# Residential/Nursing Fees Consultation Meeting 17<sup>th</sup> March 2021

## Q&A

No.	Question and Answer	LEAD/STATUS
	Q. How is the vacancy rate calculated by the Council?	
1.	A. The vacancy rate is currently calculated by commissioning based on the market response from providers to the 'weekly vacancy ring-round' and through any general market monitoring.	
	In addition, the capacity tracker informs current capacity which providers have been asked to complete and return to the Council. This approach is reliant on the sharing of capacity information by providers.	
2.	Q. Has there been any consideration of the potential escalation in insurance costs?	
	<b>A.</b> This is being discussed regionally and will need to be considered, however, to date the Covid funding and costs are being considered separately and this is the reason for the request to complete the spreadsheet provided, which has separate columns for Providers to record costs that are higher than previous typical costs due to COVID.	
3.	Q. The comparison with Lancashire is unfair, can the fee levels be revisited?	
	<b>A.</b> We have amended the slide to reflect the different rates and we will upload the amended presentation on to the provider web page on the Councils website.	
4.	Q. Are there any capital grants available specifically for IT improvements	
	A. We have offered providers the opportunity to apply for capital grants to support the improvement in care for people living with dementia and there is an element included for technological solutions. We will review the approach to capital grants and IT improvements once the current grant offer has been evaluated later this month.	
	We will also look at the feasibility of offering the opportunity to apply for specific grants to support IT improvements and feedback to you.	

5.	Q. Providers still collect from residents a proportion of fees on behalf of the Council. Gross payments would be a positive way forward, this has been mentioned before but nothing has happened. Any move to gross payments to reduce the burden on care homes of collecting fees?	
	<b>A.</b> We are exploring gross payments as part of the Care Home Strategy delivery and will be considering further following the formal approval of the Strategy by the Council and CCGs.	
6.	Q. What will be the funding for LFT Testing?	
	A. The Rapid Test Fund is in the process of being distributed to Care Homes based on £254.26 per CQC bed. A revised Annex B (monthly reporting template) has also been distributed to account for reporting the spend in relation to this fund.	
7	Q. What will be the % of the Workforce Development Fund for providers?	
	<b>A.</b> The distribution is anticipated to be 80% to all care providers, following final agreement about how this funding will be allocated providers will be informed. For care homes, we anticipate that this will be based on staffing figures taken from the Capacity Tracker submissions made by homes.	
8	Q. Is Sefton working to a criteria in relation to the number of responses received to the consultation?	
	<b>A.</b> No. We are encouraging all providers to respond to the consultation, and we have communicated that throughout the consultation to date. In addition, we have extended the consultation to allow providers more time to respond to the fee proposal. All response will be analysed.	
9.	Q Why do Sefton etc pay their staff to conduct Quality Assurance visits when the CQC, whom all homes pay many thousands of pounds in fees every year, already do this? Is this not an overkill and a waste of funding?	
	A It was agreed to discuss this at the next meeting as it is a big topic linked to the quality agenda. The CQC monitor as part of their regulatory obligations and Local Authorities monitor as part of their contractual arrangements and to	

	meet their Care Act obligations. CQC are currently reviewing their inspection methodology.	
10.	Q Will providers be penalised for not coming in or coming in below cost or similar cost because we can't make a profit? Would we be penalised for not managing and being an efficient home? This is something that might hold providers back from sending in information.	
	<b>A</b> No. It is important that providers do share the actual costs as part of the consultation process to inform the recommendations for decision in relation to the final fee proposed for 2021/22.	
11.	Q What would the separate COVID linked support consist of as officers had advised that this would be part of separate discussions?	
	A This will be looked at following the consultation around the Infection Control Fund and what is available. The funding that has been given has been time limited and conditions of the grant has been inflexible. There is currently no further information from central government as to any further funding.	
12	Q We have been using the Infection Control Grant funding to help pay for staff off sick with COVID. Would the council support this when the Infection Control Grant monies end at the end of March?	
	A The government had been lobbied but no news yet. The assumption needs to be made that if there is no feedback then this would need to end at the end of March as providers could not afford to carry on with the payments.	
13	Q Has the 1% pension increases been built into the fee levels?	
	A We will need to look into this and what other Local Authorities are doing in the region. This is related to the Charging Policy and national guidance regarding charging.	

	More details would be put on the web page when this has been looked at.	
14	Q Why do you need to compare with other Local Authorities?	
	<b>A</b> We compare with other Local Authorities as it helps with benchmarking and to see if other Local Authorities are doing anything different.	
15	Q Has the uplift for 2021/2022 been agreed yet?	
	A No, this has not been agreed yet. We will wait until this consultation has ended and report to Cabinet Member – Adult Social Care in April 2021.	