Annex B2: Home care cost of care report

1. General comments and context

1.1 Our overall view of the current state of the home care sector in Northumberland, which the results of our survey are consistent with, is that there are currently severe problems, but these are not mostly about whether fees cover actual costs, but about capacity in the care workforce.

1.2 Publicly-funded homecare services in Northumberland are delivered under a dynamic purchasing system and contract arrangements that commenced in April 2019. There are currently 48 providers registered on the framework but numbers do fluctuate with new entrants and exits to the market. There are also a smaller number of providers who focus on the private market.

1.3 Delivering homecare in Northumberland can be challenging, particularly in the rural areas where workforce shortages, longer travel times and distances have historically made it more difficult to get care packages picked up. This has become more problematic in the last 18 months and a measure of this is the number of homecare packages that provides are unable to pick up. Historically if this was more that 40 packages, council officers would have been concerned, but this now stands at more than 200 and is impacting on the wider health and social care system. In some cases we have been making spot purchases from providers who are not on our contractual framework, but they too have limited capacity.

1.4 For the purposes of our home care contract, the County is divided into 10 geographical areas with a lead/tier one provider for each location. Each location has a fee assigned to it based on whether the location is determined as “urban”, “rural” or “very rural” with higher rates paid for the rural areas.

1.5 Within each category, rates are set to reflect more closely the actual costs incurred by providers with higher pro-rata costs of short visits lasting less than an hour. The contract includes a standard hourly rate for all visits of an hour or more, but less than two hours, and a further standard rate for care lasting two hours or longer (which will usually be to provide an enabling or sitting service).

1.6 We pay on the basis of *planned* care hours rather than delivered hours, and all costings in this report are for planned hours. This means that reported unit costs will be lower than if payment was based directly on time spent by care workers in people’s homes, for two reasons:

a) Most service users are in poor health, and may have episodes in hospital, during which we continue to pay for the plantain care package, to make sure it remains available, though we review this if it becomes clear that the hospital stay will last more than a fortnight. There may also be other breaks in service, for instance if the person has a short stay in a care home to provide their carer with a break.

b) Visit lengths in care plans are indicative, and our expectation is that they will reflect the maximum time which is usually likely to be needed. Our contract makes it clear that providers are not obliged to ensure that care workers stay for the full length of time in the plan, if there is no need for them to do so. We aim to ensure that this does not lead to rushed visits and a poor user experience by

monitoring the quality of the service provided rather than the arrival and departure times. This means that providers may be able to arrange rotas on the basis that there is some predictable scope for "overbooking".

2. Overview of our approach to this exercise

2.1 The council carried out the survey of home care providers in-house. We tested a tool based on the spreadsheet commissioned nationally by CHIP with a small sample of providers chosen to represent the mix of small, medium and large providers that operate in Northumberland. The providers found the exercise demanding, and examination of the figures which they returned suggested that it would be difficult to arrive at a robust estimate of actual costs on this basis.

2.2 We therefore designed a simplified tool, largely focused on collecting actual expenditure data from 2021/2 and gathering a more restricted set of contextual information. The questions asked in this tool are included as an appendix to this report.

2.3 In summary, our approach to analysing the returns which we received was as follows:

a) We began from the breakdown of actual expenditure in 2021/22, excluding no submission.

b) Since we pay significantly different rates for different areas in the county, we asked providers to consider whether they could separate out their expenditure in line with that, since many providers operate in more than one area. This proved difficult for providers to do reliably, so we used total figures for each provider.

c) We uplifted the expenditure figures to an April 2022 price base, following the approach described in section 4 below

d) We assumed a standard return on operations of 3%, as used by the Homecare Association – this is discussed in section 5

e) We adjusted the expenditure figures to reduce distortions to them relating to Covid costs during 2021/2: inflated costs because of Covid precautions that were covered by national grant funding schemes; and deflated costs of PPE in a year when most PPE was supplied free of charge through the national portal. These adjustments are described in section 6

f) We calculated median costs following the approach described in section 7

2.4 This approach has enabled us to include in our calculations all home care providers for whom we received data. In our judgement, the resulting figures meet the specifications and the objectives of the DHSC guidance as closely as can reasonably be achieved. However we would wish to add a number of cautions:

a) The figures are at best an approximate indicator of the typical scale of costs, as at a specific time. While we believe that the basis of calculation that we have adopted is reasonable, different assumptions might also be reasonable, and might change the figures either up or down.

