

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

Engagement and Data Collection Activities

July 2014

Acknowledgement

This report is independent research commissioned and funded by the Department of Health Policy Research Programme (Study to Review and Update RNF Allocation Formulae for Adult Social Care, 056/0018). The views expressed in this publication are those of the author(s) and not necessarily those of the Department of Health.

Contents

1. Overview of this Report	3
2. Engagement with Key Stakeholders.....	4
3. Data Collection from Local Authorities on LA-Funded Clients	6
4. Qualitative Data Collection from LAs on Self-funding Clients	19
5. Data Collection from Care Providers for Self-funding Clients	22
6. Summary	24

1. Overview of this Report

- 1.1 This report focuses on the elements of the research for which LG Futures was specifically responsible, covering:
- The engagement strategy which underpinned local authority (LA) involvement in the project and which facilitated the data collection from LAs and care homes;
 - The process of data collection from LAs in relation to individuals whose care is currently funded by local authorities;
 - Information gathering from LAs in relation to clients who fund their own care;
 - The process of data collection from residential care homes in relation to individuals who currently fund their own care.
- 1.2 The report comprises the following sections:
- Engagement with key stakeholders;
 - Data collection from local authorities for LA-funded clients;
 - Qualitative data collection from local authorities on self-funding clients;
 - Data collection from residential care providers on self-funding clients.
- 1.3 Appendices to the report have been provided as a separate document.

2. Engagement with Key Stakeholders

2.1 The research team identified that an extensive programme of engagement was critical to the success of the project, particularly in collecting data from a sufficiently large sample of local authorities. The following provides a summary of the main engagement activities:

- An Advisory Group was established at the start of the project involving representatives from the research team, the Department of Health (DH), Department for Communities and Local Government (DCLG) and Department for Environment, Food and Rural Affairs (DEFRA). The group met monthly throughout the course of the project to receive papers outlining project progress, methodologies and to agree the approaches to data collection and analysis. The group also received policy updates in areas relevant to the research.
- At the start of the research, preliminary letters and a briefing note on the purposes of the research were sent to all local authorities via the Association of Directors of Adult Social Services (ADASS), in addition to communication from DH. A copy of the letter from the research team is included in Appendix 1. This information was sent to Directors of Adult Social Care and copied to Chief Executives and Directors of Finance.
- Meetings were initially held with a range of organisations to inform them of the research work, including ADASS; the Local Government Association; London Councils; Treasurers Associations; the Health and Social Care Information Centre; and care provider associations.
- Discussions took place with social care information system providers, to seek their views on the likely availability of data from systems, in advance of data collection templates being developed.
- An independent Project Advisory Panel was established to enable the research team to share information, test out data collection strategies and validate findings with key stakeholders. A full list of members is included in Appendix 2.
- LG Futures established a dedicated project website (<http://adultsocialcarernf.co.uk>) to disseminate information relating to the project, including copies of communication, presentations, data collection instruments and Project Advisory Panel minutes and papers.
- Presentations were made to a range of organisations and groups, including the CIPFA Social Care Conference, London Heads of Social Care Finance, the CIPFA Social Care and Welfare Reform Panel and regional authority groupings.
- Articles to raise awareness of the research project were published in a number of publications, including Community Care and Public Finance.

2.2 In addition to the engagement activities outlined above, a detailed programme of preliminary engagement was undertaken with local authorities to support the main data collection in relation to LA- funded clients (as outlined in Section 3 below). This included:

- All authorities nationally were notified about the research and were invited to participate in providing supporting information and data relating to local authority supported clients in residential and non-residential care.
- A sub-set of authorities participated in two preliminary pilot surveys conducted in spring 2013, which focused on key questions in relation to the local authority data collection and availability of information on clients who fund their own care. The purpose of these surveys was to identify what data was likely to be potentially available from authorities, prior to full data collection taking place more widely. In total, 11 authorities participated in the preliminary survey on local authority data collection and 5 authorities provided responses in relation to the data available about self-funders in this preliminary survey.
- Local authorities were also asked to nominate key contacts who would provide the main link with the research team on subsequent engagement activities. All LAs were also invited to attend webinars held in February/March 2014 to explain the research in further detail and provide an opportunity to raise questions. Three events were held and 35 authorities participated. The answers to questions raised during the webinars were circulated to all local authorities who participated and also posted on the project website.
- All local authorities that were able to provide core data relating to the research were asked to participate in the main data collection by providing detailed data on LA-funded clients during summer 2013. A total of 67 authorities originally came forward to participate in the data collection; although data was received from 60 authorities (see section 3).
- A second survey was also sent to participating local authorities in obtain additional information about the data available to local authorities on clients who fund their own care (self-funders). This more comprehensive survey was completed by 34 authorities in summer 2013 (see section 4).

