

Age UK Community Services

A Service Specification

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This Service Specification was co-produced by Age UK and Brand Partners in Summer/Autumn 2020. It has been approved by the Services for Older People Committee, part of the Age England Association.

October 2020

Introduction

This specification provides guidance and direction for the implementation of a new Community Service model. It is designed to help local partners identify and understand the key activities and processes that need to be undertaken in relation to the service it relates to, to ensure that it is delivered safely, effectively and sustainably and is of a high quality. It is one possible service specification and is not designed to exclude all other models and specifications.

Any Local Age UK wishing to implement such a model should ensure that it has given due regard to the strategic business case for a new service. A number of questions or considerations need to be measured in development decision making:

1. Is this the right time for us as an organisation to look at a new start up service?
2. The demographic and commercial rationale for the service itself – Is this the right time and place for it?
3. What national or local drivers, such as government policy change or shifts in funding, impact your strategic plan and the local landscape?
4. Can the numbers of older people in your area that might want the service, support its sustained development?
5. Is there a demand?
6. Are there many local competitors already offering this service?
7. Can we make it affordable for people?

If the business case is there, then you are ready to go further in understanding how you could implement this new service in your organisation!

Overview

The Age UK Community Service is a charged for service and, in the current environment, uses a range of delivery options;

- venue based small groups
- in the home
- in the community
- virtually via a range of technologies

The service is based on a menu of activities reflecting what people in the locality want. For example, it could include: an activity in a customer's garden, a befriending call or a Cook and Eat session in a local venue. Customers can select a combination of activities to suit their needs and finances. It is likely that some of the activities will be provided in partnership

with other local voluntary, statutory and private organisations and individuals. The service must be provided sustainably.

Purpose

The Age UK Community Service has a clear purpose with aims for both older people and the service itself.

Aims

An Age UK Community Service aims to work with local older people in order to offer a range of activities and support and generally provide a positive experience. In particular the service's aims are:

For Older People

- To help maintain or improve independence and promote self-management as appropriate
- To be appealing to customers in terms of price, but also sustainable for the organisation i.e. it is financially buoyant and able to generate a surplus
- To offer a high quality customer experience in an appropriate setting (home or venue) and to be above all, safe
- To offer value to the person using the service
- To help prevent a range of poor health outcomes, including loneliness, low physical activity levels and deteriorating mental health
- To be person centred and non-judgemental in style
- To be responsive and rapidly respond to the needs of the older person and involve other parts of Age UK as required
- To promote carer respite wherever possible
- To offer some services to people with dementia
- To offers responsive and timely access to the service

For the Service

- To be outcome focussed
- To be part of a wider network to allow referral onto other services
- To be integrated with other local AUK services
- To offer broader access and respond to client need
- To promote the Age UK brand
- To be consistent in its standards, including standardised risk assessments and support plans
- To be financially viable and sustainable
- To reflect Age UK's values of providing caring and compassionate services to older people

Expected Outcomes for Older People

An Age UK Community service's outcomes include:

- Helping to improve physical and mental health, and quality of life/wellbeing
- Providing satisfaction for customers

Scope

The service will need to appeal to a broad range of people and respond to their needs. The service will be provided via a range of different channels - either virtually or in the community or in the home.

The service can provide personal care where venue-based, but not in people's homes (unless the Local Age UK is registered for personal care with the [Care Quality Commission](#)).

The service should have capacity to provide some services for people with dementia.

The service allows limited scope for supporting with people's medication. For any home visiting part of the service, unless the Local Age UK is registered with the CQC, prompting people to take their medication should be the only permitted relevant activity. Prompting is defined as:

A Local Age UK providing only general support with medication administration:

- The customer must have been assessed as having the mental capacity to manage their own medication
- The assistance from staff should not involve the Support Worker choosing or selecting medication for the customer
- Where a person chooses to self-manage, the Age UK will record this on the Support Plan
- If staff identify a change that indicates it may no longer be safe for the customer to self-manage then the service should contact the next of kin or named professional

If in a venue setting, and a Local Age UK wishes to be able to administer medication, it must ensure staff have received [Medication Administration training](#) and have been signed off as competent by an experienced, more senior person competent themselves in medication administration. All medication must be fully recorded when received, administered via a Medication Administration Record (see Appendix) and when stored or disposed of. All errors in administration must be recorded also.

