete in spring – short text summary of 400 characters, approximately 50 words
3106 – National Training Strategy
Complete in spring – short text summary of 400 characters, approximately 50 words
3107 - Sickness Absence & Monitoring
Complete in spring – short text summary of 400 characters, approximately 50 words
3108 - Promoting Diversity
Complete in spring – short text summary of 400 characters, approximately 50 words
3109 - Racial Equality
Complete in spring – short text summary of 400 characters, approximately 50 words
3110 - Other Priorities
Complete in spring – short text summary of 400 characters, approximately 50 words

Reason for question:

Workforce development and training is vital to most improvements in social services, and information about these aspects is important in the performance dialogue between SSI and social services managers, and to the DH more widely in managing relevant national policies.

Priorities for 2003-04

Please specify the priorities for Human Resources Development in 2003-04. Where possible express these as outcomes.
3176 – HR Development Strategy
Complete in spring – short text summary of 400 characters, approximately 50 words
3111 – Recruitment & Retention
In your response please cover:

- Plans to recruit and retain an adequate supply of appropriately skilled staff
Complete in spring - short text summary of 400 characters, approximately 50 words
3112 – Training
In your response please cover:
- National Training Strategy
- Plans for inter-agency training (specifically for Children's services)
Complete in spring – short text summary of 400 characters, approximately 50 words
3113 – Sickness Absence & Monitoring
Complete in spring - short text summary of 400 characters, approximately 50 words
3114 – Promoting Diversity
Complete in spring - short text summary of 400 characters, approximately 50 words
3115 – Racial Equality
Complete in spring - short text summary of 400 characters, approximately 50 words
3116 – Other Local Priorities
Complete in spring - short text summary of 400 characters, approximately 50 words

Reason for question:

To establish how councils are setting HR priorities, and have ways of measuring them that include final outcomes as well as measurements of process.

Targets and Performance Indicators

2000-01	2001-02	2002-03 Plan	2002-03 Forecast	2002-03 (spring)	2003-04 Plan (spring)	2003-04 Forecast (autumn)
3117 – Recruitment & Retention Indicator (Staff Turnover): Percentage of SSD directly employed staff that left during the year						
3118 – Recruitment & Retention Indicator (Staff Vacancies): Percentage of SSD directly employed posts vacant on 30 September						
3119 - The percentage of Social Services working days /shifts lost to sickness absence during the financial year.						
3120 – Training and Development Indicator: Please estimate the percentage of SSD gross current expenditure on staffing which was spent on training during the financial year.						
3121 – Funding for Trainee Social Work schemes: <i>Number of staff funded by the Council on social work trainee or secondment schemes</i>						
Not required	Not required	Not required	Not required			
3122 – QP 14 The percentage of residential child care workers who have achieved level 3 in the NVQ 'caring for children and young people						
3123 – QP 15 The percentage of social workers and residential managers working with children who need to obtain the child care PQ who have achieved the PQ1 award in child care						

	2003-04 Plan (spring)	2003-04 Forecast (autumn)	2003-04 Plan (spring)	2003-04 Forecast (autumn)
3124 – 3129: Number of assessed social work practice learning days per whole time equivalent social worker (due to quality of responses in spring DIS these questions have been left open to confirm your response in line with the guidance and amend if necessary)				
	<i>Directly provided by the council</i>		<i>Directly supported by the council in independent and other sector services</i>	
3124 - For own employees working in children services				
3125 - For external students working in children services				
3126 - For own employees working in adult services				
3127 - For external students working in adult services				
3128 - For own employees working in all services				
3129 - For external students working in all services				

Progress on priorities for Human Resource Development during 2003-04

3130 - What progress has been made with action planned for Human Resource Development during 2003-04?

Complete in autumn

Response description:

Select from

- 1 - no progress
- 2 - significant slippage on plans
- 3 - some Action Planned on schedule but some slippage
- 4 - most Action Planned on schedule
- 5 - all Action Planned on schedule

All councils answering 1 - 4, please explain why these targets are not currently on course, or not likely to be achieved by the year end.

Additionally, **councils who are currently zero rated** should also describe progress to date, and the anticipated outcome at year end.

Complete in autumn - short text summary of 800 characters, approximately 100 words

3131 - Please describe any contingencies that have been put into place in response to risks that have impacted on service delivery since spring. In answering you may want to consider the risks and contingencies outlined in 3102 and 3103.

Complete in autumn - short text summary of 800 characters, approximately 100 words

Additional Information Requested to support policy monitoring

3132 – 3141: Recruitment & Retention: Please indicate whether recruitment and retention difficulties with any of the following groups of staff are factors in the risks

identified in 3102 (select yes for each that applies): (Complete in spring)				
Functions	Children	Older People	Adults with Disabilities	Mental Health
3132 - Central and strategic staff	Yes/no	Yes/no	Yes/no	Yes/no
3133 - Field Social Work	Yes/no	Yes/no	Yes/no	Yes/no
3134 - OT	Yes/no	Yes/no	Yes/no	Yes/no
3135 - Residential Care	Yes/no	Yes/no	Yes/no	Yes/no
3136 - Day Care	Yes/no	Yes/no	Yes/no	Yes/no
3137 - Home Care	Yes/no	Yes/no	Yes/no	Yes/no
3138 - Foster Carers	Yes/no	Yes/no	Yes/no	Yes/no
3139 - Adopters	Yes/no	Yes/no	Yes/no	Yes/no
3140 - Leaving care personal advisers	Yes/no	Yes/no	Yes/no	Yes/no
3141 – Please specify any other staffing groups where recruitment and retention difficulties are factors in the risk identified in 3102.				
Complete in spring - short text summary of 400 characters, approximately 50 words				

Family placement availability.

	Numbers as at 31.3.03 (spring)	31.3.04 Plan (spring)	31.3.04 Forecast (autumn)
3142 - Total number of approved adopters			
3143 - Total number of approved foster carers			
3144 - Number of foster carers paid a salary or a fee in addition to allowances for the child(ren) placed			

3145 - What are your priorities in relation to the recruitment and retention of family placements for children and young people, including adopters for 2003-04 and any risks associated with these.

Complete in spring - short text summary of 600 characters, approximately 75 words

Additional information to monitor outcomes for which grant money has been made

The information requirement to monitor the new workforce development specific grants for 2003-04, the National Training Strategy Grant and Human Resources Strategy Development Grant, is included in this DIS. It should be noted, however, that the conditions are subject to a current consultation exercise, and the information requirement is therefore subject to change.

3146 – 3150: Provide information below about the numbers of staff employed by the statutory, private and voluntary sectors in your area. (Complete in autumn)

	Statutory	Private	Voluntary	All sectors
3146 - Older People				automatic
3147 - Children's Services				automatic
3148 - Adults with Disabilities				automatic
3149 - Mental Health				automatic
3150 - All user groups	automatic	automatic	automatic	automatic

Policy on Violence towards Social Care Staff

3151 – 3153: Policy on Violence towards Social Care Staff: In response to the recommendations of the National Task Force, what progress is being made, and when do you expect to have completed:

	From Autumn 2002 Position Statement		Update in autumn 2003	
	Progress	Expected date to complete	Progress	Expected date to complete
3151 - Self-audits				
3152 – Local action plans				
3153 – Training needs analysis and plans				

Response description:

For each action point, please select from:

1. Work not yet commenced
2. Work recently begun
- 3- Some tasks completed
- 4- Most tasks completed
- 5- All tasks completed

Reason for question:

DH, ADSS and LGA agreed in 2001 on action to implement the recommendations of the National Task Force. Information about implementation is important in gauging progress towards the intended reduction of violence to social care staff. Completion in Autumn will allow direct comparison with responses from Autumn 2002 Position Statement.

Race Relations Amendment Act

3154 – 3161: Have you assessed the Impact of your policies on ethnic minorities in the following groups as required by the Race Relations Amendment Act?

	Assessed impact of policies	Resulted in improved services
3154 - Children		
3155 - Older People		
3156 - People with Learning Disabilities		
3157 - People with Physical and Sensory Disabilities		
3158 - People with Mental Health		
3159 - HIV/AIDS		
3160 - Drugs and Alcohol Misuse		
3161 - Carers		

Complete in spring

Response description:

Assessed impact of policies

Select from

- 1 - work to assess the impact has not yet started in this area
- 2 - work to assess the impact is in progress
- 3 - work to assess the impact of policies is completed and a change in policy has been identified
- 4 - work to assess the impact of policies is completed and a change in policy has been implemented

Resulted in improved services

Select from

- 1 - not yet known if assessment will bring about improvements in services
- 2 - identified change in policy is to bring about improvements in services
- 3 - implementation of change in policy is expected to bring about improvements

Racial Equality: Stage reached in publishing a Race Equality Scheme, as required by the amended Race Relations Act.

3162 - A scheme, which covers the council's social services functions was published on or before:

Complete in spring

Response description:

Select from

- 1- 31 December 2002
- 2- 31 January 2003
- 3- 28 February 2003
- 4- 31 March 2003
- 5- 30 April 2003
- 6- 31 May 2003
- 7- Not yet published

3163 - Please describe briefly where a need for policy change has been identified but not yet implemented
Complete in spring - short text summary of 800 characters, approximately 100 words
3164 - Please describe briefly where a need for policy change has been implemented as a result of the assessment
Complete in spring - short text summary of 800 characters, approximately 100 words

3165 – 3173: Do you monitor the ethnic background of the following groups and have the results of ethnic monitoring been published for:		
	Monitored	Results published
3165 - Applicants for jobs		
3166 - Current staff		
3167 - Applicants for training		
3168 - Applicants for promotion		

Complete in autumn

Response description:

Monitored

Select from

- 1 - ethnic background not monitored in this area
- 2 - ethnic background at the early stages of monitoring in this area
- 3 - ethnic background monitoring being incorporated into procedures in this area
- 4 - ethnic background monitoring routinely undertaken in this area

During the last year have the results of monitoring been published?

