

HOUSE OF LORDS

Secondary Legislation Scrutiny Committee

10th Report of Session 2021–22

**Draft Health and Social Care
Act 2008 (Regulated Activities)
(Amendment) (Coronavirus)
Regulations 2021: Oral Evidence**

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Secondary Legislation Scrutiny Committee

The Committee's terms of reference, as amended on 13 May 2021, are set out on the website but are, broadly:

To report on draft instruments published under paragraph 14 of Schedule 8 to the European Union (Withdrawal) Act 2018; to report on draft instruments and memoranda laid before Parliament under sections 8 and 23(1) of the European Union (Withdrawal) Act 2018 and section 31 of the European Union (Future Relationship) Act 2020.

And, to scrutinise –

- (a) every instrument (whether or not a statutory instrument), or draft of an instrument, which is laid before each House of Parliament and upon which proceedings may be, or might have been, taken in either House of Parliament under an Act of Parliament;
- (b) every proposal which is in the form of a draft of such an instrument and is laid before each House of Parliament under an Act of Parliament,

with a view to determining whether or not the special attention of the House should be drawn to it on any of the grounds specified in the terms of reference.

The Committee may also consider such other general matters relating to the effective scrutiny of secondary legislation as the Committee considers appropriate, except matters within the orders of reference of the Joint Committee on Statutory Instruments.

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Registered interests

Information about interests of Committee Members can be found in the last Appendix to this report.

Publications

The Committee's Reports are published on the internet at <https://committees.parliament.uk/committee/255/secondary-legislation-scrutiny-committee/publications/>

Committee Staff

The staff of the Committee are Christine Salmon Percival (Clerk), Philipp Mende (Adviser), Jane White (Adviser) and Louise Andrews (Committee Operations Officer).

Further Information

Further information about the Committee is available at <https://committees.parliament.uk/committee/255/secondary-legislation-scrutiny-committee/>

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The National Archives publish statutory instruments with a plain English explanatory memorandum on the internet at <http://www.legislation.gov.uk/ukxi>

Contacts

Any query about the Committee or its work, or opinions on any new item of secondary legislation, should be directed to the Clerk to the Secondary Legislation Scrutiny Committee, Legislation Office, House of Lords, London SW1A 0PW. The telephone number is 020 7219 8821 and the email address is hlseclegscrutiny@parliament.uk.

Tenth Report

ORAL EVIDENCE

Draft Health and Social Care Act 2008 (Regulated Activities) (Amendment) (Coronavirus) Regulations 2021

Date laid: 22 June 2021

Parliamentary procedure: affirmative

We are grateful to the Minister and to the DHSC for the further information and explanations they have provided. Even so, we remain unclear about the justification for some of the policy choices underlying these Regulations and also the basis on which the department struck a balance between public health benefits and the impact on the rights of individuals. We have no doubt that the House will wish to press the Government for answers to this and many other questions in the course of the approval motion debate.

Background

1. These Regulations would make it mandatory for anyone working inside a care home, including tradespeople and service providers, to be fully vaccinated against coronavirus unless subject to medical exemption. In our 8th Report¹ we criticised the explanatory material accompanying the instrument on the ground that it lacked practical detail about how the system would operate, analysis of the impact on care homes, and justification for such a strong measure. We concluded that all these elements were crucial to the House's understanding of how the policy would work in practice, and so the House could not effectively debate the instrument until that information was made available.
2. Because so much remained unclear, we invited a DHSC Minister to give oral evidence on these Regulations: we are grateful to Mr Nadhim Zahawi MP, Minister for COVID Vaccine Deployment, for his attendance with Mr Martin Teff and Mr Stuart Miller from the Department of Health and Social Care (DHSC). A full transcript is available on our website,² relevant comments are referenced below by the question number.

The proper role of guidance

3. We asked the Minister why key definitions were not in the instrument, or even outlined in the Explanatory Memorandum (EM). These included, for example, what amounted to “satisfactory” evidence and how a registered person could prove that they had checked it. The Minister told us that the guidance was being co-produced with the care home sector because, he said, that would lead to the best operational outcomes. (Q1)
4. The Chairman explained that we have had particular concerns during the pandemic period about guidance exceeding its ancillary function and taking on the role of legislation: sometimes also introducing inaccuracy or “mission creep”. (Q1) The Government have also confirmed that the law should be

¹ [8th Report](#), Session 2021–22 (HL Paper 40).

