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Relevant Professional and Voluntary Organisations
Care Assessment Group
RUM Reference Group and RUM Information Sub-Group
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Your ref:
Our ref: GKG/1/4/2/12

7 July 2003

Dear Colleague

JOINT FUTURE: DATA STRATEGY RESOURCE USE MEASURE (RUM) AND THE INTEGRATED CARE ASSESSMENT DATA SUMMARY (RUM-ICADS)

I enclose a consultation paper setting out the proposed Joint Future: Data Strategy for the RUM and the Integrated Care Assessment Data Summary (RUM-ICADS). **Your views are invited by 29 September 2003.**

Context

Circular No 9/2002 of 24 September 2002 introduced the Report on the Development of a Resource Use Measure (RUM) for Scotland. The RUM is a standardised tool that will group individuals according to their level of relative need following a Single Shared Assessment (SSA). The "Next Steps" letter issued on 28 February 2003 on behalf of the Executive, COSLA and NHSScotland confirmed that implementation of the RUM had begun in 5 implementation sites. It set out the expectation that all partnerships will begin to use the RUM by end of 2003-04. The plan for full implementation assumes that all SSAs of people aged 65 and over in Scotland should have a RUM grouping assigned. The RUM appendix to the 'Next Steps' letter stated that the ongoing work with the 5 sites and the RUM Information Sub-Group and RUM Reference Group included looking at how RUM scores could be combined with other information already collected. This would provide a data set that **could** inform planning locally and be made available for national collection.

What are we consulting on?

The consultation paper provides an overview of the development of the data summary for RUM-ICADS, which consists of RUM and associated data derived from the SSA process. The strategy has been produced in collaboration with the 5 implementation sites, the Care Assessment

Group (CAG), and the RUM Reference Group. The CAG was set up to oversee the implementation of SSA and RUM. The RUM Reference Group oversees the development and implementation of the RUM and reports to the CAG.

The fundamental strategic purpose of the RUM development is to support the provision of better services for Scotland's older people. The RUM-ICADS development introduces for the first time the prospect of obtaining person based information on need and service provision for older people in a standardised format, with coverage extending over the whole of Scotland. It is a substantial step in the development of client level information collected across traditional NHS and local authority boundaries. It will therefore be useful to both health and social care interests, and will provide information across a range of levels from front-line practitioners to a Scotland-wide level. For example:

At local level:

- support for strategic planning and the development of jointly delivered services, caseload management, benchmarking for best value and local resource allocation; and
- the provision of a source of regularly updated information for local authorities and their health partners to use together.

At national level

- a more complete insight into the needs characteristics of older people receiving services across the whole of Scotland;
- a means for identifying and reviewing differences and similarities between different parts of Scotland by matching levels of service provision to need; and
- supporting balance of care work and national benchmarking associated with best value approaches.

IT Considerations

From the outset the RUM development team has been considering methods of delivery of the RUM-ICADS information requirements by electronic means. With the emergence of the eCare Programme it is apparent that this technology would offer an effective means of sharing the RUM data between practitioners. Despite this it is acknowledged that the proposed data strategy will make significant demands on the IT systems being used within Councils and partnerships to support the assessment process. In parallel with the consultation, discussions will be held with Carenap/eCare project teams to explore ways of minimising the impact on local IT systems, for example, the possibility of incorporating the RUM into a Networked Carenap and developing a web front-end. This would enable the RUM to be integral to the assessment.

What are we asking?

We ask that you share this paper with your constituents and feed back comments to the Joint Future Unit by 29 September. We would particularly welcome your comments on:

1. The potential uses of the aggregated RUM-ICADS information
 - Locally
 - Nationally
2. The linkages across the RUM-ICADS data set and with other sources for effective local planning purposes (see paragraphs 10, 11 and 17-22 of the paper).

