

Children, Young People and Healthy Communities OSC

Indicator	How measured	How defined
<p>NI 8 Adult participation in sport DCMS DSO</p>	<p>District</p>	<p>To measure participation in sport and active recreation at the local level. Participation in sport and active recreation is an important part of full and fulfilling life and provides unique personal and intrinsic benefits. They also have wide ranging impacts, so increased levels of participation will impact on other local priority outcomes such as community cohesion and improved health. The measures focus on participation amongst the whole target population, including those whose opportunities are limited. Evidence shows that there are inequities in levels of participation amongst some group - lower socioeconomic group, women, older people, black and other ethnic minority populations, and people with a limiting longstandin illness or disability have particularly low levels of participation. This indicator relates to the DCMS's broad Departmental Strategic Objectives to encourage both more widespread enjoyment of culture and sport and to support talent and excellence. This indicator previously formed part of the Culture Service Assessment (ref.C17, although NI 8 also measures certain light intensity sports for those who are 65 and over). CPA will end in 2009.</p>
<p>NI 22 Perceptions of parents taking responsibility for the behaviour of their Children in the area HO DSO</p>	<p>Place Survey</p>	<p>To focus local authorities and their partners on using the range of tools available to them to encourage and support effective parenting and to take action to ensure that parents are held responsible where their children behave in an unacceptable manner. The question that feeds this indicator was previously used in the 2006/7 BVPI satisfaction survey and the British Crime Survey (BCS). Note that the methodology for the Place Survey is different to the BCS but comparable with the BVPI satisfaction survey.</p>
<p>NI 137 Healthy life expectancy at age 65 PSA 17</p>	<p>Place Survey</p>	<p>People are living longer but healthy life expectancy is not increasing at the same rate. It is clearly desirable for increased life expectancy to be spent in good health. The measure uses a self-reported health assessment, applied to life expectancy data. This is thus in part a subjective measure and the meanings attached by respondents to the categories may have changed over time due to medical advances or other factors. However, it 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>

Children, Young People and Healthy Communities OSC

<p>NI 138 Satisfaction of people over 65 with both home and neighbourhood PSA 17</p>	<p>Place Survey</p>	<p>To capture a measure of satisfaction of how older people live their lives at the local level, reflecting the effectiveness of policies on housing supply, adaptation and support; and those relating to the local area – environment, crime, transport, facilities etc. This is a well-established question used in the English Housing Survey, which can give national baseline data. This measure is preferred to 'objective' measures of housing or neighbourhood conditions because it reflects what is important to people, and captures a wide range of influences.</p>
<p>NI 139 People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently PSA 17</p>	<p>Place Survey</p>	<p>The measure, based on a survey question to be asked of the whole local population in the Place Survey, seeks to assess how far older people in a locality are getting the support and services they need to live independently at home. It is designed to reflect a wider view of 'support' than simply a narrow definition of services provided by or via Social Services; and to capture the views of those, including potential future users, who are not necessarily current direct clients of a particular service as well as those who are. It will thus take account the views of the majority of older people who do not receive 'formal' services but are provided with support that they value from local government, its partners and the local community.</p> <p>The use of a survey question, rather than administrative records of particular services provided, allows any kind of relevant support to be taken into account, and for the assessment of the need for support and whether it has been available to come from citizens and clients rather than service providers. This reflects desired outcomes for client-focused systems and provision.</p>
<p>NI 184 Food establishments in the area which are broadly compliant with food hygiene law</p>	<p>District</p>	<p>To protect public health by ensuring food is safe and fit to eat by monitoring local authorities' performance in increasing compliance in food establishments with food law.</p> <p>This is a proxy indicator which measures effectiveness of local authority food safety interventions on food safety compliance as opposed to measuring inputs such as inspections. Food hygiene was identified as a national regulatory priority in the recent Rogers Review recommendations which were accepted in full by the government.</p>

Children, Young People and Healthy Communities OSC

How Measured		How Defined
<p>NI 38 Drug-related (Class A) offending rate PSA 25</p>	<p>County</p>	<p>Drug misuse, particularly of the Class A drugs heroin and cocaine/crack is strongly associated with crime and offending. 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'. 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>
<p>NI 39 Alcohol-harm related hospital admission rates PSA 25</p>	<p>PCT/County</p>	<p>To reduce the trend in the increase of alcohol related hospital admissions. Annual healthcare costs related to alcohol misuse add up to £1.7 billion per year. The bulk of these costs are borne by the NHS. Alcohol-related illness or injury accounts for nearly a million hospital admissions per year and they are increasing. The rate of admission increases with age; and the largest increase in the rate of admission is among men and women aged 50 or more. The peak age for alcohol-related deaths is now around 55-59 for men and women, with between 15,000 and 22,000 premature deaths annually. In 2005, 4,160 people in England and Wales died from alcoholic liver disease – almost doubling in ten years. There are substantial differences in the health consequences of alcohol use between affluent and deprived communities. Deprived areas suffer higher levels of alcohol related mortality, hospital admission, crime, absence from work, school exclusions, teenage pregnancy and road traffic accidents linked to greater levels of alcohol consumption. Areas where young, highly qualified but not very well-off people live experience higher than expected levels of mortality, life lost and admission to hospital (indicating places where alcohol issues are likely to worsen in the future). Much of this harm is preventable – one in eight harmful drinkers will reduce their drinking to within sensible drinking levels if they receive brief advice – reaping economic and health benefits for individuals and communities. Hospital Episode Statistics (HES) are considered to be sensitive to the impact of prevention interventions – i.e. when prevention interventions are improved, hospital admission for specific chronic and acute conditions should slow in the short, medium and long term. This indicator will therefore measure the impact of prevention interventions, without creating an additional burden for local healthcare organisation.</p>

Children, Young People and Healthy Communities OSC

<p>NI 40 Drug users in effective treatment PSA 25</p>	<p>Local Drug Partnership/ County</p>	<p>This indicator contributes to the Home Office PSA 25: Reduce the harm caused by Alcohol and Drugs. It will drive a reduction in harm caused by the misuse of those drugs known to cause the highest harm to individuals, their families and the communities in which they live.</p> <p>It focuses attention on meeting both the demand for and the effectiveness of drug treatment and reinforces the gains made in the last drug strategy in improving the capacity and the quality of drug treatment. Progress on this indicator will have a wider impact on ill health, crime and social cohesion.</p>
<p>NI 43 Young people within the Youth Justice System receiving a conviction in court who are sentenced to custody MoJ DSO</p>	<p>YOT County</p>	<p>This indicator measures the percentage of custodial sentences issued to young people as a proportion of all young people's convictions (given in court only and so does not include pre-court disposals).</p> <p>Custodial sentence rates can vary from area to area, with the courts ultimately responsible for sentencing. However the effectiveness of work by local agencies in providing preventative interventions, and of local community alternatives to custody can be successful in reducing the likelihood of young people's behaviours escalating to a point where custody becomes inevitable.</p> <p>This indicator is currently a Youth Justice Board set Key Performance Indicator</p>