Select from

- 1 - monitoring not done
- 2 - results of monitoring being considered
- 3 - results of monitoring shared internally
- 4 - results of monitoring published

3169 - Staff who receive training		
3170 - Staff who benefit or suffer disadvantage from performance appraisal		
3171 - Staff who are involved in grievances		
3172 - Staff who have disciplinary action taken against them		
3173 - Staff who leave their jobs with the authority		

Complete in autumn

Response description:

Monitored

Select from

- 1 - not applicable (council has less than 150 staff)
- 2 - ethnic background not monitored in this area
- 3 - ethnic background at the early stages of monitoring in this area
- 4 - ethnic background monitoring being incorporated into procedures in this area
- 5 - ethnic background monitoring routinely undertaken in this area

During the last year have the results of monitoring been published?

Select from

- 1 - not applicable (council has less than 150 staff)
- 2 - monitoring not done
- 3 - results of monitoring being considered
- 4 - results of monitoring shared internally
- 5 - results of monitoring published

3174 - Has the monitoring highlighted the need to change or develop your human resources practices?

Complete in autumn

Response description:

Select from

- 1 - monitoring not done
- 2 - results of monitoring has not highlighted the need to change HR practices
- 3 - results of monitoring has highlighted changes in HR practices
- 4 - changes highlighted as a result of monitoring have been implemented

3175 - Where councils have identified the need to change HR practices as a result of monitoring please provide a brief example

Complete in autumn - short text summary of 400 characters, approximately 50 words

Reason for question:

The implementation of the Race Relations Act is a statutory requirement. We know already, from previous Position Statements in 2002 that councils' policy development, service delivery and employment practice in relation to Black and Minority Ethnic groups is highly variable in both quality and quantity.

Annex: Performance Indicators and other technical details needed in the responses for Human Resources Development

3117 – Recruitment & Retention Indicator (Staff Turnover): What percentage of SSD directly employed staff left during the year

Response description:

Percentage to **two** decimal places

Reason for question:

A number of councils have been taking action to respond to high levels of staff turnover. In some cases significant progress has been made. SSI needs to know how and where this is being achieved, in order to promote good practice, and identify any particular patterns of success or difficulty.

Definition

Numerator:

The number of all SSD directly employed staff that left during the year (12 months to 30 September).

Denominator:

The total number of all SSD directly employed posts at the end of the year (i.e. at 30 September).

3118 – Recruitment & Retention Indicator (Staff Vacancies): What percentage of SSD directly employed posts were vacant on 30 September

Response description:

Percentage to **two** decimal places

Reason for question:

A number of councils have been taking action to respond to high levels of staff vacancies. In some cases significant progress has been made. SSI needs to know how and where this is being achieved, in order to promote good practice, and identify any particular patterns of success or difficulty.

Definition

Numerator:

The number of vacant SSD directly employed posts which councils are seeking to fill or will seek to fill at 30 September. If a post is “filled” by agency or temporary staff, include it if the intention at 30 September is to fill or seek to fill it on a permanent basis.

Denominator:

The total number of SSD directly employed posts at 30 September.

3119 – Please identify the percentage of Social Services working days /shifts lost to sickness absence during the financial year.

Response description:

Percentage to **two** decimal places

Reason for question:

A number of councils have been taking action to respond to high levels of staff sickness absence. In some cases significant progress has been made. SSI needs to know how and where this is being achieved, in order to promote good practice, and identify any particular patterns of success or difficulty.

Definition

The definitions of the numerator and denominator should be those used for the calculation of the Best Value Performance Indicator 12, (Corporate Health), but given for social services staff only. These are the same definitions also now used by the Employers Organisation for Local Government.

The final calculation should take the average number of days per employee (as in the BVPI definition) and then use that average over the average number of days worked to calculate the percentage of days lost to sickness.

3120 – Training and Development Indicator: Please estimate the percentage of SSD gross current expenditure on staffing which was spent on training during the financial year.

Response description:

Percentage to **two** decimal places

Reason for question:

Training is a vital element in service improvement. Levels of investment give an indication of the priority accorded to this, but can be vulnerable in times of budget pressure. One of the strategic objectives of TOPSS England is to raise the percentage of councils staffing budget that is spent on training to 3% by 2005.

Definition

Using the National Training Strategy definition, which can be found in detail in Appendix 7 of 'Modernising the Social Care Workforce – the first national training strategy for England' produced by TOPSS England, but which covers, in summary: the percentage of relevant staffing expenditure which is spent on training.

Numerator:

Including any training required by statute or regulation, any qualification on the TOPSS/ QCA/ QAA national qualification framework and the following arising from these types of training:

- Direct costs of tuition, trainers, course fees, assessments
- Training section staff and overheads
- Costs of the employees' time whilst on course
- Work-based assessor/ internal verifier/ external assessor/ external verifier costs, including training
- Registration and portfolio production costs
- Assessment centre infrastructure costs
- Course administration, examination costs, books, manuals, software and equipment

This excludes any training not in the TOPSS/ QCA/ QAA national qualifications framework, training costs not related to the service provided e.g. accountancy qualifications, cost of

replacement staff for staff engaged in training.

Denominator:

Including salaries, NI, pension contributions, expenditure on self-employed contractors whose work is directly relevant to the service provided e.g. care workers but excluding cost of external PAYE administration, cost of pensions administration, recruitment costs, IT costs on PAYE and other human resource management, expenditure on self-employed contractors whose work is not directly related to the service provided e.g. external auditors)

3121 – Funding for Trainee Social Work schemes: *Number of staff funded by the Council on social work trainee or schemes*

Response description:

Whole time equivalent (number to one decimal place)

Reason for question:

The new National Training Strategy Grant has a sub programme to fund the grant condition that all Councils manage a Trainee Social Work Scheme as a means of 'growing their own' professional social work staff.

This question is looking for a snapshot as at 31 March;

- 2002/03 Outturn means Actual numbers of staff funded as at 31 March 2003.
- 2003/04 Plan (Spring) means Planned numbers to be funded as at 31 March 2004.
- 2003/04 Forecast (Autumn) means Forecast of numbers who will be funded as at 31 March 2004.

Definition

"Trainee social work posts" means positions of employment with the local authority that offer a period of introductory work in a social care setting, combined with, or followed by training to enable the employee to obtain the necessary qualifications to become a social worker. These posts may be offered to staff working in a statutory setting, or private or voluntary sector settings where they are contracted to provide services by the Council.

Staff who are self funding through flexible working hours should not be included. These are specific posts for "TSW" people who are employed on a traineeship contract with specific expectations that they will be fully funded by their employer to undertake professional training. Secondees are included as they meet the 'fully funded by their employer' criterion. Part-time secondees should be counted pro-rata, i.e. if they work half time and study half time, they count as half a 'TWS' post.

3122 – QP14: The percentage of residential child care workers who have achieved level 3 in the NVQ 'Caring for Children and Young People'

Response description:

Percentage to one decimal place

Definition

Numerator:

Of these, the total number who, at 31 March, had obtained level 3 in the NVQ 'Caring for Children and Young People', at any time previously as recorded through the TSP application (Q1.3)

Denominator:

The total number of staff working for the local authority as residential child care workers at 31 March who needed to be trained to NVQ level 3 as recorded through the Training Support Programme application (Q1.1). Exclude staff who have already been trained to a higher level.

3123 - QP15: The percentage of social workers and residential managers working with children who need to obtain the New Child Care PQ, who have achieved the PQ award in child care.

Response description:

Percentage to one decimal place

Definition

Numerator:

Of these, the total number who, at 31 March, had achieved the PQ1 award (Post Qualifying Award for Social Workers) as recorded through the TSP application)

Denominator:

The total number of social workers and residential managers employed by the authority at 31 March to work with children who need to obtain the new child care PQ as recorded through the Training Support Programme application. Exclude staff who have already been trained to a higher level.

3124 – 3129: Number of assessed social work practice learning days **per whole time equivalent social worker**

Response description:

Number **to two decimal places**.

Due to the quality of the data in spring SSI recalculated information on a whole time equivalent basis for any data supplied that exceeded 50. To do this we used the data provided in the DIS as the numerator and the staffing data from SSD001. As a result the 2003-04 plan has been left open to allow amendments where necessary. The accounting period should include just the days within the year ending March 2004.

Reason for question:

Development of sufficient quantity, quality and diversity of practice learning opportunities for social work students is critical for the successful delivery of the new social work degree. The focus on this information is part of the wider aim to encourage councils to make the link between effective service delivery, robust human resource strategies and a strong learning culture.

Definitions

1. Number of assessed social work days *directly provided by the council* –

Days are normal working days for the setting in which practice learning is taking place.

Assessed days mean those that are part of students' assessment for their social work degree or the Diploma in Social Work. This does not include time spent in preparation for practice nor observation of practice.

Authorities should collect separately:

- days provided for their own employees undertaking assessed practice in their own authority;
- days provided for external student social workers.

This data will be used to compare practice learning days delivered against original plans.

2. Number of social work assessed days *directly supported by the council* in the voluntary, private sectors or in other sectors such as health, education.

The number of practice learning days is the **total number of days** this support directly enables to happen in these sectors.

‘Support’ includes: the provision of a practice **assessor** or financial support given **specifically for practice learning** by the Council. (It does not include days spent observing practice for example).

If a Council provides training for practice assessors from voluntary or private organisations, the number of days training provided by the Council.

This will indicate the level of Council activity with other sectors in supporting practice learning.