² Oral evidence transcript: <https://committees.parliament.uk/oralevidence/2542/html/>

sufficiently clear that it does not have to rely on guidance or the courts for interpretation.³

5. We remain unconvinced, however, that the provisions in these Regulations meet that test:
 - The Minister said acceptable evidence of the required vaccination status would be available soon via the NHS App or as a physical letter with certain security features issued by the NHS. “They can have either one”. (Q2) These are not specified in the Regulations, so any GP’s letter or vaccination card could satisfy the law as written: the operational guidance when available, should be very clear about that, or the legislation needs amending to make reference to the NHS App explicit.
 - Mr Miller clarified that the legislation’s requirement for the registered person to check someone’s vaccination status is literal: “We are not anticipating any depth of data being recorded other than a yes/no binary record” (Q3). We are not certain whether that would provide a sufficient defence to a registered person if they needed to contest a sanction for non-compliance. DHSC’s motive is flexibility but the law needs to be sufficiently clear so that the registered person is protected.

Justification for legislating

6. We asked why legislation was necessary at all. Given the extensive NHS vaccination programme, which has been prioritising care workers, we would have expected to see some sort of analysis of the reasons why SAGE’s recommended levels of first dose vaccination for 90% of residents and 80% of staff had not yet been achieved. Mr Miller replied that “In older adult care homes, which is the 65 plus category, for residents it is 96% for first dose and 93% for second dose; among staff, it is 86% for first dose and 75% for second dose.” (Q5) He added that the statistics show a lot of local variation so that only 65% of care homes meet the SAGE guideline and that falls to 44% in London.
7. Mr Miller went on to explain that this is mainly due to the profile of the sector: 85% of care homes are small or very small and it is mainly those homes that are non-compliant (Q6). There are other reasons, for example surveys have identified that in deprived areas vaccine hesitancy is almost double the national level, and it is almost as high in London. The EM describes a list of publicity campaigns and interventions that have been conducted to increase uptake but Mr Miller said “we are into the hard yards here of driving uptake... we have done a great deal in the softer levers. Increasingly, it looks like we need more to get us where we want to be.” (Q4)
8. It became evident that the DHSC are trying to target this legislation on particular groups of people, but DHSC had not explained this or provided a sufficient explanation of who those people are. The Department undertook to provide an analysis by stratification of the market,⁴ and drew attention to

3 See correspondence with the Lord President of the Council and Leader of the House of Commons, the Rt Hon. Jacob Rees-Mogg MP in our [9th Report](#), Session 2020–21(HL Paper 45).

4 Now provided, see Appendix 1 of this report.

a Public Sector Equality analysis which indicated that vaccine hesitancy is higher among those aged under 29 and in ethnic minorities.⁵

9. We also asked why DHSC was opting for full vaccination when SAGE recommended a minimum level of 80% of staff and 90% of residents having had the first dose. The Minister said that the SAGE advice should be treated as an absolute minimum, and higher uptake would save more lives. He said that this is “the most contagious respiratory aerosoltransmitted virus that mankind has experienced” and that the risks are “pretty high and will be exacerbated further by the winter flu season”. Mr Miller added that the onset of the Delta variant also made the case for going above and beyond the SAGE recommendation (Q4).
10. We have, however, received evidence from Four Seasons Health Care⁶, one of the major firms in the sector, which challenges those assertions, in particular the level of care home deaths specifically attributable to COVID-19:

“Since March 5th 2021 we have had 2 covid deaths, during which time 955 residents have passed away. Covid therefore accounts for 0.2% of all our deaths in the past 18 weeks.”

11. The argument for full vaccination would also logically include the family and friends of care home residents, but these Regulations exempt them. Mr Miller explained that this was because family contact is very important to residents’ mental health and well-being and that a number of infection prevention controls are applied to visitors. (Q7) Several of the submissions from the care home sector challenge this inconsistent approach.

Impact

12. While we of course share the concern about protecting the most vulnerable from COVID-19, the policy should be evidence-based and balanced against other considerations. We understand, for example, that care homes, particularly in rural areas, are already finding it difficult to recruit staff and so we asked why the DHSC had provided no assessment of the potential impact of the vaccination policy on the care home workforce. (QQ 8–9). The Minister explained that a sectoral analysis was in preparation but that DHSC held no data on the percentage of people who were exempt from vaccination.
13. Data on the numbers likely to refuse to accept vaccination is limited but suggest a figure of about 0.5% of the workforce.(Q5) One source estimates the size of the adult care force in England to be 1.54 million, so even half a percent amounts to several thousands.⁷ The Four Seasons Health Care Group letter says there are 120,000 estimated vacancies across the sector currently; so further reducing the pool of staff may affect the viability of homes and the quality of care that residents receive.

