

National Indicators for Local Authorities and Local Authority Partnerships: Consultation on the deferred indicators



National Indicators for Local Authorities and Local Authority Partnerships: Consultation on the deferred indicators

Department for Communities and Local Government
Eland House
Bressenden Place
London
SW1E 5DU
Telephone: 020 7944 4400
Website: www.communities.gov.uk

© Crown Copyright, 2008

Copyright in the typographical arrangement rests with the Crown.

This publication, excluding logos, may be reproduced free of charge in any format or medium for research, private study or for internal circulation within an organisation. This is subject to it being reproduced accurately and not used in a misleading context. The material must be acknowledged as Crown copyright and the title of the publication specified.

Any other use of the contents of this publication would require a copyright licence. Please apply for a Click-Use Licence for core material at www.opsi.gov.uk/click-use/system/online/pLogin.asp, or by writing to the Office of Public Sector Information, Information Policy Team, Kew, Richmond, Surrey TW9 4DU

e-mail: licensing@opsi.gov.uk

If you require this publication in an alternative format please email alternativeformats@communities.gsi.gov.uk

Communities and Local Government Publications
PO Box 236
Wetherby
West Yorkshire
LS23 7NB
Tel: 08701 226 236
Fax: 08701 226 237
Textphone: 08701 207 405
Email: communities@capita.co.uk
Online via the Communities and Local Government website:
www.communities.gov.uk

September 2008

Product Code: 08 LGQ 05530

ISBN: 978 1 4098 0482 6

Contents

Introduction	2
Table 1 – Deferred indicators subject to consultation	
Table 2 – Revised indicators subject to consultation	
Chapter 1: Approach to the consultation and format for responses	5
Chapter 2: Detailed definitions for the national indicators	7
Annex 1: Safer Communities – deferred indicators	9
Annex 2: Children and Young People – deferred indicators	17
Annex 3: Adult health and wellbeing – deferred indicators	29
Annex 4: Environmental sustainability – deferred indicators	33
Annex 5: Adult health and wellbeing – revised indicators	37

Introduction

1. The Government published the technical definitions for the new single set of 198 national indicators for English local authorities and local authority partnerships in March. These indicators flow from the priorities identified in Public Service Agreements and Departmental Strategic Objectives announced in the Comprehensive Spending Review (CSR). The details on the indicators are set out in the *National Indicators for Local Authorities and Local Authority Partnerships: Handbook of Definitions*, which is available at <http://www.communities.gov.uk/documents/localgovernment/doc/809119.doc>
2. The Handbook contains definitions for 185 national indicators which were implemented for 2008/09, together with an outline for 13 indicators whose introduction was to be deferred until 2009/10, to allow for further work on the definition and measurement of the indicator.
3. This consultation document is seeking views on the technical descriptions and the method of measuring and reporting on 10 of the remaining deferred indicators. These are listed in Table 1, page 3. We are also seeking comments on three indicators, which support outcomes for Adult health and wellbeing, where substantive changes are proposed for the technical definition and approach to measurement. These are also listed in Table 2, page 4.
4. The Government has decided to drop two of the deferred indicators from the set: NI 24 (Satisfaction with the way the police and local council dealt with anti-social behaviour) and NI 25 (Satisfaction of different groups with the way the police and local council dealt with antisocial behaviour). The importance of these issues is already well covered by other indicators within the set: including the Perceptions of ASB indicator (NI17) and indicators covering how well local agencies understand and deal with local concerns (NI 21 and 27).
5. This consultation does not include a technical definition for the remaining deferred indicator, NI 12 (illegal immigration enforcement activity). The work on the approach to measuring NI 12 is continuing and being taken forward in partnership with local authorities, the LGA and LACORS. This will be subject to a separate consultation exercise once proposals have been further developed.
6. The new single set of national indicators covers the Government's priorities for delivery by local government working on its own or in partnership with other bodies. Therefore, we would like to hear from all partners in Local Strategic Partnerships and their representative bodies, and from all those who have an interest in the performance of local services.

7. As you will see in the section on the format for responses, we are looking for views on the clarity and usability of the indicator, whether the right spatial level of reporting has been defined for each indicator and whether the indicator would be suitable for disaggregation.
8. Following the analysis and consideration of the consultation responses, we will update the Handbook of Definitions for all the national indicators. This will allow negotiation of targets against any revised indicators in time for LAAs to be refreshed by March 2009.
9. The previous consultation document, *National Indicators for Local Authorities and Local Authority Partnerships: Handbook of Definitions – Draft for consultation*, provides further information on the background to the new local performance framework and the links between the national indicators and the national priorities; an explanation on how the national indicator set will work, including through Local Area Agreements, Multi-Area Agreements and Comprehensive Area Assessment; and an explanation of the new reporting system that is being developed to reduce the burden of reporting on the national indicators. This document can be viewed at <http://www.communities.gov.uk/publications/localgovernment/indicatorsdefinitions>

Table 1 – Deferred indicators subject to consultation

The introduction of the following 10 indicators was deferred until 2009/10:

Safer Communities	
NI 26	Specialist support to victims of a serious sexual offence
NI 32	Repeat incidents of domestic violence
NI 38	Drug-related (Class A) offending rate
Children & Young People	
NI 54	Service for disabled children
NI 57	Children and young people's participation in high-quality PE and sport
NI 71	Children who have run away from home/care overnight
NI 199	Play
Adult health and wellbeing	
NI 127	Self reported experience of social care users
NI 128	User reported measure of respect and dignity in their treatment
Environmental sustainability	
NI 190	Achievement in meeting standards for the control system for animal health

Table 2

The following three indicators, which support outcomes for Adult health and wellbeing, have proposals for changing the definition and/or method for measuring the indicator from April 2009

Adult health and wellbeing	
NI 123	Stopping smoking
NI 130	Social care clients receiving Self Directed Support per 100,000 popn
NI 137	Healthy life expectancy at age 65

1. Approach to the consultation and format for responses

1.1 Responding to this consultation

- 1.1.1 The consultation period for this paper will run between 8 September and 31 October 2008. The Central Local Partnership memorandum of understanding between central and local government permits an eight week period as an acceptable length of consultation. This consultation period has been agreed with the Local Government Association.
- 1.1.2 The Government welcomes responses on the technical descriptions of the national indicators and the method of measuring and reporting on the indicators. In particular, we would like feedback on:
- a. the clarity of each technical definition
 - b. whether the technical definitions as drafted will lead to any unintended consequences
 - c. whether the definitions will not work in practice
 - d. whether the right spatial level of reporting has been defined for each indicator
 - e. whether the indicator would be suitable for disaggregation
 - f. any other comments on the templates, including suggestions for improvement
- 1.1.3 We will analyse and consider, with the relevant Government Department, all responses received up to the closing date of 31 October. A summary of responses to this consultation will be published within 3 months of end of consultation period on the Communities and Local Government website at <http://www.communities.gov.uk>. Paper copies will be available on request.
- 1.1.4 Information provided in response to this consultation, including personal information, may be published or disclosed in accordance with the access to information regimes (these are primarily the Freedom of Information Act 2000 (FOIA), the Data Protection Act 1998 (DPA) and the Environmental Information Regulations 2004).

- 1.1.5 If you want the information that you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory Code of Practice with which public authorities must comply and which deals, amongst other things, with obligations of confidence. In view of this it would be helpful if you could explain to us why you regard the information you have provided as confidential. If we receive a request for disclosure of the information we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the Department.
- 1.1.6 The Department will process your personal data in accordance with the DPA and, in the majority of circumstances, this will mean that your personal data will not be disclosed to third parties.
- 1.1.7 We would prefer you to respond to this consultation using the proforma, preferably emailed to niconsultation@communities.gsi.gov.uk or, if you do not have access to the internet, returned by post to:

National Indicator Consultation
Local Government Quality and Performance Division
Zone J2, 4th Floor
Eland House
Bressenden Place
LONDON
SW1E 5D

Responses will be shared with the relevant Government Department and used to inform decisions on definitions to be included in the final handbook.

