



Improved Reporting of Adult Social Care Finance and Activity Data

Revisions to PSS EX1 return

Revisions to PSS EX1

DH INFORMATION READER BOX	
Policy	Estates
HR / Workforce	Commissioning
Management	IM & T
Planning /	Finance
Clinical	Social Care / Partnership Working
Document Purpose	Consultation/Discussion
Gateway Reference	10527
Title	Improved Reporting of Adult Social Care Finance and Activity Data. Revisions to PSS EX1
Author	Social Care, Local Government & Care Partnerships / Strategic Finance
Publication Date	18 Sep 2008
Target Audience	Directors of Adult SSs, Directors of Finance
Circulation List	
Description	Proposals to change the details collected via the PSS EX1 return and to improve the way in which such information is collected. Conclusions to be published following stakeholder engagement.
Cross Ref	
Superseded Docs	
Action Required	Feed-back to be sent via pssex1@dh.gsi.gov.uk
Timing	Initial comments to be sent by 20th October 2008
Contact Details	pssex1@dh.gsi.gov.uk Social Care, Local Government and Care Partnerships / Strategic Finance Care Services Efficiency Delivey Programme Wellington House, 133-155 Waterloo Road, London LONDON SE1 8UG www.csed.csip.org.uk www.ic.nhs.uk
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First published September 2008

Published to www.csed.csip.org.uk and www.ic.nhs.uk, in electronic PDF format only.

<http://www.dh.gov.uk/publications>

Improved Reporting of Adult Social Care Finance and Activity Data

Revisions to PSS EX1 return

Prepared by

Nick Miller
Mike Charnley-Fisher
Stan Hesketh

The preparatory work for this report was undertaken by the authors based on a brief from John Bolton following discussions with the following representatives of stakeholders:

Department of Health

John Bolton
Keith Childs
Simon Medcalf

NHS Information Centre for Health and Social Care

Robert Lake
Kate Anderson
Linda Whalley
Annabelle McGuire
Simon Croker

ADASS

John Holme (Devon County Council)
Keith Darragh (Salford MBC)

Councils

Carol Culley (Manchester City Council)
Gary Richardson (Royal Borough of Windsor and Maidenhead)
Karen Kalinowski (Telford) (chair PSS EX1 working group)

Audit Commission

Dave Wilson

IPF

Chris Greene
Sue Wren
John Kefford

CSCI

Anthony Harris

LGA

Tim Hind

'Reducing the Burden' task force

Rachel Gapp

**Re: Improved Reporting of Adult Social Care Finance and Activity Data
Revisions to PSS EX1**

As you will know, PSS EX1 is the return from local authorities to the NHS Information Centre for reporting expenditure, income and activity on adult social care services.

Given that PSS EX1 provides the basis for the Department of Health's reporting of adult social services expenditure to Parliament, I intend to retain its status as a mandatory return. Clearly this intention requires discussion with CLG within the context of national measurements and I shall write to you further on this topic once these discussions have been completed.

In the meantime we are trying to improve the current PSS EX1 returns process in order to make it much more useful to you as councils and ourselves from the perspective of policy direction. With this in mind we are writing to you to request the following:

- to seek your initial views by OCTOBER 20th on the attached proposals which have emerged from the review and stakeholder discussions associated with the commissioned work leading to this letter; and
- to identify volunteer councils for testing the "short term" revised PSS EX1 reporting template (see below)

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.

These proposals are set out in more detail on the following pages. The full document is available via the CSED web site on csed.csip.org.uk or the NHS Information Centre web site www.ic.nhs.uk (search for PSSEX1). The NHS Information Centre will be making your relevant staff aware of the proposals via their channels. Finally, we are also taking advantage of a number of forums being held by the NHS Information Centre and CSED during September and October to communicate the proposals.

We have established pssex1@dh.gsi.gov.uk as an email account to capture any feedback and/or responses look forward to hearing from you over the coming weeks

Yours sincerely



John Bolton
Strategic Finance
Director
Department of
Health

September 2008

Covering letter sent to directors of Adult Social Services and Directors of Finance to advise them of the proposed changes

Contents

Executive summary	6
Proposals in outline	6
Future development possibilities	7
Consultation on proposals	7
Background to the proposals for revision of the PSS EX1 return	8
PSS EX1 return history, current governance and its' use	8
Issues concerning the present PSS EX1	11
Principles guiding revisions to PSS EX1	13
Proposed solutions and timescales	14
A. Altering the existing PSS EX1 return.....	14
B. Developing a new tool for local extraction of data	15
Implications for Stakeholders	18
Implications for councils.....	18
Implications for central collation of data.....	18
Implications for DH, CLG and the Audit and Care Quality Commissions.....	18
Implications for CIPFA and BVACOP	19
Benefits from the revised return and proposed future dataset.....	20
Issues to resolve in consultation	22
Likely questions – and some answers.....	24
Next steps – see timetable in Annex A.....	26
Annex A: Timetable	27
Annex B : Summary of Memorandum Items.....	28
Annex C: Proposed changes to PSS EX1.....	29
Client groups	29
Sub-divisions of service	30
SUPPORT SERVICES EXPENDITURE:.....	33
Proposed PSS EX1 divisions and sub-divisions layout	36
Annex D: PSS EX1 structure for adults (2007-08) including SEA headings.....	40
Service Expenditure Analysis	42
Service Strategy.....	42
Annex E: Patterns of expenditure and income and activity, 2006-07 PSS EX1	46
E1: Expenditure and income 2006-07 extracted from PSS EX1 England totals	46
E2: Summary at service subdivision and client group level	48
E3: England 2006-07 Activity measures	49
Annex F: Examples of variations in expenditure across councils	51
Annex G – Use of revised PSS EX1 data in reviewing policy implementation	56
Annex H: GLOSSARY.....	57
Annex I: Benefits from the revised PSS EX1 return and proposed future dataset.....	58
Annex J: Memorandum items proposed for voluntary reporting in 2008-09	60

Executive summary

Councils spend some £13bn net each year on adult social care, which is often their largest single area of expenditure after education, and undoubtedly one of the most complex.

The expenditure incurred and associated income and activity are reported each year on the PSS EX1 return. A range of difficulties exists in recording, aggregating and extracting such data in relation to the delivery of adult social care. In many cases published PSS EX1 data shows wide variation between councils in any given year and in the trend data for an individual council between years. Benchmarking and other analysis into the reasons for such variation highlight a range of factors that undermine the reliability of the data recorded and reported. Generally data from PSS EX1 are not useful for local decision-making and are of limited use to those setting and monitoring policy at council or national level.

This report reviews the PSS EX1 return and the needs for improved finance and activity data for adult social care, both locally and nationally. Key objectives for the review included the need for more relevant linked financial and activity data to be generated as contemporaneously as possible and to be directly useable by local managers.

Proposals in outline

The 2008-09 version of the PSS EX1 collection form will be published by the NHS Information Centre (IC) in early 2009 but the mandatory changes to the content of the form have already been signed off. However, for 2008-09 councils should be invited to complete an extended version of the current PSS EX1 form as set out in this paper on a voluntary basis. This will trial recommendations from this paper and provide councils and DH initial evidence on expenditure and activity for 2008-09 not currently identifiable within PSS EX1 or other returns to the NHS Information Centre. The voluntary return will also seek analysis of expenditure on key support services which are currently included within the Support Service and Management Costs (previously Social Services Management and Support Services [SSMSS]) costs category of the Service Expenditure Analysis (SEA). (In the consultation views are sought about treating apportionment of support costs for in-house care services differently).

For 2009-10 councils should provide data in the proposed new memorandum lines on the PSS EX1 return to report specific new sub-divisions of services, based either on actual expenditure or on allocation of expenditure *pro rata* from activity data. Details of the proposed new memorandum lines are set out in **Annex B** with links to definitions and sources of the data. The draft row layout of the revised PSS EX1 is set out in **Annex C**.

In the latter part of 2008-09 and during 2009-10 DH's Care Services Efficiency Delivery (CSED) team and the IC will work with volunteer councils to implement and test a dataset extracted from existing local data sources which links data on clients, activity (services

Revisions to PSS EX1

purchased etc) and service costs. The extract will provide data to standard definitions and expenditure breakdowns in line with the PSS EX1 revisions proposed in this paper. Councils will be able to use the extracts to provide joined-up local management information throughout the year and will use the extracts to deliver datasets equivalent to PSS EX1 for use centrally.

Assuming this new dataset proves robust enough in reporting expenditure, reporting data in the new format should become a requirement on all councils (with assistance as required) for 2010-11. It could at that point supersede the Packages of care data in the RAP return and the remaining SR1 data which is likely to continue to be submitted on a voluntary basis to the NHS Information Centre¹.

The separate identification and reporting to the centre of support service and management costs would continue but an agreed methodology for allocating these would be devised to allow grossing up of actual expenditure to meet requirements of national accounts.

The dataset solution envisages help being provided to councils with the tools, techniques and training to generate and use information for local decision-making by managers. The proposal will require development of agreed extracts for use by others within and outside individual councils.

Future development possibilities

The revised PSS EX1 could, in due course, be used to collate basic data on referrals and assessments to relate to assessment and care management expenditure.

The report includes discussion of possible linkage, using the proposed dataset framework, with NHS commissioning data², housing data and data on other council services. It addresses the need to incorporate local or national outcomes measures. It would also be possible to link data on quality of registered services (such as CSCI's new Quality Ratings).

Consultation on proposals

Some initial issues have been identified on page 22 where views are formally sought from councils and other interested parties. Feedback is requested to pssex1@dh.gsi.org.uk by October 20th. The timetable for the anticipated workplan for revisions to PSS EX1 and the development of the proposed extraction tool is set out in **Annex A**.

¹ The IC consultation on the future of SR1 and RAP returns concludes 24 October 2008.

² The development of an extraction tool would facilitate the use and reporting of new health condition data items from councils' client databases to improve joint planning with NHS agencies.

Background to the proposals for revision of the PSS EX1 return

The NHS Information Centre for health and social care (IC)³ has been consulting with stakeholders on the future content of central returns relating to adult social care. The principal return on expenditure and unit costs, the Personal Social Services Expenditure return (PSS EX1), has not been formally included in the review of IC returns but has been reviewed separately following a meeting of stakeholders in May 2008⁴.

This report with recommendations for changes to the PSS EX1 return is the product of the review and will form the basis of consultation with stakeholders over the early autumn. A timetable for the process and associated developments is set out in **Annex A**.

PSS EX1 return history, current governance and its' use

From 2000-01 councils completed a new combined return on social care expenditure (PSS EX1) for submission to the DH Statistics Division (now incorporated in the NHS Information Centre for health and social care) and the Institute of Public Finance (IPF). This superseded the DH Revenue Out-turn return for social services, RO3, and the CIPFA Actuals return for social services.

The structure and key client group headings of the new return were the same as for the RO3 and are still used for the annual RA return on Adult Social Care budgets which are submitted with other council budget returns to the Department for Communities and Local Government (CLG) each spring.

The content and definitions in use in PSS EX1 inform, and are informed by, CIPFA's Best Value Accounting Code of Practice (BVACOP)⁵. The details of the headings used for Adult Social Care are set out in the Service Expenditure Analysis (SEA) part of the BVACOP. The BVACOP is revised annually by CIPFA and covers all local government services⁶.

The SEA identifies client group main headings as 'divisions of service' which are the mandatory reporting level under the BVACOP. The more detailed 'subdivisions of service' that relate to the specific services for each client group are an *optional reporting level* for the BVACOP and CLG purposes. However, the combined IC/CIPFA PSS EX1 requires data to be reported at the more detailed level. Such analyses are necessary for reporting detailed unit

³ A glossary of all initials used in the report can be found in **Annex G**.

⁴ See front of this report for details.

⁵ The BVACOP is available on subscription via the IPF website : <http://www.ipf.com/>

⁶ The SEA is part of the BVACOP. The section relating to adult social care in the 2007 BVACOP publication is included at **Annex C**. Note that children's social care expenditure and activity is to be reported separately in 2008-09.

Revisions to PSS EX1

costs and are needed by central government. In effect the more detailed reporting level is therefore mandatory.

Councils now close their annual accounts in late May following the 31 March year end. PSS EX1 is returned to the NHS Information Centre in mid July. Data checks (beyond those already built in to the return) are undertaken by both the IC and IPF (the commercial arm of CIPFA that sets data definitions and processes “*CIPFA Statistics*” across local government services). Provisional detailed council level tables using the returns as submitted will be published for 2007-08 by the IC in October 2008. A national summary report and set of updated tables will be published in the following February which will reflect changes from data quality checks by the IC and IPF. IPF publishes a ‘CIPFA Actuals’ publication shortly after the IC data is published in February.

The data collated are used by a variety of central bodies for differing purposes, the most significant of which are:

User body	Purpose
DH	Negotiations with Treasury on Adult Social Care funding Strategy formulation e.g. Green / White papers Strategy monitoring by Government Offices Parliamentary questions Health Select Committee reports Research National Accounts.
DCLG	Local Government accounts Links to National Indicator Set
DWP	Policy monitoring e.g. <i>Opportunity Age</i>
Audit Commission	Comprehensive Area Assessment (CAA) Area profiles and Local Area Agreement (LAA) reporting
CSCI	Performance assessment of CASSRs Reporting to Parliament on the State of Social Care
Healthcare Commission	Work across health care and social care
Academic bodies	Research on issues in adult social care, e.g. Personal Social Services Research Unit inputs to Wanless review
LGA	Policy reviews
ADASS	Policy review and monitoring ⁷
Benchmarking groups	Benchmarking

The content of the PSS EX1 and changes to it are overseen by a joint IC / IPF working group PSS EX1 with council, DH, AC, CSCI and CIPFA Social Care Panel representation. The Strategic Information Group for Adult Social Care (SIGASC) with its role overseeing all adult

⁷ e.g. ADASS / LGA report on Adults Social Services Expenditure 2007-08, May 2008.

Revisions to PSS EX1

social care ASC returns to the IC also covers PSS EX1, based on recommendations for the PSS EX1 working group.

Annex D sets out the current PSS EX1 structure for 2007-08 and associated SEA guidance⁸.

In 2007 the Department for Communities and Local Government published the National Indicator Set (NIS) for local authorities. The NIS comprises 198 indicators which will be used for the purposes of performance monitoring. It is intended that they should be the only performance monitoring data collected from local authorities. However, the White Paper *Strong and Prosperous Communities*⁹ does allow for additional mandatory collections where data is 'relevant for monitoring the use of resources or the implementation of policy'. It is intended that the revised PSS EX1 will fall into this category, and there will continue to be a requirement for local authorities to submit it.

⁸ CIPFA's agreement to inclusion of extracts from their BVACOP SEA material for adult social care is gratefully acknowledged.

⁹ CLG: October 2006 <http://www.communities.gov.uk/publications/localgovernment/strongprosperous>

Issues concerning the present PSS EX1

Those who use PSS EX1 data and those completing it in councils have raised issues about its continuing relevance and value. These include:

- PSS EX1 currently fails to provide data relevant to the modernisation agenda for adult social care¹⁰ - especially personalisation¹¹, prevention/early intervention and changing assessment models.
- In some cases models of delivery of care services do not 'fit' easily within SEA categories. This is particularly true where councils are introducing innovative services, often with partner agencies. This leads to frustration when important innovation is not recognised and what are deemed 'old-style' measures are used to judge service delivery and outcomes.
- Current 'subdivisions of service'¹² conflate important and different care elements (e.g. Extra care housing may be 'invisible' within either home care or supported living; similarly rehabilitative work in care homes or in clients' own homes (also labelled 'intermediate care' or 're-enablement') is 'invisible' within the overall spend on care homes or home care). Most expenditure and activity data available in councils is more detailed and 'fine-grain' than what is reported centrally. There is scope for seeking more detailed evidence with little extra work, provided that the definitions are made as unambiguous as possible.
- The PSS EX1 main client groups are both inconsistent over different returns and too restrictive – e.g. 'Older People' in PSS EX1 covers all those aged 65+, though management of both expenditure and activity for those aged 65+ with a learning disability in a council may well be with Learning Disability teams which cover all adults. Many councils have difficulty reconciling and extracting data in such circumstances and some argue that the Older People category is "out-dated".
- Councils and others report that the data collated in PSS EX1 are rarely used for management purposes locally; partly on account of the issues above and partly because of their late delivery.
- Councils typically complete the PSS EX1 return on the basis of financial systems and procedures as these are seen as more robust for generating financial data than social care activity systems. The lack of a robust relationship between finance and activity data is a key failing of PSS EX1 data. Benchmarking requires detailed work 'behind' the PSS EX1 to ensure comparisons are valid¹³.
- The current return allows no view of the 'packages of care' provided to service users and their costs over time. Because the financial data come from financial systems by

¹⁰ see *Putting People First*, DH, December 2007, http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081118 and the related DH modernisation circular LAC (DH) (2008) 1

¹¹ http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/LocalAuthorityCirculars/DH_081934

¹² In particular the new reporting arising from individual budgets and self-directed care.

¹³ See SEA extract in **Annex D**.

¹³ SE Centre for Excellence experience (RB Windsor and Maidenhead); also Tribal Secta benchmarking groups.

subdivisions of service there is no scope for looking at the costs for an individual or groups of individuals receiving a variety of services.

- Despite the best efforts of the IC and IPF to address data definitions and data quality very significant variations remain, both across councils (see Annex F examples from PSS EX1, 2006-07) and for the same council over time. Particular problems relate to reporting both expenditure and activity where CASSRs are deploying Supporting People funding and are operating joint commissioning and pooled budgets with NHS partners.
- There is little scope to explore effectiveness or efficiency from within the current return¹⁴.
- PSS EX1 provides some evidence of funding received by CASSRs from the NHS and can assist in strategic discussions about work with partner agencies with client groups which a council and its partners have in common. At present the format does not correspond with, or easily relate to, data on NHS activity and spend. Some of the council's spend on Supporting People is reported but there is variation in what is included across councils¹⁵: there is scope for linking with other relevant housing data (adaptations etc).

¹⁴ PSS EX1 provides a cost weighted activity index for each council (see the final sheet of the PSS EX1 return at : <http://www.ic.nhs.uk/our-services/improving-social-care-information/social-care-collections/collections-2008>). No output is available on the IC website from this index.

¹⁵ See **Annex F**.