5 DSHC, ‘Consultation outcome: Making vaccination a condition of deployment in care homes: public sector equality duty impact assessment’ (16 June 2021): <https://www.gov.uk/government/consultations/making-vaccination-a-condition-of-deployment-in-older-adult-care-homes/outcome/making-vaccination-a-condition-of-deployment-in-care-homes-public-sector-equality-duty-impact-assessment>. [accessed 19 July 2021]

6 See the submissions published on our webpage: <https://committees.parliament.uk/committee/255/secondary-legislation-scrutiny-committee/publications/8/scrutiny-evidence/>.

7 Workforce Intelligence, ‘The size and structure of the adult social care sector and workforce in England’ (July 2021): <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/national-information/The-size-and-structure-of-the-adult-social-care-sector-and-workforce-in-England.aspx> [accessed 19 July 2021].

14. Mr Russell of PJ Care Ltd makes a similar point in his submission.⁶ He says:
- “... in 2020 there were 442,888 people in care homes in England and Wales, roughly 40 to 50 percent of these are in Nursing Homes because they require nursing care. This is care that if not provided in a nursing home would be provided by the NHS, so the care sector is keeping approximately two hundred thousand people out of hospital. When you consider there are only about 141,000 hospital beds you are only just beginning to understand the importance of the care sector.”
15. Both these submissions, and one from Nadra Ahmed of the Care Provider Alliance,⁸ note that the sector has lost the ability to recruit easily from Europe, and that in the domestic job market care homes are in competition with the hospitality, retail and delivery sectors which may offer higher wages. Mr Russell also presents the case that larger private care providers will have more flexibility to increase wages and that will further decrease the pool for smaller homes dependent on local authority funding which increased below inflation this year. **It is clear that there is deep concern in the sector about the potential side effects of these Regulations.**
16. The Minister reiterated that the Impact Assessment would not be available until the end of July, but said that DHSC hoped to produce an Impact Statement before the debate. (Q8). We have not seen it and so cannot comment on whether it meets the information needs we have identified.⁹ **The Minister acknowledged that the material should have been available alongside the instrument when it was laid.** (Q12)

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17. In our 8th Report¹⁰ we said that the summary of the consultation analysis in the EM focused only on comments which supported the policy and did not explain or respond to the high level of objections (57% of over 13,500 responses, many of which stated that mandatory vaccination was contrary to their human rights or their beliefs¹¹). We asked if DHSC had received any legal advice on this point. Mr Teff said that it had been central to formulating the list of different exemptions. (Q10).
18. We were less clear about the Minister’s assertion that exemption on the ground of religious belief would “create tensions in the workforce” (Q11). **We remain of the view that this raises an important principle that should have been fully justified in the EM.** The Minister undertook to reflect further on the point.

8 See the submissions published on our webpage. <https://committees.parliament.uk/committee/255/secondary-legislation-scrutiny-committee/publications/8/scrutiny-evidence/>.

9 DHSC sent us an embargoed copy of their Impact Statement in advance of its publication, but it was received too late to be taken into account in this report.

10 See paragraph 34.

11 For example we have received a submission from a Mr Le Page, a computer engineer who is occasionally called to care homes, who says he is not opposed to vaccination itself but his beliefs do not allow him to accept the current vaccines derived using stem cells from aborted fetuses. Another correspondent, Mr Bowman, objected to mandatory vaccination and the precedent being set. See the full submissions at <https://committees.parliament.uk/committee/255/secondary-legislation-scrutiny-committee/publications/8/scrutiny-evidence/>.

Future developments

19. The consultation analysis made it clear that this legislation is not just intended as a pandemic measure but is both permanent, and only a first step. The Minister confirmed that DHSC plans to consult about making it a duty of care or condition of deployment for the larger workforce of the NHS, the healthcare sector and domiciliary care.(Q10) He stated that “93% or 94% of front-line staff are now vaccinated with first and second doses”; that high a degree of voluntary vaccine compliance weakens DHSC’s arguments for using legislation as leverage. **We would therefore expect any future regulations extending this mandatory vaccination policy to be accompanied by a much more detailed and structured justification.**

