

# PERSONAL CARE AT HOME

*A consultation on proposals for regulations  
and guidance*

## Personal Care At Home – A consultation on proposals for regulations and guidance

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# Personal Care At Home

*A consultation on proposals for regulations and guidance*

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# Introduction

## Background

1. This document seeks views on the Government's proposals for requiring councils in England with adult social services responsibilities (CASSRs) to provide personal care free of charge in certain circumstances to people with the highest needs.
2. During consultation on the future legislative programme, people said that more needed to be done to help older people's health and social care. In September 2009, the Government announced that free personal care for people with the highest needs living in their home would be introduced from October 2010 as a step towards a National Care Service outlined in the Green Paper, *Shaping The Future of Care Together*. On 25 November, the Government introduced the Personal Care At Home Bill ("the Bill") to enable this to happen.
3. The Bill, which will shortly begin its Parliamentary stages, amends existing legislation (the Community Care (Delayed Discharges etc) Act 2003) to remove restrictions on powers to make regulations requiring personal care to be provided free of charge for longer than 6 weeks in certain circumstances. The intention is that regulations will be made under those powers requiring personal care to be provided free in the circumstances set out in the regulations. This document describes how we intend to use the powers in the Bill to make regulations to require councils to introduce free personal care at home and what will be covered in guidance.
4. It is anticipated that, subject to the passage of the Bill and the introduction of regulations, free personal care at home for those with the highest needs could be introduced from 1 October 2010. In the first half year, £210m will be made available from central resources and the remainder of the funding - £125m – will be found from local government efficiency savings. £670m will be available in the first full year of operation, made up of £420m central funding and £250m in local government efficiency savings.

## The Government's approach

5. The approach is based on four key principles:
  - **Building on the existing arrangements for determining Fair Access to Care Services.**<sup>1</sup> Over the summer, the Government carried out a consultation

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<sup>1</sup> The existing Fair Access to Care Services (FACS) Guidance can be found at:

on guidance on Fair Access to Care Services which ended on 6 October. The arrangements for free personal care at home will build on and be part of the response to that consultation, so that there is continuity between the current social care system and a future National Care Service. The regulations and guidance are designed for this interim period, between the current system and its potential future development; we expect that both the regulations and guidance will be reviewed and, if necessary, revised in the light of experience of the first full year's operation of the scheme.

- **Transparency.** There is a finite amount of money available for this policy and so the offer will be targeted at those with the highest needs. However, a key part of the policy will be the offer, where appropriate, of an initial period of active intervention and support free of charge, to support the independence of individuals and enable them to live in their own homes for longer. We are open to views on how individuals' personal care needs are taken into account. We are also open to views about the optimum method of distributing central funding for this policy to councils as fairly as possible so that authorities are not unfairly disadvantaged. Three options for distributing the money are contained in this document.
  - **Responding to people's wishes.** People have consistently told us that they want to live in their own homes as long as possible and that they are concerned about the costs of care.
  - **Developing the guidance as well as the regulations.** While the Bill is going through its Parliamentary stages, we believe that we should publish our ideas about what should be contained in the guidance to support the regulations and to address those issues that the regulations will not cover. We intend to develop proposals for the guidance further as the Bill progresses over the next few months. However, this document indicates those areas that we expect the guidance to address.
6. There is sometimes a question about what should be in regulations and what should be in guidance. The regulations set out the formal legal requirements and powers – what councils must do, may do or must not do. Statutory guidance provides greater detail about how councils are expected to implement those requirements and exercise those powers.

7. The proposals in this consultation document would apply to people with all conditions where personal care is provided at home to adults i.e. persons over the age of 18 with the highest care needs.

### Structure of this document and the terminology used

8. This document describes how we intend to use regulations, and what we propose to cover in guidance. The Secretary of State's powers to provide personal care at home to those in the highest need will impose functions on councils for setting eligibility for personal care at home.

### Timetable and questions for consultation

9. The consultation will last from **25<sup>th</sup> November 2009** until **23<sup>rd</sup> February 2010**, but the Department would very much welcome earlier responses, if possible, to reach us by **26<sup>th</sup> January**. An easy read version will be available in early December 2009. You can email us at [personalcareathome@dh.gsi.gov.uk](mailto:personalcareathome@dh.gsi.gov.uk) or write to:

The Personal Care At Home Team,  
Area 115,  
Wellington House,  
133-155 Waterloo Road,  
London,  
SE1 8UG.

10. There are specific questions posed in this document which are summarised on page 27. There are also five overarching questions we would like people to consider as they read through each section of the document:

**Question 1:** Do you agree with the substance of the proposal as set out in this document? If not, why not?

**Question 2:** Is the level of detail proposed for the regulations appropriate? If not, why not?

**Question 3:** Is the balance right between regulations and guidance? Is there anything that you feel should be in the guidance rather than regulations, or vice versa?

**Question 4:** Has anything been omitted from this document that should be included in either the regulations or the guidance?

**Question 5:** Are there any potential positive impacts on equalities of this policy? Similarly, are there any potential negative impacts?

**Question 6:** An Impact Assessment is available to accompany this consultation document.<sup>2</sup> Do you have any comments on the perceived costs and benefits outlined in the Impact Assessment?

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<sup>2</sup> The Impact Assessment is available at <http://www.dh.gov.uk/en/Consultations/index.htm>



# Executive summary

1. Subject to the passage through Parliament of the Personal Care At Home Bill, the intention is that councils will no longer be able to raise charges on the personal care element of someone's care received at home if they fulfil the criteria and that this will be introduced from 1 October 2010.
2. The document outlines in Parts 1 and 2 how we propose that the policy of providing free personal care at home for those with the highest care needs should work – the “rules”.  
*Our key proposals are that:*
3. Regulations should specify:
  - that the “qualifying service” required to be provided free of charge is the provision of personal care to a person at home.
  - that councils will have the function of deciding whether or not free personal care should be conditional on a person undergoing a period of intensive support or reablement for a period of up to 6 weeks before a formal community care assessment, including the assessment of personal care needs, is undertaken.
  - that if councils decide that reablement should be a criterion then a person will not qualify for free personal care unless they have undergone reablement.
  - that no charge will be raised for intensive support and reablement services.
  - that the requirement for ‘highest needs’ will be assessed by councils with reference to FACS critical (see box on **page 15**) and the need to require significant help with 4 Activities of Daily Living (ADLs; see box on **page 15**) should also be specified in the regulations, though guidance may supplement the regulations further on this.
  - “personal care” means—
    - (a) physical assistance given to a person in connection with—
      - (i) eating or drinking (including the administration of parenteral nutrition),
      - (ii) toileting (including in relation to the process of menstruation),
      - (iii) washing or bathing,
      - (iv) dressing,
      - (v) oral care, or
      - (vi) the care of skin, hair and nails (with the exception of nail care provided by a chiropodist or podiatrist); or
    - (b) the prompting, together with supervision, of a person, in relation to the performance of any of the activities listed in paragraph (a), where that person is unable to make a decision for themselves in relation to performing such an activity without such prompting and supervision;