Children, Young People and Healthy Communities OSC

<p>NI 44 Ethnic composition of offenders on Youth Justice System disposals MoJ DSO</p>	<p>YOT County</p>	<p>This indicator aims to identify differences in representation within the youth justice system and in order to help in reducing disproportionate representation for Black and Minority Ethnic (BME) groups.</p> <p>It is recognised that, alongside the Youth Offending Team (YOT), other local agencies can play an important role in preventing and reducing disproportionate involvement in youth offending by different ethnic groups. The Home Affairs Select Committee recently recommended that the current YOT indicator is shared at local level with other local authorities to support achievement of the objective. Youth Justice Board (YJB) data currently indicates that in 90 YOT areas, black young people are overrepresented in the youth justice system and of those in 38 areas there is 5% points or more of over-representation.</p> <p>Data cannot be disaggregated from the other proposed indicators on youth justice, so this separate indicator is necessary.</p> <p>This focuses on the overall levels of BME groups of offenders on youth justice disposals, as opposed to first time entrants only, reoffending only or with access to specific services for young offenders.</p> <p>There is also currently a Youth Justice Board set Key Performance Indicator for Youth Offending Teams to reduce differences in representation.</p> <p>Disposal is defined as reprimands, final warnings, and all court disposals. The full list is as follows: sentence deferred, absolute or conditional discharge, fine, bind over, compensation order, referral order, reparation order, action plan order, attendance centre order, supervision order, community rehabilitation order, community punishment order, community punishment and rehabilitation order, drug treatment and testing order, curfew order, detention and training order, custody under section 90-91 & 226/228.</p>
<p>NI 45 Young offenders engagement in suitable education, employment or training MoJ DSO</p>	<p>YOT County</p>	<p>The indications are that young offenders' engagement in education, training and employment is a key protective factor against reoffending, and key outcome for young people by itself. It also provides a strong indication of the effectiveness of Youth Offending Teams (statutory local partnerships that include LAs) and their wider partnership arrangements with education authorities and providers</p> <p>This indicator is currently a YJB set Key Performance Indicator for Youth Offending Teams.</p>
<p>NI 46 Young offenders access to suitable accommodation MoJ DSO</p>	<p>YOT County</p>	<p>This indicator measures a key factor associated with offending for young people in the youth justice system. It also provides a measure of the effectiveness of partnership arrangements between Youth Offending Teams (YOT) and housing authorities and providers.</p> <p>This indicator is currently a Youth Justice Board (YJB) set Key Performance Indicator for Youth Offending Teams.</p>

Children, Young People and Healthy Communities OSC

<p>NI 50 Emotional health of children PSA 12</p>	<p>School/County</p>	<p>The Every Child Matters outcome framework has highlighted the importance of a rounded approach to, and measurement of, children's health and well being. The aim of this indicator is to capture one of the key elements of children's emotional health: the quality of their relationships with family and friends.</p> <p>The DCSF child well being expert group felt the indicator needed to focus in more depth on a particular aspect of well being, rather than trying to address a broad theme in an over simplified way. Parents are the single most important influence on young people's development, with peers of increasing importance to older adolescents. The quality of relationships young people enjoy is a key risk factor for their emotional well-being.</p> <p>Four question items have been developed to capture the quality of children's relationships. These will be included in the annual TellUs surveys. The question items have been cognitively tested and will be included in the 2008 TellUs survey for the first time.</p>
<p>NI 51 Effectiveness of child and adolescent mental health (CAMHS) services DCSF DSO</p>	<p>PCT/County</p>	<p>To have a measure of how effectively mental health services meet children's mental health needs for 2008-09.</p> <p>DCSF are currently working to develop an outcome measure for CAMHS from 2009 onwards. However, until a robust outcome measure for CAMHS can be implemented, it is important to have in place a measure which will ensure services retain a focus on maintaining developments in CAMHS. We are therefore proposing, as an interim measure, to use four proxy measures related to key aspects of service, which when taken together, will continue to identify those PCTs and LAs which are together delivering comprehensive CAMHS.</p>
<p>NI 52 Take up of school lunches PSA 12</p>	<p>County</p>	<p>To assess the increase in healthy eating among children and young people by measuring school lunch take-up, particularly those children entitled to a Free School Meal. Nationally, 41% of primary and 38% of secondary pupils have a school lunch. 16% of primary and 13% of secondary pupils have known entitlement to FSM and 13% of primary and 9.5% of secondary pupils take up that entitlement. All school lunches are now required to meet tough nutritional standards that ensure that all the food provided by schools and local authorities in a school lunch is healthy and of good quality. Packed lunches provided by parents are not regulated and there are no mechanisms for establishing whether packed lunches meet the nutritional standards required for school lunches.</p>

Children, Young People and Healthy Communities OSC

<p>NI 53 Prevalence of breastfeeding at 6 – 8 weeks from birth PSA 12</p>	<p>Strategic HA/PCT/County</p>	<p>To provide an impetus to enhance health and children’s support services to mothers to sustain breastfeeding and thus give children a good start early in life.</p>
<p>NI 54 Services for disabled children PSA 12</p>	<p>PCT/County</p>	<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. 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>
<p>NI 55 Obesity among primary school age children in Reception Year DCSF DSO</p>	<p>PCT</p>	<p>The Government’s new ambition on excess weight, announced in the Comprehensive Spending Review 2007, is to be the first major country: to reverse the rising tide of obesity and overweight in the population, by ensuring that all individuals are able to maintain a healthy weight. Our initial focus is on children: by 2020, we will have reduced the proportion of overweight and obese children to 2000 levels. The Department of Health is responsible for overall policy on obesity and is jointly responsible with the Department for Children, Schools and Families for tackling child obesity. The Government has sent a clear signal that enabling individuals to maintain a healthy weight is important through the inclusion of obesity as a national priority within the NHS Operating Framework and the Children’s Plan. The NHS Operating Framework requires all PCTs to develop plans to tackle child obesity, and to agree local plans with SHAs. It is the Government’s expectation that PCTs will seek to work with local authorities to develop these plans, using the Joint Strategic Needs Assessment process that will become a requirement from April 2008. If the PCT and local authority agree that there is a sufficient local need to promote maintaining a healthy weight then they can seek to jointly develop a target within their Local Area Agreement that sets out what they will do to achieve this goal.</p>