Service Description

The service can be made up of:

1. Venue-based, face to face, small group activities, which can be any number of things, such as:

- Maintenance Cognitive Stimulation Therapy ([MCST](#)). Further information is available in the Appendix
 - Physical activities aimed at maintaining movement and independence
 - Art & Crafts
 - Coffee mornings
 - Learning sessions
2. Home visiting versions of the above type of activities could also be offered where possible, alongside other services that might be needed in the home, such as cleaning or shopping or walks in the park etc.
 3. Remote or virtual sessions could be offered either as activity packs or even via technology such as tablets etc. Virtual MCST is an example of this and further information is available in the Appendix

The list of potential activities is limited only by imagination, staff skills and attitude and to a degree cost, but all activities should be guided by the older person and should reflect their needs, outcomes and interests. Any activities offered should be person-centric, not service-centric.

People will be predominantly over 50 (Charity Commission guidance states that services aimed at people outside the main beneficiary group need to be delivered through a separate trading company), although some exceptions can be allowed.

An understanding of peoples' needs will be done via an initial 'assessment' or Guided Conversation. Further information is available in the Appendix. This will be [person centred](#) and tailored towards the individual's personal goals and objectives.

Risk assessments will be completed based on all the services the individual would like to participate in to ensure safety for workers and clients. More details on risk assessment can be found below.

The plan will be regularly reviewed to ensure it continues to meet needs appropriately. Care will need to be taken to ensure that activities don't slide into personal care in home visiting services.

Key Processes

Underpinning any service processes is the need to ensure GDPR compliance, including consent and clear record keeping.

Initial Assessment (or Guided Conversation)

It is important to understand the needs, wants and goals clients have so they can be recorded. The assessment could be undertaken remotely, via the telephone, or face to face if safe to do so and should include general health along with any specific issues or risks, such as medication. The service should aim to assess a person once for all or certainly most services, rather than separately for every service. Personal data needs to be held securely. Further information about undertaking an initial assessment is available in the Appendix.

Support Plan

The information from the assessment is used to create a plan that staff can use to understand what the person wants from their service, which activities they would like, as well as highlights any risks that might be associated with those activities. The plan belongs to the client so needs to be seen and signed by them. It could be called a 'goal plan' but the key is to use whatever terminology is meaningful to clients. Further information and an example Support Plan is available in the Appendix.

It is imperative that consent is gained from the person before providing them with the service. Where a person is unable to give consent due to diminished mental capacity, it will need to be gained from a person who is authorised to give it. This could be a family member with Power of Attorney for Health & Wellbeing. Alternatively, it could be decided by a Best Interest Group – evidence of this will need to be produced before agreeing to provide the service.

Communication is key. If clients have communication needs this should appear in the plan and the plan may need to be drawn up with those needs in mind. Plans should also be reviewed at least twice a year, or sooner if changes in the person's needs or their activities dictate.

Bookings and payment

It is important to ensure these processes are easy to manage and follow. Consideration should be given to the technology required to do these on line and/or electronically. Try to be flexible and choose the methods that are easier for the customer, not the organisation. Charging a month in advance offers advantages and means that any cancelled activities could be rescheduled or offered as a credit without the need to go through a refund process. If you do have a Cancellation Policy (an example policy is available in the Appendix), ensure it is understood by the client before the service even starts.

Advice and Information

An Age UK Community Service brings added value as it provides a gateway to other core Age UK services e.g. I&A, befriending and foot care etc. This might be particularly relevant in the event that a person finds the service unaffordable. In this instance they could have a benefit check undertaken by the local Age UK to ensure they are receiving the correct benefits.

Clear, accessible and inclusive information about any other services offered by a Local Age UK needs to be available to potential and established customers.

Accessing the Service

Priority Groups

- People over the age of 50 who have a need for 1-2-1 or small group activities and socialisation
- A number of exceptions can be made for people under 50 perhaps with health conditions that make it difficult or impossible for them to go out or socialise

Accessibility/acceptability

The service will be open access based on the above criteria. It is expected that people will self-refer to the service, although it is possible that they could be referred by another agency or health professional.

Exclusion Criteria

The following conditions are not to be included within the service:

- Those under 50 with no demonstrable need
- Some activities may be provided only for those with dementia

Days/Hours of Operation

The core operating times should be between 9.00am to 5.00pm Monday to Friday, with consideration given for some extended opening hours on some weekday evenings and perhaps on a Saturday, dependent upon the local need. Carers may be more likely to value weekend and evening respite and so local variation in demand and delivery of hours can be expected.

