

QUESTIONNAIRE TO ASSIST IN THE IDENTIFICATION OF THE COST OF STANDARD DOMICILIARY CARE IN DERBY October 2019

Over the past few years, Derby City Council has sought information from Home Care organisations to assist its fee setting process. It is proposed that this consultation is carried out again.

All Home Care organisations contracted by Derby City Council are invited to respond.

Please answer all questions as fully as possible, in order for us to understand the cost of care that you are providing. If you are unable to answer any question, please provide a reason why.

Where supporting information has been requested, please ensure that this is supplied in compliance with GDPR. As such, if any supporting information contains personal details that can identify an individual, please remove or 'black-out' this information. If you are unable to supply the supporting information requested, please provide relevant alternative documents or a reason why this is not available.

Don't hesitate to contact **David Ash on 01332 640408** if you need help with the questionnaire.

Please return your questionnaire by 23rd October 2019.

1. COMPANY INFORMATION

| | |
|--|---|
| Name of Company: | |
| Address of local office: | |
| Address of Head Office (where applicable) | |
| E mail address | |
| Are you a: (Please identify) | Sole trader, partnership, limited company, public limited company or other? |

2. WHO ACCESSES YOUR SERVICES?

This information will be used to better understand the capacity within the market and who is commissioning services.

| Specify Date | No. |
|--------------------------------------|------------|
| Derby City funded | |
| Direct Payments | |
| Self funders | |
| Total number of Care Packages | |

3. STAFF COSTS

The following questions require you to provide information relating to the current year of recorded costs, compared to those anticipated for the following year.

Please use costs for the periods 1 April 2019 – 31 March 2020 and anticipated costs for 1 April 2020 to 31 March 2021.

You can express as either a percentage (%) or monetary value (£) or both.

This will help us to compare information across consistent periods.

| Please identify the actual weekly total staff costs against each of the staff groups shown below. This includes Employer's National Insurance costs. Please ensure that evidence is available to substantiate this information if requested. | 2019-20 | | 2020-21 | | Difference | |
|---|---------|---|---------|---|------------|---|
| | % | £ | % | £ | % | £ |
| Front Line Care Worker | | | | | | |
| Management Staff | | | | | | |
| Back office/administrative staff | | | | | | |
| Agency | | | | | | |
| Total Weekly Costs for all staff | | | | | | |
| Staff recruitment (eg advertising/agency finder fees) | | | | | | |
| Staff training | | | | | | |
| Vetting checks | | | | | | |
| Uniforms and disposables | | | | | | |
| Call monitoring | | | | | | |

| Pensions | 2019-20 | 2020-21 | Difference |
|--------------------------------|---------|---------|------------|
| *Weekly cost of staff pensions | | | |

* Calculate this by totalling the annual payments (Employer contribution only not the Employee element) made to the pension scheme divided by 52 weeks.

4. COST PRESSURES

| 4.1 National Living Wage | | | |
|---|------------|--|-----------|
| The National Living Wage (NLW), the statutory minimum for workers aged 25 and over, increase by 4.9% to £8.21 per hour in 2019. | | | |
| How many of your staff was affected by this change? | | | |
| Were there any other cost rises that took place following the introduction of the national living wage in April 2019 and will these apply in 2020-21? | Yes | | No |
| If yes, please quantify and/or provide further explanation | | | |
| What would be the impact of any further increase in the NLW? | | | |
| | | | |

| 4.2. National Apprenticeship Levy | | | |
|--|------------|--|-----------|
| Is your organisation affected by this? | Yes | | No |
| If yes, what impact has this had? | | | |
| | | | |

| | | | |
|-------------------------------------|------------|--|-----------|
| 4.3 CQC Regulatory Fee - | | | |
| Will this affect your organisation? | Yes | | No |
| If yes, what will be the impact? | | | |

5. ADDITIONAL COSTS

Please let us know of any other costs that you incurred in 2019/20 that you had not anticipated and significant increases known for 2020/21?

Please indicate how much was required and whether this was a one off or new recurring cost pressure?

Please include any increases incurred such as for your running costs associated with utilities, food, equipment etc.

| Cost heading | Annual cost in 2019/20 | Anticipated Cost in 2020/21 | Reason |
|---------------------|-------------------------------|------------------------------------|---------------|
| | | | |
| | | | |

What other factors and costs would you like Derby City Council to consider?

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I declare and confirm that the information I have provided in this questionnaire is accurate and represents an accurate and true reflection of circumstances relating to the operation of the care home/s detailed.

SIGNATURE

Date

NAME

DATE

POSITION

COMPANY NAME

CONTACT DETAILS

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Please return this completed questionnaire with any supporting information to:

**David Ash, Commissioning Support Assistant, Peoples Directorate, ASC
Brokerage Team, Derby City Council, Corporation Street, Derby, DE1 2FS
or by email to david.ash@derby.gov.uk**

THANK YOU FOR YOUR TIME