2. Detailed definitions for the national indicators

This chapter explains the detailed definitions for each of the national indicators which follow at Annexes 1–5. For each indicator, a template is set out as follows:

Indicator number and title			
Is data provided by the LA or a local partner?	Y/N	Is this an existing indicator	Y/N
Rationale	Explanation for the inclusion of indicator.		
Definition	Explains how the indicator will be measured and what is being measured. It also includes the precise meaning of any specific terms. It includes information that is essential to the calculation included in the definition. If data from another source is used in the calculation, information on the data provider will be provided.		
Formula	Explanation of the method of calculation		
Worked example	Will show how the definition and formula will work in practice.	Good performance	Will state whether good performance is represented by a higher or lower figure.
Collection interval	Will explain the frequency of collection	Data Source	Will give information on data series used, the form on which data will be collected and whether the collection is specifically for the national indicator set.
Return Format	Will explain what the data should look like	Decimal Places	Number of decimal places required
Reporting organisation	Will provide information on the organisation which will be providing the data, i.e. Office for National Statistics and Government Department.		
Spatial level	Will provide information on the area for which data should be reported.		
Further Guidance	An explanation of where further information is available either to help with reporting against an indicator or to understand the data that will be provided by another organisation.		

NOTES:

New or existing indicators: Where this field is marked 'Y' it signifies an indicator which either

- is unchanged (eg a continuation of an existing BVPI)
- uses an existing data source without the need for new calculation

Where this field is marked 'N' it signifies a new indicator which either

- will require a new data collection from either local authorities or local partners or central Government (or other agencies)
- uses an existing data source but requires a new calculation.

Spatial level: Where the spatial level is defined as 'Single tier council' this includes London Boroughs, Metropolitan Authorities, Unitary Authorities, Council of The Isles of Scilly, Common Council of the City of London.

Annex 1: Safer communities

NI 26: Specialist support to victims of a serious sexual offence			
Is data provided by the LA or a local partner?	Y	Is this an existing indicator?	N
Rationale	<p>The purpose of the indicator is to measure and drive performance of local areas in the reduction of harm resulting from serious sexual offences, through the provision of support services to victims. Addressing the support needs of victims who report to the police should also contribute to reducing victim withdrawal from the Criminal Justice System, currently a factor in the low level of serious sexual offences brought to justice.</p> <p>The provision of support services and referral processes requires a multi-agency response from a number of agencies. Local authorities, working with their partner agencies, have a role in commissioning specialist, professional services and raising awareness amongst the community about the support services available, and encouraging victims to come forward</p>		
Definition	<p>The proportion of victims of a serious sexual offence (who report the offence to the police) that receive support from a specialist sexual violence and abuse service.</p> <p>The <u>relevant offences</u> are: rape, sexual assault on a male, sexual assault on a female, causing sexual activity without consent and sexual activity etc. with a person with a mental disorder. Only crimes where the victim is 16 or over should be included in the analysis.</p> <p><u>Support</u> means:</p> <ul style="list-style-type: none"> • delivery of agreed plan of practical support co-ordinated by an Independent Sexual Violence Adviser, or equivalent following a needs assessment; • following a needs assessment, attends at least one counselling session with an organisation operating within the ethical framework of a professional regulatory body (at least 6 sessions should be offered); • undergoes a needs assessment and is offered, but declines, further support. <p>All support should be delivered in accordance with Achieving Best Evidence Guidance where the victim is a witness in criminal proceedings.</p>		

NI 26: Specialist support to victims of a serious sexual offence (continued)			
	<p><u>Specialist sexual violence and abuse service</u> refers to:</p> <ul style="list-style-type: none"> • Voluntary sector organisations providing specialist counselling and support services for victims of sexual violence and abuse; • Sexual Assault Referral Centres; • Adult mental health services participating in the Mental Health Trust routine enquiry pilots. <p>These services should be locally commissioned by the local authority and/ or other local agencies such as Primary Care Trusts. Guidance for LAs and PCTs on commissioning specialist sexual violence services will be in place by April 2008, as will national service standards for sexual violence services that should be used for the purpose of commissioning.</p>		
Formula	<p>$A / B \times 100 =$ the percentage receiving support</p> <p>A = Total no of victims of a serious sexual offence aged 16 or over receiving support from a specialist sexual violence service who have reported the offence to the police within the reporting period (data to LAs from specialist sexual violence services)</p> <p>B = Total no of recorded serious sexual offences within the reporting period against victims aged 16 or over (data to LAs from police)</p>		
Worked example	<p>If 120 serious sexual offences are recorded within the period, and 40 victims receive support from a specialist sexual violence service within that period, then the indicator value is $40/120 = 33.3\%$</p>	Good performance	<p>Good performance is represented by higher percentages</p>
Data Source	<p>A: Data to LAs from specialist sexual violence services on the number of their clients referred by police over the reporting period.</p> <p>B: Data to LAs from police forces on the number of recorded serious sexual offences within the reporting period against victims aged 16 or over</p>		
Collection Interval	Annually		
Return Format	Percentage	Decimal Places	1
Reporting organisation	Local authority		
Spatial level	Single tier and county council		
Further Guidance	<p>This indicator also forms part of the APACS (Assessments of Policing and Community Safety) framework</p> <p>More information on APACS is available at http://police.homeoffice.gov.uk/apacs or from APACSdevelopment@homeoffice.gsi.gov.uk</p>		

NI 32: Repeat incidents of domestic violence			
Is data provided by the LA or a local partner?	Y	Is this an existing indicator?	N
Rationale	<p>Activity by police and local partners should be focused on protecting the most vulnerable victims from serious harm. Domestic violence (DV) victims currently have the highest level of repeat victimisation, often with the severity of incidents escalating over time.</p> <p>Multi-Agency Risk Assessment Conference (MARACs) focus on high risk victims of DV as indicated through the use of risk assessment tools. By sharing information, agencies get a better picture of victims' situations and so develop responses that are tailored to the needs and goals of individual victims and their children. Safe information-sharing also allows agencies to manage the perpetrator in ways that reduce risk. The aim of the MARAC is to construct jointly and implement a risk management plan that provides professional support to all those at risk and that reduces the risk of harm and to reduce repeat victimisation.</p> <p>The responsibility to take appropriate actions rests with individual agencies; it is not transferred to the MARAC. Local authority services will need to ensure that they have in place a framework to identify those victims at risk and will need to carry out the appropriate risk assessments when presented with victims of domestic violence and their children. Jointly with the police, services commissioned by local authorities and health agencies will have a primary role to play to ensure that the MARAC is an effective process.</p>		
Definition	<p>Percentage reduction in repeat victimisation for those domestic violence cases being managed by a MARAC.</p> <p>Domestic violence is defined by ACPO as: 'any incidence of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults, aged 18 and over, who are or have been intimate partners or family members, regardless of gender or sexuality'.</p>		
	<p>MARAC: Victims of domestic violence referred to a MARAC will be those who have been identified (often by the police) as high or very high risk (i.e. of serious injury or of being killed) based on a common risk assessment tool that is informed by both victim and and assessor information. It is recommended that MARACs are held at fortnightly intervals, where information relevant to the immediate safety of the victim is shared. All cases that are reviewed at a MARAC should be flagged by the police.</p> <p>Repeat victimisation refers to a violent incident occurring within 12 months of the original incident coming to the MARAC</p>		

