# Annex C: Buckinghamshire Market Sustainability Plan template

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| Section 1: Revised assessment of the current sustainability of local care markets |
| a) Assessment of current sustainability of the 65+ care home market |
| Buckinghamshire has a population of 551,560 (January 2022), of which 105,368 people are aged 65 years and over and 52,253 are aged 75 years and over. It is estimated that between 2022 and 2032 there will be a 19% increase in those aged 65+, a 19.7% increase in those aged 75+, and a 38.4% increase in those aged 85+. Buckinghamshire Council’s [Better Lives Strategy](https://careadvice.buckinghamshire.gov.uk/information-and-advice/asc-policies/what-is-better-lives/#:~:text=A%20strategy%20for%20the%20future%20of%20adult%20social,when%20needed%20to%20help%20people%20regain%20their%20independence.) aims to help people live independently for as long as possible, regain their independence where possible and provide choice and control for those in need of long-term care and support. Care provision in Buckinghamshire, therefore, needs to be able to respond to a combination of changing demographics and a move to supporting people to stay in their own home.  The local care market for both 65+ care homes and 18+ domiciliary care includes a number of smaller and independent providers with less provision delivered by larger national chains. Of the five largest care home providers nationally, only three operate in Buckinghamshire with low numbers of local authority clients.  Buckinghamshire has integrated commissioning arrangements with the NHS which enables a co-ordinated approach to market management. This includes system wide quality surveillance activity, which facilitates coordinated responses to support improvement where there are concerns about the quality of provision.  There are some common challenges across the 65+ care home market and the 18+ domiciliary care market. These are:   * Responding to increasing complexity and frailty: Post Covid there is emerging evidence of an increase in complexity amongst clients being discharged from hospital. Additionally, data indicates that the move to supporting more people to stay in their own homes means growing need and complexity in domiciliary care, evidenced by an increase in the average number of hours per client. Increasing levels of dementia are also contributing to more clients with behaviours that challenge. It is estimated that 7,126 people in Buckinghamshire have dementia and that 70% of people living in care homes are likely to have dementia. * Recruitment and retention: National data from [Skills for Care](https://www.skillsforcare.org.uk/news-and-events/news/vacancies-in-social-care-increase-by-52-to-their-highest-rates-and-the-workforce-shrinks-for-the-first-time) (October 2022) highlights growing challenges, including a 52% increase in vacancies within the adult social care sector and 50,000 less filled posts (2021/22 compared to 2020/21). [Government workforce data](https://www.gov.uk/government/statistics/adult-social-care-workforce-survey-december-2021) (December 2021) indicates that 82% of domiciliary care providers and 81% of care home providers felt recruitment got harder between April 2021 and October 2021. Better pay, working hours and conditions outside of the sector were cited as key reasons.   Feedback from local providers indicates their experiences mirror the national picture. Last year, the Council undertook a survey of adult social care providers, and recruitment challenges were identified as a key concern. A risk of “burn-out” was also identified, due to additional pressures brought by the pandemic in an already stretched system. However, many local providers still articulated ambition to develop their business.  There are particular pressures impacting recruitment in the care sector, including competition from other sectors such as retail which offers similar remuneration, but with less responsibility and pressure. Providers have reported that their intelligence is that these sectors are also struggling to recruit and so there is a lot of opportunity for people to stay in these other sectors or for them to become a career destination for people in the care sector. Buckinghamshire providers report that they are having to review their Terms and Conditions and increase pay to recruit and retain staff. However, their perception is that this approach is not increasing the workforce, but rather encourages existing staff to move between organisations. Local providers have also raised that growing levels of complexity and increasing assurance processes are creating hugely challenging levels of responsibility for Registered Managers. They report this is making recruitment harder when good Registered Managers are key to operations and retention of staff. Buckinghamshire has a good training and support offer to social care staff, including a the development of a specific training programme for Registered Managers and the maintenance of a Registered Managers Network However recruitment of quality managers is still an issue.  