

# Adults and Safer City Scrutiny Panel Meeting

Tuesday, 15 February 2022

Dear Councillor

## ADULTS AND SAFER CITY SCRUTINY PANEL - TUESDAY, 15TH FEBRUARY, 2022

I am now able to enclose, for consideration at next Tuesday, 15th February, 2022 meeting of the Adults and Safer City Scrutiny Panel, the following reports that were unavailable when the agenda was printed.

Agenda No	Item
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| 8 | <b><u>Care and Support Provider Fee Review 2022 - 2023 and Market Sustainability (Pages 3 - 38)</u></b> |
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[Alicia Wood, Lead Commissioner - Specialist and Targeted, to present report]

If you have any queries about this meeting, please contact the scrutiny team:

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# Care and Support provider Fee review 2022 -2023

15 February 2022



# Purpose

Council duty to ensure care needs of residents in Wolverhampton are met

- Part of this includes reviewing the sufficiency of externally commissioned care services and whether the current fees enable provision of care and for the Council to purchase them and inform an annual review of fees

# Scope

Covers all externally commissioned care services (apart from block contracts with pre existing agreements) this year taking into account:

- Cost or resource impact for provider – such as national living wage increases with on costs, inflation, the impact of COVID-19
- How Wolverhampton fee's compare to other comparable areas (available benchmarking is in appendix 2)
- How the market is managing (are we able to purchase care at the current rates and meet need - sufficiency) Appendix 3 provides the number of hours or placements of care provided by the external market during 2021 to and internally we have reviewed data from 2020.
- Provider engagement and feedback - provider forums, virtual sessions, offer to provide feedback by email etc

# Care provision in Wolverhampton

- Home care
- Direct payments
- Residential and nursing care homes for older people
- Residential and nursing with dementia care homes for older people
- Extra care schemes
- Supported living
- Under 65's residential and nursing homes
- Community activities for older people
- Community opportunities for adults with complex needs

# For noting

- National picture
- Continued impact of COVID-19 (vacancy levels)
- Grant funding to end
- Locally competing job sectors – hospitality, retail and factory (Amazon)
- Hospital discharge levels and demand to social care to support discharge likely to continue at the same rate
- Mid year increase for Home Care in 2021 to maintain sufficiency
- New rate for Direct Payment Self Employed to be introduced

# Recommendations for Cabinet Resources Panel

- Recommendations based on meeting care needs and supporting a robust external market
- The financial cost to implement will be met from Adults Services care purchasing.
- The Council's Final Budget and Medium-Term Financial Strategy (MTFS) for 2022-2023 to 2025-2026 which will be presented to Cabinet on 23 February and Full Council on 2 March 2022 includes growth for Adult Services which will include the funds for the proposed fee review



# Future Fee Reviews

The Government Fair of Cost of Care Policy and the Health and Social Care Bill will need to be considered as part of the fee review. This includes the requirement to:

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- Develop a fair cost of care tool to demonstrate how self funders costs are aligned to the fees funded by the Council
- Develop a sustainability plan for external care provision

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## Cabinet (Resources) Panel

23 February 2022

<b>Report title</b>	Care and Support Provider Fee Review	
<b>Decision designation</b>	AMBER	
<b>Cabinet member with lead responsibility</b>	Councillor Linda Leach Adults	
<b>Key decision</b>	Yes	
<b>In forward plan</b>	Yes	
<b>Wards affected</b>	All Wards	
<b>Accountable Director</b>	Emma Bennett, Executive Director of Families	
<b>Originating service</b>	Commissioning	
<b>Accountable employee</b>	Alicia Wood	Head of Adult Commissioning and Market Management 01902 550142 Alicia.Wood@Wolverhampton.gov.uk
	Tel	
	Email	
<b>Report to be/has been considered by</b>	Adult Leadership Team	3 February 2022
	Adult Member Briefing	7 February 2022
	Strategic Executive Board	10 February 2022
	Adults and Safer City Scrutiny Panel	15 February 2022

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### Recommendations for decision:

The Cabinet (Resources) Panel is recommended to:

1. Approve the proposed increase in fee levels for 2022-2023 as recommended in the report to meet the additional costs (employee and employer) resulting from the increases to the National Living Wage (NLW) and where applicable increases to sustain the care market.
2. Approve that any increase in fees is with effect from 4 April 2022. (This date is aligned to charging processes and the capability of the current payment system and that due to current IT payment systems – rates for care homes need to be divisible by 7 and for hourly rates by 4).

Type of provision	Recommendation	% Increase	Current £	Proposed £
<b>Home Care</b>	Increase fee levels to meet the additional costs (employee and employer) resulting from the increases to the National Living Wage and other costs *	6.3%	15.84 (Hourly rate)	16.84*
<b>Home Care – rapid response /re-ablement</b>	That the rate remains at the level funded in the mid-year increase. This rate is higher than the standard home care rate to incentivise providers to move people from hospital settings quickly.	3.2%	17.44 (Hourly rate)	18.00
<b>Home Based Respite</b>	Home base respite is aligned to the supported living rate. *	6.3%	15.12 (Hourly rate)	16.08
<b>Direct Payments Agency rate</b>	Direct payment agency rate is aligned to the supported living	6.3%	15.12 (Hourly rate)	16.08
<b>Direct Payments for Personal Assistants – Employed</b>	Direct payment PA employed rate to receive the % increase that Home Care and Supported Living receives with the note that each PA's costs are individually calculated to ensure the payment covers employment costs and the proposed rate is the maximum amount.	6.3%	10.76 (Hourly rate)	11.44
<b>Direct Payments of Personal Assistants – Self-Employed</b>	This is a new rate to be introduced in 2022 to enable self-employed personal assistants to support people	N/A	N/A	14.03
<b>Residential Care for Older People</b>	Increase to meet NLW increases, on costs and to maintain market sufficiency.	5%	468.65 (Weekly rate)	492.10
<b>Residential Care for Older People with Dementia Support</b>	Increase to meet NLW increases, on costs and to maintain market sufficiency.	5%	503.86 (Weekly rate)	529.06

