

# Study to Review and Update RNF Allocation Formulae for Adult Social Care

## Engagement and Data Collection Activities - Appendices

July 2014

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## Appendix 1: Letter to local authorities outlining the research project

### **Review of Adult Social Care Funding Formulae**

Dear Director of Adult Social Services,

As you may be aware, the Department of Health (DH) has commissioned a review of the funding formulae for Adult Social Care, with any new formulae to be capable of potentially being implemented from 2015/16 onwards.

Local authorities have a vital role to play in shaping this research and providing data to support the development of the new funding formulae; in particular, in ensuring that the new formulae are developed using robust and representative data. Further details of how local authorities can engage with the research are provided in this letter. A letter from DH is also attached, confirming details and encouraging local authority participation, and we will also be circulating this information to local authority Directors of Finance.

The new formula(e) will be used by DH to allocate its funding for adult social care and funding for Universal Deferred Payments from April 2015. The government is currently considering options for reform of the funding system, based on the principles of the Dilnot Commission's model and will come to a final view in the Spending Review. The research will also look at the best way to allocate funding to local authorities as a result of this decision.

The research will be undertaken jointly between public sector funding specialists, LG Futures, and the Personal Social Services Research Unit (PSSRU) at the University of Kent/London School of Economics and Political Science. LG Futures undertook a previous 2010 feasibility study for DH which identified data collection issues that need to be considered as part of the development of any new formulae and PSSRU were responsible for the development of the previous older people's social care formula.

A further dedicated element of the research will be to consider the availability of new data on self-funders i.e. individuals who pay for their own care, given the current lack of nationally available data on these service users. New 2011 Census data will also become available during 2013 to derive and calculate the new formula(e).

There will be a number of specific ways in which local authorities can become involved in the project, as set out overleaf.

## **Local Authority Participation**

- 1. Local authority groupings and stakeholders.** We are currently holding meetings with a number of representative local authority groupings. This includes the **Association of Directors of Adult Social Services (ADASS), local authority associations, treasurers' societies and the CIPFA Social Care and Welfare Reform Panel, and we will be seeking their views and asking them to raise the profile of the research with their local authority contacts.**
- 2. Piloting with a smaller number of local authorities.** We intend to work with a smaller number of local authorities to pilot the data collection process and also consider the potential availability of self-funder data. The pilot will focus on data collection tools and processes, and also understanding timescales and the level of support that local authorities will need, in order to supply data for the new formulae. The pilot will take place in February/March 2013 and we have already identified a number of potential pilot authorities that we will be contacting directly, based on our previous feasibility study work.
- 3. National data collection.** This will involve 30 to 50 authorities, taking into account different types of authority and different characteristics. In the first instance, local authorities will be asked to complete a short questionnaire, so that we can identify key individuals, identify the information systems used by your authority and understand more about your methods of recording activity and financial data in relation to social care. This is expected to take place in March/April 2013. Following on from the completion of the questionnaire, we will provide on-site support to participating local authorities to assist them in providing us with anonymised activity and financial data based on a clear data specification. Data collection is expected to be undertaken around autumn 2013.

Once data has been collected and analysed, development of the new statistical formula(e) will commence in early 2014. The draft formula(e) will be used to produce individual local authority level exemplifications of relative needs, and will be subject to peer review and wider consultation.

We intend to hold webinars in February 2013, which all social care authorities will be invited to attend online. The webinars will talk through our research methodology in further detail and enable authorities to raise any specific queries that they may have. We will be making contact with authorities again shortly, to inform them of webinar dates and invite them to participate.

If you would like to nominate a specific contact(s) from your authority to receive further detailed information on the research project, or are interested in potentially participating in the national data collection, please contact [rebecca.johnson@lgfutures.co.uk](mailto:rebecca.johnson@lgfutures.co.uk).

If you have any queries about the Review of Adult Social Care Formulae research project in the meantime, please contact Jude Ranasinghe, Director on [jude.ranasinghe@lgfutures.co.uk](mailto:jude.ranasinghe@lgfutures.co.uk) or on 01908 424387.

We look forward to working with authorities on this key research project to develop new adult social care funding formulae. Thank you in advance for your support.

## Appendix 2: Membership of the Advisory Panel

A wide range of adult social care stakeholder organisations were invited to attend the Project Advisory Panel. These organisations were:

- Age UK
- Alzheimers Society
- Association of Directors of Adult Social Services (ADASS)
- CIPFA Social Care and Welfare Reform Panel
- English Community Care Association
- Local Government Association
- London Councils
- Mind UK
- National Care Association
- PSSRU Public Involvement Group
- Registered Nursing Home Association
- Scope UK
- Shared Lives Plus
- Society of County Treasurers
- Society of London Treasurers
- Society of Municipal Treasurers
- The Care Provider Alliance
- The Health and Social Care Information Centre
- Unitary Council Treasurers
- United Kingdom Homecare Association
- University of York

## Appendix 3: Preliminary Survey to Local Authorities

### 1. Data Collection Timescales

We intend to ask local authorities to provide data relating to 2012/13 (i.e. consistent with the next reporting period for NHS IC returns) and will begin working with local authorities to obtain the required data from March / April 2013.

1a. Once you have reviewed the details of the data we are collecting (see below), please outline below the timescales you would need to access and collate the data once you have received the data specification etc.

1b. The research team is also investigating whether data may also be required from earlier time periods e.g. 2010/11 (to be consistent with data from Census 2011). If we were to ask for data from more than one year, how would that impact on your ability to support the full data collection exercise?

### 2. Mapping individual client data to Lower Level Super Output Areas (LSOAs)

Rather than ask local authorities to supply individual client data, the data specification will request data which counts the number of clients within each category (e.g. age group and client group) for each LSOA within the local authority. This will require local authorities to map individuals to the appropriate LSOA using their postcode, for example, before supplying the summary data to the research team, to ensure confidentiality.

2a. Do you have access to look-up tables to enable mapping to LSOA using postcode?

2b. Do you currently undertake any analysis of social care activity at output area level (e.g. LSOA or MSOA)?

2c. What support would you need from the project team to undertake this mapping?

### 3. Data collection relating to residential care

The data collection for residential care will be based on Table S3 in the ASC-CAR return. This collects details on the number of **permanent admissions** to residential care by age group (18-64 and 65+), primary client group (physical disability, mental health, learning disability, substance misuse/other vulnerable people and other people aged 65+ not otherwise allocated by client group) and care type (LA staffed residential care, independent residential care and registered nursing care). We want to capture the number of admissions in each of the categories and the weekly costs associated with these clients.

3a. Do you have other sub-categories which sit behind these broad categories (e.g. other age groups, other client groups etc)?

3b. Would you be able to link cost data to your client data using the above categories e.g. to supply us with the average weekly cost by age group, client group and care type for the LA as a whole and for each LSOA?

3c. Do your client records hold the pre-care address for the client, as well as their address for residential care (to enable mapping to LSOA based on pre-care address, for example)?

3d. Do you have any other comments relating to data collection about residential care activity?

#### 4. Data collection relating to domiciliary care

The data collection relating to domiciliary care will be based on Table P2s in the RAP return. This collects details on the **number of clients** who receive community-based services provided by or commissioned by the CASSR on the last day of the data collection period (i.e. 31<sup>st</sup> March 2013) by age group (18-64 and 65+), primary client group (physical disability, mental health, learning disability, substance misuse and other vulnerable people) and service type (home care, day care, meals, short-term residential not respite care, direct payments, professional support, equipment/adaptations and other). We want to capture the number of clients in each of the categories, the weekly costs associated with these clients and also the intensity of support, if applicable.

4a. Do you have other sub-categories which sit behind these broad categories (e.g. other age groups, other client groups etc)?

4b. Would you be able to link cost data to your client data using the above categories e.g. to supply us with the average weekly cost of domiciliary care by age group, client group and service type for the LA as a whole and for each LSOA?

4c. Do your client records distinguish between intensity of support for some aspects of domiciliary care e.g. home care? Please specify which areas of support are distinguished by intensity and the categories you use (e.g. high, medium, low).

4d. Do you have any other comments relating to data collection about domiciliary care activity?

## 5. Self-funders

The research team is planning to undertake a separate data collection exercise in relation to individuals who fund their own care i.e. self-funders, specifically in relation to residential care but also in relation to domiciliary care if data is available. The precise nature of this data collection is currently being determined, but may involve some data collection from local authorities, as well as data collection from care homes.

5a. Does your client information system enable you to identify clients who have transitioned from self-funded to local authority funded care?

5b. Do you hold the following information about individuals who are assessed by your local authority and go on to fund their own care e.g. number of clients, client group (e.g physical disability), care type (e.g. residential care, home care), outcome of assessment (e.g. FACS criteria)?

5c. Have you undertaken any research locally to develop your understanding of the self-funder market in your local authority e.g. census of residential care home residents, providers of domiciliary care services?

5d. Would you be interested in being involved in a separate data collection relating to self-funders?

## 6. Clients funded by Specific Grants

The research team is also interested in collecting local authority information to support the formula(e) development for clients who are funded through the Valuing People Now (VPN) Learning Disability Transfer and clients with Preserved Rights.

6a. Can these clients be identified in your client information systems?

6b. Could you provide summary data about these clients e.g. number of clients by client group, age group and service type (consistent with the data request outlined in sections 4 and 5)?

