



**Consultation on Allocation Options for  
distribution of additional funding to  
local authorities for**

***Local HealthWatch, NHS Complaints Advocacy,  
PCT Deprivation of Liberty Safeguards***

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**Author** Sarah Horne, Chris Eleftheriades and Kasey Chan

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**Description** This consultation asks for views on alternative options for allocating funding to local authorities for local Healthwatch and PCT DOLS fundng. A summary of consultation responses will be published before the end of the year.

**Cross Ref**

**Superseded Docs**

**Action Required** N/A

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**Contact Details** Department of Health:  
Sarah Horne and Chris Eleftheriades  
Social Care Strategic Policy and Finance  
Room 328, Wellington House  
London  
SE1 8UG  
0207 972 4871

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# **Consultation on Allocation Options for distribution of additional funding to local authorities for: *Local HealthWatch, NHS Complaints Advocacy, PCT Deprivation of Liberty Safeguards***

**Prepared by**

**Sarah Horne, Chris Eleftheriades and  
Kasey Chan**

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# Consultation on how to allocate the additional funding to local authorities for Local HealthWatch, NHS Complaints Advocacy, and PCT Deprivation of Liberty Safeguards

## Introduction

1. The Department is asking for views from all stakeholders, including LINKs, on options for distributing the additional funding to local authorities for local HealthWatch, NHS Complaints Advocacy which is moving from the Department of Health, and PCT Deprivation of Liberty Safeguards (DOLS) which is moving from the NHS.
2. Subject to the passage of the Health and Social Care Bill, the Department (DH) will need to allocate funding for four duties which will pass from the NHS and DH to local authorities. The timetable is as follows:

Funding	Transfer to Local Authorities
Local HealthWatch signposting element from PCT PALS	From October 2012
NHS Complaints Advocacy	From April 2013
PCT Deprivation of Liberty Safeguards	Potentially, from October 2012
Independent Mental Health Advocates	April 2013

3. The consultation is asking for views on allocation options for the first three of these duties. We will look at allocation options for the Independent Mental Health Advocates (IMHAs) prior to the 2013 settlement. This additional funding to local authorities will be added to the current DH Learning Disabilities and Health Reform grant.

## Responses

4. Please respond to the consultation using the word document provided.
5. Please e-mail your consultation response to **scgrants@dh.gsi.gov.uk** by **5pm Monday 24<sup>th</sup> October 2011**.

## Criteria for consultation

6. 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;
- be clear about the consultation's 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

7. The consultation period for this document is from 15 August to 24 October, which equates to 10 weeks. This is 2 weeks less than the standard 12 week period, set out in the Code of Practice. The reduced formal consultation period was a result of the need to engage and involve DH stakeholders in the revisions to make the document easier to understand. Running with the shorter formal consultation period would ensure that responses to the consultation are analysed in time to inform the provisional allocations later this year.
8. 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

9. We manage the information you provide in response to this consultation in accordance with the Department of Health's [Information Charter](#).
10. 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).

11. 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.
12. 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

13. 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>

## *Local HealthWatch*

14. Subject to the passage of the Health and Social Care Bill, Local HealthWatch organisations will be established in October 2012 and continue the functions currently provided by Local Involvement Networks (LINks), which will cease to exist when Local HealthWatch comes into being.
15. From October 2012, subject to parliamentary approval, Local HealthWatch will also signpost people to information about health and social care services. This is one of a range of services currently provided by the PCT Patient Advice and Liaison Services (PALS).
16. The Department of Health will allocate funding to local authorities for the new responsibilities when they transfer to local HealthWatch. This will be part of the Learning Disabilities and Health Reform grant. This consultation will inform the Department's decision about how this additional funding will be allocated to local authorities.
17. This funding comes on top of the existing funding for LINks, which is currently allocated as part of the local government Formula Grant and is not affected by this consultation.

### What is Local HealthWatch?

18. HealthWatch will be the independent consumer champion for the public i.e. service users, citizens, carers and patients – locally and nationally – to promote better outcomes in health for all and in social care for adults.
19. At the local authority level, Local HealthWatch will act as a point of contact for individuals, community groups and voluntary organisations when dealing with health and social care. Local HealthWatch will have a seat on local health and wellbeing boards to influence commissioning decisions by representing the views of local stakeholders. Information that Local HealthWatch gathers on patients' and the public's views and experiences of the NHS will inform HealthWatch England's role in influencing health and social care services at the national level.

### What are the responsibilities of Local HealthWatch?

20. Building on the LINks' functions to involve and engage, to enter and view premises providing care to service users (as set out in the Local Government and Public Involvement in Health Act 2007) the following describe the additional functions for local HealthWatch.
21. **Influencing** - local HealthWatch will present the views and experiences of local service users to local managers and decision makers (as well as to HealthWatch England at the national level) and be part of the decision making process on the local health and wellbeing board. It will also hold local providers to account by reporting on services and making recommendations.

22. **Signposting** - providing information to service users to access health and social care services and promoting choice. Some signposting is currently provided by Primary Care Trusts (PCTs), as part of their Patient Advice and Liaison Services (PALS) responsibilities, and it is the signposting function of PCT PALS which Local HealthWatch will take forward.
23. As a corporate body, Local HealthWatch will be able to employ its own staff, as well as continue the LINK legacy of recruiting volunteers, and be subject to public sector duties such as the Equality Act 2010. To find out more, please see the Health and Social Care Bill 2011 at [www.parliament.uk](http://www.parliament.uk)

### What is the role of local authorities?

24. The Health and Social Care Bill 2011, currently in parliament, sets out the relevant responsibilities of local authorities and Local HealthWatch as follows. Local authorities will:
- be responsible for funding Local HealthWatch organisations;
  - commission a Local HealthWatch organisation; and
  - be responsible for ensuring accountability and value for money (of Local HealthWatch organisations).

### *Funding Local HealthWatch*

25. The majority of funding for Local HealthWatch will come from two sources:
- a. LINKs are currently funded through Department for Communities and Local Government (DCLG) Formula Grant. This will continue for at least the remainder of the current spending review to 2014/15 for Local HealthWatch. **This funding is not affected by this consultation.**
  - b. Funding for signposting responsibilities currently carried out by PCT PALS will be transferred from PCTs to local authorities in October 2012.
26. There will also be funding for:
- a. Increased Demand for Choice: we expect that patient demand for help to make choices will increase with the new arrangements. We have allowed funding of £0.5m/£1m/£1.5m over 2012-13 to 2014-15 for an annual increase of 2.5% above the existing spend. This element of funding will transfer from October 2012.
  - b. Start up costs: the funding for these costs will be allocated in 2012-13.