As recruitment challenges worsen, providers are becoming more dependent on agency staff, which pushes up staffing costs. Also as demand for agency workers is increasing and often guaranteed, some providers are seeing care staff move away from permanent employment to take up agency work, which can offer added benefits around flexibility and pay. Providers feel strongly that the main opportunity to increase the social care workforce is from greater and easier access to overseas workers. A number of providers, but not all, have raised that the processes for overseas recruitment are difficult and costly and are unworkable for smaller providers. In addition they have also cited issues with the lack of opportunity to offer career progression for staff from overseas, including no access to NVQ qualifications. They have reported this is limiting the potential to grow talented overseas staff into greatly needed roles.   * Service quality issues: CQC inspection ratings and the number of local service suspensions demonstrates an increase in quality concerns in Buckinghamshire since the first quarter of 2021. We recognise that external pressures, including managing the Covid-19 pandemic and recruiting difficulties will have impacted. However, this period also correlates to the introduction of the Council’s Concerns and Suspensions Procedure and the use of the PAMMS framework for monitoring providers. As the Council has returned to routine monitoring after the restrictions of the pandemic, our view is that these new processes have led to improved identification of concerns alongside more coordinated support for improvement. This means the data may in part be an outcome of increased oversight rather than a decline in quality. The Council recognises that in addition to ensuring clients receive high standards of care, supporting providers to deliver quality services is also a key factor in sustainability. Tables 1 and 2 provides an overview of CQC ratings for regulated care across the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board. The increased oversight and communications with CQC may be increasing the pace of CQC inspections in providers of concern in Buckinghamshire and impacting on the lower rates of good and outstanding providers in Bucks. Figure 1 provides suspension trends over time for Buckinghamshire settings.   **Table 1: Overview of CQC Ratings for BOB ICB Care Homes (Nov 2022)**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **% of those rated (care homes)** | **IA** | **RI** | **GO** | **OU** | **Insufficient evidence to rate** | | Buckinghamshire | 7% | 24% | 66% | 3% | 0% | | Oxfordshire | 0% | 9% | 81% | 10% | 0% | | West Berkshire | 0% | 9% | 88% | 2% | 0% |   **(NB: This data includes all care homes, including those for working age adults and does not take account of uninspected settings)**  **Table 2: Overview of CQC Ratings for Buckinghamshire Domiciliary Care Providers (Nov 2022)**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **% of those rated (dom care (inc. extra care))** | **IA** | **RI** | **GO** | **OU** | **Insufficient evidence to rate** | | Buckinghamshire | 3% | 24% | 67% | 6% | 0% | | Oxfordshire | 1% | 10% | 79% | 11% | 0% | | West Berkshire | 0% | 8% | 92% | 0% | 0% |   **(NB: This data does not take account of uninspected home care providers)**  **Figure 1: Local Suspensions for Services Commissioned by Buckinghamshire Council**  **(NB: The suspensions data also includes working age care homes but these are a small number)**   * External economic factors: General economic pressures are impacting on care providers. In particular increases in gas and electricity prices are affecting our residential care providers and increased petrol and diesel prices are significantly impacting our domiciliary care providers. The Council sets an annual fee increase, which seeks to respond to market pressures whilst also remaining affordable and demonstrating value for money for the Council. The 23/24 fee uplift has taken into account a range of cost pressures on the sector. Alongside the annual fee uplift, the Council currently has an additional business case process for providers experiencing exceptional financial pressures. Increases to the cost of living have been frequently cited by providers through these exceptional requests.   Buckinghamshire has a strong self-funder market, but there is limited intelligence available to the Council on the care that is being accessed by this cohort. Increasing costs in the market are resulting in people depleting their funds faster, meaning cost pressures related to self-funders are increasing. The high levels of self funders results in the Council having less oversight and leverage with local providers. If sufficiently funded, the social care reforms provide the opportunity for the Council to manage a greater share of the local adult social care market and with this more opportunity to manage and shape local provision and maximise on the additional influence that wider commissioning offers. |