Children, Young People and Healthy Communities OSC

<p>NI 56 Obesity among primary school age children in Year 6 DCSF DSO</p>	<p>PCT</p>	<p>The Government's new ambition on excess weight, announced in the Comprehensive Spending Review 2007, is to be the first major country: to reverse the rising tide of obesity and overweight in the population, by ensuring that all individuals are able to maintain a healthy weight. Our initial focus is on children: by 2020, we will have reduced the proportion of overweight and obese children to 2000 levels. The Department of Health is responsible for overall policy on obesity and is jointly responsible with the Department for Children, Schools and Families for tackling child obesity.</p> <p>The Government has sent a clear signal that enabling individuals to maintain a healthy weight is important through the inclusion of obesity as a national priority within the NHS Operating Framework and the Children's Plan. The NHS Operating Framework requires all PCTs to develop plans to tackle child obesity, and to agree local plans with SHAs. It is the Government's expectation that PCTs will seek to work with local authorities to develop these plans, using the Joint Strategic Needs Assessment process that will become a requirement from April 2008. If the PCT and local authority agree that there is a sufficient local need to promote maintaining a healthy weight then they can seek to jointly develop a target within their Local Area Agreement that sets out what they will do to achieve this goal.</p>
<p>NI 57 Children and young people's participation in high-quality PE and sport DCSF DSO</p>	<p>County</p>	<p>'Young people' are all those aged 5-19. All 5-16 year olds will have the chance to do 2 hours of high quality Physical Education (PE) and Sport within the school day and up to 3 additional hours of sport beyond the school day. In addition all 16-19 year olds will be offered more opportunities to participate in 3 hours of sport.</p> <p>For young people in schools 'sport' will include any activity that requires physical skilfulness and is part of a school's planned formal, semi-formal, supervised or led provision. It will also include PE lessons and activities based in community sport and dance clubs. For young people not in schools sporting activities will be based in community sport and sport clubs.</p> <p>Schools and School Sport Partnerships report school data through an annual School Sport Survey. Community provision for 16-19 year olds will be collected by</p>
<p>NI 58 Emotional and behavioural health of children in care DCSF DSO Stay Safe</p>	<p>County</p>	<p>Looked after children experience significantly worse mental health than all children. An estimated 45% of looked after children aged 5 to 17 have mental health problems, over 4 times higher than for all children. This measure will assess progress in improving the emotional and behavioural</p>

Children, Young People and Healthy Communities OSC

<p>NI 59 Initial assessments for children's social care carried out within 7 working days of referral DCSF DSO</p>	<p>County</p>	<p>This process indicator is included as a proxy as robust data is not available for outcomes of improved child safety. Initial assessments are an important indicator of how quickly services can respond when a child is thought to be at risk of serious harm. As the assessments involve a range of local agencies, this indicator would also show how well multi-agency working arrangements are established in local authority areas.</p>
<p>NI 60 Core assessments for children's social care that were carried out within 35 working days of their commencement DCSF DSO</p>	<p>County</p>	<p>The indicator measures the percentage of core assessments which were completed within 35 working days. Core assessments are in-depth assessments of a child, or children, and their family, as defined in the Framework for the Assessment of Children in Need and their Families. They are also the means by which section 47 (child protection) enquiries are undertaken following a strategy discussion.</p> <p>The Assessment Framework specifies that core assessments should be completed within 35 working days. It is important that local authorities should investigate and address concerns in a timely and efficient way, and that those in receipt of an assessment have a clear idea of how quickly this should be completed. Successful meeting of the timescales can also indicate effective joint working where multi-agency assessment is required.</p>
<p>NI 61 Stability of looked after children adopted following an agency decision that the child should be placed for adoption DCSF DSO</p>	<p>County</p>	<p>The safeguarding set should include an indicator on adoption, as this is one of the main options for permanence for children in care, who cannot return to live with their birth parents. One of the main aims of the Adoption and Children Act 2002, which came into force on 30 December 2005, is to improve the process of adoption. This indicator will provide an indication of how quickly children are placed with an approved prospective adopter(s) following the decision that they should be placed for adoption, but will exclude cases where a child was placed for adoption but then adopted in a different placement (i.e. disrupted placements) and so avoid the risk of rewarding poor decision making by a local authority.</p>

Children, Young People and Healthy Communities OSC

<p>NI 62 Stability of placements of looked after children: number of moves DCSF DSO</p>	<p>County</p>	<p>This indicator is an important measure of the stability of care that a child has experienced. On the whole stability is associated with better outcomes – placement instability was highlighted by the Social Exclusion Unit as a key barrier to improving educational outcomes. Proper assessment of a child's needs and an adequate choice of placements to meet the varied needs of different children are essential if appropriate stable placements are to be made. Inappropriate placements often break down and lead to frequent moves. The circumstances of some individual children will require 3 or more separate placements during a year if they and others are to be kept safe, but the variation between local authorities' performance in this area suggests that more can be done in many areas to reduce the number of moves.</p>
<p>NI 63 Stability of placements of looked after children: length of placement DCSF DSO</p>	<p>County</p>	<p>To increase the long-term stability of children who remain in care for significant periods of time. Stability is associated with better outcomes. Placement instability was highlighted by the Social Exclusion Unit as a key barrier to improving educational outcomes. Some planned placement changes may be made in a child's best interests, but placements break down because they are not sufficiently well-matched to children's needs, or of sufficient quality, or because they are not well supported. Placement breakdown has a significant impact on children's wellbeing and their friendships, as well as disrupting their education and the continuity of access to other key services.</p>
<p>NI 64 Child protection plans lasting 2 years or more DCSF DSO</p>	<p>County</p>	<p>This indicator should measure whether children and their families are receiving the services necessary to bring about the required changes in the family situation and to monitor performance in working towards the outcomes outlined in the child protection plan. This indicator reflects the underlying principle that professionals should be working towards specified outcomes which, if implemented effectively, should lead to all children not needing to be the subject of a Child Protection Plan within a maximum of two years.</p>
<p>NI 65 Children becoming the subject of a Child Protection Plan for a second or subsequent time DCSF DSO</p>	<p>County</p>	<p>This indicator is a proxy for the level and quality of service a child receives. Its purpose is to monitor whether children's social care services devise and implement a Child Protection Plan which leads to lasting improvement in a child's safety and overall well-being.</p>