Local Age UKs will ensure that staff work in the service for a minimum of 45 weeks per year (this takes account of annual leave, sickness and training). Local Age UKs should try to ensure that a safe level of service is offered 52 weeks a year (excluding B/H and weekends).

Governance and Quality

Local Age UKs must ensure that robust governance processes are in place to include reporting internally to Boards of Trustees and senior staff on key quality data such as complaints, safeguarding and incidents.

Standards

We aspire to ensure that the Community service is of a high standard. The service should adopt a continuous improvement ethos in order to measure and adapt to learning events, such as safeguarding, complaints and serious incidents.

The [Care Quality Commission's](#) framework has been adopted as the basis for quality assurance for this service. It has a focus on outcomes. The service should be provided within the key principles of the Care Quality Commission's 5 key questions, which are: Is the service, safe, responsive, effective, caring and well-led? The service will operate according to those principles even though it is a non-registered service.

Leadership and Management

The leadership, management and governance of the Local Age UK must ensure it is providing a high-quality service that's based around individual needs. This includes learning and innovation underpinned by Age UK's key values. Several elements are involved in providing a well-led service:

- a. Staff are fully and appropriately trained and receive regular supervision. Staff supervision should include questions to test empathy and observations of staff in their roles
- b. Documented team meetings are held regularly to outline service achievements, issues and pass on compliments from customers
- c. A clear team/service structure is in place with roles and responsibilities laid out in a clear and concise manner
- d. A range of service policies and procedures are in place.
- e. A monitoring and reporting framework is in place that collects information related to safeguarding, complaints and incidents
- f. An annual audit of the service is undertaken using an audit tool. An Age UK example template is currently under review and will be added to this specification when complete
- g. Customer feedback is regularly sought through formal means, as well as informal

Staff Competence and Training

The Local Age UK must comply with all the relevant legislation, national guidance and codes of practice appropriate to the service being provided and the members of staff employed. All staff will have DBS checks (Enhanced, where relevant) with three-year renewals (reflecting the [Charity Commission's preferences](#) and generally accepted good practice), as well as two

professional references in place. All staff training should be recorded in a Training Matrix, which also shows training due. A Training Matrix template will be made available by Age UK.

The Service must provide evidence to demonstrate that all staff are competent to undertake their role. Local Age UKs should ensure that an internal programme for learning and development is in operation and that all staff participate in regular line management supervision. A practical framework with guidance and tools for recruiting and developing staff and volunteers can be found in the [Age UK Person-centred Workforce Development Toolkit](#).

The mandatory training requirements for Support Workers will be based around the [Care Certificate](#). All staff will need to go through this mandatory training, or already be compliant with such training. The Care Certificate can be accessed as a free resource to Local Age UKs via [Grey Matter Learning](#), a partner of Age UK that also provides a range of other free courses and development options.

Staff should demonstrate competence against the 15 care standards, which are very transferable to other Age UK roles and not exclusively for care as, for example, they cover safeguarding and health & safety. As an entry level qualification it demonstrates core competence against a range of standards. The Standards are:

- Understand your role
- Your personal development
- Duty of care
- Equality and diversity
- Work in a person centered way
- Communication
- Privacy and dignity
- Fluids and nutrition
- Awareness of mental health, dementia and learning disabilities
- Safeguarding adults
- Safeguarding children
- Basic life support
- Health and safety
- Handling information
- Infection prevention and control

All staff will be involved in annual appraisal, mandatory training and continuing professional development provided as a team and / or on an individual basis. Individual training and performance will be clearly linked to meeting the needs of the service. The Service Manager should be accountable to a senior manager from the Local Age UK.

Documented team meetings should be held regularly to outline service achievements, issues and pass on compliments from customers.

Roles

Key roles within a Community Service are:

- Support Worker
- Administrator
- Manager(s) (A Registered Manager will be required for a home visiting service that provides personal care).

Use of volunteers

Volunteers could undertake a variety of roles depending on their skill set. Volunteers should receive the same training as paid workers. Note that Employment Law states that where a volunteer undertakes the same role as a paid staff member, this constitutes substitution and may be legally challenged, therefore, volunteers should perform other duties or roles and supplement paid roles.

This is a charged for service, irrespective of whether an activity is provided by a volunteer or not. The organisation should ensure that the quality of the service is in no way lessened because it is provided by a volunteer, the consistency of service is more important than the type of employment a person has.

