**Annex C: final market sustainability plan template**

**Please delete the guidance text in the template before completing.**

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| **Section 1: Revised assessment of the current sustainability of local care markets** |
| 1. **Assessment of current sustainability of the 65+ care home market** |
| Tameside is geographically small (approx. 8 x 6 miles) with 40% moorland, with a population of approx. 226,000. Of the total population approx. 42,000 are aged over 65 years of age.  There are 34 registered care homes for older people offering 1,446 beds (registered beds are greater but some homes do not offer this capacity). POPPI data suggests that, by 2025, there will be 1,458 people living in 24-hour care, and therefore we will have reached capacity. Therefore we are looking to increase other housing options (e.g. extra care housing schemes).  Of these 34 homes, 9 are nursing homes and 25 are residential homes.  Homes range in size from 16 to 100 beds, with an average size of 42 beds (residential average size is 40 with nursing having an average of 49).  The market is dominated by one national provider (HC-One) who operates 13 care homes with 568 beds (or 39% of the market). Other national providers operate a couple of care homes, with the remainder mainly being operated by small group provider with some single ownership.  Over the last few years there has been consolidation with the care home market with a number of single ownership homes sold to small group home. The only exception to this is the sale of two former HC-One homes to small group providers.  Providers have generally been using paper based systems for care planning and quality assurance. 8 (24%) of the care homes have moved/are in the process of moving to electronic care planning with other homes considering the changes. Electronic Medication Administration Records (eMARs) have also been implemented in a number of care homes.  The Council/local care providers work closely with the local hospital (Tameside & Glossop Integrated Care NHS Foundation Trust) as they deliver a digital health referral service, which provides clinical advice/guidance via MS Teams calls, and aims to prevent avoidable hospital admissions.  30 (88%) of care homes are rated either Good or Outstanding, 2 (6%) Require Improvement and 2 (6%) are rated Inadequate. The Council has an Escalation & Accountability Framework in place and is working with 6 care homes to improve services/sustain the required improvements.  Tameside’s current fees are:   |  |  |  | | --- | --- | --- | | **Bed Type** | **Standard Rate** | **Enhanced Rate** | | Residential – Shared | £531.46 |  | | Residential - Single | £580.00 | £620.60 | | Residential - Challenging Behaviour\* | £633.00 | £677.31 | | Nursing – Shared | £740.23 |  | | Nursing - Single | £836.59 | £893.64 | | Nursing - Challenging Behaviour\* | £903.59 | £965.33 |   All placements are currently spot purchased. Representation has been made by a number of care home providers requesting increases between 12-14% based on the increased cost of utility bill, food, wages, etc. The Council’s plan to address these issues are covered later, i.e. the implementation of the Fair Cost of Care.  Vacancy levels in Tameside:   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | **Total Operational beds** | **Total occupied beds** | **Total vacancies** | **% Vacancies** | **Total beds available** | **% Beds available** | | 02-Mar-23 | 1446 | 1257 | 189 | 13.1% | 78 | 5.4% | | 30-Aug-22 | 1446 | 1246 | 200 | 13.8% | 39 | 2.7% | | 28-Feb-20 | 1478 | 1331 | 147 | 9.9% | 132 | 8.9% |   Who is purchasing beds in Tameside:    The market has previously relied on a higher proportion privately funded places to be financially viable. As can be seen there has been an increase in the number of beds purchased by the local health & care economy (58 beds or 8%) in the since February 2020 along with a significant decrease in the numbers of fully privately funded and other local authority funded beds. Therefore there is an increased reliance on the Council/local health service to ensure providers remain financially viable.  It is unclear at this time what the impact of the delay in the charging reform will be. However, it is hoped that, by the implementation of the Fair Cost of Care (see section 3), there will be minimal impact in Tameside.  Information from the sector is that they continue to struggle with recruitment, especially night care workers and nurses. The lack of appropriate staff has meant that one home deregistered their nursing provision, and that a significant number of beds have not been available for use as managers have said they cannot safely accept new residents (approx. 115 beds).  Staff turnover remains high 30.8% in the North West (ASC-Workforce Data 2021) with a 9.7% vacancy rate. Significant use of agency staff (particularly nurses) is affecting provider’s financial viability as well as quality of care & support.  ASC-Workforce Data 2021 notes the proportion of directly employed staff who started their role in the previous 12 months (table 4.1) in the North West for Direct care workers is 32.5%, with only 77% of those newly recruited into jobs from the adult social care sector.  Within the North-West retention is also a major issue, i.e.:   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **North West** | All Job roles | Managerial | Regulated Professional | Direct Care | Other | | **Total filled posts** | **190,000** | **14,500** | **8,100** | **141,000** | **27,000** | | *Average years in role* | *4.9* | *8.2* | *4.7* | *4.4* | *6.0* | | Less than 1 year | 23% | 10% | 17% | 26% | 17% | | 1 to 2 years | 25% | 15% | 21% | 27% | 22% | | 3 to 4 years | 16% | 14% | 15% | 16% | 17% | | 5 to 6 years | 10% | 11% | 12% | 10% | 10% | | 7 to 9 years | 9% | 13% | 13% | 8% | 11% | | 10 to 19 years | 14% | 25% | 17% | 11% | 18% | | 20 years or more | 4% | 12% | 5% | 3% | 6% | |