<b>Nursing Care for Older People</b>	Increase to meet NLW increases, on costs and to maintain market sufficiency.	10%	468.65 (Weekly rate)	515.55
<b>Nursing Care for Older People with Dementia</b>	Increase to meet NLW increases, on costs and to maintain market sufficiency.	10%	503.86 (Weekly rate)	554.26
<b>Extra Care</b>	Increase each contract to reflect inflationary rise	3%	Increase to all contracts	N/A block amount
<b>Supported Living</b>	Increase fee levels to meet the additional costs (employee and employer cost) resulting from the increases to the National Living Wage. *	6.3%	15.12 (Hourly rate)	16.08
<b>Nursing and Residential Care for people under 65 years old</b>	Increase fees of placements to reflect inflationary rise	3%	Increase to all contract totals	
<b>Community Activities for Older People</b>	Increase fees to enable sufficiency, with intention to review the provision in 2022	10%	27.90 sessional rate	30.69
<b>Community Opportunities for Adults with Complex Needs</b>	Ensure that the rate is consistent with the supported living rate and proportionate to 1:1 1:2 1:3 staffing ratios	6.3%	15.12 per hour for 1:1 staffing 7.56 per hour for 1:2 staffing 5.04 per hour for 1:3 staffing	16.08 per hour for 1:1 staffing 8.04 per hour for 1:2 staffing 5.36 per hour for 1:3 staffing

\*Except where the provider has tendered below the current rate, in this case it will be uplifted proportionately. Note that ISF's (Individual service funds) are aligned to the rate of the care type.



## **Recommendations for noting**

The Cabinet (Resources) Panel is asked to note:

1. That engagement has been undertaken with current care and support providers as part of the fee review to listen to feedback and inform the recommendations in this report, however due to current financial restraints the recommendations are not solely based on provider requests.
2. That during 2022 the activity to implement the requirements of the Health and Social Care Bill and the Government policy paper; Market Sustainability and Fair Cost of Care Fund: purpose and conditions 2022 to 2023; is undertaken and will inform the fee review for 2023-2024. Further details are in Appendix 1: Legislation and Government Policy which impacts on the 2023 - 2024 Fee Review.
3. That the impact of the COVID-19 pandemic has changed the usual demand and take up of care services. The long-term impact of COVID-19 cannot be predicted, and the Adults Commissioning Team will continuously review sufficiency within the market.
4. The Adults Commissioning Team continuously works with providers in developing the social care market to ensure a shared approach between the Council and social care providers to meet residents needs.

## **1.0 Purpose**

- 1.1 The purpose of this report is to set out the proposed fee increase for the following adults externally commissioned care and support service areas and direct payment cost rates.

## **2.0 Background**

- 2.1 Section 5 of the Care Act establishes a duty on local authorities and Directors of Social Services to ensure a sustainable market of care in their areas. This covers all care sectors and providers of care.
- 2.2 This item was considered as pre-decision scrutiny on 15 February 2022 by Adults and Safer City Scrutiny Panel and will therefore not be available to call-in once a decision is made by Cabinet (Resources) Panel.

## **3.0 Overview of the Wolverhampton Market**

- 3.1 The Care Act 2014 includes duties for Local Authorities to facilitate and shape a diverse, sustainable and quality market. This has implications for everyone involved, people with care and support needs, carers, providers and commissioners. The Act gives the local authority powers and duties in the case of provider failure to ensure that continuity of care is maintained for people that use care and support services.
- 3.2 The City of Wolverhampton Council is committed to supporting people to be independent for as long as possible and is working with the market to develop a range of services to support this. This has implications for existing service models and service providers as traditionally there was a higher demand for residential provision which is decreasing as home-based care and supported living increases.
- 3.3 The external care market in Wolverhampton has met the demand of care needs during 2021-2022. The impact of the COVID-19 pandemic has been mitigated. A range of support has been offered to care providers including:
- Continued Grant funding.
  - Access to personal protective equipment (PPE).
  - Advice and guidance from Wolverhampton Public Health, Public Health England, Wolverhampton Clinical Commissioning Group Quality Nurse team and Wolverhampton Council's Quality Assurance and Compliance and Adults Commissioning team.
  - Additional community services put in place provided through the NHS including an increased team to support infection prevention control (IPC), an enhanced primary care network (GP support) and a virtual ward approach for people who have left hospital. These complement the community support already in place through the existing district nursing team and the rapid intervention team.

- A daily provider survey implemented to inform all partners of any provider issues to trigger additional support.
  - Additional out of hours support at the peak of outbreak waves.
  - A process of outbreak management and support from all partners implemented.
  - Support to gain COVID-19 testing for staff and residents.
  - Support to gain COVID-19 vaccinations for staff and residents.
  - Regular communication via updates and information to providers either through a weekly bulletin, provider drop ins or targeted meetings.
- 3.4 There was a further wave of COVID-19 (the Omicron variant) during December 2021 and January 2022. Although the pandemic has not yet ended the Government announced that all Plan B Covid restrictions would end in England on the 26 January 2022 and compulsory self-isolation for people with COVID-19 would end on the 23 March 2022. This announcement confirmed that Care Home visiting guidance would also be reviewed.
- 3.5 Care homes are still required to complete regular testing for COVID-19 of staff and residents. At present care homes are required to be closed when positive cases are identified and are subject to outbreak management processes until the outbreak is over.
- 3.6 The impact of the COVID-19 pandemic is that the usual expected demand and take up of care services has changed, with some types of care providers having more demand and others less. This may also impact on the future demand during 2022-2023. The short-term impact of COVID-19 to care providers is different to each care type and the long-term impact is being identified.
- 3.7 National intelligence and local provider forums confirm that one of the main challenges the care market is experiencing is the recruitment and retention of staff into the care sector (especially during COVID-19). There are several reasons for this including:
- The impact has been the introduction of mandatory vaccinations for people who work in care homes.
  - The Government policy for all Health and Social Care staff to be vaccinated by April 2022 (may need to reword this as it's likely be revoked the impact has been felt by staff choosing to leave the sector).
  - Competing jobs markets such as hospitality, retail and supermarkets and pay rates for care staff at, or just above National Living Wage (NLW). From April 2022 the hourly rate of the NLW for those 23 years old and over, increases from £8.91 to £9.50 The Council has reviewed the fees, considering the NLW and is seeking opportunities to secure future stability of the care and support market.