2.3 The engagement activities, and other research activities, also informed a **feasibility study** which was produced by PSSRU and submitted to the Advisory Group, considering potential approaches to collecting data on individuals who fund their own care (self-funders).

3. Data Collection from Local Authorities on LA-Funded Clients

3.1 This section provides a summary of the process that was adopted by the research team in relation to:

- The identification of the data to be collected from local authorities;
- The process by which data would be collected from local authorities;
- Ethical and data protection issues impacting on the data that would be collected and how it would be collected;
- The identification and implementation of the sampling framework;
- Testing and development of data collection templates and guidance;
- Support provided to local authorities to provide the data;
- Data submitted by participating local authorities; and
- Preliminary quality assurance.

Identifying data to be collected and the process for collection

3.2 Preliminary work by the research team in conjunction with DH and other stakeholders considered several key areas in relation to identifying data about LA-funded clients that would be collected from local authorities:

- Individual level data vs. small area level data;
- Time period for the data collection;
- Definitions relating to social care activity;
- Identification of the core data required by the research team;
- Availability of cost and other data at individual and small area level; and
- Process for data collection.

3.3 In order to support the research team in addressing these questions, as identified previously, pilot work took place with a smaller number of local authorities who specifically expressed an interest in taking part through the preliminary engagement activities. In total, 11 authorities provided detailed responses to a short survey, a copy of which is included in Appendix 3: Blackpool; Cornwall; Croydon; Derbyshire; Durham; East Sussex; Essex; Hartlepool; Leicestershire; Shropshire; and Lincolnshire.

3.4 These responses were further validated through the local authority webinars, the Project Advisory Panel, the Advisory Group and in discussions with other stakeholders. Following this pilot period of consultation and discussion, it was identified that the process for data collection from LAs would be taken forward as follows:

- The data collection period would begin from July 2013 and be completed by November 2013;
- The focus would be on 2012/13 data only, as this would be most straightforward for local authorities to access consistently and would relate to the most up-to-date patterns of social care activity;
- Although individual level data would provide a rich data set, the benefits would be offset by difficulties relating to accessibility, comparability, data protection and data sharing. Therefore, the level of the small area data collection would be lower layer super output area (LSOAs), rather than individual level data. There are approximately 35,000 LSOAs in England and each LSOA has an average of approximately 1,500 residents and 650 dwellings¹. LSOAs have been defined to represent areas of similar social background, and, in the case of this research, to represent areas likely to have a similar need for social care support. This provided a suitable alternative for individual level data;
- Data collection would be separated into core and supplementary returns. The core data returns would be the minimum dataset required by the research team;
- Core data returns would include the small area data for residential and non-residential care clients and this was identified as essential to the development of the funding formulae. Local authorities were invited to participate in the research on the basis that they could provide the core data as a minimum;
- For residential care, the core data would be new permanent admissions to residential care settings in 2012/13. All definitions would be derived from Table S3 in the Adult Social Care Combined Activity Return (ASC-CAR) for the number of LA-supported PERMANENT admissions to residential and nursing care (excluding admissions to group homes), by type of residence, primary client type and age group (18-64 and 65+)². Data would be collected for clients based on their pre-care and current address. The research team decided to focus on new permanent admissions to residential care,

¹ Super Output Areas Explained

(<http://neighbourhood.statistics.gov.uk/HTMLDocs/nessgeography/superoutputareasexplained/output-areas-explained.htm>)

² Adult Social Care Combined Activity Return (ASC-CAR) for the collection period 1st April 2012 to 31st March 2013 (see page 12) <http://www.ic.nhs.uk/CHttpHandler.ashx?id=10800&p=0>

rather than all residents, as it was identified that pre-care address data would be more likely to be available for new admissions. Analytical work was undertaken by the research team to ensure that new admissions would be a sufficiently representative proxy for all social care activity in residential care;

