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Where's the Money Gone? - Patterns of Expenditure on Learning Disability Services

Report

October 2010

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Report

1 Executive Summary

Learning disability is the second highest area of social care expenditure[1]. Although supported housing data is not available, (given the desired move from institutional health care settings to care within the community and many people with a learning disability no longer living with their families), it is a reasonable supposition that the amount spent on housing for people with a learning disability has also grown in recent years.

1.1 Poor data quality

Whilst a considerable amount of data is captured concerning learning disability, because there is a lack of consistency, both within and between data sets, it is hard to compare data across organisations or even feel confident that there is a clear understanding of what any particular expenditure figure represents. There is no national combined figure for expenditure on specialist services, i.e., those solely dedicated to people with a learning disability, across the public sector.

Uncertainty about how some data sets are compiled and the difference between one set of data that looks comparable with another appears to extend to staff in a number of government departments. A valuable opportunity would also appear to be lost at a local level. Despite most local authorities capturing information about learning disability on a Learning Disability Register, the quality and uniformity of that data clearly varies. A recent exercise by IPC produced only two authorities out of thirty who could respond with detailed information about their learning disability populations. Even for those two, despite having detailed information, they were using different definitions to record their information, which meant comparison was difficult.

1.2 Current expenditure

Despite the difficulties of comparative data capture it is possible to draw the following conclusions about expenditure.

- Residential care costs are still the highest area of LD expenditure (43.2% in the 08/09 spend)[2].

[1] NHS Information Centre (2010) *Personal Social Service Expenditure and Unit Cost England 2008-2009,* The Health and Social Care Information Centre. www.ic.nhs.uk/statistics-and-data-collections/social-care/adult-social-care-information/personal-social-services-expenditure-and-unit-costs-england-final-2008-09
[2] Ibid

- LD social care costs have risen. When taking inflation into account, unit costs for residential care have increased by about 38.0% from 2004-05 to 2008-09, compared to an increase of 32.3% for home care and 21.3% for day care. Unit costs have increased, but the number of people receiving residential care has been declining[3].
- LD expenditure has risen slightly as a proportion of all adult social care expenditure (20.9% in 2003-04 to 23.7% in 2008-09)[4].
- The increase in spend on direct payments (2615% increase in the ten year period) is the most rapidly expanding area of growth yet it remains only a small proportion of the total expenditure.
- Health sector costs have not fallen as much as might have been anticipated given the shift from health to social care responsibilities across the sector.

1.3 The impact of poor data quality

As stated above LD costs and expenditure are rising, potentially disproportionately. If there is little capacity to determine why that rise is occurring and whether such an increase represents value for money and if it is not possible to relate cost to activity to volume to outcome then it is not possible to identify where any effective reductions in expenditure can be made. This is not necessarily about collecting more information; it is about collecting the same or less information but with far more inter-departmental co-operation.

Another effect of the absence of data can be seen in the recent Joint Strategic Needs Assessment (JSNA) activity. Few JSNAs have much to say about learning disability and even less about trends and patterns in both numbers and service provision. Yet the JSNA results, it was argued, should be at the centre of health and social care commissioning.

1.4 Considering change

In the short term there may be value in completing the second part of this exercise. This could involve identifying and reviewing a small sample of local authorities (preferably a range from across high to low spenders) and exploring the story behind their costs profile. It is probably only by this route that some of the evidence can be developed about how and why funding is being spent and why there are such widely differing patterns of expenditure and provision from one authority to another.

There is a need for three sets of activity at a national level:

First for those who need data to make decisions about service provision there should be a clear data set developed which can reflect what commissioners of services need to know about populations and about service performance. This activity should probably straddle local and central government as well as representatives from CQC and ADASS.

The future role of learning disability registers should be considered and how the data they capture could deliver greater benefit. It is scarcely cost effective to allow this area of activity to drift as it has done in the past. How data is

[3] Ibid
[4] Ibid

collected, to what standard and definition and how that might be captured and used at both a local and a national level needs to be carefully thought through. Public Health should play a key part in this and the data processes should be designed to contribute to future JSNAs.

Finally, in terms of the existing national data collection there should be an inter departmental government group that looks at how existing data sets can be aligned and wider consultation about how the data is used.

1 Introduction

This report by the Institute of Public Care (IPC) for The Learning Disability Coalition (LDC)/Mencap explores patterns of public expenditure on learning disability services and the relationship between expenditure and service delivery. It has aimed to cover health, Supporting People and social care data.

There has clearly been a considerable increase in expenditure on learning disability across the public sector[5]. However, there is limited evidence available to demonstrate where such additional funding has been spent and if it has resulted in an enhancement or an extension of the services offered to a greater number of people. This report was commissioned in order to explore these questions by reviewing a set of hypotheses using national data sources which are set out below.

Table 1: Hypotheses to be examined

Expenditure
• Expenditure has increased and has done so disproportionately to the numbers of people with LD estimated to be in the population. • Placements to services are costing more per service user over the period covered.
People
• The proportion of people with learning disabilities in paid work has increased, indicating the success of the increased spending. • The proportion of people with learning disabilities living in the community has increased. The threshold for receipt of learning disability services has become higher and the balance of need to spend ratio has tipped more towards people with high support needs, including people with profound and multiple learning disabilities.
Service activity
• The greatest expenditure is still on residential care but the proportion of funding on community-based services has increased over the period under review. • More services are now being paid for by Direct Payments/Individual budgets • The costs of residential placements for adults with learning disabilities have increased over and beyond inflation and disproportionately to other forms of service provision

[5] For example see Parliamentary question:3 April 2008, answered by Ivan Lewis MP: http://www.publications.parliament.uk/pa/cm200708/cmhansrd/cm080403/text/80403w0038.htm#qn_323

2 Issues in data collection

Learning disability constitutes the second highest area of social care expenditure and a considerable amount of spending by the NHS. It would be expected that given its importance there would be a range of quality data sets designed to inform both what that money is spent on and whether that represents good value for money. Although through the development of guidance notes and changes to recording practice data over the last 10 years (from 2000) is more reliable and consistent than prior to that date it is still far from easy to get accurate and non contradictory data. For example:

- It is not always obvious on government websites where detailed information about funding is to be found.
- When government departments were contacted, staff answering calls were not always sure whether the data requested was collected, if it was collected, then who it was collected by or where it was published.
- When it was eventually possible to confirm that data had been collected and published it was still not always easy to find the relevant publication for previous years.
- It was sometimes difficult to ascertain the definitions for the data that was collected, especially in relation to health data. For example in Table 4 it has not been possible to obtain an explanation as to what is included in the in/out patients spend.
- Some reports cover what it assumes is the same data over the same time period but comes up with different figures, e.g., data on local authority expenditure.
- Finally, there are anecdotal suggestions that some of the financial data may not be accurate given either expenditure being transferred from one budget to another, differences from one location to another in what financial data is recorded under what category and obvious examples of double counting, e.g., where there are joint budgets there may not be complete disaggregation into health and social care budgets.