Conclusion

20. It is a long-established principle that, to enable Parliamentary scrutiny, all the explanatory material to support the policy set out in an instrument should be laid before Parliament at the same time as the instrument itself. DHSC has failed to do this, leaving us unsighted about several aspects of the policy intention and its implementation. **We regard this as an example of particularly poor practice.**
21. We also note that aspects of the way the checking system is intended to work, described in supplementary evidence, go beyond the minimal detail set out in the instrument. DHSC should ensure that the guidance they eventually produce matches the legislation and does not imply more specific duties.
22. Following the oral evidence session, we now understand that DHSC believe the legislation will enable them to target hotspots of low vaccination uptake, but have no clear picture of who or where those hotspots are. That DHSC needs to specially prepare an analysis of the effects of mandatory vaccination on the care home sector in time for the House’s debate on the approval motion suggests that highly-relevant information has not played a significant role in the formulation of the policy. While we understand the good intentions underpinning the Regulations, **we are concerned that DHSC may have taken into consideration only the policy’s health benefits in relation to coronavirus without considering other care issues and the wider costs to society.** If they have, they need to demonstrate that to the House.
23. **We are grateful to the Minister and to the DHSC for the further information and explanations they have provided. Even so, we remain unclear about the justification for some of the policy choices underlying these Regulations and also the basis on which the department struck a balance between public health benefits and the impact on the rights of individuals. We have no doubt that the House will wish to press the Government for answers to this and many other questions in the course of the approval motion debate.**

APPENDIX 1: DRAFT HEALTH AND SOCIAL CARE ACT 2008 (REGULATED ACTIVITIES) (AMENDMENT) (CORONAVIRUS) REGULATIONS 2021

Additional material from the DHSC following the oral evidence session on 13 July 2021

Q1: The latest vaccination uptake data (data for 4 July was cited - we would be grateful if you could confirm the figures given.)

A1: The figures Minister Zahawi quoted for 4th July were the latest available public figures. Data is published each Thursday afternoon correct to the previous Sunday and can be found here: [Statistics » COVID-19 Vaccinations \(england.nhs.uk\)](https://www.gov.uk/government/statistics/covid-19-vaccinations)

Q2: Any information you have about the percentage of care home staff who are medically exempt from vaccination (the example figures for Barchester 78 of 16,000 related to those who left the firm rather than accept vaccination which is a slightly different point.)

A2: The Department does not collect data on the number of staff who are medically exempt from vaccination. However, the Impact Statement will include our current best estimate of the proportion of workers in CQC-regulated care homes who will be medically exempt from the regulation, but the committee should note that this is a judgement partly based on census and demographic data, supported by the findings of the Driving Uptake survey.

Q3: A “stratification” of the care home sector by size of firm. It was explained that ‘the big four’ firms represent 15%. To explain why there are localised difficulties with vaccine take up, you offered a better breakdown of the small and very small homes that form the bulk of the sector, and which these Regulations target.

A3: Please find below:

- An excel spreadsheet giving the number of care homes, care home beds, the breakdown of the care homes by their size and the average care home size in each LA and nationally;
- A pie chart of the national figures.

The committee should note that this data is up to date as of 1 July 2021.

Q4: At one point the existence of an equality impact assessment was mentioned - is that published anywhere? If so may we have the link to make it available to the House.

A5: The Public Sector Equality Duty is available here [Making vaccination a condition of deployment in care homes: public sector equality duty impact assessment - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/making-vaccination-a-condition-of-deployment-in-care-homes-public-sector-equality-duty-impact-assessment)

Q5. An Impact Assessment/Statement - covering all the issues about the potential effect on the sector raised in our report and in questions. (The Committee would prefer to see an Impact Assessment - which follows a standardised format.)

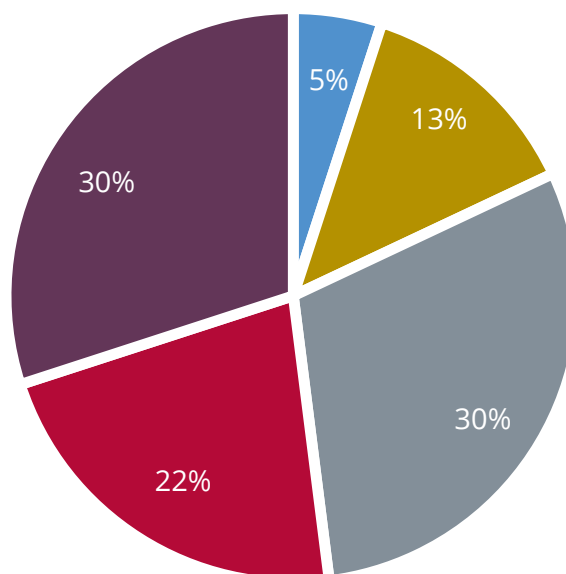
A5: We are intending to lay the Impact Statement on Monday ahead of the Lords debate on Tuesday. The impact statement will outline analysis from the Department of Health and Social Care of the number of current staff who we estimate may not be vaccinated or exempt by the end of the 16-week grace period,

and therefore the numbers that may need to be recruited by the sector to replace workers who may choose to leave the workforce rather than be vaccinated.

Q6: The Minister mentioned that the ability to provide suitable evidence on the NHS App would be provided “soon” - do you have any more precise date to offer?