3.8 Other factors to consider for the 2022/2023 fee review:

- Anticipated inflationary rises, rise to the cost of living and increases to fuel and energy costs.
- The introduction of an increase to National Insurance rates of 1.25% to fund future social care costs (when a cap of how much a person will contribute to care costs is introduced).

**4.0 Wolverhampton Cares**

4.1 [Wolverhampton Cares](#), is an initiative launched by the Council aiming to demonstrate the City's commitment to its vital care sector and family carers.

4.2 The Council and Partners are working together to promote care as a career in Wolverhampton and has identified actions to support the growth of this employment area.

**5.0 Care and Support Provider Engagement**

5.1 Providers have been engaged through virtual provider forums to give them the opportunity to provide feedback about the approach as well as being invited to respond to a survey.

5.2 The Council has also considered feedback received from providers in the form of requests for fee increases in 2022 - 2023

Key themes arising include:

- Increase in National Living Wage from £8.91 to £9.50 per hour (for those aged 23 years old and over).
- Shortage of care workers/impact of COVID-19 to staffing recruitment and retention.
- Increases due to Consumer Price Index inflation.
- Increases to cost of living.
- Increases to national insurance costs.
- Impact of COVID-19 to occupancy levels or cancelled packages.

**6.0 Methodology**

6.1 The Council is required to provide appropriate care and support services to meet the statutory requirement and the needs of its residents, this includes ensuring sufficiency within the local external care provision. To determine the recommended fees for 2022 to 2023, the following areas have been considered:

- Provider feedback.
- Increases to the NLW from April 2022.
- Anticipated inflation.
- Increased cost of living and fuel.

- Benchmarking data against neighbouring and CIPFA (the Chartered Institute of Public Finance and Accountancy) nearest neighbour comparator authorities 2021 (Appendix 2).
- The demand and use of care services during 2021 (Appendix 3).
- The potential impact of the COVID-19 pandemic on sufficiency with externally commissioned care provision.

To note: the fee review does not factor in short term costs associated with COVID-19 as these have been met by the IPC and workforce grant and provision of PPE via the national portal.

6.2 The review has been concluded and the recommendations are set out for each type of social care service areas.

## **7.0 Home Care**

7.1 Home Care (also known as domiciliary care) delivers social care and support to people in their own homes and is regulated by the Care, Quality Commission (CQC).

7.2 External provision of home care, which includes home based respite and rapid response home care (currently known as Home First and is home care to prevent delays to discharge from hospital), is provided in Wolverhampton through the Home Care Framework agreement which was mobilised in 2020. Home care is a market area of growth. During 2021 there has been an increase in the number of hours of home care delivered in Wolverhampton which supports the national and local strategic visions for people to live as independently as possible in their own home.

7.3 In response to COVID-19, Home Care providers have continuously met care needs, which included managing challenges due to recruitment and retention of care staff, implementing required IPC measures and continued COVID-19 testing for staff.

7.4 In September 2021, the need to mitigate sufficiency within Home Care in Wolverhampton was identified. This aimed to prevent an increased waiting list of people waiting for home care and to continue to support the NHS local acute hospital to discharge people promptly from the hospital when medically fit to do so (and support the patient flow).

7.5 Action was required due to; manage the increased demand for Home Care and reports from providers of difficulties in maintaining and recruiting care staff. To mitigate this, further providers who met required quality standards, were invited to become spot purchase providers and these providers are asked deliver care only when the existing framework providers have been exhausted.

7.6 A further mitigation was to increase the Home Care rate temporarily until the next fee review is implemented. In November 2021, the Home Care rate was increased by 52p and the Rapid response/ Re-ablement Home Care rate increased by 56p.



- 7.7 With these measures applied the Council has ensured that Home Care needs are met including rapid response and re-ablement to support hospital discharge support and home-based respite. There is a monitoring and performance dashboard which confirms the hours planned and delivered and the capacity within the market and data of referrals awaiting home care are reviewed daily Monday to Friday.
- 7.8 There were no home care providers which exited the framework during April 2021 to date.
- 7.9 The fee review recommendation ensures that the Home Care rate is increased in line with benchmarking data from other local and has considered additional costs that providers will incur during 2022-2023.

## **8.0 Direct Payments**

- 8.1 Direct Payments are cash payments made to individuals who have been assessed as being eligible for funded care and support in line with the Care Act (2014) eligibility criteria; they are intended to give individuals greater choice in their care as they enable individuals to choose not to receive services purchased by Wolverhampton Council instead choosing to receive a payment in lieu of these to arrange their own support.
- 8.2 At present the Wolverhampton Direct Payment Agency rate is aligned to the current supported living rates (£15.12) and for a person to employ a Personal Assistant (PA) the rate is £10.76 per hour. The Direct Payment rate to employ a carer via an Agency is higher as agencies have additional on costs compared to the costs when a PA is employed directly by the individual.
- 8.3 The Direct Payment PA Employed rate has not been increased for two years, it is our intention to consult and review Direct Payments to introduce an approach that ensures all PA's are paid at the NLW and then on an individual case by case basis, determining any additional costs for the PA to be employed by the client. This means the rate paid will vary. However, in view of the increases to the NLW, there is a recommendation to uplift the PA employed rate for 2022-2023 with the recognition that this activity will take place and rates will vary (below the rate proposed).
- 8.4 The fee review recommendation for Direct Payment Agency rates will continue to be based on the recommendation made for the Supported Living rate.
- 8.5 A new rate for Direct Payment's is being introduced in recognition that there are Direct Payment PA's who are self-employed with different costs to those employed and to encourage the growth of this to support Home Care sufficiency. A rate has been proposed and contained within the recommendations. The increase of this type of Direct Payment PA Self Employed should, in the long term, realise savings for people who would have otherwise accessed Home Care from the Council Framework or Direct Payment Agency rate.