3. Whether the data set (at appendix 1 of the paper):
 - is clear?
 - is feasible and useful to collect?
 - is useful for local planning?
4. Whether the proposed data set is seen as essential information to have locally within each partnership. This question is based on the principle that national information should be built upon the information required to manage and plan services at the local partnership level.
5. Phased introduction of data summary. It is recognised that all the data items in the proposed RUM-ICADS may not be readily available in the short term. For this reason, it will be necessary to consider the possibility of phasing the introduction of the data summary. Thus, for example, some of the information from data item 15 -20 may need to be introduced at a later date. **Please therefore indicate which elements of the data set (item 1-20, appendix 1) partnerships would consider essential locally for planning purposes and feasible to collect in the short term.**

Where to send comments

Please could you send comments on the consultation paper by 29 September 2003 to:

Derick Wilson
Joint Future Unit
Scottish Executive Health Department
St Andrew's House
Regent Road
Edinburgh EH1 3DG

Email: Derick.J.Wilson@scotland.gsi.gov.uk

Questions on points of detail in the consultation paper should be addressed to Winona Samet on 0131-244 5317 (Winona.Samet@scotland.gsi.gov.uk) or Brenda Kerr on 0131-244 3744 (Brenda.Kerr@scotland.gsi.gov.uk).

Electronic copies of this letter and the consultation paper can be found at www.scotland.gov.uk/views/views.asp

Comments will be assumed to be accessible publicly through a file held in the Scottish Executive's library unless you request otherwise.

Yours sincerely

J A RENNIE

JOINT FUTURE: DATA STRATEGY FOR THE RESOURCE USE MEASURE (RUM)¹ AND THE INTEGRATED CARE ASSESSMENT DATA SUMMARY (RUM-ICADS)

Introduction

1. This paper provides a strategic overview of the development of the Resource Use Measure Integrated Care Assessment Data Summary (RUM-ICADS), which consists of RUM and associated data derived from the Single Shared Assessment (SSA) process. The RUM is currently being implemented in five local area partnerships across Scotland, as a first stage towards full national coverage. This paper outlines the importance of RUM-ICADS information through its potential to inform decisions at different organisational levels, from front-line practitioners to national level. The paper also outlines some of the issues for collating RUM-ICADS information to enable its effective use in the immediate future and in the longer term.
2. The fundamental purpose of the RUM-ICADS development is to support the provision of better services for Scotland's older people. This paper begins the task of developing a comprehensive information strategy based around the RUM-ICADS dataset.

Background

3. The development of the Resource Use Measure (RUM) was led by professional staff at the Joint Future Unit of the Scottish Executive, working in partnership with information specialists in ISD Scotland and, crucially, with a range of local authority and health staff from across Scotland. A report on the development was accepted by Scottish Ministers and published on 24 September 2002. Subsequently the Joint Future Ministerial Group agreed on 23 January 2003 that the RUM should become a key element in the Joint Future programme for older people. Details were contained in the 'Next Steps' letter recently issued by the Scottish Executive in February 2003.
4. The RUM is currently being implemented in five sites² across Scotland as part of an overall plan that all areas begin using the RUM by the end of 2003/04. The plan assumes that after full implementation all single shared assessments (SSA) of people aged 65 and over in Scotland should have a RUM grouping assigned. These assessments are

¹ see "Report on the development of a Resource Use Measure (RUM) for Scotland" (2002); Scottish Executive. <http://www.scotland.gov.uk/health/jointfutureunit>

² East Renfrewshire, Glasgow, Orkney, Perth and Kinross and South Lanarkshire

usually carried out in conjunction with services being provided, and re-assessments made if clients' levels of need or circumstances change significantly. Clients should be re-assessed annually in any case. The assumption is that the RUM should be completed on each occasion, giving a score and relative need grouping.

