Appendix A3	
Proposed Pricing Strategy for Residential and Nursing Care for Adults with Long Term Impairments: Analysis of provider responses to engagement exercise.	
Introduction	In order to stabilise spend and to achieve transparency and consistency of BCC pricing, there is a need to apply guide prices for residential and nursing care placements for Long Term Impairments. There has been open book cost of care work with key providers of this care, analysis of current prices paid as well as national benchmarking to asses a fair guide price proposal for the provision of this care. The survey asked questions on a) the guide prices and assumptions underpinning these as set out in the methodology report b) a revised specification c) survey questions on a range of issues related to the changes to price and specification but also about longer term transformation, and provider experience of social work practice.
Engagement Period	The consultation ran from Tuesday July 9th to Monday August 19th 2019.
Engagement Methods	A letter was emailed to relevant Care Home Providers on 9 July 2019 attaching the Methodology Report and revised Specification. This letter invited providers to read the Methodology Report and provide feedback on the proposed prices, as well as comments on the revised Specification. Providers were invited to do this by: a) Completing an on-line Survey. A link to the Survey was included in the letter. 7 responses were received. b) Contacting the Commissioning Team directly. The email address to do so was included in the letter.1 written response was received. c) Attending face to face meetings or conference calls. 10 meetings took place.
Online Survey	
What we asked	**Q1. Name of organisation (optional)** Responses came from local providers, 3 of which were individual care homes. **Q 2. What type of care do you deliver?** As well as delivering Residential care, 3 of the respondents also delivered community / supported living services.

Q3. What are the Need(s) of your main Client Group? (Select all that apply)

All the Homes that replied provided services to people with a Learning Disability. Over half also provided services to people with Mental Health Problems and Autism.

Learning Disability	100.00%
Mental Health	57.14%
Physical Disability	42.86%
Sensory Impairment	28.57%
Acquired Brain Injury	14.29%
Autism	71.43%
Other (please specify):	28.57% Specialist dementia care Complex behavioural needs

Q4. Number of homes / Q5. Number of Beds / Q6. Number of care hours

The providers who responded varied in the size of homes, beds and care hours. There was a comment that care hours can change as people with different support needs leave or arrive in a service. Some homes within the same service have a mix of core/shared and 1:1 support hours.

Q7. What care is included in the shared/core care costs for each home? If you have a number of homes please provide some examples.

Common types of care mentioned were:

- Personal care and support.
- Social and occupational support
- Daily living skills support

In the examples given, shared costs could include governance, and human resources while core care costs could cover the salary and on costs of support workers, food, cleaning, registration, establishment costs and transport.

There was a comment that the shared/ core care costs varies greatly according to the service type and the needs of the people that are supported there.

Q8. Please describe the staff to resident ratio for the majority of your homes.

Responses varied from 1 to 1 / 1 to 2 / and 1 to 3 and could depend on people's needs.

	Q9. Please describe what types of additional 1:1 support, if any, you provide in the majority of your homes: Common types of 1:1 support were for: • Personal Care • Emotional and Behavioural care • Community Activities • Care and Support Planning **Q.10 If you do provide 1:1 support, what is the rationale for this?** Common reasons included: • To meet individual support needs • Safety and behaviour of service user and others • Privacy and Dignity • To provide tailored activities and access to the community **Q11. Are there any additional requirements in the provision and cost of care related to meeting the needs of residents because of their protected characteristics?** Responses were as follows: • Disability - Cost of making suitable adjustments in the house • Disability - meeting people's needs associated with a physical disability can have a significant impact on the cost of care. It is also important to consider the impact of people's mental health needs and/ or learning disabilities in relation to the health inequalities that can arise due these disabilities and enhanced care costs. • Age – supporting younger adults to develop the necessary skills to increase independence and to transition to less supported models of care. A higher incidence of early onset dementia for people with learning disabilities and health inequalities might also mean that people need an enhanced package of care at a younger age • Religion - 1:1 to attend religious services • Sex – female hygiene units provided if required **Q 12. Please give your feedback on the attached Methodology Report which outlines the proposed pricing strategy and draft guide prices.** Common themes were as follows: • Smaller homes costs are a lot more expensive, and a higher staff ratio is needed for person centred care • 95% Occupancy rate is too high • Lack of clarity as to what is included in specific cost codes • Sleep in / waking nights assumptions need to be clarified • What is the plan for those living in these current residential services who

