

Improved Reporting of Adult Social Care Finance and Activity Data

Response to Stakeholder Engagement on Proposals for Revisions to PSS EX1

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Response to Stakeholder Engagement on Proposals for Revisions to PSS EX1

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Contents

Executive summary	5
Final Memorandum Items.....	6
New Service User Groupings.....	6
Support Services and Overheads.....	6
New Service Lines.....	7
Next Steps.....	9
Overview of Feedback	10
Analysis of returns	10
Background.....	12
Update on the medium term solution.....	13
Note regarding some of the memorandum items	14
Using financial and activity data for decision making.....	15
Detailed Analysis and Commentary	16
Introduction.....	16
Definitions	17
Consistency with other datasets.....	17
Outcomes and Individual Budgets.....	19
Comparability	21
Pooled Budgets, Area Based Grants, etc.....	23
Responses to consultation questions.....	24
Memorandum items at 'client group' level:	24
Memorandum items within subdivisions of service	24
Detailed views on any of the items proposed	30
<i>De minimis</i> items.....	30
2009-10: Memorandum items etc: voluntary or mandatory?	32
Implications of the above proposals	33
Annex A : Original Questions	34
Annex B : Analysis of Feedback	35
Annex C: Service Users and Overheads	36
New Service User Groupings.....	36
Overheads (SSMSS).....	36
Annex D: Memorandum items update.....	39

Executive summary

In September 2008 the Department of Health (DH) published a document entitled *Improved Reporting of Adult Social Care Finance and Activity Data : Revisions to PSS EX1* as a means of engaging stakeholders in proposals to change the way in which PSS EX1 data is collected. In addition to specific recommendations aimed at disaggregating service headings into their constituent parts, the report also proposed the trialling of a new way of collecting PSS EX1, and similar, social care data.

The purpose of this document is to summarise, and to respond to, comments received from councils during October as part of this engagement process.

The key conclusions, agreed by the CIPFA Social Care Statistics Working Party (extended, by invitation, to the stakeholders who attended the original meeting in May 2008), CLG and the ADASS Standards and Performance Network (chaired by David Johnstone) are as follows:

- Except as noted later, the proposals were broadly accepted. The NHS Information Centre (IC) will update the PSS EX1 return to include the majority of identified new memorandum items for voluntary completion by councils for the 2008/09 financial period;
- Accepting that many councils may have to pro-rate the more detailed breakdowns on the basis of activity data rather than via financial coding, it is intended to make these items compulsory for the 2009/10 period. Whilst seen as a challenge for some councils, the importance of having the better information in time for the next round of Comprehensive Spending Review (CSR) negotiations was accepted by the group;
- With some modification, it was agreed that councils would be asked to separately identify allocated overheads. It was recognised that achieving consistency would always be a challenge but that greater transparency in this regard would help those who use the PSS EX1 return for comparative purposes;
- In order to formalise these conclusions, DH will consult with both CLG and ADASS with a view to making the revised PSS EX1 return mandatory. This is on the basis that the Working Party agreed that PSS EX1 met both the financial and policy criteria necessary to maintain its status as such. The IC highlighted that, across all of the social care related returns, the reduction on burden on councils had exceeded CLG targets;
- There was continued support for the medium term solution which aims to significantly reduce this burden via increased automation. When combined with the joint DH/IC objectives of getting to a single dataset from which all returns data can be derived, it is believed that this should help councils considerably in time for completing the 2009/10 returns; and
- It was agreed that these changes should be published quickly to give the councils as much time as possible to prepare for 2009/10. It was recognised that details of the return may be refined to reflect lessons arising out of the medium term solution (January 2009) and completion of the 2008/09 returns (to be submitted in July 2009 – any revised guidance would be published in September 2009).

Final Memorandum Items

After reviewing the feedback to the September document, and discussions with the CIPFA PSS EX1 Working Group, the following summary of memorandum items will be added to the 2008/09 PSS EX1 return (For the details of these changes please see the Section entitled **Responses to consultation questions** and the annexes).

New Service User Groupings

The current single client group '**Older People**' will have additional subdivisions for '**Older People with Mental Health Needs**' and '**Older people with Learning Disabilities**' where selected rows of data on expenditure on services will be shown as memorandum lines¹.

In addition, it is proposed to separately identify expenditure on services related to Carers.

Support Services and Overheads

The proposal to exclude the overall Social Services Management and Support Services (SSMSS) costs from the PSS EX1 main return and to use a national standard formula to allocate these costs across service lines and columns was dropped. However, it was agreed that:

a. total gross Support Services costs should be reported in their constituent parts (as an item independent of service and client type). This breakdown (based on that used in the CIPFA BVACOP Service Expenditure Analysis (SEA) is as follows:

- **Client support** (sub-divided further into *welfare benefits, advocacy and advisory services*);
- **Operations support** (sub-divided further into *performance management, planning, financial assessment of clients, contract management, brokerage*);
- **Information Technology**;
- **Finance** – excluding financial assessment
- **Training**;
- **Premises and property costs**
- **Transport**; and
- **All other SSMSS expenditure**

These elements will report both costs incurred within the adult social care department which are not already reported within e.g. in-house service row cells and those recharged from the corporate centre. Councils are not expected to create artificial 'cost centres' for such functions. For example, if a council does not have a separately identifiable brokerage function, this entry

¹ The medium term solution will allow more flexible presentation of current 'client groups' so that age can be handled more flexibly. It will also be possible to report on new 'need' categories so that, for example, specific health conditions can be reported, rather than relying (as in the RAP return) on the broad category 'physical and disability, frailty and sensory impairment'.

will be zero – councils will not be expected to pro-rate activity where no such breakdown naturally exists.

- b. the total value of these indirect costs would be made more transparent by the addition of two additional *memorandum columns* against each existing service/client group line (not the new memorandum lines discussed below). The first column would identify the amount attributed for each service line to any in-house services ('own provision and joint arrangements'), and the second the amount attributed on each line to 'provision by others and grants to voluntary organisations'.

These changes should mean it is possible for councils to compare direct costs on a more consistent basis without them being masked by different practices around allocating departmental and corporate overheads. The Working Party recognised that total consistency was probably not attainable but endorsed these proposals as offering greater transparency and better understanding of differences in expenditure patterns between councils.

New Service Lines

The following table summarises the new memorandum items to be reported. The 'outcome of feedback' column reflects the high level differences to what was proposed in September. In many cases the definition has been refined and, under the stewardship of the Working Party, may continue to be refined ahead of publishing the 2008-09 return template. The medium term solution, if successful, may also contribute refinements.

(continued on next page)

Click on any of the underlined links and this will take you to the relevant heading in Annex D.

PSS EX1 Division(s)	PSS EX1 Sub-division(s)	Proposed memorandum item	Outcome of feedback
ALL CLIENT CATEGORIES TOGETHER	Assessment and care management (All)	Initial points of contact	Dropped
		Occupational therapy	Dropped
		Support staff	Dropped
OP, PSD, LD, MH	(a) Nursing Care placements and (b) Residential care placements summed	Rehabilitation / intermediate care	Retained
		Respite care	Retained
		Short term care	Retained
OP, PSD, LD, MH	Supported and other accommodation	'permanently' resident in Adult Placement	Three APS items merged
		'temporarily' resident in Adult Placement	
		'temporarily' resident in Adult Placement scheme settings for respite care	
		Supported living / group homes	Retained
		Refuges / hostels not registered with CSCI	Dropped
		Community support services	Retained
		Extra care housing (non personal care elements)	Retained
OP, PSD, LD, MH All client groups together	Direct payments	Direct Payments to carers:	Retained
		Administration supporting Direct Payments replaced by Direct Payment Amounts (amount given to clients only)	Modified
OP, PSD, LD, MH	Home care	Rehabilitation / re-enablement / intermediate home care	Retained
		Extra care housing - personal care element	Retained
		Live in home care	Retained
		Night sitting (waking)	Dropped
		Night sleeping	Dropped
		Day sitting	Dropped
PSD, LD, MH	Day care	Employment related day services	Retained
OP, PSD, LD, MH	Equipment and adaptations	Telecare equipment and its maintenance	Retained but do not split by user group
		Prescriptions for equipment and their management costs	
		Equipment Store costs + associated transport	
OP	Meals	Meals on wheels and frozen meals	Dropped
		Lunch clubs meals	
Other adults	Substance abuse (addictions)	The proposal was to split out (i) alcohol and (ii) drugs expenditure and to consider further split of residential / other services	Dropped but consider for extraction.

Next Steps

Over the coming month, this report will be distributed to the various stakeholders for final agreement to the changes. Once approved, the NHS Information Centre will be building the revised collection tools in readiness for review by the PSS EX1 Working Party in early January, in time for release in February. The medium term solution will be being developed in parallel with this work.

Date	Revising PSS EX1	Collection of data by councils	Reporting	Development of medium term solution	Activity
2008					
November	●				Meeting of PSS EX1 Working Group and other stakeholders to consider responses (4 th)
	●				Final recommendation to CLG, ADASS for final endorsement
December	●				Incorporation of PSS EX1 changes into IC notification of changes to returns for 2008-09 and 2009-10 (planned for 8 th December)
2009					
January				●	Demonstration / review of progress on PSS EX1 automation
	●				PSS EX1 Working Party review proposed changes to detailed collection process and associated guidance
January - March				●	Trialling of extraction tools with volunteer councils
February	●				IC issues 2008-09 PSS EX1 form
				●	Reporting proposals for national specification of return/ local reporting
			●		IC issues final council level PSS EX1 2007-08 data
April onwards		●			Councils collecting data to new requirements for 2009-10
				●	Roadshow of tested tool – assistance to councils with implementation
July - August			●		Councils submit 2008-09 PSS EX1 including memo lines (voluntary basis)
	●				IC reviews 2008-09 voluntary data and comments by councils and prepares amended guidance for 2009-10
September	●				IC finalises details of PSS EX1 submission for 2010-11
October			●		IC issues 2008-09 provisional PSS EX1 data
2010					
February			●		IC issues final council level 2008-09 data
				●	If the medium term solution is successful IC issues instructions on how to use it – otherwise IC issues 2009-10 PSS EX1 form
April	●				Councils collecting data to new requirements for 2010-11
By September	●				Decisions about 2011-12 return content and formats

Overview of Feedback

Analysis of returns

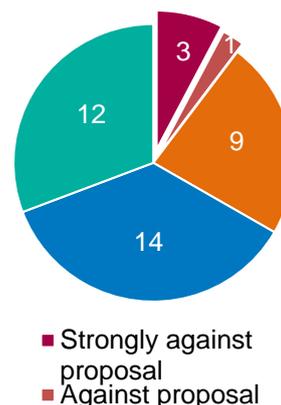


Approximately 25% of councils formally responded to the September 2008 proposals, with many more providing verbal feedback on the proposals at various CIPFA, CSED and NHS Information Centre events held during September and October 2008.