Children, Young People and Healthy Communities OSC

<p>NI 66 Looked after children cases which were reviewed within required timescales DCSF DSO</p>	<p>County</p>	<p>To improve compliance with local authorities' legal requirements under the Review of Children's Cases Regulations 1991. Performance currently varies widely, with several local authorities performing at 100%, but with some as poor as 17%.</p> <p>The review is one of the key components within the core processes of working with children and families. The purpose of the review is to consider the plan for the child's welfare, to monitor the progress of the plan and amend it as necessary in light of changed information and circumstances. The relevant regulations prescribe the intervals for formal reviews (in addition to ongoing consideration, monitoring and reassessment by the local authority).</p>
<p>NI 67 Child protection cases which were reviewed within required timescales DCSF DSO</p>	<p>County</p>	<p>Reviews are a key element in delivering Child Protection Plans and effective reviews should ensure the provision of good quality interventions. This indicator is a proxy for the measurement of the effectiveness of the interventions provided to children with a Child Protection Plan. Working Together to Safeguard Children guidance requires that the first child protection review should have been held within three months of the initial child protection conference and thereafter at intervals of no more than six months.</p>
<p>NI 68 Referrals to children's social care going on to initial assessment DCSF DSO</p>	<p>County</p>	<p>It is important that local authorities respond to and address concerns in a timely and efficient way and ensure that all referrals to children's social care be followed up where appropriate. This indicator is a proxy for several issues: the appropriateness of referrals coming into social care, which can show whether local agencies are working well together; and the thresholds which are being applied in children's social care at a local level.</p>
<p>NI 69 Children who have experienced bullying DCSF DSO</p>	<p>County</p>	<p>To measure progress in tackling bullying. Bullying is children's primary safety concern, and has remained the highest reason for calls to Childline over the past 6 years.</p>
<p>NI 70 Hospital admissions caused by unintentional and deliberate injuries to children and young people DCSF DSO</p>	<p>PCT</p>	<p>The aim of this indicator is to measure hospital admissions by injury type, which will include both unintentional and deliberate injury to children and young people. Given that some hospital admissions with an external cause of injury will be elective admissions, including some for follow-up treatment after an earlier emergency admission, the indicator is restricted to counting only emergency admissions. Some children and young people may have more than one emergency admission with an external cause of injury within</p>

Children, Young People and Healthy Communities OSC

<p>NI 71 Children who have run away from home/care overnight DCSF DSO</p>	<p>Police/Local Authority</p>	<p>Young people who run away from home can be at increased risk of harm. It is important to record the number of children who run away from home, so that local authorities and the police can plan the scope for provision, such as counselling and mediation, with greater certainty.</p>
<p>NI 72 Achievement of at least 78 points across the Early Years Foundation Stage with at least 6 in each of the scales in Personal Social and Emotional Development and Communication, Language and Literacy PSA 10</p>	<p>County</p>	<p>The early years are crucial to a child's chances of later success. Children who achieve well in their early years are much more likely to be successful in future education and in later life</p>
<p>NI 73 Achievement at level 4 or above in both English and Maths at Key Stage 2 (Threshold) PSA 10</p>	<p>County</p>	<p>It is widely accepted that good literacy and numeracy are key to employability and further study, and that more needs to be done to improve performance in these areas. The Government is therefore committed to ensuring that more children master the basics and has set a national threshold target for 2011 for 78% to achieve Level 4 or above in both English and Maths at KS2. As well as improving the proportion of pupils achieving this standard, the Government also wants to see no schools where less than 65% of pupils achieve Level 4 in both English and Maths (floor target).</p>
<p>NI 74 Achievement at level 5 or above in both English and Maths at Key Stage 3 (Threshold) PSA 10</p>	<p>County</p>	<p>It is widely accepted that good literacy and numeracy are key to employability and further study, and that more needs to be done to improve performance in these areas. The Government is therefore committed to ensuring that more children master the basics and has set a national threshold target for 2011 for 74% to achieve Level 5 or above in both English and Maths at KS3. As well as improving the proportion of pupils achieving this standard, the Government also wants to see no schools where less than 50% of pupils achieve Level 5 in both English and Maths (floor target).</p>

Children, Young People and Healthy Communities OSC

<p>NI 75 Achievement of 5 or more A*-C grades at GCSE or equivalent including English and Maths (Threshold) PSA 10</p>	<p>County</p>	<p>It is widely accepted that good literacy and numeracy are key to employability and further study, and that more needs to be done to improve performance in these areas. The Government is therefore committed to ensuring that more children master the basics by the end of the years of compulsory schooling and has set a national threshold target for 2011 for 53% to achieve 5 A*-C GCSE grades and equivalent including GCSEs in English and Maths by the end of Key Stage 4. As well as improving the proportion of pupils achieving this standard, the Government also wants</p>
<p>NI 76 Achievement at level 4 or above in both English and Maths at KS2 (Floor) DCSF DSO</p>	<p>School/County</p>	<p>It is widely accepted that good literacy and numeracy are key to employability and further study, and that more needs to be done to improve performance in these areas. The Government is therefore re-enforcing its commitment to driving up standards and tackling underachievement by ensuring that more children master the basics. To support this goal the Government wants to see a continuing focus on the number of low attaining primary schools (defined as those achieving below 65% level 4+ In English and Maths) so that by 2011 there is a 50% reduction in the number of such schools compared with 2007.</p>
<p>NI 77 Achievement at level 5 or above in both English and Maths at KS3 (Floor) DCSF DSO</p>	<p>School/County</p>	<p>It is widely accepted that good literacy and numeracy are key to employability and further study, and that more needs to be done to improve performance in these areas. The Government is therefore re-enforcing its commitment to driving up standards and tackling underachievement by ensuring that more children master the basics. To support this goal the Government wants to see no schools with less than 50% of pupils achieving level 5 or above in English and Maths by 2011.</p>
<p>NI 78 Achievement of 5 or more A*-C grades at GCSE and equivalent including GCSEs in English and Maths (Floor) PSA 10</p>	<p>School/County</p>	<p>It is widely accepted that good literacy and numeracy are key to employability and further study, and that more needs to be done to improve performance in these areas. The Government is therefore re-enforcing its commitment to driving up standards and tackling underachievement by ensuring that more children master the basics and reach the end of the year's compulsory schooling with 5 A*-C GCSEs and equivalent including English and Maths. The Government has pledged to ensure that there are no schools where less than 30% of pupils achieve 5 A*-C grades including GCSE English and Maths by 2012.</p>
<p>NI 79 Achievement of a Level 2 qualification by the age of 19 PSA 10</p>	<p>County</p>	<p>This indicator reports the percentages of young people attaining Level 2 by age 19 in a Local Authority area. Achieving Level 2 by the age of 19 represents an important platform for employability, further learning and adulthood.</p>

Children, Young People and Healthy Communities OSC

NI 80 Achievement of a Level 3 qualification by the age of 19 PSA 10	County	This indicator reports the percentages of young people attaining Level 3 by age 19 in a Local Authority Area. Achieving Level 3 by the age of 19 increases the skills levels of the economy and allows participation into Higher Education and higher skilled employment.
NI 81 Inequality gap in the achievement of a Level 3 qualification by the age of 19 DCSF DSO	County	This indicator reports the gap in attainment of level 3 at age 19 in each Local Authority between those young people who were in receipt of free school meals at academic age 15 and those who were not. At the moment significantly fewer young people in receipt of free school meals at the age of 15 achieve L3 qualifications by the age of 19 than their peers who were not in receipt of free school meals at age 15.
NI 82 Inequality gap in the achievement of a Level 2 qualification by the age of 19 DCSF DSO	County	This indicator reports the percentages of young people who were in receipt of free school meals at academic age 15 who attain level 2 qualifications by the age of 19. At the moment significantly fewer young people in receipt of free school meals at the academic age of 15 achieve L2 qualifications by the age of 19 than their peers who were not in receipt of free school meals at academic age 15.
NI 83 Achievement at level 5 or above in Science at Key Stage 3 DCSF DSO	County	To improve the proportion of young people achieving at least level 5 in science at the end of Key Stage (KS) 3. The Government's target is to raise standards in science in secondary education so that more young people achieve level 5 at the end of KS3. The underlying aim is to maximise the number of young people who achieve A*-C in two science GCSEs and to encourage more young people to study science post-16.
NI 84 Achievement of 2 or more A*-C grades in Science GCSEs or equivalent DCSF DSO	School/County	To improve the proportion of young people gaining two or more science GCSEs at grades A*-C. The Government's target is to improve continually the number of pupils achieving A*-B and A*-C grades in two science GCSEs. From 2007 the Government will be publishing the percentage of pupils who gain two or more science GCSEs at grades A*-C in a new indicator in the achievement and attainment tables. The underlying aim is to maximise the number of young people who are able to go on to study science at A level and beyond.