5. The RUM should not be seen as a stand-alone application – from the outset of development it has been firmly embedded in the Single Shared Assessment (SSA) process and is an important component of the Joint Future Agenda for older people. Standardised information, collected uniformly across Scotland using agreed guidelines and positioned cohesively alongside the SSA requirements, will allow for better informed decision making at a variety of levels.
6. The strategy assumes that information will be collected on clients receiving support or care in a mixture of settings, from their own homes with informal carer input, through to supported housing and care homes.
7. It is envisaged that data requirements will be comprehensive, providing details on care setting (e.g. own home, sheltered housing, care home), type of service provided and details of the clients, including levels of need (i.e. the RUM score).
8. The RUM-ICADS development introduces for the first time the prospect of obtaining person based information on need and service provision for older people in a standardised format with coverage extending over the whole of Scotland. It is a substantial step in the development of client level information collected across both traditional NHS and local authority boundaries. It will therefore be useful across health and social care interests, and provide information across a range of levels from front-line practitioners to a Scotland-wide level.

Informing service teams

9. At service team level the RUM will provide a client level summary complementing the more detailed and descriptive information obtained through the SSA. The changing needs of a client over time will be documented in detail through the SSA and in a concise standardised format through the RUM. The data compiled from the RUM scores when linked to other key service information will become an important resource to assist local teams to monitor service effectiveness, review workload and plan for future service demand.

At Local level

10. At local level (local authority, unified health boards and partnership bodies) data aggregated from the RUM-ICADS will provide an important source of information to support strategic planning and the development of jointly delivered services, caseload management, benchmark for best value and local resource allocation. These data will become an essential component in monitoring progress on joint working locally and in informing discussions about the balance of service provision in local areas.
11. The use of personal identifiers for records allows the possibility of the elimination of double counting of care episodes and hence the assembling of service users' care histories. This would contribute to the development of a more integrated care service in the longer term. A more detailed discussion on linkages across RUM-ICADS is included in para. 17-22.

At National level

12. The potential uses of RUM-ICADS data at a national level will be subject to careful, measured discussion and dialogue with all key stakeholders. Nationally compiled information based on the RUM-ICADS has the potential to offer a number of distinct benefits. The national standardised approach contributes at both local level and national level to:
 - a more complete insight into the needs characteristics of older people receiving services across the whole of Scotland;
 - a means for identifying and reviewing differences and similarities between different parts of Scotland by matching levels of service provision to need;
 - supporting balance of care work and national benchmarking associated with best value approaches;
 - the provision of a source of regularly updated information for local authorities and their health partners to use together.
13. The RUM-ICADS information (see para. 22 and 23) would also support, for example, monitoring of the longer term impact of the Joint Future Agenda and would help inform the development of future policies for older people. Issues such as the variation in services provided and quality of access for people with similar needs may be explored using the RUM-ICADS data. Another possibility referred to in the original RUM report¹ is, over time, and with discussion and agreement from all the relevant stakeholders, the exploration of whether - and how - RUM-ICADS data may inform resource allocation.

Use of the RUM in Care Homes

14. The Scottish Commission for the Regulation of Care (the Care Commission) has expressed an interest in working with the Scottish Executive in using the RUM to inform staffing levels in care homes, although this is not the immediate priority for the implementation of the RUM. Further discussion is planned with the Care Commission to agree a possible timetable for this project.
15. It is acknowledged that there are overlaps with the interviewer-based dataset on Scottish Care Resource Utilisation Groups (SCRUGS) and ISD Scotland will review the possible harmonisation of RUM and SCRUGS data.
16. Note that the new Scottish Care Home Census return (introduced for period ending 31 March 2003), which will be conducted biannually by the Scottish Executive on a multi-agency basis, will also include a question about the RUM score for all long-stay residents on the census night. This will be used in a complementary way to the RUM-ICADS information to provide snapshot information about care home residents.

Linkages across RUM-ICADS data, and with other data sources

17. When the needs of an individual change the person will require review or re-assessment. The linking of RUM-ICADS over time (internal linkage) offers the prospect of describing an individual's care history.
18. Important insights are also possible however from linking RUM-ICADS to other related information (external linkage). For example linkage to repeat emergency hospital admissions and/or delayed discharges from hospital, may provide information that can inform the development of strategies to avoid hospitalisation where this is not clinically necessary.
19. These potential uses, based on linked records, will only be possible if certain person-unique information is included in the national data set and it is essential that procedures for collection of such data must be consistent with the various legal and ethical requirements that apply.
20. Once the necessary confidentiality safeguards are in place it becomes possible to envisage, in the longer term, the prospect of the development of comprehensive care records for patients. Such data might describe the older person's journey of care from the community through the NHS and back into a care home or supported in the community.
21. The development of outcome and quality measures – e.g. waiting times, appropriateness of placement decisions, success in maintenance of independence, would also be facilitated by the availability of such data.