## 9.0 Older Peoples Residential and Nursing placements

- 9.1 Residential Care services deliver personal care and accommodation to people within a CQC registered setting. People in nursing care placements have the need for care and support in a CQC registered care home but in addition have a primary health care need, that requires the intervention or oversight of a registered nurse to support the safe delivery of their care plan. Nursing care placements attract a financial contribution from NHS England to pay for the nursing element of the care provided. This is paid directly from Wolverhampton Clinical Commissioning Group (CCG) and is known as Funded Nursing Care (FNC) payment. The FNC for 2020-2021 is £187.60 The FNC settlement for 2022- 2023 has not been published. The proposed rates for care home with nursing do not include the additional FNC.
- 9.2 The impact of COVID-19 to care homes has been significant. Care homes have responded to ensure they have appropriate IPC measures in place and have managed their staff resources which have been impacted by; staff sickness/shielding and/or isolation, increased requirement to test staff and residents and increased demand in the level of care needs for residents in the homes.
- 9.3 Care homes have implemented testing and vaccination of staff and residents and facilitated (within current guidance) visitors to residents from family members.
- 9.4 The City of Wolverhampton Council monitors the occupancy and vacancy levels in care homes daily Monday to Friday.
- 9.5 Care Home vacancy levels in Wolverhampton are between 10% to 15%. The main reason for vacancies at present is due to:
- People not wanting to move into care homes from the local community during COVID-19
  - Deaths of residents during 2020/21
  - Closure to new referrals when a home has an outbreak of COVID-19 (2 or more staff and/or residents testing positive for the virus)
  - Unable to accept referrals for people who have tested positive for COVID-19
- 9.6 Placements to care homes in Wolverhampton are on a spot purchase basis. There is a current locally agreed rate for residential and nursing placements and a locally agreed rate for residential and nursing placements for people with dementia. If a placement cannot be sourced to meet care needs at the cost of the locally agreed rate, the Personalised Support Team (PST) broker the next suitable placement. During 2021, the costs of placements has varied, as due to COVID-19 many homes were closed to new referrals due to outbreaks. However, during this time PST has been able to still agree most placements at the locally agreed rate.
- 9.7 Any Council or person who is required to self fund their care, can choose to fund a place in a Wolverhampton Care Home. Neighbouring Council's have block contracts in place in

some Wolverhampton based homes and pay a higher rate than the local rate, others have funded a Wolverhampton Care Home to provide their designated setting provision (placements for people who are COVID-19 positive). This impacts on the current ability to secure local placements at the locally agreed rate for care home with nursing and care homes with nursing and dementia support.

- 9.8 There is a risk that some homes may not continue to be financially viable, if they cannot increase their occupancy. Whilst the council has a duty to ensure care needs are met, this should not include subsidising an external provider to cover the cost of underoccupancy. To date the IPC grant has mitigated these costs. The Adults Commissioning Team continuously review care homes in Wolverhampton to identify ones that may be at future risk and to further understand how they can be supported and be aware of the potential for some providers withdrawing from the Wolverhampton market.
- 9.10 The current locally agreed rate is at the lower end of the rates when benchmarked against other local authorities. The fee review recommendation takes into account the current situation and anticipated costs for providers. The fee review recommends that the rates are changed from Residential and Nursing and Residential and Nursing with dementia, to four types of provision and rates, that of: Residential Care Homes, Residential Care Homes with Dementia Support, Nursing Care and Nursing Care and Dementia Support. The recommendations propose to offer a higher percentage fee increase to Nursing Care and Nursing Care with Dementia support proposed to mitigate in potential sufficiency concerns.

## **10.0 Extra Care**

- 10.1 Extra care housing is a nationally recognised model of extending the range of housing options available to older people with care and support needs and is commissioned by local authorities across the country.
- 10.2 Currently, the City of Wolverhampton Council has eight contracts in place with four extra care service providers for the provision of 267 funded places. all have a contract that runs until 2023. The services are provided on a 'block' basis, which means that each provider is funded to provide care and support to a specified number of people with eligible care needs at any one time. The number of funded places in Wolverhampton is in line with that commissioned by peer local authorities.
- 10.3 Extra care contracts are paid as a block amount and do not provide a detailed breakdown of the financial costs to provide extra care provision.
- 10.4 A review conducted of the current model of Extra Care schemes in Wolverhampton resulted in agreement for existing Extra Care Schemes to adopt Individual Service Funds (ISF's) for each resident. This enables flexibility and clarity about each individual

resident's care. The ISF rate proposed for these schemes will be set at the Supported Living rate and the proposal is cost neutral. This is in progress and except for one scheme, (for which the care contract was recently awarded and is unable to consider ISF at this point), all schemes will move to ISF arrangements.

10.5 During COVID-19 extra care providers have met care needs.

10.6 The fee review recommendation is an increase to the remaining block contracts based on anticipated inflationary rises.

### **11.0 Supported Living**

11.1 The Supported Living Accreditation framework delivers care and support to people with disabilities. These services support people to become as independent as possible and have a focus on reablement and enablement. These services provide 24/7 care where required for people who live in supported living schemes.

11.2 During COVID-19 supported living providers have met care needs.

11.3 The current supported living rates are comparable when benchmarked against other local authorities and providers entered the framework based on the rate offered. The fee review will consider additional costs that providers will incur during 2022-2023.

11.4 There is also an Enhanced Supported Living Framework in Wolverhampton supporting people with complex and forensic needs. This provision is about to be retendered and rates will be set as part of the tender process.

### **12.0 Residential Provision for People Under 65 Years with Complex Needs**

12.1 The provision of residential and nursing care for people under the age of 65 years is not funded at a set rate with providers. People accessing this provision have complex needs with disabilities and each package is based on the social care assessed needs and negotiated with the provider.

12.2 During COVID-19 care needs have been met.

12.3 An inflationary increase has been awarded to this provision for the last two years 2021–2021 and 2021 - 2022. Each placement cost is agreed based on the individual's identifiable need. Nationally there is limited data to enable comparative benchmarking against locally agreed rates due to the variance in placement costs.