3 Hypothesis 1: Expenditure has increased and has done so disproportionately to the numbers of people with learning disabilities estimated to be in the population.

3.1 Populations and Services

Various research studies provide information on estimated prevalence rates. The prevalence rates generally accepted and used are 2.5% for people with a learning disability, and 0.35% for people with a moderate to profound disability[6]. As these rates are generally accepted as a good estimate they have been used to calculate the numbers in the table below (See Appendix B for definition of moderate to profound disability) which shows a steady growth in numbers.

[6] Emerson, E. and Hatton, C. *Estimating future need/demand for support for adults with learning disabilities in England* (2004) Lancaster: Institute for Health Research, Lancaster University

Table 2: Estimate of the numbers of people with a learning disability aged 18 – 64 in the period 1991 – 2009

Year	Population Estimates for England aged 18-64	Estimates of numbers of people with a learning disability in England (2.5%)	Estimates of numbers of people with a profound to moderate Learning Disability in England (0.35%)
1991	29,447,900	736,198	103,068
1992	29,485,700	737,143	103,200
1993	29,510,000	737,750	103,285
1994	29,541,500	738,538	103,395
1995	29,573,200	739,330	103,506
1996	29,617,100	740,428	103,660
1997	29,717,500	742,938	104,011
1998	29,859,800	746,495	104,509
1999	30,063,600	751,590	105,223
2000	30,272,800	756,820	105,955
2001	30,468,400	761,710	106,639
2002	30,571,100	764,278	106,999
2003	30,826,600	770,665	107,893
2004	31,025,500	775,638	108,589
2005	31,325,400	783,135	109,639
2006	31,680,700	792,018	110,882
2007	31,937,900	798,448	111,783
2008	32,152,900	803,823	112,535
2009	30,775,400	769,385	107,714

Source: ONS and Estimated figures for LD based on projections from Emerson and Hatton, 2004.

Table 2 has of course a number of major limitations to the data it portrays. Because it is a single prevalence rate across the whole age range it takes the estimated likelihood and applies it equally across all populations. It could be that the numbers in the pre 18 or in the post 65 population are greater than the mean or that there is an unequal distribution across all age groups which would distort the data. Of course the majority of people with learning disabilities are likely to be unknown to local authorities and not necessarily receiving any treatment related to their disability from the Primary Care Trust (PCT).

Equally, data captured by service providers may not always be beneficial. For example, although it might be anticipated that learning disability registers would be a useful source of comparative data, as there are no national criteria by which data is captured or stored, comparability is not possible.

Overall, there is also no combined figure for the numbers of people with a learning disability who have been offered or are in receipt of specialist health, housing and social care services although they are most likely to be those with moderate to profound disabilities.[7]

The NHS Information Centre for Health and Social Care (ICHSC) does provide information about the number of people with learning disabilities receiving social care services for the period 2004 – 2009, based on the Referrals, Assessments and Packages of Care Project (RAP) returns. However, although the RAP returns have been in existence since 2000-01 the information on the number of people aged 18-64 with a learning disability in receipt of services is only available from 2004-05.

Table 3: The number and proportion of people aged 18-64 with learning disabilities receiving adult social care services for the period 2004 – 2009[8]

Year	Total number of people[9] with a LD receiving adult social care services	Estimated proportion of the LD population receiving adult social care services	Estimated proportion of the moderate to profound LD population receiving adult social care services
2004-05	117,000	15.1%	107.8%
2005-06	122,000	15.6%	111.3%
2006-07	125,000	15.8%	112.7%
2007-08	126,000	15.7%	112.7%
2008-09	128,000	16.6%	118.8%

Source: NHS Information Centre for Health and Social Care

Table 3 shows that the number of people receiving services is greater than the profound and moderate group alone, hence why the data shows more than 100%.

With regard to housing there is a particular need to be able to identify and address housing need. As Valuing People Now identified:

"Most people with a learning disability still do not have their own home. Over half of adults continue to live with their families, many into middle age and even older. Some people and their families want this to be the case – many more do

[7] Emerson, E. and Hatton, C. *Estimating future need/demand for support for adults with learning disabilities in England* (2004) Lancaster: Institute for Health Research, Lancaster University.
[8] The figures are estimates as they have been adjusted to allow for local authorities that have not responded. There are also likely to have been changes during this period in the level of completion and data quality.
[9] The 'Total number of people with LD receiving adult social care services' is the number of clients receiving one or more services at some point during the year. Data includes clients formerly in receipt of preserved rights.

not. Many others live in residential care, adult placements or other forms of shared housing that they have not chosen. Only 15% of adults with a learning disability have a secure, long term tenancy or own their own home – compared to over 70% of the general adult population who own their own home and nearly 30% who rent."

Department of Health, 2007:47

There is research[10] that suggests in the next decade demographic change will result in a significant increase in the numbers of older people with learning disabilities and young people with complex needs and learning disabilities requiring support. These increases are likely to be associated with even greater changes in demand for support. Emerson and Hatton (2008) estimated patterns of need for social care services for adults with learning disabilities in England and based their research on three main factors:

- Decreasing mortality among people with learning disabilities, especially in older age ranges and among children with severe and complex needs;
- The impact of changes in fertility over the past two decades in the general population;
- The ageing of the 'baby boomers', among whom there appears to be an increased incidence of learning disabilities.

They also applied a range of suggested factors which impact on the 'informal support networks' to base their estimates upon which included:

- Increases in lone parent families.
- Increasing rates of maternal employment.
- Increases in the percentage of older people with learning disabilities (whose parents are likely to have died or be very frail).
- Changing expectations among families regarding the person's right to an independent life.

However, we do not have any information that tells us whether the average level of need and hence the average level of support per person has changed between 2004 and 2009. All that can be concluded is that the proportion of the population with a learning disability in receipt of services has remained fairly consistent.

Key Conclusions

- The tables suggest that whilst the numbers of people with a learning disability has increased the proportion of the learning disability population in receipt of adult social care services has remained fairly consistent from 2004, i.e. the growth in population has matched the growth in those in receipt of services.
- The information available does not show whether the level of need of those who are in receipt of services has changed during this period. Therefore, in terms of how this might translate into expenditure, total expenditure could

[10] Emerson, E. and Hatton, C. (2008) *Estimating Future Need for Adult Social Care Services for People with Learning Disabilities in England* Centre for Disability Research, Lancaster University.

increase if the level of need within the LD community has increased, even if the total numbers have remained the same, e.g. more people with profound disabilities. Similarly, unit costs would increase if there was a change in the proportion of people with profound disabilities, e.g., fewer people with lower level needs in receipt of a service.

3.2 Finance Data

3.2.1 Spending on learning disability across organisations

There are various reports that state how much has been spent on learning disability services across health and social care. However, the table provided in Appendix D illustrates why obtaining a comprehensive national picture of spending on people with learning disabilities is so difficult. Not only is there a wide diversity of organisations and funding streams but in many instances the information from organisations is not broken down into specific learning disability expenditure.