Children, Young People and Healthy Communities OSC

<p>NI 85 Post-16 participation in physical sciences (A Level Physics, Chemistry and Maths) DCSF DSO</p>	<p>School/County</p>	<p>To improve the number of A level entries in physics, chemistry and mathematics while maintaining the number of young people taking biology A level. The Government's target is to achieve year on year increases in the numbers of young people taking A levels in physics, chemistry and mathematics so that by 2014 entries to A level physics are 35,000 (the number of entries was 23,932 in 2007); chemistry A level entries are 37,000 (35,145 in 2007); and mathematics A level entries are 56,000 (53,460 in 2007). It aims to achieve these targets without adversely affecting the number of young people taking biology A level.</p>
<p>NI 86 Secondary schools judged as having good or outstanding standards of behaviour DCSF DSO</p>	<p>County</p>	<p>To provide a general indicator of standards of behaviour in secondary schools.</p>
<p>NI 87 Secondary school persistent absence rate DCSF DSO</p>	<p>County</p>	<p>To reduce the percentage of persistent absentee secondary pupils (those missing 20% or more of the school year).</p>
<p>NI 88 Number of Extended Schools DCSF DSO</p>	<p>County</p>	<p>To measure progress and shape support for the development of extended schools.</p>
<p>NI 89 Number of schools in special measures DCSF DSO</p>	<p>County</p>	<p>To raise school standards by (a) reducing the number of failing schools and (b) the average time a school spends in failure.</p>
<p>NI 90 Take up of 14-19 learning diplomas DCSF DSO</p>	<p>County</p>	<p>The indicator will give an indication of the progress every area is making in offering and promoting Diplomas to young people. There should be incremental rises until a significant proportion of the country is offering Diplomas as part of the 14-19 learning offer leading towards national entitlement to the first 14 Diploma lines in 2013.</p>

Children, Young People and Healthy Communities OSC

<p>NI 91 Participation of 17 year-olds in education or training DCSF DSO</p>	<p>County</p>	<p>This indicator reports the percentages of young people at academic age 17 who participate in education or Work Based Learning in each Local Authority.</p> <p>We have more young people dropping out of education and training before the age of 18 than in many other countries and our long term ambition is to transform participation so that by 2015 90% of 17 year olds are participating. This indicator will be essential to monitor and drive performance against that aspiration. It will also be an essential stepping stone to raising the participation age proposals for all young people to stay in some form of education or training post 16. This indicator is the only one focusing on young peoples' participation post 16.</p>
<p>NI 92 Narrowing the gap between the lowest achieving 20% in the Early Years Foundation Stage Profile and the rest PSA 11</p>	<p>County</p>	<p>The early years are crucial to chances of later success – children who achieve well in the early years are much more likely to be successful in future education and in later life. A focus on narrowing the gaps between the lowest achieving and the rest is the best way to ensure that all children regardless of background are able to reach their potential and that those at risk of poor outcomes are given as much help and support as possible.</p>
<p>NI 93 Progression by 2 levels in English between Key Stage 1 and Key Stage 2 PSA 11</p>	<p>County</p>	<p>Performance at Key Stage (KS) 2 is a very strong indicator for expected performance at KS4 (5 A*-C including English and maths). Without this indicator at age 11, the risks to performance at the end of compulsory schooling would be very substantial. English is a core National Curriculum subject and one of the building blocks for the curriculum generally. For pupils not achieving expected levels at the end of KS2 it is nevertheless important that they also make 2 levels progress where possible. This indicator not only ensures that schools and local authorities are concentrating on pupils capable of reaching level 4 or above but also enables recognition to be given where pupils do not reach level 4 but still make exceptional progress.</p>

Children, Young People and Healthy Communities OSC

<p>NI 94 Progression by 2 levels in Maths between Key Stage 1 and Key Stage 2 PSA 11</p>	<p>County</p>	<p>Performance at Key Stage (KS) 2 is a very strong indicator for expected performance at KS4 (5 A*-C including English and maths). Without this indicator at age 11, the risks to performance at the end of compulsory schooling would be very substantial. Maths is a core National Curriculum subject and one of the building blocks for the curriculum generally. For pupils not achieving expected levels at the end of KS2 it is nevertheless important that they also make 2 levels progress where possible. This indicator not only ensures that schools and LAs are concentrating on pupils capable of reaching level 4 but also enables recognition to be given where pupils do not reach level 4 but still make exceptional progress.</p>
<p>NI 95 Progression by 2 levels in English between Key Stage 2 and Key Stage 3 PSA 11</p>	<p>County</p>	<p>Performance at Key Stage (KS) 3 is a strong indicator for expected performance at KS4 (5 A*-C including English and maths). Without this indicator at age 14, the risks to performance at the end of compulsory schooling would be very substantial. English is a core National Curriculum subject and one of the building blocks for the curriculum generally. Although pupils are normally expected to have reached at least level 5 by the end of KS3, level 6 provides a more secure platform for achieving the expected outcome at the end of KS4. This indicator not only ensures that schools and LAs are concentrating on pupils capable of reaching level 5 or above but also enables recognition to be given where pupils do not reach these levels but still make exceptional progress.</p>
<p>NI 96 Progression by 2 levels in Maths between Key Stage 2 and Key Stage 3 PSA 11</p>	<p>County</p>	<p>Performance at Key Stage (KS) 3 is a strong indicator for expected performance at KS4 (5 A*-C including English and maths). Without this indicator at age 14, the risks to performance at the end of compulsory schooling would be very substantial. Maths is a core National Curriculum subject and one of the building blocks for the curriculum generally. Although pupils are normally expected to have reached at least level 5 by the end of KS3, level 6 provides a more secure platform for achieving the expected outcome at the end of KS4. This indicator not only ensures that schools and LAs are concentrating on pupils capable of reaching level 5 or above but also enables recognition to be given where pupils do not reach these levels but still make exceptional progress.</p>
<p>NI 97 Progression by 2 levels in English between Key Stage 3 and Key Stage 4 PSA 11</p>	<p>County</p>	<p>It is widely accepted that good literacy is key to employability and further study, and that more needs to be done to improve performance in this area. The Government is therefore committed to ensuring that more children master the basics and reach the end of the years of compulsory schooling with 5 A*-C GCSE and equivalent including GCSE in English.</p>