27. Table 1 shows the provisional summary of funding to transfer to local authorities for Local HealthWatch.

	2012/13	2013/14	2014/15
	£m	£m	£m
<b>Existing funding to local authorities (unchanged)</b>			
LINKs	27	27	27
<b>Funding to be transferred to local authorities (additional)</b>			
<b>Existing funding</b>			
<b>PCT PALS</b>	19.3	19.3	19.3
<b>New funding</b>			
<b>Increased Demand</b>	0.5	1.0	1.5
<b>Start-Up Costs</b>	3.2	0.0	0.0
<b>Total Funding Transfer</b>	<b>23.0</b>	<b>20.3</b>	<b>20.8</b>

More details of how this funding summary was derived is published in the Impact Assessment for HealthWatch – available via the link [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLegislation/DH\\_123583](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLegislation/DH_123583).

28. The funding totals, in Table 1, are subject to confirmation once DH has completed a data collection exercise on PCT PALS and our DH business planning for 2012/13. The totals above are for whole years. However, given Local HealthWatch starts in October 2012. The Department will need to determine the exact amount to be transferred in 2012-13. The exact amounts will be published alongside the provisional allocations in late 2011.

29. This consultation does not affect the funding currently within the DCLG Formula Grant for LINKs. It considers options for allocating the additional resources that will be transferred to local authorities for the additional functions of Local HealthWatch.

## *Local Healthwatch Allocation Options*

30. We have looked at two main options for allocating the additional funding to local authorities for Local HealthWatch. We also propose a minimum allocation for each local authority, to reflect the fixed costs of setting up and running a signposting service.

31. We also considered allocating funding on the basis of the caseload that the existing PCT PALS see in each local authority area. However, there is currently no data on the use of PCT PALS. In any case, Local HealthWatch will be new organisations which will be required to actively engage service-users, commissioners and providers, so PCT caseload figures are unlikely to predict future service use.

32. The allocation options are:

**Option LHW1:** Adult working age population, adjusted for area costs

**Option LHW2:** The social care relative needs formula (See Annex B for details)

33. Local HealthWatch will be the local consumer voice for the whole population including children and young people, working age adults, parents, older people and people with disabilities in representing the diversity and inclusion of its local communities on health care issues. Although Local HealthWatch will also be the local consumer voice for adult social care, it could signpost children and young people to children's social care.
34. While signposting services will be used by people of all ages, we expect that the majority will be younger adults – available data from PCT PALS annual reports (where available) suggests around three quarters of users of PCT PALS signposting functions are 16-65. To make use of this information, we suggest using data on younger adults (age 18-64) for allocating the funding to transfer from PCT PALS. As other Local HealthWatch functions will be used by all members of the local community, we suggest using data on all adults to allocate the funding for start-up costs and the expected increase in demand. More detailed analysis on this is published in the equality impact assessment for HealthWatch – is available from the link [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLegislation/DH\\_123583](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLegislation/DH_123583).
35. The ideal method for allocating the additional funding would be to give more money to Local HealthWatch organisations that provide more of the additional services. However, we do not have data on this. Therefore, we think the number of people using Local HealthWatch will be most closely related to the number of people engaging with all the health and social care services in an area. The options we have considered attempt to approximate this.

## The options

36. **Option LHW1** proposes that the funding an area needs to provide a Local HealthWatch will be proportionate to the size of the local working age population. This option also takes account of differences in local wage costs, through Department for Communities and Local Government's (DCLG) area cost adjustment (for more information, visit <http://www.communities.gov.uk/documents/localgovernment/pdf/1656527.pdf>)
37. **Option LHW2** proposes that the funding an area needs to provide a Local HealthWatch will be proportionate to the relative need in each local authority for state supported social care. This is the best indication we have, at a local authority level, of people more likely to be in contact with the health and social care systems and who may require signposting services.
38. Both measures are imperfect. Option 1 assumes that health and social care need rise in proportion with the size of the local population. We know from the PCT and the social care funding formulae that the picture is more complicated. State provision of health and social care services are strongly related to both population size and population characteristics, including local deprivation and for older people's services, the number of very old people in the area.

39. The adult social care relative needs formulae use information on the size of the local population, population characteristics and area costs to predict the relative need for a local authority to provide social care. The formulae take account of indicators of deprivation and for older people's services, information on the proportion of very old people and whether old people live alone. However, these indicators do not predict the need for all social care in an area, only local authority supported social care. It could be argued that if Local HealthWatch funding were based on the relative need formulae, it would not adequately reflect those who fund their own social care, who are likely to use the signposting service.
40. Neither option explicitly takes account of data on the number of children or their relative need between areas. While Local HealthWatch may provide some services directly to children or parents/carers on their behalf, we feel that using the total population rather than the adult population data in the options would not make a significant difference to how much funding a given local authority receives. Areas with more residents of working age tends to have more child residents. Adult and total population of areas are very strongly linked. For example, using total rather than just adult population in Option 1 changed allocations by a maximum of £2,900 with an average change of just £400.

### Minimum Grant Allocation for the additional functions of Local HealthWatch

41. Our judgement is that local authorities will need at least a minimum level funding for the functions of Local HealthWatch that are additional to the current functions of LINKs. Local HealthWatch will incur some costs regardless of the number of service-users they engage. These are likely to include reporting, service evaluation, relationship building and their role on the local health and wellbeing board. In addition, service demand may not be evenly spread throughout the year - each Local HealthWatch will need to be able to deal with unforeseen pressures.
42. We suggest that on top of continuing and separate LINKs funding, which is included within the DCLG Formula Grant, no local authority should receive less than £20,000 to fund the additional functions for Local HealthWatch.
43. Table 2 shows how the minimum allocation works for the three local authorities whose allocations increase, and two other local authorities:

<b>LA NAMES</b>	<b>LHW1 Without Min Allocation (£)</b>	<b>LHW1 With Min Allocation (£)</b>	<b>LHW2 Without Min Allocation (£)</b>	<b>LHW2 With Min Allocation (£)</b>
City of London	9,703	20,000	6,764	20,000
Isles of Scilly	1,563	20,000	796	20,000
Rutland	14,803	20,000	9,346	20,000
Northamptonshire	298,152	297,711	261,111	260,621
Wigan	130,591	130,399	162,239	161,935

44. Without a minimum allocation, the first three local authorities receive significantly less than £20,000 under both options. With a minimum allocation, they receive £20,000. This

increase in their funding is financed by reducing the money directed to all other local authorities, in proportion to their original allocation. For example, Northamptonshire receives £440 less under 'LHW1 with Min Allocation option' than under 'LHW1 Without Min Allocation option', whilst Wigan receives £193 less. The reduction in Northamptonshire's allocation is just over twice the reduction for Wigan because Northamptonshire received just over twice as much as Wigan without the minimum allocation. For LHW2, these figures are £490 and £304 respectively.

45. Figures for other local authorities are at Annex A.

### Preferred Option

46. Allocations under both Options 1 and 2 appear suitable. On balance, the Department believes that of the options considered, the adult social care relative needs formulae will better reflect local need to provide signposting. This is because health and social care clients will use signposting services.

