**Shropshire Council Consultation on the review of rates for Commissioning of Residential and Nursing Beds**

**Questionnaire**

Please note that Questions 1 to 14 are specifically aimed at Care Home Providers as they are the recipients of the rates. However, we would also like to hear from all interested parties and invite anyone to comment on any question if you would like to tell us your views. Alternatively, you can email us at tellUs@Shropshire.gov.uk.

1. **Have you read the background information outlined in the Consultation documentation: Review of Rates for Commissioning of Residential and Nursing Beds: Have your say on the review of rates?  If you haven’t, you may want to look at the ‘Get Involved’ page on our website.**

 **Yes No**

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| **Comments:** |

1. **Do you agree with the need to review the published rates for beds to ensure it recognises the cost of delivering care?**

**Strongly Agree Agree Disagree Strongly Disagree**

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| **Comments:** |

1. **Do you agree that the following principles should underpin any agreed rates to support sustainability of the market? Please circle below:**
* **A funding system that is fair Yes or No**
* **A funding system that is efficient Yes or No**
* **A funding system that is transparent Yes or No**
* **A funding system that is based on meeting needs Yes or No**
* **A funding system that is simple Yes or No**

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| **Comments:** |

1. **What other factors do you think should be considered to support sustainability of the marketplace?**

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| **Comments:** |

1. **We are proposing the following model and rates** *(please note that this is proposal is for consultation purposes and we want to seek your views. These are not intended to be the final rates that the Council uses.)*

**This model (including the percentages) is based on the ‘LangBusisson’ model illustrated on page 43 of the document ’Working with care providers to understand costs: A guide for adult social care commissioners’**

**These rates illustrated have been calculated based on the average of the current prices being paid to providers**

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| **Model and rates proposed for the purposes of consultation** |
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| --- | --- |
|   | Lang Buisson Model - Proposal for consultation purposes (includes 3% uplift) |
|   | Nursing EMI | Nursing | Res EMI | Res |
| Revenue cost head | % | £ | % | £ | % | £ | % | £ |  |
| Nursing costs | 25% | 171 | 25% | 146 | 0% | 0 | 0% | 0 |  |
| Care costs | 33% | 227 | 33% | 194 | 44% | 224 | 44% | 218 |  |
| Domestic and other hourly paid staff | 14% | 96 | 14% | 83 | 19% | 97 | 19% | 93 |  |
| Salaried staff | 5% | 34 | 5% | 31 | 7% | 35 | 7% | 34 |  |
| Food | 4% | 27 | 4% | 25 | 6% | 30 | 6% | 30 |  |
| Utilities, phone, Council Tax | 4% | 27 | 4% | 25 | 5% | 25 | 5% | 25 |  |
| Insurance | 1% | 7 | 1% | 6 | 1% | 5 | 1% | 5 |  |
| Registration Fees | 1% | 7 | 0% | 1 | 1% | 5 | 1% | 5 |  |
| Recruitment | 0% | 3 | 0% | 1 | 1% | 5 | 1% | 5 |  |
| Direct Training Expenses | 0% | 2 | 0% | 1 | 1% | 5 | 1% | 5 |  |
| Cleaning, uniforms, disposal, waste | 3% | 18 | 3% | 17 | 2% | 10 | 2% | 10 |  |
| Travel, outings, TV | 0% | 2 | 0% | 1 | 1% | 5 | 1% | 5 |  |
| Externally purchased services | 1% | 7 | 1% | 6 | 1% | 5 | 1% | 5 |  |
| Other non-staff current expenses | 2% | 14 | 2% | 12 | 3% | 15 | 3% | 15 |  |
| Repairs and maintenance | 6% | 41 | 6% | 35 | 8% | 39 | 8% | 40 |  |
| General overheads | 1% | 7 | 1% | 6 | 1% | 5 | 1% | 5 |  |
| **Total** |  | **£690** |  | **£590** |  | **£510** |  | **£500** |  |

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| Notes about the model:* This model and rates are proposed for the purposes of the consultation 18th March 2019 to 26th April 2019
* It is a proposed weekly rate
* This rate has been calculated based on the average rate from analysis of 18-19 actual expenditure
* The costs in the model and the percentages are based on the LangBuisson model\*
* It is assumed that the providers level of profit is included within the rates

\*The LangBusisson model is illustrated on page 43 of the document titled ’Working with care providers to understand costs: A guide for adult social care commissioners’ <https://www.careprovideralliance.org.uk/uploads/1/0/8/0/108055907/1701-working-with-providers-to-understand-and-agree-costs_8.pdf> |

**5a) Do you agree with the ‘LangBuisson’ model as a way of reflecting the cost of delivery of care?**

**Strongly Agree Agree Disagree Strongly Disagree**

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| **Comments:** |

**5b) Have we identified the right cost factors within this model?**

**Strongly Agree Agree Disagree Strongly Disagree**

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| **Comments:** |

**5c) Have we allocated the right percentages to the cost factors?**

**Strongly Agree Agree Disagree Strongly Disagree**

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| **Comments:** |

**5d) Do you agree with the rates identified within this model?**

**Strongly Agree Agree Disagree Strongly Disagree**

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| **Comments:** |

1. **Can you suggest any alternative models for consideration? If yes, please describe below?**

 **Yes No**

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| **Comments:** |

1. **Are you commissioned by other Local Authorities?**

 **Yes No**

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| **Comments:** |

1. **If these rates were introduced in Shropshire with effect from September 2019, how would you be affected by them?**

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| **Comments:** |

1. **How might access to care and support by people be affected by these rates?**

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| **Comments:** |

1. **How could the quality of care for people be affected by these rates?**

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| **Comments:** |

1. **How could the workforce who deliver care for people be affected by these rates?**

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| **Comments:** |

1. **How might the capacity to meet demand for care be affected by these rates?**

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| **Comments:** |

1. **What are your views about how the Council can ensure that funding, commissioning and decision making can ensure that care providers are able to plan the right services for people with the right resources?**

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| **Comments:** |

1. **What are your views about how the Council can support collaborative arrangements with other services?**

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| **Comments:** |

1. **Please outline any other comments you would like to share with us regarding the modelling and publication of revised rates**

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| **Comments:** |

1. **Are you? Please indicate below:**
* Provider, please indicate whether you are:

Nursing \_\_\_\_\_\_\_\_

Residential \_\_\_\_\_\_\_\_\_\_

Both \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Size of Organisation e.g., Number of available beds

1-10 beds \_\_\_\_\_

11-49 beds \_\_\_\_\_\_\_

50+ beds \_\_\_\_\_\_\_\_

* Practitioner, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Resident or resident’s family member
* Voluntary organisation, please specify \_\_\_\_\_\_\_\_\_\_\_
* Interested member of the public, please specify \_\_\_\_\_\_\_\_\_\_\_
* Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. **If you are not a provider and want to provide any comments, please outline below:**

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| **Comments:** |