Further clarification relating to ‘direct support’

Local authorities and other stakeholders have indicated that they need further guidance to interpret directly supported by the council. A range of stakeholders have been consulted and their contributions are reflected in the clarification below.

There are three potential elements to direct support

- a) If a Local Authority provides training for practice assessors from voluntary or private organisations, the number of days training, per participant, provided by the Local Authority should be included in this figure. For example, if two workers from a voluntary agency undertake a five day course funded by a local authority then ten days could contribute to the numerator in the directly supported category
- b) However, Local Authorities can report all practice learning days provided within the supported voluntary or private organisation if they provide the same level of support to the practice learning opportunity that they would provide to assessors, supervisors and students within their own agency. For example, if the Local Authority fully supports (as detailed below) an agency who are providing a hundred day practice learning opportunity, then one hundred days could contribute to the numerator in the directly supported category

The support should include all of the following:

- Access to training, support and development sessions for practice assessors and supervisors;
 - Providing advice, support and guidance, especially to those agencies, teams and individuals who are new to supporting practice learning;
 - Access to resources and information;
 - Free places on short (two to five days) training courses.
-

It may include:

- Provision of mentors;
- Provision of assessors and mentors for the Practice Teaching Programme;
- Provision of practice assessors for social work students;
- Assistance with planning and co-ordinating the practice learning opportunity;
- Any other related activities.

Local authorities must be able to demonstrate the level of provision of direct support for practice learning through related activities, which are embodied within written agreements. The written undertaking may be incorporated within a service level agreement.

Local authorities will need to determine which organisations/agencies within their area would benefit from direct support, as some large/medium organisations may already have their own established systems in place.

c) Local agreement with all stakeholders must be reached if there are consortium arrangements relating to practice learning provision, support and training. For example, if three councils fully and actively support and fund a consortium, which co-ordinates practice learning activity, then the number of days supported by the consortium could be divided between the three local authorities

There will be different partnership variables and arrangements in existence and local agreement must be reached between agencies and the social work programmes. This is essential as Universities have overall responsibility for the securing, approving, allocating and auditing of practice learning opportunities.

Efforts must be taken to ensure that there is no 'double counting' of practice learning days.

Denominator: (for both 1 and 2)

The following lines from the DH annual staffing return SSD001 are to be used.

Field social workers (children)

2.30 (*childrens services: Team leaders/managers*), 2.31 (*childrens services: Assistant Team managers/senior social workers*), 2.32 (*childrens services: Care managers*), 2.33 (*childrens services: Field social workers*), 2.35 (*Childrens services: Child Protection, Family Placement, Juvenile/Youth Justice workers*)

Field social workers (other)

2.40 (*Team leaders/managers*), 2.41 (*Assistant Team managers/senior social workers*), 2.42 (*Care managers*), 2.43 (*Field social workers*), 2.50 (*Team leaders/managers*), 2.51 (*Care managers*), 2.52 (*Social workers*), 2.54 (*All Social Workers employed by SSD in General Practice (eg Health Centres)*), 2.55 (*All Social Workers employed by SSD in other health settings (eg hospices)*), 2.60 (*Team leaders/managers*), 2.61 (*Asst team managers/senior social workers*), 2.62 (*Social workers*), 2.63 (*Care managers in alcohol, HIV/AIDS and drug centres*), 2.70 (*Team leaders/managers*), 2.71 (*Assistant team managers & senior social workers*), 2.72 (*Social workers*), 2.73 (*Care managers in specialist teams for mental health etc.*), 2.80 (*Team leaders/managers*), 2.81 (*Assistant Team managers/senior social workers*), 2.82 (*Care managers*), 2.83 (*Field social workers*)

Use 2003 data if available, if not use 2002 data. This data can be found at

www.doh.gov.uk/public/psstaff.htm.

People in these posts will be in appropriate positions to provide support to students on assessed practice learning days. Ensures comparability in level of provision for different size authorities.

The denominator includes all those counted in staffing returns for field social workers for children and other. It is therefore all practising social workers and in some instances their managers.

3124 - Number of assessed social work practice learning days for own employees working in children services per whole time equivalent social worker

Numerator:

1. Directly provided by the council

Number of assessed social work practice learning days directly provided by the council for its own employees working in children services

2. Directly supported by the council

Number of social work assessed days directly supported by the council in the voluntary, private sectors or in other sectors such as health, education.

Denominator:

Field social workers working in children services

Reference: SSD001 Lines 2.30, 2.31, 2.32, 2.33, 2.35

3125 - Number of assessed social work practice learning days for external students working in children services per whole time equivalent social worker

Numerator:

1. Directly provided by the council

Number of assessed social work practice learning days directly provided by the council for external students working in children services

2. Directly supported by the council

Number of social work assessed days directly supported by the council in the voluntary, private sectors or in other sectors such as health, education.

Denominator:

Field social workers working in children services

Reference: SSD001 Lines 2.30, 2.31, 2.32, 2.33, 2.35

3126 - Number of assessed social work practice learning days for own employees working in adults services per whole time equivalent social worker

Numerator:

1. Directly provided by the council

Number of assessed social work practice learning days directly provided by the council for its own employees working in adults services

2. Directly supported by the council

Number of social work assessed days directly supported by the council in the voluntary, private sectors or in other sectors such as health, education.

Denominator:

Field social workers working in adults services

Reference: SSD001 Lines 2.40, 2.41, 2.42, 2.43, 2.50, 2.51, 2.52, 2.54, 2.55, 2.60, 2.61, 2.62, 2.63, 2.70, 2.71, 2.72, 2.73, 2.80, 2.81, 2.82, 2.83

3127 - Number of assessed social work practice learning days for external students working in adults services per whole time equivalent social worker

Numerator:

1. Directly provided by the council

Number of assessed social work practice learning days directly provided by the council for external students working in adults services

2. Directly supported by the council

Number of social work assessed days directly supported by the council in the voluntary, private sectors or in other sectors such as health, education.

Denominator:

Field social workers working in adults services

Reference: SSD001 Lines 2.40, 2.41, 2.42, 2.43, 2.50, 2.51, 2.52, 2.54, 2.55, 2.60, 2.61, 2.62, 2.63, 2.70, 2.71, 2.72, 2.73, 2.80, 2.81, 2.82, 2.83

3128 - Number of assessed social work practice learning days for own employees working in all services per whole time equivalent social worker

Numerator:

1. Directly provided by the council

Number of assessed social work practice learning days directly provided by the council for its own employees working in all services

2. Directly supported by the council

Number of social work assessed days directly supported by the council in the voluntary, private sectors or in other sectors such as health, education.

Denominator:

Field social workers working in all services

Reference: SSD001 Lines 2.30, 2.31, 2.32, 2.33, 2.35, 2.40, 2.41, 2.42, 2.43, 2.50, 2.51, 2.52, 2.54, 2.55, 2.60, 2.61, 2.62, 2.63, 2.70, 2.71, 2.72, 2.73, 2.80, 2.81, 2.82, 2.83

3129 - Number of assessed social work practice learning days for external students working in all services per whole time equivalent social worker

Numerator:

1. Directly provided by the council

Number of assessed social work practice learning days directly provided by the council for external students working in all services

2. Directly supported by the council

Number of social work assessed days directly supported by the council in the voluntary, private sectors or in other sectors such as health, education.

Denominator:

Field social workers working in all services

Reference: SSD001 Lines 2.30, 2.31, 2.32, 2.33, 2.35, 2.40, 2.41, 2.42, 2.43, 2.50, 2.51, 2.52, 2.54, 2.55, 2.60, 2.61, 2.62, 2.63, 2.70, 2.71, 2.72, 2.73, 2.80, 2.81, 2.82, 2.83

3142 – 3144: Numbers of approved foster carers and adopters

The table seeks information about the numbers of approved foster carers and adopters as at 31 March.

Response description:

Whole numbers

Reason for question:

If children are to have the opportunity to live in a stable home, recruitment and retention of foster carers and adopters is essential. The availability of these essential resources is crucial to the Choice Protects initiative, and to the implementation of the Adoption and Children Act 2002.

Definition

In each line enter the number of foster care households or adopters approved (not the number of placements available). **Please enter the number of households. This question includes approved adopters who have a child placed with them but the order is not yet made, Kinship foster carers, and family or friends carers and short breaks carers for disabled children.**

3146 – 3150: Provide information below about the numbers of staff employed by the statutory, private and voluntary sectors in your area.

Response description:

Whole numbers

Reason for question:

To monitor compliance with the condition attached to new Specific Grants for workforce development, the National Training Strategy Grant and the Human Resources Development Strategy Grant, that 50% of the funding must be spent on the workforce in the private and voluntary sectors. **Employers' Organisation for local government issued clarification on 8 August 2003 on how to collect the data for these questions. A copy of this has been included at Annex A for ease of reference.**

Definition

'Numbers of Staff' are a head count, ie. not WTE. 'Statutory' refers to staff directly employed by the local Council, 'voluntary' and 'private' refer to staff employed by voluntary or private organisations that are contracted by the Council to provide personal social services. If voluntary or private organisations are contracted to provide services for more than one Council, a calculation will need to be made to apportion staff numbers in relation to the quantity of service provided for each local Council - staff should not be accounted for by more than one Council.

Reference: Employers' Organisation for local government guidance on workforce data issued 8 August 2003.