47. On balance, **Option 2 is the Department of Health's preferred option.**

48. Illustrative allocations for both options, with and without the proposed minimum allocation for the additional functions of Local HealthWatch are at Annex A. These illustrate the transfer of funding for signposting services from PCT PALS to local authorities and include start up costs and increased demand, which indicates an allocation total of £23 million for 2012/13. This amount is illustrative. The actual funding in 2012-13 will be for part of the year. The transfer amount will be confirmed when the current data collection exercise is complete, and Department of Health has completed its 2012-13 financial planning round.

#### Question LHW1

Do you prefer: Option LHW1: population based or Option LHW2: Adult Social Care Relative Needs Formulae?

#### Question LHW2

Do you agree that there should be an allocation of at least £20,000, in respect of the additional functions for local HealthWatch to each local authority in each financial year?

#### Question LHW3

Why do you prefer the option selected above? Do you have any comments about the options or alternative suggestions for allocating the funding, or alternative costings for the minimum allocation amount?

49. Please e-mail your consultation response to [scgrants@dh.gsi.gov.uk](mailto:scgrants@dh.gsi.gov.uk) by **5pm on Monday 24<sup>th</sup> October 2011.**

## *NHS Complaints Advocacy*

50. Subject to the Health and social Care Bill 2011, in April 2013, local authorities will take on the responsibility for commissioning NHS complaints advocacy services. They may decide to commission this from either Local HealthWatch or a third party provider. However, if a third party is commissioned by the local authority, Local HealthWatch will signpost patients and members of the public to the relevant service. The Department of Health currently manages the contract for this service from the Independent Complaints Advocacy Services (ICAS), these contracts will end in March 2013, when responsibility for commissioning NHS complaints advocacy will move to local authorities.
51. The Department of Health will allocate funding to local authorities for their new responsibilities to provide NHS Complaints Advocacy as part of the Learning Disabilities and Health Reform grant. This consultation will inform the Department's decision about how this additional funding will be allocated to local authorities.

### *What is NHS Complaints Advocacy?*

52. ICAS currently provides client-centred support to people in England wishing to complain about the treatment or care they received under the National Health Service (NHS). The support ICAS offers ranges from helping the client with initial preparation, through to attendance at resolution meetings and helping people with correspondence.

### *What is the role of local authorities?*

53. The Health and Social Care Bill 2011, currently in parliament, sets out the relevant responsibilities of local authorities and NHS complaints advocacy as follows:
- Local authorities will be responsible for commissioning NHS complaints advocacy and can do this either from:
    - a Local HealthWatch organisation, or
    - a third party provider.

## *Funding NHS Complaints Advocacy*

54. The funding for NHS complaints advocacy will come from:
- a. Funding to support service-users in lodging complaints, currently carried out by the Department of Health commissioned Independent Complaints Advocacy Service (ICAS), will transfer to local authorities in April 2013.
55. There will also be funding for:
- a. Lost economies of scale. There is currently one NHS complaints advocacy office per six local authorities, so commissioning NHS complaints advocacy services at

the Local authority level will lead to fewer economies of scale<sup>1</sup> and additional training costs. These costs are estimated at £2.5m per year. This element of funding will transfer from April 2013.

56. Table 3 shows the provisional summary of funding to transfer to local authorities for NHS Complaints Advocacy.

	2012/13	2013/14	2014/15
	£m	£m	£m
<b>Funding to be transferred to local authorities (additional)</b>			
<b>Existing funding</b>			
<b>ICAS</b>	0	11.7	11.7
<b>New funding</b>			
<b>Economies of Scale</b>	0	2.5	2.5
<b>Total Funding Transfer</b>	<b>0</b>	<b>14.2</b>	<b>14.2</b>

More details of how this funding summary was derived is published in the Impact Assessment for HealthWatch – available via the link [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLegislation/DH\\_123583](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLegislation/DH_123583).

57. The funding totals are subject to confirmation once DH has completed its business planning for 2012/13. The totals above are for whole years. NHS Complaints Advocacy starts in April 2013 and this means the Department will need to determine the exact amount to be transferred in late 2012-13.

58. This consultation considers options for allocating the additional resources that will be transferred to local authorities for NHS Complaints Advocacy.

## *NHS Complaints Advocacy Allocation Options*

59. We have looked at two main options for allocating the additional funding to local authorities for the new local authority and NHS Complaints Advocacy. Illustrative allocations under both options are at Annex A.

60. The allocation options are:

**Option NHSCA1:** Adult population, adjusted for area costs

**Option NHSCA2:** The social care relative needs formula (See Annex B for details)

61. The ideal method for allocating the funding would be to give more money to local authorities that will commission more complaints advocacy. Therefore, we also

<sup>1</sup> 'Economies of scale' is the term that describes the reduced costs associated with operating on a larger scale. As the NHS complaints advocacy services will be operating on a smaller scale when commissioned by local authorities, we would expect local authorities to face higher unit costs than the current providers.

considered allocating funding on the basis of the caseload that the existing ICAS services see in each local authority area. However, there is currently no data on the use of ICAS at the local authority level. We do have data on complaints lodged at PCT or NHS Trust level, but it is difficult to produce accurate data on complaints lodged in a given local authority.

## Minimum Grant Allocation

62. As the funding required to commission NHS complaints advocacy will depend on the number of complaints lodged, we do not recommend a minimum allocation in this funding. This means that the amount of money a local authority receives will be directly proportional to either their adult population (option NHSCA1) or their social care need (option NHSCA2).

## The options

63. **Option NHSCA1** proposes that the funding an area needs to provide NHS Complaints Advocacy will be proportionate to the size of the local population. This option also takes account of differences in local wage costs, through Department for Communities and Local Government's (DCLG) area cost adjustment (for more information, visit <http://www.communities.gov.uk/documents/localgovernment/pdf/1656527.pdf> ) ]

64. **Option NHSCA2** proposes that the funding an area needs to provide NHS Complaints Advocacy will be proportionate to the relative need in each local authority for state supported social care. This is the best indication we have, at a local authority level, of people more likely to be in contact with the health and social care systems and who may require NHS complaints advocacy.

65. Both measures are imperfect. Option 1 assumes that health and social care need rise in proportion with the size of the local population. We know from the PCT and the social care funding formulae that the picture is more complicated. State provision of health and social care services are strongly related to both population size and population characteristics, including local deprivation and for older people's services, the number of very old people in the area.

66. The adult social care relative needs formulae use information on the size of the local population, population characteristics and area costs to predict the relative need for a local authority to provide social care. The formulae take account of indicators of deprivation and for older people's services, information on the proportion of very old people and whether old people live alone. However, these indicators do not predict the need for all social care in an area, only local authority supported social care.

67. We have compared the current pattern of complaints lodged with PCTs and NHS Trusts to both Option NHSCA1 and NHSCA2. We found good correlations between allocations under both options and the complaints data. This means that local authorities in which more complaints were lodged tend to receive more funding to commission complaints advocacy. It should be noted that these correlations are for illustrative purposes only. We propose to allocate funding for the additional costs using either population data (Option 1) or the relative need formulae (Option 2).