The report by the Learning Disability Task Force[11] tells us that in 2002-3, more than £4 billion was spent by government on learning disability provision. By 2007, the Care Services Improvement Partnership (CSIP) reported that the figures available indicated a combined spend on adults with learning disabilities from social care budgets, the Supporting People programme and the NHS in the region of £5 billion[12], this figure being confirmed by a written answer from the minister to Parliament in 2007[13]. In April 2010 the Department of Health (DH) stated that £6.5 billion is spent providing care and support for people with learning disabilities and their families[14]. In addition DH states that in each of the last five years, Local Authorities and Health Services in England have spent a supplementary £250m on these services[15]. The Department of Health published a 'Use of resources guide' which sates the variation of spend across local authorities due to the flexibility of allocation.[16]

Missing from the data sets is a breakdown of exactly what services the spend includes and any information regarding supported housing for people with a learning disability, which it does not seem possible to disaggregate from general data concerning supported housing.

3.2.2 Accounting Approach

Both health and social care organisations base their accounting on The Best Value Accounting Code of Practice (BVACOP) published by the Chartered Institute

[11] Learning Disabilities Task Force (2004) *Transforming the quality of people's live – how it can be done*. Department of Health: London
[12] Care Services Improvement Partnership (2007) *Getting to grips with commissioning for people with learning disabilities*, London, CSIP.
[13] http: /www.publications.parliament.uk/pa/cm200708/cmhansrd/cm080403/text/80403w0038.htm#qn_323
[14] Department of Health (2010) *Valuing People Now: The Delivery Plan 2010-2011. 'Making it happen for everyone'.* Department of Health
[15] Department of Health (2010) *Valuing People Now: The Delivery Plan 2010-2011. 'Making it happen for everyone'.* Pp 23. Department of Health
[16] Department of Health (2009) *Use of Resources in Adult Social care*. *Putting people First Transforming Adult Social Care. A Guide for local authorities. Pp18-19.* Department of Health

of Public Finance and Accountancy in 2002. It provides guidance for accounting for social services and defining the cost data for performance indicators.

Section 2 of BVACOP makes it clear that cost-based performance indicators should be expressed or aggregated on the basis of the definition of total cost expressed in gross or net terms depending on the requirements of each performance indicator.

BVACOP defines **total** cost as including all relevant attributable cost of a service, including support service costs, overheads and capital charges (and the cost of any impairment loss and the amortisation of deferred charges).

- **Gross total** cost includes all expenditure attributable to the service/activity, including employee costs, expenditure relating to premises and transport, supplies and services, third-party payments, transfer payments, support services and capital charges. Total cost also includes an appropriate share of all support services and other overheads.'' BVACOP 2002
- **Net total** cost is defined as gross total cost (as above) less income, with income defined to include income from fees and charges and specific, special and supplementary grants which can be attributed to services (i.e. all grants except for general grants such as redistributed non-domestic rates, Revenue Support Grant and other general grants, including all non-ring-fenced grants).
- **Net total cost excluding specific grants** is defined as gross total cost (as above) less income other than specific grants.

However, despite the guidance these rules do not always seem to be followed. For example both the PSEX (Personal Social Services) return and the RO3 (local government DCLG) return ostensibly record net total costs excluding specific grants. The figures for Gross Total Cost (as suggested by the account procedures above) do not seem to be published (CLG publish figures for Total Expenditure and ICHSC publish figures for Gross current expenditure but neither give figures for Gross Total Cost).

3.2.3 NHS Spending on learning disabilities

The review of information sources found that data on NHS spending on learning disabilities was available from three different sources:

- Estimated Programme Budget Expenditure / Health Resource Accounts.
- DCLG data on capital expenditure by health services.
- Aggregated data from PCTs.

The information in Table 4 below comes from the Estimated Programme Budget Expenditure report and covers all ages (not broken down into children, adults (18-64) and older people). Since 2003/04 the data approach has changed and similar health data is now captured by the Health Resource Accounts (Table 5). There is an overlap in 2003-04 when both approaches were used.

Table 4 shows the NHS Hospital and Community Health Services, and Discretionary Family Health services (HCFHS) programme budget expenditure which covers hospital and community health services, prescribing costs for drugs

and appliances and General Medical Services. Unfortunately it has not been possible to obtain a more detailed breakdown of the expenditure and services included. For example it is not possible to say whether campus closures are included or not.

Table 4: Estimated HCFHS Programme Budget Expenditure (Learning Disability) 2001-2004 – all ages

Year	In Patients (£ million)	Out Patients (£ million)	Day Patients (£ million)	Community LD Nursing (£ million)	Total (£ million)	% Increase/ decrease
2001-02	902	23	50	410	1,385	-
2002-03	843	43	58	434	1,378	-0.5
2003-04	854	84	49	512	1,499	8.8

Source: Health Committee Evidence

From 2003-04 onwards data was collected using a different set of programme budgeting criteria. This data is now published annually by DH in the Health Resource Accounts. Expenditure is compiled from a variety of bodies (see appendix E) although the figures do not include expenditure on 'prevention' or GP expenditure, but do include prescribing expenditure. Again it has not been possible to obtain a more detailed breakdown of the expenditure and services included. For example it is not clear whether this includes monies for section 28a. As can be seen from the data for 2003-04 when information was collected for both approaches, there is a wide variation. Although the Department of Health is not clear why this is, it may be suggested that it is due to the more limited community based data collected in Table 4 in comparison to that in Table 5.

Table 5: Estimated NHS Gross Expenditure on Problems of Learning Disability (all ages) based on the DH Health Resource Accounts

Year	Gross Expenditure (£million)	% increase
2003-04	2,273	-
2004-05	2,356	3.65
2005-06	2,596	10.2
2006-07	2,494	*-3.9*
2007-08	2,856	14.52
2008-09	2,916	2.1

Source: Department of Health Resource Accounts

The Department of Health states that in order to improve data quality, continual refinements have been made to the programme budgeting data calculation methodology since the first collection in 2003-04. The underlying data which supports programme budgeting data are also subject to yearly changes. Caution is therefore advised when using programme budgeting data to draw conclusions on changes in PCT spending patterns between years. This means that not only can the figures in Table 4 not be accurately compared with those in Table 5. The figures in Table 5 cannot be accurately compared against each other.

Information is also published by the Department of Communities and Local Government. This data focuses on capital expenditure by health authorities on residential and day care for adults with learning disabilities. Data is based on Capital Outturn Returns (COR) submitted to Communities and Local Government by English local authorities and is based on valid returns from the 478 authorities that complete the return. Local authorities have to state on the form the amount of capital expenditure that health authorities have contributed to residential and day care (see appendix F for the components of capital expenditure). Data is only available from 2006 onwards.