As can be seen from the pie chart, only approximately 10% of those responding were against the proposals. However over 50%, although supportive, had at least some concerns with details of the proposals.

This feed-back is consistent with the verbal responses at over half-a-dozen events held at either national or regional level. This report seeks to address the specific issues raised.

The main issues centred around extra burden (51%), a disconnect with personalisation and outcomes (26%), concerns about comparability (26%), pooled budgets (21%), synergies with other datasets (13%), Specific reactions were received about proposals for additional memorandum lines with a maximum of 36% related to any one item – night sitting) [Analysis in Annex B].



Each of these topics is covered in detail in the body of the report. Three high-level issues are addressed here.

Firstly, *outcomes*. We recognise that the current 'short term' proposals fall short regarding this topic. The 'medium term' solution is being designed to pick up on this as best as we believe practical in the absence of a nationally agreed standard for objectively measuring outcomes.

Secondly, identifying the impact of *Individual/ Personal Budgets*. The recently published **Ibsen** (Individual Budgets Evaluation Network) report *Evaluation of the Individual Budgets Pilot Programme (DH, October 2008)* notes that approximately 60% of clients continued to receive traditionally sourced packages of care as part of the settlement. Additionally it highlights that:

many older people supported by adult services do not appear to want what many of them described as the 'additional burden' of planning and managing their own support

Given that this group represents by far the largest section of those in need, and when combined with the 60% figure, traditional forms of commissioned support are likely to remain the

substantive part of social care expenditure for the remainder of this Comprehensive Spending Review (CSR) period².

The final theme links the *increased burden, comparability, and related datasets* topics. Most of the concerns were raised by those from a financial accounting perspective where their cost management structures do not align with the proposals. We know, both from feed-back on the proposals and experience on the ground, that the PSS EX1 return is predominantly completed from finance systems. However, under CIPFA's Best Value Accounting Code Of Practice (BVACOP), the PSS EX1 return is intended to be an activity-based costing reporting tool suitable for use within a management accounting context. As pointed out by a number of councils, PSS EX1, and related returns, are used extensively for benchmarking purposes and as a source of management information by virtually everybody: central government, the inspection/regulatory bodies and by councils themselves. Within this context, activity and finance data are equally important.

A key conclusion from the earlier work is that the current PSS EX1 (and similar) returns are, at present, not a reliable source of benchmarking and meaningful management information, given the different accounting practices and variable quality of activity information currently submitted.

We were set a clear objective to improve the linkage between financial and activity data. This underpins the rationale for many of the selected sub-headings and is why we are investing in the medium term solution to facilitate the bringing together of the various bits of the jigsaw into a cohesive dataset.

The voluntary additions to the 2008-09 return will not be used centrally for benchmarking or analysis purposes. They will be used to trial the final proposals, find out what is practical and what is not, and provide learning to refine the process in time for 2009-10.

In the short term we have recognised that there may be additional effort required if councils do not have the necessary financial reporting structures and/or their linkage to activity is weak. As one council stated, this effort only becomes a burden if the information being collected is of no local use. By improving the information available we are hoping that the return will provide much more useful management information. We are, of course, hoping that our ambition to automate as much of the return as possible under the medium term solution will significantly reduce this effort, produce data of real value locally and improve timeliness of its availability nationally.

The importance of improving the PSS EX1 return in time for the next round of CSR negotiations is a primary reason why we keen to put as much in place as possible for the 2009-10 return.

² There is evidence of developments since the conclusion of the **ibsen** pilots which suggests that uptake of Personal Budgets will increase among Older People.

Background

For the benefit of those coming into contact with this initiative for the first time, we summarise the events leading to this feedback report:

May 2008	John Bolton (Strategic Finance Director, Department of Health) convenes meeting to discuss the current PSS EX1 return. Small team commissioned to come up with proposals on how to improve it.
Summer 2008	Team meets various stakeholders to explore ideas.
September 2008	The report entitled <i>Improved Reporting of Adult Social Care Finance and Activity Data : Revisions to PSS EX1</i> published as a means of obtaining stakeholder engagement on the proposals.
September and October 2008	Proposals presented to a variety of relevant audiences: Various CIPFA groups, a number of regional Information Management Groups (IMGs), various NHS Information Centre organised events (Leeds, London and Birmingham) and information made available at CSED's National Events (Leeds and London).

The following extract from the letter sent out to Directors and Adult Social Services and Directors of Finance (or their equivalents) with the September report summarises the key components of the report:

There are a number of reasons why I and other stakeholders wanted to refine and develop the return:

- *Most of all because the data requested do not reflect the current shape of the delivery of social care services, e.g. it does not sufficiently identify spend on supported housing and extra-care housing or on intermediate care/rehabilitation.*
- *Too frequently the data returned shows considerable variability between authorities within the same year and between years within the same authority.*
- *To make some aspects of the return simpler and less subject to arbitrary distortions – e.g. the allocation of overhead costs.*
- *Moving forward, the return also needs to be developed to capture the personalisation agenda and the move towards Individual Budgets.*

The proposal is in two parts:

- 1) *Short-term refinements to the existing PSS EX1 return – mainly via the addition of memorandum items to create an improved breakdown of the current service categories; and*
- 2) *A medium-term solution which aims to dramatically improve the ease of data compilation for PSS EX1 and, potentially, related returns. It will also hopefully provide councils with a robust set of financial and management information for their own use.*

Update on the medium term solution

In view of the concerns raised about the potential extra burden on councils, and in order to address some of the comments made by councils in their responses to the September report, we felt it appropriate to provide an indication of the direction being taken on the medium term solution.

The solution draws on experience in developing and deploying CSED's Tool for Rapid Analysis of Care Services (TRACS) but is being designed to provide new and different functionality.

We are currently working with three councils (four planned) with a view to creating a 'proof of concept' tool for automating the process of collating the data needed to complete the PSS EX1 return. Associated with this tool will be a set of standardised data extraction specifications, and suggested logic, for obtaining the relevant data from the disparate systems contributing to the return.

We are deliberately working with councils who have a mix of systems and environments:

- **Council A** : Finance system – Agresso, care management system – CareFirst, currently merging activities with their PCT, Learning Disability operating on a pooled budget basis, an Individual Budget pilot site.
- **Council B** : Finance system – Oracle, care management system – SWIFT, Mental Health by PCT, implementing an outcomes based commissioning strategy
- **Council C** : Finance system – Bespoke/migrating toward SAP, care management system – Framework I, various sources of data for parts of the return
- **Council D** (to be confirmed): Likely to be using Raise as their care management system, looking for active use of SAP from a finance systems perspective.

With respect to the PSS EX1, all of these councils rely on various mechanisms, in addition to financial reporting structures, to allocate costs (and activities) across the various headings within the current PSS EX1 return. This includes staff head count, activity levels, number of clients, income streams (e.g. Health), and direct expenditure. Thus, in addition to the explicit activity data on the PSS EX forms themselves, there is an implicit requirement for data which is also requested as part of most of the other returns submitted by councils. With this in mind, we have mapped the historical data requirements of these other returns:

- the NHS Information Centre returns: SSDS001, RAP, HH1, SR1, etc.;
- Skills for Care's National minimum dataset for social care (NMDS-SC)
- CLG RA and RO forms (and potentially *Supporting People* returns);
- The CIPFA benchmarking club's returns, covering homecare, care homes and learning disabilities;
- Various other benchmarking returns (Tribal, PriceWaterhouseCoopers); and
- The requirements of other offerings (Dr Foster, CareTrak, Spikes Cavell, etc)

Where we believe there is an opportunity to create synergies with the intent of these other datasets / products, we will identify them and include recommendations as part of our input to the development of the NHS Information Centre's National Adult Social Care Intelligence System (NASCIS).

The initial 'proof of concept' demonstrator, which will test the extent to which the PSS EX1 return can be automated, will rely heavily on extending existing TRACS functionality by improving the way in which council specific structures and terminology can be mapped and merged into a standard structure based on standard definitions.

We believe we have a good understanding of the care management system side of the equation and so the initial focus will be on the financial data sets contained in the likes of Oracle, Aggresso and SAP. Once we have confidence that this can be achieved we will refine the process by incorporating other inputs e.g. HR data already being compiled for NMDS-SC.

We are working to tight timescales. The first deliverables, planned for early 2009, will include:

- The demonstrator; and
- First drafts of proposed data extraction standards.

Subject to the outcome of this work, we expect to refine the proposals - involving more councils - during the spring of 2009. During this period it is anticipated that the NHS Information Centre will take an increasingly active role, with handover of responsibility early in the new financial year.

Note regarding some of the memorandum items

As picked up by a small number of councils, there are a number of memorandum items which were introduced because they are priced and quantified in different ways. As an example, live-in care is usually priced by the day and not by the hour. The conversion to hours can significantly distort unit prices – as can some of the supported living arrangements – hence separating them out. Likewise, as pointed out by some councils, the inclusion of older people with learning disabilities in the older people category can have a disproportionate impact on unit costs.

We recognise that, for many councils, some of these items are *de minimis* from a financial perspective and, for the purposes of the short term solution, we are proposing to remove some of them (see later).

For the medium term solution discussed here, we see no additional overhead in keeping them separate – this will help increase visibility from a benchmarking perspective. Indeed it is planned that the medium term solution will provide the capability to achieve even greater transparency. For example, the CLG RO/RA returns include budget as well as outturn information and they split out employee related costs from other costs. Given the concept of a common dataset to complete all returns, we expect this to be a feature of the council based medium term solution. Clearly, the

extent to which this level of breakdown is submitted to the NHS Information Centre is likely to be a topic of discussion prior to full implementation – subject to proof of concept.

The medium term solution is planned to be based upon the principle of mapping – where existing council terms are mapped to standard definitions via configurable ‘mapping’ tables. This mechanism is inherently more flexible and adaptable to change – considered essential for the transformation agenda underpinning much of *Putting People First*. Therefore, if councils are able to maintain the detailed breakdowns without significant burden, we would encourage them to do so.

Using financial and activity data for decision making

Updating the PSS EX1 return as described above and developing new tools for extracting data under the medium term solution will help with the framework for monitoring and reporting financial and activity data in adult social services. These developments on their own will not lead to better understanding of the underlying data or better decision making.

A key challenge for authorities will be to use the improved data in managing the business of providing care for vulnerable clients. This should include developing staff skills and the systems and procedures to ensure “raw” finance and activity data are fed into local management and financial information systems to provide useful information for managers to act upon.

Good decision making requires fit-for-purpose systems, and staff and managers, who are financially aware.