A6: The NHS App currently enables people to provide confirmation of their vaccination status and there is a non-digital alternative in place. We are working to enhance the functionality of the app and ensure a non-digital alternative is in place for those who will need to confirm their vaccination status to enter care homes. We are finalising the exemptions process with NHSX and engaging with external stakeholders in the NHS. We will set out further detail on this in the operational guidance which we intend to publish at the end of July.

Number of care homes by bed category (All ages): England



■ Homes with 76+ beds
 ■ Homes with 51-75 beds
 ■ Homes with 26-50 beds
■ Homes with 11-25 beds
 ■ Homes with 1-10 beds

Source: DHSC's CQC Registration Data Tracker, current at 1 July 2021.

Table: Care Home Market Stratification July 2021

Region	Local authority name	# of care home beds	# of care homes	# of care homes without nursing	# of care homes with nursing	% of care homes with 1 to 10 beds	% of care homes with 11 to 25 beds	% of care homes with 26 to 50 beds	% of care homes with 51 to 75 beds	% of care homes with 76+ beds	Average care home size
London	Barking and Dagenham	718	22	14	8	45%	9%	23%	9%	14%	32.64
London	Barnet	2636	82	61	21	32%	18%	27%	12%	11%	32.15
Yorkshire and The Humber	Barnsley	2326	76	61	15	26%	16%	42%	13%	3%	30.61
South West	Bath and North East Somerset	1700	59	36	23	32%	17%	36%	12%	3%	28.81
East of England	Bedford	1666	79	66	13	42%	25%	25%	4%	4%	21.09
London	Bexley	1571	31	19	12	16%	26%	13%	16%	29%	50.68
West Midlands	Birmingham	7596	286	210	76	42%	19%	22%	12%	6%	26.56
North West	Blackburn with Darwen	1090	36	27	9	14%	36%	33%	11%	6%	30.28
North West	Blackpool	1721	70	53	17	21%	39%	33%	6%	1%	24.59
North West	Bolton	1821	59	40	19	37%	7%	41%	7%	8%	30.86
South West	Bournemouth, Christchurch and Poole	4748	156	117	39	31%	28%	17%	18%	6%	30.44

Region	Local authority name	# of care home beds	# of care homes	# of care homes without nursing	# of care homes with nursing	% of care homes with 1 to 10 beds	% of care homes with 11 to 25 beds	% of care homes with 26 to 50 beds	% of care homes with 51 to 75 beds	% of care homes with 76+ beds	Average care home size
South East	Bracknell Forest	476	15	11	4	20%	33%	27%	13%	7%	31.73
Yorkshire and The Humber	Bradford	4180	115	75	40	14%	23%	44%	11%	8%	36.35
London	Brent	1123	59	49	10	68%	10%	8%	7%	7%	19.03
South East	Brighton and Hove	2079	88	61	27	27%	34%	33%	2%	3%	23.63
South West	Bristol, City of	2932	104	67	37	40%	23%	15%	14%	7%	28.19
London	Bromley	1533	52	31	21	25%	23%	35%	13%	4%	29.48
South East	Buckinghamshire	4517	130	90	40	29%	18%	24%	20%	8%	34.75
North West	Bury	1838	55	41	14	31%	16%	38%	5%	9%	33.42
Yorkshire and The Humber	Calderdale	1416	51	34	17	31%	31%	22%	10%	6%	27.76
East of England	Cambridgeshire	4615	129	84	45	24%	19%	29%	19%	9%	35.78
London	Camden	359	10	7	3	10%	30%	30%	30%	0%	35.90
East of England	Central Bedfordshire	1841	57	37	20	30%	18%	26%	23%	4%	32.30

Region	Local authority name	# of care home beds	# of care homes	# of care homes without nursing	# of care homes with nursing	% of care homes with 1 to 10 beds	% of care homes with 11 to 25 beds	% of care homes with 26 to 50 beds	% of care homes with 51 to 75 beds	% of care homes with 76+ beds	Average care home size
North West	Cheshire East	4329	99	52	47	15%	11%	38%	24%	11%	43.73
North West	Cheshire West and Chester	3005	81	40	41	16%	10%	53%	19%	2%	37.10
London	City of London	0	0	0	0						
South West	Cornwall	5244	223	168	55	30%	29%	35%	4%	2%	23.52
North East	County Durham	5206	146	84	62	25%	12%	37%	21%	5%	35.66
West Midlands	Coventry	2096	77	62	15	27%	23%	39%	6%	4%	27.22
London	Croydon	3052	128	93	35	44%	24%	17%	9%	5%	23.84
North West	Cumbria	4392	146	111	35	24%	21%	40%	12%	3%	30.08
North East	Darlington	1224	32	22	10	28%	13%	22%	28%	9%	38.25
East Midlands	Derby	2174	69	42	27	12%	28%	51%	9%	1%	31.51
East Midlands	Derbyshire	7615	264	175	89	23%	18%	48%	8%	1%	28.84
South West	Devon	8076	322	257	65	20%	38%	34%	8%	1%	25.08

