



Hampshire
County Council

Overview

- Overview of TOR for LD residential and nursing
 - Quality
 - Costing
- Explain how SECM works
- Look at each section of cost model in detail

Main standards within the TOR

- Warranties / representations
- Scope / provision of services
- Staffing
- Safeguarding
- Quality assurance / notification / records
- Contract management



Schedule I

- Ethos
- Training / policies
- Initial assessment and admission
- Care plans / reviews
- Records
- Incident reporting / governance systems
- HCC staff access
- Contract monitoring



Cost info within TOR

Schedule 4

- Requirement for a Cost Matrix where the core is over £1000 per week.
- Ideally client contribution paid direct to home.
- 3rd party top ups
- Clarification of void costs
- Section 16 – right to reclaim finances where failed to deliver

SECM

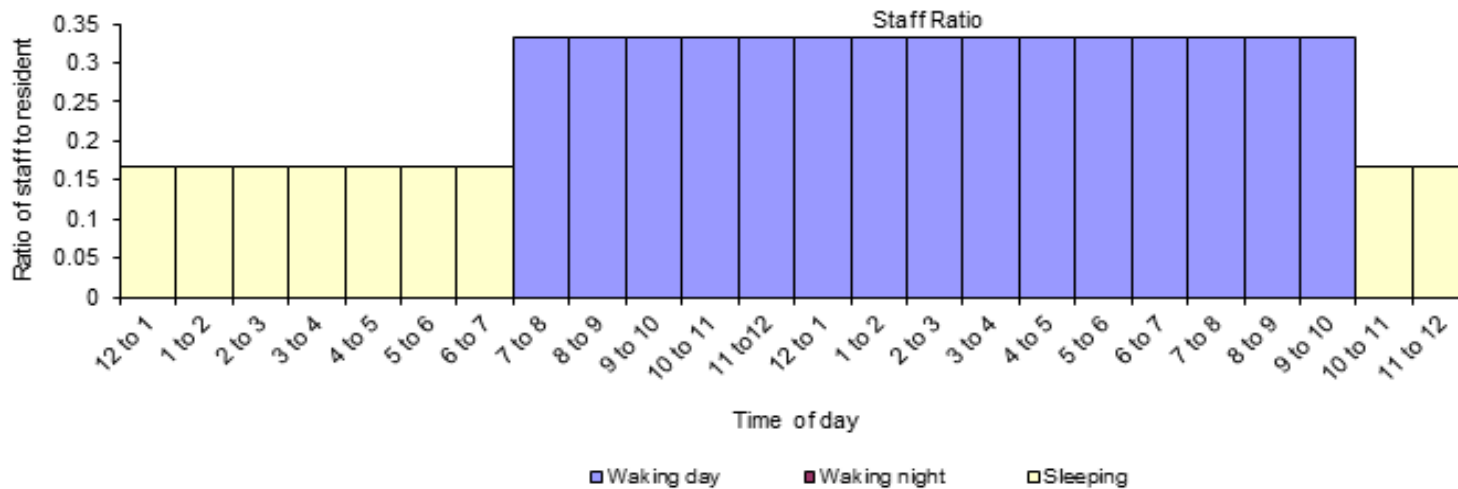
- 2 parts
- Cost Matrix
 - Requirement under contract for placements over £1k per week
 - Agreed by commissioning
- Support needs analysis
 - Care management assessment of need



Daily staff levels: Enter your usual number of staff per day. If your staffing levels are different at weekends, please also complete the 'weekend hours section'.

	a.m.												p.m.												Total
	12 to 1	1 to 2	2 to 3	3 to 4	4 to 5	5 to 6	6 to 7	7 to 8	8 to 9	9 to 10	10 to 11	11 to 12	12 to 1	1 to 2	2 to 3	3 to 4	4 to 5	5 to 6	6 to 7	7 to 8	8 to 9	9 to 10	10 to 11	11 to 12	
Waking day							2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0			30.0	
Waking night																								0.0	
Sleeping	1.0	1.0	1.0	1.0	1.0	1.0	1.0															1.0	1.0	9.0	
	Weekend a.m.												Weekend p.m.												
Waking day																								0.0	
Waking night																								0.0	
Sleeping																								0.0	

Please note: the above staffing levels will be compared with CSCI reports. The data may also be shared with CSCI



YOU DO NOT HAVE TO FILL IN THESE BOXES

A Core hours per week per service - Waking day	210.00
B Core hours per week per service user - Waking day	35.00
C Total core hours per week per service - Waking day and night	210.00
D Total core hours per week per service user - Waking day and night	35.00
E Total core hours per week per service - Waking day and night plus sleeping	273.00
F Total core hours per week per service user - Waking day and night plus sleeping	45.50



Break Down Of Costs Per Service And Calculation Of Hourly Rate**PLEASE COMPLETE YELLOW BOXES****Name of Service****No. Of Service Users:****6****Core Hours (incl Waking and night) for the service per Week:****210.00****Hotel And Management Costs****Per Annum**

Rent and/or mortgage costs

Electric

Gas

Water

Telephone

Registration

Recruitment

Mileage (staff)

Transport/Vehicle Costs

Equipment to meet service user care needs

Training

Furniture/fittings including repairs and renewals

Laundry

Insurance

Groceries and household provisions

Property maintenance

Social Activities

Local/Central admin costs (i.e. Office rent)

Registered Manager costs (non-rota management tasks time)