b) The figures are for a date before the full impact of current inflation, particularly in

energy costs, and do not take account of further predicted impacts of current economic instability over the coming months.

c) Because the guidance specified that the exercise should be based on actual costs, what estimate is the median cost in April this year of providing services at a level which was not adequate to meet all identified needs. Our decisions about fees will necessarily be taken on a different basis, since we urgently need to do all we can within available resources to maintain and expand the home care workforce and remedy the current highly unsatisfactory situation.

3. The responses we received, and engagement with providers

3.1 The council was particularly keen to ensure responses were received from all of its "Tier 1" providers – the providers who we approach first when we need a home care service in a geographical area where they have this status. This was achieved and in the end 18 providers participated in the exercise who support 70.5% of service users on our contract (We can't accurately calculate the proportion of private service users covered, since some providers provide home care across local authority boundaries). The return rate from smaller providers was disappointing and the feedback from some was that it has been a difficult exercise for some providers to complete and we have had to carefully analyse the returns and seek assurances from some organisations about the accuracy of the information they supplied. Some providers have told us that they did not have the capacity in terms of staff hours and the technical know-how to interrogate their systems in order to provide the data we have asked for.

Engagement with providers

3.2 Engagement with providers had commenced in May 2022 when some providers who broadly represented the size of providers in terms of the numbers of staff and service users were asked if they would be willing to pilot the tool to assess its fitness for purpose.

3.3 Meetings took place with the providers to introduce them to the tool and talk through the information that was required. Initial feedback from most of these providers was that they were going to be able to supply the information, although one provider informed us that it would take them some time to complete the exercise due to the other commitments of their financial staff.

3.4 Once providers submitted their initial responses it was clear that some had experienced difficulties in completing the tool and providing the information requested, partly for technical reasons and partly because of a shortage of time.

3.5 Because of that feedback we reconsidered the basis of the data collection, focusing the tool more specifically on actual data about costs during 2021/22. This revised tool was introduced to providers at a forum on 10 June 2022. A letter was issued on 13 June spelling out to providers the purpose of the exercise and the methodology to be used, and further meetings taking place on 14 and 16 June 2022 where providers were taken through the tool in more detail. Providers were initially asked to supply returns by 24 June if possible but informed that they should discuss alternative return dates with us if that was not possible. We continued to accept data, and work with providers to address issues with their data, until September.

4. Price base adjustments

Staffing costs

4.1 Uplifting the 2021/22 figures for staffing costs is made more complicated than it would normally be by three special factors:

a) For the last four months of 2021/22, NHS commissioners across the North East asked local authorities to offer care providers additional funding to introduce the April 2022 rate of the National living wage four months early, from 1 December 2021, as a financial incentive for care staff to remain in the sector during a difficult winter, at a time when alternative employers were increasing rates of pay. Most home care providers in Northumberland took up this offer.

b) With effect from April 2022, the Council introduced a "wage support scheme", offering care providers a supplementary fee increase above the amount provided for in their contracts if they agreed to pay all staff in their services at least a rate equivalent to the "Real Living Wage", rather than the National Living Wage. Most, though not all, home care providers accepted this.

c) From April 2022, there was an increase in employers' national insurance contributions, because of the introduction of the Health and Social Care Levy. The Council took this into account in its fee uplift for this year.

4.2 Taking account as best we can of all of these complications, we have uplifted staffing costs on the following basis:

a) We have made the simplified assumption that all pay in April 2022 increased above 2021/22 levels pro-rata to the increase in the pay of basic care staff (which we think will if anything overstate the increase in pay costs, depending on whether differentials between the pay of different staff groups have been maintained)

b) We have assumed that the pay of basic care staff was at the 2021/22 NLW rate (£8.71) from April to November 2021, and at the 2022/23 NLW rate (£9.50) from December 2021 to March 2022, because of the NHS financial support. This means that we will be assuming that average basic pay during 2021/22 was £8.97.

c) We have assumed for the purposes of the calculation that basic care worker pay in April 2022 was £9.90, because of the Council's wage support scheme

d) We have not for the purposes of the calculation included a cost uplift element for the Health and Social Care Levy. This is because the understand the purpose of this calculation as being to produce an indicator which can be compared with future fee levels. Our estimate of the effect of the introduction of the Levy which we used in setting fees for 2022/23 was that it would increase providers' payroll costs by 0.75%, based on the increase applying to 60% of these costs.