22. It is emphasised however that in addition to ensuring the safeguards mentioned above are in place, the complexity of linking data will require substantial development, testing and liaison with key stakeholders.

RUM-ICADS Draft Dataset

23. Detailed preparatory work has already been carried out to specify a possible common standard data set that could be used alongside the RUM scores to provide a comprehensive view of each client following a SSA. The content of the draft RUM-ICADS is the product of consultation with representatives from the five shadow implementation sites², with supporting input from the Scottish Executive and ISD Scotland. The proposed content is listed at Appendix 1. It includes personal details (age, sex, postcode of residence), current situation (own home, sheltered housing etc.), any underlying problems (e.g. dementia), details of services to be provided, carer details, and the RUM score.

24. It is recognised that all the data items in the proposed RUM-ICADS may not be readily available in the short term. For this reason, the possibility of phasing the introduction of the data summary will be necessary. Thus, for example, some of the information from data item 15 and higher may need to be introduced at a later date.

Electronic processing of data

25. From the outset the RUM development team has been considering methods of delivery of the RUM-ICADS information requirements by electronic means. With the emergence of the eCare Programme it is apparent that this technology would offer an effective means of sharing the RUM data between practitioners. Despite this it is acknowledged that the proposed data strategy will make significant demands on the IT systems being used within Councils and partnerships to support the assessment process. In parallel with the consultation, discussions will be held with Carenap/eCare project teams to explore ways of minimising the impact on local IT systems, for example, the possibility of incorporating the RUM into a Networked Carenap and developing a web front-end. This would enable the RUM to be integral to the assessment.

26. The mechanisms for the collection of RUM data should be integrated into local systems supporting case management and SSA. The assumption is that data will be held and extracted electronically for subsequent local, authority or national use. As part of their role in early implementation, South Lanarkshire, East Renfrewshire, Orkney, and Perth & Kinross are beginning to develop such systems. Data sharing between councils and NHS organisations, supported by the E-biz 2000 middleware, creates the potential for RUM-ICADS data to be available

for automatic extraction and transmission for local and national information purposes.

Interim arrangements

Alternative electronic systems

27. Because of the lengths of time often involved in developing new integrated systems, it may be necessary to consider other interim solutions if the RUM-ICADS information detailed in this paper is to be available in the shorter term. Collated information would depend on other arrangements being made to extract data pre-punched into local electronic systems (e.g. by writing and supporting extraction software) or, where data can only be collected on paper, by establishing arrangements for data entry of paper forms.
28. One possible example of a technical solution to capture RUM-ICADS scores electronically would be to develop a web-based system with reporting facilities built in for analytical output. Such a system properly supported would require local availability of PCs with internet access and a standard browser. One important advantage of this approach is that IT support costs would be minimised. It is also feasible using this kind of approach to develop an on - line programme to enable practitioners to complete and calculate the RUM scores and relative need groupings for individuals electronically.

Paper systems

29. It is estimated that approximately 10,000 RUM 'forms' will be completed per month, once the RUM is fully implemented across Scotland. In the absence of electronic systems at present it is worth considering whether, very much as an interim measure, a paper based method might be employed to gather the required dataset in some areas.
30. The use of optical character recognition (OCR) processing of paper forms is one possible solution. It is not without its problems and its viability would need to be tested. OCR has obvious benefits in that it does not require staff responsible for completing the RUM to have access to a PC. It minimises the cost of data entry and ensures speedy data processing.

The development of Data Quality Assurance arrangements

31. In accordance with normal arrangements for collecting data, responsibility for the quality of data lies at a local level. In line with best practice, establishing arrangements for occasional quality review is

beneficial to both local staff and to other users of the data. It is proposed that the implementation of the RUM-ICADS should be supported by a programme of Data Quality Assurance (DQA), involving regular (perhaps annual) quality reviews to check consistency and maintain standards.