NI 32: Repeat incidents of domestic violence (continued)			
Formula	$\left(\frac{x}{y}\right) \times 100$ <p>Where:</p> <p>x = Number of cases reviewed at MARAC who have been reviewed at previous MARACs in 12 months</p> <p>y = Total number of cases reviewed at MARAC in 12 months</p>		
Worked example	<p>A MARAC has reviewed 100 cases in 12 months.</p> <p>Of these, 60 had been reviewed at previous MARACs within the preceding 12 months. Therefore, the performance indicator value is 60/100 = 60%</p>	Good performance	Good performance is represented by lower percentages
Data Source	<p>Reported DV incident data from the police (via ADR)</p> <p>MARAC data from operational MARACs</p>		
Collection Interval	Quarterly		
Return Format	Percentage	Decimal Places	1
Reporting organisation	BCU/Crime Disorder Reduction Partnership		
Spatial level	Crime Disorder Reduction Partnership or BCU level		
Further Guidance	<p>This indicator also forms part of the APACS (Assessments of Policing and Community Safety) framework</p> <p>More information on APACS is available at http://police.homeoffice.gov.uk/apacs or from APACSdevelopment@homeoffice.gsi.gov.uk</p>		

NI 38: Drug related (Class A) offending			
Is data provided by the LA or a local partner?	Y	Is this an existing indicator?	N
Rationale	<p>Drug misuse, particularly of the Class A drugs heroin and cocaine/crack is strongly associated with crime and offending.</p> <p>A key delivery strand of PSA 25 is to ‘tackle crime and anti-social behaviour associated with drug misuse and reduce the harm caused by drugs to the community, and use the criminal justice system to help offenders engage with treatment’.</p> <p>The link between effective drug treatment and reductions in (re-) offending is widely recognised. We know that effective local delivery of offender-based interventions such as the Drug Interventions Programme, the Prolific and Other Priority Offenders Programme and community sentences with a Drug Rehabilitation Requirement play a significant role in reducing the number of convictions of drug misusing offenders.</p> <p>This indicator intends to measure and drive partnership performance to tackle drug misuse as a key driver of crime and offending, and thereby contribute to an overall reduction in crime and re- offending. Local authorities are a key partner.</p>		
Definition	<p>Reducing the number of (Class A) drug mis-users identified in the course of their contact with the CJS who receive a conviction in the 12 months following identification. The indicator will measure the success that an area has in reducing drug related offending by measuring a proxy, namely:</p> <p>Observed number of individuals with zero convictions in 12 months following identification: The number of (Class A) drug mis-users identified in the course of their contact with the Criminal Justice Service (CJS) who receive no PNC recorded convictions in the 12 month period following identification.</p> <p><i>compared against</i></p> <p>Expected number of individuals with zero convictions in 12 months following identification: The number of drug mis-users predicted not to receive a conviction in the 12 month period following identification. (This will be calculated using a Response Surface Methodology, which uses the historical offending characteristics of the cohort in each area to determine the likelihood of them not (re-) offending).</p>		

NI 38: Drug related (Class A) offending (continued)**Drug mis-users identified in the course of their contact with the CJS:**

The cohort of (Class A) drug mis-users is made up of adults (aged over 18) who have been identified at two key points in the CJS:

1. Those who test positive for a specified Class A drug (heroin, cocaine/crack) in police detention following arrest/charge (as part of the Drug Interventions Programme). *Data source: Drug Test Recorder.*
2. Those recorded on OASys (Offender Assessment System) as having criminogenic (Class A) drug use whilst on licence or on a community sentence. *Data source: OASys (Offender Assessment System).*

The cohort represents a sub-group of actual drug misusing offenders. Some areas may have only one of these cohort sub-group types.

The expected number of individuals with zero convictions for each DAT area will be generated in two stages. Initially, estimated values will be set using the January – March 2008 cohort (these values will also be used to set 2009-10 targets for LAAs). In the second stage, these will be revised in the annual refresh to provide final figures.

Illustration for 2009-10	Available by
Estimated cohort size	Oct 2008
Estimated expected number of zero convictions (B)	Oct 2008
Actual cohort size	Oct 2009
Actual expected number of zero convictions (B)	Oct 2009
Progress monitoring 1	Nov 2009
Progress monitoring 2	Feb 2010
Progress monitoring 3	May 2010
Observed number of individuals with zero convictions in 12 months following identification (A)	Aug 2010
Outcome results for 2009/10 (A/B)	Aug 2010

The cohort for performance monitoring in 2009-10 will be those identified in the period January – March 2009. The cohort for performance monitoring in 2010-11 will be January – March 2010.

Convictions: excludes breach offences (except breach of ASBO). This is because breach is an expression of CJS grip.

(Class A): The main focus will be on heroin, cocaine/crack (identified by research as the drugs most closely associated with crime).

NI 38: Drug related (Class A) offending (<i>continued</i>)			
Formula	<p>A/B</p> <p>A = Observed number of individuals with zero convictions in 12 months following identification</p> <p>B = Expected number of individuals with zero convictions in 12 months following identification</p> <p>The expected number of individuals with zero convictions will be calculated for each DAT area; this number will be derived from a statistical model (Response Surface Methodology) which uses the historical offending characteristics of the cohort in each area to determine the likelihood of them not (re-) offending. The expected number will also have an upper and lower threshold around it (exact threshold to be confirmed, likely to be +/- ~10% of the predicted value). The purpose of the threshold is to allow some flexibility and to ensure that those areas that choose this as a target are able to demonstrate reasonable stretch.</p>		
Worked example	<p><i>(Illustrative example only.)</i></p> <p>Area X has 200 individuals identified in their January-March cohort (for the relevant year). Central analysis of the cohort suggests that we expect to see 40 of these individuals having zero convictions in the year following identification.</p> <p>In the 12 month follow-up period, 50 individuals in Area X's January-March cohort had zero convictions.</p> <p>50/40 = 1.20 = >1 = above average performance.</p>	Good performance	<p>Good performance is represented by a ratio greater than 1 (e.g. a ratio of 0.98 = below average, a ratio of 1.02 = above average).</p> <p>Over 2009-2011 good performance will be measured by the sum of the observed over the sum of the expected (i.e. $(A/B)+(A/B)/2$).</p>
Data Source	The Police National Computer, Drug Interventions Management Information System (DIMIS) and Offender Assessment System (OASys). Predicted values and performance data will be generated centrally.		
Collection Interval	Ongoing – data are already routinely collected. Extracts of data from these systems will be analysed at quarterly intervals centrally for the monitoring of this indicator.		
Return Format	(No new format)	Decimal Places	Not applicable.
Reporting organisation	Police, Drug Action Teams and Probation – data is routinely provided through Police National Computer, Drug Interventions Management Information System (DIMIS) and Offender Assessment System (OASys).		