Principles guiding revisions to PSS EX1

The following principles were applied when arriving at the proposed revisions contained in this report:

- There must be clear benefits in any reworking of PSS EX1 for Directors of Adult Social Services and their finance teams and Responsible Budget Officers – also for treasurers and councillors. From any rework, activity and financial reporting need to be more integrated locally to provide evidence for operational management and performance review.
- The 'burden' on councils must be as light as practicable, and the benefits significant.
- Because the data in the PSS EX1 are used in national accounts, any changes must, as far as practicable, maintain the ability to produce reports which are consistent over time.
- Because the PSS EX1 return is the revenue outturn form for ASC, any changes need to be acceptable to the Department for Communities and Local Government.
- Any revision needs to be fit-for-purpose to contribute to the 'Use of resources' judgement in CAA.
- BVACOP needs to be complied with, or agreement reached within its overall methodology etc about any changes. Any revision must comply with standards set down for audit of councils' accounts.
- Any revision needs to link effectively to the local Joint Strategic Needs Assessment and joint commissioning strategy for adults.
- The data collated need to be played back early on to councils, as soon as possible after submission.
- Councils should expect data to be returned once to the NHS Information Centre and used many times¹⁶.
- Any changed or more detailed definitions need to be worked up, consulted on and to be as clear as possible. There needs to be a single authoritative consistent source of guidance for queries.
- Any changes need to be linked to, and in parallel with, NASCIS and the IC's work on Information Standards.
- Changes need as far as possible to be 'future-proof' ... anticipating the forthcoming Green Paper on adult care costs and other modernisation drivers.
- Training should be provided for council staff where significant changes are to be implemented.

¹⁶ Thus, for example, CSCI's Self Assessment Survey return for 2007-08 did not ask for early estimates of outturn data for 2007-08 at the end of May: CSCI received data from the IC in early August once PSS EX1 initial submissions were received.

Proposed solutions and timescales

The proposals discussed below are in two parts –

- A. *Altering the existing PSS EX1 return*
- B. *Developing a new tool for local extraction of data from council systems to provide both data for council use and the revised PSS EX1 content as a new dataset.*

The timetable for each set of proposals follows the proposal itself.

A. Altering the existing PSS EX1 return

Proposals

Three ‘client groups’ are disaggregated as memorandum items from current divisions ((i) ‘Older people with mental health needs’ and (ii) ‘Older people with a learning disability’ from within ‘Older People’ and (iii) ‘Services for Carers’ from within existing client groups) – see **Annex C**.

Additional memorandum lines and activity measures within current sub-divisions of service are added to identify spend and activity (where practicable) on key policy areas - see **Annex C**.

Support services (including any overheads currently allocated as Support Services and Management costs) are reported on separately and not included in the current subdivisions of service - see **Annex C**. A national standard formula is devised for the allocation of these overheads ¹⁷.

Timetable

For 2008-09

PSS EX1 returns for 2008-09 are to be submitted to the NHS Information Centre in mid July 2009. The requirements for councils for 2008-09 PSS EX1 and associated returns were set in September 2007. The IC / DH / IPF will seek volunteer councils to do some testing of proposals set out above (as modified by the process of seeking further views on them from councils and others), reporting on an extended version of the 2008-09 PSS EX1 return. This is based on the understanding that the base data submitted by volunteer councils will still comply with the current requirements for PSS EX1: more detailed reporting is in the form of memorandum items and these new items will not be published identifiably at council level.

¹⁷ Best Value accounting practice recommends that expenditure is allocated to cost centres wherever possible to give an accurate picture of total costs. Where significant sums are reported as Support services and management costs and not distributed to appropriate cost centres local managers will manage their budgets without reference to the total cost of services but for central reporting and comparability over time these will need to be reallocated to direct costs of services.

Revisions to PSS EX1

None of the supplementary data provided in this voluntary extended dataset should be reported identifiably in central publications.

For 2009-10

Any changes for 2009-10 would normally have to be signed off by DH, IPF and the IC (via the Strategic Information Group for Adult Social Care (SIGASC)) by the end of September 2008. In order to ensure adequate time for feedback to the IC, DH and IPF to the proposals set out in this paper and to take account of other changes to associated returns about which the IC are currently consulting, the detailed changes proposed for 2009-10 will be sent to councils in November, as soon as possible after consultation has concluded. The proposals for changes to PSS EX1 should be sent at the same time, reflecting the separate consultation on this report. The consultation on this report will establish whether it is practicable to expect all councils to provide the memorandum items for their 2009-10 PSS EX1 return or whether this is still done on a voluntary basis.¹⁸

Agreement will need to be reached before the 2009-10 PSS EX1 spreadsheet is issued by the IC (in February or March 2010) on appropriate means of allocating each council's reported overheads.

B. Developing a new tool for local extraction of data

Proposals

A separate tool will be produced by CSED and the IC to enable councils to extract a dataset equivalent to PSS EX1 from local data sources, along with a working model. This will provide a template which relates client, activity and cost data¹⁹ and automatically produces the full reporting required for central uses²⁰.

Volunteer councils will be sought to pilot the new dataset with support from the IC and IPF.

None of the data provided in this dataset should be reported identifiably in central publications until it becomes a requirement on all councils.

The feasibility will be explored of using the data extraction / analysis model to report all items which remain to be reported in the 2008-09 version of SR1 and RAP P (packages of care) tables.

¹⁸ See the section entitled *Issues to Resolve in Consultation* below.

¹⁹ This approach to record linkage has been trialled with a number of councils as part of the TRACS project in CSED. It has proved a workable tool and produces valuable data not hitherto accessible from within diverse local systems. See <http://www.csed.csip.org.uk/silo/files/tracs-brochure.pdf>

²⁰ Some councils are already linking their activity and client data to cost data. As yet there has been no guidance on aggregation and reporting this. This makes for difficulties in benchmarking – and there is no means of gaining an overall national picture. Many councils will need assistance to move to being able to link their client, activity and expenditure data robustly, though they may already be part way towards this for some services.

Timetable for new extraction tool

2008-09

By early October 2008 a first draft of the data extraction specification will be delivered.

By Christmas 2008 a demonstrator version of the tool will be available. This will be tested with a small number of councils and lessons learnt during the process will be reviewed.

Subject to the review process by March 2008, following further testing, a final data extraction solution will be delivered for national approval and implementation.

2009-10

Sign-off to the national requirements for the tool will be secured.

The tested version of the tool will be rolled out to all councils who wish to use it.

2010-2011

After trials using 2008-09 and 2009-10 in-year data have ironed out definitional and delivery issues, the new format of data to be reported using the new data extraction arrangement will become a requirement in place of PSS EX1 from April 2010 for the financial year 2010-11.

Future developments using the extraction tool

There is potential for councils to work collaboratively with NHS partners (Primary Care Trusts / Mental Health trusts) to explore linking data on, for example, Individual Budgets for Long Term Care patients, telecare and telemedicine, and NHS services on selected care pathways²¹. The tool will facilitate the inclusion of specific health condition data about clients from council databases which will permit closer examination of care pathways and joint commissioning of services for those with specific conditions.

Similar collaboration with housing agencies could allow linking of data on those assisted through Supporting People²², adaptations services and Care and Repair schemes.

²¹ Proposals for council access to the NHS numbers for adult social care clients will assist with this, but the extraction tool will have a data matching capability using identifiers such as first name and surname, date of birth and gender which will make this possible even without a common identifier.

²² See evidence of the variability in reporting Supporting People activity and expenditure at **Annex F**. There are similar concerns about the variability of reporting of pooled budgets and associated activity.

Revisions to PSS EX1

By 2011 the NIS data on timeliness of completion of assessments and of delivery of care packages may no longer be required nationally. This would mean that the client, activity and expenditure dataset could potentially be expanded to take on any additional key data on referrals, assessments and reviews. This could mean that remaining data requirements on Referrals and Assessments from the RAP tables could be covered by the new dataset.

Implications for Stakeholders

Implications for councils

The proposals detailed in **Annex C** require disaggregation of data and more detail in the revised PSS EX1 return. This is almost certainly mainly already present in local financial coding structures and in activity data. There will be initial demands of time in reviewing the new data requirements and aligning local financial data (and activity data) to correspond as closely as practicable, but it is likely that much of this will be needed locally in any case.

Ensuring the accuracy of current and future data on client databases and that there is minimal duplication of records will be critical.

In some instances it will be necessary to *pro-rata* financial data from activity data – for example only a limited number of care homes will provide only rehabilitation / intermediate care though many may have some beds for this purpose. It is unlikely that accounts will be kept separately for this element of their service offering – hence it will be necessary to pro-rata the costs of the home in line with the use of beds for intermediate care and standard care. This is not new for councils within PSS EX1.

The additional specificity of the memorandum items proposed should allow councils to evidence how far they have commissioned services which match policy aspirations (see illustrations set out in **Annex G**). As the data come back to the NHS Information Centre, it will be possible to review a particular council's data against that for comparator councils and that for England. From 2009-10 it should be possible to begin to get an overview of the local position as compared with that of other councils.

Implications for central collation of data

The NHS Information Centre and IPF will initially be working with an expanded PSS EX1 return but this should not prove difficult. If and when a new dataset is in place which permits extraction to a common format, drawing data from local records systems, there will need to be a re-working of current reporting on PSS EX1. Potentially the new extracted dataset may incorporate existing RAP and SR1 returns. Work by the IC through the Information Standards Board should assist in delivering clarity of definitions and linkage to the approaches already in use or under development in the NHS.

Implications for DH, CLG and the Audit and Care Quality Commissions

Both DH and CLG and the Audit and Care Quality Commissions will need to be clear about precisely what they need from the revised PSS EX1 and the new datasets when submitted. All will be commenting on this paper's proposals.

Implications for CIPFA and BVACOP

This paper proposes the addition of a number of memorandum lines which 're-frame' the SEA, including:

- the separation of expenditure on carers' services
- linkage of expenditure on extra care housing across home care and supported and other accommodation
- transparent reporting of the elements and costs of support services items.

The proposal that from 2010-11 support services items should be reported separately and no longer be allocated by councils across the rows of PSS EX1 data will need agreement within BVACOP. If the proposal to report on 'overheads' separately and to carry out a central allocation of this expenditure is approved following consultation, CIPFA will be invited to lead work with councils on reporting / allocation of overheads.

Benefits from the revised return and proposed future dataset

*The business case and benefits from reporting the proposed added memorandum items are set out in detail in **Annexes I and J**. . Some potential measures which relate to policy concerns are set out in **Annex G**.*

Benefits for councils from collation of data on activity, expenditure and clients in one dataset

If councils are able to better link their evidence about services, clients and costs, the potential benefits at local level include:

- Analysis of linked data at responsible budget officer level upwards
- Analysis of service users with a defined package of care and its cost
- Analysis of 'starters' and 'finishers' – at present activity is reported 'as at March 31' or 'in the year' (SR1/RAP) or for a sample week (HH1)
- If links to reviews become possible, there will be potential to analyse the impact of reviews (especially any shift to Direct Payments etc) in terms of outcomes and costs
- Analysis of clients who have hitherto been self funding and are affected by 'spend-down' and the impact of this on budgets
- Data will no longer need to be 're-shuffled' by client group and age just for PSS EX1 reporting
- Analysis of trends in-year as well as year-on-year
- Analysis of costs and activity by age group, including packages of care, with clearer comparisons between in-house and external provider costs for *equivalent* services and equivalent user groupings
- Analysis of service and cost impacts of incoming clients in 'transition' from Children's Services
- Analysis of *shifts* from one area of expenditure to others – especially into rehabilitation, Individual Budgets/ Direct Payments, etc
- Linkage of costs data to some NIS PIs to evidence both activity and cost [e.g. rehabilitation success after three months, financial effects of Direct Payments / Individual Budgets trends].
- Provision of tools to develop commissioning, providing better evidence for plans relating to Joint Strategic Needs Assessment (JSNA). Capacity to model future demands including, for example, 'what ifs'.

Later developments:

- Potential to link data on costs with that on activity on assessment and care management – currently these are often separated and incoherent

Revisions to PSS EX1

- Potential to link in data on quality of services – e.g. Quality Ratings published by CSCI / CQC
- Potential to link to data on outcomes as reported by users of services
- Potential to link to local NHS data and housing data and data from other sources in and around the council to assess joint working across LAA partnerships

Issues to resolve in consultation

The following issues have been identified as requiring resolution as part of the consultation 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:
 - *of sufficient importance and policy relevance?*
 - *adequately specified and defined?*
 - *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 grounds²³.
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 rata-ing*.
 - *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 services²⁴?*
6. Councils are encouraged *to indicate whether they would be able to provide the memorandum items set out in Annex B for 2009-10* (in their returns in July 2010) so

²³ The proposed extraction tool and schema will enable all councils to retain and report data on specific services which may not warrant national reporting. Clear guidance will be given on where such services are to be subsumed in any national reporting.

²⁴ It is likely that councils will already take this approach to derive 'full cost' charges for use in charging for services.

Revisions to PSS EX1

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.

Likely questions – and some answers

Why is this reporting of expenditure and activity not tied in to measuring outcomes?
Surely the detail on different types of service is out of line with an outcome focus?

This will depend on clarification of appropriate means of measuring outcomes. Some 'objectives' of service provision are included for the first time (rehabilitation / re-enablement / respite). If the reason services change / end is coded in systems to a common standard and included in the proposed dataset extraction, this can be reviewed (along with later activity / spend for the same client / group of clients). If client views of achievements of their own objectives are agreed (along the lines of POPP/ IBSEN / In Control datasets or as part of the Common Assessment Framework work) then this could be added in to the extracted dataset. As mentioned above, Quality Ratings of registered services (which should have some relationship to outcomes) can be linked to the data extracted from local systems.

The proposals still limit reporting to the Adult Social Care contribution to well-being – this does nothing to assess the wider council / local strategic partnership contribution.

This is true. The availability within PSS EX1 of data on grants to organisations and district councils addresses this in part. Extracting the data on the inputs to named clients of small amounts of service will be possible with the extraction tool but the decision as to which provision is treated as 'low level' will need to be taken locally. There may be a part for CLG to play in coordinating reporting of expenditure across the council and its partners on, for example, council support to/ commissioning of third sector activity or well-being initiatives for older people.

Will councils 'squeeze' spend and activity into the definitions of the new sub-division categories to make their results look 'better'?

Once councils are using the proposed new extraction tool dataset to report locally this is not likely. Now there are no PAF unit cost PIs to report there may be less pressure to manipulate spend / activity data. The proposed separation out of support costs and overheads, making this area increasingly transparent, should make comparisons more robust.

How good will data quality be, especially from client databases?

If managers locally are using these data with the advents of the extraction tool or its local equivalent, and are accountable for them, data quality is likely to improve.

Will use of activity data to pro-rata expenditure render robust results?

Councils will be encouraged to record in more detail so as to obtain more accurate and relevant data locally.

Will this new dataset allow accurate comparisons to identify efficiency savings?

There will be greater specificity of costs, client types and activities than hitherto. This should improve the robustness of initial benchmarking. Work locally will still be needed to ensure comparisons are valid. Hopefully with the integration of RAP P data and SR1 data it will be possible to work up new measures (e.g. net cost per client) for comparison purposes.

Is the additional work to extract memorandum lines data from council systems justified, especially when the move is towards reducing central reporting to a minimum?

The proposals in this report seek to respond to the critique of the problems with the current PSS EX1 identified in the section entitled Issues Concerning the Present PSS EX1. There is a need for data on costs and activity both for central government use and for more meaningful comparison locally. The proposals address many of the issues. The work now in hand to develop a simpler means of accessing client, activity and expenditure data locally and applying support costs and overheads on a standard basis centrally should significantly reduce the burden involved in preparing the data submissions which replace PSS EX1 in the future .

Will there be a loss of continuity with PSS EX1 evidence after 2009-10 returns?

Councils will be able to work backwards with the proposed support costs / overheads allocation formula for 2010-11 with their 2009-10 data. They will have the definitions of what allocation rules will be for support costs / overheads to be carried out centrally. They should be able to work out what their total spend on divisions and sub-divisions of service was before support costs / overheads were applied so they can assess the impact of the new centrally determined allocation methodology for overheads.

Next steps – see timetable in Annex A

This paper will be sent to all stakeholders in mid-September for feedback by 20th October 2008. It has already been reviewed at an IC/IPF PSS EX1 working group in early September and by the Strategic Information Group for Adult Social Care in mid-September.

Staff in the CSED will produce a specification and working prototype model of a possible data extraction and reporting tool in the early autumn for discussion and further development.

Annex A: Timetable

Date	Revising PSS EX1	Collection of data by councils	Reporting	Development of tool to extract and report data locally	Development of overheads allocation formula	Activity
2008						
September	●					Issue draft report on proposals to stakeholders
	●					Review report at PSS EX1 Working Group (4 th)
	●					Review at SIGASC (16 th)
	●					Presentation at IC strategic information road-show (23 rd)
October	●					Presentation at IC strategic information road-shows (2 nd and 8 th)
			●			Initial feedback of provisional 2007-08 data to councils
	●					Responses on proposals in this paper to DH (by 20 th October 2008)
				●		Demonstration of tool reporting capability
November	●					Meeting of PSS EX1 Working Group and other stakeholders to consider responses (4 th)
	●					Final details of changes for 2009-10 to councils by IC
December				●		Tool demonstrated to volunteer councils
2009						
January - March				●		Further trialling of extraction tools with volunteer councils
					●	Work on developing national formulae for distributing support costs.
February	●					IC issues 2008-09 PSS EX1 form
				●		Reporting proposals for national specification of return/ local reporting
			●			IC issues final council level 2007-08 data
April onwards		●				Councils collecting data to new requirements for 2009-10
				●		Roadshow of tested tool – assistance to councils with implementation
July			●			Councils submit 2008-09 PSS EX1 including memo lines (voluntary basis)
September	●					Finalise 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
April	●					Councils collecting data to new requirements for 2010-11
By September	●					Decisions about 2011-12 return content and formats

Annex B : Summary of Memorandum Items

PSS EX1 Division(s)	PSS EX1 Sub-division(s)	Memorandum item
ALL CLIENT CATEGORIES TOGETHER	Assessment and care management (All)	Initial points of contact - Customer Relationship Management
		Occupational therapy staff engaged in assessment and care management
		Support staff to assessment and care management
OP, PSD, LD, MH	(a) Nursing Care placements and (b) Residential care placements summed	Rehabilitation / intermediate care
		Respite care
		Short term care
OP, PSD, LD, MH	Supported and other accommodation	Those ' permanently ' resident in Adult Placement scheme settings
		Those ' temporarily ' resident in Adult Placement scheme settings
		Those ' temporarily ' resident in Adult Placement scheme settings for respite care
		Supported living / group homes
		Refuges / hostels not registered with CSCI
		Community support services
		Extra care housing (non personal care elements)
OP, PSD, LD, MH All client groups together	Direct payments	Direct Payments to carers : extract to new CARERS SERVICES division memorandum line
		Administration supporting Direct Payments
OP, PSD, LD, MH	Home care	Rehabilitation / re-enablement / intermediate home care
		Extra care housing - personal care element
		Live in home care
		Night sitting (waking) - separation from night sleeping : <i>de minimis?</i>
		Night sleeping - separation from night sitting (waking): <i>de minimis?</i>
PSD, LD, MH	Day care	Day sitting - <i>de minimis?</i>
		Employment related day services
OP, PSD, LD, MH	Equipment and adaptations	Telecare equipment and its maintenance
		Prescriptions for equipment and their management costs
		Equipment Store costs + associated transport
OP	Meals	Meals on wheels and frozen meals
		Lunch clubs meals
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

Annex C: Proposed changes to PSS EX1

Client groups and sub-divisions of service to be included as memorandum items from 2009-10 (and, on a voluntary basis only, in 2008-09).