Children, Young People and Healthy Communities OSC

<p>NI 98 Progression by 2 levels in Maths between Key Stage 3 and Key Stage 4 PSA 11</p>	<p>County</p>	<p>It is widely accepted that good numeracy is key to employability and further study, and that more needs to be done to improve performance in this area. The Government is therefore committed to ensuring that more children master the basics and reach the end of the years of compulsory schooling with 5 A*-C GCSE and equivalent including GCSE in Maths.</p>
<p>NI 99 Children in care reaching level 4 in English at Key Stage 2 PSA 11</p>	<p>County</p>	<p>The educational achievement of looked after children is generally poor compared to all children. In 2006, at Key Stage 2 (KS2), 42.8% of looked after children achieved at least level 4 in English compared to 79% for all children. The aim of this indicator is to measure the progress towards narrowing the gap between looked after children and all children.</p>
<p>NI 100 Children in care reaching level 4 in Maths at Key Stage 2 PSA 11</p>	<p>County</p>	<p>The educational achievement of looked after children is poor compared to all children. In 2006, at Key Stage 2 (KS2), 40.9% of looked after children achieved at least level 4 in mathematics compared to 76% for all children. The aim of this indicator is to measure the progress towards narrowing the gap between looked after children and all children.</p>
<p>NI 101 Children in care achieving 5 A*-C GCSEs (or equivalent) at Key Stage 4 (including English and Maths) PSA 11</p>	<p>County</p>	<p>The educational achievement of looked after children at GCSE level is significantly lower than all children (11.8% achieved 5A*-C in 2006). The aim of this indicator is to measure the progress towards narrowing the gap between looked after children and all children.</p>
<p>NI 102 Achievement gap between pupils eligible for free school meals and their peers achieving the expected level at Key Stages 2 and 4 PSA 11</p>	<p>County</p>	<p>To narrow the gap in achievement between children from disadvantaged backgrounds and their peers.</p>
<p>NI 103 Special Educational Needs – statements issued within 26 weeks DCSF DSO</p>	<p>County</p>	<p>To monitor and encourage the prompt completion of statements.</p>

Children, Young People and Healthy Communities OSC

NI 104 The Special Educational Needs (SEN)/non-SEN gap – achieving Key Stage 2 English and Maths threshold DCSF DSO	County	To encourage improvement in the attainment of children with Special Educational Needs (SEN).
NI 105 The Special Educational Needs (SEN)/non-SEN gap – achieving 5 A*-C GCSE inc. English and Maths DCSF DSO	County	To encourage improvement in the attainment of children with Special Educational Needs (SEN).
NI 106 Young people from low income backgrounds progressing to higher education PSA 11	County	To increase the proportion of young people from low income backgrounds progressing to Higher Education (HE). This fits with the overall aims of DCSF's PSAs 10 & 11, which seek both to raise standards for all and narrow attainment gaps.
NI 107 Key Stage 2 attainment for Black and minority ethnic groups DCSF DSO	County	It is widely accepted that good literacy and numeracy are key to employability and further study, and that more needs to be done both to improve general performance in these areas and to narrow attainment gaps for those groups of minority ethnic pupils for whom performance gaps are currently large. The Government is committed to ensuring that more children master the basics and, within that, attainment gaps close. This is an important indicator of progress in narrowing the gap between end of Early Years Foundation stage and end of primary education, as well as providing an indicator of likely attainment at GCSE.
NI 108 Key Stage 4 attainment for Black and minority ethnic groups DCSF DSO	County	Key Stage 4 achievement is an essential measure of pupil attainment at the end of statutory education. The relative attainment of some minority ethnic groups demonstrates a specific and persistent attainment gap. Although, for most groups, this gap has narrowed, far more progress remains to be made before it closes. This indicator shows progress made in closing the gap between Key Stages 2 and 4.
NI 109 Number of Sure Start Children Centres DCSF DSO	County	To measure progress against the national target to deliver 3,500 Sure Start Children's Centres – one for every community – by 2010.

Children, Young People and Healthy Communities OSC

<p>NI 110 Young people's participation in positive activities PSA 14</p>	<p>County</p>	<p>To measure and drive improved performance around the participation of young people in positive activities.</p> <p>What young people do, or don't do, out-of-school matters. Research demonstrates that the activities young people participate in out-of-school have a significant bearing on their later life outcomes. Positive activities are a good use of young people's time because they provide opportunities to:</p> <ul style="list-style-type: none"> • acquire, and practice, specific social, physical, emotional and intellectual skills • contribute to the community • belong to a socially recognised group • establish supportive social networks of peers and adults • experience and deal with challenges • enjoy themselves <p>UK and international evaluations of out-of-school activities find programme participation to be linked to improvements in academic, preventative and development outcomes. This includes outcomes such as: school performance; avoidance of drug and alcohol use; and increased self-confidence and self-esteem. In this way, positive activities can also help support other indicators for young people.</p> <p>Current research suggests participation tends to be higher among those from: higher social groups; living in less deprived areas; and with access to a car. Participation tends to be lower among: Pakistani and Bangladeshi young people; those living in council and housing association rented accommodation; and where household finances are described as 'getting into difficulties'.</p> <p>The indicator provides a local measure directly related to the national indicator on positive activities in the DCSF led PSA 14 to 'increase the number of children and young people on the path to success'.</p>
<p>NI 111 First time entrants to the Youth Justice System aged 10 – 17 PSA 14</p>	<p>YOT areas</p>	<p>The number of first-time entrants to the youth justice system, where firsttime entrants are defined as young people (aged 10-17) who receive their first substantive outcome (relating to a reprimand, a final warning with or without an intervention, or a court disposal for those who go directly to court without a reprimand or final warning).</p>
<p>NI 112 Under 18 conception rate PSA 14</p>	<p>County</p>	<p>There is a national target to reduce the under 18 conception rate by 50% by 2010 (compared to the 1998 baseline rate) as part of a broader strategy to improve sexual health. (Target shared between the Department of Health and the Department for Children, Schools and Families.)</p>