| 1. Assessment of current sustainability of the 65+ care home market |
| Residential and Nursing Care gross expenditure for 2021/22 was £31.9m, in a local market comprised of 77 65+ residential and nursing care providers, delivering across 125 settings.  As outlined in Table 3, there is a reported capacity of 3583 beds across 65+ residential and nursing care, with capacity sitting between 79% according to the National Capacity Tracker.  **Table 3. Bed Availability by Bed Type (National Capacity Tracker, 28 February 2023)**    The figures in the final column indicate that availability displayed on the capacity tracker is further reduced when local suspensions are accounted for, as well as any settings where providers set prices that are beyond those the Council is able to sustain. The final column is still likely to over-estimate availability when other factors including service user need and choice are accounted for.  The Council lacks capacity across some areas of the market, in particular 65+ respite provision and specialist dementia beds. The Council aims to support people locally wherever possible, but currently commissions residential or nursing care out of county for just under 200 service users aged 65 or over (around 16% of all clients). This will be for a variety of reasons including lack of suitable bed availability within Buckinghamshire. Buckinghamshire has completed a market analysis for accommodation based adult social care services, to estimate the need for provision over the next 20 years. This work suggests that the need for standard residential beds will remain stable, but the need for nursing beds will increase.  The market is quite diverse, with a variety of size and type of service and a significant number of SME or independent providers compared to larger, national chains.Of the occupied beds, Buckinghamshire Council commissions 46% for local authority clients, with the remainder commissioned by the Council on behalf of the ICB or used for self-funders. Buckinghamshire has above average levels of self-funders, largely driven by the demographic of its residents.  In terms of sufficiency of supply,Buckinghamshire Council currently place the majority of residential and nursing care clients within 10% of the provider market. This is driven by the current commissioning model, which includes large block contracts with 2 providers delivered in 12 settings. Additional capacity outside of this arrangement is purchased on a spot basis. The Council has recognised the need to move towards a more strategic approach to commissioning care and is planning to introduce a dynamic purchasing vehicle as the mechanism for purchasing residential and nursing care in Buckinghamshire. This will enable a wider part of the market to engage with the Council on a more systematic basis.  The nursing and residential care home sector is not static. There have been three 65+ care home closures in the last 18 months, related either to quality issues or providers reassessing their business models post Covid. In 2022 the Council led on two large scale enquiries, both of which are across multiple settings.    The average weekly rates at February 2023 are provided in the Table 4 below and Figure 2 shows spot weekly rates over time.  **Table 4: Weekly 65+ residential and nursing prices (block and spot February 2022)**   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Residential** | **Residential Dementia** | **Nursing** | **Nursing Dementia** | | Median | 910.87 | 919.28 | 904.45 | 1,028.69 | | Upper Quartile | 1,200.00 | 1,220.55 | 1,240.81 | 1,300.00 | | Lower Quartile | 760.41 | 830.27 | 767.76 | 870.66 |   **Figure 2: 65+ Spot weekly rates**    Due to the heavy reliance on spot purchasing, average prices are volatile but overall Figure 2 shows steady increases through this financial year. Emerging analysis is starting to reveal the level of cost increase attached to new packages of care; in November 2022, the cost of new 65+ residential packages was 4% higher than in September 2022, and the cost of 65+ nursing packages was 18.7% higher. Addressing the stability of prices for the benefit of both providers and the Council is an additional reason to develop a more strategic approach to commissioning care home services. |
| 1. Assessment of current sustainability of the 18+ domiciliary care market |