NI 38: Drug related (Class A) offending *(continued)*

Spatial level	Data are available at DAT level of granularity (Local Authority upper tier/unitary level)
Further Guidance	<p>The methodology for this indicator may be refined in future years following experience in using this measure over the first year.</p> <p>This indicator also forms part of the APACS (Assessments of Policing and Community Safety) framework. More information on APACS is available at http://police.homeoffice.gov.uk/apacs or from APACSdevelopment@homeoffice.gsi.gov.uk</p> <p>Further information on the technical details for the indicator will be available from the APACS website.</p>

Annex 2: Children and Young People

NI 54: Services for disabled children			
Is data provided by the LA or a local partner?	N	Is this an existing indicator?	N
Rationale	<p>The Aiming High For Disabled Children (AHDC) report (published by the then Department for Education and Skills and HM Treasury in May 2007) made a commitment to introduce an indicator on the provision of services for disabled children as part of the comprehensive spending review.</p> <p>The new indicator will be a core part of performance management arrangements aimed at improving the quality of services for disabled children. This is a key priority of the Child Health and Well-Being Public Service Agreement.</p>		
Definition	<p>The indicator will be based on a survey of a sample of parents of disabled children in each local area. The definition of disability used is as defined by the Disability Discrimination Act 1995 “a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities”.</p> <p>The sample in each local area will be composed half of parents of children receiving disability living allowance and half of parents identified as having children with a DDA defined disability based on a screening survey. To identify those eligible to complete the indicator survey, the screening survey will be sent to a number of households with children (based on child benefit records) and a number of households of children with special educational needs at school action plus or with a statement. After the first year the sample will be made up of a panel consisting of previous respondents (who will each be re-contacted for two further annual waves) and a top-up using the original sample sources.</p> <p>The sample will be sent a questionnaire which will assess parents’ general experience of services for disabled children (aged 0 – 19) and the extent to which services for disabled children are delivered across the health, social care and education service sectors according to the five elements of the Aiming High for Disabled Children ‘core offer’.</p> <p>The elements of the core offer are good provision of information; transparency in how the available levels of support are determined; integrated assessment; participation of disabled children and their families in local services; and accessible feedback and complaints procedures.</p> <p>The overall score will be based on an average of fifteen sub-indicators which each cover an element of the core offer in one of the three service sectors, Health, Social Care and Education.</p>		

NI 54: Services for disabled children (continued)

So there will be five sub-indicators covering information, transparency, assessment, participation and feedback respectively in the health sector; five covering information, transparency, assessment, participation and feedback respectively in the social care sector; and five covering information, transparency, assessment, participation and feedback respectively in the education sector.

The proposed questionnaire and further details of the planned indicator methodology will be detailed in the research report to be published on 25 September 2008. The draft questionnaire will subject to cognitive testing and piloting before it is finalised in December 2008.

Formula

The survey questionnaire has sections covering each element of the core offer (information, transparency, assessment, participation and feedback) for each of the service sectors covered (Health, Social Care and Education). Each of the fifteen sub-indicators will be calculated based on responses to the relevant section in the questionnaire. Responses to each section of the questionnaire will be used to identify whether respondents have received an 'acceptable level' of experience of the relevant services in the past twelve months. Respondents that have not had experience of relevant services in the past twelve months are excluded from the calculation of the sub-indicator.

The formula for each sub-indicator will be:

$$s = 100x_1/(x_1+x_2)$$

Where:

x_1 = number of respondents to whom section was relevant who indicated an acceptable level of service for that element of the core offer in that service sector

x_2 = number of respondents to whom section was relevant who did not indicate an acceptable level of service for that element of the core offer in that service sector

The overall indicator score for each area will be calculated as the mean of its 15 sub-indicator scores divided by ten and rounded to the nearest integer. So the formula will be:

$$I = (\sum s)/150$$

Where:

I = overall indicator score

s = sub-indicator scores

NI 54: Services for disabled children (continued)			
Worked example	<p>Each sub-indicator score is calculated as the percentage of respondents to whom a service area was relevant who indicated an acceptable level of service in the relevant element of the core offer in the relevant service area. So if 134 out of 200 respondents indicated an acceptable level of service through their responses to the health information section of the questionnaire, then the relevant sub-indicator would be:</p> $= 100 \times 134 / (134 + 66)$ $= 67$ <p>The remaining fourteen sub-indicators are calculated in the same way.</p> <p>If the 15 sub-indicator scores are calculated as 67, 68, 72, 56, 43, 25, 64, 85, 77, 46, 64, 89, 56, 46 and 65, then the overall indicator score is:</p> $= (67 + 68 + 72 + 56 + 43 + 25 + 64 + 85 + 77 + 46 + 64 + 89 + 56 + 46 + 65) / 150$ $= 6 \text{ (rounded to the nearest whole integer as required).}$	Good performance	Good performance is categorised by a higher score.
Collection interval	Annual	Data Source	Survey of parents of disabled children commissioned by the DCSF.

NI 54: Services for disabled children (continued)			
Return Format	<p>Overall score (a whole number between 0 and 10).</p> <p>A break down of the scores for sub-indicators and other information derived from the survey will be published on the DCSF and DH websites.</p> <p>For more information on the proposed reporting arrangements, see the research report due to be published on 25 September 2008.</p>	Decimal Places	None.
Reporting organisation	DCSF (survey contractor) and DH.		
Spatial level	Single tier and county council (excluding Isles of Scilly and City of London) and Primary Care Trust.		
Further Guidance	<p>A national level survey will be conducted at the end of FY2009-10 to derive a national level baseline</p> <p>The research report, 'Development of a survey on services for disabled children' on the development of this indicator will be published on 25 September 2008 and available from http://www.dcsf.gov.uk/research/.</p> <p>Information about the Aiming High for Disabled Children Core Offer is available at http://www.everychildmatters.gov.uk/socialcare/disabledchildren/.</p>		

NI 57: Children and young people's participation in high quality PE and sport			
Is the data provided by the LA or a local partner?	N	Is this an existing indicator?	N
Rationale	To increase the percentage of 5-16 year olds participating in at least 2 hours a week of high quality PE and Sport at school and the percentage of 5-19 year olds participating in at least 3 further hours a week of sporting opportunities.		
Definition	<p>All 5-16 year olds will have the chance to participate in at least 2 hours high quality Physical Education (PE) and sport during the term time at school; and all 5-19 year olds will have the chance to participate in at least 3 hours of sporting opportunities beyond the school day.</p> <p>'Sport' at school will include any activity that requires physical skilfulness and is part of a school's planned formal, semi-formal, supervised or led provision during curriculum time.</p> <p>'Further hours' occur any time outside of curriculum time, including break time, after and before school, weekends and outside term time. Sporting activities refer to sport, dance or other physical activity which is organised and led by an instructor like a coach, teacher, sports leader or someone else, including any training for events or competitions. For those not at school or FE a suitable alternative question wording will be used.</p> <p>Schools will report on the percentage of 5-16 year olds participating in at least 2 hours of PE and sport at school through an annual school sport survey. In 2007, DCSF commissioned TNS to conduct the fourth annual survey. It took place during May – July, and involved data being submitted by 21,745 schools. This represents a response rate of 99%. Collection of this data for 2008 and beyond will be similar.</p> <p>From 2009, data relating to the percentage of 5-19s participating in at least 3 hours of sport not in curriculum time will be collected through a new survey to be commissioned by DCSF and working, if necessary, in conjunction with other surveys.</p>		
Formula	<p>The indicator will be a single index formed by combining two constituent parts.</p> <p>Part 1: During term time at school, the percentage of 5-16s participating in at least 2 hours of PE/sport a week in curriculum time</p> $= \left(\frac{x}{y} \right) \times 100 = \alpha\%$ <p>Where:</p> <p>x = the number of 5-16s participating in at least 2 hours of PE and sport in curriculum time per week; and</p> <p>y = the total number of young people aged 5-16</p>		

NI 57: Children and young people's participation in high quality PE and sport (continued)

Part 2: Averaged over the whole calendar year, percentage of 5-19 year olds participating in at least 3 hours of sporting opportunities outside of curriculum time

$$\left(\frac{m}{n}\right) \times 100 = \beta\%$$

Where:

m = the number of 5-19s participating in at least 3 hours of sport per week; and

n = the total number of young people aged 5-19

The indicator is formed by a simple average of $\alpha\%$ and $\beta\%$ with no weighting applied to either measure. i.e. $\alpha\%$ plus $\beta\%$, divided by 2.