## 7. Data Transfer

Local authorities will be provided with an Excel template which sets out the data that is required and defining the formats which should be used. The template will be consistent with the templates defined by the NHS Information Centre in the RAP and ASC-CAR templates. Local authorities will then be



asked to submit the template to a secure website hosted by the Personal Social Services Research Unit (PSSRU) at the University of Kent.

7a. In what version of Excel would you require the template to be provided?

7b. Are there any other issues which you would like us to be aware of which would impact on the research team using this approach to data transfer?

## 8. Data protection and ethics

LG Futures and PSSRU are currently working through an extensive process relating to ethics which are intended to provide the research team with ethics approval for the data collection processes outlined here. They are also in discussion with the Department of Health about how the data may contribute to other research beyond the primary use to support the development of funding formula(e) for adult social care.

8a. Would you be happy to consent to aggregated data from your authority being used for wider research purposes by the Department of Health and other research agencies?

8b. Do you have any other concerns in relation to data protection and ethics?

## 9. Additional Support to Local Authorities

The research team is currently finalising its data requirements and will provide all participating authorities with: a data specification; data collection templates; a timetable for the provision of data; contact details for an individual from the research team who will be responsible for addressing any queries; and internet-based support (FAQs etc).

9a. Please outline what other support you would require from the research team if you were to participate in the main data collection?

9b. If you have any other queries, please include them in the box below.

## Appendix 4: Data Templates for Local Authority Data Collection

Authorities who participate in the data collection relating to local authority (LA) funded activity for social care are being provided with templates in which the data will be provided to the research team via a secure internet-based upload operated by the Personal Social Services Research Unit at the University of Kent.

Section One of this document provides an overview of the data templates and how they should be completed. Section Two provides general guidance about data quality and data recording. Key definitions relating to residential and non-residential care are included in Annexes 1 and 2. Preliminary details of the secure upload service are provided in Section Three.

Local authorities will also be supported by a named individual from the research team to support them through the data collection process. However, questions / comments can also be directed to Elizabeth Tideswell via email to [elizabeth.tideswell@lgfutures.co.uk](mailto:elizabeth.tideswell@lgfutures.co.uk). Rebecca Johnson can also be contacted at our head office on 01908 424 388 or by email on [rebecca.johnson@lgfutures.co.uk](mailto:rebecca.johnson@lgfutures.co.uk). The contribution of your authority to this important piece of research is greatly appreciated by the research team.

### Section One: Overview of Data Templates

This section provides an overview of the data that local authorities are being asked to submit to the research team. This is split into Core Data and Supplementary Data. The deadline for the submission of the data is 7<sup>th</sup> October 2013. Local authorities will be supplied with two separate Excel-based templates to submit their data, one for the core data and one for the supplementary data.

#### **Core Data**

The research team is requesting data at small area level (lower layer super output area - LSOA) to enable us to look at local variations in demand and need for care and to increase the number of records in our sample, increasing the statistical robustness of the formulae. For the core data based on small areas, each row in the template will represent each LSOA within the LA. Columns will relate to different client groups and care/service types. The activity and financial data we collect will be used alongside other data sources available for small areas e.g. Census 2011 to generate the basis of the funding formulae.

#### **Residential Care**

Tables 1a to 1d cover admissions to residential care and are consistent with Table S3 in the Adult Social Care Combined Activity Return (ASC-CAR) return: the number of LA supported PERMANENT admissions to residential and nursing care during 1 April 2012 to 31 March 2013 (excluding admissions to group homes). Data on adult placements is not required. Please see Annex 1 for the key definitions and inclusion / exclusion criteria for all returns relating to residential care, which are consistent with ASC-CAR, and also an explanation of how to identify pre-care and care home addresses.

- **Table 1a.** Residential Care for younger adults (18-64) based on **pre-care address** – each cell should contain a count of the number of people from each LSOA who have been admitted to residential care according to client group (physical disability, mental health, learning disability, substance misuse/other vulnerable people) and care type (LA staffed residential care, independent residential care and registered nursing care);
- **Table 1b.** Residential Care for younger adults (18-64) based on **care home address** – each cell should contain a count of the number of people from each LSOA who have been admitted to residential care according to client group (physical disability, mental health, learning disability, substance misuse/other vulnerable people) and care type (LA staffed residential care, independent residential care and registered nursing care);
- **Table 1c.** Residential Care for older people (65+) based on **pre-care address** – each cell should contain a count of the number of people from each LSOA who have been admitted to residential care according to client group (physical disability, mental health, learning disability, substance misuse/other vulnerable people and other people aged 65+ not otherwise allocated by client group) and care type (LA staffed residential care, independent residential care and registered nursing care);
- **Table 1d.** Residential Care for older people (65+) based on **care home address** – each cell should contain a count of the number of people from each LSOA who have been admitted to residential care according to client group (physical disability, mental health, learning disability, substance misuse/other vulnerable people and other people aged 65+ not otherwise allocated by client group) and care type (LA staffed residential care, independent residential care and registered nursing care).

### Non-residential Care

Tables 2a to 2bd will cover non-residential care clients and are consistent with Table P2s in the Referrals, Assessments and Packages of Care return (RAP): the number of LA funded clients on the books to receive community-based services provided or commissioned by the Councils with Adult Social Services Responsibilities CASSR on the last day of the period (31 March 2013). Please see Annex 2 for the key definitions and inclusion / exclusion criteria for all returns relating to non-residential care, which are consistent with the criteria used in RAP. These tables should be generated from the home address of clients i.e. where they are living now whilst receiving non-residential care services.

- **Table 2a.** Non-residential care for younger adults (18-64) based on **current address** – each cell should contain a count of the number of people from each LSOA who are in receipt of non-residential care services according to client group (physical disability, mental health, learning disability, substance misuse and other vulnerable people) and service type (home care, day care, meals, short-term residential not respite care, direct payments, professional support, equipment/adaptations and other); and
- **Table 2b.** Non-residential care for older people (65+) based on **current address** – each cell should contain a count of the number of people from each LSOA who are in receipt of non-residential care services according to client group (physical disability, mental health, learning disability, substance misuse and other vulnerable people) and service type (home care, day care, meals, short-term residential not respite care, direct payments, professional support, equipment/adaptations and other).

## Supplementary Data

For the supplementary data, there is a mixture of local authority and small area data. For the data on small areas, each row in the template will represent each lower layer super output area (LSOA) within the LA. Columns will relate to different client groups and care/service types. This data will be extremely valuable to the research team if it can be supplied to us by local authorities. However, we recognise that not all authorities will be able to provide the data. Therefore, this data should be supplied to the research team, where possible, if it is available to local authorities. Authorities can provide some of this data if it exists, rather than having to provide 'all or nothing'.

## Transitioning Self-Funders

Table 3 covers admissions to residential care and will be consistent with Table S3 in the ASC-CAR return: the number of LA supported PERMANENT admissions to residential and nursing care during 1 April 2012 to 31 March 2013 (excluding admissions to group homes). However, the return should be at local authority level and should be restricted to a count of those clients who are recorded as ***permanent admissions to residential care having previously been self-supporting*** i.e. a fully funded service user who then becomes supported by the authority. Annex 1 contains the key definitions and inclusion / exclusion criteria.

- **Table 3:** residential care for younger adults (18-64) and older people (65+) by local authority – each cell should contain a count of the number of people who are identified as a new permanent admission to residential care for local authority funding, having previously fully funded their own care i.e. they were not eligible for any local authority support. The data will be broken down by client group (physical disability, mental health, learning disability, substance misuse/other vulnerable people) and care type (LA staffed residential care, independent residential care and registered nursing care).

## Net and Gross Costs for Clients in Residential Care

**Tables 4a to 4d** will contain the average net and gross costs by age group (18-64 and 65+), primary client group (physical disability, mental health, learning disability, substance misuse/other vulnerable people and other people aged 65+ not otherwise allocated by client group) and care type (LA staffed residential care, independent residential care and registered nursing care). These should be weekly costs for residential care. Gross costs will include contributions paid by service users, included as income in calculations for Personal Social Services: Expenditure and Unit Costs (PSS-EX1) return for 2012-13 (see page 7 of the guidance document - [http://www.hscic.gov.uk/media/11501/Information-and-guidance-for-the-collection-period-1-April-2012--31-March-2013-v10-PDF/pdf/PSS-EX1\\_InformationGuidanceFAQs\\_2012-13\\_v1.0.pdf](http://www.hscic.gov.uk/media/11501/Information-and-guidance-for-the-collection-period-1-April-2012--31-March-2013-v10-PDF/pdf/PSS-EX1_InformationGuidanceFAQs_2012-13_v1.0.pdf)). These should be excluded from the net costs. This approach is illustrated in Table 1 below:

**Table 1: Example of Calculating Gross and Net Costs for Admissions to Residential Care**

LSOA	Gross	Client Contributions	Net
Client 1	600	100	500
Client 2	550	350	200
Client 3	650	50	600

LSOA	Gross	Client Contributions	Net
Client 4	500	0	500
Client 5	700	250	450
LSOA Average	600	150	450

Data should be provided for each LSOA based on the **pre-care addresses of clients** (see Annex 1 for definitions). Definitions for client numbers are consistent with Table S3 in the ASC-CAR return and should relate to the client numbers presented in Tables 1a and 1c (pre-care addresses) i.e. the data presented should be the costs associated with admissions to residential care during 1 April 2012 to 31 March 2013 (excluding admissions to group homes). The average cost should be calculated as a simple average of **weekly gross and net costs** (as per Table 1). Net costs will take into account service user contributions made by supported residents.