- For non-residential care, the core data would be clients accessing services on the final day of 2012/13 (snapshot data relating to 31 March 2013). All definitions would be derived from Table 2Ps in the Referrals, Assessments and Packages of Care (RAP) return for the number of clients on the books to receive community-based services provided or commissioned by the CASSR on the last day of the period, by age group, primary client type, and components of service. Analytical work was undertaken by the research team to ensure that the snapshot data would provide a sufficiently representative proxy for all non-residential care social care activity;
- Supplementary data returns would focus on cost data (see below) and local authority summary data for:
 - Clients with Preserved Rights and clients funded through the Valuing People Now (VPN) transfer, collected at local authority level, although the availability of VPN data was expected to be much more limited;
 - Clients who previously funded their own care (i.e. clients who have transitioned from self-funded to LA funded during 2012/13 and were therefore recorded as a new permanent admission); and
 - For younger adults, summary data at local authority level for additional age groups to those used in the national returns.
- Cost data would generally be collected at local authority level from Personal Social Services Expenditure Returns (PSSEX1), due to difficulties identified by local authorities in mapping financial data to small areas. Local authorities were given the opportunity to provide cost data at LSOA level if it was available to them. Gross and net costs would also be requested, with the expectation that some authorities would find it more difficult to provide net costs. Net costs exclude client contributions to care costs;
- Excel templates would be designed for the data collection, consistent in format with the templates used for the statutory returns (RAP and ASC-CAR). Authorities would then upload their data through a secure web portal; and
- Support for local authorities would focus on ensuring direct access to support from the research team, clear guidelines, detailed FAQs and realistic timescales.

Ethics, research governance and data protection

- 3.5 In order to collect the data summarised above from LAs, the research team was required to seek ethics and research governance approval:
- For the local authority data collection, an application for ethical approval was discussed with the National Ethics Committee on 25 April 2013 and approval was received on 9 May 2013.
 - Ethical approval was also required and received for the each of the care home surveys (see section 5).
 - The research was also subject to the Research Governance Framework, requiring national and local approval. For local research governance, the process was more involved and resulted in research governance approval being sought from each local authority that participated in the data collection. A number of authorities were ultimately excluded from the data sample, as research governance approval could not be obtained within the required timescales.
- 3.6 A key condition for the LA data collection of achieving ethics and research governance approval was the requirement to mask small numbers of clients in the local authority data returns, where data was being collected at LSOA level. This meant that, where the number of clients in an LSOA was greater than or equal to 1 but less than 5, the exact number of clients would be masked with an '*', for confidentiality purposes. Data was therefore collected which identified client numbers as either 0, * (i.e. 1-4) or the actual number of clients (if 5 or over).

Sampling framework and approach

- 3.7 We adopted a **stratified** sampling approach to identify different local authority groupings. This approach recognised that there were differences between local authorities (e.g. in terms of organisational structure, geography or population profile) that needed to be taken into account in the sample selection and which would not be reflected by simply selecting authorities at random. A number of factors were considered in relation to the stratification of the sample of local authorities and these included:
- **Authority type:** counties, metropolitan boroughs, London boroughs (inner and outer), unitary authorities;
 - **Regions** (previously designated as Government Office Regions): 10 different regions for England;

- **Rural/urban classifications:** there are different classes for different geographies (3 for counties, 6 for districts and other smaller geographies)³;
- **Deprivation measures:** the Index of Multiple Deprivation (IMD): these can be used to classify different geographies such as super output areas. Local authorities can also be ranked by extent of deprivation using IMD⁴;
- **National Statistics Area Classifications:** these take a range of Census and other variables and classify different geographies (local authorities, output areas, wards) according to these variables e.g. for local authorities, there were seven different groupings covering England⁵; and
- **Specific characteristics:** local authority populations could be classified according to any number of different characteristics if these were deemed to be important “differences” which impact on need for social care funding in the context of a relative needs formula. These included ethnicity, rurality, age profiles and population size and these measures were used in testing the representativeness of the sample, but not in defining the sampling framework.

3.8 Based on discussions with the DH Steering Group and an evaluation of the data available to the research team, it was agreed that the sample would be determined using two levels of stratification. The first stratification factor was local authority type (metropolitan borough, county council, inner London borough, outer London borough and unitary authority).

3.9 The second level of stratification was based on deprivation (as measured by the Index of Multiple Deprivation), with local authorities being sub-divided into three groups, based on the prevalence of deprivation within the authority (using the percentage of LSOAs within each authority that are classified within the 20% most deprived LSOAs in England).