4. Guidance should cover:
  - details of the assessment process
  - eligibility criteria
  - examples of what an intensive intervention/reablement package could include
5. Three potential options for allocating the amount needed to meet individuals' personal care needs are outlined:
  - Setting an indicative amount (of £x per week)
  - Setting an indicative range (of between £x and £y per week)
  - Leaving councils to determine on an individual basis
6. Potential aspects of the proposals that will have a particular impact on councils are outlined and comments are invited, including how councils might prepare for a proposed implementation date of 1 October 2010; how councils might deal with reimbursing costs for individuals who might apply after this date; and the Department's intention to create a national assessment tool.
7. Part 3 of this document sets out three potential options for the formula grant by which funding could be distributed to councils. These are:
  - Option 1 – Adult Social Care Relative Needs Formulae (RNF)
  - Option 2 – Amended Adult Social Care Relative Needs Formulae
  - Option 3 – English Longitudinal Survey of Aging (ELSA) based Formula
8. Responses are invited to:
  - The overarching questions on **page 8**
  - The questions on the proposals, summarised on **page 18-19**
  - The questions on funding formulae on **page 26**
  - **A summary of all the questions asked in this document can be found on page 27**

# Who Will Receive Free Personal Care At Home And How It Will Work

## Part 1: What the policy is trying to achieve

1. People have consistently told us that they want to live in their own homes for as long as possible and that they are also concerned about the costs of care. Under these proposals, all those approaching councils for the first time and those currently receiving care and support may be offered a period of intensive support to help them regain their independence and reduce their dependency and need for care, where councils decide that it is appropriate to make such an offer. They will be helped to identify whether adaptations, equipment or other assistance, such as telecare, will help to support them to live at home.
2. Following this period of intensive support, where it has been offered by the councils, individuals who still appear to have high personal care needs will receive an assessment of those needs under section 47 of the NHS and Community Care Act 1990. Those who remain in highest need after these interventions will be eligible for consideration for free personal care at home. Where intensive support has been offered by a council and subsequently refused, a person will not be entitled to free personal care.
3. Individuals who have not been offered these interventions will also be assessed under Section 47 of the NHS and Community Care Act 1990, and where they have high care needs as defined in regulations they will be eligible for consideration of free personal care at home.
4. In order to deliver this policy, we are legislating to remove the current restriction (6 weeks) on the length of time for which the Secretary of State may, by regulations, require councils to provide free personal care to those living in their own home. It is intended that regulations will be made prescribing the circumstances in which such personal care must be provided free. It is also intended that the regulations will impose on councils the function of deciding whether free personal care should be conditional on a person undergoing reablement or a process of active intervention and support. The regulations will provide that where councils decide that reablement should be a condition then a person will not qualify for free personal care unless they have undergone that process, as described above.
5. We are consulting on the specific criteria for satisfying the requirement of being in the highest need, but our current proposals are that the individual should fall within the critical band of Fair Access to Care Services (see box below on **page 15**). In addition to this, they must also require *significant* help with 4 or more Activities of Daily Living (ADLs) (also see box below on **page 15**).

## Part 2: Circumstances, persons and services for which free personal care at home will apply and not apply

### Section 2.1: Persons in respect of whom regulations will *not* require the personal care element of their care to be free of charges

6. The Bill does *not* remove the 6 week restriction in the Community Care (Delayed Discharges etc) Act 2003 on the period for which personal care can be required to be provided free to people living in a care home. The 6 week restriction in relation to accommodation provided under Part 3 of the National Assistance Act 1948 will also remain. The regulations which we intend to make will not cover these services whether the individuals concerned are living in care homes arranged by a Local Authority or privately.
7. The Bill will not remove the six week limit in section 15(4)(c) of the 2003 Act. This means that free personal care will not be able to be provided on a long-term basis to a person who is looked after by a carer, where that personal care is provided under section 2 of the Carers and Disabled Children Act 2000 – in other words, where the personal care is provided to the cared-for person, but by way of a service to the carer.
8. The Bill retains the restriction for establishments that provide personal care and accommodation together with the exception of adult placement schemes.
9. The justification for the different treatment of those living at home is as follows: the 1988 Griffiths Report into community care placed a strong emphasis on the importance of establishing services to help people live in their own homes and retain independence, dignity and choice. The introduction of the National Health Service and Community Care Act 1990 gave support to this and it has been the policy of successive governments to support people to live independently and safely in their own homes for as long as possible if that is what they wish.
10. The feedback from the public consultation on the Government's Green Paper, *Independence, Wellbeing and Choice*,<sup>3</sup> was clear that this is what people want. In response to that, the Government announced £80 million funding to pump prime investment in telecare and preventative technologies, and £60 million for extracare housing to further support people living in their own homes. More recent advances in telecare and telehealth mean that it is now possible for people to remain at home safely and for longer than previously when often the only option was to go into residential or nursing home care. Going into care is often seen by people as the last resort only after other options have been exhausted. The 2006 White Paper, *Our Health, Our Care, Our Say*<sup>4</sup>, gave further impetus to bringing more health and social care closer to home,

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<sup>3</sup> [www.dh.gov.uk/en/Consultations/Responsestoconsultations/DH\\_4121622](http://www.dh.gov.uk/en/Consultations/Responsestoconsultations/DH_4121622)

<sup>4</sup> [www.dh.gov.uk/en/Healthcare/Ourhealthourcareoursay/index.htm](http://www.dh.gov.uk/en/Healthcare/Ourhealthourcareoursay/index.htm)

strengthening the capacity of community health services and moving the focus away from acute hospital care.

11. The policy on free personal care at home will provide people with support and encouragement to delay entering a care home and stay at home for longer if that is what they wish. The public's views on end of life care are similar to those on entering a care home. The 2008 *End of Life Care Strategy*<sup>5</sup>, indicated that most people's first preference is to die in their own home, whereas only 18% are able to do so.
12. Different charging regimes already apply to residential care arranged by councils compared to care provided by councils in the community.

## Section 2.2: Persons who will qualify for free personal care at home and how it will work

13. *We propose that the regulations should specify:*

- that the “qualifying service” required to be provided free of charge is the provision of personal care to a person at home.