4.3 We have therefore uplifted all staff cost rows by 10.3%. Since it is only the proportional increases which we are using, calculating on this basis should produce a reasonable result even if a home care provider has always paid above NLW or

wage support scheme rates, so long as the proportion by which its rates exceed minimum levels has remained the same.

Non-staffing costs

4.4 The table below shows the inflators that we have used for each cost row. The overall impact is an uplift of 10.01%. These uplifts were applied to all providers and the '00: All Items' CPI index was applied to any costs that did not align with a specific CPI index, however changes to that would not make a material difference to the overall result.

Cost Heading	CPI index used	2021/2 index average	April 2022 index	% uplift
PPE	06.1 : Medical Products Appliances And Equipment	107.94	109.1	1.07%
Rent / Rates / Utilities	04 : Housing, Water And Fuels	110.19	128.3	16.43%
Recruitment / DBS	00: All Items	113.25	120	5.96%
Training (3rd party)	00: All Items	113.25	120	5.96%
IT (Hardware, Software CRM, ECM)	00: All Items	113.25	120	5.96%
Telephony	08.2/3: Telephone And Telefax Equipment And Services	115.98	119.7	3.21%
Stationery / Postage	00: All Items	113.25	120	5.96%
Insurance	12.5 : Insurance	117.38	127.2	8.37%
Legal / Finance / Professional Fees	00: All Items	113.25	120	5.96%
Marketing	00: All Items	113.25	120	5.96%
Audit & Compliance	00: All Items	113.25	120	5.96%
Uniforms & Other Consumables	03.1 : Clothing	104.64	109.3	4.45%
Assistive Technology	00: All Items	113.25	120	5.96%
Central / Head Office Recharge	00: All Items	113.25	120	5.96%
Apprenticeship Levy	Fees not increased	N/A	N/A	N/A
Bank and Other Finance Charges	Fees not increased	N/A	N/A	N/A
Depreciation	Fees not increased	N/A	N/A	N/A
Vehicle costs	07 : Transport	123.84	132.9	7.31%
Repairs and Maintenance	04.3 : Regular Maintenance And Repair Of The Dwelling	107	111.1	3.83%
Cleaning	05.6.1 : Non-Durable Household Goods	92.62	100.1	8.08%
Other Overhead	00: All Items	113.25	120	5.96%
CQC Registration	Fees not increased	N/A	N/A	N/A

5. Return on operations

5.1 One of the areas that providers found it difficult to give us information about is the surplus/return on operations that they aim to achieve. The majority of survey returns included no figure for a target surplus; those that did respond included figures for a return on operations that ranged from 3% to 19%. A target return on operations of

3% has been used by the national Homecare Association in its cost model, and we have adopted this figure for the purposes of the calculation.

5.2 Some providers are currently making a loss on their operations, or a surplus below 3%. One provider told us that the reason for this is that workforce shortages are causing a reduction in the scale of their business and the smaller staffing levels mean that their hours of delivery and therefore income are reducing whilst they are unable to adjust some fixed costs. Addressing the wider issue of workforce capacity could also be expected to improve providers' financial position.

6. Adjustments to costs affected by Covid

6.1 A particular difficulty in arriving at a clear view of the normal costs of operating a home care service on the basis of cost data from 2021/22 is that providers had extra costs during that period associated with infection control precautions during the Covid pandemic.