Client groups

1. Report expenditure on Older people with mental health needs and on Older people with a learning disability as a set of memorandum lines, recognising that initially this will significantly under-report related spend as not all councils are recording this systematically at present. The full spend on Older People will continue to be reported as in previous years. Dementia care is a government priority with a new National Strategy and councils are concerned at the increasing numbers of learning disabled adults aged 65+²⁵.
2. Carers to be reported as a new 'client group' as a new division of service memorandum item. Again there is a new national strategy on carers but currently all costs on carers services are 'hidden' within the main client groups. A single memorandum line of the costs of all Carers services will be set up, with an additional memorandum line showing the amount within this represented by Direct Payments to carers. The costs of respite care within residential and nursing care will also be reported under proposals in this paper: this can be added to produced an overall total of expenditure on services *directly benefiting* carers. Carers clearly also can benefit from home care, day care and equipment for the person they care for. One of the longer term aspirations for the proposed linked dataset would be to identify the extent of this expenditure and link it to carers (usually co-resident) who are likely to benefit directly. Assessment and care management costs for carers are likely to be too difficult to estimate from overall assessment / care management expenditure.
3. Future reporting relating to 'Older People'. Once data extraction is achieved within the new linked dataset model, because of the incorporation of date of birth in the extraction, 'Older People' can be dropped and primary client group can be reported as in RAP. If councils wish to elaborate sub-client groups within the overall SEA headings (e.g. subdividing of learning disability by degree of disability; also autistic spectrum disorders (LD services constitute 24% of England net expenditure on adult care)) this will be possible locally, provided that aggregation back to nationally defined standards is complied with.

²⁵ At 31.3.07, there were 191,000 supported residents reported as aged 65+ (77% of the total 250,000). 116,700 of the 191,000 (61%) were categorised by councils as physically disabled, 35,000 (18%) as people with mental health problems, 4,500 (2%) as people with learning disabilities, 2,100 (1%) as 'other'. 33,000 (17%) were not separately classified.

It is noteworthy that 11% of the total of 39,600 supported LD residents aged 18+ were aged 65+ (4,500). This percentage might be marginally higher if those LD adults aged 65+ 'hidden' within the 33,000 65+ not separately classified were added in. The numbers of supported LD residents aged 65+ reported in SR1 have increased by 13% over the last 5 years – at 31.3.03 they numbered 4,000. This may reflect a real increase or simply more specific recording.

Sub-divisions of service

At present the SEA provides for 11 subdivisions of service type, (assessment and care management, nursing care, residential care etc) – see **Annex C**. The activity, expenditure and income reported for each subdivision for each client group in 2006-07 is set out in **Annex C**.

To respond to the critique that PSS EX1 fails to identify expenditure and activity on new types of service which are priority issues in policy implementation, new memorandum rows should be added to the existing subdivisions (shown in italics in the listing below). These rows:

- a. are to be reported as elements of their main heading (e.g. intermediate care in care homes as part of the total spend on residential and nursing care lines);
- b. will *not*, with all other memorandum items under the subdivision of service, sum back to the subdivision under which they fall (but must not exceed the total of that subdivision);
- c. should identify whether Support services costs have or have not been apportioned. This is intended to reduce the burden on councils which have an apportionment arrangement which would be difficult to ‘unpick’ while simplifying the reporting on memorandum lines for those where apportioning would have to be worked out separately. These lines will in the latter case therefore under-state the total commitment of expenditure on them.

Where councils are not able to identify actual expenditure they should calculate appropriate amounts from activity evidence (as set out for each proposed row in Annex J). Activity measures to be associated with each new row are also set out for each proposed memorandum item.

The IC has agreed that it can add these extra memorandum rows to the PSS EX1 form for 2008-09 (due to be issued to councils in February 2009). It will be made clear that completion of the rows is on a voluntary basis only and councils may complete some but not others²⁶. Those who do assist in this way will be asked subsequently to submit feedback on any issues they wish to raise about the definitions, process and content of their submission.

It is inevitable that for 2008-09 the data reported retrospectively will not be comprehensive as councils will need time to alter systems ready for April 2009 to identify the relevant expenditure. The IC will not publish council level data from these memorandum lines in a way which allows individual councils to be identified.

²⁶ PSS EX1 already has a convention that councils report where they have no expenditure / activity as ‘0’ whilst they report expenditure / activity which they cannot identify as blank.

Revisions to PSS EX1

The case for each new memorandum item and proposed definitions is set out in a grid in a set of sheets within **Annex J**. To refer to items in Annex J from the list in Annex B click on the memorandum item description listed in Annex B.

Important because:
Alternative to:
Currently reported:
PSS EX1
RAP
SAS
SSDS001
Current volumes (England)
Definition of expenditure
Issues with definition
Activity measures: current proposed
Potential unit cost / other measures from new data
Notes

The additional memorandum items considered but not included are set out below, with the rationale for their exclusion:

Row 1: ASSESSMENT / CARE MANAGEMENT

‘Safeguarding’ expenditure: it was felt that councils were unlikely to be able to separate this activity and its associated expenditure. The costs of work generated by safeguarding enquiries and responding to them needs to be reported on. Data collection (probably on a small sample basis) could be addressed as part of the further development following the pilot return currently being mounted by the IC with volunteer councils.

Line 4: SUPPORTED / OTHER ACCOMMODATION

Supporting People funds: There appears to be significant variation between councils in how they report use of these funds – see **Annex E**. The future of this funding stream is under review. If the expenditure is in future included within the Area Based Grant, IPF and stakeholders will need to review the BVACOP/ SEA guidance on how to report it.

Adult placement schemes: the memorandum lines proposed include the expenditure on long term placements and on temporary and respite provision. Day support through APS

Revisions to PSS EX1

placements is considered as *de minimis* so is not included as having a memorandum line of its own²⁷.

Extra care housing: this enables councils to report their accommodation expenditure on this service – a separate memorandum line under Home care will provide data on expenditure on the personal care delivered in Extra care housing (as expected in the SEA).

Line 5: DIRECT PAYMENTS

Direct Payments to carers are to be reported as a memorandum item under the new memorandum line for Carers services.

Individual Budgets (IB): Where a service user receives a Direct Payment as part of their IB this will be reported on the current DP line as now.

The data extraction tool will allow councils to report (and DH to monitor) the extent of expenditure on other services using IBs. The tool will identify those who are informed of the value of their IB and allow reporting of the nature of, and expenditure on, all those services they choose to have the council provide or arrange for them.²⁸

Line 6: HOME CARE

At present a quarter of net adult spend on services is reported under the single 'home care' line. The proposals include identifying the following subcategories of care as memorandum lines:

- Rehabilitation / re-enablement
- Live in home care
- Night sitting (waking) – *numbers of cases and costs may be small so could be merged with night sleeping or may be de minimis*
- Night sleeping - *numbers of cases and costs may be small so could be merged with night sitting (waking) or may be de minimis*
- Day sitting - *may be de minimis*
- Personal care in extra care housing: *this enables councils to report the costs of personal care delivered in extra care housing. A separate memorandum line under 'Supported and other accommodation' expenditure (see above) will provide data on expenditure on this element of expenditure (as expected in the SEA).*

²⁷ However, with the data extraction tool proposal it will be possible for councils to identify this so as to take it into account if it is a local priority. A parallel activity measure would be needed.

²⁸ It is likely that the 'Other services' sub-division (row 10) will increase where it is not straightforward to categorise new services within subdivisions 2-9. 'Other' services comprised 6.7% of 2006-07 gross spend on services (excluding Assessment and Care Management and Supporting People expenditure) or 6.25% of net spend.

Revisions to PSS EX1

In some councils the more detailed breakdown of the above expenditure / activity will be extractable from billing / time recording systems: in others it may come from care plans.

Expenditure on other home care functions is important but it is likely to be too difficult to extract from most current recording systems – e.g. Meal preparation (alternative to meals on wheels), and Other support (e.g. pension collection, shopping, laundry, handy person).

Line 7: DAY CARE

Employment related day services: these are to be reported if the extent of expenditure / activity can be identified. Supported employment is reported separately (row J1) under SEA rules: these memorandum lines can be added to that row to assess the total expenditure on this form of support.

Day care provision costs in homes / resource centres: Some councils currently report within their Residential or Nursing care subdivisions. This is not within the spirit of the SEA and thus where these can be split out the costs need to be reported in sub-division 7 (day care) for the appropriate client group. This should also apply to any day support offered by providers within Adult Placement schemes.

Line 8: EQUIPMENT AND ADAPTATIONS

Minor adaptations and CASSR contributions to major adaptations costs: Expenditure on these aspects of 'equipment and adaptations services' is important but it is probably too difficult to extract from most current recording systems. ICES Store costs + associated transport may be difficult to separate but will be affected as 'prescriptions' for equipment are introduced so it is considered important to identify these costs.

SUPPORT SERVICES EXPENDITURE:

For the current PSS EX1 return, all support costs are apportioned across service sub-division lines so that it is not possible to identify councils' commitment to generic services which support client-facing activity. Councils' own categorisation of expenditure will, however, identify these heads of expenditure and the revision to PSS EX1 proposed in this report is designed to identify the total expenditure on each category of support service.

CSED work has shown that there may be significant efficiency savings to be made corporately and within CASSRs in addressing these 'overhead' costs but at present their magnitude is not identifiable – if it were around 5% of net costs this could mean it totals over £600m (2006-07 data).

Councils will be asked to indicate the total sum for different support services and then, as above, to identify critical elements of this total:

SUPPORT SERVICES (*New subdivision line : Memorandum Item*)

All costs incurred including those treated as direct costs and those allocated as overheads via SSMSS

Of which:

Client support – i.e. services providing direct assistance to those who are clients of the CASSR or might otherwise become clients:

Of which:

- welfare benefits
- advocacy
- advisory services

Operations support – i.e. services without which support to clients would not be able to function:

Of which:

- performance management
- planning
- financial assessment of clients
- contract management
- commissioning
- brokerage

Information Technology*

Finance* – excluding financial assessment

Training*

Premises and property costs*

Transport*

** including corporate recharges*

The information reported will make the level of spend on different key support costs ‘transparent’ and highlight the importance of this currently ‘hidden’ commitment. The long-term aim is to provide the costs of services on lines 1-11 with the added service subdivisions above *without* these support costs added to them (corresponding to how budget managers will have ‘their’ expenditure reported to them).

A *simple and uniform* means of national apportionment of these overheads across subdivisions and up to client group total level will need to be worked on with councils and CIPFA. This is needed to ensure continuity for national accounts and other comparisons over time. The identification and reporting of the key support costs as a preliminary task for 2008-09 will allow for preparation for this approach.

Revisions to PSS EX1

We are seeking views on one possible exception to this removal of support costs apportionment. This relates to in-house care services (excluding assessment and care management). Here it is probably appropriate to ensure that all support costs *are* included. Many councils will be doing this so as to establish a 'full-cost' figure for charging purposes.

Proposed PSS EX1 divisions and sub-divisions layout
Including proposed memorandum items

A: SERVICE STRATEGY

- A1 Strategic management
- A2 Complaints procedures
- A3 TOTAL SERVICE STRATEGY (LINES A1 to A2)

B: OLDER PEOPLE (AGED 65 OR OVER) INCLUDING OLDER MENTALLY ILL

- B1 Assessment and care management

- B2 Nursing care placements
- B3 Residential care placements

B2+B3	<i>Nursing and residential care placements total</i>
	<i>of which:</i>
	<i>Rehabilitation / intermediate care</i>
	<i>Respite care</i>
	<i>Short term care</i>

- B4 Supported and other accommodation
of which

<i>Adult placement schemes (APS) – ‘Permanent’ supported residents</i>
<i>Temporary supported residents</i>
<i>Temporary residents for respite in APS</i>
<i>Supported living / group homes</i>
<i>Refuges / hostels not registered with CSCI</i>
<i>Community support services</i>
<i>Extra care housing (accommodation component – see Home care row for personal care element)</i>

- B5 Direct payments

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- B6 Home care
of which:

<i>Rehabilitation / re-enablement</i>
<i>Extra care housing : Personal care element</i>
<i>Other supported accommodation: personal care costs</i>
<i>Live in home care</i>
<i>Night sitting (waking)</i>
<i>Night sleeping</i>
<i>Day sitting</i>

- B7 Day care

Revisions to PSS EX1

B8 Equipment and adaptations
of which:

<i>Telecare equipment and its maintenance</i>
<i>Prescriptions for equipment and their management costs</i>
<i>ICES Store costs + associated transport</i>

B9 Meals
of which:

<i>Meals on wheels and frozen meals</i>
<i>Lunch clubs meals</i>

B10 Other services

B11 TOTAL OLDER PEOPLE excluding Supporting People (LINES B1 to B10)

B12 Supporting People

B13 TOTAL OLDER PEOPLE including Supporting People (LINES B11+B12)

from B2-13, as memorandum totals where identifiable:

	<i>OLDER PEOPLE WITH MENTAL HEALTH NEEDS</i>
<i>OMI C2</i>	<i>Nursing care placements</i>
<i>OMI C3</i>	<i>Residential care placements</i>
<i>OMI C4</i>	<i>Supported and other accommodation</i>
<i>OMI C5</i>	<i>Direct payments</i>
<i>OMI C6</i>	<i>Home care</i>
<i>OMI C7</i>	<i>Day care</i>
<i>OMI C8</i>	<i>Equipment and adaptations</i>
<i>OMI C9</i>	<i>Meals</i>
<i>OMI C10</i>	<i>Other services</i>
<i>OMI C11</i>	<i>TOTAL services for OLDER PEOPLE WITH MENTAL HEALTH NEEDS excluding Supporting People (LINES OMI C2 to OMI C10)</i>
<i>OMI C12</i>	<i>Supporting People</i>
<i>OMI C13</i>	<i>TOTAL services for OLDER PEOPLE WITH MENTAL HEALTH NEEDS including Supporting People (LINES OMI C11+ OMI C12)</i>

from B2-13, as memorandum totals where identifiable:

	<i>OLDER PEOPLE WITH A LEARNING DISABILITY</i>
<i>OPLD C2</i>	<i>Nursing care placements</i>
<i>OPDL C3</i>	<i>Residential care placements</i>
<i>OPLD C4</i>	<i>Supported and other accommodation</i>
<i>OPLD C5</i>	<i>Direct payments</i>
<i>OPLD C6</i>	<i>Home care</i>
<i>OPLD C7</i>	<i>Day care</i>
<i>OPLD C8</i>	<i>Equipment and adaptations</i>
<i>OPLD C9</i>	<i>Meals</i>
<i>OPLD C10</i>	<i>Other services</i>
<i>OPLD C11</i>	<i>TOTAL services for OLDER PEOPLE WITH A LEARNING DISABILITY excluding Supporting People (LINES OPLD C2 to OPLD C10)</i>
<i>OPLD C12</i>	<i>Supporting People</i>
<i>OPLD C13</i>	<i>TOTAL services for OLDER PEOPLE WITH A LEARNING DISABILITY including Supporting People (LINES OPLD C11+ OPLD C12)</i>

Revisions to PSS EX1

As above for :

- C: ADULTS AGED UNDER 65 WITH A PHYSICAL DISABILITY OR SENSORY IMPAIRMENT**
 - D: ADULTS AGED UNDER 65 WITH LEARNING DISABILITIES**
 - E: ADULTS AGED UNDER 65 WITH MENTAL HEALTH NEEDS**
-

F: ASYLUM SEEKERS

- F1 Assessment and care management
- F2 Lone adults
- F3 TOTAL ASYLUM SEEKERS (LINES F1 to F2)

G: OTHER ADULT SERVICES

- G1 Assessment and care management
- G2 HIV/AIDS
- G3 Substance abuse (addictions)

of which:

Alcohol abuse

Residential / nursing care expenditure
Other services expenditure

Drug/ solvent abuse with/ without related alcohol abuse

Residential / nursing care expenditure
Other services expenditure

- G4 Other other adult services
- G5 TOTAL OTHER ADULT SERVICES excluding Supporting People (LINES H1 to H4)
- G6 Supporting People
- G7 TOTAL OTHER ADULT SERVICES including Supporting People (LINES H5+H6)

CARERS

H NEW SECTION as memorandum item (extracted from client groups data)

- H1 Services specifically for carers
- of which*

Direct Payments to carers

I: TOTAL PERSONAL SOCIAL SERVICES

- I1 TOTAL PSS for ADULTS excluding Supporting People (LINES A3+B11+C11+D11+E11+F3+G5)
- I2 TOTAL Supporting People (LINES B12+C12+D12+E12+G6)
- I3 TOTAL PSS including Supporting People (LINES A3+B13+C13+D13+E13+F3+G7)

J1 SUPPORTED EMPLOYMENT

K1 OTHER NON-PSS EXPENDITURE BY SOCIAL SERVICES DEPARTMENT

L1 SPECIFIC GOVERNMENT GRANTS (Inside and outside Aggregated External Finance)

M1 ACTUAL TOTAL NET COST (LINES I3+J1+K1-L1)
(This should match total social services expenditure in the local authority's accounts)

Memorandum items:

ACTUAL TOTAL NET COST on a pre FRS17 basis

Revisions to PSS EX1

ACROSS ALL DIVISIONS:

For all Assessment and Care management (rows B1+C1+D1+E1 and G1): memorandum rows:

INITIAL POINTS OF CONTACT - expenditure
OCCUPATIONAL THERAPISTS engaged in assessment and care management
SUPPORT STAFF to assessment and care management

ALL DIRECT PAYMENTS in total (lines B7+C7+D7+E7) Cost of administration of direct payments
--

SUPPORT SERVICES

Items allocated across A1 – G7 as direct or Support costs
including all corporate recharges

		IPF SEA CATEGORIES – see Annex D
Z0	Total support costs	1-15
	Of which:	
Z1	Client support SEE NOTE A BELOW	1, 2 (part),13,14
Z2	Operations support SEE NOTE B BELOW	2 (part), 7,9,11,12
Z3	Information and communication technology	3
Z4	Finance	8 (part)
Z5	Financial assessment	8 (part)
Z6	Premises and property services	10
Z7	Transport	5
Z8	Training	4
Z9	Other support costs	6,10,15