- **Table 4a.** Residential Care for younger adults (18-64) based on **pre-care address** – each cell should contain the average **net** cost for each LSOA for clients for who have been admitted to residential care according to client group (physical disability, mental health, learning disability, substance misuse/other vulnerable people) and care type (LA staffed residential care, independent residential care and registered nursing care);
- **Table 4b.** Residential Care for younger adults (18-64) based on **pre-care address** – each cell should contain the average **gross** cost for each LSOA for clients for who have been admitted to residential care according to client group (physical disability, mental health, learning disability, substance misuse/other vulnerable people) and care type (LA staffed residential care, independent residential care and registered nursing care);
- **Table 4c.** Residential Care for older people (65+) based on **pre-care address** – each cell should contain the average **net** cost for each LSOA for clients for who have been admitted to residential care according to client group (physical disability, mental health, learning disability, substance misuse/other vulnerable people) and care type (LA staffed residential care, independent residential care and registered nursing care);
- **Table 4d.** Residential Care for older people (65+) based on **pre-care address** – each cell should contain the average **gross** cost for each LSOA for clients for who have been admitted to residential care according to client group (physical disability, mental health, learning disability, substance misuse/other vulnerable people) and care type (LA staffed residential care, independent residential care and registered nursing care).

### Clients Funded through Special Grants

Tables 5a to 5d should be used to provide data about clients funding through the Valuing People Now (VPN) Learning Disability Transfer and clients with Preserved Rights. The data should be at a local authority level for clients in receipt of funding from 1 April 2012 to 31 March 2013. Funding can be for residential and non-residential services.

- **Table 5a:** clients funded through the Valuing People Now (VPN) Learning Disability Transfer by local authority. The table should include a count of clients and the funding allocated to them (gross and net), broken down by age group (18-64 and 65+) and primary client group

(physical disability, mental health, learning disability, substance misuse/other vulnerable people and other people aged 65+ not otherwise allocated by client group). Net funding should take account of contributions recovered from clients through client contributions.

- **Table 5b:** clients funded with Preserved Rights by local authority. The table should include a count of clients and the funding allocated to them (gross and net), broken down by age group (18-64 and 65+) and primary client group (physical disability, mental health, learning disability, substance misuse/other vulnerable people and other people aged 65+ not otherwise allocated by client group). Net funding should take account of contributions recovered from clients through client contributions.

### **Additional Information for Younger Adults (Residential Care)**

Tables 6a to 6c should be used to provide additional information relating to admissions to residential care for younger adults (the number of LA supported PERMANENT admissions to residential and nursing care during 1 April 2012 to 31 March 2013). The same inclusion / exclusion criteria as used in Tables 1a / 1b should be applied (see Annex 1). Supported residents should be allocated to the additional **age bands** on the basis of their age at 31 March 2013, or in case of their death before 31 March 2013, their age at date of death. The cost data for tables 6b and 6c should be calculated in an equivalent way as illustrated in Table 1. Counts relate to local authority totals.

- **Table 6a:** residential care for younger adults (18-64) by local authority – each cell should contain a count of the number of clients with PERMANENT admissions to residential care. The data should be broken down by four age groups (18-24, 25-39, 40-49 and 50-64), client group (physical disability, mental health, learning disability, substance misuse/other vulnerable people) and care type (LA staffed residential care, independent residential care and registered nursing care);
- **Table 6b:** equivalent to table 6a, but providing weekly average net costs, rather than a count of clients; and
- **Table 6c:** equivalent to table 6a, but providing weekly average gross costs, rather than a count of clients.

### **Additional Information for Younger Adults (Non-residential Care)**

Tables 7a to 7c should be used to provide additional information relating to younger adults in receipt of non-residential care services. The same inclusion / exclusion criteria as used in Table 2a should be applied (see Annex 2). Counts relate to local authority totals and should be the number of LA funded clients on the books to receive community based services provided or commissioned by the CASSR on the last day of the period (31 March 2013). Data is required for clients in receipt of home care and direct payments only. Supported residents should be allocated to the additional **age bands** on the basis of their age at 31 March 2013. The cost data for tables 7b and 7c should be calculated in an equivalent way as illustrated in Table 1 i.e. net costs exclude client contributions.

- **Table 7a:** clients in receipt of community-based services by age-band by local authority for younger adults only – each cell will contain a count of the number of clients in receipt of non-residential care services for home care and direct payments only. The data will be broken down by four age groups (18-24, 25-39, 40-49 and 50-64), client group (physical disability, mental health, learning disability, substance misuse and other vulnerable people) and service type (home care and direct payments); and



- **Table 7b:** equivalent to table 7a, but providing average weekly net costs, rather than a count of clients; and
- **Table 7c:** equivalent to table 7a, but providing weekly average gross costs, rather than a count of clients.

## Section Two: Data Quality and Data Protection

Local authorities are asked to provide the core data as a minimum and as much of the supplementary data as possible. All the supplementary data does not have to be provided, if unavailable, individual supplementary data sections can still be provided, where this data exists.

### Small Numbers of Clients

In order to comply with data protection / ethics guidelines, if the number of clients in any given cell is between 1 and 5, please mask the actual number of clients by replacing the number with \*. However, you may want to keep another version of the spreadsheet with the actual numbers of clients for reference purposes (so you can check your own analysis for example).

### Data Quality Issues

When your data is uploaded through our secure data transfer portal, you will be provided with an opportunity to comment on any data quality issues / concerns with the data set you are submitting. Once we have received and reviewed your data submission, we will undertake some simple validation and data quality checks and will come back to you to confirm any outstanding issues. This will include comparisons with the data at LA level that has been submitted as part of the national data collections for social care.

### Mapping Data to LSOAs

Several of the data tables require data to be reported by lower layer super output area (LSOA). We can provide each authority with a list of LSOAs and postcode lookups as required. Please use LSOA codes based on 2011 definitions which are formatted either as "*E followed by 8 digits*" or the "*local authority name followed by a space then 4 alphanumeric characters*" e.g. E01005745 or Stockport 005A.

It is fine for you to use either of the two 2011 based codes (LSOA11CD or LSOA11NM) as long as you are consistent. We have left it to authorities to decide as some authorities already have one version of the codes fixed into their data systems. However, based on past experience, you might find the ones under the heading LSOA11CD easier to use / manipulate

As the same data templates were sent to all authorities, they included "dummy" LSOA code names (LSOA1, LSOA2 etc). These need to be replaced in each relevant sheet in the data templates with the LSOA codes for your authority. If you have requested LSOA/postcode lookups from the research team, you will find a list of all the LSOA codes for your authority in the first column of the worksheet called LSOA Codes, with the heading LSOA11CD. Please include all LSOA codes in each table, even if all the cells in a particular row are blank i.e. no clients from those LSOAs.

Several of the tables for residential care services require mapping to be based on pre-care and care home address. We recognise that there may be some data completeness issues in relation to pre-care address, but ask that authorities provide this information to the research team if possible, as it is extremely valuable in relation to the construction of the formula. You may need to add additional rows

labelled “address unknown” (for when postcodes do not map to LSOAs) and “out-of-area” (for placements in other authorities which cannot be mapped to a particular authority). Annex 1 contains definitions for this information.

Local authorities can adopt a variety of different approaches to undertake this mapping. Specific assistance from the research team can be offered to local authorities should they require support with this mapping. Your contact from the research team will discuss this with you.

More information about super output areas and postcode mapping can be found on the ONS website:

- Postal geography, including an explanation of how postcodes are mapped to output areas <http://www.ons.gov.uk/ons/guide-method/geography/beginner-s-guide/postal/index.html>
- An explanation of output areas <http://www.ons.gov.uk/ons/guide-method/geography/beginner-s-guide/census/output-area--oas-/index.html>

### **Section Three: Secure Data Upload**

The research team has set up a secure data portal operated by the Personal Social Services Research Unit at the University of Kent, through which local authorities will submit their data. The two data templates, for core data and supplementary data, can be submitted in a single ZIP file or as two separate files, based on the local authority's preference. The process will operate as follows:

1. The research team will confirm that local research governance approval has been gained from the local authority – our team is contacting research governance leads directly to secure this approval;
2. Local authorities will then receive an email from the University of Kent, sent to the data lead identified in each local authority;
3. The email will contain a voucher link – clicking on this link will take the user to the secure upload webpage;
4. The file to be submitted should be selected and the upload form completed and submitted;
5. Confirmation will be sent from the University of Kent to confirm that the data has been received; and
6. If the authority wishes to submit their data as two separate files, we will arrange for two voucher codes to be sent to you. We will confirm this with you prior to the upload vouchers being issued.

More detailed guidance will be sent to all local authorities to support the upload process, including screen shots and step by step instructions, once authorities are preparing to submit their data. The research team will also be available to support this process e.g. through site visits.

### **Annex 1: Definitions and Inclusion / Exclusion Criteria Relating to Residential Care**

These criteria apply to Tables 1a to 1d, Table 3, Tables 4a to 4d, Tables 5a to 5b and Tables 6a to 6c. For the most part, these criteria have been generated from the guidelines produced by the Health



and Social Care Information Centre (HSCIC) to support the collection of the ASC-CAR in relation to data from 2012-13. All residential care submissions should be on the basis of permanent admissions from 1 April 2013 to 31 March 2013.