6.2 The guidance note issued by DHSC on 25 August asked local authorities to "use their best judgement on ensuring cost lines are not inflated or deflated, on account of COVID-19 expenditure and grant activity for example". We have therefore made two adjustments to the 2021/22 expenditure data:

a) We have subtracted from the expenditure the sums allocated to each care provider from the three tranches of the Infection Control and Training Fund (ICTF) during that year, and from two other national grant funding schemes (the Omicron grant and Workforce Recruitment and Retention Fund). In the case of the ICTF funding, providers were required to confirm as a condition for receiving the grant that it was being used to fund expenditure falling within a list of specific categories, all of which fell outside normal home care operating costs. The link to exceptional costs arising because of Covid was less direct in the case of the workforce grant, but in our judgement the element of that grant which was allocated to providers was clearly intended to fund costs arising from the impact of the first Omicron wave. In Northumberland the first round of the workforce grant was offered wholly to homecare providers to be used as a staff loyalty bonus, and the second was offered to all CQC registered social care providers; that second round was announced by the Government as part of the national response to Omicron. The impact of this adjustment varies between providers, since some of the funding was distributed on a discretionary basis to meet additional costs over and above a formula allocation, and some providers told us that they did not need the whole of the funding allocated to them by the formula. Averaged across the year, the median grant funding per service user allocated to the providers which submitted information in the survey was £8.76 per week. Based on the grant returns made by providers, we think that the majority of the additional spending will have been on staffing, but for maximum transparency we have treated this as a separate adjustment to the overall total for each provider, which therefore affects the median of the total per contact hour costs in the bottom line in Annex A, but not the component cost headings. In the tables in section 8 below, we have shown a separate row for this adjustment.

b) During 2021/22 and the current year, providers have received most PPE from the portal without charge, but that is expected not to continue beyond the current financial year, so that the ending of free PPE will introduce an additional cost to

offset against the adjustments for grant income. We don't yet know what expectations there will be for the use of PPE after this year, so we have assumed that providers may be advised to take greater precautions than before Covid for the foreseeable future, but that the current requirements will be eased. In our calculations, we have made a provisional assumption about future PPE cost. This was based on current PPE usage of what providers are currently ordering through the government portal, the costs of these items prior to the pandemic/operation of the portal and applying a relevant CPI inflator as described in the section above on non-staffing costs.

7. Calculating the "fair cost of care" indicator

7.1 Because the home care sector in Northumberland consists of a small number of large providers with hundreds of service users and a larger number of much smaller providers, we adopted an approach to identifying the median overall unit cost based on listing the providers which returned the survey in order of their total unit costs, and taking as the median figure for each row in Annex A the unit cost of the provider whose position in that list meant that less than half of the service users covered by the survey were receiving a service with a lower unit cost, and less than half were receiving a service with a higher unit cost.

7.2 For the individual cost row medians, we have calculated medians more simply at provider level.

8. Tables

8.1 The table in Annex A, Section 3, showing the final results of these calculations is reproduced below.

Cost of care exercise results - all cells are £ per contact hour, MEDIANS.	**18+ domiciliary care**
Total Careworker Costs	**£15.58**
Direct care	£10.58
Travel time	£0.51
Mileage	£0.64
PPE	£0.15
Training (staff time)	£0.12
Holiday	£1.12
Additional noncontact pay costs	£0.40
Sickness/maternity and paternity pay	£0.22
Notice/suspension pay	£0.01
NI (direct care hours)	£0.82
Pension (direct care hours)	£0.17
Total Business Costs	**£5.47**
Back office staff	£3.75
Travel costs (parking/vehicle lease et cetera)	

Cost of care exercise results - all cells are £ per contact hour, MEDIANS.	18+ domiciliary care
Rent/rates/utilities	£0.14
Recruitment/DBS	£0.12
Training (third party)	£0.29
IT (hardware, software CRM, ECM)	£0.14
Telephony	£0.06
Stationery/postage	£0.15
Insurance	£0.23
Legal/finance/professional fees	£0.15
Marketing	£0.09
Audit and compliance	£0.08
Uniforms and other consumables	£0.10
Assistive technology	£0.72
Central/head office recharges	£0.03
Other overheads	£0.03
CQC fees	£0.14
Total Return on Operations	**£0.62**
TOTAL	**£20.90**

