



THE RAP PROJECT

Referrals, Assessments and Packages of Care
In Adult Personal Social Services

December 2006 Newsletter

National Summary

The RAP National summary with provisional information for the return period 2005/06 was published on 15th of December 2006. Documentation can be found at <http://www.ic.nhs.uk/pubs/ccs0506>. The final data for the 2005/06 and council level data is due to be published by the end of February 2007.

The Information Centre would like to thank those of you that have contributed and compiled the information for this return.

Revised RAP definitions

We would like to make you all aware of additional clarifications to some of the RAP definitions for the coming 2006/07 return, which have been discussed and agreed by the Adult Review Group (ARG) and the Strategic Information Group on Adult Social Care (SIGASC) formerly the Technical Working Group.

1) Definition of the subset 'dementia'

There is no single definition for dementia and there has been a lot of discussion at ARG about different options for a definition on dementia. Taking on board comments from the last meeting, a revised definition is set out below;

The subset 'Dementia' is defined as a set of symptoms in which there is evidence of a decline in memory and thinking which is of a degree sufficient to impair functioning in daily living, present for six months or more. Dementia is not a disease in itself but a term used to describe the symptoms that occur when the brain is affected by one of many specific diseases, the most common being Alzheimer's and stroke. It is characterised by a progressive decline of mental abilities accompanied by changes in personality and behaviour. Dementia is more common in older people but may occur earlier. For a client to be recorded in the subset 'Dementia' they do not have to be clinically diagnosed with dementia.

To support this guidance we have drafted some scenarios in Annex A.

2) Telecare Services

With the introduction of telecare services we have been asked by several councils for guidance on where to record telecare in the RAP returns. The following guidance has been agreed by ARG;

“Telecare should be treated in the same way as equipment. A small item of telecare provided at or near the point of contact, following initial screening but no further assessment, should be categorised as a basic service and entered in R2. In all other instances where telecare may be provided as the result of an assessment, there should be an entry on R1. To be included in the RAP P forms, this service like other services must be provided as part of a care plan following a Community care Assessment. If the telecare requires ongoing financial commitment, then the client must be recorded in P2s. If telecare is provided via a direct payment, then the client should be recorded under direct payments, not under equipment.”

3) Guidance on recording clients receiving services via ‘In Control’ projects

In April 2006 guidance was developed on how to record clients receiving services via Individual Budgets within the Information Centre (IC) returns for 2006-07. The guidance has been issued to all councils and is included in Annex C for information.

Following this the IC has been developing some guidance on how to record clients receiving services via ‘In Control’ projects within the IC returns for 2006-07. This guidance covers the Referrals, Assessments and Packages of Care (RAP), Home Help (HH1) and Expenditure and Unit Costs (PSS EX1) returns and will be applicable to the councils who are involved in the ‘In Control’ projects. The draft guidance is set out in Annex B.

Please note that this guidance is being provided as an interim measure for 2006-07 to ensure that the activity in relation to ‘In Control’ projects continues to be recorded within the current IC central collections.

Technical Working Group

We would like to take this opportunity to inform you that the Technical Working Group has changed its name to the Strategic Information Group on Adult Social Care (SIGASC) and the updated web addresses are below.

<http://www.ic.nhs.uk/sigasc>

<http://www.ic.nhs.uk/sigasc/sub/membersandpapers>

The new website for the Adult Review Group (ARG) is

<http://www.ic.nhs.uk/sigasc/arg>

For your information the next ARG meeting is on the 15th of February;
The next SIGASC meeting is on the 15th of March.

Revised FAQ document

The Frequently Asked Questions document has been revised and reduced to a more manageable size. This can now be found at <http://www.ic.nhs.uk/pss/returns/2007> .

Cut-off dates for RAP return 2006/07

As a reminder, the cut-off date for authorising your council's RAP return is **31st of May 2007**.

IDC for 2006/07

The Social Care Team is looking for volunteers to test the new IDC for the RAP returns for 2006/07. If you are interested in helping with this please contact the RAP e-mail: RAP@ic.nhs.uk

Individual contact e-mail addresses and phone numbers:

Collection team:

Annabelle.McGuire@ic.nhs.uk

0113 254 7157

Edward.Corbet@ic.nhs.uk

0113 254 7085

Dissemination team:

Kate.Anderson@ic.nhs.uk

0113 254 7254

Catherine.Sylvester@ic.nhs.uk

0113 254 7028

Fax:

0113 254 7165

Generic RAP mailbox (for all queries):

RAP@ic.nhs.uk

**Annabelle McGuire
Information Centre
December 2006**

Annex A

Scenarios for dementia

There are lots of different symptoms of dementia. A few scenarios are listed below as examples to use alongside the definition.