Resource Management, Expenditure, Best Value and Efficiency

Strategy for improving Resource Management, Best Value and Efficiency

3201 - Please outline your strategy for delivering the priorities for improving Resource Management, Best Value and Efficiency and indicate how this is linked to the council's corporate strategy.
Complete in spring – short text summary of 2000 characters – about 250 words

Risks to improvement strategy in 2003-04. Please outline the main risks, issues or potential obstacles to the achievement of the improvements identified above, and the contingencies in place to deal with them.	
3202 - Risks	Complete in spring – short text description of 800 characters – approximately 100 words
3203 – Contingencies	Complete in spring – short text description of 800 characters – approximately 100 words

Achievements in 2002-03

Please summarise achievements (and any priorities for improvement that were not achieved) in 2002-03	
3204 – Resource Management (including the social services aspects of the Capital Strategy)	
Complete in spring - short text summary of 400 characters, approximately 50 words	
3205 – Best Value	
Complete in spring - short text summary of 400 characters, approximately 50 words	
3206 – Efficiency	
Complete in spring - short text summary of 400 characters, approximately 50 words	
3207 – Other Priorities	
Complete in spring - short text summary of 400 characters, approximately 50 words	

Priorities for 2003-04

Please specify the priorities for 2003-04 Where possible express these as outcomes:		
3208 – Resource Management (including Capital Strategy)		
Complete in spring – short text summary of 400 characters, approximately 50 words		
3209 – Best Value		
Complete in spring – short text summary of 400 characters, approximately 50 words		
Efficiency		
	<u>Description of priorities</u>	Amount of efficiency Gains (£,000s)
3210 – Making better use of human resources	Complete in spring – short text summary of 400 characters, approximately 50 words	
3211 – Making better use of assets	Complete in spring – short text summary of 400 characters, approximately 50 words	
3212 – Modernising service delivery	Complete in spring – short text summary of 400 characters, approximately 50 words	
3213 – Improved working practices	Complete in spring – short text summary of 400 characters, approximately 50 words	

3214 – Other priorities for efficiency gains e.g. improved quality or reduced spend elsewhere (where you can estimate the gain please provide amount of efficiency gains in £,000s)	Complete in spring – short text summary of 400 characters, approximately 50 words	
3215 – Other Priorities		
Complete in spring – short text summary of 400 characters, approximately 50 words		

Expenditure

Information on overall PSS revenue expenditure in 2002-03 and the forecast expenditure for 2003-04.						
	Outturn Net Expenditure for 2001-02 and 2002-03 £,000s			Forecast Net Expenditure for 2003-04 £,000s		
	1 Actual outturn for 2001-02 (from PSS EX1)	2. Forecast outturn 2002-03 (spring)	3. Actual outturn for 2002-03 (autumn)	4. Budget for 2003-04 (spring)	5. Revised Budget at 30/9/03 (autumn)	6. Forecast Outturn 2003-04 (autumn)
3216 – Service Strategy						
3217 – Children’s and Families Services						
3218 – Older People						
3219 – Adults under 65 with physical or sensory disabilities						
3220 – Adults under 65 with Learning Difficulties						
3221 – Adults under 65 with Mental Health needs						
3222 – Asylum seekers						
3223 – Other Adult Services						
3224 – Total PSS expenditure						

Response description:

Figures should be entered in **thousands** (one decimal place is allowed)

Additional information to monitor outcomes for which grant money has been made**Expenditure on QP grant**

Actual Expenditure 2001-02	Forecast Expenditure for 2002-03	Actual Expenditure 2002-03 (spring)	Plan for 2003-04 (spring)	Revised Plan for 2003-04 (autumn)	Forecast Outturn for 2003-04 (autumn)
Main Grant					
3225 – Objective 1 Placement Choice					
3226 - Of which adoption					
3227 – Objective 2 Safeguarding children					
3228 – Objective 4 Life chances for looked after children					
3229 – Objective 7 Assessment					
3230 – Objective 8 participation of users and carers					
3231 – Managing change					
3232 – Management information and quality assurance					
RING FENCED GRANT					
3233 – Choice protects					
3234 – Adoption support and special guardianship support					
3235 – Care leavers including any expenditure from the main QP grant					
3236 – Disabled children					
3237 – IT for LAC and care leavers					

Response description:

Figures should be entered in **thousands** (one decimal place is allowed)

2000-01	2001-02	2002-03 Plan	2002-03 Forecast	2002-03 Outturn (spring)	2003-04 Plan (spring)	2003-04 Forecast (autumn)
3238 – PAF B8: Average gross weekly expenditure per looked after child in foster care or in a children's home – old definition						
					not applicable	not applicable
3247 – PAF B8: Average gross weekly expenditure per looked after child in foster care or in a children's home – new definition						
not applicable	not applicable	not applicable	not applicable			

3239 – PAF B9: Average gross weekly expenditure per looked after child in a children's home – old definition						
					not applicable	not applicable
3248 – PAF B9: Average gross weekly expenditure per looked after child in a children's home – new definition						
Not applicable	not applicable	not applicable	not applicable			
3240 – PAF B10: Average gross weekly expenditure per looked after child in foster care – old definition						
					not applicable	not applicable
3249 – PAF B10: Average gross weekly expenditure per looked after child in foster care – new definition						
Not applicable	not applicable	not applicable	not applicable			
3241 – PAF E44: Relative spend on family support – old definition						
					not applicable	not applicable
3250 – PAF E44: Relative spend on family support – new definition						
Not applicable	not applicable	not applicable	not applicable			

If the auditor's annual audit letter made any recommendations for improving the financial or performance management of social services what were they? And what are the main actions planned by the council? Please identify any, which caused the accounts to be qualified.						
3242 – Recommendations for improving Financial or Performance Management						
Complete in autumn - 400 characters - about 50 words						
3243 – Main actions planned						
Complete in autumn - 400 characters - about 50 words						

Capital Strategy

3244 - Please give up to three examples of how you are supporting modernisation of services by current or planned capital projects.						
Complete in spring – short text summary of 800 characters, approximately 100 words						

Definitions

This may be examples of improving assets (changing function of own facilities to meet needs better), disposing of redundant assets to re-develop services, joint investments or investing to save. Please indicate what financing methods are used; eg own capital borrowing, PPPs, LIFT etc. and whether current or timescale planned.

Progress on priorities for Resource Management, Expenditure, Best Value and Efficiency during 2003-04

3245 - What progress has been made with action planned for Resource Management, Expenditure, Best Value and Efficiency during 2003-04?						
Complete in autumn						

Response description:

Select from

- 1 – no progress
- 2 – significant slippage on plans
- 3 – some Action Planned on schedule but some slippage
- 4 – most Action Planned on schedule
- 5 – all Action Planned on schedule

All councils answering 1 – 4, please explain why these targets are not currently on course, or not likely to be achieved by the year end.
Additionally, **councils who are zero rated** should also describe progress to date, and the anticipated outcome at year end.

Complete in autumn - short text summary of 800 characters, approximately 100 words

3246 - Please describe any contingencies that have been put into place in response to risks that have impacted on service delivery since spring. In answering you may want to consider the risks and contingencies outlined in 3202 and 3203.

Complete in autumn - short text summary of 800 characters, approximately 100 words

Annex: Expenditure and efficiency indicator technical details

Efficiency

There is no longer a fixed calculations for efficiency gains but we ask councils to provide expected efficiency gains in the following areas:

- 3210 – Making better use of human resources
- 3211 – Making better use of assets
- 3212 – Modernising service delivery
- 3213 – Improved working practices
- 3214 – Gains from increased spend where you can estimate the gain, e.g. improved quality or reduced spend elsewhere

Reason for Question:

Making efficient use of resources maximises the quantity and quality of services received by service users for a given amount of expenditure. It is about making better use of resources. It is not about cutting costs with any regard for the likely outcome, but focuses on two main kinds of efficiency and value for money gains:

- Those in which the same or better outcomes are achieved at lower cost (that is, the unit cost is decreased). This might involve, for example, providing the same service but using a less costly provider. It might also involve the same provider providing the same service to a larger number of people at no greater cost. Alternatively, it might involve providing a different service (for example, foster care rather than residential care). In all cases, the likelihood of a successful outcome is not compromised by the lower cost. It is relatively straightforward to quantify the gain in these situations.
- Those where better outcomes are achieved but costs are higher too. For example, paying more to deliver a better quality and more effective service. Part of the children's services grant, for example, is intended for recruiting adoptive parents and foster carers. An efficiency gain occurs if the improvement in outcome justifies the extra cost. In these cases, assessing whether there is a gain, and quantifying its magnitude, is often harder and will usually call for a greater use of judgement.
- There is a distinction to be drawn between efficiency improvements and cuts in services. The Department is interested in planned changes to the way that services are delivered that will provide better value for money. Where planned changes simply result in service cuts, the Department would not wish to count that as an efficiency improvement. Similarly, increasing income from charges is not an example of an efficiency gain because it has no effect on how well money is spent, only on its source.

Expenditure

3216 – 3224: Expenditure: information on overall PSS revenue expenditure for 2001-02 and 2002-03 and the budget and forecast expenditure for 2003-04.

Reason for question:

SSI needs to understand the impact of priorities for improvement in 2003-04 on local budget decisions, as part of the background information needed for overall performance assessment and annual review. Mid-year updates are helpful in gauging spending pressures.

Definitions

Please note that we have reverted to net current expenditure.

Spending figures should be consistent with the definitions from ODPM form RA for 2003-04, lines 55-62 (exclude line 63 (supported employment)), column 1, which should be the same as the PSS EX1, lines A-I, column M.

By this definition, figures should INCLUDE expenditure funded from all grant monies. Expenditure should be shown net of income from other agencies, such as health, and client contributions but without netting off grant income. Funding placed in a pooled budget should for this purpose record only the social services contribution. Capital charges should be excluded.

Expenditure on asylum seekers is included in this table as this follows the accounting guidance, Best Value Accounting Code of Practice. Supported employment is excluded.