Worked example

If there are a total of 500,000 young people aged 5-16 years (y) and of these, 425,000 participate in at least 2 hrs or more PE/sport a week in school during curriculum time, then proportion =

$$\frac{425,000}{500,000} \times 100 = 85\%$$

If there are a total of 600,000 young people aged 5-19 years (y) and of these, 150,000 participate in at least 3 hrs or more PE/sport a week outside curriculum time, then proportion =

$$\frac{150,000}{600,000} \times 100 = 25\%$$

The average of the two % figures and the indicator is therefore **55**

Good performance

An increasing percentage – one that is above the national average.

In 2007, 86% of 5-16 year olds were participating in at least two hours of high quality PE and school sport a week, and 70% were achieving this in curriculum time.

We will have a baseline for the percentage of 5-19s participating in at least 3 hours of sport per week in October 2008. This data will enable LAs to set meaningful targets against which they can be judged.

NI 57: Children and young people's participation in high quality PE and sport (continued)			
Collection interval	Annual	Data Source	Data relating to the percentage of 5-16s participating in at least two hours of PE and sport at school will be collected by an annual school sport survey. Data relating to the percentage of 5-19s participating in at least 3 hours of sport beyond the school day will be collected through a new survey to be commissioned by DCSF
Return Format	Percentage	Decimal places	None
Reporting organisation	DCSF (as survey contractor) & DCMS		
Spatial Level	Local authority. The curriculum time element only to school level and school sports partnership level.		
Further Guidance	www.teachernet.gov.uk/pe		

NI 71: Children Missing from Home or Care			
Is the data provided by the LA or a local partner?	Y	Is this an existing indicator?	N
Rationale	<p>Young people (up to the age of 18) who run away from home or care, or who feel that they have had to leave, face a particular range of risks from having to find alternative places to stay and means to survive. Running away can impact across all areas of a child's life, and therefore directly links to all five of the Every Child Matters outcomes, but particularly to outcome 2: Staying Safe.</p> <p>This indicator will support joint working between the police and Children's Services and other relevant bodies, to support local strategic partnerships and children's trusts in establishing the scale of running away in their local area and to put services in place to respond accordingly and effectively.</p>		
Definition	<p>A self-assessment of to what extent Children's Trusts or LSCBs (or a delegated body) have a picture of running patterns in their area; of how this information informs local service provision; and of what procedures are in place to respond to the needs of young runaways.</p> <p>Local authority children's services will be asked to assess and score their performance (score 0-3) against five key elements of service planning/provision.</p> <p>The Missing from Care and Home guidance will be reviewed and available by Spring 2009 to support improvements in services for young runaways; this will include advice on delivering the elements covered in this self-assessment, outlining clear standards based on examples of good practice.</p> <p>1. Local information about running away is gathered</p> <p><i>0 – No information is gathered; 1 – Some information is gathered from the police (or police delegated organisation); 2 – Information is gathered from the police (or delegated organisation) to meet the core data standard¹; 3 – Information is supplemented by inputs from other local stakeholders (e.g. voluntary organisations), including as a minimum, an indication of the numbers of young runaways they have had contact with.</i></p> <p>2. Local Needs Analysis, based on gathered information, is in place</p> <p>Key areas for analysis are the numbers of runaways; proportions running from home/care; proportion of repeat runaways; reasons for running; and where young runaways go/if they are harmed while they are away.</p> <p><i>0 – No needs analysis undertaken; 1 – Needs analysis underway; 2 – Needs analysis completed; 3 – Needs analysis has been undertaken and is regularly updated to inform local service provision</i></p>		

1 For the purposes of (1) above, to meet the core data standard, information must be gathered on: age, gender, ethnicity; known vulnerabilities (e.g. disability; mental health issues); running from home or care?; repeat run away? reason for running; time of day they ran away; amount of time spent away from home/care; where the young person went during this time; was the young person harmed during their time away?

NI 71: Children Missing from Home or Care (continued)

	<p>3. Local procedures to meet the needs of runaways agreed</p> <p>Local areas should establish procedures to respond to young people who run away from home or care, clearly setting out roles and responsibilities in a multi-agency response.</p> <p><i>0 – No procedures in place; 1 – Procedures under development; 2 – Procedures have been developed and are signed up to by all agencies in the area working with young runaways (as a minimum children’s services, the police, and local voluntary sector organisations); 3 – Procedures are actively implemented and reviewed/refreshed to secure effective multi-agency working.</i></p> <p>4. Protocols for responding to urgent/out-of-hours referrals from police or other agency are in place</p> <p>Local procedures should include protocols for urgent or out-of-hours referrals, to ensure that young runaways quickly receive appropriate support.</p> <p><i>0 – No protocols agreed; 1 – Under development; 2 – Protocols agreed with partial implementation; 3 – Protocols agreed with full implementation</i></p> <p>5. Local procedures include effective needs assessment protocols, to support effective prevention/intervention work.</p> <p>Local procedures should include protocols for assessing the broader needs of young runaways; needs assessment should be appropriate to the level of risk for the young person.</p> <p><i>0 – No protocols agreed; 1 – Protocols agreed, partial implementation; 2 – Protocols agreed, full implementation; 3 – Protocols agreed and regularly evaluated, to determine their effectiveness in supporting young people to access the services they need.</i></p>		
Formula	<p>Local authorities should score their own performance against each element and provide an aggregate score for the indicator, where 0 is the lowest score and 15 is the highest score.²</p> <p>A self-assessment form will be developed and tested during the consultation period. While the indicator will be based on an aggregate score, the self-assessment form will be designed in such a way to allow scores against each element to be extracted.</p>		
Worked example	If a local area assesses their performance against the five questions as being 2, 1, 1, 2, 2 respectively, then this will mean a score of 8.	Good performance	Good performance is identified by a higher score
Collection interval	Quarterly (April-June; July-Sep; Oct-Dec; Jan-March)	Data Source	Local authority self-assessment. A self-assessment form is under development.

2 NB - the scoring mechanism will be subject to further testing during the consultation period

NI 71: Children Missing from Home or Care <i>(continued)</i>			
Return Format	Single number between 0 and 15.	Decimal places	N/a
Reporting organisation	Local Authorities will be asked to provide this information to DCSF		
Spatial Level	Single tier local and county council		
Further Guidance	<p>Young Runaways Action Plan: www.dcsf.gov.uk/publications/runaways</p> <p>Current guidance on Missing from Care and Home (2002) is available at www.everychildmatters.gov.uk/socialcare/safeguarding/youngrunaways. This guidance will be updated and re-published in Spring 2009 to support the indicator. All elements covered in this self-assessment will be addressed by the guidance, with examples of good practice provided.</p>		

