

# Kirklees Council Market Sustainability Plan, March 2023

## Section 1: Revised assessment of the current sustainability of local care markets

### Assessment of current sustainability of the 65+ care home market

Kirklees Council has strong relationships with the local care home market which comprises of 56 care homes operated by 38 provider organisations. This relationship was enhanced by our investment in formalising a Kirklees Care Association (KirCA) as an independent organisation. This organisation is led by and supports the sector, KirCA are part of strategic and operational system pressures discussions and leadership.

In March 2021 the Council commissioned Cordis Bright to produce a Market Strategic Analysis for the Kirklees care home market, this report suggested that an over-supply of care home beds in Kirklees that will persist until at least 2025/26. If occupancy levels are to reach a level of 90%, then this means that the number of care home beds available in Kirklees needs to reduce and/or placement rates increase as noted in the Kirklees Market Position Statement.

As of 16/02/2023 the 65+ care home market had a maximum capacity of 2500 beds with 359 of these reported as vacant. Of the vacant beds 18 were reported as reserved (pending an admission) and 48 unavailable. Unavailable beds cover a range of circumstances and can include; additional staffing not available to support new admissions, rooms previously used as double occupancy currently being used as single occupancy rooms, rooms undergoing refurbishment and admissions being suspended due to safeguarding or quality issues.

Care Home Type	Occupied Beds (% of Available Beds)	Occupied Beds (% of Maximum Capacity)
General Residential	89%	87%
Dementia Residential	86%	84%
General Nursing	88%	84%
Dementia Nursing	92%	90%

We have seen several markets exits over the past 18 months in the wider Huddersfield area, this has resulted in a reduction of 202 beds (5 care homes). This has resulted in overall occupancy levels in other local care homes increasing as residents move to a new home because of the closure. In addition, we have experienced 2 care home closures in the Learning Disabilities and Mental Health social care market in 2022 (19 beds). The monitoring of the trends of Council funded placements shows a slow increase but not yet reaching levels seen before the pandemic.

Demand for future care home places is likely to be from people with complex needs, requiring specialist support in environments suitable for people with reduced mobility or with advanced dementia. Extra care housing schemes that are in development will bring more options for people who higher levels of care but where those needs can now be met outside of a residential care home environment.

Market intelligence is used to support service providers with business development decisions. Geographical areas are reviewed to make sure should a care home be at risk or close there is, where possible, sufficient local capacity. Where closures do occur, as part of our support, we work with providers to redeploy their staff to other care settings to reduce the risk of losing the workforce to other sectors.

In terms of market provider balance Kirklees has reasonable spread of large, medium, and small sized provider organisations (approximately 60%, 20%, 20%). We are aware of the ownership makeup of most of our providers and internal risk colleagues support us in assessing business viability/financial risk when required. There are gaps in provision in our more rural areas, but demand is also less from these areas.

CQC inspection ratings for the +65-care home market in Kirklees have improved from 2018 to 2023 with ‘Good’ ratings increasing from 43% of the market to 64% and a reduction in ‘Requires Improvement’ and ‘Inadequate’ ratings from 54% to 35% of the market. This reflects collaboration with Kirklees Council and Kirklees Health and Care Partnerships to improve the quality-of-service provision across the borough.

Overall CQC overall inspection ratings distribution for +65 care homes in Kirklees, 2018 to 2023:

Year	Inadequate	Requires Improvement	Good	Outstanding	No Published Rating
2018	9%	45%	43%	0%	3%
2019	3%	46%	51%	0%	0%
2020	1%	30%	63%	0%	6%
2021	0%	28%	68%	0%	5%
2022	5%	30%	64%	0%	2%
2023	3%	32%	64%	0%	0%

**Please note values may not balance due to rounding.**

Weekly residential and nursing fee rates commencing in April 2022 ranged between £579 and £642 per bed per week. These have since been uplifted using the Market Sustainability and Fair Cost of Care Fund and currently range between £579 and £692 per bed per week. A criteria-based dementia care fee rate scheme is in operation to provide additional funding of £20 per bed per week to support with the with complex dementia needs (uplifted to £40 per bed per week using the Market Sustainability and Fair Cost of Care Fund). Services are currently commissioned on a per bed basis recognising service user choice, there are no block contracts in place.