68. Illustrative allocations under the two options that we have considered are at Annex A.

### Preferred Option

69. Allocations under both Options 1 and 2 appear suitable. On balance, the Department believes that of the options considered, the adult social care relative needs formulae will better reflect local need to provide NHS complaints advocacy services. Health and social care clients will use the NHS complaints advocacy. Of the options available, the social care formulae are likely to be a better reflection of local service need, than simply the size of the local population.

70. On balance, **Option 2 is the Department of Health's preferred option.**

71. Illustrative allocations for both options are at Annex A. These illustrate the transfer of funding from the Department of Health to local authorities, which include lost economies of scale, and allocates a total of £14.2 million per year. This amount is illustrative. The transfer amount will be confirmed when the Department of Health has completed its 2012-13 financial planning round.

#### **Question NHSCA1**

Do you prefer: Option NHSCA1: population based or Option NHSCA2: Adult Social Care Relative Needs Formulae ?

#### **Question NHSCA2**

Why do you prefer the option selected above? Do you have any comments about the options or alternative suggestions for allocating the funding?

72. Please e-mail your consultation response to [scgrants@dh.gsi.gov.uk](mailto:scgrants@dh.gsi.gov.uk) by **5pm on Monday 24<sup>th</sup> October 2011.**

# PCT Deprivation of Liberty Safeguards

## Introduction

73. The funding associated with this duty is for the 'Deprivation of Liberty Safeguard' (DOLS) processes. These include:

- Assessing the nature and extent of liberty deprivations that are appropriate on a case-by-case basis.
- Training those involved with respect to their responsibilities under the Mental Capacity Act (2005).

74. We would like your view on the allocation options below, and also on whether this funding should transfer to local authorities in October 2012 or April 2013.

## Full Year Grant Profile (£m)

75. The table below shows a profile of PCT DOLS funding for the whole of each financial year. If PCT DOLS funding transfers in October 2012, we will apportion the figure shown below for 2012/13.

2012/13	2013/14	2014/15	Steady State
1.4	1.1	0.9	0.6

## Current Allocation

76. Local authorities currently receive funding for DOLS assessments in residential care, PCTs receive funding for assessments in health settings via the general PCT funding formulae. Once the funding has transferred, local authorities will be responsible for DOLS assessments in health settings. Local authorities who are already pooling their MCA and DOLS resources with health colleagues can, of course, continue to do so.

## Allocation Options

77. We have looked at three options for allocating the funding for PCT DOLS responsibilities.

**Option DOLS1:** Adult population, adjusted for area costs

**Option :DOLS2:** The social care relative needs formulae (See Annex B for details)

**Option DOLS3:** PCT DOLS caseload data

78. We are also proposing to set a minimum allocation for each local authority of £2000, to reflect the fixed costs of staff training for a PCT DOLS service.

79. We have compared the allocations under Options DOLS 1 and DOLS 2 to PCT DOLS caseload data. Both were fairly well, and very similarly correlated. This shows that

under both options, local authorities who would have had high caseload in the past, would receive higher funding under either option. The two options also produce a similar amount of variation in pounds per assessment that each local authority would have received.

80. We do not propose using Option DOLS 3 to allocate this funding. This is because only a short run of DOLS caseload data is available, and no spend data exists. The data that is available is not a strong enough basis upon which to allocate this funding.

### Minimum Allocation

81. All local authorities will face some costs, regardless of the amount of liberty deprivations that they deal with. These costs may include recruitment costs; training on how to assess and authorise a deprivation of liberty; and training by the DOLS NHS specialist of their colleagues on who and how to refer for DOL assessments. We propose a minimum allocation for every local authority of £2,000 which would fund 10 days of training. This increases the allocation for less than ten local authorities.

### Preferred Option

82. In summary, Options DOLS1 and DOLS2 are both good options for allocating this funding. The two options deliver similar distributions, but on balance Option 2 is preferred because it means the allocation responds to changes in need within a given population, as well to a change in the size of population.

83. A minimum amount of funding to reflect the fixed costs of providing a DOLS service would ensure that trained workers are available in each local authority regardless of the authority's size. We recommend a minimum allocation of £2,000 for each local authority.

84. Illustrative allocations for both options, with and without a minimum allocation are at Annex A. These illustrate the transfer of funding for PCT DOLS to local authorities and allocate a total of £1.4 million per year. This amount is illustrative. The actual funding will depend on when the funding is transferred. If funding transfers in October 2012, then the transfer amount will be a portion of £1.4 million.

#### **Question DOLS1.**

Would you prefer the transfer of funding to happen in October 2012 or April 2013?

#### **Question DOLS2**

Which of the options do you prefer Options DOLS1 population or Option DOLS2 RNF?

#### **Question DOLS3**

Do you agree that there should be a minimum allocation in respect of PCT DOLS funding of £2,000 for each financial year?

**Question DOLS4**

Why do you prefer the option selected above? Do you have any comments about the options or alternative suggestions for allocating the grant?

85. Please e-mail your consultation response to **scgrants@dh.gsi.gov.uk** by **5pm Monday 24<sup>th</sup> October 2011**.

## ANNEX A: Illustrative Grant Allocations for each consultation option.

### Transfer of the signposting element of PCT PALS funding for Local HealthWatch

The figures below illustrate the transfer of funding from PCT PALS to local authorities for signposting services, and include start up costs and increased demand. They allocate a total of £23 million per year. This amount is illustrative. The actual funding in 2012-13 will be for part of the year. The transfer amount will be confirmed when the current data collection exercise is complete, and Department of Health has completed its 2012/13 financial planning round.

LA NAMES	LHW1	LHW1	LHW2	LHW2
	Without Min Allocation (£)	With Min Allocation (£)	Without Min Allocation (£)	With Min Allocation (£)
Barking and Dagenham	77573	77458	91024	90854
Barnet	167268	167021	132721	132472
Barnsley	96181	96038	139409	139148
Bath & North East Somerset	81579	81458	62382	62265
Bedford	69199	69097	58509	58400
Bexley	101419	101269	82277	82123
Birmingham	443484	442829	604289	603156
Blackburn with Darwen	56162	56079	87761	87597
Blackpool	56726	56643	91176	91005
Bolton	109998	109836	139819	139557
Bournemouth	71632	71526	74386	74246
Bracknell Forest	56049	55966	32324	32263
Bradford	215818	215499	260201	259713
Brent	121687	121507	129380	129137
Brighton & Hove	119358	119182	125018	124784
Bristol	221360	221033	219407	218995
Bromley	140692	140484	99243	99057
Buckinghamshire	219135	218811	131436	131190
Bury	76213	76100	82021	81868
Calderdale	85400	85273	90147	89978
Cambridgeshire	273338	272934	198303	197931
Camden	142865	142654	154840	154550
Central Bedfordshire	112697	112530	71746	71612
Cheshire East	151386	151162	121655	121427
Cheshire West and Chester	136461	136259	133654	133404
City of London	9703	20000	6764	20000
Cornwall	217081	216760	246380	245918
Coventry	138172	137968	160692	160391