NI 199: Children and young people's satisfaction with parks and play areas			
Is the data provided by the LA or a local partner?	N	Is this an existing indicator?	N
Rationale	To ensure that local authorities invest in safe and stimulating play facilities, leading to an increase in satisfaction (and take-up amongst children) in local authorities.		
Definition	<p>The indicator is one of the questions asked in Ofsted's TellUs survey. It was asked in the first year of the survey, and in this year's version it is question 17, as follows:</p> <p>17. What do you think of the parks and play areas in your area</p> <p>PLEASE TICK ONE BOX ONLY</p> <p><input type="checkbox"/> Very good</p> <p><input type="checkbox"/> Fairly good</p> <p><input type="checkbox"/> Neither good nor poor</p> <p><input type="checkbox"/> Fairly poor</p> <p><input type="checkbox"/> Very poor</p> <p><input type="checkbox"/> Don't know</p> <p>The Tellus survey is completed by a sample of children in years 6, 8 and 10, and it provides robust data at local authority level. We think that this question will provide a good indication of whether the investment that we are making in play areas is making a difference.</p>		
Formula	<p>The percentage of children who are satisfied with parks and play areas is calculated as follows:</p> $\left(\frac{X}{Y}\right) \times 100$ <p>where,</p> <p>X = the number of pupils the weighted TellUs survey data estimates who reported that parks and play areas were very good or fairly good;</p> <p>Y = the number of young people in the relevant school years responding to the survey based on the weighted TellUs data.</p> <p>Responses of "neither good nor poor" are not included in the numerator, though they are in the denominator.</p>		

NI 199: Children and young people's satisfaction with parks and play areas *(continued)*

Worked example	In this illustrative example, for a particular local authority, 200 pupils were surveyed, 112 of whom responded (to the above question) that parks/ play spaces were either 'fairly good' or 'very good', with the remainder of respondents giving other responses from those detailed above. As such, applying the above formula to these responses gives: $\left(\frac{112}{200}\right) \times 100 = 56\%$ <p>This gives an indicator value of 56%</p>	Good performance	Good performance is typified by a high and increasing percentage of young people satisfied with the parks and play areas in their local area.
Collection interval	Annual (Academic year)	Data Source	The TellUs survey
Return Format	Percentage	Decimal Places	None
Reporting organisation	Ofsted		
Spatial level	Single tier and county council		
Further Guidance	The TellUs survey is voluntary and the data are grossed up and weighted to match local area profiles based on School Census data. See www.ofsted.gov.uk for full guidance on the TellUs3 survey.		

Annex 3: Adult health and wellbeing

NI 127: Self reported experience of social care users			
Is data provided by the LA or a local partner?	LA	Is this an existing indicator?	No
Rationale	Social Care users' perceptions of services they receive are an essential aspect of assessing whether the personal outcomes that people want from care and support services are being delivered.		
Definition	<p>On an ongoing basis the measure will be based on a survey, from questions to be asked of a random sample of social care service users. A question(s) will be included in each year's survey within the programme of social care user experience surveys.</p> <p>The numerator:</p> <p>Number of individuals responding positively to self-reported experience question/s within User Experience Surveys</p> <p>Source: The programme of social care user experience surveys.</p> <p>The denominator:</p> <p>The number of individuals responding to the relevant questions in the User Experience Surveys</p> <p>Source: The programme of social care user experience surveys.</p>		
Formula	$\left(\frac{x}{y}\right) \times 100$ <p>Where:</p> <p>X = The number of individuals responding positively to the relevant questions in the User Experience Surveys</p> <p>Y = The number of individuals responding to the relevant questions in the User Experience Surveys</p>		
Worked example	For 2009/10: If from the results of the survey, 857 (x) individuals respond positively to the relevant questions out of a total of 1258 (y) individuals who responded to the questions then the indicator = $100 \times 857/1258 = 68.1\%$	Good performance	Good performance is typified by a higher percentage
Data Source	Social Care User Experience Surveys		
Collection Interval	Annual		

NI 127: Self reported experience of social care users *(continued)*

Return Format	Percentage	Decimal Places	One
Reporting organisation	NHS Information Centre for Health and Social Care		
Spatial level	Single tier and county council		
Further Guidance			

NI 128: User reported measure of respect and dignity in their treatment			
Is data provided by the LA or a local partner?	LA	Is this an existing indicator?	N
Rationale	<p>The dignity of service users is fundamental to the provision of good services in both health and social care settings. This measure seeks to provide a high level understanding of whether service users feel that they are receiving care that respects their dignity.</p> <p>It is vital that dignity is measured both in health and social care settings and so the measure will be part of the monitoring framework for both Primary Care Trusts and Local Authorities.</p> <p>This is a key priority articulated by the Department of Health, the Dignity in Care Campaign and Lord Darzi's <i>NHS Next Stage Review</i> that dignity should be at the heart of care received.</p> <p>The existing measure of dignity asked by the Patient Experience Questionnaire in a variety of settings is being expanded to take in social care settings.</p>		
Definition	<p>The measure will be based on a survey, from questions to be asked of a random sample of social care service users. A question will be included in each year's survey within the programme of social care user experience surveys.</p> <p>The numerator:</p> <p>Number of individuals responding positively to respect and dignity question/s within User Experience Survey</p> <p>Source: The programme of social care user experience surveys.</p> <p>The denominator:</p> <p>The number of individuals responding to the relevant questions in the User Experience Surveys</p> <p>Source: The programme of social care user experience surveys.</p>		
Formula	$\left(\frac{x}{y}\right) \times 100$ <p>Where:</p> <p>x = The number of individuals responding positively to the relevant questions in the User Experience Surveys</p> <p>y = The number of individuals responding to the relevant questions in the User Experience Surveys</p>		

NI 128: User reported measure of respect and dignity in their treatment (continued)			
Worked example	For 2009/10: If from the results of the survey, 728 (x) individuals respond positively to the relevant questions out of a total of 983 (y) individuals who responded to the questions then the indicator = $100 \times 728/983 = 74.1\%$	Good performance	Good performance is typified by a higher percentage
Data Source	Social Care User Experience Surveys		
Collection Interval	Annual		
Return Format	Percentage	Decimal Places	One
Reporting organisation	NHS Information Centre for Health and Social Care		
Spatial level	Single tier and county council		
Further Guidance			

Annex 4: Environmental sustainability

NI 190: Achievement in meeting standards for the control system for animal health			
Is data provided by the LA or a local partner?	Y	Is this an existing indicator?	N
Rationale			
			<p>Diseases of farmed animals such as Foot and Mouth Disease, Rabies and Avian Flu have potentially serious consequences for public health and affect both local and national economics as a result of their impact on trade and tourism. In recognition of these risks, statutory powers exist to control and eradicate them.</p> <p>Local authorities have a major role in the enforcement of these controls in reducing the risk of animal disease outbreaks and responding effectively when they occur by:</p> <ul style="list-style-type: none"> • developing a sound understanding of the degree of risk that certain premises and businesses present, prioritising inspections accordingly and ensuring these businesses are compliant with existing laws; • preparing, maintaining and testing contingency plans in partnership with all relevant partners to ensure the area can respond swiftly and effectively to disease outbreaks when they do occur. <p>This role was fully supported by the recent reviews (Rogers, Eves and Hampton) which recognised the importance of the animal health services delivered by local authorities and highlighted the need for a more co-ordinated approach to dealing with animal health.</p> <p>The number and type of farming related businesses within each local authority area can vary greatly. Some urban areas will have only a small number of farms but may have other types of premises within their boundaries, such as slaughterhouses or markets, which can pose significant risk for disease spread. By contrast, large rural local authorities may have substantial numbers of farm premises, each of which may represent a different risk to the area and to the wider community.</p> <p>This indicator considers and responds to the unique nature of the farming industry within each local authority area, monitoring performance against their ability to manage the risk to achieve national outcomes.</p>

NI 190: Achievement in meeting standards for the control system for animal health (continued)**Definition**

This indicator measures an authority's ability to manage risk effectively in both its own operations and within the wider area, taking appropriate action where necessary.

Local authorities should report their current level of performance against the levels set out below in discussion with Animal Health (executive agency of Defra). Appropriate evidence, in the form of documentary and statistical records, local management reports from AMES or other recording systems, and locally produced plans and reports should be collected to support the self-assessment process in liaison with Animal Health.