Responsibilities

The following responsibilities are allocated to core roles within a Community Service, although local variation may exist:

- Support Worker: responsible for the direct delivery of support and associated activities for older people
- Administrator: responsible for booking people in, taking details and payment
- Manager: responsible for managing processes and the team as well as ensuring quality of service

Skills and Competencies

Support Workers should have or be working through the Care Certificate, plus any person specific training that might be required to undertake activities. They could have a health and social care background but this is not essential. The need is for people with the right aptitude and attitude i.e. their ability to be person centred etc. more than just experience in the sector.

- Support Worker:
 - Experience of customer facing work (not necessarily social care)
 - Empathy and kindness
 - Communication skills
 - Computer literacy

An example of a Role Profile for this role can be found in the Appendix.

- Administrator:
 - Communication skills
 - Computer literacy
 - Administration skills
 - Organisational skills

- Manager:
 - Knowledge and understanding of processes
 - Management skills and experience is necessary
 - Ability to check competence
 - Social Care knowledge

Documentation

All customers referred to or requesting the service will initially have a conversation with a member of staff to ensure that the service is able to meet their needs. This will include therefore a risk assessment. The use of any medication and the means of receiving updated information on any changes will need to be included in this assessment. From this, a simple support plan should be created that describes the activities for that person and their desired outcomes from the service. The information contained in these documents may therefore represent sensitive personal information and will therefore be subject to the terms of GDPR.

Support Planning in Detail

Support planning needs to be written down and plans signed by the client. Customer aspirations and expectations must be included in developing any Support Plan. In developing a Support Plan, five elements need to be included:

- a. A clear service description i.e. what the service will and won't do
- b. An assessment of the client's needs and wishes and their expectations of the service. The aim is to provide a person centre assessment and plan. An assessment of any risks that may be presented to the client or by the client or by the environment. This should include health screening for any underlying and potentially compromising conditions and for any medications the person may be taking, which may present a risk when the service is being provided. This assessment should be person centred and holistic
- c. A record of each activity session to ensure continuity of service and to inform staff of what took place
- d. A quick review process at the start of each session to understand if there have been any changes in the person's needs or wishes or in their health or medication etc. that might mean the service will need to change or even be refused. Any change needs to be recorded in a new version of the Support Plan and staff given access to this. A planned review process, say every 6 months, as well as an ad hoc one (as above) should be in place
- e. A client agreement, containing a signature

Consent to receive the service must be obtained, written and dated. Copies of the consent form/customer signature should be included in the person's plan. If the person is not able to give consent due to a lack of capacity to understand what the service is for, it could be given by the next of kin if they possess Power of Attorney for Health & Wellbeing. Failing this, then consent would need to be given by a Best Interest Group. Training and competency is required within the team to manage this. An example Support Plan with risk assessment can be found in the Appendix.

Contract or Service Level Agreement

Aside from the Support Plan, each customer should receive a copy of a contract or Service Level Agreement. This needs to contain certain essential information regarding the service, payment and cancellations and any process to collect debt.

- Service: The service will be delivered as per the person's support plan. Any changes to this will need to be discussed with the Local Age UK before being agreed to
- Payment: This will detail how the service is to be paid for – in advance, in arrears, by cash/card etc
- Cancellations and Debt Collection: If a Cancellation Policy is in effect i.e. the fee is forfeit if the session is not cancelled at least 24 hours beforehand, then it should be described here in terms that are easily understood by the customer. Furthermore, the process for collection of any unpaid debt should also be described, so that customers are aware from the start what the organisation's attitude to bad debt is and that it may be pursued

Communications

Clear, accessible and inclusive information about the Age UK service being offered needs to be available to potential and established customers. This includes promotional literature, Support Plans and other Age UK material. Access to Easy Read, other languages and braille versions should be assessed for need and developed based on local population and communication needs, as is necessary. It is important to remember this may incur a cost. The concept that the service is preventative in design in order to help people maintain or improve their independence should be clear in relevant communications materials.

Reviews or audits of the service

The service must be reviewed by the Local Age UK by way of a self-assessment audit on an (at least) annual basis. The Age UK Community Audit Tool can be used once this is in place. Local Age UKs may be asked to record some service quality data, such as numbers of Safeguarding Alerts, complaints and Serious Incidents etc. on the forthcoming Age UK Quality Assurance Framework system, as and when this is available.

Local Age UKs would be expected to have regular internal Quality meetings to discuss the above data and demonstrate continuous improvement. Local Age UKs would be expected to allow support from Age UK if quality standards were to fall to unacceptable levels.