3.10 Table 3.1 below shows the breakdown of the population by these two strata:

³ Detailed data relating to rural / urban classifications are available from the Office of National Statistics (ONS) (<http://www.ons.gov.uk/ons/guide-method/geography/products/area-classifications/rural-urban-definition-and-la/rural-urban-definition--england-and-wales-/index.html>)

⁴ Data at LSOA level for the Index of Multiple Deprivation available (<http://data.gov.uk/dataset/index-of-multiple-deprivation>)

⁵ ONS National Statistics 2011 Area Classifications (<http://www.ons.gov.uk/ons/guide-method/geography/products/area-classifications/ns-area-classifications/ns-2011-area-classifications/index.html>)

Table 3.1 Sample Stratification

Authority Type	Low		Medium		High		Total Population	Average of % of LSOAs in 20% Most Deprived LSOAs
	Population	Average of % of LSOAs in 20% Most Deprived LSOAs	Population	Average of % of LSOAs in 20% Most Deprived LSOAs	Population	Average of % of LSOAs in 20% Most Deprived LSOAs		
County Council	7,333,884	2%	6,728,265	7%	7,188,870	14%	21,251,019	8%
Inner London Borough	912,753	15%	1,049,747	34%	1,269,401	68%	3,231,901	40%
Metropolitan Borough	3,710,558	22%	3,407,659	35%	4,356,444	51%	11,474,661	36%
Outer London Borough	1,332,331	3%	1,585,484	8%	2,024,225	34%	4,942,040	16%
Unitary Authority	3,979,830	3%	4,112,273	17%	4,020,732	39%	12,112,835	20%
Grand Total	17,269,356	9%	16,883,428	20%	18,859,672	40%	53,012,456	23%

3.11 Further work was undertaken by the research team to develop an estimate of sample size within each strata and across the strata. This gave a minimum sample size of 30 LAs, with a target sample size of 50 authorities. This is summarised in the table below:

Table 3.2 Local Authorities by Sample Strata

Local Authority Type	Total Number of Authorities	Estimate of Sample Size
County Council	27	5-9
Inner London Borough	14	3-5
Metropolitan Borough	36	7-12
Outer London Borough	19	4-6
Unitary Authority	56	11-18
Grand Total	152	30-50

3.12 The local authorities from which data would be collected within each stratum was then determined by a combination of approaches and factors. We were constrained by the specific authorities who volunteered to take part in the research and were able to provide data and ultimately collected data from all LAs who could provide data. We were then able to **purposively** seek out additional authorities to increase the data we collected and move towards a more representative sample. In particular, our initial set of participating authorities included limited representation from London and we were able to address this issue through targeted engagement work with London authorities, with the support of London Councils.

3.13 In order to further test out the representativeness of the sample, the profile of the participating authorities was tested against various relevant criteria identified as potentially significant factors in relation to demand for social care services. The key factors considered were: population size, age profile (65+ and 85+), ethnicity and rurality. The representativeness of the sample against these key factors was tested and updated on a regular basis as local authorities agreed to participate in the research.

3.14 The final tests of representativeness have been undertaken using data relating to the authorities whose data was of the required quality and robustness to be used in the modelling and formulae development work. Table 3.3 below summarises the key factors that were used in the tests of representativeness as the sample was being developed.

Table 3.3 Local Authorities by Key Factors

Local Authority Type	Number of Authorities	Total Population	% of Total Population	Average of Authority Population	Average of % of Population Aged 65+	Average of % of Population Aged 85+	Average of % of Population from non-white ethnic backgrounds	Average of % of Population in Rural Populations	Average of % of LSOAs in 20% Most Deprived LSOAs
County Council	27	21,251,019	40%	787,075	19.0%	2.7%	5.7%	49.2%	7.8%
Inner London Borough	14	3,231,901	6%	230,850	9.2%	1.1%	40.1%	0.0%	39.7%
Metropolitan Borough	36	11,474,661	22%	318,741	16.1%	2.0%	13.4%	7.7%	36.4%
Outer London Borough	19	4,942,040	9%	260,107	12.7%	1.8%	37.2%	0.3%	15.7%
Unitary Authority	56	12,112,835	23%	216,301	16.5%	2.2%	10.4%	26.3%	20.1%
Grand Total	152	53,012,456	100%	348,766	15.7%	2.1%	16.4%	20.3%	23.0%

Data collection tools and guidance

3.15 The **core data** to be collected from local authorities was finalised by the research team as:

- Permanent admissions to residential care by small area:** 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) based on Table S3 in the 2012-13 ASC-CAR return⁶ broken down by age group, primary client group and care type;

⁶ Adult Social Care Combined Activity Return (ASC-CAR) for the collection period 1st April 2012 to 31st March 2013 (see page 12) <http://www.ic.nhs.uk/CHttpHandler.ashx?id=10800&p=0>

- **Clients receiving non-residential services by small area:** the number of 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). This will be based on Table P2s in the RAP return⁷ broken down by age group, primary client group and service type.