The main purpose of this table is to get an overall view of how expenditure and budget are expected to change from previous years to this and pressures within the year. It is important for individual councils to be consistent across all columns in how they treat expenditure.

3225 – 3237 Expenditure on QP Grant

Guidance:

Expenditure for the main grant may be spent on any of the priority areas identified. Ring fenced grant must be spent of the area concerned and according to the conditions of grant and should normally equal the allocated grant. However, where main grant is used to supplement ring-fenced grant eg in the case of care leavers the total figure should be included. Expenditure from base budget should not be included.

3238 & 3247 – PAF B8: Average gross weekly expenditure per looked after child in foster care or in a children's home

Response description:

Cost to the nearest £.

Reason for question:

The cost of services is an important aspect of efficient delivery of services. Other things (such as quality) being equal, a lower cost is more efficient. With this indicator the overall cost of looking after children (in residential or foster care) can be assessed, allowing for potential increases in costs of particular forms of care such as fostering arising from quality and supply improvements. The government has set targets for 2%, 2% and 3% improvements in efficiency in each of the financial years 1999/2000, 2000/01 and 2001/02. Bearing down on these broad based cost measures will contribute to the achievement of these targets.

Old Definition

Average gross weekly expenditure per looked after child in foster care or in a children's homes

Numerator:

Gross total cost for children looked after in foster care or in a children's home during the year

Reference: PSS EX1 sheet Incl. SSMSS column G (Gross total cost (Current expenditure including capital charges): Total (including joint arrangements)) lines BB1 (Children's homes) + BB3 (Fostering services).

Denominator:

The total number of weeks children (other than asylum seeking children) spent in foster care, children's homes (placement codes F1 to F6, H3 to H5 and S1 as defined by the SSDA903 collection) during the year. Children's homes include community homes, voluntary homes and hostels and private registered children's homes. Any placements that formed part of an agreed series of short term-placements (under the provisions of Reg. 13 of the Arrangement for Placement of Children (General) Regulations, 1991) are excluded. Calculation based on the total number of days of care divided by 7.

Reference: PSS EX1

New Definition

Average gross weekly expenditure per looked after child in foster care or in a children's home.

Numerator:

Gross total cost for children looked after in foster care and children's homes during the year.

Reference: PSS EX1 sheet Incl. SSMSS column G (Gross total cost (Current expenditure including capital charges): Total (including joint arrangements)) lines BB1 (Children's homes) + BB3 (Fostering services).

Denominator:

The total number of weeks children (other than asylum seeking children) spent in foster care, children's homes, residential schools and placed for adoption (placement codes A1, F1 to F6, H3 to H5 and S1 as defined by the SSDA903 collection) during the year. Children's homes include community homes, voluntary homes and hostels and private registered children's homes. Any placements that formed part of an agreed series of short term-placements (under the provisions of Reg. 13 of the Arrangement for Placement of Children (General) Regulations, 1991) and any time spent in respect of respite care are included. Calculation based on the total number of days of care divided by 7.

Reference: PSS EX1.

3239 & 3248 – PAF B9: Average gross weekly expenditure per looked after child in a children's home

Response description:

Cost to nearest £.

Reason for question:

Unit costs are an important aspect of efficiency. Other things (such as quality) being equal, efficiency increases the lower the unit cost. With unit costs it is particularly important to remember that performance must be looked at across all five performance areas – driving down unit costs at the expense of outcomes, for example would not be appropriate. However research indicates that there is scope for reducing the costs of residential care for children without sacrificing quality.

Old Definition

Average gross weekly expenditure per looked after child in a children's home

Numerator:

Gross total cost for children looked after in children's homes during the year.

Reference: PSS EX1 sheet Incl. SSMSS column G (Gross total cost (Current expenditure including capital charges): Total (including joint arrangements)) line BB1 (Children's homes).

Denominator:

The total number of weeks' children spent in children's homes and residential schools (placement codes H3 to H5 as defined by the SSDA903 collection) during the year.

Children's homes include community homes, voluntary homes and hostels and private registered children's homes. Any placements that formed part of an agreed series of short term-placements (under the provisions of Reg. 13 of the Arrangement for Placement of Children (General) Regulations, 1991) are excluded and any time spent in respect of respite care are included. Calculation based on the total number of days of care divided by 7.

Reference: PSS EX1

New Definition

Average gross weekly expenditure per looked after child in a children's home.

Numerator:

Gross total cost for children looked after in children's homes during the year.

Reference: PSS EX1 sheet Incl. SSMSS column G (Gross total cost (Current expenditure including capital charges): Total (including joint arrangements)) line BB1 (Children's homes).

Denominator:

The total number of weeks children (other than asylum seeking children) spent in children's homes and residential schools (placement codes H3 to H5 and S1 as defined by the SSDA903 collection) during the year. Children's homes include community homes, voluntary homes and hostels and private registered children's homes. Any placements that formed part of an agreed series of short term-placements (under the provisions of Reg. 13 of the Arrangement for Placement of Children (General) Regulations, 1991) and any time spent in respect of respite care are included. Calculation based on the total number of days of care divided by 7.

Reference: PSS EX1.

3240 & 3249 – PAF B10: Average gross weekly expenditure per looked after child in foster care

Response description:

Cost to nearest £.

Reason for question:

Unit costs are an important aspect of efficiency. Other things (such as quality) being equal, efficiency increases the lower the unit cost. With unit costs it is particularly important to remember that performance must be looked at across all five performance areas – driving down unit costs at the expense of outcomes, for example would not be appropriate

Old Definition

Average gross weekly expenditure per looked after child in foster care.

Numerator:

Gross total cost for children looked after in foster care during the year.

Reference: PSS EX1 sheet Incl. SSMSS column G (Gross total cost (Current expenditure including capital charges): Total (including joint arrangements)) line BB3 (Fostering services).

Denominator:

The total number of weeks children (other than asylum seeking children) spent in foster care and placed for adoption (placement codes A1 and F1 to F6 as defined by the SSDA903 collection) during the year. Any placements that formed part of an agreed series of short term-placements (under the provisions of Reg. 13 of the Arrangement for Placement of Children (General) Regulations, 1991) are excluded and any time spent in respect of respite care are included. Calculation based on the total number of days of care divided by 7.

Reference: PSS EX1

New Definition

Average gross weekly expenditure per looked after child in foster care.

Numerator:

Gross total cost for children looked after in foster care during the year.

Reference: PSS EX1 sheet Incl. SSMSS column G (Gross total cost (Current expenditure including capital charges): Total (including joint arrangements)) line BB3 (Fostering services).

Denominator:

The total number of weeks children (other than asylum seeking children) spent in foster care and placed for adoption (placement codes A1 and F1 to F6 as defined by the SSDA903 collection) during the year. Any placements that formed part of an agreed series of short term-placements (under the provisions of Reg. 13 of the Arrangement for Placement of Children (General) Regulations, 1991) and any time spent in respect of respite care are included. Calculation based on the total number of days of care divided by 7.

Reference: PSS EX1.

3241 & 3250 – PAF E44: Relative spend on family support

Response description:

Percentage to one decimal place

Reason for question:

This indicator acts as a proxy for access to preventative service. Adequate provision of such services can prevent children being looked after. A low figure would indicate that a council was providing a relatively small amount of preventative services.

Old Definition

Gross expenditure on children in need but not looked after as a percentage of gross expenditure on all children's services

Numerator:

That part of the Denominator: that represents expenditure on children in need but not looked after.

Reference: PSS EX1 sheet Incl SSMSS column G (Gross total cost (Current expenditure including capital charges): Total (including joint arrangements)) lines (BC7 (Total family support services) + BD2 (Youth offender teams) + BD3 (Other youth justice services) + BE1 (Adoption services) + BE3 (Other other children's and families services) + 50% of BE2 (Leaving care services)).

Denominator:

Gross total cost for all children's services during the year.

Reference: PSS EX1 sheet Incl. SSMSS column G (Gross total cost) line B1 (Total children's and families services))

New Definition

Gross expenditure on children in need but not looked after, as a percentage of gross expenditure on all children's services.

Numerator:

That part of the denominator that represents expenditure on children in need but not looked after.

Reference: PSS EX1 sheet Incl SSMSS column G (Gross total cost (Current expenditure including capital charges): Total (including joint arrangements)) lines (BC7 (Total family support services) + BD2 (Youth offender teams) + BD3 (Other youth justice services) + BE1 (Adoption services) + BE3 (Other children's and families services) + 50% of BE2 (Leaving care services) + a proportionate share of BA1 (Commissioning and social work)).

Use the following calculation to get a proportionate share of BA1 (or BA2 which is exactly the same figure as BA1)- note that all these are line numbers on the PSS EX1 and in all cases "total expenditure including capital charges" is used:

$$(BC7+BD2+BD3+BE1+BE3+50\% \text{ of } BE2) / (BB5 + BC7 + BD4 + BE4)$$

Denominator:

Gross total cost for all children's services during the year.

Reference: PSS EX1 sheet Incl SSMSS column G (Gross total cost) line B1 (Total children's and families services)).