Local Age UKs must ensure that information relating to customers is safeguarded and takes account of:

- Customer confidentiality
- Consent to use of information
- General Data Protection Regulation

A caring service treats customers with dignity and respect and is person centred.

Observation of the service, via a manager attending sessions or by mystery shoppers, will allow an assessment of service delivery and staff behaviours to assess if staff involve treat customers and their families with compassion, kindness, dignity and respect.

Complaints & Safeguarding

The service will deal with complaints and incidents in line with the Local AgeUK's own policies and there will be a robust system for handling Safeguarding Alerts, which should be in line with the relevant Local Authority's policy. Concerns and complaints handling should be based on clear processes so customers are able to raise their dissatisfaction safely. Concerns and complaints procedures should be accessible and inclusive and information clear and transparent.

Customer Satisfaction

Collecting feedback should be undertaken after every activity session. This can be modelled on the [NHS Family and Friends](#) method that asks people if they would recommend the service they used to their friends and family.

A broader annual satisfaction survey that explores more deeply the customer experience should be undertaken. An Age UK template will be available for this in 2021.

Continuous Improvement

Local Age UKs may be expected to operate under the Age UK Quality Assurance Framework that covers the following operational areas:

- Working under the values of the [Age UK Services Quality Charter](#)
- Ensuring appropriate supervision and appraisal of service staff
- Operating a values-based recruitment model for staff
- Utilising opportunities for management and staff development
- Adhering to a relevant set of policies and procedures for the service

- Utilising the Grey Matter tool (or similar) to monitor staff competencies
- Ensuring all staff achieve the Care Certificate
- Ensuring that customer engagement is a priority
- Ensuring that the service is quality audited at least annually and that action plans are completed, as appropriate
- Ensuring that Operational Meetings take place to discuss Quality as well as service improvement
- Ensuring that the organisation adopts a stance of monitoring and challenging service Quality

Risk Management and Health & Safety

Local Age UKs should be able to demonstrate an appropriate system for recording, monitoring and reporting of risk issues and adverse events.

Any customers whose needs change or whose requirements of the service change, should have a new risk assessment completed.

General health and safety needs to be considered for both venue based and home visiting services. This should include assessments of equipment, travel, the person's home and lone working.

Covid-19 specific risk assessments are to be included, with risk mitigation via the correct use of PPE and infection control best practice (Public Health England has produced guidance on [PPE for community and social care settings](#)), including access to washing facilities and water for hand washing. Age UK has produced [guidance](#) on safe service delivery during Covid-19.

Due to the extreme conditions imposed by the Covid-19 pandemic on operational procedures, any seating or equipment used by either the staff or the customer in a venue during a session must be thoroughly cleaned prior to use by the next customer and fresh PPE should be donned by the staff, as appropriate.

Financial Modelling

Costing Guidance

Costing should come before Pricing. A number of key factors need to inform costing decision making:

1. The service will adhere to national regulation on staff pay and ensure that staff are paid at least the National Living Wage. It is important to note that NI, pensions and cover for holiday and sickness, training and bank holidays need to be factored into the costing of a service. A single staff member cannot provide a service 52 weeks per year

2. Average organisational sickness levels should be factored into costing, as these may impact on true workforce costs in terms of cover costs and lost revenue
3. Each activity will need to be costed separately
4. Consideration should be made to the cost of PPE. PPE needs to be considered within contingency costs to ensure that you can price consistently and take account of possible variable costs over a period of time
5. It is good practice to review costs at least annually as salary costs and other expenditures may change over time
6. In calculating costs of training for staff, remember there will be a cost even if the training is free as there is a time implication i.e. covering for staff who are on training
7. Overheads need to be understood by the organisation and challenged if they seem too high to make a service sustainable

More information on [Full Cost Recovery](#) can be found in the section below.

Pricing

Revenue is the income that a Local Age UK gains from its Community service activities, i.e. from the sale of services to customers. Revenue is based on the assumption re the number of customers the service will be provided to per day/week/month. This is calculated from the pricing data.

Venue-based sessions will need to be priced on the number of people attending. For example, if 6 was the maximum number of attendees an activity can safely support then pricing should be based on that, with all of the appropriate costs for staff and resources etc. based around a group of 6. 1-2-1 sessions are a bit easier to price as have fewer elements (one staff member and possibly some travel or other resources too). Third party delivered activities are easier still, with just their cost to factor in.

Cancellations and the processing of refunds should be considered. A policy for cancellations is required. If sessions are charged for in advance (something which has advantages for both customer and organisation) then a cancelled session can just be rebooked or changed to a different activity rather than a refund processed. This is much easier on both parties.