NOTES

A Client support
Includes welfare benefits, advocacy, advisory services

B Operations support
Includes performance management, policy and development functions, planning, contract management, commissioning, brokerage, personnel and Human Resources, Quality Assurance, Legal services

Annex D: PSS EX1 structure for adults (2007-08) including SEA headings

	ADULTS' SERVICES
A:	SERVICE STRATEGY: Adults' services
A1	Strategic management
A2	Complaints procedures
A3	TOTAL SERVICE STRATEGY (LINES A1 to A2)
B:	OLDER PEOPLE (AGED 65 OR OVER) INCLUDING OLDER MENTALLY ILL
B1	Assessment and care management
B2	Nursing care placements
B3	Residential care placements
B4	Supported and other accommodation
B5	Direct payments
B6	Home care
B7	Day care
B8	Equipment and adaptations
B9	Meals
B10	Other services to older people
B11	TOTAL OLDER PEOPLE excluding Supporting People (LINES B1 to B10)
B12	Supporting People
B13	TOTAL OLDER PEOPLE including Supporting People (LINES B11+B12)
	Same layout for following client groups:
C:	ADULTS AGED UNDER 65 WITH A PHYSICAL DISABILITY OR SENSORY IMPAIRMENT
D:	ADULTS AGED UNDER 65 WITH LEARNING DISABILITIES
E:	ADULTS AGED UNDER 65 WITH MENTAL HEALTH NEEDS
F:	ASYLUM SEEKERS
F1	Assessment and care management
F2	Lone adults
F3	TOTAL ASYLUM SEEKERS (LINES F1 to F4)
G:	OTHER ADULT SERVICES
G1	Assessment and care management
G2	HIV/AIDS
G3	Substance abuse (addictions)
G4	Other other adult services
G5	TOTAL OTHER ADULT SERVICES excluding Supporting People (LINES G1 to G4)
G6	Supporting People
G7	TOTAL OTHER ADULT SERVICES including Supporting People (LINES G5+G6)
H:	TOTAL PERSONAL SOCIAL SERVICES
H1	TOTAL PSS excluding Supporting People (LINES A3+B11+C11+D11+E11+F3+G5)
H2	TOTAL Supporting People (LINES B12+C12+D12+E12+G6)
H3	TOTAL PSS including Supporting People (LINES A3+B13+C13+D13+E13+F3+G7)

Revisions to PSS EX1

I1	SUPPORTED EMPLOYMENT
J1	OTHER NON-PSS EXPENDITURE BY SOCIAL SERVICES DEPARTMENT
K1	SPECIFIC GOVERNMENT GRANTS (Inside and outside Aggregated External Finance)
L1	ACTUAL TOTAL NET COST (LINES H3+I1+J1-K1)
	(This should match total social services expenditure in the local authority's accounts)
Memorandum	
	ACTUAL TOTAL NET COST on a pre FRS17 basis

Headers of columns:

GROSS TOTAL COST				INCOME				
Current expenditure including capital charges			TOTAL EXPENDITURE (including joint arrangements)	Client contributions (Sales, Fees and Charges)	Joint arrangements	Income from NHS	Other income	INCOME (including joint arrangements)
Own provision (including joint arrangements)	Provision by others	Grants to Voluntary Organisations						
col C	col D	col E	col F = (C to E)	col G	col H	col I	col J	col K = (G to J)

NET TOTAL EXPENDITURE	GROSS TOTAL EXPENDITURE
col L = (F - K)	col M = F - H - I - J

MEMORANDUM		
Capital charges		NET CURRENT EXPENDITURE
Own Provision included in	Provision by others included in	
col O	col P	col Q = (L - O - P)

Service Expenditure Analysis

(extracted from BVACOP 2007 with permission from CIPFA TIS: copyright acknowledged)

<p>Service Strategy</p> <p>This category has been very narrowly defined for Adults social services to ensure that amounts recorded by each authority are comparable. It is important, therefore, to follow the narrow definition below.</p>	
Strategic management	<p>The relevant director of social services and his or her personal administrative support. The relevant director and his or her staff are expected to contribute the majority of the strategic input to liaison and joint arrangements with outside and partnership bodies.</p> <p>It is recognised that other staff will also contribute to strategic activity, but making consistent and accurate estimates of their input is difficult and time consuming and the likely impact on comparisons is minor. Therefore, the costs of other staff time involved in strategic planning and partnership arrangements are not included in this definition. Similarly, some operational input by the relevant director and his or her personal staff is inevitable, but it is ignored as its impact is unlikely to be material and accurate quantification is difficult.</p>
Complaints procedures	<p>Include the relevant costs of the complaints procedure required by the NHS & Community Care Act 1990.</p>
<p>Older People (Aged 65 or Over) Including Older Mentally Ill **</p> <p>Include services to all people aged 65 or over in this category, even where the reason for care is a mental health, physical, sensory, learning or other need or disability.</p>	
Assessment and care management	<p>The process of receiving referrals, assessing need, defining eligibility and arranging for packages of care to be provided and reviewing the quality and continued relevance of that care for older people. It includes field social work costs (including hospital social worker), other social services staff based in primary healthcare settings, occupational therapy services to older people and relevant support staff costs.</p>
Nursing care placements	<p>Include all placements (include respite and rehabilitation) in:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Care homes with nursing care registered by the health authorities and by definition requiring trained nursing staff to be present <input type="checkbox"/> Nursing care beds in dual registered homes. <p>Local authorities should record their contribution to nursing care placements in this subdivision of service, even if this contribution is residential placement for this care.</p>
Residential care placements	<p>Include all placements (including respite and rehabilitation) in:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Homes registered under Registered Care Homes Act 1984 <input type="checkbox"/> Residential care beds in dual registered homes.
Supported and other accommodation	<p>Include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adult placement schemes <input type="checkbox"/> Group homes <input type="checkbox"/> Unstaffed homes <input type="checkbox"/> Partially staffed homes <input type="checkbox"/> Sheltered housing costs not applicable to the Housing Revenue Account <p>Exclude highly sheltered housing where the warden care amounts to personal care to clients. This should be included as Home care, below.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Extra care housing schemes.
Direct payments	<p>Include the value of direct payments made to older people for the purchase of care services. Also include the costs of administering the payments to clients and grants to voluntary organisations that support direct payments users.</p> <p>Exclude direct payments to carers of older people, which should be included under Other services to older people.</p>

Revisions to PSS EX1

Home care	<p>Include the following services covered by The Information Centre return HH1 and supplied at a client's own home:</p> <ul style="list-style-type: none"> □ Home helps □ Night sitters □ Domiciliary care assistants □ Home care assistants □ Others providing non-therapeutic support □ Personal care in sheltered housing and extra care housing schemes □ Care attendant schemes □ Support or payments to voluntary workers/organisations providing home care services □ The costs of supervising and administering the above services, including fees to the Post Office for collecting income.
Day care	<p>Include activities involving regular attendance at a location (other than the client's own home) for personal, social, therapeutic, training or leisure purposes including any meals at the centre and transport to and from the location. This can also include day care provided within resource centres. Exclude luncheon clubs, included in Meals, below.</p>
□ Equipment and adaptations	<p>Include Social Services' contribution to:</p> <ul style="list-style-type: none"> □ Adaptations to homes □ Disability equipment □ Telephones, alarm and other communication equipment □ Stores, delivery and other associated costs. <p>Exclude contributions by the Housing Service.</p>
<p>Meals</p> <p>For client groups other than older people the SEA advises :</p> <p>Note: where the cost of meals is not significant, include all the costs as Older people.</p>	<p>Include:</p> <ul style="list-style-type: none"> □ Meals on wheels □ Cook-chill meals □ Meals at luncheon clubs (under RAP, these meals appear under Day care. However, it is difficult to split the costs except on the basis of a broad estimate). <p>Exclude meals provided at day centres, included in Day Care, above.</p> <p>.</p>
Other services to older people.	<p>Include:</p> <ul style="list-style-type: none"> □ Peripatetic support staff who supervise people living in the community and liaise with other agencies, CPNs etc, and whose duties do not fit the home care definition given in The Information Centre return HH1, e.g. community support workers and outreach workers □ Expenditure, including direct payments, on support for carers rather than clients that is not included in any of the other divisions of service □ Grants to voluntary organisations that cannot be more specifically placed under another heading

**** Similar layout of rows for three other main client groups: for 'Other services' rows within the relevant user group there is specific guidance as follows:**

Adults Aged Under 65 with a Physical Disability or Sensory Impairment

Include:

- Sensory impairment services
- Talking books service

Adults Aged Under 65 with Learning Disabilities and Adults Aged Under 65 with Mental Health Needs

Include:

- Peripatetic support staff who supervise people living in the community and liaise with other agencies, CPNs, etc and whose duties do not fit the home care definition given in The Information Centre return HH1, eg community support workers and outreach workers

Other Adult Services	
Assessment and care management	
□ HIV/Aids	Include services to adults where their need for support arises primarily from their having contracted HIV/Aids. Note: all services to children with HIV/Aids are included in Children's Services.
Substance abuse (addictions)	Include services to adults where their need for support arises primarily as a result of: <ul style="list-style-type: none"> □ Alcohol abuse □ Drug abuse □ Other substance abuse, eg solvents. Note: all services to children who abuse substances are included in Children's Services
Lone adult asylum seekers	Local authorities should no longer be supporting cases under the Interim Regulations (or equivalent) issued by the Home Office. No local authority in England and Wales will have a statutory duty to provide asylum support under the Regulations, which cease on 3 April 2006 and transfer to the National Asylum Support Service (NASS). However, for a period there may still be some residual costs that should be reported. For example, local authorities will be supporting former interim provisions cases while NASS considers their application for transfer to NASS support.
Other adult services.	In the unlikely event that an adult does not fit into one of the above client groups (for example, a carer who is not a client in his or her own right, but attends a day centre, receives home care or is accommodated), the costs of their services should be included here. Also include here any grants to voluntary organisations that are not specific to any of the client groups above.
Supported Employment (including sheltered employment)	
	Include all supported employment activities to all adult client groups. Examples of what to include are: <ul style="list-style-type: none"> □ Sheltered workshops □ Meals provided at workshops □ Transport to the workshop □ Other sheltered employment, eg blind home workers □ Tools and equipment grant □ Sheltered placements. Note: although these are normally funded and supported by Social Services, the costs are reported to Government on DCLG return R04, rather than R03, where the majority of other social services costs are reported. A similar split is also made on the DCLG's RA form, which shows supported employment as Employment Services rather than as Personal Social Services.

Support Service and Management Costs (optional holding accounts)

Note: all costs accounted for in these accounts should be allocated directly or apportioned to the service divisions above before the accounts are closed. Apportionment bases should be determined in accordance with the guidance in Chapter 2, Section 4 of BVACOP.

Include here all support costs related to social services whether it be provided centrally by another department of the council, externally by a contractor or by staff employed within the social services directorate or department. Support and management costs are likely to include:

<input type="checkbox"/> Management and administration that cannot be directly allocated 100% to a particular division of service
<input type="checkbox"/> Central advisory, policy and development units (including Best Value)
<input type="checkbox"/> Information and communication technology
<input type="checkbox"/> Training
<input type="checkbox"/> Transport (other than for clients)
<input type="checkbox"/> Catering (other than for clients)
<input type="checkbox"/> Personnel/HRM
<input type="checkbox"/> Finance (including internal audit)
<input type="checkbox"/> Legal services
<input type="checkbox"/> Property services
<input type="checkbox"/> Quality assurance
<input type="checkbox"/> Contract negotiation
<input type="checkbox"/> Welfare rights service
<input type="checkbox"/> Generic advocacy services
<input type="checkbox"/> Others not specified above.

Annex E: Patterns of expenditure and income and activity, 2006-07 PSS EX1

Source : PSS EX1 2006-07 actuals (provisional)

<http://www.ic.nhs.uk/statistics-and-data-collections/social-care/adult-social-care-information/personal-social-services-expenditure-and-unit-costs:-england-2006-07>

E1: Expenditure and income 2006-07 extracted from PSS EX1 England totals

PSS EXPENDITURE IN 2006-07 INCL SSMSS COSTS ALLOCATED TO SERVICE LINES ON A PRO-RATA BASIS (Incl SSMSS Sheet)		ENGLAND PROVISIONAL	
col A	col B	Total (including joint arrangements) Expenditure including capital charges	TOTAL INCOME (including joint arrangements) col P = (L to O)
		Col I = C + F	col P = (L to O)
A:	SERVICE STRATEGY		
A1	Strategic management	62,333	4,661
	of which (where known): Children's and families services	14,014	253
	Adults' services	31,696	3,312
	Generic services	16,623	1,096
A2	Complaints procedures	15,972	446
	of which (where known): Children's and families services	3,698	72
	Adults' services	7,460	339
	Generic services	4,814	36
A3	TOTAL SERVICE STRATEGY (LINES A1 to A2)	78,304	5,107
	of which (where known): Children's and families services	17,712	324
	Adults' services	39,156	3,651
	Generic services	21,436	1,131
C:	OLDER PEOPLE (AGED 65 OR OVER) INCLUDING OLDER MENTALLY ILL		
C1	Assessment and care management	1,013,241	45,876
C2	Nursing care placements	1,578,634	529,119
C3	Residential care placements	3,287,028	1,022,299
C4	Supported and other accommodation	51,854	10,063
C5	Direct payments	99,696	7,178
C6	Home care	1,963,294	271,452
C7	Day care	372,358	28,025
C8	Equipment and adaptations	132,507	24,692
C9	Meals	94,199	41,922
C10	Other services to older people	281,414	29,323
C11	TOTAL OLDER PEOPLE excluding Supporting People (LINES C1 to C10)	8,874,222	2,009,949
C12	Supporting People	141,941	5,097
C13	TOTAL OLDER PEOPLE including Supporting People (LINES C11+C12)	9,016,163	2,015,046
D:	ADULTS AGED UNDER 65 WITH A PHYSICAL DISABILITY OR SENSORY IMPAIRMENT		
D1	Assessment and care management	262,139	11,200
D2	Nursing care placements	149,004	32,506
D3	Residential care placements	233,723	33,823
D4	Supported and other accommodation	11,745	2,050
D5	Direct payments	194,065	9,887
D6	Home care	316,532	29,421
D7	Day care	133,024	8,083
D8	Equipment and adaptations	106,818	23,362
D9	Meals	2,655	799
D10	Other services to adults with a physical disability or sensory impairment	90,226	13,094
D11	TOTAL ADULTS AGED UNDER 65 WITH A PHYSICAL DISABILITY ETC excl SP (LINES D1 to D10)	1,499,932	164,226
D12	Supporting People (SP)	17,986	468
D13	TOTAL ADULTS AGED UNDER 65 WITH A PHYSICAL DISABILITY ETC incl SP (LINES D11+ D12)	1,517,918	164,694
E:	ADULTS AGED UNDER 65 WITH LEARNING DISABILITIES		
E1	Assessment and care management	264,263	62,891
E2	Nursing care placements	102,010	37,945
E3	Residential care placements	1,902,648	562,729
E4	Supported and other accommodation	334,855	132,141
E5	Direct payments	63,892	4,400
E6	Home care	430,013	102,047
E7	Day care	726,234	76,877
E8	Equipment and adaptations	1,167	205
E9	Meals	988	268
E10	Other services to adults with learning disabilities	185,047	77,000
E11	TOTAL ADULTS AGED UNDER 65 WITH LEARNING DISABILITIES excl SP (LINES E1 to E10)	4,011,116	1,056,502
E12	Supporting People (SP)	190,553	31,159
E13	TOTAL ADULTS AGED UNDER 65 WITH LEARNING DISABILITIES incl SP (LINES E11+E12)	4,201,669	1,087,661

Revisions to PSS EX1

E1: Expenditure and income 2006-07 extracted from PSS EX1 England totals (continued)

PSS EXPENDITURE IN 2006-07 INCL SSMSS COSTS ALLOCATED TO SERVICE LINES ON A PRO-RATA BASIS (Incl SSMSS Sheet)		ENGLAND PROVISIONAL	
Service		Total (including joint arrangements) Expenditure including capital charges	TOTAL INCOME (including joint arrangements)
col A	col B	Col I = C + F	col P = (L to O)
F:	ADULTS AGED UNDER 65 WITH MENTAL HEALTH NEEDS		
F1	Assessment and care management	367,519	47,212
F2	Nursing care placements	75,255	17,420
F3	Residential care placements	311,735	65,968
F4	Supported and other accommodation	59,886	16,744
F5	Direct payments	8,453	309
F6	Home care	59,518	4,960
F7	Day care	120,131	8,278
F8	Equipment and adaptations	879	117
F9	Meals	445	161
F10	Other services to adults with mental health needs	134,561	30,583
F11	TOTAL ADULTS AGED UNDER 65 WITH MENTAL HEALTH NEEDS excl SP (LINES F1 to F10)	1,138,381	191,753
F12	Supporting People (SP)	93,673	9,183
F13	TOTAL ADULTS AGED UNDER 65 WITH MENTAL HEALTH NEEDS incl SP (LINES F11+F12)	1,232,054	200,936
G:	ASYLUM SEEKERS		
G1	Assessment and care management	44,223	5,741
G2	Unaccompanied children	120,197	3,589
G3	Families	32,212	7,990
G4	Lone adults	20,165	3,477
G5	TOTAL ASYLUM SEEKERS (LINES G1 to G4)	216,797	20,797
H:	OTHER ADULT SERVICES		
H1	Assessment and care management	44,170	9,985
H2	HIV/AIDS	22,015	1,970
H3	Substance abuse (addictions)	151,360	72,128
H4	Other other adult services	105,834	34,074
H5	TOTAL OTHER ADULT SERVICES excluding Supporting People (LINES H1 to H4)	323,380	118,157
H6	Supporting People	160,348	505
H7	TOTAL OTHER ADULT SERVICES including Supporting People (LINES H5+H6)	483,728	118,662
I:	TOTAL PERSONAL SOCIAL SERVICES		
I1	TOTAL PSS Adults excluding Strategy Supporting People and Asylum Seekers (LINES C11+D11+E11+F11+H5)	15,847,031	3,540,587
I2	TOTAL Supporting People (LINES C12+D12+E12+F12+H6)	604,501	46,411
I3	TOTAL PSS including Supporting People (LINES C13+D13+E13+F13+G5+H7)	16,451,532	3,586,999
J1	SUPPORTED EMPLOYMENT		
K1	OTHER NON-PSS EXPENDITURE BY SOCIAL SERVICES DEPARTMENT		
L1	SPECIFIC GOVERNMENT GRANTS (Inside and outside Aggregated External Finance)		
M1	ACTUAL TOTAL NET COST (LINES I3+J1+K1-L1) (This should match total social services expenditure in the local authority's accounts)		