<b><u>Residential care</u></b>	<b>Baseline fee from April 2022 (Homes not participating in the Dementia Care Fee Rate Scheme) £ per week</b>	<b>Baseline fee from April 2022 (Homes participating in the Dementia Care Fee Rate Scheme) £ per week</b>
<b>Base fee</b>	<b>579.17</b>	<b>599.17</b>
<b>Single room supplement</b>	<b>15.07</b>	<b>15.07</b>
<b>En-suite supplement</b>	<b>15.07</b>	<b>15.07</b>
<b>Maximum rate</b>	<b>609.31</b>	<b>629.31</b>

<b><u>Nursing care</u></b>	<b>Baseline fee from April 2022 (Homes not participating in the Dementia Care Fee Rate Scheme) £ per week</b>	<b>Baseline fee from April 2022 (Homes participating in the Dementia Care Fee Rate Scheme) £ per week</b>
<b>Base fee</b>	<b>592.25</b>	<b>612.25</b>
<b>Single room supplement</b>	<b>15.07</b>	<b>15.07</b>
<b>En-suite supplement</b>	<b>15.07</b>	<b>15.07</b>
<b>Maximum rate</b>	<b>622.39</b>	<b>642.39</b>

<b><u>Residential care</u></b>	<b>Baseline fee from 18<sup>th</sup> April 2022 (Homes not participating in the Dementia Care Fee Rate Scheme) £ per week</b>	<b>Baseline fee from 18<sup>th</sup> April 2022 (Homes participating in the Dementia Care Fee Rate Scheme) £ per week</b>
<b>Base fee</b>	<b>579.17</b>	619.17
<b>Single room supplement</b>	<b>15.07</b>	15.07
<b>En-suite supplement</b>	<b>15.07</b>	15.07
<b>Maximum rate</b>	<b>609.31</b>	649.31

<b><u>Nursing care</u></b>	<b>Baseline fee from 18<sup>th</sup> April 2022 (Homes not participating in the Dementia Care Fee Rate Scheme) £ per week</b>	<b>Baseline fee from 18<sup>th</sup> April 2022 (Homes participating in the Dementia Care Fee Rate Scheme) £ per week</b>
<b>Base fee</b>	604.10	644.10
<b>Single room supplement</b>	15.37	15.37
<b>En-suite supplement</b>	15.37	15.37
<b>Maximum rate</b>	634.84	674.84

<b><u>Residential care</u></b>	<b>Baseline fee from 3<sup>rd</sup> October 2022 (Homes not participating in the Dementia Care Fee Rate Scheme but are participating in the Optional Weekly Fee Uplift) £ per week</b>	<b>Baseline fee from 3<sup>rd</sup> October 2022 (Homes participating in the Dementia Care Fee Rate Scheme and participating in the Optional Weekly Fee Uplift) £ per week</b>
<b>Base fee</b>	597.41	637.41
<b>Single room supplement</b>	15.07	15.07
<b>En-suite supplement</b>	15.07	15.07
<b>Maximum rate</b>	627.55	667.55

<b><u>Nursing care</u></b>	<b>Baseline fee from 3<sup>rd</sup> October 2022 (Homes not participating in the Dementia Care Fee Rate Scheme but are participating in the Optional Weekly Fee Uplift) £ per week</b>	<b>Baseline fee from 3<sup>rd</sup> October 2022 (Homes participating in the Dementia Care Fee Rate Scheme and participating in the Optional Weekly Fee Uplift) £ per week</b>
<b>Base fee</b>	622.2	662.20
<b>Single room supplement</b>	15.37	15.37
<b>En-suite supplement</b>	15.37	15.37
<b>Maximum rate</b>	652.94	692.94

As of 16/02/2023 the local +65 care home workforce consisted of 2768 staff, this included:

<b>Care Workers (employed)</b>	<b>1709</b>
<b>Care Workers (agency)</b>	225
<b>Nurse (employed)</b>	87
<b>Nurses (agency)</b>	26
<b>Other (employed)</b>	673
<b>Other (agency)</b>	48

The care home sector workforce experienced a net reduction of 4.9% between September 2021 and September 2022 (Skills for Care, State of the Workforce) as more attractive hourly rates and terms and conditions in other sectors have taken staff out of social care. Staff turnover rates in residential care settings for 2020/21 were 29% (Skills for Care, State of the Workforce). We have also seen issues with nurse recruitment and retention. Even with additional local authority support, a small number of providers have de-registered their nursing beds and ceased offering nursing care. We are closely monitoring this trend in other nursing settings and offer support with recruitment through In2Care wherever we can. The Cordis Bright

research also highlighted that manager recruitment is an issue locally and action needs to be taken to build manager capacity across care home and community support. We have developed leadership development offers for independent sector managers.

In summary recruitment and retention is a key live issue in the Kirklees market and addressing this is a key focus of strategic action for a sustainable market.

In Kirklees, the Council runs 2 long term residential care homes (each 40 beds) and 2 units that deliver bed based Intermediate care services. These are operated jointly by Locala and Kirklees Council through the KILT (Kirklees Independent Living Team) Partnership approach.

Intermediate Care through residential support is based across two sites, with a service capacity of up to 50 beds across Kirklees (40 beds at Ings Grove House, Mirfield and 10 beds at Moorlands Grange, Huddersfield)

A review of the intermediate care bed base was completed during Autumn 2020, following the implementation of other integrated models of care such as Discharge to Assess and Urgent Community Response – this was with a view to ensuring a 'Home First' approach is maximised, with an ambition to divert more people to home based intermediate care support.

As an outcome of this review the total Intermediate Care bed capacity in Kirklees was reduced, from 60 beds to 50 beds across Kirklees as part of the integrated review of bed based intermediate care. Key factors contributing to this included:

- Demand for beds has seen a gradual reduction over the last 2 years as a larger proportion of people are supported through 'Home First' solutions – this is in line with our strategic intent through the KILT model and partnership.
- Bed occupancy has improved incrementally since 2021 – with an average occupancy rate year to date of 73% (compared with an average of 69% in 2021/22). Note that occupancy has been impacted by several factors such as Covid19 outbreaks, staffing pressures, building based issues etc which result in the services pausing admissions in to the setting.
- Patient acuity from hospital discharges has increased impacting on length of stay in IMC beds. Length of Stay has seen an average increase per patient of 4 days – from 33 days average length of stay during 2021/22 to 37 days 2022/23 year to date.

Utility costs are a current cost area presenting a high risk to provider sustainability. Recent research within the care home market in Kirklees has identified 94% of respondents are 'extremely concerned' about the impact of energy prices on their service (compared with 4.5% in the previous year). Service provider feedback during this exercise reported that utility costs have increased by an average of 281%.

Feedback from the care home market is that 2022/23 has been a particularly difficult year for service providers as they recover from the impact of the COVID-19 pandemic in a challenging financial environment. There is uncertainty in the market driven by the unpredictable nature of inflation across several factors, notably on food and energy. Alongside this there is continuing pressure arising from the National

Living Wage increase and pay inflation in sectors that are competing for similar workforce. All of these are providing a challenge for the market in terms of sustainability and are bringing continued requests for increased funding. There is a continued need for a long-term funding solution for adult social care.

## **Assessment of current sustainability of the 18+ domiciliary care market**

We have an equally strong relationship with our domiciliary care market, the Kirklees Registered Managers Network, and the Care Association. There has been an increase in new domiciliary care providers entering the market over the past couple of years, with a current total of 79 service providers operating in Kirklees. Of these, 53 are contracted with Kirklees Council to provide support to 1,330 people with 17,966 hours of planned support a week (January 2023). From April 2019 – January 2023 commissioned planned hours has increased by approximately 98%. This increase in delivered hours has been driven by the demand for support at home and a set of supply side changes which included working with providers to introduce improved workforce terms and conditions through an increased fee rate of over 10% alongside continued intensive work by In2Care to support recruitment and retention activity by providers.

