



## THE RAP PROJECT

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

March 2007 Newsletter

### 1. National Summary

**February RAP publication** - The final National Report for 2005-06 together with council level data was published on 28<sup>th</sup> February 2007. This is available on the IC website <http://www.ic.nhs.uk/pubs/rapcssr06>

Hard copies of this report will be circulated shortly to council contacts.

### 2. Internet Data Collection (IDC) Facility – Live for 2006/07

We are pleased to announce that the 2006-07 RAP return is now available on the live server at: <http://www.icweb.nhs.uk/websecurity/default.asp>

Your logon account ID **and** password have been reset to the following format.

Council number/RAP/DAT or MAN (all capitals)

For example 123RAPMAN

**Please enable cookies and pop ups so as to allow a Change of Password prompt box to appear** (this can be done through tools on the file menu and Internet options of your Internet browser).

As you know, both Data Manager (MAN) and Data User (DAT) will be able to enter and edit data but it is only Data Manager (MAN) who can authorise submission of the return. Once a form has been authorised you will not be able to make any changes to the data in the form.

If there are any problems with passwords these can be reset by telephoning the Contact Centre at the Information Centre on **0845 300 6016**

Email: [enquiries@ic.nhs.uk](mailto:enquiries@ic.nhs.uk)

If you need the status changing from 'authorised' to 'in progress' to make amendments please contact Amrit Ubhi at [RAP@ic.nhs.uk](mailto:RAP@ic.nhs.uk) (Tel: 0113 254 7173)

### 3. Revised RAP definitions – 2006/07

We would like to make you all aware of additional clarifications to some of the RAP definitions for implementation in the forthcoming 2006/07 return where possible, and for full implementation in 2007/08. These 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) Recording of equipment in RAP P2s

Previously on a number of occasions an issue has been raised of incorrect recording of equipment on RAP P2s by some councils. Despite the reiterated RAP guidance circulated in 2004. Some councils have been including reviews of clients who have received a one-off piece of equipment during the year on RAP P2s.

The additional guidance is set out in **Annex A**.

#### 2) Definition of respite care

##### Services for Clients

With the introduction of the carers proformas C1 and C2, there has been an impact on the proformas collecting information about services for clients, i.e. P2f and P2s. There is a particular on-going issue around services where the service benefits both the client and the carer.

Respite care is a service which is given to the client to enable the carer to have a break. From a CSSR perspective overnight respite care is a planned break to meet the carer's needs, whereas a short term break is a service for the client.

- **The definition of 'respite care' is as follows:**

Overnight respite care is defined as following an assessment or review where the carer's needs have been taken into account, planned overnight breaks(s) are arranged for the client either at home or in an alternative setting to allow a break primarily for the carer. As such this should **NOT** be included in any of the P returns.

- **The definition of ‘short term residential – not respite’ is as follows:**

This refers to the provision of short term residential care for the client for any purpose other than respite care of a carer. It includes the provision of rehabilitation services.

In RAP P2s the category “planned short term breaks” is the combination of “overnight respite – not in client’s home” and “short term residential care”.

It has been brought to our attention that in some cases carers services are charged to the client to address charging issues. For the purposes of the RAP return record the activity against the person benefiting from the service regardless of who the service is charged to.

To support these changes we attach some scenarios in **Annex B**.

#### **4. New table on RAP R2 contacts – for 2007/08**

##### **Business case**

The fact finding survey on equipment and R2 contacts found evidence that some councils (33 out of 84 respondents – 39%) are providing services at point of contact outside of assessment which were previously provided following a Community Care assessment. The main type of service provided this way was equipment with four councils also providing meals. The White Paper “Our health, our care, our say” highlighted the benefits of intervention services which may also help reduce waiting times for formal assessment.

The increasing use of providing services at the point of contact as opposed to through assessment will have an impact on the number of people receiving services in the RAP P tables, and therefore impact on PAF AO/C32 and the PSA target on older people.

18 councils who took part in the survey reported a likely increase in the provision of services at point of contact in both 2006-07 and 2007-08. To address this issue the new table will help to capture the whole picture of services being provided by councils.

The following table on proforma R2 within the RAP return will be collected by councils on a voluntary basis for the period 1<sup>st</sup> Oct 2007 – 31<sup>st</sup> March 2008. This has been approved by SIGASC.

**Number of contacts for new clients receiving services<sup>1</sup> covered by definitions relating to RAP P forms at the point of contact outside of a formal assessment**

1 Oct 2007 – 31 Mar 2008

<b>Type of service</b>	<b>Number of contacts<sup>2</sup></b>	<b>Number of people<sup>3</sup></b>
Equipment <sup>4</sup>		
Meals		
Home care		
Other		
<b>Total</b>		

**Definitions:**

1. These are services funded by social services (or by health if delivered by a joint team under section 31 arrangements) as covered by definitions relating to RAP P returns provided to clients at the point of contact outside the formal assessment process.