3.16 The **supplementary data** to be collected from local authorities was finalised by the research team as:

- **Permanent admissions to residential care by local authority for clients who previously funded their own care (self-funders):** a subset of the admissions to residential care for clients who were funding their own care, but now fall below the upper threshold and transition to LA-funded care, broken down by age group, primary client group and care type;
- **Gross and net costs for residential care by small area:** the average net and gross costs associated with LA supported PERMANENT admissions to residential care between 1 April 2012 to 31 March 2013 broken down by age group, primary client group and care type;
- **Clients funded through the Valuing People Now (VPN) Learning Disability Transfer and clients with Preserved Rights by local authority:** with the LA level data being broken down by age group and primary client group;
- **Permanent residential care admissions by age-band by local authority for younger adults only:** using the additional age bands of 18-24, 25-39 and 40-49 and 50-64, data was requested for the number of clients and also gross and net average costs, all broken down by primary client group and care type;
- **Clients in receipt of community based services by age-band by local authority for younger adults only:** using the additional age bands of 18-24, 25-39 and 40-49 and 50-64, data was requested for the number of clients and also gross and net average costs, all broken down by primary client group for home care and direct payments only.

3.17 The data collection tools and templates were developed with input from the pilot authorities and some revisions were made following testing by a small number of early respondents. The guidance document contained information about inclusion/exclusion criteria for the core data on residential and non-residential care and also information about how the data would be uploaded to research team. Key areas where the guidance was clarified included the:

⁷ Proformas for the Referrals, Assessments and Packages of Care (RAP) collection for the collection period 1st April 2012 to 31st March 2013 <http://www.ic.nhs.uk/CHttpHandler.ashx?id=10801&p=0>

- Process for identifying and mapping postcodes to LSOAs, particularly where postcodes were missing or related to out of area placements;
- Approach to masking client numbers of less than 5;
- Clarification of activities to be recorded in relation to non-residential care;
- Approach to providing cost data (calculation of average costs); and
- Definitions of age bands for supplementary data on younger adults.

3.18 A final set of guidance was issued to all authorities and the research team supported the authorities to complete the data collection templates within the required timescales, as detailed further below. A copy of the guidance is included in Appendix 4. Further information on the data upload process was also shared with participating authorities by the research team as data templates were completed.

Support to the participating authorities

3.19 A team of researchers from LG Futures was allocated to provide dedicated support to all participating authorities, in order to:

- Confirm primary contacts for the data collection – for example, where the officer who was initially identified as the primary contact passed on responsibility for completing the data templates to other colleagues within the authority;
- Verify that authorities had received copies of templates, guidance and supporting information – in some cases, duplicate copies of all material were re-sent to new contacts, if information had not been fully circulated within authorities;
- Identify what support authorities would require in order to complete the data templates;
- Answer questions of clarification in relation to the definitions in the guidance document;
- Help authorities to address issues relating to data quality e.g. missing postcodes;
- Ensure that learning was shared between authorities in relation to the completion of the data returns;
- Provide insight into the wider data collection and modelling processes;
- Address issues such as small numbers of clients in LSOAs;
- Manage delivery deadlines – a small number of authorities requested an extension to the data collection deadline; and

- Support authorities through the data uploading process using the secure portal from PSSRU.

3.20 The contact with authorities took place through a combination of telephone conversations, emails and site visits.

Participating authorities

3.21 On 10 June 2013, authorities were invited through a variety of communication channels, including ADASS, treasurers associations and interest groups to participate in the data collection phase of the research. Following several waves of communication, 67 authorities initially agreed to participate, as summarised below.

Table 3.4 Initial Participating Authorities

Authority Type	Number of Authorities	Preferred Sample Size	Initially Agreed to Participate	Deprivation Ranking		
				Low	Medium	High
County Council	27	5-9	14	5	3	6
Inner London Borough	14	3-5	9	3	1	5
Metropolitan Borough	36	7-12	13	5	2	6
Outer London Borough	19	4-6	10	2	4	4
Unitary Authority	56	11-18	21	9	7	5
Grand Total	152	30-50	67	24	17	26

3.22 Of these initial 67 authorities, 7 authorities later withdrew from participation due to time constraints, lack of available resources, data access issues and problems with obtaining research governance (East Riding, Leeds, Newham, Shropshire, Islington, Oldham and Isles of Scilly). Therefore, data was ultimately submitted by 60 authorities as summarised below:

Table 3.5 Authorities Submitting Data

Authority Type	Number of Authorities	Preferred Sample Size	Submitted Data	Deprivation Ranking		
				Low	Medium	High
County Council	27	5-9	14	5	3	6
Inner London Borough	14	3-5	7	3	1	3
Metropolitan Borough	36	7-12	11	4	2	5
Outer London Borough	19	4-6	10	2	4	4
Unitary Authority	56	11-18	18	6	7	5
Grand Total	152	30-50	60	20	17	23

3.23 Appendix 5 contains a list of all those LAs who submitted at least the core data. Table 3.6 below shows the representativeness of these authorities compared to the population as a whole, using some of the key descriptive statistics previously identified. This table relates to the authorities that submitted the data and not necessarily the final number of authorities whose data was used in the analysis.

