

**CABINET – 25 JUNE 2019**

**REVIEW OF LONG TERM RESIDENTIAL AND NURSING CARE FEES**

**REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES**

**PART A**

**Purpose of the Report**

1. The purpose of this report is to set out the findings of the two-stage consultation exercise on changes to the way in which the Council agrees prices for residential care and residential nursing care and seek approval for the implementation of a process for calculating fee rates.

**Recommendations**

2. It is recommended:
  - a) That the feedback from the two-stage consultation exercise on the proposals for a fee model for residential care and residential nursing care be noted;
  - b) That the following fee levels, which include the annual uplift, for placements in Leicestershire be agreed and implemented from 8 April 2019 (a detailed breakdown is described in paragraph 58 a)-f) of the report):
    - Older Adults Residential base rate - £579 per week;
    - Older Adults Residential Plus base rate - £638 per week;
    - Working-age Adults - £727 per week;
    - Supplementary Need Allowance - £11.81 per hour;
  - c) That an annual uplift calculated using a split of 57/43 for staffing and non-staffing costs with Average Weekly Earnings used for the staffing element, and Consumer Price Index for non-staffing costs, and amended as necessary to take account of any additional pension contributions be applied to placements within Leicestershire and to bespoke packages for working-age adults created using the Care Funding Calculator, noting that changes to the National Living Wage or fees may require this uplift to be reviewed in future;
  - d) That with regard to Supplementary Need Allowance hours, the staffing uplift be applied to give an increase of 3.96% on the hourly rate given in b) above;
  - e) That each existing contracted provider of residential care and residential nursing care be required to sign the revised Core Contract, Specification, and Individual Placement Agreement in order for the revised fees to be paid;

- f) That Quality Assessment Framework premium payments to providers of residential care and residential nursing care cease as part of the implementation of the new fee rates, contract and specification;
- g) That it be noted that the Council will continue to pay fees for out of county placements in line with those of the local authority in which the home is located;
- h) That the above changes expected to cost £7 million be resourced from corporate contingency funds earmarked for service cost increases;

### **Reasons for Recommendations**

- 3. The Care Act 2014 places statutory duties on councils to establish a usual price for the care home placements they fund. This price needs to give due regard to ensuring that there are sufficient care and support services in the local market to meet the needs of all people who require care and support. It also places a duty on councils to give due regard to ensuring provider sustainability and viability to enable them to meet their employer duties and responsibilities and provide the agreed quality of care.
- 4. The Adults and Communities Department undertakes an annual fee review process with the residential and nursing care market, but it has not fundamentally reviewed its pricing structure since 2011. It is recognised that there have been significant changes to the way care and support is delivered since this time and that the demographic of people moving into residential care arranged by the Council is now different. A fundamental review of the Council's fee structure and fee levels was therefore necessary to ensure this remains fit for purpose and supports a sustainable care market across the County.
- 5. Following approval by the Cabinet in October 2018, the Council has engaged in an open, inclusive and thorough consultative process to establish the proposed fee model and contractual documentation to reach a set of proposals that are fair and sustainable for both the Council and providers.

### **Timetable for Decisions (including Scrutiny)**

- 6. The Adults and Communities Overview and Scrutiny Committee was consulted on the proposed changes at its meeting on 6 November 2018; and was provided with the outcomes of each stage of the consultation at its meetings on 11 March 2019 and 10 June 2019.
- 7. Subject to the Cabinet's approval, the implementation of the new fee model and contractual documentation will commence in July 2019, with revised fees paid to providers backdated to 8 April 2019.

### **Policy Framework and Previous Decisions**

- 8. The review of long term residential care and residential nursing care fees (the fee review) will contribute to the delivery of the following outcomes in the Council's Strategic Plan for 2018-22:

- Strong Economy: Local residential and nursing care providers will be resilient, helping prevent provider failure;
  - Keeping People Safe: paying providers a sustainable price in Leicestershire will help contribute to keeping people safe, protected from harm, and ensure their wellbeing;
  - Affordable and Quality Homes: Leicestershire has a range of quality residential and nursing care homes.
9. On 16 October 2018, the Cabinet authorised the Director of Adults and Communities to consult on proposed changes to the way in which the Authority agreed prices for residential care and residential nursing care.