**Pre-care address:** this is the address in which the client was living immediately prior to the admission to residential / nursing care. This should be based on the client's ordinary residence as used to determine eligibility for social care support. For tables based on pre-care addresses, all residents should have an LSOA within your authority in order for them to have been supported by you based on residence rules (e.g. tables 1a and 1c). Therefore, there shouldn't be any out-of-area addresses. If this is not the case, please include them in a single row on each relevant template labelled "out-of-area". If there are postcodes which will not map to an LSOA or the postcode information is missing, please include them in an additional row labelled "address unknown".

**Care home address:** this is the current address of the client. For clients being supported in residential / nursing care outside the local authority, this address will be in another local authority and should be mapped to the specific authority where possible i.e. there should be a row added to the table for each local authority in which clients are placed. If this is not possible, these clients should be grouped together in an additional row in the table as "out of area" placements. If there are postcodes which will not map to an LSOA or the postcode information is missing, please include them in an additional row labelled "address unknown".

**Age bands:** Supported residents should be allocated to **age bands** on the basis of their age at 31 March 2013, or, in case of their death before 31 March 2013, their age at date of death.

**Adult placements:** these should be excluded from all returns.

**Inclusion criteria:** the people to **include** in the return are:

- Residents where the local authority makes any contribution to the costs of care, no matter how trivial the amount and irrespective of how the balance of these costs are met;
- Supported residents in:
  - Local authority staffed care homes for residential care;
  - Independent sector care homes for residential care;
  - Registered care homes for nursing care;
  - Those whose care is commissioned by local authorities following the "The Valuing People Now (VPN) initiative" which has changed the responsibility for, and funding of, some learning disability services.

**Exclusion criteria:** the people to **exclude** from the return are:

- Residents where the costs of care are met in full by social security benefits (e.g. housing benefit) or private means or a combination of these two;
- Residents who are assessed and are paying the full cost of the care;
- Persons solely receiving social work supervision;

- Residents in homes located within your authority area for whom the costs of care are met by other authorities;
- Information on the number of residents who are supported by payments from a Health Authority (under Section 256 of the NHS act 2006 formerly Section 28a of the National Health Service Act 1977 as amended by the NHS at 1999) should be excluded; and
- Residents in unstaffed (group) homes should be excluded.

**Admissions to residential care:** an admission is a separate event of a person entering residential or nursing care (and being supported by the Local Authority) during the year 1 April 2012 to 31 March 2013. It is possible for a person to have more than one admission to care during the year.

- Re-admissions following a definite break during which the intention was not to return to the home do count as new admissions.
- A change from temporary to permanent care does count as a new admission, so should be included.
- If someone was previously in care as a fully funded service user and then becomes supported by the authority, this is considered a new admission (as they have become a supported resident).
- A change from permanent to temporary care does not count as a new admission (unless there is a break between admissions).

**Transfers:** transfers between permanent residential care and nursing care do not count as new admissions, so should be excluded from all tables. Transfers between residential care homes (e.g. in the event of home closure) do not count as new admissions. Similarly, transfers between nursing homes do not count as new admissions. If a client has been admitted permanently to residential care in 2012-13 and then transferred to another home also in 2012-13, only the admission to the first care home would be recorded as a permanent admission to be included in this data return.

See pages 12 – 17 in the document *Information and Guidance for Adult Social Care Combined Activity Return (ASC-CAR)* for more information ([http://www.hscic.gov.uk/media/10802/Adult-Social-Care-Guidance-2012-13-v10/pdf/Adult\\_Social\\_Care\\_Guidance\\_2012\\_13\\_v1.0.pdf](http://www.hscic.gov.uk/media/10802/Adult-Social-Care-Guidance-2012-13-v10/pdf/Adult_Social_Care_Guidance_2012_13_v1.0.pdf)). There are also FAQs on pages 18-20 of that document which may be useful.

## **Annex 2: Definitions and Inclusion / Exclusion Criteria Relating to Non-residential Care**

These criteria apply to Tables 2a to 2b, Table 3 and Tables 7a to 7c. For the most part, these criteria have been generated from the guidelines produced by the Health and Social Care Information Centre (HSCIC) to support the collection of the RAP in relation to data from 2012-13. All non-residential care submissions should be on the basis of a **snapshot** relating to 31 March 2013.

**Home postcode:** for tables 2a and 2b, data should be mapped to LSOAs based on the client's home postcode. If there are postcodes which will not map to an LSOA, please include them in an additional row labelled "address unknown".

**Age bands:** Clients should be allocated to age bands on the basis of their age at 31 March 2013.

**Inclusion criteria:** the people to include in the return are those who are fully or partly funded by the local authority and:

- The services that are provided or commissioned by social services or an NHS health partner under section 75 arrangements must be part of a care plan following a Community Care Assessment and;
- Their care must be managed by the CASSR or an NHS health partner under section 75 arrangements.
- This includes adults aged 18 and over who are on the books to receive one or more of the selected components of community-based service on the last day of the period, 31 March 2013. This does not mean that the client has to receive a specific service on the actual day. For example if the client is in receipt of day care they do not have to actually attend the day centre on 31 March but they are "*on the books*" to receive the service i.e. there is a current allocation of services for that client.

### **Exclusion criteria:**

- Clients whose services bear no resource cost implications to the CASSR for social care components (e.g. Supported People, s256, self-funded, and health-funded clients) should be excluded;
- Where short term interventions / services are provided by the CASSR and the provision of the services are **not part of a care plan** following a Community Care Assessment then these clients should be excluded;
- Clients who are receiving community-based services concurrently with residential services should be excluded. The clients included in these tables should be receiving only community-based services.
- A person who previously received services during the period which have ceased by the 31 March 2013 would not be considered to be "on the books" and should be excluded.

**Components of service:** the tables should include clients in receipt of one or more of the following:

- **Home care:** all forms of domiciliary care and support for people in their own homes. Reablement (rehabilitation) services provided in the client's own home (providing they are the result of a full Community Care Assessment) should be included.

- **Day care:** this includes the attendance at a day care centre for day care and/ or meals. Attendance at luncheon clubs and training centres should also be included.
- **Meals:** this includes “*meals on wheels*” or community meals services delivered to the client as part of a care plan. It does not include luncheon clubs and meals that are received as part of a day care service.
- **Short-term residential – not respite care:** this refers to the provision of short term residential care for the client for any purpose other than respite care of a carer. It includes the provision of rehabilitation services.
- **Direct payments:** these are defined as monetary payments made by local CASSRs directly to adult clients aged 18 and over in lieu of social service provisions, who have been assessed as needing certain services. Carers receiving direct payments, for their role as a carer, should not be included, unless they are also receiving a direct payment as a client in their own right.
- **Professional support:** for a client to be considered as having professional support, the service must be included as part of their care plan and does not include the process of care management.
- **Equipment / adaptations:** items of equipment/adaptations that are provided on 31<sup>st</sup> March or the nearest day equipment is delivered, equipment which has an ongoing financial commitment (e.g. for maintenance or training) and major items of equipment which the CASSR has an obligation to review annually.
- **Other:** Page 54 of the RAP guidance details the types of services that can be included ([http://www.hscic.gov.uk/media/10920/RAP-Guidance-2012-13-v10/pdf/Information\\_and\\_Guidance\\_for\\_RAP\\_2012-13\\_v1.0.pdf](http://www.hscic.gov.uk/media/10920/RAP-Guidance-2012-13-v10/pdf/Information_and_Guidance_for_RAP_2012-13_v1.0.pdf)). **Supporting living clients** should be included for example only if the care is part of a care plan and funded by the local authority.

**Multiple components of service:** it is assumed that many clients will have multiple entries in the service columns, as it is likely that many people receive more than one component of community-based services at the same time. The “*Total of clients*” column should, however, be a measure of the number of clients involved and exclude double counting. Clients should only be counted once in the “*Total of clients*” column, irrespective of the number of services they are receiving. Therefore, the figure in the “*Total of clients*” column will be less than or equal to the sum of the other columns. See pages 57 – 60 in the document Information and guidance on the Referrals, Assessments and Packages of Care (RAP) collection for more information ([http://www.hscic.gov.uk/media/10920/RAP-Guidance-2012-13-v10/pdf/Information\\_and\\_Guidance\\_for\\_RAP\\_2012-13\\_v1.0.pdf](http://www.hscic.gov.uk/media/10920/RAP-Guidance-2012-13-v10/pdf/Information_and_Guidance_for_RAP_2012-13_v1.0.pdf)). There are also FAQs on pages 61-71 of that document which may be useful.