<b>LA NAMES</b>	<b>LHW1 Without Min Allocation (£)</b>	<b>LHW1 With Min Allocation (£)</b>	<b>LHW2 Without Min Allocation (£)</b>	<b>LHW2 With Min Allocation (£)</b>
Croydon	159271	159035	143670	143401
Cumbria	203525	203224	233335	232898
Darlington	41577	41515	50010	49917
Derby	106448	106290	124131	123899
Derbyshire	316749	316281	345258	344611
Devon	305101	304651	288781	288239
Doncaster	119479	119302	159904	159604
Dorset	153915	153688	137500	137242
Dudley	126150	125963	140700	140437
Durham	215818	215499	283138	282608
Ealing	160207	159970	145874	145601
East Riding of Yorkshire	140470	140263	128270	128030
East Sussex	201331	201034	198563	198191
Enfield	133055	132859	126517	126280
Essex	607015	606119	488401	487485
Gateshead	80227	80108	107785	107582
Gloucestershire	248436	248069	210860	210464
Greenwich	120113	119936	142841	142573
Hackney	117466	117292	156630	156336
Halton	50406	50332	73286	73149
Hammersmith and Fulham	96412	96270	99539	99352
Hampshire	552211	551395	385223	384501
Haringey	112938	112772	129471	129228
Harrow	112944	112777	86337	86175
Hartlepool	37866	37810	52754	52655
Havering	105300	105144	83726	83569
Herefordshire	71584	71479	70873	70740
Hertfordshire	495606	494874	335173	334545
Hillingdon	128409	128220	97039	96857
Hounslow	121800	121621	108920	108716
Isle of Wight Council	58216	58130	67376	67249
Isles of Scilly	1563	20000	796	20000
Islington	115199	115029	143303	143034
Kensington and Chelsea	97138	96995	94206	94030
Kent	593920	593043	541562	540546
Kingston upon Hull	120805	120627	167143	166830
Kingston upon Thames	89045	88913	53115	53015
Kirklees	172848	172593	197201	196831
Knowsley	62798	62705	112730	112518
Lambeth	169141	168891	177674	177341
Lancashire	485435	484718	537825	536816

<b>LA NAMES</b>	<b>LHW1</b>	<b>LHW1 With</b>	<b>LHW2</b>	<b>LHW2 With</b>
	<b>Without Min Allocation</b>	<b>Min Allocation</b>	<b>Without Min Allocation</b>	<b>Min Allocation</b>
	<b>(£)</b>	<b>(£)</b>	<b>(£)</b>	<b>(£)</b>
Leeds	371319	370770	359759	359084
Leicester	140716	140508	179828	179490
Leicestershire	274533	274127	205327	204942
Lewisham	150613	150390	158118	157821
Lincolnshire	286732	286309	301879	301313
Liverpool	200818	200522	341596	340956
Luton	85652	85525	82819	82664
Manchester	239257	238904	335730	335100
Medway	109167	109006	100153	99965
Merton	108247	108087	76946	76801
Middlesbrough	59586	59498	85163	85003
Milton Keynes	113762	113594	91784	91612
Newcastle upon Tyne	130196	130003	156154	155861
Newham	109823	109661	158912	158614
Norfolk	355640	355115	356810	356141
North East				
Lincolnshire	64013	63919	76525	76382
North Lincolnshire	67165	67066	75435	75293
North Somerset	90959	90825	78137	77990
North Tyneside	84765	84640	96917	96736
North Yorkshire	243739	243379	201302	200925
Northamptonshire	298152	297711	261111	260621
Northumberland	127402	127214	137422	137164
Nottingham	149084	148863	191858	191498
Nottinghamshire	329767	329280	347452	346801
Oldham	89836	89703	116101	115883
Oxfordshire	289641	289213	190894	190536
Peterborough	76847	76734	79059	78911
Plymouth	115428	115257	142211	141944
Poole	57478	57393	50101	50007
Portsmouth	99067	98921	92022	91849
Reading	77740	77625	57245	57138
Redbridge	125402	125217	108839	108635
Redcar and Cleveland	55549	55466	72292	72156
Richmond upon				
Thames	96706	96563	56530	56424
Rochdale	84972	84846	117501	117280
Rotherham	105446	105290	140714	140450
Rutland	14803	20000	9346	20000
Salford	102015	101865	142965	142697
Sandwell	120966	120788	177661	177328
Sefton	108873	108712	142589	142321
Sheffield	247561	247196	281275	280748
Shropshire	116141	115969	109696	109490
Slough	62976	62883	53906	53805

<b>LA NAMES</b>	<b>LHW1</b>	<b>LHW1 With</b>	<b>LHW2</b>	<b>LHW2 With</b>
	<b>Without Min Allocation</b>	<b>Min Allocation</b>	<b>Without Min Allocation</b>	<b>Min Allocation</b>
	<b>(£)</b>	<b>(£)</b>	<b>(£)</b>	<b>(£)</b>
Solihull	83661	83537	71735	71601
Somerset	210290	209980	206885	206497
South Gloucestershire	118710	118535	80969	80817
South Tyneside	64471	64375	88773	88607
Southampton	118092	117918	120684	120458
Southend-on-Sea	68485	68384	69057	68927
Southwark	175118	174859	188803	188449
St Helens	73525	73416	101051	100862
Staffordshire	344919	344409	323967	323359
Stockport	118902	118726	113297	113085
Stockton-on-Tees	81125	81005	89748	89579
Stoke-on-Trent	100651	100502	149927	149646
Suffolk	296006	295569	272035	271525
Sunderland	120178	120000	161937	161633
Surrey	514770	514009	301129	300564
Sutton	93473	93335	69784	69653
Swindon	90414	90281	77095	76951
Tameside	92056	91920	119035	118811
Telford and the Wrekin	67984	67883	79749	79600
Thurrock	74556	74446	65175	65053
Torbay	53017	52939	73375	73237
Tower Hamlets	138366	138161	176843	176511
Trafford	91830	91695	89937	89768
Wakefield	138180	137976	179473	179136
Walsall	102910	102758	133574	133324
Waltham Forest	104152	103998	111524	111315
Wandsworth	170926	170673	140604	140340
Warrington	84893	84768	81726	81573
Warwickshire	229375	229036	196021	195654
West Berkshire	69628	69526	40464	40389
West Sussex	326628	326145	254790	254312
Westminster	162246	162006	165222	164912
Wigan	130591	130399	162239	161935
Wiltshire	189707	189427	143466	143197
Windsor and Maidenhead	67166	67067	36550	36482
Wirral	122173	121992	174815	174488
Wokingham	77291	77177	32950	32888
Wolverhampton	100302	100154	133054	132804
Worcestershire	227058	226723	201973	201595
York	91049	90915	68072	67944

## NHS Complaints Advocacy

The figures below illustrate the transfer of funding to local authorities to commission NHS complaints advocacy services, and include funding for lost economies of scale. They allocate a total of £14.2 million per year. This amount is illustrative. The actual funding in 2012-13 will be for part of the year. The transfer amount will be confirmed when the Department of Health has completed its 2012/13 financial planning round.