12.4 Activity will take place during 2022 to determine the fair cost of care for Wolverhampton placements.

12.5 The fee review recommendation is based on maintaining sufficiency for this type of provision.

### **13.0 Community Activities for Older People**

- 13.1 The current framework Community Activities for Older People was tendered for in 2016. The framework supports vulnerable adults who are at risk of isolation as well as supports carers of vulnerable adults to have a planned break from caring roles and allow them to partake in normal acts of daily living.
- 13.2 Due to COVID-19 many older people community activities were suspended, as they take place in communal lounges of extra care schemes, and these are not available for use at present. To mitigate this the Council has funded commissioned planned sessions as opposed to those delivered. The Adult Commissioning team are working with these providers to safely reintroduce services.
- 13.3 A full review to introduce a new model for community activities support for older adults was delayed due to COVID-19 and this review will now be conducted during 2022. The new model will be aimed at supporting adults to access their personal budgets whilst supporting those adults with the highest level of need to have access to good quality provision.
- 13.4 There is a risk to the future viability of some providers if people choose not to return to access such services.
- 13.5 Bench marking and engagement with regional colleagues shows that a wide variety of models and rates operate which are not comparable to the Wolverhampton model (most other local authorities have moved away from using framework providers to commission funded placements). The preferred model is to support people to access their personal budgets to take part in community activities. Specialist services tend to be commissioned for older people who have complex health (including dementia needs) and this will be considered in the review.
- 13.6 The fee review recommendation considers the current cost to providers and impact of COVID-19 to this provision and seeks to sustain market during the review.

### **14.0 Community Opportunities for Adults with Complex Needs**

- 14.1 The framework for Community Opportunities for Adults with Complex Needs (for those with either a learning disability or physical disabilities) was awarded on 4 May 2019 for four years.
- 14.2 To mitigate the impact of COVID-19, the Council has funded commissioned planned sessions as opposed to delivered. Most people are still able to access the services safely with these being delivered creatively or/in a virtual setting. The Adult Commissioning team are working with these providers to safely reintroduce these services fully.



14.3 The rates for community opportunities for adults with complex needs are aligned to the current supported living rate and funded proportionately according to staffing ratio.

14.4 The fee review will be based on the recommendation for the supported living rate.

## **15.0 Evaluation of alternative options**

15.1 Consideration was given to different options..

15.2 Option 1: Doing nothing. This is not an option that could be considered as the Council would not be able to demonstrate supporting sufficiency within the external social care provider market in Wolverhampton.

15.3 For Home care, Supported Living, Home based Respite, Rapid Response/ Re-ablement Home Care, Direct Payments and Community Activities for Younger Adults, two further options were considered, Option 2 was an option based on applying the previous fee review methodology and Option 3 was an option based on information from the regional ADASS about potential costs to providers as well as considering benchmarking against the funding rates of other Councils within CIPFA comparators and neighbouring within the Black Country. For these sectors Option 3 has been recommended.

15.4 The locally agreed rates for older people's care home provision were previously based on a rate for general residential and nursing and a different rate for residential and nursing with dementia support. Monitoring of bed availability/capacity within Wolverhampton and considering benchmarking with other Councils within CIPFA comparators and neighbouring within the Black Country area rates has identified potential sufficiency issues with nursing provision and nursing with dementia support provision. To mitigate this there will now be four rates for: residential care, residential care with dementia, nursing care, nursing care with dementia support. Option 2 was an option based on applying the previous fee review methodology and Option 3 was based on also considering ongoing capacity in the market to secure placements within Wolverhampton. Option 3 has been recommended.

15.5 For Residential Provision for Young Adults, the options considered included, option 2 raise in line with home care rates and option 3 raise in line with anticipated inflation. These placement costs are negotiated on placement and vary, based on this the recommended proposal is option 3 to raise in line with anticipated inflation.

15.6 For Extra Care Provision, the options considered included, option 2 raise in line with home care rates and option 3 raise in line with anticipated inflation. The majority of Extra Care in Wolverhampton is being migrated to payment on an individual basis via Individual service Funds (ISF'S). One scheme will remain as a block contract and the contract value covers all costs and the staffing cost is not broken down and that there isn't an hourly rate identified based on this the proposal recommended is option 3 to raise in line with anticipated inflation.

## **16.0 Reasons for decision(s)**

16.1 The proposed recommendations are based on ensuring the Council meets its statutory duties in relation to Section 5 of the Care Act to ensure a sustainable market of care in Wolverhampton, which has including considering benchmarking information, provider feedback and local market trends and available budget to determine the final recommendation.

## **17.0 Financial implications**

17.1 The costs identified above are funded from Adults Services care purchasing which has a draft net controllable budget of £81.4 million in 2022-2023.

17.2 The recommendations being considered in this report represent a total estimated cost increase in of the region of £4.1 million.

17.3 The Council's Final Budget and Medium Term Financial Strategy (MTFS) for 2022-2023 to 2025-2026 which will be presented to Cabinet on 23 February and Full Council on 2 March 2022 includes growth for Adult Services totalling £9.2 million for 2022-2023. This is to fund forecast cost increases related to increased demand for services, the impact of any fee uplift, the impact of the Covid-19 pandemic, cost pressures associated with supporting additional reablement and discharges from hospital - which are currently funded by Health, managing demand across the current system and the delivery of the adult redesign.

17.4 In addition to this, as announced on the 7 September in the 'Build Back Better: Our Plan for Health and Social Care', local authorities have been provided with specific grant funding to support preparing their markets for adult social care reform and to help move towards paying a fair cost of care. Based on current financial modelling, we believe that this additional grant and growth already built into the budget is sufficient to cover the forecast cost pressures. However, pressures will continue to be monitored and reviewed in light of the ongoing Covid-19 pandemic, with updates provided to Councillors as part of the quarterly revenue budget monitoring reports

[JB/09022022/Y]

## **18.0 Legal implications**

**18.1 The relevant legislation is set out in the body of the report.**

18.2 The increase would mean that care providers are supported to meet their legal obligations to pay the increase in the National Living Wage and pension contribution from 4 April 2022. The implementation of a cost rate increase supports local providers to meet the requirements of the National Living Wage and cost of living increases falls within the remit of the Care Act 2014. The Care Act 2014 has reiterated and strengthened this

expectation with explicit requirements to maintain market sustainability and responsibilities for dealing with provide failure for both assisted and self-funding people.  
[ TC/09022022/A ]

### **19.0 Equalities implications**

19.1 There are no equalities implications arising from this report.

### **20.0 All other implications**

20.1 A values-driven, quality workforce will enhance the experience of people requiring formal support through paid assistance and enhance health and wellbeing.