## Appendix 5: List of Authorities Submitting Core Data

	Authority Name	Authority Type	Region
1	Bedford	Unitary Authority	EAST
2	Bexley	Outer London Borough	LONDON
3	Birmingham	Metropolitan Borough	WEST MIDLANDS
4	Blackpool	Unitary Authority	NORTH WEST
5	Bracknell Forest	Unitary Authority	SOUTH EAST
6	Bromley	Outer London Borough	LONDON
7	Buckinghamshire	County Council	SOUTH EAST
8	Cambridgeshire	County Council	EAST
9	Camden	Inner London Borough	LONDON
10	Cheshire East	Unitary Authority	NORTH WEST
11	Cornwall	Unitary Authority	SOUTH WEST
12	County Durham	Unitary Authority	NORTH EAST
13	Coventry	Metropolitan Borough	WEST MIDLANDS
14	Croydon	Outer London Borough	LONDON
15	Derbyshire	County Council	EAST MIDLANDS
16	Ealing	Outer London Borough	LONDON
17	East Sussex	County Council	SOUTH EAST
18	Enfield	Outer London Borough	LONDON
19	Essex	County Council	EAST
20	Gloucestershire	County Council	SOUTH WEST
21	Hackney	Inner London Borough	LONDON
22	Hammersmith and Fulham	Inner London Borough	LONDON
23	Hampshire	County Council	SOUTH EAST
24	Haringey	Inner London Borough	LONDON
25	Hartlepool	Unitary Authority	NORTH EAST
26	Hillingdon	Outer London Borough	LONDON
27	Hounslow	Outer London Borough	LONDON
28	Isle of Wight	Unitary Authority	SOUTH EAST
29	Kensington and Chelsea	Inner London Borough	LONDON
30	Kent	County Council	SOUTH EAST
31	Kirklees	Metropolitan Borough	YORKSHIRE AND HUMBER
32	Lancashire	County Council	NORTH WEST
33	Leicester	Unitary Authority	EAST MIDLANDS
34	Lincolnshire	County Council	EAST MIDLANDS
35	Manchester	Metropolitan Borough	NORTH WEST
36	Merton	Outer London Borough	LONDON

	<b>Authority Name</b>	<b>Authority Type</b>	<b>Region</b>
37	Milton Keynes	Unitary Authority	SOUTH EAST
38	North Somerset	Unitary Authority	SOUTH WEST
39	Northumberland	Unitary Authority	NORTH EAST
40	Nottinghamshire	County Council	EAST MIDLANDS
41	Oxfordshire	County Council	SOUTH EAST
42	Peterborough	Unitary Authority	EAST
43	Reading	Unitary Authority	SOUTH EAST
44	Rochdale	Metropolitan Borough	NORTH WEST
45	Sandwell	Metropolitan Borough	WEST MIDLANDS
46	Sefton	Metropolitan Borough	NORTH WEST
47	Solihull	Metropolitan Borough	WEST MIDLANDS
48	St. Helens	Metropolitan Borough	NORTH WEST
49	Stockport	Metropolitan Borough	NORTH WEST
50	Suffolk	County Council	EAST
51	Surrey	County Council	SOUTH EAST
52	Sutton	Outer London Borough	LONDON
53	Swindon	Unitary Authority	SOUTH WEST
54	Torbay	Unitary Authority	SOUTH WEST
55	Tower Hamlets	Inner London Borough	LONDON
56	Waltham Forest	Outer London Borough	LONDON
57	Westminster	Inner London Borough	LONDON
58	Wiltshire	Unitary Authority	SOUTH WEST
59	Wolverhampton	Metropolitan Borough	WEST MIDLANDS
60	York	Unitary Authority	YORKSHIRE AND HUMBER

## Appendix 6: Number of Authorities Submitting Supplementary Data

The table below provides details of the data that was submitted as part of the supplementary data request. This data has not been used in the analysis to date, due to the relatively low numbers of the returns and some significant data quality concerns. The data may still inform additional stages of the analysis and will be subject to more detailed quality assurance checks if this is the case.

Supplementary Data	Number of responses (full or partial)	Identified data quality issues
Table 3: Transitioning Self Funders	14	Small numbers
Table 4a: Res Care 18-64 Net Weekly Average Costs	29	Difficulties in disaggregating client contributions in calculating net costs
Table 4b: Res Care 18-64 Gross Weekly Average Costs	29	
Table 4c: Res Care 65+ Net Weekly Average Costs	29	
Table 4d: Res Care 65+ Gross Weekly Average Costs	29	
Table 5a: VPN Clients (Client numbers and average costs)	10	Total cost vs average cost
Table 5b: Preserved Rights (Client numbers and total costs)	16	Total cost vs average cost
Table 6a: Younger Adults Res Care Clients (18-24, 25-39, 40-49, 50-54)	34	Difficulties in disaggregating client contributions in calculating net costs, total cost vs average cost
Table 6b: Younger Adults Res Care Clients (18-24, 25-39, 40-49, 50-54) Net Weekly Average Costs	32	
Table 6c: Younger Adults Res Care Clients (18-24, 25-39, 40-49, 50-54) Gross Weekly Average Costs	33	
Table 7a: Younger Adults Non-res Care Clients (18-24, 25-39, 40-49, 50-54)	32	
Table 7b: Younger Adults Non-res Care Clients (18-24, 25-39, 40-49, 50-54) Net Weekly Average Costs	18	
Table 7c: Younger Adults Non-res Care Clients (18-24, 25-39, 40-49, 50-54) Gross Weekly Average Costs	24	



## Appendix 7: Quality Assurance Activities

There were a number of processes that were undertaken as part of the research to ensure the quality of the analysis and results and these principles have been summarised below.

### 1. Data collection

#### Local authority collection

Data will be collected from LAs using a pre-determined protocol.

All raw data will be kept securely for the duration of the study at PSSRU.

Datasets will be copied and sent to LG Futures for cleaning and merging. This process will ensure that PSSRU has raw excel spreadsheets if the data needs to be referred back to.

LG Futures will collate the local authority data collection into a consistent format to be sent back to PSSRU for checking and subsequent analysis.

#### Care home data collection

A data collection instrument will be developed and checked by the research team and other stakeholders

Data will be collected electronically and checked for quality.

The dataset will be cleaned by LG Futures and passed to PSSRU for checking and subsequent analysis.

These data will be stored securely.

#### Other data

We will use Census and other data as downloaded from public sources.

These files will be converted into statistical analysis format (Stata).

Our dataset comprising publicly available data will be made available to DH colleagues for double-checking.

### 2. Analysis

The analysis will be quality assured according to the following protocol(s).

The underlying principle is for analysis to be conducted on raw data with each manipulation of the raw data undertaken using a programme of instructions (the syntax or code). This ensures that (a) that the results can be replicated directly from the raw data and (b) that the manipulation and analytical process are explicit and easily checked.



## Preparation of variables

- The raw datasets will be locked against changes
- Stata syntax/code will be written to check and clean the data
- Initial descriptive analysis of the clean data will be used to assess distributions, missing data, outliers and other anomalous data points
- Stata syntax/code will be written to merge in the (raw) other data (e.g. Census data)
- Tests will be performed to ensure correct merging of data (e.g. matching/non-matching)
- Stata syntax/code will be written to perform initial manipulation of data e.g. aggregation of variables, converting data to rates etc.
- Descriptive analyses will be used to check these constructed variables
- All stata syntax/code will be checked by the research team and other stakeholders

## Analysis

- The preparation syntax will always be run to create variables for each analysis and we will not use 'saved' datasets
- Stata syntax/code will be written to perform the regressions/estimations
- The results for the formulae will be re-run by a second analyst to ensure that they can be replicated
- The output from these regression/statistical analyses will be manipulated and interpreted using code written for post-estimation tasks
- Various sensitivity analyses will be performed to check the robustness of the results
- Final outputs will be stored in spreadsheets and logged
- We will publish the methods used to derive the results
- Note that data protection requirements will limit the publishing of data for independent testing
- All syntax will be saved for future purposes

## Appendix 8: Qualitative Data Collection from LAs on Self-Funders

### Preliminary Questionnaire – Spring 2013

#### 1. Assessment Processes

Please could you briefly describe your assessment processes in relation to self-funders?

#### 2. Availability of Information on Numbers of Self-funders

Do you hold any of the following information about individuals who are assessed by your local authority and go on to fund their own care after the assessment process e.g. client group (such as physical disability), care need (e.g. residential care, home care), outcome of assessment (e.g. FACS criteria)?

#### 3. Availability of Information on Characteristics of Self-funders

In undertaking assessments of self-funders, do you collect information about their financial circumstances, socio-economic or socio-demographic indicators (e.g. ethnicity, age, gender), housing status, availability of informal support/carers, whether the client is living alone, home postcode?

#### 4. Future Demand from Self-funders

Do you undertake any analysis or forecasting to identify future demand for funded care from self-funders? If yes, please let us know whether you would be willing to share this information with the research team.

#### 5. Transitioning Clients

Does your client information system enable you to identify clients who have transitioned from self-funded to local authority funded care?

#### 6. Local Authority Information Gathering

Have you undertaken any research locally to develop your understanding of the self-funder market in your local authority e.g. census of residential care home residents, providers of domiciliary care services? If yes, please let us know whether you would be willing to share this information with the research team.

--

## 7. Further Data Collection

Would you be interested in being involved in a separate data collection relating to self-funders?

### **Follow-up Questionnaire – Summer 2014**

#### **1. Local Authority Contact Details**

If there is a particular individual within your authority who can provide information about self-funders (or the self-funder market) and would be willing to talk to the research team? If so, please provide contact details below:

#### **2. Local Authority Assessments**

Are you able to profile care assessments undertaken by your authority by “outcome” i.e. could you provide us with details about the total number of assessments you have undertaken and also specify the number of individuals who were identified as being eligible for care (FACS criteria) and/or eligible for funding, what care need was identified (residential/non-residential) and the number of individuals in each client group, for example?