Memorand ACTUAL TOTAL NET COST on a pre FRS17 basis

E2: Summary at service subdivision and client group level
from Annex C1, England outturn 2006-07

Source as for Annex C1

PSS EXPENDITURE IN 2006-07 INCL SSMSS COSTS ALLOCATED TO SERVICE LINES ON A PRO-RATA BASIS (Incl SSMSS Sheet)

ENGLAND PROVISIONAL

SUMMARY BY SUB-DIVISION

Service	Total (including joint arrangements) Expenditure including capital charges	TOTAL INCOME (including joint arrangements)
col A	col B	col P = (L to O)
Total Adult costs and income (C+D+E+F+H) excl Strategy and Asylum Seekers		
1 Assessment and care management	1,951,332	177,164
2 Nursing care placements	1,904,903	616,990
3 Residential care placements	5,735,134	1,684,819
4 Supported and other accommodation	458,339	160,998
5 Direct payments	366,105	21,774
6 Home care	2,769,357	407,880
7 Day care	1,351,747	121,264
8 Equipment and adaptations	241,371	48,377
9 Meals	98,287	43,150
10 Other services to adults (B+C+D+E+H2,H3,H4)	970,457	258,172
12 Supporting People	604,501	46,411
Total Adult costs / income - excluding Strategy and Asylum Seekers	16,451,532	3,586,999
% of Total above		
Assessment and care management	12%	5%
Nursing care placements	12%	17%
Residential care placements	35%	47%
Supported and other accommodation	3%	4%
Direct payments	2%	1%
Home care	17%	11%
Day care	8%	3%
Equipment and adaptations	1%	1%
Meals	1%	1%
Other services to adults (B+C+D+E+H3,H4,H5)	6%	7%
Supporting People	4%	1%
Total Adult costs / income - excluding Asylum Seekers	100%	100%
Client Group totals excluding Supporting People expenditure / income		
C11 TOTAL OLDER PEOPLE excluding Supporting People (LINES C1 to C10)	8,874,222	2,009,949
D11 TOTAL ADULTS AGED UNDER 65 WITH A PHYSICAL DISABILITY ETC excl SP (LINES D1 to D10)	1,499,932	164,226
E11 TOTAL ADULTS AGED UNDER 65 WITH LEARNING DISABILITIES excl SP (LINES E1 to E10)	4,011,116	1,056,502
F11 TOTAL ADULTS AGED UNDER 65 WITH MENTAL HEALTH NEEDS excl SP (LINES F1 to F10)	1,138,381	191,753
H5 TOTAL OTHER ADULT SERVICES excluding Supporting People (LINES H1 to H4)	323,380	118,157
Total	15,847,031	3,540,587
C11 TOTAL OLDER PEOPLE excluding Supporting People (LINES C1 to C10)	56%	57%
D11 TOTAL ADULTS AGED UNDER 65 WITH A PHYSICAL DISABILITY ETC excl SP (LINES D1 to D10)	9%	5%
E11 TOTAL ADULTS AGED UNDER 65 WITH LEARNING DISABILITIES excl SP (LINES E1 to E10)	25%	30%
F11 TOTAL ADULTS AGED UNDER 65 WITH MENTAL HEALTH NEEDS excl SP (LINES F1 to F10)	7%	5%
H5 TOTAL OTHER ADULT SERVICES excluding Supporting People (LINES H1 to H4)	2%	3%
TOTAL	100%	100%

E3: England 2006-07 Activity measures

Source as for Annex C1

PSS EX1 Return for 2006-07 ENGLAND SUMMARY (Provisional)	
Data item description	Data item data Where used
Supported residents	
Number of weeks* spent in residential and nursing care (both permanent and temporary)	
- row 18 (residents aged 65 and over)	10,001,605 2.1, 2.1A, 2.2, 2.2A
- residents aged 18 to 64 with	
- row 20 (learning disability)	1,859,721 2.1, 2.1A, 2.7, 2.7A
- row 21 (mental health problems)	608,544 2.1, 2.1A, 2.12, 2.12A
- row 22 (physical disability)	508,271 2.1, 2.1A, 2.17, 2.17A
HH1	
Table 1 line 4 column A (Total hours, LA)	918,106 2.22, 2.23
Table 1 line 4 column B (Total hours, Independent sector)	2,747,123 2.22, 2.24
Table 3B (Hhs receiving >10 hours and 6+ visits)	100,504 2.1, 2.1A
RAP	
Table R1 Box 1 (Total screened contacts of new clients passed on for further assessment or commissioning of service)	1,003,015
Clients with completed assessments	
Table A1 Page 1 line 1 col 1 (18-64 pd)	91,583
Table A1 Page 1 line 9 col 1 (18-64 ld)	7,452
Table A1 Page 1 line 6 col 1 (18-64 mh)	75,158
Table A1 Page 1 line 10 col 1 (18-64 sm)	9,211
Table A1 Page 1 line 11 cols 2 + 3 (65+ col totals)	453,154
Table A1 Page 2 Box 1 (Overall total of existing clients with reviews)	1,225,552
Receiving services at 31 March 2007	
Table P2s Page 1 line 1 col 2 (18-64 pd home care)	37,914 2.29
Table P2s Page 1 line 1 col 3 (18-64 pd day care)	15,618 2.47
Table P2s Page 2 line 1 col 1 (18-64 pd direct payments)	17,436 2.34
Table P2s Page 1 line 9 col 2 (18-64 ld home care)	22,649 2.27
Table P2s Page 1 line 9 col 3 (18-64 ld day care)	46,162 2.45
Table P2s Page 2 line 9 col 1 (18-64 ld direct payments)	6,270 2.32
Table P2s Page 1 line 6 col 2 (18-64 mh home care)	13,316 2.28
Table P2s Page 1 line 6 col 3 (18-64 mh day care)	24,313 2.46
Table P2s Page 2 line 6 col 1 (18-64 mh direct payments)	2,092 2.33
Table P2s Page 2 line 11 col 1 (18-64 total direct payments)	26,178
Table P2s Pages 3 + 5 line 11 col 2 (65+ home care)	285,161 2.26
Table P2s Pages 3 + 5 line 11 col 3 (65+ day care)	84,504 2.44
Table P2s Pages 3 + 5 line 11 col 4 (65+ meals)	82,951 2.56
Table P2s Pages 4 line 11 col 1 (65-74 direct payments)	4,428 2.31
Table P2s Page 7 box 1 (75-84 direct payments)	4,555 2.31
Table P2s Page 7 box 2 (85+ direct payments)	4,223 2.31
Table P2s Pages 1 + 3 + 5 line 11 col 2 (all ages home care)	362,432 2.25
Table P2s Pages 1 + 3 + 5 line 11 col 3 (all ages day care)	170,606 2.43
Table P2s Pages 1 + 3 + 5 line 11 col 4 (all ages meals)	88,929 2.55
Table P2s Pages 2 + 4 + 6 line 11 col 1 (all ages direct payments)	39,388 2.30
Other	
Total meals provided by LA per week on average during year	171,758 2.52A, 2.53
Total meals provided by independent sector per week on average during year	327,002 2.52A, 2.54
Number of weeks supported residents spent in residential and nursing care (both permanent and temporary):	
residents aged 65 and over in nursing placements	3,271,877 2.3
residents aged 65 and over in own provision residential placements	1,022,126 2.4, 2.5
residents aged 65 and over in residential placements provided by others	5,707,601 2.4, 2.6
pd residents aged 18-64 in nursing placements	215,791 2.18
pd residents aged 18-64 in own provision residential placements	18,689 2.19, 2.20
pd residents aged 18-64 in residential placements provided by others	273,790 2.19, 2.21
ld residents aged 18-64 in nursing placements	102,577 2.8
ld residents aged 18-64 in own provision residential placements	163,038 2.9, 2.10
ld residents aged 18-64 in residential placements provided by others	1,594,106 2.9, 2.11
mh residents aged 18-64 in nursing placements	112,805 2.13
mh residents aged 18-64 in own provision residential placements	13,962 2.14, 2.15
mh residents aged 18-64 in residential placements provided by others	481,777 2.14, 2.16
Number of day care sessions per week on average during the year	
clients aged 65 and over, own provision	211,519 2.34A, 2.35
clients aged 65 and over, provision by others	103,990 2.34A, 2.36
pd clients aged 18-64, own provision	35,319 2.40A, 2.41
pd clients aged 18-64, provision by others	18,586 2.40A, 2.42

Revisions to PSS EX1

E3: England 2006-07 Activity measures (continued)

Id clients aged 18-64, own provision	309,489	2.36A,2.37
Id clients aged 18-64, provision by others	79,322	2.36A,2.38
mh clients aged 18-64, own provision	36,492	2.38A,2.39
mh clients aged 18-64, provision by others	42,206	2.38A,2.40
Referrals between 1 April 2006 and 31 March 2007		
Older people (aged 65 or over) including older mentally ill	789,364	
Adults aged under 65 with a physical disability or sensory impairment	215,870	
Adults aged under 65 with learning disabilities	17,123	
Adults aged under 65 with mental health needs	120,999	
Reviews completed between 1 April 2006 and 31 March 2007		
Older people (aged 65 or over) including older mentally ill	1,005,855	
Adults aged under 65 with a physical disability or sensory impairment	151,463	
Adults aged under 65 with learning disabilities	92,348	
Adults aged under 65 with mental health needs	129,538	
Full cost paying residents*		
Number of weeks spent in LA residential homes (both permanent and temporary placements) by		
- residents aged 65 and over	88,523	2.1, 2.1A, 2.2, 2.2A, 2.4, 2.5
- residents aged 18 to 64 with		
- learning disabilities	2,833	2.1, 2.1A, 2.7, 2.7A, 2.9, 2.10
- mental health problems	214	2.1, 2.1A, 2.12, 2.12A, 2.14, 2.15
- physical disabilities	820	2.1, 2.1A, 2.17, 2.17A, 2.19, 2.20
Number of weeks spent in residential homes provided by others (both permanent and temporary placements) <u>by residents whose full costs are included under expenditure (and income)</u> by		
- residents aged 65 and over	310,474	2.1, 2.1A, 2.2, 2.2A, 2.4, 2.6
- residents aged 18 to 64 with		
- learning disabilities	17,106	2.1, 2.1A, 2.7, 2.7A, 2.9, 2.11
- mental health problems	4,331	2.1, 2.1A, 2.12, 2.12A, 2.14, 2.16
- physical disabilities	5,149	2.1, 2.1A, 2.17, 2.17A, 2.19, 2.21
Number of weeks spent in nursing homes (both permanent and temporary placements) <u>by residents whose full costs are included under expenditure (and income)</u> by		
- residents aged 65 and over	135,955	2.1, 2.1A, 2.2, 2.2A, 2.3
- residents aged 18 to 64 with	-	
- learning disabilities	976	2.1, 2.1A, 2.7, 2.7A, 2.8
- mental health problems	2,146	2.1, 2.1A, 2.12, 2.12A, 2.13
- physical disabilities	5,088	2.1, 2.1A, 2.17, 2.17A, 2.18
Residents wholly funded under Section 28(a)*	-	
Number of weeks spent in LA residential homes (both permanent and temporary placements) by		
- residents aged 65 and over	1,800	2.1, 2.2, 2.4, 2.5
- residents aged 18 to 64 with		
- learning disabilities	2,059	2.1, 2.7, 2.9, 2.10
- mental health problems	-	2.1, 2.12, 2.14, 2.15
- physical disabilities	138	2.1, 2.17, 2.19, 2.20
Number of weeks spent in residential homes provided by others (both permanent and temporary placements) <u>by residents whose full costs are included under expenditure (and income)</u> by		
- residents aged 65 and over	40,665	2.1, 2.2, 2.4, 2.6
- residents aged 18 to 64 with		
- learning disabilities	142,577	2.1, 2.7, 2.9, 2.11
- mental health problems	12,976	2.1, 2.12, 2.14, 2.16
- physical disabilities	1,678	2.1, 2.17, 2.19, 2.21
Number of weeks spent in nursing homes (both permanent and temporary placements) <u>by residents whose full costs are included under expenditure (and income)</u> by		
- residents aged 65 and over	22,327	2.1, 2.2, 2.3
- residents aged 18 to 64 with		
- learning disabilities	8,138	2.1, 2.7, 2.8
- mental health problems	2,894	2.1, 2.12, 2.13
- physical disabilities	1,897	2.1, 2.17, 2.18
Actual hours of home care provided during the year		
- provided by the Council	34,839,387	2.22A, 2.23A
- provided by the independent sector	90,499,810	2.22A, 2.24A
Receiving direct payments at 31 March 2007		
Young carers (aged 16-17)	36	1.8
Carers (for carers services)	5,158	

* Average number of residents multiplied by 52 may be used if number of weeks is not available

Annex F: Examples of variations in expenditure across councils

From PSS EX1, 2006-07 PSSEX1 2006-07 Unit Costs workbook (Information Centre, February 2008)

The table to the right shows the level of variation between highest and lowest councils on spend on residential care for older people provided by non council providers and home care provided by in house providers. The variation between the 25% and 75% quartiles has been calculated to illustrate the need to explore what in fact causes this variation (see box below).

	2.6 Adj Average gross weekly expenditure per person on supporting older people in residential care provided by others	difference Q75% / Q25%		2.23 A Average gross hourly cost for home help/care provided by LA	difference Q75% / Q25%
England	Adjusted ¹ Average	397		21.80	
	Minimum	168		5.88	
	Quartile 25%	360		19.92	
	Median	393		25.69	
	Quartile 75%	466	30%	32.10	61%
	Maximum	1687		61.45	
Metropolitan districts	Adjusted ¹ Average	370		20.73	
	Minimum	292		7.56	
	Quartile 25%	344		17.88	
	Median	369		21.88	
	Quartile 75%	385	12%	28.11	57%
	Maximum	495		40.02	
Shire Counties	Adjusted ¹ Average	404		20.84	
	Minimum	290		5.88	
	Quartile 25%	371		18.04	
	Median	393		25.30	
	Quartile 75%	456	23%	29.74	65%
	Maximum	1687		42.14	
Unitary Authorities	Adjusted ¹ Average	369		25.52	
	Minimum	168		9.80	
	Quartile 25%	344		23.01	
	Median	383		27.59	
	Quartile 75%	449	31%	32.19	40%
	Maximum	541		61.45	
Inner London	Adjusted ¹ Average	527		25.04	
	Minimum	460		14.66	
	Quartile 25%	483		25.59	
	Median	523		28.62	
	Quartile 75%	559	16%	34.53	35%
	Maximum	600		53.66	
Outer London	Adjusted ¹ Average	467		25.90	
	Minimum	227		12.67	
	Quartile 25%	445		28.28	
	Median	475		29.86	
	Quartile 75%	512		35.92	
	Maximum	580		41.48	
Area Cost Adjustment Group 1	Adjusted ¹ Average	363		20.87	
	Minimum	168		9.54	
	Quartile 25%	342		18.76	
	Median	367		23.91	
	Quartile 75%	394	15%	28.04	49%
	Maximum	525		61.45	
Area Cost Adjustment Group 2	Adjusted ¹ Average	397		21.78	
	Minimum	292		5.88	
	Quartile 25%	359		20.25	
	Median	373		25.30	
	Quartile 75%	415	15%	32.83	62%
	Maximum	541		42.14	
Area Cost Adjustment Group 3	Adjusted ¹ Average	483		23.72	
	Minimum	227		12.67	
	Quartile 25%	443		22.42	
	Median	475		29.79	
	Quartile 75%	513	16%	35.41	58%
	Maximum	580		41.48	
Area Cost Adjustment Group 4	Adjusted ¹ Average	527		25.04	
	Minimum	460		9.62	
	Quartile 25%	486		20.95	
	Median	523		27.97	
	Quartile 75%	560	15%	33.85	62%
	Maximum	1687		53.66	

.. Not available
 . Not applicable

¹ Adjustment made to exclude numerator data when denominator data is missing, and vice versa

An example of problems in making comparisons using current PSS EX1 data

Three northern metropolitan councils have broadly similar populations of older people in terms of numbers of older people, demography and social needs according to the IPF nearest neighbours model 2007. The table below shows data extracted and analysed from PSS EX1 and SR1 for 2006-07:

Expenditure on residential and nursing care for older people

Council	Population 65+ mid 2006 (000s)	Rate per 1,000 supported residents 65+ in residential / nursing placements 31.3.07 SR1	Nos resident weeks PSS EX1 2006-07	Unit cost per resident week PSS EX1	Net spend on residential + nursing care for OP per head 65+ PSS EX1 2006-07
	1	2	3	4	
Council A	29.5	31	22,400	Not available	£577
Council B	32.3	27	24,360	£379	£432
Council C	31.6	34	22,440	£389	£473

PSS EX1 cannot at present provide answers to the following questions which may account for the apparent differences between councils A, B and C. The differences may be attributable to any one of more of the following:

- The nature of the residential and nursing care being purchased – e.g. to deliver rehabilitation, respite care etc
- The user groups within 'older people' for whom the care is being purchased – e.g. dementia sufferers, those with a learning disability over 65
- The quality of care being purchased
- The treatment of overheads
- The reporting of costs and resident weeks for full cost payers, and those part-funded by the NHS
- Councils not following guidance on completion of the PSS EX1
- Council errors in entering appropriate data in PSS EX1

The table on the following page illustrates the variation between all 150 councils in their reporting of assessment and care management costs and Supporting People expenditure as a % of total net spend on adult care in 2006-07. The data are ranked by % of net spend on assessment and care management.