Children, Young People and Healthy Communities OSC

<p>NI 113 Prevalence of Chlamydia in under 20 year olds DCSF DSO</p>	<p>PCT/County</p>	<p>Sexual health is an important public health issue for young people. Sexually transmitted infections are increasing, particularly genital chlamydia trachomatis, the most common STI and particularly among young people. Chlamydia is the single most preventable cause of infertility in women. A reduction in the prevalence of Chlamydia would indicate young people's improved management of their sexual health and reflect an increase in self-efficacy and resilience. A reduction in prevalence would also save public money spent on future infertility. A national screening programme for Chlamydia was included in the Department of Health's National Strategy for Sexual Health and HIV. The programme focus is on offering screening to asymptomatic (i.e. those without obvious symptoms of chlamydia) men and women under the age of 25 in a variety of clinical and nonclinical settings where they would not ordinarily be offered Chlamydia screening. From April 2008 the Chlamydia screening programme will have national coverage.</p>
<p>NI 114 Rate of permanent exclusions from school DCSF</p>	<p>School/County</p>	<p>General indicator for DSO6: increase the number of children & young people on the path to success.</p>
<p>NI 115 Substance misuse by young people PSA 14</p>	<p>County</p>	<p>To measure progress in reducing the proportion of young people frequently misusing substances – including illegal drugs, alcohol and volatile substances such as glue, gas or solvents. Substance misuse by young people is strongly linked with involvement in crime or anti-social behaviour, increased risk of failing at school</p>
<p>NI 116 Proportion of children in poverty PSA 9</p>	<p>County</p>	<p>The Government has set itself a challenging target to half the number of children in poverty by 2010-11, and end child poverty by the year 2020. Local Authorities have a key role to play in helping to achieve this ambition. This role includes the delivery of the key public services that are critical to improving poor children's life chances; coordination of activities by key players to reduce worklessness and poverty; the tailoring of solutions to meet needs of local people; and ensuring engagement of individuals and groups at risk of being marginalized.</p>
<p>NI 117 16 to 18 year olds who are not in education, training or employment (NEET) PSA 14</p>	<p>County</p>	<p>Non-participation in education, employment or training between the ages of 16 and 18 is a major predictor of later unemployment, low income, depression, involvement in crime and poor mental health.</p>

Children, Young People and Healthy Communities OSC

<p>NI 118 Take up of formal childcare by low income working families DWP DSO</p>	<p>District</p>	<p>Driving take-up of formal childcare by low income families brings benefits to children's learning and development. Formal childcare has positive benefits for children in terms of their social and emotional development as well as giving young children a head start in life and is a key indicator in closing the gap in attainment between children from low income families and their more affluent peers. Research from the Effective Provision of Pre-School Education (EPPE) project shows there is a strong body of evidence that indicates that good quality childcare and pre-school provision, especially from age 2 upwards, has positive benefits on children's all round development and that these benefits last through primary school to age 10/11. For older children, research has shown that the benefits of participation in out of school hours activities are considerable, regardless of the activity undertaken. It shows that young people who participate in activities do better than would have been expected from baseline measures in academic attainment. In addition, participants often show an improvement in their behaviour and attendance in school, and increased confidence and self-esteem. This indicator is linked to PSA 11 (Narrow the gap in educational achievement between children from low income and disadvantaged backgrounds and their peers) but is also a key driver for PSA 9 (Halve the number of children in poverty by 2010-2011, on the way to eradicating child poverty by 2020).</p> <p>Provision for childcare is a key enabler to work and contributes to successful entry into the labour market and sustained employment opportunities.</p>
<p>NI 119 Self-reported measure of people's overall health and wellbeing DH DSO</p>		<p>Subjective measures of health and wellbeing are important indicators of the general health of the population. The Department of Health through its local commissioners, PCTs, is jointly responsible for delivering health and well-being for local populations with local government (and other agencies) through Local Area Agreements and Local Strategic Partnerships. A metric is therefore required to assess progress on improvements in health and wellbeing. The metric should be self-reported, since the local population is best placed to assess whether their health and wellbeing are improving.</p>

Children, Young People and Healthy Communities OSC

<p>NI 120 All-age all cause mortality rate PSA 18</p>	<p>District</p>	<p>All Age All Cause Mortality (AAACM) supports the following national PSA targets: By 2010, increase the average life expectancy at birth in England to 78.6 years for men and to 82.5 years for women. Reduce health inequalities by 10% by 2010 as measured by infant mortality and life expectancy at birth i.e.</p> <ul style="list-style-type: none"> • Starting with Local Authorities, by 2010 to reduce by at least 10% the gap in life expectancy between the fifth of areas with the “worst health and deprivation indicators” (“the Spearhead Group”) and the population as a whole • Starting with children under one year, by 2010 to reduce by at least 10% the gap in mortality between the “routine and manual” socioeconomic group and the population as a whole <p>Ultimate success against the national targets will be measured by the life expectancy at birth and infant mortality measures but AAACM is being used in NHS Operational Plans as a proxy to measure progress. AAACM is a more locally relevant measure, closely related to life expectancy and based on the same deaths data, and having the same risk factors and “drivers” for progress.</p>
<p>NI 121 Mortality rate from all circulatory diseases at ages under 75 DH DSO</p>	<p>District</p>	<p>Circulatory disease is one of the main causes of premature death (under 75 years of age) in England, accounting for just over a quarter of all such deaths in this age group. Reducing mortality rates will therefore make a significant contribution to increasing life expectancy. This is a Department of Health PSA Target: Substantially reduce mortality rates by 2010 from heart disease and stroke and related diseases by at least 40% in people under 75, with at least a 40% reduction in the inequalities gap between the fifth of areas with the worst health and deprivation indicators and the population as a whole.</p>
<p>NI 122 Mortality from all cancers at ages under 75 DH DSO</p>	<p>District</p>	<p>Cancer is one of the main causes of premature death (under 75 years of age) in England, accounting for nearly 4 in 10 of all such deaths in this age group. Reducing mortality rates will therefore make a significant contribution to increasing life expectancy. This is a Department of Health PSA Target: Substantially reduce mortality rates by 2010 from cancer by at least 20% in people under 75, with a reduction in the inequalities gap of at least 6% between the fifth of areas with the worst health and deprivation indicators and the population as a whole.</p>

Children, Young People and Healthy Communities OSC

<p>NI 123 16+ current smoking rate prevalence PSA 18</p>	<p>PCT/County</p>	<p>Smoking is the principal avoidable cause of premature death and ill health in England today. It kills an estimated 86,500 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. They are part of a programme of action needed to meet the national target to tackle the underlying determinants of ill health and health inequalities by reducing smoking rates to 21% or less by 2010, with a reduction in prevalence among routine and manual groups to 26% or less. They are currently monitored through assessment of 4-week smoking quitters.</p>
<p>NI 124 People with a long-term condition supported to be independent and in control of their condition DH DSO</p>	<p>PCT/County</p>	<p>This indicator focuses attention on patient experience against exact national policy aims for people with long-term conditions. Long-term conditions describe people who suffer from a health condition that remains with them for the rest of their life, such as diabetes, asthma or dementia. People with long-term conditions want greater control of their lives, to be treated sooner before their condition causes more serious problems and to enjoy a good quality of life. This means transforming the lives of people with long-term conditions to move away from the reactive care based in acute settings toward a more systematic patientcentred approach, where care is rooted in primary and community settings and underpinned by strong partnerships across the whole health and social care spectrum.</p>