Other Costs - please specify

Profit allocation

Total per Service**93600.00****Total per service user****15600.00**

Direct Care Costs to provide core hours	Per Annum	Per Hour
Salaries		0.00
On Costs:(inc NI, annual leave, sickness,)		0.00
On Costs: Pension		0.00
Management costs (direct care)		0.00
Agency Staff		0.00
Other Costs - please specify		0.00
		0.00
		0.00
Total	131040.00	12.00

Sleep-in costs	Per Annum
	9125.00

Direct Care Costs to provide additional specific 1 to 1 hours	hourly rate	on costs as a percentage	Total hourly rate
NVQ 1			10.00
NVQ2			10.50
NVQ 3			11.00
Other			

Lessons learnt

- 9 hour night
- Same core for everyone living in the house, no matter what funding authority
- Registered manager – split costs if on rota part of the time
- Send evidence for usually high costs (or explanation – e.g. hydro pool)
- ROCE and Capital costs
- Use ‘other’ lines
- Assessed need v ‘wants’
- Holidays / Sky TV etc.

Assessment of Support Needs - Revised Version 2014

Name of person:

Date:

a) Activities that I do that without support:	I go for this many hours on a Monday	I go for this many hours on a Tuesday	I go for this many hours on a Wednesday	I go for this many hours on a Thursday	I go for this many hours on a Friday	I go for this many hours on a Saturday	I go for this many hours on a Sunday	Total number of hours per week	Is this Local Authority funded? Y/N
Day Opportunities (Day Service etc)								0	
Evening centre / class								0	
Employment								0	
College								0	
Scheduled hospital visits								0	
Family Visit								0	
Other								0	
Total number of hours per week:									0

b) Things that I might need support with to look after myself:	I can do this on my own:	I need support with this	How many minutes each time?	How many times a week?	Hours per week	2:1 Care Required Please enter Y	Number of 2:1 hours per week
Support with washing myself	N/A				0.00		0.00
Support having a bath or shower	N/A				0.00		0.00
Support to look after my teeth / dentures	N/A				0.00		0.00
Support to look after my skin and my nails	N/A				0.00		0.00
Support to get dressed / undressed	N/A				0.00		0.00
Support going to the toilet / catheter care and continence support	N/A				0.00		0.00
Support with eating and drinking	N/A				0.00		0.00
Support with going to bed (i.e. transfer)	N/A				0.00		0.00
Support because I have seizures	N/A				0.00		0.00
Support to help me with seeing the doctor, dentist or hospital	N/A				0.00		0.00
Support to assist me to take my medication	N/A				0.00		0.00
Other:	N/A				0.00		0.00
Section total:					0.00	0.00	0.00

c) Things that I might need support with to live my life:	I can do this on my own:	I need support with this	How many minutes each time?	How many times a week?	Hours per week	2:1 Care Required Please enter Y	Number of 2:1 hours per week
Supporting me to see my family and friends	N/A				0.00		0.00
Supporting me with my cultural or religious needs	N/A				0.00		0.00
Supporting me to develop my communication i.e. learn sign language, Makaton or similar and use special equipment etc.	N/A				0.00		0.00
Supporting me to access community based activities (including managing risk)	N/A				0.00		0.00
Other (please specify):	N/A				0.00		0.00
				Section Total	0.00	0.00	0.00

COMPLETE THIS SECTION FOR SUPPORTED LIVING ONLY (NOT APPLICABLE FOR RESIDENTIAL CARE)

d) Things that I might need support with to live in my own house and/or develop my independence:	I can do this on my own:	I need support with this	How many minutes each time?	How many times a week?	Hours per week	2:1 Care Required Please enter Y	Number of 2:1 hours per week
Support running my bank account and paying my bills:	N/A				0		0.00
Support with my laundry:	N/A				0		0.00
Support to clean my house:	N/A				0		0.00
Support to do my shopping:	N/A				0		0.00
Support with planning, cooking and preparing my food:	N/A				0		0.00
Support dealing with my landlord/paying rent	N/A				0		0.00
Support dealing with neighbours:	N/A				0		0.00
Support to claim and receive benefits	N/A				0		0.00
Support to find out about further education	N/A				0		0.00
Support to find employment	N/A				0		0.00
Support to make sure that my house is secure	N/A				0		0.00
Supporting me to get in contact with other organisations such as Adult Services	N/A				0		0.00
Support to maintain assistive technology	N/A				0		0.00
Other (please specify):	N/A				0		0.00
Section total:					0.00	0.00	0.00

COMPLETE THIS SECTION FOR SUPPORTED LIVING ONLY (NOT APPLICABLE FOR RESIDENTIAL CARE)

e) Things that I might need support with to help me to be safe:	This has not happened before:	This happens a lot of the time	How many minutes each time?	How many times per week	Hours per week	2:1 Care Required Please enter Y	Extra Hours Required
Support to help me manage my emotional wellbeing or to reduce anxiety (including verbal prompts, physical interventions, etc.)	N/A		0				0.00
			Section total:		0.00	0.00	0.00

Total number of hours where the person accesses other activities independently	0.00
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Number of hours that I need 1:1 support per week in the day time (b+c+d+e)	0.00
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Number of additional hours that I need during the per week in the day time because I need 2:1 support (b+c+d+e)	0.00
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<u>Total number of direct support hours that I need per week (including 2:1)</u>	0.00
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What support do you need the rest of the time?	
I do not need any support the rest of the time	
I need to have a system in place to be able to contact someone if I have an emergency (eg an alarm)	
I need someone around all the time. Please indicate ratio i.e. no of Service Users per member of staff 2 or 3 or 4	

<u>Total number of day support hours needed (including 2:1 and calculation for shared support)</u>	#0.00
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Questions?