Table 6: Total contributions (in relation to capital expenditure) received in the year from health authorities (adults)

Year	Residential Care for adults with LD (£)	Day Care for adults with LD (£)	Total (£)	% Increase / decrease
2006-07	818,000	368,000	1,186,000	-
2007-08	92,000	591,000	683,000	42% decrease
2008-09	2,228,000	1,118,000	3,346,000	182% increase

Source: Local Authority Capital Expenditure and Receipts

Clearly Table 6 shows a considerable discrepancy in contributions. The Department of Health and the Department of Communities and Local Government have both been contacted for an explanation as to why this might be. So far neither Department has been able to provide an answer.

Finally, information on health spending on services for people with learning disabilities is also available through data from individual PCTs which details money used to purchase secondary health care for learning disabilities. Secondary health care is defined as acute healthcare (elective care or emergency care) provided by medical specialists in a hospital or other secondary care setting. Patients are usually referred from a primary care professional such as a GP. Again it is not clear exactly what this includes.

Table 7: Secondary Healthcare commissioned by PCTs in relation to learning disabilities (all ages)

Year	Expenditure (£000's)	% Increase
2003-04	1,593,718	-
2004-05	1,682,349	5.56
2005-06	1,999,137	18.8
2006-07	2,048,645	2.5
2007-08	2,363,451	15.37
2008-09	2,428,036	2.73

Source: Summarised Accounts of SHAs, PCTs and NHS Trusts

It has not been possible to obtain an explanation from DH for the inconsistencies in the figures above and without a more detailed breakdown of the figures it is impossible to draw any tentative conclusions ourselves. It is also not clear whether these figures are included in the NHS gross expenditure figures.

Table 8 below brings together these various strands of health care expenditure into a single table.

Table 8: Summary of NHS Expenditure from all sources

Year	HCFHS Programme Budget Expenditure (Learning Disability) 2001-2004 – all ages (£million)	NHS Gross Expenditure on Problems of Learning Disability (all ages) (£million)	Total contributions received in the year from health authorities (adults) (£million)	Secondary Healthcare commissioned by PCTs in relation to learning disabilities (all ages) (£million)
2001-02	1,385			
2002-03	1,378			
2003-04	1,499	2,273		1,594
2004-05		2,356		1,682
2005-06		2,596		1,999
2006-07		2,494	1.186	2,049
2007-08		2,856	0.683	2,363
2008-09		2,916	3.346	2,428

It seems sensible to use the figures on NHS Gross Expenditure on Problems of Learning Disability. Although these figures cannot accurately be compared year on year, they currently provide the most accurate data available.

Key Conclusions:

- The health service data cannot be accurately compared over time given the different routes to data capture making it hard to compare one set of data with another over time.
- However, if the NHS Gross Expenditure figures are used from 2003-04 onwards then it can be argued that health expenditure has increased disproportionately to the numbers of people (all ages) in the population with a learning disability. Given that the population (all ages) has increased by 3.2% between 2003 and 2008 the average spend by health services per person has increased by 24.3% over the same period (about 8.9% above the comparable rate of inflation).
- The data in Table 4 shows that although the long stay hospital closure programme was well underway the amount spent on In Patients suggests that expenditure on people in long stay hospitals did not reduce significantly between 2001-02 and 2003-04.

3.2.3.1. Local authority spending on learning disabilities

The two main sources of information on local authority spending on learning disabilities are:

- The Personal Social Services Expenditure return (PSSEX1) was first collected in 2000-01 by the Department of Health. Since 2004-05 this return has been the responsibility of the Information Centre for health and social care (ICHSC). The PSSEX1 aims to collect the detailed information on Personal Social Services (PSS) expenditure formerly collected by ODPM on the RO3 return and the information previously collected on the CIPFA Actuals return.
- Communities and Local Government (CLG) using RO3. Local authorities are required by the Secretary of State under section 168 of the Local Government Act 1972, to complete and return these forms. The guidance notes suggest that the figures on the RO3 form should be based on the same information used to determine the figures on the PSSEX1 form.

Despite the divergence from common accounting practice previously described and despite both sets of data looking to record the same information (including supporting people funding) they arrive at different figures.

Table 9: Comparison of data collected by ICHSC and CLG for local authority net total cost on learning disabilities aged 18-64

Year	PSSEX1 Data (ICHSC) £million	RO3 (CLG) £million	Difference £million
2000-01	Figure not available	1,539	-
2001-02	Figure not available	1,660	-
2002-03	Figure not available	2,007	-
2003-04	2,357	2,371	14
2004-05	2,618	2,679	61
2005-06	2,883	2,945	62

Year	PSSEX1 Data (ICHSC) £million	RO3 (CLG) £million	Difference £million
2006-07	3,074	3,097	23
2007-08	3,219	3,340	121
2008-09	3,567	3,657	90

Although both data collections cover the same subjects the figure published by ICHSC is higher than that published by CLG. The only explanation that DH could offer for this discrepancy was that when CLG calculate the net total cost they do not net off all the income that ICHSC do when they calculate the figure. However, this still does not fully explain the inconsistencies between the data.

However, by using the gross PSSEX1 data it can be seen that whilst there has been a considerable rise in learning disability expenditure the rise is not greatly out of proportion to the overall rise on adult social care expenditure between 2003-04 and 2008-09. However, there is a gradual upward trajectory in learning disability as a proportion of all PSS expenditure, although as the subsequent analysis suggests this is probably due to a complex interaction of factors rather than any one single cause. Equally, taking into account the rise in the numbers of people with a profound to moderate learning disability and inflation, then although there has been a rise in expenditure in real terms it is not as great as maybe suggested.

Table 10: Adult social services and learning disability gross current expenditure 2003-04 to 2008-09

	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09
Total Adult gross social services expenditure (£000s)	12,483,581	13,497,922	14,356,579	14,898,163	15,274,794	16,075,810
Learning Disability (aged 18-64) gross expenditure (£000s)	2,609,441	2,850,224	3,110,326	3,292,281	3,453,006	3,807,216
Learning Disability as a proportion of total adult expenditure (percentage)	20.9%	21.1%	21.7%	22.1%	22.6%	23.7%

Source: PSSEX1

Table 11: Comparing expenditure with estimated numbers of people with a profound to moderate learning disability

	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09
Learning Disability (aged 18-64) expenditure (£000s)	2,609,441	2,850,224	3,110,326	3,292,281	3,453,006	3,807,216
Spend per head of people (aged 18-64) with a learning disability in receipt of services	n/a	£24,360	£25,494	£26,338	£27,405	£29,744

Key Conclusions:

- The number of people with a learning disability using adult social care services has increased by 9.4% between 2004-05 and 2008-09,whilst the spend per head has increased by 22.1%. However, given that inflation rose by 12.5% during the same period then in real terms this represents an increase in spend per head of 9.6%.
- It is not possible to compare the average total (health + local authority) spend with the increase in numbers because health spend is for all ages and local authority spend is just for adults.

