



# CIPFA Residential & Nursing Care Benchmarking Club 2018

### Welcome

#### Welcome to the CIPFA Residential & Nursing exercise for 2018

Please complete this form and return it by 1st September.

If you have any queries contact Nedelina Ivanova on 020 7543 5826 / Nedelina.ivanova@cipfa.org or another member of the benchmarking team on 020 7543 5600 / benchmarking@cipfa.org

#### Scope of the exercise

The questionnaire looks at residential & nursing care for all adult client groups.

Sheet A asks short questions about residential & nursing care, self funders, client contributions and supported & other accommodation.

Sheets B1 & B2 look at authority run residential homes.

Sheet C1 contains a detailed list of placements.

Sheet C2 looks at summaries for external residential and nursing placements

Cost and activity figures usually relate to 2016/17 however please answer 'general' questions with your current practices.

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### **Club Timetable**

- Questionnaire Issued:
- Questionnaire Deadline:
- Draft Reports Issued:
- Amendments Deadline:
- Comparator Request Emailed
- Comparator Request Deadline
- Final Reports Issued:
- Additional Feedback Issued
- Review Meetings:

28th July 2018 1st September 2018 6th October 2018 20th October 2018 27th October 2018 3rd November 2018 24th November 2018 December 2018 / January 2019

## **Key Questionnaire Features**



Arrows are used to indicate a hyperlink to a different part of the questionnaire.



A "Go to Guidance -->" line in the question header provides a link to definitions, explanations and examples in the guidance notes.

#### Drop down Lists

{ Select } Indicates a drop down list.

	j indicates a drop dow		
r irth	Age at 31/12/10	Male/Female	Select the cell and then click the arrow that appears in the bottom right.
7/2007	3	Male	(Please note that you can simply overwrite
)5/2002	8	Female	these cells as normal.)
9/2005	5	{ Select }	
	па	{ Select }	
		C +	××
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## **Guidance Sheet**

ontents				
Sheet	Purpose	Go to:	Guidance	Sheet
Welcome	Welcome / Timetable / Features			$\longrightarrow$
Guidance	Guidance			
A	Data Entry - General Questions		$\longrightarrow$	
Submit	Your details/Our details/Submission			$\longrightarrow$

#### **General Guidance**

#### General Guidance (for both internal and external provision)

The number of resident weeks and total costs relate to the period between 1st April 2017 and 31st March 2018.

**Previous years' activity and costs:** in case your service incurs to previous years' activity in the 2016-17 financial year, please apportion the activity and costs for 2016-17 only.

**Respite care:** please record against the appropriate Primary Support Reason and long term residential care the costs for respite care <u>only if</u> the respite is part of an on-going care package for the client.

#### Sheet A

Go to sheet A

#### **General questions**

**Text Questions:** 

These questions use standard entry cells. Entry cells can display and print up to 1024 characters but longer responses will be saved into our database. Where possible please try to stay within this limit. To add a line break press Alt+Enter when within the cell. If you have entered text in a cell and wish to amend it, please click on the cell and press F2.

#### **Managing fees**

Go to Questions

Please give your indicative standard fee rate for memory & cognition which are in place for both Residential & Nursing care.

## **1. RESIDENTIAL CARE - OWN PROVISION**

(a) l	Does the authority have its own provision					
2017	7-18					
	the authority provide residential care via its own home	{ Select }				
2003						
(b) I	Reasons for using own provision					
2017	7-18					
If you	ı provide your own residential provision,	To provide specialist/niche provision	{ Select }			
pleas	e select any reasons that apply.	The service is economically competitive	{ Select }			
(Ther	re is a widely held view that external	For historical or political reasons	{ Select }			
reside	ential care is more cost effective)	Limited external provision available	{ Select }			
		To help manage the market	{ Select }			
		Respite or short term max	{ Select }			
		Other*	{ Select }			
*Plea	se give details if you have answered 'Yes' to Other					
i icu						
L						
(c) l	Further details					
Do yo	Do you have any plans to increase/decrease the number of homes/beds?					
Pleas	e give details of any plans you have to increase the nu	umber of homes/beds				
		∧ ×				
		19				
Pleas	e give details of any plans you have to reduce the num	nber of homes/beds and give the mechanisms you will	use i.e. outsourcing,			
closin	ng down					
	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )					
Pleas	e give brief details of specialist needs/niche homes tha	at you run.				
If you	L have previously reduced your number of homes via c	nutsourcing has your authority achieved any savings				
If you	u have previously reduced your number of homes via c	outsourcing has your authority achieved any savings	{ Select }			
Pleas	e describe any difficulties you have had outsourcing (e					
Pleas						

#### 2. RESIDENTIAL & NURSING CARE - EXTERNAL PROVISION

/anaging Fee levels Go to Guidance>				
Please give your indicative standard fee rates for memory & cognition				
	Residential	Nursing		
Memory & Cognition				
What approaches have you taken to manage fees for external residential care?				

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## **Submission Sheet**

#### Our contact details:

If you have any queries, please do not hesitate to contact us:

#### Nedelina Ivanova

Senior Data Analyst

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E: nedelina.ivanova@cipfa.org

Benchmarking Team T: 020 7543 5600

E: benchmarking@cipfa.org

#### Your contact details:

Please check the following contact details we hold for your authority:
Authority
Name of contact
Title
Telephone no
Email
If this information is incorrect, <u>please e-mail benchmarking@cipfa.org</u> Please note for each exercise we require a single contact at each authority who will receive the questionnaires and reports.

Submitting the questionnaire - Please submit by 1st September

EXAMPLE