The rate at which an authority progresses will of course be dependent on the degree of risk presented, current performance, and resource available for improvement. To judge performance in the years between level progression, the Data Interchange Hub will also record a percentage compliance score. Year on year improvement in the percentage compliance score is therefore seen as the minimum improvement expected to demonstrate adequate performance. A significant improvement in the compliance score supporting progression through the levels will be viewed as good performance.

Level 0 – The authority is approaching risk management of animal health issues on an ad hoc basis in the absence of a co-ordinated approach. While the authority is taking some action there is significant room for improvement in managing risk, in the areas of monitoring and improving compliance, sharing intelligence and ensuring they are prepared to deal with emergencies. In addition, some areas of legislation are not being enforced to an appropriate level, resulting in lack of effective control.

Level 1 – The area has initiated a proactive and co-ordinated approach to managing risk of disease incursion and spread amongst farmed animals in their area. In discussion with Animal Health, the authority:

- has developed and embedded a generic animal disease plan that includes emergency preparedness guidance, contact details of key internal and external responders and other relevant local intelligence, and reviews it on an annual basis;
- is enforcing animal health legislation consistently across all relevant premises. All high risk premises (critical control points) are identified, and procedures and systems are in place to identify those high risk premises which are non-compliant. At least 50% of high risk premises are compliant. Local authorities should have plans for year-on-year improvement of the percentage of high risk premises that are compliant;
- has established procedures and protocols necessary to capture and report animal health activities including movements and enforcement action.

NI 190: Achievement in meeting standards for the control system for animal health (continued)	
	<p>Level 2 – Building on level 1, the area has developed, agreed and embedded a comprehensive strategy for managing animal disease risk. As part of this the authority :</p> <ul style="list-style-type: none"> • has built on the generic plan and developed plans for specific animal diseases identified as high risk for the local authority area as a result of local intelligence, and these plans are shared and reviewed annually with identified partners; • has built on level 1 to ensure at least 70% of high risk premises are compliant. Local authorities should have plans for year-on-year improvement of the percentage of high risk premises that are compliant; • is developing innovative approaches to improve the effectiveness and range of its knowledge about national priorities and the local farming community (eg being involved with stakeholder groups which contribute to the enhancement of local knowledge, working with farm assurance schemes and proactive involvement in local authority networks). <p>Level 3 – The authority has fully implemented its risk management strategy and is in a continuous process of review and improvement. Specifically, the authority:</p> <ul style="list-style-type: none"> • each year, involves relevant partners/neighbouring authorities in the area in a desk top exercise of one or more of the authority's relevant animal disease plans, or is proactively involved in similar exercises led by other authorities, partners or carried out on a regional basis, and uses lessons learnt reports to review their plans; • has built on level 2 to ensure that at least 90% of high risk premises are compliant, and the authority continues to seek further improvement where possible; • is actively engaged in projects with other local authorities, wider delivery partners and/or local industry to build intelligence, carry out joint enforcement work or carry out joint communication activities.
Formula	N/A

NI 190: Achievement in meeting standards for the control system for animal health (continued)			
Worked example	<p>Authority X has 200 high risk premises and businesses. Its inspection regime has determined 150 of these are compliant with existing legislation. The authority therefore has a 75.0% compliance rate $((150/200) \times 100)$ suggesting a level 2 indicator.</p> <p>Authority is also undertaking the other aspects of level 2 to a standard agreed with the AH.</p> <p>Overall authority X is performing at level 2</p>	Good performance	Year-on-year improvement
Collection interval	Annually in June each year based on the previous financial year.	Data Source	Local authority
Return Format	Overall level of operation (0, 1, 2 or 3)	Decimal Places	n/a
Reporting organisation	Local authority.		
Spatial level	Single tier and County Councils (including Metropolitan Authorities, London boroughs and the City of London)		

Annex 5: Adult health and wellbeing – revised indicators from 2009

NI 123: Stopping smoking			
Is data provided by the LA or a Local Strategic Partner?	N	Is this an existing indicator?	N
Rationale	<p>We want to reduce the percentage of people aged 16 or over who smoke cigarettes.</p> <p>Smoking is the principal avoidable cause of premature death and ill health in England today. It kills an estimated 87,000 people a year in England (one-fifth of all deaths) and leads to an extra 560 thousand admissions to hospital. Reducing prevalence is therefore a key priority in improving the health of the population.</p> <p>Stop Smoking Services are a key NHS intervention to reduce smoking in all groups, with particular focus on routine and manual groups. Approximately a quarter of all successful quitters come through the NHS services.</p> <p>Other local action is also needed to meet the national target to tackle the underlying determinants of ill health and health inequalities by reducing smoking rates of those aged 16 and over to 21% or less by 2010, with a reduction in prevalence among routine and manual groups to 26% or less. These are set out in the Tobacco National Support Team's guidance on 'Ten High Impact Changes' at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_084847</p> <p>A shift to measurement of performance on the basis of smoking prevalence would encourage partnerships' action over and above that already planned by the NHS through the delivery of smoking quits.</p>		
Definition	<p>From April 2009, we will change the way we measure this indicator to look at smoking prevalence.</p> <p>The baseline will be set by using <u>2007</u> local synthetic prevalence data – this can be found at: http://www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES.</p> <p>Performance will be monitored using data on actual local smoking prevalence, gathered from the Integrated Household Surveys in 2009 and 2010.</p> <p>Monitoring data for local smoking prevalence will be available in Dec 2010 to inform planning for 2011/12.</p>		

NI 123: Stopping smoking (continued)			
Formula	$\left(\frac{x}{y}\right) \times 100$ <p>Where:</p> <p>x = weighted number of respondents aged 18 or over replying “yes” to the question “Do you smoke cigarettes at all nowadays?”</p> <p>y = weighted number of respondents aged 18 or over who were asked the question “Do you smoke cigarettes at all nowadays?”</p>		
Worked example	<p>Suppose that the weighted number of respondents aged 18 or over replying “yes” to the question “Do you smoke cigarettes at all nowadays?” = 2100</p> <p>And the weighted number of respondents aged 18 or over who were asked the question “Do you smoke cigarettes at all nowadays?” = 10,000</p> <p>Then the percentage smoking = (2100/10,000) x 100% = 21.0%</p>	Good performance	Good performance is typified by a decreasing percentage.
Collection interval	Data will be published quarterly for a rolling-twelve month period	Data Source	Integrated Household Survey
Return Format	Percentage	Decimal Places	One
Reporting organisation	Office for National Statistics		
Spatial level	Local Authority district level		
Further Guidance	<p>http://www.nice.org.uk/page.aspx?o=502517</p> <p>http://www.dh.gov.uk/en/Publichealth/Healthimprovement/Tobacco/index.htm</p> <p>Synthetic smoking prevalence measures: http://www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES</p> <p>10 High Impact Changes:</p> <p>http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_084847</p>		