-

Organisation & Management

Health Act Flexibilities - Adults:			
For each of the following groups please state the position in implementing Health Act Flexibilities.			
NB: The response to this question should be agreed with NHS partner(s)			
	Position reported in autumn 2002	Position in spring 2003 (update in autumn)	Health Act Flexibility being considered / used (spring)
3301 – Older People (65+)			
3302 – People with Learning Disabilities (18-64)			
3303 – People with Physical Disabilities (18-64)			
3304 – People with Sensory Impairment (18-64)			
3305 – People with Mental Health (18-64)			
3306 – Drug misuse			
3307 – Intermediate care			
3308 – Community Equipment Services			
3309 – Delayed Transfers of Care			
3310 – Where you have answered action plan implemented to any of the above, please briefly state post implementation achievements or obstacles			
Complete in spring – short text summary of 600 characters, approximately 75 words			

Response description:

Position in Spring 2003 (update in autumn)

Select from:

- 1 - Considered, no intentions to use Health Act Flexibilities in this area
- 2 - Not yet considered
- 3 - Discussed by Social Services Management
- 4 - Agreed at council level
- 5 - Agreed with NHS partners and formally notified to DH
- 6 - Action plan implemented

What type of health act flexibility is being considered/used

Select from:

- 1 - integrated management
- 2 - pooled budgets
- 3 - lead commissioning
- 4 - integrated management and pooled budgets
- 5 - integrated management and lead commissioning
- 6 - pooled budgets and lead commissioning

7 - integrated management, pooled budgets and lead commissioning

	Care Trust 1	Care Trust 2	Care Trust 3
3311 - Please state the position in planning for Care Trust Status			
Where you have answered 3 – 5 please indicate which user groups are covered by your care trust proposals			
3312 – Older People (65+)			
3313 – People with Learning Disabilities (18-64)			
3314 – People with Physical Disabilities (18-64)			
3315 – People with Sensory Impairment (18-64)			
3316 – People with Mental Health (18-64)			
3317 – Drug misuse			

Complete in autumn

Response description:

Select from:

- 1 - no discussions have taken place on planning for care trust status
- 2 - discussions have taken place with partner agencies but there are no firm plans for care trusts
- 3 - discussions with both partner agencies and councillors have taken place and we are expecting to form a pilot care trust during 2004
- 4 - discussions with both partner agencies and councillors have taken place and we are expecting to form a pilot care trust during 2005
- 5 - we are partners in an existing care trust

Reason for question:

The data will help the DH to assess national progress in partnership working and the focus of developments in the pipeline. The Department expects all councils to make full use of Health Act Flexibilities in developing a wide range of provision including mental health, drug misuse, community equipment, delayed transfers of care and services for people with learning disabilities.

Column 2 –4 gives councils the option of recording partnership in more than one Care Trust, or proposed Care Trust, in their area, if this reflects local plans. [For instance, councils could choose to delegate their older people's services to a PCT-model Care Trust and their mental health services to an NHS-model Care Trust]

Health Act Flexibilities and Children's trusts:

Please state the position in planning for joint/integrated services for children, using Health Act Flexibilities or Children's Trusts For each of the following groups please state the position in implementing Health Act Flexibilities.

NB: The response to this question should be agreed with NHS partner(s) and the local education authority

	Use of health act flexibilities (spring)	Children's trusts (autumn)
3318 – All children aged 0-19 in a local authority area		
3319 – All children in a defined area within a local authority area eg the area served by a PCT		

3320 – Child protection services		
3321 – Services delivered through a group of schools working together		
3322 – Early years services		
3323 – Children and adolescent mental health services		
3324 – Children (0-17) with physical/sensory disability		
3325 – Children (0-17) with learning disability		
3326 – Special educational needs and disabled children's services		
3327 – Other		

Response description:

Complete in spring and update in autumn

Use of Health Act Flexibilities

Please select from:

- 1 - Considered, no intentions to use Health Act Flexibilities in this area
- 2 - Not yet considered
- 3 - Discussed by Social Services Management
- 4 - Agreed at council level
- 5 - Agreed with NHS partners and formally notified to DH
- 6 - Action plan implemented

Complete in autumn

Children's Trusts

- 1 - No discussions have taken place on planning for children's trust status
- 2 - Discussions have taken place with partner agencies but there are no firm plans for children's trusts
- 3 - Discussions with both partner agencies and councillors have taken place and we are keen to form a children's trust as soon as this is possible
- 4 - We are partners in a pilot children's trust

Reason for question:

Although Health Act flexibilities have been considered in relation to children's services, Children's Trusts are a new development. The data will help the DH to assess national progress in partnership working and the focus of developments in the pipeline.

Councils are asked to identify the kinds of partnership working under consideration and the stage which discussions have reached

Direct Payments

For each service user group stated please give the number of recipients of Direct Payments at 30 September 2002.

	At 30 Sept 2001 (autumn 01)	At 30 Sept 2002 (autumn 02)	30 Sept 2003 (autumn)	Change 2002 to 03
3328 - Older People (65+)				
3329 - People with Learning Disabilities (18-64)				

3330 - People with Physical Disabilities (18-64)				
3331 - People with Sensory Impairment (18-64)				
3332 - Young carers (16-17 for carers services)				
3333 - People with Mental Health (18-64)				
3334 – Carers of Disabled Children (for children’s services)				
3335 - Disabled Children (16-17)				
3336 – Carers (for carers services)				

Response description:

Whole number

Reason for question:

This policy is a national priority for DH. New legislation extends the range and rights of service users. Updated information about the volume of local schemes and distribution across existing and new user groups will help judge the pace of implementation and guide further developments.

3337 - Please provide the website address where the documents on Direct Payments can be reviewed

Complete in autumn

Response description:

Website address

Performance and Quality

Strategy for Performance and Quality

3401 - Please outline your strategy for delivering the priorities for improving Performance & Quality and outline how this is linked to the councils corporate strategy.	
Complete in spring – short text summary of 2000 characters – approximately 250 words	
Please outline the main risks, issues or potential obstacles to the achievement of the improvements identified above, and the contingencies in place to deal with them.	
3402 – Risks	Complete in spring - short text description of 800 characters – approximately 100 words
3403 – Contingencies	Complete in spring - short text description of 800 characters – approximately 100 words

Achievements for 2002-03

Please summarise achievements (and any priorities for improvement that were not achieved) in 2002-03 for	
3404 - Performance Management	
Complete in spring – short text summary of 400 characters, approximately 50 words	
3405 – IM&T to Support Performance Management	
Complete in spring – short text summary of 400 characters, approximately 50 words	
3406 - Quality Assurance	
Complete in spring – short text summary of 400 characters, approximately 50 words	
3407 - Consultation & Responsiveness to Users and Carers	
Complete in spring – short text summary of 400 characters, approximately 50 words	
3408 - Implementing “Information for Social Care”	
Complete in spring – short text summary of 400 characters, approximately 50 words	
3409 - Other Priorities	
Complete in spring – short text summary of 400 characters, approximately 50 words	

Priorities for 2003-04

Please identify the priorities for improvement in 2003-04. Where possible express these as outcomes.	
3410 – Performance Management	
Complete in spring - short text summary of 400 characters, approximately 50 words	
3411 – IM&T to Support Performance Management	
Complete in spring – short text summary of 400 characters, approximately 50 words	
3412 - Quality Assurance	
Complete in spring – short text summary of 400 characters, approximately 50 words	
3413 - Consultation & Responsiveness to Users	
Complete in spring – short text summary of 400 characters, approximately 50 words	
3414 - Implementing “Information for Social Care”	
Complete in spring – short text summary of 400 characters, approximately 50 words	
3415 - Other Priorities	
Complete in spring - short text summary of 400 characters, approximately 50 words	

Progress on priorities for Performance and Quality during 2003-04

3416 - What progress has been made with action planned for Performance and

Quality during 2003-04?

Complete in autumn

Response description:

Select from

- 1 - no progress
- 2 - significant slippage on plans
- 3 - some Action Planned on schedule but some slippage
- 4 - most Action Planned on schedule
- 5 - all Action Planned on schedule

All councils answering 1 – 4, please explain why these targets are not currently on course, or not likely to be achieved by the year end.
Additionally, **councils who are zero rated** should also describe progress to date, and the anticipated outcome at year end.

Complete in autumn - short text summary of 800 characters, approximately 100 words

3417 - Please describe any contingencies that have been put into place in response to risks that have impacted on service delivery since spring. In answering you may want to consider the risks and contingencies outlined in 3402 and 3403.

Complete in autumn - short text summary of 800 characters, approximately 100 words

Quality Assurance

QUALITY ASSURANCE: Please identify the types of any external accreditation held or sought.

3418 - ISO

3419 - IIP

3420 - BEACON STATUS

3421 - CHARTER MARK

Complete in spring

Response description:

Please select from

- 1 - Have not considered
- 2 - Have considered and do not want to apply
- 3 - Will apply in the next round
- 4 - Currently being sought
- 5 - Awarded to the SSD

Reason for question:

This information will help SSI to profile quality management development and judge capacity for performance improvement

Implementing “Information for Social Care”

3422 - What is the progress in your authority towards an electronic social care record ESCR

Complete in autumn

Reason for question:

The ESCR is an electronic version of the information held by social services in respect of an individual – the social care record. For more information consult the *Information for*

Social Care document on the SC-IPU (Social Care Information Policy Unit) Website at www.doh.gov.uk/ipu/socialcare/information.htm

Response description:

- 1 - No work yet commenced
- 2 - Work commenced but no effective progress so far
- 3 - A few deliverables to report
- 4 - Significant progress to report

3423 - Where councils have answered 3 or 4 please describe progress

Complete in autumn – short text summary of 800 characters, approximately 100 words

Reason for question:

Development of ESCR is a key element in taking forward the data handling agenda. Progress on effective delivery of services and on data sharing between professionals in multidisciplinary teams needed to achieve it, will be hindered by the lack of electronic records. It is essential that an up-to-date picture can be compiled of progress locally here.

3424 - Are you able to communicate with other agencies by electronic means?