### **Proposed definition of Personal Care (from draft regulations being made under sections 8 and 20 of the Health and Social Care Act 2008)**

“personal care” means—

(a) physical assistance given to a person in connection with—

- (i) eating or drinking (including the administration of parenteral nutrition),
- (ii) toileting (including in relation to the process of menstruation),
- (iii) washing or bathing,
- (iv) dressing,
- (v) oral care, or
- (vi) the care of skin, hair and nails (with the exception of nail care provided by a chiropodist or podiatrist); or

(b) the prompting, together with supervision, of a person, in relation to the performance of any of the activities listed in paragraph (a), where that person is unable to make a decision for themselves in relation to performing such an activity without such prompting and supervision;

This definition does not cover assistance with:

- cleaning and housework;
- laundry;
- shopping services;
- specialist transport services (e.g. dial-a-ride);
- sitting services where the purpose is company or companionship.

<sup>5</sup> [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_086277](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_086277)

- that councils will have the function of deciding whether or not free personal care should be conditional on a person undergoing a period of intensive support or reablement for a period of up to 6 weeks before a formal community care assessment, including assessment of personal care needs, is undertaken.
- that if councils decide that reablement should be a criterion then a person will not qualify for free care unless they have undergone reablement.
- that no charge will be raised for intensive support and reablement services.
- that the requirement for ‘highest needs’ will be assessed by reference to the FACS Critical band and the need to require significant help with 4 ADLs should also be specified in the regulations, though guidance may supplement the regulations further on this.

**Question**

**Is the level of detail proposed for the regulations appropriate? If not, why not?**

14. *We propose that the guidance would cover the following matters:*

- Explain what does and does not fall within the definition of “personal care”; for example assistance with other aspects of care, including domiciliary care, cleaning and housework, laundry, shopping services, specialist transport service, sitting services etc would not fall within the definition;
- Explain what an intensive intervention/reablement package could include, for example physiotherapy, occupational therapy and the installation of telecare or adaptations to the home to rebuild the person’s skills and functioning;
- Explain that intensive support will usually need to precede a community care assessment (and the main exceptions to this which will probably be where someone has recently undergone a period of intermediate care or intensive support or where someone is receiving end of life care);
- Explain that following any reablement package, a full assessment of need under section 47 of the National Health Service and Community Care Act 1990 would be undertaken;
- Explain the categories of persons who are eligible for free personal care i.e. those with the highest needs, including those receiving local authority-funded care as well as those funding their own care, and that where a council considers that the person is likely to benefit from a period of intensive support prior to an assessment of their personal care needs, then free personal care is conditional on the person accepting that support.
- Explain that those in highest need will be defined as those who fall into the critical band under Fair Access to Care Services, the majority of whom will have undergone a period of intensive intervention/reablement;

**FACS Critical band - The Fair Access to Care Services eligibility framework is graded into four bands, which describe the seriousness of the risk to independence or other consequences if needs are not addressed. The critical band is described as follows :**

Critical - when

- life is, or will be, threatened; and/or
- significant health problems have developed or will develop; and/or
- there is, or will be, little or no choice and control over vital aspects of the immediate environment; and/or
- serious abuse or neglect has occurred or will occur; and/or
- there is, or will be, an inability to carry out vital personal care or domestic routines; and/or
- vital involvement in work, education or learning cannot or will not be sustained; and/or
- vital social support systems and relationships cannot or will not be sustained; and/or
- vital family and other social roles and responsibilities cannot or will not be undertaken.

- Explain the assessment process, namely that for people falling into the critical band of Fair Access to Care Services, usually following a period of reablement, a separate assessment of their personal care needs will normally be undertaken and those needing significant help with 4 or more Activities of Daily Living (ADLs) will qualify for non-chargeable personal care.

### **Activities of Daily Living (ADLs)**

There are six basic categories of ADLs:

- personal toilet (washing, bathing, personal presentation, dressing and undressing and skin care);
- eating and drinking (as opposed to obtaining and preparing food and drink);
- managing urinary and bowel functions (including maintaining continence and managing incontinence);
- managing problems associated with immobility;
- management of prescribed treatment (e.g. administration and monitoring medication),
- behaviour management and ensuring personal safety (for example, for those with cognitive impairment - minimising stress and risk)



- Explain that in order to ensure that personal care needs are assessed consistently across the country, the Department intends to develop a standardised assessment tool for this purpose;
- Explain that the eligible person may receive personal care as part of a personal budget either as services provided by the council or in the form of direct payments (where this is desired and appropriate). Either way, no contributions or charges will be payable on the personal care element;
- Explain that existing Resource Allocation Systems (RAS) for determining personal budgets may need to be adapted to identify personal care needs (as outlined in the box on **page 13**);
- Explain that councils will need to retain the flexibility to meet care costs in excess of any indicative amount or range (see below) in cases where the person's assessed personal care needs cannot be met within it. There is a statutory duty to meet the assessed care needs of individuals, though in certain cases, a care home may be the only option for meeting these.

A diagram illustrating how it is envisaged that the assessment process will work in practice is at Annex 1.

#### **Questions**

**Is the balance right between regulations and guidance? If not, why not?**

**Is there anything that you feel should be in the guidance rather than regulations, or vice versa?**

**Has anything been omitted from this document that should be included in either the regulations or the guidance?**

### **Section 2.3: Options for allocating the amount likely to be needed to meet personal care needs in individual cases**

15. There are three options for allocating the amount needed to meet the personal care needs of those in the highest need:

- Set an indicative amount (of £x per week) based on the average costs of personal care of those with the highest needs;
- Set an indicative range (of between £x and £y per week) that would enable councils to calculate a precise figure based on the personal care assessment and local costs (reflecting the varying costs of care around the country); or



- Leave councils to assess the costs of each individual's personal care needs on an individual basis.

Whatever the method that is used, councils will need to take account of the last bullet in paragraph 14 above, namely that councils will need to retain the flexibility to meet costs of personal care in excess of any indicative amount or range in cases where the person's personal care needs cannot be met within it. A single indicative amount, set at the right level, would have administrative benefits for councils and would be simple and straightforward for people to understand. A range or individual amount would be more complex to administer and may be more difficult for people to understand, but it might enable councils to manage the costs of the policy better and meet individual needs in a more precise way. The third option is precise, but may involve additional administrative costs for councils.

#### Questions

**Which of the 3 options do you feel would be most appropriate for allocating the amount needed for personal care needs to eligible individuals?**

**Do you have any further comments on the allocation of the amount needed for personal care needs to eligible individuals?**

## Section 2.4: Aspects of Implementation for Councils

16. Subject to the introduction of regulations, in readiness for the proposed implementation date of 1 October 2010, councils may wish to identify, before 1 October, those persons in the critical band of Fair Access to Care Services who are already receiving personal care, those who may benefit from intensive support from 1 October 2010 and those who might qualify for free personal care from 1 October 2010.
17. For people not known to the council who may qualify for free personal care or who may benefit from intensive support, councils may want to invite people to apply in advance of the implementation date (from 1 September or earlier) so that people's needs can be identified ahead of implementation. In this way, intensive support or free personal care could be in place from 1 October 2010.
18. We believe there should be a set period, from 1 October 2010 to 31 December 2010, during which applications for free personal care can be considered retrospectively from the date of their receipt. In all other cases, requests will be dealt with within 2 weeks of receipt.