It is quite feasible that the venue-based portion of the service will make a loss, particularly in the present climate, but this might be a really popular element of the overall service and not one therefore to lose. If the overall service makes a surplus, then this can carry a loss making activity. This is not the same as an organisation subsidising a loss making service – this is just one element of a service being propped up by the other elements.

Full Cost Recovery

Full Cost Recovery (FCR) is important because it ensures the resources are there to allow the organisation to be sustainable, positive, and able to focus on the provision of effective help for older people. FCR requires knowledge of the service's cost base and overheads so that an effective charge can be calculated. Prices for services need to ensure all costs are covered, including overheads. Any shortfall will need to be accounted for and how it will be funded or offset by contingency funds, made clear. Age UK has produced a [Full Cost Recovery Manual](#) to help guide you through establishing full costs.

Three key types of Cost need to be calculated to develop a sound price; Direct Costs, Direct Support Costs and Indirect Costs or Overheads. Details on Costs and Pricing are available in the Appendix.

Direct Costs, Direct Support Costs and Indirect Costs

Direct Costs: These include the costs of staff and activities which can be directly linked to the service, i.e. salaries for staff, travel costs, insurance, etc:

| Direct Costs | |
|--|--|
| Dedicated Community Staff (including Support Workers, Service Manager, Receptionist/Admin) | <ul style="list-style-type: none"> Salaries/pay including cover costs of annual leave and sickness NI and pension contribution Travel costs reflecting HMRC rules Training costs Volunteer expenses |
| Equipment | <ul style="list-style-type: none"> PPE and Infection Control including Sanitiser Dispenser Any activity related equipment |
| Marketing | <ul style="list-style-type: none"> Hard copy marketing collateral Postage for marketing mail shots |
| Venue | <ul style="list-style-type: none"> Whole or apportionment venue costs including hire/insurance etc |
| Insurance/Registration | |

Direct Support Costs: These are shared costs, such as property or managers.

| Direct Support Costs | |
|---|---|
| Staff (including Service Manager, Receptionist/Admin) | <ul style="list-style-type: none"> Apportionment of salaries including cover for costs of annual leave and sickness – this should include time taken to supervise etc Apportionment of pension contribution Apportionment of travel costs Apportionment of Training costs |
| Marketing | <ul style="list-style-type: none"> Apportionment of any shared marketing costs Apportionment of Age UK customer satisfaction survey costs |
| Public Liability insurance | <ul style="list-style-type: none"> Share of Organisational insurance and governance costs |

Indirect cost (overheads): These are the costs which cannot be directly identified with the service

| Indirect Costs | |
|------------------------|--|
| Finance | <ul style="list-style-type: none"> Staff costs System costs |
| IT or technology | <ul style="list-style-type: none"> System costs Telephones and computer hardware |
| General Administration | Staff costs |
| HR and recruitment | Staff costs |
| Charity governance | Staff costs |

Appendix

A range of documents and resources referred to within this document or that may be useful are listed below and can be accessed by emailing Sarah Jewell: sarah.jewell@ageuk.org.uk.

| Theme | Document | Source/access |
|--|--|--------------------------------|
| Prevention | NHS Long Term Plan | Web link here |
| Person centered approaches | Health Foundation: Person-centred care made simple | Web link here |
| NICE Guidance | Older people: independence and mental wellbeing [NG32] | Web link here |
| AgeUK and Campaign to End Loneliness | Promising approaches to reducing loneliness and isolation in later life | Web link here |
| Quality | Age UK Quality Audit tool | Contact Sarah Jewell to access |
| Workforce | Training Matrix | Contact Sarah Jewell to access |
| | Role Profile | Contact Sarah Jewell to access |
| Maintenance Cognitive Stimulation Therapy (MCST) | Overview and Guidance | Contact Sarah Jewell to access |
| | Age UK website information | Web link here |
| | Age UK Sunderland: Essence Service vCST | |
| Key Processes: Support Planning in Detail | Support plan (including risk assessment) | Contact Sarah Jewell to access |
| Key Processes: Guided Conversation | Guided Conversations: Extras and Alternatives Factsheet (Social Prescribing Toolkit) | Contact Sarah Jewell to access |
| Scope and Health and Safety | Medication Administration Record | Contact Sarah Jewell to access |
| Key Processes | Cancellation Policy | Contact Sarah Jewell to access |
| Financial Modelling | Age UK cost and pricing document | Contact Sarah Jewell to access |