Detailed Analysis and Commentary

Introduction

For completeness, we have included and, where relevant, updated, two of the annexes from the original report. The analysis of responses is also included:

- Annex A** : The specific questions asked in the original report;
- Annex B** : The matrix we used to identify and quantify common issues and themes;
- Annex C** : Service Users and Overheads; and
- Annex D** : An updated (and abbreviated) version of the detailed descriptions for the memorandum items extracted from *Annex J* of the original report

There were a number of very specific questions and issues raised by councils in their responses. We hope to address the majority of these in this report. However, we recognise that we may not satisfactorily cover some concerns from individual councils. We are working on establishing an internet-based moderated forum as a means of capturing and responding to any such issues in the future.

The following themes are discussed in more detail below:

- Definitions;
- Links with other datasets;
- Outcomes and Individual Budgets;
- Comparability; and
- Pooled Budgets, Area Based Grants

Definitions

Some quotes from councils in their responses:

"It will definitely assist if the definitions are specific enough to ensure that all overheads are allocated through this process. If there is still room for spurious interpretation then that will negate the usefulness of this exercise."

"... it is this experience which is leading us to raise concerns and questions around the definitions and activity measures referred to in the consultation. In our view the clearer the guidance and definitions, the more likely we are to see robust and comparable data."

<i>Short Term Solution</i>	<i>Medium Term Solution</i>
<p>Given the variety of arrangements of care and accounting practice across 150 councils, total consistency is unlikely to be achievable. Nevertheless, the objective is to provide comparable data to standard definitions so that all the potential users have a dataset fit for purpose (see material on purposes and interested parties in the original proposals, page 9).</p> <p>The main responsibility for providing definitions and guidance lies with groups convened by CIPFA which revise the SEA. Provision of clear definitions for new memorandum items in line with the SEA should meet short term needs. See Annexes C and D for definitions of memorandum lines and columns.</p>	<p>The medium term solution is making use of functionality to map local council terminology against the equivalent national standard headings. It will also incorporate rules to pro-rate where necessary.</p> <p>Such mappings will need to be published as a means of refining and tightening up definitions over time. Whilst unlikely to be included as part of the return, this will also provide individual councils who wish to benchmark with each other with a standard mechanism for reviewing and aligning the information.</p>

Consistency with other datasets

Some quotes from councils in their responses:

"If we have a dataset equivalent to PSS EX1, are we saying this would then be used to automatically populate the required elements of PSS EX1? Does this also mean we would no longer be required to complete RAP and other current datasets? Need to ensure this is not another dataset on top of the other existing data returns that requires cross checking and validating to all the other data returns as it could lead to duplication and additional workloads being created."

"I assume any changes made will also be replicated on the RA/RO returns, to ensure that these reports still dovetail?"

"If these go ahead, can we assume that the Self Assessment Survey (SAS) will be revised to ensure consistency/avoid duplication with the new EX1?"

"To artificially adjust the activity as is the case with Homecare (e.g. use of intensive hours and the HH1 sample week) produces meaningless cost comparisons which immediately undermines the validity of the data when explaining these differences."

<i>Short Term Solution</i>	<i>Medium Term Solution</i>
<p>The additional requirements in terms of memorandum lines and their definitions need to be consistent with other dataset requirements on councils. Duplication should be avoided where possible. For example, CSCI's Self Assessment Survey no longer requires early calculation of year-end data by user group: data submitted in PSS EX1 is provided by the IC for use by CSCI.</p>	<p>Our aim is, once the local datasets have been configured, to automatically populate the required elements of PSS EX1. Since this relies on information from other related datasets we are also aiming to contribute to the NHS Information Centre's National Adult Social Care Intelligence System (NASIS) which has an objective of getting to a single dataset for the vast majority of current returns. However, this is a by-product of our focus on PSS EX1 as opposed to core scope.</p> <p>In the short term, it is highly probable that there will be inconsistencies with other returns (as there are now). We expect to identify and address such issues as part of the trial process. Clearly moving toward an integrated dataset will help in this regard.</p> <p>We agree that the use of a home care sample week is unreliable and, for homecare, from September 2008 this will no longer be used. At present, many councils effectively rely on providers providing the information to complete this return. It is our hope that, by merging the available information from the different sources, we will be able to make use of the whole year's data and reduce dependency on a sample week.</p>

Outcomes and Individual Budgets

Some quotes from councils in their responses:

"The personalisation agenda requires a move to outcome-based reporting. This seems at odds with the greater detailed breakdown of information on service divisions that is being asked for in the memorandum items for short-term refinements."

"It is anticipated that the first complete year will be 2010/11 (by which time everything will be recorded under "Direct Payments"!)"

"We find the existing guidance on the treatment of Individual Budgets within PSS EX1 to be unworkable and in fact to run counter to the ethos of Individual Budgets. ... Service users are free to choose their own mix of support. They are also not required to provide us with any kind of a breakdown ..."

"I think there needs to be an acceptance that the widespread adoption of Individual Budgets will fundamentally challenge the basis of a return such as PSS EX1. ... this interim approach seems to be a retrograde step."

General Comment

We commented about outcomes within the Executive Summary.

We concur that a move to 'outcomes-based reporting' will mean that less information will be available, particularly in the area of homecare, where providers are expected to be given more freedom in terms of how, and when, they meet a particular individual's needs.

However, in other areas of expenditure, the impact of personalisation (at the service level) is likely to be less pronounced. Even within homecare, many councils have established, or are establishing, re-ablement teams prior to purchasing more traditional forms of home care.

The reason for requesting a greater level of detail is to better understand the patterns and trends in the specific forms of care being commissioned over time, so that councils and government can see whether the transformation agenda is actually working. In addition, as pointed out earlier, the move to direct payments will not be an overnight phenomenon.

Where the councils commission services on behalf of service users as part of a personal budget, we would expect councils to be able to demonstrate value for money in terms of the effort required to achieve agreed outcomes.

With specific regard to cash payments, we have no expectation to capture how an individual chooses to spend their funding – hence our comment about the importance of an objective basis for measuring outcomes.

<i>Short Term Solution</i>	<i>Medium Term Solution</i>
<p>None can be offered for national reporting beyond continuing to measure the amounts spent on Direct Payments. The numbers in receipt of different services following on from an assessment and Resource Allocation System judgement (RAS) are to be included in the 2009-10 version of the RAP return.</p>	<p>As suggested by one of the councils, we intend to flag those clients who are identified as being in receipt of personal budgets (usually within the Care Management system) and capture, ideally from finance systems but (where this is not available) from pro-rating from evidence in client databases, the amount of expenditure on services which individuals receive under their personal budget. This will provide the ability to identify the proportion of the settlement being met via traditionally commissioned services, and, secondly, identify the amounts being allocated via the RAS process. It should be possible to identify what 'traditional' services any IB holder opts to use from the care management system.</p> <p>There will be a need to record and report any new forms of service arrangement made through a council which do not fall within the SEA sub-divisions as 'other' services. When such new forms of support are sufficiently numerous to count and involve sufficient expenditure to warrant separate reporting, this can be added into the datasets at local level and, if fully specified, nationally.</p> <p>This highlights the importance of reaching a decision on a quantifiable basis for capturing outcomes. However, we do not expect to see a resolution to this topic during the period of this current work (i.e. by March 2009).</p>

Comparability

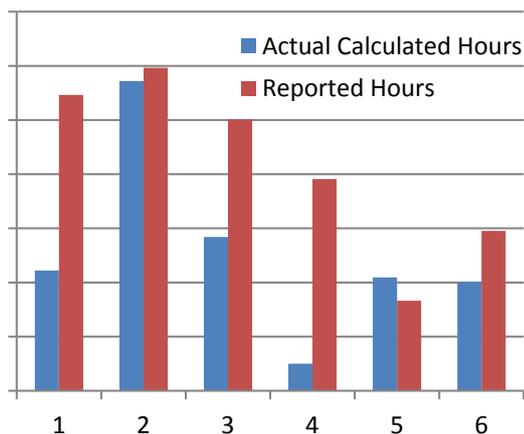
Some quotes from councils in their responses:

“In our view, the clearer the guidance and definitions, the more likely we are to see robust and comparable data.”

“One very real issue with trying to ensure comparability is that Councils are structured in many different ways.”

“We welcome the separation of support costs from direct costs – and believe this will expose an area of inconsistency between authorities within previous returns. However, this change is likely to expose other areas of inconsistency between Councils in how both departmental and corporate overheads are apportioned / allocated.”

“One of the greatest anomalies in comparing one council's apparent performance with another is in the way that each has allocated their support costs.”



The graph on the left was the result of a study done in one part of the country comparing the hours reported in PSS EX1 (red bars) with those subsequently calculated using the best available actual data for six councils (in itself a moving picture as more information comes to light).

It should be clear from this graph that for some councils underlying activity data is highly unreliable.

General Comment

As stated earlier, we do not believe that the current PSS EX1 is a particularly reliable source of comparable data when looked at from either a unit cost perspective or the percentage of expenditure across service categories.

For the very reasons highlighted by the above statements, we think that the achievement of *full comparability* at the aggregate level is somewhat of a holy grail. With these proposals we are aiming to achieve a higher degree of *transparency* and, via a greater level of breakdown, more choice in what information gets compared with what.

<i>Short Term Solution</i>	<i>Medium Term Solution</i>
<p>The memorandum lines proposed are a specific attempt to identify the different elements of services 'buried' within the current sub-divisions. Identifying the most important of these should provide clues as to some of the apparent differences being reported.</p> <p>The additional reporting in two memorandum columns of overheads attributable to each of the current return's rows will further add to transparency. (See further below)</p>	<p>With a move away from the somewhat constrained capture and presentational limitations of a spreadsheet format, we are hoping that the medium term solution will provide even more transparency and flexibility in the way in which comparisons can be made.</p>

Pooled Budgets, Area Based Grants, etc

Some quotes from councils in their responses:

"How does the new PSS EX1 return work in respect of Area Based Grants (ABGs)?"

"... Adult Social Care services are delivered by the Primary Care Trust under a Partnership Agreement with the Council. ... The question I have is whether the proposals will allow fair comparison between different types of service delivery organisation ..."

"We would like also to raise an important issue in our council over the reporting methodology for the Section 31 (Pooled Budget) and Section 28a."