19. We intend to make a national assessment tool available to councils for use over summer 2010 following testing.

20. The introduction of free personal care will have an impact on the data needing to be recorded by councils and included in statistical returns. This impact will be both in terms of the need for new data to monitor free personal care but also in relation to maintaining historical time series data. We are inclined to ask for information on the number of people receiving free personal care in 2010/11. We will be looking to work with councils to decide exactly what information might be needed in 2010/11 and beyond and how it might be collected.

#### **Questions**

**Do you have any comments on the aspects of implementation outlined in the document?**

**In particular, do you have comments around any level of retrospection?**

**Do you have any comments on the collection of new data and its relation to existing information?**

### **Section 2.5: Summary of Consultation questions in this Part of the Document**

#### **Questions**

**Is the level of detail proposed for the regulations appropriate? If not, why not?**

**Is the balance right between regulations and guidance? If not, why not?**

**Is there anything that you feel should be in the guidance rather than regulations, or vice versa?**

**Has anything been omitted from this document that should be included in either the regulations or the guidance?**

**Which option do you feel would be most appropriate for allocating the amount needed for personal care needs to eligible individuals?**

**Do you have any further comments on the allocation of the amount needed for personal care needs to eligible individuals?**

**Do you have any comments on the aspects of implementation outlined in the document?**

**In particular, do you have comments around any level of retrospection?**

**Do you have any comments on the collection of new data and its relation to existing information?**

## Part 3: The formula for distributing the grant to councils

### Section 3.1: The Options

#### Funding for Free Personal Care

21. In 2010/11, funding for Free Personal Care will be issued as part of the Area Based Grant from October 2010 onwards.
22. The grant relates to the extra cost to councils of implementing free personal care at home for those with the highest need. This extra cost has two elements, firstly lost council income from user charges for personal care at home for those with the highest needs. Secondly, the majority of the additional cost will be for people who are not current users of publicly funded care and who are likely to be currently purchasing care privately.
23. The policy covers people of all adult age groups, but the majority of the additional cost, and so the majority of the grant, relates to older people. A much lower proportion of younger service users fund their care privately or make user contributions to publicly funded care.

#### Options for Distributing the Grant

24. We have looked at a number of options for distributing the Free Personal Care Grant. Considering the sources of information available on the numbers of people who have the highest need for home care and their distribution between councils, we have accordingly produced three potential options for distributing the grant.

#### Option 1 Adult Social Care Relative Needs Formulae (RNF)

25. The first option is to distribute the grant using the existing adult social care relative needs formulae which are used as part of the calculation of formula grant. These formulae are based on a survey of local authority social services clients in 2005<sup>6</sup>. They use information on the characteristics of the local population to predict the relative need for councils in England to provide adult social care.

The adult social care formula are below:

#### ***Option 1 the RNF for Older People's Social Care***

Option 1 for *Older People* for a particular authority consists of a basic amount per person aged 65 and over and top-ups for age, deprivation, sparsity, low income and area costs:

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<sup>6</sup> Further information is available in the Technical Guide to the Adult Social Care formula at <http://www.local.communities.gov.uk/finance/0809/methpssa.pdf>

**Basic amount**

**OLDER PEOPLE PSS BASIC AMOUNT** 11.9966

**Top-ups**

**OLDER PEOPLE PSS AGE TOP-UP** **HOUSEHOLD AND SUPPORTED RESIDENTS AGED 90 YEARS AND OVER** *divided by* **HOUSEHOLD AND SUPPORTED RESIDENTS AGED 65 AND OVER**, rounded to 4 decimal places and *multiplied by* 139.1802; *minus*  
3.5769

**OLDER PEOPLE PSS DEPRIVATION TOP-UP** 40.1998 *multiplied by* **OLDER PEOPLE RECEIVING ATTENDANCE ALLOWANCE**; *plus* 10.4126 *multiplied by* **OLDER PEOPLE IN RENTED ACCOMMODATION**; *plus* 7.7741 *multiplied by* **OLDER PEOPLE LIVING IN ONE PERSON HOUSEHOLDS**; *plus* 139.1802 *multiplied by* **OLDER PEOPLE RECEIVING PENSION CREDIT GUARANTEE/INCOME BASED JOBSEEKER’S ALLOWANCE**; *minus*  
10.8285

The full formula used to calculate *Option 1 for Older People* is:

Social Services for Older People	
(a)	<b>PROJECTED HOUSEHOLD AND SUPPORTED RESIDENTS AGED 65 YEARS AND OVER</b> <i>multiplied by</i> the result of: <b>OLDER PEOPLE PSS BASIC AMOUNT</b> ; <i>plus</i> <b>OLDER PEOPLE PSS AGE TOP-UP</b> ; <i>plus</i> <b>OLDER PEOPLE PSS DEPRIVATION TOP-UP</b> ;
(b)	The result of (a) is <i>multiplied by</i> <b>LOW INCOME ADJUSTMENT</b> ;
(c)	The result of (b) is <i>multiplied by</i> <b>SPARSITY ADJUSTMENT FOR PEOPLE AGED 65 AND OVER</b> ;
(d)	The result of (c) is <i>multiplied by</i> <b>AREA COST ADJUSTMENT FOR OLDER PEOPLE’S PSS</b> ;
(e)	The result of (d) is then <i>multiplied by</i> the scaling factor so that the share of the grant for older people is fully allocated.

### Option 1 the RNF for Younger Adults

Option 1 for Younger Adults for a particular authority consists of a basic amount per person aged 18-64 and top-ups for deprivation and area costs:

#### Basic amount

**YOUNGER ADULTS PSS BASIC AMOUNT**                      0.0255

#### Top-up

**YOUNGER ADULTS PSS DEPRIVATION TOP-UP**                      0.7371 multiplied by **PEOPLE AGED 18 TO 64 RECEIVING DISABILITY LIVING ALLOWANCE; plus**  
 0.1994 multiplied by **PEOPLE AGED 18 TO 64 WHO ARE LONG TERM UNEMPLOYED OR HAVE NEVER WORKED; plus**  
 0.0675 multiplied by **PEOPLE AGED 18 TO 64 WHO WORK IN ROUTINE OR SEMI ROUTINE OCCUPATIONS; plus**  
 0.0564 multiplied by **HOUSEHOLDS WITH NO FAMILY;**  
 minus  
 0.0391

The full formula used to calculate the *Option 1 for Younger Adults* is:

Social Services for Younger Adults	
(a)	<b>PROJECTED POPULATION AGED 18-64 IN 2010</b> multiplied by the result of: <b>YOUNGER ADULTS PSS BASIC AMOUNT; plus</b> <b>YOUNGER ADULTS PSS DEPRIVATION TOP-UP;</b>
(b)	The result of (a) is multiplied by <b>AREA COST ADJUSTMENT FOR CHILDREN AND YOUNGER ADULTS PSS;</b>
(c)	The result of (b) is then multiplied by a scaling factor so that the share of the grant for Younger Adults is fully allocated.