Our market interventions in domiciliary care fuelled this growth and waiting lists for care at home have remained in single figures for most of the past year. We have seen average package size in domiciliary care increase and intensive packages (domiciliary care packages of more than 10 hours and 6 visits per week) now make up around half of all packages which is up from around 40% at the start of 2020. The constraining factor is the ability of local authority care budgets to be able to afford to purchase this volume of care as the volume of care, related to demand, is increasing at a faster rate than increases in local authority budgets.

As we support more people with more complex needs for longer in their own homes, the level of capacity needed in residential care will further reduce. This will reduce occupancy levels unless there are corresponding decreases in the number of care homes.

### **Our current rates generic rates are:**

<b>Day and Waking Night Rate</b>	<b>£20.94 per hour</b>
<b>Sleeping Night Rate</b>	£95.04 for 8 hours duration
<b>Rural Hourly Rate (Applied to Specified Postcodes)</b>	£25.60 per hour

These rates are effective from 28<sup>th</sup> March 2022

We have also given a temporary uplift of 28p per hour on top of these rates using the Fair Cost of Care and Market Sustainability Fund. This has been given to providers in recognition of escalating costs (e.g., fuel/inflation/cost of living etc) in this financial year.

The preference of people in need of social care is predominantly to stay at home for as long as possible before entering a residential care setting. The move to deliver more personalised care in people’s own homes, supported through increased collaboration, and the use of technology and equipment solutions, has meant that people who historically may have moved to a care home setting continue to be supported in the community. This has presented issues where increased complex healthcare tasks are falling upon care staff in the community and there are gaps around training and support around tasks such as medication and continence support.

There has been a reduction in the percentage distribution of overall ‘Good’ rated community-based services in Kirklees since 2018 by approximately 9% over the same time frame there has been an increase of 4% in services rated as ‘Requires improvement’ and ‘Inadequate’ and ‘Outstanding’ rating have been awarded to 3% of community services in 2023.

Overall CQC overall inspection ratings distribution for community-based services in Kirklees, 2018 to 2023:

Year	Inadequate	Requires Improvement	Good	Outstanding	No Published Rating
2018	0%	14%	61%	0%	25%
2019	0%	15%	64%	2%	20%
2020	0%	24%	58%	5%	13%
2021	0%	17%	56%	4%	23%
2022	0%	14%	50%	4%	32%
2023	1%	17%	52%	3%	26%

**Please note values may not balance due to rounding.**

The previous contracting approach was based on 5 principal providers (originally 6 providers however 1 exited the market during the contract term) providing most domiciliary care hours covering a rural and urban zone underpinned by a number of framework providers operating across all zones. This approach led to backlogs in the waiting list for domiciliary care support, some of which had to be picked up by in house provision. In 2020 a domiciliary care DPS framework was introduced which led to an increase in the number of contracted domiciliary care providers. The introduction of the DPS has resulted in contracting with providers from neighbouring local authority areas which has supported with the placements historically more challenging to place in the border and rural areas. As of December 2022, the DPS framework is the main contracting approach for commissioned domiciliary care.

Our local workforce of 2410 (excludes workforce whose provider office location is outside Kirklees) (Capacity Tracker 16/02/2023) in the domiciliary care sector has increased over the past couple of years staff turnover rates in non-residential care settings for 2020/21 was 29% (Skills for Care, State of the Workforce). There are issues with recruiting car drivers and supporting the increased cost of travel, this is a particular issue in our more rural areas.

The Fair Cost of Care exercise results evidenced that the rates of pay around contact time, training, and the cost of travel (including travel time and mileage) differ across the sector. We will work with the sector to explore how these varying terms and conditions impact on the experience of people who use care services and on their ability to recruit and retain their workforce.

There are 4 extra care sites in Kirklees consisting of 243 units, delivered support hours across the Council contracted sites has increased by 10% between 2019/20 and 2022/23.