4 Hypothesis 2: Placements to services are costing more per service user over the period covered

There is no national aggregated data that provides information on the unit cost of placements funded solely by PCTs, i.e., inpatient units. However, there is data on the unit cost of placements per person per week funded by adult social care budgets. Table 12 below shows unit costs from 2004 to 2009.

Table 12: Unit costs per person per week for placements for the period 2004-05 to 2008-09

Type of provision for adults with a learning disability	2004-05 £s	2005-06 £s	2006-07 £s	2007-08 £s	2008-09 £'s	% Increase from 2004-05 to 2008-09	% Increase from 2007-08 to 2008-09
Residential and nursing care	817	892	971	1,047	1,125	37.7	7.4
Nursing care	758	843	906	845	992	30.9	17.4
Residential care	820	895	975	1,059	1,132	38.0	6.9
Home care	288	346	351	352	381	32.3	8.2
Direct payments	176	179	193	191	222	26.1	16.2
Day care	267	277	279	291	324	21.3	11.3

Source: Personal Social Services Expenditure and Unit Costs, NHS Information Centre

Key Conclusions:

- There are wide variations in unit cost increases.
- The main increase in unit costs relate to residential care which has increased by 38% between 2004-05 and 2008-09.
- These increases in unit costs during the period covered may be due to a range of factors. On the one hand it could be driven by services being focused on people with more complex needs and extra costs being incurred through providers having to meet national minimum standards. On the other hand it may reflect increased demand limiting the volume of provision available and hence driving up costs as a straightforward market response.
- Home care costs also look to have increased although given that the majority of the rise took place over just a single year suggests that this may relate more to data collection differences rather than to any consistent rise in costs.

5 Hypothesis 3: The proportion of people with learning disabilities in paid work has increased, indicating the success of the increased spending.

According to a report by Emerson and Hatton in 2008[17], 83% of people with learning disabilities of working age were unemployed. Unsurprisingly, the chances of having any paid employment were much greater for people with less severe learning disabilities:

28% of those with mild or moderate learning disabilities had some form of paid employment compared to 10% of people with severe learning disabilities.
A report on ratings for adult social services by the Commission for Social Care Inspection (CSCI) notes that, on average, the number of people with a learning disability per council helped into paid work rose from 39 to 43 in 2007-08. Nationally this represents 6,490 people with learning disabilities aged 18–64 helped into paid work, a substantial increase of around 500 from 2006-07, though still a small minority of the total number of people in this group.[18] The report commends efforts by many councils to support people with learning disabilities to work in social care to increase their self-esteem and, where possible, to provide a stepping stone into paid work.

This evidence indicates that the shift of service provision by Councils has had a major impact on employment among people with learning disabilities and if the evidence of the 2008 CSCI report is confirmed in later years it may be considered a major achievement. However, baseline data for the proportion of people with learning disabilities known to councils in paid work was published by DH in 2010. This figure states that of the 133,205 people with learning disabilities known[19] to services, only 4,505 were in paid employment at the time of their assessment or latest review. This equates to 3.4% of people with a learning disability known to services.

Key Conclusions:

- Individual efforts by local authorities look as if they can increase the numbers of people with a learning disability into paid work.
- It has yet to be seen what impact the recession may have on these numbers.
- The DH report published in 2010 suggests a drop in the number of people with learning disabilities in paid employment. This could be a real drop as a result of the recession or it could be that the two sets of data (that collected by DH and that collected by CSCI (now CQC)) represent different data.

[17] Emerson, E. and Hatton, C. (2008) *People with Learning Disabilities in England.* Lancaster: Centre for Disability Research, Lancaster University.
[18] Commission for Social Care Inspection (2008) *Performance ratings for adult social services (England)* London: CSCI.
[19] This is different to the number stated by the RAP return for the number of people in receipt of services.

6 Hypothesis 4: The proportion of people with learning disabilities living in the community has increased.

A national survey in 2003-04[20] found that half of all adults with learning disabilities (50%) were still living with their parent(s). Another one in ten (12%) were living with other relatives. Only about one in fifteen (7%) were living either on their own or with a partner.

Fewer than one in three people (31%) were living in some form of supported accommodation. Of the people living in supported accommodation:

- Nearly two out of three (62%) were living in residential care homes.
- One in three (34%) were being supported under the Supporting People programme.
- The rest (3%) were living in NHS hospitals.

Analysis of spending by local authorities by CSIP[21] illustrates that money for learning disability services is still used to a significant extent to support relatively few people in mostly traditional, 'building-based' services.

Of 122,000 adults with learning disabilities receiving services in 2005-06, 37,600 (about 31%) were living in residential or nursing care. Of 128,000 adults with learning disabilities receiving services 2008-09, 35,200 (about 28%) were living in residential or nursing care. In 2005-06, 23,000 (18.9%) adults with learning disabilities were receiving homecare. In 2008-09 29,000 (22.7%) were in receipt of home care.

These figures illustrate a small decrease in the number of people living in residential homes and a small increase in the number of people being supported to live either in their own home or the parental home.

Currently the proportion of spending on residential care for people with learning disabilities varies from under 10% to over 80% of overall learning disability budgets. Some councils have developed supported housing and a range of community support activities for most people in their areas, including those with complex needs. For others, residential care remains the predominant model.

Therefore, if we look at the statistics on a national level we find that the evidence available does not suggest any fundamental change to service provision or significant increases in the number of people using community-based services. It is therefore apparent that the hypothesis cannot be confirmed.

Key Conclusion:
The proportion of people with learning disabilities living in the community has not significantly increased.

[20] Emerson, E. et al (2005) *Adults with Learning Difficulties in England* London, DH
[21] Care Services Improvement Partnership (2007) *Getting to grips with commissioning for people with learning disabilities*, London, CSIP.

