

2020/21

Please confirm where you have published online, your Local Authority 2020/21 Over 65 Nursing, Nursing Dementia, Residential and Residential Dementia Fee Rates. Please provide a link to where this communication was published, and a copy of any media sent to Providers evidencing this decision (link).

[Care Home Guide on the Healthwatch website](#)

[Decision - K1251 - Interim arrangements for the implementation of fees and rates for Adult Social Care, including sickness absence payments for providers of commissioned services, and the reconciliation of domiciliary care fees paid to providers during the COVI - Knowsley Council](#)

2021/22

Please confirm whether you have decided your 2021/22 Over 65 Nursing, Nursing Dementia, Residential and Residential Dementia Fee Rates. **YES**

If yes:

When was the decision made (date)? Please provide a link to the dated document confirming this decision. **21st April 2021** [Decision - K1341 - Implementation of Fees and Rates for Adults & Children's Social Care 2021/22 - Knowsley Council](#)

- a. From what date is the 2021/22 fee rate to be applied (date) **1st April 2021**
- b. Where are the rates published currently online for Providers? [Care Home Guide on the Healthwatch website](#) Please provide a link and a copy of any media sent to Providers evidencing this decision – **No link available, letters are sent to providers.**
- c. How were, or are Providers consulted on this decision?

A two phase consultation was completed. Phase one consisted of a questionnaire sent to providers. Phase two communicated the proposed rates for 21/22.

For rates which are above the Base Fee Rates published, please confirm:

- k. What percentage uplift or mechanism was applied to each fee or care type for 2020/21 – **N/A**
- l. What percentage uplift or mechanism is to be applied to each fee or care type for 2021/22 – **N/A**
- m. Please provide details of the provider representative association/s that you engaged with on all matters relating to over 65's care homes:
 - k. Contact number (telephone number)
 - l. Postal address (postal address)
 - m. Email address (email address)
 - n. Name of the primary contact (name) **No provider associations engaged. Engaged directly with providers.**

Can you please confirm which Local Authority/Authorities your response is on behalf of. **Knowsley MBC**