- 1) Failing or loss of short term memory, which significantly impairs capacity to maintain conversation and ‘normal’ social interaction, for example repeating the same topic in conversation several times without realising.
- 2) Difficulty in performing familiar tasks, for example they may not know what order to put their clothes on or the steps for preparing a meal.
- 3) Disorientation to time, place and patterns of normal living, for example getting up in the middle of the night and having breakfast or become lost within the area they live and not know how to get home.
- 4) Declining capacity to carry out essential domestic routines resulting from deterioration in functioning of memory, for example forgetting to do the washing, shopping or turning off the cooker.
- 5) Misplacing items, for example putting items in unusual places such as an iron in the fridge or a watch in a fruit bowl.

Annex B

Guidance on recording clients receiving services via ‘In Control’ projects within IC returns for 2006-07

In 2006-07 some councils will be running ‘In Control’ projects. The councils involved in the projects need to continue to include the clients receiving services via ‘In Control’ within the current IC central data collections.

Guidance for 2006-07:

To ensure consistent reporting of these clients some guidance has been provided below covering the Referrals, Assessments and Packages of Care (RAP) return. This guidance is being provided as an interim measure for 2006-07 and will be kept under review for 2007-08. Dependent on the outcome of the projects further consideration will be needed to develop central and local information requirements for ‘In Control’.

Referrals, Assessments and Packages of Care (RAP):

Services which are delivered by social services or on behalf of social services via ‘In Control’ should be included in RAP. We are aware that ‘In Control’ may be made up of funds from several different funding sources. Please include all clients unless the individual has no social services funding. The clients should be recorded on the RAP P forms as follows;

P1 & P4 – record these clients under the high level type of service they are planned to receive, although it is probable that most clients would be receiving community-based services.

P2f & P2s – record the clients under the specific component(s) of service they are planned to receive. If the service does not fit under one of the existing components of service, then record the client under the category ‘other’. Clients planned to receive services via ‘In Control’ should not be counted under direct payments unless a direct payment is provided as part of ‘In Control’. The ‘In Control’ arrangement itself should not be recorded separately under ‘other’. Some examples are set out below;

- 1) If the client is planned to receive 6 hours of home care and 3 sessions of day care, then the client should be recorded under home care and day care.
- 2) If the client is planned to receive both meals 5 days a week and a direct payment all within ‘In Control’, then they should be recorded under meals and direct payments.
- 3) If the client is planned to receive day care provided by attendance at a local leisure centre which is funded with part of ‘In Control’, then the client should be recorded under ‘other’.

Annex C

Guidance on recording clients receiving services via Individual Budgets within IC returns for 2006-07

In 2006-07 some councils will be piloting Individual Budgets. A separate evaluation study will collect information from the pilots to assess the outcome of the pilots, however in the meantime the councils involved in the pilots need to continue to include the clients on individual budgets within the current IC central data collections.

Guidance for 2006-07

To ensure consistent reporting of these clients some guidance has been provided below covering the Referrals, Assessments and Packages of Care (RAP) return. This guidance is being provided as an interim measure for 2006-07 and will be kept under review for 2007-08. Dependent on the outcome of the pilots further consideration will be needed to develop central and local information requirements for individual budgets.

Referrals, Assessments and Packages of Care (RAP)

Services which are delivered by social services or on behalf of social services via an individual budget should be included in RAP. We are aware that the individual budgets may be made up of funds from several different funding sources. Please include all clients *unless the individual has no social services funding*. The clients should be recorded on the RAP P forms as follows;

P1 & P4 – record these clients under the high level type of service they are planned to receive, although it is probable that most clients would be receiving community-based services.

P2f & P2s – record the clients under the specific component(s) of service they are planned to receive. If the service does not fit under one of the existing components of service, then record the client under the category ‘other’. Clients planned to receive services via an individual budget should not be counted under direct payments **unless** a direct payment is provided as part of the individual budget. The individual budget arrangement itself should *not* be recorded separately under ‘other’. Some examples are set out below;

- 1) If the client is planned to receive 6 hours of home care and 3 sessions of day care, then the client should be recorded under home care and day care.
- 2) If the client is planned to receive both meals 5 days a week and a direct payment all within their individual budget, then they should be recorded under meals and direct payments.
- 3) If the client is planned to receive day care provided by attendance at a local leisure centre which is funded with part of the individual budget, then the client should be recorded under ‘other’.

Proposed new summary table

To help interpret the RAP data on services and to assess the impact of individual budgets on Performance Assessment Framework (PAF) indicators, it is proposed to include an additional table to collect the number of clients planned to receive services via an individual budget to be completed on a compulsory basis by the councils piloting individual budgets. This table will be included in the RAP P2s proforma for 2006-07. The table is as follows;

Table: Number of clients planned to receive services by or on behalf of social services via an Individual Budget at 31 March 2007

Client group	Total number of clients planned to receive services via an Individual Budget	Number of clients planned to receive a direct payment as part of an Individual budget
Aged 18-64:		
Physical Disability		
Learning Disability		
Mental health		
Substance misuse		
Other vulnerable people		
Total 18-64		
65-74		
75-84		
85 and over		
Total 65 and over		