	are over 65 years of age? • How will guide prices marry up with the needs of the individual? • Some individuals have a range of specific needs that is unlikely to alter, and that allocating some additional 1:1 support to an individual is sometimes the only way that they can be accommodated in a group setting **Q 13. Please comment on the assumptions underpinning the proposed guide prices on page 16.** Common themes were as follows: • 7% return on capital is low for the risks involved. • The 1:1 costs that would be covered by specialist staff are not included. • The non -staffing costs underestimate the true property / administration costs. • The bands for homes 1-6 and 7-12 are too narrow to reflect the impact of different staffing ratios and economy of scale. • Additional costs for nursing staff needs to be considered **14. Are you looking to develop alternative provision to residential care going forward?** 5 respondents are planning to develop alternatives to residential placements. **15. If you are looking to increase your provision of alternative services to residential, what support would you expect from BCC to do this?** Respondents want BCC to: • Help with the transition of service users • Help the planning department to work effectively • Assist with the funding of new premises including capital • More reassessments/reviews of support needs **16. Raising and maintaining the quality of services is integral to all our work. Please let us know any ways in which you think providers and BCC can work better in partnership to achieve this goal.** Respondents want to see: • Continuity of social workers to service users • The sharing of good practice • A focus on commissioning outcomes • Mutual support / constructive criticism **17. What is your organisation's vision for change over the next 10 years?** Common themes were:

	• Enabling independence of service users / supporting greater independence • Expansion of services incorporating supported living provision **18. BCC is reviewing its social care practices, process, and the way it communicates. What is your experience of social care practice with BCC?** Responses were mainly positive. Common themes were: • Experience can vary dramatically depending on the individual concerned • There are examples of some really good, collaborative and person centred working and also have examples of the opposite. • Experience of reviewing officers is generally positive, and individuals have been singled out as exceptionally skilled **19. What works well?** Common themes were: • Having a named contact person • Once a practitioner is established then the relationship improves • Communication is the difference between social work practice working well and not working at all **20. What could be improved, and why?** Common themes were: • More in-depth information prior to placements • Better communication between teams • Quicker allocations and processes • Regular reviews **21. We want to deliver improved outcomes for citizens and users of adult social care. How do you think we can work better with providers to keep service users at the centre of our decision-making?** Common themes were: • Focusing on outcomes • Co-production • Faster decision making • Learning from good practice
Summary of Main issues raised from Survey and Consultation Meetings	
	Methodology Feedback **Cost** • Clarification needed on breakdown of all costs i.e. training, transport

	• How will the costings be applied in homes where there are multi-authority placements? • Need to clarify costings for waking / sleeping nights • Need more guidance on how to calculate base prices for homes that are between 6 and 12 beds and when economies of scale would kick in. • Shared/ core care costs varies greatly according to the service type and the needs • BCC must make a note of the providers who have high prices upfront but who can evidence price reduction over time as packages taper down. • Some providers have costs for specialist environmental requirements / high risk / complex conditions / therapy services. • If current fees are below BCC suggested rate will there be an automatic uplift? • Can BCC produce a costing guide/temple for use by both providers and social workers • 7% return is low for the risks involved **Care and Support and 1:1s** • More clarity needed on the definitions of high/med/low needs. • Reviews are not happening. • Processes such as a provider making a request for a review other than in an emergency needs to be revised. • In-depth information prior to placements needs to be improved. • Person centred care cannot happen without some 1:1 provision, Inc. access to the community, activities essential to wellbeing and meeting outcomes • Can we have a designated social worker for the home, who knows the service / service users? This will make 1:1 and cost negotiations easier and more informed. • What work is being done looking at alternative supported living provision and link with the CSS Framework? • What is the plan for those living in these current residential services who are over 65 years of age? **Staffing** • Argument that for person centred care to exist in smaller homes, a higher staffing ratio is required. • Is there flexibility on the suggested staff ratios? • Additional cost of providing nursing staff needs to be considered • How does access to the community fit where core staffing is insufficient to allow this? **Occupancy** • Occupancy level is too high. Recommend around 85% instead, especially for a recovery model. • How does the council expect all provision to remain at 95% occupancy and

	reduce the provision at the same time? • Occupancy rates may fall if BCC places less in Residential. **Specification Feedback** • Needs some reference for when people transition to over 65. • Specification needs to be a bit more tailored toward recognising the step down approach and time to adjust from institutional care before move on. • Need to have more around PFA and how the transition from education and CSC is handled. **Social Work Practice Feedback** • Some social workers really good, collaborative and person centred, but also opposite experiences. • Communication is the difference between social work practice working well and not working at all. • Having a named Social worker contact is very useful. **E&D Impact Feedback** • Disability - Cost of making suitable adjustments in the house • Age – supporting younger adults to develop the necessary skills • Religion - 1:1 support needed to attend religious services

Key Conclusions

Providers want greater detail on the breakdown of costs in the Methodology Report. Providers want more detail on how to calculate base prices for homes that are between 6 and 12 beds, and when economies of scale would kick in.

Providers queried how the guide prices would work in homes where there are multi-authority placements. Some providers have costs for specialist environmental requirements which they argued needed to be considered. It was felt that the expected occupancy rate of 95% was too high.

It was argued that person centred care cannot happen without some 1:1 provision, and it was queried how support to access the community would be achieved where core staffing is insufficient to allow this.

Providers would like BCC to provide more support with the transition of service users to supported living. Providers would like to see the planning department supported to work more effectively and would welcome assistance in the funding of new premises.

Providers would like BCC to be more outcomes focused in its support planning and would welcome a designated social worker and/or a named social worker to improve communication.