32. Initially, DQA might involve a dedicated group of staff who would visit local teams by arrangement and would compare the completed RUM-ICADS data against the SSA and other relevant sources. In the longer term it may be preferable to establish arrangements locally to carry out DQA checks internally. Less frequent National DQA data audit may still be required to assure that the RUM-ICADS is used consistently, in order to maintain confidence in the reliability of the data across Scotland.

RUM-ICADS

DRAFT

1. Unique reference number (See Note 1)	<input type="text"/>									
2. CHI Number	<input type="text"/>									
3. Gender	<input type="text"/>	(1 =Male, 2 = Female, 9 = unknown/unspecified)								
	Day	Month	Year							
4. Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Postcode of Permanent Residence	<input type="text"/>									
6. Current accommodation situation (See Note 6)	<input type="text"/>									
7. LA Responsible for Care (See Note 7)	<input type="text"/>	<input type="text"/>	<input type="text"/>							
8. NHS Board of residence (See Note 8)	<input type="text"/>									
9. Ethnicity (See Note 9)	<input type="text"/>									
	ADL	PC/FD	MH/B	B Mgt						
10. RUM scores (See Note 10)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
11. RUM group (See Note 11)	<input type="text"/>									
	Day	Month	Year							
12. Date of RUM score	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Reason 1	Reason 2	Reason 3							
13. Reason(s) for referral (See Note 13)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Problem 1	Problem 2	Problem 3							
14. Underlying Problems (See Note 14)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Yes	No – Please go to item 20								
15. Carer Present (Please tick)	<input type="text"/>	<input type="text"/>								
	0-15	16-64	65-74	75-84	85+					
16. Age of Main Carer (Please tick)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
17. Carer's Gender	<input type="text"/> (1 =M, 2= F, 9 = unknown/unspecified)									
18. Carer's Relationship to Service User	<input type="text"/> (1 = Spouse, 2 = Other relative, 3= Other)									
	1 – 4 hr	5 – 19 hr	20-34 hr	35+	Unknown					
19. Unpaid Carer Input, Hours per Week (Please Tick)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
20. Services Provided / To Be Provided Following Assessment (See Note 20)										
		Service Currently Provided (✓)	Service to be Provided Following Assessment (✓)	Service Not Available / Unmet Need (✓)						
Service 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Service 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Service 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Service 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Service 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Service 6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						

NOTES

1. Unique reference number

This should uniquely identify the client to you and should be consistent for all assessments.

6. Current accommodation situation

01 Homeless	07 Registered Adult Care Homes
02 Mainstream Housing	08 NHS Facilities / Hospital
03 Special Housing	09 Penal Institution
04 Sheltered Housing	99 Not Known
05 Supported Accommodation	
06 Specialist Rehabilitation Units	

7. LA Responsible for Care

100 Aberdeen City	280 Inverclyde
110 Aberdeenshire	290 Midlothian
120 Angus	300 The Moray
130 Argyll & Bute	310 North Ayrshire
150 Clackmannanshire	320 North Lanarkshire
170 Dumfries & Galloway	330 Orkney Islands
180 Dundee City	340 Perth & Kinross
190 East Ayrshire	350 Renfrewshire
200 East Dunbartonshire	355 Scottish Borders
210 East Lothian	360 Shetland Islands
220 East Renfrewshire	370 South Ayrshire
230 Edinburgh, City Of	380 South Lanarkshire
235 Eilean Siar	390 Stirling
240 Falkirk	395 West Dunbartonshire
250 Fife	400 West Lothian
260 Glasgow City	420 OUTWITH Scotland
270 Highland	

8. NHS Board of Residence

C	Argyll and Clyde
A	Ayrshire and Arran
B	Borders
Y	Dumfries and Galloway
F	Fife
V	Forth Valley
N	Grampian
G	Greater Glasgow
H	Highland
L	Lanarkshire
S	Lothian
R	Orkney
Z	Shetland
T	Tayside
W	Western Isles

9. Ethnicity

00 White	06 Black Caribbean
01 Indian	07 Black African
02 Pakistani	08 Black Other
03 Bangladeshi	09 Other or mixed ethnic group
04 Chinese	10 Not Know / Refused
05 Other Asian	

10. RUM scores

Scores from sections of the questionnaire to be recorded.

