

Care Home Fees Report - 16 July 2013

Summary of Feedback from Consultation - March to June 2013

Q1. Are you?	
Owner of a care home	2
Manager of a care home	4
Staff member at a care home	1
Board member or Trustee of a care home	1
Relative of someone in a care home	2
Resident in a care home (funded by the council)	0
Resident in a care home (funded by the council)	0
Member of the public	33
Other	6

(Please note: Participants could tick more than one box)

	What we asked	Yes	No
Q2.	Whether you agree with the proposal to revise the Target Banding Rates from April 2013?	84% (36)	16% (7)
	<ul style="list-style-type: none"> • A small increase in rates is an improvement • Not taken account of the current cost of care in Oxfordshire • Not taken account of representations from Oxfordshire Carehomes Association • Ignoring cost of care representations from providers is unlawful • Previous funding decisions require a 10% increase to get back to where you were • Homes cannot afford to give Care Quality Commission standard care on Oxfordshire rates 		
Q3.	Whether you agree with the proposal to delete the Residential-Substantial Target banding Rate for 2013/14?	88% (38)	12% (5)
	<ul style="list-style-type: none"> • The Cabinet Paper is inadequate and no-one can draw reasonable conclusions from it • If the Residential-Substantial Target Banding Rate is not being used then you should delete it • This target banding rate is redundant 		
Q4.	Whether you agree with the proposal to increase the Target banding rate for the Residential-Extensive category to £452 per week for new placements	80% (33)	20% (8)

	<ul style="list-style-type: none"> • The increase of 3% in 2012/13 does not even mark time with inflation • The ADASS costing model you are using is not using local costs and the model is seriously flawed • The model has not been endorsed by any of the local care associations. You have not asked us what we think of this model • Actual costs are much higher than the costs you are using (!). Average fees are much higher than your spot payment levels. • Reluctantly accept the proposal but will seek higher fees if the cost of care exceeds the banding level • Recognise the council has restricted funding but fee levels received from the council continue to not reflect the true cost of delivering care. Current fee levels are not sustainable - operations only remain viable as operating costs are offset by privately funded residents. • The fee level is inadequate
--	---

Q5.	Whether you agree with the proposal to increase all existing weekly Residential payment rates that are currently paid below £452 per week to £452 per week for 2013/14	83% (35)	17% (7)
	<ul style="list-style-type: none"> • An increase is beneficial but how does it compare with self-funders? • The minimum fee should be reflected to reflect actual costs and give an adequate return for providers • Reluctantly accept the proposal but will seek higher fees if the cost of care exceeds the banding level • Recognise the council has restricted funding but fee levels received from the council continue to not reflect the true cost of delivering care. Current fee levels are not sustainable - operations only remain viable as operating costs are offset by privately funded residents. • The minimum fee should be raised to reflect our actual costs. We have said this time and time again. By not paying costs it makes us look to the private sector to make ends meet. 		

Q6.	Whether you agree with the proposal to delete the Nursing-Substantial Target banding Rate for 2013/14?	88% (36)	12% (5)
	<ul style="list-style-type: none"> • The banding is redundant 		

Q7.	Whether you agree with the proposal to increase the Target banding rate for the Nursing-Extensive category to £560 per week for new placements	81% (35)	19% (8)
	<ul style="list-style-type: none"> • The ADASS costing model you are using is not using local costs and the model is seriously flawed. The model has not been endorsed by any of the local care associations. Oxfordshire Carehomes Association does not accept the ADASS costing model 		

	<ul style="list-style-type: none"> • Actual costs in Oxfordshire are much higher • There has been a reduction in fee levels over the last six years generating a shortfall which is unlawful • Reluctantly accept the proposal but will seek higher fees if the cost of care exceeds the banding level • Appears you are massaging figures to meet the figure you have in mind • This model is based on a Residential Care setting and poorly adapted for Nursing Care • The model is inferior to the widely accepted Laing & Buisson model • All rates are too low. The model does not accurately reflect the costs in Oxfordshire. There are many reliable sources that show costs are significantly higher. • The use of this model shows that the council is not interested in the facts....hence the low response to the consultation • Budget restrictions rule the day
--	--