### **21.0 Appendices**

21.1 Appendix 1: Legislation and Government Policy which impacts on the 2023 - 2024 Fee Review

21.2 Appendix 2: Benchmarking of Wolverhampton care provision costs for 2021-2022 comparing neighbouring local authorities and CIPFA (the Chartered Institute of Public Finance and Accountancy) comparators.

21.3 Appendix 3: Placement numbers and/or hours delivered or planned for each care sector in Wolverhampton

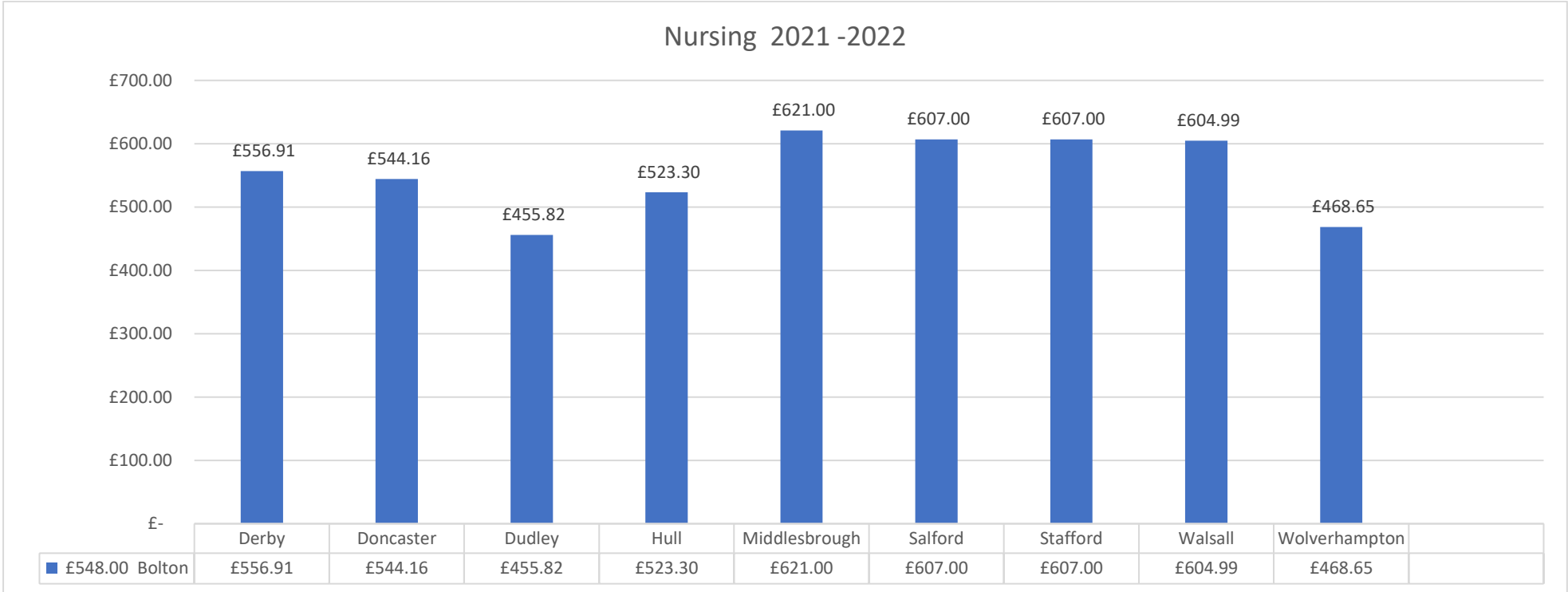
**Care and Support Provider Fee Review 2022-2023**  
**Appendix 1: Benchmarking**

Benchmarking of Wolverhampton care provision costs for 2021-2022 comparing neighbouring local authorities and CIPFA (the Chartered Institute of Public Finance and Accountancy) comparators:

**Table 1:**  
 Residential Care Home Rates

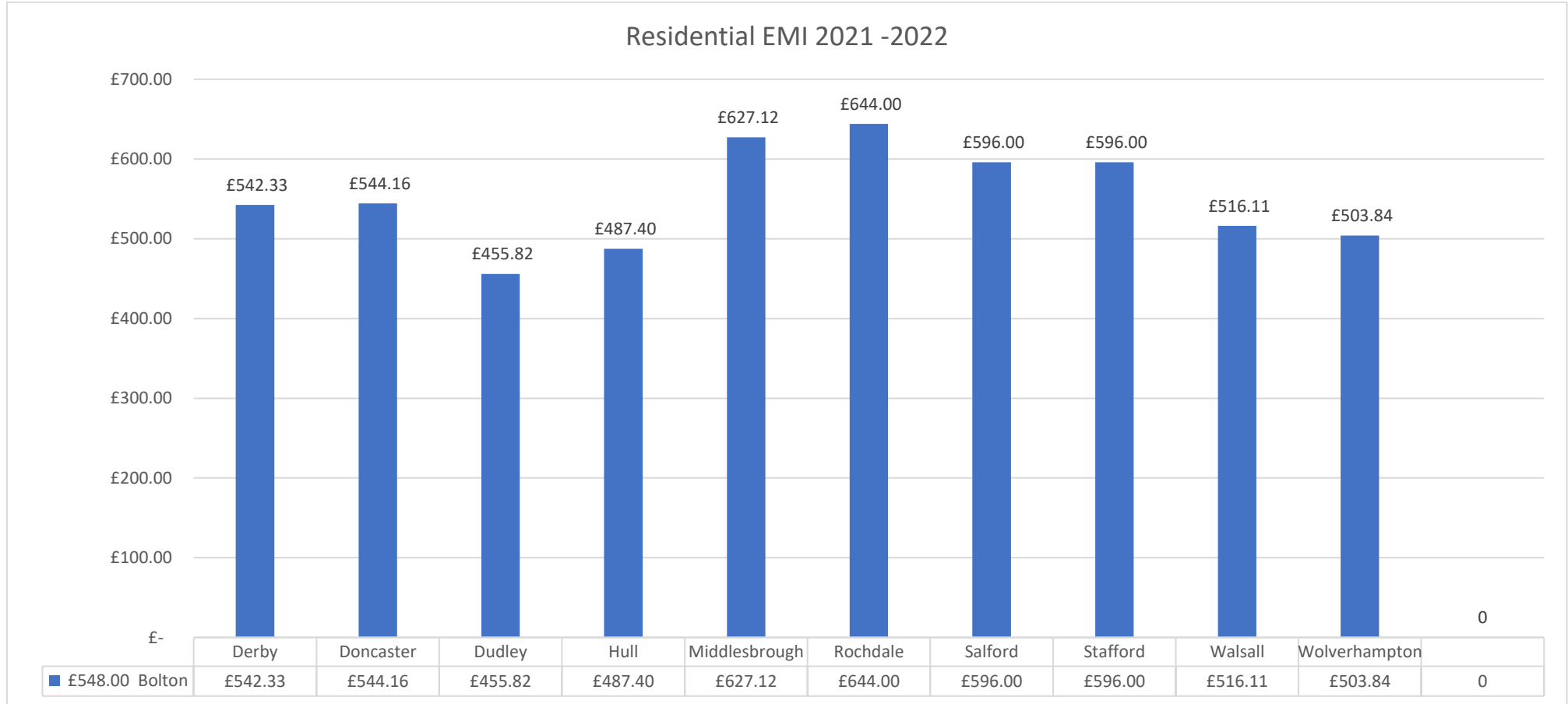


**Table 2:**  
Nursing Home Rates

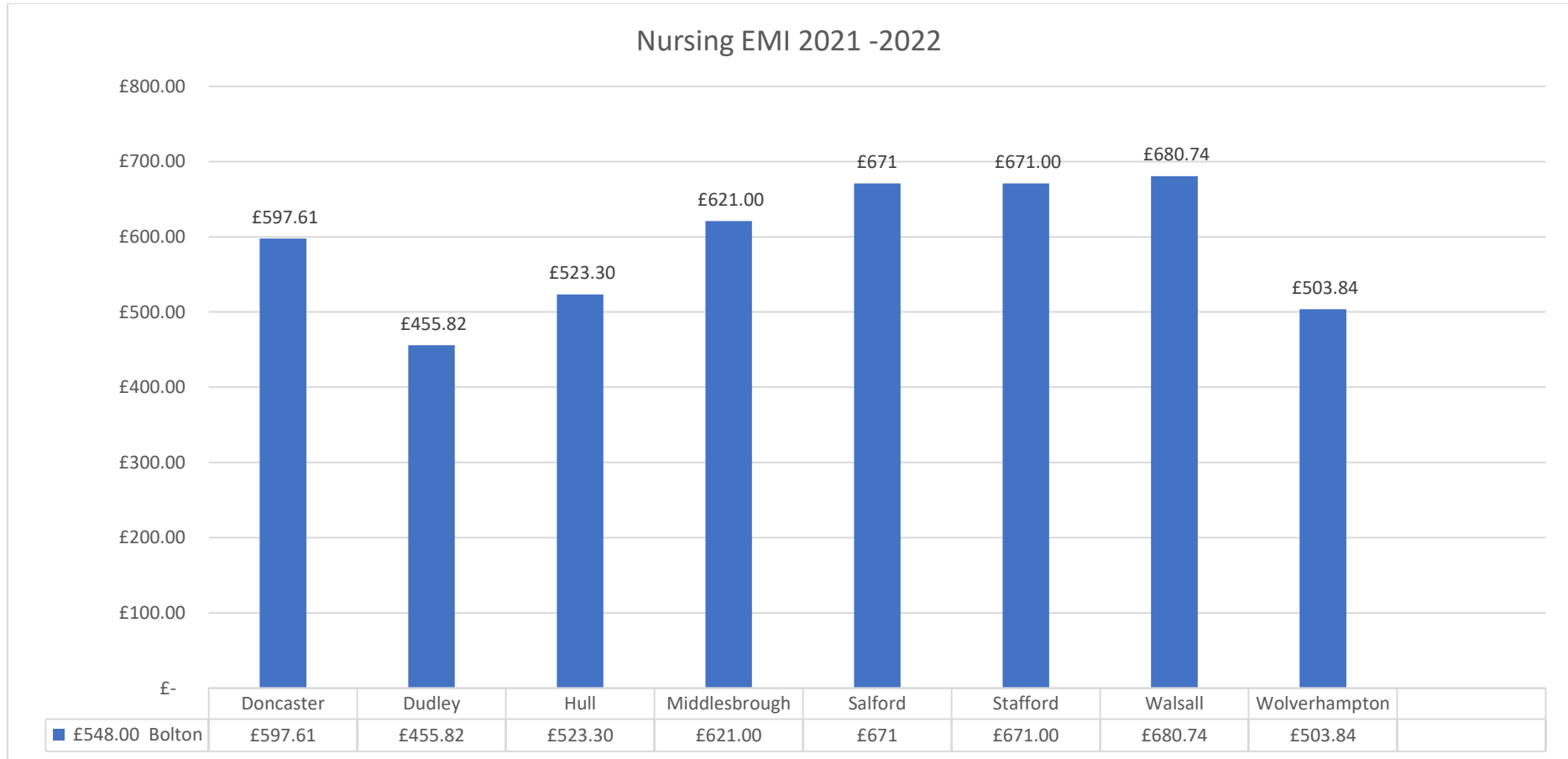




**Table 3:**  
Residential Care Homes – EMI Rates



**Table 4:**  
Nursing Homes – EMI Rates



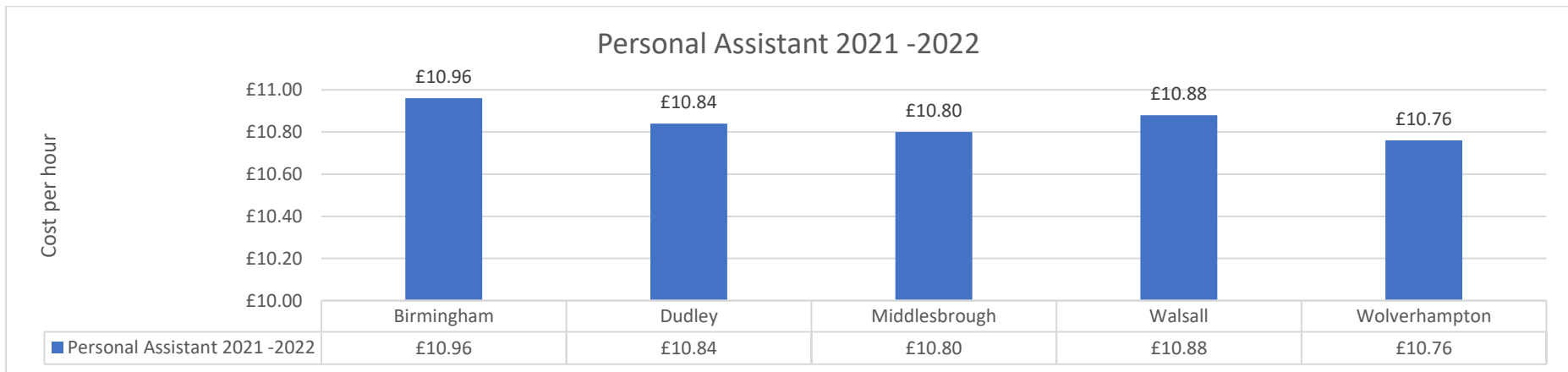
**Table 5:**  
Home Care Rates



**Table 6:**  
Direct Payments Agency Rates



**Table 7:**  
Direct Payment Personal Assistant Rates



**Table 8:**  
Supported Living Rates



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## Care and Support Provider Fee Review 2022-2023

**Appendix 2:** Review of placement numbers and/or hours delivered or planned for each care sector in Wolverhampton during 2021

Table 1: Home care

Service Type	Weekly Planned Hours (Average)	All Planned Hours in Year from 1 April 2021 – 22 January 2022
Home Care	16,648	715,865
Home Based Respite	427	18,363
Home-first * (also known as rapid response)	1,796	77,233
Total	18,871 (Average)	811,461

Table 2: Direct Payments and Individual Service Funds

Service Type	Weekly Planned Hours (Average)	All Planned Hours in Year from 1 April 2021 – 22 January 2022
Direct Payments	8,667	372,712
ISF	1,165	50,125
Total	10,016 (Average)	430,695

Table 3: Older People Nursing and Residential Care Homes

Service Type	People in Placement as at 31 December 2021 *
Residential 65+	123
Residential Dementia 65+	323
Nursing 65+	79
Nursing Dementia 65+	159
Total	684

\*These are council funded placements (and do not include self-funders).

Table 4: Supported Living

Snapshot of hours of supported living
There were 21,733 hours of planned supported living provided w/c 31 January 2022

Table 5: Nursing and residential Care Home for People under the age of 65 years

Service Type	People in Placement as at 31 December 2021 *
Residential	153
Nursing	72
Total	225

Table 6: Community Activities for Older People

Number of people accessing sessions
There are currently 53 people accessing community activities through the framework with 105 sessions accessed per week.

Table 7: Community Opportunities for Younger Adults with Complex Needs

<b>Number of people accessing sessions</b>
There currently 151 people accessing community opportunities through the framework averaging at 599 days per week.



## Care and Support Provider Fee Review 2022- 2023

### Appendix 3: Legislation and Government Policy which impacts on the 2023 - 2024 Fee Review.

In July 2021, the Health and Care Bill was published. It set out key legislative proposals to reform the delivery and organisation of health services in England and to promote more joined-up services, to ensure more of a focus on improving health rather than simply providing health care services.