Illustrative grant allocations made using this formula are at Annex 4.

## Option 2 Amended Adult Social Care Relative Needs Formulae

26. The adult social care relative needs formulae are heavily weighted towards deprivation. This is because they predict the relative need for each council to provide support for people who need social care, and council supported social care is means tested.

27. The Free Personal Care grant will help fund this new pressure on councils of providing free personal care at home to those in highest need who previously paid towards their own personal care. Hence, we have looked at a second option where we allocate the new grant using the relative needs formulae, but omitting the deprivation indicators from it.

The formula is below.

Option 2 for Older People consists of a basic amount per person aged 65 and over and top-ups for age, need, sparsity, and area costs. This option excludes Pension Credit and omits the low income adjustment, which takes account of councils differing ability to raise income from fees.

### *Options 2 Amended RNF for Older People's Social Care*

#### **Basic amount**

<b>OLDER PEOPLE PSS BASIC AMOUNT</b>	13.2612
--	---------

#### **Top-ups**

<b>OLDER PEOPLE PSS AGE TOP-UP</b>	<b>HOUSEHOLD AND SUPPORTED RESIDENTS AGED 90 YEARS AND OVER</b> <i>divided by</i> <b>HOUSEHOLD AND SUPPORTED RESIDENTS AGED 65 AND OVER</b> , rounded to 4 decimal places and <i>multiplied by</i> 207.7888; <i>minus</i> 5.3402
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<b>OLDER PEOPLE PSS DEPRIVATIO N TOP-UP</b>	60.0163 <i>multiplied by</i> <b>OLDER PEOPLE RECEIVING ATTENDANCE ALLOWANCE</b> ; <i>plus</i> 11.6063 <i>multiplied by</i> <b>OLDER PEOPLE IN RENTED ACCOMMODATION</b> ; <i>plus</i> 15.5454 <i>multiplied by</i> <b>OLDER PEOPLE LIVING IN ONE PERSON HOUSEHOLDS</b> ; <i>plus</i> ; <i>minus</i> 11.5173
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The full formula used to calculate Option 2 for Older Peoples is:

<b>Option 2 for Older People</b>	
(a)	<b>PROJECTED HOUSEHOLD AND SUPPORTED RESIDENTS AGED 65 YEARS AND OVER</b> <i>multiplied by</i> the result of: <b>OLDER PEOPLE PSS BASIC AMOUNT;</b> <i>plus</i> <b>OLDER PEOPLE PSS AGE TOP-UP;</b> <i>plus</i> <b>OLDER PEOPLE PSS NEED TOP-UP;</b>
(b)	The result of (a) is <i>multiplied by</i> <b>SPARSITY ADJUSTMENT FOR PEOPLE AGED 65 AND OVER;</b>
(d)	The result of (b) is <i>multiplied by</i> <b>AREA COST ADJUSTMENT FOR OLDER PEOPLE'S PSS;</b>
(e)	The result of (d) is then <i>multiplied by</i> the scaling factor to ensure that the element of the grant for older people is fully allocated.

### ***Option 2 for Amended RNF for Younger Adults Social Care***

This option consists of a basic amount per person aged 18-64 and top-ups for need and area costs. This version of the RNF formula excludes the indicator 'never worked or long term unemployed'.

#### ***Basic amount***

<b>YOUNGER ADULTS PSS BASIC AMOUNT</b>	0.2598
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#### ***Top-up***

<b>YOUNGER ADULTS PSS DEPRIVATION TOP-UP</b>	8.5354 <i>multiplied by</i> <b>PEOPLE AGED 18 TO 64 RECEIVING DISABILITY LIVING ALLOWANCE;</b> <i>plus</i> 0.7812 <i>multiplied by</i> <b>PEOPLE AGED 18 TO 64 WHO WORK IN ROUTINE OR SEMI ROUTINE OCCUPATIONS;</b> <i>plus</i> 0.6528 <i>multiplied by</i> <b>HOUSEHOLDS WITH NO FAMILY;</b> minus 0.4175
--	--

The full formula used to calculate the *Social Services for Younger Adults* element is:

<b>Social Services for Younger Adults</b>	
(a)	<b>PROJECTED POPULATION AGED 18-64 IN 2010</b> <i>multiplied by</i> the result of: <b>YOUNGER ADULTS PSS BASIC AMOUNT;</b> <i>plus</i>



**YOUNGER ADULTS PSS DEPRIVATION TOP-UP;**

- (b) The result of (a) is *multiplied by* **AREA COST ADJUSTMENT FOR CHILDREN AND YOUNGER ADULTS PSS;**
- (c) The result of (b) is then *multiplied by* the scaling factor given in Annex F for the *Social Services for Younger Adults* sub-block.

Illustrative grant allocations made using this formula are at Annex 4.

**Options 3 ELSA based Formula**

28. Finally, we have developed a third formula option for older people based on analysis of the English Longitudinal Survey of Aging (ELSA). ELSA contains information on a sample of 10,000 older people and key information about their lives. This information includes some socio economic information and whether people are in receipt of home care. For home care recipients, ELSA also tells us whether individuals or councils fund the care.

29. However, it is difficult to produce a reliable formula from ELSA, because ELSA data has some significant omissions and limitations. For example, it contains no information about how much care people receive and the number of people in the ELSA sample who fund their own care and have the highest needs is too small on which to base a reliable formula. For this reason, the analysis looks at all those who pay for home care, not just those with the highest need.

30. The funding formula in option 3 identifies the factors associated with paying for home care, when compared to the rest of the ELSA sample. Individual level analysis of the ELSA data tells us that the key factors for this group are receipt of attendance allowance and pension credit, having a long standing limiting illness, being aged 85-90 and aged 90 plus.

31. However, the best formula produced from the analysis of ELSA has very low explanatory power. This is partly because of the need to produce a linear funding formula based on the ELSA data. We have used this analysis to inform our third formula option.

That formula is below and illustrative grant allocations made using this formula are at Annex 4.

**Option 3 the ELSA based formula**

**Basic amount**

**Need top up**

Attendance Allowance  
Long Standing Limiting Illness  
Pension Credit

**Age top up**

Aged 85-89

Aged 90 and over

multiplied by

the population aged 65 and over

the sparsity adjustment

the area cost adjustment.

**Questions**

**Which of the 3 options do you prefer for the funding formula for the Free Personal Care Grant?**

**Do you have any specific comments about the 3 funding formula options?**

**Funding Free Personal Care from 2011/12 onwards**

32. This consultation does not address the way that Free Personal Care will be distributed in the next spending review period. This will be discussed with councils separately.