| Domiciliary care gross expenditure for 2021/22 was £17.9m. There are 86 providers registered in Buckinghamshire to deliver domiciliary care services, although not all of them may deliver locally. Buckinghamshire Council commissions services from 41 of these providers. There are an additional 27 commissioned providers who are based out of county but deliver care into Buckinghamshire. There is a diverse market, with a small number of national providers and a high level of SME and franchise providers.  Because of flexible nature of the domiciliary care provider working model, there is a challenge to understand capacity in terms of number of hours of care available. It is estimated that of the current provision, Buckinghamshire Council commissions 47% for local authority clients, with the remainder commissioned by the Council on behalf of the Integrated Commissioning Board or used by self-funders. The use of domiciliary care providers for Discharge to Assess (D2A) is driving demand and has impacted on price and capacity in the wider market.  There is a combination of block and spot contracts for packages commissioned by Buckinghamshire Council. There is block provision with 3 providers, with some of this care sub-contracted. Historically, obtaining sufficient care has been challenging in some rural areas. However due to increasing demand, capacity has become a challenge across many parts of the county, with particular challenges around Amersham, Chesham, The Chalfonts and Gerrards Cross, some of our borders and more rural areas.  There is variation in prices across the market, which is a reflection of both the mixed model of block and spot commissioning and potential market volatility. Following a recent fee uplift, the lowest hourly rate for domiciliary care commissioned by the Council has been set at £21. The current average rates for domiciliary care commissioned by the Council are provided in Table 5 below.    **Table 5: Domiciliary Care Average Rates (excluding live in) (February 2022)**   |  |  | | --- | --- | | **Type** | **Average hourly rate** | | 18-64 average (spot) | £22.28 | | 18-64 average rate (all contact types) | £21.59 | | 65+ average (spot) | £22.40 | | 65+ average (all contract types) | £21.92 |   There has been a need to engage with new providers in order to manage increased demand pressures, but prices are not harmonised, and quality is varied. During and post Covid, the Council has seen several newly established domiciliary care organisations. As part of market development there is a need for local authorities to support new capacity, and all new providers are subject to formal approval processes. However, there have been trends of quality concerns across some of these new market entrants, often leading to either packages of care being handed back or quality related incidents. New market entrants potentially lack understanding around domiciliary care business models and costs. Reporting in June 2022 identified that 36 new Buckinghamshire domiciliary care locations were registered with the CQC since January 2020. At June 2022, the Council had entered into contracts with 15 of these but 4 (26%) had been suspended, with services users moved to alternative providers. Only 9 of the 36 providers had been inspected by the CQC. Where the Council commissions regulated providers who do not yet have a CQC rating, enhanced monitoring is in place  Provider feedback has indicated that current market conditions are challenging regarding workforce. 70 domiciliary care packages have been handed back by domiciliary care providers during 2022 (almost 5% of total packages), mainly driven by workforce capacity issues.  There has been an increase in spot provision to manage increases in demand. As with care home provision, the Council has identified the need for a more strategic approach to commissioning domiciliary care services and the process to introduce a dynamic purchasing vehicle is currently underway. The Council also needs to consider that cost effectiveness needs to balance the aim of supporting people to be at home and achieving value for money.  The Council has completed a demand analysis to estimate the demand for adult social care accommodation over the next 20 years. This has identified how the types of accommodation available can support people to stay independent for longer. It anticipates over the next 20 years increasing demand for accessible housing, retirement housing and extra care housing. In responding to market challenges it is important to consider this as well as the capacity for service provision. |
| Section 2: Assessment of the impact of future market changes between now and  October 2025, for each of the service markets |
| Current trends indicate that demographic growth in the care populations will continue, currently estimated as 2% for 18-64 and 6% for 65+ in the next 3 years. Post Covid there was a reduction in the demand for care home beds, some related to deaths in care homes and reductions were seen across all bed types. Following this demand for most care beds is recovering toward pre-pandemic level. The market analysis referred to earlier estimates that demand for residential care will stabilise over the longer term, partly as a result of more people being supported to live at home, with an increase in demand for nursing beds. January occupancy information from the National Capacity Tracker provides the available admittable beds by bed type (Table 2). The figures below along with the market analysis confirm that the areas for development in the market are general nursing and dementia beds.   * General residential – 17% (n=226) * General nursing 14% (n=13) * Dementia residential 18% (n=158) * Dementia nursing 10% (n=52)   Demand for domiciliary care services has grown significantly post Covid in an already constrained market. Figure 3 shows the increase in totals weekly hours commissioned in the last 12 months.  **Figure 3: Trend in Total Weekly Hours of Commissioned Home Care (February 2023)**    The total number of weekly commissioned hours in January 23 was 26,518. This compares with 15,774 weekly commissioned hours in Jan 21 which is a 68% increase. The total number of clients increased from 1,219 to 1,515, and increase of 24%.  Complexity is also increasing with the average number of hours per client rising from 12.94 in January 2021 to 17.5 hours in January 2023.  Work has been ongoing to continue to grow the capacity in the home care market and will continue to respond to further demand.  In addition to demand growth, the acuity of need, and hence the type of service demand, is likely to change with a shift towards more complex care across both bed-based and community-based care. Investment into supporting market development around changing growth and the needs profile will be paramount to market sustainability.  The findings for the domiciliary care market in relation to fair cost of care must be considered in the context of an insignificant sample size. The UK Care Home Association (UKHCA) published annual calculation for a fair cost of domiciliary care suggests a minimum rate of £23.20 per hour for the current financial year; the local fair cost of care exercise is reporting a higher value (£28.32 p.h). For unit costs and pricing to be sustainable, the rates must be sustainable for Buckinghamshire Council, providers and service users, and the fair cost of care exercise should be considered in the context of the market need, affordability and value for money. |
| Section 3: Plans for each market to address sustainability issues |
| As already identified Buckinghamshire Council plans to develop a more strategic approach to the commissioning of 65+ care and nursing home provision and 18+ domiciliary care provision through the introduction of dynamic purchasing vehicles. The dynamic purchasing vehicles will deliver a co-ordinated approach to local authority and NHS funded commissioned care. This approach will set clear price expectations, which will start to standardise pricing across the market. The service specifications will set out clear quality expectations and the tender process will include a quality evaluation with a minimum threshold. Both DPV’s will be developed with extensive engagement with current and potential providers. These factors, alongside effective contract management and oversight, will help manage ongoing quality concerns. The development of the dynamic purchasing vehicles will need to be accompanied by wider strands of work to support market development.  Specific action is being undertaken to respond to the sector challenges identified.   * Responding to increasing complexity and frailty: Through the Integrated Care Partnership (the place level structure for the Integrated Care System) and integrated commissioning approaches, a system approach to complexity and frailty is being developed. For example, recognising the perceived increase in complexity of presentation, Buckinghamshire Council mobilised a dementia transformation programme in quarter 1 of 2022/23 focussing on:   + Availability of and access to information advice and guidance   + Demand and capacity mapping of pre and post diagnostic support   + Benchmarking models of intensive support with a view to developing a local offer in conjunction with system partners that could support people with dementia at risk of admission to hospital or residential care   + Securing additional investment from NHSE as part of a pilot to increase our dementia diagnostic rate.   New models of care with appropriate pricing, developed and implemented through the dynamic purchasing vehicles will also assist with this. Work is also underway to develop a model for intermediate care in Buckinghamshire, which will integrate home care services into a broader pathway for clients with the potential for reablement.  The market analysis work has identified how the demands on the care market will change and impact on the types of accommodation required to support individuals to stay as independent as possible. Work has already begun within the Council to develop a co-ordinated approach to the development of accommodation across Adult Social Care, Commissioners, Housing, Planning and Property. Work will also begin shortly on the production of a Market Position Statement which will include engagement with providers and developers.   * Workforce challenges: National interventions to support the required capacity and skills for adult social care would be highly beneficial to local systems. Locally the Council is working in partnership with the NHS and the Health and Social Care Academy to provide access to training and other support. However, providers continue to highlight that easier access to workers from abroad would make the biggest difference to alleviating current recruitment difficulties. This includes making recruitment from overseas easier and creating better career pathways for staff in the social care sector. Providers have identified career pathways into associate nursing qualifications as a way to attract workers into the care sector, but also report that currently the cost of supporting this for their current staff is not financially viable * Service quality issues: Over the last two years the Integrated Commissioning Service has been developing and embedding a more consistent and robust approach to the quality oversight of commissioned care and support providers. This has included the implementation of PAMMS as a consistent framework for monitoring care and support providers which is linked to the CQC quality domains. A Concerns and Suspensions Procedure is in place, underpinned by a system of dynamic risk ratings to support a consistent approach to managing provider concerns. Moving forward, the focus on quality oversight will continue, with an emphasis on the Council working collaboratively with providers and wider system partners to support improvement. This will enable the Council to maintain effective relationships with providers and support the early identification of quality or financial sustainability concerns. * External economic factors: An updated provider failure policy is being drafted, which will support early identification of risk and support a consistent approach to managing provider failure. Increased guidance is being prepared for commissioners around financial checks and managing financial sustainability issues through contract management. The annual fee uplift takes account of the cost pressures in the sector, but also need to provide value for money for the Council. The Council currently has a business case process for the assessment of providers with exceptional cost pressures. The Fair Cost of Care exercise will inform future fee setting and be one of a number of factors to be considered. However progress over time towards a sustainable fee rate will be dependent on the level of the central grant.   Although not identified within the core challenges, the Market Sustainability Plan needs to recognise the efforts and contribution of informal carers. Maximising the resilience and wellbeing of carers provides significant capacity for meeting social care needs. The Council is currently developing a carers co-production project to work with carers to develop better approaches to support.  Although the focus of the market sustainability plan is 65+ care homes and 18+ home care, it is important to consider these sectors in the wider context of other adult social care provision, particularly supported living and working age residential care. These sectors may be competing for the same care staff and financial resources. They share a number of challenges. Mental health and learning disability clients in the community are becoming more complex and it is increasingly difficult to place some of these clients. Costs for these client groups are increasing. In addition because these clients tend to require care for many years, low historic fee uplifts can still be impacting even if more recent fee uplifts have been set to address current challenges. |
| 1. **65+ care homes market** |
| * In line with the Fair Cost of Care grant conditions, the Council completed fair cost of care exercise for 65+ care homes. 44% of care homes responded. The outcomes of this exercise is provided in Table 6 below. As part of the process local authorities were able to moderate the median outcome where there was a clear rationale. Moderations were applied to the Care Homes FCOC outcomes where providers had applied inconsistent approaches to inflation, return on capital and return on operations. This generated an adjusted FCOC price, which is also provided in Table 6.     **Table 6 - Buckinghamshire Fair Cost of Care Outcomes**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **£ per resident per week**​ | **Lower Quartile**​  ​ | **Median**​  ​ | **Upper Quartile**​ | **Adjusted FCOC**​ | | **Care Homes without Nursing**​ | **£993.42**​ | **£1,343.71**​ | **£1,888.93**​ | **£1,189.75**​ | | **Care Homes without Nursing with Enhanced Needs**​ | **£944.64**​ | **£1,316.52**​ | **£1,803.93**​ | **£1,146.38**​ | | **Care Homes with Nursing**​ | **£1,167.57**​ | **£1,479.26**​ | **£2,202.62**​ | **£1,498.43**​ | | **Care Homes with Nursing with Enhanced Needs**​ | **£1,145.03**​ | **£1,621.13**​ | **£2,163.01**​ | **£1,387.68**​ |   The reliability of the fair cost of care exercise as a benchmark for local fees is limited by a number of challenges related to the national tool. This includes the tool does not specifically identify the cost of care for eligible social care needs. Submitted costs will include costs associated with providing health funded care and additional non-eligible services related to wider business decisions. The wide variation in lower and upper quartile