8.2 Below is a fuller table showing quartiles and giving the effect of the Covid costs adjustment in a separate row.

	18+ domiciliary care			
All cells are £ per contact hour, MEDIANS.	Lower quartile	Median	Upper quartile	Observations
Total Careworker Costs	**£14.23**	**£15.58**	**£17.67**	**16**
Direct care	£9.83	£10.58	£11.48	16
Travel time	£0.24	£0.51	£0.88	16
Mileage	£0.39	£0.64	£1.10	16
PPE	£0.03	£0.15	£0.48	16
Training (staff time)	£0.08	£0.12	£0.25	16
Holiday	£0.76	£1.12	£1.39	16
Additional noncontact pay costs	£0.22	£0.40	£0.66	16
Sickness/maternity and paternity pay	£0.17	£0.22	£0.37	16
Notice/suspension pay	£0.00	£0.01	£0.03	16
NI (direct care hours)	£0.63	£0.82	£1.05	16
Pension (direct care hours)	£0.13	£0.17	£0.26	16
Total Business Costs	**£4.57**	**£5.47**	**£7.63**	**16**

All cells are £ per contact hour, MEDIANS.	18+ domiciliary care			
	Lower quartile	Median	Upper quartile	Observations
Back office staff	£2.41	£3.75	£5.46	16
Travel costs (parking/vehicle lease et cetera)	£0.23	£0.33	£0.58	16
Rent/rates/utilities	£0.12	£0.14	£0.26	16
Recruitment/DBS	£0.05	£0.12	£0.24	16
Training (third party)	£0.18	£0.29	£0.42	16
IT (hardware, software CRM, ECM)	£0.09	£0.14	£0.29	16
Telephony	£0.04	£0.06	£0.13	16
Stationery/postage	£0.11	£0.15	£0.17	16
Insurance	£0.04	£0.23	£0.36	16
Legal/finance/professional fees	£0.05	£0.15	£0.21	16
Marketing	£0.05	£0.09	£0.15	16
Audit and compliance	£0.04	£0.08	£0.16	16
Uniforms and other consumables	£0.05	£0.10	£0.17	16
Assistive technology	£0.23	£0.72	£1.10	16
Central/head office recharges	£0.03	£0.03	£0.04	16
Other overheads	£0.02	£0.03	£0.06	16
CQC fees	£0.12	£0.14	£0.17	16
COVID Cost Adjustment	**-£0.01**	**-£0.01**	**-£0.02**	**16**
Total Return on Operations	**£0.54**	**£0.62**	**£0.73**	**16**
TOTAL	**£18.79**	**£20.90**	**£22.61**	**16**

8.3 The supplementary information in Annex A is in the following table:

Supporting information on important cost drivers used in the calculations:	18+ domiciliary care
Number of location level survey responses received	16
Number of locations eligible to fill in the survey (excluding those found to be ineligible)	48
Carer basic pay per hour	£10.18
Minutes of travel per contact hour	3.38
Mileage payment per mile	£0.26
Total direct care hours per annum	1,303,593

Appendix – template used for the survey

"FAIR COST OF CARE" SURVEY 2022

	PART A: actual costs between April 2021 and March 2022	Completed?
1	Costs of care visits 2021/22	No
2	Personal Protective Equipment (PPE) used in 2021/22	No
3	Pay costs in 2021/22 for staff not providing direct care	No
4	Non-Pay Costs	No

	PART B: additional information to help us understand your costs	
1	Pay and mileage rates	No
2	Your service users	No
3	Care Hours & Visits Breakdown	No

Organisation and contact details

Organisation name	
CQC ID	
Branch (if not whole registered organisation)	
Name of person to contact	
Email address	
Phone	

PART A: actual costs between April 2021 and March 2022

The information in this part will be used to calculate the figures required by the Government for the typical cost of providing home care in our area in 2021/22. We expect that Government economists will be making estimates of how costs will have changed since that year, and we will explain in our submission to the Government what we think are the issues which they should take into account.

If possible, please ensure that the spending in this form, or the total spending on all the forms which you submit to us, corresponds to the gross expenditure figures in your organisation's accounts for 2021/22. If there is a problem about this (for instance because your organisation also provides other services and does not account for those separately), please contact us to discuss what the return should cover.