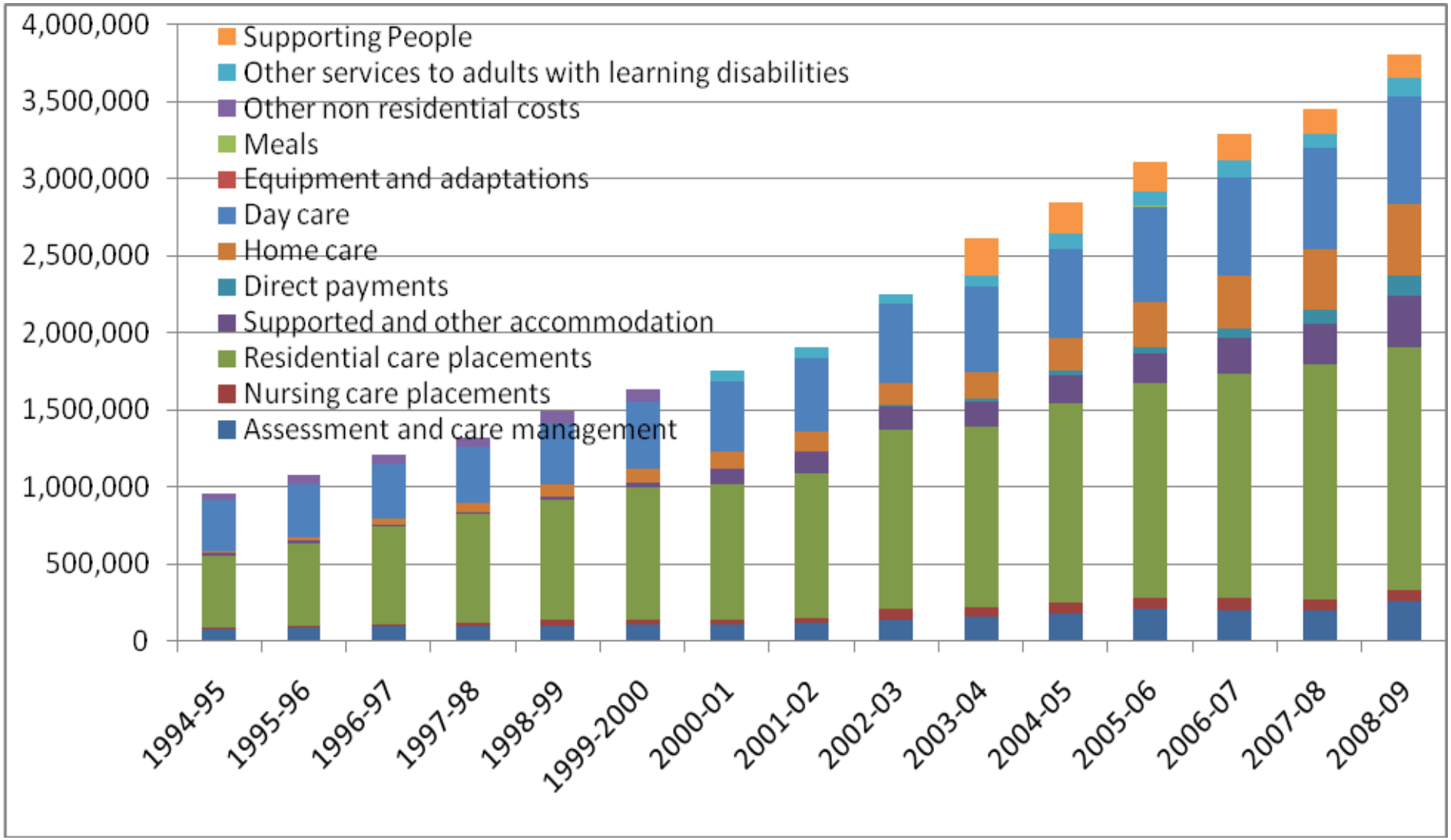
7 Hypothesis 5: The threshold for receipt of learning disability services has become higher and the balance of need to spend ratio has tipped more towards people with high support needs, including people with profound and multiple learning disabilities.

National eligibility requirements[22] for adult social care service provision are flexible to allow for variations between authorities with different resources available. This flexibility has made it possible for authorities to raise the threshold for many services, often in response to financial constraints. The Commission for Social Care Inspection noted that the threshold for provision of services had been set at the second highest level possible in 2006-7, with most expecting to set the same level in later years[23]. With current public spending cuts the threshold for provision of services is now being set even higher.

The spending information provided in Appendix C and in Figure 1 below indicates that the range and proportion of different services provided by authorities has remained very stable in recent years which points to a less clear conclusion that there has been a significant shift towards more intensive provision.

[22] Department of Health (2003) *Fair access to care services – guidance on eligibility criteria for adult social care* London: Department of Health
[23] CSCI, *ibid*

Figure 1: Specific spending areas for adults with learning disabilities under 65 (gross expenditure) 1994-2009 (Based on PSSEX1)



8 Hypothesis 6: The greatest expenditure is still on residential care but the proportion of funding on community-based services has increased over the period under review.

The PSSEX1 data (Figure 1 and Table 10) shows that residential care remains the area of the greatest spend by a significant margin. However, the data also illustrates that the proportion of spending on residential care has remained remarkably constant throughout this period (49% in 2001-02 and 43% in 2008-09) despite an overall growth in total expenditure of 91.7% between 2001 and 2009.

Spending on support which enables people to live in the community has also remained consistent, but it is still a much smaller share of the total budget. If community-based services are regarded as home care, day care, equipment & adaptations and meals, the proportion of spending was 31.7% in 2001-02 and 31.8% in 2008-09. Over the ten-year period spending on home care for people with learning disabilities rose from 6.7% to 12.7% of the budget, and that on supported accommodation from 7.3% in 2001-02 to 9, 2% in 2008-09.

Direct payments made up 0.26% of spending in 2001-02 and 3.6% of spending in 2008-09. These are significant increases but they do not represent a fundamental change in service provision.

Table 10: Gross current expenditure on adults aged 18-64 with learning disabilities, 2001-02 to 2008-09

£000s	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	% increase (2001-2009)	Proportion of total spend (2008-09)
Assessment and care management	116,666	136,821	152,659	176,183	205,392	201,293	199,841	254,475	118%	7.0%
Nursing home placements	[(1)]35,358	69,362	63,167	74,216	77,098	72,506	65,895	72,982	106%	2.0%
Residential care home placements	[(2)]935,917	1,161,765	1,174,039	1,293,325	1,393,556	1,459,134	1,527,346	1,578,192	69%	43.2%
Supported and other accommodation	139,678	153,734	163,464	181,996	191,179	228,296	268,758	334,398	139%	9.2%
Direct Payments	4,877	8,303	14,368	27,530	42,181	60,799	87,196	132,421	2615%	3.6%
Home care	127,663	138,671	175,347	216,098	288,125	349,107	390,011	464,817	264%	12.7%
Day care	474,416	516,568	558,586	572,359	620,478	638,879	660,066	693,251	46%	19.0%
Equipment and adaptations	1,483	1,020	808	727	799	937	2,507	2,325	57%	0.06%
Meals	573	789	1,488	734	1,306	950	888	1,237	116%	0.03%
Other services to adults with learning disabilities	67,360	66,449	66,616	97,990	93,502	109,199	88,005	115,896	72%	3.2%
Total (excluding	1,903,991	2,253,481	2,370,541	2,641,158	2,913,618	3,121,100	3,290,514	3,649,995	92%	-

£000s	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	% increase (2001-2009)	Proportion of total spend (2008-09)
Supporting People)										
Supporting People[3]	—	—	238,899	209,066	196,708	171,182	162,491	157,221	-	-
Total (including Supporting People)	—	—	2,609,441	2,850,224	3,110,326	3,292,281	3,453,006	3,807,216	-	-
[1] From 2002-03 onwards data includes expenditure related to clients formerly in receipt of preserved rights. [2] From 2002-03 onwards data includes expenditure related to clients formerly in receipt of preserved rights.										

Source PSSEX1

In terms of capital expenditure, e.g., investment in buildings etc, by local authorities the data collected by CLG indicates that there has been a significant decrease.