#### **3. Residential Care: Market Assessments/Surveys/Data Collection**

We understand that some local authorities have undertaken ad hoc and regular survey work with residential care providers to collect information on the overall size of the market (e.g. total places in residential care) and the number of self-funders in residential care settings. If you have undertaken this type of data collection (currently or historically), please could you outline the data you have collected and how this was collected. If possible, please provide us with any supporting information e.g. copy of survey, summary of survey data etc.

#### **4. Non-residential care**

Our initial research suggests that there is very limited information available about self-funders making use of non-residential care services e.g. home care. Please outline any information your authority has in relation to this client group e.g. clients funding their own non-residential care using local authority services or services brokered by local authorities.

## Appendix 9: Self-Funder Follow-up Survey to Local Authorities

Responses were received from 34 authorities:

1. Bexley
2. Blackpool
3. Bracknell Forest
4. Buckinghamshire
5. Camden
6. Cheshire East
7. Coventry
8. Croydon
9. Derbyshire
10. Durham
11. Ealing
12. East Sussex
13. Enfield
14. Essex
15. Hartlepool
16. Hillingdon
17. Hounslow
18. Isles of Scilly
19. Kent
20. Leeds
21. Leicester
22. Lincolnshire
23. Milton Keynes
24. Newham
25. North Somerset
26. Northumberland
27. Nottinghamshire
28. Oxfordshire
29. Sefton
30. Solihull
31. Sutton
32. Swindon
33. Torbay
34. Wolverhampton

## Appendix 10: Initial Care Home Survey

### Adult Social Care Funding Formulae - Care Home Survey December

#### 1. Overview of the survey

Major changes are currently being proposed nationally by government in relation to eligibility and means testing for adult social care. The Department of Health has therefore commissioned a review of the way in which adult social care funding is distributed to local authorities, which will be used to inform the development of new funding formulae.

As the changes will result in an increased number of individuals who currently fund their own care becoming eligible for local authority support, these changes will change the funding profile of clients in your care home. The level of funding allocated to local authorities in future will also impact upon care homes themselves, in terms of local authority funding availability. It is therefore critical that the research uses as robust data as possible to allocate funding.

Public sector funding specialists, LG Futures, and the Personal Social Services Research Unit (PSSRU) at the University of Kent/London School of Economics and Political Science are therefore undertaking a very short survey, which asks a few basic questions about the characteristics of your care home, including a particular focus upon numbers of individuals who fully fund their own care.

Data collected by this survey will be used to inform the development of new adult social care funding formulae. **The survey should take around 15 minutes to complete.** You do not need to be able to complete all the questions in order to submit the survey and best estimates are fine if you do not have precise data.

The study has received approval from the National Research Ethics Service and support from the English Community Care Association (ECCA), the Registered Nursing Home Association (RNHA) and the National Care Association (NCA). All data will be stored in accordance with the 1998 Data Protection Act and no information on individuals or individual care homes will be identifiable from the research. In addition, all care homes participating in the research will receive a report for their own local authority area, identifying key features of all care homes within their area (on an anonymised basis).

This short online survey is being sent to all private and voluntary sector care homes in England. Your care home's participation in the study will be extremely valuable in providing an accurate picture of the current position of privately funded residential care and in ensuring that funding is allocated using the best possible information.

The survey will save automatically as you complete it and you will be able to carry on from the last question by re-clicking on the link to the survey (using the same PC), if you do not complete the survey in one sitting. We would like to make clear that your participation in the research project is entirely voluntary. If you would like to withdraw from the data collection process for whatever reason, you are welcome to do this at any time.

**We would be grateful if you would complete the survey by Wednesday 22 January 2014.** Should you have any queries about the completion of this survey, please contact Rebecca Johnson at [rebecca.johnson@lgfutures.co.uk](mailto:rebecca.johnson@lgfutures.co.uk) in the first instance.

We would like to thank you for taking the time to submit information to us and for your assistance with this vital research.

## Adult Social Care Funding Formulae - Care Home Survey December

### 2. Questions about your care home

Please answer the questions on this page based on your registration with the Care Quality Commission (CQC).

Questions in this section marked with \* require an answer before you can continue with the survey.

**\* 1. What is the name of your care home? Along with your postcode, this will only be used to identify the location of your home.**

**\* 2. Please provide us with your postcode - this will only be used to map your responses to the locality in which your care home is located and will not be used to identify your home in any published information.**

**\* 3. Please describe the type of care home you operate:**

- ☐ (i) Private care homes without nursing (often called care homes)
- ☐ (ii) Private care home with nursing (often called nursing homes)
- ☐ (iii) Voluntary care homes without nursing (often called care homes)
- ☐ (iv) Voluntary care home with nursing (often called nursing homes)
- ☐ (v) Other (please specify)

**\* 4. How many registered beds do you have (as on your most recent CQC registration certificate)?**

Number

of

registered

beds:

**\* 5. Which of the following specialisms / services do you provide? Please tick all that apply.**

- |  |   |
|--|---|
| <input type="checkbox"/> (i) Dementia                  | <input type="checkbox"/> (v) Physical disabilities  |
| <input type="checkbox"/> (ii) Eating disorders         | <input type="checkbox"/> (vi) Sensory impairments   |
| <input type="checkbox"/> (iii) Learning disabilities   | <input type="checkbox"/> (vii) Substance misuse problems  |
| <input type="checkbox"/> (iv) Mental health conditions | <input type="checkbox"/> (viii) Caring for people whose rights are restricted under the Mental Health Act |

**\* 6. What age groups are covered by residents in your care?**

- ☐ (i) Younger adults aged 18-64
- ☐ (ii) Older people aged 65+
- ☐ (iii) Adults all ages



## Adult Social Care Funding Formulae - Care Home Survey December

### 3. Questions about younger adults (aged 18-64)

Please answer the following questions in relation to current occupancy for those aged 18-64.

Where questions ask for numbers of residents who are full cost payers/self-funding their own care, please include residents who pay the full social care cost (with or without drawing on any disability-related benefits). There are three potential groups of full cost-payers/self-funders:

1. People who do not have their care arranged by their local authority;
2. People who have been assessed by their local authority, but their needs are below the eligibility threshold, and so are responsible for paying the full costs of their care;
3. People who have been assessed as eligible by their local authority, but have savings above the relevant upper assets threshold, and so are responsible for paying the full costs of their care.

The full cost-payer/self-funder definition includes residents where the NHS makes a contribution to cover nursing care from a registered nurse, but the resident doesn't qualify for NHS continuing healthcare (NHS-funded nursing care).

Please exclude any residents where the local authority makes a contribution to the resident's social care cost or there is a top-up arrangement from a third party, even if the resident also makes a partial payment to their social care costs. Please also exclude any residents where the NHS are responsible for meeting the full cost of resident's care in a care home (NHS Continuing Healthcare).

If you do not have data to provide precise answers to the question in this section, we are happy for you to provide estimates.

#### 1. Occupancy Levels: based on the residents who are currently in residence (on the date you complete the questionnaire):

- (i) How many beds do you have for permanent residents?
- (ii) How many of these beds are occupied by permanent residents?
- (iii) How many permanent residents are full cost-payers/self-funding their own care?
- (iv) How many of these full cost-payers/self-funding permanent residents are from outside your local authority area (i.e. the authority that provides social care services)?

#### 2. What was the basic weekly room price for your most recent permanent admission for a self-funded resident (excluding nursing costs)?

Full cost-payer/self-funded residents

Basic Weekly Room Price

#### 3. Would you describe this as a typical admission/price?

- ☐ Yes
- ☐ No



Adult Social Care Funding Formulae - Care Home Survey December

**4. If this is not a typical admission/price, if you would like to, please comment below on any reasons for the difference?**

## Adult Social Care Funding Formulae - Care Home Survey December

### 4. Questions about older people (aged 65+)

Please answer the following questions in relation to current occupancy for those aged 65+.

Where questions ask for numbers of residents who are full cost payers/self-funding their own care, please include residents who pay the full social care cost (with or without drawing on any disability-related benefits). There are three potential groups of full cost-payers/self-funders:

1. People who do not have their care arranged by their local authority;
2. People who have been assessed by their local authority, but their needs are below the eligibility threshold, and so are responsible for paying the full costs of their care;
3. People who have been assessed as eligible by their local authority, but have savings above the relevant upper assets threshold, and so are responsible for paying the full costs of their care.

The full cost-payer/self-funder definition includes residents where the NHS makes a contribution to cover nursing care from a registered nurse, but the resident doesn't qualify for NHS continuing healthcare (NHS-funded nursing care).

Please exclude any residents where the local authority makes a contribution to the resident's social care cost or there is a top-up arrangement from a third party, even if the resident also makes a partial payment to their social care costs. Please also exclude any residents where the NHS are responsible for meeting the full cost of resident's care in a care home (NHS Continuing Healthcare).

If you do not have data to provide precise answers to the question in this section, we are happy for you to provide estimates.

#### 1. Occupancy Levels: based on the residents who are currently in residence (on the date you complete the questionnaire):

(i) How many beds do you have for permanent residents?

(ii) How many of these beds are occupied by permanent residents?

(iii) How many permanent residents are full cost-payers/self-funding their own care?