<i>Short Term Solution</i>	<i>Medium Term Solution</i>
<p>Many Directors of Adult Social Services are increasingly taking on responsibility for a variety of other services. Some expenditure by adult social care departments on their specific services / functions is covered by income from the Area Based Grant (ABG); some may relate more to the additional responsibilities of the new combined directorates. PSS EX1 has always reported expenditure, not detail of the sources of grant income.</p> <p>There are clearly different interpretations across councils as to how to report expenditure on social care aspects of housing support: some appear to be reporting the expenditure in the subjective rows where Supporting People (SP) grant is deployed; others report the total in the designated SP rows; and yet others report part of the expenditure, particularly if district councils are involved.</p> <p>To improve comparability the PSS EX1 working group will need to review the guidance on SP related expenditure, especially if it is subsumed within the ABG. With regard to pooled budgets with the NHS, it has been agreed that the CIPFA PSS EX1 working group will review the guidance on how this is handled in the return. .</p>	<p>The medium term solution will identify both income and expenditure by type of organisation and whether or not they use a grant mechanism. The proposed model will be flexible in terms of including or excluding such funding arrangements and it is intended to provide a pro-rate mechanism for including / excluding related activity in line with existing council practices.</p> <p>This is another area where we believe transparency (versus comparability) can help. A lot of effort is currently spent by some councils to take out expenditure and related activity which is spent on behalf of others (e.g. health, Supporting People).</p> <p>From an accounting perspective, if both income and expenditure data are available it is possible to either net out, or show, the constituent parts. It is our view that maintaining transparency, and linking directly to financial reporting and recorded activity, is preferable to imposing a burden to separate out these parts.</p> <p>This topic is likely to become more relevant as councils increase their focus on universal services and prevention.</p>

Responses to consultation questions

Memorandum items at 'client group' level:

- i. *older people with mental health needs and older people with learning disabilities*
- ii. *carers' services*

Response

Most respondents were in favour of these proposals. Some noted that not all older people with mental health needs will be included. It was suggested that the focus should be on key services for the two sub groups of older people, rather than all 10 sub-divisions.

Identifying expenditure on carers' services was also accepted - subject to clear definition of what was to be included.

Recommendations

For older people with mental health needs and older people with learning disabilities only expenditure on residential care, nursing care and home care should be reported, in individual rows, separately for the two user groups.

Carers' services memorandum rows should consist of:

- a row for direct payments to carers
- a row for all other identifiable expenditure, including grants to carers organisations, respite care expenditure in care homes (and ideally adult placement scheme settings) and any other miscellaneous identifiable expenditure for carers.

Memorandum items within subdivisions of service

Are each of the proposed items:

- *Of sufficient importance and policy relevance?*
- *Adequately specified and defined?*
- *Reasonably readily extractable from local systems?*

Responses

Any proposed memorandum items need to be justified against the three criteria above. A number were felt not to be sufficiently justified. The paragraphs below review each proposal in the light of feedback and recommend whether or not it is to be included for 2008-09 and beyond.

Assessment and care management

Responses

Some respondents felt that seeking more detailed data on the three proposed memorandum items was unnecessary – others felt it would be helpful, especially in benchmarking.

- ***Initial points of contact*** – *Customer Relationship Management*
Estimating the expenditure involved would be done differently across councils, reflecting the diversity of corporate call centre arrangements, links to the NHS etc.
- ***Occupational therapy (OT) staff engaged in assessment and care management.***
Doubts were expressed as to the relevance of separating out OT expenditure.
- ***Support staff to assessment and care management***
Doubts were expressed as to the likelihood of councils providing comparable data on this item.

Recommendations:

There did not seem to be enough support to warrant the introduction of the three memorandum items, though in principle sub-dividing local expenditure on these functions should be feasible and relevant for local use and should be explored within the dataset extraction model.

Nursing and residential care

Responses:

Some queried what was defined as 'short term care'. The use of resident weeks of respite/intermediate care to pro-rata expenditure will lead to under-estimates if average costs are applied.

- ***Rehabilitation and intermediate care***
There are differences in the way councils account for this expenditure, especially where working jointly with the NHS.
- ***Respite care***
Finance systems seem unlikely to identify such care; this will require it to be pro-rated to recorded activity data.
- ***Short term care***
The definition in the original paper is:
'stays (other than intermediate care/ rehabilitation / respite care stays) where the resident was admitted for a defined short period and returned to their original home setting'.

Recommendations:

All three memorandum items should be retained for older people and physically disabled adults aged under 65 (separately). Rehabilitation / intermediate care should not be reported for LD or MH adults aged under 65 but respite and short term care should.

Use of actual expenditure for those receiving intermediate and respite care should be encouraged. If *pro-rata-ing* is used, it should reflect any premia payable above normal rates for care. Councils should ensure that the additional costs of such care are estimated from local contracts so that use of *pro-rata-ing* does not underestimate the true costs.

Supported and other accommodation

Responses:

Many councils felt that some of these items were *de minimis*, as far as they were concerned. Shire counties, in particular, reported incurring no significant expenditure on housing elements of care.

There are clearly major differences in interpretation by councils of the guidance on what should be reported as Supporting People expenditure and as 'Supported and other accommodation'. 'Community support' was not identified by several councils and may be reported in 'Home care' or in 'Other' services, not in 'Supported and other accommodation'. Two councils suggested only the numbers of individuals supported was needed, not those starting and finishing services in a period.

- Those '*permanently*' resident in Adult Placement scheme (APS) settings
- Those '*temporarily*' resident in Adult Placement scheme settings
- Those '*temporarily*' resident in Adult Placement scheme settings for respite care
- *Supported living / group homes*
- *Extra care housing* (non personal care elements)
- *Refuges / hostels* not registered with CSCI
- *Community support services*

Recommendations:

Adult Placement Scheme expenditure is small for most councils but seems to be likely to grow. Only one single memorandum line for APS should be required for each user group, pending the data extraction model.

The future of Supporting People expenditure is unclear: it may be included within the Area Based Grant.

SEA guidance should reiterate that personal care expenditure should be reported under 'home care' wherever the care costs can be attributed to an individual. Expenditure on support to adults living in the community (including those in extra care housing and other group living) which is not reported as hours attributable to the individual should continue to be reported here.

Extra care housing expenditure should only be reported for older people. Supported living expenditure should not be reported for older people.

Expenditure on refuges / hostels not registered with CSCI seems from most respondents to be minimal so should not be reported as a memorandum item.

Data will not be required for those starting a service in a period nor on those finishing one, provided councils have means of reporting the whole 'caseload' at any time and can provide activity data in a meaningful way.

Direct payments

- *Direct Payments to carers*: extract to new carers services division memorandum line
- *Administration supporting Direct Payments*

Responses:

Individual budgets (IBs) received as direct payments are widely expected to increase the amount of expenditure under this sub-division.

For some councils there may be problems in that Direct Payments (DPs) to carers are not identifiable within the expenditure lines of the user group for whom carers provide support.

One response suggested that with the focus on setting up support for individual budgets meant that reporting this separately may not be very meaningful for the next few years. Several councils suggested that the current return with additional memorandum analysis will not fully reflect the shift towards individualised support packages.

Recommendations:

For continuity within the current return, direct payments to carers should still be reported within the client group rows of the client for whom the carer cares. The memorandum line on carers' direct payments simply extracts expenditure and support costs for these direct payments. A second memorandum line will report, for all direct payments in total, the sum paid to the recipients, rather than seeking, as originally proposed, to report costs of administration. Policy monitoring of the shift towards personalisation will rely on these figures.

The wider issue of how much those who receive a personal budget allocation choose to use it to purchase existing services or to ask the council to purchase new services not hitherto recorded, can only be reported from within the proposed data extraction tool.

It is critical that the provision of a DP should not be double counted, within PSS EX1 or the extraction tool, if the user is also recorded as buying in-house services with their IB allocation.

The fact that those with IB money as a Direct Payment can buy almost any type of support will mean that such use of IB monies will not permit monitoring of specific service types e.g. home

care expenditure through returns to the centre. To gather such information evidence may need to be collated via surveys of DP recipients or in collaboration with local service providers.

Home care

Responses:

A significant number of responses suggested that the three proposed memorandum lines labelled as possibly *de minimis* should be dropped. There was broad support for the other proposals, though, as with other proposals, it was pointed out that if *pro-rata-ing* is merely by recorded hours with no weighting for additional costs of service the expenditure reported in the memorandum lines may lead to an under-estimate.

- *Rehabilitation / re-enablement / intermediate home care*
- *Extra care housing - personal care element*
- *Live in home care*
- *Night sitting (waking)* - separation from night sleeping :*de minimis*?
- *Night sleeping* - separation from night sitting (waking): *de minimis*?
- *Day sitting* - *de minimis*?

Recommendations:

The three services *Night sitting*, *Night sleeping* and *Day sitting* should not be reported at all in the proposed memorandum lines.

If pro rata-ing costs by numbers of hours etc, councils are encouraged to weight their estimates of expenditure in the light of local premia paid for rehabilitation, support in extra care housing etc.

More detailed subdivisions for local use can be introduced in the trial data extraction tool data structures, to assess its impact and value for local management.

Equipment and adaptations

Responses:

Some councils were anxious at the detailed information extraction which would be needed to identify costs of telecare and prescriptions.

- *Telecare equipment and its maintenance*
- *Equipment 'prescriptions' and associated management costs*
- *Equipment Store costs* + associated transport

Recommendations:

Expenditure on these three elements (separately) should be reported for all adults, not divided by user group as originally proposed.

Equipment store costs may be difficult to define where joint stores are in place and transport of items to users' homes is shared with the NHS. Councils with a high proportion of equipment arranged through prescriptions will not incur so much expenditure on stores as those with stores which manage the service. Having an estimate of stores costs is important in reviewing the efficiency of local services.

Employment-related day services

Responses:

Only two councils made any observations on this item.

Recommendations:

At present this element in day services may not feature strongly but it is likely that it will grow. Estimating the ASC expenditure involved, particularly where such services are part of a pooled budget with mental health trusts, will be difficult but will probably not cover an extensive range of services.

Meals

- *Meals on wheels and frozen meals*
- *Lunch clubs meals*

Responses:

Several responses suggested that the splitting of this subdivision of service (providing principally for older people) was of little importance.

Recommendations:

It is recommended that no additional reporting is undertaken, though sub-dividing expenditure should be explored further in the data extraction project.

Other adults: Substance abuse (addictions)

- *Alcohol abuse: residential / nursing care*
- *Alcohol abuse: other services*
- *Drug/ solvent abuse with/ without related alcohol abuse: residential / nursing care*
- *Drug/ solvent abuse with/ without related alcohol abuse: other services*

Responses:

Most councils which commented stated that neither their finance systems nor their client systems would currently enable them to make an accurate estimate of expenditure or activity for these divisions. One advocated a further breakdown for those with dual substance misuse.

Recommendations: Returns to the National Treatment Agency on DAAT expenditure appear to meet much of the requirement for the breakdown. It is recommended that no additional reporting is undertaken, though sub-dividing expenditure should be explored further in the data extraction project.

Detailed views on any of the items proposed

See responses and recommendations above

De minimis items.

See responses and recommendations above

Support Services

Proposals were put forward to make support and management services elements transparent by reporting them as memorandum lines and not distributing them across divisions and subdivisions locally but to develop and test methodology for central pro rata-ing.