NI 130: Social care clients receiving Self Directed Support per 100,000 population			
Is data provided by the LA or a local partner?	Y	Is this an existing indicator?	N
Rationale	<p>Self-directed support means that people are able to design the support or care arrangements that best suit their specific needs. LAC (DH) (2008) 1 <i>Transforming social care</i> states that “In the future, all individuals eligible for publicly-funded adult social care will have a personal budget (other than in circumstances where people require emergency access to provision); a clear, upfront allocation of funding to enable them to make informed choices about how best to meet their needs, including their broader health and well-being.... A person will be able to take all or part of their personal budget as a direct payment... Councils will need to develop their own monitoring systems to understand how the change is experienced by the population.”</p>		
Definition	<p>Definition for 2008/09</p> <p>Number of adults, older people and carers receiving social care through a Direct Payment (and/or an Individual Budget DN – delete this for 2008/09?) in the year to 31st March per 100,000 population aged 18 or over (age standardised) (for population 18 – 64 and 65-74, 75-84 and 85+)</p> <p>Number of adults, older people and carers receiving social care through a Direct Payment (and/or an Individual Budget DN – delete?) in the year to 31st March is taken from</p> <p>the Referrals, Assessment and Packages of Care Data (RAP) and Personal Social Services Expenditure (PSSEX1) data http://www.ic.nhs.uk/pss/returns/2007</p> <p>Part 1 – RAP Table P2f (Number of clients receiving community-based services during the period, provided or commissioned by the CASSR, by components of service, primary client type and age group) (1) Page 2 line 11 (Total of above) column 2 (Direct Payments) (2) Page 5 box 1 (3) Page 5 box 2 (4) Page 5 box 3,</p> <p>Plus</p> <p>Part 2 – PSSEX1 Activity sheet number of carers receiving direct payments during the year (1) aged 16-17 (2) aged 18-64 (3) aged 65-74 (4) aged 75-84 (5) aged 85 and over</p> <p>Age refers to the age of the carer.</p> <p>The first reference relates to the RAP return forms for 2006/07; however the 3 data items on P2f page 5 will be new items recorded from 2008/09 onwards. References to PSSEX1 return are new items that will be recorded from 2008/09 onwards.</p> <p>Denominator: ONS latest mid year population estimates</p>		

NI 130: Social care clients receiving Self Directed Support per 100,000 population (continued)**Definition for 2009/10 onwards**

Number of adults, older people and carers receiving self-directed support in the year to 31st March per 100,000 population aged 18 or over (age standardised) (for population 18 – 64 and 65-74, 75-84 and 85+)

To be counted, the person (adult, older person or carer) must:

- be getting a direct payment; or
- have in place another form of personal budget which meets the following criteria:
 3. The person (or their representative) has been informed about a clear, upfront allocation of funding, enabling them to plan their support arrangements.
 4. There is an agreed support plan making clear what outcomes are to be achieved with the money.
 5. The person (or their representative) can use the money in ways and at times of their choosing.

Councils will need to evidence that these criteria are met, for example through local monitoring of outcomes and satisfaction, as outlined in Transforming social care.

Number of adults, older people and carers receiving self-directed support in the year to 31st March is taken from the Referrals, Assessment and Packages of Care Data (RAP) proforma P2f and Personal Social Services Expenditure (PSSEX1) data (subject to approval by the Strategic Information Group for Adult Social Care).

The data collections will record for each category;

- a) for people who have been through a self-directed support process;
 - (i) people receiving a personal budget in the form of a direct payment for all or some of the package
 - (ii) people receiving a personal budget (based on the above definition), and who do not receive a direct payment
- c) for people who have not been through a self-directed support process;
 - (iii) people receiving an existing or new direct payment (they may also be receiving other services)

Denominator: ONS latest mid year population estimates

NI 130: Social care clients receiving Self Directed Support per 100,000 population (continued)

Formula	$\sum_j \left(\frac{x_j}{y_j} \right) * \left(\frac{Pop_j}{Pop_{Tot}} \right) * 100,000$ <p>Where:</p> <p>j is age groups 18-64, 65-74, 75-84, 85+</p> <p>x_j = For 2008-09: Those in each particular age group j who received a direct payment in the year to March 31, including carers. (Age as at 31 March).</p> <p>y_j = Local population in age group j.</p> <p>Pop_j = National population in age group j.</p> <p>Pop_{Tot} = Total adult national population, aged 18 and over.</p> <p>For 2009-10, x_j will be as 2008-09 plus those whose financial affairs were managed within an personal budget. The data collection mechanism is being developed.</p>
Worked example	<p>2008/09:</p> <p>Suppose the total number of people aged 18-64 who received a direct payment in the year 2008/09 to March 31 = 560 and the local mid-year population estimate aged 18-64 = 495,568</p> <p>and if people aged 18-64 comprise 75% of England's adult population, the indicator value for that age group is [(560/495,568) x (0.75) x 100,000] = 84.8 for age group 18 to 64</p> <p>The overall indicator value is found by repeating the calculation for each age group and summing over the four age groups.</p>
Collection interval	Financial year
Return Format	Rate per 100,000
Reporting organisation	Information Centre for Health and Social Care, based on information supplied by Councils with Social Services Responsibilities.
Spatial level	Single tier and county council
Further Guidance	Information Centre for health and social care http://www.ic.nhs.uk/pss/returns/2007

NI 137: Healthy life expectancy (HLE) at age 65			
Is data provided by the LA or a local partner?	Y	Is this an existing indicator?	N
Rationale	<p>PSA Indicator – People are living longer but HLE is not increasing at the same rate. It is clearly desirable for increased life expectancy to be spent in good health. The measure looks at self-reported health, which captures the effects of the full range of interventions to improve objective health status on subjective states of health, and thus whether efforts are being appropriately targeted at conditions or behaviours that improve people’s lives. The methodology is well-established, with a baseline for local areas of 2001 from census data.</p>		
Definition	<p><i>Years of life expectancy spent in self-reported good health.</i></p> <p>A written description of how it is calculated is given below with links supplied for the formulas.</p> <p>Life expectancies are calculated by constructing life tables. Life expectancy at age 65 in 2007 would be worked out using the mortality rate for age 65 in 2007, for age 66 in 2008, for age 67 in 2009, and so on.</p> <p>Life tables are constructed in order to calculate national-level life expectancies for each age. A description of the methodology employed to produce the Interim Life Tables can be found at:</p> <p>http://www.gad.gov.uk/Life_Tables/methodology.htm.</p> <p>See</p> <p>http://www.gad.gov.uk/Life_Tables/notation.htm</p> <p>for an explanation of the notation.</p> <p>To obtain healthy life expectancy, a standard survey question on self-reported health is asked of those over 65. Results from this are then applied to life expectancy projections at 65 to show how many of the years to be expected will be spent in good health. The survey question has been used in the GHS for many years and is on the 2001 Census. Please note on the 2011 Census the question the standard survey question on self-reported health will move from the original 3 category answer to a five category answer. ONS are doing work to ensure the series is consistent when the question changes.</p>		
Formula	See ONS references below		

NI 137: Healthy life expectancy (HLE) at age 65 (continued)			
Worked example	For example, we know that in recent years HLE at 65 has on average grown at 0.15 years every year. We might expect this to continue so a local authority with HLE at 65 of say 14.2 years on the Census 2001 might expect a target of 14.2 years + 0.15 x 10 = 15.7 years for 2011 to be measured by the Census.	Good performance	Higher numbers are better.
Data Source	<p>We have now decided to use 2011 Census data, rather than data from the Place Survey, to calculate the end-CSR measurement of HLE. Historically, increases in healthy life expectancy over time have been around 0.5 years every three years. The sample size of the Place Survey is such that such it couldn't record such increases as significant so an alternative in using the Census has been sought.</p> <p>Baselines and targets will be set on the basis of healthy life expectancy from the Census 2001. This will then be updated using national average trends in HLE from the annual General Household Survey to gain a likely baseline and what a target could look like.</p>		
Collection Interval	The next Census is the Census 2011.		
Return Format	Number	Decimal Places	One
Reporting organisation	DWP		
Spatial level	Single tier, district and county council		
Further Guidance	<p>ONS reference</p> <p>http://www.statistics.gov.uk/cci/nugget.asp?id=934</p> <p>http://www.statistics.gov.uk/downloads/theme_health/hsq33web.pdf</p>		

ISBN: 978 1 4098 0482 6