### **Resource Implications**

10. The gross cost of residential spend for adults in 2018/19 was £91 million. However, as the Council received £38 million income from charging service users and local health commissioning partners through joint arrangements the net cost for the Authority was therefore approximately £53 million.
11. The cost of implementing the new bands and the 2019/20 inflationary uplift is estimated to be between £6.5 million and £7.0 million. The actual amount will be subject to reviews of individual service users required as part of the implementation. It is expected that other authorities will undertake their own review of residential and nursing fees resulting in an increase in cost for service users placed out of county. This could cost in the region of £1 million, although the cost would be spread over several years. The cost of the increase will be funded from the corporate contingency for inflation.
12. There will be some negative financial impact on individuals who pay the full cost of their care as the fees paid by the Council to providers will increase, subsequently resulting in a larger charge for the individual. There will also be individuals who are positively affected by this fee increase as the third party top up that they pay (explained in Part B of this report) could be reduced.
13. The Director of Corporate Resources and the Director of Law and Governance have been consulted on the content of this report.

### **Legal Implications**

14. The Care Act 2014 places a duty on the Council to promote the efficient and effective operation of a market in services for meeting care and support needs, and in performing that duty, the Council must have regard to the importance of ensuring the sustainability of the market, as well as to the requirement to facilitate and shape their market for adult care and support as a whole, so that it meets the needs of all people in their area who need care and support. There is an expectation on the Council to ensure that the fees for all types of care should take account of both the actual cost of good quality care and the need to ensure a diverse provider market.
15. In meeting these requirements the Council has conducted a comprehensive consultation process as set out at paragraphs 26 to 57 of this report.

16. The Council must also comply with the requirements of the Equality Act 2010 and in particular section 149 (the Public Sector Equality Duty), which provides that a public authority must, in the exercise of its functions, have due regard to the need to; Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by the Act. The due regard given to the PSED is evidenced in paragraph 64 of this report.

### **Circulation under the Local Issues Alert Procedure**

17. A copy of this report has been circulated to all Members of the County Council.

### **Officers to Contact**

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## PART B

### Background

18. The vision for adult social care is to reduce the number of long term admissions into residential care through increasing the supply and quality of community services as well as the range of alternative accommodation-based provisions available. However, it is recognised that there will always be a need for residential care provision for some individuals.
19. During the financial year 2018/19, there were 913 permanent admissions into residential care in Leicestershire, the majority of which (886) were for people over 65. In total, there are approximately 2,300 people currently living in residential and nursing care - 1,800 older adults and 500 working age adults. There are and about 480 people placed out of the County, around 300 of whom are in Leicester. The total gross Council expenditure for providing such care was £91 million for 2018/19.
20. Residential and nursing care placements made by the Authority for those aged 65+ are currently based on five banded rates as set out in the table below. Only two of these bands are routinely used (Band 3 and Band 5).
21. The current bands are often increased by supplementary needs allowances (SNAs), third party top ups, or a Local Authority Assisted Funding (LAAF) payment. An SNA is an additional payment paid by the Council to the provider to cover additional care needs. A third party top up is an additional payment paid to the provider to cover additional costs not specifically related to care needs and this would be paid by a third party such as a family member. A LAAF is an additional payment paid by the Council to providers for increased costs related to the fee the care home charges which is not related to the needs of the individual such as greater operator returns. The current banded rate payments therefore do not necessarily reflect the actual cost of care provided, or the total fee paid.