costs demonstrates the lack of consistency in the costs being included. Table 6 provides a summary of the Fair Cost of Care outcomes for authorities in the Buckinghamshire, Oxfordshire and West Berkshire Integrated Care System  **Table 7: Comparison of Outcomes from BOB Local Authorities Fair Cost of Care Exercises\***    \**Collated and kindly shared by the Milton Keynes and Buckinghamshire Care Association*  The spread of price between the lower quartile and upper quartile presented in Figure 3, demonstrates that the differences in prices probably reflect more than a difference in cost of care for eligible care needs, but also the variation in services care homes provide. Analysis by LG Inform demonstrates that the fee rates in Buckinghamshire compare well with other authorities. Table 7 compares Buckinghamshire with authorities with the highest paying averages for care home beds and Table 8 for highest paying averages for home care. These rankings are out of 65 authorities.  **Table 8: Ranking of Buckinghamshire for the Highest Average Payers for Care Home Beds\***    \* *Collated and kindly shared by the Milton Keynes and Buckinghamshire Care Association*  For 2022/23 the Fair Cost of Care grant is being used to support increased spot prices  For 2023/24 the Council was anticipating a Fair Cost of Care Grant allocation to start supporting progress towards a sustainable price for care. Following the announcement of a two year delay to the implementation of the reforms, this grant will no longer be available. However, the government has instead committed to additional funding for adult social care in 2023/24 and 2024/25 This funding has been built into the modelling for the 2023/24 fee uplift, which is currently going through the decision making process. In this way the additional funding will be passed on to providers as part of their annual fee uplift award.  For 65+ residential and nursing, this is proposed as a flat rate uplift of 7% across the whole market for 2023/24. In future years, the Council may consider more significant uplifts at the bottom of the market rather than the same flat rate across all providers. This will help to level out prices as the Council introduces the dynamic purchasing vehicle and moves towards a sustainable price for care as the Adult Social Care reforms are rolled out. The speed at which Buckinghamshire Council is able to move towards a sustainable price for care will linked to the level of funding that is made available by central Government. |
| 1. **18+ domiciliary care market** |
| In line with the Fair Cost of Care grant conditions, the Council completed fair cost of care exercise for 18+ Home Care providers. Despite extensive promotion of the exercise and the offer of individual support to providers to complete, only 5% submitted a return. Reasons given for not participating included that this exercise was undertaken over the summer when providers were stretched and key staff were on leave and concerns sharing commercial information (Buckinghamshire had employed an external agency to complete the exercise so that the Council would not see individual provider information and this was known to the providers). Given the low response rate for this exercise the outcome (median figure of £28.32p.h) is not considered as a reliable benchmark for local fees.  LG Inform data identifies Buckinghamshire as ranking 18th in the highest average payers in home care out of 65 authorities  **Table 9: Ranking of Buckinghamshire for the Highest Average Payers for Home Care\***    \* *Collated and kindly shared by the Milton Keynes and Buckinghamshire Care Association*  For 2022/23 the Fair Cost of Care grant is being used to bring any providers below £21p.h up to this rate.  For 2023/24 the Council was anticipating a Fair Cost of Care Grant allocation to start supporting progress towards a sustainable price for care. Following the announcement of a two year delay to the implementation of the reforms, this grant will no longer be available. However, the government has instead committed to additional funding for adult social care in 2023/24 and 2024/25 This funding has been built into the modelling for the 2023/24 fee uplift, which is currently going through the decision making process. In this way the additional funding will be passed on to providers as part of their annual fee uplift award. For domiciliary care, the uplift for 2023/24 is An offer equivalent to 7%. This is split between a 5% uplift for all commissioned home care providers and an additional uplift for providers being paid at the bottom of the market. Further price uplifts are also proposed when the Council’s dynamic purchasing vehicle is launched. This approach will help to level out prices as the Council introduces the dynamic purchasing vehicle, and will start to support a move towards a sustainable price for care. The speed at which Buckinghamshire Council is able to move towards a sustainable price for care will linked to the level of funding that is made available by central Government. |