- *Will this add to, or lessen, the work of finance staff in councils?*
- *Will it improve transparency and assist with effective analysis?*
- *Will it facilitate provision of relevant local expenditure data to team managers and other council managers when the data extraction tool is in place?*
- *In-house services. Should a different approach be taken to ensure that all relevant support costs for in-house services (in particular residential, home care and day care but excluding assessment and care management) are allocated to the service to allow fair comparison with externally provided services?*

Responses

Support costs proved to be the most divisive of the proposals in the September paper. The diversity of approaches to managing these costs into the PSS EX1 return was evident.

There are clearly significant differences between councils in the allocation of central overheads. Support services may be linked to direct service costs (e.g. administrative staff supporting an in-house home care team), be part of the ASC's overheads (e.g. planners and information staff handling data on home care) or may be corporate costs (e.g. the costs of the corporate HR department or the IT team supporting the in house home care function).

Some councils were very resistant to allocating these by national formula, arguing that they alone knew the complexity of local circumstances and that the proposal would go against the BVACOP principles of best value accounting. Others supported the simplification and potential transparency the proposal offered. One proposed that all support costs be shown as a new column against each subdivision.

The September consultation paper sought views of whether these support costs should be allocated locally for in-house home care, day care etc services so as to facilitate truer comparisons with the independent sector. Some felt they should – others not.

Recommendations

If the 'direction of travel' needs to be towards a transparent account of the costs of services (for use by team managers and others locally) without the perverse incentives of adjustments to unit cost PIs B12 and B17, it is recommended that support costs as categorised in the SEA are:

- still allocated across all cells and rows by councils as at present
- reported as two new memorandum *columns* in the return for 2009-10, showing for each row the total support costs attributed to (i) in-house services and joint arrangements (column C in the current return) and to (ii) provision by others and grants to voluntary organisations (columns D and E)³
- reported for the whole of adult social care as memorandum lines by 2008-09 volunteers and by all councils for 2009-10 as follows:
 - **Client support** (sub-divided further into *welfare benefits, advocacy and advisory services*);
 - **Operations support** (sub-divided further into *performance management, planning, financial assessment of clients, contract management, brokerage*);
 - **Information Technology**;
 - **Finance** – excluding financial assessment
 - **Training**;
 - **Premises and property costs**
 - **Transport**; and
 - **All other SSMSS expenditure**

[Initial definitions for these sub-divisions are set out in **Annex C**].

³ This split is needed because the proportion of overheads is likely to differ significantly between in-house and other services. The medium term solution should do away with the need for the additional separate reporting.

2009-10: Memorandum items etc: voluntary or mandatory?

Councils were encouraged to indicate whether they would be able to provide the memorandum items set out in Annex B for 2009-10 so that a decision could be made as to whether voluntary submission of these items for 2008-09 should or should not be made a requirement on all councils for 2009-10.

Response

The NHS Information Centre have already committed to seeking evidence from councils who volunteer data for 2008-09 as to problems in completing the memorandum lines, ambiguities etc.

The suggestion was put forward that councils offering data on a voluntary basis should be given additional time to submit this (from the July 10 2009 deadline for the PSS EX1 return for 2008-09). The NHS IC have agreed that councils can submit their original return with memorandum lines filled in up to the middle of August⁴. This additional period cannot be extended beyond this date as the IC will need time to review the data and comments by councils to allow decisions to be made in mid September to refine guidance etc for 2009-10.

Several councils suggested that the voluntary returns, due in July 2009, should be reviewed before making a decision on 2009-10 returns. Others advocated leaving all additions to the return as voluntary for 2009-10 to allow time for revisions to client databases and financial systems.

However, if the submission of additional memorandum data remained voluntary for 2009-10 the first fairly comprehensive dataset for 2010-11 would be with the DH in autumn 2011, too late to inform the CSR 2011 process.

Recommendation

For 2008-09 all memorandum items should be made on a voluntary basis, making allowance for extra time for submission as above and ensuring that volunteer councils are able to comment on the process and definitions etc. Councils should be encouraged to submit as much as they can of the additional evidence but completion of any of the memorandum lines will be welcomed.

The additional memorandum items for the 2009-10 return should be made mandatory, *subject to* the publication by the end of September 2009 of any revisions as needed from the 2008-09 voluntary submission. Councils should only be expected to report data reflecting any of these 2009 revisions where this is practicable.

⁴ The council should not amend their core return data when submitting additional voluntary evidence on memorandum items.

Implications of the above proposals

a. SEA review

The CIPFA working party should review these proposals and consider any changes required to the SEA guidance, especially in relation to:

- Supported accommodation and Supporting People expenditure
- Further clarification of handling of pooled budgets and s 75 / s 28a agreement expenditure and activity

b. CLG RO / RA forms

Discussions should be held with CLG to ensure that the proposals are acceptable in terms of their congruence with these returns.

Annex A : Original Questions

The following issues have been identified as requiring resolution as part of the stakeholder engagement process:

1. Proposed subdivisions as memorandum items of Older People with Mental Health Needs and Older People with a Learning Disability from within Older People and of adding a new Carers memorandum item.
Are there issues in these proposals which raise difficulties?
2. Proposed memorandum items within subdivisions of service, especially definitions.
Are each of the proposed items:
 1. *of sufficient importance and policy relevance?*
 2. *adequately specified and defined?*
 3. *reasonably readily extractable from local systems?*
3. *Respondents are asked to provide detailed views on any of the items proposed.*
4. *De minimis* items. A number of memorandum items appear to be logical but may involve small numbers of users and small amounts of expenditure.
Views are sought as to which, if any, of the proposed memorandum lines should be discarded on de minimis grounds.
5. Support services – proposals to make Support and management services elements transparent by reporting them as memorandum lines and not distributing them across divisions and subdivisions locally but to develop and test methodology for central pro rating.
 - *Will this add to, or lessen, the work of finance staff in councils?*
 - *Will it improve transparency and assist with efficiency analyses?*
 - *Will it facilitate provision of relevant local expenditure data to team managers and other council managers when the data extraction tool is in place?*
 - *Should a different approach be taken to ensure that all relevant support costs for in-house care services (in particular residential care, home care and day care but excluding assessment and care management) are allocated to the service, to allow fair comparison with externally provided services?*
6. Councils are encouraged *to indicate whether they would be able to provide the memorandum items for 2009-10* (in their returns in July 2010) so that a decision can be made as to whether the voluntary submission of these items for 2008-09 can or cannot be made a requirement on all councils for 2009-10.

Annex B : Analysis of Feedback

	Finance (F) or Performance (P)	Support in Principle	Volunteer (Short Term)	Will increase work	Mentioned definitions	Mentioned Other Datasets e.g. RAP, RA	Mentioned Outcomes / Individual Budgets	Mentioned Comparability	Mentioned Pooled budgets	National formula (for overheads)	1a. Split out Older People (MH and LD)	1b. Add Carers	2/3. Service sub-divisions / detailed views	5a. Support services separated	5b In-house services with support costs	6. In time for 2009-10	ACM Split	Residential / Nursing Care Splits	Supported & other accom : Adult placement	Supported & other accom : Supported living	Supported & other accom : Refuges / Hostels	Supported & other accom : Community Support	Supported & other accom : Extra care housing	Direct Payments	Homecare : Reablement etc	Homecare : Extracare housing	Homecare : Live-In	Homecare : Night sitting etc	Daycare : Employment	Equipment and adaptations	Meals split	Substance abuse		
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Key

- Strongly against proposal
- ◐ Against proposal
- Supportive (with major concerns)
- Supportive (minor concerns)
- Strongly supportive

□ Does not apply

◐ Partially applies

■ Applies or De minimus item/s

Annex C: Service Users and Overheads

New Service User Groupings

As stated earlier, for older people with mental health needs and older people with learning disabilities only expenditure on residential care, nursing care and home care should be reported, in individual rows, separately for the two user groups.

Carers' services memorandum rows should consist of:

- a row for direct payments to carers
- a row for all other identifiable expenditure, including grants to carers organisations, respite care expenditure in care homes (and ideally adult placement scheme settings) and any other miscellaneous identifiable expenditure for carers.

Overheads (SSMSS)

Total Support Services Costs

Total gross Support Services costs which have been allocated by the council as SSMSS should be reported in their constituent parts (as an item independent of service and client type). This breakdown (based on that used in the CIPFA BVACOP Service Expenditure Analysis (SEA) and RO forms) is as follows:

- **Client support**
sub-divided into
 - welfare benefits*
 - advocacy and advisory services*
- **Operations support**
sub-divided into
 - performance management*
 - planning*
 - financial assessment of clients*
 - contract management*
 - brokerage*
- **Information Technology**
- **Finance** – excluding financial assessment
- **Training**
- **Premises and property costs**
- **Transport**
- **All other SSMSS expenditure**

As stated in the body of the document, these elements will report both costs *incurred within the adult social care department* which are not already reported (e.g. within in-house service row

cells), and those *recharged from the corporate centre*. Councils are not expected to create artificial ‘cost centres’ for such functions. For example, if a council does not have a separately identifiable brokerage function, this entry will be zero – councils will not be expected to pro-rate activity where no such breakdown naturally exists. The scope of each element is as follows:

Support service	Covers costs incurred by the ASC department ⁵ in respect of specified functions which are allocated as SSMSS ‘overheads’ across more than one PSSEX1 row. ⁶ :-	RO lines (2006-07 return)	Adult Social Care SEA item(s) – BVACOP 2007, page 92
Client support			
<i>welfare benefits</i>	ASC funding of own / corporate welfare benefits staff and campaigns..		Welfare rights services to advise clients
<i>advocacy and advisory services</i>	Costs of advocacy support to e.g. LD and MH council residents		Generic advocacy services to represent clients
Operations support			
<i>performance management</i>	ASC costs for performance management staff and activity		Part of central policy advisory and development units
<i>planning</i>	ASC costs for planning and development staff and their activities - e.g. JSNA, staff development etc		Part of central policy advisory and development units
<i>financial assessment of clients</i>	Costs of carrying out financial assessments of clients / carers and associated billing, receivership etc		Part of Finance and internal audit
<i>contract management</i>	Costs to ASC of contracting/ commissioning teams carrying out negotiations with potential / contracted providers, QA processes etc.		Contract negotiation; QA including contracts compliance
<i>brokerage</i>	Cost to ASC of in-house or external brokerage		
Information and Communications Technology	Cost of IT for the ASC department – including equipment and its maintenance, network fees, IT training, software licences etc	43, 44 and possibly 45	Information and Communications Technology
Finance – excluding financial assessment	ASC expenditure on in house / corporate / out-sourced financial support		Part of Finance and internal audit
Training / staff development	Expenditure on training and staff development incurred by the ASC department or from corporate recharges	48	Training for ASC staff
Premises and property costs	Costs of offices etc usually recharged from the corporate centre. In house services (care homes, day service centres etc) will normally have these in direct costs not allocated via SSMSS.	18-28	Property services
Transport	Costs of transport where not directly charged to specific cost centres (e.g. in house assessment and care management staff, homes or day services). Often includes corporate transport recharges and payments to contracted transport providers.	Some of 30-37	Transport other than for clients
All other SSMSS expenditure	All remaining SSMSS expenditure		

⁵ Including payments to meet corporate charges and payments to other agencies including voluntary organisations etc

⁶ Note – if the costs are not handled as SSMSS items but added in to direct costs for e.g. in house service cells they should not be extracted and reported here.