Complete in autumn

Response description

Select from

- 1 - Unable to communicate with agencies electronically
- 2 - NHSNet
- 3 - Internet
- 4 - NHSNet and Internet
- 5 - NHS Net and other means
- 6 - Internet and other means
- 7 - NHSNet, internet and other means
- 8 - Other (please specify)

Definition

Electronic communication should be more than merely e-mail. Examples of other electronic communication could include: videolinks, WAP technology and local service websites

3425 - Where you have specified other please describe method of electronic communication

Complete in autumn – short text summary of 400 characters, approximately 50 words

3426 - If you do communicate with other agencies by electronic means please list which agencies are involved

Complete in autumn – short text summary of 400 characters, approximately 50 words

Reason for question:

Central and local government have adopted the target of making ALL services available electronically by December 2005 (Ref: ODPM local e-govt Nov 2002). DH needs to know what progress has been made by service providers in respect of this challenging target.

3427 - Have there been any significant changes made to information/IT development plans since your original LIP was prepared?

Complete in autumn

Response description:

Select from:

- 1 - No significant changes
- 2 - significant changes in draft
- 3 - significant changes agreed by Council
- 4 - significant changes agreed by Council & local health service

3428 - Please describe any significant changes made.

Complete in autumn - short text summary of 800 characters, approximately 100 words

Reason for question:

Plans are required as a condition of the grant, and payments of grants in future years are likely to be dependent in part or in whole on progress local authorities have made in their information and IT developments.

Caldicott Guardians

Caldicott Standard into Social Care: Have you completed the necessary processes outlined in LAC (2002) 2: Implementing the Caldicott Standard into Social care? (tick for each that applies):

3429 – Agreed and initiated a work programme to implement the improvement plan, (July 2002)?

3430 – Reviewed current information flows of personally identifiable data (August-November 2002)?

3431 – Developed and agreed protocols to govern information sharing with partner organisations and other local authority functions (August-November 2002)?

3432 – Conducted a management audit and prepared the first annual out-turn report for the Management Board (December 2002-February 2003)?

3433 – Prepared the improvement plan for 2003-04 (December 2002-February 2003)?

3434 – Agreed and initiated a work programme to implement the improvement plan (February-April 2003)?

3435 – Submitted an out-turn report and improvement plan to the SSI (February-April 2003)?

Complete in spring

3436 – Please indicate how much progress the council has made in meeting the timetable of work set out in LAC (2002) 2: Implementing the Caldicott Standard into Social care?

Complete in spring

Response description:

Select from:

- 1 - Little or no progress - progress to date has been slow and significant slippage is likely
- 2 - Slight progress - there is some uncertainty as to whether the timetable will be met
- 3 - Reasonable progress - there has been some slippage but progress is now being made and we expect the timetable to be met
- 4 - Good progress – the council is very likely to meet the required timetable in this area

5 - Excellent progress - the council has fully met the required timetable in this area

Reason for question:

LAC (2002) 2: Implementing the Caldicott Standard into Social Care - Appointment of "Caldicott Guardians" set out a timetable for the implementation of Caldicott into Social Care.

Councils are expected to have:

- Presented stock-take report and improvement plan to the organisation's Management Board. (June 2002)
- Agreed and initiated work programme to implement the improvement plan. (July 2002)
- Reviewed current information flows of personally identifiable data (August-November 2002)
- Developed and agreed protocols to govern information sharing with partner organisations and other local authority functions. (August - November 2002)
- Updated the organisation's Management Board on progress against the improvement plan. (December 2002)
- Conducted management audit and prepared first annual out-turn report for the organisation's Management Board. Also prepared the improvement plan for 2003/2004. (December 2002 to February 2003)
- Agreed and initiated work programme to implement the improvement plan. Submitted out-turn report and improvement plan to the SSI. (February - April 2003)

The circular indicated that councils would need to confirm to SSI, through their Position Statements, that they had completed the necessary processes and have action in hand for the implementation of the next steps.

Access

24 Hour Access

3501 – 3506: Please identify current position in accessing services on a 24 hour basis	
3501 – Information Services	
3502 – Emergency Duty Team	
3503 – Approved Social Workers	
3504 – Home Care Services	
3505 – Specialist support to family placements	
3506 – Legal services	

Complete in spring

Reason for question

These questions attempt to build up a picture about services that are available 24 hours a day. The availability is not restricted to the service user or commissioner. A social worker may need to access legal services out of hours and other access may be required from the service users or potential services users e.g. Emergency Duty Teams

Response description:

Select from:

- 1 - Only during office hours
- 2 - Through the night during the week but not at weekend
- 3 - During the day at weekends but not through the night during the week
- 4 - Through night during the week and during the day at weekends
- 5 - 24 hours, 7 days a week

Charging Policy

3507 - Please provide the website address where your policy on charging can be viewed. (Where the information is not available on the website please provide the name of a contact who can provide a copy of your charging policy.)

Complete in spring

Response description:

Website address

Advocacy and Interpretation services

3508 - Are appropriate advocacy services available when required?

Complete in spring

Response description:

It may help to base the judgement on the descriptors (rarely, sometimes etc) rather than the bands. The question is intended to prompt a management view of the overall sufficiency of advocacy services, in relation to need or demand. It invites a response that looks across the range of social services and service users, asks for a broad assessment of the resources available, and their appropriateness.

Select from:

- 1 - rarely (< 25%)
- 2 - sometimes (25 – 49%)

3 - mostly (50-74%)

4 - always (> 75%)

3509 - Are appropriate interpreter services available when required?

Complete in spring

Response description:

Select from:

1 - rarely (< 25%)

2 - sometimes (25 – 49%)

3 - mostly (50-74%)

4 - always (> 75%)



8th August 2003

To: all Directors of Social Services in England

Dear Director,

DELIVERY AND IMPROVEMENT STATEMENT 2003/4 - WORKFORCE DATA

The Local Government Association, the Employers' Organisation for local government, ADSS, Topss England and the Department of Health/SSI have worked together to provide additional guidance on the completion of the section of the DIS that asks SSDs to provide data on the workforce in the statutory, private and voluntary sectors (items 3146-3150 of the DIS). The private and voluntary sector information relates to the workforce in contracted service providers.

This information will underpin the distribution of the Human Strategy Development Grant and the National Training Development Grant in 2004/5, and SSDs are required to make their return this Autumn.

It is apparent that many SSDs do not hold this information and may need further guidance on the methodology and the process of assembling and compiling the data. This will help you to carry out the task effectively and consistently, and help to ensure that the exercise creates an accurate baseline locally, regionally and nationally.

The information gathered will help to ensure that the new grants make an effective contribution to workforce planning in personal social services provided or funded by councils, and will provide a baseline for further developments in workforce planning. Nevertheless, councils may need to commit a significant resource to the exercise.

With the SSI's full agreement, this guidance will supplement the guidance already issued by SSI. It covers the following ground:

- Specify the details of which staff to include
- Provide a template guide to assemble and record the information
- Advise on the process of gathering the information from existing records and contacting providers
- Advise on allocating SSD staff to client group categories

The guidance advises SSDs to report staff working with providers located in their area who are contracted to provide services either with the 'home' SSD or with other SSDs. Therefore staff will be reported only once by the SSD within which the provider is located.

Delivery and Improvement Statement 2003-04 (Autumn Update)

This should mean that a provider at a given location is only contacted once. You do **not** need to contact providers located outside your own boundaries.

The guidance has been piloted with a small number of SSDs, and we are aware that circumstances vary widely across country and that therefore the guidance will not cover all issues that could arise. Please contact us if there are any issues that you wish to discuss (see contact details below).

It is becoming increasingly apparent that our knowledge of the whole workforce across the social care sector will need to improve markedly in order to help us deliver the agenda for change. This is an important opportunity to make a start on gathering and using the workforce data that is needed at all levels.

Yours sincerely



David Mellor
Head of Surveys
Employers' Organisation for local government

Contacts for further information:

Lionel Took (DH)	tel 020 7972 4399	lionel.took@doh.gsi.gov.uk
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DELIVERY AND IMPROVEMENT STATEMENT 2003-04

Guidance on completing Items 3146 to 3150

Introduction

The Social Services Inspectorate's (SSI) Delivery and Improvement Statement (DIS) for 2003 – 2004 requires social services departments to provide information about the number of staff employed by providers of voluntary and private sector contracted services and the numbers employed by the local authority. These items have been introduced to help monitor the new Human Resources Strategy Grant and the National Training Strategy Grant. Details of the information to be collected are held in **Appendix A**.

The majority of the items contained within the DIS were completed and returned to the SSI in April 2003; however the items relating to the specific grants are to be completed and returned to the SSI in October 2003. The Employers' Organisation for local government, in conjunction with the Local Government Association, Association of Directors of Social Services, Department of Health and Topss England, has produced this supplementary guidance on how best to provide this information.

This guidance is in two parts. The first deals with assembling the information concerning the voluntary and private sector, and the second how to use the information from the SSDS001 staffing return to complete the return for the statutory workforce.

PART A: HOW TO COLLECT THE VOLUNTARY AND PRIVATE SECTOR INFORMATION FOR ITEMS 3146 TO 3150 OF THE DIS

In order to complete the section relating to the voluntary and private sector you can take the following steps:

- Step 1: produce a list of voluntary and private sector social care providers who are based within your boundaries and who currently have contracts with or are grant-aided by any SSD
- **STEP 2: GATHER THE REQUIRED DATA**
- Step 3: Deal with any missing data
- Step 4: Aggregate the data and fill out the table
- Step 5: Retain the information and prepare for future years

Each of these steps is described in detail below.

Step 1: produce a list of voluntary and private sector social care providers who are based within your boundaries and who currently have contracts with or are grant-aided by any SSD

The first step is to produce a list of all voluntary and private sector providers contracted with your or another SSD who are situated within your SSD area and who currently provide personal social services in line with the definitions set out in section 55(2) of the Care Standards Act 2000.