The Short Term and Urgent Support teams operated by Kirklees Council (with input from Locala Therapy) provide a Reablement Service for Kirklees residents aged 18 and over. This service is a key component in the 'Home First' vision, supporting people to regaining skills and confidence needed to live independently at home particularly after an illness or a stay in hospital. Throughout 2022/23 the Reablement Services supported an average of 161 people through providing 3361 of hours of support per month. Outcome data shows that on average of 76.8% of service users required reduce support or no further support at all following receipt of support from the Reablement Service reducing the demand on long term home support and care home placements.

There is uncertainty in the market driven by the unpredictable nature of inflation across several factors. Alongside this there is continuing pressure around the heightened National Living Wage increase. All of these are providing a challenge for the market in terms of sustainability, there is a continued need for a long-term funding solution for adult social care.

## **Section 2: Assessment of the impact of future market changes between now and October 2025, for each of the service markets**

The announced delays to aspects of the Social Care Reforms will provide more achievable timescales for activity related to the reforms to be undertaken. The delay to the reforms will allow additional time for the review and analysis of the activity along with more time to work with partner organisations to gain a deeper understanding of the market from the perspectives of people who use care services, service providers and partner organisations.

As part of our co-produced five-year vision for Adult Social Care in Kirklees (2020-24) people made it clear they want to remain at home. The move to deliver more personalised care in people's own homes, supported through increased collaboration, and the use of technology and equipment solutions, meant that people who historically may have moved to care home settings are now being supported in the community, we have seen this increase in both service users and hours and expect it to increase in the future.

Maintaining independence at home is supported by input from a variety of services and teams across Kirklees Council. This includes the Kirklees Integrated Community Equipment Services which has seen the provision of equipment to support independence in the community increase by approximately 100% (3000 units) between 2019 and 2022.



The introduction of the Social Care Occupational Therapists Team (SCOT) has enabled the triage of requests for social care support received at Kirklees Council. This team working within the legislation of the Care Act provides bespoke support to individuals requesting an assessment for social care services. In addition to the traditional approach of housing adaptations the team enables access to equipment, digital solutions, advice and rehabilitation to regain and retain independence.

We have seen a very positive impact for the people of Kirklees under this approach, in 2022 of the 511 referrals received by the team 487 people required no ongoing support to meet their needs and outcomes from formally arranged support after SCOT input. This approach to triage of social care assessment requests means that people are able to remain independent for longer at home reducing and delaying their need for formal support arrangements.

The Kirklees Optimised Handling Approach provides moving and handling advice and assessment within the first week of a support package being arranged for an individual in the community where needs have been initially assessed as requiring two people for safe transfers. This specialist team works closely with the individual and their support network including unpaid carers and domiciliary care services to identify the most suitable equipment and method of safe transfers. Through this approach it is estimated that 135,000 domiciliary care hours were saved in 2022 by the assessment and provision of appropriate equipment to maximise independence and reduce the number of people required to assist with moving and handling needs. The team continues to work with local clinical colleagues with the aim of ensuring the right level of support is provided on discharge to prevent the provision of oversized support packages that may result in the deskilling of the individual. As people remain at home longer with the support of these multidisciplinary approaches the demand for care at home will continue to increase but at a level appropriate to maintain the independence and meet needs of the people of Kirklees.

This is likely to continue to slow the increase in care home occupancy levels and change the nature of the service needed as individuals moving into residential or nursing care will likely have increased acuity of need and live at the care home for a shorter period of time at the end of their life.

The Council and Locala are currently undertaking a further review of the intermediate care bed base, working with commissioners, to ensure the service model is in line with both the current delivery environment, and resilient enough to meet future demand levels whilst remaining consistent with the “Home First” principles. This will require investment in community capacity to ensure volume demands are able to be absorbed by services such as the Council’s Short Term and Urgent Support Team

Our recent CLIK population survey also brought out some concerning trends. We were already seeing the impact of people delaying accessing support because of the pandemic which also led to us seeing increased levels of deconditioning in those contacting services. Our CLIK survey reported that 1 in 5 (22%) of people had delayed seeking support from health or social care in the past 12 months, this is likely to mean prevention and early intervention opportunities will be lost in a proportion of these cases.