Revisions to PSS EX1

PSS EX1 2006-07 - variations in % of adult spend (net) on care management and Supporting People

Council	A. Total expenditure on care management (older people, PSD, LD,MH, Other adults) £000	B. Total expenditure on adults (excluding Supporting People) £000	% of total adult expenditure on Care Management (A/B)	% of total adult net expenditure on Supporting People
ENGLAND	1,757,195	12,176,333	14.4%	4.6%
NORFOLK	1,399	189,608	0.7%	8.3%
EAST RIDING OF YORKSHIRE UA	4,358	66,842	6.5%	0.2%
NORTHAMPTONSHIRE	8,987	135,402	6.6%	10.5%
DERBYSHIRE	12,392	182,266	6.8%	8.8%
LIVERPOOL	9,622	137,370	7.0%	0.0%
STOKE..ON..TRENT UA	5,118	71,360	7.2%	1.2%
REDCAR & CLEVELAND UA	2,873	36,467	7.9%	0.4%
KINGSTON UPON HULL UA	5,467	64,634	8.5%	1.7%
WIRRAL	7,485	87,041	8.6%	1.2%
KNOWSLEY	3,691	42,549	8.7%	0.5%
ISLES OF SCILLY	48	552	8.7%	0.2%
GATESHEAD	5,080	56,095	9.1%	1.5%
NORTH SOMERSET UA	4,335	46,885	9.2%	0.0%
LEEDS	16,478	177,352	9.3%	0.0%
SOLIHULL	4,102	42,001	9.8%	6.4%
SALFORD	6,146	62,730	9.8%	0.1%
SEFTON	7,613	75,788	10.0%	0.0%
SUFFOLK	17,074	165,315	10.3%	10.9%
ESSEX	32,897	317,748	10.4%	7.8%
ST HELENS	4,761	45,593	10.4%	5.0%
SOUTHEND UA	4,191	39,896	10.5%	0.0%
LINCOLNSHIRE	15,360	142,908	10.7%	13.3%
CALDERDALE	4,906	44,446	11.0%	0.0%
HEREFORDSHIRE UA	4,529	40,887	11.1%	0.0%
HERTFORDSHIRE	27,013	243,642	11.1%	8.7%
SHEFFIELD	15,217	136,411	11.2%	2.4%
DEVON	19,930	177,794	11.2%	0.0%
LANCASHIRE	31,630	278,395	11.4%	9.0%
NEWCASTLE UPON TYNE	8,341	72,899	11.4%	1.6%
LEICESTERSHIRE	12,618	110,252	11.4%	7.0%
DURHAM	14,490	126,604	11.4%	10.5%
STOCKTON ON TEES UA	4,777	41,716	11.5%	0.0%
BLACKPOOL UA	4,328	37,323	11.6%	9.2%
ENFIELD	8,219	70,388	11.7%	0.0%
EALING	8,102	69,163	11.7%	2.3%
OLDHAM	6,285	53,467	11.8%	15.6%
KENT	35,955	305,008	11.8%	9.1%
SUNDERLAND	7,838	66,451	11.8%	0.0%
BRISTOL UA	12,900	107,487	12.0%	0.6%
WORCESTERSHIRE	13,742	114,398	12.0%	9.5%
BRADFORD	12,812	104,955	12.2%	5.7%
SOUTH GLOUCESTERSHIRE UA	6,198	50,752	12.2%	0.0%
WIGAN	8,357	68,366	12.2%	0.0%
GLOUCESTERSHIRE	14,733	118,361	12.4%	17.8%
TRAFFORD	6,340	50,518	12.5%	1.9%
NORTH YORKSHIRE	15,128	120,383	12.6%	0.3%
NORTH EAST LINCOLNSHIRE UA	4,702	37,123	12.7%	0.0%
HAMPSHIRE	30,727	242,470	12.7%	0.0%
BARNET	11,688	90,538	12.9%	6.2%
COVENTRY	9,979	77,174	12.9%	4.1%
BOLTON	8,215	63,389	13.0%	4.9%
CHESHIRE	20,449	157,131	13.0%	2.5%
YORK UA	4,575	34,936	13.1%	2.9%
LEICESTER UA	9,785	74,528	13.1%	0.0%
NORTH LINCOLNSHIRE UA	4,662	34,940	13.3%	4.9%
BIRMINGHAM	37,169	272,718	13.6%	0.0%
WARWICKSHIRE	13,722	99,758	13.8%	9.5%
ISLE OF WIGHT UA	5,467	39,263	13.9%	0.0%
NOTTINGHAM UA	9,636	69,182	13.9%	3.1%
DONCASTER	8,860	62,991	14.1%	0.0%
ROCHDALE	8,226	58,437	14.1%	0.1%
BLACKBURN WITH DARWEN UA	5,117	36,200	14.1%	0.0%
MIDDLESBROUGH UA	5,182	36,416	14.2%	1.3%
EAST SUSSEX	19,488	136,614	14.3%	8.1%
WOLVERHAMPTON	9,974	69,749	14.3%	0.2%
DORSET	12,911	89,570	14.4%	10.2%

Revisions to PSS EX1

PSSEX1 2006-07 - variations in % of adult spend (net) on care management and Supporting People Page 2

Council	A. Total expenditure on care management (older people, PSD, LD,MH, Other adults) £000	B. Total expenditure on adults (excluding Supporting People) £000	% of total adult expenditure on Care Management (A/B)	% of total adult net expenditure on Supporting People
LAMBETH	12,765	88,228	14.5%	19.2%
WAKEFIELD	10,403	71,297	14.6%	0.0%
SOUTH TYNESIDE	6,223	42,406	14.7%	7.6%
REDBRIDGE	8,560	58,122	14.7%	0.0%
POOLE UA	4,372	29,571	14.8%	0.0%
SUTTON	6,682	45,089	14.8%	0.0%
BRIGHTON & HOVE UA	11,868	79,644	14.9%	0.0%
GREENWICH	9,971	66,235	15.1%	1.7%
ROTHERHAM	10,461	69,459	15.1%	0.7%
BARNSELY	7,903	52,378	15.1%	2.1%
LEWISHAM	12,521	82,743	15.1%	0.0%
BEXLEY	6,918	45,438	15.2%	5.4%
BRACKNELL FOREST UA	3,414	22,356	15.3%	0.9%
SOUTHAMPTON UA	8,769	56,368	15.6%	0.0%
HAMMERSMITH & FULHAM	10,311	66,272	15.6%	2.3%
THURROCK UA	4,854	31,177	15.6%	0.0%
SHROPSHIRE	9,864	62,967	15.7%	0.0%
MEDWAY TOWNS UA	8,591	54,729	15.7%	0.2%
HACKNEY	11,770	74,255	15.9%	0.5%
WINDSOR & MAIDENHEAD UA	4,656	29,363	15.9%	0.0%
PLYMOUTH UA	9,618	60,610	15.9%	0.0%
SOUTHWARK	15,410	96,483	16.0%	0.0%
SOMERSET	18,755	117,362	16.0%	0.3%
BURY	6,770	42,270	16.0%	0.0%
DERBY UA	9,242	57,413	16.1%	1.1%
SWINDON UA	6,450	39,743	16.2%	0.7%
DUDLEY	12,247	75,251	16.3%	0.0%
PORTSMOUTH UA	8,346	51,266	16.3%	-0.4%
BUCKINGHAMSHIRE	16,058	98,142	16.4%	0.0%
CAMBRIDGESHIRE	20,603	125,631	16.4%	9.5%
BARKING & DAGENHAM	8,008	48,368	16.6%	3.7%
MANCHESTER	20,853	124,296	16.8%	3.7%
NORTHUMBERLAND	14,086	83,224	16.9%	7.9%
READING UA	5,996	35,046	17.1%	5.2%
WEST SUSSEX	29,305	171,099	17.1%	9.0%
SANDWELL	13,607	79,100	17.2%	12.4%
WALSALL	11,805	68,201	17.3%	10.8%
KIRKLEES	16,582	95,506	17.4%	0.0%
TORBAY UA	6,951	39,631	17.5%	0.0%
HILLINGDON	10,833	60,818	17.8%	0.9%
NORTH TYNESIDE	9,213	51,571	17.9%	15.0%
ISLINGTON	13,631	75,138	18.1%	0.6%
HAVERING	9,166	50,386	18.2%	1.3%
SURREY	45,217	248,287	18.2%	0.0%
HARROW	9,907	54,063	18.3%	0.0%
WESTMINSTER	14,383	78,458	18.3%	0.0%
WOKINGHAM UA	6,015	32,772	18.4%	4.0%
STAFFORDSHIRE	29,011	157,513	18.4%	7.1%
LUTON UA	7,846	42,559	18.4%	9.7%
BEDFORDSHIRE	15,268	82,187	18.6%	0.0%
HARTLEPOOL UA	4,649	24,930	18.6%	1.5%
WILTSHIRE	18,013	96,186	18.7%	7.6%
MERTON	8,412	44,523	18.9%	0.0%
HOUNSLOW	11,022	57,964	19.0%	0.0%
BATH & NORTH EAST SOMERSET UA	8,055	42,050	19.2%	0.0%
WEST BERKSHIRE UA	6,073	31,396	19.3%	0.5%
BROMLEY	12,889	66,481	19.4%	1.3%
BRENT	16,241	81,731	19.9%	1.5%
NOTTINGHAMSHIRE	32,744	162,311	20.2%	12.5%
WANDSWORTH	16,463	81,347	20.2%	12.3%
TELFORD & WREKIN UA	6,713	32,477	20.7%	0.0%
STOCKPORT	13,942	67,185	20.8%	6.2%
OXFORDSHIRE	28,688	135,427	21.2%	0.5%
WARRINGTON UA	9,419	44,180	21.3%	0.8%
CROYDON	18,710	87,365	21.4%	2.6%
KENSINGTON & CHELSEA	10,359	48,315	21.4%	0.0%
TAMESIDE	10,660	48,478	22.0%	0.0%

PSSEX1 2006-07 - variations in % of adult spend (net) on care management and Supporting People Page 3

Council	A. Total expenditure on care management (older people, PSD, LD,MH, Other adults) £000	B. Total expenditure on adults (excluding Supporting People) £000	% of total adult expenditure on Care Management (A/B)	% of total adult net expenditure on Supporting People
PETERBOROUGH UA	7,360	33,338	22.1%	0.0%
CORNWALL	21,875	99,063	22.1%	12.1%
CITY OF LONDON	1,346	6,047	22.3%	0.0%
RICHMOND UPON THAMES	10,738	48,189	22.3%	0.8%
WALTHAM FOREST	12,885	57,227	22.5%	0.0%
BOURNEMOUTH UA	10,376	45,950	22.6%	0.0%
KINGSTON UPON THAMES	8,717	38,530	22.6%	2.1%
CUMBRIA	24,784	109,323	22.7%	7.7%
CAMDEN	19,988	87,035	23.0%	0.0%
RUTLAND UA	1,694	7,349	23.0%	-3.1%
TOWER HAMLETS	19,296	83,351	23.2%	0.0%
DARLINGTON UA	5,207	21,869	23.8%	-1.6%
HALTON UA	6,581	26,843	24.5%	21.1%
NEWHAM	18,312	72,728	25.2%	1.1%
HARINGEY	15,855	62,389	25.4%	21.0%
SLOUGH UA	8,665	30,455	28.5%	1.0%
MILTON KEYNES UA	14,006	44,216	31.7%	1.3%
Q25%			12.2%	0.0%
Q75%			18.4%	5.5%
difference Q75% over Q25%			50.7%	-

Annex G – Use of revised PSS EX1 data in reviewing policy implementation

This annex shows some initial proposals for new measures which can be automatically calculated from the new memorandum lines to track progress with policy objectives

Examples of reporting of financial commitment in implementation of the modernisation agenda

Expenditure		(NOTE - most of the measures below can be reported at main client group level)	Year 1 Calc
		Modernisation objective	
A	Rehabilitation/Intermediate care in care homes	Return home rather than permanent care home	
B	Total residential and nursing care placements - respite - day care	(NOTE - probably also subdivided to main client group level)	A/B
C	Rehabilitation/Intermediate care in care homes and home care	Investment in rehab/ intermediate care	
D	(Total residential and nursing care placements - respite - day care in care homes) + Home care	(NOTE - probably also subdivided to main client group level)	C/D
E	Supported and other accommodation (incl Extra care housing and other community accommodation personal care costs)	Community based alternatives to care home placements	
F	Residential and nursing care (excluding respite, rehabilitation/intermediate, short-term care)	(NOTE - probably also subdivided to main client group level)	E/F
G	Direct payments (including those via Individual budgets)	Shift towards self directed support	
H	Expenditure on all community services		G/H
I	Occupational Therapist (OT)/ OT Assistant expenditure	Expenditure on assessment and care management / whole equipment related service	
J	OT/ OTA expenditure + equipment / adaptations		I/J
K	Telecare	Commitment to telecare	
L	All expenditure on equipment		K/L
M	Expenditure on equipment prescriptions	Shift towards equipment prescriptions	
N	Total equipment / adaptations expenditure		M/N
O	Carers services costs + respite care in nursing / residential care / APS	Support for carers services over all community services	
P	All community services for main 4 client groups		O/P
Q	Direct payments to carers	Shift to self directed services among carers	
R	All carers services + respite care in nursing / residential care / APS		Q/R
S	Day services (incl day services in care homes)**	Shift to support via day services	
T	All community services		S/T
U	Employment related day services + Supported Employment (I1)	Shift to helping adults back to work / to stay in work (for LD, MH and PSD separately)	
V	Total day services		U/V
W	Expenditure on Direct Payments administration	Assessing efficiency of DP delivery	
X	Total expenditure on Direct Payments		W/X
Y	Reported expenditure on Older People with Mental Health needs	Strengthening CASSR delivery of services for dementia etc	
Y1	Nursing care	Y1/OPMHNeeds total services expenditure	
Y2	Residential care	Y2/OPMHNeeds total services expenditure	
Y3	Community services (including day care in residential / nursing care)	Y3/OPMHNeeds total services expenditure	
Z	Home care: % of total spend on:	Assessing commitment to more intensive home care	
Z1	Re-enablement/ rehabilitation/ intermediate care at home	Z1/ Home care total services expenditure	
Z2	Live in home care	Z2/ Home care total services expenditure	
Z3	Extra care housing	Z3/ Home care total services expenditure	
Z4	Night sitting / sleeping	Z4/ Home care total services expenditure	
AA	Initial point of contact	Assessing efficiency of point of contact expenditure	AA/AB
AB	Assessment and care management expenditure		
AC	Support staff costs for assessment and care management	Assessing efficiency of point of contact expenditure	AC/AD
AD	Assessment and care management expenditure		
AE	Extra care housing (ECH) costs (both accommodation and personal care)	Ratio: Balance of care between residential costs and ECH	AE/AF
AF	Total residential and nursing care costs for OP - (intermediate and respite or short stay care costs)		

* Rows to be completed once agreement reached on content of main return

** This assumes that the day care provided in homes is included in row 7. Day care which is part of respite care, short term care and rehabilitation/ intermediate care in care homes would need to be added in from separate estimation of the costs

Annex H: GLOSSARY

AC	Audit Commission
ADASS	Association of Directors of Adult Social Services
APS	Adult Placement Scheme
ASC	Adult Social Care
BVACOP	Best Value Accounting Code of Practice
CAA	Comprehensive Area Assessment
CASSR	Council with Adult Social Services Responsibilities
CIPFA	Chartered Institute of Public Finance and Accountancy
CLG	Department of Communities and Local Government
CQC	Care Quality Commission
CSCI	Commission for Social Care Inspection
CSED	Care Services Efficiency Delivery team within CSIP at DH
CSIP	Care Services Improvement Partnership of DH
DH	Department of Health
DP	Direct Payment
DWP	Department of Work and Pensions
HH1	Home care return to the IC
IB	Individual Budget
IBSEN	Individual Budgets Evaluation Network
IC	NHS Information Centre for health and social care
ICES	Integrated Community Equipment Stores
IPF	Institute of Public Finance
JSNA	Joint Strategic Needs Assessment
LAA	Local Area Agreement
LGA	Local Government Association
NASCIS	National Adult Social Care Intelligence Service proposal by the IC
NIS	National Indicator Set
OT	Occupational Therapist
OTA	Occupational Therapy Assistant
POPP	Partnerships for Older People Projects
PSS EX1	Personal Social Services Expenditure return
RA	Revenue Return to CLG
RAP	Referrals, Assessments and Packages of Care return to IC
RO	Revenue Out-turn return to CLG
SAS	Self Assessment survey return annually for CSCI
SEA	Service Expenditure Analysis within BVACOP
SIGASC	Strategic Information Group for Adult Social Care
SR1	Supported Residents return to the IC
SSDS001	Staffing return for social care to the IC
SSMSS	Support Service and Management element of PSS EX1 and SEA
TIS	Technical Information Service of CIPFA

Annex I: Benefits from the revised PSS EX1 return and proposed future dataset

The table below sets out the issues on the current 'fitness for purpose' of PSS EX1 and a judgement as to how far this paper's proposals address them.

Issue	Addressed by new detailed service subdivisions?	Addressed by linking user data, activity and finance data?	Comment
Difficult to 'see' modernisation of adult social care	Yes. See Annex G for illustrations of possible calculations from the extended data in the revised PSS EX1.	Yes	Still work to do but may be more within activity returns on self assessment, and on 'low level intervention' expenditure. Links to need for CLG lead across local government and partners than for ASC alone.
Headings ('subdivisions of service') conflated	Yes	Yes	
Innovation not being recognised	More scope but probably not entirely possible	More than hitherto – certainly more scope locally	
Restrictive re client groups	Split Older People and extract 'carers'	Any analysis possible	
Delivery of PSS EX1 costly as additional to local information	No, though now arguably should be considerably more relevant	Yes because useable management information locally	Relevance and reduction in burden potentially considerable if data extraction tool works
Delivery of outputs late	Not fully resolved but work of volunteer councils will deliver early wins	Yes – real time..	
Not part of management information needed locally	Should be more relevant but detail at manager level is needed to track progress	Dataset becomes local resource	
Problems of tying up activity and spend	More aligned and outputs on disaggregated services more relevant	Yes	
Unit costs difficult because of conflation	Outputs on disaggregated services more relevant	Yes	
No 'packages of care' view	No	Will be possible	

Revisions to PSS EX1

Issue	Addressed by new detailed service subdivisions?	Addressed by linking user data, activity and finance data?	Comment
No audit	No, but anonymisation and end of unit cost PIs should lead to less 'creative accounting'?	No	But likely to be more compliance as local management tool?
Little effectiveness evidence	Limited, if any	Scope for analysis if data from assessments and reviews on goals of service package and their achievement can be recorded	Needs analyst capacity
Little efficiency evidence	Needs more work but some new evidence on support costs for e.g. assessment / care management, DPs and equipment stores	Scope for analysis	Needs analyst capacity
Contribution to 'Use of resources' judgement in CAA.	Greater than hitherto with identification of key policy related evidence	Yes	
Link to local JSNA	Initial evidence at more disaggregated level	Significant potential	
Link to commissioning strategy	Initial evidence at more disaggregated level	Significant potential	
Relation to data on NHS activity and spend	No	Significant potential	
Relation to data on Supporting People activity and spend.	No	Significant potential	
Relation to data on other housing activity and spend	No	Significant potential	
Relation to other council wellbeing activity and spend	No	Significant potential	Currently tends to be aggregate data only – sharing personal or address identifiers can contribute to work on 'place' and on joined up services

Annex J: Memorandum items proposed for voluntary reporting in 2008-09

These also provide the basis for intended voluntary / mandatory reporting in the 2009-10 PSS EX1 return and proposed future dataset.