(iv) How many of these full cost-payers/self-funding permanent residents are from outside your local authority area (i.e. the authority that provides social care services)?

#### 2. What was the basic weekly room price for your most recent permanent admission for a self-funded resident (excluding nursing costs)?

Full cost-payer/self-funded residents

Basic Weekly Room Price

#### 3. Would you describe this as a typical admission/price?

- ☐ Yes
- ☐ No

## Adult Social Care Funding Formulae - Care Home Survey December

**4. If this is not a typical admission/price, if you would like to, please comment below on any reasons for the difference?**

**5. For permanent residents aged 65+, what proportion of full cost-payers/self-funding residents have been permanently resident in your home for the following time periods? Please estimate a figure between 0% and 100% for each category and which add up to 100% across all categories.**

(i) Less than 1 year	<input type="text"/>
(ii) Equal to or greater than 1 year but less than 2 years	<input type="text"/>
(iii) Equal to or greater than 2 years but less than 3 years	<input type="text"/>
(iv) Equal to or greater than 3 years but less than 4 years	<input type="text"/>
(v) Equal to or greater than 4 years but less than 5 years	<input type="text"/>
(vi) Equal to or greater than 5 years	<input type="text"/>

## Adult Social Care Funding Formulae - Care Home Survey December

### 5. All age homes: questions about younger adults (aged 18-64)

Please answer the following questions in relation to current occupancy for those aged 18-64.

Where questions ask for numbers of residents who are full cost payers/self-funding their own care, please include residents who pay the full social care cost (with or without drawing on any disability-related benefits). There are three potential groups of full cost-payers/self-funders:

1. People who do not have their care arranged by their local authority;
2. People who have been assessed by their local authority, but their needs are below the eligibility threshold, and so are responsible for paying the full costs of their care;
3. People who have been assessed as eligible by their local authority, but have savings above the relevant upper assets threshold, and so are responsible for paying the full costs of their care.

The full cost-payer/self-funder definition includes residents where the NHS makes a contribution to cover nursing care from a registered nurse, but the resident doesn't qualify for NHS continuing healthcare (NHS-funded nursing care).

Please exclude any residents where the local authority makes a contribution to the resident's social care cost or there is a top-up arrangement from a third party, even if the resident also makes a partial payment to their social care costs. Please also exclude any residents where the NHS are responsible for meeting the full cost of resident's care in a care home (NHS Continuing Healthcare).

If you do not have data to provide precise answers to the question in this section, we are happy for you to provide estimates.

#### 1. Occupancy Levels: based on the residents who are currently in residence (on the date you complete the questionnaire):

- (i) How many beds do you have for permanent residents?
- (ii) How many of these beds are occupied by permanent residents?
- (iii) How many permanent residents are full cost-payers/self-funding their own care?
- (iv) How many of these full cost-payers/self-funding permanent residents are from outside your local authority area (i.e. the authority that provides social care services)?

#### 2. What was the basic weekly room price for your most recent permanent admission for a self-funded resident (excluding nursing costs)?

Full cost-payer/self-funded residents

Basic Weekly Room Price

#### 3. Would you describe this as a typical admission/price?

- ☐ Yes
- ☐ No

**Adult Social Care Funding Formulae - Care Home Survey December**

**4. If this is not a typical admission/price, if you would like to, please comment below on any reasons for the difference?**



## Adult Social Care Funding Formulae - Care Home Survey December

### 6. All age homes: questions about older people (aged 65+)

Please answer the following questions in relation to current occupancy for those aged 65+.

Where questions ask for numbers of residents who are full cost payers/self-funding their own care, please include residents who pay the full social care cost (with or without drawing on any disability-related benefits). There are three potential groups of full cost-payers/self-funders:

1. People who do not have their care arranged by their local authority;
2. People who have been assessed by their local authority, but their needs are below the eligibility threshold, and so are responsible for paying the full costs of their care;
3. People who have been assessed as eligible by their local authority, but have savings above the relevant upper assets threshold, and so are responsible for paying the full costs of their care.

The full cost-payer/self-funder definition includes residents where the NHS makes a contribution to cover nursing care from a registered nurse, but the resident doesn't qualify for NHS continuing healthcare (NHS-funded nursing care).

Please exclude any residents where the local authority makes a contribution to the resident's social care cost or there is a top-up arrangement from a third party, even if the resident also makes a partial payment to their social care costs. Please also exclude any residents where the NHS are responsible for meeting the full cost of resident's care in a care home (NHS Continuing Healthcare).

If you do not have data to provide precise answers to the question in this section, we are happy for you to provide estimates.

#### 1. Occupancy Levels: based on the residents who are currently in residence (on the date you complete the questionnaire):

- (i) How many beds do you have for permanent residents?
- (ii) How many of these beds are occupied by permanent residents?
- (iii) How many permanent residents are full cost-payers/self-funding their own care?
- (iv) How many of these full cost-payers/self-funding permanent residents are from outside your local authority area (i.e. the authority that provides social care services)?

#### 2. What was the basic weekly room price for your most recent permanent admission for a self-funded resident (excluding nursing costs)?

Full cost-payer/self-funded residents

Basic Weekly Room Price

#### 3. Would you describe this as a typical admission/price?

- ☐ Yes
- ☐ No

Adult Social Care Funding Formulae - Care Home Survey December

**4. If this is not a typical admission/price, if you would like to, please comment below on any reasons for the difference?**

**5. For permanent residents aged 65+, what proportion of full cost-payers/self-funding residents have been permanently resident in your home for the following time periods? Please estimate a figure between 0% and 100% for each category and which add up to 100% across all categories.**

(i) Less than 1 year	<div></div>
(ii) Equal to or greater than 1 year but less than 2 years	<div></div>
(iii) Equal to or greater than 2 years but less than 3 years	<div></div>
(iv) Equal to or greater than 3 years but less than 4 years	<div></div>
(v) Equal to or greater than 4 years but less than 5 years	<div></div>
(vi) Equal to or greater than 5 years	<div></div>



## Adult Social Care Funding Formulae - Care Home Survey December

### 7. End of survey

Thank you for taking the time to complete this survey and for supporting this important piece of research.

**1. Do you consent that we can share your anonymous data, combined with data from all care homes, with other relevant organisations (for example, Department of Health, Care Quality Commission, local authority associations, individual local authorities)? The only identifiable information that we would provide would be the local authority area within which your care home is located i.e. your care home name/postcode would not be made available.**

☐ Yes

☐ No

**2. Once we have analysed all the responses, we may want to follow up on certain issues with those organisations who taken part in the research. If you are happy to be contacted about additional research activities, please enter your email address in the box below. We will also provide you with a short report which contains summary findings relevant to your locality:**

**3. Should you wish to expand on any of your answers to this survey or provide any further comments, please do so here:**

## Appendix 11: Follow-up Care Home Survey

### Adult Social Care Funding Formulae - Care Home Survey Follow Up

#### 1. Overview of the survey

Major changes are currently being proposed nationally by government in relation to eligibility and means testing for adult social care. The Department of Health has therefore commissioned a review of the way in which adult social care funding is distributed to local authorities, which will be used to inform the development of new funding formulae.

As the changes will result in an increased number of individuals who currently fund their own care becoming eligible for local authority support, these changes will change the funding profile of clients in your care home. The level of funding allocated to local authorities in future will also impact upon care homes themselves, in terms of local authority funding availability. It is therefore critical that the research uses as robust data as possible to allocate funding.

Public sector funding specialists, LG Futures, and the Personal Social Services Research Unit (PSSRU) at the University of Kent/London School of Economics and Political Science previously invited you to undertake a short survey, which asked questions about the characteristics of your care home, including a particular focus upon numbers of individuals who fully fund their own care. The survey included a question asking whether the research team could contact you again.

You kindly agreed for the research team to contact you again and supplied your email address.

The aim of this short follow up survey is to add to our understanding of privately funded residential care service users. Specifically, the survey will help us to understand more about:

**1. Prices** i.e. the range of prices being charged for residential and nursing care. Many respondents to the first survey indicated a weekly price in excess of £800 and it is important for us to understand the full range of prices, if your typical weekly price is above £800.

**2. Previous addresses** i.e. where self-funders lived before entering residential and nursing care, particularly if they have moved between areas (identified by postcode district). This is because certain responsibilities for public support apply to the council in which the person lived before moving into a care home, rather than where they live now.

As before, the survey will save automatically as you complete it and you will be able to carry on from the last question by re-clicking on the link to the survey (using the same PC), if you do not complete the survey in one sitting. We would like to make clear that your participating in the research project is entirely voluntary. If you would like to withdraw from the data collection process for whatever reason, you are welcome to do this at any time.

**The survey should take approximately 15 minutes to complete.**

**We would be grateful if you would complete the survey by Monday 31st March 2014.** Should you have any queries about the completion of this survey, please contact Rebecca Johnson at [rebecca.johnson@lgfutures.co.uk](mailto:rebecca.johnson@lgfutures.co.uk) in the first instance.

We would like to thank you for taking the time to submit the information to us and for your assistance with this vital research.

Adult Social Care Funding Formulae - Care Home Survey Follow Up

**1. This follow up survey relates specifically to full cost payers / self-funders. Do you have any permanent residents who are full cost payers / self-funders? If you answer no, when you click "next" you will be taken to the end of the survey.**

- ☐ Yes
- ☐ No

## Adult Social Care Funding Formulae - Care Home Survey Follow Up

### 2. Questions about your care home

Questions in this section marked with \* require an answer before you can continue with the survey.