1 Costs of care visits 2021/2

Completed? **No** Back to top ↑

For consistency, please exclude from these figures the cost of any retention bonuses paid during or after April 2022 from the Workforce grant.

This information is likely to come from your payroll system. All figures should be 12-month totals

How many hours of direct care did you pay workers employed by you to provide?	
How much in total did you pay for these hours (excluding oncosts)?	
How many hours of travel time for care workers did you pay for?	
How much in total did you pay for these hours (excluding oncosts)?	
How many hours of direct care did you pay agency staff to provide?	
How much in total did you pay to agencies for these hours?	
How many hours of travel time for agency staff did you pay for (if separately identified)?	
How much in total did you pay to agencies for these hours?	

(If you were not billed separately for travel time, please include this in the direct care figures)

Total hours planned and paid for

If you have total figures for any of the following, please give them:

Total planned care hours during 2021/22	
Total planned care hours for visits which did not take place	
Total actual hours spent with service users (if recorded)	
Total hours paid for by the Council	
Total hours paid for by private service users	
Hours paid for in other ways (explain below)	

Further explanation (if necessary)

Other payroll costs for care workers during 2021/22

What was your total spending on care workers' pay (excluding oncosts) for:

pay during training courses?	
holiday pay?	
pay during Covid self-isolation	
other sickness, maternity and paternity pay?	
notice/suspension pay?	
other pay?	

What was your total spending on the following overheads for care workers:

Employer's National Insurance	
Employer's pension contributions	
Total Payroll Oncosts	-

If you have some workers who do both care work and administrative or other work, please apportion their pay costs between this heading and question NN below.

Travel expenses for care workers

Mileage expenses:

What was your total spending in 2021/22 on mileage expenses for care workers who drive?	
How many miles of travel did this relate to?	
If you provided or hired vehicles for care workers, what was the total cost of these?	
If you paid any public transport fares for care workers, what was the total cost of these?	
If you paid any other travel allowances for care workers, what was the total cost of these?	

If you have some workers who do both care work and administrative or other work, please apportion their pay costs between this heading and question NN below.

2 Personal Protective Equipment (PPE) used in 2021/22

Completed? No

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Because most PPE was provided free through the national portal during 2021/22, we have asked only for total numbers of items that you ordered. We will calculate the costs of this.

Type of PPE

	Units	£	Total
Face Mask			0
Gloves			0

Visors				0
Aprons				0
Total		0	0	0

3 Pay costs in 2021/22 for staff not providing direct care

Completed? **No** Back to top ↑

If some staff provide direct care as well, or also support another branch, please apportion costs and add an asterisk against the role title

Staff Grade / Title	Number of staff	Total weekly hours normally worked	Pay excluding oncosts	Employer's NI	Employer's pension contribution	Total cost
Registered Manager						**£0.00**
Team Leader / Supervisor / Deputy Manager						**£0.00**
Care Co-ordinators / Scheduling						**£0.00**
Administration (Finance / Operations)						**£0.00**
Admin/ Part Time Coordinator						**£0.00**
Quality and Compliance Manger						**£0.00**
Other						**£0.00**
Other						**£0.00**
Total Back Office Staff Costs	**0.00**	**£0.00**	**£0.00**	**£0.00**	**£0.00**	**£0.00**

4 Non-Pay Costs

Completed? **No** Back to top ↑

Total Overheads for the year

Rent / Rates / Utilities	
Recruitment / DBS	
Training (3rd party)	
IT (Hardware, Software CRM, ECM)	
Telephony	
Stationery / Postage	
Insurance	
Legal / Finance / Professional Fees	
Marketing	
Audit & Compliance	
Uniforms & Other Consumables	
Assistive Technology	
Central / Head Office Recharges	
Apprenticeship levy	
Spare	
Spare	
Spare	
Spare	
Spare	
Spare	
Spare	
CQC Registration Fees	
Total Back Office Costs	-

A summary and conclusion of PART A, including confirmation that these totals match back to the total costs shown in your 2021/22 accounts.