Table 11a: Local authority capital expenditure on residential and day care services for people with learning disabilities aged 18-64

Year	Residential Care £000s	Day Care £000s	Total £000s
2003-04	9,208	14,654	23,862
2004-05	15,905	15,866	31,771
2005-06	28,422	24,424	52,846
2006-07	21,100	28,311	49,411
2007-08	17,629	24,843	42,472
2008-09	16,113	21,489	37,602

Source: CLG using data from COR

Table 11b: Health authority contributions to capital expenditure on residential and day care services for people with learning disabilities aged 18-64

Year	Residential Care £000s	Day Care £000s	Total £000s
2003-04	Not available	Not available	-
2004-05	Not available	Not available	-
2005-06	Not available	Not available	-
2006-07	818	368	1186
2007-08	92	591	683
2008-09	2,228	1,118	3346

Source: CLG using data from COR

Table 11c: Total Local and Health authority contributions to capital expenditure on residential and day care services for people with learning disabilities aged 18-64

Year	Total Local Authority £000s	Total Health Authority £000s	Total £000s
2003-04	23,862	Not available	-
2004-05	31,771	Not available	-
2005-06	52,846	Not available	-
2006-07	49,411	1186	50,597
2007-08	42,472	683	43,155
2008-09	37,602	3346	40,948

Key Conclusions:

- Whilst the capital expenditure on residential care services has decreased and spending on residential care placements has increased the proportionate balance between residential and other services has not significantly changed.
- Although the spend on community services has increased, the greatest expenditure is still on residential care.

9 Hypothesis 7: More services are now being paid for by Direct Payments/Individual budgets.

Whilst the largest proportionate increase in expenditure has been Direct Payments, growing from £4,877,000 in 2001-20 to £132,421,000 in 2008-09 it still only makes up 3.6% of total expenditure. The number of people with learning disabilities receiving direct payments has increased from 7,500 in March 2007 to 13,385 in March 2009[24].

Some UK studies have shown that direct payments are sometimes offered as a last resort, where traditional services could not be offered or were considered unsuitable, or as an adjunct to existing services rather than a routine mainstream option. The report from the Commission for Social Care Inspection (CSCI), The state of social care in England 2007/2008, raises concerns over which groups are being seen as generally suitable for direct payments, rather than the option being explored with the individual, their family and friends.

UK research on direct payments and the IBSEN study found that many people who opt for the individual budget cash option choose to employ personal assistants (PAs) and this is also reflected in the US literature. Fifty-nine per cent of people in the IBSEN study used their money to buy conventional support such as home care. Over half the sample employed PAs, especially where they were receiving their IB as a direct payment.

A recent report by the Audit Commission[25] stated that 'Councils should be realistic about the costs and benefits of introducing personal budgets'. The report found that self-directed support can lead to savings in cases where councils have high-cost packages resulting from poor commissioning. However, progress in setting up personal budgets has been slow and councils need to ensure that their medium-term financial plans show the likely demand and costs of personal budgets and the implications for future budgets.

[24] Department of Health (2010) *Valuing People Now: The Delivery Plan 2010-2011. 'Making it happen for everyone'.* Department of Health
[25] Audit Commission (2010) *Financial management of personal budgets. Challenges and opportunities for councils.* London: Audit Commission

10 Hypothesis 8: The costs of residential placements for adults with learning disabilities have increased over and beyond inflation and disproportionately to other forms of service provision?

The simple answer to this hypothesis is that the first part is true whilst the second part is not. The cost of residential care rose from nine hundred million pounds in 2001-02 to one and a half billion by 2008-09, an increase of 69% whilst inflation increased by around 19.23% over the same time period.

However, this increase has not been out of proportion to increases in other forms of LD service provision over the same time period. The cost of these services has increased above inflation but this increase has been in line with other cost increases for learning disability services, as illustrated in Table 10 above. In general, costs for different services have remained broadly proportional to each other over the period under review.

APPENDIX A: Published data sources

Source	Provides
Valuing people Strategy, DH (2001, 2007)	Sets out national policy direction for LD services and includes some headline data around costs, services and service users.
Community Care Statistics: Grant Funded Services for Adults, England (NHS Health and Social Care Information Centre)	Provides headline national and local data on services provided to people with learning disabilities up to 2008, including outline details of budgets.
PAF Indicators	Performance of all LA Social Services and user experiences of personal Social Services.
Local Government Association (2003-present) Social Services Finances	Detailed information of local authority budgets and spending for each financial year.
Supporting people data	Data on: • Size of budget by authority area. • Budget spend and unit costs of services. • Key demographics of service users in receipt of SP funding. • Outcomes of SP services.
CQC/CSCI data	Social Services Performance data for each LA Assessment against minimum standards.
Beds, budgets and burdens: learning disability expenditure v workload across English Health Authorities, BJP (2002)	Assessment of whether there is equality in spends across local authorities for LD Services. Specific data on: • Detailed comparisons of expenditure across England. • Estimations of the number of people with learning disabilities across England.
Long stay hospital data	Data detailing information on length of hospital stays and service user type.
Personal social services expenditure and unit costs(2003-2008), the information centre for health and social care	Data presented at a national level and includes: • Current expenditure (of year being looked at). • Trends in Expenditure. • Expenditure by service provision and service user type. • Information on receipt and expenditure of grants. • Average unit costs of services and service user type.

Source	Provides
Referrals, assessments and packages of care (2003-2008). the Information Centre for Health and Social Care	Nationally gathered data/ information on assessments and packages of care funded by councils to adults aged over 18 years. Gives detailed information on numbers of new service users, and types of services received by service user type.
Commissioning for adults with learning disabilities; A tale of two nations, CSIP (2007)	Data and outline information on how councils spent LD monies in 05/06 and what results were achieved. The results from this earlier study can be used to inform the later work in this project.
Key statistics – Funding of social care for people with Learning Disabilities, Learning Disabilities Coalition	Key statistics from Learning Disability services which will allow initial projections to be established to be tested during the project. Information includes: • Service user profiles. • Estimations of future need. • Data on educational attainment and employment of adults with LD.
Spending pressures in LD services, ADSS (2005)	Data specifically focused around, budgets, unit costs of services and future predictions of budget cuts and service costs.
People with Learning Disabilities in England, Emerson and Hatton, Lancaster University (2008)	Key statistics presented and future estimates given on: • Needs of LD population. • Need for services. • Current demographic profile of adults with LD. • Future prevalence and net changes of adults with LD.

APPENDIX B: Definition of moderate to profound disability

The definition of moderate to profound disability that is commonly used is based on the ICD10 definition which refers to IQ and adaptive behaviour. The level of IQ for moderate to profound disabilities is illustrated below:

- 35-50 moderate learning disability.
- 20-35 severe learning disability.
- below 20 profound learning disability.

In relation to adaptive behaviour people with moderate to profound learning disabilities frequently require special help with communication, a higher degree of protection from risks to themselves and others, and more physical help with mobility, continence, and eating.