<b>LA NAMES</b>	<b>NHSCA1</b>	<b>NHSCA2</b>
Barking and Dagenham	45,033	52,506
Barnet	99,544	85,069
Barnsley	59,851	74,687
Bath & North East Somerset	50,712	43,289
Bedford	42,556	37,030
Bexley	62,775	52,656
Birmingham	262,788	334,706
Blackburn with Darwen	33,547	44,337
Blackpool	36,224	52,931
Bolton	68,049	81,066
Bournemouth	45,126	50,551
Bracknell Forest	33,058	21,274
Bradford	128,622	137,051
Brent	71,660	73,787
Brighton & Hove	70,217	71,370
Bristol	127,924	121,919
Bromley	87,202	69,439
Buckinghamshire	136,982	99,594
Bury Calderdale	47,143	48,558

	52,712	55,451
Cambridgeshire	168,994	137,838
Camden	79,031	75,223
Central Bedfordshire	69,158	49,832
Cheshire East	97,487	85,743
Cheshire West and Chester	86,930	86,550
City of London	5,388	3,766
Cornwall	144,295	170,037
Coventry	83,011	92,292
Croydon	94,192	81,229
Cumbria	133,013	152,433
Darlington	26,197	29,851
Derby	64,869	69,864
Derbyshire	202,105	219,472
Devon	203,763	212,413
Doncaster	75,190	88,740
Dorset	109,136	112,774
Dudley	80,651	93,583
Durham	135,843	168,763
Ealing	91,841	81,188
East Riding of Yorkshire	92,409	87,529
East Sussex	136,974	150,770
Enfield	78,953	75,831
Essex	385,563	354,767
Gateshead Gloucestershire	50,486	66,677

	158,886	148,466
Greenwich	69,155	76,049
Hackney	65,252	79,823
Halton	30,570	37,562
Hammersmith and Fulham	54,560	54,050
Hampshire	353,207	278,522
Haringey	63,324	64,627
Harrow	67,298	56,822
Hartlepool	23,450	28,852
Havering	66,151	58,287
Herefordshire	48,130	51,913
Hertfordshire	303,812	241,685
Hillingdon	75,938	59,584
Hounslow	69,223	55,909
Isle of Wight Council	39,810	46,789
Isles of Scilly	1,003	847
Islington	63,647	70,838
Kensington and Chelsea	57,503	59,974
Kent	377,764	357,410
Kingston upon Hull	71,509	89,210
Kingston upon Thames	51,302	33,242
Kirklees	105,244	109,625
Knowsley	38,462	59,396
Lambeth	92,896	86,609
Lancashire	306,661	328,428
Leeds		

	220,006	204,403
Leicester	81,017	92,873
Leicestershire	173,057	141,664
Lewisham	84,198	79,726
Lincolnshire	189,101	199,465
Liverpool	119,369	176,748
Luton	50,388	44,776
Manchester	134,696	161,277
Medway	65,935	56,524
Merton	62,134	44,785
Middlesbrough	36,195	45,425
Milton Keynes	66,435	53,195
Newcastle upon Tyne	77,461	90,110
Newham	61,101	77,246
Norfolk	235,005	250,030
North East Lincolnshire	40,491	46,002
North Lincolnshire	42,799	44,742
North Somerset	59,113	56,055
North Tyneside	52,897	61,270
North Yorkshire	159,025	145,019
Northamptonshire	182,767	160,623
Northumberland	83,041	90,824
Nottingham	84,949	93,011
Nottinghamshire	208,636	211,440
Oldham	55,098	66,341
Oxfordshire		

	177,686	134,361
Peterborough	46,191	45,510
Plymouth	70,138	77,495
Poole	37,836	37,199
Portsmouth	58,162	52,882
Reading	44,839	33,475
Redbridge	73,369	63,883
Redcar and Cleveland	35,807	42,907
Richmond upon Thames	56,610	38,584
Rochdale	51,935	65,290
Rotherham	66,054	80,273
Rutland	9,903	7,895
Salford	61,222	78,902
Sandwell	74,429	108,139
Sefton	71,109	90,626
Sheffield	149,581	166,204
Shropshire	77,323	82,124
Slough	36,202	29,890
Solihull	53,798	50,383
Somerset	139,980	148,139
South Gloucestershire	73,432	55,344
South Tyneside	40,463	54,556
Southampton	68,945	67,906
Southend-on-Sea	43,382	48,512
Southwark	96,731	93,850
St Helens		

	46,230	57,868
Staffordshire	219,989	210,398
Stockport	75,201	76,458
Stockton-on-Tees	49,782	49,948
Stoke-on-Trent	62,194	80,348
Suffolk	192,798	193,482
Sunderland	74,306	94,827
Surrey	321,003	231,959
Sutton	55,772	43,360
Swindon	54,315	44,576
Tameside	56,676	69,402
Telford and the Wrekin	41,644	46,422
Thurrock	44,432	39,939
Torbay	36,015	50,775
Tower Hamlets	74,880	81,125
Trafford	56,660	56,564
Wakefield	85,818	100,507
Walsall	65,134	84,111
Waltham Forest	59,653	60,103
Wandsworth	94,838	75,022
Warrington	52,381	49,253
Warwickshire	145,517	132,585
West Berkshire	42,777	28,828
West Sussex	214,081	192,403
Westminster	91,291	85,318
Wigan		

	81,414	95,400
Wiltshire	121,761	106,185
Windsor and Maidenhead	41,242	27,242
Wirral	78,999	107,229
Wokingham	46,630	23,413
Wolverhampton	62,253	81,753
Worcestershire	146,600	142,433
York	55,704	43,902