Q8.	Whether you agree with the proposal to increase the retain Target Banding Rate for the Nursing-Specialist category at £630 per week for 2013/14	76% (32)	24% (10)
	<ul style="list-style-type: none"> • It is not realistic to suggest that costs in this banding have not risen at least as much as in lower threshold nursing care. • This proposal goes against many local and national initiatives including The Prime Minister's Dementia Challenge and the Oxfordshire Joint Commissioning Strategy to "ensure that all health and social services understand the needs of people with a dementia and provide a quality service to them" • Reluctantly accept the proposal but will seek higher fees if the cost of care exceeds the banding level • Recognise the council has restricted funding but fee levels received from the council continue to not reflect the true cost of delivering care. Current fee levels are not sustainable - operations only remain viable as operating costs are offset by privately funded residents. • An invitation to any member of Oxfordshire County Council (?) to visit a home and come up with cost savings not already thought of. 		
Q9.	Whether you agree with the proposal to increase all existing weekly Nursing-Extensive and Nursing-Substantial payment rates that are currently paid below £560 per week to £560 per week for 2013/14	80% (33)	20% (8)
	<ul style="list-style-type: none"> • Funding has become too complex and the public want a transparent level playing field for funding • The minimum fee should be raised to the level of actual costs 		

	<ul style="list-style-type: none"> • Reluctantly accept the proposal but will seek higher fees if the cost of care exceeds the banding level • Recognise the council has restricted funding but fee levels received from the council continue to not reflect the true cost of delivering care. Current fee levels are not sustainable - operations only remain viable as operating costs are offset by privately funded residents. • This is not our actual costs. Please pay us our actual costs. • Increase it more
--	---

Q10.	Whether you agree with the proposal to continue to use these rates as a guide to secure a care home placement at a funding level as close to the Target Banding Rate as possible for 2013/14	80% (32)	20% (8)
	<ul style="list-style-type: none"> • If people are having to pay top-ups the system is flawed • Different rates leads to arbitrariness in decisions about funding for vulnerable adults. • There is an unfairness in the system and a perceived cross subsidy between self-funders and others. • The target rates are useful and save endless discussion about admissions. There should be a workable description for each and consideration should be given to either adopting the Laing & Buisson model or the Care Funding Calculator. • Reluctantly accept the proposal but will seek higher fees if the cost of care exceeds the banding level • Recognise the council has restricted funding but fee levels received from the council continue to not reflect the true cost of delivering care. Current fee levels are not sustainable - operations only remain viable as operating costs are offset by privately funded residents. • No, the rates are inadequate • I don't really understand these bands and I don't think residents will either • A comment about how an informal carers are supporting a family member at home for significantly less than the care home banding rate 		

The Chinese community responses were overwhelmingly in favour of the proposals with nearly 100% answering in favour of the proposals on every question.

Comments from stakeholder meetings and questionnaires

- **Care Home Providers**

15 representatives from care homes (including the Chairman of Oxfordshire Care Homes Association) attended the meeting on 15th March 2013.

The following points were raised on the returned questionnaires, logged at meeting on 15 March and notes of Oxfordshire Carehomes Association meeting 19 April:

- Council levels are too low.
- Dependency levels of council funded residents continues to rise - "some homes are wondering whether they are turning into hospices".
- There are problems for care homes resulting from increasing choice for self-funders. Older homes find it difficult to compete for self-funders unless they have specialist services.
- Care cost inflation over the past few years make the council levels too low.
- There is a belief that the Association of Directors of Adult Social Services model that the council's model is based on is flawed because it is not using data inputs based upon local costings and the model was based on residential costs and been "poorly adapted to nursing costs". The model is not endorsed by any of the local care organisations.
- The model does not take account of local Oxfordshire costs.
- Fee levels go against the "Prime Minister's Dementia Challenge" and the Joint Commissioning Strategy aim of meeting the needs of people with dementia.
- Quality of care will be affected by council's proposed fee levels because it will not be possible to pay staff with more qualifications.
- Concern that local fees will not allow person-centred, "home from home" homes provide a range of diverse activities.

- **Other Stakeholder groups:**

- Will there be sufficient provision of care available locally so relatives can visit?
- Concern that quality of care will suffer due to low council fees.
- Concern that council fees will not provide for more specialist and high cost clients e.g. those with dementia.
- Concern that care homes are not sharing costs and concern that care homes are making an unjustified level of profit.
- Concern that the council is placing people in low quality care homes.
- Concern that self-funders are being charged higher fees to compensate for the lower council fees.
- Concern that information and advice available from the council on care homes is not up to date, accessible or comprehensive enough.
- Need for high quality hard copy information about care homes.

Specific Comments from the questionnaires filled out by Chinese community included:

- A need for bilingual information about nursing home facilities
- Information in Chinese about care homes
- Access to interpreters in care homes, GP surgeries and hospitals
- Staff ratios in care homes are very important
- Activities in care homes need to be culturally appropriate.