# Summary of questions

## **Overall**

Do you agree with the substance of the proposal as set out in this document? If not, why not?

Are there any potential positive impacts on equalities of this policy? Similarly, are there any potential negative impacts?

An Impact Assessment is available to accompany this consultation document.<sup>7</sup> Do you have any comments on the perceived costs and benefits outlined in the Impact Assessment?

## **On the proposals in Parts 1 and 2**

Is the level of detail proposed for the regulations appropriate? If not, why not?

Is the balance right between regulations and guidance? If not, why not?

Is there anything that you feel should be in the guidance rather than regulations, or vice versa?

Has anything been omitted from this document that should be included in either the regulations or the guidance?

Which of the 3 options do you feel would be most appropriate for allocating the amount needed for personal care needs to eligible individuals?

Do you have any further comments on the allocation of the amount needed for personal care needs to eligible individuals?

Do you have any comments on the aspects of implementation outlined in the document?

In particular, do you have comments around any level of retrospectation?

Do you have any comments on the collection of new data and its relation to existing information?

## **On the proposals in Part 3**

Which of the 3 options do you prefer for the funding formula for the Free Personal Care Grant?

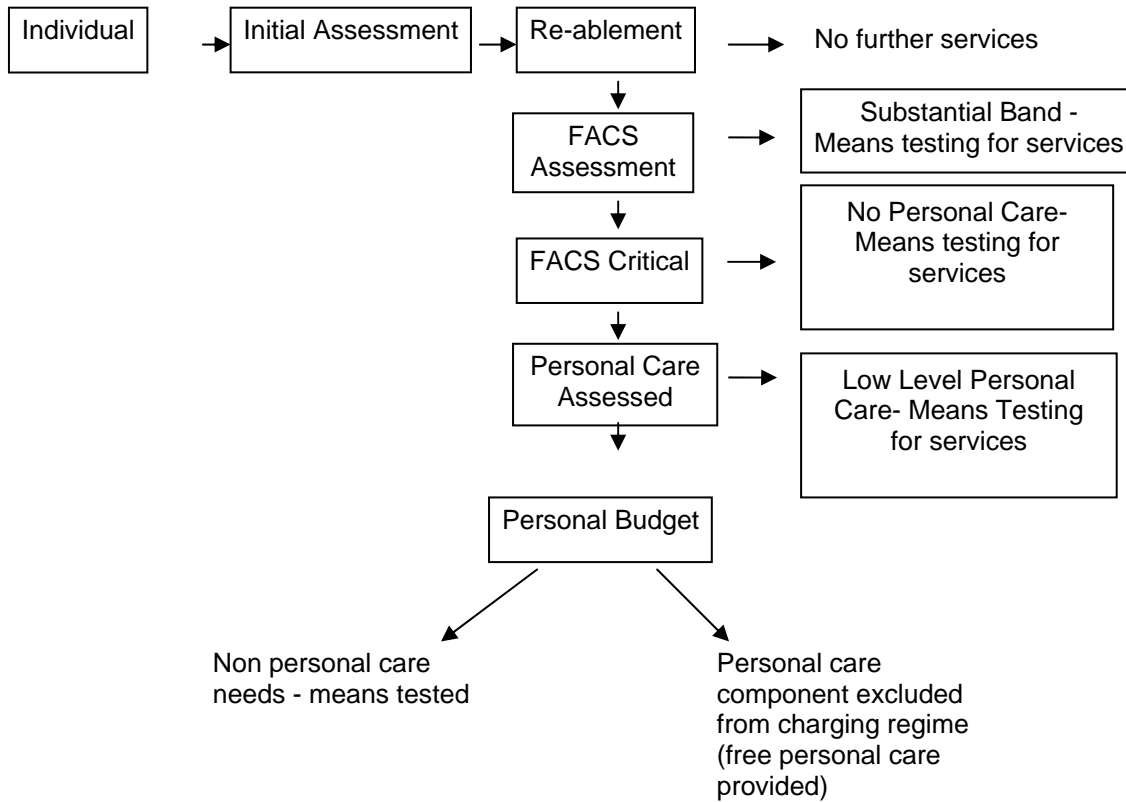
Do you have any specific comments about the 3 funding formula options?

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<sup>7</sup> The Impact Assessment is available at <http://www.dh.gov.uk/en/Consultations/index.htm>

# Annex 1: Assessment Flow Chart

## ASSESSMENT FOR FREE PERSONAL CARE



## Annex 2: Glossary of Terms

### **Activities of Daily Living (ADLs)**

Those personal care activities that people must be able to do routinely to be considered fully independent.

### **Direct payments**

Payments given to individuals to choose, organise and pay for the services they need.

### **Fair Access to Care Services (FACS)**

Statutory guidance issued to councils to enable them to decide who is eligible for adult social care

### **Resource Allocation System**

The system developed by councils to determine the indicative amount of funding available for a personal budget.

### **Social care**

Social care refers to the 'wide range of services designed to support people to maintain their independence, enable them to play a fuller part in society, protect them in vulnerable situations and manage complex relationships' (*Our Health, Our Care, Our Say: A New Direction for Community Services* (2006), paragraph 1.29). It can be provided by statutory bodies or independent organisations and can be commissioned by a local authority's social services department in a variety of settings.

## Annex 3: References

The Community Care (Delayed Discharges, etc) Act, 2003 available at  
[www.opsi.gov.uk/ACTS/acts2003/ukpga\\_20030005\\_en\\_2](http://www.opsi.gov.uk/ACTS/acts2003/ukpga_20030005_en_2)

Independence, Wellbeing and Choice, Department of Health, 2005  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4106477](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4106477)

Our Health, our care, our say, Department of Health, 2006  
<http://www.dh.gov.uk/en/Healthcare/Ourhealthourcareoursay/index.htm>

LAC(2002)13, Fair Access To Care Services, guidance on eligibility for adult social care  
[www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/LocalAuthorityCirculars/AllLocalAuthority/DH\\_4004734](http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/LocalAuthorityCirculars/AllLocalAuthority/DH_4004734)

Consultation on Fair Access To Care Services, Department of Health, 2009  
[www.dh.gov.uk/en/Consultations/Closedconsultations/DH\\_102362](http://www.dh.gov.uk/en/Consultations/Closedconsultations/DH_102362)