Region	Local authority name	# of care home beds	# of care homes	# of care homes without nursing	# of care homes with nursing	% of care homes with 1 to 10 beds	% of care homes with 11 to 25 beds	% of care homes with 26 to 50 beds	% of care homes with 51 to 75 beds	% of care homes with 76+ beds	Average care home size
Yorkshire and The Humber	Doncaster	2427	80	55	25	29%	18%	36%	10%	8%	30.34
South West	Dorset	3909	122	85	37	11%	34%	34%	20%	1%	32.04
West Midlands	Dudley	2497	95	76	19	33%	27%	28%	7%	4%	26.28
London	Ealing	1607	48	29	19	35%	17%	25%	10%	13%	33.48
Yorkshire and The Humber	East Riding of Yorkshire	4604	148	129	19	17%	30%	39%	11%	4%	31.11
South East	East Sussex	8180	307	234	73	28%	30%	26%	13%	2%	26.64
London	Enfield	1858	81	68	13	49%	19%	19%	7%	6%	22.94
East of England	Essex	12512	409	329	80	37%	18%	24%	12%	8%	30.59
North East	Gateshead	2021	54	30	24	19%	22%	26%	28%	6%	37.43
South West	Gloucestershire	6126	218	140	78	33%	20%	31%	12%	4%	28.10
London	Greenwich	909	43	31	12	67%	5%	7%	19%	2%	21.14
London	Hackney	331	15	11	4	60%	13%	20%	0%	7%	22.07
North West	Halton	836	26	17	9	27%	19%	27%	27%	0%	32.15

Region	Local authority name	# of care home beds	# of care homes	# of care homes without nursing	# of care homes with nursing	% of care homes with 1 to 10 beds	% of care homes with 11 to 25 beds	% of care homes with 26 to 50 beds	% of care homes with 51 to 75 beds	% of care homes with 76+ beds	Average care home size
London	Hammersmith and Fulham	442	9	5	4	44%	11%	0%	11%	33%	49.11
South East	Hampshire	14121	492	346	146	35%	22%	23%	15%	5%	28.70
London	Haringey	478	32	30	2	75%	9%	9%	3%	3%	14.94
London	Harrow	1218	56	45	11	48%	27%	11%	7%	7%	21.75
North East	Hartlepool	884	26	17	9	27%	12%	31%	27%	4%	34.00
London	Havering	1801	59	40	19	36%	19%	24%	15%	7%	30.53
West Midlands	Herefordshire, County of	2127	87	58	29	31%	28%	34%	6%	1%	24.45
East of England	Hertfordshire	9669	266	191	75	37%	14%	15%	23%	11%	36.35
London	Hillingdon	1427	47	31	16	32%	17%	30%	17%	4%	30.36
London	Hounslow	819	30	19	11	53%	10%	10%	23%	3%	27.30
South East	Isle of Wight	1923	74	61	13	19%	43%	31%	5%	1%	25.99
South West	Isles of Scilly	14	1	1	0	0%	100%	0%	0%	0%	14.00
London	Islington	565	16	8	8	25%	19%	13%	38%	6%	35.31
London	Kensington and Chelsea	358	11	6	5	27%	18%	27%	27%	0%	32.55
South East	Kent	14838	536	423	113	35%	21%	27%	12%	4%	27.68

Region	Local authority name	# of care home beds	# of care homes	# of care homes without nursing	# of care homes with nursing	% of care homes with 1 to 10 beds	% of care homes with 11 to 25 beds	% of care homes with 26 to 50 beds	% of care homes with 51 to 75 beds	% of care homes with 76+ beds	Average care home size
Yorkshire and The Humber	Kingston upon Hull, City of	2295	86	73	13	33%	22%	35%	8%	2%	26.69
London	Kingston upon Thames	1216	39	22	17	33%	10%	38%	13%	5%	31.18
Yorkshire and The Humber	Kirklees	3564	132	96	36	31%	23%	33%	11%	2%	27.00
North West	Knowsley	1112	27	16	11	19%	11%	41%	22%	7%	41.19
London	Lambeth	1098	42	31	11	57%	14%	5%	12%	12%	26.14
North West	Lancashire	12800	426	309	117	22%	27%	37%	10%	4%	30.05
Yorkshire and The Humber	Leeds	5598	151	103	48	23%	18%	36%	11%	11%	37.07
East Midlands	Leicester	2862	105	87	18	21%	36%	32%	8%	3%	27.26
East Midlands	Leicestershire	5202	175	143	32	24%	26%	34%	13%	3%	29.73
London	Lewisham	959	56	46	10	57%	21%	14%	4%	4%	17.13
East Midlands	Lincolnshire	8431	291	220	71	22%	25%	40%	10%	3%	28.97