<b>Current Banding</b>	<b>Banding Description</b>	<b>Weekly Rate 18/19</b>
<b>Band 1</b>	Older People	£394
<b>Band 2</b>	Mental Illness/Drug or Alcohol Dependency	£417
<b>Band 3</b>	Dependent Older People	£466
<b>Band 4</b>	Learning Disability	£483
<b>Band 5</b>	Highly Dependent People/Physical Disability	£555
<b>Nursing Residential Services (NRS)</b>	Nursing	£482

22. Placements for working age adults are made using the national benchmarking tool – Care Funding Calculator (CFC) to give an indicative cost band for the individual. The consistent application of this tool is challenging in practice and can lead to significant variations in pricing. The relatively limited number of providers in the working age adult residential/nursing care market also contributes to additional pressure on costs.

23. The fee review aimed to establish a methodology that:
- reflects the actual cost of providing care efficiently in the local market;
  - assures value for money and affordability of placements whilst ensuring compliance with the Council's statutory duties under the Care Act 2014;
  - can be used to calculate the cost of placements for people with complex care needs;
  - can be altered to reflect changes in local and national requirements;
  - includes a process for annual fee review.

### **Developing the initial proposals**

24. Prior to the consultation starting, providers were invited to join a Provider Reference Group (PRG), to help the Council shape the approach to the fee review. The group met five times prior to the consultation between April and October 2018. A full report of the work of the PRG was included in the consultation materials and shared with the Adults and Communities Overview and Scrutiny Committee in November 2018.
25. CIPFA C.Co Ltd (C.Co) was commissioned by the Council to deliver an independent 'local' cost of care fee review, appended as Appendix A to this report. The commission required the development of a template to capture relevant fee data and activity to support the collation, analysis and modelling of the Leicestershire local cost of care. C.Co was also requested to provide a methodology and proposal for the annual uplift of care fees and supplementary needs payments. A cost of care template was drafted and revised following feedback from the PRG.

### **Consultation One**

#### **Engagement**

26. The detail on the methods used and purpose to consult, the response rates and content can be found in the Consultation 1 Summary appended as Appendix B to this report.
27. The first stage of the consultation, which considered the methodology and approach to be taken during the review, was launched on 14 November 2018 and ran until 7 January 2019. The six proposals within this consultation are detailed below. The consultation website was visited 258 times by 71 different providers representing 77 homes. Six providers (representing 11 homes) completed the questionnaire, and sixteen providers (representing 26 homes) attended consultation meetings.
28. The Council contacted 14 advocacy organisations to request comments on the proposals, as well as feedback from the Carers Group of the Learning Disability Partnership Board and the Equality Challenge Group. None of these organisations responded to the consultation proposals in writing.
29. The County Council invited the public to take part in the consultation by including a link on the 'Have Your Say' page on its website and specifically wrote to all 69 service users with a Deferred Payment Agreement (DPA) to make them aware of the activity taking place. Two individuals responded by telephone to seek further explanation of the process.

30. EMCARE (the local trade organisation) supported the development of the proposals via the PRG ahead of the consultation and encouraged its members to take part in the consultation but did not complete an online questionnaire or submit a written response.

### Proposals and Summary Feedback

#### *Proposal 1 – A Two Band Approach for Older Adults*

31. The Council proposed to replace the current five band system with a two-band system (Residential and Residential Plus). The consultation response indicated broad support for the proposals for older adults, with a standard hourly rate agreed for SNAs. This proposal therefore continued into Consultation 2 along with the band descriptions, proposed fees and assumed hours of care.

#### *Proposal 2 – Use of the CFC for Working Age Adults*

32. The Council proposed to continue with its use of the CFC to commission placements into working age adults care homes, but with a standardised set of 'hotel' (non-staff) costs for Leicestershire. Although the Council was not consulting on the use of the CFC as such, providers made criticism that it failed to identify all relevant costs and therefore understated the cost of care for an individual. Further to this, C.Co were not provided with sufficient financial information from local providers to support a detailed modelling exercise on individual lines and instead produced a figure constituting the three broad areas of staffing, running costs and operators' return. This proposal was amended for Stage 2 of the consultation to instead develop a Leicestershire standard band for working age adults accommodation and use the CFC market data to enable the negotiation for the provision of 'specialist' and/or complex care placements.