# Annex 4: Illustrative Grant Allocations

LA NAMES	Option 1	Option 2	Option 3
Barking and Dagenham	£ 774,751	£ 748,597	£ 614,090
Barnet	£ 1,323,312	£ 1,320,848	£ 1,184,003
Barnsley	£ 1,033,051	£ 1,001,741	£ 1,100,611
Bath & North East Somerset	£ 689,368	£ 757,762	£ 734,491
Bedford	£ 564,566	£ 579,345	£ 598,559
Bexley	£ 790,718	£ 838,594	£ 905,990
Birmingham	£ 4,723,704	£ 4,186,314	£ 3,637,362
Blackburn with Darwen	£ 582,244	£ 528,008	£ 509,175
Blackpool	£ 777,760	£ 719,502	£ 730,205
Bolton	£ 1,192,603	£ 1,120,649	£ 1,127,526
Bournemouth	£ 783,013	£ 805,434	£ 740,584
Bracknell Forest	£ 316,248	£ 335,688	£ 337,961
Bradford	£ 1,896,154	£ 1,656,466	£ 1,696,857
Brent	£ 1,081,832	£ 882,778	£ 845,681
Brighton & Hove	£ 998,178	£ 1,004,025	£ 860,323
Bristol	£ 1,657,045	£ 1,673,173	£ 1,499,022
Bromley	£ 1,091,372	£ 1,187,666	£ 1,189,655
Buckinghamshire	£ 1,594,648	£ 1,766,265	£ 1,812,780
Bury	£ 721,497	£ 703,863	£ 740,123
Calderdale	£ 817,776	£ 798,692	£ 792,329
Cambridgeshire	£ 2,170,581	£ 2,345,915	£ 2,306,518
Camden	£ 1,058,400	£ 916,268	£ 669,780
Central Bedfordshire	£ 786,713	£ 834,889	£ 879,943
Cheshire East	£ 1,342,680	£ 1,471,098	£ 1,606,669
Cheshire West and Chester	£ 1,298,377	£ 1,388,405	£ 1,479,935
City of London	£ 48,626	£ 54,331	£ 33,090
Cornwall	£ 2,646,549	£ 2,708,697	£ 2,776,801
Coventry	£ 1,307,954	£ 1,216,469	£ 1,172,701
Croydon	£ 1,105,404	£ 1,071,928	£ 1,075,290
Cumbria	£ 2,315,520	£ 2,505,411	£ 2,529,501
Darlington	£ 414,684	£ 398,945	£ 425,820
Derby	£ 991,174	£ 990,397	£ 997,826
Derbyshire	£ 3,364,368	£ 3,535,315	£ 3,678,773
Devon	£ 3,486,958	£ 3,786,532	£ 3,778,679
Doncaster	£ 1,244,484	£ 1,200,610	£ 1,376,230
Dorset	£ 1,864,437	£ 2,089,833	£ 2,245,711
Dudley	£ 1,433,175	£ 1,370,032	£ 1,400,984
Durham	£ 2,422,244	£ 2,315,931	£ 2,473,884
Ealing	£ 1,120,002	£ 990,167	£ 933,266
East Riding of Yorkshire	£ 1,366,862	£ 1,395,685	£ 1,606,195
East Sussex	£ 2,435,366	£ 2,667,997	£ 2,663,937
Enfield	£ 1,120,520	£ 1,051,298	£ 976,462
Essex	£ 5,548,263	£ 5,865,782	£ 5,895,845
Gateshead	£ 964,892	£ 893,843	£ 884,269
Gloucestershire	£ 2,325,309	£ 2,512,828	£ 2,515,701
Greenwich	£ 1,097,813	£ 1,024,552	£ 846,828
Hackney	£ 1,092,957	£ 868,660	£ 617,561

## Personal Care At Home – A consultation on proposals for regulations and guidance

LA NAMES	Option 1	Option 2	Option 3
Halton	£ 494,654	£ 457,942	£ 485,208
Hammersmith and Fulham	£ 756,997	£ 686,908	£ 525,878
Hampshire	£ 4,259,173	£ 4,705,542	£ 5,157,855
Haringey	£ 821,306	£ 656,099	£ 550,222
Harrow	£ 896,822	£ 873,904	£ 810,339
Hartlepool	£ 418,619	£ 362,986	£ 409,012
Havering	£ 894,386	£ 914,966	£ 1,005,205
Herefordshire	£ 851,524	£ 924,008	£ 919,604
Hertfordshire	£ 3,885,193	£ 4,188,085	£ 4,042,185
Hillingdon	£ 886,470	£ 894,127	£ 876,708
Hounslow	£ 726,297	£ 640,553	£ 622,251
Isle of Wight Council	£ 740,994	£ 752,425	£ 802,440
Isles of Scilly	£ 12,981	£ 14,104	£ 4,758
Islington	£ 951,715	£ 770,809	£ 560,066
Kensington and Chelsea	£ 923,206	£ 917,653	£ 652,868
Kent	£ 5,267,581	£ 5,446,137	£ 5,785,346
Kingston upon Hull	£ 1,181,335	£ 1,051,560	£ 960,647
Kingston upon Thames	£ 488,045	£ 517,261	£ 486,245
Kirklees	£ 1,554,801	£ 1,471,429	£ 1,538,956
Knowsley	£ 764,867	£ 640,449	£ 666,902
Lambeth	£ 1,073,796	£ 882,054	£ 690,112
Lancashire	£ 4,846,097	£ 4,876,055	£ 5,281,305
Leeds	£ 2,910,086	£ 2,865,487	£ 2,774,839
Leicester	£ 1,223,370	£ 1,036,171	£ 917,409
Leicestershire	£ 2,189,932	£ 2,333,789	£ 2,585,238
Lewisham	£ 1,066,132	£ 934,280	£ 768,966
Lincolnshire	£ 3,061,322	£ 3,084,982	£ 3,418,032
Liverpool	£ 2,314,680	£ 1,984,543	£ 1,808,576
Luton	£ 638,481	£ 576,584	£ 580,047
Manchester	£ 2,074,219	£ 1,777,082	£ 1,491,782
Medway	£ 756,486	£ 733,644	£ 841,354
Merton	£ 638,132	£ 643,190	£ 602,337
Middlesbrough	£ 594,145	£ 531,447	£ 551,015
Milton Keynes	£ 710,203	£ 708,331	£ 715,310
Newcastle upon Tyne	£ 1,262,747	£ 1,197,913	£ 1,073,799
Newham	£ 995,736	£ 779,746	£ 622,439
Norfolk	£ 3,895,283	£ 4,051,718	£ 4,170,996
North East Lincolnshire	£ 686,483	£ 641,196	£ 684,118
North Lincolnshire	£ 640,828	£ 623,551	£ 730,799
North Somerset	£ 870,207	£ 936,181	£ 998,782
North Tyneside	£ 938,468	£ 903,322	£ 887,776
North Yorkshire	£ 2,314,949	£ 2,493,013	£ 2,693,896
Northamptonshire	£ 2,337,608	£ 2,379,886	£ 2,477,082
Northumberland	£ 1,397,326	£ 1,447,303	£ 1,524,122
Nottingham	£ 1,171,099	£ 1,084,515	£ 948,714
Nottinghamshire	£ 3,041,065	£ 3,195,943	£ 3,543,897
Oldham	£ 974,214	£ 921,668	£ 889,101
Oxfordshire	£ 2,151,281	£ 2,383,972	£ 2,333,261
Peterborough	£ 649,458	£ 622,746	£ 607,000
Plymouth	£ 1,052,196	£ 1,071,134	£ 1,063,233
Poole	£ 590,840	£ 636,018	£ 660,392
Portsmouth	£ 727,916	£ 728,794	£ 694,277
Reading	£ 465,977	£ 467,105	£ 443,678