ADL = Activities of Daily Living

PC/FD = Personal Care and Food/ Drink Preparation

MH/B = Mental Health and Behaviour

B Mgt = Bowel Management

11. RUM group

This has been developed to enable older people receiving services to be classified into groups with similar levels of need : from 'A' – lowest need to 'I' - highest need

13. Reason(s) for referral

This is the reason why the person has presented for assessment.

01 Discharge following hospital admission	05 Breakdown of carer provision
02 Physical incapacity	06 Request for assessment
03 Mental incapacity	07 Other
04 Injury	

14. Underlying problem(s)

These are long term problems that are present at the time of assessment

01 Chronic medical condition	05 Social circumstances	08 None
02 Dementia	06 Housing problems	
03 Other Mental health condition	07 Other	
04 Learning disability		

APPENDIX 1

20. Services provided/to be provided following assessment

01	General information and advice, counselling and support and befriending	Giving information (both verbal and written) about available services, eligibility criteria etc. Includes public information leaflets, application forms, referring to other agencies etc.
02	Welfare benefits and concessionary travel advice	Informing and advising people on benefits entitlements and assistance with claims, concessionary travel scheme e.g. blue badge
03	Equipment	Items related to the management of an illness, to rehabilitation, or to assist with activities of daily living (such as bedpans, walking frames, wheelchairs, removable bath and toilet aids, or stair lifts).
04	Adaptations	'temporary' and can be redeployed (such as grab rails) and 'permanent' (such as replacing a bath with a shower, building an additional toilet facility downstairs, or creating ramped access).
05	Home Services (outwith own home) <ul style="list-style-type: none"> • Shopping and pension-collection • Laundry • Community meals 	<p>This provision includes both accompanying the service user or going on their behalf to help with errands such as shopping, visiting the library or post office, collecting prescriptions and collecting pensions.</p> <p>A dedicated laundry service which is undertaken outwith the person's own home.</p> <p>The provision of pre-cooked or frozen meals which are delivered to the person's own home.</p>
06	Domestic and home care [other than personal care]	Practical services which assist the client to function as independently as possible and/or continue to live in their own homes eg. housework, laundry, meal preparation, lighting fires etc.
07	Personal care (as defined by the Regulation of Care (Scotland) Act 2001)	Care which relates to the day to day physical tasks and needs of the person cared for, and to related mental processes, including assisting with: personal hygiene; eating requirements; problems of immobility; medication; getting dressed; surgical appliances, prosthesis and equipment; getting up and going to bed; devices to help memory and safety; behaviour management and psychological support. (Sources: Regulation of Care (Scotland) Act 2001, Community Care and Health (Scotland) Act 2002).
08	Day services/Day Hospital	The provision of services to people outside their normal place of residence.
09	Respite /short breaks	Services provided to people with carers to support both the carers and the cared-for person by providing alternative care for a temporary period (from a few hours to a few weeks) overnight and/or during the day in the person's own home, in another's home, in a residential facility or elsewhere.
10	Residential care	Long stay residential care
11	Therapeutic/ intensive behaviour management	Intervention aimed at changing or containing individual's behaviour which presents risk to themselves or others. eg. challenging behaviour, offending dementia, substance misuse.
12	Rehabilitation following illness or acquired disability	Care or treatment given to improve the existing level of functioning, when a potential for improvement exists, but the capacity for full recovery is uncertain.
13	Specialist treatment or counselling	Interventions delivered by specified skilled staff aimed at restoring normal level of ability, functioning or health. eg. mental illness, bereavement, substance misuse.
14	Regular maintenance services [intensive housing management]	Decorating, gardening etc.