2. A contact is an event or episode, not a client. Contacts are from new clients, that is clients not on the books of the authority at the time the contact was made.

3. This is the unique number of people receiving a service within the period 1 October 2007 to 31 March 2008.

4. If a client receives 1 or more pieces of equipment within the same contact, then record this as one contact.

5. Any grant funded services or sign posting to other services should be excluded.

**5. CAN YOU HELP? –**

**Request from Andrea Chubb at Bucks**

*“With regard to the Government agenda on “Preventative Services”, and the link with the Helped to Live at Home indicators I would be interested to find out if other authorities are confused or struggling to clearly identify where to record information around Voluntary Organisations. I assume many of you have developed innovative services, in collaboration with Voluntary Organisations, and I would be very grateful if you would either share your success stories or share your confusion with us here in Bucks.”*

If you would like to do either please contact...Andrea Chubb **DIRECTLY** at Buckinghamshire on 01296 38 3386 or email to [c-achubb@buckscc.gov.uk](mailto:c-achubb@buckscc.gov.uk)

## 6. Cut-off dates for RAP return 2006/07

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

Individual contact e-mail addresses and phone numbers:

**Generic RAP mailbox (FOR ALL QUERIES):**

[RAP@ic.nhs.uk](mailto:RAP@ic.nhs.uk)

**Collection team:**

[annabelle.mcguire@ic.nhs.uk](mailto:annabelle.mcguire@ic.nhs.uk)

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0113 254 7076

**Fax:**

0113 254 7165

**Useful Web links:**

RAP information for 2006/07 -

<http://www.ic.nhs.uk/pss/returns/2007>

ARG –

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

SIGASC -

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

**Annabelle McGuire  
Information Centre  
March 2007**

## Annex A

**ITEMS OF EQUIPMENT** - that are maintained with ongoing financial commitment

The suggested list of equipment below covers the most frequently encountered items which should be included in P2s. These are items of equipment supplied following a community care assessment and are provided as part of the clients care plan. In addition to supplement the list and RAP guidance the key criteria as to whether an item can be counted within P2s are:

### 1. Include:

- Any item needing (as a minimum) annual or more frequent MAINTENANCE visits (e.g. stair climbers etc)
- Any item needing (as a minimum) annual or more frequent SAFETY CHECKS (e.g. those items with electrical components)
- In both instances items should only be included where the council pays for the maintenance and testing, and where the cost exceeds £25

### 2. Exclude:

- Any item of equipment where the council may contact the client once a year, (merely for example) to ensure the user is still using it. That is. contact purely for the review of equipment should NOT be counted within P2s

ITEMS OF EQUIPMENT	
<b>SANITARY WEAR</b>	
1.	Bath Lifts
2.	Special Baths
3.	Special Toilets (washer/dryer) and closomats
4.	Toilet Risers (electronically operated)
<b>HOISTS</b>	
5.	Patient lifter
6.	Patient Hoists – including gantry hoists
7.	Ceiling Track or overhead hoists
8.	Patient Hoists - Mobile
9.	Portable or mobile hoists
10.	Bed Head Hoists
<b>BEDS</b>	
11.	Special Beds (electronically operated)
12.	Profiling Beds
13.	Dynamic Mattresses
14.	Mattress Variators
<b>CHAIRS &amp; LIFTERS</b>	
15.	Raising recliner chairs
16.	Lifting cushions
17.	Pillow lifters
18.	Leg lifters
<b>ELEVATORS</b>	
19.	Automatic door openers
20.	Stair lifts
21.	Through floor lifts
22.	Platform lifts

<b>DEAF AND HARD OF HEARING AND VISUALLY IMPAIRED</b>	
23.	Sound amplifiers
24.	Fire alarm system for the deaf
25.	Pager system
26.	Hand held scanner for the blind
27.	Minicomms – deaf/speech impaired
28.	Roller tips for white sticks
29.	Flashing light system for deaf

## **Annex B**

### **Scenarios for respite care**

1) Every 5 weeks the carer has a long weekend away from home with another family member to ease the pressure of the caring role. Following a carer's assessment it is agreed to provide overnight respite care;

- (a) In a local residential home that have a number of respite care beds
- (b) In the client's own home by an agency

In both cases the overnight respite care is provided as a service for the carer to allow the carer to have a break. As such this should be recorded in C2, not in any of the P returns.

2) The carer is admitted to hospital so the client goes into a residential care setting for a week. There has been an assessment of the client.

In this scenario the service is short term residential care as it is for the benefit of the client. Even if this break is planned due to knowing the date of an operation, it is not respite care because the carer is not benefiting from the break - it is brought about by force of circumstance. In this instance this should be recorded in the P returns.

3) Following an assessment a client has been taken to a place of safety under adult protection procedures where emergency accommodation is provided because abuse has been established or suspected.

In this case the service is provided as a short term residential care as it serves the need of the client. In this instance this should be recorded in the P returns.