## Personal Care At Home – A consultation on proposals for regulations and guidance

LA NAMES	Option 1	Option 2	Option 3
Redbridge	£ 949,762	£ 903,063	£ 866,781
Redcar and Cleveland	£ 617,208	£ 585,369	£ 681,159
Richmond upon Thames	£ 589,464	£ 637,072	£ 568,643
Rochdale	£ 888,720	£ 800,383	£ 822,821
Rotherham	£ 1,151,335	£ 1,113,021	£ 1,215,815
Rutland	£ 133,736	£ 154,298	£ 160,715
Salford	£ 1,110,767	£ 1,028,564	£ 933,206
Sandwell	£ 1,570,595	£ 1,400,043	£ 1,249,789
Sefton	£ 1,375,888	£ 1,347,353	£ 1,400,362
Sheffield	£ 2,448,313	£ 2,334,355	£ 2,215,894
Shropshire	£ 1,315,638	£ 1,390,821	£ 1,436,664
Slough	£ 412,659	£ 376,451	£ 360,060
Solihull	£ 746,812	£ 772,856	£ 838,901
Somerset	£ 2,323,616	£ 2,525,132	£ 2,559,387
South Gloucestershire	£ 848,443	£ 914,782	£ 1,021,253
South Tyneside	£ 789,654	£ 710,452	£ 697,292
Southampton	£ 898,173	£ 901,498	£ 799,771
Southend-on-Sea	£ 786,920	£ 807,710	£ 736,450
Southwark	£ 1,173,333	£ 1,010,102	£ 763,546
St Helens	£ 818,591	£ 788,670	£ 849,677
Staffordshire	£ 3,224,421	£ 3,337,018	£ 3,762,120
Stockport	£ 1,149,869	£ 1,193,639	£ 1,202,916
Stockton-on-Tees	£ 701,032	£ 652,387	£ 746,014
Stoke-on-Trent	£ 1,130,338	£ 1,086,440	£ 1,114,247
Suffolk	£ 3,025,828	£ 3,258,089	£ 3,200,486
Sunderland	£ 1,342,798	£ 1,201,352	£ 1,281,119
Surrey	£ 3,772,685	£ 4,259,762	£ 4,285,639
Sutton	£ 656,013	£ 686,419	£ 672,264
Swindon	£ 601,107	£ 599,998	£ 654,346
Tameside	£ 1,010,083	£ 961,718	£ 922,998
Telford and the Wrekin	£ 640,874	£ 621,852	£ 638,403
Thurrock	£ 556,925	£ 554,533	£ 551,781
Torbay	£ 821,275	£ 837,059	£ 782,523
Tower Hamlets	£ 1,029,129	£ 732,728	£ 527,990
Trafford	£ 841,745	£ 865,166	£ 852,878
Wakefield	£ 1,428,749	£ 1,428,257	£ 1,513,237
Walsall	£ 1,263,129	£ 1,146,110	£ 1,144,181
Waltham Forest	£ 877,553	£ 782,494	£ 666,579
Wandsworth	£ 1,038,959	£ 938,638	£ 778,678
Warrington	£ 711,441	£ 722,531	£ 795,330
Warwickshire	£ 2,057,788	£ 2,156,924	£ 2,287,867
West Berkshire	£ 464,632	£ 501,600	£ 519,579
West Sussex	£ 3,090,560	£ 3,449,310	£ 3,532,677
Westminster	£ 1,192,046	£ 1,120,360	£ 795,483
Wigan	£ 1,400,586	£ 1,336,578	£ 1,434,966
Wiltshire	£ 1,696,750	£ 1,883,524	£ 1,900,903
Windsor and Maidenhead	£ 426,914	£ 456,761	£ 487,574
Wirral	£ 1,629,816	£ 1,648,067	£ 1,586,421
Wokingham	£ 364,089	£ 403,165	£ 488,386
Wolverhampton	£ 1,231,488	£ 1,128,909	£ 1,057,419
Worcestershire	£ 2,216,791	£ 2,347,104	£ 2,436,266
York	£ 633,076	£ 691,980	£ 758,642

# Annex 5: The Consultation Process

## Criteria for consultation

This consultation follows the ‘Government Code of Practice’, in particular we aim to:

- formally consult at a stage where there is scope to influence the policy outcome;
- consult for at least 12 weeks with consideration given to longer timescales where feasible and sensible;
- be clear about the consultations process in the consultation documents, what is being proposed, the scope to influence and the expected costs and benefits of the proposals;
- ensure the consultation exercise is designed to be accessible to, and clearly targeted at, those people it is intended to reach;
- keep the burden of consultation to a minimum to ensure consultations are effective and to obtain consultees’ ‘buy-in’ to the process;
- analyse responses carefully and give clear feedback to participants following the consultation;
- ensure officials running consultations are guided in how to run an effective consultation exercise and share what they learn from the experience.

The full text of the code of practice is on the Better Regulation website at:

[Link to consultation Code of Practice](#)

## Comments on the consultation process itself

If you have concerns or comments which you would like to make relating specifically to the consultation process itself please

**contact**      Consultations Coordinator  
Department of Health  
3E48, Quarry House  
Leeds  
LS2 7UE

**e-mail**      [consultations.co-ordinator@dh.gsi.gov.uk](mailto:consultations.co-ordinator@dh.gsi.gov.uk)

**Please do not send consultation responses to this address.**

## Confidentiality of information

We manage the information you provide in response to this consultation in accordance with the Department of Health's [Information Charter](#).

Information we receive, including personal information, may be published or disclosed in accordance with the access to information regimes (primarily the Freedom of Information Act

2000 (FOIA), the Data Protection Act 1998 (DPA) and the Environmental Information Regulations 2004).

If you want the information that you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory Code of Practice with which public authorities must comply and which deals, amongst other things, with obligations of confidence. In view of this it would be helpful if you could explain to us why you regard the information you have provided as confidential. If we receive a request for disclosure of the information we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the Department.

The Department will process your personal data in accordance with the DPA and in most circumstances this will mean that your personal data will not be disclosed to third parties.

### Summary of the consultation

A summary of the response to this consultation will be made available before or alongside any further action, such as laying legislation before Parliament, and will be placed on the Consultations website at

<http://www.dh.gov.uk/en/Consultations/Responsestoconsultations/index.htm>