Support Services Costs within each service row

Two additional *memorandum columns* will be shown against each existing service/client group line (not the new memorandum lines discussed below). The first column will identify the amount of gross SSMSS expenditure attributed for each service line to any in-house services ('own provision and joint arrangements'), and the second the amount attributed on each line to 'provision by others and grants to voluntary organisations'.

Annex D: Memorandum items update

PSS EX1 Division(s)	PSS EX1 Sub-division(s)	Proposed memorandum item	Outcome of feedback
ALL CLIENT CATEGORIES TOGETHER	Assessment and care management (All)	Initial points of contact	Dropped
		Occupational therapy	Dropped
		Support staff	Dropped
OP, PSD, LD, MH	(a) Nursing Care placements and (b) Residential care placements summed	Rehabilitation / intermediate care	Retained
		Respite care	Retained
		Short term care	Retained
OP, PSD, LD, MH	Supported and other accommodation	'permanently' resident in Adult Placement (APS)	Three APS items merged
		'temporarily' resident in Adult Placement	
		'temporarily' resident in Adult Placement scheme settings for respite care	
		Supported living / group homes	Retained
		Refuges / hostels not registered with CSCI	Dropped
		Community support services	Retained
		Extra care housing (non personal care elements)	Retained
OP, PSD, LD, MH All client groups together	Direct payments	Direct Payments to carers:	Retained
		Administration supporting Direct Payments replaced by Direct Payment Amounts (amount given to clients only)	Modified
OP, PSD, LD, MH	Home care	Rehabilitation / re-enablement / intermediate home care	Retained
		Extra care housing - personal care element	Retained
		Live in home care	Retained
		Night sitting (waking)	Dropped
		Night sleeping	Dropped
		Day sitting	Dropped
PSD, LD, MH	Day care	Employment related day services	Retained
OP, PSD, LD, MH	Equipment and adaptations	Telecare equipment and its maintenance	Retained but do not split by user group
		Prescriptions for equipment and their management costs	
		Equipment Store costs + associated transport	
OP	Meals	Meals on wheels and frozen meals	Dropped
		Lunch clubs meals	
Other adults	Substance abuse (addictions)	The proposal was to split out (i) alcohol and (ii) drugs expenditure and to consider further split of residential / other services	Dropped but consider for extraction.

Note:

Several of the proposals which have been dropped as memorandum lines in 2008-09 and 2009-10 PSS EX1 returns will be explored in the development work for the data extraction process.

PSS EX1 Division(s):	ALL CLIENT CATEGORIES TOGETHER	PSS EX1 Division(s):	ALL CLIENT CATEGORIES TOGETHER
PSS EX1 Sub-division(s):	Assessment and care management (All)	PSS EX1 Sub-division(s):	Assessment and care management
Memorandum item:	Initial points of contact - Customer Relationship Management	Memorandum item:	Occupational therapy staff engaged in assessment and care management
RECOMMEND	Not proceeded with – review as part of dataset model	RECOMMEND	Not proceeded with – review as part of dataset model
Orig. Page No	61	Orig. Page No	61
Issues with definition (Original):	Often it is not possible to identify the age of the person about whom the contact is made or the primary 'client group'. Hence this measure is only reported in sum across all assessment and care management rows.	Issues with definition (Original):	Follow SEA guidance on apportionment of employment costs
Issues with definition (Additional):		Issues with definition (Additional):	
Definition of expenditure involved in this memorandum item (updated where relevant):	Expenditure by CASSR on 'front door' teams (call centres, one stop shops, helpdesks, out of hours telephone enquiries /referral service, staff attending GP surgeries to pick up contacts etc). Include financial contributions by CASSR to council CRM processes. Costs include staff costs and other overheads specifically attributable to the CRM function. EXCLUDE any costs of undertaking assessments and reviews.	Definition of expenditure involved in this memorandum item (updated where relevant):	Expenditure on OTs and OTAs employed by council or funded by council in NHS teams or commissioned from independent agencies where the work relates to adults. Only state costs of OTs and OT assistants - costs of equipment aides and other staff installing etc equipment should be included in lines for equipment and adaptations.
Proposed activity measure for addition to PSS EX1 activity measures schedule:	Numbers of contacts in year about residents not already being worked with by the CASSR responded to by 'front door' staff funded by the CASSR.	Proposed activity measure for addition to PSS EX1 activity measures schedule:	None
Unit cost or other measures derived from expenditure and activity data:	Cost per contact % of all Assessment and Care Management expenditure on 'front door' service.	Unit cost or other measures derived from expenditure and activity data:	% of expenditure on Assessment & care management on OTs/OTAs. Ratio of expenditure on OTs/OTAs to expenditure on equipment and adaptations

PSS EX1 Division(s): ALL CLIENT CATEGORIES TOGETHER

PSS EX1 Sub-division(s): Assessment and care management

Memorandum item: **Support staff to assessment and care management**

RECOMMEND Not proceeded with – review as part of dataset model

Orig. Page No **62**

Issues with definition (Original): Exclude from support staff costs:
 - expenditure on team leaders/ managers, senior social workers, social workers, assistant social workers/ social work assistants, reviewing officers, community workers, OTs/OTAs, technical officers.
 *- 'overheads' costs such as premises, IT equipment used by support staff etc.

Issues with definition (Additional):

Definition of expenditure involved in this memorandum item (updated where relevant): Costs of staff supporting the assessment and care management function. Throughout the SSDS001 return, the phrase 'support services staff' is to be understood as including administrative, clerical and ancillary staff. (SSDS001 Return generic note 6)

Proposed activity measure for addition to PSS EX1 activity measures schedule: None

Unit cost or other measures derived from expenditure and activity data: % of expenditure on Assessment & care management on support staff.

PSS EX1 Division(s):	OP, PSD, LD, MH	PSS EX1 Division(s):	OP, PSD, LD, MH
PSS EX1 Sub-division(s):	(a) Nursing Care placements + (b) Residential Care placements summed	PSS EX1 Sub-division(s):	(a) Nursing Care placements + (b) Residential Care placements summed
Memorandum item:	Rehabilitation / intermediate care	Memorandum item:	Respite care
RECOMMEND	Introduce for 2008-09 for OP and PSD	RECOMMEND	Introduce for 2008-09 for OP and PSD and LD and MH
Orig. Page No	63	Orig. Page No	64
Issues with definition (Original):	If costs are pro-rata-ed the assumption that an IC / rehab night costs the same as a standard residential night may under-estimate the real costs. Pooled budgets for intermediate care may make this disaggregation difficult. SEA guidance should be followed. Some councils will need to ensure categorisation of resident nights is correct, especially when the objective of the stay of the client is altered as their circumstances change.	Issues with definition (Original):	If costs are <i>pro-rata-ed</i> the assumption that a respite night costs the same as a standard residential night may under-estimate the real costs. Does not address expenditure on holidays etc not within a registered home (presumably recorded in 'Other services') - nor expenditure on respite care using Direct Payments. Some councils will need to ensure categorisation of resident nights is correct, especially when the objective of the stay of the client is altered as their circumstances change.
Issues with definition (Additional):		Issues with definition (Additional):	
Definition of expenditure involved in this memorandum item (updated where relevant):	Estimation, either by identification of actual costs or pro rata-ing overall costs, of expenditure on intermediate care / rehabilitation weeks in year. If pro-rata, ensure additional costs of this specific role included.	Definition of expenditure involved in this memorandum item (updated where relevant):	Estimation, either by identification of actual costs or pro rata-ing overall costs, of expenditure on intermediate care / rehabilitation weeks in year. If pro-rata, ensure additional costs of this specific role included.
Proposed activity measure for addition to PSS EX1 activity measures schedule:	a. numbers resident at 31 March, b. numbers starting service type in year and c. numbers of resident weeks. All are required already to complete RAP, SAS and PSS EX1 but disaggregation into purpose of stay is not currently required.	Proposed activity measure for addition to PSS EX1 activity measures schedule:	a. numbers resident at 31 March, b. numbers starting service type in year and c. numbers of resident weeks. All are required already to complete RAP, SAS and PSS EX1 but disaggregation into purpose of stay is not currently required.
Unit cost or other measures derived from expenditure and activity data:	Cost of the service as % of total spend on residential and nursing care for the client group. Numbers resident at 31 March, starting in year and resident weeks as % of totals for client group in each of a, b and c for residential and nursing care together.	Unit cost or other measures derived from expenditure and activity data:	Cost of the relevant type of service as % of total spend on residential and nursing care for the client group. Numbers resident at 31 March, starting in year and resident weeks as % of totals for client group in each of a, b and c for residential and nursing care together.

PSS EX1 Division(s):	OP, PSD, LD, MH
PSS EX1 Sub- division(s):	(a) Nursing Care placements + (b) Residential Care placements summed
Memorandum item:	Short term care
RECOMMEND	Introduce for 2008-09 for OP and PSD and LD and MH
Orig. Page No	65
Issues with definition (Original):	If costs are pro-rata-ed the assumption that a short term night costs the same as a standard residential night may under-estimate the real costs. Some councils will need to ensure categorisation of resident nights is correct, especially when the objective of the stay of the client is altered as their circumstances change.
Issues with definition (Additional):	
Definition of expenditure involved in this memorandum item (updated where relevant):	Estimation, either by identification of actual costs or pro rata-ing overall costs, of expenditure on short term care weeks in year. Need to exclude i. those temporary placements where the resident was initially admitted on a short term basis but becomes a permanent resident and ii. those where the focus was on rehabilitation or respite. <u><i>The focus is principally on stays where the resident was admitted for a defined short period and returned to their original home setting.</i></u>
Proposed activity measure for addition to PSS EX1 activity measures schedule:	a. numbers resident at 31 March, b. numbers starting service type in year and c. numbers of resident weeks. All are required already to complete RAP, SAS and PSS EX1 but disaggregation into purpose of stay is not currently required.
Unit cost or other measures derived from expenditure and activity data:	Cost of the relevant type of service as % of total spend on residential and nursing care for the client group. Numbers resident at 31 March, starting in year and resident weeks as % of totals for client group in each of a, b and c for residential and nursing care together.