Region	Local authority name	# of care home beds	# of care homes	# of care homes without nursing	# of care homes with nursing	% of care homes with 1 to 10 beds	% of care homes with 11 to 25 beds	% of care homes with 26 to 50 beds	% of care homes with 51 to 75 beds	% of care homes with 76+ beds	Average care home size
North West	Liverpool	3485	89	48	41	19%	10%	48%	15%	8%	39.16
East of England	Luton	1115	40	33	7	45%	18%	18%	13%	8%	27.88
North West	Manchester	2565	91	54	37	35%	23%	29%	8%	5%	28.19
South East	Medway	1601	70	54	16	43%	21%	24%	9%	3%	22.87
London	Merton	938	38	23	15	45%	18%	18%	13%	5%	24.68
North East	Middlesbrough	1778	44	30	14	20%	16%	30%	25%	9%	40.41
South East	Milton Keynes	1473	47	32	15	36%	15%	28%	15%	6%	31.34
North East	Newcastle upon Tyne	2643	71	35	36	18%	23%	31%	23%	6%	37.23
London	Newham	660	27	21	6	74%	4%	4%	0%	19%	24.44
East of England	Norfolk	9535	342	283	59	28%	24%	35%	11%	3%	27.88
Yorkshire and The Humber	North East Lincolnshire	1774	57	43	14	23%	25%	33%	14%	5%	31.12
Yorkshire and The Humber	North Lincolnshire	1979	59	47	12	7%	34%	44%	10%	5%	33.54

Region	Local authority name	# of care home beds	# of care homes	# of care homes without nursing	# of care homes with nursing	% of care homes with 1 to 10 beds	% of care homes with 11 to 25 beds	% of care homes with 26 to 50 beds	% of care homes with 51 to 75 beds	% of care homes with 76+ beds	Average care home size
South West	North Somerset	2871	98	64	34	24%	24%	37%	8%	6%	29.30
North East	North Tyneside	1684	44	28	16	18%	20%	34%	23%	5%	38.27
Yorkshire and The Humber	North Yorkshire	6275	205	143	62	28%	23%	28%	16%	5%	30.61
East Midlands	Northamptonshire	6498	249	183	66	39%	18%	26%	13%	4%	26.10
North East	Northumberland	3450	100	64	36	16%	20%	41%	20%	3%	34.50
East Midlands	Nottingham	2009	76	55	21	34%	25%	26%	12%	3%	26.43
East Midlands	Nottinghamshire	8866	287	204	83	32%	19%	28%	14%	7%	30.89
North West	Oldham	1786	44	32	12	2%	23%	59%	5%	11%	40.59
South East	Oxfordshire	5629	131	51	80	14%	14%	34%	34%	5%	42.97
East of England	Peterborough	1334	37	26	11	32%	19%	24%	8%	16%	36.05
South West	Plymouth	2467	99	79	20	31%	23%	35%	10%	0%	24.92

Region	Local authority name	# of care home beds	# of care homes	# of care homes without nursing	# of care homes with nursing	% of care homes with 1 to 10 beds	% of care homes with 11 to 25 beds	% of care homes with 26 to 50 beds	% of care homes with 51 to 75 beds	% of care homes with 76+ beds	Average care home size
South East	Portsmouth	1147	39	29	10	23%	28%	36%	10%	3%	29.41
South East	Reading	838	32	27	5	53%	16%	13%	9%	9%	26.19
London	Redbridge	1373	80	69	11	64%	18%	11%	4%	4%	17.16
North East	Redcar and Cleveland	1348	46	34	12	22%	30%	33%	11%	4%	29.30
London	Richmond upon Thames	946	44	36	8	59%	11%	16%	7%	7%	21.50
North West	Rochdale	1711	58	43	15	22%	31%	34%	9%	3%	29.50
Yorkshire and The Humber	Rotherham	2331	82	58	24	39%	21%	18%	16%	6%	28.43
East Midlands	Rutland	419	12	9	3	8%	33%	42%	8%	8%	34.92
North West	Salford	1460	44	30	14	20%	23%	39%	14%	5%	33.18
West Midlands	Sandwell	2119	83	56	27	46%	14%	24%	11%	5%	25.53
North West	Sefton	3775	133	95	38	25%	24%	38%	11%	3%	28.38