## PCT DOLS

	<b>DOLS1 Without Min Allocation</b>	<b>DOLS1 With Min Allocation</b>	<b>DOLS2 Without Min Allocation</b>	<b>DOLS2 With Min Allocation</b>
<b>Local Authority</b>	<b>(£)</b>	<b>(£)</b>	<b>(£)</b>	<b>(£)</b>
Barking and Dagenham	4439.92	4425.97	5176.68	5159.04
Barnet	9814.19	9783.35	8387.13	8358.54
Barnsley	5900.83	5882.29	7363.53	7338.44
Bath & North East Somerset	4999.82	4984.11	4267.90	4253.35
Bedford	4195.62	4182.44	3650.82	3638.38
Bexley	6189.13	6169.68	5191.45	5173.76
Birmingham	25908.64	25827.24	32999.23	32886.77
Blackburn With Darwen	3307.42	3297.03	4371.25	4356.36
Blackpool	3571.38	3560.16	5218.55	5200.77
Bolton	6709.06	6687.98	7992.47	7965.23
Bournemouth	4449.07	4435.09	4983.90	4966.92
Bracknell Forest	3259.20	3248.96	2097.44	2090.29
Bradford	12681.04	12641.20	13512.07	13466.02
Brent	7065.03	7042.83	7274.81	7250.02
Brighton & Hove	6922.81	6901.06	7036.46	7012.48
Bristol	12612.21	12572.59	12020.14	11979.18
Bromley	8597.42	8570.41	6846.08	6822.75
Buckinghamshire	13505.23	13462.80	9819.12	9785.66
Bury	4647.93	4633.33	4787.36	4771.05
Calderdale	5196.93	5180.61	5467.04	5448.41
Cambridgeshire	16661.40	16609.05	13589.69	13543.38
Camden	7791.80	7767.32	7416.35	7391.07
Central Bedfordshire	6818.41	6796.99	4913.05	4896.31
Cheshire East	9611.36	9581.16	8453.58	8424.77
Cheshire West and Chester	8570.59	8543.66	8533.08	8504.00
City of London	531.19	2000.00	371.31	2000.00
Cornwall	14226.27	14181.57	16764.23	16707.10
Coventry	8184.17	8158.46	9099.24	9068.23
Croydon	9286.58	9257.41	8008.44	7981.15
Cumbria	13113.93	13072.73	15028.56	14977.35
Darlington	2582.81	2574.69	2943.05	2933.03
Derby	6395.54	6375.44	6888.02	6864.55
Derbyshire	19925.86	19863.26	21638.10	21564.37
Devon	20089.27	20026.15	20942.15	20870.78
Doncaster	7413.09	7389.80	8748.97	8719.16
Dorset	10759.90	10726.10	11118.52	11080.63
Dudley	7951.54	7926.56	9226.52	9195.08
Durham	13392.94	13350.86	16638.60	16581.90
Ealing	9054.75	9026.30	8004.43	7977.16
East Riding Of Yorkshire	9110.75	9082.13	8629.62	8600.21

	<b>DOLS1 Without Min Allocation</b>	<b>DOLS1 With Min Allocation</b>	<b>DOLS2 Without Min Allocation</b>	<b>DOLS2 With Min Allocation</b>
<b>Local Authority</b>	<b>(£)</b>	<b>(£)</b>	<b>(£)</b>	<b>(£)</b>
East Sussex	13504.46	13462.03	14864.68	14814.03
Enfield	7784.10	7759.64	7476.31	7450.83
Essex	38013.26	37893.83	34977.03	34857.84
Gateshead	4977.46	4961.82	6573.81	6551.40
Gloucestershire	15664.85	15615.63	14637.47	14587.59
Greenwich	6818.14	6796.72	7497.82	7472.27
Hackney	6433.30	6413.09	7869.86	7843.04
Halton	3013.92	3004.45	3703.31	3690.69
Hammersmith and Fulham	5379.18	5362.28	5328.91	5310.75
Hampshire	34823.27	34713.86	27459.89	27366.31
Haringey	6243.20	6223.59	6371.71	6350.00
Harrow	6634.97	6614.13	5602.14	5583.05
Hartlepool	2312.02	2304.75	2844.57	2834.87
Havering	6521.96	6501.47	5746.57	5726.99
Herefordshire	4745.25	4730.34	5118.19	5100.75
Hertfordshire	29953.32	29859.21	23828.13	23746.93
Hillingdon	7486.84	7463.32	5874.48	5854.46
Hounslow	6824.83	6803.39	5512.11	5493.32
Isle Of Wight Council	3924.96	3912.63	4613.03	4597.31
Isles of Scilly	98.91	2000.00	83.49	2000.00
Islington	6275.08	6255.37	6983.98	6960.18
Kensington and Chelsea	5669.34	5651.53	5912.89	5892.74
Kent	37244.33	37127.32	35237.64	35117.56
Kingston Upon Hull	7050.14	7027.99	8795.38	8765.41
Kingston Upon Thames	5057.92	5042.03	3277.33	3266.17
Kirklees	10376.12	10343.52	10808.14	10771.31
Knowsley	3792.04	3780.12	5855.95	5835.99
Lambeth	9158.81	9130.03	8538.87	8509.77
Lancashire	30234.20	30139.20	32380.22	32269.88
Leeds	21690.72	21622.57	20152.42	20083.74
Leicester	7987.63	7962.54	9156.54	9125.33
Leicestershire	17061.98	17008.37	13966.91	13919.31
Lewisham	8301.23	8275.14	7860.32	7833.53
Lincolnshire	18643.73	18585.15	19665.56	19598.54
Liverpool	11768.80	11731.82	17425.85	17366.47
Luton	4967.83	4952.22	4414.53	4399.48
Manchester	13279.92	13238.20	15900.54	15846.36
Medway	6500.67	6480.25	5572.83	5553.84
Merton	6125.93	6106.68	4415.39	4400.35
Middlesbrough	3568.55	3557.34	4478.56	4463.30
Milton Keynes	6549.90	6529.32	5244.61	5226.74
Newcastle Upon Tyne	7636.97	7612.98	8884.12	8853.84
Newham	6024.09	6005.16	7615.76	7589.81

	<b>DOLS1 Without Min Allocation</b>	<b>DOLS1 With Min Allocation</b>	<b>DOLS2 Without Min Allocation</b>	<b>DOLS2 With Min Allocation</b>
<b>Local Authority</b>	<b>(£)</b>	<b>(£)</b>	<b>(£)</b>	<b>(£)</b>
Norfolk	23169.55	23096.75	24650.85	24566.85
North East Lincolnshire	3992.08	3979.53	4535.39	4519.93
North Lincolnshire	4219.67	4206.41	4411.17	4396.14
North Somerset	5828.08	5809.77	5526.54	5507.70
North Tyneside	5215.20	5198.81	6040.70	6020.12
North Yorkshire	15678.51	15629.25	14297.68	14248.95
Northamptonshire	18019.28	17962.67	15836.07	15782.11
Northumberland	8187.18	8161.46	8954.45	8923.93
Nottingham	8375.26	8348.94	9170.11	9138.86
Nottinghamshire	20569.79	20505.16	20846.17	20775.13
Oldham	5432.25	5415.18	6540.63	6518.34
Oxfordshire	17518.31	17463.27	13246.88	13201.74
Peterborough	4554.03	4539.73	4486.93	4471.64
Plymouth	6914.97	6893.24	7640.33	7614.29
Poole	3730.31	3718.59	3667.48	3654.98
Portsmouth	5734.24	5716.22	5213.75	5195.98
Reading	4420.71	4406.82	3300.40	3289.15
Redbridge	7233.55	7210.82	6298.34	6276.88
Redcar and Cleveland	3530.26	3519.17	4230.25	4215.84
Richmond Upon Thames	5581.25	5563.71	3804.08	3791.11
Rochdale	5120.35	5104.27	6437.01	6415.07
Rotherham	6512.36	6491.90	7914.21	7887.24
Rutland	976.30	2000.00	778.41	2000.00
Salford	6035.99	6017.02	7779.12	7752.61
Sandwell	7338.05	7315.00	10661.63	10625.30
Sefton	7010.75	6988.72	8934.94	8904.49
Sheffield	14747.39	14701.06	16386.29	16330.45
Shropshire	7623.38	7599.42	8096.73	8069.14
Slough	3569.18	3557.97	2946.93	2936.89
Solihull	5304.00	5287.34	4967.37	4950.45
Somerset	13800.82	13757.46	14605.28	14555.51
South Gloucestershire	7239.82	7217.07	5456.46	5437.87
South Tyneside	3989.31	3976.78	5378.81	5360.48
Southampton	6797.39	6776.03	6694.97	6672.15
Southend-On-Sea	4277.11	4263.67	4782.90	4766.60
Southwark	9536.91	9506.94	9252.80	9221.27
St Helens	4557.86	4543.54	5705.27	5685.83
Staffordshire	21689.10	21620.96	20743.46	20672.77
Stockport	7414.22	7390.92	7538.08	7512.39
Stockton-On-Tees	4908.13	4892.71	4924.45	4907.67
Stoke-On-Trent	6131.84	6112.57	7921.65	7894.66
Suffolk	19008.28	18948.56	19075.68	19010.67
Sunderland	7325.97	7302.96	9349.14	9317.28
Surrey	31648.21	31548.78	22869.24	22791.31