**\*1. What is the name of your care home? Along with your postcode, this will only be used to identify the location of your home.**

**\*2. Please provide us with your postcode - this will only be used to map your responses to the locality in which your care home is located and will not be used to identify your home in any published information.**

**\*3. What age groups are covered by residents in your care?**

- ☐ (i) Younger adults aged 18-64
- ☐ (ii) Older people aged 65+
- ☐ (iii) Adults all ages

## Adult Social Care Funding Formulae - Care Home Survey Follow Up

### 3. Questions about younger adults (aged 18-64)

Please answer the following questions in relation to current occupancy for those aged 18-64, specifically relating to full cost payers/self-funding residents.

As in the previous survey, there are three potential groups of full cost payers/self-funders:

1. People who do not have their care arranged by their local authority;
2. People who have been assessed by their local authority, but their needs are below the eligibility threshold, and so are responsible for paying the full costs of their care;
3. People who have been assessed as eligible by their local authority, but have savings above the relevant upper assets threshold, and so are responsible for paying the full costs of their care.

The full cost-payer/self-funder definition includes residents where the NHS makes a contribution to cover nursing care from a registered nurse, but the resident doesn't qualify for NHS continuing healthcare (NHS-funded nursing care).

Please exclude any residents where the local authority makes a contribution to the resident's social care cost or there is a top-up arrangement from a third party, even if the resident also makes a partial payment to their social care costs. Please also exclude any residents where the NHS are responsible for meeting the full cost of resident's care in a care home (NHS Continuing Healthcare).

Questions 1 and 2 on this page explore in more detail the distribution of prices in the higher range. Please answer these questions in relation to the most recent admission to your care home.

Question 3 will help us collect information about where people most recently lived before they entered residential care and whether they have moved between areas. This question is based on postcode districts i.e. the first part of the postcode only, in order to retain confidentiality. For example, if the postcode of your home is BB21 4XX, the postcode district is BB21; so, in this example, please provide information as below for permanent full cost payers/self-funding residents whose last pre-care address was in a different postcode district to BB21.

#### 1. Was the basic weekly room price for your most recent permanent admission for a full cost payer / self-funding resident (excluding nursing costs) more than £800 per week?

- ☐ Yes
- ☐ No

#### 2. If YES, please select the appropriate price band from the drop down menu?

Full cost-payer/self-funded residents

Basic Weekly Room Price



## Adult Social Care Funding Formulae - Care Home Survey Follow Up

**3. Please provide the first part of the postcode (e.g. CT5 or WC2A) for a random sample of up to 20 full cost payers/self-funding permanent residents whose pre-care postcode is in a different postcode district to your home. Please do not provide the whole postcode. This will prevent individuals being identifiable.**

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## Adult Social Care Funding Formulae - Care Home Survey Follow Up

### 4. Questions about older people (aged 65+)

Please answer the following questions in relation to current occupancy for those aged 65+, specifically relating to full cost payers/self-funding residents.

As in the previous survey, there are three potential groups of full cost payers/self-funders:

1. People who do not have their care arranged by their local authority;
2. People who have been assessed by their local authority, but their needs are below the eligibility threshold, and so are responsible for paying the full costs of their care;
3. People who have been assessed as eligible by their local authority, but have savings above the relevant upper assets threshold, and so are responsible for paying the full costs of their care.

The full cost-payer/self-funder definition includes residents where the NHS makes a contribution to cover nursing care from a registered nurse, but the resident doesn't qualify for NHS continuing healthcare (NHS-funded nursing care).

Please exclude any residents where the local authority makes a contribution to the resident's social care cost or there is a top-up arrangement from a third party, even if the resident also makes a partial payment to their social care costs. Please also exclude any residents where the NHS are responsible for meeting the full cost of resident's care in a care home (NHS Continuing Healthcare).

Questions 1 and 2 on this page explore in more detail the distribution of prices in the higher range. Please answer these questions in relation to the most recent admission to your care home.

Question 3 will help us collect information about where people most recently lived before they entered residential care and whether they have moved between areas. This question is based on postcode districts i.e. the first part of the postcode only, in order to retain confidentiality. For example, if the postcode of your home is BB21 4XX, the postcode district is BB21; so, in this example, please provide information as below for permanent full cost payers/self-funding residents whose last pre-care address was in a different postcode district to BB21.

#### 1. Was the basic weekly room price for your most recent permanent admission for a self-funded resident (excluding nursing costs) more than £800 per week?

- ☐ Yes
- ☐ No

#### 2. If YES, please select the appropriate price band from the drop down menu?

Full cost-payer/self-funded residents

Basic Weekly Room Price



## Adult Social Care Funding Formulae - Care Home Survey Follow Up

**3. Please provide the first part of the postcode (e.g. CT5 or WC2A) for a random sample of up to 20 full cost payers/self-funding permanent residents whose pre-care postcode is in a different postcode district to your home. Please do not provide the whole postcode. This will prevent individuals being identifiable.**

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## Adult Social Care Funding Formulae - Care Home Survey Follow Up

### 5. All Age Homes: Questions about younger adults (aged 18-64)

Please answer the following questions in relation to current occupancy for those residents in your home aged 18-64, specifically relating to full cost payers/self-funding residents.

As in the previous survey, there are three potential groups of full cost payers/self-funders:

1. People who do not have their care arranged by their local authority;
2. People who have been assessed by their local authority, but their needs are below the eligibility threshold, and so are responsible for paying the full costs of their care;
3. People who have been assessed as eligible by their local authority, but have savings above the relevant upper assets threshold, and so are responsible for paying the full costs of their care.

The full cost-payer/self-funder definition includes residents where the NHS makes a contribution to cover nursing care from a registered nurse, but the resident doesn't qualify for NHS continuing healthcare (NHS-funded nursing care).

Please exclude any residents where the local authority makes a contribution to the resident's social care cost or there is a top-up arrangement from a third party, even if the resident also makes a partial payment to their social care costs. Please also exclude any residents where the NHS are responsible for meeting the full cost of resident's care in a care home (NHS Continuing Healthcare).

Questions 1 and 2 on this page explore in more detail the distribution of prices in the higher range. Please answer these questions in relation to the most recent admission to your care home.

Question 3 will help us collect information about where people most recently lived before they entered residential care and whether they have moved between areas. This question is based on postcode districts i.e. the first part of the postcode only, in order to retain confidentiality. For example, if the postcode of your home is BB21 4XX, the postcode district is BB21; so, in this example, please provide information as below for permanent full cost payers/self-funding residents whose last pre-care address was in a different postcode district to BB21.

#### 1. Was the basic weekly room price for your most recent permanent admission for a self-funded resident (excluding nursing costs) more than £800 per week?

- ☐ Yes
- ☐ No

#### 2. If YES, please select the appropriate price band from the drop down menu?

Full cost-payer/self-funded residents

Basic Weekly Room Price

## Adult Social Care Funding Formulae - Care Home Survey Follow Up

**3. Please provide the first part of the postcode (e.g. CT5 or WC2A) for a random sample of up to 20 full cost payers/self-funding permanent residents whose pre-care postcode is in a different postcode district to your home. Please do not provide the whole postcode. This will prevent individuals being identifiable.**

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## Adult Social Care Funding Formulae - Care Home Survey Follow Up

### 6. All Age Homes: Questions about older people (aged 65+)

Please answer the following questions in relation to current occupancy for those residents aged 65+, specifically relating to full cost payers/self-funding residents.

As in the previous survey, there are three potential groups of full cost payers/self-funders:

1. People who do not have their care arranged by their local authority;
2. People who have been assessed by their local authority, but their needs are below the eligibility threshold, and so are responsible for paying the full costs of their care;
3. People who have been assessed as eligible by their local authority, but have savings above the relevant upper assets threshold, and so are responsible for paying the full costs of their care.

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#### 1. Was the basic weekly room price for your most recent permanent admission for a self-funded resident (excluding nursing costs) more than £800 per week?

- ☐ Yes
- ☐ No

#### 2. If YES, please select the appropriate price band from the drop down menu?

Full cost-payer/self-funded residents

Basic Weekly Room Price

## Adult Social Care Funding Formulae - Care Home Survey Follow Up

**3. Please provide the first part of the postcode (e.g. CT5 or WC2A) for a random sample of up to 20 full cost payers/self-funding permanent residents whose pre-care postcode is in a different postcode district to your home. Please do not provide the whole postcode. This will prevent individuals being identifiable.**

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## Adult Social Care Funding Formulae - Care Home Survey Follow Up

### 7. End of survey

Thank you for taking the time to complete this survey and for supporting this important piece of research. Once we have analysed all the responses, we will provide you with a short report which contains summary findings from both surveys relevant to your locality. This will be sent to your email address as provided in the first survey.

**1. Do you consent that we can share your anonymous data, combined with data from all care homes, with other relevant organisations (for example, Department of Health, Care Quality Commission, local authority associations, individual local authorities)? The only identifiable information that we would provide would be the local authority area within which your care home is located i.e. your care home name/postcode would not be made available.**

- ☐ Yes  
☐ No

**2. Should you wish to expand on any of your answers to this survey or provide any further comments, please do so here:**