Table 3.6: Volunteer authorities by population, age profile, rurality and ethnicity

Authority Type	Total Population	% of Total Pop in Sample	% Pop Aged 65+ in Sample	% Pop Aged 85+ in Sample	% Pop Living in Rural Areas in Sample	% Non-white Ethnic Pop in Sample
County Council	21,251,019	58%	57%	57%	54%	61%
Inner London Borough	3,231,901	48%	50%	49%	0%	45%
Metropolitan Borough	11,474,661	35%	33%	35%	22%	55%
Outer London Borough	4,942,040	55%	55%	54%	81%	53%
Unitary Authority	12,112,835	37%	39%	40%	58%	34%
Grand Total	53,012,456	47%	48%	48%	53%	50%

3.24 As the data in the table shows:

- The sample of 60 authorities represented approximately 47% of the total population of England and, overall, this percentage is repeated for the population aged 65+ and aged 85+, with some minor variation between authority types;
- The sample represents 53% of the population living in rural areas, over-sampling the rural populations in Outer London Boroughs and Unitary Authorities and under-sampling rurality in Metropolitan Boroughs; and
- The overall sample represents approximately 50% of the population from non-white ethnic backgrounds, slightly over-sampling County Councils and Metropolitan Boroughs and under-sampling in unitary authorities.

3.25 These sampling issues have been appropriately addressed as the detailed analytical work has been completed and the dataset was further refined to exclude anomalies in the data returns.

3.26 For the supplementary data returns, data was received from a sub-set of these 60 authorities and was much more variable in terms of data quality and usability. Appendix 6 contains details of the supplementary data that was submitted and summarises the key data quality concerns.

Quality assurance

3.27 Once core data had been submitted, it was subject to an initial quality assurance (QA) process, before being transferred to PSSRU for further QA and inclusion in the analysis. The initial process of QA included the following stages:

- **Collation of data:** data from authorities was submitted in individual Excel spreadsheets for core and supplementary data, with individual worksheets relating to each specific data element/question. In collating the data, we investigated the structure of the data tables, consistency of formatting, authority identifiers, masking of small numbers and completeness. For example, not all authorities were ultimately able to provide residential care home data for both pre-care and care addresses.
- **Quality assurance/error checking/validation:** this involved applying a variety of checks to ensure that the data that was used for analysis was as accurate as possible. Comparisons were made with national returns at LA level (where data was available) and some inconsistencies were identified. These were addressed through discussions with participating LAs where possible, although not all data was ultimately used in the analysis due to this type of inconsistency.
- **Formatting for analysis:** in order to support the next phase of the analysis, the validated data was formatted and securely transferred back to PSSRU in the agreed format.

- 3.28 Appendix 7 provides further details of the QA process that took place. Data from a number of authorities was ultimately excluded from the first phase of the formulae development due to data quality issues relating to consistency, validation issues and missing values. In total, data from 53 of the 60 authorities was used in relation to residential care activity and from 49 of the 60 authorities in relation to non-residential care activity.
- 3.29 Table 4.7 below summarises the number of authorities by type whose data was used to complete the formulae development. As the table shows, the minimum preferred sample size was achieved for all authority types when taking into account the data that was used.

Table 3.7 Data Used in Formulae Development

Authority Type	Submitted Data	Preferred Sample Size	Residential Care Data Used	Non-Residential Care Data Used
County Council	14	5-9	14	12
Inner London Borough	7	3-5	7	5
Metropolitan Borough	11	7-12	10	9
Outer London Borough	10	4-6	5	6
Unitary Authority	18	11-18	17	17
Grand Total	60	30-50	53	49

4. Qualitative Data Collection from Local Authorities on Self-Funding Clients

4.1 This section summarises the qualitative data collection activities that were undertaken in relation to self-funding clients, as part of the wider feasibility study on data on self-funders. As with the data collection for LA-funded clients, the research involved several stages and also informed the wider data collection in relation to self-funders involving residential care providers and on domiciliary care (as outlined in Section 5).