APPENDIX C: Tables

Table C1: Gross spending figures for social care 2000-2009

Year	Spending type	£ 000s	% increase (rounded)
2000-01	Social care for adults with learning disabilities	1,751,908	
	Supporting People	*n/a*	
	Total for year	**1,751,908**	-
2001-02	Social care for adults with learning disabilities	1,903,991	
	Supporting People	*n/a*	
	Total for year	**1,903,991**	8.68
2002-03	Social care for adults with learning disabilities	2,253,481	
	Supporting People	*n/a*	
	Total for year	**2,253,481**	18.36
2003-04	Social care for adults with learning disabilities	2,370,541	
	Supporting People	238,899	
	Total for year	**2,609,441**	15.8
2004-05	Social care for adults with learning disabilities	2,641,158	
	Supporting People	209,066	
	Total for year	**2,850,224**	9.23
2005-06	Social care for adults with learning disabilities	2,913,618	
	Supporting People	196,708	
	Total for year	**3,110,326**	9.13
2006-07	Social care for adults with learning disabilities	3,121,100	
	Supporting People	171,182	
	Total for year	**3,292,281**	5.85
2007-08	Social care for adults with learning disabilities	3,290,514	
	Supporting People	162,491	
	Total for year	**3,453,005**	4.88
2008-09	**Total for year**	**3,800,000**	10.0

Source: PSSEX1

Table C2: Local authority spending on adults under 65 with learning disabilities 2002-2008

	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08
	£000s	£000s	£000s	£000s	£000s	£000s
Expenditure (gross)						
Employees	791,606	855,611	919,995	981,838	1,061,893	1,023,857
Running expenses	2,035,009	2,373,744	2,686,775	3,061,571	3,174,406	3,529,210
TOTAL	**2,826,614**	**3,229,356**	**3,606,771**	**4,034,409**	**4,236,299**	**4,533,068**
% increase in gross expenditure (rounded)	**-**	**14**	**12**	**12**	**5**	**7**

Source: Local Government Financial Statistics, CLG

Table C3: Number of people with learning disabilities in receipt of adult social care services

	2005-06		2006-07		2007-08	
	Number of people with learning disabilities **all ages** in receipt of services	Number of people with learning disabilities **aged 18-64** in receipt of services	Number of people with learning disabilities **all ages** in receipt of services	Number of people with learning disabilities **aged 18-64** in receipt of services	Number of people with learning disabilities **all ages** in receipt of services	Number of people with learning disabilities **aged 18-64** in receipt of services
All adult social care services	134,000	122,000	137,000	125,000	141,000	128,000
Community based services	103,000	96,000	106,000	99,000	110,000	102,000
Residential Care	40,000	34,600	39,400	34,400	38,000	33,000
Nursing Care	3,600	3,000	3,000	2,500	3,100	2,200

Source: PSSEX1

APPENDIX D: Summary of changes in funding streams and what information is available

NATIONAL MODEL FOR SOCIAL CARE		
Mid 1980s – late 1990s	Late 1990s – Late 2000s	Present
Social Care Model In The Community But Not Part Of The Community	Citizenship And Social Inclusion Model Full Participation	Personalisation Model Choice And Control
ELEMENTS OF SOCIAL CARE PROVISION UNDER EACH MODEL		
Nursing Care. Residential / Hostel Care Day Centres (emphasis on social care development)	Mainstream Primary and Secondary Care (some tertiary) Residential Care Ordinary Housing with Support Schemes Education and Employment. Volunteer and Employment Activity Mainstream Leisure	Mainstream Primary and Secondary Care (some tertiary) Ordinary Housing with Support Schemes Education and Employment Mainstream Leisure Advocacy Personal Assistants

FUNDING STREAMS AND INFORMATION SOURCES					
Typical Funding Streams	Financial Information	Typical Funding Streams	Financial Information	Typical Funding Streams	Financial Information
Health Service (Section 28a) and Dowry System (HAs)	Information not available	**Health Commissioning (PCTs) Health LDDF (St HAs)**	Health Service database but national data re: LD not easily accessible	**Health Commissioning (PCTs) Health LDDF (St HAs)**	Health Service database but national data re: LD not easily accessible.
Local Authority Social Services (PSS)	PAF indicators: PSS Expenditure: PSSRU unit cost data.	**Local Authority Social Services**	PAF Indicators: PSS Expenditure: PSSRU unit cost data SSI data	**Individual Budgets:** - **Local Authority Social Services**	PAF Indicators: PSS Expenditure: PSSRU unit cost data SSI data
Income Support (DH) (preserved rights)	Information not split down to learning disability.	**Income Support (DWP)**	Information not split down to learning disability.	- **Integrated community equipment services**	No information found
ILF	ILF Statistics.	**ILF**	ILF statistics.	- **Disabled Facilities Grants**	No information found

		Supporting People (ODPM)	ODPM supporting people statistics.	- **Supporting People**	ODPM supporting people statistics
		Education (DFES)	SEN information. LSC data – adult education ISR data.	- **Access to work**	Information not split down to LD
		Connexions (DFES)	Information not split down to learning disability.	- **ILF**	ILF statistics
		Mainstream Leisure (ODPM)	Information not split down to learning disability.	**Education (DFES)**	SEN information. LSC data – adult education ISR data
				Connexions (DFES)	Information not split down to LD
				Workstep.	Information not split down to LD
				Disabled students' allowances	Information not split down to LD

→

Increased Service User expectations on mainstream services.
Increased costs for access and support.
Decreased specialist performance management in respect of outcomes for LD Service Users.
Increased complexity of coordination and accountability of expenditure.

Table adapted from LD Task Force 2004

APPENDIX E: Bodies consolidated in the DH Resource Accounts

- NHS Purchasing and Supply Agency
- Strategic Health Authorities
- Primary Care Trusts
- Special Health Authorities

    - NHS Business Services Authority
    - Mental Health Act Commission
    - The Information Centre
    - National Institute for Health and Clinical Excellence
    - NHS Litigation Authority
    - National Treatment Agency for substance misuse
    - National Patient Safety Agency
    - NHS Institute for Innovation and Improvement
    - NHS Appointments Commission

APPENDIX F: Components of Capital Expenditure

- Purchase less sale of fixed assets
- Expenditure on capital grants
- Lending, net of repayments
- Net stock building

APPENDIX G: Bibliography

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APPENDIX H: Glossary

Access to Work, which helps meet the costs of getting and being in work.

Independent Living Funds, which provide cash payments to provide social care for disabled people.

Supporting People, which funds supported housing.

Disabled Facilities Grant, which funds home adaptations.

Workstep, which provides supported employment for disabled people.

Disabled students' allowances, which help meet travel and support costs for students.

LDDF – Learning Disability Development Fund.

SSI – Social Security Income.

LSC – Learning Skills Council.

ISR – Individualised student record data collected by the Higher Education Statistics Agency.