#### *Proposal 3 – A review of the Council's standard cost template*

33. The Council proposed a draft template for capturing all the costs related to a residential care placement and asked providers to supply details of their costs on the template. There was positive feedback on the template structure and it was described as comprehensive, but only limited financial data was returned on it. The Council proceeded with Proposal 3 however and used the standard cost model template for the fees consulted on during Consultation 2.

#### *Proposal 4 – Annual Fee Review*

34. The Council proposed that annual fee reviews would be undertaken using an agreed methodology that would be linked to the National Living Wage and inflation as measured by the CPI (CPI) and implemented without further consultation. Providers were broadly supportive of this proposal, welcoming the increased transparency and reduced uncertainty. However, providers pointed out that flexibility was needed, for example when new costs occurred or there is a sector wide issue that drives up costs. This proposal was continued into Consultation 2 with a revised methodology.

#### *Proposal 5 – Out of County Placements*

35. The Council currently pays fees for out of county placements in line with those of the local authority in which the home is located. Some local authorities pay out of county

providers the same rates as it pays for care in its own local authority area. The Council requested the views of providers on these different approaches. There was no support for the Council paying out of county providers the rate agreed for Leicestershire therefore this proposal was not pursued further, and the assumption communicated in the Consultation 2 documentation was that out of county placements will be paid at the locality rate. Annual rate increases will be made, with no back dating beyond the fiscal year of the increase, in line with the locality rate increases.

### *Proposal 6 – Core Contract and Specification Refresh*

36. The Council proposed that the current core contract and specification, last reviewed in 2012, be refreshed to take account of changes in legislation, regulation and best practice. There was broad support for this proposal. Providers said that the current contract was out of date, that the revision should provide greater clarity about the required standard of quality, and the alignment with the Care Quality Commission (CQC) was welcomed. The proposal to remove the voluntary Quality Assessment Framework (QAF) premium payments was criticised by providers who are currently QAF accredited. However, some national providers also said that it was unusual to have an incentive of this type and that it was more common for councils to not commission placements with organisations that did not achieve the required quality standards. The Council therefore proceeded with the proposal and made the draft contract, specification and Individual Placement Agreement (IPA) available as part of Consultation 2.
37. The proposal to remove the voluntary QAF premium payments continued to be progressed with overall quality be aligned with the quality requirements of the CQC. Alongside this, the Council committed to work with providers to increase the recognition and celebration of good practice via current mechanisms such as Care Ambassadors, Dignity in Care, and Carer of the Year Awards.

## **Consultation Two**

### **Engagement**

38. The second stage of the consultation, which set out the proposed fee rates, was launched on 26 March 2019 and ran until 7 May 2019. 130 different providers opened one or more of the emails sent during the consultation and the website was viewed 617 times by 478 unique visitors. Seven providers (representing 11 homes) completed the questionnaire and nine providers (representing 30 homes) attended consultation meetings. Three of the providers that attended the consultation meetings also completed the online questionnaire, so overall, 13 providers representing 34 care homes contributed to the second stage of the consultation. This represents 5% of all the providers currently used and 8% of the care homes, and as such is a small sample.
39. The Council, as in the first stage of the consultation, contacted advocacy organisations to request comment on the proposals from the perspective of service users, carers and families. Drawn from the Voluntary Action database and those agencies with which the Council contracts, 14 organisations were contacted. Contact was also continued with the Carers Group of the Learning Disability Partnership and



a presentation was also made to the Learning Disability Partnership Board at its April meeting who welcomed the presentation.