A "home authority" principle has been applied to the collection of this information. This means that SSDs are required to submit data relating to the contracted workforce within its

geographical location irrespective of which council has contracted it. This recognises the role of the home authority as the dominant one in terms of training and development.

This list will vary from authority to authority but should **include** the following types of provision:

- Care homes
- Domiciliary care
- Meals-on-wheels
- Transport
- Day care
- Foster care
- Adoption
- Joint teams funded under section 31
- Sheltered housing funded by the SSD
- Field and other specialist social work staff provided under contract

The list should **exclude** services such as:

- Health
- Community justice
- Police
- Education
- Early years
- Mainstream housing

Lists of those private and voluntary organisations within your SSD's area can be compiled from various sources.

It is best to start with your own records. Your contracting unit will be able to supply a list of those private and voluntary organisations with whom your SSD has contracted to provide personal social services. The section that deals with grants will be able to supply a similar list of grant-aided providers. These lists will give you with a good starting point and may even cover all the private, voluntary and SSD grant aided organisations providing personal social services within your area. The Council for Voluntary Services may also be able to help.

Your initial list may not cover all providers eligible for inclusion, and can be supplemented with information taken from other sources such as telephone or trade directories, or lists of local voluntary groups or organisations. You could also place adverts in your local press or libraries asking voluntary and private providers to contact your SSD directly.

The largest single group of private and voluntary sector providers are care homes. The National Care Standards Commission (NCSC) will be able to provide you with lists of these homes within your area. By comparing your lists with those of the NCSC you can assess the likely extent of any gap in your list of providers. You can then decide whether to include these additional providers and any others that you may be aware of when you gather your data (see step 2), or if the numbers are small you may decide to estimate the missing data (see step 3).

Step 2: gather the required data

The DIS requires you to record information about the numbers of staff working with the following client groups :

- Older people
- Children's services
- Adults with disabilities
- Mental health

At present the DIS return only requires the total number of paid staff employed in the private and voluntary social care sectors, regardless of duties, function or hours worked.

In addition the figures:

- are head counts not whole-time equivalents;
- refer to all staff directly employed by those organisations who are contracted or grant-aided by a local authority to provide personal social services;
- include support staff such as administrative, catering, cleaning, driving and grounds maintenance.

There are two important points to note. First, the information about the number of paid staff relates to staff working at "this location", e.g. the care home or day centre, or in the case of community-based workers, the location from which they work. Second, although providers may have different client groups, respondents are asked to identify the main client group that they serve.

This data can be obtained from one or more of three sources. Other sources of information may also be available locally.

1. Retrieve the information available from your own records

Some of the information could be available from within your own SSD. For example, some contracting units collect information about the organisations that they contract with and may be able to provide data on the numbers of staff employed by contractors and the amount of provision.

Your SSD may not hold information on all of the voluntary and private organisations eligible for inclusion. Equally, your SSD may only have partial information. In these instances the information you hold will have to be supplemented from other sources.

2. From the National Care Standards Commission

The National Care Standards Commission (NCSC) holds a variety of information about care homes.

Your SSD can contact your local NCSC office to gather information about care homes within their area. At the very minimum the NCSC will be able to provide a list of registered providers, which give the contact details.

Another option may be the Laing and Buisson database to which many SSDs subscribe.

3. By contacting private and voluntary providers directly

If there are still gaps in the information required, you may need to contact providers directly. This can be done either via a simple letter, pro-forma and self addressed return envelope or via a short telephone call.

A model pro forma is available (see **Appendix B**) which SSDs could use as a basis for collecting information from providers directly. This contains the data items required to complete the DIS and to maintain your records. However, in order not to over-burden providers you should only ask providers for information that is not available from your own records or other sources.

Step 3: dealing with missing data

You may not be able to obtain information concerning every voluntary, private, or grant-aided organisation eligible for inclusion in the DIS return. If so, you will need to estimate these figures. The easiest way of doing this is to use the average figures for that particular type of provision.

Step 4: aggregate the data and complete the table

Once you finished collecting the information you require for your list of voluntary and private providers, including estimates for missing information, the total numbers of staff working with each client group can be inserted into the DIS table.

Step 5: retain the information and prepare for the next time the information is required

The monies distributed under the new specific training grants will be audited. Therefore, the information that you have used to complete DIS items 3146 to 3150 should be retained in case the auditors request it.

As part of your normal contracting and grant-awarding process your SSD may find it useful to begin routinely to collect the information required for the completion of DIS items 3146 to 3150. This will simplify the task of compiling the information in the future.

PART B: HOW TO USE THE INFORMATION FROM THE SSDS001 STAFFING RETURN TO COMPLETE THE STATUTORY PART OF RETURN

Each September your department completes the SSDS001 staffing return. The information your SSD has already given to the DOH in the SSDS001 can be used to complete the “statutory” column in the DIS return. Details of how to group the information are shown in **Appendix C**, although some of the decisions will have to be made by you at a local level.

APPENDIX A

Extract from the Delivery and Improvement Statement

(Taken from pages 144 and 152/153 of the Delivery and Improvement Statement)

Additional information to monitor outcomes for which grant money has been made

The information requirement to monitor the new workforce development specific grants for 2003-04, the National Training Strategy Grant and Human Resources Strategy Development Grant, is included in this DIS. It should be noted, however, that the conditions are subject to a current consultation exercise, and the information requirement is therefore subject to change.

3146 – 3150: Provide information below about the numbers of staff employed by the statutory, private and voluntary sectors in your area. (Complete in autumn)

	Statutory	Private	Voluntary	All sectors
3146 - Older People				automatic
3147 - Children's Services				automatic
3148 - Adults with Disabilities				automatic
3149 - Mental Health				automatic
3150 - All user groups	automatic	automatic	automatic	automatic

3146 – 3150: Provide information below about the numbers of staff employed by the statutory, private and voluntary sectors in your area.**Response description:****WHOLE NUMBERS****Reason for question:**

To monitor compliance with the condition attached to new Specific Grants for workforce development, the National Training Strategy Grant and the Human Resources Development Strategy Grant, that 50% of the funding must be spent on the workforce in the private and voluntary sectors.

Definition

'Numbers of Staff' are a head count, ie. not WTE. 'Statutory' refers to staff directly employed by the local Council, 'voluntary' and 'private' refer to staff employed by voluntary or private organisations that are contracted by the Council to provide personal social services.

MODEL DATA COLLECTION FORM

1) Name of provider: _____

2) Address: _____

—

3) Postcode: _____

4) Contact telephone number: _____

5) Do you have any current contracts to provide personal social services to ANY social services department?

Yes ☐ Please go to the next question.No ☐ Thank you for your help with this matter. Please return this form in the prepaid envelope provided.6) Are you a private sector or a voluntary sector provider? (*Please tick*)Private sector ☐ Voluntary sector ☐

7) For each type of service that you provide and the main client group it serves, please write the number of paid staff (headcount) working at this location in the appropriate box below (maximum of one entry per row). Please try to avoid doublecounting of staff who work in more than one type of provision.

Type of provision	Main client group served			
	Children's services	Adults with disabilities	Mental health	Older people
Care home				
Domiciliary care				
Meals-on-wheels				
Transport				
Day care				
Foster care				
Adoption				
Joint teams funded under S31				
Sheltered housing funded by SSD				
Field/other specialist social work				
*Other 1				
*Other 2				

*Other 1 please specify: _____

*Other 2 please specify: _____

Delivery and Improvement Statement 2003-04 (Autumn Update)

Thank you for your help with this matter. Please return this form in the envelope provided. [ADD YOUR SSD CONTACT DETAILS]

APPENDIX C

ALLOCATION OF SSDS001 JOB CATEGORIES TO CLIENT GROUPS FOR DIS RETURN (3146 3149)

SSDS001 lines		Client group
1.1-1.6	Strategic/central staff	Local determination
2.1-2.2	Staff in operational divisions/neb - ADs/area managers	Local determination
2.30-2.39	Provision specifically for children's services	Ch
2.40-2.48	Provision specifically for adult services	Local determination
2.50-2.53	Hospitals/other health related settings	Local determination
2.54-2.55	All social workers employed by SSD in GP/other health settings	Local determination
2.60-2.64	Specialist teams, alcohol, HIV/AIDS and drug centres	Local determination
2.70-2.74	Other specialist teams	Local determination
2.80-2.89	Generic provision	Local determination
2.90	Guardians ad litem	Ch
2.91-2.93	Transport	Local determination
3.1-3.6	Domiciliary service staff	OP
4.1-4.6	Day centres mainly for elderly people and elderly people with a mental infirmity	OP
5.1-5.6	Day centres mainly for people under 65 with physical disabilities	AD
6.1-6.6	Day centres mainly for adults with mental health problems	MH
7.1-7.6	Day centres mainly for adults with learning disabilities	AD
8.1-8.6	Staff in day centres for mixed client groups	Local determination
9.1-9.5	Family centres	Ch
10.1-10.4	Day nurseries	Ch
11.1-11.2	Play groups	Ch
12.1-12.5	Nursery centres where funded by social services	Ch
13.1	Community centres	Ch
14.1-14.5	Homes mainly for elderly people and elderly people with a mental infirmity	OP
15.1-15.5	Homes mainly for people under 65 with physical disabilities	AD
16.1-16.5	Homes and hostels mainly for adults with mental health problems	MH
17.1-17.5	Homes and hostels mainly for adults with learning disabilities	AD
18.1-18.5	Homes and hostels mainly for children with learning disabilities	Ch
19.1-19.6	Community homes for children looked after	Ch
20.1-20.7	Specialist needs establishments mainly for elderly people	OP
21.1-21.6	Specialist needs establishments mainly for children	Ch
22.1-22.7	Specialist needs establishments - other client groups	Local determination
23.1	All other staff	Local determination