



DERBY CITY COUNCIL

**DRAFT QUESTIONNAIRE TO ASSIST IN THE
IDENTIFICATION OF THE COST OF STANDARD
DOMICILIARY CARE IN DERBY
December 2017**

All Standard Domiciliary Care companies with whom the Council contracts are invited to respond to this survey. Please answer questions as fully as possible, in order for the City Council to understand the cost of care that you are providing. If you need any help in answering any of the questions please contact **David Ash on 01332 640408**.

Please return your questionnaire by 25 November 2017

COMPANY INFORMATION

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

WHO ACCESSES YOUR SERVICES?

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

Specify Date	
Total number of Care Packages	

COST PRESSURES

1.1 From April 2018, If the increases keep with the trajectory of the living wage being 60% of average earnings the rate for people working aged 25 or over will rise from 7.65 to possibly around £8.20 per hour. How many staff did this affect in your organisation?

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1.2 Were there any other cost rises that took place following the introduction of the national living wage in April 2017?

Yes/ No

If so, please quantify/ explain further:

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1.3 Are there any additional cost pressures (such as CQC registration and the National Apprenticeship Levy) you would like to flag up to us?

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The following questions require you to provide information relating to your recorded costs; it is our preference for annual data to cover the period covered to be 1st April 2016 to 31st March 2017. Please can you identify the calendar period that this information covers.

STAFF COSTS

Please identify the actual weekly **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. If you are unable to provide any of this information then please explain.

Grade	Total cost of staff per week £s
TOTAL COST OF FRONT LINE STAFF IE CARE ASSISTANTS	
TOTAL COST OF BACK OFFICE POSTS	
TOTAL COSTS OF MANAGEMENT POSTS	
TOTAL WEEKLY STAFF COSTS	

2.1 For the **annual period**, what were your recruitment costs? (e.g. Advertising and agency finder fees)

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2.2 For the **annual period**, what were your training costs? (e.g. provision of courses, travelling costs and staff hours)

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2.3 What is the **weekly cost** of staff pensions?

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

3. ADDITIONAL COSTS

Please let us know of any other costs that you incurred in 2016 that you had not anticipated

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, equipment etc.

Cost heading	Annual cost in 15/16	Cost in 2017/18	Reason
e.g utility bill	£15,500	£17,750	Increase in energy price and consumption levels

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

THANK YOU

NAME

DATE

POSITION

COMPANY NAME

CONTACT DETAILS

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Please return this completed questionnaire with supporting information to:

Christine Collingwood
Acting Head of Integrated Commissioning
Adult Health and Housing
Derby City Council
Corporation Street
Derby
DE1 2FS

Or email to david.ash@derby.gov.uk