| 1. **Assessment of current sustainability of the 18+ domiciliary care market** |
| For the week commencing 30 January 2023 Tameside Council commissioned services from 21 external providers as well as proving some support via internal services (this was 10 in March 2020). The tables below show the number of hours commissioned in Tameside for both the w/c 3 October 2022 and 16 March 2020:  All home care hours commissioned via the Council (includes some CHC funded service users):    Home care hours (excluding any CHC funded service users):    Within the above figures please note there are some split packages of care, i.e. an external provider delivering part of the care package with the in-house delivery a ‘through the night’ service, and therefore there will be some discrepancies in numbers of service users.  As you may be aware Tameside has implemented a strengths-based approach to home care (as referenced in the White Paper ‘People at the Heart of Care’ – para. 7.8). The table below shows the hours commissioned vis the Strength’s based approach and other standard hours commissioned in the borough:    Since the onset of the pandemic the Council has had to commission more hours through standard home care providers due to the increased demand on services.  As can be seen in the tables above there has been a significant increase in the number of commissioned hours since covid, albeit a slight reduction in the last 3 months (had peaked at 41% increase in commissioned hours (now at 35%) and 20% more service users).  Of the 21 providers in Tameside there are three main national providers – Comfort Call, Careline & Medacs. Comfort Call & Careline are both owned/operated by City & County and have 27% (was 31%) of the 3,622 externally commissioned hours (was 4,300 hours) delivered to 32% (was 36%) of the service users (373 but was 441 in w/c 3 Oct 2022 people).  Other providers are a mix of regional & local providers. Recently, in order to try to meet demand, the Council has commissioned with a number of small providers who have only recently registered with the CQC (5 providers with a combined 1,867 hours and 142 service users (13% and 12% respectively).  The Council has had (and still has) difficulties commissioning packages of care for all service users (for a variety of reasons, including a request for a specific worker, requesting a specific provider that doesn’t have capacity, etc.). The table below notes the number of hours (and number of service users) for several dates to highlight the pressures:  Service Users who require a long term support package   |  |  |  |  | | --- | --- | --- | --- | |  | **Hrs required** | **No. of SUs** | **Ave./SU** | | 17-Mar-23 | 131 | 13 | 10.11 | | 10-Oct-22 | 72 | 9 | 8 | | 27-Jan-22 | 770 | 61 | 12.62 | | 03-Feb-20 | 44 | 2 | 22 |   Of the 27 registered providers in Tameside 21 are either rated Good or Outstanding by the CQC, with 6 yet to be inspected.  Contractually, each of the zoned providers need to have an Electronic Care Management (ECM) system in place and are required to submit information on the actual hours delivered (in line with our commissioning rules). Zoned providers also have access to the Digital Health service, albeit this works better within the Extra Care Schemes than the general community setting.  Tameside in 2016 retendered for a new strengths-based home support service and this was awarded to six zoned providers. In recognition that the zoned providers would be working differently than the traditional ‘time & task’ service, it was decided that we would pay the foundation living wage in recognition of this different service; this did not apply to the non-zoned providers, and therefore there are different rates applicable for the home support service:   |  |  |  | | --- | --- | --- | | **Contractual Rates** | **2022/23 (£)** | **Proposed 2023/24 (£)** | | Home Care – Non-zoned Provider | 17.73 | 24.19 | | Support At Home – Zoned Provider | 19.22 | 24.78 | | Sleep-in – All Providers | 110.63 | 110.63 | | Waking night - All Providers | 147.48 | 147.48 |   The proposed fees for 2023/24 are subject to the Council’s Governance Procedures and as such have not been confirmed formally with providers.  In 2022 the Council retendered the Support at Home service and awarded the contract to 4 zoned providers, with an additional provider having responsibility for all the older people’s extra care schemes. This new contract will come into effect in June 2023. A new Flexible Purchasing System is also coming into force at that time, with the number of provider increasing from 25 to 27 available to spot purchase from.  Generally, home care providers are facing the same issues re: recruitment & selection as the care homes. Skills for Care don’t have statistics regionally for home care but the following relate to Home care nationally.  Proportion of new starters in the last 12 months:   |  |  | | --- | --- | |  | **CQC Domiciliary care services** | | **All job roles** | **34.1%** | | Managerial | 13.8% | | Regulated profession | 20.6% | | Direct care | 37.2% | | Other | 21.0% |   Length of time worker has been in current role   |  |  | | --- | --- | |  | **CQC Domiciliary care services** | | **Total filled posts** | **570,000** | | *Average years in role* | *4.2* | | Less than 1 year | 26% | | 1 to 2 years | 28% | | 3 to 4 years | 16% | | 5 to 6 years | 10% | | 7 to 9 years | 8% | | 10 to 19 years | 10% | | 20 years or more | 2% |   Estimated number of vacancies in the adult social care sector   |  |  | | --- | --- | |  | **CQC Domiciliary care services** | | **All job roles** | **13.0%** | | Managerial | 7.2% | | Regulated profession | 13.8% | | Direct care | 14.0% | | Other | 6.4% |   As with care homes, home care providers need to compete with other local employers when recruiting staff, where the pressures & responsibilities don’t compare with that of a care worker. |
| **Section 2: Assessment of the impact of future market changes between now and October 2025, for each of the service markets** |