40. Members of the public were again given the opportunity take part in the consultation via a link on the 'Have Your Say' page of the Council's website. A public meeting was hosted on 29 April that was advertised through the press, advocacy organisations and Healthwatch. All 69 individuals with a DPA were also invited to the public meeting. Six individuals attended the public meeting, and three more responded by telephone to seek further explanation of the process.
41. Two further meetings were held with EMCARE, at which its views were sought. The first was on 25 February, after the completion of the first stage of the consultation, and the second was on 7 May. During the second meeting, EMCARE provided detailed feedback on the proposed Core Contract and Specification, as well as comments on the revised IPA and Band definitions. (EMCARE did not submit a completed questionnaire).
42. More detail on the methods used to consult, the response rates and content can be found in Appendix C, appended to this report.

### Proposals and Summary Feedback

#### *Proposal 1 – Older Adult Fees*

43. Based on the recommended options from C.Co, the Council proposed that for older adult placements the 2018/19 residential band should be set at £561 per week; that the residential plus band should be set at £619 per week; and that the SNA rate should be set at £11.36 per hour.
44. Four providers indicated in their responses that the proposed rates for older adult placements are still lower than those required by the market, but unfortunately did not submit sufficient financial information to check against the model proposed by C.Co. It was also suggested that the proposed bands are below the Laing Buisson benchmark rates (a standard point of reference for providers trying to assess the cost of care in their area), and that a zero-based review, working with providers should be undertaken by the Council. C.Co did, in fact, gather all the relevant information that was supplied by providers and use it to develop the proposed bands. The Council is therefore satisfied that proposed bands reflect the cost of care in Leicestershire much more closely than the Laing Buisson benchmarks.
45. A theme raised in the consultation meetings with providers related to the SNA rate being too low. Given the issues with the quality, volume and granularity of the data provided, the on-costed rates have been derived from a number of sources including some local data, and nationally published National Insurance Contribution rates. The Council accepts that this rate will not cover the cost of agency staff but believes that homes should be looking to have a consistent, employed staff team and not rely on agency staff to meet complex needs.
46. At the public meeting held on 29 April, people present supported an increase in the fees paid to providers was supported on the basis that costs were increasing and that homes needed the money to provide good quality service. Good examples of

workers, on low paid workers providing good care were mentioned and those present asked if the Council could do anything to ensure that fee increases could be translated into better pay for care staff. It was explained that while there are laws and regulations regarding pay, the main driver for salary increases was the market with providers needing to pay a sufficient rate to attract staff. Providers need staff and must pay the rate that will attract them. In the proposed fee model the basic rate for a carer is £8.52 per hour rather than National Living Wage of £7.83 (which is based on 2018/19 figures increased to £8.21 from 1 April 2019).

47. The increased level of residents' needs in recent years and increasing regulatory requirements were highlighted as reasons why the indicative 19 and 24 hours of individualised care proposed as part of the residential and residential plus band descriptors may be too low. However, these estimates were discussed with the PRG ahead of consultation, are based on previous research into indicative levels of need and are similar to those used by Leicester City Council. The hours are intended to be indicative of the levels of support individuals need within each band, but the Council recognises that this will be to some extent based on the core staffing ratios that a home use.

#### *Proposal 2 - Working Age Adults Fee*

48. Following the options developed by C.Co after Consultation 1, the Council proposed that for working age adult placements, the proposed residential band for 2018/19 should be set at £705 per week. The CFC will be used, as the basis for negotiation of the fee with the Council agreeing fees that are as cost-effective as possible for individuals with needs greater than those that can be met at the working age adult residential band.
49. Only two providers commented on the proposed working age adult band, one of whom was in favour and the other raised concerns about the use of the CFC; which the Council was not consulting on. Unlike residents in older adult homes, most working age adult residents will have a bespoke package that is focused on progressing to a greater level of independence rather than simply the working age adult band payment. However, some will be placed on a band and therefore an appropriate band is needed.