	<b>DOLS1 Without Min Allocation</b>	<b>DOLS1 With Min Allocation</b>	<b>DOLS2 Without Min Allocation</b>	<b>DOLS2 With Min Allocation</b>
<b>Local Authority</b>	<b>(£)</b>	<b>(£)</b>	<b>(£)</b>	<b>(£)</b>
Sutton	5498.60	5481.33	4274.96	4260.39
Swindon	5355.00	5338.18	4394.80	4379.83
Tameside	5587.81	5570.26	6842.43	6819.11
Telford and The Wrekin	4105.71	4092.81	4576.84	4561.25
Thurrock	4380.63	4366.87	3937.68	3924.27
Torbay	3550.82	3539.66	5006.01	4988.95
Tower Hamlets	7382.56	7359.37	7998.21	7970.95
Trafford	5586.16	5568.61	5576.72	5557.71
Wakefield	8460.93	8434.35	9909.12	9875.35
Walsall	6421.66	6401.48	8292.61	8264.35
Waltham Forest	5881.30	5862.82	5925.65	5905.45
Wandsworth	9350.24	9320.86	7396.49	7371.28
Warrington	5164.36	5148.14	4855.90	4839.36
Warwickshire	14346.75	14301.67	13071.73	13027.18
West Berkshire	4217.45	4204.20	2842.19	2832.51
West Sussex	21106.55	21040.23	18969.31	18904.67
Westminster	9000.51	8972.24	8411.66	8383.00
Wigan	8026.76	8001.54	9405.62	9373.56
Wiltshire	12004.60	11966.89	10468.92	10433.25
Windsor and Maidenhead	4066.13	4053.36	2685.87	2676.71
Wirral	7788.68	7764.21	10571.89	10535.86
Wokingham	4597.32	4582.87	2308.28	2300.41
Wolverhampton	6137.63	6118.35	8060.18	8032.72
Worcestershire	14453.50	14408.09	14042.73	13994.88
York	5491.97	5474.72	4328.32	4313.57

## Annex B - The Adult Social Care Relative Needs Formulae

### Adults' Personal Social Services

There are two sub-blocks within the Adults' Personal Social Services (PSS) service block. The calculation of the RNF elements for each of these reflects the different client groups and associated unit costs. The sub-blocks are Social Services for Older People and Social Services for Younger Adults (that is, services provided for adults under 65 years of age). The calculation of the RNF elements for each of these sub-blocks is described in turn.

The RNF element for each sub-block of the Personal Social Services block is calculated for the following classes of authority:

non-metropolitan district councils which have functions of county councils,  
county councils,  
London borough councils,  
Common Council of the City of London,  
metropolitan district councils.

### ***Social Services for Older People***

This sub-block covers the provision of personal social services for older people. The client group is the number of people aged 65 and over in households plus residents in care homes aged 65 and over who are supported by the local authority. Cost adjustments are built into the formula to reflect differences in the costs of provision between areas and authorities' varying capacities to raise income from charges.

The element for *Social Services 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:

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

<b>OLDER PEOPLE PSS BASIC AMOUNT</b>	76.7881
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#### ***Top-ups***

<b>OLDER PEOPLE PSS AGE TOP- UP</b>	<b>HOUSEHOLD AND SUPPORTED RESIDENTS AGED 90 YEARS AND OVER <i>divided by</i> HOUSEHOLD AND SUPPORTED RESIDENTS AGED 65 AND OVER, rounded to 4 decimal places and <i>multiplied by</i> 917.5953; <i>minus</i></b>
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	21.1047
<b>OLDER PEOPLE PSS DEPRIVATION TOP-UP</b>	265.0319 <i>multiplied by</i> <b>OLDER PEOPLE RECEIVING ATTENDANCE ALLOWANCE; plus</b> 51.2533 <i>multiplied by</i> <b>OLDER PEOPLE IN RENTED ACCOMMODATION; plus</b> 68.6485 <i>multiplied by</i> <b>OLDER PEOPLE LIVING IN ONE PERSON HOUSEHOLDS; plus</b> 206.1289 <i>multiplied by</i> <b>OLDER PEOPLE RECEIVING PENSION CREDIT GUARANTEE/INCOME BASED JOBSEEKER'S ALLOWANCE; minus</b> 71.5646

The full formula used to calculate the Social Services for Older People element is:

<b>Social Services 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; plus</b> <b>OLDER PEOPLE PSS AGE TOP-UP; plus</b> <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 given in Annex F for the <i>Social Services for Older People</i> sub-block.
(f)	The result of (e) is then <i>divided by</i> 10,000,000,000.

### **Social Services for Younger Adults**

4.1 This sub-block covers the provision of personal social services for people aged 18 to 64 years. The client group for *Social Services for Younger Adults* is the population aged 18 to 64 years. Variations in cost per person aged 18 to 64 years are built into the formula to reflect social and health conditions and differences in the costs of provision between areas.

4.2 The element for *Social Services 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 10.3569

*Top-up*

YOUNGER ADULTS PSS DEPRIVATION TOP-UP 287.6872 multiplied by PEOPLE AGED 18 TO 64 RECEIVING DISABILITY LIVING ALLOWANCE; plus 77.8368 multiplied by PEOPLE AGED 18 TO 64 WHO ARE LONG TERM UNEMPLOYED OR HAVE NEVER WORKED; plus 26.3296 multiplied by PEOPLE AGED 18 TO 64 WHO WORK IN ROUTINE OR SEMI ROUTINE OCCUPATIONS; plus 22.0023 multiplied by HOUSEHOLDS WITH NO FAMILY; minus 15.6706

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

**Social Services for Younger Adults**

- (a) PROJECTED POPULATION AGED 18-64 IN 2012 multiplied by the result of: YOUNGER ADULTS PSS BASIC AMOUNT; plus 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.
- (d) The result of (c) is then divided by 10,000,000,000.