Preliminary data gathering

4.2 Parallel to the development of the data collection instruments for LA-funded clients, a short survey was circulated to local authorities who expressed an interest in supporting work in relation to self-funders. A copy of the survey is included in Appendix 8. Responses were received from 5 authorities (Oldham, Hampshire, Shropshire, Ealing and East Cheshire) and these were validated through the webinars and other stakeholder discussions. The key themes which emerged were:

- Local authorities do not necessarily interpret/understand the term self-funder in a consistent manner. For example, some authorities classified individuals as “full contributors” if they are assessed by the local authority and required to pay the full cost of their care vs. “self-funders” as those who do not approach the local authority for assessment;
- Local authorities did not necessarily hold consistent information about individuals who go through their assessment processes, but go on to fund their own care. This covers the full range of information relevant to our data collection, including care needs, care type, socio-economic indicators and financial status. For example, authorities tend to hold the same basic information about client group and basic care need, such as residential care or home care. They may hold some information about basic characteristics and financial status, but this can vary between clients and authorities, as not all clients complete full financial assessments. Local authorities do not necessarily record whether clients choose to access services from private providers as self-funders, or what type of services they purchased, unless clients use services arranged or provided by local authorities;
- Local authorities generally have only limited information about self-funders who transition from self-funding to local authority funding, particularly in relation to non-residential care services. This information may be included in comments within case notes, but is not identified systematically as a searchable data field. Several authorities reported recent improvements in data collection in relation to transitioning clients (also called ‘capital depleters’ in some authorities) – this area was included in the local authority data collection, although limited data was returned;

- A small number of authorities reported that they had some local data on the self-funder market in residential care, obtained through local surveys or research undertaken in partnership with other organisations; and
- The information on self-funders accessing non-residential care was limited in all authorities.

Additional data gathering from local authorities

4.3 Following on from the preliminary data gathering, further qualitative information on self-funders was requested from authorities who were participating in the main data collection. A simple set of additional questions were asked to determine whether it would be feasible to undertake a large scale data collection from local authorities, covering assessments, residential care and non-residential care (see Appendix 8) and responses were received to the survey from 34 authorities (listed in Appendix 9). In summary:

- Authorities were divided on whether they could provide data on the outcome of assessments or profile assessments by funding type, client group or care type. Where data was available, it was not necessarily accessible for detailed analysis and would require complex work to extract it;
- There did not appear to be uniform data available across all authorities which could form the basis of a large scale data collection – the information that was available was generally collected in a bespoke way by individual authorities, without using standard definitions or methodologies, with information often being contained within case notes;
- For information relating to self-funders in residential care, again the responses from local authorities were mixed. Several respondents provided details of surveys which are conducted with private providers on a regular basis e.g. one LA conducted a survey on a quarterly basis. We also received information on more comprehensive survey work undertaken by LAs in partnership with other organisations. A small number of authorities were able to provide copies of surveys and statistical analysis of the numbers of self-funders in their authority, but this was not widely available;
- For LAs who have undertaken survey work with residential care providers, key issues were variable response rates, data completeness and accuracy of the responses. There were some similarities in the surveys being used, but there were also areas of difference; for example, in the precise definitions of self-funders (as identified in the preliminary survey);
- A number of LAs reported that they had very limited or no intelligence on self-funder numbers in their LA; and
- For information relating to self-funders accessing non-residential care services, the

information was much more limited. Where data was available, it would not necessarily be easily accessible from specific data fields, but would instead be included within notes to assessments.

Outcomes of the data gathering

- 4.4 As a result of the data gathering from local authorities and further validation with the Project Advisory Panel and DH, large scale data collection from local authorities was limited to the transitioning self-funders question in the main survey (see Section 3). However, the self-funder data gathering from local authorities was useful in informing other aspects of the research, particularly the terminology used in the survey of residential care homes (see Section 5).

5. Data Collection from Care Providers for Self-funding Clients

5.1 This section focuses on the collection of data from care providers for self-funding clients. Two separate strands of work were undertaken, considering clients in residential care and clients accessing non-residential care services. The first section below briefly outlines work that was undertaken to identify potential sources of information on non-residential care activity. The remainder of Section 6 is focused on survey work with residential care providers.

Non-residential care data

5.2 A number of different approaches were explored to determine whether it would be possible to access existing data on self-funding clients who make use of non-residential services, specifically domiciliary care. In particular, discussions took place with a provider of domiciliary care electronic monitoring, scheduling and financial management systems, whose systems are used by a large number of local authorities and private providers.