#### *Proposal 3 – The Annual Uplift Mechanism*

50. In line with the C.Co options developed, the Council proposed that band rates should be increased annually for the next three years to March 2022 using a blended rate based on Average Weekly Earnings (AWE) services rate and the CPI. The Council proposed applying the AWE services measure to staffing costs only, with CPI being applied to the remaining elements based on a 57/43 ratio. Using the latest rates published in December 2018, this produced a proposed increase of 2.68% for 2019/20.
51. The proposal of having an automatic uplift was supported, as was a blended rate to take account of staff and non-staff costs. The concern raised by those providers who responded, however, was the use of the AWE services measure rather than the National Living Wage. All providers who responded to the proposal via the Consultation meetings, 16 providers, raised this concern. Of the six providers that responded to the questionnaire, two providers agreed with the approach, two

disagreed and two did not know. The comments made in the questionnaire raised concern about the use of AWE and the need to pay the wages needed to recruit.

#### *Proposal 4 – Contractual Changes*

52. The Council proposed a refreshed core contract, specification and IPA that seeks to align its quality requirements with those of the CQC. New clauses were added to reflect changes in legislation such as Human Rights, Health and Safety, General Data Protection Regulations and Equalities. As part of the contractual changes, the Council proposed to remove the voluntary QAF payments and instead to work with providers, via “Inspired to Care” (a project to support providers with best practice techniques to attract and retain staff), to recognise and reward best practice and excellence in care.
53. There was broad support for the proposed changes, with EMCARE providing a very detailed review of the contract and specification. EMCARE mainly raised clarification queries and requested an explanation around the reasoning for the inclusion of a number of clauses within the contract, however, no suggestion of any material change to the contract was made.
54. The removal of the voluntary QAF premiums was raised as a concern by EMCARE for providers who are part of the current scheme and it was requested that consideration be given to phasing the payments out. However, the new proposed rates are more than the current band rates plus the highest QAF payments combined and the total fee paid to a provider will be reviewed as part of the implementation.

#### *Proposal 5 - Implementation*

55. The Council wishes to make the implementation of the new fee rates as seamless as possible for all involved and consulted on its intention to automatically transfer as many cases as possible to the new appropriate band. The proposal included automatically transferring current service users with a band only placement, and where possible those with SNAs and third party top ups onto the proposed residential band.
56. Providers broadly agreed with the approach outlined. Although some concerns were raised that the transfer of existing residents to the new bands would be budget led, rather than needs led, the concern that the transition might be delayed was also highlighted. The recognised challenge in trying to mitigate one of these issues is that the risk associated with the other increases.
57. The Adults and Communities Overview and Scrutiny Committee was provided with the outcomes of each stage of the consultation at its meetings on 11 March 2019 and 10 June 2019. The Committee welcomed and supported the proposals.

#### **Final Proposals**

58. Following the completion of the consultation process and consideration of the feedback provided during both stages, the following is recommended:

- a) That subject to the annual uplift process at b) the proposed weekly based rates for older adults, residential plus, and working age adults as set out below, be approved.

<b>Band</b>	<b>Proposed 2019/20 rate</b>
OA Residential Band	£579
OA Residential Plus Band	£638
WAA Residential Band	£727
Supplementary Need Allowance (per hour)	£11.81

- b) That the proposed annual uplift mechanism for in county placement be a blended rate between CPI and AWE amended to take account of additional pension contributions. The Council will continue with proposed split of 57/43 for staffing and non-staffing costs.

For the staffing element, the Council will use AWE (December 2018 rate is 3.2%) adjusted for increase in employer pension costs from April 2019 (1%) and average pension take up (76% ONS 2018). This results in a staffing uplift of 3.96%. For the non-staffing costs the Council will use CPI (from December 2018 the rate is 2%)

This gives an overall uplift on the banded rates of 3.12% for 2019/20. So, the proposed rates for consultation, which were based on the C.Co recommendations at 2018/19 prices, uplifted are as follows:

<b>Band</b>	<b>Consultation rates 2018/19</b>	<b>Uplift rate</b>	<b>Proposed rates 2019/20</b>
OA Residential Band	£561	3.12%	£579
OA Residential Plus Band	£619	3.12%	£638
WAA Residential Band	£705	3.12%	£727
Supplementary Need Allowance (per hour)	£11.36	3.96%	£11.81

The banded rate uplift mechanism will also be applied to bespoke packages that have been negotiated using the CFC. It is recognised that changes in policy relating to the National Living Wage or fees may require this mechanism to be reviewed again in future years.