PSS EX1 Division(s)	PSS EX1 Sub-division(s)	Memorandum item
ALL CLIENT CATEGORIES TOGETHER	Assessment and care management (All)	Initial points of contact - Customer Relationship Management
		Occupational therapy staff engaged in assessment and care management
		Support staff to assessment and care management
OP, PSD, LD, MH	(a) Nursing Care placements and (b) Residential care placements summed	Rehabilitation / intermediate care
		Respite care
		Short term care
OP, PSD, LD, MH	Supported and other accommodation	Those ' permanently ' resident in Adult Placement scheme settings
		Those ' temporarily ' resident in Adult Placement scheme settings
		Those ' temporarily ' resident in Adult Placement scheme settings for respite care
		Supported living / group homes
		Refuges / hostels not registered with CSCI
		Community support services
		Extra care housing (non personal care elements)
OP, PSD, LD, MH All client groups together	Direct payments	Direct Payments to carers : extract to new CARERS SERVICES division memorandum line
		Administration supporting Direct Payments
OP, PSD, LD, MH	Home care	Rehabilitation / re-enablement / intermediate home care
		Extra care housing - personal care element
		Live in home care
		Night sitting (waking) - separation from night sleeping : <i>de minimis?</i>
		Night sleeping - separation from night sitting (waking): <i>de minimis?</i>
PSD, LD, MH	Day care	Day sitting - <i>de minimis?</i>
		Employment related day services
OP, PSD, LD, MH	Equipment and adaptations	Telecare equipment and its maintenance
		Prescriptions for equipment and their management costs
		Equipment Store costs + associated transport
OP	Meals	Meals on wheels and frozen meals
		Lunch clubs meals
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

Revisions to PSS EX1

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
Important because:	Councils can improve services to potential customers, their carers and other agencies by investment in accessible and effective 'front-door' services. CSED work has also shown that there is scope for efficiency savings here for the council as a whole and for the CASSR.	Important because:	SSDS001 shows numbers of wte OTs and OT assistants, equipment aides and other officers. CASSR expenditure on this service cannot be related directly as OTs /OTAs may be in NHS teams or employed in independent contractor agencies. Links to lines on expenditure on equipment / adaptations. Important for new model of service delivery (assessment and prescriptions)
Currently reported		Currently reported	
PSS EX1:	Assessment and Care Management lines	PSS EX1:	Assessment and Care Management lines
RAP:	R returns but probably incomplete	RAP:	within assessments and reviews but not identifiable
SAS:	Text questions on accessibility only	SAS:	
SSDS001:	not differentiated	SSDS001:	lines 2.86 and 2.87: 1,040 OTs etc wte employed by councils (30.9.07).
Current volumes (England):	R1 suggests over 2 million contacts in a year.	Current volumes (England):	No count of OT assessments
Definition of expenditure involved in this memorandum item:	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:	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.
Issues with definition:	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:	Follow SEA guidance on apportionment of employment costs
Current activity measure(s) reported to IC:	RAP R3 – with evidence on council call management centres where contact was screened out with no onward referral to CASSR for assessment / follow up.	Current activity measure(s) reported to IC:	Cannot be differentiated within total numbers reported in RAP R and A returns of referrals received, assessments started and completed and numbers of reviews completed in year
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
See Note/s:		See Note/s:	

Revisions to PSS EX1

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
Important because:	Currently costs of support staff not identifiable but there may be significant efficiency savings to be made (see CSED work)
Currently reported	
PSS EX1:	Assessment and Care Management lines though some costs may be part of SSMSS
RAP:	n/a
SAS:	n/a
SSDS001:	Line 2.93 shows 14,240 'support services staff' wte for adults and children's services. Others may be recorded in error in other lines of 'support staff' (e.g. 4,020 in other specialist teams - line 2.73).
Current volumes (England):	See above for wte numbers - no corresponding 'activity' is reported
Definition of expenditure involved in this memorandum item:	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)
Issues with definition:	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.
Current activity measure(s) reported to IC:	None
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.
See Note/s:	

Revisions to PSS EX1

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:	Rehabilitation / intermediate care
Important because:	Currently over £5bn, i.e. over half of adult social care net expenditure on services, is included in these two lines. They do not reflect the growing diversity in use of care beds. This memorandum item allows councils to report the approximate magnitude of council expenditure on rehabilitation / intermediate care.	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 PSSEX1 but disaggregation into purpose of stay is not currently required.
Alternative to:	Longer term care in care homes	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.
Currently reported		See Note/s:	
PSS EX1:	Residential / nursing placements lines		
RAP:	Not identifiable		
SAS:	Questions on numbers of people funded by councils in intermediate care in residential settings so as to prevent hospital admission/ facilitate discharge		
SSDS001:	n/a		
Current volumes (England):	SAS 2006-07 showed 46,390 IC admissions to care homes out of 340,000 admissions in SR1 tables S7.1 and S8. In 2006-07 there were some 270,000 temporary supported admissions to registered homes (SR1 table S8). Of these 90,000 were for LD adults aged <65 and 156,000 for those aged 65+. Some of these stays will be for respite or for short stays - others for rehabilitation / intermediate care.		
Definition of expenditure involved in this memorandum item:	Estimation, either by identification of actual costs or pro rata-ing overall costs, of expenditure on intermediate care / rehabilitation weeks in year.		
Issues with definition:	If costs are pro-rata-ed the assumption that an IC / rehab night costs the same as a standard residential night may underestimate 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.		
Current activity measure(s) reported to IC:	None		

Revisions to PSS EX1

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:	Respite care	Memorandum item:	Respite care
Important because:	Currently over £5bn, i.e. over half of adult social care net expenditure on services, is included in these two lines. They do not reflect the growing diversity in use of care beds. This memorandum item allows councils to report the approximate magnitude of council expenditure on respite care. A new specific grant has been provided for emergency respite care.	Issues with definition:	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.
Alternative to:	Longer term care in care homes	Current activity measure(s) reported to IC:	Not separable within services for carers in RAP C2 but will be included there. RAP P2f for respite care away from client's home.
Currently reported		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 PSSEX1 but disaggregation into purpose of stay is not currently required.
PSS EX1:	Residential / nursing placements lines	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.
RAP:	Not identifiable - respite care is currently recorded in RAP in Table C2 as a carer's service. C2 excludes any carer who has not been either assessed or reviewed in the reporting year, thereby excluding carers accessing respite funded by the council without formal assessment. Table P2f shows 57,000 adults had overnight respite away from home in 2006-07.	See Note/s:	
SAS:	Respite care is important for carers. Currently the level of respite care in care homes funded by councils is not reported though questions have been asked on carers breaks funded through the Carer's Grant up to 2007-08. 4.6CS113 asks specifically about emergency breaks capacity - DH has provided central funding to boost local capacity		
SSDS001:	n/a		
Current volumes (England):	In 2006-07 there were some 270,000 temporary supported admissions to registered homes (SR1 table S8). Of these 90,000 were for LD adults aged <65 and 156,000 for those aged 65+. Some of these stays will be for respite or for short stays - others for rehabilitation / intermediate care. See RAP data above.		
Definition of expenditure involved in this memorandum item:	Estimation, either by identification of actual costs or pro rata-ing overall costs, of expenditure on intermediate care / rehabilitation weeks in year.		

Revisions to PSS EX1

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:	Short term care	Memorandum item:	Short term care
Important because:	Currently over £5bn, i.e. over half of adult social care net expenditure on services, is included in these two lines. They do not reflect the growing diversity in use of care beds. This memorandum item allows councils to report the approximate magnitude of council expenditure on short term care to provide support to isolated individuals and to help maintain them in their own homes.	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 PSSEX1 but disaggregation into purpose of stay is not currently required.
Alternative to:	Longer term care in care homes	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.
Currently reported		See Note/s:	
PSS EX1:	Residential / nursing placements lines		
RAP:	P2f: 62,000 18+ had 1+ short term breaks 2006-07. 57,000 had overnight respite away from home.		
SAS:	No quantitative questions		
SSDS001:	n/a		
Current volumes (England):	In 2006-07 there were some 270,000 temporary supported admissions to registered homes (SR1 table S8). Of these 90,000 were for LD adults aged <65 and 156,000 for those aged 65+. Some of these stays will be for respite or for short stays - others for rehabilitation / intermediate care. See P2f data above		
Definition of expenditure involved in this memorandum item:	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 those temporary placements where the resident was initially admitted on a short term basis but becomes a permanent resident and those where the focus was on rehabilitation or respite. The focus is principally on stays where the resident was admitted for a defined short period and returned to their original home setting.		
Issues with definition:	If costs are pro-rata-ed the assumption that a short term night costs the same as a standard residential night may underestimate 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.		
Current activity measure(s) reported to IC:	Not identifiable in SR1 – see above for RAP P2f data		

Revisions to PSS EX1

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
Important because:	Alternative to permanent or temporary care in a care home - SR1 2006-07 shows nearly 3,000 placements at 31.3.07 with over 10,000 temporary admissions in 2006-07	Important because:	
Alternative to:	Care in care homes	Alternative to:	Care in care homes
Currently reported		Currently reported	
PSS EX1:	In Supported or other accommodation	PSS EX1:	In Supported or other accommodation
RAP:	Adults with 1+ temporary admissions may be within RAP P2f and s - possibly 'other services'. However RAP 2006-07 guidance p78 suggests they should appear in P1 as 'independent' sector residential provision	RAP:	Adults with 1+ temporary admissions may be within RAP P2f and s - possibly 'other services'. However RAP 2006-07 guidance p78 suggests they should appear in P1 as 'independent' sector residential provision
SAS:	Total placements only - 4.6GN155	SAS:	n/a
SSDS001:	n/a	SSDS001:	n/a
Current volumes (England):	SR1 2006-07 shows nearly 3,000 placements at 31.3.07 with over 10,000 temporary admissions in 2006-07.	Current volumes (England):	SR1 2006-07 shows nearly 3,000 placements at 31.3.07 with over 10,000 temporary admissions in 2006-07
Definition of expenditure involved in this memorandum item:	Payment by CASSR for permanent adult placement accommodation in year	Definition of expenditure involved in this memorandum item:	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).
Issues with definition:	Councils may not be able to differentiate between permanent and other stays – or other support provided by APS providers.	Issues with definition:	Councils may not be able to differentiate between permanent and other stays – or other support provided by APS providers.
Current activity measure(s) reported	SR1 and SAS: see above	Current activity measure(s) reported to IC:	See above
Proposed activity measure for addition to PSS EX1 activity measures schedule:	a. Numbers supported who were resident at 31 March, and b. supported admissions in year (already in SR1) and c. numbers of supported resident weeks In year.	Proposed activity measure for addition to PSS EX1 activity measures schedule:	a. Numbers of weeks of supported temporary care provided in year and b. number of those benefiting over the 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
See Note/s:		See Note/s:	

Revisions to PSS EX1

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
Important because:		Important because:	Alternative to permanent or temporary care in a care home. Significant numbers may be accommodated - some settings may be registered as a domiciliary care agency.
Alternative to:	Care in care homes	Alternative to:	Care in care homes
Currently reported		Currently reported	
PSS EX1:	In Supported or other accommodation	PSS EX1:	Some costs reported in Supporting People lines. Remainder of non-housing costs should be within this sub-division but it is not currently possible to identify the amounts from the gross total of £452m out of £6,187m (7%) on 'community services'. Note that for LD adults aged under 65 this amounts to £331m/ £1714m = 19%.
RAP:	May be in carers support services C2 or in RAP P2s/f as planned short term breaks	RAP:	Probably reported in RAP P2s/f 'Other' services though may be also be under home care.
SAS:	n/a	SAS:	4.6 LD103 - only % of LDDF expenditure on supported living
SSDS001:	n/a	SSDS001:	n/a
Current volumes (England):	SR1 2006-07 shows nearly 3,000 placements at 31.3.07 with over 10,000 temporary admissions in 2006-07	Current volumes (England):	Not known
Definition of expenditure involved in this memorandum item:	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:	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.
Issues with definition:	Councils may not be able to differentiate between permanent and other stays – or other support provided by APS providers.	Issues with definition:	Complexity of whether supported living is included within home care because of link to HH1 return.
Current activity measure(s) reported to IC:	Not currently differentiated in SR1 return from overall numbers of temporary admissions.	Current activity measure(s) reported to IC:	None
Proposed activity measure for addition to PSS EX1 activity measures schedule:	a. Numbers of weeks of supported respite care provided in year and b. number of those benefiting over the year	Proposed activity measure for addition to PSS EX1 activity measures schedule:	a. number of tenant weeks in year and b. tenancies at 31 March and c. new tenancies started 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
See Note/s:		See Note/s:	

Revisions to PSS EX1

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
Important because:	Alternative to permanent or temporary care in a registered care home. Significant numbers may be accommodated in some larger hostels.	Important because:	Policy priority to ensure support at home rather than drift into care homes and to encourage social inclusion
Alternative to:	Care in care homes. Rough sleeping.	Alternative to:	Care in care homes
Currently reported		Currently reported	
PSS EX1:	Some costs reported in Supporting People lines. Remainder of non-housing costs should be within this sub-division but it is not currently possible to identify the amounts from the gross total of £452m out of £6,187m (7%) on 'community services'.	PSS EX1:	Some costs reported in Supporting People lines. Remainder of non-housing costs should be within this sub-division but it is not currently possible to identify the amounts from the gross total of £452m out of £6,187m (7%) on 'community services'. Note that for LD adults under 65 this amounts to £331m/ £1714m = 19%.
RAP:	Probably reported in RAP P2s/f 'Other' services.	RAP:	Probably reported in RAP P2s/f 'Other' services though may be also be under home care.
SAS:		SAS:	N/a
SSDS001:		SSDS001:	N/a
Current volumes (England):		Current volumes (England):	No data
Definition of expenditure involved in this memorandum item:	Expenditure on placements in / support to refuges / hostels not registered with CSCI	Definition of expenditure involved in this memorandum item:	Provision of support from / oversight by peripatetic workers for those living in their own accommodation in the community (excluding group homes / supported living settings).
Issues with definition:	Possible problems identifying refuges / hostels where not registered with CSCI.	Issues with definition:	
Current activity measure(s) reported to IC:	None	Current activity measure(s) reported to IC:	None
Proposed activity measure for addition to PSS EX1 activity measures schedule:	a. number of supported weeks in year and b. those supported at 31 March and c. adults who moved into accommodation in year	Proposed activity measure for addition to PSS EX1 activity measures schedule:	a. numbers supported at point in time (March 31) , b. numbers newly starting support over year and c. 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
See Note/s:		See Note/s:	

Revisions to PSS EX1

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:	Extra care housing	Memorandum item:	Extra care housing
Important because:	Preferred to care homes for many users – choice and control of own tenancy, support on hand as needed, encourages retention of independence. Government capital grants have been made available	Unit cost or other measures derived from expenditure and activity data:	Cost per tenant week by client group (principally OP)
Alternative to:	Care homes, Adult placement scheme arrangements	See Note/s:	
Currently reported			
PSS EX1:	Some costs reported in Supporting People lines. Remainder of non-housing costs should be within this sub-division but it is not currently possible to identify the amounts involved.		
RAP:	Probably reported in RAP P2s/f 'Other' services though may be also be under home care.		
SAS:	Numbers of new tenancies started in year		
SSDS001:			
Current volumes (England):	Not known – CSCI SAS has new tenancies per year since 2003-04.		
Definition of expenditure involved in this memorandum item:	For definition see http://icn.csip.org.uk/housing/index.cfm?pid=166		
Issues with definition:	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		
Current activity measure(s) reported to IC:	None		
Proposed activity measure for addition to PSS EX1 activity measures schedule:	a. number of tenant weeks in year and b. tenancies at 31 March and c. new tenancies started in year		

Revisions to PSS EX1

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
Important because:	Key policy area for DH. Relates to modernisation agenda on self directed support arrangements and to Prime Minister's Carers Strategy .	Important because:	Key policy area for DH. Relates to modernisation agenda on self directed support arrangements. No data are regularly reported on costs of administration for council or voluntary / independent sector – it is important to keep these under review as coverage widens through Individual Budget DPs.
Alternative to:	Other carers' services	Alternative to:	
Currently reported		Currently reported	
PSS EX1:	DPs for carers are currently included within carers services which are allocated against the client division of the person cared for within 'Other services' (SEA guidance). The PSSEX1 revision proposes that all services for carers are reported in a new division of service as a memorandum line – with Direct Payments for carers also reported separately .	PSS EX1:	Support costs should be allocated to the DP lines in PSSEX1, but are not disaggregable.
RAP:	Not reported separately within Table C2 on carers' services	RAP:	n/a
SAS:	SAS data (4.7GN122) shows that Carers with a DP at 31.3.07 numbered 7,728, 14% of all DP recipients at that date.	SAS:	n/a
SSDS001:	n/a	SSDS001:	n/a
Current volumes (England):	7,728 at 31.3.07	Current volumes (England):	Current volumes 31.3.07 - over 54,000 DP users. RAP P2f and P2s for 2006-07 suggests at least 75% more DP users in the course of a year than at a point in time.
Definition of expenditure involved in this memorandum item:	All payments of direct payments made to carers in the year	Definition of expenditure involved in this memorandum item:	Staff costs of those employed to manage the administration of Direct Payments and payments under Individual Budgets, + associated overheads. These costs (some of which may be incurred through contracts with voluntary sector bodies) should be included in this subdivision of service where possible..
Issues with definition:	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:	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 shown in one memorandum line.
Current activity measure(s) reported to IC:	In SAS and PSSEX1 activity (row 170) only	Current activity measure(s) reported to IC:	none
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 DP support to DP spend in year.
See Note/s:		See Note/s:	

Revisions to PSS EX1

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:	Rehabilitation / re-enablement / intermediate care home care
Important because:	Home care services are probably the key contribution to enabling people to remain independent or to regain their independence and to remain living in the community. Direct payments / individual budgets within self directed support packages may gradually lessen the importance of this but at present councils and central bodies have little evidence as to the different forms of home care support on offer.	Current activity measure(s) reported to IC:	none
Alternative to:	Care homes	Proposed activity measure for addition to PSS EX1 activity measures schedule:	Numbers in sample week in September + ideally numbers supported over a year
Currently reported		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
PSS EX1:	Within home care - PSSEX1 2006-07 shows £2.67bn net spend on home care with no differentiation : cost profiles are known to differ markedly across the disaggregated types of care to be split out in memorandum lines.	See Note/s:	
RAP:	Not disaggregable within P2s and P2f		
SAS:	2006-07 SAS showed 94,000 users receiving intermediate care at home to prevent hospital admission (1.2OP006) and 96,400 receiving intermediate care to facilitate hospital discharge (1.2OP007).		
SSDS001:	Home care staff employed by the council to deliver intermediate care-type support at home are not reported separately. It is unlikely that independent sector / voluntary sector DCAs will record this separately. The best metric available is some approximate division of expenditure by household of home care with a clearly defined rehabilitative focus		
Current volumes (England):	Not known in terms of hours / costs - but up to 200,000 users in a year (SAS 2006-07 data) out of 586,000 reported in P2f RAP data for 2006-07.		
Definition of expenditure involved in this memorandum item:	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.		
Issues with definition:	Some councils may take a much wider view of 'rehabilitative / re-enablement focus' than others.		