The local self-funder care home market in Kirklees is estimated to be 35% of the current market, we expect demand to increase from these cohorts, but details will not

be available until an external commissioned report in 2023. On the basis of the information, we have to date it does appear that some self-funding rates are in excess of the current Local Authority rates in Kirklees. We also expect demand to grow in the £23,250-£100,000 asset group as national guidance evolves and our local external commission reports on the impact locally.

In the extra care market, we expect two additional sites consisting of 55-60 units per site to be developed and opened by 2025 in Kirklees. The introduction of these schemes will support people to remain in independent accommodation for longer as well as being able to continue to live with their partners or family within the schemes. These sites will provide an approximate increase of 50% of extra care support hours provision which will reduce the demand on home support services however the biggest impact is likely to be on the care home market as residents move to extra care accommodation who may have previously moved into residential care. In instances where an increase level of support is needed that cannot be provided from an extra care service residents may then opt to move to a care home that is able to meet their needs, this would mean that referrals to care home services are likely to be of an increased acuity of need.

There are concerns about the impact of the fair cost of care exercise on the wider social care market. Under the guidance the focus remains on care homes supporting people over the age of 65 and domiciliary care services supporting people over the age of 18. Any activity and changes to fee rates in these areas of the market have a risk of negative impacts of other markets in the sector; including specialist support service, day services and extra care service if the activity is not undertaken across the social care sector as a whole.

We are seeing several providers of services for people with a learning disability under 65 face significant financial pressure as a result of rising costs. Whilst provider stability and continuity of staffing is important for everyone who uses care services, this is a cohort of people who use services for whom continuity is particularly important and where provider failure or significant staff turnover has a more adverse impact.

## **Key strategic risks:**

### **65+ care homes and nursing market**

- Less energy efficient properties will be particularly challenged by high energy prices and may be more likely to close.
- Under supply of nursing and complex nursing care.
- Localised capacity shortages in particular geographic areas or for particular needs
- Quality in the market is impacted as a result of workforce challenges and continued high costs.
- Challenges associated with the recruitment and retention of all staff, including care workers, Registered Nurses, and Registered Managers
- LA funding may not increase at a rate to sufficiently cover the gap to enable us to pay a market sustainable rate and/or a fairer cost of care rate.

## **18+ domiciliary care market**

- The employment offer (terms and conditions, flexibility, levels of management support) vary and do not meet the aspirations of some sections of the current and future workforce which leads to issues with the recruitment and retention of all staff, including care workers and Registered Managers, particularly car drivers and for provision in rural areas.
- Risk of an oversaturated market with not enough activity to make business viable.
- Oversaturation in the market may also lead to increased gaps between planned calls and increased down time for care workers making the role less attractive to potential applicants.
- Case complexity continues to increase at a faster rate than staff capacity and skill level, particularly where the NHS seeks to transfer tasks historically/currently undertaken by NHS staff.
- LA funding may not increase at a rate to sufficiently cover the gap to enable us to pay a market sustainable rate and/or a fairer cost of care.

## **Section 3: Plans for each market to address sustainability issues, including fee rate issues, where identified.**

### **65+ care homes market**

#### **Year 1 (2022/23)**

- Nursing care fee rates increased by 2%
- Further option offered to nursing and residential care home service providers of an increased rate of approximately 2.9% on the 2022/23 core fee to support with recruitment and retention workforce pressures, providing funding to enable service providers to increase the hourly rate of support workers. The use of the fund in this way aimed to support workforce challenges as it was a requirement that it was passported by providers to staff to increase staff pay rates above NLW.
- Dementia care fee rate scheme increased from £20 to £40 per bed per week for eligible services/ placements.
- To increase the value and validity of the data received in the FCOC data collection additional engagement was undertaken via Kirklees Care Association to gain a better understanding of factors impacting the median rates in the fair cost of care exercise. This will include discussions on occupancy rates, workforce related costs, ROO and ROC and learning from this will support the development of future fee setting models.
- Ongoing support from In2Care to support care providers by attracting more people to work in social care by providing a bespoke matching service between applicant and employer based around what applicants are looking for/interested in.