- c) For SNA hours only, the staffing uplift will be applied giving an uplift of 3.96% on the hourly rate
- d) That the revised core contract, specification and IPA be accepted and issued to all currently contracted providers ahead of the implementation of the new fee rates for individuals within those homes.
- e) That the current voluntary QAF premiums end as part of the implementation of the new fee rates, contract and specification.

- f) That the Council will continue to pay fees for out of county placements in line with those of the local authority in which the home is located.

### **Implementation**

59. The implementation planning process has been based on the consultation feedback and seeks to strike a balance between a swift administrative process that ensures new rates for providers are quickly paid and one that reviews the needs of the individual to determine the appropriate band. It is recognised that provider costs have increased since April 2019 and that no adjustment to the fee paid by the Council has yet been made.
60. Subject to Cabinet approval it is proposed that the revised core contract and specification is sent out to all providers in early July. This will be accompanied by a letter detailing the implementation process and expected timescales. Providers will be required to return the signed contract in order for revised IPAs and revised fees to be implemented, and for backdated payments to be made.
61. Implementation will take place on a home by home basis. The approach will involve a desk top review of each funded individual within a home, communication with the provider about cases that are borderline residential plus, and automatic transfer of those that clearly fall into the residential band. This will be facilitated by recruitment of additional, temporary, review staff.
62. The Council has undertaken a proper evaluation of the costs of providing care in Leicestershire and expects that placements will be made at banded rates, and where appropriate with SNAs. However, where this is not possible the Council will take the necessary steps to ensure that people continue to receive the care they need in line with the responsibilities outlined in the Care Act.
63. It is intended that training for staff on the new band definitions would commence in July and new placements would be made with providers on the new bands as soon as a signed contract is returned.

### **Equality and Human Rights Implications**

64. The consultation has been informed by the findings of the Equalities and Human Rights Impact Assessment (EHRIA) screening, which was undertaken to support Stage 1 of the consultation, and a full EHRIA assessment which was completed for Stage 2. There was no feedback relating to the EHRIA from either consultation but the final EHRIA report has been updated with advice from the Departmental Equalities Group, Leicestershire Equality Challenge Group and legal counsel, and is appended as Appendix D.
65. Changes in the fee structure will financially impact those service users who have been assessed as full cost payers, but who have their care arranged by the County Council. These number approximately 65 at the time of writing. In addition, given that the County Council is the single largest purchaser of residential and nursing care in the County, any changes to the fee rates paid by the authority are likely to have an impact on the wider self-funder market.

## **Background Papers**

Report to Cabinet: 16 October 2018 – Review of Long Term Residential and Nursing Care Fees

<http://politics.leics.gov.uk/documents/s141196/Review%20of%20Long%20Term%20Residential%20and%20Nursing%20Care%20Fees.pdf>

Report to Adults and Communities Overview and Scrutiny Committee: 6 November 2018 – Review of Long Term and Residential Nursing Care Fees

<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=1040&MId=5358&Ver=4>

Report to Adults and Communities Overview and Scrutiny Committee: 11 March November 2019 – Review of Long Term and Residential Nursing Care Fees

<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=1040&MId=5687&Ver=4> –

Report to the Adults and Communities Overview and Scrutiny Committee: 10 June 2019 –

<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=1040&MId=5688&Ver=4>

Leicestershire County Council Strategic Plan 2018-22

<https://www.leicestershire.gov.uk/about-the-council/council-plans/the-strategic-plan>

## **Appendices**

- Appendix A - CCO Leicestershire County Council Fair Cost of Care
- Appendix B - Consultation 1 Summary report
- Appendix C – Stage 2 Consultation Report
- Appendix D - EHRIA