PSS EX1 Division(s):	OP, PSD, LD, MH	PSS EX1 Division(s):	OP, PSD, LD, MH
PSS EX1 Sub-division(s):	Supported and other accommodation	PSS EX1 Sub-division(s):	Supported and other accommodation
Memorandum item:	Those 'permanently' resident in Adult Placement scheme settings	Memorandum item:	Those 'temporarily' resident in Adult Placement scheme settings
RECOMMEND	Introduce for 2008-09 as one line for each division for all APS spend : consider disaggregation for dataset extraction	RECOMMEND	Introduce for 2008-09 as one line for each division for all APS spend : consider disaggregation for dataset extraction
Orig. Page No	66	Orig. Page No	66
Issues with definition (Original):	Councils may not be able to differentiate between permanent and other stays – or other support provided by APS providers.	Issues with definition (Original):	Councils may not be able to differentiate between permanent and other stays – or other support provided by APS providers.
Issues with definition (Additional):		Issues with definition (Additional):	
Definition of expenditure involved in this memorandum item (updated where relevant):	Payment by CASSR for permanent adult placement accommodation in year	Definition of expenditure involved in this memorandum item (updated where relevant):	Payment by CASSR for adult placement accommodation in year where the client is only accommodated on a temporary basis. (Respite placements to be reported separately).
Proposed activity measure for addition to PSS EX1 activity measures schedule:	Numbers of supported resident weeks In year.	Proposed activity measure for addition to PSS EX1 activity measures schedule:	Numbers of weeks of supported temporary care provided in year
Unit cost or other measures derived from expenditure and activity data:	Cost per week by client group	Unit cost or other measures derived from expenditure and activity data:	Cost per week by client group

PSS EX1 Division(s):	OP, PSD, LD, MH	PSS EX1 Division(s):	OP, PSD, LD, MH
PSS EX1 Sub-division(s):	Supported and other accommodation	PSS EX1 Sub-division(s):	Supported and other accommodation
Memorandum item:	Those 'temporarily' resident in Adult Placement scheme settings for respite care	Memorandum item:	Supported living / group homes
RECOMMEND	Introduce for 2008-09 as one line for each division for all APS spend : consider disaggregation for dataset extraction	RECOMMEND	Introduce for 2008-09 for PSD, LD and MH
Orig. Page No	67	Orig. Page No	67
Issues with definition (Original):	Councils may not be able to differentiate between permanent and other stays – or other support provided by APS providers.	Issues with definition (Original):	Complexity of whether supported living is included within home care because of link to HH1 return.
Issues with definition (Additional):		Issues with definition (Additional):	
Definition of expenditure involved in this memorandum item (updated where relevant):	Payment by CASSR for adult placement accommodation in year where the client is only accommodated on a temporary basis for respite care (where a carer benefits from the stay)	Definition of expenditure involved in this memorandum item (updated where relevant):	Expenditure by CASSR on supported living / group homes. Exclude housing costs (rents etc for tenants) but include costs of support staff supporting the tenants unless already reported separately under Supporting People lines.
Proposed activity measure for addition to PSS EX1 activity measures schedule:	Numbers of weeks of supported respite care provided in year	Proposed activity measure for addition to PSS EX1 activity measures schedule:	Number of tenant weeks in year
Unit cost or other measures derived from expenditure and activity data:	Cost per week by client group	Unit cost or other measures derived from expenditure and activity data:	Cost per tenant week by client group

PSS EX1 Division(s):	OP, PSD, LD, MH	PSS EX1 Division(s):	OP, PSD, LD, MH
PSS EX1 Sub-division(s):	Supported and other accommodation	PSS EX1 Sub-division(s):	Supported and other accommodation
Memorandum item:	Refuges / hostels not registered with CSCI	Memorandum item:	Community support services
RECOMMEND	Not introduced – review for data extract	RECOMMEND	Introduce for 2008-09 for all 4 client groups.
Orig. Page No	68	Orig. Page No	68
Issues with definition (Original):	Possible problems identifying refuges / hostels where not registered with CSCI.	Issues with definition (Original):	
Issues with definition (Additional):		Issues with definition (Additional):	May be currently covered in Supporting People expenditure row. Review whether this new line is required in light of retruns for 2008-09.
Definition of expenditure involved in this memorandum item (updated where relevant):	Expenditure on placements in / support to refuges / hostels not registered with CSCI	Definition of expenditure involved in this memorandum item (updated where relevant):	Provision of support from / oversight by peripatetic workers for those living in their own accommodation in the community (excluding group homes / supported living settings which are covered under a different memorandum line). No personal care involved: may be part of a care plan for the person supported or for a property / group of properties and those living there
Proposed activity measure for addition to PSS EX1 activity measures schedule:	a. number of supported weeks in year	Proposed activity measure for addition to PSS EX1 activity measures schedule:	Numbers receiving any support during year
Unit cost or other measures derived from expenditure and activity data:	Cost per week by client group	Unit cost or other measures derived from expenditure and activity data:	Cost per adult supported at any point in the year by client group

PSS EX1 Division(s):	OP, PSD, LD, MH
PSS EX1 Sub- division(s):	Supported and other accommodation
Memorandum item:	Extra care housing (ECH) (non personal care elements). See also Home Care
<hr/>	
RECOMMEND	Introduce for 2008-09: restrict to only Older People
Orig. Page No	69
Issues with definition (Original):	SEA allows entries for ECH in both Supported and other accommodation and in Home care (for personal care support elements) Links with resource centres model - is it necessary to differentiate day care provided to non-tenants? If personal care is provided to non- tenants how is this accounted for / reported? Some councils are allocating some schemes / tenancies in schemes for EMI tenants
Issues with definition (Additional):	No personal care involved: may be part of a care plan for the person supported or for a property / group of properties and those living there. Data on spend here and in Home care memorandum row can be summed to report full cost to ASC of ECH. Councils should not double count numbers of tenants supported.
Definition of expenditure involved in this memorandum item (updated where relevant):	For definition see http://icn.csip.org.uk/housing/index.cfm?pid=166
Proposed activity measure for addition to PSS EX1 activity measures schedule:	Number of tenant weeks in year: needs note to ensure total tenant weeks are not double counted here and in the corresponding ECH home care data.
Unit cost or other measures derived from expenditure and activity data:	Cost per tenant week by client group

PSS EX1 Division(s):	OP, PSD, LD, MH	PSS EX1 Division(s):	OP + PSD + LD+ MH as one memorandum row
PSS EX1 Sub-division(s):	Direct payments	PSS EX1 Sub-division(s):	Direct payments
Memorandum item:	Direct Payments to carers: extract to new CARERS SERVICES division	Memorandum item:	Administration supporting DPs – see amendment below
RECOMMEND	Introduce for 2008-09	RECOMMEND	Introduce revised version for 2008-09: total sums provided to all DP recipients in year
Orig. Page No	70	Orig. Page No	70
Issues with definition (Original):	Administrative costs of support arrangements for DPs for carers should be pro rata-ed in proportion to the numbers of DP users through the year - see next column	Issues with definition (Original):	It is likely to be difficult to disaggregate administrative staffing costs etc across DP users within each division of service (OP, PSD etc). Hence it is recommended that the total support costs are <u>shown in one memorandum line</u> .
Issues with definition (Additional):		Issues with definition (Additional):	Note this cost will almost certainly rise with wider introduction of Individual Budgets
Definition of expenditure involved in this memorandum item (updated where relevant):	All payments of direct payments made to carers in the year	Definition of expenditure involved in this memorandum item (updated where relevant):	The revised memorandum line seeking the total amount of DP expenditure actually provided to all DP recipients in the year.
Proposed activity measure for addition to PSS EX1 activity measures schedule:	a. Numbers in receipt at 31 March as above and b. numbers provided with a DP in the year	Proposed activity measure for addition to PSS EX1 activity measures schedule:	none
Unit cost or other measures derived from expenditure and activity data:	Average cost of DP per carer recipient in year; Pattern of spend across all carers over the year	Unit cost or other measures derived from expenditure and activity data:	Ratio of spend on DPs to DP total spend (including administration and overheads) in year.

PSS EX1 Division(s):	OP, PSD, LD, MH	PSS EX1 Division(s):	OP, PSD, LD, MH
PSS EX1 Sub-division(s):	Home care	PSS EX1 Sub-division(s):	Home care
Memorandum item:	Rehabilitation / re-enablement / intermediate care home care	Memorandum item:	Extra care housing - personal care element. (See also Supported and other accommodation proposal above)
RECOMMEND	Introduce for 2008-09	RECOMMEND	Introduce for 2008-09 – restrict to OP only
Orig. Page No	71	Orig. Page No	72
Issues with definition (Original):	Some councils may take a much wider view of 'rehabilitative / re-enablement focus' than others.	Issues with definition (Original):	
Issues with definition (Additional):		Issues with definition (Additional):	
Definition of expenditure involved in this memorandum item (updated where relevant):	The best metric available is some approximate division of expenditure by hours of home care where there is a clearly defined rehabilitative focus. Normally intermediate care / re-enablement is offered free for a given number of weeks with a clear agreement that if progress is made the adult should expect to be using lower levels / no home care at the end of the rehabilitation / re-enablement process. Use of activity data to pro-rata expenditure needs to reflect local evidence on higher unit costs of this form of service provision.	Definition of expenditure involved in this memorandum item (updated where relevant):	For definition see http://icn.csip.org.uk/housing/index.cfm?pid=166
Proposed activity measure for addition to PSS EX1 activity measures schedule:	Numbers in sample week + ideally numbers supported over a year	Proposed activity measure for addition to PSS EX1 activity measures schedule:	Number of tenant weeks in year. Ensure no double counting of tenant weeks where data are also reported under equivalent line in respect of Supported and other accommodation
Unit cost or other measures derived from expenditure and activity data:	% of home care expenditure on rehabilitation etc Unit cost of person supported at some point in the year	Unit cost or other measures derived from expenditure and activity data:	Cost per tenant week by client group