| * A number of care homes charge a top-up and, if the FCoC does not reflect their current costs, there is a high probability that the Council will not be able to purchase beds at these homes. Initial views are that at least 7 care homes (290 beds) may not be accessible. At this stage there is uncertainty on the impact of the ‘cap on care’ and the subsequent impact on care home availability * Increasing population and changes to capital thresholds putting more pressure on the social care system bring more people into funded care * Increased complexity of people accessing social care – more staff required to meet need (in both care home & home support settings) * Greater emphasis to upskill social care staff to support given the age profile, turnover of staff and the rising of more complex care; potential that the rates paid to staff will need to reflect the additional responsibilities/skills required, along with a robust workforce development plan * High turnover of staff and loss of knowledge/experience from the sector * Major difficulties in recruiting and retaining nurses and care staff into the sector – more care homes closing despite the increased need for more complex care delivery * Increasing costs for the providers, e.g. mortgage costs, insurance & utility bills are difficulty to quantify and is causing provider uncertainty, resulting in less investment. * Above costs are also affecting care workers (mortgage, utility costs, etc.) and having an impact whether they can either continue to work in the sector or decide to take up employment in the sector. |
| **Section 3: Plans for each market to address sustainability issues, including fee rate issues, where identified.**  **Note:** As part of these plans local authorities should also demonstrate how they complement other strategic documents, such as, but not limited to their Market Position Statements and demonstrate how they have worked with local providers to develop the plans in this section. |
| 1. **65+ care homes market** |
| Fees   * 23/24 – We currently working on the basis that the Council will implement the outcome of the Councils FCoC exercise to help market stability. The new proposed fees are:  |  |  | | --- | --- | | **Proposed fees 2023/24** | **£** | | Residential Placement | 726.00 | | Residential Placement with Dementia | 741.00 | | Nursing Placement | 894.00 | | Nursing Placement with Dementia | 1,113.00 |   The proposed fees for 2023/24 are subject to the Council’s Governance Procedures and as such have not been confirmed formally with providers.   * 23/24 – Political backing for paying the Foundation Living Wage across social service providers. * 24/25 – intend to, alongside the Council’s social work practice model, review the fee system to better align to individually assessed need rather than provision type, e.g. banded rates and option for individualised pricing for complex needs   Further actions linked to MPS and workforce development   * Major refurbishment of one care home to delivery complex dementia care to 16 older people (£500k spent on refurbishment). A Greater Manchester initiative but due to be delivered in care home in Tameside (with Tameside purchasing the majority of the beds). Update March 2023 – this new scheme has stalled as the provider is unable to recruit the appropriate number of nursing staff and clinical lead to deliver the required model. It is expected that we will continue to work with the provider to deliver the model in the future. * The Council is working closely with local education establishments to help shape the workforce of the future. Recruitment videos have been produced across all care sectors/roles (involving staff and providers) to help promote the benefits of care work. * Link to the above point - the investment in staff, re: training & levels of responsibility, will enable care workers to give serious consideration about career progression within either the social care or health professions. This supports the continued implementation the ‘blended role’ within the service (care workers able to give insulin injections and basic would care in lieu of district nurse input), although district nurse remain clinically responsible. * Part of response to increased demand on 24-hr residential care is to build additional extra care capacity (90 self-contained flats planned with the next three years), with plans for another 3 schemes across the borough. In total there will be investment for an additional 320+ units, although it is unlikely these will be available within the next three years as they are at pre-planning stage. |
| 1. **18+ domiciliary care market** |
| *The Council’s current strategy is to support people to live at home, ideally within their own homes for as long as possible, but wherever they are living at the time.*  *Fees*   * *23/24 – Political backing for paying the Foundation Living Wage across social service providers.* * *Maintain the pay differential between the enhanced strengths-based ‘Support at Home’ model (as against the standard service delivery model), which will allow them to compete with other sectors to recruit the appropriate number of staff (with the right values).* * *This supports the continued implementation the ‘blended role’ within the service (care workers able to give insulin injections and basic would care in lieu of district nurse input), although district nurse remain clinically responsible.*   *Further actions linked to MPS and workforce development*   * *Implementation of the Three Conversations approach to assessment and support planning will commence in 2023/24* * *Plans to return the commissioning of ‘Support at Home’ back to pre-pandemic levels (90+% delivered by zoned providers/strengths-based approach)* * *Continue to develop the ‘blended role’ (see above comments)* * *Recruitment videos (see above comment) to promote the benefits of care work* * *An Apprenticeship scheme has been developed with a local college re: the strengths-based approach to home support in Tameside* |