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Yorkshire and The Humber	Sheffield	4253	112	68	44	19%	20%	29%	25%	7%	37.97
West Midlands	Shropshire	3485	117	83	34	30%	17%	36%	12%	5%	29.79
South East	Slough	465	16	11	5	38%	25%	13%	19%	6%	29.06
West Midlands	Solihull	2107	65	49	16	38%	14%	17%	18%	12%	32.42
South West	Somerset	6473	216	158	58	29%	25%	27%	12%	7%	29.97
South West	South Gloucestershire	2202	81	56	25	35%	26%	19%	16%	5%	27.19
North East	South Tyneside	1292	34	22	12	21%	12%	32%	32%	3%	38.00
South East	Southampton	1522	59	49	10	37%	31%	19%	8%	5%	25.80
East of England	Southend-on-Sea	1946	92	78	14	24%	48%	23%	4%	1%	21.15
London	Southwark	580	17	14	3	41%	6%	29%	12%	12%	34.12
North West	St. Helens	1366	38	25	13	8%	32%	39%	16%	5%	35.95
West Midlands	Staffordshire	8028	252	169	83	29%	17%	33%	15%	6%	31.86

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North West	Stockport	2443	65	45	20	12%	26%	37%	15%	9%	37.58
North East	Stockton-on-Tees	1971	53	34	19	23%	19%	30%	19%	9%	37.19
West Midlands	Stoke-on-Trent	2388	84	67	17	36%	24%	24%	11%	6%	28.43
East of England	Suffolk	7389	194	129	65	15%	18%	38%	23%	6%	38.09
North East	Sunderland	2483	84	56	28	40%	5%	40%	12%	2%	29.56
South East	Surrey	13865	423	272	151	37%	13%	22%	19%	9%	32.78
London	Sutton	1429	79	58	21	58%	18%	18%	4%	3%	18.09
South West	Swindon	1286	51	37	14	47%	14%	24%	12%	4%	25.22
North West	Tameside	1639	38	26	12	3%	11%	63%	16%	8%	43.13
West Midlands	Telford and Wrekin	1157	39	28	11	38%	13%	26%	21%	3%	29.67
East of England	Thurrock	753	32	26	6	50%	16%	19%	9%	6%	23.53
South West	Torbay	2095	84	69	15	15%	43%	38%	2%	1%	24.94
London	Tower Hamlets	352	10	7	3	40%	10%	20%	20%	10%	35.20

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North West	Trafford	1685	57	36	21	35%	21%	25%	11%	9%	29.56
Yorkshire and The Humber	Wakefield	2722	93	73	20	30%	29%	22%	14%	5%	29.27
West Midlands	Walsall	1797	59	43	16	32%	15%	36%	14%	3%	30.46
London	Waltham Forest	927	50	47	3	54%	24%	14%	6%	2%	18.54
London	Wandsworth	1569	32	18	14	34%	13%	13%	16%	25%	49.03
North West	Warrington	1980	56	36	20	38%	7%	29%	20%	7%	35.36
West Midlands	Warwickshire	5417	170	118	52	31%	14%	32%	18%	5%	31.86
South East	West Berkshire	975	46	35	11	61%	13%	7%	17%	2%	21.20
South East	West Sussex	10084	349	232	117	23%	27%	37%	11%	3%	28.89
London	Westminster	371	12	7	5	50%	8%	25%	0%	17%	30.92
North West	Wigan	2262	55	29	26	7%	15%	56%	18%	4%	41.13
South West	Wiltshire	4814	176	131	45	40%	19%	19%	16%	6%	27.35
South East	Windsor and Maidenhead	1722	41	19	22	24%	17%	22%	12%	24%	42.00

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North West	Wirral	3636	122	78	44	24%	27%	30%	14%	5%	29.80
South East	Wokingham	1419	53	40	13	45%	19%	13%	15%	8%	26.77
West Midlands	Wolverhampton	2321	71	49	22	23%	30%	24%	15%	8%	32.69
West Midlands	Worcestershire	5789	181	118	63	24%	17%	39%	17%	4%	31.98
Yorkshire and The Humber	York	1565	39	26	13	18%	18%	31%	18%	15%	40.13
National		458459	15321	10947	4374	30%	22%	30%	13%	5%	29.92

APPENDIX 2: INTERESTS AND ATTENDANCE

Committee Members' registered interests may be examined in the online Register of Lords' Interests at <http://www.parliament.uk/mps-lords-and-offices/standards-and-interests/register-of-lords-interests>. The Register may also be inspected in the Parliamentary Archives.