5.3 A data template was shared with the provider and it was identified that some data could potentially be obtained. However, there were significant issues with the representativeness of the data and whether the data could actually be used for the required purpose i.e. identifying the factors driving the probability of use of non-residential care. The research team decided not to pursue access to the data as other methodologies were considered to be more appropriate in identifying potential domiciliary care self-funders.

Residential care data

5.4 The research team developed a short survey using the on-line Survey Monkey tool. The survey was sent to all non-local authority residential care homes, to gain an understanding of the specific characteristics of clients who fund their own care. There were a number of iterations of the survey and the final survey instrument was developed in consultation with the Project Advisory Panel and Advisory Group to:

- Focus specifically on self-funder numbers and characteristics;
- Be as simple to complete as possible (to maximise response rates); and
- Collect information on costs, length of stay and need variations for self-funders.

5.5 Feedback from the Project Advisory Panel was particularly helpful in shaping the design and content of the survey. The final version of the survey (see Appendix 10) included questions on:

- Descriptive data on the type of home: ownership, specialisms and age groups;

- Quantitative data on the home: e.g. number of beds;
 - For each age group (younger adults 18-64 and older people 65+), quantitative data about numbers of self-funders, out-of-area self-funders (i.e. previously resident in another authority), occupancy rates and weekly fee rates ; and
 - For older people 65+ only, quantitative data on length of stay, given the relevance to the cap.
- 5.6 In terms of the process for engaging residential care homes, in December 2013, the Care Quality Commission (CQC) provided the Department of Health with contact email addresses for all (non-local authority) residential care providers in England, totalling approximately 13,000 care homes. The research team provided the DH with a website link to our survey and text which was included in an email sent out to all these residential care homes during December 2013. There were a relatively small number of delivery errors (non-deliverable emails).
- 5.7 The initial deadline for the return of the survey was 8 January 2014 and this was extended to 22 January 2014 to maximise response rates. At the closing date, 2,129 respondents had started the survey on-line (although not all respondents had answered every question).
- 5.8 Preliminary analysis identified some data quality issues, including a number of duplicate responses. For the duplicate responses, some were identical i.e. the care home had submitted the same data twice. In other cases, there were multiple responses submitted by the same care home, but the data in each response was either different or there was one complete response and one partial response. The duplicate responses were reviewed on a case by case basis and only one response per care home retained for inclusion in the analysis. Additionally, 69 responses were received off-line from the survey and added into the data set.
- 5.9 This provided the following number of records:
- 362 relating to homes for younger adults, with 35 excluded for duplication or other errors;
 - 1,198 relating to homes for older people, including 66 off-line responses, with 126 excluded for duplication or other errors; and
 - 440 relating to all age homes, including 3 off-line responses, with 25 excluded for duplication or other errors.
- 5.10 Not all of these records were fully complete i.e. there are some responses where not all questions had been answered, particularly in relation to questions on care home fees. This data was passed to PSSRU for further assessment of the data quality and detailed analysis in relation to the formulae development.
- 5.11 Following the circulation of this initial care home survey, a follow-up survey was subsequently

designed and sent to all care homes who indicated that they were willing to be contacted to participate in further research (Appendix 11 provides a copy of the survey). This further data collection took place in March 2014. The circulation list included 850 care homes and full or partial responses were received from 242 care homes by 31 March 2014. The focus of the follow-up survey was two-fold:

- To identify additional information about weekly fee rates, particularly for fee rates above £800 per week, as these represented a relatively large proportion in the initial survey; and
- To identify additional information about self-funders whose previous address was in a different postcode district to that of the care home: the first survey provided information about the number of residents from other local authority areas. The follow-up survey sought information about where they actually came from (their pre-care address).

5.12 Following data analysis, preliminary data cleaning was undertaken, with the result that:

- 55 respondents reported that they did not have any self-funders resident in their care home and so were excluded from the remainder of the questions;
- 15 respondents did not provide information about the client profile (i.e. age group of residents) and so were excluded;
- 143 responses were received from homes for older people 65+;
- 27 responses were received from homes for all age homes; and
- 1 response was received from a home for younger adults.

6. Summary

6.1 This paper has provided an overview of the key activities undertaken by the research team in engaging with local authorities and other key stakeholders, defining the parameters of the local authority data collection, collecting data from local authorities and investigating the information available from local authorities and care providers on clients who currently fund their own care.

6.2 The research team would like to thank all the stakeholders who supported the data collection and research design for this project, particularly the Advisory Group, members of the Project Advisory Panel, the local authorities involved in the data collection and the care providers who responded to the surveys.