The Bill will bring about a legislative framework that supports collaboration rather than competition. The Bill also contains new powers for the Secretary of State over the health and care system, and targets changes to public health, social care, and quality and safety matters. The Bill is expected to be passed in time for changes to come into effect in April 2022.

The Bill also introduces a new duty for the Care Quality Commission to: conduct reviews of each councils' regulated adult social care functions (functions under Part One of the 2014 Care Act): assess the performance of councils following each review; and publish a report of its assessment.

In September 2021, the Prime Minister confirmed the government will provide funding to support local authorities to move towards paying care providers a fair rate of care outlined in the Government policy paper, Market Sustainability and Fair Cost of Care Fund.

This is part of the government's ambition to commit to reform within the adult social care system and ensure people, in future, are protected from unpredictable costs; offers more choice and control over care received; offers outstanding quality; and is accessible to those who need it.

A sustainable care market is fundamental to achieving this ambition.

From October 2023 the Government proposes that more people who fund their own care in care homes will be able to ask their local authority to arrange care on their behalf to secure better value (those in domiciliary care can already do so), by further bringing into effect section 18(3) of the Care Act 2014

To address under investment in local care markets and to ensure that local authorities can move towards paying a fair cost of care, the Government will provide funding over the next three years to prepare external care markets for reform. The market effect of this change will be that some providers over time will need to reduce reliance on subsidising state-funded care from self-funders. Where this has an impact, local authorities will need to ensure their market can be sustained and fee rates are sustainable.

As a condition of receiving grant funding, local authorities will need to submit to the Department of Health and Social Care (DHSC):

1. a cost of care exercise – produced by surveying local providers for 65+ residential and nursing care and 18+ homecare to determine a sustainable fee rate for different care settings.
2. a provisional market sustainability plan setting out local strategy for the next 3 years (2022 to 2025), using the locally produced cost of care exercise as a key input, this provisional plan needs to demonstrate the pace at which the local authority intend to move towards a sustainable fee rate.
3. spend report – this will detail how money has been allocated in line with our expectations in order to achieve a more sustainable local market (as set out in 1 to 4 above)

The City of Wolverhampton Council will undertake these required actions during 2022, the key findings will inform the fee review for 2023/2024.