PSS EX1 Division(s):	OP, PSD, LD, MH	PSS EX1 Division(s):	OP, PSD, LD, MH
PSS EX1 Sub-division(s):	Home care	PSS EX1 Sub-division(s):	Home care
Memorandum item:	Live in home care	Memorandum item:	Night sitting (waking) - separation from night sleeping: <i>de minimis</i>?
RECOMMEND	Introduce for 2008-09	RECOMMEND	Not to be introduced – review as part of data extraction
Orig. Page No	73	Orig. Page No	74
Issues with definition (Original):		Issues with definition (Original):	
Issues with definition (Additional):		Issues with definition (Additional):	
Definition of expenditure involved in this memorandum item (updated where relevant):	The best metric available is some approximate division of expenditure by hours of home care where the user received live in home care. If this has already been reported in intermediate care it should not be double counted here. Use of activity data to pro-rata expenditure needs to reflect local evidence on different unit costs of this form of service provision.	Definition of expenditure involved in this memorandum item (updated where relevant):	The best metric available is some approximate division of expenditure by hours of home care where the user received night sitting (waking). If this has already been reported in intermediate care or live-in home care it should not be double counted here.
Proposed activity measure for addition to PSS EX1 activity measures schedule:	Numbers in sample week in September + ideally numbers supported over a year	Proposed activity measure for addition to PSS EX1 activity measures schedule:	Ideally numbers supported over a year
Unit cost or other measures derived from expenditure and activity data:	% of home care expenditure on live in home care Unit cost of person supported at some point in the year	Unit cost or other measures derived from expenditure and activity data:	% of home care expenditure on specified service Unit cost of person supported at some point in the year

PSS EX1 Division(s):	OP, PSD, LD, MH	PSS EX1 Division(s):	OP, PSD, LD, MH
PSS EX1 Sub-division(s):	Home care	PSS EX1 Sub-division(s):	Home care
Memorandum item:	Night sleeping - separation from night sitting (waking): <i>de minimis</i>?	Memorandum item:	Day sitting - <i>de minimis</i>?
RECOMMEND	Not to be introduced – review as part of data extraction	RECOMMEND	Not to be introduced – review as part of data extraction
Orig. Page No	75	Orig. Page No	76
Issues with definition (Original):		Issues with definition (Original):	
Issues with definition (Additional):		Issues with definition (Additional):	
Definition of expenditure involved in this memorandum item (updated where relevant):	The best metric available is some approximate division of expenditure by hours of home care where the user received night-sleeping. If this has already been reported in intermediate care or live-in home care it should not be double counted here.	Definition of expenditure involved in this memorandum item (updated where relevant):	The best metric available is some approximate division of expenditure by hours of home care where the user received day sitting. If this has already been reported in intermediate care or live-in home care it should not be double counted here.
Proposed activity measure for addition to PSS EX1 activity measures schedule:	Ideally numbers supported over a year	Proposed activity measure for addition to PSS EX1 activity measures schedule:	Ideally numbers supported over a year
Unit cost or other measures derived from expenditure and activity data:	% of home care expenditure on specified service Unit cost of person supported at some point in the year	Unit cost or other measures derived from expenditure and activity data:	% of home care expenditure on specified service Unit cost of person supported at some point in the year

PSS EX1 Division(s): PSD, LD, MH
 PSS EX1 Sub-division(s): Day care
 Memorandum item: **Employment related day services**

RECOMMEND Introduce for 2008-09 but recognise likely to be incomplete initially

Orig. Page No **77**

Issues with definition (Original): Excludes contributions from others. CASSR may not have data on range of collaborating agencies. Some councils are likely to argue that requiring residents to become CASSR clients to access employment services is perverse.
 May require approximating because of disaggregation of costs of multi-purpose day services
 Expenditure on Supported employment (sheltered workshops etc) should only be included in this memorandum item in respect of that part of their function which is committed to preparation of workers for open employment.

Issues with definition (Additional):

Definition of expenditure involved in this memorandum item (updated where relevant): Expenditure by CASSR on services specifically aimed at assisting CASSR clients into employment.

Proposed activity measure for addition to PSS EX1 activity measures schedule: Numbers supported in day care with a view to employment over a year, by client group

Unit cost or other measures derived from expenditure and activity data: % of net spend on day care by client group which is reported on new memo lines as on 'employment related day services'.
 Sum of these memo lines as % of (all day care for under 65s + J1 (Supported Employment)).

PSS EX1 Division(s):	OP, PSD, LD, MH	PSS EX1 Division(s):	OP, PSD, LD, MH
PSS EX1 Sub-division(s):	Equipment and adaptations	PSS EX1 Sub-division(s):	Equipment and adaptations
Memorandum item:	Telecare equipment and its maintenance	Memorandum item:	Prescriptions for equipment and their management costs
RECOMMEND	Report for all user groups together for 2008-09	RECOMMEND	Report for all user groups together for 2008-09
Orig. Page No	78	Orig. Page No	79
Issues with definition (Original):	It is important that there is a clear definition of the scope of telecare so that councils can identify those items which are appropriate to include. A queries email service operated for the 2007-08 Self Assessment Survey process (telecare@csip.org.uk).	Issues with definition (Original):	DH definitions needed from pilot experience
Issues with definition (Additional):		Issues with definition (Additional):	
Definition of expenditure involved in this memorandum item (updated where relevant):	Expenditure by the CASSR on telecare and infrastructure to deliver telecare support which is: A combination of equipment, monitoring and response that can help individuals to remain independent at home. It can include basic community alarm services able to respond in an emergency and provide regular contact by telephone, as well as detectors, which detect factors such as falls, fire or gas and trigger a warning to a response centre.	Definition of expenditure involved in this memorandum item (updated where relevant):	Value of equipment funded through prescriptions + associated transaction costs where identifiable
Proposed activity measure for addition to PSS EX1 activity measures schedule:	a. Numbers newly provided with 1+ telecare services funded at least in part by the CASSR in the year; b. Numbers with telecare support where maintenance was provided in the year funded at least in part by the CASSR c. Total of a+b excluding any double counting	Proposed activity measure for addition to PSS EX1 activity measures schedule:	Numbers of prescriptions issued / 'cashed' (follow on from experience of pilots).
Unit cost or other measures derived from expenditure and activity data:	Average cost per telecare user (total in c above) per year % of total spend on equipment and adaptations on telecare	Unit cost or other measures derived from expenditure and activity data:	% of total spend on equipment and adaptations which is via prescriptions Average cost of prescription issued / 'cashed'

PSS EX1 Division(s): OP, PSD, LD, MH

PSS EX1 Sub-division(s): Equipment and adaptations

Memorandum item: **Equipment Store costs + associated transport**

RECOMMEND **Report for all user groups together for 2008-09**

Orig. Page No **79**

Issues with definition (Original): Pooled budgets are frequent for Integrated Community Equipment Stores (ICES). Contribution from CASSR is what is required here.

Issues with definition (Additional):

Definition of expenditure involved in this memorandum item (updated where relevant): Costs borne by CASSR in respect of stores and transport for equipment and installation of minor adaptations (not the price of the minor adaptation materials).

Proposed activity measure for addition to PSS EX1 activity measures schedule:

Unit cost or other measures derived from expenditure and activity data: Ratio of spend on ICES store(s) and transport to total spend on equipment and adaptations (excluding prescription expenditure)

PSS EX1 Division(s):	OP	PSS EX1 Division(s):	OP
PSS EX1 Sub-division(s):	Meals	PSS EX1 Sub-division(s):	Meals
Memorandum item:	Meals on wheels and frozen meals	Memorandum item:	Lunch clubs meals
RECOMMEND	Not proceeded with for 2008-09: review as part of data extraction process	RECOMMEND	Not proceeded with for 2008-09: review as part of data extraction process
Orig. Page No	80	Orig. Page No	80
Issues with definition (Original):	Where voluntary sector providers and district councils are providing services it may be difficult to collate accurate data on meals delivered. Direct Payments may be used to buy meals	Issues with definition (Original):	Significant council expenditure on lunch clubs may not be reported within CASSR accounts. Other provision of mid day meals is not disaggregable from home care day care services. Direct Payments may be used to buy meals
Issues with definition (Additional):		Issues with definition (Additional):	
Definition of expenditure involved in this memorandum item (updated where relevant):	Expenditure on meals on wheels / frozen meals services from CASSR budget. May cover grants to voluntary organisations or second tier councils	Definition of expenditure involved in this memorandum item (updated where relevant):	Expenditure on lunch clubs from CASSR budget including grant aid to voluntary organisations or second tier councils.
Proposed activity measure for addition to PSS EX1 activity measures schedule:	Disaggregation of meals provided in year totals in activity return sheet into a. meals via meals on wheels / frozen meals services and b. meals via lunch clubs	Proposed activity measure for addition to PSS EX1 activity measures schedule:	Disaggregation of meals provided in year totals in activity return sheet into a. meals via meals on wheels / frozen meals services and b. meals via lunch clubs
Unit cost or other measures derived from expenditure and activity data:	Cost per meal via meals on wheels service / frozen meals service	Unit cost or other measures derived from expenditure and activity data:	Cost per meal via lunch clubs

PSS EX1 Division(s):	Other adults
PSS EX1 Sub-division(s):	Substance abuse (addictions)
Memorandum item:	Alcohol abuse: residential / nursing care
RECOMMEND	Not proceeded with for 2008-09: review as part of data extraction process
Orig. Page No	81
Issues with definition (Original):	
Issues with definition (Additional):	
Definition of expenditure involved in this memorandum item (updated where relevant):	Where 'primary client group' relates to problems arising from alcohol abuse
Proposed activity measure for addition to PSS EX1 activity measures schedule:	Resident weeks in registered care homes: clients with alcohol misuse problems
Unit cost or other measures derived from expenditure and activity data:	% of spend on services related to alcohol abuse on care in care homes Unit cost of resident week

PSS EX1 Division(s):	Other adults
PSS EX1 Sub-division(s):	Substance abuse (addictions)
Memorandum item:	Alcohol abuse: other services
RECOMMEND	Not proceeded with for 2008-09: review as part of data extraction process
Orig. Page No	81
Issues with definition (Original):	
Issues with definition (Additional):	
Definition of expenditure involved in this memorandum item (updated where relevant):	Where 'primary client group' relates to problems arising from alcohol abuse
Proposed activity measure for addition to PSS EX1 activity measures schedule:	
Unit cost or other measures derived from expenditure and activity data:	% of spend on services related to alcohol abuse on care not in care homes

PSS EX1 Division(s):	Other adults	PSS EX1 Division(s):	Other adults
PSS EX1 Sub- division(s):	Substance abuse (addictions)	PSS EX1 Sub- division(s):	Substance abuse (addictions)
Memorandum item:	Drug/ solvent abuse with/ without related alcohol abuse in care homes	Memorandum item:	Drug/ solvent abuse with/ without related alcohol abuse in care homes
RECOMMEND	Not proceeded with for 2008-09: reviews as part of data extraction process	Proposed activity measure for addition to PSS EX1 activity measures schedule:	Resident weeks in registered care homes: clients with drug/solvent misuse problems
Orig. Page No	82	Unit cost or other measures derived from expenditure and activity data:	% of spend on services related to drug/solvent misuse on care in care homes Unit cost of resident week
Issues with definition (Original):			
Issues with definition (Additional):			
Definition of expenditure involved in this memorandum item (updated where relevant):	Where 'primary client group' relates to problems arising from drug/ solvent abuse with/ without related alcohol abuse		