

## Appendix 2

### Residential and Nursing Non Standard fees 2020 - Summary of provider survey outcome

Responses were received from 10 providers: 3 with homes in City; 4 County and 3 with both. The care groups range across all types of need, with learning disability support being most commonly provided (9 providers).

A comment repeated in all sections was that there was insufficient information to draw conclusions - that impact will depend on which band homes fall under, and other factors. Other questions raised were:

- how will 1:1s in existing packages be translated into the new bands?
- how is 2:1 support dealt with?
- Are night/sleep in rates included or separate?
- Is it the person or the care home that's banded?

One provider requested details of the calculated rates and how they will be applied.

#### Proposed funding model

7 respondents (70%) agreed or strongly agreed with the proposal to move to a more consistent funding model.

##### Comments in support:

- *'This process will make it fair, equitable and pay the right amount for the quality of provision'*
- *Banding supported in general; 'uniformity is fair'*
- *'Appreciate standardised funding/equal treatment and transparency'*
- *'this proposal is a well thought out and fair one''*

##### Comments against:

- *'not reflective of actual costs'*
- *1:1 hours are often required to provide personal care, hoisting etc*
- *'banding / funding should reflect the complex care we provide often on an individual basis,....banding is often a tool that does not work'*
- *Not a person-centred approach*

#### Proposed banding hours

Responses were broadly split - 4 respondents (40%) agree and 5 (50%) disagree or strongly disagree. Another felt insufficient information was provided to assess.

A preference was expressed for bands to apply to a home (not differently for individuals) to allow flexibility and responsiveness

##### Comments in support:

- *reflects a large increase on current fees*
- *'recognises and reimburses the quality of support based on assessment of need and expertise of the staff...this is equitable and fair'*

##### Comments against

- *hours do not represent person centred support*
- *'paying a set value regardless of individualised hours, it is in effect removing hours from a person's care package...'*
- *would deter providers from taking more complex citizens within each banding*

- Bandings are too wide apart and need to be broken down more; large gap between C and D is unfair on a band C home
- Homes will not be viable on band A
- Bands B, C and D will only be viable if existing 1 to 1 hours are absorbed into 'total direct carer hours per week'.

### **Proposed funding levels of bands**

Responses were broadly split across the range from 'strongly agree' to 'strongly disagree'. 3 neither agreed nor disagreed and it was commented there was insufficient information to assess.

#### Comments for:

- *'it is right that...homes who deliver high standards are recognised financially'*
- Bands B and C look about right.

#### Comments against:

- *'The fees proposed fall between 12-15% short of the costs'*; no inflationary uplift since 2015/16.
- Band D is too low; difficulty meeting needs over 90 hours without 1:1 added.
- *'too low by about 10%'*
- Band B is well below the cost of providing the level of care needed (eg 59 hours pw)

### **£13.40 hourly rate**

5 providers (50%) felt the rate would have a significant or very significant impact on the service; none identified no impact.

One respondent described the rate as 'acceptable' (provided core fees are set correctly); for another this represents an increase.

#### Negative impacts:

*'will compromise our ability to pay.. for specific skills required for 1:1'*

Some noted the rate is too low to meet all (direct and indirect) staffing costs

Needs to cover increases in NLW

Concern that 1 to 1 support will be commissioned only in exceptional circumstances (some citizens need dedicated time above the standard)

### **Impact and risks of proposals**

6 providers (60%) identified a significant or very significant impact. Some respondents felt unable to assess the true impact as this depends on the banding.

#### Positive impacts

One responded stated it would make homes viable. Another that *'the proposed fee increase will enable us to continue and develop the service we offer and to continue to strive for further improvement'*

#### Risks to service viability

- Potential financial losses if funding doesn't cover the hours of care
- Services potentially being financially unsustainable/unviable
- potential need to restructure staffing
- termination of packages
- potential service closures (in particular specialist homes)

#### Risks to service delivery

#### Quality of care:

- Difficulty delivering a 'quality / progressive' service; services more task focused than enablement/'active support'; learning disability provision becoming like older people services
- Reduced activities
- Safeguarding risks if hours reduce and needs can't be met
- CQC ratings worsening – outcomes not demonstrated

#### Levels of service:

- Existing citizen's needs may not be met if hours reduce substantially; citizens with high needs (eg over 90 hours) could lose placements
- Reduction in complex referrals accepted; high needs citizens may not be placed if band D doesn't cover the cost of safe and effective care.
- Proposed 1 to 1 rate may compromise ability to accept / support high needs

### **Mitigating actions**

#### Provider

- Ensure efficient services are provided in a balanced way – cost and quality
- Appeal to move to higher band
- Review impact and engage with NCC if not sustainable/early signs
- Underwrite losses or consider handing back contracts
- Carefully assess new referrals - take only those that fit the assessed band
- Consider running homes partly as supported living

#### NCC

- Address questions raised in consultation
- Reconsider thresholds of bands and have additional/intermediate ones
- Consider bands in line with current hours; Fund hours needed for safe and quality personalised care
- Allow 1:1 hours in addition to assessed bands
- Increase the funding – particularly B – D
- Pay at sustainable levels and award uplifts in line with costs eg NLW; ensure fees balance cost AND quality
- Commit to placing in residential and supported living