Summary	
Total 2021/22 Costs	
Direct Care Labour	-
Direct Care Travel	-

Agency Labour	-
Agency Travel	-
Payroll Oncosts	-
Vehicle and Mileage	-
PPE	-
Indirect Labour	-
Overheads	-
Total gross costs of the service [this is will be the sum of your cost of sales and administrative expenses within your statutory accounts (ltd companies only)]	-
Surplus/profit (or deficit/loss) in 20/22	
Target surplus/profit for the year (explain below how you have arrived at this figure)	

Explanation of surplus/profit target (e.g. is this based on a % of operating costs, or a fixed target in your business plan?)

Please confirm whether the totals above match to your 2021/22 accounts (or draft accounts): (Pick an option)

Further explanation (if necessary)

Average unit costs during 2021/2 - based on actual gross costs

Cost per planned care hour	Not known
Cost per actual visit, based on planned visit lengths	Not known
Cost per actual visit, based on actual length of visits	Not known

Average unit costs during 2021/2 - including target surplus/profit

Cost per planned care hour	Not known
Cost per actual visit, based on planned visit lengths	Not known

Cost per actual visit, based on actual length of visits | Not known

If you have comments about these unit cost figures, please add them below

Part B: additional information to help us understand your costs

The information in this part is to help us understand the context of the cost information in Part A, and how your costs have changed since 2021/22. We will use it as we develop the "market sustainability strategy" which the Government has asked us to prepare, setting out how we would wish to increase fees over the coming years (subject to funding).

Background information

These questions are to help us to understand any differences there may between providers in the way in which they calculate how much to pay care workers.

How do you calculate payable hours of direct care? | (Pick an option)

Further explanation (if necessary - including any changes you have made since last year)

How do you calculate payable hours of travel time? | (Pick an option)

Further explanation (if necessary - including any changes you have made since last year)

Do you pay care workers during breaks in care plans? | (Pick an option)

(e.g. if a service user was in hospital for a week or two, so a care plan was on hold, and staff worked reduced hours.)

Further explanation (if necessary - including any changes you have made since last year)

1 Pay and mileage rates	Completed?	No	Back to top ↑

To help us understand your pay structure, and how it has been changing, please tell us the *lowest* hourly rates you have been paying at each of the dates below. The examples of types of work which some providers *may* pay lower rates for are purely illustrative - for instance if you pay care workers the same hourly rate for travel as for time in a service user's house, but a lower rate for training, you should put the training rates in the second row.

	April 2021	March 2022	April 2022	July 2022
Care worker basic hourly pay rate - contact time				
Care worker lowest hourly rate (e.g. travel time)				
Lowest hourly rate for any worker (e.g. office staff)				

If you currently pay care workers enhanced rates in some circumstances, please tell us about these below. Add notes if that would help us to understand your arrangements. Figures should be based on the rates which you are paying now rather than in 2021/2.

	Usual rate	Notes
Evenings		
Weekends		
Bank holidays		
Higher rate paid to longer-serving care workers		
Higher rate paid for more complex care		

Spare		
Spare		

Mileage rate currently paid to care workers who drive to visits

If you have made changes to your approach to enhancements or mileage over the past year (for instance because of recruitment and retention issues), please describe these below:

2 Your service users

Completed? **No** Back to top ↑

Figures should be for your current number of service users. The two totals below should match.

	Number	Notes
Arranged through the Council's contract		
Private arrangements		
Other funding arrangements		
Total	**0**	

Living in Northumberland		
Living outside Northumberland		
Total	0	

3 Care Hours & Visits Breakdown

Completed? **No** Back to top ↑

Figures should be based on your current weekly pattern of booked visits. If all services which you provide are under the Council's contract you do not need to provide this information, because we will already hold it.

Total visits breakdown

	Visit length (mins)	No. Visits per week
Calls - 15 mins	15	
Calls - 30 mins	30	
Calls - 45 mins	45	
Calls - 60 mins	60	
Calls - 75 mins	75	
Calls - 90 mins	90	
Calls - 95 mins	95	
Calls - 120 mins	120	
Calls - 180 mins	180	
(add another length as necessary)		
(add another length as necessary)		
(add another length as necessary)		
(add another length as necessary)		
(add another length as necessary)		