Revisions to PSS EX1

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

PSS EX1 Sub-division(s): Home care

Memorandum item: **Extra care housing - personal care element**

Important because: Home care services are probably the key contribution to enabling people to remain independent or to regain their independence and to remain living in the community. Direct payments / individual budgets within self directed support packages may gradually lessen the importance of this but at present councils and central bodies have little evidence as to the different forms of home care support on offer.

Alternative to: Care homes

Currently reported

PSS EX1: Within home care - PSSEX1 2006-07 shows £2.67bn net spend on home care with no differentiation : cost profiles are known to differ markedly across the disaggregated types of care to be split out in memorandum lines.

RAP: Not disaggregable within P2s and P2f

SAS: Likely to be reported in RAP P2s/f 'other services' or within 'home care'.

SSDS001: n/a

Current volumes (England): not provided

Definition of expenditure involved in this memorandum item: For definition see <http://icn.csip.org.uk/housing/index.cfm?pid=166>

Issues with definition:

Current activity measure(s) reported to IC: Likely to be reported in RAP P2s/f 'other services' or within 'home care'.

Proposed activity measure for addition to PSS EX1 activity measures schedule: a. Number of tenant weeks in year and b. tenancies at 31 March and c. new tenancies started in year

Unit cost or other measures derived from expenditure and activity data: Cost per tenant week by client group (principally OP)

See Note/s:

Revisions to PSS EX1

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:	Live in home care
Important because:	Home care services are probably the key contribution to enabling people to remain independent or to regain their independence and to remain living in the community. Direct payments / individual budgets within self directed support packages may gradually lessen the importance of this but at present councils and central bodies have little evidence as to the different forms of home care support on offer.	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
Alternative to:	Care homes	See Note/s:	
Currently reported			
PSS EX1:	Within home care - PSSEX1 2006-07 shows £2.67bn net spend on home care with no differentiation : cost profiles are known to differ markedly across the disaggregated types of care to be split out in memorandum lines.		
RAP:	Not disaggregable within P2s and P2f		
SAS:	Table 3 of HH1 feedback for September 2007 shows 21% of home care hours in a sample week are overnight, live in or 24 hour service hours.		
SSDS001:	n/a		
Current volumes (England):	Table 9 in HH1 2006-07 feedback suggests that about 14,000 (4%) of 334,000 households received more than 10 hours in the September sample week with overnight, live-in or 24 hour services. Over a year the proportion of home care users who benefit from these services will be higher.		
Definition of expenditure involved in this memorandum item:	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.		
Issues with definition:			
Current activity measure(s) reported to IC:	None		
Proposed activity measure for addition to PSS EX1 activity measures schedule:	Numbers in sample week in September + ideally numbers supported over a year		

Revisions to PSS EX1

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 sitting (waking) - separation from night sleeping: <i>de minimis</i>?	Memorandum item:	Night sitting (waking) - separation from night sleeping: <i>de minimis</i>?
Important because:	Home care services are probably the key contribution to enabling people to remain independent or to regain their independence and to remain living in the community. Direct payments / individual budgets within self directed support packages may gradually lessen the importance of this but at present councils and central bodies have little evidence as to the different forms of home care support on offer.	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
Alternative to:	Care homes	See Note/s:	
Currently reported			
PSS EX1:	Within home care - PSSEX1 2006-07 shows £2.67bn net spend on home care with no differentiation : cost profiles are known to differ markedly across the disaggregated types of care to be split out in memorandum lines.		
RAP:	Not disaggregable within P2s and P2f		
SAS:	Table 3 of HH1 feedback for September 2007 shows 21% of home care hours in a sample week are overnight, live in or 24 hour service hours.		
SSDS001:	n/a		
Current volumes (England):	Table 9 in HH1 2006-07 feedback suggests that about 14,000 (4%) of 334,000 households received more than 10 hours in the September sample week with overnight, live-in or 24 hour services. Over a year the proportion of home care users who benefit from these services will be higher.		
Definition of expenditure involved in this memorandum item:	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.		
Issues with definition:			
Current activity measure(s) reported to IC:	Formerly reported in HHI : in RAP P2f/ s under home care.Councils are likely to have data in terms of payment to independent sector providers or in house providers		
Proposed activity measure for addition to PSS EX1 activity measures schedule:	Ideally numbers supported over a year		

Revisions to PSS EX1

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:	Night sleeping - separation from night sitting (waking): <i>de minimis</i>?
Important because:	Home care services are probably the key contribution to enabling people to remain independent or to regain their independence and to remain living in the community. Direct payments / individual budgets within self directed support packages may gradually lessen the importance of this but at present councils and central bodies have little evidence as to the different forms of home care support on offer.	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
Alternative to:	Care homes	See Note/s:	
Currently reported			
PSS EX1:	Within home care - PSSEX1 2006-07 shows £2.67bn net spend on home care with no differentiation : cost profiles are known to differ markedly across the disaggregated types of care to be split out in memorandum lines.		
RAP:	Not disaggregable within P2s and P2f		
SAS:	Table 3 of HH1 feedback for September 2007 shows 21% of home care hours in a sample week are overnight, live in or 24 hour service hours.		
SSDS001:	n/a		
Current volumes (England):	Table 9 in HH1 2006-07 feedback suggests that about 14,000 (4%) of 334,000 households received more than 10 hours in the September sample week with overnight, live-in or 24 hour services. Over a year the proportion of home care users who benefit from these services will be higher.		
Definition of expenditure involved in this memorandum item:	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.		
Issues with definition:			
Current activity measure(s) reported to IC:	Formerly reported in HHI : in RAP P2f/ s under home care.Councils are likely to have data in terms of payment to independent sector providers or in house providers		
Proposed activity measure for addition to PSS EX1 activity measures schedule:	Ideally numbers supported over a year		

Revisions to PSS EX1

PSS EX1 Division(s):	OP, PSD, LD, MH
PSS EX1 Sub-division(s):	Home care
Memorandum item:	Day sitting - <i>de minimis</i>?
Important because:	Home care services are probably the key contribution to enabling people to remain independent or to regain their independence and to remain living in the community. Direct payments / individual budgets within self directed support packages may gradually lessen the importance of this but at present councils and central bodies have little evidence as to the different forms of home care support on offer.
Alternative to:	Care homes
Currently reported	
PSS EX1:	Within home care - PSSEX1 2006-07 shows £2.67bn net spend on home care with no differentiation : cost profiles are known to differ markedly across the disaggregated types of care to be split out in memorandum lines.
RAP:	Not disaggregable within P2s and P2f
SAS:	n/a
SSDS001:	n/a
Current volumes (England):	n/k
Definition of expenditure involved in this memorandum item:	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.
Issues with definition:	
Current activity measure(s) reported to IC:	Formerly reported in HHI : in RAP P2f/ s under home care. Councils are likely to have data in terms of payment to independent sector providers or in house providers.
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
See Note/s:	

Revisions to PSS EX1

PSS EX1 Division(s):	PSD, LD, MH	PSS EX1 Division(s):	PSD, LD, MH
PSS EX1 Sub-division(s):	Day care	PSS EX1 Sub-division(s):	Day care
Memorandum item:	Employment related day services	Memorandum item:	Employment related day services
Important because:	Two NIS PIs focus on progress by the CASSR in preparing clients for employment (LD and MH). There is at present no data on commitment of resources by CASSRs in this area.	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)).
Alternative to:	Continued reliance on day services and unemployment / disability benefits	See Note/s:	Note ²⁹
Currently reported			
PSS EX1:	Supported employment for all client groups together in currently reported on row I1. Within day care or possibly in 'other' expenditure (row 10 in each client group)		
RAP:	Within day care or possibly 'other' services		
SAS:	For LD nos of LD adults helped by CASSR into employment/ volunteering in year. 4.6LD168 reports suggest 5,900 were helped into work in 2006-07 and a further 7,420 into volunteering (4.6LD170). For MH and PSD text questions only		
SSDS001:	n/a		
Current volumes (England):	See SAS above		
Definition of expenditure involved in this memorandum item:	Expenditure by CASSR on services specifically aimed at assisting CASSR clients into employment.		
Issues with definition:	Excludes contributions from others. CASSR may not have data on successes of 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.		
Current activity measure(s) reported to IC:	NIS 146 relates		
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		

²⁹ Employment-related day services total memorandum line should include supported employment which is reported separately under SEA rules

Revisions to PSS EX1

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:	Telecare equipment and its maintenance
Important because:	Telecare has been a DH priority with Assistive Technology Grants etc. While these were focussed on older people it is clear that councils are offering Telecare to those under 65.	Proposed activity measure for addition to PSS EX1 activity measures schedule:	<p>a. Numbers newly provided with 1+ telecare services funded at least in part by the CASSR in the year;</p> <p>b. Numbers with telecare support where maintenance was provided in the year funded at least in part by the CASSR</p> <p>c. Total of a+b excluding any double counting</p>
Alternative to:	Should increase safety and independence of those living at home - reducing need for care home placements	Unit cost or other measures derived from expenditure and activity data:	<p>Average cost per telecare user (total in c above) per year</p> <p>% of total spend on equipment and adaptations on telecare</p>
Currently reported		See Note/s:	
PSS EX1:	Equipment and adaptations - not disaggregable		
RAP:	Within Equipment and Adaptations in RAP P2s and P2f		
SAS:	Numbers of those over 65 newly receiving telecare items from the council/ partner agencies/ other sources. Also text questions in 2007-08 SAS on sustainability after the ending of the grant.		
SSDS001:	n/a		
Current volumes (England):	<p>2006-07 SAS indicates that CASSRs alone provided new telecare items to 54,000 older people and in partnership with others to 30,000; agencies independent of CASSRs provided for 68,000 new users 65+ (2.1OP026, 027 and 028).</p> <p>2.1OP033 returns suggest £29m was spent on telecare for those 65+, with infrastructure investment of nearly £18m. This compares with PSSEX1 2006-07 expenditure on all equipment and adaptations with overheads of £234m</p>		
Definition of expenditure involved in this memorandum item:	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.		
Issues with definition:	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 2007-08 SAS process (telecare@cspi.org.uk).		
Current activity measure(s) reported to IC:	SAS data: 2008-09 requirements to be confirmed following CSCI consultation		

Revisions to PSS EX1

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:	Prescriptions for equipment and their management costs	Memorandum item:	Equipment Store costs + associated transport
Important because:	The trials of equipment via prescription should offer a clear means of reporting the costs of the equipment funded by councils through prescriptions as this new arrangement is rolled out. The transaction costs for the CASSR involved need to be included	Important because:	Efficient and cost effective delivery/management of equipment / minor adaptations was a key for the ICES initiative. At present the lack of evidence on costs of this limits assessment of the PSSEX1 data on equipment services overall. May be subject to review when prescription arrangements supercede council provision as private providers will bear these administration and delivery costs.
Alternative to:	Standard equipment provision through ICES		
Currently reported		Currently reported	
PSS EX1:	Equipment and adaptations - not disaggregable	PSS EX1:	Equipment and adaptations - not disaggregable
RAP:	Within Equipment and Adaptations in RAP P2s and P2f	RAP:	n/a
SAS:	Not addressed as yet	SAS:	n/a
SSDS001:	n/a	SSDS001:	Staff involved in stores and transporting/ delivering equipment and installing / carrying out minor adaptations are not extractable from composite lines in SSDS001. Further staff will be in NHS employment or possibly contracted for with independent stores providers.
Current volumes (England):	Not available - pilots in process	Current volumes (England):	n/a
Definition of expenditure involved in this memorandum item:	Value of equipment funded through prescriptions + associated transaction costs where identifiable	Definition of expenditure involved in this memorandum item:	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).
Issues with definition:	DH definitions needed from pilot experience	Issues with definition:	Pooled budgets frequent for ICES. Contribution from CASSR is what is required here
Current activity measure(s) reported to IC:	Numbers of prescriptions issued / 'cashed' (to be advised from pilots)	Current activity measure(s) reported to IC:	None
Proposed activity measure for addition to PSS EX1 activity measures schedule:	Numbers of prescriptions issued / 'cashed' (follow on from experience of pilots).	Proposed activity measure for addition to PSS EX1 activity measures schedule:	
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	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
See Note/s:		See Note/s:	

Revisions to PSS EX1

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
Important because:	Meals in total only represent 3% of gross spend on community services for Older People. This under-represents the contribution to nutrition made by CASSR-commissioned services, notably home care, day care and direct payments. Nevertheless 150,000 adults received meals at home in 2006-07.	Important because:	Lunch clubs are counted as day care in RAP. Many now do not get CASSR funding though may receive funds from other sources within the council
Alternative to:	Care in a care home	Alternative to:	Care in a care home
Currently reported		Currently reported	
PSS EX1:	Meals - not disaggregated. Total gross spend of £98 m incl SSMSS is evenly split between in-house provision and provision by others	PSS EX1:	Meals - not disaggregated. Total England gross spend of £98 m (including SSMSS) is evenly split between in-house provision and provision by others
RAP:	RAP P2f and P2s.	RAP:	Numbers attending are reported within day care in RAP P2s/f returns
SAS:	n/a	SAS:	n/a
SSDS001:	n/a	SSDS001:	n/a/
Current volumes (England):	RAP P2f 2006-07: Only 10,000 <65s compared to 140,000 65+, of whom 10,000 had mental health problems	Current volumes (England):	Not available within RAP P2f 2006-07 131,000 aged 65+ with day care
Definition of expenditure involved in this memorandum item:	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:	Expenditure on lunch clubs from CASSR budget including grant aid to voluntary organisations or second tier councils.
Issues with definition:	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:	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
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
See Note/s:	Note ³⁰	See Note/s.	See note below

³⁰ Meals already principally limited to OP

Revisions to PSS EX1

PSS EX1 Division(s):	Other adults
PSS EX1 Sub-division(s):	Substance abuse (addictions)
Memorandum item:	Alcohol abuse: residential / nursing care
Important because:	Strategies on drugs and alcohol require data on CASSR contributions to local responses. Having the two conflated in one PSSEX1 line is not helpful. £151m gross was spent on the services involved in 2006-07
Alternative to:	
Currently reported	
PSS EX1:	Other adults: Substance abuse (addictions)
RAP:	RAP and SR1: see below
SAS:	n/a
SSDS001:	n/a
Current volumes (England):	13,000 adults provided with one or more services in 2006-07 (RAP P1 - substance misuse). SR1 includes those supported financially within 'Other adults' - at March 31 2007 (= 3,075 supported residents <65, 1,190 65+), admissions in year (200 'permanent' admissions <65 and 3,885 'temporary' admissions <65: numbers 65+ not available)
Definition of expenditure involved in this memorandum item:	Where 'primary client group' relates to problems arising from alcohol abuse
Issues with definition:	
Current activity measure(s) reported to IC:	RAP P returns and SR1
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
See Note/s:	

PSS EX1 Division(s):	Other adults
PSS EX1 Sub-division(s):	Substance abuse (addictions)
Memorandum item:	Alcohol abuse: other services
Important because:	Strategies on drugs and alcohol require data on CASSR contributions to local responses. Having the two conflated in one PSSEX1 line is not helpful. £151m gross was spent on the services involved in 2006-07
Alternative to:	
Currently reported	
PSS EX1:	Other adults Substance abuse (addictions)
RAP:	RAP and SR1: see below
SAS:	n/a
SSDS001:	n/a
Current volumes (England):	13,000 adults provided with one or more services in 2006-07 (RAP P1 - substance misuse). SR1 includes those supported financially within 'Other adults' - at March 31 2007 (= 3,075 supported residents <65, 1,190 65+), admissions in year (200 'permanent' admissions <65 and 3,885 'temporary' admissions <65: numbers 65+ not available)
Definition of expenditure involved in this memorandum item:	Where 'primary client group' relates to problems arising from alcohol abuse
Issues with definition:	
Current activity measure(s) reported to IC:	RAP P returns and SR1
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
See Note/s:	

Revisions to PSS EX1

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 not in care homes
Important because:	Strategies on drugs and alcohol require data on CASSR contributions to local responses. Having the two conflated in one PSSEX1 line is not helpful. £151m gross was spent on the services involved in 2006-07	Important because:	Strategies on drugs and alcohol require data on CASSR contributions to local responses. Having the two conflated in one PSSEX1 line is not helpful. £151m gross was spent on the services involved in 2006-07
Currently reported		Currently reported	
PSS EX1:	Other adults Substance abuse (addictions)	PSS EX1:	Other adults: Substance abuse (addictions)
RAP:	RAP and SR1: see below	RAP:	RAP and SR1: see below
SAS:	n/a	SAS:	n/a
SSDS001:	n/a	SSDS001:	n/a
Current volumes (England):	13,000 adults provided with one or more services in 2006-07 (RAP P1 - substance misuse). SR1 includes those supported financially within 'Other adults' - at March 31 2007 (= 3,075 supported residents <65, 1,190 65+), admissions in year (200 'permanent' admissions <65 and 3,885 'temporary' admissions <65: numbers 65+ not available)	Current volumes (England):	13,000 adults provided with one or more services in 2006-07 (RAP P1 - substance misuse). SR1 includes those supported financially within 'Other adults' - at March 31 2007 (= 3,075 supported residents <65, 1,190 65+), admissions in year (200 'permanent' admissions <65 and 3,885 'temporary' admissions <65: numbers 65+ not available)
Definition of expenditure involved in this memorandum item:	Where 'primary client group' relates to problems arising from drug/ solvent abuse with/ without related alcohol abuse	Definition of expenditure involved in this memorandum item:	Where 'primary client group' relates to problems arising from drug/ solvent abuse with/ without related alcohol abuse
Issues with definition:		Issues with definition:	
Current activity measure(s) reported to IC:	RAP P returns and SR1	Current activity measure(s) reported to IC:	RAP P returns and SR1
Proposed activity measure for addition to PSS EX1 activity measures schedule:	Resident weeks in registered care homes: clients with drug/solvent misuse problems	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 drug/solvent misuse on care in care homes Unit cost of resident week	Unit cost or other measures derived from expenditure and activity data:	% of spend on services related to drug/solvent misuse on care not in care homes
See Note/s:		See Note/s:	