## **Year 2 & 3 (2023/24 – 2024/25)**

- Continuation in 2023/24 of the following Market Sustainability and Fair Costs of Care Fund 2022/23 commitments:
  - Dementia care fee rate scheme additionality continuing in line with 2022/23 with a further increase for year 2.
  - Continuation of the optional workforce related uplifts introduced in 2022/23
  - Continuation of the additionality on the nursing care rate from 2022/23 for year 2.
- Annual uplifts to standard rates from April 2023 of 10.75% for residential care and 14.25% for nursing care placements to acknowledge market pressures.
- External resourcing for implementation activities associated with preparing care markets for reforms to the improve market oversight required as a result of increased section 18(3) of the Care Act 2014.
- Ongoing support from In2Care to support care providers by attracting more people to work in social care by providing a bespoke matching service between applicant and employer based around what applicants are looking for/interested in.
- Increase support to the sector around workforce retention and training in complex areas such as healthcare tasks. Delivered collaboratively with Kirklees Care Association and Kirklees Health and Care Partnerships exploring nursing assistant roles.
- Increase support to the sector with sourcing training in more complex areas such as healthcare tasks.
- Maximise the value and recognition of role in social care through the various workforce related workstreams that have recently been set up.
- Work regionally to support market development and sustainability across the NHS West Yorkshire Integrated Care Board.
- To work with service providers in the market to develop a greater understanding of the cost of care alongside the challenges to the local market to inform future fee setting.
- Review of current payment approaches with consideration of transitioning to a Gross payment model.
- Support the ongoing development of trainee nurses and apprenticeships/ student placements in care home settings.
- Implementation of a quality management framework to support quality assurance, quality improvement and quality surveillance across the sector.

## **18+ domiciliary care market**

### **Year 1 (2022/23)**

- Domiciliary care hourly rates increased by £0.28 per hour as a temporary uplift in recognition of several factors, one of which being increased fuel costs.
- From winter 2022/23 the allocation of work process for domiciliary care was redesigned to focus more on geographical locations to minimise gaps in rotas and travel time and reduce mileage costs and downtime for the workforce, this making the market more sustainable.

- Started the move away from time and task to more outcome focused provision.
- Continue to monitor the local market and support providers in an increasingly dynamic manner so the sector adapts as pressures and opportunities emerge.
- Ongoing support from In2Care to support care providers by attracting more people to work in social care by providing a bespoke matching service between applicant and employer based around what applicants are looking for/interested in.
- Maximise the value and recognition of role in social care through the various workforce related workstreams that have recently been set up.

### **Year 2 & 3 (2023/24 – 2024/25)**

- Annual uplifts to take into account and acknowledge current market pressures.
- Building on the priority allocation of work to reduce mileage and provide condensed rounds considering environmental considerations.
- To move towards improving terms and conditions for domiciliary care workers considering the increasing need and acuity of support in peoples' own homes and the skills, training and supervision required to carry out this activity.
- Continuing to work on outcome focused provision.
- Increase support to the sector with sourcing training in more complex areas such as healthcare tasks.
- Work regionally to support market development and sustainability across the NHS West Yorkshire Integrated Care Board.
- Develop in partnership a quality management framework to support quality assurance, quality improvement and quality surveillance across the sector.
- Ongoing support from In2Care to support care providers by attracting more people to work in social care by providing a bespoke matching service between applicant and employer based around what applicants are looking for/interested in.
- Maximise the value and recognition of role in social care through the various workforce related workstreams that have recently been set up.
- To work with the market to develop a greater understanding of the cost of care alongside the challenges to the local market to inform future fee setting.
- Building relationships and supporting to strengthen the role of Kirklees Care Association with the domiciliary care market.