Children, Young People and Healthy Communities OSC

<p>NI 125 Achieving independence for older people through rehabilitation/intermediate care PSA 18</p>	<p>County</p>	<p>This indicator measures the benefit to individuals from intermediate care and rehabilitation following a hospital episode. It captures the joint work of social services and health staff and services commissioned by joint teams. The measure is designed to follow the individual and not differentiate between social care and NHS funding boundaries. The measure covers older people aged 65+ on discharge from hospital who:</p> <ol style="list-style-type: none"> 1. Would otherwise face an unnecessarily prolonged stay in acute in-patient care, or be permanently admitted to long term residential or nursing home care, or potentially use continuing NHS in-patient care; 2. Have a planned outcome of maximising independence and enabling them to resume living at home; 3. Are provided with care services on the basis of a multi-disciplinary assessment resulting in an individual support plan that involves active therapy, treatment or opportunity for recovery (with contributions from both health and social care); 4. Are to receive short-term interventions, typically lasting no longer than 6 weeks, and frequently as little as 1-2 weeks or less. <p>This new indicator relies on new data which will require piloting and is not likely to be available for reporting until October 2008. Comments from the consultation process will be taken into consideration as part of the development and piloting process.</p>
<p>NI 126 Early access for women to maternity services PSA 19</p>	<p>PCT/County</p>	<p>All women should access maternity services for a full health and social care assessment of needs, risks and choices by 12 completed weeks of their pregnancy to give them the full benefit of personalised maternity care and improve outcomes and experience for mother and baby. Reducing the percentage of women who access maternity services late through targeted outreach work for vulnerable and socially excluded groups will provide a focus on reducing the health inequalities these groups face whilst also guaranteeing choice to all pregnant women.</p> <p>Completion of the assessment empowers women, supporting them in making well informed decisions about their care throughout pregnancy, birth and postnatally. The national choice guarantees:</p> <ul style="list-style-type: none"> • choice of how to access maternity care; • choice of type of antenatal care; • choice of place of birth; • choice of place of postnatal care.

Children, Young People and Healthy Communities OSC

NI 127 Self reported experience of social care users PSA 19	County	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.
NI 128 User reported measure of respect and dignity in their treatment DH DSO		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 does not diminish their dignity, affect their modesty and respects their human rights. 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.
NI 129 End of life access to palliative care enabling people to choose to die at home DH DSO	PCT/County	To improve end of life care allowing more patients the choice of dying at home. Building on the Best made the commitment to offer all patients nearing the end of life, regardless of diagnosis, the same access to high quality palliative care so that they can choose if they wish to die at home. This requires effective care pathways to meet health and social care needs and preferences at the end of life.
NI 130 Social Care clients receiving Self Directed Support (Direct Payments and Individual Budgets) DH DSO	County	Self Directed Services, by which we mean direct payments and individual budgets, offer the individual client or carer greater flexibility in how their support is provided and ensure that their care and support package is directly responsive to their individual needs and wishes.
NI 131 Delayed transfers of care from hospitals DH DSO	PCT/County	This indicator measures the impact of hospital services (acute and non-acute) and community-based care in facilitating timely and appropriate discharge from all hospitals for all adults. This measures the ability of the whole system to ensure appropriate discharge from hospital for the entire adult population, and is an indicator of the effectiveness of the interface between health and social care services.
NI 132 Timeliness of social care assessment DH DSO	County	Users and carers should expect practical help and other support to arrive in a timely fashion soon after their problems have been referred to social services. Timeliness of assessment is of importance in policy terms, recognised as crucial by Councils with Adult Social Services Responsibilities and significant for people who use services.

Children, Young People and Healthy Communities OSC

<p>NI 133 Timeliness of social care packages DH DSO</p>	<p>County</p>	<p>Users should expect practical help and other support to arrive in a timely fashion soon after their problems have been referred to social services. Timeliness of the delivery of care packages following social care assessment is of importance in policy terms, recognised as crucial by Councils with Adult Social Services Responsibilities and significant for people who use services for whom long delays in delivering the help and support they need can be detrimental.</p>
<p>NI 134 The number of emergency bed days per head of weighted population DH DSO</p>	<p>PCT/County</p>	<p>This is a measure of improved pro-active care of patients, particularly those with chronic conditions. Reducing the number of emergency bed days requires input from a range of stakeholders to avoid admissions and to ensure appropriate time in hospital. There is a clear measure of success and it requires improvements in performance from a range of organisations in health and social care to achieve it.</p>
<p>NI 135 Carers receiving needs assessment or review and a specific carer's service, or advice and information DH DSO</p>	<p>County</p>	<p>Support for carers is a key part of support for vulnerable people. Support for carers also enables carers to continue with their lives, families, work and contribution to their community. This measure provides a measurement of engagement with, and support to, carers.</p>
<p>NI 136 People supported to live independently through social services (all ages) PSA 18</p>	<p>County</p>	<p>This provides a high-level indicator that signals the importance of costeffective, evidence-based, innovative approaches to supporting people to live independently in the community. The indicator covers all adults receiving any amount of care/support to live independently, both through care packages provided directly by the local authority, and including that provided through organisations that are Grant Funded. It includes both intensive support in the community and lower levels of care/support and is consistent with the wider direction and development of Our health, our care, our say of providing treatment and support in community settings and preventing or postponing the need for more intensive care packages or residential care. While not in itself outcome focused, it can be seen as offering a proxy for quality of life, and to some extent choice and control in that it indicates the proportion of adults supported to live as independently as possible.</p>

Children, Young People and Healthy Communities OSC

<p>NI 141 Number of vulnerable people achieving independent living CLG DSO</p>	<p>County</p>	<p>The aim is to measure the extent to which housing related support (Supporting People) helps people move on in a planned way to more independent living.</p>
<p>NI 142 Number of vulnerable people who are supported to maintain independent living PSA 17</p>	<p>County</p>	<p>To measure the extent to which the housing related support prevents service users from moving into institutional care.</p>
<p>NI 147 Care leavers in suitable accommodation PSA 16</p>	<p>County</p>	<p>The indicator measures accommodation outcomes for young adults formerly in care – a key group at risk of social exclusion. The indicator is intended to increase the proportion of former care leavers who are in suitable accommodation. This will help minimise the risk of care leavers being in unsuitable housing or becoming homeless.</p>
<p>NI 148 Care leavers in employment, education or training PSA 16</p>	<p>County</p>	<p>The indicator measures levels of participation in education, employment or training (EET) for young adults formerly in care – a key group at risk of social exclusion. The indicator is part of the Social Exclusion PSA and is intended to drive improvements in long-term outcomes for care leavers, by ensuring they receive the support they need to access EET.</p>
<p>NI 149 Adults in contact with secondary mental health services in settled accommodation PSA 16</p>	<p>County</p>	<p>The indicator is intended to improve settled accommodation outcomes for adults with mental health problems – a key group at-risk of social exclusion.</p>
<p>NI 150 Adults in contact with secondary mental health services in employment PSA 16</p>	<p>County</p>	<p>The indicator is intended to measure improved employment outcomes for adults with mental health problems – a key group at-risk of social exclusion.</p>